



CARSON CITY, NEVADA
CONSOLIDATED MUNICIPALITY AND STATE CAPITAL

DATE: November 26, 2018

TO: State Board of Health Chair and Board Members

FROM: Nicki Aaker, MSN, MPH, RN
Director, Carson City Health and Human Services

SUBJECT: Carson City Health and Human Services Report

Chronic Disease Prevention and Health Promotion

Adolescent Health Education Program (AHEP) (This program is in CCHHS Chronic Disease Prevention and Health Program Division) –

- September – November 2018 - Classes have been conducted at Bishop Manogue High School, Virginia City High School, and Western Nevada Regional Youth Center.
- There are upcoming Families Talking Together trainings scheduled for parents to discuss techniques on when and how to talk to your youth about sex, debunking teen sexuality myths, education on STDs and teen pregnancy, and addressing barriers and common reasons why parents don't talk to their youth.
 - Dayton Community Center; Tuesday, December 4th; 5:00 pm – 7:00 pm
 - Carson City Community Center, Bonanza Room; Tuesday, December 18th; 6:00 pm – 8:00 pm
- The AHEP program continues to be busy with more requests for comprehensive (PREP) classes than Abstinence classes. Within the quarter, only two organizations/schools have requested Abstinence classes. The demand exceeds the funding amount; therefore, we cannot provide all the comprehensive classes that are being requested. Organizations and schools start with the Abstinence Classes then see the need for Comprehensive Classes. During the Abstinence Classes, the students exhibit a desire for more preventative education so staff felt it is necessary to request the Comprehensive Classes.

Tobacco Control and Prevention

- Presentation conducted at Douglas High School – Youth Smoking and Vaping
- Smoke-free Carson City efforts continue in collaboration with the Carson City Parks and Rec. Dept. to create smoke-free parks and discuss possible ordinance in Carson City. A presentation will be conducted to the Carson City Planning Commission in February 2019.

Carson City Health & Human Services

900 East Long Street • Carson City, Nevada 89706 • (775) 887-2190 • Hearing Impaired–Use 711

Clinical Services (775) 887-2195 Fax: (775) 887-2192	Public Health Preparedness (775) 887-2190 Fax: (775) 887-2248	Human Services (775) 887-2110 Fax: (775) 887-2539	Disease Control & Prevention (775) 887-2190 Fax: (775) 887-2248	Chronic Disease Prevention & Health Promotion (775) 887-2190 Fax: (775) 887-2248
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Clinical Services

A pilot is currently being conducted on a bi-directional interface between Carson City Health and Human Services' Electronic Health Record (EHR) and Nevada's Web-IZ.

Community Health Improvement Plan (CHIP)

Subcommittees are working to accomplish the objectives and activities decided upon in the CHIP. Subcommittees are:

- Access to Healthcare,
- Behavioral Health,
 - Case Management & Discharge Planning,
 - Criminal Justice Collaboration,
 - Public Awareness,
 - Transitional Housing,
 - Workforce Housing, and
 - Youth.
- Food Security & Food Access, and
- Workforce Development.

Epidemiology

In November CCHHS excluded several food service workers that worked at two different food establishments, one (1) in Carson City and one (1) in Douglas County, due to being a household contact to a confirmed Salmonella Typhi (Typhoid Fever). The food handlers were excluded until each had two (2) negative stool cultures. All food handlers tested negative and were allowed to return to work within seven days. Both food establishments and excluded employees were very cooperative during the process, also the Nevada State Public Health Laboratory provided a quick and efficient turnaround time for the samples submitted.

Public Health Preparedness

- Staff and MRC volunteers staffed a first aid station at the Candy Dance in Genoa.
- The first CASPER (Community Assessment for Public Health Emergency Response) in Nevada the week of September 17-21. The purpose of the door-to-door CASPER in Carson City was to assess general community preparedness. Numerous partners from Douglas County, Washoe County, and State PHP assisted with the project. Additionally, Medical Reserve Corps (MRC) and Community Emergency Response Team (CERT) volunteers contributed to the project.

