NORTHERN NEVADA Public Health | Community & Clinical Health Services

Community and Clinical Health Services
Division Director Staff Report
Board Meeting Date: November 20, 2025

DATE: November 7, 2025

TO: District Board of Health

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SUBJECT: Community and Clinical Health Services – Divisional Update – Impact of the Federal Shutdown; Data & Metrics; Immunizations, Tuberculosis Prevention and Control Program, Reproductive and Sexual Health Services, Maternal Child and Adolescent Health, Women Infants and Children, and Community Health Workers

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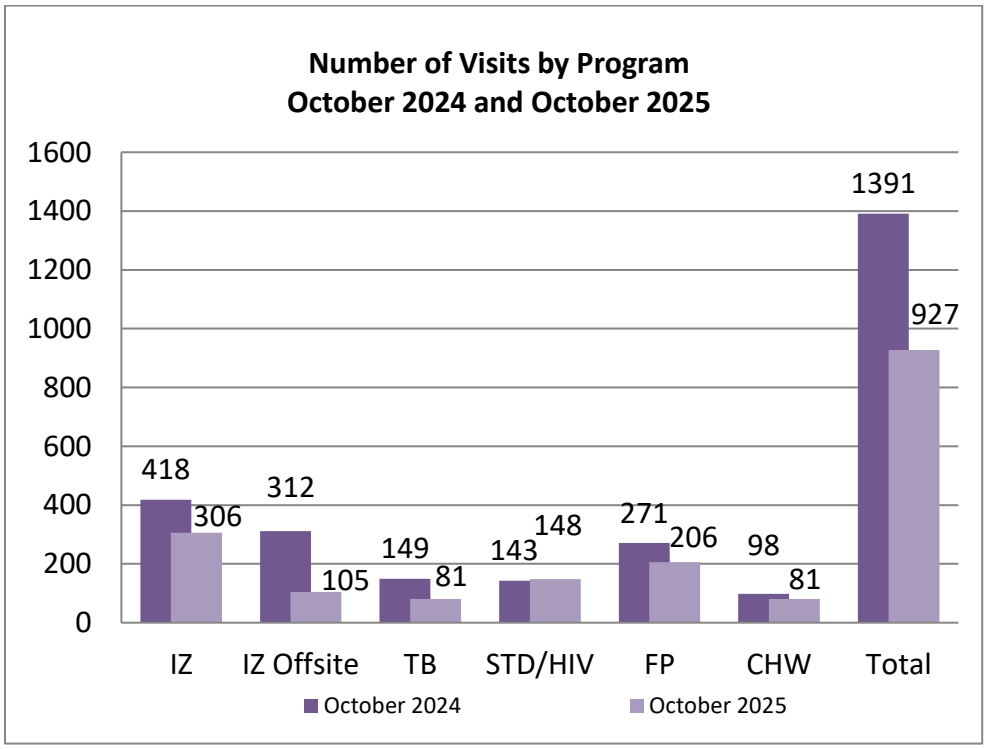
1. Divisional Update

