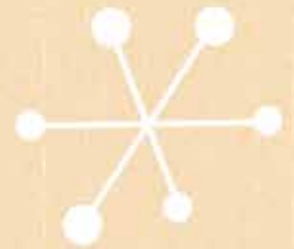


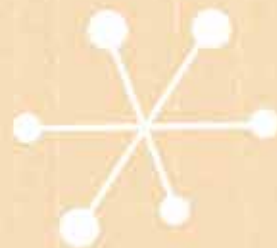


Report to the Community

2012



1962-2012: Celebrating the Past. Protecting the Future.
SOUTHERN NEVADA HEALTH DISTRICT





CELEBRATING THE PAST...

2012 Report to the Community

...PROTECTING THE FUTURE





MISSION *To protect and promote the health, the environment and the well-being of Southern Nevada residents and visitors*

VISION *Healthy people in a healthy Southern Nevada*



This year's Report to the Community is fondly dedicated to the memory of the district's first chief health officer, Otto Ravenholt, MD (1927-2012)

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DIRECTORY

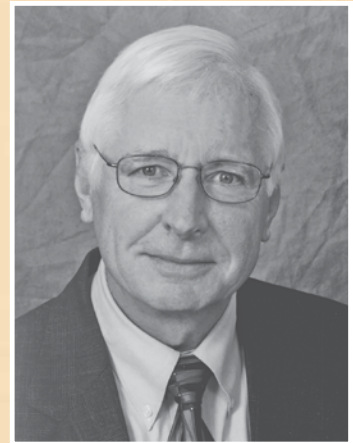
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Introduction

Remembering the Past, Protecting the Future

IMAGINE A PLACE WHERE EVERY PHONE HAS A DIAL AND A CORD, FILM PROJECTORS AND CHALK BOARDS ARE EFFECTIVE CLASSROOM TOOLS, CHILDREN ENTER SCHOOL WITHOUT A SHOT RECORD, AND ELVIS MAY, INDEED, HAVE JUST LEFT THE BUILDING.



John Middaugh, MD
INTERIM CHIEF HEALTH OFFICER

This was the “Clark County Health District,” circa the 1960s, in its first home in a small white building on the corner of Stewart Avenue and 2nd Street (now Casino Center Boulevard),

Fast forward 50 years. The Southern Nevada Health District celebrated its silver anniversary in a year where social media played an important role in an outbreak investigation, nurses monitored patients via Skype, and educational information and training materials are available online via the health district’s comprehensive website.

The world’s population more than doubled in the past 50 years, and Clark County’s population is 15 times greater than when the health district initially began services. People are living longer due in part to the introduction and widespread use of vaccines, better prenatal care, and other medical advancements. The mass production of sulfonamides and penicillin in the 1940s prevented many deaths, but as a result of overuse of antibiotics, we are now faced with combating antibiotic-resistant strains of communicable diseases, such as methicillin-resistant staphylococcus aureus (MRSA) and tuberculosis. During the ‘80s the devastating disease, AIDS, made its way into our community, and medical and public health professionals worked diligently in order to build a program that provides compassionate, client-centered services.

CHIEF HEALTH OFFICERS

Otto Ravenholt, MD | 1963-1998

Donald Kwalick, MD, MPH | 1998-2007

Lawrence Sands, DO, MPH | 2007-2012

John Middaugh, MD (interim) | 2012-present

The terrorist attacks of Sept. 11, 2001, brought yet another significant development in the district's scope of services with the inception of the Office of Public Health Preparedness in 2002. The office was funded by a federal grant to coordinate the district's efforts to prepare for, respond to, and mitigate the consequences of a public health emergency in Clark County. The grant also helped fund the Southern Nevada Public Health Laboratory. Prior to establishing this public health laboratory in Clark County, Las Vegas was the only major metropolitan area without a public health laboratory within 100 miles.

In recent times, we have propelled our health card program into the 21st century by establishing online food handler safety training and testing through a collaboration with Vegas PBS. Long gone are the days of instructional movies and manual testing at our service centers. We also reassessed the hepatitis vaccination requirements after careful consideration of local disease incidence as well as national trends.

The health district is also improving its disease investigation and surveillance functions by utilizing a technologically advanced open source software system which allows for more accurate data collection and better reporting capabilities for health agencies and medical organizations.

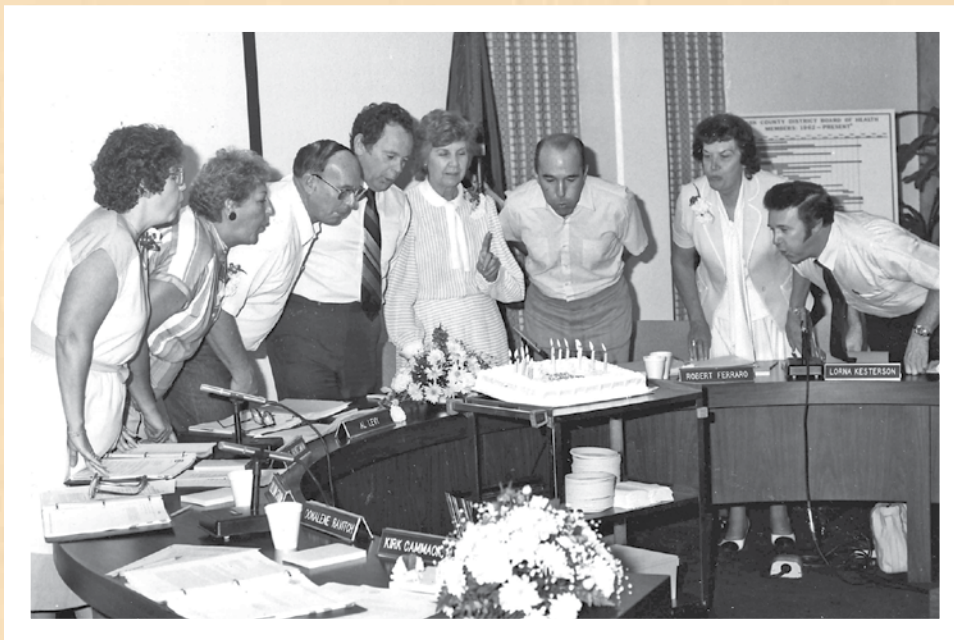
As we move forward, we continually assess the needs of the community and the best use of our limited resources. As a result, we have reevaluated our service locations. In 2012, we opened three new locations: a large facility that is centrally located to serve as our hub (following the closure of the 625 Shadow Lane facility); an all-inclusive Sexual Health Clinic, which combines the services of our HIV and STD clinics; and a public health center in North Las Vegas. During the same year, we vacated the Spring Valley location that housed a limited number of environmental health staff, and this year we closed our health card facility at Cambridge.

While much has changed since our inception what remains constant is our commitment to the people we serve. As we embark on another successful 50 years of providing public health programs and services, we look forward to discovering new and innovative tools and techniques to meet the opportunities and challenges that lie ahead.

SOUTHERN NEVADA

District Board of Health

THE SOUTHERN NEVADA DISTRICT BOARD OF HEALTH IS THE PUBLIC HEALTH POLICY BOARD REPRESENTING ALL ENTITIES IN CLARK COUNTY, AS WELL AS THE MEDICAL COMMUNITY, AND THE ENVIRONMENTAL AND BUSINESS INDUSTRIES. BOARD MEMBERS AND ALTERNATES SERVE TWO-YEAR TERMS.



The District Board of Health celebrates the health district's 20th anniversary in 1982



OFFICERS | Chair Mary Beth Scow, Clark County Commissioner; Vice Chair Sam Bateman, Henderson City Councilman; Secretary Lois Tarkanian, Las Vegas City Councilwoman



BOARD MEMBERS | Bob Beers, Las Vegas City Councilman; Susan Crowley, Environmental Member at Large; Chris Giunchigliani, Clark County Commissioner; Tim Jones, Business/Industry Member at Large; Allan Litman, Mesquite City Councilman; Marietta Nelson, MD, Physician Member at Large; Frank Nemec, MD, Physician Member at Large; Bill Noonan, Gaming Member at Large; Lori Winchell, DrPH, FNP, RN, Registered Nurse Member at Large; Anita Wood, North Las Vegas City Councilwoman; Rod Woodbury, Boulder City Councilman.



ALTERNATES | Michael Collins, RN, Registered Nurse Member at Large; Douglas Dobyne, Business/Industry Member at Large; Pamela Goynes-Brown, North Las Vegas Councilwoman; Karl Gustaveson, Mesquite City Councilman; Peggy Leavitt, Boulder City Councilwoman; John Marz, Henderson City Councilman; Kenneth Osgood, MD, MPH, Physician Member at Large; Kathleen Peterson, Environmental Member at Large; Steven Ross, Las Vegas City Councilman; Stan Smith; Gaming Member at Large; Lawrence Weekly, Clark County Commissioner.



Administration



EST. 1962



ADMINISTRATION



DURING 2012, THE OPERATIONS OF HEALTH CARDS AND VITAL RECORDS SECTIONS FELL UNDER THE UMBRELLA OF THE ADMINISTRATION DIVISION. SUPPORT SERVICES ARE PROVIDED BY THE FINANCE, HUMAN RESOURCES, INFORMATION TECHNOLOGY AND FACILITIES SECTIONS, AS WELL AS THE PUBLIC INFORMATION OFFICE, WHICH INCLUDES THE COMMUNITY OUTREACH PROGRAM.

Finance

The health district is funded through regulatory revenue and fees, a county property tax allocation set in state statute, federal grants received through the state, and direct federal grants. The health district receives less than 1 percent of its funding from the state general fund. The finance section of the health district is responsible for the financial administration of all health district funds and has received a Certificate of Achievement of Excellence in Financial Reporting for the past nine years.

According to *Investing in America's Health: A State by State Look at Public Health Funding and Key Health Facts*, published by Trust for America's Health:

- **State Funding for Public Health** | In FY 10-11, Nevada ranked 51st at \$3.45 per capita. The national median per capita was \$30.09.
- **Federal Funding for States from Health Resources and Services Administration** | In FY 2011, Nevada ranked 50th at \$12.77 per capita. The national average per capita was \$23.75.
- **Federal Investment in Public Health** | In FY 2011, Nevada ranked 26th at \$20.71 per capita. The national average per capita was \$20.28.

Financial Summary | FY 2013

REVENUE			
	Actual 2010-2011	Actual 2011-2012	Budgeted 2013
Federal Grants - Indirect	\$9,463,763	\$8,092,743	\$9,412,091
Federal Grants - Direct	10,105,237	10,995,381	3,548,339
State Funding	979,488	437,330	400,000
Fee for Service	6,128,946	5,808,880	6,047,635
Regulatory Revenue	22,978,296	22,897,904	22,676,666
Program Contract Services	2,308,693	1,879,517	583,866
County Tax Revenue	21,406,846	5,692,534	17,973,540
Donations	13,777	13,157	6,355
General Receipts	21,097	14,594	8,969
Interest Income	683,871	477,086	350,000
Total Revenue	\$74,090,014	\$56,309,126	\$61,007,461
Total Capital Improvements	\$70,649	\$104,710	\$55,000
EXPENDITURES			
Clinics & Nursing Services	\$19,527,890	\$19,926,399	\$22,145,683
Environmental Health	14,901,773	15,206,451	16,687,006
Community Health	16,786,519	14,393,695	9,630,546
Administration	20,231,785	18,697,521	22,191,425
Total Expenditures	\$71,447,967	\$68,224,066	\$70,654,660
Total Capital Improvements	\$1,363,248	\$754,194	\$1,526,461
ENDING FUND BALANCES			
General Fund	\$28,332,469	\$13,382,077	\$7,700,278
Capital Improvements Fund	\$4,641,199	\$7,526,560	\$5,933,147

Community Outreach

The Southern Nevada Health District's commitment to the health of the community is enhanced by the contributions of community partners. Volunteer opportunities at the health district vary for people who wish to contribute their time, talent and skills to promote public health.

In 2012, 326 volunteers provided approximately 13,880 hours of service, which equates to more than \$261,220 in paid labor. As part of their service, volunteers provided educational information to 3,804 contacts at the Ravenholt and Henderson Public Health Centers.

Volunteers assist through two key programs:

COMMUNITY VOLUNTEERS

Community volunteers support numerous programs and projects to enhance the health district's public service. The volunteer program consists of individuals from AARP's Senior Community Service Employment Program, Catholic Charities' Senior Community Service Employment Program, University of Nevada Las Vegas and the College of Southern Nevada. Volunteers range in age and status from college students to retirees.

SALUD EN ACCIÓN

Salud en Acción provides Medicare advocacy to the Hispanic community by offering one-on-one counseling, eligibility referrals and assistance with the appeal process. The goal of the program is to provide participants with accurate information they can use to make informed choices about their health care.

In 2012, Salud en Acción staff and volunteers assisted 320 Medicare/Medicaid beneficiaries and attended a variety of outreach events in the community.

STAFF VOLUNTEER CONTRIBUTIONS

Three Square | On Nov. 17, health district employees participated in supporting Three Square, a local community food bank. Staff and family members helped package 4,800 pounds of food to be given to organizations that distribute food to those in need.

Vegas Roots Community Garden | On April 14, health district employees volunteered at Vegas Community Garden (formerly Tonopah Community Garden). Staff and family members helped smooth paths, remove rocks, move dirt and mulch, plant, and decorate the chicken coop.

Throughout the year staff contributed to the Box Tops for Education fundraiser to help students at Hollingsworth Elementary School, and a pen recycling program to benefit Three Square.



IN FISCAL YEAR 1972, 43,000 HEALTH CARDS WERE ISSUED; AND 8,000 BIRTH AND DEATH CERTIFICATES WERE PROCESSED.

Health Cards

In 2012, 112,398 health cards were issued. Of those, 41,295 were first-time applicants. During 2012 the health card program was reevaluated and major changes began to be implemented in October, including the elimination of the hepatitis A immunization requirement for most applicants.

In December, the health district announced the new Food Handler Safety Training Card program and the elimination of the health card requirement for massage therapists, reflexologists, aestheticians, health club attendants, child care employees, adult group care staff and barbers. At the same time, the district initiated a new Body Art Card for tattoo, body art and permanent makeup artists.

Implementation of the new food handler card was the final step in revamping this 50-year program.

Vital Records

The Vital Records section is the repository for all birth and death records in Clark County. Records are available at the health district for births since 1973 and for deaths since 1988. Nevada records prior to these dates can be obtained from the State Office of Vital Records in Carson City.

