

**HEALTH DIVISION  
BIENNIAL REPORT 1999 - 2000**

Yvonne Sylva, Administrator

Purpose

The Health Division promotes and protects the health of all Nevadans and visitors to the state through its leadership in public health matters and enforcement of laws and regulations pertaining to public health. According to Nevada Revised Statutes (NRS) 439.170, the Health Division's mission is to take such measures as may be necessary to prevent the spread of sickness and disease. The Health Division accomplishes its mission through direct services, as well as coordination and collaboration with other agencies, private industries (including those regulated by the Division), community-based service organizations, professional organizations, and consumer groups. The Division works closely with the Clark County and Washoe County health districts and provides direct public health services to the other fifteen, primarily rural, counties. The Division also investigates causes of disease outbreaks, seeks to control the spread of communicable diseases and lower the incidence of preventable diseases, and studies morbidity and mortality occurring within the state.

Accomplishments and Significant Changes

During the past biennium, the Division continued ongoing collaborations with the Department of Environmental Protection, Welfare Division, Office of the Attorney General (in domestic violence, teen pregnancy, long-term care, youth access to tobacco, and sexual assault/rape prevention), and many other State agencies. Many of these collaborative efforts are a result of the State Board of Health's February 1996 conference, "Creating A Healthier Tomorrow: Setting A Shared Health Agenda for Nevada."

In fulfilling its mission, the Health Division administers seven bureaus and is guided by the Nevada State Board of Health. The Board consists of seven members appointed by the Governor and is responsible for developing policy on major health issues facing the state. The Health Division Administrator serves as Secretary to the Board. The major program areas operated by the Division are described in the text that follows.

Statutory Authority

NRS 117.027, 127.157, 209.382, 233B, 278.377, 392.435, 439, 439A, 440, 441A, 442, 444, 445, and Titles 40, 583, 585, 630.430, 644.120, 652, and 695C.

Number of Employees

As of July 1, 2000, the Health Division has 450 FTEs.

Main Office

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## **OFFICE OF ADMINISTRATION**

### Purpose

The mission of the Office of Administration is to enforce all laws and regulations pertaining to the public's health and provide support services for the Division's seven bureaus in promoting and protecting the health of all Nevadans and visitors to the state. The Office of Administration provides leadership, guidance, and support in the fiscal and administrative processes of the Division, while the Division's Personnel Office provides personnel services.

## **Board of Trustees for the Trust Fund for Public Health**

### Purpose

Assembly Bill 474 created the Trust Fund for Public Health during the 1999 Legislative Session. Accordingly, ten percent of all Tobacco Settlement proceeds will be allocated to the Trust Fund, which is to be administered and managed by the Office of the State Treasurer. AB 474 limits Trust Fund expenditures to the interest and income generated by the Trust Fund for grants to promote public health and programs for disease or illness prevention, research issues related to public health, and provide direct health care services to children and senior citizens.

An eleven-member board of trustees was created by the legislation to provide strategic direction for how the funds will be expended. The members represent the Nevada State Health Division, State Board of Health, Maternal and Child Health Advisory Board, Commission on Aging, University of Nevada School of Medicine, Nevada Association of Counties, Clark County School District, Washoe and Clark County health departments, and a Governor appointee with experience providing health care services.

### Accomplishments and Significant Changes

The Board of Trustees have identified priority public health concerns and a strategy for a request for proposal (RFP) process to be used in allocating allowable funds to improve the health status of Nevadans.

### Key Long-Term Objective

1. Utilize funds to promote public health and programs for disease prevention, research issues related to public health, and provide direct health care services to children and senior citizens.

## **BUREAU OF HEALTH PLANNING AND STATISTICS**

### Purpose

The Bureau of Health Planning and Statistics collects and analyzes data relative to the health status of Nevadans; responds to requests for technical assistance related to health planning and health resources; examines the availability, accessibility, cost, and quality of healthcare for use in State health policy development; advises the State Board of Health on Certificate of Authority applications and regulatory issues relating to Health Maintenance Organizations (HMOs); reviews and processes Certificate of Need (CON) inquiries and applications and advises the Department of Human Resources Director on CON decisions; operates the State Trauma Registry; provides for the registration and permanent custodianship of birth and death records in the state, including all legal corrections and amendments; maintains databases on marriages, divorces, and abortions occurring within the state; and collects, produces, and distributes statistical information for research and policy decision making for public and private agencies.

### Accomplishments and Significant Changes

The Bureau of Health Planning and Statistics compiles, analyzes, and reports health data relative to the state and its 17 counties. In addition to providing health data and technical assistance to public and private agencies within the state and generating a variety of unpublished reports on various health topics, the Bureau publishes several major reports. Regularly published reports include "Personal Health Choices," "Nevada Health Catalog," "Nevada Trauma Registry Report," and the "Behavioral Risk Factor Surveillance Survey" (BRFSS).

The BRFSS generates considerable interest, as it compiles data on behavioral risk factors on a statewide basis, including: poor nutrition, sedentary lifestyle, obesity, hypertension, diabetes, flu and pneumonia immunizations, cholesterol awareness, colorectal screening, breast and cervical cancer screening, smoking, chronic drinking, drinking and driving, non-use of seatbelts, health care insurance coverage, and health care access. These risk factors are tied to disabling diseases and injuries which often result in premature death. Nevada is part of a national data collection system on behavioral risk factors underwritten by the Centers for Disease Control and Prevention (CDC). Data are collected and analyzed through a partnership with the Center for Applied Research, University of Nevada, Reno.

HMOs were created to provide a cost-effective alternative to the traditional medical care delivery system, without an apparent, significant loss in the quality of care rendered. As of June 2000, ten HMOs have been granted a Certificate of Authority and are currently operating in Nevada. Enrollment in HMOs in Nevada as of January 2000, includes 313,972 commercial, 79,897 Medicare, and 40,137 Medicaid for a total statewide enrollment of 434,006, or 20% of the population of Nevada. Although the Insurance Commissioner has final authority over HMOs, the State Board of Health recommends approval of applications for new licenses and material modifications of existing licenses. The Board examines HMOs for the quality of services provided triennially and reviews quality indicator data and complaints filed against HMOs annually.

CON is applicable for all construction, both new and/or expanded health facilities costing more than \$2,000,000 in the 15 rural counties. During the biennium, CON applications were approved for Elko Manor Skilled Nursing Facility (SNF) and construction of a new 75 bed Elko General Hospital. An application by Integrated Health Services for a new SNF in Carson City was submitted, reviewed, and later withdrawn. An application for a SNF in Douglas County is currently being reviewed.

As the official custodian of the original documents, the Office of Vital Records maintains all birth and death certificates and provides for compilation of mortality and natality rates, trends of disease occurrence, and leading indicators of adverse pregnancy outcomes for Nevada and its 17 counties. Workload is proportional to the number of births, adoptions, deaths, marriages, divorces, and other legal actions which must be recorded and permanently maintained. As the state's population increases, there is a corresponding increase in the workload of the office. The office is also impacted by continued requests for statistical data from various governmental and private agencies. Detailed statistics are provided on an annual basis and as requested. These individual requests have increased during the past biennium to more than 1,500 per year.

### Key Long-Term Objectives

1. Maintain the health data center activities within the Division, including the databases for Vital Statistics, HIV/AIDS, Trauma Registry, Cancer Registry, and Birth Defects Registry.
2. Establish linkages and promote analysis among all health-related public databases within the state.
3. Provide technical assistance consultation in areas of health care demographics, utilization, resources and other health system factors.
4. Continue to refine the operation of the Medical Indexing, Classification, and Retrieval (MICAR) program for electronic coding of cause of the death data and continue implementation of the ICD-10 coding program.
5. Develop an electronic death registration system in order to have an electronic system for registration of births and deaths.

## **BUREAU OF HEALTH PROTECTION SERVICES**

### Purpose

The Bureau of Health Protection Services (BHPS) provides for many of the traditional environmental public health programs in Nevada. Activities of the Bureau affect many aspects of the public's every day life. From the time a person gets up in the morning, flushes the toilet, takes a shower, brushes his teeth, drinks a glass of milk or uses water to prepare coffee, and eats breakfast, BHPS has been involved assuring safe drinking water, pasteurized milk, safe food, and proper sewage disposal. There are many other important public health programs and activities with which the Bureau is involved.

The BHPS provides regulatory and professional services through Public Health Engineering, Environmental Health, and Radiological Health. The function of BHPS is statewide; however, Clark and Washoe counties provide certain direct services which would otherwise be provided by the Bureau, such as food inspections and individual sewage disposal system reviews. BHPS field offices are located in Elko, Ely, Fallon, Las Vegas, Pahrump, Tonopah, and Winnemucca.

### **Public Health Engineering**

#### Purpose

The Public Health Engineering (PHE) section reviews plans for the subdivision of lands, public pools and spas, recreational vehicle parks, public water systems, on-site sewage disposal systems, cemeteries and mausoleums, and hotels and motels. Additionally, PHE implements the Public Water System Supervision Program authorized under the federal Safe Drinking Water Act (SDWA), ensuring Nevada's public water systems comply with state and federal drinking water standards, enforcing the requirements for surface water treatment and corrosion control, reporting to the United States Environmental Protection Agency (USEPA), and implementing the requirements of the 1996 Amendments to the SDWA, including the Drinking Water State Revolving Fund (DWSFR) Loan Program. PHE also provides oversight for the United States Department of Energy (USDOE) at the Nevada Test Site for drinking water and wastewater disposal issues.

