Overview of Programs

Promote and protect the well-being of Nevadans and visitors to our state by preventing disease, injury, and disability.

Jim Gibbons
Governor
Michael J. Willden
Director, DHHS

Alex Haartz, MPH
Administrator
Bradford Lee, M.D.
State Health Officer
By 3 months:
- Push up on his arms and hold his head up?
- Follow a moving toy with his eyes?
- Startled by a loud noise?

By 6 months:
- Sit up with light support?
- Babble when alone?
- Reach for objects?

By 9 months:
- Sit without support?
- Crawl (up on hands and knees)?
- Imitate sounds such as Mama and bye-bye?

By 12 months:
- Pull up to a standing position?
- Finger-feed self solid foods?

By 18 months:
- Walk well and run?
- Name some objects?

By 24 months:
- Walk up and down stairs?
- Stack 2-4 objects?
- Use 2-3 word sentences?

Nevada State Health Division, Bureau of Early Intervention Services, is here to help if you feel these milestones aren’t being met. 

No cost to you!

Developmental Milestones

By 3 months:
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- Reach for objects?

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Nevada State Health Division, PIO, 5.2006, J. Flamm

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Nevada State Health Division, P.O. Box 824225, Carson City, NV 89782-4225

For more information:
775.688.1341 (Reno)
775.753.1214 (Elko)
702.486.9200 (Las Vegas)

Parent Support Groups
775.792.4118 (No. NV)
www.featofthecarsonvalley.org
775.324.5085 (R.A.I.N)
702.368.3328 (S. NV)
help@featsonv.org

Pursuing early intervention will help your child

If your child enjoys playing peek-a-boo or hide-and-seek?
Does your child ever use his/her index finger to point, to ASK for something? If not, this may be an indication of autism.
Does your child ever bring objects over to you to SHOW you something?
Does your child enjoy being swung, bounced on your knee?
Does your child use words when asking for something?
Does your child PRETEND, such as making a cup of tea or pretend other things?
Does your child take an interest?

If you have concerns, please call us—we’re here to help!
The Nevada State Health Division (NSHD) promotes and protects the health of all Neva
dans and visitors to the state through its leadership in public health and enforcement of laws and regulations pertaining to public health. In compliance with the Nevada Revised Statutes (NRS) 439.170, the Health Division’s mission is to take such measures as may be necessary to prevent the spread of sickness and disease. The Nevada State Health Division accomplishes this through direct services, as well as coordination and collaboration with other agencies, private industries, community-based service organizations, professional organizations, and consumer groups. The Division works closely with Carson City, Clark County, and Washoe County health authorities, and provides direct public health services in the other 14, primarily rural, counties. The Division also investigates the causes of disease outbreaks, seeks to control the spread of communicable diseases, seeks to lower the incidence of preventable diseases and injuries, and studies morbidity and mortality occurring within the state.
In fulfilling its mission, the Health Division is guided by the State Board of Health and administers six bureaus:

- Bureau of Community Health
- Bureau of Early Intervention Services
- Bureau of Family Health Services
- Bureau of Health Planning & Statistics
- Bureau of Health Protection Services
- Bureau of Licensure and Certification

The State Board of Health shares a vision and commitment to assuring that all Nevada residents have the highest attainable level of individual and community health.

Chapter 439.150(1) of the NRS states, “the State Board of Health is hereby declared to be supreme in all non-administrative health matters. The mission of the Office of Administration is to enforce all of the laws and regulations pertaining to the public’s health and provide support services for the Division’s seven bureaus in promoting and protecting the health of all Nevadans and visitors to the state. It has general supervision of all matters...relating to the preservation of the health and lives of the citizens of the state...” The Board is dedicated to assuring both residents and visitors can be active in an environment where good sanitation is practiced and there is a minimum risk of contracting disease or experiencing disabling unintentional injury.
The Office of Administration provides leadership, guidance and support in the fiscal and administrative processes of the Division, while the Division’s Personnel Office provides personnel services. The organizational chart below illustrates the chain of command:
Under the authority in Nevada Revised Statutes, Chapter 439 and Nevada Administrative Code 439, the State Health Officer is responsible for enforcing all laws and regulations pertaining to public health. This includes interpreting, implementing, and providing guidelines to Nevada State Health Division, State Board of Health, and public and private entities, on federal and state laws and Board of Health regulations. The State Health Officer also investigates causes of disease, epidemics, sources of mortality, and other matters impacting public health in Nevada.

The mission of the Nevada Office of Minority Health is to improve the quality of health care services for members of minority groups; and to increase access to health care services; to seek ways to provide education, address, treat and prevent diseases and conditions that are prevalent among minority populations.

Nevada Revised Statutes, Chapter 232, established an Advisory Committee, composed of nine members reflecting the ethnic and geographical diversity of the state, to govern the Office of Minority Health.
The Office of Epidemiology promotes the health of all Nevadans through disease surveillance, disease case and outbreak investigation, and through interventions designed to control or prevent the further spread of disease, as required by Nevada Revised Statutes, Chapter 441A and Nevada Administrative Code 441A.

Physicians, laboratories, and other health care providers bring reportable diseases to public health attention. Specially trained staff from the Nevada State Health Division interview individuals with infectious diseases in order to identify how they may have acquired the infection and to put in place measures to ensure that it does not spread to other people. In disease outbreak situations in which a group of individuals are infected, staff may also interview people without the disease in order to better understand what factors contributed to the outbreak.

The Office of Epidemiology also maintains historical data on disease occurrence in Nevada. This information is vital to the understanding of current disease experience. Analysis of this data help to identify vulnerable populations that may benefit from additional prevention-oriented services such as immunization or health education.
The State Health Division, Public Information Office (PIO) is often the first point of contact for the public seeking information regarding public health, health care needs, medical issues, statistics, and other public health information. On behalf of the Administrator and Bureau Chiefs, staff respond to requests from visual and print media, both local and national. In coordination with program managers, the PIO prepares and prints informational brochures and publications regarding a myriad of public health issues affecting Nevadans. We continue to play a vital role in Nevada’s Public Health Preparedness—this partnership with local, county, state, and federal entities is essential in preparing Nevada to effectively plan, equip, and prepare for any public health emergency.

