



Strengthening Local Public Health Capacity:

*Stories of Impact from the Public Health
Infrastructure Grant*

August 19, 2025

SHAPING TOMORROW'S PUBLIC HEALTH TODAY.

Agenda

I. Strengthening Local Health Departments through Regional Collaboration: The Impact of CDC Funding via the Public Health Infrastructure Grant

Olivia Ault, MPH, Grants Administrator, Indiana Department of Health

II. The Impact of the Public Health Infrastructure Grant in Southern Nevada

Todd S. Nicolson, Ed.D. (HCAL), MA, MEP, Workforce Director, Southern Nevada Health District

III. Open Discussion: Q&A with the Speakers





Indiana
Department
of
Health

INDIANA DEPARTMENT OF HEALTH'S REGIONAL TECHNICAL ASSISTANCE TEAMS

Olivia Ault

Grant Administrator

8/19/2025

OUR MISSION:

To promote, protect, and improve the health and safety of all Hoosiers.

OUR VISION:

Every Hoosier reaches optimal health regardless of where they live, learn, work, or play.

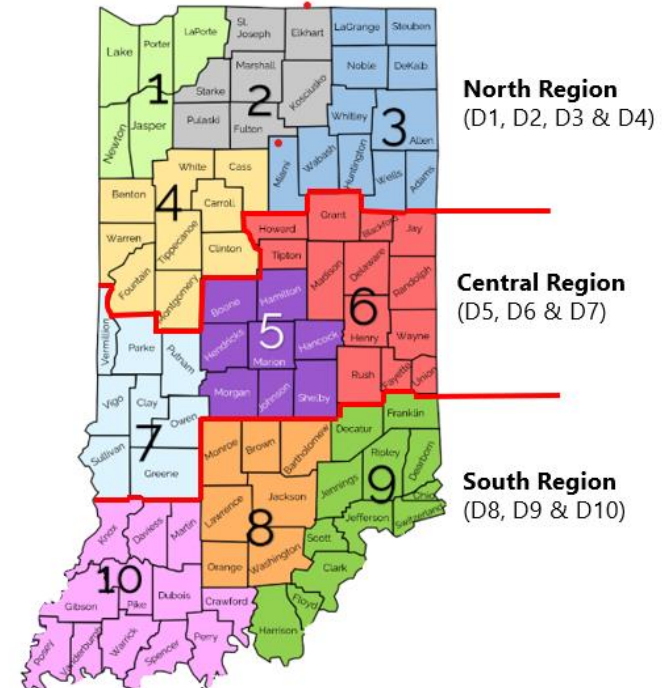


Background

Strengthening public health systems is crucial for improving community health outcomes. Centers for Disease Control and Prevention's (CDC) Public Health Infrastructure Grant (PHIG) provides vital funding to enhance public health infrastructure nationwide. State recipients were encouraged to allocate at least 40% of their workforce funding to support local health departments (LHDs). In response, Indiana Department of Health (IDOH) implemented a collaborative model for this allocation, using state staff to form regional teams that offer targeted support to LHDs statewide.

These teams, led by a regional director, include data analysts, a communications specialist, a staff attorney and others with expertise tailored to local needs. The state is divided into three regions: Northern, Central, Southern. Some positions are shared among all teams, such as the attorney and communications specialist, but most positions are only responsible for one region.

IDOH District and Region Map



Methods

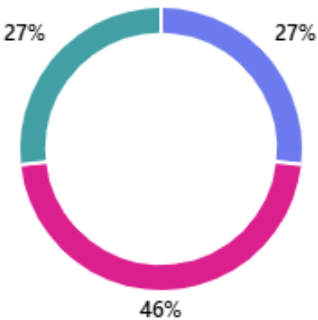
Given the novelty of this model, an evaluation was conducted using mixed-methods surveys which included frequency and categorical options, as well as open-ended qualitative responses. These surveys were sent to LHD administrators twice in 2024 to assess impact of the regional teams.

