

**Community and Clinical Health Services
Division Director Staff Report
Board Meeting Date: May 23, 2025**

DATE: May 9, 2025

TO: District Board of Health

FROM: Christina Sheppard, APRN
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SUBJECT: Community and Clinical Health Services – Divisional Update – National Adolescent Health Month, 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

a. National Adolescent Health Month

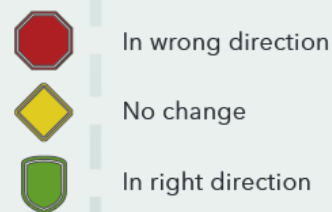
May is National Adolescent Health Month™ (NAHM), an initiative created by the Office of Population Affairs to emphasize the importance of supporting adolescents' health and well-being. The theme for NAHM in 2025 is Taking Action to Advance Adolescent Health and is an opportunity for communities to promote environments where adolescents can thrive. NAHM focuses on evidence-based strategies that support adolescents in navigating this complex developmental stage and lays the foundation for a healthier, more resilient generation. Strategic goals include expanding access to healthcare and supportive environments, enhancing health literacy, promoting youth engagement, and striving for health equity through systemic collaboration.

The latest data from the 2023 Youth Risk Behavior Survey (YRBS) demonstrates the urgency of such initiatives. The YRBS provides surveillance data for health behaviors and experiences of high school students and focuses on adolescents' sexual behaviors, substance use, experiences of violence, mental health, and suicidal thoughts and behaviors. The YRBS indicates improvement in some areas of adolescent health and well-being including sexual risk behaviors and substance use; however, the data also shows a concerning increase in the number of adolescents experiencing violence and persistent sadness or hopelessness. The report also highlights key disparities including female and LGBTQ+ students experiencing higher rates of violence and suicidal thoughts.

Adolescence is a transformative period where adolescents begin to form deeper emotional bonds, explore romantic and sexual expression, and may become sexually active. Data from the YRBS shows that the number of sexually active adolescents decreased between 2013 and 2023 but did not change significantly between 2021 and 2023. The table below from the YRBS summarizes the trends in sexual risk behaviors.

The Percentage of High School Students Who:*	2013 Total	2015 Total	2017 Total	2019 Total	2021 Total	2023 Total	Trend (All Years Available)	2-Year Change (2021-2023)
Ever had sex	47	41	40	38	30	32		
Had four or more lifetime sexual partners	15	11	10	9	6	6		
Were currently sexually active	34	30	29	27	21	21		
Used a condom during last sexual intercourse†	59	57	54	54	52	52		
Used effective hormonal birth control‡	–	–	–	–	33	33	–	
Were ever tested for HIV	13	10	9	9	6	7		
Were tested for STDs during the past year§	–	–	–	9	5	6		

Source: Youth Risk Behavior Survey Data Summary & Trends Report. <https://www.cdc.gov/yrbs/dstr/index.html>



Sexual and reproductive health is a critical part of an adolescent's overall health and well-being. Unprotected sexual activity in adolescence can result in unintended consequences such as pregnancy or a sexually transmitted infection. These unintended consequences can have lifelong impacts. Adolescents aged 15-24 years of age account for nearly half of all reported cases of chlamydia, gonorrhea, and syphilis. Human papilloma virus (HPV) is the most common sexually transmitted infection in the United States and is the leading cause of most vaginal, cervical, penile, and some oropharyngeal cancers. Adolescent pregnancies carry more health risks for the pregnant adolescent and baby and can leave adolescent parents economically disadvantaged.

Several sexual and reproductive health measures demonstrate a positive trend. The number of adolescents who report ever having sex continues to decline and more adolescents were screened for sexually transmitted infections and HIV in 2023 as opposed to 2021. The teen birth rate also continues to decline with 13.6 births for every 1,000 females ages 15-19 reported in 2022. Nevada is slightly above the national average with a reported birth rate of 14 births for every 1,000 females aged 15-19. This is a 17% decline from 2020 when the teen birth rate was 16.8 births for every 1,000 females aged 15-19.