We provide consultation, technical assistance, review of all publications for external distribution, oversight and quality control of the website and health information for all programs in the Division.
Information Technology is a part of Nevada State Health Division Administration, and currently employs technical experts in various information technology disciplines. The Office of Informatics and Technology (OIT) comprehensive support includes: installation, maintenance and troubleshooting of computer systems and networks along with maintaining the various databases and deployment of applications used to support the agency’s operations. The extensive knowledge of the Internet and World Wide Web provides access to information needed to meet both federally funded and privately funded projects. One of the most important responsibilities is to promote effective agency operations through development and implementation of an integrated information technology architecture that has created a system used to fulfill the operation of all information management processes. This ensures reliable and consistent cost-effective access to and for the dissemination of government information intended for public access.

Nevada Revised Statutes (NRS), Chapter 439, limits Trust Fund expenditures to the interest and income generated by the Trust Fund for grants to promote public health and programs for disease or illness
The public purpose and critical need of the Public Health Preparedness Program is to develop emergency-ready public health departments by upgrading, integrating, and evaluating state and local public health jurisdictions’ preparedness for a response to terrorism, pandemic influenza, and other public health emergencies with federal, state, local, and tribal governments, the private sector, and non-governmental organizations, while enhancing the ability of hospitals and supporting health care systems to prepare for and respond to similar events. These emergency preparedness response efforts support the National Response Plan and the National Incident Management System.
The Bureau of Health Protection Services (BHPS) is responsible for the protection of public health through activities related to the inspection and enforcement of regulations pertaining to food establishments, hotels, motels, institutions, schools, correctional facilities and RV parks throughout the state. Authority under NRS, Chapters 211, 278.335, 278.377, 439, 444, 445-447, 452, 457, 459, 461A, 583, and 585, the Bureau is also responsible for plan reviews of subdivisions and sewage disposal systems of less than 5,000-gallon capacity. Staff investigate citizen complaints, reports of vector transmission disease, and are involved in the inspection and licensing of drug and cosmetic plants. Bureau staff are also responsible for the licensure and inspection of x-ray and mammography machines and radiation sources in the state. These sites include hospitals, medical clinics, mammography facilities and numerous industrial sites.

Public Health Engineering has been relocated to the Nevada State Division of Environmental Protection (NDEP), (775) 687-9520. NDEP reviews plans for the subdivision of lands, public water systems, and individual sewage disposal systems in excess of 5,000 gallons and all commercial sewage disposal systems.
Environmental Health (health.nv.gov/bhps/ehs) permits, inspects, and, where applicable, performs plan reviews of food establishments, bottled water plants and distributors, drug and cosmetic plants, public bathing places, hotels and motels, recreational parks, individual sewage disposal systems, and septic tank pumping companies. Inspections and plan reviews are performed to identify conditions of sanitation in public institutions, schools, child care facilities, public accommodations, selected private water and sewer facilities and solid waste sites. All food-borne illness complaints are investigated, as well as truck accidents and fires that involve food and drugs. Incidents of vector transmission of disease, such as plague and hantavirus, are investigated by the Environmental Health Section.
Radiological Health of BHPS, protects public health by regulating and providing non-regulatory technical assistance concerning sources of radiation. The RHS licenses and inspects 272 radioactive material users, registers and inspects over 5,201 x-ray machines statewide, registers 72 x-ray machine installations, inspects 90 mammography x-ray machines, and certifies over 273 mammography operators located in 63 facilities. RHS staff monitor the requirements of the Safe Drinking Water Act amendments and the Radon-in-Water Rule and continue to work with local suppliers to minimize the impact on their customers. RHS educates the public regarding potential radon gas found in the ground beneath homes and businesses located in Nevada and performs oversight of the U.S. Department of Energy (USDOE) Nevada Test Site and the closed, low-level waste site near Beatty, Nevada. They conduct statewide radiological emergency response activities.

In accordance with Nevada Revised Statutes, Chapters 449, 652, and 450B, the mission of the Bureau of Licensure and Certification (BLC) is to protect the safety and welfare of the public through licensing and regulation enforcement in health and medical facilities. This mission is accomplished through the Bureau’s three sections: Health Facilities, Medical Laboratories and
Emergency Medical Services. Promotion and advocacy of quality health care is also accomplished through BLC’s involvement in health care provider education and the provision of consumer information. The vision of the Bureau is a healthy and safe environment in which quality health care is provided with respect and dignity across the continuum of life.

BLC licenses medical facilities and facilities for the dependent. (BLC/HealthFacilities.htm) The state of Nevada also has an agreement with the federal Centers for Medicare and Medicaid Services (CMS) to certify facilities in the CMS reimbursement programs. Surveys are conducted based on the regulatory requirements for each type of facility following specific survey guidelines and state or federal time frames. The Bureau also conducts complaint investigations for all licensed and certified facilities. The Bureau manages the Minimum Data Set (MDS) and Outcome Assessment Instrument Set (OASIS) data projects for all long term care and home health agencies in Nevada. These are nationwide projects that are federally mandated and include information on medical assessments conducted on all patients in these facilities. This information allows facilities to be reimbursed for the care and services they provide to the Medicare and/or Medicaid patients in their facilities.
The Medical Laboratory Services (MLS) Program is responsible for developing and implementing state licensure regulations, which establish minimum qualifications for laboratory personnel and assure laboratories produce and report accurate and reliable test results. MLS also surveys laboratories for compliance with the Centers for Medicaid and Medicare Services’ (CMS) Clinical Laboratory Improvement Amendments (CLIA) regulations. Approximately 810 medical labs and 1,278 CLIA labs are examined for accuracy and quality of services provided. Of the 706 medical laboratories, 103 are licensed laboratories, 125 are registered laboratories, and 582 are exempt laboratories. Out-of-state laboratories are required to be licensed to perform workplace drug testing for worker’s compensation. There are three out-of-state licensed toxicology laboratories at this time, with six pending applications. In addition to conducting laboratory surveys, this section of BLC reviews credentials and issues licenses to lab directors and certificates to technical laboratory personnel. Currently there are 151 licensed laboratory directors, and 7,773 certified laboratory personnel. Nevada passed the federal State Agency
Performance Review (SAPR) conducted by CMS with 100 percent in all categories, with one exception, which passed with 96 percent in Federal Fiscal Year 2005. MLS staff also participates in the Medical Laboratory Advisory Committee (MLAC) meetings.