#### Accomplishments and Significant Changes

PHE is revising regulations dealing with subdivisions and individual sewage disposal systems. The plan review program within the PHE section is responsible for evaluating projects to ensure that public health concerns are addressed. BHPS engineers provide technical assistance to county commissions, general improvement districts, municipal water suppliers, other governmental agencies, and private consultants on topics such as long range planning, design and regulatory requirements, land development, federal mandates, and public water system viability.

Nevada's public water systems continue to meet state and federal drinking water standards, ensuring safe drinking water to consumers. In FY 2000, approximately 860 individuals were certified as Water Systems Operators in Nevada. To become certified in Nevada, an operator must have experience in and demonstrate knowledge of the operation and maintenance of water treatment and distribution facilities. A certified water system operator recognizes potential problems and prevents outbreaks of waterborne diseases.

In complying with mandates from the 1996 Amendments to the SDWA, PHE is establishing new programs to prevent the contamination of public water supplies and to inform and involve the public in the SDW Program, such as:

- Source Water Assessment Program to assesses all drinking water sources in Nevada to determine their potential for contamination under existing conditions. Following the assessments, which are anticipated to be completed by May 2003, PHE will work with the public to propose methods for protecting these drinking water sources.
- Expansion of the Operator Certification Program to include community and non-transient, non-community water systems, which were previously exempt.

- Capacity Development Program evaluates technical, managerial, and financial capability of public water systems to determine their ability to maintain compliance with the SDWA and provide assistance to those found to be lacking in required capabilities.
- Consumer Confidence Reporting Program requires community water systems to prepare an annual consumer confidence report and make it available to customers. The report includes information on water system operation, water quality and health implications, and any SDWA violations occurring during the past year.

Finally, PHE is preparing to implement several new rules regarding drinking water related to radon, arsenic, surface water, groundwater, radionuclides, and disinfection byproducts.

The BHPS administers the DWSRF program, now in its third year. This program funds loans, at or below market rates, to public water systems for projects addressing public health and infrastructure needs. It also provides funds to develop information management systems and provide technical assistance and education to public water systems and their customers.

BHPS has received two grants from USEPA totaling \$27,143,900. An additional \$5,430,000 has been provided through state matching funds. Approximately \$15.3 million has been committed to loans through the program; another \$6.6 million in commitments are pending approval in June 2000. By September 2000, Nevada's DWSRF will have received about \$50 million in grants from USEPA.

As the economy in Nevada grows, it is reflected in the number of plans submitted for review. Staff reviewed 650 plans in FY99, an increase of 18 % from FY98, during which 549 plans were reviewed.

#### Key Long-Term Objectives

1. Continue program emphasis, monitoring, and inspection of public water systems, individual sewage disposal systems, and other engineered plans to protect Nevada's citizens and visitors.
2. Continue implementation of the SDWA, especially with regard to the requirements of the 1996 Amendments.
3. Maintain the DWSRF Program, through which low interest loans are made available to public water systems for construction of infrastructure required by the SDWA.
4. Provide technical assistance to public water systems and communities and education to the public.

### **Environmental Health**

#### Purpose

The Environmental Health section (EHS) permits, inspects, and, where applicable, performs plan reviews of food establishments, dairy farms, milk haulers, milk plants, frozen dessert plants, bottled water plants and distributors, drug and cosmetic plants, public bathing places, individual sewage disposal systems, and septic tank pumping companies. Inspections and plan reviews are performed to identify conditions of sanitation in public institutions, schools, childcare facilities, public accommodations, recreational vehicle parks, public water and sewer systems, private water and sewer facilities, and solid waste sites. All food-borne illness complaints are investigated, as well as truck wrecks and fires that involve food and drugs. Incidents of vector transmission of disease, such as plague and hanta virus, are investigated and resolved by the EHS. Staff provide public education in a variety of fields and give sanitation courses for food service workers and managers. Staff also provide advice to local and state officials when requested and conduct special studies, such as the mercury contamination of fish in the Carson River system, and issue appropriate advisories to the public when warranted.

#### Accomplishments and Significant Changes

The number of food establishments (including temporary food establishments) grew from 2,340 in FY 98 to 2,449 at the end of FY99 (excluding Carson City, Clark, and Washoe counties), representing an annual increase of 2.25% in the number of food establishments requiring inspection. Food establishments receiving unsatisfactory sanitation scores are provided with a compliance schedule requiring prompt attention on matters of cleanliness, proper food

sanitation, and handling procedures. Enforcement of compliance schedules resulted in approximately 98 follow-up inspections to determine return to compliance. A 30% decrease in follow-up inspection was experienced as a result of the inspection program for food handlers and food establishments and the creation of a food safety education program.

Temporary food establishments continue to increase in both the numbers of establishments permitted and inspected and the number of special events held, including county fairs, farmers' markets, rodeos, races (horse, motor-cross, and camel), and festivals, such as the Candy Dance, Beatty Railroad Days, Jim Butler Festival, Burning Man Festival and Basque Festival. These events bring thousands of residents and visitors to rural Nevada. For instance, the Burning Man event is estimated to have over 30,000 participants for a seven-day duration in a remote area of Pershing County. Most events and subsequent inspections occur after regular work hours and on weekends.

The EHS also inspects other facilities for matters of sanitation. In FY00, inspections were conducted at: 149 pools and spas; 13 hotels and motels; 58 prisons, jails, and other institutions, including the University System and state prisons; 92 child care facilities; 121 schools; 3,285 food establishments (routine, follow-up, construction, etc.); and 1,300 individual sewage disposal systems. These numbers represent a drastic decrease in ISDS inspections from previous years resulting from the slump in the gold industry, which has in turn caused a slump in the housing industry in traditional mining areas and new subdivision being served by public water systems.

The shellfish sanitation program has been added to the EHS and allows dealers of shellfish in Nevada to participate in interstate commerce.

#### Key Long-Term Objectives

1. Increase program monitoring, inspections, and education of food establishments, dairies, and public and private water and sewer systems to protect all residents and visitors from illnesses related to food, milk, and water contamination.
2. Continue to maintain vigilance on emerging food-borne pathogenic organisms and vector-borne diseases.
3. Continue to advise the public regarding environmental hazard issues such as mercury in fish and plague and hanta virus outbreaks in rodent populations, as well as the proper methods to avoid injury or illness.

### **Radiological Health**

#### Purpose

The Radiological Health section (RHS) protects public health by regulating sources of radiation. The RHS licenses and inspects radioactive material users; registers and inspects x-ray machines statewide; registers and inspects mammography x-ray machines; certifies mammography operators; educates the public on radon hazard in the home and workplace; performs oversight of the USDOE Nevada Test Site and the closed low-level waste site near Beatty, Nevada; and conducts statewide radiological emergency response activities.

#### Accomplishments and Significant Changes

The Radioactive Materials Compliance Program has experienced a 43% growth in the number of licenses issued since 1991. A total of 226 radioactive material licenses are currently in effect; approximately 75 inspections per year are performed.

Up to 250 new x-ray machine inspections are being added to the agency workload each year. Currently, 3,512 x-ray registrations are in effect; current staffing levels allow inspections of 1,000 machines per year.

The Mammography Certification Program was one of the first state-mandated programs in the country and served as a model for federal legislation. One hundred percent of existing operators and facilities in Nevada have been certified, including 83 mammography X-ray machines in 59 facilities. New facilities, which have met certification requirements, have provided growth in this important public health program. Due to a priority mandate from the FDA and State statute, the Mammography Program is on track with no inspection backlog despite experiencing minor growth, 1 to 2 % annually.

According to the USEPA, radon is the second leading cause of lung cancer in America.. Radon hazard awareness and corrective action programs have been implemented since 1990 utilizing funding from USEPA. BHPS contracted with the Nevada Bureau of Mines and Geology to conduct statewide surveys and develop geological maps incorporating statewide radon survey information and known geological information. These maps incorporate radon prevention techniques for new construction in county and local building code requirements. In 1997, BHPS staff also developed a contract to educate health agency representatives in northern Nevada. Educational activities and hazard awareness projects such as providing literature and test kit resources to disadvantaged, low-income, and minority populations will continue. During the past biennium, BHPS staff developed a contract to educate local community water suppliers of the implication and requirements of the SDWA amendments and the Radon-in-Water Rule. Staff will continue working with local suppliers to minimize the impact on customers.

As prescribed by NAC 459, the Beatty low-level radioactive waste disposal site was transferred to the NSHD on December 31, 1992, by the commercial operator of the site. Routine post-closure site inspection activities, including environmental monitoring, are performed by staff to ensure the site does not impact off-site public health and safety. The Division also provides technical input to USDOE for site restoration activities.

NRS 459 requires statewide radiological emergency response. Staff from Carson City and Las Vegas respond to 15 to 20 incidents per year in the state beyond routine compliance activities and investigations not considered emergencies. Depending on the scope of the radiation incident, this program may require the attention of all RHS staff.

