

**Community and Clinical Health Services
Division Director Staff Report
Board Meeting Date: June 26, 2025**

DATE: June 13, 2025

TO: District Board of Health

FROM: Christina Sheppard, APRN
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SUBJECT: Community and Clinical Health Services – Divisional Update – Chronic Disease and Injury Prevention Overview, Data & Metrics; Sexual Health (Outreach and Disease Investigation), Immunizations, Tuberculosis Prevention and Control Program, Reproductive and Sexual Health Services, Chronic Disease Injury Prevention Program, Maternal Child and Adolescent Health, Women Infants and Children, and Community Health Workers

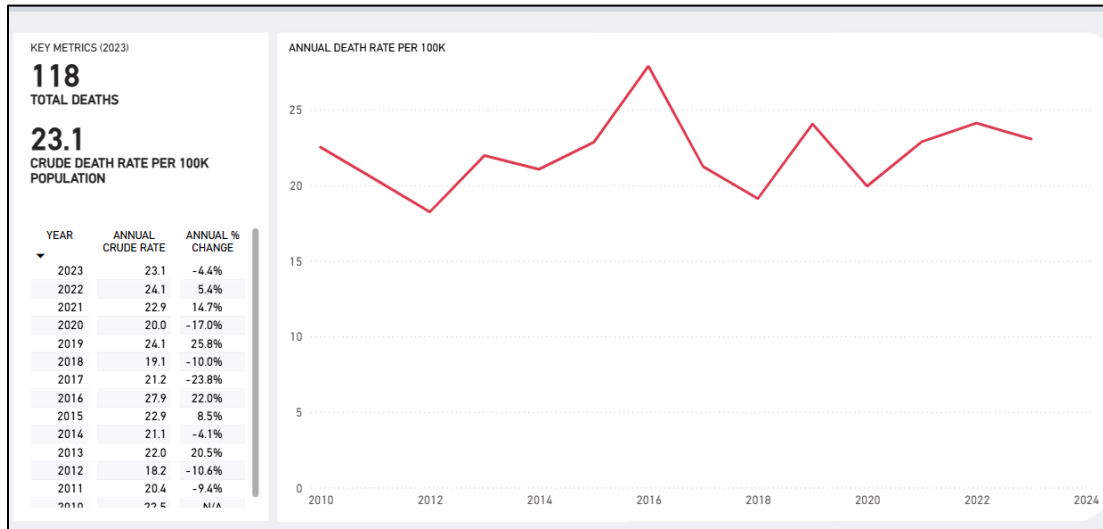
1. Divisional Update

The Chronic Disease and Injury Prevention Program (CDIP) focuses on the modifiable risk factors of tobacco use and exposure, lack of physical activity, and poor nutrition. In recent years, the focus has been expanded to include injury prevention and responsible cannabis use, including eliminating secondhand cannabis smoke exposure. These modifiable risk factors impact the top five leading causes of death in Washoe County. By moving the needle on these modifiable risk factors the CDIP goal is to reduce illness and premature deaths in Washoe County and improve the quality of life of those that live, work, and visit our community. The focus of this update is the effort to reduce suicide through lethal means.

a. Suicide: A Public Health Crisis

Both local and national data on gun violence reveals a troubling trend: firearm-related suicides consistently outnumber firearm-related homicides by a ratio of 2:1. Nevada continues to have one of the highest suicide death rates in the United States, currently ranking 7th nationwide. Within the state, Washoe County surpasses the statewide suicide rate, further highlighting the urgency of addressing this public health crisis.

Washoe County Suicide Deaths (2023) and Suicide Death Rate Trend (2010-2023)



Applying the Social-Ecological Model Framework to Prevent Suicides

The Social-Ecological Model (SEM) is a framework that examines the complex interplay between individual, relationship, community, and societal factors that either put people at risk for suicide or help protect them. The model's overlapping rings illustrate how factors at one level influence those at another, highlighting the multifaceted nature of suicide prevention.



