



CARSON CITY, NEVADA
CONSOLIDATED MUNICIPALITY AND STATE CAPITAL

State Board of Health
Carson City Health and Human Services Report
June 8, 2018

Chronic Disease Prevention and Health Promotion

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

- This quarter classes have been taught at Bishop Manogue High School, Carson City Juvenile Detention, Carson City Juvenile Probation – Wilderness Program, Hugh Gallagher Elementary in Virginia City, and Western Nevada Regional Youth Center.
- This program continues to be busy with more requests for comprehensive (PREP) classes than Abstinence classes. Within the quarter, only three organizations/schools have requested Abstinence classes. The demand exceeds the funding amount; therefore, we cannot provide all the comprehensive classes that are being requested. Organizations and schools start with the Abstinence Classes then see the need for Comprehensive Classes. During the Abstinence Classes, the students exhibit a desire for more preventative education so staff felt it is necessary to request the Comprehensive Classes.

Diabetes (January – March)

- Provider Outreach/Education: Providers reached this quarter - 21

Tobacco Control and Prevention

- Conducted a Focus group with WNC students, staff, and administration on post implementation of the smoke-free policy.
- Tobacco Merchant Training: Collaborating with State on development of online tobacco merchant training. Working on setting up newly developed App for conducting merchant assessments of tobacco and marketing (STARS), 3/12/18 Attending Carson City alcohol training to assess ability to incorporate tobacco training during these trainings. Carson City Sheriff's Office very interested and willing to incorporate the training with alcohol training (which is required).
- Assessed Prominence health plan cessation coverage, which was not available any longer as wellness benefit. Set up meeting and communication with wellness coordinator for Prominence. Included National Jewish Health – Nevada Tobacco Quitline in the meeting to arrange coverage for Prominence members.
- The Nevada Health Centers electronic health system (EHR) referral to the Nevada Quitline project is near completion. This will allow for a pop-up alert to staff when smoking assessment is completed and refer patient to the Quitline for cessation, if

Carson City Health & Human Services

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desired. This would impact 12 statewide FQHCs. Staff is assisting Carson Tahoe Health with the same project, which is nearly completion.

- Smoke-free Carson City efforts continue with collaboration with the Carson City Parks and Rec. Dept. to create smoke-free parks and discuss possible ordinance in Carson City. These efforts are also part of a Regional effort for Northern Nevada, which includes Washoe County, City of Reno, and City of Sparks.
- Completed and printed new MUH toolkit for owners and managers. New toolkit addresses the financial benefits first and then health benefits. We have found this is of more interest to owners.
- Presentation to Carson City faith-based youth on tobacco harms and products. Parents also attended the presentation. This produced a lot of discussion and interest from parents.
- CCHHS has developed communication/marketing plan, which has included weekly posts on social media for tobacco.

Community Health Needs Assessment / Community Health Improvement Plan

The Community Health Improvement Plan (CHIP) committee has been meeting since January 2018. Priorities were ranked by electronic voting, and then selected by the CHIP Committee. The priorities are:

- Access to Healthcare,
- Affordable Housing (A subcommittee of the Carson City Behavioral Health Task Force was in existence),
- Behavioral Health and Substance Abuse (Carson City Behavioral Health Task Force was in existence; Tobacco Prevention and Control Program in existence at the Carson City Health and Human Services),
- General Workforce, and
- Nutrition – Food Insecurity and Access.

Subcommittees were created for Access to Healthcare, General Workforce, and Nutrition. All subcommittees are in the process of drafting CHIP objectives.

Environmental Health

- Once the Chapter 9 Food Code is approved by the State Board of Health, staff will begin to work with businesses to update them on the changes.
- Staff are preparing for a mosquito spray the first week of June.

Epidemiology

- The Council of State and Territorial Epidemiologists' Disaster Epidemiology Conference was attended by a staff member in May.

