



Success Stories

Preventive Health and Health Services Block Grant



States, territories and tribes need the continued support of the Preventive Health & Health Services Block Grant!

Public health interventions to prevent disease, injury and death make a big difference to people living in the United States. For example,

- The National Diabetes Prevention Program is proven to improve wellbeing as well as reduce health care and other costs.
- Public health early detection programs for breast and cervical cancer are responsible for identifying thousands of cancers in early stages when treatment is more effective and less expensive.
- Drowning prevention and falls prevention programs save the lives of many children and adults.

The key to progress in prevention and control of disease and injury is population-based public health strategies that reach people at work, school and in their communities. Preventive Health and Health Services Block Grant (PHHS-BG) grantees use their grant support to tackle their population's unique public health challenges, especially those for which no other funding is available. The PHHS-BG also allows grantees to distribute funds to address unique county or city needs. And each year grantees align their work with Healthy People 2020 making this funding important for achievement of national health objectives.

*Investment in public health programs saves lives,
improves quality of life and saves healthcare dollars*

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The stories featured in this collection, supplied by Preventive Health and Health Services (PHHS) Block Grant grantees, demonstrate the wide range of actions supported by the block grant funding to address the unique public health needs of communities in locally-defined ways. The PHHS Block Grant gives grantees the flexibility to respond quickly to emerging health issues and to fill funding gaps in programs directed at leading causes of injury, disability and death, such as heart attack, fall injuries, arthritis, and many other causes.

Many thanks to the grantees who shared their stories of this work that so powerfully impacts the health of their communities.

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MONTANA

Coordinating Health Department Work for Better Results

Public Health Issue

- Coordinating the wide-ranging work of all programs is one of the standards set by the Public Health Accreditation Board (PHAB) for health department accreditation, a voluntary program to ensure that health departments are prepared to protect the public's health.
- Montana's health department programs often work with the same partner organizations in different chronic disease topic areas. Coordinating this work is a good business practice for making sure resources are used wisely and goals are reached without duplicating effort.

Grantee Action

- The Montana Department of Public Health and Human Services (DPHHS) created a standard way of managing all programs, called HealthStat, which sets common goals and ties specific measures to program work plans so that progress can be evaluated. This activity was funded by the National Public Health Improvement Initiative (NPHII), a program to help health departments get ready to apply for accreditation by improving their management practices and systems.
- To build on the NPHII work, Montana used PHHS Block Grant funds to create an information system that pulls together data from all programs and updates it four times a year. Block Grant funds also supported work with partners on goal setting for a strategic plan that guides the work of health department programs.

IMPACT

- This work helped Montana apply for PHAB accreditation. HealthStat supports at least 35 PHAB standards for accreditation while assuring DPHHS capacity to protect the health of Montana residents.
- To show whether activities are producing the desired results, data is now available for program progress reviews twice a month and a review of every program by a high-level team twice a year.
- Because the new database allows staff to quickly see which parts of a program are working and which aren't, they can adjust everyday work before too much time and money is spent. For example, the Arthritis Program used the database to evaluate delivery of the three proven programs they implement to help residents with arthritis reduce pain and disability. Two worked as planned; one was less successful. Finding this out before many months of implementation passed helped the program make an early correction to improve implementation and increase the likelihood of effectively reaching their goals for the programs.
- This management and data system will enable activity-based budgeting in the future, which means applying health department budget dollars directly to specific core activities rather than allocating dollars program by program. This gives the state the potential to link health outcomes such as reduced rates of diabetes to the costs for reaching this outcome.

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KANSAS

Supporting Resident's Health and the Local Economy

Public Health Issue

- In rural Finney County 67% of adults are overweight or obese (2013).
- Physical activity helps people lose weight or maintain a healthy weight but almost half of adults in Finney County don't get the moderate, daily physical activity that's recommended.



Grantee Action

- The PHHS Block Grant supports the Kansas Chronic Disease Risk Reduction (CDRR) program which funds local coalitions working to create healthier Kansas cities and counties.
- The Finney County CDRR program and coalition worked with local business and government in Garden City to make sure residents could move around their city easily whether they are walking, bicycling, driving or using public transportation.