Public Health Preparedness continued

- A large drive-thru flu Point of Distribution (POD) was conducted on Saturday, October 6th. This event took the assistance of more than 70 City staff and volunteers to deliver to the Carson City community. Partners included Carson City Emergency Management, Carson City Fire and EMS, Carson City Sheriff's Office, Carson High School HOSA program, MRC, CERT, Public Works, and State PHP. More than 425 flu vaccines were administered to the community including those with Access and Functional Needs.
- During October, 54 community and school flu vaccinations event were conducted. Over 4,000 individuals were vaccinated within the Carson City community. Insurance information was collected so the individual's health insurance can be billed.

Human Services

- The Point in Time Count is scheduled for January 24, 2019 to count the homeless in our community. CCHHS will have a resource fair for the homeless on the same day at the Carson City Community Center from 9:00 am – 12:00 (noon).
- On March 29, 2019, CCHHS will be collaborating with Western Nevada College to conduct a Job Fair at the Carson City Community Center.

Respectively submitted,



Nicki Aaker, MSN, MPH, RN
Director, Carson City Health and Human Services

November 26, 2018

To: State Board of Health Members

From: Kevin Dick
Washoe County District Health Officer

Subject: December 2018 Washoe County District Health Officer Report

Washoe County District Board of Health

The District Board of Health appointed Dr. Reka Danko as the physician member of the Board of Health during the October 2018 meeting. Dr. George Hess has been serving in this position but is stepping down when his term ends at the end of 2018. Dr. Danko will begin her four-year term in January 2019. Dr. Danko is a clinical assistant professor at the University of Nevada, Reno School of Medicine and works as a Hospitalist and Medical Director for the Hospitalist Group at Saint Mary's Hospital.

Accreditation

The Washoe County Health District has electronically submitted the 213 documents required for accreditation to the Public Health Accreditation Board. We are awaiting dates for the site visit to be scheduled which should occur within six months of the September 27 document submittal.

Influenza-Like Illness (ILI) Activity

To date the influenza season has been milder than in recent years. Influenza-like illness (ILI) is defined as fever ($\geq 100^{\circ}\text{F}$ [37.8°C]) and cough and/or sore throat in the absence of a known cause other than influenza. Twelve of the twelve participating providers in Washoe County reported a total of 93 patients with influenza-like-illness (ILI) for week ending November 17, 2018 (week 46). The percentage of persons seen with ILI by the twelve providers was 1.4% (93/6854) which is below the regional baseline of 2.3%. By age group, ILI activity was highest among 0-4 years (8.7%) and lowest among ≥ 65 years (0.5%). During week 45, the percentage of patient visits to Nevada sentinel providers due to ILI was 0.6%. Nationwide during week 45 the percentage of visits to sentinel providers due to ILI was 1.9% which is below the national baseline of 2.2%. On a regional level, the percentage of outpatient visits for ILI ranged from 1.0% to 2.8%. One of the ten regions (Region 7) reported a proportion of outpatient visits for ILI at or above their region-specific baseline level. Nevada is in Region 9.

Food Borne Illness

Staff is now conducting second routine inspections on Risk Level III Food Establishments for this calendar year. Risk level III food establishments present a significant relative risk of causing foodborne disease based on the large number of food handling operations typically implicated in foodborne disease outbreaks and/or the population they are serving. Critical violations have been noted in a number of facilities requiring permit suspension and three facilities were issued a cease and desist for conducting special processes without an approved Hazard Analysis Critical Control Point (HACCP) plan. As a result of the addition of these second routine inspections, we have seen direct intervention and immediate correction of out-of-compliance

foodborne illness risk factors that are essential to protecting the health of our community.

In mid-September, staff investigated two food establishments that were on the food history for a fatal case with *Vibrio vulnificus*. The case had eaten raw oysters at one of the establishments. While no direct causal link was discovered, violations were noted at one of the facilities on record keeping for oysters.

Public Health Preparedness (PHP)

A series of Point of Dispensing (POD) events were held throughout Washoe County to test partner agencies readiness to respond in a public health emergency. On October 8, in conjunction with the family health festival, staff coordinated an open public POD at O'Brien Middle School and provided 201 flu shots to the public. Volunteers from the Citizen Emergency Response Team, Medical Reserve Corps, and REMSA also assisted in running this POD.

