

Public Health in Nevada

Presentation to the Joint Interim Standing Committee on Health and Human Services

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Southern Nevada Health District



NORTHERN NEVADA
Public Health



We are now Northern Nevada Public Health

State of the Districts and Health Authority

Funding (local, state, and federal)

- Need for sustainable, non-categorical funding
- Needed for sustainability & capacity
- **Southern Nevada Health District (SNHD)**
 - ❖ Due to decreasing federal funds after the pandemic, management is trying to balance its budget, avoid closing public health programs, and massive lay offs throughout the organization
- **Northern Nevada Public Health (NNPH)**
 - ❖ *Uncertainty in existing and future funding*
 - Funding from local, state, and federal sources
 - COVID-19 funding ending
- **Central Nevada Health District (CNHD)**
 - ❖ Sustainable funding for:
 - Programs and Services: Clinic Services, Epidemiology and Disease Surveillance and Environmental Health
 - Education
 - Training
 - Workforce
 - Infrastructure Improvements
- **Carson City Health and Human Services (CCHHS)**
 - ❖ *Sustainable funding for personnel infrastructure improvements made post pandemic*

State of the Districts and Health Authority

Public Health Workforce

- Increased Costs
- Sustainability & Capacity
- **SNHD**
 - ❖ *Workforce grew from about 500 employees in 2019 to about 860 in the current fiscal year*
 - ❖ *Priority - Implementation of the Public Health Infrastructure Project*
 - *Retain, support and sustain the public health workforce*
- **NNPH**
 - ❖ *Board recruitment of New District Health Officer*
 - ❖ *Staff recruitment, development and retention*
 - ❖ *New salary compensation structure and increased benefits costs*
 - ❖ *Academic partnership with UNR School of Public Health for workforce development*
- **CNHD**
 - ❖ *Established 7/1/2023*
 - ❖ *First Rural Health District*
 - ❖ *Staff recruitment and program development*
- **CCHHS**
 - ❖ *Post pandemic*
 - Separation of Communicable Disease and Control Division into Environment Health Division and Epidemiology Division
 - Ability to hire Deputy Director with Carson City's ARPA funds - will be transferred to City's General Funds after 12/31/24
 - Ability to hire other key positions with ARPA and CDC grants
 - ❖ *Personnel Costs - implementation of Carson City's Compensation Study which will result in increased costs*

Priorities of the Districts and Health Authority

- **Infectious diseases and contact tracing**
 - ❖ Continue to pay attention to emerging diseases worldwide
 - ❖ Once disease investigation funding ends,
 - Some diseases will not get the attention needed such as some of the sexually transmitted infections like Chlamydia
 - Will not be prepared for next pandemic
- **Health equity**
 - ❖ Always been an important consideration for health departments
 - ❖ COVID brought the existing inequities to the forefront
 - ❖ Currently, intentional efforts are a focus within health departments and through funding opportunities
- **Since pandemic, redirecting efforts to address public health issues, such as:**
 - ❖ Access to Care
 - ❖ Sexually Transmitted Infections, including Congenital Syphilis
 - ❖ Opioid Epidemic