- As a result of new city ordinances related to street repairs, downtown and the rest of the city will stay connected through the city's trail system which helps residents get around town on foot.
- To show that a broad trail system has benefits beyond helping residents be more active, the program coordinator educated the business community about how trails get people walking to local stores and businesses, a benefit to the local economy.
- Trail use increased when businesses, city government and the zoo began to promote the trail to families by giving out maps highlighting local attractions along the trail. The popularity of the maps shows resident's interest in having a connected trail system. The County Tourism Commission adopted the map as a regular promotional item.
- For their supportive efforts to reach community goals, the Finney County CDRR grantee received an award from the Kansas Main Street Association for excellent collaboration and public relations. This Association helped cities across Kansas stay vital and prosperous.

IMPACT

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HAWAII

Tai Chi for Health & Falls Prevention

Public Health Issue

- Older people fall and injure themselves often which leads to doctor and hospital costs of over \$82 million a year in Hawaii.
- Injuries from a fall can cause disability that makes it harder for older adults to be independent.
- Falls are often preventable with exercise to improve balance and build strong muscles. Tai Chi is an exercise method recommended by the Centers for Disease Control and Prevention (CDC) for reducing falls and the injuries caused by falls.
- Seniors in Hawaii agreed that they benefit from Tai Chi. They are willing to participate but a limited number of classes were available on the smaller islands—Kauai, Maui and Molokai.

Grantee Action

- The Hawaii Department of Health, EMS and Injury Prevention System Branch partners with the Tai Chi for Health Institute to increase the number of trained Tai Chi for Health instructors. This effort is designed to help them reach seniors with classes in rural areas on the islands beyond Oahu. The work is supported by PHHS Block Grant (staff to develop and evaluate the project), state, and CDC Violence and Injury Prevention core funds.
- Instructor workshops are co-sponsored by the Hawaii Department of Health and the Hawaii Fall Prevention Consortium, a group of volunteer organizations and individuals committed to reducing falls among older adults in Hawaii.

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IMPACT

- Offering scholarships to organizations and individuals resulted in 54 newly trained and certified Tai Chi for Health professionals who will provide classes at no charge to seniors.
- To get health care providers to participate in training, the American College of Sports Medicine gives continuing education credits to the physicians, nurses, physical and occupational therapists trained. This helps them meet requirements for their license to practice and expands the group of trained professionals.
- Tai Chi for Health is now offered regularly in more senior centers, county park and recreation facilities, and through non-profit organizations and health care providers that reach seniors in Hawaii.
- Kaiser Permanente recognized the potential benefit of Tai Chi for their members and decided to pay for Tai Chi for Health in two clinic senior programs. Kaiser plans to expand this action to fifteen clinics statewide.
- To make more physicians aware of the benefits of Tai Chi as a way to prevent costly falls and to increase the number of trained physicians, the University of Hawaii formally applied to the National Association of Family Practice Educators to make Tai Chi for Health part of their Family Practice Program curriculum.
- Increasing the number of class offerings moves Hawaii closer to fully implementing a key recommendation in the state's injury prevention plan and a strategy in the state plan for falls prevention.

RHODE ISLAND

Tackling Obesity and School Attendance with a Walking School Bus

Public Health Issue

- The social determinants of health, such as education, family income and neighborhood, are the conditions in which people are born, grow up, live, and work that affect their chance of staying well, getting sick, or getting treatment when they are sick. These determinants influence what people eat, how much physical activity they get every day, and how well they maintain a healthy weight.
- Social service agencies in Rhode Island noticed that the children in a low-income area of South Providence who were regularly late for school or absent were the children who didn't qualify for bus transportation because they lived within a mile of school.

Grantee Action

- Rhode Island's PHHS Block Grant fund Family Service of RI, one of seven agencies that carry out the work of the Centers for Health Equity & Wellness (CHEW). Family Service of RI works in low income communities in South Providence. The National Safe Routes to School Partnership primarily funds the Walking School Bus Program. Leveraging funds enables Family Service of RI to create initiatives that address social determinants of health.
- Knowing that over a third of Providence students miss ten percent or more of the school year, Family Service of RI asked parents about this issue and found that not owning a car, work schedules, and health issues interfered with getting children to school.
- They set up a Walking School Bus initiative, beginning with one elementary school where 22% of children were regularly absent. Adult volunteers 'pick up' students at a set location and guide them to school and back home each day. Students get healthy snacks on the walk and are also learning the rules for walking safely.