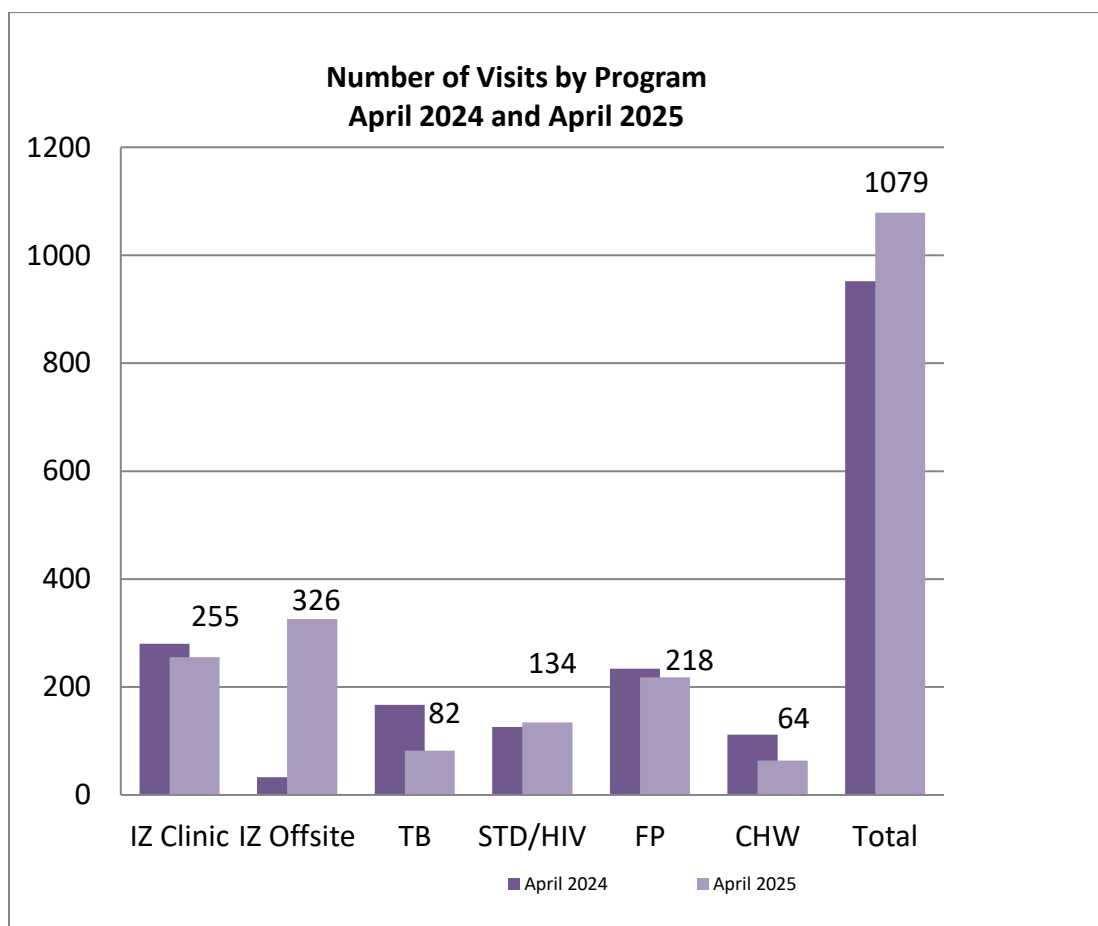
Strategies to promote sexual and reproductive health in adolescence include access to high-quality, confidential sexual and reproductive health care and having an "askable" adult such as a parent, guardian, aunt, uncle, or