Priorities of the Districts and Health Authority

○ SNHD

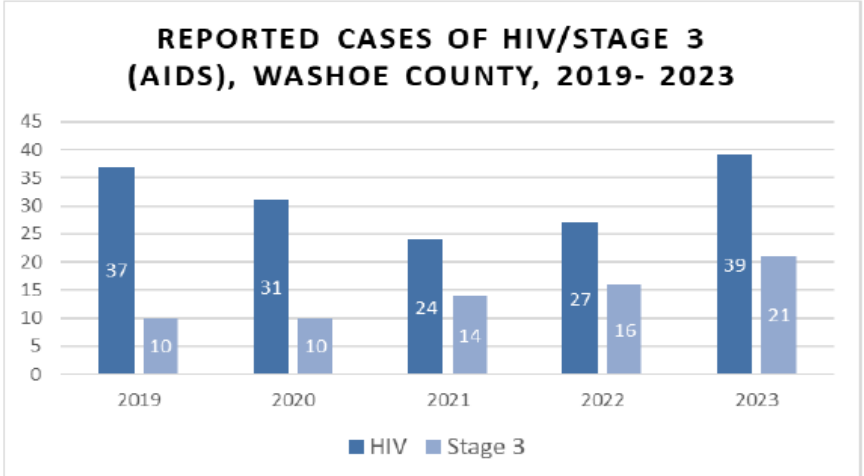
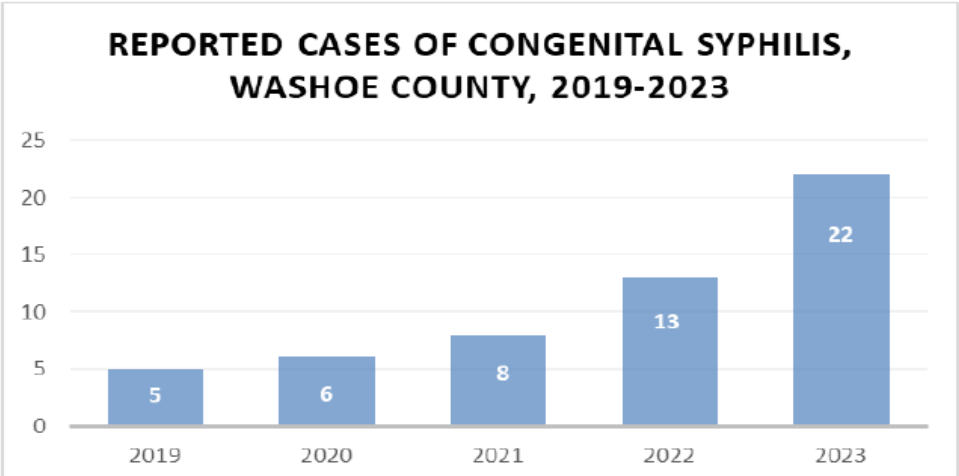
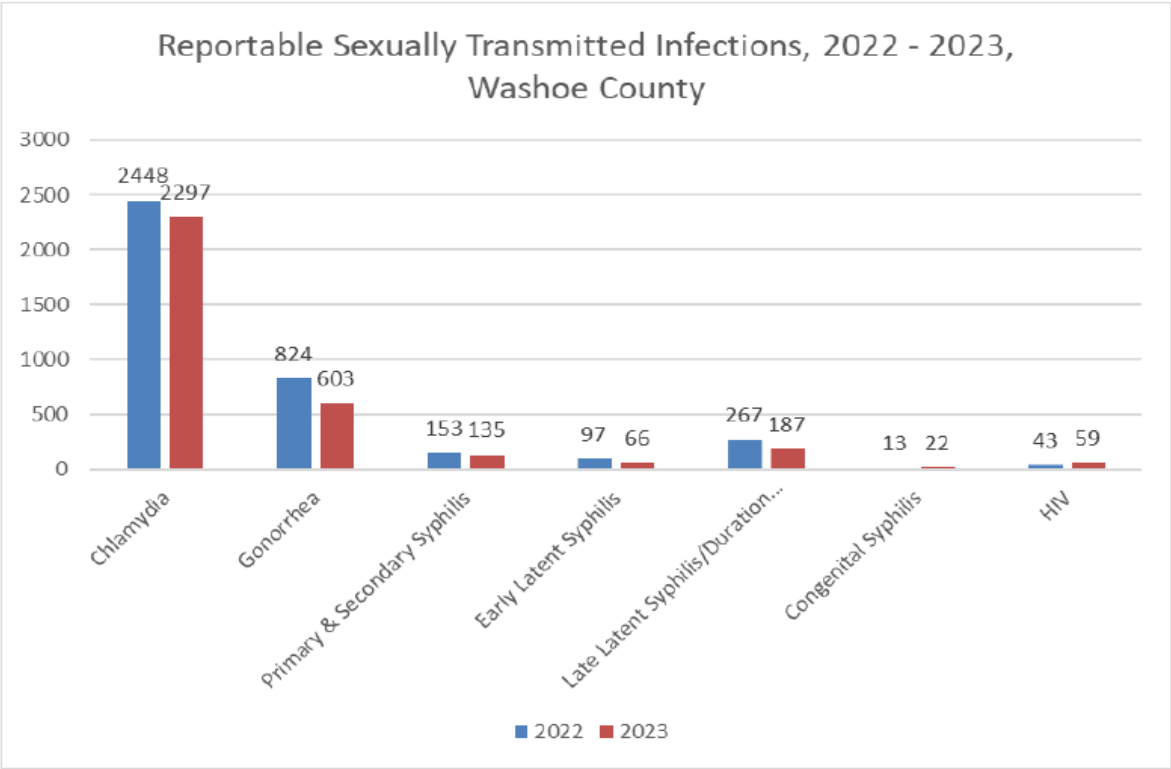
- ❖ Implementation of Strategic Plan
- ❖ Implementation of Community Health Improvement Plan
 - Access to Care
 - Chronic Diseases
 - Transportation
 - Public Health Funding
- ❖ Public Health Laboratory expansion plan (\$10 million investment)
 - BSL-3, molecular and microbiology laboratories to support bioterrorism counter response and communicable disease surveillance
- ❖ Advocate to the NV Legislature and federal delegation for approval of sustainable public health funding
- ❖ Develop and implement comprehensive media and social marketing campaigns and community outreach interventions addressing tobacco, vaping, opioid epidemic, and congenital syphilis threats to our community
- ❖ Enhance contribution to access to behavioral health services and interventions addressing the opioid epidemic in Clark County
- ❖ Build a Dental Health Center and deliver preventive and other dental health services at Fremont Health Center