In 2012, staff registered 26,304 birth records and 14,886 death certificates.

then & now

LAUNCHING INTO THE 21ST CENTURY

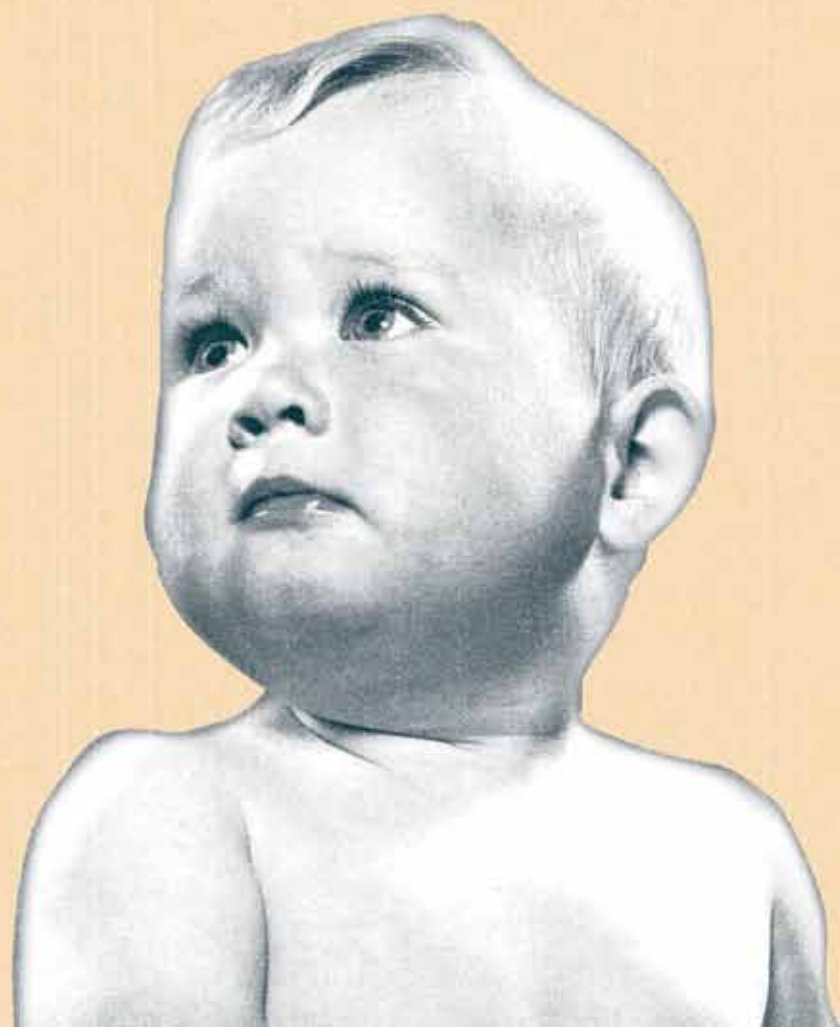
It was 1997. *Titanic* was a box-office success; the unemployment rate was 4.9 percent; Bill Clinton was serving his second term as president; and the health district launched its very first website – all nine pages of it. Constructed to merely create a presence on the “World Wide Web,” the inaugural site was built by an IT employee. Shortly after the website was live, then senior administrative clerk and tech savvy Ray Chua was recruited to update the website.

Ray admits, with a grin, that the early site “almost had a web presence” and offered very little useful information outside of program names and contact information. It was essentially an electronic version of a Yellow Pages listing with two downloadable forms. After he got the hang of updating the simple and very gray website, Ray took it upon himself to start working on a redesigned website to match the colors of the health district’s new logo. The self-motivated Ray even took classes to learn updated web editing programs; however, the project posed an interesting problem for the young go-getter... Ray is color blind.

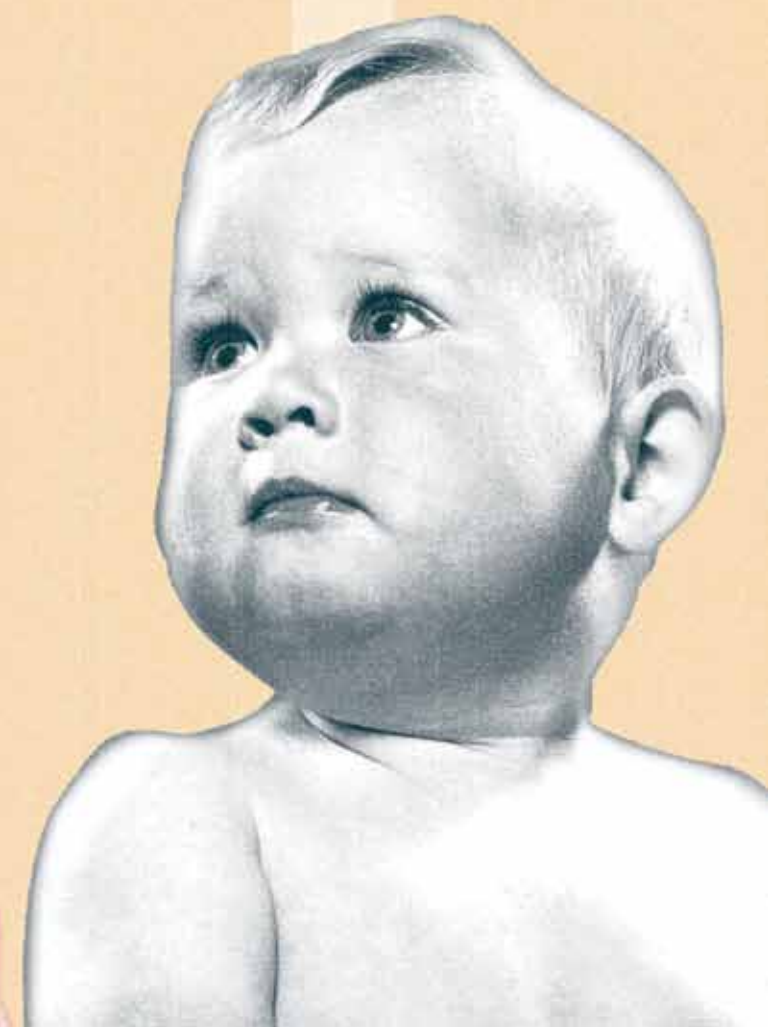
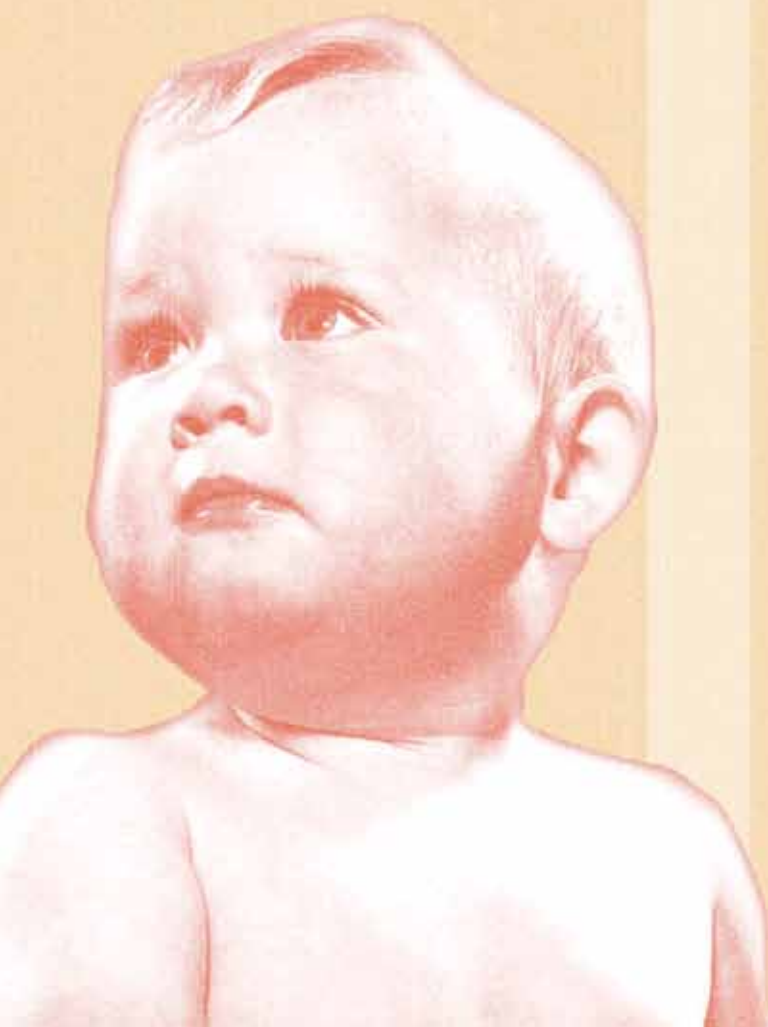
Today, the health district’s main website (www.SNHD.info) contains more than 2,500 pages and boasts 4.5 million page visits annually. Two additional interactive websites promote public health and healthy living: www.GetHealthyClarkCounty.org and its Spanish counterpart www.VivaSaludable.org.



Clinics & Nursing



EST. 1962



CLINICS & NURSING SERVICES



THE CLINICS & NURSING SERVICES DIVISION PROVIDES SERVICES TO MORE THAN 336,500 CLIENTS EACH YEAR. SERVICES ARE PROVIDED REGARDLESS OF A CLIENT'S ABILITY TO PAY. NURSING SERVICES AND CLINICS ARE AVAILABLE AT SEVERAL LOCATIONS THROUGHOUT THE VALLEY. THE HEALTH DISTRICT ALSO PARTNERS WITH COMMUNITY AGENCIES TO PROVIDE TESTING, IMMUNIZATIONS AND OUTREACH AT VARIOUS LOCATIONS AND SPECIAL EVENTS THROUGHOUT THE YEAR.

Community Health Nursing & Home Visitation

The Community Health Nursing/Home Visitation Program consists of the Lead Case Management Program, the Maternal Child Health Program, the Nurse Family Partnership Program, and the Refugee Health Program.

LEAD CASE MANAGEMENT

Nursing staff works with the Office of Epidemiology and Environmental Health Division to eliminate childhood lead exposure as a health risk in Clark County. The nurse assigned to this program receives referrals for children with elevated blood lead levels to ensure they receive appropriate medical intervention and their exposure source is eliminated. The program has now been integrated into the Maternal Child Health Program.

In 2012, eight children were referred for case management.

MATERNAL CHILD HEALTH

The Maternal Child Health Program provides case management services to families upon referrals from neonatal intensive care units and Child Protective Services. The majority of the clients have cognitive and emotional issues or are children who demonstrate delayed growth and development. Nurses provide education, physical assessments and referrals to other services when appropriate, and monitor the child's growth and development. Staff also conducts Healthy Kids exams in congregate settings throughout the community and at public health centers.

During 2012, staff performed 1,357 examinations and 2,009 home visits. Additionally, the Special Projects team performed dental assessments and fluoride varnish application to 684 children at various elementary schools.

NURSE-FAMILY PARTNERSHIP

The national initiative Nurse-Family Partnership Program provides education, guidance and life coaching to low-income, high-risk first-time mothers. Women are enrolled within the first 28 weeks of pregnancy and home visitation continues until the child reaches the age of 2. This evidence-based program has documented success in reducing incidences of child abuse, neglect, childhood injuries and hospitalizations. It also has been successful at encouraging young women to return to school to finish their education and to join the work force.

In 2012, the program enrolled 77 new clients and served 167 families.

REFUGEE HEALTH

The Refugee Health Program, a joint partnership with Catholic Charities, was developed in response to the growing number of refugees entering the community with numerous unmet health care needs. These clients face language and cultural barriers to accessing the health care system. Without proper case management, this can ultimately have an adverse impact on the health of the whole community.

In 2012, staff screened 502 refugees. A total of 100 clients required follow-up for possible communicable disease: 60 for tuberculosis; 20 for hepatitis B; 10 for ova and parasites; and 10 for sexually transmitted disease. *(Note: Some clients may have been referred for more than one disease.)*

Family Planning

The Family Planning Program, funded by a federal Title X grant, assures access to family planning services and promotes healthy pregnancies and the prevention of unintended pregnancies. Staff provides education, information, contraception, pregnancy testing and counseling to residents.



In 2012, the clinic and its delegate agencies served 16,112 unduplicated clients. Of these, health district staff served 8,685 and Planned Parenthood of Southern Nevada provided services to the remaining 7,427.

Staff recruits agencies and providers to participate in the family planning program to increase client access to services. The health district develops training, guidelines, protocols and procedures for the provision of services provided by staff, partner agencies and providers.

TEEN PREGNANCY PREVENTION

The health district received funding from the federal Office of Adolescent Health to address the high rates of teen pregnancy rates in Southern Nevada. Nevada teens have the second highest pregnancy rate in the U.S. at 90 pregnancies per 1,000 females, age 15-19 years. This same group has sexually transmitted infection rates up to five times higher than the adult population, representing over 32 percent of all newly acquired sexually transmitted infections. A vital component in reducing teen pregnancy and birth rates is to educate teens about reducing their sexual risk behavior, delaying sexual activity, reducing the number of partners and increasing condom use. The health district educates this at-risk population using two evidence-based programs: “Be Proud, Be Responsible” and “iCuidate!” These programs are available to high-risk youth in the Juvenile Justice System and Division of Youth and Family Services.

A total of 748 teens participated in the 2011-2012 pilot phase. The overall program goal is to reduce teen pregnancy and birth rates in Southern Nevada by 10 percent.

HIV/AIDS/STD Surveillance

The Office of HIV/AIDS provides ongoing prevention and awareness programs throughout the community. The health district has provided testing, counseling and case management services for HIV-positive individuals for 30 years. The office distributes educational and prevention materials, makes medical and community service referrals, and partners with other organizations to offer testing and education in non-traditional settings such as prisons, homeless shelters, nightclubs and outreach events.

EARLY INTERVENTION CLINIC

The staff introduces newly diagnosed HIV patients to the medical care system. Clients receive education about their individualized treatment plans and doctor visit schedules. This program is funded by the Ryan White Part A federal grant.

In 2012, 707 unduplicated clients were served.

HIV/AIDS SURVEILLANCE

Over the past 30 years in Clark County, 3,852 people have been diagnosed with HIV and 4,905 people have been diagnosed with AIDS. Of those diagnosed with AIDS, 40 percent have died.