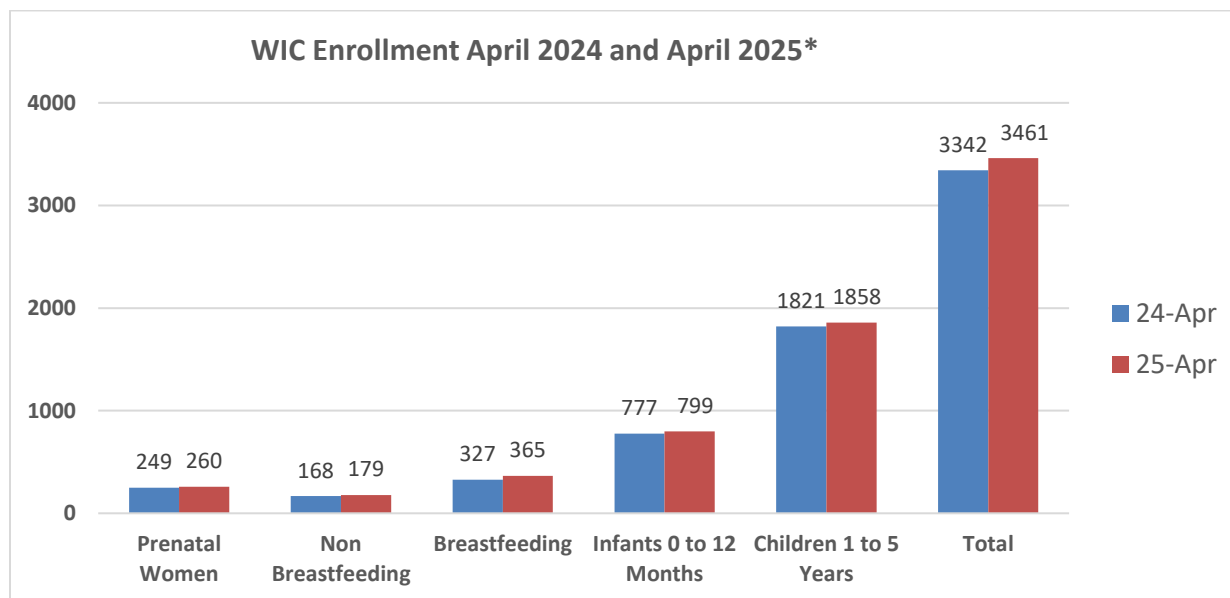
grandparent. Being an askable adult means having open, honest conversations with adolescents, ensuring the adolescent has regular visits with a health care provider, talking about family values and setting rules and expectations, and talking with adolescents about their future.

The Family Planning Sexual Health Clinic (Clinic) provides high-quality, confidential sexual and reproductive health care to adolescents with a focus on testing and treatment for sexually transmitted infections, a full spectrum of contraceptive options available on-site, encouraging family participation, and client-centered counseling to reduce sexual risk behaviors. In 2024, adolescents aged 15-24 accounted for 26% of patients seen in the Clinic. Staff recognize that access to care and transportation can be a barrier for this age group. To increase access to care, the Clinic offers walk-in appointments every day, same day contraception starts, and rapid STI testing so adolescent clients can receive testing and treatment during the same visit.

Adolescence is a time of tremendous transition. By fostering an inclusive environment, providing access to healthcare, and having open, honest conversations with adolescents' health care providers and caregivers can give adolescents the tools to blossom into healthy adults.

b. Data/Metrics





*Changes in data can be attributed to several factors including fluctuations in community demand, changes in staffing and changes in scope of work/grant deliverables

WIC Participation Numbers in the Past Year		
Month	Enrollment	Participation w/ Benefits
April 2024	3342	3114
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
Monthly avg	3393	3118
% change Apr 2024 / Apr 2025	3.56%	0.96%