- As a result of this initiative school attendance for the participating children improved by seventy-nine percent over the year before. The program is now at four schools, with plans to add two more. A volunteer saw that some children wore slippers to walk to school and bought them boots.
- Children attending these elementary schools now have a safe way to get to and from school- they develop strong positive relationships with the volunteers and are getting the regular physical activity they need to maintain a healthy weight. Regular physical activity in childhood and adolescence helps build healthy bones and muscles, helps control weight, reduces anxiety and stress, and increases self-esteem.
- An added summer 'bus' walks children to and from a free summer meal program and outdoor playtime.
- *"Getting children safely to school helps them succeed in school,"* says Allyson Trenteseaux, Program Manager of the Walking School Bus Program.

IMPACT



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INDIANA

Improving the Health of Residents by Building a Better Public Health System

Public Health Issue

- Limited health department resources for alleviating public health threats make it important for health departments to perform even more effectively and efficiently. Taking steps to improve quality and achieve agency accreditation can lead to a better public health system and better health outcomes.
- Indiana's health department workers with advanced degrees are more likely to have earned them in areas outside of public health.
- The availability and flexibility of Preventive Health and Health Services (PHHS) Block Grant funding helps health departments build capacity to reach objectives related to performance which aren't sufficiently supported by disease-specific funding.

Grantee Action

- The Indiana State Department of Health (ISDH) used PHHS Block Grant funds to assess how well state and local public health agencies are functioning in Indiana, to create training opportunities for their workforce, and to make health data readily available for the agencies and organizations in the state that use it to guide their work.

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IMPACT

- To ensure that Indiana public health programs are supported as they work on improving the quality of their services, the ISDH created a new Office of Public Health Policy and Performance Management. This office is helping local health departments achieve accreditation, part of a national voluntary effort to measure and improve public health department performance against a set of national standards.
- To help local health departments assess how well their programs & services meet the needs of residents and to move them closer to accreditation, ISDH enabled the participation of 70+ local health departments in the National Public Health Performance Standards program. These standards guide health departments in making sure they have a strong system in place to meet their public health challenges. Four local health departments will receive ISDH assistance in strategic planning and quality improvement skill building to enhance their efforts in these areas.
- To replace up to 250 separate reports that communities and hospitals use to obtain data they need to monitor health, a new online data warehouse was developed which puts all public health data in one spot. In the first 20 months the site had over 9000 unique visitors. The value of this public resource is indicated by its duplication in at least one other state and the large number of inquiries from additional states & countries on duplicating the Indiana model.
- To advance a priority of the Indiana State Health Improvement Plan and impact a HP 2020 objective related to core competencies, ISDH began a major effort in 2014 to train their workforce. HP 2020 is a set of national health objectives on improving the health of Americans. Indiana public health workers now choose from over 1200 online, public health courses to update their skills and knowledge. Online training helps controls costs by omitting travel to a training site. Nearly 800 Indiana public health workers are registered to take advantage of this on-demand training. Over 600 courses have been completed by Indiana participants to date.
- All of these steps help the ISDH improve the health of state residents through better state and local agency performance. They also sustain the Indiana accomplishments achieved in the National Public Health Improvement Initiative.

OKLAHOMA

Planning for Health Equity in Oklahoma

Public Health Issue

- Oklahoma ranks near the bottom for many key indicators of health status when compared to other states. Reasons for this include the high number of state residents who live in poverty or have no health insurance. There are also racial and ethnic differences in the ability of residents to get health care and in the health of the neighborhoods where they live.
- Oklahoma's state legislature requires the State Board of Health to develop a comprehensive Oklahoma Health Improvement Plan (OHIP) for "all people in Oklahoma through a high-functioning public health system." The initial plan covered the time period through 2014.

Grantee Action

- In order to be sure that *all* Oklahoma residents have the opportunity to reach their full health potential the Oklahoma State Department of Health (OSDH) hired trained consultants to facilitate eleven community meetings around the state using partial funding from the PHHS Block Grant. Six meetings with African American, Hispanic and Tribal Nation groups as well as five with general population groups helped OSDH learn more about their health needs, ability to get care and opportunities to improve their health.
- PHHS Block Grant funds were also used to hire a contractor to collect information from Oklahoma businesses on their business-related health needs and issues. The results of the survey and the feedback from community meetings were used to develop strategies for the Access to Care Plan section of the overall OHIP.