The survey was created in Microsoft forms for ease of sharing and has a total of 27 questions

The first survey had 116 responses vs 142 for the second survey

4. Please choose your region

● Central Region	38
● Northern Region	66
● Southern Region	38



Methods

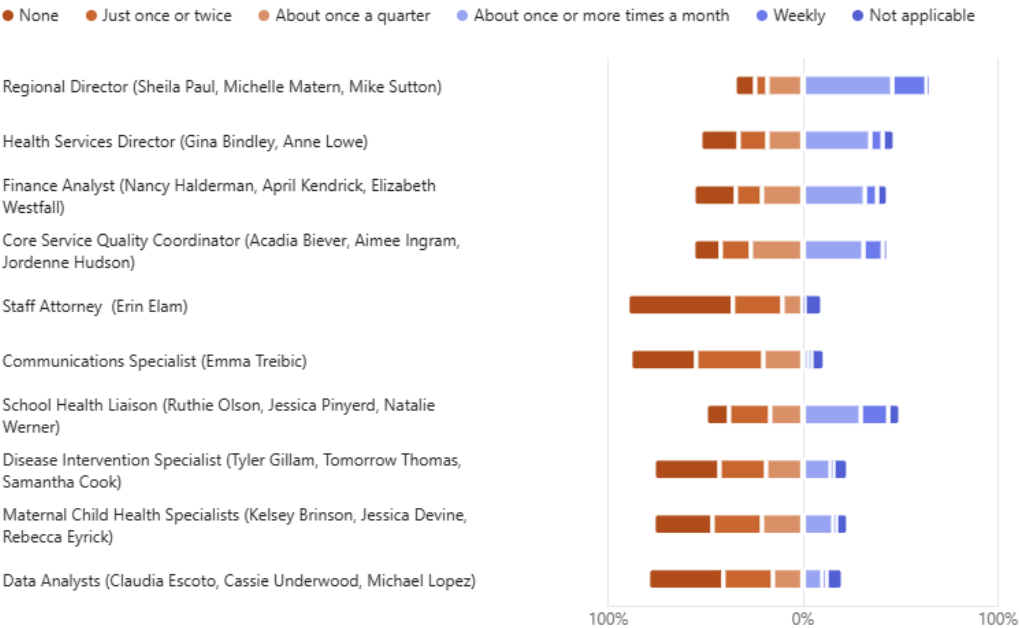
Identifying information was collected but not shared. It's primarily used to track which LHDs were answering/how many surveys were submitted

The survey questions are being evaluated now to see if there are new questions to be included.

Examples of questions included: how often LHDs work with our regional team members, communication levels, ability to complete new activities with support from team members.

Free space was included to give LHDs the opportunity to share thoughts about the services being offered

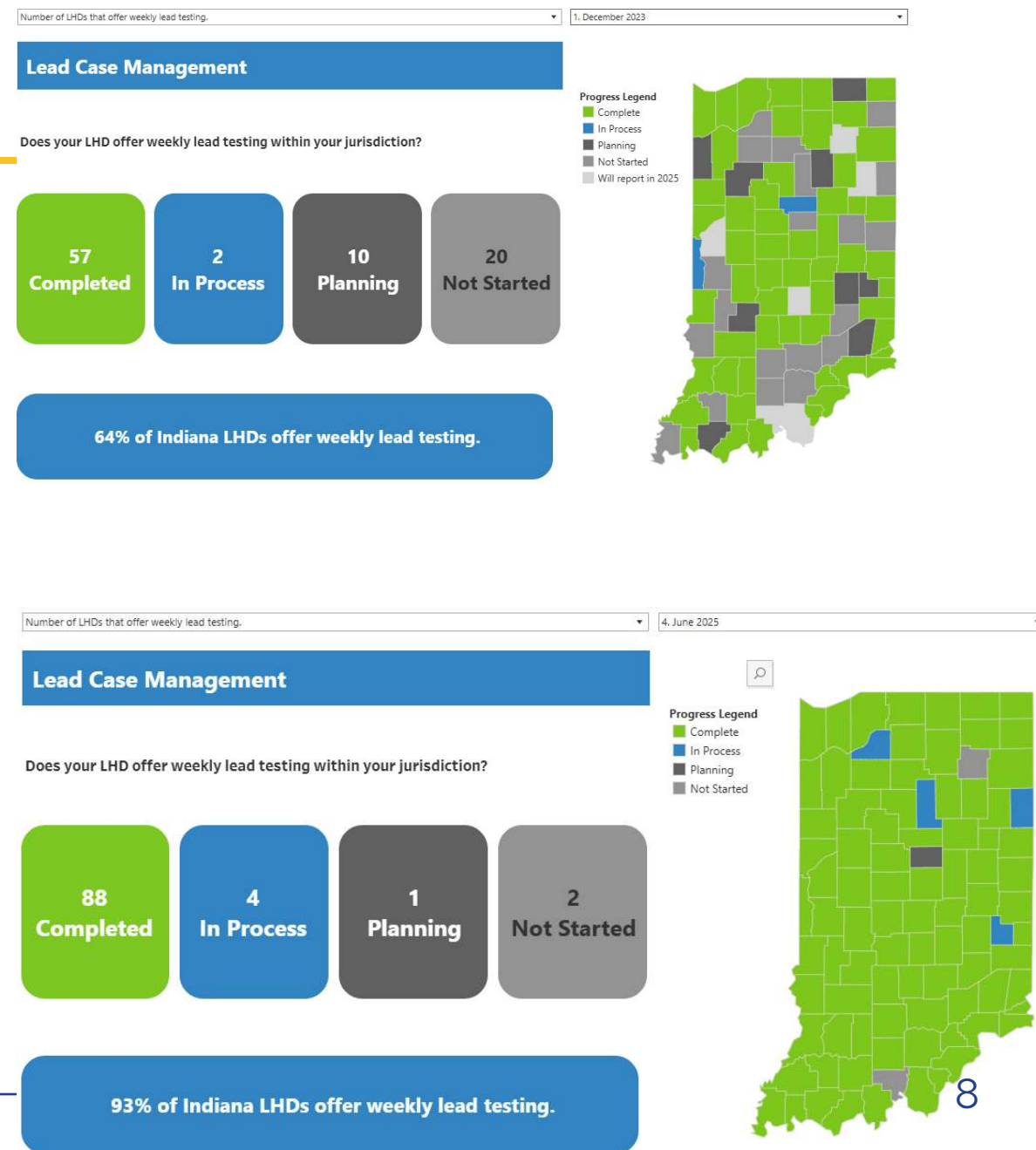
8. How frequently did you /do you interact or engage with each member of the regional team from March 2024 through November 2024? Please provide an average estimate to the best of your knowledge. [More](#)