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

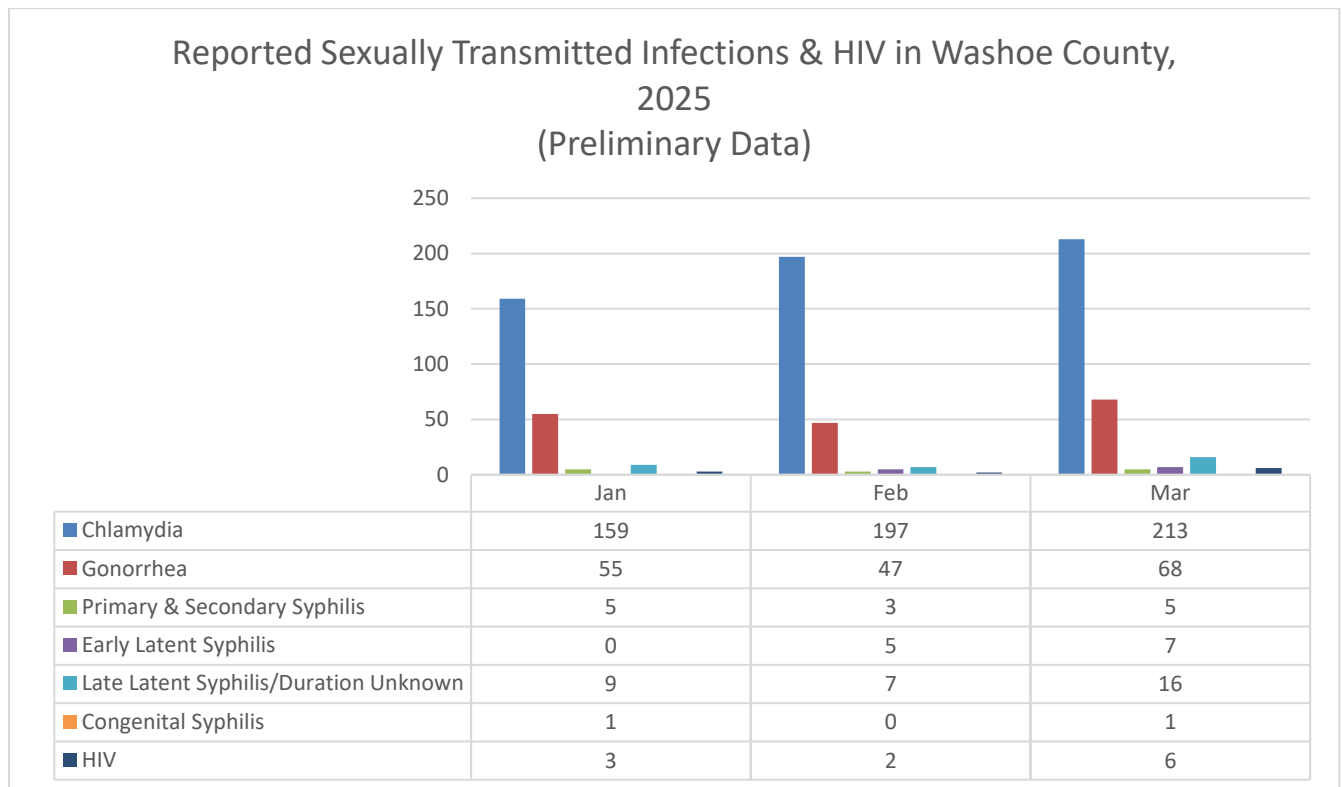
2. Program Reports – Outcomes and Activities

a. Sexual Health (Outreach and Disease Investigation) –

The Sexual Health Outreach and Disease Investigation staff continue to investigate cases and provide resources to clients that include testing, treatment, and collaboration with Community Health Workers to offer transportation and referrals to other services. In addition, staff are preparing for the program transition to EPHP. This includes the transition of caseload and redistribution of roles and responsibilities among staff. Processes and procedures continue to be examined and developed to continue streamlined services between the program and the clinic.