- Oklahoma now has an updated Health Improvement Plan called Healthy Oklahoma 2020 that commits the state to raising their rank on the Commonwealth Fund Scorecard on State Health Systems. This Scorecard was developed by a nonpartisan foundation to help states see where they can do more to improve the quality of their health systems. It looks at differences related to income and race or ethnic group along with health indicators such as obesity rates then ranks states from highest to lowest on the way their health systems are working.
- The community meetings and the business survey helped OSDH submit a strong application to the Centers for Medicare & Medicaid Services (CMS) for a State Innovation Model (SIM) grant. The two million dollar SIM grant recently awarded to them makes it possible for Oklahoma businesses, healthcare providers, insurance carriers, and others to work with the state to develop creative ways to reach the goals set by the plan. If this work is successful, the state can then apply for a larger CMS grant to test how well the plan's strategies work in improving the quality of care while decreasing health care spending.
- The updated OHIP will reflect the needs of the people of Oklahoma, once adopted.
- According to Oklahoma governor Mary Fallin the health system change guided by the new state plan "is not about expanding the size or scope of government, but making the services we already offer better and more efficient."

IMPACT

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ALASKA

24 Lives Saved... and Counting

Public Health Issue

- Three million lakes, 12,000 rivers, and nearly 34,000 miles of shoreline help account for an Alaska drowning rate more than three times the national average. Drowning is the second leading cause of accidental death for children 5-14 years old in the state.
- Drowning deaths can often be prevented through the simple act of wearing a lifejacket.

Grantee Action

- The drowning death of a four year old boy in a region with a high rate of youth drowning spurred the idea for a lifejacket loaner program.
- At first the *Kids Don't Float* program set up 15 loaner stations in Homer to display life jackets residents could borrow at no cost and simply return after use. Partners in this effort included the Alaska Department of Health & Social Services, Alaska Safe Kids Coalition, U.S. Coast Guard, and the Homer School District. The program expanded statewide over the course of 19 years.
- PHHS Block Grant funds enabled program staff to improve the manual on setting up and running a community lifejacket loaner program, an important step for expanding the program. These funds also helped pay to supply lifejackets for loaner sites.
- Using staff from existing Government departments and promoting the program through established safety coalitions assured the sustainability and growth of *Kids Don't Float*.

IMPACT

- At least 24 Alaska children survived a near-drowning accident because of a *Kids Don't Float* life jacket.
- *Kids Don't Float* now provides free boating education in schools as well as 30,000 life jackets at the water's edge in 249 communities that children can use whenever they need them. Boating safety classes have reached over 100,000 participants.
- The value of *Kids Don't Float* is shown by the Boating Safety Youth Award given to the program by the National Safe Boating Council and by the way educators and injury prevention specialists across the nation have adopted the idea.
- A simple idea—putting spare life jackets at the local docks near Homer—is now a statewide drowning prevention initiative.



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IDAHO

Helping Seniors Become *Fit and Fall Proof*™

Public Health Issue

- Accidental falls account for about 85% of unintentional deaths for Idaho seniors.
- The seniors who survive a fall may be left with chronic pain and difficulty getting around. These changes can make them more likely to fall again and lowers their quality of life. People over 75 who fall are many times more likely to be admitted to a long-term care facility for at least a year than those slightly younger (65 - 74 years).
- Many seniors don't have access to important fall prevention or therapy programs that can help them stay active after they experience a fall. This is partially because programs aren't always available and Medicare limits senior's benefits for these services.

Grantee Action

- With Preventive Health and Health Services Block Grant funds and Idaho state general funds the Idaho Department of Health and Welfare supports Fit and Fall Proof™ (FFP).
- FFP is a free or low-cost fall prevention program that teaches strength training and balance techniques to older adults to reduce the risk of falling. Trained volunteers lead classes in senior centers, community centers, churches, libraries and hospitals.
- In order to get more seniors into the program, the FFP coordinator in Lewiston, Idaho worked with St. Joseph Regional Medical Center to raise awareness about the FFP program. Medical Center administrators and physicians wanted to reduce the rate of readmissions among older adults by linking them to community programs that keep seniors healthy.