The Office of HIV/AIDS receives more than 2,500 HIV/STD-related leads from laboratories and health care providers each month, which require staff investigation to track the epidemic.

HIV CASE MANAGEMENT

Nursing case managers receive referrals from medical providers and HIV community-based organizations to facilitate the delivery of coordinated medical care for severely ill clients. This program is funded by the Ryan White Part A federal grant.

In 2012, case management staff made 6,369 client contacts.

HIV TESTING AND COUNSELING

In 2012, staff administered 17,839 HIV tests, of which 230 were positive. Of the tests administered, 5,571 were rapid HIV tests, which can produce results in 20 minutes. Rapid tests improve access in both clinical and non-clinical settings, helping to increase the number of people who learn their HIV status.

SEXUALLY TRANSMITTED DISEASE SURVEILLANCE

Staff conducts interviews and investigative services following the diagnosis of syphilis, gonorrhea and chlamydia. Staff also provides partner notification.

In 2012, 1,976 cases of gonorrhea and 8,584 cases of chlamydia were reported in Clark County.

SUBSTANCE ABUSE PREVENTION AND TREATMENT AGENCY

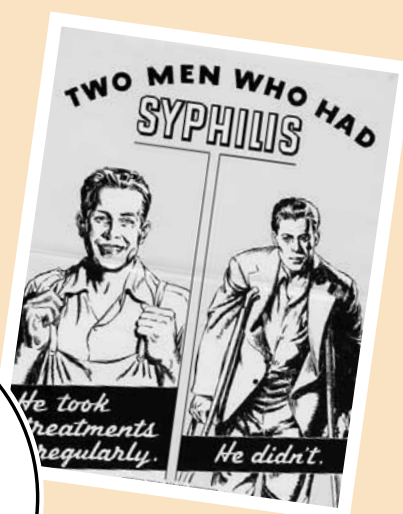
The health district administers the Substance Abuse Prevention and Treatment Agency (SAPTA) program, which provides essential services to 16 SAPTA-funded substance abuse agencies in Clark County. Through this outreach program, staff regularly provides HIV testing and counseling, tuberculosis (TB) testing and/or chest X-rays, disease and transmission education, and referrals to community agencies.

In 2012, staff administered 1,082 HIV tests, of which three were positive.

SYPHILIS ELIMINATION

This program specifically addresses the current syphilis outbreak in Clark County. The program prioritizes and targets interventions and testing to populations at greatest risk. The Office of HIV/AIDS partners with the Gay & Lesbian Community Center of Southern Nevada to provide an on-site clinic that offers rapid testing for HIV; testing and treatment for syphilis, gonorrhea and chlamydia; and vaccination for hepatitis A and B. Other community partners include Clark County Juvenile Detention Center; Clark County Detention Center; City of Las Vegas Detention Center and Richard Steele Boxing Club & Community Center.

In 2012, 97 primary and secondary syphilis cases, 207 early latent syphilis cases and 1 congenital syphilis case were reported in Clark County.



It's back, baby! A syphilis awareness poster of yesteryear; a cocktail napkin from the 2005 campaign addressing the resurgence of syphilis in Clark County.

Immunizations

The Immunization Program is designed to work with diverse community partners to prevent illness, disability and death from vaccine preventable diseases. All recommended childhood, adolescent and adult immunizations, including influenza vaccine, are available at the district.

In 2012, staff administered a total of 129,517 immunizations to 54,300 clients.

ADOLESCENT IMMUNIZATION

The Adolescent Immunization Program was initiated in 2008 in response to the new state mandate requiring students to have a booster of Tdap (tetanus-diphtheria-pertussis) before entering seventh grade. The program partners with all public and private schools in Clark County to provide the vaccinations in the school setting.

In 2012, a 98 percent compliance rate was achieved for the booster dose among students attending Clark County schools.



In 1971, the Nevada State Legislature passed a mandate requiring immunizations before entering school. The most recent immunization mandate for middle schoolers was passed in 2010.

ADULT VACCINATION

The goal of this program is to promote vaccine awareness and prevention of disease through vaccination. Staff members focus their educational outreach efforts on businesses, community organizations, group homes, and acute and long-term care facilities.

In 2012, 811 clients were served.

HEALTH CARD CLINIC

On Oct. 1, the health district began to revamp the health card program. As a result, most applicants no longer need a hepatitis A immunization, and the health district stopped providing tuberculosis tests for applicants. These changes led to the discontinuation of this program in 2012.

IMMUNIZATION IN CHILD CARE

The Immunization in Child Care Program was created to support a state statute mandating children attending child care be up-to-date on all age-appropriate vaccinations. Staff ensures all children have a record on file and audits the record for completeness. If necessary, staff vaccinates children or refers them to their private provider. The child care's immunization rates and records are then re-audited in 90 days.

Currently there are more than 532 licensed child care centers on file to be audited. Though significant deficiencies in the immunization rates of children in the child care population have been identified since the program's inception, immunization rates in selected child care centers either had a minimum baseline rate of 90 percent or improved by 10 percent in 2012.





IN 1975, 3,074 CASES OF GONORRHEA AND 64 CASES OF EARLY SYPHILIS WERE REPORTED IN CLARK COUNTY.

PERINATAL HEPATITIS B

The Perinatal Hepatitis B Prevention Program is a national program that provides services for infants and household contacts of women infected with hepatitis B. Babies born to infected mothers receive hepatitis B immune globulin (HBIG) to prevent transmission of the disease.

In 2012, staff provided case management services to approximately 325 newborns, expectant mothers and household contacts.

SHOTS 4 TOTS

Shots 4 Tots is an immunization initiative within the Immunization Program in partnership with United Way of Southern Nevada, selected Vaccines for Children Program (VFC) providers and child care centers. It is designed to increase immunization rates by 20 percent by improving access to immunizations and educating parents, business leaders, selected child care centers and selected VFC providers about the need for timely immunizations.

In 2012, 33,164 children between the ages of 0-10 were vaccinated through the Shots 4 Tots program and 77,839 vaccines were given.

VACCINES FOR CHILDREN

The Vaccines for Children Program, which began Oct. 1, 1994, represents an unprecedented approach to improving vaccine availability nationwide by providing vaccine at no cost to VFC-eligible children through enrolled public and private health care providers. Staff provides consultation to private providers who enroll in the program. The assessment and feedback of a private provider's practice is required by the CDC to ensure program guidelines are followed, and children are being properly immunized in a timely manner. There are 164 VFC providers in Southern Nevada.

Nursing Development & Community Outreach

This program offers nursing staff educational opportunities using various formats, such as satellite broadcasts, speakers and didactic programs. Continuing education units are available for many of these programs. Staff also participates in community outreach to promote health district services.

In 2012, 44 educational opportunities were offered to 168 attendees.

Staff provides nursing, medical, pediatric and physician assistant students with various experiences to introduce them to the concepts of public health.

In 2012, approximately 97 students rotated through the Clinics & Nursing Services Division.

Sexual Health Clinic

The Sexual Health Clinic provides testing, counseling, treatment, follow-up services and partner notification for clients seeking services for sexually transmitted infections. The program works to reduce the incidence of disease by early intervention in the disease process.

In 2012, clinic staff provided services to more than 10,650 unduplicated clients. The laboratory staff processed 1,475 tests in-house while the clinic staff conducted 1,355 point of care tests. In addition, the laboratory staff accessioned approximately 17,000 tests for outsourced reference laboratories.

Tuberculosis Surveillance & Clinical Services

The Tuberculosis Treatment & Control Clinic integrates clinic services, field services, case management, directly observed therapy, surveillance and educational outreach activities to rapidly identify and diagnose tuberculosis (TB) disease, treat active cases and conduct contact investigations.

In 2012, there were 70 cases of active TB reported in Clark County. Of these cases, three new clients were treated for multi-drug resistant TB. A total of 57 contact investigations were conducted. Of note were genotype linkages of two cases to a previous outbreak in 2009. The program held four cohort reviews. The successful identification of disease, along with completion of therapy, is necessary to prevent further spread of TB and to curb drug-resistant strains.

Additionally, staff presented 26 educational outreach programs to various agencies in 2012.



then
& now

SKYPE ME!

In 2012, tuberculosis hasn't been eradicated as the health district hoped and has morphed into strains that are even more resistant to existing antibiotics. Fortunately, the tools available to health district staff to monitor and treat patients have also evolved. Stopping and starting medications leads to the development of multi-drug resistant strains of the disease and so "directly observed therapy" (DOT) has long been a mainstay of TB treatment.

DOT, as it is called, involves a public health nurse directly observing a patient taking medication. In the past this could involve a patient traveling to a clinic, or a nurse traveling to a patient to administer a dose – and keep in mind, regimens for treating TB typically total six to nine months.

Today the majority of the patients in the health district's TB clinic are observed taking their medication through Skype – saving both valuable time for the patients and the nurses while ensuring medication is taken appropriately. This internet-based technology could not have even been imagined when the health district first opened its doors half a century ago.



Community Health



EST. 2005



COMMUNITY HEALTH



THE COMMUNITY HEALTH DIVISION ENCOMPASSES PROGRAMS THAT MONITOR AND IMPROVE COMMUNITY HEALTH STATUS, ASSURE READINESS AND RESPONSE TO PUBLIC HEALTH EMERGENCIES AND PROMOTE HEALTHY BEHAVIORS.

Chronic Disease Prevention & Health Promotion

The Office of Chronic Disease Prevention & Health Promotion works in partnership with multidisciplinary agencies and organizations and members of the community to foster and provide creative, culturally appropriate, population and evidence-based health promotion programming within the community to promote healthy behaviors. The programs, administered by professionally trained health educators, encourage people to get moving, be safe, eat better, and live smoke-free.

CHRONIC DISEASE PREVENTION

Chronic diseases, which include cardiovascular disease, cancer and diabetes are now among the most prevalent and costly of health problems. Most are preventable by changing risk behaviors, such as tobacco use, physical inactivity and poor dietary choices.

Since 2010 many program activities have been funded through the Communities Putting Prevention to Work Initiative (CPPW) from the Centers for Disease Control and Prevention and are designed to affect successful policy, systems or environmental changes.

Activities in 2012 included:

- Working with a local farmer's market to integrate Electronic Benefit Transfer (EBT) machines in seven local markets. EBT machines accept credit and debit cards as well as Supplemental Nutrition Assistance Program (SNAP) benefits, increasing access to fresh produce for SNAP recipients.
- Working with local jurisdictions to integrate evidence-based physical activity and nutrition curriculum into after-school programs and developing policies to increase physical activity and access to healthy foods. Participating sites reach more than 7,600 children each month.



- Enhancing the Neon to Nature regional trail system by collaborating with partners to install wayfinding signage and distance markers. Signs were added to more than 25 miles of trails and over 11 miles of bike lanes have been stripped and/or connected. Trail usage was assessed through electronic and visual monitoring, and data was reported to jurisdiction partners.
- Working with local child care centers and directors to integrate evidence-based physical activity and nutrition curriculum into programs, and developing and adopting policies for child care centers that increase access to physical activity and healthy foods. To date, more than 130 centers are implementing the program and 90 have adopted policies.
- Working with the Clark County School District to make school meals healthier for students by establishing a menu policy to eliminate trans-fats from district prepared meals. CPPW funds supported the purchase of equipment for the CCSD Central Kitchen that allows CCSD to increase access to fruits and vegetables.
- Implementing a healthy vending policy at the health district that increased access to healthy foods for clients and employees. A tool kit was developed to allow other organizations to replicate similar efforts.
- Implementing an evidence-based program at nine local churches that serve African Americans to provide education, programming and social support for healthy living.

INJURY PREVENTION

The Injury Prevention Program focuses on three areas of prevention: drowning, falls among seniors, and suicide.

DROWNING PREVENTION

Health promotion and emergency medical services staff work with community partners to conduct an annual drowning prevention awareness and education campaign. The campaign emphasizes constant adult supervision; the use of barriers such as isolation fencing, door alarms, and electrically operated pool covers; CPR training; and proper rescue equipment that is easily accessible. The A B C & D's of Drowning Prevention campaign has been conducted for the past 13 years and has been supported by a combination of funding from the health district, Clark County Safe Kids, and other community partners and local businesses.

Provisional data at the close of 2012 reflected 54 submersion incidents and seven drowning deaths. Five of the drowning deaths were among children under 4 years of age. More than 73 percent of the submersion incidents involved children from minority populations.

FALL PREVENTION

Falls and fall-related injuries impose an enormous burden on individuals, society and the nation's health care systems. One-third of adults over the age of 65 fall each year. In response, the health district is working with community partners to replicate an evidence-based senior fall prevention education program in Clark County.



"CONSTANT ADULT SUPERVISION" WAS THE THEME OF THE 1999 DROWNING CAMPAIGN IMPLEMENTED BY THE HEALTH DISTRICT AND CLARK COUNTY SAFE KIDS COALITION.

SUICIDE PREVENTION

By collaborating with community partners, staff strives to reduce the suicide rate in Clark County. In addition to supporting the creation of a statewide suicide prevention program, staff coordinated a public information campaign to increase awareness and reduce the stigma associated with suicide.

TOBACCO CONTROL

The Tobacco Control Program has four major goals: prevent youth initiation of smoking; promote smoking cessation among youth and adults; eliminate secondhand smoke exposure; and eliminate health disparities among diverse populations.

In 2012 the program received CPPW funding. Activities included:

- Supporting the expansion of tobacco-free campus policies at the health district and many community organizations, and protecting approximately 600,000 employees and clients from the dangers of secondhand smoke.
- Working with public and private multi-unit housing to develop smoke-free policies. A total of 3,407 smoke-free units are available in Clark County.
- Increasing participation in smoking cessation programs and developing a cessation referral network. To date over 27,000 Clark County residents have attempted to quit smoking.
- Developing and implementing a social venue-based counter marketing (SVCN) initiative targeting hard-to-reach segments of the population. To date, the Tobacco Control Program has worked with partners to produce 231 SVCN events, reaching nearly 190,000 people.
- Working with partners to remove smoking from multiple high profile community events including Bite of Las Vegas, Telemundo Fair, Las Vegas Gay and Lesbian Pride Festival, the Clark County Fair and Rodeo, and Pet-a-Palooza, which attract a combined total of 175,000 attendees.