The following closed POD partners also ran exercises to test for their readiness:

- Renown Regional Medical Center
- Northern Nevada Adult Mental Health
- Reno-Sparks Indian Colony
- Pyramid Lake Paiute Tribe
- NV Energy
- Community Health Alliance
- 152nd Air National Guard

Water Projects

NDEP, TMWA, and the Health District approved an interlocal agreement in October to provide for an alternative approach to oversight of water projects that are reviewed by TMWA for the TMWA NV0000190 system, while still providing oversight in conformance with Federal and State requirements to provide the protections of the Safe Drinking Water Act and Nevada Safe Drinking Water Statutes. Under the terms of the agreement, TMWA will review and approve plans submitted to them for conformance with the Nevada Administrative Code and the Health District will conduct audit reviews of up to 15% of the plans approved by TMWA on a quarterly basis. The agreement also provides for TMWA's own plans for infrastructure to be submitted to the Health District for review.

Community Health Improvement Plan (CHIP)

The Washoe County Health District's 2018-2020 Community Health Improvement Plan (CHIP) identified adolescent suicide prevention as a priority for positive public health outcomes in the community and the Washoe County Health District provided funding of \$100,000 to the Children's Cabinet to continue to provide Signs of Suicide (SOS) in the Washoe County School District. SOS is a nationally recognized suicide prevention program that teaches students how to identify the symptoms of depression and suicidal thoughts in themselves or friends, and encourages help-seeking through the use of the ACT (Acknowledge, Care, Tell) technique. Children's Cabinet case managers and licensed therapists visit classrooms to provide age-appropriate suicide education to students and offer screenings for students whose parents provide a signed consent form. While seventh graders are a priority in Washoe County School District's mandate, the SOS program will conduct screenings when requested by other schools including elementary schools, private schools, and high schools. In 2017-2018, the SOS program completed 19 screenings at various schools.

Strategic Planning Workshop

On November 1, the District Board of Health held an annual strategic planning workshop to review and provide input on the Health District Strategic Plan. The Board affirmed the continuation of work under the six priorities areas listed below with discussion of minor revisions and modification to be brought back to the Board for approval during their December meeting.

Strategic Priorities:

1. **Healthy Lives:** Improve the health of our community by empowering individuals to live healthier lives.
2. **Healthy Environment:** Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.
3. **Local Culture of Health:** Lead a transformation in our community's awareness, understanding, & appreciation of health resulting in direct action.
4. **Impactful Partnerships:** Extend our impact by leveraging partnerships to make meaningful progress on health issues.
5. **Financial Stability:** Enable the Health District to make long-term commitments in areas that will positively impact the community's health by growing reliable sources of income.
6. **Organizational Capacity:** Strengthen our workforce and increase operational capacity to support a growing population.

The Board reviewed the Health District's financial position and authorized a budget augmentation to use a portion of the FY18 budget surplus to fund one-time projects in FY19 that benefit the community and/or the Health District. This budget augmentation requires the approval of the Board of County Commissioners during their December 11, 2018 meeting.

Washoe Behavioral Health Policy Board

The Washoe Regional Behavioral Health Policy Board recommends legislation that supports both programmatically and fiscally, Crisis Stabilization Centers in Counties with a population of over 100,000 and submitted a Bill Draft Request to address that need. The proposed bill, AB66, provides for the establishment of crisis stabilization centers in certain counties (BDR 39-486).

Crisis Stabilization Centers (CSCs) are considered an emergency healthcare alternative, providing persons with an acute behavioral health problem (including co-occurring disorders and substance abuse events) with prompt action, gentle response and effective support in a respectful environment.

CSCs are effective at providing suicide prevention services, addressing behavioral health treatment, diverting individuals from entering a higher level of care and addressing the distress experienced by individuals in a behavioral health crisis. Studies also show that the cost of CSCs is significantly less than psychiatric inpatient units and satisfaction among clients is greater. Crisis stabilization services are designed to stabilize and improve symptoms of distress and feature a continuum of core services including 23-hour crisis stabilization/observation beds, medical detox, short term crisis residential services and crisis stabilization, mobile crisis services, 24/7 crisis hotlines, warm lines, psychiatric advance directive statements, and peer crisis services. Different crisis stabilization models exist but generally a CSC can provide intensive, short-term voluntary interventions for someone experiencing a psychiatric and/or substance abuse crisis, including stabilization services and medical detoxification. If inpatient care is required, a stay of five days or less is typical.