The Emergency Medical Services Program, as authorized in NRS 450B inclusive, establishes and enforces standards for the provision of quality out of hospital emergency medical care, the operation of ambulance services, certification of emergency medical technicians, licensure of attendants and the delivery of trauma care. The program also supports the emergency medical services system for Nevada’s rural counties (15 counties) and Washoe County by providing technical assistance, consultation and training to EMS managers and personnel as well as public officials.

The EMS program maintains three regional offices (Carson City, Elko, and Tonopah) so that it can provide timely assistance across rural Nevada. EMS is responsible for implementing, monitoring, and maintaining a central
The EMS Program is the principle agent for the coordination of medical resources to augment local emergency medical care during disasters. As such, the program maintains Emergency Medical Support Units (EMSU) in Carson City and Elko. The EMSU’s are capable of providing communities emergency medical support when local resources request assistance. Each EMSU is equipped to provide triage, treatment, and protection from weather for 500 persons. The EMS program is committed to improving patient outcomes and has been instrumental in implementing a statewide public access defibrillation program. Through this program, public agencies and programs can purchase defibrillators at reduced cost. As access to defibrillation improves, so does survival rates. EMS staff participates on the Injury Prevention Committee and the Nevada Statewide Trauma Committee and the EMS Advisory Committee.
Residential Facilities for Groups (RFG) represents the largest number of health care facilities licensed by the Bureau in Nevada. As of 2006, 311 RFG facilities were licensed statewide. These facilities range in size from three to 150 beds. A “residential facility for groups” is defined as an establishment that furnishes food, shelter, assistance and limited supervision to an aged, infirmed, mentally retarded or handicapped person. Residents living in this type of facility can receive assistance with their Activities of Daily Living (ADL), which may include dressing, bathing and grooming. Residents can also receive assistance with administration of their medications. The facility is required to provide scheduled activities to stimulate the residents mentally, physically and socially. The facility must serve nutritious meals and snacks taking into account preferences of the residents. Residents can also be provided modified diets for chronic illnesses based on an order from their physician. Licensed RFG facilities may apply for additional endorsements to provide care to residents with special needs. The majority of facilities are licensed for the elderly and disabled, but there are facilities that are also licensed to care for residents with Alzheimer’s disease and other types of dementia, chronic illness, mental illness and mental retardation. Caregivers are required to complete a minimum of eight hours of training every year. Medication management training is also required for caregivers who assist residents with their medications. Additional specific dementia training is required for caregivers working in a facility that has an Alzheimer’s endorsement.
Nevada law prohibits individuals with certain criminal convictions from working in long term care facilities. The Nevada State Health Division ensures employee fingerprints are checked and licensed facilities terminate any employees found to have disqualifying convictions. The program has worked to improve the background check process by ensuring the availability of electronic fingerprint submission in every county throughout Nevada. Submitting fingerprints electronically, rather than the current practice of printing and submitting fingerprint cards, can reduce the processing time of a background check from 120 days to 48 hours. Nevada participates in a Federal pilot program to evaluate whether prohibiting individuals with specific convictions from working in long term care facilities actually corresponds to an improvement in the quality of care for residents. The Bureau participates in many partnerships to improve health care provider’s knowledge, understanding and skills. The Bureau is active in Assisted Living Advisory Council (ALAC), the Long Term Care Advisory Counsel (TLFAC), the Transitional Living Facility Advisory Committee and, along with EMS staff, the Public Health Preparedness Program. BLC staff provides educational programs and technical assistance to help facilities in understanding regulatory requirements. The goal of these efforts is to increase voluntary compliance with state and federal regulations to improve the quality of care and quality of life for Nevadans.
The mission of the Bureau of Community Health is to protect and advance health, safety, and quality of life for all Nevadans through development of partnerships, education, health promotion, and disease prevention. BCH is governed by NRS 202.249, 439.501, 439.507, 689B.0357, 636, 454.480, 695C1727, and NAC 442.784, 687B, 439, and 449.2726. Through the Bureau of Community Health, the Nevada State Health Division (NSHD) offers numerous programs designed to prevent and control chronic disease and ultimately eradicate communicable disease in Nevada. Exponential growth in population and caseload has affected many of the programs in the Bureau, resulting in an increased need for services for vaccine purchase, immunization promotion and control of tuberculosis and sexually transmitted diseases. New programs in chronic diseases have been added or enhanced in recent years.

**OUR PROGRAMS:**

- Community Health Nursing
- Immunization Program
- Hepatitis Program
- HIV/AIDS Program
- STD Program
- Tuberculosis Program
- Women’s Health Connection
- Diabetes Prevention & Control Program
- Tobacco Prevention & Education Program
- Arthritis Prevention & Control Program
- Comprehensive Cancer Control Program
Community Health Nursing (health2k.state.nv.us/CHN/) is the sole provider of public health nursing in Nevada's 16 clinics located in rural and frontier counties. Each Community Health Nursing Services Clinic offers a variety of low-cost health clinics and nursing services to residents of all ages and incomes. Clients will not be refused services for an inability to pay. Twenty Community Health Nurses provide services in 19 primary clinic locations and up to 54 satellite sites.