At various levels of the SEM, interventions to reduce access to firearms have proven effective, including:

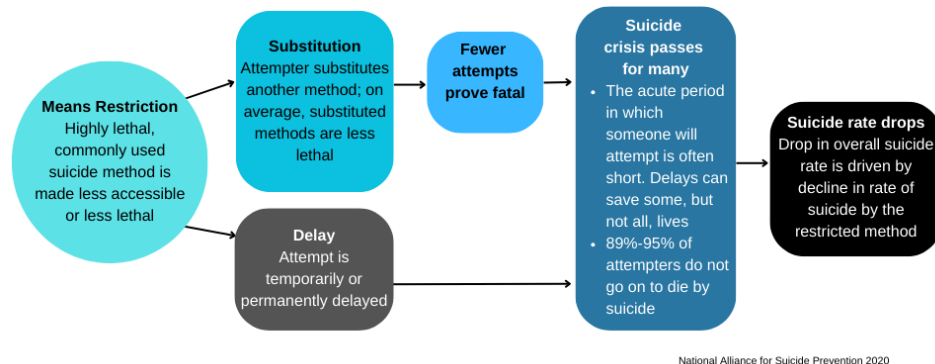
- Extreme risk protection laws
- Voluntary self-prohibition policies
- Policies that reduce the availability of firearms
- Gun shop initiatives
- Lethal means safety counseling
- Safe firearm storage practices

Suicide Prevention: Lethal Means Reduction

Suicide by firearm is especially lethal, with over 90% of attempts involving a gun resulting in death. Reducing access to lethal means—such as firearms and medications—can mean the difference between life and death for individuals at risk of suicide. This approach focuses on identifying individuals who need lethal means counseling and working effectively with them and their families to reduce access to deadly methods.

Many suicidal crises are brief, with studies showing that a significant portion of suicide attempts occur within a matter of minutes—sometimes as few as 10 minutes—between the decision to die and the act itself. This underscores the importance of limiting access to lethal means during these critical moments of crisis.

Evidence Base for Lethal Means Reduction



- **Reduced Access = Reduced Fatalities:** Research consistently shows that when individuals in crisis are unable to access highly lethal methods, they are more likely to survive - either by not attempting suicide or by choosing a less lethal method.
- **Most Survivors Do Not Reattempt Suicide:** The majority who survive a suicide attempt do not go on to die by suicide, showing the potential of effective interventions to save lives.

A robust body of evidence supports the claim that reducing access to highly lethal means correlates with a decrease in overall suicide rates. When people are prevented from using their method of choice, they often:

1. Substitute with a less lethal method and survive
2. Choose not to attempt suicide at all

The National Action Alliance for Suicide Prevention [report](#) and the National Institutes of Health [report](#) highlight lethal means restriction and system-level education as key strategies in reducing suicide deaths.

Washoe Suicide Prevention Alliance: A Community-Based Initiative

The Washoe Suicide Prevention Alliance (WSPA), co-led by Northern Nevada Public Health (NNPH), is a collaborative effort that includes local gun shops, healthcare providers, public health agencies, veteran services, and suicide prevention advocates. Key partners include:

- Renown Health
- VA Sierra Nevada Health Care System
- Nevada Department of Veteran Services
- Nevada Urban Indians, Inc.
- Reno-Sparks Indian Colony
- Nevada Office of Suicide Prevention
- American Foundation for Suicide Prevention

WSPA provides critical suicide prevention resources to the community, including:

- Free gun locks and temporary firearm storage solutions
- Community-based secure firearm storage options
- Education and training: Resources for identifying individuals at risk of suicide and ensuring their safety, along with suicide prevention training for community members and firearm industry professionals
- Naloxone (opioid overdose reversal medication) and safe disposal for unused prescription drugs

WSPA Logo



Temporary Firearm Storage Saves Lives

In times of crisis, delaying access to firearms can significantly increase the chances of survival. To address this, WSPA has launched a Temporary Secure Firearm Storage Network with support from the regional Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) and several Federal Firearms Licensees (FFLs). Four (4) participating FFLs currently offer secure, temporary firearm storage for individuals or families experiencing a mental health crisis.