DATE: Friday December 7, 2018

TO: State Board of Health Members

FROM: Joseph Iser, MD, DrPH, MSc, Chief Health Officer

SUBJECT: Chief Health Officer Report

Acute Flaccid Myelitis

The Centers for Disease Control and Prevention notified the Southern Nevada Health District it had confirmed the first case of Acute Flaccid Myelitis (AFM) in a child in Clark County on October 17. AFM is a rare but serious condition that causes the muscles and reflexes in certain parts of the body to become weak and affects the spinal cord gray matter. According to the CDC, more than 90 percent of AFM patients had a mild respiratory illness or fever consistent with a viral infection before the developed AFM. This condition is not new; however, the CDC has been investigating AFM since case reports increased in 2014. For more information regarding the CDC's surveillance, visit the [AFM Investigation](#) page on its website.

The Health District is continuing to work with the Nevada Division of Public and Behavioral Health and the CDC to investigate any additional suspect cases of AFM. Cases will be reported once confirmation is received through the CDC.

Symptoms of AFM include sudden muscle weakness in the arms or legs, sometimes following a respiratory illness. Seek medical attention right away if anyone develops these symptoms. Other symptoms can include:

- Difficulty moving the eyes or drooping eyelids
- Facial droop or weakness
- Difficulty swallowing or slurred speech

Although the cause of most AFM cases is undetermined, the CDC advises that it is important to practice disease prevention steps to avoid infections and to stay healthy:

- Wash hands frequently with warm water and soap
- Cover coughs and sneezes
- Stay home when sick
- Update and remain current on all immunizations
- Use appropriate insect repellent to protect against mosquito bites

Public Health Update – add one

If parents see potential symptoms of AFM in their child (for example, if he or she is not using an arm), they should contact their health care provider immediately. AFM can be diagnosed by examining a person's nervous system, taking an MRI scan, and testing the cerebral spinal fluid. It is important that tests are done as soon as possible after someone develops symptoms. While there is no specific treatment for AFM, doctors may recommend certain interventions on a case-by-case basis.

Community Health Assessment for Public Health Emergency Response (CASPER)

The Health District successfully completed approximately 140 neighborhood surveys on Nov. 2-3, as it implemented the CDC Community Assessment for Public Health Emergency Response (CASPER) technique to gather information to assist in emergency planning and response efforts. A total of 25 teams from the Southern Nevada Health District interviewed household members in Las Vegas about how extreme heat impacts them and their families. The information used during this CASPER event will assist in emergency planning and response efforts. The goal is to understand how extreme heat affects Clark County residents and how local response agencies and Southern Nevadans can better prepare for such events. In 2017, the Health District reported 123 heat-related deaths among Clark County residents.

Nine survey team members went door-to-door between 10 a.m. and 6 p.m. on Friday, Nov. 2, and 16 teams were active on Saturday, Nov. 3. Participation was voluntary, and the interviews were confidential. The teams did not ask for names or other identifying information. This process can also be employed during an event to assist the Health District and its response partners to better respond to the community's needs during an emergency or event as it is occurring.

The CASPER toolkit was developed by the CDC's Division of Environmental Hazards and Health Effects/Health Studies Branch to assist federal, state, and local public health agencies in conducting a community needs assessment. The tools are designed to provide accurate and timely data to public health and emergency managers to help them prioritize their responses and make informed decisions regarding the distribution of resources in an emergency. For more information visit the CDC's [Community Assessment for Public Health Emergency Response \(CASPER\)](#) page.

Flu Update

The Southern Nevada Health District is reporting data collected from local acute care hospitals and other health care providers. Through week 46 of the influenza season (Nov. 17), influenza activity remained low at the local and national level. In the state of Nevada, the geographic spread of influenza was sporadic, and influenza-like illness (ILI) activity level was minimal. During week 46, there were 20 influenza-associated hospitalizations reported in Clark County. The proportion of emergency room visits for ILI was 2.1 percent in week 44. Approximately 57 percent of area ER visits for ILI were children under the age of 18. The Health District will continue to update the public on the flu season and encourage people to get vaccinated. Vaccination is recommended for everyone but is especially important for those most at risk for complications from the flu. At-risk groups include pregnant women, people with underlying medical conditions, and people who care for infants younger than 6 months and their family members, as they are too young to receive the vaccine and

vulnerable to the virus. Health District influenza surveillance updates are available at <http://www.southernnevadahealthdistrict.org/stats-reports/influenza-surveillance.php>.