*then
& now*

AN UNFILTERED APPROACH

In 1964, when the U.S. Surgeon General first reported the link between smoking and lung cancer no one could fathom the innovative and evidence-based programs being implemented today in order to ensure young people quit or never start smoking.

Instead of the traditional lectures and posters, today's programs implement best practices that employ counter-marketing techniques including creating experiences such as smoke-free night club events where the tobacco-free lifestyle message is displayed in a fun and hip way that resonates with attendees. Messages are also advertised in alternative rock and punk scene magazines and health educators distribute branded items that are focus group tested and include backpacks, skateboards and guitar picks.

You will also find messages being distributed by brand ambassadors at youth events such as concerts and other youth-centric activities and through MySpace, Facebook, YouTube, text messaging and e-mail blasts. This is definitely NOT your parents' health education program.

Emergency Medical Services & Trauma System

The Office of Emergency Medical Services & Trauma System (EMSTS) provides regulatory oversight, medical direction and protocols for the county's emergency medical response system. The EMS component of the EMSTS is designed to provide initial assessment and management of ill and injured patients and safe transport to the most appropriate health care facility.

CERTIFICATION, LICENSING AND PERMITTING

The office, in compliance with applicable regulations, determines an individual's qualifications to be certified as an emergency medical technician (EMT). All ambulance services, air ambulance services and firefighting agencies that provide emergency medical care must be permitted by the health district. All EMTs who are employed by these agencies must be licensed. Licenses are issued by the EMSTS to EMTs who complete the necessary requirements and pass the protocol exam appropriate to their level of certification.

INITIAL TRAINING AND CONTINUING MEDICAL EDUCATION

Initial training and continuing medical education classes conducted by a public or private agency must be approved by the district. All certified EMTs must submit documentation of completion of continuing medical education biennially.

MEDICAL ADVISORY BOARD

The Southern Nevada Health District Medical Advisory Board (MAB) provides recommendations to the chief health officer and assists in the ongoing design, operation, evaluation and revision of the EMS system. Membership consists of a medical director and an operations director from each permitted agency.



THE EMS PROGRAM WAS ESTABLISHED IN JANUARY 1972.
THREE DECADES LATER, THE TRAUMA SYSTEM WAS CREATED.

QUALITY IMPROVEMENT

The office provides continuous quality improvement oversight of the EMSTS system, including response to complaints. Each permitted ambulance service must have a quality improvement director to ensure compliance with EMS regulations and protocols regarding patient care.

The cornerstone of the trauma system performance improvement process is the Trauma Medical Audit Committee (TMAC). The TMAC is a multidisciplinary medical review committee that meets regularly to review, monitor and evaluate trauma system performance and make recommendations for system improvements.

REGIONAL TRAUMA ADVISORY BOARD

The Clark County Regional Trauma Advisory Board (RTAB) supports the chief health officer's role to ensure a quality system of patient care for the victims of trauma within Clark County and surrounding areas by making recommendations and assisting in the ongoing design, operation, evaluation and revision of the system from initial patient access to definitive patient care.

RTAB MEMBERSHIP

- A trauma medical director from each designated trauma center
 - John Fildes, MD, University Medical Center
 - Chris Fisher, MD, Sunrise Hospital & Medical Center
 - Sean Dort, MD, St. Rose Dominican Hospitals-Siena Campus
- A trauma program manager from each designated trauma center
 - Gregg Fusto, RN, University Medical Center
 - Melinda Case, RN, Sunrise Hospital & Medical Center
 - Kim Dokken, RN, St. Rose Dominican Hospitals-Siena Campus

2012 EMS Certifications

CERTIFICATION STATUS

Applications received for certification via reciprocity	283
EMS training courses completed	64
New certifications issued	208
Renewal certifications issued	1,585
Total certifications issued	1,793

ACTIVE CERTIFICATIONS

EMT-Basic	501
EMT-Intermediate	1,330
EMT-Paramedic	1,119

LICENSURE STATUS

New licenses issued	189
Renewal licenses issued	1,389
Paid full-time fire departments	6
Volunteer fire departments	11
Private ambulance services	3
Special purpose stand-by ambulance services	3
Helicopter ambulance services	2
Fixed-wing air ambulance services	2

RTAB MEMBERSHIP (CONTINUED)

- Chairman of the Medical Advisory Board: E.P. Homansky, MD
- One administrator from a non-trauma center hospital: Sajit Pullarkat, Centennial Hills Hospital
- One person representing the public providers of advanced emergency care: Scott Vivier, Henderson Fire Department
- One person representing the private franchised providers of advanced emergency care: Eric Dievendorf, American Medical Response-Las Vegas
- One person representing health education and prevention services: Linda Kalekas, RN, Clark County School District
- One person representing the payers of medical benefits for the victims of trauma: Kathleen Silver, Health Services Coalition
- One person representing rehabilitation services: Linn Billingsley, Kindred Healthcare
- One person representing the general public: Kelly Thomas Boyers, Adam's Place
- One person with knowledge of legislative issues/advocacy: Erin Breen, University of Nevada, Las Vegas
- One person involved in public relations/media: Kim Haley, St. Rose Dominican Hospitals
- One person with knowledge of system financing/funding: vacant
- An ex officio member from the Southern Nevada Health District: Mary Ellen Britt, Regional Trauma Coordinator

Epidemiology

Epidemiology is the core science of public health, studying and describing the patterns of disease in the community and discovering the reason for those patterns. The Office of Epidemiology works with a broad range of diseases from anthrax to herpes zoster, infectious to non-infectious and acute to chronic. Staff conducts disease surveillance, investigates individual disease cases and outbreaks, and analyzes disease data in order to better understand and control

the diseases and conditions that are most important to the health and well-being of Southern Nevada residents and visitors. Staff also informs health care providers, agency partners and the





THE OFFICE OF EPIDEMIOLOGY WAS CREATED IN 1999. PRIOR TO ITS INCEPTION, EPIDEMIOLOGICAL FUNCTIONS WERE DIVIDED BETWEEN ENVIRONMENTAL HEALTH AND NURSING PROGRAMS.

general public about diseases of public health concern. Staff works with other divisions within the health district, to provide them with information about the risk factors that contribute to chronic and acute illnesses as well as injuries and to assist in the evaluation of health promotion and injury prevention programs.

DISEASE SURVEILLANCE AND DATA INTERCHANGE

Over the past three years, the Southern Nevada Health District has continued to modernize its disease surveillance systems, with the ultimate goal being to improve the capacity to accurately facilitate rapid disease reporting, the administration of counter measures, and the ability to track health outcomes related to biological, chemical, or other environmental exposures.

A key piece of this system is TriSano®, an open source disease investigation and surveillance application, which allows for the collection and analysis of standardized data on reportable diseases. TriSano® went live in the fall of 2010 in the Office of Epidemiology and is being evaluated and modified for use in other health district offices. As an open source tool, one of the strengths of the system is the ability to extend and enhance the system through collaboration with other health departments.

As developed by the health district, this system allows multiple types of electronic reports, including electronic laboratory reports, to be submitted in an automated fashion, saving time and effort on the part of hospitals throughout the valley. Hospitals are currently in different stages of development, with some facilities already providing test data to the health district on a regular basis, with the goal of having all hospitals in the valley electronically submitting laboratory reports in the near future.

The complete implementation of this system in Southern Nevada will not only allow hospitals to meet meaningful use target goals set by the Health Information Technology for Economic and Clinical Health (HITECH) Act, but will provide the framework to better protect the health of Southern Nevada residents and visitors for years to come.

HEALTH ALERT NETWORK

The Office of Epidemiology distributes timely health-related information to the medical community through its Health Alert Network using broadcast fax, e-mail and a web-based system. The office also provides information to the public and health care providers through newsletters, notices and alerts.

In 2012, 87 alerts, technical bulletins and newsletters were distributed, reaching 107,209 health care providers and public health partners.

Clark County Reportable Disease Statistics*

	Annual Average Rate (2008-2012)	Annual Average Total (2008-2012)	Annual Rate (2012)	Annual Total (2012)
AIDS	10.86	213.8	10.16	202
Amebiasis	0.43	8.4	0.45	9
Botulism-Intestinal (Infant)	0.00	0	0.00	0
Brucellosis	0.01	0.2	0.00	0
Campylobacteriosis	5.21	102.6	4.38	87
Chlamydia	422.42	8,317.6	431.63	8,583
Coccidioidomycosis	3.84	75.8	5.53	110
Cryptosporidiosis	0.23	4.6	0.30	6
Dengue Fever	0.11	2.2	0.05	1
Encephalitis	0.09	1.8	0.05	1
Giardia	3.30	65	2.97	59
Gonorrhea	92.08	1,813.6	99.37	1,976
Haemophilus Influenza (Invasive)	0.68	13.4	0.70	14
Hemolytic Uremic Syndrome (HUS)	0.04	0.8	0.00	0
Hepatitis A	0.40	7.8	0.30	6
Hepatitis B (Acute)	1.41	27.8	1.11	22
Hepatitis C (Acute)	0.30	6	0.30	6
Hepatitis D	0.00	0	0.00	0
HIV	12.88	253.6	11.57	230
Influenza**	70.46	1,378.4	19.96	397
Invasive Group A Strep.##	0.45	8.8	0.00	0
Legionellosis	0.63	12.4	0.70	14
Leprosy (Hansen's Disease)	0.01	0.2	0.00	0
Leptospirosis	0.00	0	0.00	0
Listeriosis	0.07	1.4	0.05	1
Lyme Disease	0.15	3	0.15	3
Malaria	0.20	4	0.30	6
Measles	0.07	1.4	0.00	0
Meningitis, Aseptic/Viral	1.83	36	1.06	21
Meningitis, Bacterial	0.46	9	0.20	4
Meningococcal Disease	0.13	2.6	0.10	2
Mumps	0.37	7.2	0.00	0
Pertussis	1.56	30.8	4.17	83
Q Fever	0.04	0.8	0.00	0
Rocky Mountain Spotted Fever	0.01	0.2	0.00	0
Rotavirus	5.88	115.6	2.87	57
RSV (Respiratory Syncytial Virus)	58.07	1,143	53.26	1,059
Rubella	0.00	0	0.00	0
Salmonellosis	8.48	167	7.09	141
Shiga-Toxin Producing e.Coli#	1.48	29.2	2.06	41
Shigellosis	4.21	82.8	2.31	46
Streptococcus Pneumoniae, IPD###	2.15	42.4	2.51	50
Syphilis (Early Latent)	8.66	170.6	10.41	207
Syphilis (Primary & Secondary)	5.18	102	4.88	97
Toxic Shock Syn	0.04	0.8	0.00	0
Toxic Shock Syn (Streptococcal)	0.09	1.8	0.15	3
Tuberculosis	4.37	86	3.52	70
Typhoid Fever	0.08	1.6	0.05	1
Unusual Illness	0.07	1.4	0.00	0
Vibrio (Non-Cholera)	0.13	2.6	0.10	2
West Nile Virus (Encephalitis)	0.30	6	0.20	4
West Nile Virus (Fever)	0.11	2.2	0.20	4
Yersiniosis	0.10	2	0.10	2

METHODOLOGY NOTES | Rates are cases per 100,000 population per month or per year. County population monthly estimates were obtained via linear spline estimation with the computed time series aligned at the middle of each month. The July 1 population estimates/projections were adopted as denominators in annual rates calculations. Demographic estimates for 2000 going forward were provided by the state demographer as of October 2012.

*Office of Epidemiology reported cases include confirmed, probable and suspect (since February 2008) status. HIV/AIDS case counts provided by Office of HIV/AIDS/STD; TB case counts provided by TB clinic. STD data (excluding HIV/AIDS) extracted from STD-MIS as of Jan. 23, 2013.

**Reporting of novel type A influenza (reclassified as INFLU OUTBRK per CDC recommendations as of January 11) started in May 2009.

#E. COLI O15:H7 instead of STEC was reported prior to 2006.

##Reported since March 2007.

###S. pneumo invasive diseases (reported since September 2005) previously reported under separate categories grouped together as of January 2011 per CDC recommendations.

OUTBREAK INVESTIGATION AND PUBLIC HEALTH EVENT RESPONSE

The Office of Epidemiology investigates and implements interventions to control outbreaks and unusual occurrences of disease, including foodborne illness, vaccine-preventable diseases, and health care-acquired infections.

In 2012, staff responded to more than 32 public health events and outbreaks, working with other health district programs and partner agencies to prevent and control the transmission of disease in the community.

SURVEILLANCE PROGRAMS

CHRONIC DISEASE SURVEILLANCE

The Office of Epidemiology tracks various chronic disease indicators at the county level, including physical activity, fruit and vegetable consumption, asthma, diabetes, weight status, cancer and tobacco use. Survey data, from sources such as the Behavioral Risk Factor Surveillance System (BRFSS) and Youth Risk Behavior Surveillance System (YRBSS), are analyzed to determine health disparities by sex and race-ethnic groups and to identify preventable risk behaviors within population subgroups that can lead to chronic disease. These data are also used in grant applications for chronic disease programs to expand the capacity of the Office of Epidemiology and Office of Chronic Disease Prevention and Health Promotion to address chronic disease conditions in Southern Nevada. Program capacity is also being expanded through analysis of death certificate and hospital discharge data in order to assess the overall health of the community. Summary reports regarding chronic disease conditions and related behaviors are currently being developed for publication.

Program staff evaluates the Communities Putting Prevention to Work grant by assisting the Office of Chronic Disease Prevention and Health Promotion in examining process and outcome components related to tobacco prevention and obesity/physical activity initiatives. Through this endeavor, the program is partnering with the Clark County School District to collect height, weight and body mass index data of schoolchildren on an ongoing basis.



In 2001, Office of Epidemiology staff worked with Sierra Health Services and Health Insight to form Nevadans for Antibiotic Awareness, a task force comprised of state and local health care professionals to increase antibiotic awareness in Nevada. The task force focused on education, surveillance and infection reduction.

FOODBORNE ILLNESS SURVEILLANCE

An important function of the Office of Epidemiology is to receive and investigate complaints from the public regarding possible foodborne illness. Staff monitors the complaints to detect foodborne outbreaks and works with Environmental Health and Southern Nevada Public Health Laboratory staff to conduct investigations.

In 2012, epidemiology staff documented 708 complaints and identified 34 incidents through the foodborne illness notification system.