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- Fit and Fall Proof™ helped more than 6,600 Idaho adults stay fit, prevent falls, and form lasting friendships according to the latest statistics (2013). Attendees who took an evaluation test showed great improvement in mobility after their 10-week session.
- To give seniors the chance to participate in classes more than once a week and throughout the year, the program grew to 105 sites today from 29 class sites in 2005.
- As a way to continue the exercises that can help them live independently at home without falling, stroke patients are now referred to free and low-cost FFP programs from hospital-based programs when their medical benefits run out.
- As an FFP attendee shared, *"This class has kept me out of a wheelchair...(and) has helped my attitude because the class is so much fun."*

IMPACT

DISTRICT OF COLUMBIA

Empowering Communities, Improving Health

Public Health Issue

- Over half of the population of the District of Columbia is either overweight or obese, with rates as high as two-thirds of the population in some areas.
- Healthy eating and physical activity are important prevention and treatment steps for overweight and obesity as well as the leading chronic diseases in the District—diabetes, cancer and cardiovascular disease.
- To impact all of these conditions and improve the health of residents, healthy behaviors must be supported at the community level.

Grantee Action

- The DC Department of Health piloted a small-grant program using PHHS Block Grant funds, awarding \$10,000 to \$15,000 dollars to local organizations to promote physical activity and healthy eating opportunities in areas with high chronic disease rates. This works complemented successes achieved with previous funding in the area of healthy environment. Leveraging Preventative Health Block Grant funding within the Bureau for Cancer and Chronic Disease, to assist the categorical programs with the implementation of self-management programs.
- Recipients of these grants integrated nutrition with existing physical activity programs, worked with youth and community gardeners to create gardens in neighborhoods with few healthy eating options and implemented food preparation training for faith based kitchen workers that emphasizes healthy methods.



IMPACT

- Funding programs that reach people where they live and play is a successful strategy in the District:
- United for DC Soccer Club expanded its program to include nutrition education at soccer practices and began an initiative that engages player's parents through a free group fitness class conveniently offered to them during the practice period. The class instructor promotes healthy lifestyle choices for the parents and steps they can take to help their children live healthier lives.
- *BeetStreet Gardens* more than doubled the number of its gardens and increased the amount of fresh produce distributed to the residents in public housing located in food desert areas. It now partners with programs in two of the largest public housing developments in the District for the produce distribution and incorporates healthy eating and active living messages into cooking demonstrations provided to residents.
- Use of an empowerment model that teaches community members to be spokespeople as well as gardeners resulted in one local gardener taking responsibility for managing three gardens, presenting at a city-wide conference (Rooting DC), appearing on a local radio show, and being chosen as the winner of a Washington Peace Center Activist Award. This man, a retired veteran, describes the gardening activities as therapeutic for him, helping him make significant progress in dealing with PTSD.

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CALIFORNIA

California Meets the Challenge of Sharing Critical Ebola Information

Public Health Issue

- As news of a case of potentially deadly Ebola disease emerged in the United States in September 2014, both healthcare professionals and the public in California needed answers to questions like these:
 - What if an Ebola case hit close to home?
 - Are local hospitals and emergency response officials prepared?
 - Where can I turn for reliable information?

Grantee Action

- The California Department of Public Health (CDPH) Emergency Preparedness Office (EPO) used its California Health Alert Network (CAHAN) system to communicate vital information about Ebola disease to over 37,000 state, county, and local partners who are part of their system.
- The PHHS Block Grant funded 100% of the CAHAN system's monthly fees during the period between October 1 and December 31, 2014.

- To keep health professionals, emergency responders and others on the front lines of preparedness informed about actions they needed to take on Ebola, the CAHAN connected them instantly to up-to-date Ebola preparedness information such as protective equipment requirements and travel restrictions.
- In order to reach potential users of the newly established California Ebola Hotline quickly, the CAHAN system announced its readiness to provide answers for Californian's specific questions.
- The issuing of 121 Ebola-specific alerts resulted from CAHAN information provided to public health departments, health care providers, and emergency medical service providers across the state.
- Having an active health alert network such as CAHAN helps California meet one of the standards for public health accreditation, a voluntary program that ensures that health departments are able to adequately protect the health of the public. It also helps the state contribute to reaching a HP 2020 objective, one of a set of health objectives for the nation.
- *"CAHAN connected the whole state to vital answers, subject matter experts, and the latest CDC guidance instantly. No one had to hunt for the right information because it was delivered straight to them."* —Louise Karsten, California Department of Public Health

IMPACT



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NEVADA

New Wellness Policy for Nevada Schools

Public Health Issue

- There's a link between healthy eating, physical activity, and improved academic achievement according to the Centers for Disease Control and Prevention
- A recent Nevada survey shows that among high schools:
 - Only 32% of schools allowed students to purchase fruit from vending machines, school stores and snack bars
 - Only a third of Nevada students in grades 11 & 12 were required to take physical education
 - Only 28% of schools were *not selling* less nutritious foods and beverages, such as candy and soda, in vending machines, school stores and snack bars.