#### Key Long-Term Objectives

1. Continue to monitor and inspect X-ray devices and radioactive material users in the state.
2. Provide public education on radon and assist community water suppliers with the SDWA as it pertains to radon in water.
3. Maintain appropriate public health monitoring of the closed low-level radioactive waste disposal site near Beatty, Nevada.
4. Continue to oversee public health and safety issues related to the Nevada Test Site, including monitoring groundwater in the vicinity of the test site.
5. Protect public health and safety and the environment by prompt and complete response to radiological incidents and NSHD incidents.
6. Continue to respond to Governor-directed activities including inspection of safeguard shipment trucks at Nevada borders and the Waste Isolation Pilot Project shipments in southern Nevada.



## **BUREAU OF LICENSURE AND CERTIFICATION**

### Purpose

The mission of the Bureau of Licensure and Certification (BLC) is to protect the safety and welfare of the public through promotion and advocacy of quality health care through licensing, regulation enforcement, and education. This mission is accomplished through the Bureau's four sections: Health Facilities, Medical Laboratories, Environmental Laboratories, and Emergency Medical Services.

### **Health Facilities**

#### Purpose

The primary function of the BLC is to license medical facilities and facilities for the dependent in accordance with the NRS and NAC regulations. The State of Nevada also has an agreement with the federal Health Care Financing Administration (HCFA) to certify medical facilities in the Medicare and Medicaid reimbursement programs. Surveys are conducted in accordance with applicable regulations, based on the type of facility, and following specific time frames and survey procedures. The Bureau also conducts complaint investigations for all licensed and/or certified facilities. Educational programs and technical assistance are available to assist facilities in understand regulatory requirements. Additionally, the Bureau is responsible for updating NAC as standards of practice change.

#### Accomplishments and Significant Changes

A schedule was developed to revise and update all state licensure regulations, most of which were written in the 1970s and have become outdated. At this time, 66% of regulations are current. This process involves many hours of research and opportunity for public comment. Currently, committees of provider representatives and staff from the Bureau are revising state licensure regulations for adult drug and alcohol facilities and End Stage Renal Disease facilities.

The Bureau conducted 784 site surveys within the past 12 months, with some facilities receiving more than one site inspection or complaint investigation.

The following facilities were licensed as of June 19, 2000:

Adult Day Cares	12	Independent Centers for Emg. Care	2
Alcohol and Drug Abuse Facilities	16	Intermediate Care Facilities	22
Ambulatory Surgery Centers	40	Methadone Clinics	12
End Stage Renal Disease Facilities	16	Nursing Pools	19
Home Health Agencies	67	Referral Agencies	4
Homes for Res. Care	26	Residential Facilities for Groups	333
Hospice	12	Rural Health Clinics	3
Hospitals	42	Skilled Nursing Facilities	49

Currently there are two skilled nursing facilities under construction in southern Nevada and one in northern Nevada. The psychiatric hospital under construction in northern Nevada is nearing completion.

Pursuant to the 1999 legislative changes, the Bureau has increased its regulatory oversight for Homes for Individual Residential Care (HIRC) by developing regulations and a survey process. To date, there are 26 licensed HIRC. Annual surveys for Residential Facilities for Groups were also mandated.

Nevada's rapid and continuous population growth has resulted in a 12% increase in health care facilities since 1996. The Bureau has obtained several new positions to ensure licensed and/or certified facilities are appropriately licensed and providing quality care in accordance with regulations.

Modifications to the statutes governing industrial insurance, NRS 616C, now require that employee testing for the use of alcohol or controlled substances be performed by a licensed laboratory. This applies to laboratories located outside the state, as well. Thus far, the Bureau has conducted one state licensure laboratory survey in Kansas for this type of testing.

Additionally, environmental laboratories performing testing on water samples for real estate transactions are required to be certified.

Within the Bureau, a “Quality Assurance” system has been established. Health Facility Surveyor IV positions have been assigned program management and quality assurance tasks to ensure consistency of interpretations and decisions made at all Bureau office locations.

#### Key Long-Term Objectives

1. Continue to update state licensure regulations for all facility types to accurately reflect recognized standards of practice.
2. Improve procedures for renewals, creating a more efficient, consumer responsive, and less time-consuming process.
3. Coordinate with the Department of Information and Technology to develop an automated management information system that will accurately reflect data on survey activities of programs within the Bureau, including complaint investigations.

### **Medical Laboratory Services**

#### Purpose

The Medical Laboratory Services (MLS) section is responsible for designing and implementing State licensure regulations, which establish minimum qualifications for laboratory personnel and assure laboratories produce and report accurate and reliable test results. MLS also surveys laboratories for compliance with the Health Care Financing Administration’s Clinical Laboratory Improvement Amendments (CLIA) regulations. In addition to conducting laboratory surveys, this section reviews credentials and issues licenses to directors and certificates to technical laboratory personnel.

#### Accomplishments and Significant Changes

Laboratory and laboratory personnel are licensed or certified for a two-year period. As of May 31, 2000, the Bureau licensed and certified 897 laboratories and 5,310 laboratory personnel.

The Bureau revised medical laboratory regulations to address current technology in laboratory testing, including “Point of Care Testing.”

#### Key Long-Term Objective

1. Continue to revise state licensure laboratory regulations to assure laboratory procedures are conducted in an accurate and reliable manner and reflect current safe standards of practice.

### **Environmental Laboratory Certification**

#### Purpose

The NSHD has primacy for the federal Safe Drinking Water Program (SDWP). Additionally, the NSHD provides certification services to the Division of Environmental Protection for laboratories performing compliance analyses for the Clean Water Act (CWA). Federal regulations require the State to maintain a program for certifying laboratories that want to participate in SDWP/CWA. AB580 (1995 Legislative Session) established a requirement that the Board of Health and the Environmental Commission adopt regulations (NAC 445A) requiring that a certification officer conduct an on-site evaluation at each laboratory.

### Accomplishments and Significant Changes

On January 1, 1997, the Environmental Laboratory Certification program was transferred from the State Health Laboratory to the BLC. The organizational structure of the Bureau was able to provide the support necessary to ensure laboratory surveys were completed in accordance with State law and federally mandated time frames. The program is current; all laboratory facilities have been inspected and certified for compliance with SDWA and CWA. There are approximately 72 environmental laboratories certified through SDWA/CWA.

### Key Long-Term Objectives

1. Maintain appropriate monitoring of certified environmental laboratories to protect public health.
2. Become a “certifying agency” under the National Environmental Laboratory Accreditation Program (NELAP), allowing NELAP out-of-state labs to receive certification in Nevada through unconditional reciprocity. This will also allow Nevada NELAP labs to receive reciprocity from other participating states.

## **Emergency Medical Services**

### Purpose

Emergency Medical Services (EMS) establishes and enforces standards for out-of-hospital emergency medical care. The Bureau issues operating permits to ambulance services, licenses and certifies emergency medical service personnel, trains emergency medical services managers, and provides consultation and technical assistance to Nevada’s fifteen rural counties and Washoe County’s Emergency Care System. EMS maintains a registry of all Nevada certified personnel, including Clark County. Additionally, EMS is responsible for implementing, monitoring, and maintaining a database for pre-hospital emergency care provided within the state.

### Accomplishments and Significant Changes

The 1997 Legislature authorized the EMS program to establish a self-supporting fund to provide financial support for volunteer emergency medical service agencies. Regulations were enacted in 1998 to establish a \$5.00 fee for issuance of all EMS Certifications. Funds are granted to counties and cities to provide training to enhance the skills of EMS providers. These funds cover up to 75% of the cost of the training program; local government agencies are responsible for the remaining 25%. Examples of training provided include EMT refresher courses, intermediate life support, automobile extrication, and specialized care of children.

The 1997 Legislature, by enacting AB29, required the EMS section to develop regulations providing for the identification of persons in a pre-hospital setting who do not want to be resuscitated in the event of a cardiac or respiratory arrest. In 1998, EMS established a central registry database for Do Not Resuscitate (DNR) identifications. EMS provides workshops regarding DNR and the program.

During the 1999 Legislative session, funds were approved to enhance EMS rural initiatives. For FY00, funding was approved to purchase and equip one Mobile Testing Unit. This unit will house equipment to evaluate the practical skills of EMT students and enhance retention training.

Senate Bill 365 created a Committee on Emergency Medical Services. Committee members are appointed by the governor and represent a cross-section of EMS providers throughout the state. The committee is advisory to the NSHD.

Since 1998, the EMS section has been a grant partner with the University of Nevada School of Medicine, Trauma Institute on the Emergency Medical Services for Children grant. This grant is to develop a statewide program to identify the injury prevention needs of Nevada’s adolescent population.

In 1999, EMS approved 257 training courses and issued the following:

	<u>Issued</u> (initial and renewal)	<u>Total in Registry</u> (excluding Clark County)
First Responder Certifications	471	1087
EMT Basic Certifications	1736	2483

EMT Intermediate Certifications	586	722
EMT Advanced Certifications	177	197
Ambulance Attendant Licenses	342	1603
Ambulance Permits	62	62

Key Long-Term Objectives

1. Insure quality health care in the pre-hospital environment by providing training and oversight of EMS equipment and personnel.
2. Coordinate with the Department of Information and Technology to develop an automated management information system that will accurately report data on EMS activities.

## **BUREAU OF COMMUNITY HEALTH SERVICES**

### Purpose

Nevada is a frontier state with the rural population scattered across remote and desolate land. Meeting the needs of the population presents unique challenges. Staff of the Bureau of Community Health Services (BCHS) provides public health services in Nevada's 15 rural and frontier counties. There are 24 State-employed Community Health Nurses (CHNs): nine Women's Health Advanced Nurse Practitioners (APNs), three contract nurses, and a Health Education and Information Officer. These employees provide primary and preventive health services and health promotion education to residents in the rural counties at more than 55 sites.