Key elements of this multilevel approach include:

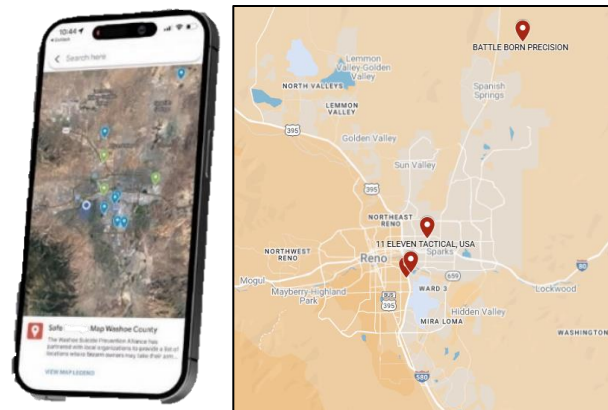
- Emphasizing suicide prevention over an anti-gun stance
- Collaboration among mental health professionals, public health leaders, firearm owners, and dealers
- Demonstrating evidence-based effectiveness in reducing firearm suicides

Local firearm storage rental lockers



Reno Guns & Range

WSPA Temporary Storage Network Map



Public Policy Advocacy: Assembly Bill 451

As of 2025, local firearm retailer participation in the WSPA Temporary Secure Storage Network remains limited. The primary barrier to participation, according to FFLs, is concerns over civil liability for temporarily stored firearms.

To address this issue, NNPH and WSPA staff collaborated on Assembly Bill 451 during the 83rd Session of the Nevada Legislature in 2025. AB 451 provides civil liability immunity for licensed firearm retailers

who offer temporary firearm storage under specified conditions. The bill is co-sponsored by Assemblymembers P.K. O'Neill (R) and Sandra Jauregui (D). As of this report, it has passed both the Assembly and Senate and is awaiting signature by the Governor.

AB 451 offers a pragmatic, bipartisan solution that:

- Encourages responsible community action
- Protects gun shop owners through Good Samaritan liability provisions
- Promotes firearm safety and rights while advancing suicide prevention efforts

Modeled after successful legislation in Louisiana (HB 260), AB 451 mirrors laws that resulted in a 1,000% increase in gun shop participation in The Armory Project (TAP) in Louisiana. Since its passage, over 900 firearms have been safely stored by TAP for 100 individuals in crisis.

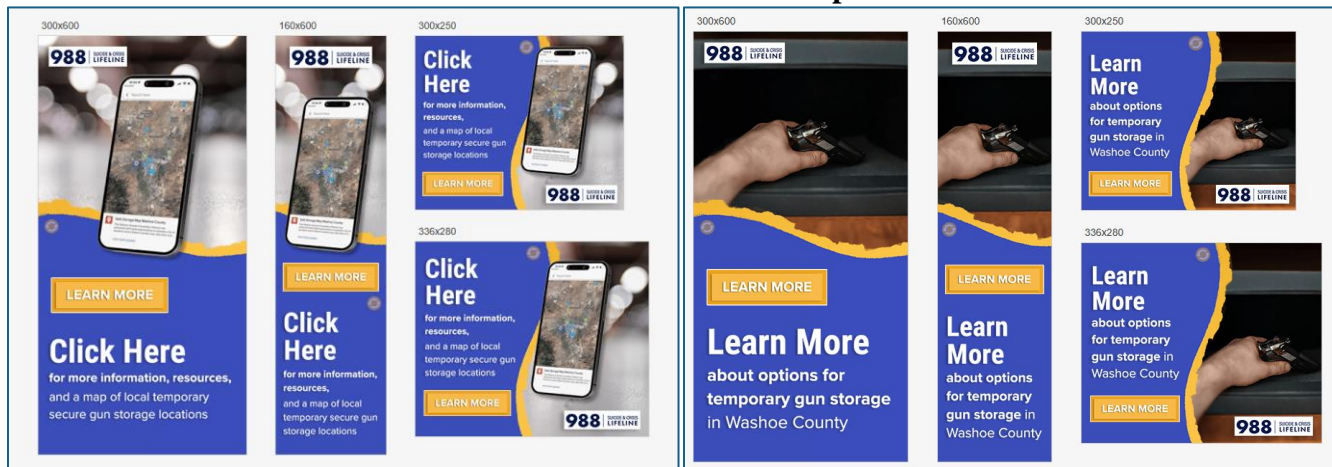
WSPA Local Suicide Prevention Campaign

During May 2025, NNPH launched a multimedia awareness campaign promoting WSPA and its secure storage network. The campaign included:

- A video ad on local and streaming television
- WSPA-branded digital banners on hundreds of websites and apps
- Direct links to WSPA's web-based resources

The campaign successfully raised public awareness about the importance of temporary firearm storage during mental health crises. Final airings and online display were still in progress at the time of this report.

Web-based WSPA ad examples

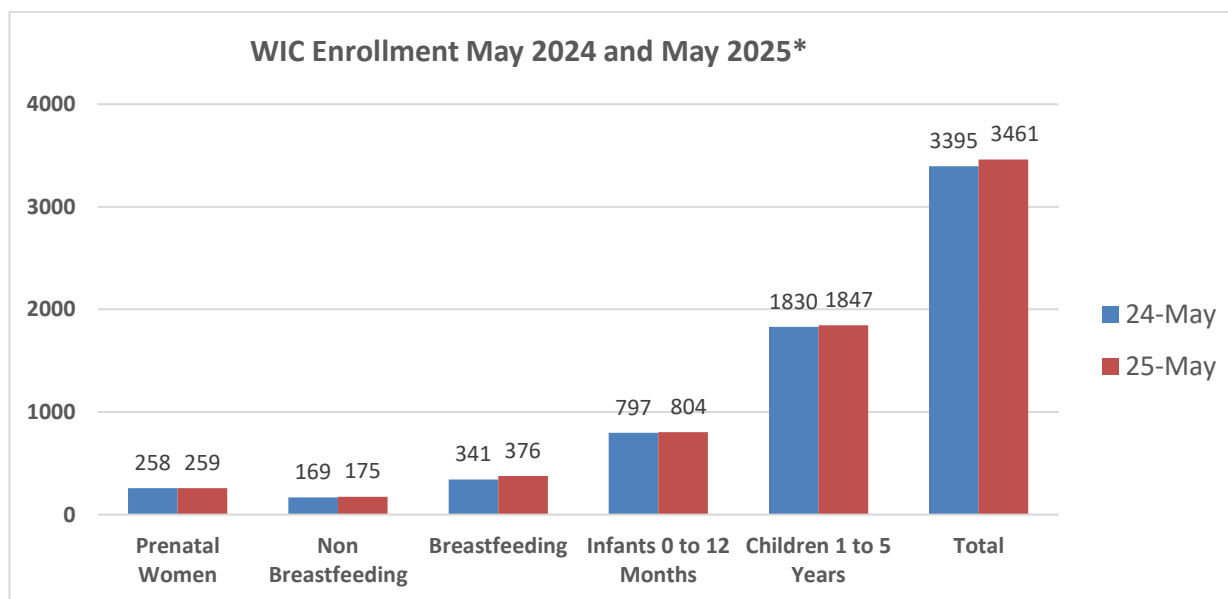
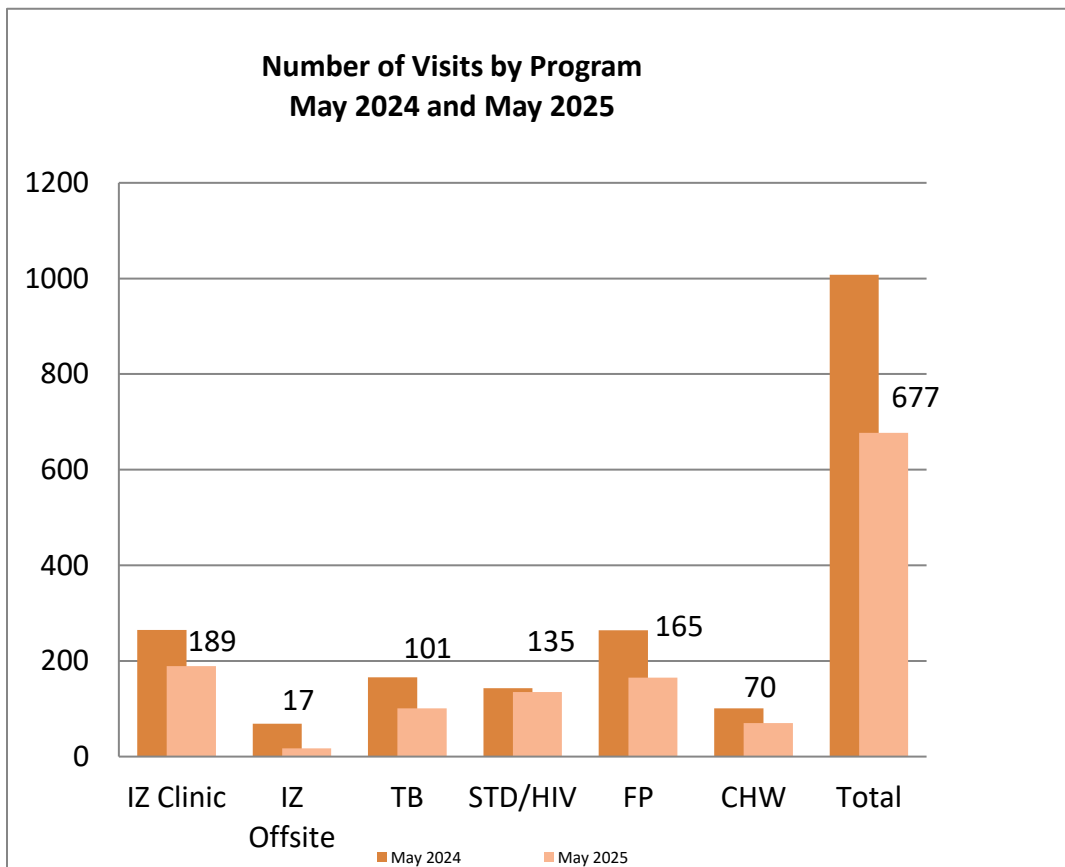