Grantee Action

- The Food and Nutrition Division of the Nevada Department of Agriculture set up a school wellness policy taskforce that included members from state and district health departments, state and local education agencies, universities and voluntary organizations.
- Under federal law, school districts that are reimbursed by the US Department of Agriculture (USDA) for their child nutrition program must have wellness policies that address all federal and state requirements.
- The state taskforce developed a comprehensive school wellness policy based on the USDA Smart Snacks Nutrition Standards as required by the Healthy, Hunger-Free Kids Act of 2010.
- Nevada Division of Public and Behavioral Health funding from the Centers for Disease Control and Prevention State Public Health Actions (1305) program and PHHS Block Grant supported training and technical assistance for local school districts to help them update and implement new local policies.

IMPACT

- Nevada's new School Wellness Policy became effective in July 2014.
- The policy includes key components such as:
 - requiring 30 minutes of moderate to vigorous physical activity a day for students
 - guidelines on calorie, sodium, and sugar content of foods and beverages provided to students at school.
- All 17 Nevada school districts now have new or revised local school wellness policies that meet federal and state requirements, as outlined in the Nevada School Wellness Policy.
- These comprehensive policies move Nevada closer to achieving a HP 2020 objective to "Increase the proportion of schools that offer nutritious foods and beverages outside of school meals." HP 2020 is a set of national objectives to improve the health of the nation,
- The American Heart Association praised the new policy saying Nevada was "*Leading the nation when it comes to ensuring that children are not bombarded with junk foods and junk food marketing on school property,*" and "*Every state should follow Nevada's lead.*"



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NEVADA

Outreach to Stop Tuberculosis in Rural and Frontier Nevada

Public Health Issue

- Nevada is one of the nine states and DC that account for more than half of all tuberculosis (TB) cases in the U.S.
- About 11% of Nevada residents live in rural and frontier counties where hospital and clinic services are not always available.



Grantee Action

- The PHHS Block Grant funds clinical staff and community health nursing staff to provide TB services in health department clinics in ten rural and frontier counties in Nevada.
- A TB quality team makes sure staff in these clinics is aware of the best ways to evaluate and educate TB clients.
- To do this the team educates providers about the Curry International Tuberculosis Center (CITC) Warmline Service that offers them free consultations with TB specialists and maintains community partnerships for TB prevention and treatment with correctional institutions, schools, substance abuse facilities, senior centers, and youth centers are also maintained.

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- Thanks to PHHS Block Grant funding Nevada can keep open clinics that provide TB-related services in areas that qualify as medically underserved areas. A medically underserved area is a place without enough primary care providers. A primary care provider is a doctor or nurse who provides comprehensive health care.
- The rate of completion of appropriate TB treatment improved for clients identified with TB among the more than 1400 clients screened. Improving the 'rate of completion of appropriate treatment' means making sure that people with TB have the information, services and medication they need to control their condition. Nevada also exceeded the goal they set on the number of patients they expected to serve.
- This result moves Nevada toward reaching a HP 2020 objective on increasing treatment completion rates for TB patients. HP 2020 is a set of objectives that guides health improvement for the nation.
- To begin to overcome the barrier of too little funding for setting up clinics in all the places where residents need TB services, the program now works with a Federally Qualified Health Center in one county where no health department clinic was available. They help the health center provide needed TB services.
- Because substance abuse clients are more likely to have TB, nurses take steps to make sure that all substance abuse clients coming to clinics for services of any kind are also reached with TB prevention and treatment information.
- As a way to benefit TB treatment programs across the country Nevada contributes to a CDC pilot study testing whether a new treatment method works better than the standard treatment.

IMPACT

IOWA

Survival Can Depend on Trained Emergency Medical Services Personnel

Public Health Issue

- Emergency medical service (EMS) in Iowa is often funded through bake sales, pancake breakfasts and other donations since EMS is not a state, county, city or township mandate.
- Because local budgets are very limited, EMS in rural areas depends on volunteers to provide the services.
- Because fewer and fewer residents volunteer, many rural communities struggle to keep essential emergency medical services going. For example, about 300 EMS providers decided not to get recertified in one recent year. And more than 15% of the current Iowa EMS workers are over 50 limiting the number of years they'll likely be able to continue working.