Priorities of the Districts and Health Authority

- NNPH

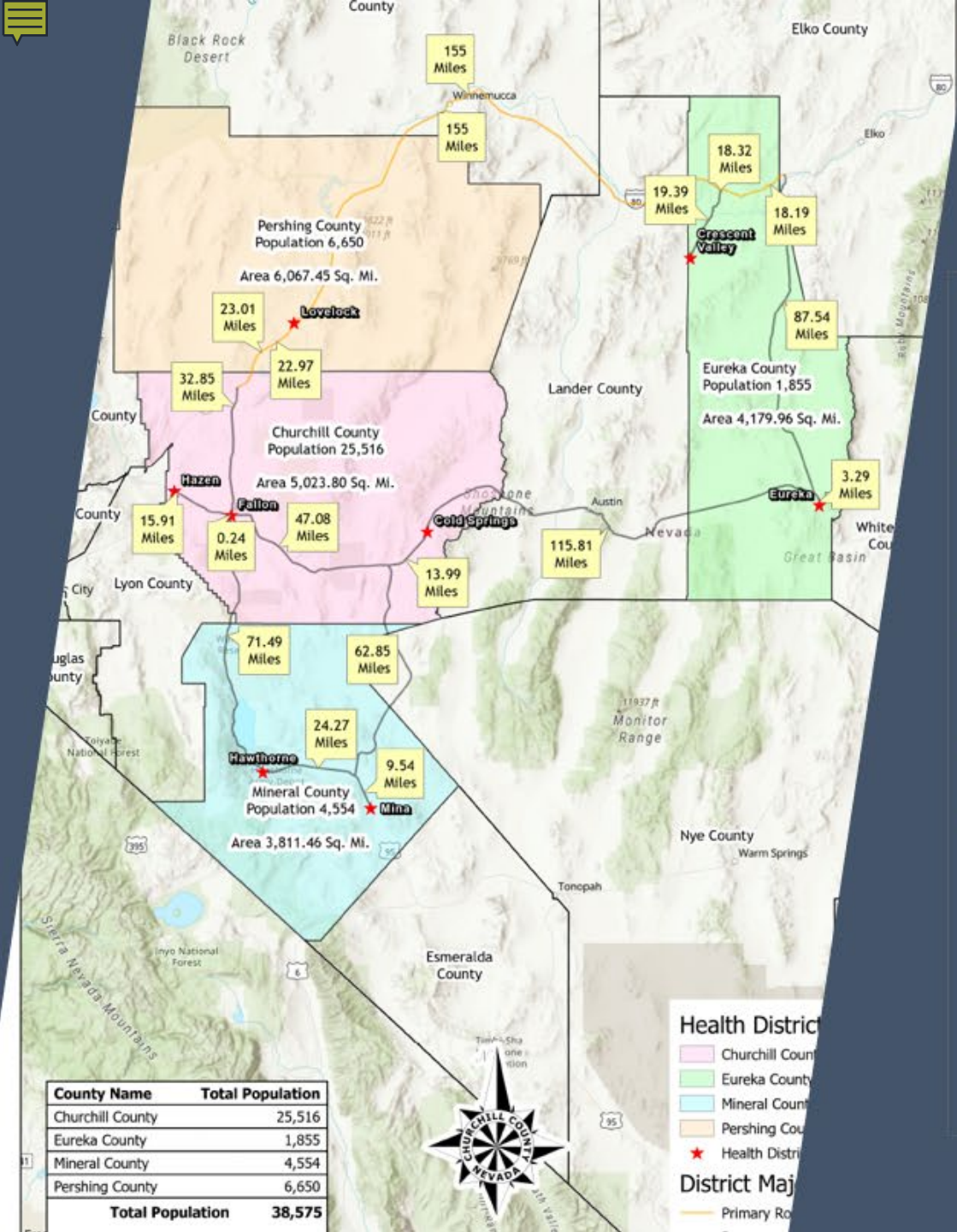
- ❖ Implementation of Strategic Plan
- ❖ Implementation of Community Health Improvement Plan
 - Social Determinants of Health
 - Mental Health
 - Preventative Health Behaviors
 - Access to Healthcare
- ❖ Implementation of Health Equity Plan
- ❖ Reaccreditation by the national Public Health Accreditation Board
- ❖ Construction of a new TB Clinic (State ARPA funding)
- ❖ Developing informatics capabilities
- ❖ Academic Health Department partnership with UNR School of Public Health
- ❖ Priorities identified for SB 118 funding