Successes

Since the regional teams' implementation, LHDs saw increased weekly blood lead testing from 64% to 93% due to technical assistance from the teams. Additionally, the percentage of LHDs working with local and state partners to address gaps and barriers to health services increased from 51% to 66%.

There is a public facing tracker that is tracking 23 core services linked on the Indiana government website. It's updated about every 6 months.



Results

Number of LHDs that provide access to clinical services, such as those related to communicable disease, to meet the needs of your community. 1. December 2023

Access to and Linkage to Clinical Care

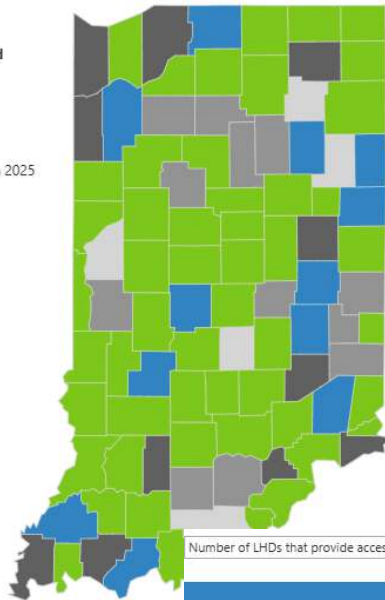
Does your LHD provide access to clinical services, such as those related to communicable disease, to meet the needs of your community?



60% of Indiana LHDs provide access to clinical services, such as those related to communicable disease, to meet the needs of your community.

Progress Legend

- Complete
- In Process
- Planning
- Not Started
- Will report in 2025



Number of LHDs that provide access to clinical services, such as those related to communicable disease, to meet the needs of your community. 4. June 2025

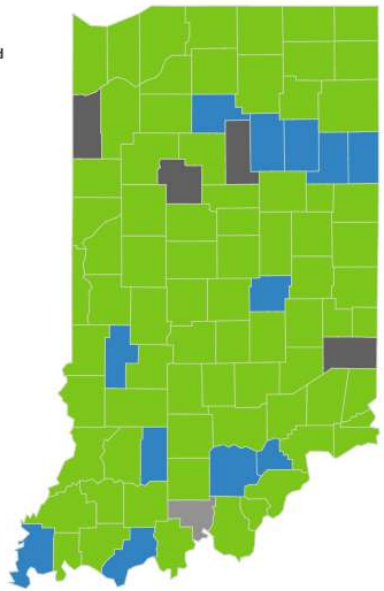
Access to and Linkage to Clinical Care

Does your LHD provide access to clinical services, such as those related to communicable disease, to meet the needs of your community?