INJURY SURVEILLANCE

Injury data collected by Office of Epidemiology staff are analyzed to enhance the understanding of the risk factors and causes of injury-related deaths and injuries experienced in Clark County. The overarching goal of this effort is to collect and analyze local data and to report the findings in order to support strategic planning to reduce mortality and injury rates. Recently, Coroner's Office and death certificate data were analyzed in response to recent local media attention on the topic of pedestrian fatalities. This study identified associated risk factors, and offers an example of when staff can share study results with outside partners such as the Pedestrian Safety Task Force to assist in community partner efforts to implement injury prevention interventions.

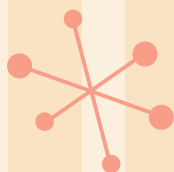
REPORTABLE DISEASE INVESTIGATION AND SURVEILLANCE

State and local laws require Clark County health care providers, hospitals, medical laboratories, blood banks, schools, child care centers, nursing homes and correctional facilities to report all cases of more than 60 different diseases and conditions to the health district when they occur. The Office of Epidemiology is responsible for compiling, analyzing data, and reporting findings for reportable diseases. Disease reports are investigated to determine the sources of the infection, identify outbreaks and to implement control measures to prevent and stop the spread of disease. Statistics on reportable diseases and conditions are compiled and distributed monthly and annually to agency partners and the public.

In 2012, the Office of Epidemiology received an estimated 87,000 disease reports, of which 5,472 electronic case files were created. Of these, 2,242 were determined to meet nationally established disease case definitions and 1,208 cases required additional investigation by staff prior to being reported to the Nevada State Health Division.

RESPIRATORY ILLNESS SURVEILLANCE

This program tracks rates of respiratory illnesses, including influenza, in the community throughout the year, providing insight into diseases that significantly impact individual health and the medical system. In 2010, the Pediatric Early Warning Sentinel Surveillance (PEWSS) program, a medical practice-based respiratory virus surveillance system, was established with the participation of five pediatric medical practices as sentinel sites. PEWSS surveys 10 different respiratory viral pathogens in the Southern Nevada community year-round. In 2011, respiratory illness surveillance was further enhanced by additionally tracking viral respiratory illness in pediatric and adult ICU patients at two local hospitals. This new surveillance program is called the Hospital Early Warning Surveillance System.





In 2003 during a national exercise, the health district practiced its ability to respond to a biological threat on the Strip, and participated in the field training component that tested the district's ability to receive the Strategic National Stockpile and conduct a mass distribution of antibiotics in Logandale.

Public Health Preparedness

The Office of Public Health Preparedness (OPHP) works with other health district programs and community partners to prepare for and respond to the consequences of man-made and naturally occurring emergencies including infectious disease outbreaks, bioterrorism events and other public health threats.

The office is funded from several federal grant sources from the Department of Health & Human Services (HHS), which includes the Centers for Disease Control and Prevention (CDC). Funds are intended to build community resilience, strengthen the core capabilities necessary for preparedness according to Presidential Policy Directive/PPD 8 and upgrade local public health jurisdictions' preparedness and response to public health threats. The grants include:

- **Public Health Emergency Preparedness (PHEP)** | PHEP funding is now aligned with the national response framework target capabilities. The grant provides for the planning and training of health district personnel to increase response capability to real incidents. The grant also provides for the development of incident management, internal communication, crisis and emergency risk communication, exercise design, performance and improvement of health district plans, epidemiology surveillance and laboratory capabilities.
- **Cities Readiness Initiative (CRI)** | A CDC-sponsored grant that enables cities to provide preventive medications to their populations within 48 hours of a public health emergency. The health district continues to work with local and federal law enforcement, the Clark County Office of Emergency Management, the Clark County School District, and other community partners to enhance CRI planning activities. The health district has initiated partnerships with the resort properties, health care systems and other local businesses to continue development of the business/resort partner dispensing site project to provide medications to their staff, families and visitors during an emergency. A few of these partnerships were tested in a full-scale exercise on March 27-29, 2012. The health district earned a score of 99 out of 100 possible points during the annual CDC Technical Assistance Review conducted in May 2012.
- **Assistant Secretary for Preparedness and Response (ASPR)** | Assists health care system, e.g. hospitals, ambulatory surgery centers, long-term care, etc., to develop and exercise plans and respond to public health emergencies. Program priorities include interoperable communication systems, hospital bed availability/tracking, personnel/volunteer management, fatality management planning in conjunction with the Clark County Office of the Coroner and Medical Examiner. In the past year, the health district participated in the development of the Medical Surge Area Command, a component of the Clark County Emergency Operations Plan.



DURING THE NATIONAL ANTHRAX ATTACKS IN 2001, HEALTH DISTRICT STAFF, IN CONJUNCTION WITH EMERGENCY RESPONSE PERSONNEL FROM OTHER AGENCIES, RESPONDED TO MORE THAN 1,000 CALLS REPORTING SUSPICIOUS WHITE POWDER. HOWEVER, NONE TURNED OUT TO BE ANTHRAX.

MEDICAL RESERVE CORPS OF SOUTHERN NEVADA

The Medical Reserve Corps (MRC) of Southern Nevada is a community-based civilian volunteer program that recruits, trains and utilizes health care and other volunteers to strengthen public health, emergency response and community resiliency in the community. The MRC has 194 medical, non-medical, veterinary, mental health and non-medical volunteers.

During 2012, MRC volunteers supported 36 events, logging a total of 1,245 hours. Volunteers provided vaccinations at health district and community immunization clinics, and supported local partners by providing first aid support at events that benefit the community. Volunteers participated in emergency response exercises, and received training for shelter management, disaster assessment, disaster services and health services offered by MRC's local and national partner, the American Red Cross.

PLANNING

Planning staff worked with local, state and federal emergency agencies to plan, evaluate and participate in numerous full scale and table top exercises throughout the year. Exercise scenarios with community partners included medical surge capability (a hospital's ability to receive a large influx of patients), biological agent release, a plane crash, and isolation and quarantine exercises.

Additionally, staff collaborated with multiple agencies to provide input in the Statewide Medical Surge Plan, an annex to the State Comprehensive Emergency Management Plan.

HEALTH CARE FACILITIES

Staff continued to support local health care facilities by assisting in the development of emergency operations plans and exercises to test their response to natural and man-made disasters. Staff also participates in the facilities' emergency management committee meetings and serves as a resource to hospital emergency planners through the Southern Nevada Healthcare Preparedness Association.

In 2012, staff spoke to medical professionals on hospital preparedness topics. Staff partnered with the Nevada State Health Division to train acute care hospital emergency personnel and long-term care facilities on the HAVBED-bed availability tracking system, a tool to provide and share medical information during a large scale disaster. Staff began working with the State of Nevada Bureau of Healthcare Quality and Compliance to develop tools to assist long-term care facilities in Nevada to strengthen their emergency operations plans and supporting annexes. These tools will help facilities integrate their plans with local and community preparedness plans for identified hazards.

PUBLIC HEALTH PREPAREDNESS NURSE

The Public Health Preparedness Nurse administers programs designed to protect the health of staff in support of routine and emergency operations. Activities include providing immunizations, annual respirator fit-testing through a respiratory protection program to employees and Medical Reserve Corps volunteers, and providing bloodborne pathogen training to health district staff. The Public Health Preparedness Nurse consults with the district's respiratory program medical director and collaborates with health district programs to provide appropriate respiratory protection for employees responding to outbreaks in the community.

To date, 511 of 515 employees have been screened through the respiratory protection program.

TRAINING

The Office of Public Health Preparedness records currently show 99 percent of health district staff is trained in the Incident Command System in accordance with the National Incident Management System, the nationally recognized system of disaster management. Training staff offers online preparedness educational opportunities for district employees covering topics such as Mass Antibiotic Dispensing and Vaccination, and Medical Countermeasure Event Management. These courses are designed to strengthen the skills of district employees and further their community service skills following the initial biopreparedness course required of all new employees.

Staff participates in health and wellness fairs throughout Clark County and distributes bilingual educational materials about citizen and pet emergency preparedness, hand washing and flu prevention. Upon request, materials are also available in closed captioned DVDs for the hearing impaired as well as in Braille and audio tapes for the blind.

As part of building partnerships within the community, staff continues to meet with local businesses to develop and pre-identify Closed Points of Dispensing during major incidents. These community partners will serve as dispensing locations during an incident providing medication or vaccine to their employees and families.

Training staff regularly meets with service organizations, as well as individuals with functional and/or access needs, through the Functional Needs Advisory Group. This group reviews health district preparedness plans and ensures they are inclusive and appropriate for people with functional and access needs.



Southern Nevada Public Health Laboratory

The Southern Nevada Public Health Laboratory (SNPHL) is operated by the Southern Nevada Health District in partnership with the University of Nevada School of Medicine. SNPHL is a designated branch of the Nevada State Public Health Laboratory (NSPHL). The laboratory enhances the district's public health outbreak and surveillance capabilities and its ability to identify potential public health hazards.

SNPHL is licensed by the State of Nevada to perform moderate and high complexity clinical testing and is registered with the CDC Laboratory Response Network (LRN) to perform bioterrorism testing. The LRN provides assistance, training and testing methods for member laboratories to

prepare and respond to acts of bioterrorism and emerging diseases. In addition to performing LRN analyses, SNPHL staff coordinates with local first responders to standardize the collection of environmental samples for bioterrorism testing. In 2012, SNPHL coordinated and provided testing materials to local first responder agencies for a county-wide environmental sample proficiency testing system. SNPHL staff also trains local laboratorians on transportation of pathogenic biological agents.

FULL-SCALE EXERCISE

In March, SNPHL staff participated in a three-day multijurisdictional full-scale exercise which was developed as a collaborative effort among Clark County, the State of Nevada, the Federal Emergency Management Agency and other stakeholders. Staff met the exercise objectives including timely completion of a notification drill involving the local area hospital laboratories and successful receipt of environmental samples with appropriately completed chain of custody documentation from participating first responder agencies.



IN-HOUSE COURIER

SNPHL maintains an in-house courier system to ensure the prompt delivery of samples for laboratory testing. The courier staff transports the samples from district clinics, surveillance sites and local laboratories. In 2012, staff provided more than 5,500 courier services.

NURSING DIVISION TESTING

In partnership with the Clinics & Nursing Division, SNPHL participates in the CDC Gonococcal Isolate Surveillance Project (GISP). Nursing staff collects samples from people who may be infected with gonorrhea and SNPHL performs culture on the samples. If *Neisseria gonorrhoeae* is isolated from the sample, then the culture is sent to a CDC contract laboratory for antimicrobial susceptibility testing. CDC utilizes the susceptibility testing information from isolates provided by SNPHL and the other participating laboratories to identify trends in gonorrhea antibiotic resistance. In 2012, SNPHL provided more than 250 gonorrhea isolates to CDC.

Additionally, staff performed nearly 40,000 HIV and syphilis tests for health district clinical programs.

OUTBREAK INVESTIGATION

As a member of the district's outbreak investigation team, the laboratory provides molecular and microbiological testing for investigation of food borne illness outbreaks and emerging infectious diseases. During 2012, laboratory staff participated in over 190 epidemiological investigations or consultations by providing subject matter expertise and/or testing capabilities. As the only local laboratory with the capability to perform molecular Norovirus testing, SNPHL provided laboratory support to the Office of Epidemiology for multiple gastroenteritis outbreaks in 2012. Outbreak laboratory support included provision of sample collection kits and instructions, loaner refrigerators for sample storage, sample pickup and test analysis. As a partner in the 2012 active pertussis surveillance performed by the Office of Epidemiology, lab staff assisted with sample collection from

multiple suspect pertussis cases. The SNPHL mobile laboratory response trailer was used to safely collect nasopharyngeal samples from these potentially infectious cases.

PROFICIENCY TESTING

In 2012, SNPHL staff analyzed almost 300 proficiency testing samples. Proficiency testing involves the analysis of unknown samples utilizing the same techniques and methods used for routine sample testing. The unknown sample test results are submitted to the proficiency testing agency and compared to the expected test result. In 2012, SNPHL received an average passing score of 98 percent correct for clinical and LRN proficiency testing.

REPORTABLE DISEASE ISOLATES

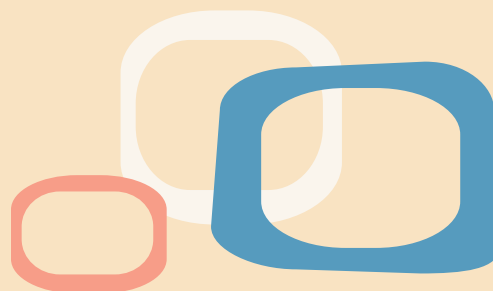
State and local laws require Southern Nevada clinical laboratories to submit microbiologic subcultures of certain bacteria to SNPHL for further testing. In 2012, SNPHL performed additional testing, which included typing and confirmation, on almost 350 reportable disease isolates. Reportable disease isolate submission includes subcultures of *Salmonella*, *Shigella* and Shiga-toxin producing *E. coli* (STEC). SNPHL performs serotyping and molecular subtyping by Pulsed Field Gel Electrophoresis (PFGE) on these isolates utilizing protocols provided by the CDC PulseNet program. SNPHL staff performed PFGE analysis on more than 200 isolates in 2012. The PFGE data is submitted to CDC PulseNet and the data is utilized for national foodborne outbreak disease surveillance. In 2012, SNPHL staff expanded the microbiology testing menu by adding non-O157 STEC serotyping and PFGE testing.

REPORTING

SNPHL reports test results on a regular weekly, monthly or quarterly basis to a number of CDC programs including GISP; National Respiratory and Enteric Virus Surveillance System; Public Health Laboratory Information System; National Antimicrobial Resistance Monitoring System; PulseNet and LRN.

RESPIRATORY SURVEILLANCE

The SNHD Pediatric Early Warning Sentinel Surveillance (PEWSS) sites provided almost 900 nasal swab samples in 2012 and SNPHL staff performed more than 12,000 individual respiratory virus molecular analyses on the samples. The SNPHL purchased new testing methodology in 2012 which will expand the respiratory pathogen testing menu. The new menu provides the ability to test for three additional bacterial pathogens and six additional viral pathogens. In 2012, SNPHL and Office of Epidemiology staff evaluated the Hospital Early Warning Sentinel Surveillance program which was established for the 2011-12 influenza season. Two local hospitals collected samples from Intensive Care Unit patients who met specific criteria established by the OOE. The samples were tested for respiratory viruses at SNPHL. Based on the evaluation, the collection criteria for sample submission was revised for the 2012-2013 influenza season and the two local hospitals agreed to continue their participation.