- Influenza Season is officially over. The season's summary (10/1/17 - 5/19/18) for our jurisdiction (Carson City, Douglas and Lyon Counties) is –
 - 2,229 total cases (rapid or PCR testing)
 - 167 Lab confirmed (PCR) tests
 - 6,497 influenza-like-illness (ILI) events reported among the jurisdiction's emergency department visits
 - 158 hospitalizations

Public Health Preparedness

- A first aid station is being organized by PHP staff for Epic Rides in Carson City, June 16th – 18th. Carson City Fire Department and Carson City Health and Human Services staff, along with MRC volunteers are staffing the station.
- Staff attended the National Association of County and City Health Officials' Preparedness Summit in April.
- Staff participated in the Douglas County HazMat – Chempack Drill in March. There were valuable lessons learned.
- A medical surge drill was conducted in Carson City in May.

Human Services

- Staff attended Nevada's Stepping Up Initiative and Re-Entry Summit in Las Vegas in April. Information was presented strategies and best practices for individuals re-entering from correctional facilities.

Respectively submitted,



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

May 30, 2018

To: State Board of Health Members
From: Kevin Dick
Washoe County District Health Officer
Subject: June 2018 Washoe County District Health Officer Report

FY19 Budget

On May 22, 2018 the Board of County Commissioners adopted a County budget that included the FY19 Health District Budget adopted by the District Board of Health in February, with the exception of the above-base request for county general funds to provide additional mosquito abatement chemical applications.

Measles investigation

On April 4, 2018 the Health District held a press conference and issued a press release regarding a case of measles in Washoe County which had been contracted by a UNR student who was infected through an outbreak occurring in California. The measles investigation has been closed. There were no secondary cases identified. The CD program received a total of 127 public contacts, either through phone calls or online survey. All were assessed using a screening form with 61 referred to Epi for further follow-up. A total of 79 contacts were identified that had actual exposure to the case either at a medical clinic, UNR campus building, or restaurant. Two contacts received IVIG Post-Exposure Prophylaxis. Nine contacts were tested and all were negative. Quarantine for nine contacts was recommended. For some, the quarantine was lifted after lab results were received. Two contacts had to be excluded from work and school and one contact from daycare. Six contacts required active daily monitoring by CD Program staff for signs and symptoms of measles. Hot wash meetings were conducted with staff and external partners to discuss what went well and what can be improved for the next response. Information gathered at these meetings will be compiled to revise protocols and response plans for future outbreaks.

Salmonellosis linked to Kratom Products

On April 19, 2018, the CD Program was notified that a recently reported Salmonellosis case was linked to a multistate outbreak associated with Kratom products (an herb that is sold in smoke shops and other locations and is known for its opioid effect). The case did consume the product during their incubation period. CD staff referred the case to EHS. They made contact with the store owner where the case had purchased the Kratom. Several pounds of Kratom were put on hold in two different locations and samples collected by EHS staff for Salmonella testing by the Nevada State Public Health Laboratory. The samples came back negative for Salmonella. The local hold orders were lifted and one sample was released back to sale and the other as part of a recall was returned to the distributor. The CDC opened the outbreak investigation in February. Currently there are 4 strains of Salmonella associated with this outbreak.

Tuberculosis Prevention and Control Program –TB staff and management recently met with Renown Regional Medical Center Infection Control, Intervention Radiology physicians, and Jaime Frank, Nevada State Public Health Lab, to begin a dialog regarding the collection of biopsy specimens viable for the cultures and subsequent sensitivities and genotyping of TB strains. An understanding of the needs and concerns of

involved parties was obtained. Renown Infection Control will explore the possibility of adding a risk assessment specifically for TB to pre-op paperwork to support the collection of specimens in saline when TB infection is suspected. Specimens placed in formalin are rendered unusable for the diagnosis of TB infection. Currently the TB program is following 7 clients for direct observation therapy (DOT); 3 are finishing up treatment from 2017 and 3 active cases have been diagnosed in 2018.