The BCHS consists of Community Health Nursing and the federally-funded Family Planning Program (Title X, PHS, 42CFR59). Together, these programs provide preventive health care and education services for individuals and communities. Individual health services include immunizations for children and adults, reproductive healthcare, screening for breast and cervical cancer, well-child clinics, hypertension screening and counseling, skin testing for exposure to tuberculosis, identification and treatment of sexually-transmitted diseases, and screening and referral of children with special healthcare needs. CHN provide home visiting services to at-risk families, with special emphasis on newborns and isolated families. Several nurses provide limited school health services. Health education and presentations to individuals and groups continues to be an important role as Nevadans seek more personal participation in their health care.

Services include community-focused health assessments and individual preventative health care services in clinics, schools, homes, and other community settings. CHNs and the Health Education and Information Officer function as representatives of the NSHD and collaborate in determining health needs, providing primary preventative health care nursing services, coordinating health care services with other health agencies, serving as patient advocates in health matters, and providing health education and wellness promotion activities.

### Accomplishments and Significant Changes

Over the biennium, there has been significant growth in many of the rural areas, specifically Carson City, Elko County, Eureka County, Lyon County, and southern Nye County. Eureka and Nye Counties are among the fastest growing in the nation. The Bureau has attempted to maintain the same level of services but has struggled with increased demand for services and no increase in staffing.

Despite the ever-increasing demand on staff, two key program expansions have occurred in the area of cancer screening and teen pregnancy prevention. BCHS partnered with the Women's Health Connection to offer expanded cancer screening examinations, such as mammography, colposcopy, and cryosurgery, for low income, indigent women who would most likely go without these early cancer detection exams.

The demonstrated positive effects of the Adolescent Pregnancy Prevention and Leadership Enhancement (APPLE) program led to the establishment of two adolescent male groups, Boys Encouraging Adolescent Responsibility (BEAR). The Bureau increased the teen pregnancy prevention groups from three to seven during this biennium.

BCHS provided prevention, health education and intervention services to individuals and groups in rural and frontier Nevada. Community Health Nursing Clinics have taken on the role of "family medical home" for a great many rural residents, especially the working poor and indigent populations. Over 200,000 patient service visits were provided in the following community healthcare areas:

- Child health services including: immunizations, well-child exams, school health screenings, dental referrals and care coordination (including fluoride dispensing), referrals and case management for Children with Special Health Care Needs, referrals to Nevada ✓ Up, family planning services (for over 16,000 residents), and maternal health services including prenatal education and dispensing prenatal vitamins.
- Adult health services including: chronic disease and cancer screening, colposcopy, biopsy, and cryosurgery for women with abnormal pap smears.
- Communicable disease control such as: tuberculosis, sexually transmitted diseases/HIV, and others.

- Twenty grantees, funded through the Rape Prevention Education Program, provide programs statewide to address and accomplish the goals of reducing sexual assaults and increasing awareness through education efforts directed at rape prevention awareness.
- Rural Education and Community Health (REACH) provided health education and risk reduction interventions to promote healthier populations and ended August 31, 1998.

Realizing that collaborative efforts promote and sustain a community's health, CHNs provided 400 home visits to families unable to access other care facilities and home evaluations for at-risk family members. Home visiting enables the CHN to link health care and outreach to families in isolated situations, such as mothers with newborns, premature infants, or children with special health care needs. It also provides assistance with child advocacy issues and for other reasons that would necessitate care and education outside the clinic setting. CHNs are experts in home evaluation and will continue to provide this valuable service to residents in rural Nevada. BCHS staff provided over 350 health education programs on a variety of topics, reaching approximately 4,700 individuals in FY98.

### **Programs of Special Interest: APPLE and BEAR**

In 1993, APPLE began as a three-year pilot project, funded by Title X. APPLE has been incorporated into the annual Title X Family Planning Grant for Nevada. The program has grown from three groups to five and is available in Battle Mountain, Carson City, Dayton, Winnemucca, and Yerington. The primary objectives of the program are to delay pregnancy, build self-esteem, and promote high school graduation in high-risk girls between the ages of 14 to 16. To be eligible for admission to the program, teens must meet criteria that identify them as being at-risk for pregnancy. Teens are referred by school nurses, school counselors, probation officers, and mental health/abuse counselors. Success of the program is credited to the motivation and dedication of the group facilitators, all of whom are CHN.

BEAR began in 1997, and is modeled after APPLE. Two BEAR groups have been established, in Carson City and Yerington.

### Key Long-Term Objectives

1. Increase the percentage of children aged 0 to 2 years who are age-appropriately immunized.
2. Decrease the number of unintended pregnancies among girls 17 and younger in rural counties.
3. Increase the number of influenza vaccine doses administered to at-risk adults.
4. Increase the percentage of TB infected patients who complete 6 months of therapy.
5. Increase the percentage of women identified with a pre-cancerous condition who receive treatment.
6. Decrease the rate of chlamydia cases in women 15 to 24 years old.

## **BUREAU OF FAMILY HEALTH SERVICES**

### Purpose

The mission of the Bureau of Family Health Services (BFHS) is to improve the health of the families by providing health education, prevention activities, quality assurance, and access to health care services. The Bureau's goal is to improve the health of families, specifically pregnant and parenting women, infants, children, and adolescents, including children with special health care needs. Services are coordinated, family-centered, community-based, and culturally competent.

### **MCH Perinatal Program**

#### Purpose

The goals of the MCH Perinatal Program are to reduce Nevada's infant mortality and morbidity by establishing statewide systems of perinatal care and ensure pregnant women access and receive continuous prenatal care regardless of their ability to pay. To assure continuity and coordination, all Bureau perinatal initiatives are organized under this program. Since implementation the MCH Perinatal Program, Nevada's infant mortality rates and low birth weight rates have declined.

#### Accomplishments and Significant Changes

Baby Your Baby (BYB) is a statewide, public-private partnership designed to encourage pregnant woman to seek early and continuous prenatal care. BYB seeks to increase the percentage of woman entering and continuing in prenatal care in the first trimester of pregnancy; reduce the number of low birth weight infants born in Nevada; decrease the number of pre-term deliveries; and reduce Nevada Medicaid expenditures for poor birth outcomes. In 1998, BYB expanded to include a pediatric component, with the goal of assuring a medical home and access to primary and preventive care for Nevada's children aged birth to five.

BFHS operates a statewide, toll-free telephone Information and Referral Line (IRL), 1-800-4BYBNOW or 1-800-429-2669, through which pregnant women may access prenatal care or receive information on pregnancy, newborn, or infant-related concerns. The IRL also provides information regarding access to pediatric care and related services. Families were also referred to Medicaid and Nevada ✓ Up, as appropriate. IRL services are provided in both English and Spanish. In 1999, the IRL provided services to 8,664 Nevadans, including referrals to 4,543 pregnant women seeking to enter prenatal care. Another 3,128 callers were provided information on a wide variety of health topics and support services. This represents a 161% increase in calls since 1995. An additional 5,242 women self-referred to a BYB provider after determining they were pregnant. Pediatric referrals were given for 993 children.

In 1999, 77.3% of pregnant woman in Nevada entered care in their first trimester, an increase of 13.6 % since the initiative's inception. The incidence of infant mortality declined to a low of 6.4 deaths per 1,000 live births to Nevada residents, one of the lowest in the nation.

A Perinatal Substance Abuse Prevention (PSAP) Action Plan was developed during the 1996-97 biennium and continues to be implemented. Strategies are being developed to incorporate substance abuse prevention into routine prenatal care. During the past two years, training programs were offered in the past two years to health care professionals serving pregnant women. The training addressed alcohol, tobacco, and illicit drug use. The Perinatal Substance Abuse Subcommittee of the Maternal and Child Health Advisory Board (MCHAB) provides guidance to the PSAP initiative.

The 1999 Legislature passed legislation creating a Fetal Alcohol Syndrome (FAS) Subcommittee of the MCHAB. This subcommittee has developed a plan to address FAS in Nevada. Supplemental materials on FAS will be distributed to school districts for incorporation into health classes.

In order to improve neonatal outcomes, the BFHS has established continuing education workshops for health care providers. Classes have been presented on preconceptual counseling, folic acid, infant care, and FAS and drug addicted babies and their special needs.

According to a survey conducted in 1999, only 48% of all pregnancies in Nevada are planned. In order to decrease the number of unintended pregnancies and improve outcomes, public education has been developed to inform families of the benefits of planned pregnancies. Additionally, BYB PSAs have been dedicated to this topic.

The MCH Prenatal Program pays for prenatal care for eligible women. In FY99, 333 women received coverage.

#### Key Long-Term Objectives

1. Continue to increase the proportion of infants born to pregnant women who received prenatal care in the first trimester.
2. Reduce the percentage of pregnant women who consume alcohol.
3. Increase the percentage of intended pregnancies, thus reducing the social-economic impact associated with unintended pregnancies.

### **Child and Adolescent Health**

#### Purpose

Nevada's children and adolescents face multiple challenges in growing to be productive, healthy adults. These challenges include: lack of appropriate immunizations, injuries, high school completion, violence, teen pregnancy, and suicide. Nevada has the second highest school dropout rate, tenth highest teen violent death rate, and fourth highest teen pregnancy rate in the nation.