National Latinx AIDS Awareness Day

The Southern Nevada Health District and the Southern Nevada HIV Awareness Consortium offered rapid HIV screenings, syphilis testing, and additional health services on Saturday, October 13 to commemorate National Latinx AIDS Awareness Day. In the United States, Hispanics/Latinos accounted for approximately 26 percent of new HIV diagnoses in 2016 although they are only approximately 18 percent of the population. The testing event took place on Saturday, Oct. 13 at Bonanza Plaza, 4250 E. Bonanza Rd., Las Vegas, NV. The Southern Nevada HIV Awareness Consortium is a group of community partners working together to fight HIV/AIDS in the community. Each year, National Latinx AIDS Awareness Day provides an opportunity to raise awareness about the importance of testing, promote effective prevention strategies, and fight HIV stigma in the Hispanic/Latino community.

This year's theme, "*Ending HIV is everyone's job*," was a call to action to present existing tools to help end HIV and ask members of the community to do their part to take an HIV test, consider PrEP as a prevention treatment, stay in HIV treatment so the virus becomes undetectable, and use condoms. Only about half of Hispanics/Latinos living with HIV have achieved viral suppression. Hispanics/Latinos tend to have delayed HIV diagnoses. A delay in seeking care increases the risk of developing AIDS. According to the Centers for Disease Control and Prevention (CDC), there could be several factors that contribute to members of the community not accessing testing, including a stigma associated with HIV and language barriers, among others. The CDC reports that among Hispanics/Latinos who received an HIV diagnosis in 2016, 87 percent were men and 12 percent were women. Approximately 1 in 4 new HIV diagnoses among young (13-24 years old), gay, and bisexual men are Hispanic/Latinos; HIV infection rates for Hispanic women declined 16 percent between 2011 and 2015. For more information, visit the CDC's [HIV Among Hispanics/Latinos](#) page. The Health District's Sexual Health Clinic provides HIV/AIDS services that include testing, counseling, case management, outreach efforts, and community referrals. In addition, the Sexual Health Clinic offers STD screenings. Testing is \$40. The Clinic is open 8 a.m. - 4 p.m. Monday - Friday at 280 S. Decatur Blvd. For information, call (702) 759-0702. All testing is confidential.

BRIAN SANDOVAL
Governor



JULIE KOTCHEVAR, Ph.D.
Administrator

RICHARD WHITLEY, MS
Director

IHSAN AZZAM, PhD, M.D.
Chief Medical Officer

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
4150 Technology Way
Carson City, Nevada 89706
Telephone (775) 684-4200 • Fax (775) 687-7570
<http://dphh.nv.gov>

Date: December 07, 2018

To: Nevada State Board of Health

Through: Richard Whitley, Director DHHS
Julie Kothchevar, PhD, Administrator, DPBH

From: Ihsan Azzam, PhD, MD, MPH, Chief Medical Officer

Re: Report to the Board of Health for December 07, 2018 Meeting

Acute Flaccid Myelitis (AFM) – Update

The number of US children with AFM continues to grow. So far 116 cases were confirmed this year in 27 states including Nevada where one case was already confirmed, and another is still under investigation. There have been no deaths among AFM patients in 2018.

Although Enteroviruses especially EV-D68 were detected in the cerebro-spinal fluid (CSF) of 4 out of the 430 confirmed cases identified since 2014, the exact etiology of this AFM (polio-like paralysis - characterized by sudden weakness or loss of muscle tone in the arms or legs) is still unclear.

It seems that the occurrence of AFM is mostly cyclic with a significant increase in the number of cases observed every two years since 2014, especially during autumn and winter in even years (2016 and 2018). Most patients had onset of AFM between August and October especially when, many biological agents and viruses including influenza viruses commonly circulate during that time of year.

Most patients (> 90%) manifested mild respiratory illness and/or fever consistent with viral infection before starting to develop signs and symptoms of AFM. The illness usually starts as a severe influenza case that is associated with variable levels of weakness at the level of face, neck, and mostly at the extremities.

Because the infection with enterovirus D68 (EVD 68) occurs during the flu season; spreading and transmitting in a mode that is similar to influenza, and can be also associated with influenza and

other viral respiratory infections, it's very important to maintain proper hand hygiene; get seasonal influenza vaccination; avoid crowded areas and maintain social distancing especially for infants toddlers, and little children specifically those with comorbidities such as asthma and other chronic conditions.