Chronic Disease Prevention Program (CDPP)

Staff provided public comment in coordination with community partners related to the health benefits of smoke free parks (includes trails and open spaces) at the Reno and Sparks City Council meetings as well as the Washoe County Commission. All three jurisdictions voted to move forward with smoke free parks and staff will continue to provide technical assistance as the entities move through the process of developing ordinance language and taking a vote on adoption.

CDPP staff facilitated a media campaign that is promoting smoke free locations. The campaign is running on TV, radio and social media and has ads in both English and Spanish. As with previous campaigns, coordination took place with Carson City Health and Human Services to combine efforts in order maximize reach of messaging in our geographic area. The campaign began in April and will continue into June.

With the help of neighborhood youth, CDPP staff, the Housing Authority of the City of Reno (RHA) and artist Erik T. Burke collaborated to create a healthy living-themed mural on a retaining wall on East 10th St. in Reno. The mural highlights smoke-free housing, healthy eating and physical activity. An unveiling ceremony was held on May 3rd with representation by local and State dignitaries.

Public Health Preparedness (PHP)

On May 4, PHP and EMS Staff in collaboration with Community Emergency Response Team (CERT) volunteers, set up the Inflatable Mobile Medical Facility (IMMF). Setup included the HVAC system, generators, triage equipment, lighting and miscellaneous equipment essential for operations. The exercise gave staff the opportunity to train and identify essential resources to ensure the IMMF was operational. The IMMF will be set up on June 21 and utilized to provide first aid from Medical Reserve Corps volunteers as part of the Community Reception Center exercise and Preparedness Expo with the City of Reno.

During the week of May 21-25, the regional hospitals and first responders participated in four decontamination trainings at the regional hospitals. Funding for this training was provided through the Local Emergency Planning Committee (LEPC) in partnership with REMSA and the Inter-Hospital Coordinating Council (IHCC).

Emergency Medical Services (EMS)

The EMS Coordinator presented at the Sparks Citizens Advisory Committee (SCAC) meeting on April 12 about public health preparedness and response plans. The presentation included an overview of preparedness and how Health District personnel coordinate with a broad range of regional partners in all phases of plan development and implementation.

The EMS Coordinator held the final Multi-Causality Incident Plan (MCIP) and Alpha Plan review on April 17. The regional partners suggested some minor revisions to the plan which should be completed and presented to the DBOH in June 2018.

The EMS Coordinator facilitated the first Regional Protocol Review meeting on April 19. This was the first time the task force convened since the implementation of the Regional EMS Protocols. The group identified several small revisions to the protocols that will be executed July 1. The task force will also bring select items

to the June Pre-hospital Medical Advisory Committee (PMAC) meeting for discussion and recommendations from the medical directors.

The EMS Coordinator presented at the Veterans Integrated Service Network (VISN) Emergency Management Conference on the Mutual Aid Evacuation Annex (MAEA) on April 25. The presentation was for several VA Emergency Managers and provided an overview of how we would evacuate a healthcare facility in Washoe County.

The EMS Coordinator participated in the Annual Part 139 Tabletop exercise for the Reno-Tahoe International Airport on April 26. The tabletop scenario was an active shooter incident that involved approximately 90 casualties. It elicited great discussion about the MCIP and Regional Active Shooter Protocols amongst many regional agencies, including several airlines, airport staff, local first responders, the Red Cross, the FBI, the Medical Examiner's Office, and Public Health.

The EMS Program Manager and EMS Coordinator held the Low Acuity/Priority 3 meeting on May 1 to continue the discussion of the alpha level determinants that could receive an alternative response. The group reviewed 7 more determinants and selected whether or not an alternative response would be appropriate for the chief complaints. The group will continue to meet until all identified alpha determinants have been reviewed.