Grantee Action

- The Iowa Department of Public Health (IDPH) Bureau of Emergency and Trauma Services uses PHHS Block Grant funds to support rural emergency services in these ways:
 - Providing updated EMS protocols and training EMS providers on the use of the protocols. These protocols help EMS providers work effectively and safely during the time it takes to reach the hospital.
 - Creating Iowa EMS System Standards that describe the minimum set of services that Iowans can expect from their EMS provider. The state uses general funds to contract with EMS to help them implement the standards.
 - Supporting Regional EMS Coordinators who provide training and technical assistance on service barriers and who make recommendations to improve services as needed.



IMPACT

- In order to ensure the supply of qualified EMS providers to replace those who no longer volunteer, IDPH worked with training centers to train 700 individuals. This training makes them eligible for certification. EMS providers in Iowa must be certified by the state in order to work in this job.
- IDPH makes sure that training remains widely available and at a cost most can afford.
- To make sure Iowa residents get the emergency services they need, Regional EMS coordinators help local EMS evaluate the care they provide to patients and make needed improvements.
- When a 65 year old rural Iowa man recently collapsed at home, the 911 operator helped his wife keep him alive until EMS arrived to apply a shock to his failing heart. He lived to tell his story because dispatchers were well-trained and EMS providers were available to provide needed care. "I was told by a cardiac failure specialist that I am now in the 2% group that experience sudden cardiac arrest and actually live to tell about it!" says John Palmer of Washington County, Iowa.

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NEBRASKA

Partnering to Improve Heart Attack Survival in Nebraska

Public Health Issue

- Half the people who have a heart attack outside of the hospital have a certain kind, called STEMI which stands for ST segment elevation myocardial infarction. It requires especially quick treatment with specially-skilled providers and specific equipment to reduce the chance of death or lasting heart damage.
- Many EMS services in Nebraska cannot cover the costs of training or equipment that would help them identify and properly treat STEMI. This can lead to unnecessary and sometimes fatal delays for people having a heart attack.

Grantee Action

- Supported in part by PHHS Block Grant funds, the Nebraska Department of Health and Human Services (NDHHS) and its partners trained paramedics for Nebraska City Fire Rescue (NCFR) in Otoe County in the specialized methods to identify and treat STEMI. They also educated the public about early recognition of the signs and symptoms of a heart attack and the importance of a calling 911 immediately to get the quickest EMS response.

- During the year of use of the STEMI protocols and the transport system, *all direct transport patients survived.*
- Training on the specialized way to treat and transport victims of STEMI resulted in steps by all the partners to improve the heart attack response system in Otoe County, Nebraska:
- To ensure that patients having a STEMI get the right care as quickly as possible, an agreement between two local hospitals allows emergency responders to take patients directly to them from the scene (direct transport) rather than to the nearest hospital when this is the best medical choice. The hospital agrees to have properly trained medical staff and necessary treatment facilities available.
- Quick assessment of the patient's condition happens through a new method created for emergency responders that allows them to send a patient's test information directly to the hospital's dedicated phone line.
- To find ways to improve the system, the two hospitals are evaluating what happens to patients transported under the protocol and on the care provided by ambulance crews.
- As a result of a public education and testing day, serious heart conditions were identified in several Nebraska residents and they were educated about steps they could take to prevent a heart attack.
- An example of the importance of a quick care system for STEMI patients is the Nebraska resident who was taken to a hospital 60 minutes away from the site of her heart attack where a cardiology team was ready to take her directly into surgery as the STEMI protocol indicates. Despite the availability of a closer facility, the cardiologist told her family that direct transport saved time and ultimately, her life.

IMPACT

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OHIO

Ohio's Commitment to Healthy Eating for All Residents

Public Health Issue

- Two out of three Ohio adults and more than one third of Ohio's 3rd graders are overweight or obese.
- Twenty-five percent of rural Ohioans live more than 10 miles from a store selling fresh fruits and vegetables.
- Forty percent of adults in Ohio are consuming less than one serving of fruit daily and 26% are consuming less than one serving of vegetables daily.