Sexually Transmitted Infections in Washoe County



How we can prioritize infectious diseases and contact tracing

- Offer rapid testing and diagnosis
- Prioritizing educating the public
- Prioritizing high risk settings where transmission usually occurs – schools, health care facilities, workplaces, jails and churches
- Integrating access to health information exchange databases
- Continued partnerships with the State and other LHA's
- Developing better relationships with local providers



Priorities of the Districts and Health Authority, Continued

○ CNHD

- ❖ Developing new rural health laboratory - CNHD and Churchill County
- ❖ *District Wide Community Health Needs Assessment*
- ❖ *Development of CNHD Strategic Plan*
- ❖ *Understanding Unique Rural Community Needs*
- ❖ *Emergency preparedness planning*
 - *Collaboration, Partnership, Communication*
 - *Create and develop District Operations Plans*

○ CCHHS

- ❖ Within Epidemiology Division,
 - Continue to provide more outreach to providers, school nurses, and healthcare partners within the Quad County Region
 - Tuberculosis (TB) - CCHHS service area has low morbidity; however, when an active TB case presents, it can be highly complex and there is no dedicated funding for treatment (funding was eliminated in 2008)
 - Vector-borne disease are on the rise
- ❖ Development of Quad County Community Health Improvement Plan
 - Priorities from Quad County Community Health Needs Assessment
 - ✓ Access to basic needs
 - ✓ Access to healthcare for specific populations
 - ✓ Mental and emotional health
 - ✓ Substance use, prevention, treatment and recovery
- ❖ Development of CCHHS Strategic Plan
- ❖ Ability to retain CCHHS positions beyond 2026
- ❖ Continue to maintain and build the partnerships and relationship in the Quad County Region developed prior and during COVID
- ❖ Public Health Re-accreditation

Public Health Interoperability - Challenges and Recommendations

Challenges

- ❖ Siloed data systems
 - Recommendation - Promote collaboration
- ❖ Inconsistent data standardization
 - Recommendation - Standardization efforts
- ❖ Privacy and security concerns
 - Recommendation - Enhance data governance
- ❖ Limited Resources
 - Recommendation - Training and capacity building
- ❖ Uncertain and competitive funding resources
- ❖ Data modernization efforts
- ❖ Data Sharing