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WSPA is also visible at local gun shows and resource fairs sharing materials and free gun locks to firearm owners.



b. Data/Metrics



WIC Participation Numbers in the Past Year		
Month	Enrollment	Participation w/ Benefits
May 2024	3395	3152
June 2024	3335	3091
July 2024	3342	3117
Aug 2024	3395	3179
Sept 2024	3399	3139
Oct 2024	3389	3124
Nov 2024	3373	3061
Dec 2024	3380	3088
January 2025	3411	3114
Feb 2025	3428	3107
March 2025	3454	3101
April 2025	3461	3144
May 2025	3461	3150
Monthly avg	3402	3121
% change May 2024 / May 2025	1.94%	-0.06%

WIC participation numbers

Enrollment: All those enrolled in WIC: (women who are pregnant, breastfeeding, or post-partum; infants; and children up through age 5)

Participation with Benefits: All enrolled WIC participants receive food benefits except

- Infants that are exclusively breastfed
- Breastfeeding mothers whose infants receive more than 4 cans of formula per month

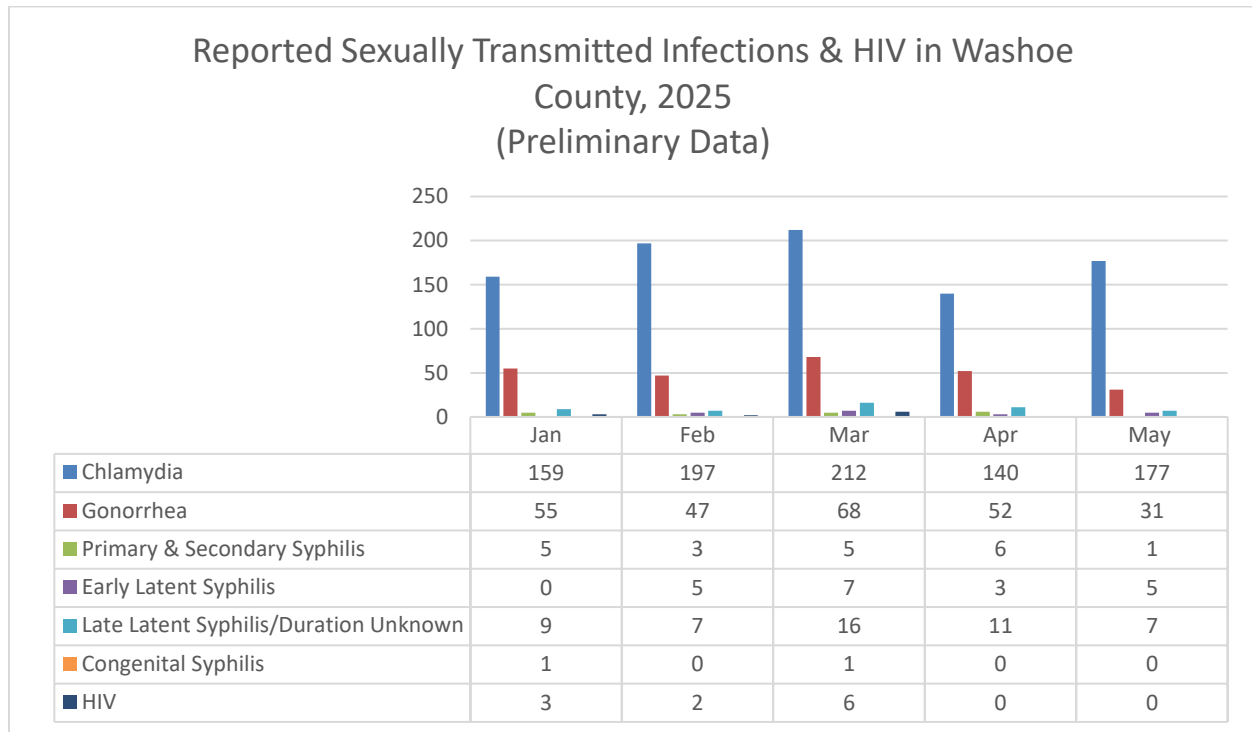
2. Program Reports – Outcomes and Activities

a. Sexual Health (Outreach and Disease Investigation) –

The Sexual Health Outreach and Investigations program will be transitioned out of CCHS on July 1st. The team has been working out processes for continuity of testing and treatment services with the clinic following the transition.

Federal funding for STI and HIV prevention and surveillance services are still unknown. STI funding was reduced by 25% and allocated through September 30, 2025. HIV prevention and surveillance funds ended May 31, 2025. The CDC has not released already appropriated funding to health departments for June 1, 2025 – May 31, 