The EMS Program has been working with vendors and regional partners to launch the campaign about appropriate uses for 9-1-1. The URLs thinkbeforeyoudial.com and pienseloantesdemarcar.com were launched on May 2. Social media sponsored advertisements and RTC bus panels began in May. Television advertisements will also play on KRNV in June.

The EMS Coordinator conducted MAEA and WebEOC training for Northern Nevada Adult Mental Health Services (NNAMHS) personnel on May 7. Six personnel received training on the evacuation process outlined in the MAEA and three personnel were trained in using WebEOC. EMS and PHP staff continue efforts to enhance the plan by including skilled nursing, long-term care, mental and behavior health facilities into the plan.

Special Events

The first two large scale events of the year occurred in April (Lady Luck Tattoo Expo and Earth Day). Environmental Health Services staff performed a total of 85 and 17 routine inspections, respectively. Eight different staff members volunteered to work at one or both of these events. Cinco de Mayo and the Reno River Festival occurred in May and the temporary food permits will continue to increase through the summer.

Water Projects

NDEP held workshops May 17 in Carson City, and May 18 in Las Vegas to solicit comments on regulatory amendments proposed for sections of the "Design, Construction, Operation and Maintenance of Public Water Systems" NAC 445A.65505 through NAC 445A.6731. Proposed changes include modifications to:

- General Definitions: NAC 445A.65845; NAC 445A.66375; NAC 445A.66395;
- Water Project Approval Requirements: NAC 445A.6671; NAC 445A.5403 (repeal);
- Lead-Free and Drinking Water Compatibility Requirements: NAC 445A.66085; NAC 445A.65825;
- Standards Adopted by Reference and Requirements: NAC 445A.6663; NAC 445A.66685;

- Distribution System Separation and Crossing Requirements: NAC 445A.6715; NAC 445A.67105; NAC 445A.67155; NAC 445A.6716; NAC 445A.67165; NAC 445A.6717; NAC 445A.67175; NAC 445A.67185; and
- Backflow Prevention Requirements: NAC 445A.6719; NAC 445A.67215.

The proposed amendments are planned to be presented for adoption to the State Environmental Commission on June 27, 2018.

NDEP, TMWA, and the Health District are working to formulate an interlocal agreement to provide for an alternative approach to oversight of water projects that are reviewed by TMWA for the TMWA NV0000190 system, while still providing oversight in conformance with Federal and State requirements to provide the protections of the Safe Drinking Water Act and Nevada Safe Drinking Water Statutes.

EPA Publishes Initial Designations for the 2015 Ozone National Ambient Air Quality Standard

On May 1st, the U.S. Environmental Protection Agency (EPA) published the initial 2015 Ozone National Ambient Air Quality Standards (NAAQS) designations for a majority of the remaining areas of the country that were not previously designated in November 2017. The only area in Nevada to be designated nonattainment is a portion of Clark County which has been classified as marginal, meaning the design value is from 0.71 parts per million (ppm) and up to but not including 0.081 ppm. The attainment designation for Washoe County was made possible with EPA's concurrence on the Ozone Wildfire Exceptional Events Demonstrations submitted for 2015 and 2016. The ozone design value for Washoe County is currently at 0.070 ppm which equals the 2015 ozone NAAQS.

Public Health Accreditation

The Accreditation team received largely positive feedback from the "pre-review check", where select documents were submitted for review by the Public Health Accreditation Board (PHAB) prior to the full submission of all documents. Two items submitted needed minor revisions and the requested revisions were shared with the team for further understanding of the format of the documentation needed and corresponding description. The team continues to meet monthly to review current progress and discuss challenges, and one-on-one monthly meetings are being held with team members who have not yet completed all their assigned documents. We now have about 128 of the required documents gathered of the needed 213.

A revised style guide was developed and distributed to staff along with templates for presentations, manuals and letterhead in order to improve consistency of formatting and correct logo usage.