Public Health Interoperability - Challenges

- **CNHD**

- ❖ Limitation of fiber, internet capabilities, broadband in rural and frontier areas
- ❖ Communication inadequacies within rural communities

- **CCHHS**

- ❖ *The lack of internet capabilities and broadband has been a long-standing conversation*
- ❖ *Rural communities are very diverse with cultural differences, and the communication to all can be very challenging*
- ❖ *The ever-evolving changes in mobile devices apps and communication outlets is occurring rapidly*
- ❖ *Some of our populations are not comfortable with or do not trust telemedicine*

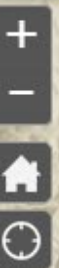
Sidewalk Vending Bill (SB92) - SNHD

Operational Requirements for Sidewalk Vendors

- Sidewalk Vendors must follow all current SNHD regulations
 - Permit from the SNHD is required
 - Sanitary requirements are not reduced or waived

Enforcement for Unpermitted Food Vendors

- No Sidewalk Vendor permits have been issued
 - Sidewalk Vendors currently are operating without permits
- The SNHD is coordinating with sister agencies to address unpermitted food vending
 - Enforcement patrols are ongoing

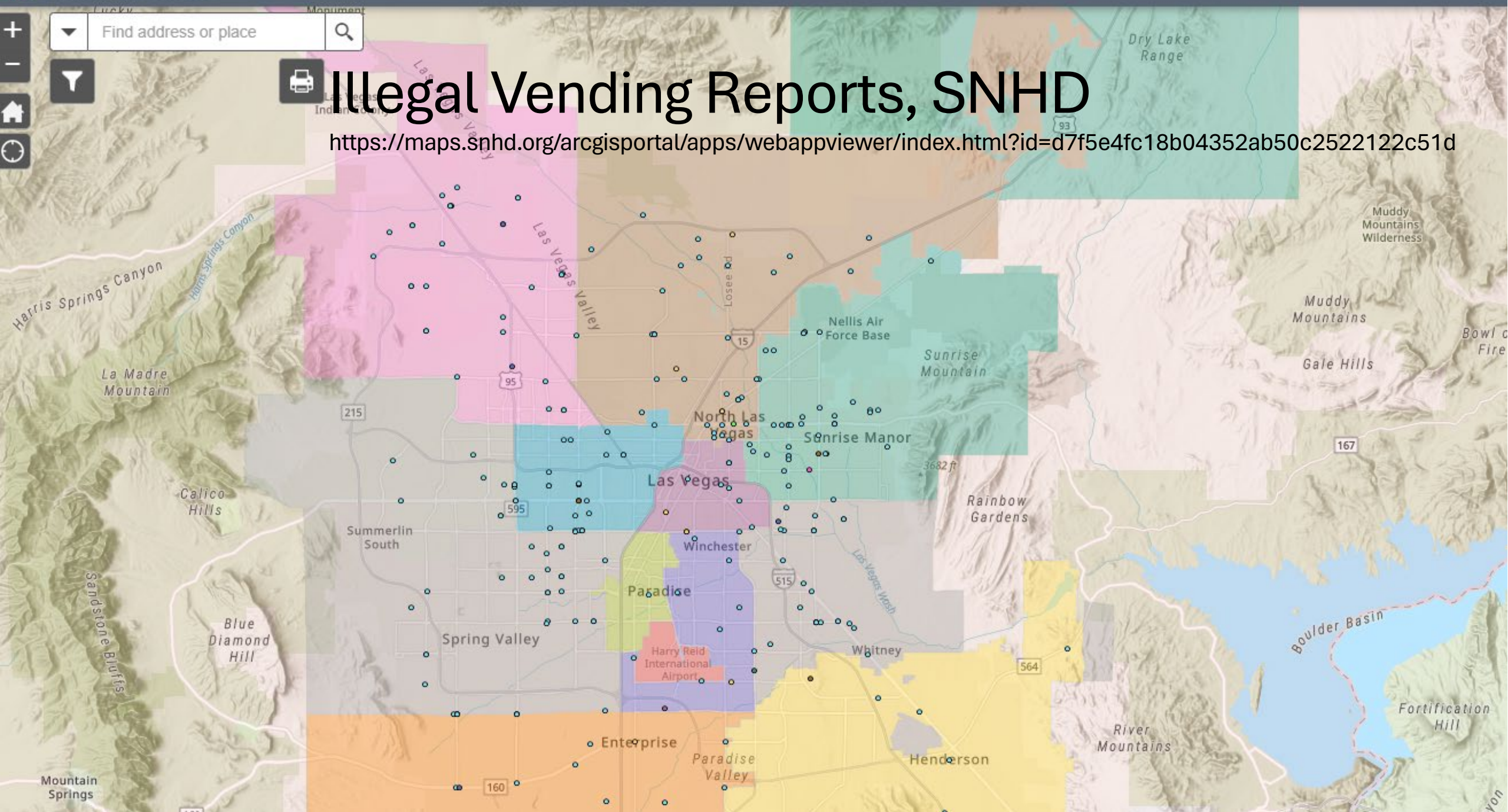


Find address or place



Illegal Vending Reports, SNHD

<https://maps.snhd.org/arcgisportal/apps/webappviewer/index.html?id=d7f5e4fc18b04352ab50c2522122c51d>





SB92

- ▶ NNPH represents public health on the Task Force
- ▶ NNPH created a payment plan for Food Cart Vendors
- ▶ Intend to use some SB118 funds to reduce barriers to entry for Food Cart Vendors
- ▶ NNPH already has a permitting system in place that allows permitting of Sidewalk Vendors