#### Accomplishments and Significant Changes

In FY00, a second teen pregnancy prevention action plan was developed to continue Nevada's momentum toward reducing teen pregnancy rates. "Teen Pregnancy Prevention in Nevada – Meeting the Challenge of the New Millennium: A Plan for Action" represents a collaborative effort between the Divisions within the Department of Human Resources and the Department of Education. Nevada's teen pregnancy rate for adolescents aged 15 to 17 has decreased from 60.7 per 1,000 in 1995, to 46 per 1,000 in 1999. The current goal is to continue to reduce teen pregnancy rate to no more than 35 pregnancies per 1,000 by 2005.

Currently, 37 Community Action Teams have been formed throughout the state to develop and implement community-based interventions to prevent teen pregnancy. All of the teams were eligible for funding from the Nevada Public Health Foundation. Five have been awarded three-year grants for abstinence-only education programs through the Title V Abstinence Only Education Grant.

Since its formation in 1996, the Governor's Youth Advisory Council (YAC) has identified teen pregnancy prevention as its main priority. The Council has assisted in selecting television and radio spots which air statewide and developed a presentation for middle school aged youth promoting the importance of abstinence, from sex, tobacco, alcohol, and drugs. More than 1,500 students have participated in the assemblies during FY00. Additional youth have been trained by the YAC to assist with these presentations.

"Positive Choices, Positive Futures," has been developed through a collaborative partnership between the NSHD and the Nevada Public Health Foundation. The two-hour workshop is designed to help parents and adults working with adolescents to better understand adolescent development and how to communicate effectively with teens. The workshop was developed in response to input from Nevada's teens regarding what they needed to prevent teenage pregnancy.

During August 1998, more than 100 youth, representing 32 communities, participated in "All About Youth" future search meetings designed specifically for youth in Nevada. Participants identified issues and challenges currently facing Nevada's youth and created a shared vision for the life of teenagers in the future, the year 2015. The youth were most concerned about quality education, substance use, and teen pregnancy prevention. Most importantly, the youth developed strategies for achieving their vision – improvements needed to make Nevada a better place to live for the next generation of teens.



Two adolescent health clinics are funded through the BFHS. These clinics, located in Las Vegas and Reno, serve adolescents ages 12 to 19 and provide immunizations, primary care, treatment for acute conditions, counseling, and referral to related services. During FY99, 2,393 adolescents were served; of these, 1,286 were seen for the first time.

The Bureau received a grant from CDC, in 1999, for the development of a state-level core injury prevention program. The grant requires the development of an injury profile and directory of existing injury prevention programs and resources. Activities are not limited to the MCH population.

#### Key Long-Term Objectives

1. Reduce the pregnancy rate among adolescents, aged 15 to 17, to more than 35 per 1,000 by 2005.
2. Promote adolescent health through the recommendations of "All About Youth."
3. Development of a State-level Core Injury Prevention Program.

### **Oral Health**

#### Purpose

Nevada's children are at risk of poor oral health. Through the oral health initiative, the BFHS is working to improve this situation for Nevada's children using a combination of general, community-wide education and more targeted education with those at highest risk.

#### Accomplishments and Significant Changes

The Children's Dental Program was eliminated in FY99, as a result of the implementation of Nevada ✓ Up. Funds previously expended on dental treatment are now being used for prevention efforts such as sealants, fluoride, and Early Childhood Caries (ECC) prevention.

With additional funds, allocated by the Legislature through a letter of intent, a statewide ECC prevention initiative is underway. A curriculum has been produced in English and Spanish. This project will be implemented in FY01, following training to curriculum instructors. Other projects include an oral health prevention education initiative by Clark County Health District targeting children ages birth to four; a study of the oral health of kindergartners in Clark County; oral health education, sealants, and topical fluoride for adolescents served at the Huntridge Teen Clinic; and a sealant and fluoride varnish placement and prevention education initiative using St. Mary's Take Care-A Van in Washoe and selected rural counties. An initiative to implement Prevent Abuse and Neglect through Dental Awareness (PANDA) is underway. This project is designed to train dental professionals to recognize and refer child abuse and neglect. Finally, support has been provided for the fluoride initiative in Clark County.

#### Key Long-Term Objective

1. Reduce children's risk for Early Childhood Caries.

### **Children with Special Health Care Needs**

#### Purpose

As mandated by Title V, the Maternal and Child Health Block Grant, the Bureau provides a range of services for children with special health care needs that are coordinate, family-centered, community-based, and culturally competent. Through this program, children are identified at birth with inborn errors of metabolism, such as phenylketonuria (PKU) or hemoglobinopathies, such as sickle cell disease; referred to and/or provided early intervention services, if at risk for development delay; and supported with coverage of diagnosis, evaluation, management, and treatment of conditions that are potentially handicapping.

#### Accomplishments and Significant Changes

In FY99, the Children with Special Health Care Need (CSHCN) Program covered 2,960 children for operations and expanded coverage, including primary care and counseling.

Medical specialty clinics and case management services were provided for children with covered genetic, cleft or craniofacial, pulmonary, gastroenterology, diabetes, or metabolic conditions. Clinics were held through the year in the Special Children's Clinics (SCC) in Reno and Las Vegas. Services were also provided to women with inborn errors of metabolism, such as PKU, who were pregnant or planning a pregnancy in order to prevent birth defects in their children.

The increase in the number of births in Nevada combined with accompanying numbers of children identified with special nutrition needs has resulted in expansion of the clinics for children and women with inborn errors of metabolism. This has led to an increased need for nutritionists with specialty nutrition training to serve this population. CSHCN Nutritionists, approved by the 1999 Legislature, have developed and implemented a survey in 16 of Nevada's 17 school districts to identify special needs children within each district and their nutritional needs. The survey will be analyzed in FY01.

During the biennium, 57,186 newborns were screened for evidence of inborn errors of metabolism, endocrine disorders, and hemoglobinopathies. In 1999, the Newborn Screening Program screened 28,853 newborns and identified no infants with PKU, eleven infants with hypothyroidism, one infant with galactosemia, seven infants with sickle cell disease, and one infant with biotinidase deficiency.

#### Key Long-Term Objectives

1. Maintain the percentage of newborns screened at least once for PKU, galactosemia, maple syrup urine disease, biotinidase deficiency, hypothyroidism and hemoglobinopathies.
2. Increase the percentage of children with special health care needs seen by medical and dental specialty and subspecialty providers not otherwise available or affordable.

#### **Special Children's Clinics**

##### Purpose

The Special Children's Clinics (SCC) in Las Vegas and Reno serve as regional centers providing comprehensive, family-centered, community-based, multidisciplinary, early intervention, diagnostic, treatment, and follow-up services to families with children who have known or suspected developmental delays or are at risk of becoming developmentally delayed in the areas of cognition, communication, physical development, social and emotional development, and adaptive skills. Although the clinics occasionally serve children up to age 21, children birth through age two receive priority. Children in this age group are served through Part C, "Infants and Toddlers," of the Individuals with Disabilities Education Act (IDEA).

The clinics are the sole providers of assessment and follow-up services for the local hospitals' neonatal intensive care nurseries (NICU). Clinic staff includes pediatricians, clinical social workers, psychological developmental counselors, speech pathologists, audiologists, registered dietitians, physical and occupational therapists, developmental specialists, Spanish language interpreters, and parent resource coordinators.

The clinics also provide specialty medical clinics for children ages birth to 21 years in the areas of genetics disorders, metabolic disorders, craniofacial anomalies, gastroenterology, pulmonology, and endocrinology.

##### Accomplishments and Significant Changes

In FY99, the SCCs served 3,794 children, which included opening 1,117 new cases in Las Vegas and 525 new cases in Reno. The majority of new cases were referrals from NICUs, community physicians, and Child Protective Services. SCC professionals performed a total of 20,829 diagnostic services (14,816 in Las Vegas; 6,013 in Reno), and 38,361 intervention services (25,237 in Las Vegas; 13,124 in Reno).

The SCCs continue to experience significant growth and demand for services. Throughout the biennium, the length of time a child remains on a diagnostic waiting list for SCC services has grown, for some disciplines, to six weeks or

more. The number of children on a treatment waiting list also continues to grow. The clinics have also seen an accompanying increase in the need for clerical and accounting support services.

#### Key Long-Term Objectives

1. Decrease the time for availability of services from specific diagnostic disciplines.
2. Decrease the number of children on the waiting list for intervention services.
3. Expand the opportunities to provide services in natural environments to include the home and community child care setting.

### **Women, Infants, and Children Program**

#### Purpose

The purpose of the Women, Infants, and Children (WIC) Program is to improve the nutrition health status of low-income women, infants, and young children to age five during critical periods of growth and development. This is accomplished by providing eligible participants with nutrition education, vouchers for supplemental foods, and referral to other community resources.

To be eligible for the Nevada WIC Program, a person must be a Nevada resident; under 185% of poverty; pregnant, breastfeeding (up to 12 months after delivery), or postpartum (non-breastfeeding, up to six months after delivery) woman, infant, or child up to age five; and have a nutritional risk factor. Nutritional risk factors are criteria set by the program and evaluated for each applicant through a nutritional assessment. This nutritional assessment includes evaluating growth, diet, and nutritionally related medical factors and forms the basis for nutrition education provided and many of the referrals made.