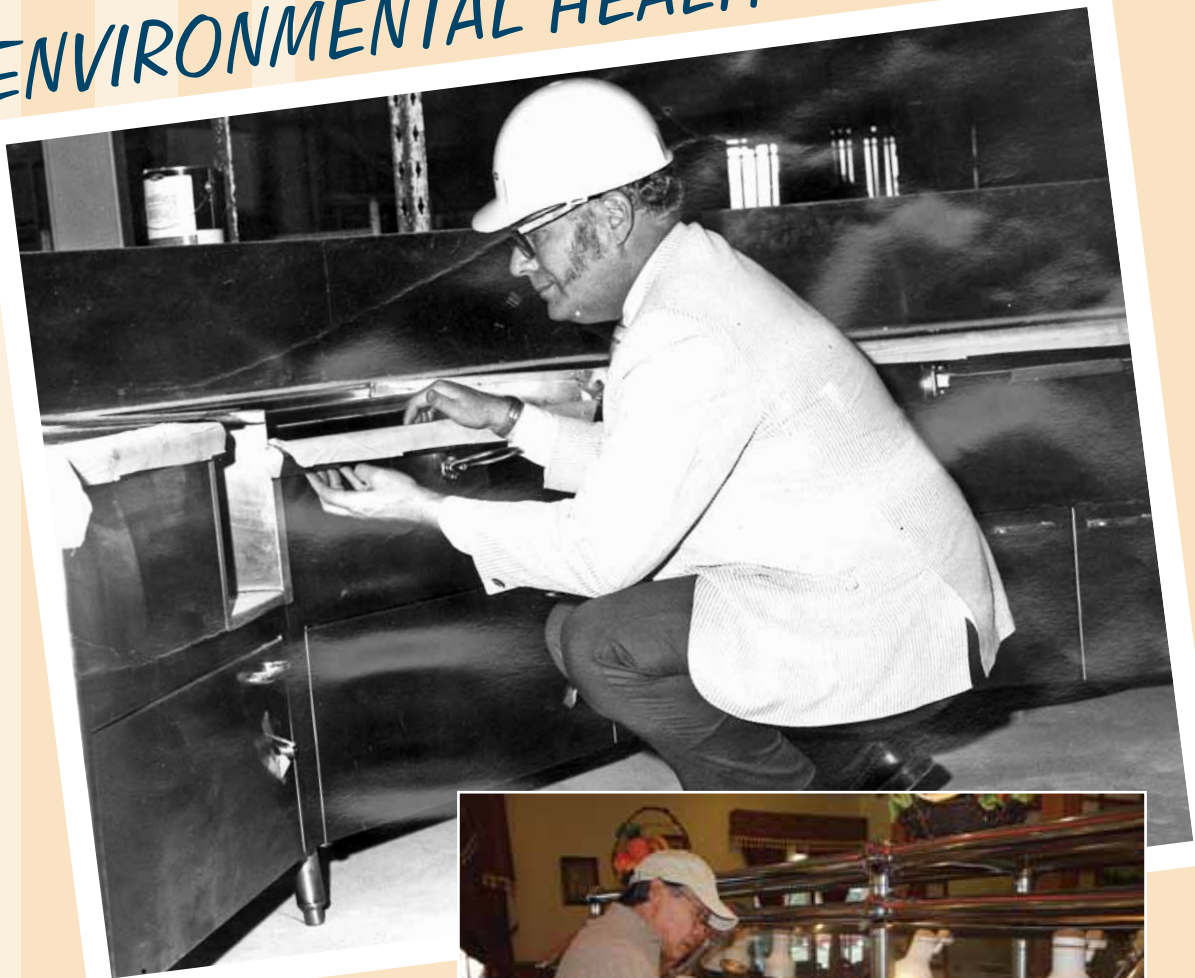
Environmental Health



EST. 1962



ENVIRONMENTAL HEALTH



THE PROGRAMS OF THE ENVIRONMENTAL HEALTH DIVISION ARE DESIGNED TO IDENTIFY AND SUSTAIN ENVIRONMENTAL CONDITIONS THAT PROMOTE PUBLIC HEALTH. THEY ENSURE PROPER SANITATION, SAFE FOOD, PROPER DISPOSAL OF WASTE AND TOXIC MATERIALS, AND THE MANAGEMENT OF PUBLIC HEALTH HAZARDS IN THE ENVIRONMENT. AS THE COUNTY'S SOLID WASTE MANAGEMENT AUTHORITY, THE HEALTH DISTRICT PROVIDES REGULATORY OVERSIGHT OF ALL PERMITTED SOLID WASTE DISPOSAL FACILITIES AND RECYCLING CENTERS.

Childhood Lead Poisoning Prevention

In accordance with state statute, the Environmental Health Division conducts Lead Risk Assessments for children 6 years of age or younger, who have been shown to have an elevated blood lead level.

- Elevated blood lead level investigations: 6

Illegal Dumping Investigations & Enforcement

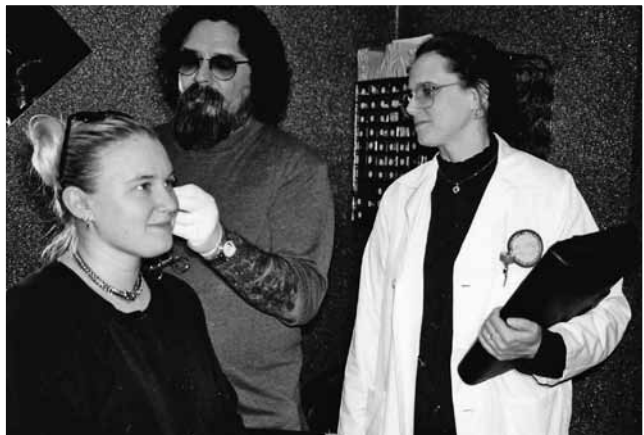
The Solid Waste and Compliance section of the Environmental Health Division enforces regulations pertaining to proper handling and disposal of solid waste. The section investigates all complaints of illegal dumping in Clark County.

- Illegal dumping complaints received: 1,512
- Cases presented to the hearing officer for adjudication: 219
- Penalties assessed for illegal dumping by the hearing officer: \$282,300

Inspection & Plan Review Programs

BODY ART

Health district regulations require operators at tattoo, permanent makeup and body piercing establishments to complete courses on preventing disease transmission, first aid and CPR. Until December 2012, these operators were required to obtain health cards and receive vaccinations for hepatitis A and B. After the update to the health card



program to focus on food safety, the Body Art Card was introduced for artists, operators and apprentices employed in this field.

- In 2012, 234 establishments were licensed in Clark County.
- Routine tattoo, permanent make-up and body piercing establishment inspections: 375
- Temporary artist applications and inspections: 370

CHILD CARE AND NURSERY FACILITIES

The 438 permitted child care facilities are regularly inspected to ensure compliance with health, sanitation and safety regulations.

- Routine child care inspections: 520
- Complaint-driven inspections: 40
- Child care plan reviews, preliminary, status checks, letters, revised plans: 22
- Child care site inspections under construction: 17
- Existing facility equipment and construction evaluations: 2
- New child care permits issued or amended (includes change of ownership): 25

FOOD AND BEVERAGE ESTABLISHMENTS

Environmental health specialists inspect approximately 18,134 permits within food establishments in Clark County a minimum of once a year as required by state law.

- Routine inspections: 21,130
- Special event inspections: 4,917
- Complaint-driven inspections: 1,563
- Mobile vendor inspections: 346
- Plans for new construction and remodeling of food establishments are submitted for approval to the Environmental Health Division.
- Food establishment plan reviews, preliminary, status checks, letters, revised plans: 2,985
- Food establishment site visits under construction: 3,322
- Existing facility equipment and construction evaluations: 308
- New food establishment permits issued or amended (includes change of ownership): 2,487



*AS A RESULT OF A LOCAL OUTBREAK IN THE '90S,
AN INVESTIGATIVE TEAM HELPED TO PROVE THAT
SALMONELLA CAN EXIST IN AN EGG IN VITRO.*

INSTITUTIONS

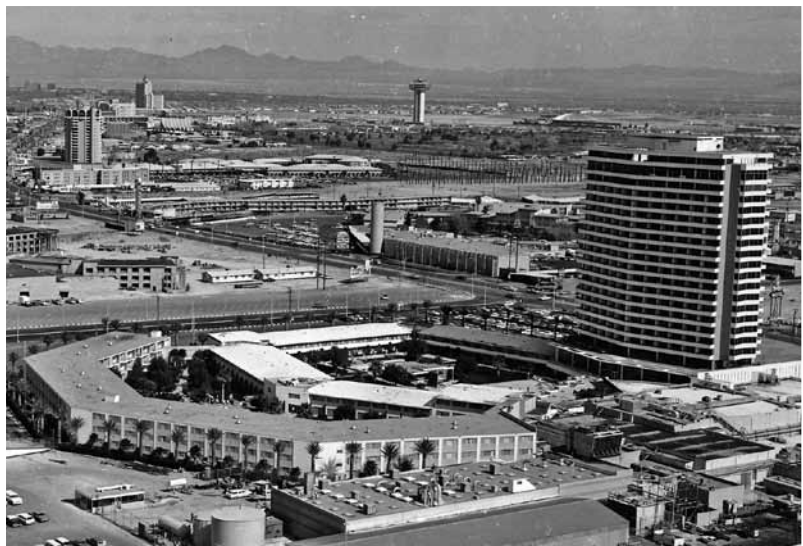
The Institutional Inspection Program inspects more than 488 permitted facilities, which include public, private and charter schools, local correctional facilities, summer camps and children's homes.

- Routine school inspections: 984
- Complaint-driven inspections: 50
- School plan reviews, preliminary, status checks, letters, revised plans: 17
- School site inspections under construction: 23
- Existing facility equipment and construction evaluations: 0
- New school permits issued or amended: 16
- Routine correctional facility inspections: 17
- Correctional facility plan reviews, preliminary status checks, letters, revised plans: 0
- Site inspections under construction: 0
- New correctional facility permits issued or amended: 0
- Routine summer camps and children's home inspections: 12

PUBLIC ACCOMMODATIONS AND DRY CAMPING FACILITIES

Hotels and motels are inspected at least once a year to ensure rooms are clean, the furniture is in good repair, no insects or vermin are present, rooms are equipped with proper ventilation, fire alarms are present and linens are clean. In 2012, there were 343 permitted hotels and motels in Clark County, with a total of 166,034 rental rooms. Additionally, there were 148 permitted mobile home and RV parks with a total of 23,305 rental spaces.

- Routine hotel and motel inspections: 360
- Complaint-driven inspections: 289
- Public accommodation facility plan reviews, preliminary, status checks, letters, revised plans: 14
- Public accommodation site inspections under construction: 19
- Existing facility equipment and construction evaluations: 2



then & now

POOL KIDS

Fifty years ago, there were 400 public pools in Southern Nevada. These pools were inspected by four sanitarians (now called environmental health specialists) and the pool season slowed dramatically after Labor Day.

In the 1970s and 1980s, the Environmental Health Division implemented a summer internship program in its pool inspection program. College students—collectively and affectionately known as the ‘pool kids’—learned the ins and outs of the pool inspection program as they worked as lifeguards and pool attendants throughout the Las Vegas valley.

The pool kids worked under the direction of a former employee, Doug Bruchard. He tutored the pool kids about health, safety and maintenance issues. Bruchard even used his own backyard pool to demonstrate how the equipment worked. “He (Bruchard) trained us at his own pool at his house, we thought it was great,” said former pool kid, Ellen Spears, who is now an environmental health training officer.

With the growth of Clark County, the pool program is now year-round with a full-time staff inspecting more than 5,000 pools. And the pool kids? Some are now health district professionals and have many years of environmental health experience.

- New public accommodation facility permits issued or amended (includes change of ownership): 13
- Routine mobile home and RV park inspections: 165

PUBLIC BATHING PLACES

The 4,794 public swimming pools and spas located at public parks, apartment complexes, hotels, RV parks, homeowner’s associations and sports complexes are routinely inspected to ensure proper operation.

- Routine pool and spa inspections: 3,126
- Complaint-driven inspections: 230

Plans for public swimming pools and spas are submitted by architects, engineers and contractors for review. Final construction inspections are conducted to ensure adherence to statewide regulations. Preliminary inspections and progress checks are conducted in conjunction with the overall approval process. Additionally, the Environmental Health Division issues new and renewal certifications for pool companies, operators, technicians and technician apprentices.

- Public bathing facility plan reviews, preliminary, status checks, letters, revised plans: 2,097
- Public bathing site inspections under construction: 2,007
- Existing facility equipment and construction evaluations: 113
- New public bathing facility permits issued or amended (includes change of ownership): 1,185

To ensure compliance with regulations, the Solid Waste Management Hearing Officer Process was implemented in March 2002. Since its inception, more than 2,779 illegal dumping cases have been submitted and almost \$5 million in penalties have been assessed. Prior to the creation of the hearing officer process, cases were heard in small claims court.



PERMITTED SOLID WASTE DISPOSAL FACILITIES

The Permitted Disposal Facilities program staff conducts inspections with varying frequencies each calendar year on all permitted disposal sites in Clark County. In addition, staff investigates unpermitted solid waste handling facilities, follow-ups on rejected load reports and issues waste asbestos transport permits.