Federal funding for STIs and HIV is currently unknown. HIV funding cuts will impact mandated disease investigation and surveillance services, may reduce HIV testing in the clinic, and will likely end NNPH's HIV/STI testing in the community. The program is hopeful that flat funding will be restored at the federal level.

Cases reported to NNPH through March indicate increases over previous months. Data may not include syphilis cases that have not been staged and are in preliminary investigations.



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 April, clinic staff facilitated 18 walk-in appointments and vaccinated a total of 228 clients with 569 vaccination doses. The program continued to provide seasonal 24-25 influenza and COVID-19 vaccines in April to include 35 influenza and 17 COVID doses.

In addition to clinic vaccine administration, staff continue to participate in outreach events. April was notable for the completion of five school-located vaccine clinics (SLVCs) in which staff provided a total of 897 doses to 330 students and adults at area middle and high schools. Outreach event planning continued for May activities and Back- To- School events in July and August.

Program staff continue the development, case management, and reporting of activities for the Perinatal Hepatitis B Prevention Program (PHBPP) with 12 cases currently under management. In addition, staff completed VFC Compliance, Annual Training, and follow-up visits with area practices.

- c. **Tuberculosis Prevention and Control Program** – The TB program is currently managing one new active extrapulmonary disease case and one established pediatric case. One of the active cases that the program was managing transferred out of jurisdiction. The program also has one suspect case of TB that is awaiting final cultures. In addition to the active disease cases, the program is managing/evaluating 30 clients for Latent Tuberculosis Infection (LTBI) and has six clients awaiting to be scheduled.

In April, the program completed seven evaluations for LTBI, conducted 12 case reviews with the consulting physician, performed 29 instances of directly observed therapy, and started 6 clients on LTBI treatment.

- d. **Reproductive and Sexual Health Services** –The Family Planning and Sexual Health Program (FPSHP) continued to evolve throughout April. Christina Sheppard, APRN Supervisor, transitioned into her new role as Division Director for Community and Clinical Health, resulting in a vacancy in the APRN Clinic Supervisor position. This position will be posted internally and filled in accordance with departmental procedures.

The clinic has fully implemented point-of-care testing for the most common sexually transmitted infections. These tests yield results in approximately 30 minutes, allowing for same-day treatment when necessary. To support this improvement in service delivery, appointment times have been extended to 45 minutes. Additionally, the clinic has successfully established a bi-directional interface with Quest Diagnostics. This integration streamlines the process of transmitting lab orders and receiving results, reducing administrative workload and improving efficiency.

On April 24th, the Board of Health approved partial Title X funding for the period of April 1, 2025, through March 31, 2026. Currently, the total funding amount and timing of any additional awards remain uncertain.

- e. **Chronic Disease and Injury Prevention (CDIP) Program** – The Youth Vaping Prevention Campaign concluded at the end of April. This 9-week campaign was a collaborative effort with the NNPH Communications Team and Estipona Group and included both [digital media](#) and [videos](#). Final campaign statistics will be available in May.

Staff developed a Youth Vaping Prevention Parent Toolkit and worked with the NNPH Communications Team to finalize the document and begin distribution to community partners including Washoe County School District and parent organizations.

Staff attended the Annual Nevada Pediatric Symposium to explore opportunities to collaborate with and support local physicians in their chronic disease prevention efforts. Concurrently, staff worked with the Washoe County Medical Society to promote Ask-Advise-Refer tobacco cessation education with their members:



Staff attended the 35th annual Art and Science of Health Promotion Conference, including a two-day intensive training seminar focusing on Essential Skills for Effective Facilitation in Health Promotion. The sessions provided tools, resources, and evidence-based interventions to address needs and provided a call to action focused on advancing health and well-being in workplaces, organizations, and communities.