#### Accomplishments and Significant Changes

During FY99, an additional WIC clinic site was added in Mesquite. A total of 33 WIC clinics were operated by five different agencies throughout Nevada.

In FY99, participation rose 6 % from the previous year to more than 39,000 participants monthly. This moderate increase continued the rapid increase that began in FY93. The increase in clinic outreach and marketing enabled this growth trend to continue. In fact, growth could have been much greater, limited only by available federal funding and the capacity of the clinics to grow. Participation rose steadily from July 1999 to June 2000. During this period, over 3,000 additional clients were added to the program statewide. This increase was reflected in the total number of women served (pregnant, breastfeeding, and non-breastfeeding postpartum). The numbers of infants served climbed steadily throughout the year with more than half of the increase in participation attributable to children. Additional staff are needed to serve this increased caseload.

Significant effort was made to promote breastfeeding as the preferred method of feeding infants. This promotion includes education for pregnant women and support and problem resolution for breastfeeding women on the program. These efforts have resulted in a substantial increase of women initiating breastfeeding and women breastfeeding for longer periods of time. During the year from July 1999 to June 1999, over 50 % of all infants on the program were breastfed for some period of time and 20 % were breastfed for at least six months.

The Nevada Health Passport (HPP) pilot project was launched in Washoe County on June 2, 2000. Over 3,000 HPP cards have been issued. The Washoe County's WIC and Immunization programs and the Inter-Tribal Council of Nevada WIC program are participating in the pilot. WIC participants redeem their food benefits at 30 Washoe County retailers using special HPP terminals, which were installed as part of the project. Participants are also accessing the health and medical information on their cards at kiosks in various locations throughout Washoe County. The CSA Head Start program will come online in August.

Another significant WIC initiative is prevention of Early Childhood Caries (ECC) (formerly Baby Bottle Tooth Decay). Studies have shown that ECC begins to develop by the time an infant is 12 to 14 months old. New WIC nutrition risk criteria allow certification for risk of ECC. Prevention of ECC will lead to improved oral

health in the WIC infant and child population. WIC clinics are partners in the ECC initiative discussed under Oral Health.

Key Long-Term Objectives

1. Increase the percentage of WIC infants breastfed at birth.
2. Increase the percentage of WIC children weaned from the bottle by fourteen (14) months of age to prevent Early Childhood Caries and promote good oral health.

**Primary Care Development Center**

Purpose

The Primary Care Development Center (PCDC) mission is to develop a primary care system in which no Nevadan lacks access to primary health care services. PCDC targets its activities towards enhancing the development of Nevada’s primary care system through coordinated planning efforts, support of primary health care providers in underserved areas, and promoting involvement of state and local health organizations in the provision of primary health care services.

It emphasizes the development of public/private partnerships targeted towards the expansion and enhancement of new primary care resources and provides assistance in community development. Among the specific activities undertaken are the designation of Health Professional Shortage Areas (HPSAs) and Medically Underserved Areas of Populations (MUAPs), placement of health professional students in primary care clinical experiences in underserved communities through the Nevada National Health Service Corps (NHSC)/Resident Experiences and Rotations in Community Health (SEARCH) projects, assistance to communities in the recruitment and retention of primary care health providers (includes but is not limited to the NHSC and the J-1 Visa Waiver Program), and development of needs data and documentation (Nevada State and County Health Profiles and county needs assessments). The MCH State Systems Development Initiative (SSDI) project provides assessment, policy and data analysis, and assurance of programmatic responsibility to the Bureau. The project reviews the needs of the MCH population, makes programmatic and planning recommendations to the Bureau, and provides a surveillance system that monitors the progress of MCH and State-Negotiated Performance Measures.

PCDC activities are conceptually divided into three categories: primary care systems development, recruitment and retention of health professionals, and the SSDI needs assessment and monitoring. Both the federal Bureau of Primary Health Care (through the Primary Care Office) and Bureau of Maternal and Child Health (through the State Systems Development Initiative Primary Care Development Project) fund systems development.

Accomplishments and Significant Changes

The most significant accomplishments of the PCDC have been in the area of improved access to primary care services for underserved Nevadans. PCDC activities included new site development and recruitment of health professionals. In 2000, it is estimated that approximately 497,000 people reside in federally designated primary care Health Professional Shortage Areas in Nevada (24.9% of the population), which indicates a lack of access to primary medical care. Since 1994, PCDC has been actively involved in addressing this issue, with significant improvements to the primary care system, including:

- 40 international medical graduates have been placed in underserved rural and urban areas in Nevada in 1999-2000. The estimated number of placements is listed below.

**J-1 Visa Placements 1999-2000**

County	HPSA	Number
Carson City	Low income population – East Carson City	2
Clark	Central/North Las Vegas	19
Clark	Henderson	1

Clark	Laughlin	2
Elko	Owyhee	2
Eureka	Eureka	2
Lander	Lander	2
Lincoln	Lincoln	2
Lyon	Lyon	1
Nye	Nye	2
Pershing	Pershing	1
Washoe	Gerlach	1
Washoe	Reno-Sparks medically indigent	3
<b>Total</b>		<b>40</b>

- Ten NHSC scholars and loan repayors have been placed in settings that serve underserved Nevadans. Collectively, these physicians will treat 15,000 patients annually.
- 216 health professional students have completed an experience working in a NHSC SEARCH Site. Of these, 190 were Nevada-based students and 26 were trainees from educational programs outside the state who expressed interest in future practice opportunities in Nevada.
- Numerous requests for review of new shortage areas or renewal of existing shortage area designations have been received. There are currently 35 designated primary care HPSAs, 17 dental HPSAs, and 11 mental health HPSAs. Additionally, one new Medically Underserved Population (MUP) group was designated.

Key Long-Term Objectives

1. Foster public/private partnerships in order to expand access to primary health care for underserved Nevadans and provide assistance for community development.
2. Provide technical assistance regarding shortage area designation, federal and private funding opportunities, and primary care needs identification to insure that primary care is available to all underserved residents of Nevada.
3. Provide all interested health professional students with a clinical or community primary care experience in an underserved Nevada community.
4. Develop a successful campaign for recruitment of primary care health professionals interested in practicing in underserved Nevada communities.

## **BUREAU OF DISEASE CONTROL AND INTERVENTION SERVICES**

### Purpose

The Bureau of Disease Control and Intervention Services (BDCIS) works toward the prevention and control of communicable and chronic diseases. When any of the more than 60 communicable diseases or conditions reportable by law in Nevada is brought to public health attention, decisions must be made in terms of investigation and implementation of preventive measures. On-site assistance for immediate investigation and follow-up is frequently obtained through the Bureau of Community Health Services and Bureau of Health Protection Services. Specific programs within BDCIS for communicable disease control include Immunization, Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) Program, Sexually-Transmitted Disease (STD) Program, and Tuberculosis (TB) Control Program.

Chronic diseases account for the highest percentage of deaths in Nevada and the nation. The Bureau has previously received funding from the CDC to build capacity and infrastructure in the areas of tobacco control and breast and cervical cancer prevention. Both of these programs now receive full implementation funding from CDC. Enhancement funding for Nevada's Central Cancer Registry also continues from CDC. Diabetes control is the latest program to receive a capacity building grant.

The Bureau has recently been awarded funding from CDC to begin development of an Information Network for Public Health Officials (INPHO). The INPHO project will allow centralization of public health data sets with a common interface that will allow professionals and interested members of the public to search for information via the Internet. With appropriate safeguards in place to assure safety of the data and protection of individual confidentiality, this project will greatly enhance the usability of public data maintained by the Bureau as well as the rest of the Health Division.

### **Immunization Program**

#### Purpose

The mission of the Immunization Program is to prevent the occurrence of vaccine-preventable diseases in Nevada. To achieve its mission, the Immunization Program promotes immunizations and provides State-supplied vaccine free of charge to all physicians, hospitals, and clinics agreeing to meet the requirements of the program. The goal of the program is to improve immunization coverage levels in preschool children while maintaining high coverage levels in school-age children. The mission of the program is accomplished through the following activities:

- Investigation of all vaccine-preventable diseases (VPDs),
- Surveillance and outbreak control of VPDs,
- Immunization assessments of two-year-old children in private and public health facilities, licensed day care centers, and first grade enterers,
- Private physician practice assessments to assist in increasing immunization coverage levels,
- Tracking of all Hepatitis B carrier mothers to ensure their newborns are properly vaccinated,
- Distribution of vaccine to Clark and Washoe County Health Districts, rural public health clinics, and 240 private and federally-funded health care providers,
- Enforcement of immunization statutes and regulations,
- Implementation of a statewide immunization tracking and recall system,
- Statewide information and education campaigns,
- Collaboration with other state and county agencies such as WIC, Medicaid, and Clark County Economic Opportunity Board to insure adequate immunization of high-risk children,
- Quality assurance reviews of all health care entities that receive State-supplied vaccine, and
- Community outreach to involve the private sector, creating partnerships with local service clubs, organizations, retail stores, and restaurants.

#### Accomplishments and Significant Changes

The Nevada Immunization Registry received a second round of funding from the Robert Wood Johnson Foundation to continue expansion of the registry into private sector clinics and health maintenance organizations. Rural CHN Clinics, WIC Clinics, and the Washoe county District Health Department are currently on line. Although the Clark County Health District maintains its own immunization registry, they have developed the capability to export data into the statewide registry. Information from the registry will be used to generate reminder letters for the parents of children whose immunizations are due, assisting to boost immunization coverage in these communities. Information will also be used to determine areas with low vaccine coverage to better target the State's efforts.