Grantee Action

- The Creating Healthy Communities (CHC) Program at the Ohio Department of Health is funded by the PHHS Block Grant. From 2010-2014, CHC Coordinators in 16 counties worked with local coalitions in the most vulnerable parts of the state. In 2015 the CHC program expanded to 23 counties. Examples of CHC projects completed in 2013 related to healthy eating include:
 - A new school garden at a junior /senior high school supplied fresh produce used in the school lunch program.
 - A soup kitchen received the help it needed to expand their garden, fix problems with the water supply and pests, and increase their number of volunteers.
 - A new food system was set up to supply meals to 1,600 low-income students in breakfast and after-school programs, as well as to take home during extended breaks.
- Garden projects received help with planning, irrigation systems, growing and distribution of produce from a local CHC Urban Farming Coordinator.
- A produce to pantry system linked local food pantries with community gardens that donated fresh produce to city residents in need.
- Three neighborhood corner stores increased healthy food options for local shoppers.
- Twenty-one worksites with more than 20,000 workers made at least one sustainable change for healthy eating as a result of a worksite wellness conference.
- Senior residents at a low-income, independent living facility grew vegetables, valued at \$30 a month, for their own use.



IMPACT

- 200,000 Ohio residents are eating healthier because of projects like those described above and others in CHC-funded communities in Ohio.
- Community-based programs, like CHC, receive about \$6 of value in return for every \$1 spent on prevention activities.
- As a Columbus resident explains, *"I walk to the garden every week. It changes how my family eats."* And a market owner in Lucas County emphasized the benefits to local business as well as residents, saying *"Kids are choosing bananas instead of candy bars. The produce stand has increased my sales and redemption of WIC vouchers. I couldn't be happier."*

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OHIO

Ohio Community Builds a Path to Health

Public Health Issue

- Springfield Township is a rural Ohio community where one fourth of the adult population is obese and 30% of third graders are either overweight or obese.
- Being physically active helps people lose weight or maintain a healthy weight.
- Opportunities for physical activity are limited in the Township. Most rural Township roads have speed limits too high for safe walking or biking and funding for activity-related projects such as walking trails is lacking.

Grantee Action

- The Summit County Creating Healthy Communities (CHC) program, funded by the Ohio Department of Health through the PHHS Block Grant worked with partners to install a 1-mile walking trail near a school. Partners included Springfield School District and Springfield Township Parks and Recreation.
- Springfield's Board of Education and CHC grant funding paid for materials needed to construct the trail. The mayor of a nearby town lent his own equipment to help excavate the trail at no cost. The Springfield Township Parks and Recreation staff hauled in materials and helped further excavate the trail site. Volunteers used their own rakes and shovels to spread limestone on the trail surface.

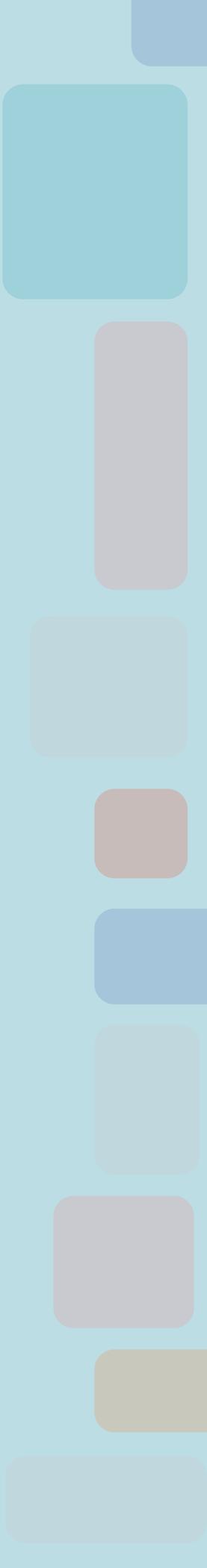
- To give the more than 14,500 residents of the Springfield community a safe, accessible place for regular physical activity, a walking trail is now complete.
- Volunteer time and talent helped lower its cost and these contributions show how important the trail is to residents.
- Many local residents are walking and running on the new trail. To encourage even greater use, signage was posted along the trail, marking distance.
- Five hundred students now use the trail in their physical education classes.
- Over 150 students in a newly organized running club run on the trail for fitness.
- Students use the trail in their science classes to learn about and identify different types of plants and trees.
- A school "Turkey Trot" race was held on the trail in November and over two thirds of the school participated! Community members are already using the trail to run, walk and walk their dogs" says Betty Kern, physical education teacher for the Springfield School District.
- To build on the success of this project, a new 5 mile bike and hike trail is planned by the CHC program for the neighboring communities of Springfield and Lakemore.

IMPACT



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