- ▶ NNPH received approximately 80 complaints regarding sidewalk food vending since Jan. 2023
- ▶ NNPH has hosted and participated in bilingual open-house sessions in conjunction with City of Reno to provide education on licensing and permitting

Senate Bill 92



CNHD not affected

Challenges may arise as
outcome may cause
confusion with
operators working in
smaller different
locations







Healthy People 2030

- Healthy People 2030 sets data-driven national objectives to improve health and well-being over the next decade.
- Healthy People 2030:
 - 359 core (measurable) objectives
 - Developmental research objectives
 - Social Determinants of Health objectives
 - Leading Health Indicators
- SNHD is a Healthy People 2030 Champion
- Healthy People 2030 Progress Tracker found on SNHD's data website: healthysouthernnevada.org



Source: healthysouthernnevada.org

Health / Cancer		
	VALUE	COMPARED TO:
Health / Health Care Access & Quality		
	VALUE	COMPARED TO:
Persons with Health Insurance	85.6% (2021)	 HP 2030 Target (92.4%)
Health / Heart Disease & Stroke		
	VALUE	COMPARED TO:
Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	35.7 Deaths per 100,000 population (2018-2020)	 HP 2030 Target (33.4)
Age-Adjusted Death Rate due to Coronary Heart Disease	98.0 Deaths per 100,000 population (2018-2020)	 HP 2030 Target (71.1)
High Blood Pressure Prevalence	33.4% (2021)	 HP 2030 Target (41.9%)
Health / Maternal, Fetal & Infant Health		
	VALUE	COMPARED TO:
Infant Mortality Rate	5.5 Deaths per 1,000 live births (2015-2017)	 HP 2030 Target (5.0)