Surveillance of Vaccine-Preventable Diseases has focused on maintaining sentinel surveillance sites for flu-like illnesses and continues to investigate cough illnesses that often result in the identification of pertussis (whooping cough) cases.

Satellite downlink courses from the CDC has enabled the Bureau to reach many immunization providers with the most current information about the epidemiology of vaccine-preventable diseases. A contract with the Nevada Broadcasters Association has increased public education about the importance of immunizations. The WIC partnership with the "Tough Guys Immunize" campaign has expanded.

#### Key Long-Term Objectives

1. Increase the number of two-year-old children who are age-appropriately immunized.
2. Reduce the incidence of vaccine-preventable diseases, such as measles, rubella, and Haemophilus influenza type B meningitis, to zero.

#### **HIV/AIDS Program**

##### Purpose

The overall mission of this program is to reduce and eliminate new HIV infections and their associated morbidity. To accomplish this, the program facilitates a process of community-based HIV prevention planning conducted by the HIV Prevention Community Planning Group, a standing committee of the State AIDS Task Force. An elaborate network of subgrants with HIV prevention providers (health districts, other governmental agencies, and community-based organizations) collectively ensures provision of the following services statewide: counseling and testing; referral; partner notification; health education and risk reduction activities; outreach education and counseling to injecting drug users and their partners; minority community initiatives; secondary prevention support groups; community organizational and community-wide HIV interventions; HIV prevention case management; and public information activities.

The Ryan White Comprehensive Care Program delivers direct services to persons with HIV infection and AIDS. It also serves affected families, caregivers, and professionals in the health care and support services fields. Ryan White includes a rural care program, which provides additional assistance to improve access to care for persons with HIV infection and AIDS from rural Nevada. The program provides a range of services within the context of four broad elements:

1. Consortium services such as transportation, meals, groceries, emergency medicine, dental assistance, counseling, support groups, hospital visitation, and translation services, etc.).
2. Provision of treatment for persons with HIV who meet financial and medical eligibility (AIDS Drug Assistance Program);
3. Home and community-based care services such as home visits, home infusion therapy, respite care, hospice, nursing visits, and personal care attendants; and
4. Insurance continuation services, or payment of COBRA premiums, co-payments, and deductibles.

A critical component of every disease control program is its surveillance activities performed to monitor the spread and control of a disease. Nevada's HIV/AIDS surveillance program employs quantitative and qualitative measurements of disease occurrence within regions of the state and among a broad range of population groups.

Maintenance of accurate, complete records of all HIV and AIDS cases is critical to public health program planning and evaluation.

#### Accomplishments and Significant Changes

The AIDS Drug Assistance Program received funding from the State Legislature, as well as additional federal funding. These increases allowed expansion of the drug formulary to include a new class of drugs known as protease inhibitors. Improved pharmaceutical treatment of HIV is resulting in longer survival, reduction in disability due to opportunistic infections, and increased need to place more programmatic attention on long-term care issues.

#### Key Long-Term Objectives

1. Establish and maintain a HIV/AIDS case reporting and validation system.
2. Reduce Nevada's AIDS case rate from its current national ranking of eighteenth to at least twentieth.

### **Sexually Transmitted Disease Control Program**

#### Purpose

The mission of the Sexually Transmitted Disease Control Program is to prevent and reduce the prevalence of sexually transmitted diseases (STD) in Nevada. The STD Program identifies the incidence of STDs through case finding with local health care providers, screening of high-risk populations, and tracking and treating sexual partners of known cases. The program also provides special education to persons at risk. The STD program provides training to employees involved in the testing and counseling of prison inmates. Program staff also conduct contact tracing and partner notification for inmates who test positive for an STD or HIV.

#### Accomplishments and Significant Changes

Major STD/HIV education efforts have been conducted for regional health care personnel and prison health care workers throughout the state.

Nevada continues to follow the national trend of declining early syphilis morbidity. However, recent infectious syphilis case representation in the Hispanic population has dramatically increased over 1999.

Chlamydia testing efforts are now being supported by STD Program funding at Title X clinics throughout the state. There were 3,090 cases of chlamydia reported in 1999, an 8% decrease in morbidity levels over the 3,343 cases reported in 1998.

During the past five years, the occurrence of gonorrhea in Nevada has remained relatively stable, with a 5% increase in the annual number of cases.

The STD and HIV/AIDS Programs are actively involved with 38 community-based organizations, two major health districts, and four state agencies in a variety of prevention activities. While the emphasis of this involvement focuses on HIV, there are obvious benefits for other STDs. These partners offer a variety of counseling and testing services for HIV and other STDs. A patient referral system has been put into place for agencies and organizations that are unable to provide direct services. Funding for these services are provided through public and private funds.

#### Key Long-Term Objectives

In order to qualify for federal assistance, Nevada must address the following objectives within its five-year federal applications:

1. Promote healthy sexual behavior.
2. Develop strong leadership, strengthen investments, and improve information systems for STD prevention.
3. Focus on adolescents and underserved populations.



4. Ensure access to service by all persons needed evaluation for a STD.

## **Tuberculosis Elimination Program**

### Purpose

The mission of the Tuberculosis (TB) Elimination Program is to eventually eliminate TB in Nevada. In order to accomplish this mission, it is necessary to identify all cases of active TB disease; interview people with active TB to find out who may have been exposed; test exposed individuals to find out if they have become infected; treat infected individuals to prevent the development of new cases of active TB disease; and screen high-risk populations in order to identify and treat individuals who are infected or who have active TB disease.

### Accomplishments and Significant Changes

Both Clark and Washoe Counties continue to provide directly observed therapy to all patients unable or unwilling to take TB medications on their own. This effectively eliminates the possibility of patients becoming resistant to the antibiotics used to treat TB due to non-compliant behavior.

In 1998, 128 new cases of TB were reported statewide. This number decreased in 1999, with 93 new cases reported.

### Key Long-Term Objectives

1. Reduce the tuberculosis case rate.
2. Continue implementation of an epidemiology program that serves as the basis for referral and dissemination of information about communicable diseases, including prevention, intervention, outbreak control measures, and investigative methods.

## **Tobacco Control Program**

### Purpose

The mission of the Tobacco Control Program is to prevent and reduce tobacco use in Nevada. This is an important responsibility given that 30.2% of Nevadans still smoke, giving Nevada the second highest rate in the nation. Equally significant is the fact Nevada is among the highest rates for smoking-related illness and ranks second in the nation in Chronic Obstructive Pulmonary Disease (1997). A conservative estimate of smoking-attributable costs to Nevada was calculated at \$230 million for 1994. The smoking-attributable per capita costs were \$154. Medicaid costs related to smoking 1993 totaled over \$50 million.

### Accomplishments and Significant Changes

The Tobacco Control Program has completed a statewide, five-year, strategic plan. Planned implementation responsibilities include providing technical assistance to statewide tobacco prevention coalition activities; development of targeted media campaigns; increased tobacco surveillance using the existing Behavioral Risk Factor Surveillance Survey (BRFSS); partnerships with the Nevada Department of Education to implement facilitator tobacco curricula training; and support for community-based youth programs in selected Nevada communities.

The program continues to fund the statewide coalition and the Clark County coalition. Development is underway for local coalitions in Washoe County and Carson City. The Nevada Tobacco User's Hotline also continues to be funded. The Tobacco Control Program has partnered with the Department of Education to implement the Youth Tobacco Survey (YTS) in conjunction with the Youth Risk Behavior Survey. The YTS will allow the state to obtain specific data on tobacco exposure and at an earlier age. Implementation of the YTS will also allow the state to apply for higher amounts of funding for youth tobacco prevention activities.

### Key Long-Term Objectives

1. Reduce the overall prevalence of smoking among Nevadan residents.
2. Reduce access to tobacco products by youth.

## **Breast and Cervical Cancer Early Detection Program (Women's Health Connection)**

### Purpose

The mission of the Women's Health Connection's (WHC) Nevada Breast and Cervical Cancer Early Detection Program (NBCCEDP) is to reduce breast cancer mortality and the incidence of cervical cancer, thereby enhancing the quality of life for Nevada women and their families through collaborative partnerships, health education, and access to high quality screening services and therapeutic care.

### Accomplishments and Significant Changes

The WHC has had a 420% increase in the cumulative number of women screened in year 4 of the comprehensive grant. To date, the program has enrolled and screened some 5,000 women. The program has diagnosed 15 pre-cancerous lesions of the cervix, 2 invasive cervical cancers, and 37 breast cancers. There are now 185 providers statewide.

### Key Long-Term Objectives

1. Expansion of community-based screening and early detection programs, including referral, tracking, and follow-up services by improvement and expansion of public/professional education and outreach campaigns.
2. Improve and expand mechanisms through which the State can monitor and evaluate the caliber of screening procedures and cancer control interventions for compliance with quality assurance programs.
3. Ensure coordination of services and program activities through a broad-based coalition and Medical Advisory Committee to advise and support the program.
4. Collaborate with the Statewide Cancer Registry to enhance cancer surveillance and evaluate the status of program process and outcome.

## **Statewide Cancer Registry**

### Purpose

The mission of the Statewide Cancer Registry is to register cases of invasive cancer and make statistical abstracts available for use by health planners, health educators, and others in the medical and allied health professions. Information from the registry is intended to identify cancer risk, evaluate cancer patient care, and characterize leading trends in cancer incidence, survival, and mortality among state residents.