2026. It is likely that funding will be cut for these activities based on HIV prevention and surveillance services being eliminated in the proposed federal budget. Possible services that could be reduced or eliminated would be community-based HIV/STI testing provided at community venues.

Reported cases through May 2025 show an increase in chlamydia cases over the previous month with decreases in gonorrhea, syphilis, and HIV. However, case reports fluctuate throughout the year and this is preliminary data.



- b. **Immunizations** – The immunization team focuses on providing vaccines to individuals who are uninsured or underinsured and unable to receive vaccines elsewhere. Walk-ins are accepted daily in addition to scheduled appointments. In May, clinic staff facilitated 18 walk-in appointments and vaccinated a total of 186 clients with 493 vaccination doses, to include members of the public and NNPH employees. The program continued to provide seasonal 24-25 influenza and COVID-19 vaccines in May to include 26 influenza and 19 COVID doses.

In addition to clinic vaccine administration, staff continue to participate in outreach events. May was notable for the completion of 2 school-located vaccine clinics (SLVCs) in which staff provided a total of 329 doses to 120 students and adults during the Spring Family Health Festival and Wooster High School's annual sports checkup. In addition, staff participated in the Homeless Pet clinic, offering flu shots to pet owners.

Outreach event planning continues for Back-To-School events scheduled in July and August. Staff has begun to bulk up on vaccine orders as well as supplies as we go into our busy summer season.