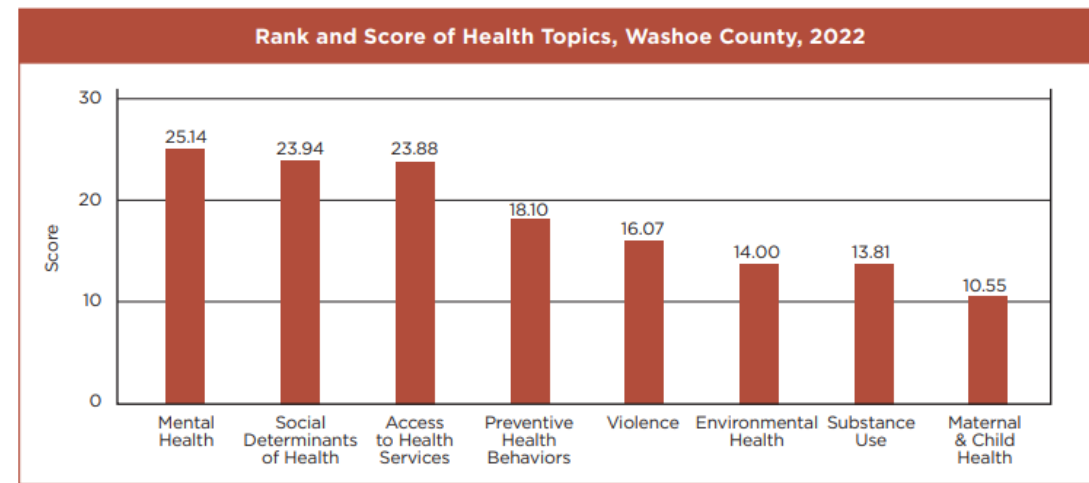
Healthy People 2030

Overarching Goals:

- ▶ Attain healthy, thriving lives and well-being free of preventable disease, disability, injury, and premature death.
- ▶ Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.
- ▶ Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.
- ▶ Promote healthy development, healthy behaviors, and well-being across all life stages.
- ▶ Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being of all.

NNPH Goals and Data Metrics

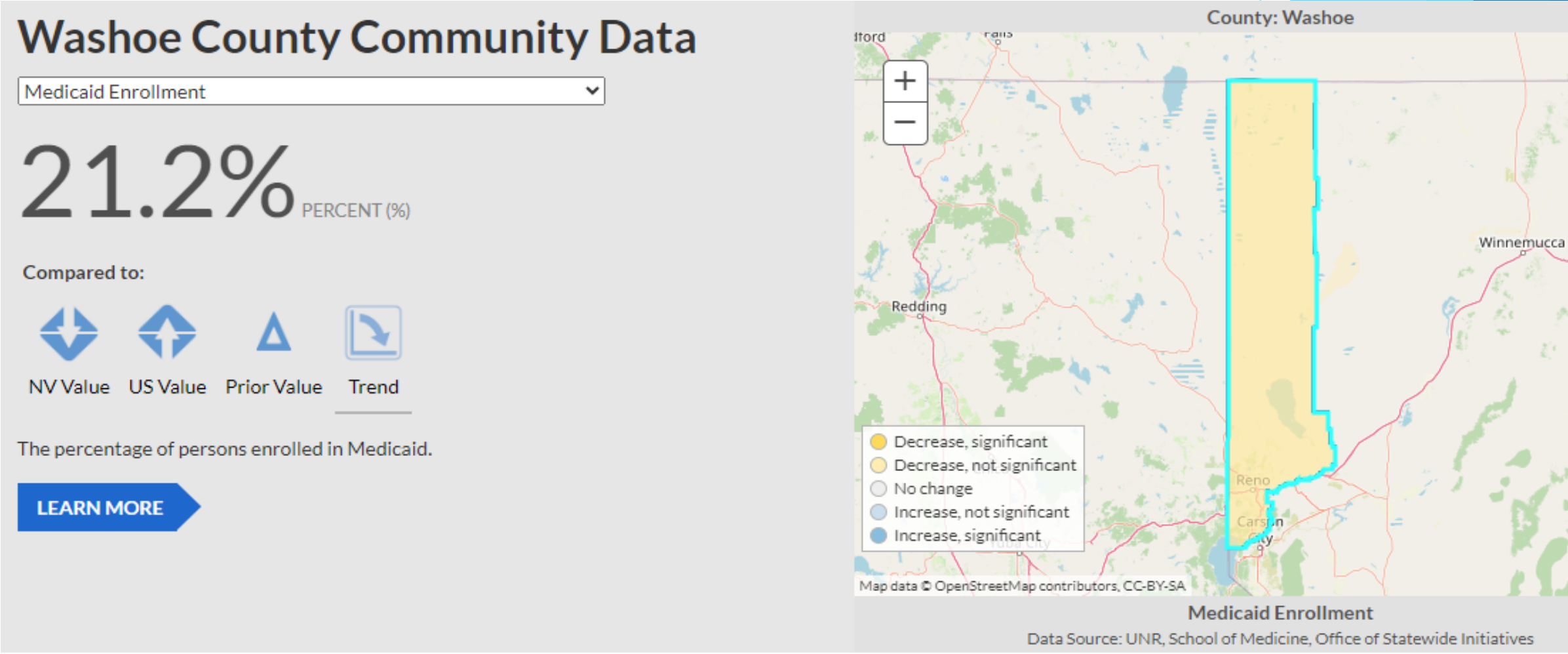
- ▶ Community Health Assessment
- ▶ Community Health Improvement Plan
- ▶ NNPH Data Metrics and Strategic Plan