Services provided include:

--Immunizations
--Well-Child Examination and Healthy Kids Screenings
--Family Planning Education, Counseling and Treatment
--Cancer Screening
--Sexually Transmitted Disease Education and Counseling
--HIV/AIDS Counseling, Education and Testing
--Communicable Disease Investigation
--Tuberculosis Screening and Education
--School Health Promotion and Education
--Children's Special Health Care Needs Referrals
In May 2006, the Disease Investigation (DIS) staff realigned under the Bureau of Community Health, Community Health Nursing Program (CHN). This will improve program structure for diagnosis and treatment such as Directly Observed Therapy (DOT) for Tuberculosis cases, as well as improved continuity, coordination, and communication of case services between Community Health Nursing and DIS staff. Case management will be centralized in one bureau. Each of the DIS are regionalized to cover the rural and frontier counties throughout Nevada. This consolidation also streamlines protocols and policies for the DIS and CHN staff as directed by the State Health Officer.

**Major Objectives:**

- Work with state and county health agencies and the private medical community to promote immunizations among infants, children and adults
- Respond to vaccine-preventable disease outbreaks
- Provide immunization education to health care professionals and consumers
- Develop and implement systems to assess and improve immunization levels within medical clinics
- Conduct immunization audits of county health districts, public health clinics and private physicians who administer state-supplied vaccine
- Prevent transmission of hepatitis B in Nevada through the Perinatal and Universal Hepatitis B Prevention Programs
The Immunization Program also supports a statewide immunization registry to improve the overall immunization coverage level of preschool children in Nevada by recalling or reminding children due for their vaccinations.

The Hepatitis Control Program (health.nv.gov/hepatitis) is housed within Nevada’s Immunization Program. The Federal Epidemiology and Laboratory Capacity grant funds a full-time coordinator to integrate hepatitis control efforts into existing and closely related programs such as HIV, STD and Substance Abuse, etc. Improving active and passive surveillance activities and implementing a comprehensive hepatitis control plan are the prime program initiatives for 2006-2007.

The HIV/AIDS program’s (health.nv.gov/HIV) mission is to reduce and eliminate new HIV infections and their associated morbidity. To accomplish this, the program facilitates a process of community-based HIV prevention planning conducted by a subcommittee of the State AIDS Task Force. The HIV/AIDS Surveillance Program maintains data on all HIV cases and HIV-related morbidity and mortality in Nevada. Its mission is to use surveillance data to identify persons in need of HIV/AIDS prevention and care services throughout the state. Each year, the program produces a report of new and cumulative HIV/AIDS cases and regularly participates in community planning efforts. As a result, new disease trends, priority populations and “pockets-of-need” are successfully identified and addressed in Nevada.
A network of subgrants with HIV prevention providers collectively ensures:

- COUNSELING AND TESTING
- REFERRAL
- PARTNER NOTIFICATION
- HEALTH EDUCATION AND RISK REDUCTION ACTIVITIES
- OUTREACH EDUCATION AND COUNSELING TO INJECTING DRUG USERS AND THEIR PARTNERS
- MINORITY COMMUNITY INITIATIVES
- SECONDARY PREVENTION SUPPORT GROUPS
- COMMUNITY ORGANIZATIONAL AND COMMUNITY-WIDE HIV INTERVENTIONS
- HIV PREVENTION CASE MANAGEMENT
- PUBLIC INFORMATION ACTIVITIES

The Ryan White Title II Program provides a wide range of services and support to individuals infected and affected with HIV and/or AIDS. Through this program, the following services are provided:

- AIDS DRUG ASSISTANCE PROGRAM
- CASE MANAGEMENT & COUNSELING
- MEDICATION ADHERENCE PROGRAMMING
- MINORITY OUTREACH
- EMERGENCY HOUSING, FOOD, TRANSPORTATION
- MENTAL HEALTH/SUBSTANCE ABUSE TREATMENT
- PRIMARY CARE SERVICES
- DENTAL SERVICES

These services are designed to assist individuals infected with HIV/AIDS to access and remain in compliance with HIV/AIDS specific health care services.

The Sexually Transmitted Diseased (STD) program (health.nv.gov/hiv/std.htm) is responsible for the control and prevention
of STDs within the state of Nevada. The program assists state, local and community efforts in curbing the transmission of chlamydia, gonorrhea, syphilis, hepatitis B and other STDs, as well as reducing the health burden and costs associated with these infections.

The major components of this program are:

- STD COUNSELING, TESTING, AND TREATMENT
- PARTNER NOTIFICATION AND MANAGEMENT
- SURVEILLANCE OF REPORTABLE STDs (Chlamydia, Gonorrhea, and Syphilis)
- PROFESSIONAL EDUCATION FOR STD CLINICIANS AND COUNSELORS
- POLICY DEVELOPMENT ON EMERGING STD ISSUES AND DISEASE TRENDS
- OUTBREAK RESPONSE

The mission of the Tuberculosis Program (health.nv.gov/tuberculosis/) is to reduce the incidence of TB by the aggressive management of newly diagnosed cases and extensive preventive treatment of those infected with TB. The TB Program:

- PROVIDES LEADERSHIP IN NEVADA’S DIVERSE COMMUNITIES AND INSTITUTIONS
- COLLECTS, ANALyzES, AND DISSEMINATES INFORMATION
- DEVELOPS AND DISTRIBUTES FISCAL RESOURCES TO THE LOCAL LEVEL
- PROVIDES TECHNICAL ASSISTANCE AND TRAINING TO VARIOUS GROUPS AND ORGANIZATIONS
- DEFINES MINIMUM STANDARDS FOR TB CONTROL AND PROMOTES ADHERENCE TO THOSE STANDARDS
- FOSTERS COLLABORATION AND COORDINATION AMONG PUBLIC AND PRIVATE ORGANIZATIONS
The Women’s Health Connection (health.nv.gov/whc/index.htm) is a breast and cervical cancer early detection program available to eligible Nevada women at no cost. This program is made possible by funding from the Centers for Disease Control and Prevention. Women, age 40 and older, who do not have Medicaid or Medicare Part B, are not a member of an HMO, are underinsured or uninsured, and meet the income guidelines are eligible.