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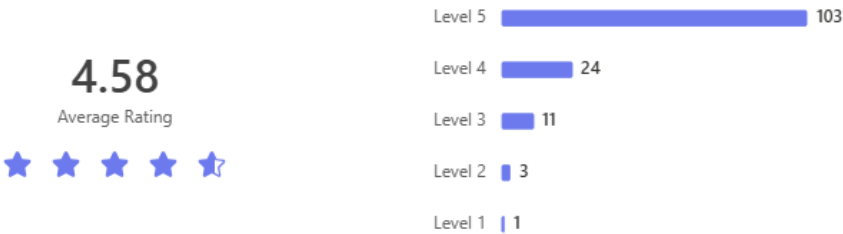


82% of Indiana LHDs provide access to clinical services, such as those related to communicable disease, to meet the needs of your community.

Results

The shift from direct fund allocation to a collaborative regional team approach exemplifies the transformative impact of PHIG on public health administration. By leveraging state staff resources effectively, Indiana enhanced the capacity of LHDs while promoting sustainable partnerships that can adapt to evolving public health challenges. This model maximizes the utility of federal funding while setting a precedent for other states looking to strengthen their public health infrastructures through innovative collaboration.

13. Overall, how successful have the regional teams been providing customer service to your LHD?



Conclusion

IDOH is creating plans for what comes after November 2027. In 2023, Indiana launched Health First Indiana, a new public health initiative that is investing millions into improving public health throughout the state. The regional teams have been key players in the success of Health First Indiana. We're talking about what it could look like for the regional teams to move onto that funding when PHIG ends.



Questions?

Olivia Ault

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The Impact of the Public Health Infrastructure Grant in Southern Nevada

Dr. Todd S. Nicolson
Workforce Director, Southern Nevada Health District

Acknowledgement of Federal Funding

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The contents are solely the responsibility of the author and do not necessarily represent the official views of the CDC.

Agenda

- Demographics – who we serve
- Human Resources Programs
- Cross-Connection Training Program
- Congenital Syphilis Case Management Program
- Safe Routes to School (SRTS)
- Barber Shop/Beauty Shop (BSHOP/BeSHOP) preventive programs
- Double Up Food Bucks (SNAP linkage)