Program staff continue the development, case management, and reporting of activities for the Perinatal Hepatitis B Prevention Program (PHBPP) with 14 cases currently under management. In addition, staff completed VFC Compliance, Annual Training, follow-up visits with area practices, and authored the 25-26 VFC program plan for Washoe County.

- c. **Tuberculosis Prevention and Control Program** – The TB program is currently managing four active TB disease cases. One is an extrapulmonary case of bone TB, 2 are pulmonary TB and one is an established pediatric case. In addition to the active disease cases, the program is managing/evaluating 30 clients for Latent Tuberculosis Infection (LTBI). In May 2025, the program completed six evaluations for LTBI, conducted 9 case reviews with the consulting physician, started 3 clients on treatment for active disease, performed 50 instances of directly observed therapy, made 34 home visits for treatment administration plus specimen collection, and started 4 clients on LTBI treatment.
- d. **Reproductive and Sexual Health Services** – During the month of May, the Family Planning and Sexual Health Program (FPSHP) continued to operate with only two Advanced Practice Registered Nurses (APRNs) staffing the clinic. As a result of these staffing constraints, the clinic reduced the number of days for APRN appointments, providing patient care four days per week with no provider coverage on Mondays.

To optimize APRN availability for patients with more complex medical needs, two new visit types were added to the Registered Nurse (RN) schedule:

- **Express STI Visits:** Intended for clients who have been seen within the past year, are asymptomatic, and are seeking routine STI screening. These visits include a rapid HIV test as the only point-of-care option. Specimens for syphilis, chlamydia, and gonorrhea will be collected and sent to the laboratory for testing.
- **Contraception Restart Visits:** Designed for clients who have seen an APRN in the past year and require a restart of their contraceptive method (oral contraceptives, Depo-Provera, or vaginal ring) due to lapse or depletion.

Program staff interviewed four candidates for the intermittent hourly APRN position. Offers were made to two candidates with both declining due to uncertainties around grant funding.

- e. **Chronic Disease and Injury Prevention (CDIP) Program** – The Power Up Kids school-based programming, Pick a Better Snack and Choose Health: Food, Fun, and Fitness concluded for the 24-25 school year on 5/27. Staff worked with six schools and 16 classrooms, reaching a total of 339 students. As the school year wraps up, staff are looking for opportunities to continue reaching students with healthy eating, active living messaging over the summer.



Examples of foods students tried through Pick a Better Snack: hummus with veggies and pita, tortilla wraps with black beans, avocado and cheese, and fruit infused water

One new store joined the Healthy Corner Store Program: Go Mart, located on Sutro. This marks a total of five stores participating in the program. Staff helped with the conversion process, organized the healthy items, provided signage, and gave technical assistance and support.

Staff collaborated with Bethel African Methodist Episcopal Church to implement a No Menthol Sunday event, which reached approximately 30 people with education about menthol in tobacco products and the tobacco industry strategy to target African Americans with these products.

Staff partnered with Boys & Girls Club Truckee Meadows and hosted a screening of *Screenagers Under the Influence* for 13 parents and 2 staff in the Parents Support Program at the Donald W. Reynolds Youth & Teen Clubhouse on 9th Street. Staff distributed tobacco cessation quit kits, education about cannabis secondhand smoke, and parent resources such as strategic talking points on cell phone use, vaping, and online boundaries.

Staff collaborated with statewide partners Southern Nevada Health District, Carson City Health and Human Services, Central Nevada Health District, and the Nevada Tobacco Control and Smoke Free Coalition, among others, to update the [Attracting Addiction website](#) and social media posts educating the public about flavoring in e-cigarette products.

- f. **Maternal, Child and Adolescent Health (MCAH)** - The Maternal, Child, and Adolescent Health (MCAH) activities encompass several key initiatives, including Lead Screening, Newborn Screening, Cribs for Kids, and the Fetal and Infant Mortality Review (FIMR).

The NNPH Lead team is currently managing 34 open cases involving children under the age of six. These activities are funded through a grant from the CDC, administered by the University of Nevada, Las Vegas.