Community Health Improvement Plan (CHIP)

Development of the 2018-2020 CHIP continues with the identified focus areas of Housing, Behavioral Health and Nutrition/Physical Activity. Two draft action plans have been completed for Housing, and the Nutrition/Physical Activity Committee has developed five draft action plans that are being circulated for final edits. Five Behavioral Health action plans have drafted and circulated amongst stakeholders for feedback.

Truckee Meadows Healthy Communities

Housing: Development of the Regional Affordable Housing Strategy with Enterprise Community Partners and Truckee Meadows Regional Planning Agency continues. Representatives from Enterprise visited in early May and the Executive Leadership Team, Public Staff, and Community Leadership Working Groups continue to meet. Fundraising for Phase II of the project has been completed. Results of the Phase I project work will be presented during the June 14, 2018 TMRPA Governing Board Meeting.

Client Satisfaction Survey Results 2018 – In February 2018, Community and Clinical Health Services (CCHS) conducted its annual “Client Satisfaction Survey”, with 384 completed surveys across six programs. Detailed in the summary chart below, both 2017 and 2018 results were overwhelmingly positive with the majority of clients ranking CCHS clinical services “good” or “great”, as has been the case over the past few years. Changes from 2017 to 2018 include an increase in satisfaction for ease of getting care, front desk staff, and the facility; slight decreases were noted in the areas of wait time, staff/provider, and confidentiality. Additional client comments on the survey were overall positive, speaking mostly to the quality of staff and ease of access to our location.

CCHS Client Satisfaction Survey Results - 2018 Compiled		2017 Results n= 245	2018 Results n= 384
Category & Question		Good/Great %	Good/Great %
Ease of Getting Care			
Scheduling an appointment		92%	95%
Time between making an appointment and being seen		90%	95%
Convenience of clinic hours		93%	91%
Convenience of clinic location		93%	93%
TOTAL Overall Satisfaction		92%	94%
Wait time			
Time in waiting room		89%	90%
Time in exam room		94%	91%
Height/weight and nutrition education (WIC only)		93%	83%
Receive benefits and next appt. paperwork (WIC only)		92%	92%
TOTAL Overall Satisfaction		92%	89%
Front Desk Staff			
Courtesy of staff		94%	96%
Clearly request documents needed at check in		89%	97%
Answers your questions		95%	97%
TOTAL Overall Satisfaction		93%	97%
Staff/Provider			
Courtesy of clinic staff		97%	97%
Clinic staff listens to you		97%	98%
Clinic staff takes enough time with you		97%	97%
Clinic staff clearly answers your questions		97%	97%
Helped you to find a birth control method that works well for you (MCH, FP, TB, and Sexual Health only)		n/a	93%
TOTAL Overall Satisfaction		97%	96%
Payment			
What you pay		79%	84%
Explanation of charges		82%	86%
TOTAL Overall Satisfaction		81%	85%
Facility			
Cleanliness of clinic		94%	98%
Ease of finding where to go		89%	92%
Comfort while waiting		94%	95%
TOTAL Overall Satisfaction		92%	95%
Confidentiality			
Keeping your personal information private		96%	92%
TOTAL Overall Satisfaction		96%	92%

Legend

	= 89% or below
	= 90 - 94%
	= 95% or higher

In 2018, client satisfaction was ranked highest for front desk staff, the staff/provider, and the facility. Facility enhancement is a Health District Strategic Plan Initiative, and it appears that efforts toward improvements are paying off in this area. The most significant improvement from 2017 to 2018 was with front desk staff, where satisfaction increased from 93% to 97%. The vast majority of client comments were positive, expressing enthusiasm for the friendliness of staff, clinic affordability, and location.

Appointment scheduling and being able to quickly get an appointment continues to improve. We believe that the implementation of our phone queue system has helped in this area. Increasing the number of health plans with whom we are contracted may also help increase satisfaction with regards to payment.