GEOGRAPHICAL MAP

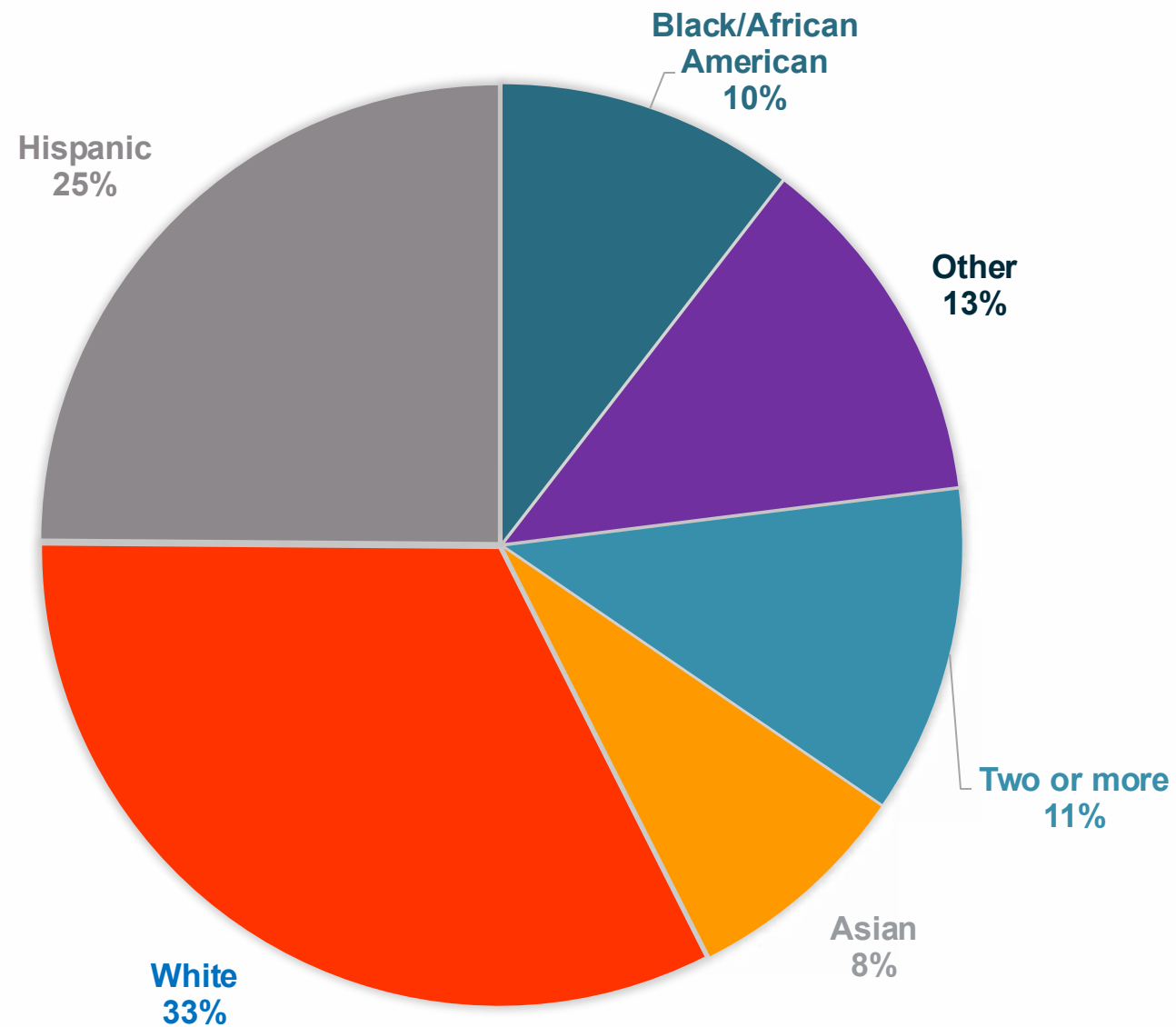


- ❑ Clark County, Nevada is over 8,000 square miles in size, about the size of New Jersey.
- ❑ The Las Vegas Strip is located in unincorporated Clark County, not the City of Las Vegas
- ❑ Clark County's visitor census is 40 - 50 million annually.