Permitted disposal facilities in Clark County:

- Landfills: 9, with 5 applications
- Transfer stations: 5, with 2 applications
- Public waste storage bin facilities: 4, with 1 application
- Material recovery facilities: 8
- Recycling centers: 54, with 5 applications
- Waste tire management facilities: 2
- Waste tire haulers: 11
- Compost facilities: 1
- Construction and demolition waste short-term storage facilities: 2
- Waste asbestos transportation permits issued: 539
- Rejected load reports: 0 follow-ups
- Business license referrals: 350
- Temporary Solid Waste Disposal Site Permits: 10

2012 Recycling Report

CLARK COUNTY,
NEVADA

(Quantities reported in the number of tons)

RECYCLED MUNICIPAL SOLID WASTE (MSW)	2011	2012	% Change
PAPER Corrugated cardboard, newspaper, office paper, magazines, telephone books, mixed paper, other paper	185,338.43	186,164.29	0.45%
METALS Aluminum containers, tin/steel containers, ferrous scrap metals, non-ferrous scrap metals, appliances (white goods), mixed metal	307,224.48	368,078.60	19.81%
PLASTIC Plastic (PET), plastic (HDPE), mixed plastic, plastic film, polystyrene, other (PVC, LDPE, PP)	14,223.34	20,504.23	44.16%
GLASS Clear, green, amber/brown, mixed glass, other glass	14,010.35	32,413.42	131.35%
ORGANIC MATERIAL Yard debris, food waste, biosolids, restaurant grease, rendered animal matter, pallets/wood	45,476.09	87,380.97	92.15%
SPECIAL WASTE Used tires, paint, fluorescent bulbs, lamp ballasts, mercury devices and waste, household hazardous waste	11,729.31	17,898.14	52.59%
TEXTILES Textiles, carpet/carpet pad	1,781.00	9,938.40	458.02%
OTHER RECYCLED MSW Toner cartridges, cell phones, filters, transformers and electrical equipment, computer e-waste	431.62	1,017.68	135.78%
TOTAL RECYCLED MSW	580,214.62	723,395.73	24.68%
CONSTRUCTION & DEMOLITION DEBRIS (C & D) Asphalt, concrete, carpet, carpet padding, drywall, wood, plastic buckets	2.54	23,379.56	
RECYCLED MSW AND C & D GRAND TOTAL	580,217.16	746,775.29	
Total MSW disposed of in the municipality: *	2,016,669	1,902,852	-5.64%
Total MSW generated in municipality: **	2,596,884	2,626,248	1.13%

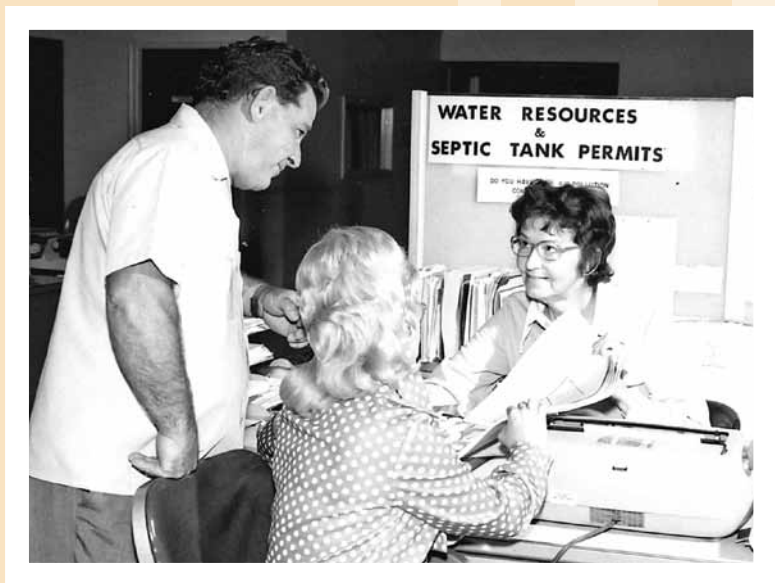
* This number can be found in the spreadsheet at: <http://nevadarecycles.gov/main/forms.htm>

** Total MSW generated is the sum of recycled MSW (tabulated above) plus the quantity of MSW disposed of in a landfill, which was reported as generated in the municipality.

SEPTIC SYSTEMS

In areas where public sewers are not available, individual sewage disposal systems provide the functions of both sewer collection and treatment plant. Staff provides on-site wastewater system plan reviews, permitting and inspections for these systems.

- Parcel maps reviewed: 9
- Septic systems permitted: 85
- Loan certificates issued: 58
- Liquid waste pumping/hauling companies permitted: 45
- Pumping/hauling trucks permitted: 144



UNDERGROUND STORAGE TANKS

Staff conducts annual Environmental Protection Agency (EPA) compliance inspections of underground storage tanks (USTs) for the Nevada Department of Environmental Protection (NDEP). This program inspects installations, repairs, upgrades and suspected leaks of USTs.

- Active UST facilities in Clark County: 788, with 9 pending
- Number of compliance inspections conducted: 805
- New USTs and status changes: 15 new, 34 changes of ownership
- Permanent closures: 24
- Plan reviews: 85
- Final inspections conducted: 50
- Facilities reported to NDEP for formal enforcement: 7
- Closure inspections and site assessments: 22
- Contaminated sites: 10

USED MATTRESSES, BEDDING AND UPHOLSTERED FURNITURE

The health district, through its regulatory process, sets standards for the location, design, construction, operation and maintenance of facilities for the receipt, disassembly, sanitation, refurbishment, storage, and/or distribution of used mattresses, bedding and upholstered furniture. Facilities are permitted and inspected by the health district.



IN 1974, THE FEDERAL SAFE DRINKING WATER ACT WAS ESTABLISHED TO ENSURE THE PUBLIC'S ACCESS TO QUALITY DRINKING WATER.

Public Water Systems

The health district works with the Nevada State Health Division to administer the Safe Drinking Water Program in Clark County. Public water systems are permitted by the state health division, and monitored and inspected locally by health district staff.

- Public ground water systems monitored: 96

Subdivision Review

Staff maintains a geographical information system (GIS) database and reviews every tentative map, final map and improvement plan package submitted for subdivisions. Plans are reviewed with regard to sewage disposal, water pollution, water quality and water supply facilities.

- Maps/plans reviewed: 353
- Maps approved: 80
- Units/lots approved: 2,392



Target Sector Inspections

Target Sector Inspections (TSI) are conducted through an interlocal contract with NDEP. The TSI program audits small quantity generators of hazardous waste and specific businesses identified by the NDEP to ensure proper handling and reporting.

- Target Sector Inspections: 300

Vector Control

Vector control staff conducts surveillance and public education of diseases communicable to humans including plague, hantavirus, West Nile virus (WNV), Western Equine Encephalitis (WEE) and St. Louis Encephalitis (SLE).

- Mosquitoes submitted for WNV, WEE, SLE analysis: 6,019; 77 positive for WNV
- Bird samples submitted WNV, WEE, SLE analysis: 2; 0 positive (Nevada Department of Agriculture ceased routine bird testing in 2010)
- Rodent samples submitted for hantavirus analysis: 10; 0 positive
- Rodent samples submitted for plague analysis: 14; 0 positive

Waste Management Audits

Waste management audit inspections ensure area businesses manage waste properly to protect public health and the environment.

- Waste management audits: 3,579



A FORUM HELD IN MARCH 2001, "RECYCLING: FACING THE CHALLENGE IN CLARK COUNTY," HELPED IDENTIFY BARRIERS TO RECYCLING AND EXPLORED ECONOMIC INCENTIVES AND OTHER MEASURES TO HELP IMPROVE LOCAL RECYCLING RATES.



Public Health in Action



EST. 1999





PUBLIC HEALTH HEROES ARE PRESENTED DURING NATIONAL PUBLIC HEALTH WEEK TO HONOR INDIVIDUALS WHOSE EXTRAORDINARY CONTRIBUTIONS HELP TO PROTECT AND PROMOTE HEALTH IN THE COMMUNITY. HEROES ARE NOMINATED BY HEALTH DISTRICT STAFF FOR THEIR EFFORTS IN SUPPORTING ONE OR MORE OF THE 10 ESSENTIAL PUBLIC HEALTH SERVICES.



COLLABORATIVE SOFTWARE INITIATIVE

The Portland, Oregon-based Collaborative Software Initiative (CSI) has worked with the health district's Office of Epidemiology since 2010 on a project to modernize the electronic systems used for disease investigation and epidemiologic analysis. CSI developed an open-source system, named TriSano®, which was developed for the Utah Department of Health. An open-source system is software that is owned and developed by a user community rather than a software vendor. CSI's TriSano® system has made a large contribution to public health nationwide. The TriSano® system allows health district staff to quickly investigate and understand infectious disease problems and patterns in the community. The long-term goal of the health district is to eventually adapt the system so it can also be used with its HIV/AIDS, STD and TB programs.

JEFF HAHN | BOYD GAMING

Jeff Hahn, Investigations Manager at Boyd Gaming, has worked with the health district to meet the needs of the community in the event of a public health emergency. Hahn developed Boyd Gaming's plans to operate points of dispensing (PODs) sites for its employees and guests. The PODs are part of the health district's response plans to ensure it has the ability to provide life-saving medications to everyone in Clark County in the event of an emergency. Boyd Gaming was the first local resort company with a dispensing plan for its properties. In May 2011, Boyd Gaming participated in a full-scale exercise to put its dispensing plan into action. Hahn worked with district staff for several months to plan the exercise. His efforts offered the district and Boyd Gaming the opportunity to review and update their plans to ensure a prepared collaboration during a public health emergency.





UNLV ATHLETIC DEPARTMENT

In 2007, the Office of Chronic Disease Prevention and Health Promotion initiated a program called “The Coach’s Challenge” with UNLV’s then-basketball coach Lon Kruger to encourage elementary school children to make healthy meal choices and become more physically active. The program was a success. When Coach Kruger left UNLV to pursue another opportunity, UNLV’s athletic department, its head coaches and the health district relaunched the program as the “UNLV Coaches’ Challenge.” Head coaches Bobby Hauck, Jennifer Klein, Kathy Olivier and Dave Rice make personal visits and videotape personal messages about the importance of a healthy diet and exercise. In 2011, the athletic department increased its investment in the program by providing more than 1,000 tickets to a variety of events and incentives for teachers and students.

In 2011, more than 17,000 elementary school children from 696 classrooms in 146 schools signed up to participate in the UNLV Coaches’ Challenge... it was the program’s best year yet.

JUDGE WILLIAM O. VOY | CLARK COUNTY 8TH JUDICIAL DISTRICT

Family Court Judge William O. Voy has presided over three cases brought by the health district regarding tuberculosis patients who were not in compliance with their medication regimen, which is required by law. Judge Voy ensures that patients and their families are adequately informed regarding the issue of noncompliance without delaying the cases and has taken many steps to better educate himself about the disease. His commitment to public health also includes his participation in the planning, development and forthcoming implementation of the Bench Book, an educational project to provide Clark County judges with pertinent information about public health statutes and issues so they can better respond in the event of a public health emergency.



IN APRIL 1999, THE FIRST PUBLIC HEALTH HERO AWARDS WERE PRESENTED TO FIVE RECIPIENTS BY THEN CHIEF HEALTH OFFICER DONALD KWALICK, MD.



50 Years of Public Health

1962

- The Clark County Health District is formed after authorization by the 1959 Nevada State Legislature. It is housed in a temporary structure built as an Army Medical Station during World War II.

1963

- Dr. Otto Ravenholt becomes Clark County's first board appointed chief health officer. He serves until 1998.
- Clark County Ordinance 186 establishes a requirement for a food handlers program. A traveling "medicine show" moves from hotel to hotel providing a two-hour program of films, lectures and demonstrations to educate food handlers on the importance of food safety.



CLARK COUNTY H

1964

- Dignitaries break ground for the facility at 625 Shadow Lane. A bond issue to finance construction of the new health center was presented to voters in October 1963 and was approved by a substantial margin.
- The health district becomes the local repository for birth and death certificates in Clark County. This eliminates the need for residents to order records through the state office in Carson City.
- The U.S. Surgeon General first reports the link between smoking and lung cancer.

1965

- The first birth control (family planning) clinic opens in Clark County with a budget of \$23,000. Services include contraception and counseling to those wishing to plan for the size of their family.

1966

- The Home Health Program is established to provide skilled nursing care through referrals for the acute and chronically ill. Services includes injections, wound care, supervision of medications or management of disease or disabilities.

1972

- The Emergency Medical Services program opens to promote better quality and coordination of emergency medical services in Clark County.
- The addiction treatment clinic opens for opiate addicts. Counselors assist patients with individual problems and provide guidance for improving interpersonal relationships. Referrals are provided for employment or legal problems. Treatment is provided for a fee.



1977

- Smallpox is declared eradicated worldwide due to mass vaccination campaigns. Smallpox vaccination was first attempted in the 18th century.

1978

- The health district begins routine sanitation inspections of all schools located in Clark County.

1981

- The CDC publishes its first report about what becomes known as HIV/AIDS. The report recounts illness in five young, previously healthy gay men in Los Angeles.

1983

- The first known case of AIDS is diagnosed in Clark County. The patient, who suffers from pneumocystis pneumonia, is admitted to the hospital and dies a few days later. The health district contacts the CDC and learns the same pneumonia syndrome has been identified in a group of people in Los Angeles. Mid-year, the director of nursing and chief health officer agree to assign the first health district staff member to work with AIDS patients.

1984

- In the spring, HTLV-3 is identified as the cause of AIDS and leads to the development of the HIV antibody test.

1985

- The health district begins to offer HIV blood testing during the summer. Results take seven to 14 days. A year later the health district's HIV/AIDS clinic opens and provides evaluation and referrals for people who test positive. Clients are referred to the limited resources available in the community.

1997

- Health district regulations governing tattoo/permanent makeup establishments expand to include body piercing. Regulations are among the strictest in the country to ensure the safety and health of workers and patrons.

1999

- The health district launches its first ever website – all nine pages of it.

2000

- Fluoride is added to the county's drinking water. However, state legislation stipulates that a ballot issue be presented to voters on Nov. 7 in order to provide residents the opportunity to decide whether they want optimal, recommended levels of the mineral to remain in the municipal water supply. Ultimately, residents vote to continue fluoridation.

2001

- Terrorists attack in New York City, Washington, DC and Shanksville, PA on Sept. 11.
- Later in September and October, letters with anthrax are mailed to Senators Tom Daschle and Patrick Leahy, ABC News, CBS News, NBC News, the New York Post and the National Enquirer. Five people die and 17 others are infected. The letters lead to an increase in federal funding for biological warfare research and preparedness.



2002

- Oral HIV testing becomes available, offering an alternative to blood tests for people seeking to learn their HIV status. The new test checks for the presence of HIV antibodies in the tissue fluids of the cheeks and gums.
- The addiction treatment clinic closes after careful evaluation and a determination that comparable services are available in the community. The clinic provided methadone to treat clients with addiction to opiates and had operated since 1972.

2003

- Federal grant funding helps establish Southern Nevada's first public health laboratory. Prior to this, the greater Las Vegas area is the only major metropolitan area in the United States without a public health laboratory presence within 100 miles. The Southern Nevada Public Health Laboratory is a branch of the Nevada State Public Health Laboratory and provides vital assistance in disease outbreaks.
- Severe Acute Respiratory Syndrome (SARS) is identified in Asia. The health district investigates suspected cases during the spring.