Strategy Overview

Strategic Priority	District Goal	Division Goal	Outcome	Initiative
1 Healthy Lives Improve the health of our community by empowering individuals to live healthier lives	1.1 Promote healthy behaviors to reduce chronic disease. FY23	1.1.1 Proactively prevent disease utilizing effective health education strategies. FY23	1.1.1.1 Reach at least 12 groups (youth, parents, or health/service providers) with e-cigarette prevention messaging. FY23	1.1.1.1.1 Educate youth, parents, and health/service providers about the dangers of e-cigarettes and promote available cessation resources. FY23
		1.1.1 Proactively prevent disease utilizing effective health education strategies. FY23	1.1.1.2 Maintain breastfeeding rates among WIC clients who report ever breastfeeding. FY23	1.1.1.2.1 Provide breastfeeding training for staff. FY23
				1.1.1.2.2 Offer clients breastfeeding support and services. FY23
		1.1.1 Proactively prevent disease utilizing effective health education strategies. FY23	1.1.1.3 Engage the community on secondhand cannabis smoke exposure through at least two outreach activities. FY23	1.1.1.3.1 Educate adults about dangers of secondhand cannabis smoke exposure. FY23

Truckee Meadows Tomorrow Dashboard



SNHD's Project Proposals for SB118 Funding

Priority	Project	Budget
Disease Surveillance & Control		
	Strengthening the Surveillance Workforce	\$2,804,445
	Public Health Laboratory Expansion	\$4,671,279
	Strengthening Response to Sexual Health Infections (STI)	\$635,811
Enhancing Access to Care		
	Enhancement of Primary Care Services	\$103,806
	Developing a Dental Clinic	\$1,655,711
Addressing the Opioid Epidemic / Smoking		
	Opioid Intervention Program	\$247,758
	Youth Vaping Prevention	\$612,782
Health Equity		
	Community Outreach / SNHD Branding	\$191,420
	Safe Drinking Water	\$26,988
GRAND TOTAL:		\$10,950,000

Senate Bill 118



ONE-TIME FUNDING



INFRASTRUCTURE
IMPROVEMENTS

Senate Bill 118 - Carson City Health and Human Services



- Access to Basic Needs
- Access to Healthcare for Specific Populations
- Mental and Emotional Health
- Substance Use, Prevention, Treatment and Recovery

*All based on the priorities from the Quad County Community Health Improvement Plan

**Receiving Carson City funds only

SB118 – Northern Nevada Public Health

- ▶ Epi and Disease Investigation Capacity
- ▶ Sexually Transmitted Infections
- ▶ Vaping Prevention
- ▶ Immunization Biologicals (Vaccines)
- ▶ Food Cart Vending
- ▶ Drone Training
- ▶ Public Health Divisional Assessments
- ▶ Emerging Public Health Issues/Priorities or Emergency



Recommendations to be Addressed During Legislative Session

PUBLIC HEALTH IMPROVEMENT FUNDING

- ❖ Sustainable and continuing
- ❖ Non-Categorical
- ❖ Directly funded to counties
- ❖ Base funding in addition to per capita allocation to support rural counties
- ❖ Used to address local priorities
- ❖ Accountability - Annual reporting on priorities and uses