### Accomplishments and Significant Changes

NRS 457 was amended to require medical laboratories and physician offices to report cases to the Cancer Registry. This is a critical change, as the proportion of cancer cases managed on an outpatient basis has increased in recent years.

A report titled "Nevada Report on Cancer, 1991-1997" was published and distributed in March 1999.

### Key Long-Term Objectives

1. Improve the timeliness of data collection.
2. Improve the completeness of data collected.
3. Improve the quality of data collected and reported.
4. Disseminate cancer information to the health care community and the general public.

## **Diabetes Control Program**

### Purpose

The purpose of the Diabetes Control Program is to reduce the burden of diabetes among Nevadans by establishing a statewide focal point to coordinate efforts between the public and private sectors, as well as advocating for improvements in the overall health care delivery system that will ensure appropriate and timely care for diabetes. Developing new approaches to diabetes care together with public and professional education are also key components of the program. CDC currently funds this program as a core capacity project.

### Accomplishments and Significant Changes

The program has established a statewide advisory council, Nevada Diabetes Council, with workgroups to address the major program components. The council is distributing provider and patient cards with current treatment standards to further assist diabetes education and awareness.

During the 1999 session, the Nevada Legislature appropriated funds to support the Pediatric Diabetes Endocrinology Center that operates clinics in Las Vegas and Reno for children with diabetes.

A series of three interactive video continuing education sessions has been offered to providers in eight rural sites to increase the knowledge and skills of diagnosing and managing the care of pediatric and adult diabetes patients.

The Diabetes Control Program has developed a website with links to several diabetes-related organizations.

### Key Long-Term Objectives

1. Promote public education to prevent further diabetes-related complications and create public awareness.
2. Establish programs for the promotion of wellness, physical activity, weight and blood pressure control, and smoking cessation for persons with diabetes.
3. Promote the use of current standards of care in diabetes professional practice.
4. Increase the percentage of persons with diabetes who receive recommended foot exams, eye exams, influenza and pneumococcal vaccines, and HgA1C (hemoglobin) tests.
5. Promote development of education to rural health providers.
6. Demonstrate success in reducing health disparities for high-risk populations with respect to diabetes prevention and control.
7. Develop a surveillance system to monitor the burden of diabetes in Nevada.

## **Health Alert Network**

### Purpose

The Health Alert Network (HAN) is a nationwide, integrated information and communication system serving as a platform for national disease surveillance, epidemiologic investigation, training, electronic laboratory reporting and rapid communications. The HAN will support an early warning and response system to address bioterrorism and other health threats. Through the use of modern technology the HAN can provide a common platform for CDC to strengthen preparedness training at the local and state levels.

### Accomplishments and Significant Changes

First year accomplishments have been significant. Design and implementation of a Wide Area Network (WAN) was critical to the HAN program. A WAN was created utilizing the foundation established by the Information Network for Public Health Officials (INPHO). Coordination of the program developed rapidly with the cooperation of the two largest counties in Nevada (Clark and Washoe counties). It was imperative that both of these health districts commit to the HAN program in order to make the communication system complete. Several organizational meetings have taken place with Washoe and Clark county administrators.

### Key Long-Term Objectives

1. Training of the early response workforce.
2. Update and strengthen the integration of the technological communication systems. This pertains primarily to the WAN but includes creation of a secured website.
3. Promote the HAN program to various early response organizations.
4. Provide bioterrorism preparedness training for HAN staff in order to maintain a professional position with partners associated with other local and statewide organizations.

## **BUREAU OF ALCOHOL AND DRUG ABUSE**

### Purpose

The Bureau of Alcohol and Drug Abuse (BADA) identifies and responds to the alcohol and drug abuse concerns of Nevadans in order to facilitate the continuum of care through quality education, prevention, and treatment services by providing regulatory oversight and funding for community-based public and private nonprofit organizations. BADA is responsible for the development and implementation of a state plan for prevention, treatment, and rehabilitation services; coordination of state and federal funding; and development of standards for the certification and approval of prevention and treatment programs and personnel. The Bureau serves as the single state agency for the federal Substance Abuse Prevention and Treatment (SAPT) Block grant but does not provide any direct substance abuse prevention or treatment services.

### Accomplishments and Significant Changes

In July 1999, BADA moved from the Department of Employment, Training, and Rehabilitation, Division of Rehabilitation, to the Department of Human Resources, State Health Division. Since that time, the Bureau has undergone five audits or scans including audits by the Legislative Council Bureau and the federal Substance Abuse and Mental Health Services Administration.

Since becoming part of the Health Division, a number of changes have occurred, including:

- In November 1999, the BADA Advisory Committee was formed with 13 prevention and treatment provider members representing programs throughout the state. This group has been meeting monthly and has been instrumental in providing support, assistance, and leadership to Health Division staff. Among the issues addressed are the standards for sliding fee scales for treatment providers, contents and methods used to redesigning the client data system established for reporting requirements for treatment providers, and policies and procedures for program grant compliance monitoring.
- Both prevention and treatment requests for proposals (RFP) have been revised to simplify the instructions and reduce the paperwork burden on programs. Additionally, the review process has been modified to enhance the objectivity of the process.
- An extensive substance abuse prevention evaluation is underway that will allow BADA to ensure public funds are used to support programs that are effective in addressing the risk factors identified by individual communities.
- New regulations for halfway houses and detoxification technicians are under development and will be adopted before the end for the calendar year.
- In June 2000, the Bureau began a planning process that will result in the creation of strategic plans for four areas: evaluation, prevention, treatment, and special populations. A series of plans will be developed for special populations and will address services for adolescents, pregnant women, injecting drug users, and HIV and TB services. The planning process will be completed in February 2001. A subcommittee of the Advisory Committee is leading this effort by providing guidance on the contents of each plan and chairing the various working groups being formed to develop each component.
- In July 2000, responsibility for the certification of counselors will be transferred to the Board of Examiners for Alcohol and Drug Abuse Counselors.

During FY 2000, BADA awarded grants to over 100 providers of prevention and treatment services. Prevention awards totaled approximately \$2.2 million; treatment awards totaled approximately \$10 million. In 2000, the State had 70 accredited prevention programs and 61 accredited treatment programs. Of these, 62 prevention programs and 28 treatment programs received support from BADA. Prevention services were provided to 33,360 individuals and 10,805 treatment admissions were reported by BADA supported programs.<sup>1</sup> New program initiatives included support for eight community coalitions and nine truancy prevention programs in Nevada's judicial districts.

### Key Long-Term Objectives

1. Completion of strategic plan and implementation of resulting action plans.

2. Implement a new evaluation system that will assess the need for prevention and treatment services and collect data at the local level to measure program performance and report on the outcomes of treatment at the state and national level.
3. Adoption and implementation of new halfway house and detoxification technician regulations.
4. Support local programs so that 32,861 Nevada children and adolescents benefit from prevention programming.
5. Support local programs so that 10,800 individuals can be admitted to receive treatment services.

<sup>1</sup> Numbers are based on the average number of participants per program in 2000 multiplied by the number of programs. Actual numbers are not available at this time.

## **MAJOR PUBLICATIONS**

### Released in 1999, 2000

All About Youth: Youth Future Search (May 1999)  
Annual Report of Title V Activities  
Baby Your Baby Annual Report (June 2000, reporting year 1999)  
Baby Your Baby Campaign: A Fifth Year Evaluation (February 2000)  
Behavioral Risk Factor Surveillance Survey (February 2000, reporting years 1993-1998)  
Bureau of Family Health Services Resource Directory  
Nevada Health Catalog 2000 (March 2000)  
Nevada Health Catalog 1998 (March 1999)  
Nevada HMO Industry Profile, Quarterly Reports (1999-2000)  
Nevada MCH Five Year Needs Assessment (July 2000)  
Nevada Migrant and Seasonal Farmworker Enumeration Project  
Nevada Report on Cancer, 1991-1997 (March 1999)  
Nevada State and County Health Profiles (February 1999)  
Nevada Vital Statistics 1998 (January 2000)  
Nevada Vital Statistics 1996 and 1997 (January 1999)  
Personal Health Choices, 11<sup>th</sup> edition, 1994-1998 (October 1999)  
Teen Pregnancy Prevention: Meeting the Challenge of the New Millennium (December 1999)  
Transitional Trauma Report 1997 and 1998 (March 2000)

### Released Prior to 1999, But Still in Use

All Vital Statistics Reports  
Behavioral Risk Factor Surveillance Survey (1998, Reporting for Years 1992-1996)  
Directory of Statewide MCH Health Services  
Healthy People 2000 Nevada (July 1997)  
Maternal and Child Health Status Report (1992)  
Mortality Summary (1996)  
Nevada Report on Cancer (1989-1990)  
Nevada Statewide Trauma Report (1996)  
Nevada's Framework for Public Health (December, 1994)  
Nevada Vital Statistics Report, 1994-1995 (October 1997)  
Oral Health Needs (1992)  
Personal Health Choices (Ninth Edition, 1997)  
Primary Care Access Plan (January 1995)  
Smoking Prevalence (1997)  
Special Children's Clinic Study (1992)  
Statewide Child and Adolescent Needs Assessment (1992)  
Statewide Perinatal Needs Assessment (1991)