2004

- The first locally acquired case of West Nile virus is reported in a Clark County resident. The patient is hospitalized with symptoms including meningitis but recovers from the illness.

2005

- Rubella, also known as German measles, is eliminated in the United States.
- West Nile virus is now an established illness in the local mosquito population. In response, mosquito control and surveillance responsibilities are transferred from Clark County to the health district through an interlocal agreement.
- The Clark County Trauma System is created. The system facilitates appropriate triage and transportation of trauma victims to health care facilities that can provide the appropriate level of care.

2006

- Voters pass the Nevada Clean Indoor Air Act. This measure provides substantial changes to Nevada smoking laws and protects children and adults from secondhand smoke in most public places and indoor places of employment.

2008

- The health district notifies approximately 40,000 patients of a local medical clinic about potential exposure to hepatitis C following an investigation of several acute cases of illness. It is the largest hepatitis C exposure notification in U.S. history. Ultimately, more than 53,000 patients are notified, nine acute and chronic cases are directly linked to the clinic and 106 cases are potentially linked.

2009

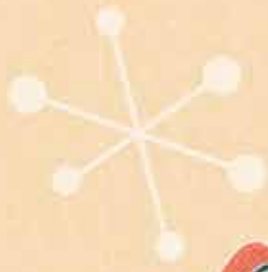
- 2009 H1N1 was first detected in the United States in April. While initially referred to as the “swine flu,” early investigations do not identify exposures to pigs as a route of transmission and it quickly becomes apparent the virus is circulating among humans. The first cases of H1N1 in Clark County are confirmed in May, and the first death in June.

2011

- Thirty-one first-time mothers graduate from the Nurse-Family Partnership, an evidence-based community health initiative that assists women who are pregnant with their first child. Participants are more likely to graduate from high school and less likely to enroll in social assistance programs. It is estimated that for every dollar spent on the program there is as much as a five dollar return in savings.

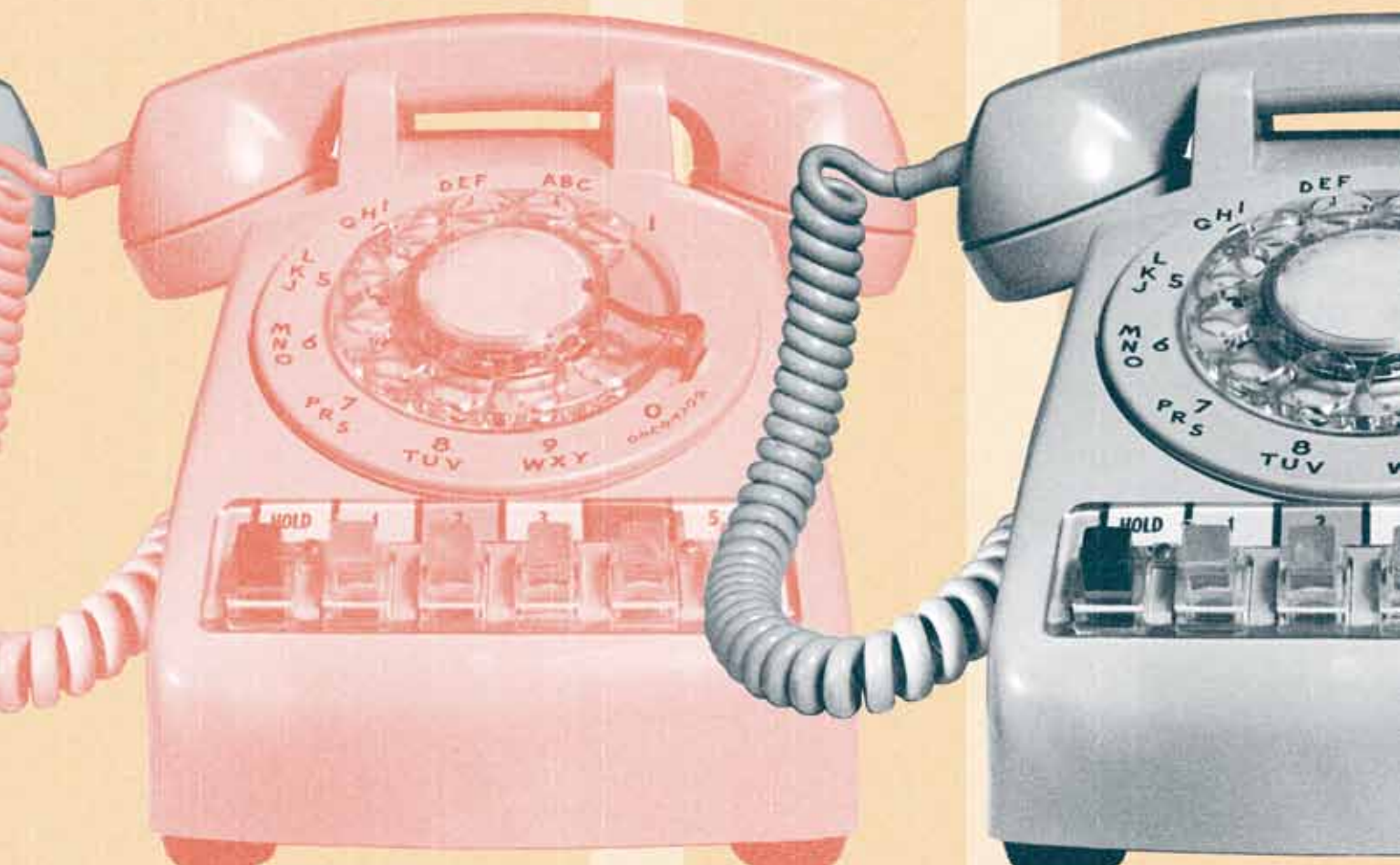
2012

- In the 50 years since its inception, the health district grew from 34 employees in 1962 to 525 employees in 2012. Additionally, the world population doubled, the state population grew 9½ times and Clark County’s population increased 15 times.



2013 Directory







Telephone Listings

GENERAL INFORMATION

Main Number 759-1000
 Emergency Hotline 759-4636 (INFO)

ADMINISTRATION

Administration 759-1204
 Chief Health Officer 759-1201
 Community Outreach & Volunteers 759-0881
 Human Resources 759-1120
 Public Information Office 759-1390



IN 1974, THE HEALTH DISTRICT SWITCHBOARD OPERATOR HANDLED AN ESTIMATED 250,000 CALLS.

CLINICS & NURSING SERVICES

Administration	759-1301
East Las Vegas Clinic	759-0900
Henderson Clinic	759-1040
Immunizations	759-0850
Mesquite Clinic	759-1682
• Locally in Mesquite	346-9161
North Las Vegas Clinic	759-0700
Perinatal Hepatitis B	759-0858
Sexual Health Clinic	759-0708
Tuberculosis Treatment & Control Clinic.....	759-1369

COMMUNITY HEALTH

Administration	759-1364
Chronic Disease Prevention & Health Promotion.....	759-1270
Emergency Medical Services & Trauma System	759-1050
Epidemiology	759-1300
Public Health Preparedness	759-1671
Southern Nevada Public Health Laboratory.....	759-1020
Vital Records	759-1010

ENVIRONMENTAL HEALTH

Administration	759-0589
Aquatic Health (formerly Pool Plan Review and Pool Operator Testing).....	759-0571
Body Art.....	759-0677
Food & Beverage Establishments (by region)	
• Henderson	759-0501
• North Las Vegas	759-0502
• Spring Valley	759-0503
• East Las Vegas and Strip Properties.....	759-0620
Food Handler Safety Training Cards (formerly Health Cards)	759-1099
Information and Complaints.....	759-0588
Laughlin.....	759-1643
Mesquite	759-1682
• Locally in Mesquite	346-9161
Restaurant Plan Review	759-1258
Septic Tanks	759-0660
Solid Waste Management.....	759-0600
Subdivision and Solid Waste Plan Review.....	759-0661
Underground Storage Tanks	759-0603
Water Systems.....	759-0677

Online Resources

WWW.SNHD.INFO

Access:

- Board of Health agendas, minutes and audio recordings of meetings
- public notices
- “The Perspective” e-newsletter
- emergency preparedness planning and kit information
- restaurant inspections and see a 5-year inspection history

Download:

- birth and death certificate application forms
- EMS regulations, manuals and forms.
- immunization forms and vaccine information sheets
- budget reports, monthly disease statistics and the new lead regulations
- regulations, forms, applications, checklists and fee schedules for regulated businesses and individuals

Learn about:

- the new Food Handler Safety Training Card program process
- the new Body Art Card
- pool operation certification process
- starting a home-based food business.
- visiting the sexual health, TB and family planning clinics
- dates and locations of specialty clinics (HIV testing, immunization, etc.)
- what you can recycle and where to take it
- job opportunities and apply online
- Health Alert Network

Report:

- an EMS incident
- foodborne illness
- illegal dumping
- illegal vendors
- unsanitary conditions at a food establishment
- smoking violation

Find:

- local medical service providers for the uninsured and underinsured
- directions to public health centers
- available internships and resident rotations
- hours of operation

Request:

- public records
- immunization records
- public health data
- morbidity reports

WWW.GETHEALTHYCLARKCOUNTY.ORG

Join:

- Get Healthy Meal Planner
- Nutrition Challenge
- Walk Around Nevada
- the Kids Challenge, a program to help children eat healthy and stay active

Access:

- information about smoking cessation
- local trail information on the online Neon to Nature program
- a community calendar of healthy events for adults and children
- the blog and send in your questions

Visit:

- www.vivasaludable.org for health and wellness information in Spanish

WWW.YOUTUBE.COM/SNHEALTHDISTRICT

Browse more than 200 educational videos on topics such as:

- chronic and infectious diseases
- physical activity
- condoms
- emergency preparedness
- summer safety
- immunizations
- drowning prevention

at your fingertips



Smart Phone Resources

WWW.FACEBOOK.COM

- [GetHealthyClarkCounty](#) | Access event information, tips and events promoting a healthy lifestyle
- [SouthernNevadaHealthDistrict](#) | Get updates, event information and tips on healthy living
- [Medical-Reserve-Corps-of-Southern-Nevada](#) | Learn more about the activities of the Medical Reserve Corps
- [ez2stop](#) | Get the latest information about safe sex and HIV testing clinics

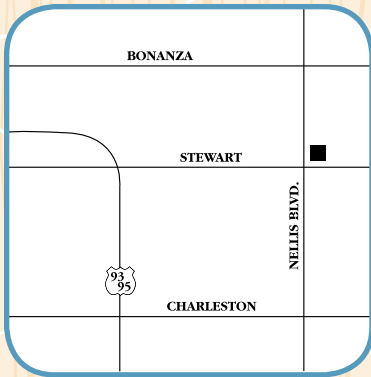
WWW.TWITTER.COM

- Follow the health district's general announcements [@SNHDinfo](#).
- Get clinic information during flu season [@SNHDflu](#).
- Receive health district updates in Spanish [@tuSNHD](#).
- Learn about HIV testing clinics and other related events [@ez2stop](#).
- Follow [@GetHealthyCC](#) for healthy living events and information.

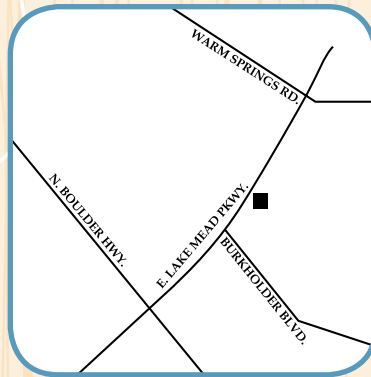


The first satellite clinic had four wheels and a motor.

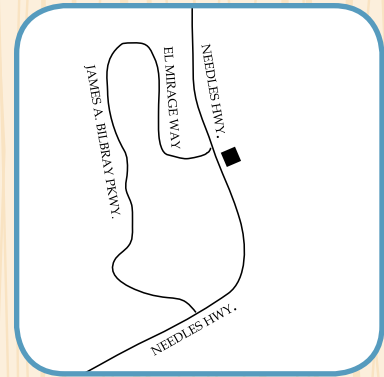
Locations



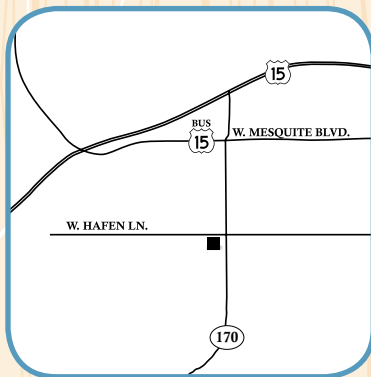
**EAST LAS VEGAS
PUBLIC HEALTH CENTER**
560 Nellis Blvd., Suites D1 & E12
Las Vegas, NV



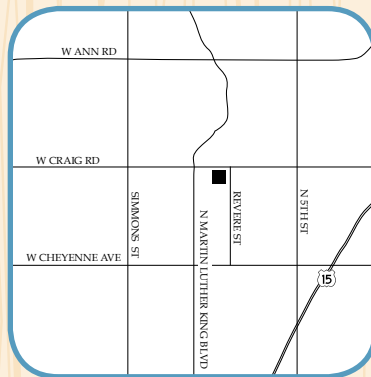
**HENDERSON
PUBLIC HEALTH CENTER**
520 E. Lake Mead Pkwy.
Henderson, NV



**LAUGHLIN
PUBLIC HEALTH CENTER**
3080 S. Needles Hwy., Suite 1800
Laughlin, NV



**MESQUITE
PUBLIC HEALTH CENTER**
830 Hafan Ln.
Mesquite, NV



**NORTH LAS VEGAS
PUBLIC HEALTH CENTER**
955 W. Craig Rd., Suite 103D
North Las Vegas, NV



**SHADOW PROFESSIONAL
CENTER**
400 Shadow Ln., Suite 106
Las Vegas, NV



**SOUTHERN NEVADA
HEALTH DISTRICT**
330 S. Valley View Blvd.
Las Vegas, NV



**CELEBRATING THE PAST.
PROTECTING THE FUTURE.**



**SOUTHERNNEVADA
HEALTHDISTRICT**

John Middaugh, MD | Interim Chief Health Officer

Tom Coleman, MD, MS | Director of Community Health

Elaine Glaser | Director of Administration

Amy Irani | Acting Director of Environmental Health

Bonnie Sorenson | Director of Clinics & Nursing Services

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