The 16-week Enhance Fitness program concluded on April 23rd at the Sparks and Sun Valley Senior Centers. The program was successful, with staff reporting positive outcomes, including improved strength and mobility among participating seniors. A total of 38 seniors were reached, with 22 seniors consistently participating across both sites. Staff are planning to offer another round of Enhance Fitness starting in August.

Although the end of the school year is fast approaching, staff continue to increase participation in the Power Up Kids (PUK) Program. Staff conducted an orientation with Washoe County School District's Team Up Program. Working directly with the coordinator, staff provided information on PUK and an overview of the curriculum to 13 of the Team Up Site Leaders. Staff had the opportunity to discuss implementation and gauge interest in participating. If onboarded, this partnership would increase program reach tremendously. Staff is planning to implement the program with Team-Up in August.

Staff finalized online and television education campaigns for Senior Falls Prevention and Suicide Prevention / Lethal Means Reduction with selected vendor Charter - Spectrum Reach. These will run on both local television and streaming television, and on a variety of website platforms in both English and Spanish, during the month of May.

Staff provided significant policy input and guidance for suicide prevention bill AB451. Finalization of this bill and passages remains in progress.

Staff participated in the coordination and promotion of the biannual local Prescription Drug Take Back Event, on April 26th. Promotion included social media boosting within the community, a formal press release, offer of media interviews, internal Washoe County employee promotion and posters, flyers, and emails. Coordination included securing, identifying collection sites, materials for distribution, and leading one collection site.

- 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 Lead team is currently managing 36 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 April, NNPH Community Health Workers assisted four individuals through the Cribs for Kids program. One of the classes was held at the Anthem Wellness Center. CHWs, who are also certified Baby and Me Tobacco-Free facilitators, 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 April. FIMR is currently undergoing a Process Evaluation conducted by a CDC Fellowship student. The survey results are currently being compiled. FIMR staff attended the Syphilis Task Force Meeting on April 9th.

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 April 10th and featured two guest presentations. A representative from the Nevada Primary Care Association provided an overview of their Teen Pregnancy Prevention Program, while a speaker from the Children's Cabinet presented on the Nevada Pyramid Model partnership, which supports early childhood development.

- g. **Women, Infants and Children (WIC)** – Four WIC staff attended the National WIC Association Annual Education and Training conference, which was held in Las Vegas. Session topics included breastfeeding promotion and support, nutrition education, technology and innovation, outreach and community partnerships and more.

The WIC team recruited for and interviewed for an Intermittent Hourly (IH) Office Specialist (OS) to help with coverage if/when any of the team's three OSs are on leave. The OS position is integral to the WIC functioning and maintaining participation rates. Tasks include interacting with clients on the phone and in person, scheduling appointments, verifying eligibility, and providing information and resources.

NNPH received the final WIC grant award for funding through the end of the federal fiscal year (9/30/25). Due to the federal budget not fully being approved and continuing resolutions being used, the full award had previously not been awarded.

The popular Farmers Market Nutrition Program (FMNP), in which WIC participants receive cash-value coupons to use at area farmers markets will not be offered this year. The State of Nevada WIC notified local agencies that there is no funding for the FMNP program this year.

- h. **Community Health Workers (CHWs)** – The Community Health Workers provided navigation services to 64 clients in April. 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 7 outreach events. Five of those outreach events were with the Immunization Program at school located vaccine clinics where kids and teens were able to receive their vaccines required for school attendance. The CHW team provided interpretation resources at these events. The CHW team also attended the Biggest Little Egg Hunt hosted by the

Boys and Girls Club on April 12th and provide resources for CCHS clinic services and the 5210 program. Mobile Harvest on April 1st provided 90 families with fresh food and produce.

The current supervisor for the CHW program, Christina Sheppard, APRN, has been promoted to CCHS Division Director. On May 19th, day to day supervision of the CHW program will transition to Sonya Smith, RN. Christina Sheppard will continue to oversee CHW services that are billed to Medicaid to ensure that Medicaid reimbursement for CHW services is not disrupted.