The mission of the Women’s Health Connection is to:

- Reduce incidence and mortality of breast and cervical cancer
- Enhance the quality of life for Nevada women and their families through
  > Collaborative partnerships
  > Health education
  > Access to high-quality screening services and therapeutic care

The mission of Nevada’s Diabetes Prevention and Control Program (health.nv.gov/diabetes/) is to reduce the burden of diabetes in the state of Nevada and is dedicated to:
Defining the nature, extent, distribution and causes of the burden of diabetes;
Developing new approaches to reduce the diabetes burden;
Ensuring diabetes policy and legislation is enforced;
Coordinating diabetes-related efforts of the public health system with those of private health care providers and with appropriate governmental, voluntary, professional and academic institutions;
Providing professional/public education.

The Nevada Diabetes Council serves as a voluntary body with the following goals:

- To increase public awareness of the impact of diabetes;
- To improve the quality of life for those who are affected; and
- To reduce the burdens imposed by diabetes.

The Diabetes Council provides guidance to the State Diabetes Control Program. The mission of the Tobacco Prevention and Education Program (health.nv.gov/tobacco/) is to reduce the overall prevalence of tobacco use among Nevada residents and is funded by a grant from the Centers for Disease Control and Prevention. The goal is to reduce disease, disability and death related to tobacco use by:

- Preventing the initiation of tobacco use among young people;
- Promoting quitting among young people and adults;
- Eliminating nonsmokers' exposure to secondhand smoke; and
- Identifying and eliminating the disparities related to tobacco use and its effects among different population groups.
The responsibilities of the program include:

- Providing technical assistance to the statewide tobacco prevention coalition, local coalitions, non-profits, health districts, and other government agencies;
- Surveillance and evaluation;
- Collaboration and support to rural communities; and
- Subgrants to support local, regional, and statewide tobacco prevention and control programs.

The program works with the Task Force for the Fund for a Healthy Nevada, allocating body for the Master Settlement Agreement, by providing technical assistance and training to programs funded for tobacco prevention and cessation.

The Arthritis Prevention and Control Program (health.nv.gov/arthritis) strives to improve the quality of life among persons in Nevada affected by arthritis. The program is funded through a grant from the Centers for Disease Control and Prevention (CDC). Doctor-diagnosed arthritis is the leading cause of disability in the United States affecting 43 million adults age 18 and older. Arthritis or chronic joint symptoms affects nearly one out of every three adults, or about 70 million Americans. In Nevada, 29 percent of the adult population report they have doctor-diagnosed arthritis and experience limitations in their daily activities. As with most chronic diseases, healthy living has a profound and positive effect on
arthritis. Osteoarthritis, the most prevalent form, can be delayed through weight control and avoidance of certain injuries. Similarly, the pain and disability of all types of arthritis is minimized through early detection and management with weight control, physical activity, self-management, as well as appropriate medical treatment. These evidenced-based interventions applied in a wide-scale public health strategy, can substantially reduce the cost of arthritis and increase the quality of life for those Nevadans with arthritis. This Program also serves as staff to the Advisory Council for the State Program on Fitness and Wellness established by NRS 439.514-525.

The Comprehensive Cancer Control Program (health.nv.gov/cccp/) has been funded through a grant from the Centers for Disease Control and Prevention (CDC) since 2003. The goals of the programs and its internal and external partners are to:

*Reduce the risk of developing cancer
*Increase early detection and appropriate screenings for cancer
*Increase access to clinical trial initiatives
*Increase access to appropriate effective treatment and care
*Address quality of life issues for health care consumers affected by cancer
*Improve coordination and collaboration among cancer control efforts
The State of Nevada Comprehensive Cancer Plan identifies areas of common interest and need and offers a road map to guide short, intermediate, and long-term action. The Plan can be found on the program’s website. Burden of disease and statistical documents for site specific cancers can also be found on the website, as well as resources for locating cancer services in Nevada. The Comprehensive Cancer Control Program is staff to the Prostate Cancer Task Force and facilitates the Nevada Cancer Council.

The mission of Nevada’s Bureau of Early Intervention Services is to identify infants and toddlers who are at risk for, or who have, developmental delays; provide services and support to families to meet the individualized developmental needs of their child; and facilitate the child’s learning and participation in family and community life through the partnerships of families, caregivers and service providers. The Bureau includes the Part C, Individuals with Disabilities Education Improvement Act (IDEA). The bureau has regional early intervention sites in Carson City, Elko, Las Vegas, Reno, and Ely. In addition, community organizations are contracted to provide early intervention services in the southern region. BEIS is governed by NRS 442 and NAC 442. Part C of the Individuals with Disabilities Education Improvement Act is a federal grant designed to provide early intervention services and support to all eligible infants and toddlers with
disabilities and their families. Since 1986, the Nevada Department of Health and Human Services, by Executive Order is designated as the lead agency to assure the appropriate and timely provision of early intervention services for children with disabilities under the age of 36 months. Part C, IDEA requires eligible families seeking early intervention services to complete a comprehensive evaluation and develop an Individualized Family Service Plan (IFSP) within 45 days of referral. Early intervention services must be provided in the child's natural environment such as home or child care setting. The statewide system also includes a public awareness program, professional development activities, procedural safeguards, a system of compiling child data, payment for early intervention services from multiple sources, and supervision and monitoring of early intervention programs and dispute resolutions.