Public Health Nurses, with the assistance of Community Health Workers (CHWs), continue to follow up and provide coordination, education, and resources to referrals from the Nevada Newborn Screening Program to ensure all infants receive the second newborn screening as required.

In May, NNPH Community Health Workers assisted two individuals through the Cribs for Kids program. The Anthem Wellness Center does not have a person to oversee the building thus classes at this location are suspended currently. CHWs continue to promote initiatives such as the Pregnancy Risk Assessment Monitoring System (PRAMS) and Nevada 211.

The FIMR team convenes monthly, except for June and December, to review an average of four cases per meeting. Four cases were reviewed at the meeting in May. FIMR is currently undergoing

a Process Evaluation conducted by a CDC Fellowship student. FIMR Staff gave a presentation at the Emergency Department Consortium on May 29, 2025.

NNPH staff members continue to provide updates on fetal and infant deaths as part of the Washoe County Community Child Death Review process. These meetings are scheduled every other month, with the next session scheduled for June 6, 2025.

The Northern Nevada Maternal Child Health Coalition (NNMCHC) serves as the Community Action Team (CAT) responsible for implementing recommendations put forth by the Fetal and Infant Mortality Review (FIMR) Case Review Team. The most recent NNMCHC meeting was held on May 8 and Marcia O'Malley presented the range of resources offered by the Family Navigation Network serving families with special health care needs.

- g. **Women, Infants and Children (WIC)** – The WIC team welcomed Araceli Hernandez as an Intermittent Hourly Office Specialist. Araceli started on 5/19 and once training is complete, she will provide coverage when any of the team's three Office Specialists are on leave.

Each of the two WIC locations hosted a dietetic intern through a partnership with the VA. The intern was at each location for one week participating in observations and hands on learning with the WIC registered dietitians and WIC program team.

WIC completed and submitted the Local Agency Nutrition Services Plan (LANSP) to the state WIC program. Each year NNPH completes either a phase 1 or a phase 2 plan to summarize and update the state WIC program about the activities and processes that NNPH has in place for training, outreach and education of clients. In addition, goals are created and/or reported on. This year a phase two plan was submitted, reporting on the two LANSP goals created last year:

- NNPH WIC will improve the delivery of education services to clients. New and existing staff will undergo VENA, PCS and motivational interviewing techniques to improve education that is provided to clients
- Support NNPH WIC participants and improve customer services related to the redemption of WIC benefits by helping clients redeem WIC foods by offering grocery store tours

- h. **Community Health Workers (CHWs)** – The Community Health Workers provided navigation services to 70 clients in May. Navigation services continue to include linkage to health insurance and primary care providers, PrEP navigation, housing and food resources, and harm reduction resources. Additionally, the CHWs attended 4 outreach events to include: A Baby Shower Event at the Neil Road Recreation Center, a Resource Fair at Dilworth Middle School for incoming 6th graders, and the Family Health Festival at the Neil Road Recreation Center. The CHWs provided food resources, education on CCHS clinic services, and Plan A education. They also provided

interpretation services as needed. The third event that the CHWs participated in was the Mobile Harvest on May 6 where 72 families were provided with fresh food and produce.

Planned Parenthood has made the difficult decision to terminate receipt of federal funding (Teen Pregnancy Prevention Grant) which will impact the S.E.E. (Sex Ed Equity) Project Workplan. Planned Parenthood felt the new guidance attached to the funding conflicts with the purpose of the Teen Pregnancy Prevention program and that the required changes would result in education and interventions that would no longer be age appropriate, medically accurate, non-judgmental, and inclusive of all sexual orientations and gender identities or expressions. The declination of this funding will impact the LiFT program and the Plan A program that the CHWs participated in. The Plan A program provided education on sexual and reproductive health in an educational entertainment format. The LiFT (Linking Families and Teens) program facilitated discussions on sexual education between parents and teenagers.

Sonya Smith, RN is now the supervisor for the CHW program. Christina Sheppard will continue to oversee CHW services that are billed to Medicaid to ensure that Medicaid reimbursement for CHW services is not disrupted.