Demographics – Who we serve

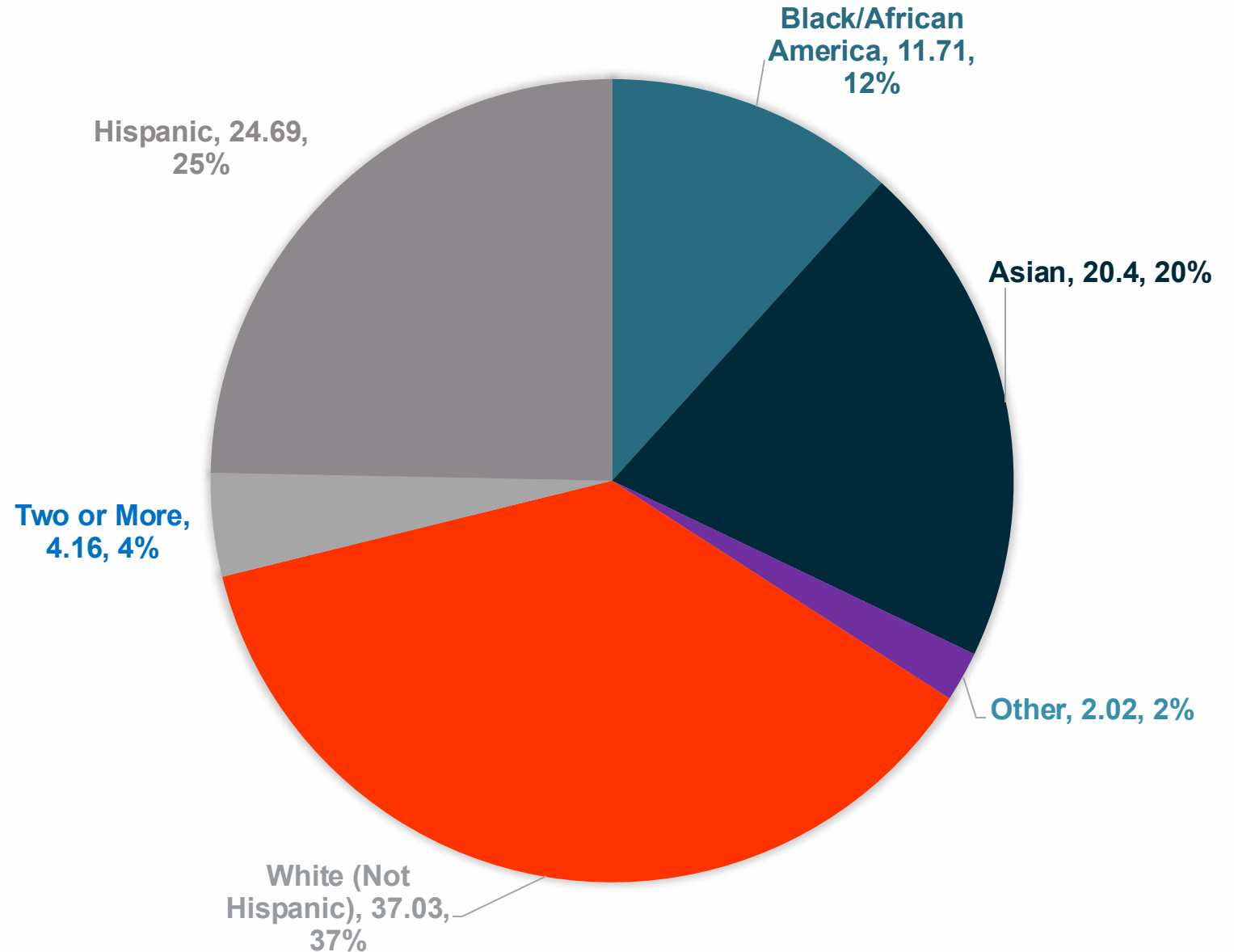
DEMOGRAPHY OF CLARK COUNTY



Demographics – Who we are



DEMOGRAPHY AT SHND



Human Resources Program

- Majority of the PHIG is found in Personnel and Human Resources Programmatic Programs
- Leads Organizational Vital Signs – Longitudinal study (TEP)
- OVS – explore employee and organizational relationship
- Training HR employees in Emotional Intelligence to perform survey analysis independently – self-reliance

Human Resources Program

- **Engagement** – SNHD created (2) recognition programs to help support employee engagement and rewards:
- Employee Recognition – employee-based nomination and selection process for employee of the month and manager/supervisor of the quarter
- Based on SNHD's Core Values of Commitment, Accountability, Respect, Excellence and Service (CARES)
- Employee Referral Program – employee-centric program promotes the posting of our open positions to the public by offering potential rewards to employees that refer their colleagues to our available positions

Human Resources Program



Academic Affairs

- Through PHIG, SNHD supports a Sr. Human Resources Specialist assigned to Academic Affairs
 - The Sr. HR Specialist supports and manages the following programs:
 - Intern Programs - The senior HR specialist academics recruits and coordinates an average of 120 interns per calendar year including semester-long and short-term internships in every division and clinical rotations: Further includes external residents and fellow public health rotation
 - Health District After Dark (HDAD) - The senior HR specialist serves as co-facilitator and co-coordinator of this lecture series on timely, provocative, and/or emerging public health topics
-

Cross-Connection Training Program



Course Background

- The University of Southern California Cross-Connection Specialist training focuses on:
 - Identifying potential cross-connections between potable and non-potable water systems
 - Understanding how backflow events can occur and the risk they pose to water quality
 - Ensuring compliance with regulations and best practices for preventing contamination of public water supplies
 - **Position's Role Using This Knowledge**
 - With this training, SNHD is better equipped to:
 - Evaluate and assess plumbing systems in facilities during *Legionella* investigations
 - Identify cross-connection hazards that may contribute to waterborne disease risks
 - Collaborate more effectively with facility engineers on how their water systems operate
-

Cross-Connection Training Program



Impact on the Community

- Identify and address cross-connections contributes significantly to preventing potential sources of *Legionella* contamination, especially in complex water systems like those in large hotels
 - This training and role at SNHD allows this position to:
 - ✓ Better protect vulnerable populations from waterborne illnesses
 - ✓ Aid in preventing outbreaks of Legionnaires' disease
 - ✓ Strengthen collaboration with industry partners on water quality and safety
 - Certification enhances employee's capacity for thorough Legionnaire's Disease investigations while also serving a broader role in reducing public health risks associated with contaminated water systems
 - Increases capability of SNHD from one to two Cross-Connection Specialists on staff for over 150,612 rooms
-

Congenital Syphilis Case Management Program



- PHIG support has been instrumental to the success of the Congenital Syphilis Case Management Program (CSCMP)
 - The program helps pregnant individuals with syphilis access timely syphilis treatment while addressing broader social determinants of health
 - CSCMP was able to hire an additional nurse case manager, allowing for the enrollment of more clients and no waitlist
 - Sixty-four of ninety-six clients referred were enrolled in 2024
 - Currently in 2025, twenty of twenty-eight referred have been enrolled
 - In 2024, the average number of clients receiving nurse case management services was 46 per month and currently in 2025 the average is 57 clients
-