Early Intervention programs provide comprehensive, family-centered, community-based, multi-disciplinary early intervention services as directed by the Individuals with Disabilities Education Improvement Act (IDEA – P.L. 108-446).

Early intervention services are provided to families with children, ages birth to three years, who have known or suspected developmental delays in the areas of cognition, communication, physical development (including vision and hearing), social and emotional development, and/or adaptive skills. Services may include, but are not limited to: service coordination; occupational, physical, and speech therapy; vision and hearing services; nutritional services; specialized instruction; parent support; and assistive technology. NEIS also
provides follow-up services for hospital neonatal intensive care nurseries and, through the Screening and Monitoring (SaM) Program, supports children and families not currently eligible for early intervention services but at risk for developing delays in the future. Health-related services that NEIS assists in providing include audiology and developmental pediatric services, as well as specialty clinics for children, ages birth to 21 years, in the areas of genetic disorders, metabolic disorders, and craniofacial anomalies.

**AUTISM:** In 2006, as a result of the dramatic increase in Autism cases in Nevada and throughout the nation, and a goal of improving Early Intervention services, the Bureau of Early Intervention Services and Health Division staff organized, developed, and met with community service providers to collectively brainstorm in an effort to improve access to services, devise more efficient early recognition and intervention practices, and build stronger partnerships with service organizations who provide essential services to children and families living with developmental disabilities.

Health care professionals, data experts, educators, providers, and parents gathered and were able to begin a
The mission of the Bureau of Family Health Services (BFHS) is to improve the health of families by providing health education, prevention activities, quality assurance and assuring access to health care services. They are governed by NRS 442 and NAC 442. The Bureau’s goal is to improve the health of families, specifically pregnant and parenting women, infants, children and adolescents, including children with special health care needs, and their families. Services are comprehensive, coordinated, family-centered, community-based and culturally appropriate. The Bureau includes
Maternal and Child Health (MCH) programs: the MCH Campaign for pregnant women and infants; Violence Against Women; Rape Prevention; Core Injury Prevention; Women, Infants, and Children (WIC); Children with Special Health Care Needs (CHSCN) including Systems Change for CSHCN; Birth Defects Registry, Newborn Screening and Newborn Hearing Screening; Perinatal Substance Abuse Prevention; Child and Adolescent Health including Teen Pregnancy Prevention and Early Childhood and Middle Childhood Systems Development; Primary Care Development Center; and Oral Health.

The Maternal and Child Health (MCH) campaign seeks to reduce Nevada’s infant mortality and morbidity by establishing statewide systems of perinatal care and ensuring pregnant women access to early and continuous prenatal care. (health.nv.gov/mchl/)

Toll-Free: (800) 429-2669

Other goals include:

- Increasing the percentage of pregnant women receiving early and continuous prenatal care
- Reducing the number of low birth weight infants born in Nevada
- Assuring a “medical home” for Nevada children, aged birth to five years

The MCH campaign is comprised of three areas to reach these goals:

- Contracting with community-based obstetrical providers to provide care to low-income, high risk pregnant women including screening and referral for domestic violence, perinatal depression, and nutrition.

continued on next page
- Conducting a statewide, mass-media educational campaign to inform pregnant women and families about services available to them.

- Providing a toll-free, statewide information and referral line with a bilingual (English and Spanish) operator (1.800.429.2669). Nevadans may call this number 24 hours a day to receive information about available prenatal and pediatric providers. During business hours, they can receive information and referrals to a variety of social, medical, and mental health services available in their area.

BFHS informs health care providers and the public about the consequences of Violence Against Women. (health.nv.gov/MCH/violence.htm)

We actively coordinate and present health care provider training, collaborate with various state and local domestic violence prevention organizations, and air television public service announcements on an intermittent basis. Staff also participate in the Nevada Attorney General’s Council for the Prevention of Domestic Violence. Additionally, contracts for maternal and child health services include language that health care providers will screen all clients for domestic violence, and refer as needed to appropriate agencies.

The goal of the Rape Prevention program (health.nv.gov/BFHS/rape.htm) is to reduce the number of rapes and sexual assaults that occur in the state of Nevada, along with associated factors occurring from the rape and assault. This is accomplished through collaborative efforts, health
education, and providing access to care for victims. The Rape Prevention Program funds grantees to provide programs that address and accomplish the goals of reducing sexual assaults and increasing awareness through education efforts directed at rape prevention.

The Injury Prevention Program ([health.nv.gov/BFHS/injury.htm](http://health.nv.gov/BFHS/injury.htm)) has developed an injury profile, identifying the types and numbers of injuries occurring in the state. A variety of injury-related databases have been linked to identify even further how and to whom those injuries occur. This information allows the bureau to identify additional areas to be targeted, as well as opportunities for collaborative partnerships to make Nevada a safer place to live and visit. The Injury Prevention Task Force, which the Bureau of Family Health Services (BFHS) staff assists, has determined the top three priorities for the state of Nevada over the next year. These three priorities are:

- Suicide Prevention
- Poisoning Prevention
- Motor Vehicle Crash Prevention

The Women, Infants, and Children (WIC) Program ([health.nv.gov/WIC/](http://health.nv.gov/WIC/)) improves the nutritional health status of low-income women, infants, and young children to age five during critical periods of growth and development. **Toll-free number is: 1-(800)-8-NEV-WIC**

This is accomplished by providing eligible participants with nutrition education, issuing food instruments, and referral to other health and community resources. To be eligible for the Nevada WIC Program, a person must be a Nevada resident; under
185% of the federal poverty level; pregnant, breastfeeding (up to 12 months after delivery), or postpartum (non-breastfeeding, up to six months after delivery) infant or child up to age five; and have a nutritional risk factor. Nutritional risk factors are determined by evaluating growth, diet, and nutritionally-related medical factors. This information is used as the basis for nutrition education provided and many of the referrals made to various agencies.