The DPBH already issued several provider updates including a technical bulletin (please address below) in August 2018 alerting healthcare provider regarding this serious emerging disease.

http://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Reg/HealthFacilities/dta/Technical_Bulletins/AFM_TB_2018_V2.pdf

Nevada Department of Corrections (NDOC)

The Division of Public and Behavioral Health (DPBH) is required by Nevada Revised Statutes (NRS) 209.382, NRS 444.330 and NRS 446.885 to conduct regular inspections of State Correctional Facilities. These inspections focus on medical and dental services; nutritional adequacy of inmates' diet; taking in consideration religious and/or medical dietary needs of individual inmates and adjusting of dietary allowances for age, gender, and level of activity. Additionally, inspectors from the DPBH evaluate sanitation, healthfulness, cleanliness and safety of facilities at various institutions with a major focus on food safety practices within the food service operations.

Almost all correctable critical violations identified during an inspection are usually addressed and corrected by the end of inspection. Critical violations which could not be corrected by the end of each inspection are addressed by NDOC Compliance Enforcement Officer who make sure that corrective and timely actions are taken by the facility.

Assembly Bill (AB) 474 and Governor's Opioid State Action Accountability Taskforce

Actively participated in the October 31st, 2018 Governor's Opioid State Action Accountability Taskforce Meeting that addressed continuing public and professional education efforts including opioids-prescriber education and guidelines. Treatment options and non-pharmacological approaches for pain management were discussed, and enhancements of data collection and intelligence sharing efforts were highlighted by the DPBH.

Assessing exposure to E-cigarette, Marijuana, and other Inhaled Materials in Nevada

Electronic cigarette use is rapidly becoming more prevalent in Nevada, particularly among youth, raising concerns about the public health impacts associated with such increasing addition and potential exposure to the inhaled products of e-cigarettes. Similar concerns apply to marijuana use, as well as the health impacts from exposures to intense smoke due to regional wildland fires.

DPBH, Desert Research Institute, the Southern Nevada Health District, and the University of Nevada Las Vegas School of Public Health will hold preliminary discussions concerning the potential benefits of working together to foster the development of appropriate public policy informed by scientifically credible, evidence-based information to reduce the prevalence of E. cigarette use and other substances such as marijuana.

Bureau of Health Care Quality Control (BHCQC)

I continue to support the activity of the BHCQC and enforce Nevada laws and regulations pertaining to public health Nevada Administrative Code (NAC) Chapter 449. DPBH frequently required immediate response from skilled nursing facilities identified with critical care issues and/or regulatory violations impacting the health and safety of residents. The DPBH ensured that healthcare facilities complied with the recommendations and made necessary corrections in a timely manner.

Nevada Cancer Registry

As part of the active effort to improve accuracy and timeliness of cancer case-reporting, currently we are reaching out to and coordinating with the Veterans Hospital to develop and enhance the process of regular reporting of cancer cases from VA facilities in Nevada.

I had the opportunity to participate in the Nevada Cancer Control Summit on September 17, 2018 which provided me an excellent opportunity for networking with state partners, stakeholder and community-based active coalitions.

Office of Public Health Information and Epidemiology (OPHIE)

Seasonal Influenza

The Influenza Season officially started this year. It seems so far to be comparable to or slightly milder than previous recent seasons. Nevada State Weekly Influenza Surveillance Report was significantly revised and enhanced to provide general understanding of the severity and burden of the current flu season in Nevada and nationwide. The DPBH will provide ongoing weekly description and assessment of activity and types of circulating influenza viruses and will assess morbidity, hospitalization and mortality related to influenza.

Intended audience of this report are healthcare providers and facilities, public health professionals, policy makers, the media and the public.

To-date (Week 45) Nevada had 16 influenza-associated hospitalizations and no influenza-related deaths.

Division of Health Care Financing and Policy

In Compliance with NRS 450B.0615 the DPBH is partnering with the Nevada Division of Health Care Financing and Policy to develop and enhance Community Paramedicine Services provided in a manner that is integrated with health care and social services available within the community for those who do not require emergency medical transportation

National Public Health Events

November 14, 2018 provided presentation at the 12th National Stroke Conference in Denver on the Epidemiological and Medical Burden of Stroke and participated in the review and evaluation of newly adopted and implemented treatment and case management guidelines.