Congenital Syphilis Case Management Program



- Infants exposed to syphilis during pregnancy or delivery in which the mother may not have been adequately treated can be referred to the CSCMP for follow up monitoring until a non-reactive Rapid Plasma Regain (RPR) is obtained
 - The CSCMP nurses monitor an average of 15-18 infants monthly
 - The CSCMP team has been to provide education related to Congenital Syphilis to area birthing hospitals, ED's, and community
 - PHIG supports makes our CSCMP is making a positive impact in efforts to decrease the number of infants affected by Congenital Syphilis
 - “One death from CS is one too many!”
-

Safe Routes to School



- Partnership with SNHD OCDPHP and CCSD for 15 years in Safe Routes to School
- Clark County School District is 5th Largest in U.S. (*US Census Bureau*)
- Partnership supports efforts to ensure CCSD students can safely walk, bike, and roll to and from school
- Efforts further support overall efforts to increase physical activity levels among youth
- Over the past 3 years, SNHD has leveraged resources from the Public Health Infrastructure Grant to increase the number of CCSD schools actively participating in the SRTS program and increase the frequency and intensity of programs at participating schools

Safe Routes to School



- Provided emails and information on the Safe Routes to School program from 297 to 355 schools in southern Nevada (374 total)
 - 233 Elementary Schools, 61 Middle Schools, 54 High Schools, 4 Special Schools, and 22 Alternative Schools
 - 296,145 total students
 - 49% Hispanic/Latino,
 - 19.1% White/Caucasian,
 - 15.9% Black/African American,
 - 8% Multi-racial,
 - 6.1% Asian,
 - 1.6% Hawaiian/Pacific Islander,
 - 0.3% American Indian/Alaska Native
-

Safe Routes to School



- **Achievement Level Program (ALP)**
 - ALP is a framework that encourages schools to improve, promote safe walking & biking to and from school
 - Increased number of CCSD schools that receive ALP status by over 30%
 - Total # of schools reaching ALP status = 53 (Baseline = 40 schools). Over 2/3 of all schools reaching ALP status are Title 1 Schools (n = 35)
 - High Schools reaching ALP status: 2
 - Middle/Junior High Schools reaching ALP status: 8
 - Elementary Schools reaching ALP status: 43
 - Of the 53 schools reaching ALP status this school year:
 - 25 reached Bronze Level
 - 10 reached Silver Level
 - 7 reached Gold Level
 - 11 reached Platinum Level
-

Barber shop/ Beauty shop (BSHOP/ BeSHOP)



PHIG Grant: The Barbershop and Beauty Salon Health Outreach Initiative

- Southern Nevada Health District's (SNHD) Office of Chronic Disease Prevention & Health Promotion (OCDPHP) has partnered with Black and Hispanic owned barbershops & beauty shops to develop the Barbershop Health Outreach Project (BSHOP) and Beauty Shop Health Outreach Project (BeSHOP).
 - The pilot program began in 2017 and has since grown to include 13 barbershops and 5 beauty salons.
 - Barbershop/Beauty shop Health Outreach Program (BSHOP), Faith-based Health Initiatives including the Supporting Wellness at Pantries (SWAP) program for faith-based food pantries, implementation of Faithful Families program, hosting DSMES, DPP, or With Every Heartbeat is Life (WEHIL) classes
-

Barber shop/ Beauty shop (BSHOP/ BeSHOP)



Taking the Client Experience Beyond the Chair

- To empower black men and women to adopt healthier lifestyle choices and reduce their risk for cardiovascular disease and stroke, SNHD partnered with three black-owned barbershops to create the **Barbershop Health Outreach Project (BSHOP)**
- Since inception in 2018, the initiative has expanded its partnership with a total of 12 Black-owned barbershops, 1 newly Hispanic-owned barbershop and introduced the program in the beauty salons (**Beauty Shop Health Outreach Project; BeSHOP**) using the BSHOP model, partnering with a total of 5 salons. To date, the initiative has a total of 18 partner sites.

Trained volunteers/partners

- Eta Eta Eta Chapter of Chi Eta Phi Nursing Sorority
 - Nevada State College of Nursing
 - Southern Nevada Black Nurses Association
 - Nevada Faith and Health Coalition Community Health Workers (CHWs)
 - Lay Community Volunteers
-

Barber shop/ Beauty shop (BSHOP/ BeSHOP)



Why the Barber & Beauty Shop?