Children with Special Health Care Needs (CSHCN) (health.nv.gov/cshcn) includes all children who have or are at increased risk for physical, developmental, behavioral or emotional conditions, and who also require health and related services of a type or amount beyond that required by children generally. Toll-Free Number is: (866) 254-3964. Through this successful program’s newborn screening initiative, children are identified at birth with inborn errors of metabolism, such as phenylketonuria (PKU) endocrine disorders such as hypothyroidism, or congenital adrenal hyperplasia, or hemoglobinopathies, such as sickle cell disease. Newborn hearing screening was added January 2, 2002 and now screens 99 percent of all babies born in Nevada. The Nevada Birth Defects Registry identifies children with a variety of debilitating conditions and assists families to access needed services and care. Multidisciplinary clinics in the areas of metabolism, cleft-craniofacial, genetics, and fetal alcohol spectrum disorders are held in Reno and Las Vegas. Children at risk for developmental delays are referred to Nevada Early Intervention Services. Additionally, CSHCN supports children and their families through information/referral, advocacy and the coverage of diagnosis, evaluation, management, and treatment of conditions that are potentially handicapping.
The Systems Change project focuses on improving access to and coordination of care for all children with special health care needs, from birth to 22 years of age. The program is working with other state agencies like Medicaid, Welfare, the Office of Disability Services, Vocational Rehabilitation, and Nevada Early Intervention Services to build a comprehensive service system. They’re joined by health care providers, advocates, educators, and most importantly, families and youth with special health care needs, who form the permanent 13 member Nevada Advisory Council for CSHCN. Focus areas include family inclusion, a more easily accessible system of care, enhanced supports for a successful transition to adult life, and an improved cross-reference system. The Advisory Council serves to oversee project activities, as well as providing a forum for the needs and interests of Nevada’s children with special health care needs to be raised.

The mission of Nevada’s Perinatal Substance Abuse Prevention (PSAP) initiative (health.nv.gov/PSAP/) is to prevent substance abuse among women during their perinatal period (preconception through post partum). Because substance abuse during pregnancy can cause Fetal Alcohol Spectrum Disorder (FASD) and other substance-related birth defects and injuries, the emphasis of the PSAP initiative is preventing substance abuse during pregnancy. The BFHS staff assists the Maternal Child Health Advisory Board’s Perinatal Substance Abuse Prevention
To facilitate positive youth development, the Child and Adolescent Health program ([health.nv.gov/cah/](http://health.nv.gov/cah/)) collaborates with other agencies and community groups to address the challenges facing today’s youth. Nevada’s children and adolescents face multiple challenges in growing up to be productive, healthy adults. These challenges include: lack of appropriate immunizations, injuries, high school completion, violence, teen pregnancy, obesity and suicide. Adolescent issues are addressed through community partnerships with local coalitions and organizations to promote programs which address common risk factors for teen pregnancy, sexually transmitted diseases, HIV disease, suicide, substance abuse, and obesity. The program supports these efforts by funding two teen health clinics, one in Las Vegas and one in Reno, and by supplying sub-grants to community organizations when funding is available. In an effort to generate youth input on programs and activities targeting Nevada’s teens, the Governor’s Youth Advisory Council was formed in 1996. The Council consists of 11 to 15 youth, between the ages of 15 and 20, from across the state and is responsible for advising the Governor, Nevada State Health Division, and others on issues of concern to Nevada’s youth. A middle childhood health program is forming partnerships with education, community groups, and chronic disease
programs to address the health needs of the six to ten year old population which is often overlooked. This program is working towards the establishment of a coordinated school health program to address such health issues as obesity, nutrition, physical activity, asthma, and mental health. To address the needs of young children, the Nevada State Health Division obtained an Early Childhood Comprehensive Systems development grant to enhance services and service coordination for families with infants and toddlers ages birth to five. This is an initiative to develop a statewide system which will increase the readiness of Nevada’s young children to enter school ready to learn. By working on health initiatives spanning the developmental duration of children and youth, the Child and Adolescent Health program is striving to enhance the development of our youth into healthy, productive adults.

The Primary Care Development Center (PCDC) (health.nv.gov/primary), targets its activities toward enhancing the development of Nevada’s primary care system through coordinated planning efforts, support of primary health care providers in underserved areas, and promoting involvement of state and local health organizations in the provision of primary health care services.

Among the specific activities undertaken are the designation of health professional shortage areas and medically underserved areas/populations, administration of the J-1 VISA Waiver Program, placement of health professional
students in primary care clinical experiences in underserved communities through the National Health Service Corps - Resident Experiences and Rotations in Community Health projects, assistance to communities in the recruitment and retention of primary care health providers, and development of needs data and documentation. The Maternal and Child Health (or MCH) State Systems Development Initiative project provides assessment, policy and data analysis, and a data warehouse of over 30 major databases.

The vision of the Nevada Oral Health Program (health.nv.gov/oral/) is that all Nevadans achieve optimal oral health. The program strives to do this through data collection, oral health education focusing on prevention, coalition building and improved access to care. In addition to coordinating oral health data collection, program staff provide education on the prevention of Early Childhood Caries and the recognition and reporting of child abuse found in the head, neck and face region. The program is a partner in a statewide dental sealant program. Educational and technical support is provided to communities interested in water fluoridation. The program assists communities in the establishment of dental coalitions. The program also provides assistance to communities seeking to establish or expand access to dental services.
The Bureau of Health Planning and Statistics collects and analyzes data relative to the health status of Nevadans; responds to requests for technical assistance related to health planning and health resources; examines the availability, accessibility, cost, and quality of health care for use in state health policy development; advises the State Board of Health on Certificate of Authority applications and regulatory issues relating to Health Maintenance Organizations (HMOs); reviews and processes Certificate of Need (CON) inquiries and applications and advises the Department of Health and Human Services (DHHS) Director on CON applications; operates the State Trauma Registry; operates the Nevada Central Cancer Registry; operates the State Sentinel Events Registry; provides for the registration and permanent custodianship of birth and death records in the state, including all legal corrections and amendments; maintains databases on marriages, divorces, and abortions occurring within the state; and through its Center for Health Data and Research, collects, analyzes and warehouses data in order to produce and distribute statistical information for research and policy decision making for public and private agencies within the state and nationally, and governed by NRS 439 and NAC 440/695C.