Potential areas for improvement include wait time and ensuring clients are better informed regarding the safeguards in place to protect their confidentiality.

Overall, positive survey responses and favorable client comments exemplify the success of CCHS clinic services. Clients expressed their happiness with the services and staff, feeling comfortable and confident in their care within CCHS.



DATE: Friday June 8, 2018

TO: State Board of Health Members

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

SUBJECT: Chief Health Officer Report

Vector-borne Illness Update

Each year the Southern Nevada Health District reports cases of mosquito-borne illnesses and the positive disease results from its county-wide mosquito surveillance activities. This year, the Health District kicked off its surveillance season with "Mosquito Monday," an event held on Monday, May 14 at 280 S. Decatur Blvd. to raise awareness of mosquito activity and to encourage the public to "Fight the Bite." The Mosquito Monday event featured demonstrations of the Health District's mosquito surveillance equipment, truck-mounted foggers, and more. Staff was available to provide prevention tips, mosquito fish, and informational giveaways for the public.

The Centers for Disease Control and Prevention (CDC) reports that illnesses from mosquito, tick, and flea bites have more than tripled in the United States. Mosquitoes in Southern Nevada have been found with viruses that cause West Nile and St. Louis Encephalitis. West Nile virus cases are more commonly reported than St. Louis Encephalitis cases. Last year the Health District reported one case of West Nile virus in Clark County. The case occurred in a male over the age of 50 who had the neuroinvasive form of the virus. The individual later died from the disease. There were two reported West Nile cases and three cases of St. Louis Encephalitis in 2016. In addition to the mosquitoes that can transmit West Nile virus and St. Louis Encephalitis, the Health District identified *Aedes aegypti* mosquitoes in Clark County last summer. This is the species that can spread diseases like Zika, dengue fever, and chikungunya. To date, no mosquitoes have tested positive for the virus. Travel-associated cases of Zika virus have been reported in Clark County residents, as well as one case that was sexually transmitted.

These activities and more are a stark reminder that vector-borne diseases are a growing public health concern on a local, national, and international scale. The CDC reports that more than 640,000 cases of diseases caused by the bite of a mosquito, tick, or flea occurred between 2014-2016. During this time, seven new tickborne diseases have been introduced into the United States, and the country has experienced its first outbreaks of chikungunya and Zika. These vectors can be introduced into new regions of the world through commerce and trade, infecting travelers who then facilitate the spread of disease.

Our existing public health infrastructure is not prepared to meet the increased demand placed on it by this continuing threat. The CDC notes more than 80 percent of vector control organizations report needing improvement in one or more of the five activities identified as essential to controlling mosquito activities. These activities are known as the five core competencies and were developed based on guidance from the CDC and the American Mosquito Control Association.

The five core competencies include:

- Routine mosquito surveillance through standardized trapping and species identification
- Treatment decisions using surveillance data
- Larviciding, adulticiding, or both
- Routine vector control activities (e.g., chemical, biological, source reduction, or environmental management)
- Pesticide resistance testing

Supplemental competencies are:

- Licensed pesticide application
- Vector control activities other than chemical control (e.g., biological, source reduction, or water management)
- Community outreach and education campaigns regarding mosquito-borne diseases, how they spread, and how to prevent infection
- Regular communication with local health departments regarding surveillance and epidemiology
- Outreach (e.g., communication and/or cooperation) with nearby vector control programs

The Health District's Mosquito Surveillance Program completes at least some activities in each of these areas. It is important to note that the Health District's program is not a mosquito abatement program and does not receive dedicated funding to conduct vector control activities. Responsibilities for control and abatement are spread throughout each of the jurisdictions in Clark County. Despite the lack of dedicated funding and resources, the Health District has taken a proactive approach to mosquito control in its efforts to protect the public health of the community.