- Non-traditional clinical setting to raise awareness of heart health risks
 - Builds trust – culturally relevant outreach
 - Provides accessible BP Screening
 - Culturally appropriate site – health promotion/education
 - Pillars of the African American Community
 - Barbers & Stylists – serve as community leaders
 - Effective peer-based messaging approach
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Barber shop/ Beauty shop (BSHOP/ BeSHOP)



Program Impact

Data Analysis Represents Year 2
(August 2024-2025)

Number of Screening
Events:
N=155

Number of participants
screened in barbershop:
N=795

Number of participants
screened in salon:
N=127

Number of participants
reported tobacco use:
N=190 (BSHOP/BeSHOP)

Number of participants
reported diagnosed
with HTN:
N= 160 (BSHOP/BeSHOP)

Average Age:
Barbershop: 38
Salon: 46

Barber shop/ Beauty shop (BSHOP/ BeSHOP)

- Purchase of educational materials including but not limited to brochures, handouts, displays, etc. to support the Barber/Beauty Shop Health Outreach Program (BSHOP/BeSHOP)
- Diabetes Prevention and Self-management program. Materials will be provided to class and screening participants at outreach events to promote diabetes self-management, education, and support (DSMES) classes and BSHOP/BeSHOP screenings

Double Up Food Bucks (DUFB)



- Double Up Food Bucks (DUFB): a fruit and vegetable nutrition incentive program for people with Supplemental Nutrition Assistance Program (SNAP) benefits
 - DUFB provides coupons for free fruits and vegetables to people who purchase fruits and vegetables using their SNAP benefits at DUFB program implementation sites
 - Research indicates that people with access to nutrition incentive programs have improved health outcomes
 - DUFB program has been operating in Southern Nevada for over 10 years
 - Last three years, PHIG has provided Together We Can, local non-profit through the Gus Schumacher Nutrition Incentive Program (GUSNIP) grant, over \$450,000 to support DUFB program
-

Double Up Food Bucks (DUFB)

- SNHD works with the Southern Nevada Food Council (SNFC) to conduct a healthy food access landscape assessment
- This assessment identified locations where nutrition assistance and other nutrition incentive programs (i.e., Produce Rx) operate in Southern Nevada
- Assessment makes sure priority zip codes and neighborhoods where there are barriers to accessing healthy foods are a focus to access healthy food

Double Up Food Bucks (DUFB)



- For the DUFB program, SNHD is partnering with Together We Can to leverage PHIG grant funding and other resources to expand the DUFB program in Southern Nevada
 - Partnership for SNHD with Together We Can and PHIG allows program to continue beyond end of year shutdowns due to funds being spent to their programmatic amount
 - Baseline: 2 locations; Current: 5 locations
 - Initially 3 locations but one program dropped
 - Partnership with Together We Can – expanded into three new locations in the three years of PHIG
 - Locations: Three of the new locations are in priority zip codes
-

Double Up Food Bucks (DUFB)



Objectives:

Our objectives are to effectively leverage available resources to:

- Expand the number of DUFB implementation sites (food retailers offering the DUFB program)
 - Implement strategies that increase program uptake and utilization of DUFB.
 - Identify locations that are suitable for DUFB expansion if/when resources are available.
 - Seek additional funding and resources to ensure sustainability of the DUFB program in Southern Nevada
-

Double Up Food Bucks (DUFB)



Strategies to increase program uptake/utilization of DUFB

- **Creating smaller coupon values:** Lowering the coupon value from \$10 to \$5 or \$1 at some locations means that customers can spend less money on produce and still qualify for a DUFB coupon
 - **Increased promotion:** Increased in-store promotion through in-store produce demos, and materials (banners, clings, etc.). These efforts raise awareness of the program, provide in-store produce demos, provide valuable nutrition education, increase the chances that the produce they purchase will be stored, prepared and consumed
 - **Printing DUFB coupons on store receipts:** One DUFB location is currently working with their Point of Sale (POS) provider to print DUFB coupons on the back of store receipts for qualified purchases
-

References:

Clark County School District at a glance December 2024 @ https://newsroom.ccsd.net/wp-content/uploads/2025/01/ataglance_CCSD-2024-2025-1.pdf

Vital Statistics, Southern Nevada Health District – Birthrate for 2024

Nutrition Incentives Associated With Improved Outcomes: 2020–2023 Results From the U.S. Gus Schumacher Nutrition Incentive Program: Carmen Byker Shanks, PhD, RDN; Whitney Fung Uy, PhD; Nanhua Zhang, PhD; Courtney A. Parks, PhD; Hollyanne E. Fricke MPH; Kenneth Resnicow, PhD; Nadine Budd Nugent, PhD; Amy L. Yaroch, PhD

Combating Heart Disease in the Heart of the Community; Board of Health presentation, July 24, 2025; Presented By: Amineh Harvey, MPH, Senior Health Educator

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Open Discussion

Thank You!