As the official custodian of the original documents, the Office of Vital Records (health.nv.gov/vital/) maintains all birth and death
certificates and provides for compilation of mortality and natality rates, trends of disease occurrence, and leading indicators of adverse pregnancy outcomes for Nevada and its 17 counties. The office also responds to requests for statistical data from various governmental and private agencies. Detailed statistics are provided on an annual basis and as requested through the Bureau’s Center for Health Data and Research.

Health Planning (health.nv.gov/vs/) performs the following functions: Reviews HMO applications for licensure or expanded service areas to determine quality, availability and accessibility to health care services, and monitors certain HMO activities on a routine basis; reviews and processes Certificate of Need applications from health care facilities and recommends approval or disapproval to the Director of the Department of Health and Human Services (DHHS); and provides health data and technical assistance to public and private entities, statewide and nationally, and to the general public regarding health care resources, utilization data, demographic and health status information, health planning information, health care policy and Nevada’s status toward the Healthy People 2010 Nevada objectives of the federal government.

The Center for Health Data and Research (health.nv.gov/nihds/center.htm) goal is to make health data more timely, accurate and accessible, to better meet the needs of local, state, national planning and research bodies. The center, which is still developing, will consist of over 40 health-related databases with descriptions and standards for each variable or field included in the database. Common elements between databases enable matching or
linking of these databases in order to provide newly accessible and standardized information for analytical and programmatic purposes. Extracted databases derived from each database and linked databases are available for statistical data analysis within the Health Division and also for the Carson City Health and Human Services, Washoe County Health District, and Southern Nevada Health District, as well as on the Internet for statewide and national access through the center’s interactive web-based data system.

The Statewide Central Cancer Registry’s (health.nv.gov/cancer/) mission is to register cases of invasive cancer and provide statistical data for use by epidemiologists, health researchers, and others in the medical and allied health professions. Information from the registry is intended to identify cancer risk, evaluate cancer patient care, and characterize leading trends in cancer incidence, survival, and mortality among state residents. The registry is based on the reporting of cancer cases by licensed hospitals and pathology laboratories in Nevada. The registry adheres to the standards and requirements of North American Association of Central Cancer Registries (NAACCR) and the National Program of Cancer Registries (NPCR located in CDC). In order to improve the timeliness and completeness of cancer data in 2002, the Registry had outside consultants develop new functional requirements and design a new Central Cancer Registry system that began operating in October 2003. This new system provides more timely and increased
reporting, leading to more complete data which will serve as the foundation for national and statewide information to produce effective cancer prevention and control programs.

The Nevada Sentinel Events Registry (health.nv.gov/sentinel) was established in July 2003 by Nevada Revised Statute 439.800-890. The statute requires reporting of Sentinel Events by hospitals, obstetric centers, ambulatory surgery centers and independent centers for emergency medical care. A sentinel event is defined as an unexpected occurrence involving facility-acquired infection, death or serious physical or psychological injury or risk thereof, including, without limitation, any process variation for which a recurrence would carry a significant chance of a serious adverse outcome, including loss of limbs, or function. The Nevada Hospital Association, in partnership with the Nevada State Health Division, developed regulations and implemented this legislation. Reporting by the medical facilities began January 1, 2005. Assembly Bill 59 was passed during the 2005 73rd Session of the Legislature, and was effective October 1, 2005. It amended the definition of sentinel event to include facility-acquired infection (also known as nosocomial infection), as well as adding the definition of facility-acquired infection to NRS 439. The bureau serves as a repository for health care quality assurance, collecting, compiling, disseminating data, while ensuring that information is aggregated in reporting so as not to reveal the identity of a specific person or medical facility.
The Nevada State Trauma Registry (health.nv.gov/trauma) was established in 1987 to collect data on persons who sustain an acute injury which has the potential of being fatal or producing a major disability. The data are collected from all hospitals that are licensed to operate in the state of Nevada. The data are analyzed and used to: measure the public health impact of traumatic injury, including facts related to injury events, severity of injury, and financial burden to the local and state health care delivery systems; monitor access to emergency care of patients within the “trauma system” for improved outcomes and use of resources; and identify prevention needs by age group, mechanism of injury, gender, and race/ethnicity. The registry is linked with other databases through the Center for Health Data and Research and also the CODES (Crash Outcome Data Evaluation System) Project with the University of Nevada School of Medicine, Trauma Institute.

In Nevada, proposed construction of new health facilities exceeding $2 million in cost, where the population is less than 100,000, requires a letter of approval from the Nevada’s Director, Department of Health and Human Services (DHHS). The Certificate of Need (CON) is a process whereby proposed new construction projects which require CON review must submit an application which justifies the need for the project according to criteria specified in state CON law and regulations. The Bureau of Health Planning and Statistics, conducts the CON review process and makes a recommendation to the Director. The DHHS Director has the responsibility of granting or denying a Letter of Approval for each proposed project requiring Certificate of Need (CON) review.
Please visit our website for additional information: http://health.nv.gov
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Emergency After Hours Response
8:00 a.m. - 5:00 p.m., Mon.-Fri. (775) 684-4200
After Hours (775) 688-2830*
*Request transfer to NV State Health Division
Emergency Response Duty Officer

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