This season, the Health District continues to remind the public to protect themselves from mosquito bites, to eliminate standing water around their homes, and to report mosquito activity to the Mosquito Surveillance Program at (702) 759-1633. More information on mosquito activity in Southern Nevada and additional prevention information is available on the Health District website at www.southernnevadahealthdistrict.org/mosquito-control/index.php.

Influenza Update

As of week 20 of the current flu season (May 13, 2018), there were 1,345 cases of confirmed influenza reported to the Health District and 975 reported hospitalizations. The percentage of emergency department visits for influenza-like illness (ILI) decreased from 2.0 percent in week 19 to 1.8 percent in week 20. Approximately 53 percent of area ER visits were for ILI in children under 18 years of age. Influenza B was the dominant strain circulating during the reporting week. Sixty influenza-associated death, including three deaths of children under 18 years of age, occurred this season.

Enhanced Flu Surveillance Activities: Due to increased flu activity this season, the Health District's Office of Epidemiology and Disease Surveillance is working with the Vital Records program and the Nevada Division of Public and Behavioral Health to review and update previously reported cases of flu. Based on this review, the Health District released an updated number of reported deaths for Clark County on April 23, 2018. This process did not add to the total flu case count for the season. The Health District conducts surveillance in keeping with Centers for Disease Control and Prevention (CDC) guidelines. When flu cases are reported to the Health District, the outcome of a case may be delayed. Staff members conduct investigations that involve reviewing patient records, death certificates, and laboratory reports, as well as verifying case definitions to reconcile surveillance activities. Updated surveillance reports are available at www.southernnevadahealthdistrict.org/stats-reports/influenza-surveillance.php.

Legislative Health Care Committee

Nevada ranks 50th in the nation for public health funding. The Health District has been working to address the lack of public health funding during the past several legislative sessions. On April 24, 2018, leadership from the three local public health agencies and a representative from the state presented to the Legislative Health Care Committee on this issue. Vector control has been one of the prime examples used to demonstrate the need for sustained funding for public health. The recent report from the CDC on vector-borne diseases only bolsters the shared message of the urgent need for dedicated funding and support for public health in Nevada. It is important for state leaders to understand the dynamic nature of these issues. That is why local and state public health leaders are encouraging legislators to fund public health agencies in the form of block grants. This will allow public health agencies in the state to put a solid foundation of public health services in place and ensure staff members and programs are better able to respond to any range of emerging public health issues the future may hold.

To view the information presented to the Legislative Committee on Health Care by the local health authorities, go to www.leg.state.nv.us/App/InterimCommittee/REL/Document/11683.

Dental Health Clinic

The Southern Nevada Health District opened its first Dental Health Clinic for children and adults on April 23, 2018. Services are provided by appointment only and available Mondays at the Health District's Main Public Health Center and Wednesdays at its East Las Vegas Public Health Center. Services include dental screenings and fluoride varnish/sealants.

Providing basic dental health services complements the Health District's existing services and patient base and allows the agency to provide an additional measure of public support to the community in furtherance of its public health mission.

Clinic Locations:

Mondays

Southern Nevada Health District Main Facility
280 S. Decatur Blvd., Las Vegas, NV 89107
8 a.m. - 4:30 p.m. Appointment only.
Call (702) 759-0850.

Wednesdays

East Las Vegas Public Health Center

570 N. Nellis Blvd., Suite D-1, Las Vegas, NV 89110

8 a.m. – 4:30 p.m. Appointment only.

Call (702) 759-0850.

Public Health Hero Award

The Health District presented John “Rob” Phoenix, founder of the Huntridge Family Clinic, with the 2018 Public Health Hero at its April 26, 2018 Board of Health meeting. Phoenix was recognized for the exceptional service he provides to the LGBTQ community, and for his partnership with the Health District’s Office of Epidemiology and Disease Surveillance. His efforts have increased staff’s access to patients living with HIV, leading to improved access to medical care, community resources, and treatment options. The award is presented each year to an individual or an organization whose efforts positively impact the health and well-being of the community.