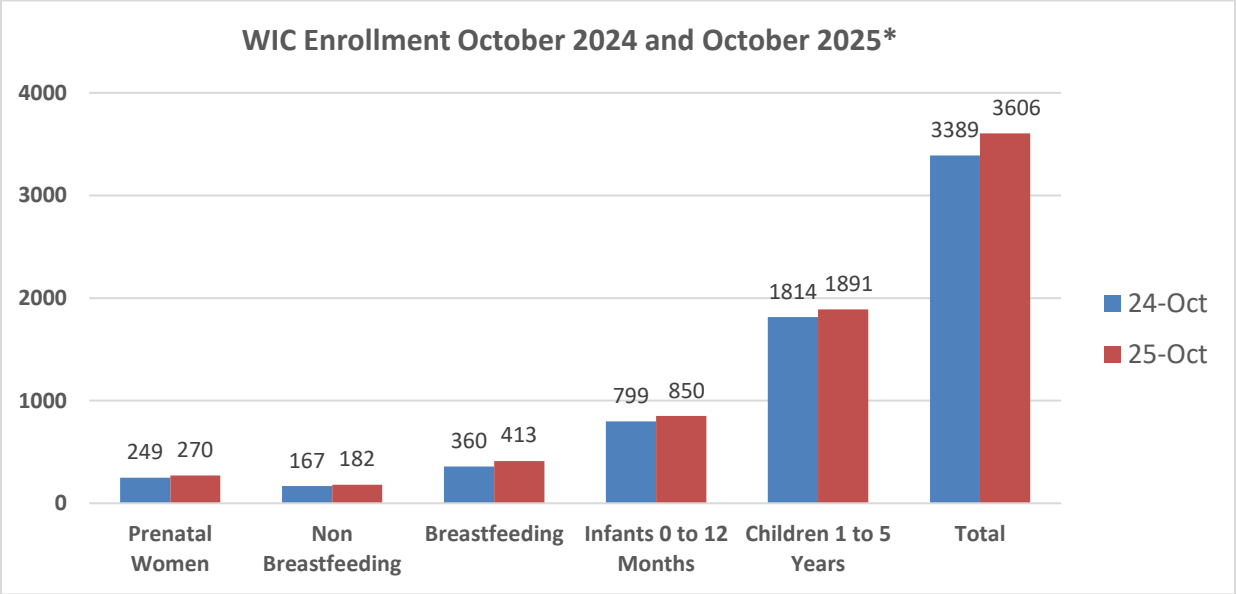
a. **Impact of the Federal Shutdown** - The 2025 federal government shutdown has caused significant disruption to the Northern Nevada Public Health (NNPH) and the state's Women, Infants, and Children (WIC) program. Initial communications from the Nevada State WIC office on September 29 informed local agencies that limited funding was available through mid-October, with participants encouraged to continue redeeming benefits. Over the following weeks, the state issued multiple updates as short-term funding extensions were received, including contingency funds from USDA and section 32 tariff funds. Operations were repeatedly scheduled for closure, with new funding announcements arriving days before each deadline, leading to unstable and stressful week-to-week operations for staff and administrators.

The shutdown also caused confusion among WIC participants and vendors, especially when the Inter-Tribal Council of Nevada (ITCN) WIC—funded directly by the federal government—closed briefly before reopening. Many participants and stores mistakenly believed that all WIC services had stopped. Despite these challenges, NNPH remained committed to maintaining services, planning to operate with reduced staffing and reassigning some employees to other county programs such as Libraries and Human Services Administration (HSA) to conserve resources. Guidance from the state indicated that local agencies could continue serving current clients if they had the funds to support staff, though new clients could not be accepted. A more detailed timeline and discussion of contingency plans is included in the WIC program update.

Beyond WIC, the shutdown has also affected the Family Planning Sexual Health Program (FPSHP), as the federal Office of Population Affairs (OPA) under the U.S. Department of Health and Human Services experienced workforce reductions and halted communications. This has delayed guidance on current grant spending and left uncertainty about future funding cycles for FY2027. Program staff are currently awaiting guidance and approval from OPA regarding a pending budget amendment and the non-competitive continuation application for Year 5 of the grant. Without timely direction or approval of these matters, there is a significant risk that remaining grant funds may go unspent or that the program will experience a lapse in funding for the upcoming grant year.

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 Past 12 months

Month	Enrollment	Participation w/ Benefits
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
June 2025	3466	3125
July 2025	3543	3172
Aug 2025	3546	3181
Sept 2025	3580	3218
Oct 2025	3606	3265
Monthly avg	3476	3144
% change Oct 2024 / Oct 2025	6.40%	4.51%

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. **Immunizations** – The NNPH Immunization (IZ) Program provides services to individuals of all ages throughout the community. In both clinic and outreach settings, the IZ Program primarily serves children who are eligible for the Vaccines for Children (VFC) program, as well as adults who are uninsured or underinsured. The program also serves a significant number of insured individuals, both adults and children.

Walk-ins are accepted daily in the onsite clinic in addition to scheduled appointments. In October, clinical staff vaccinated a total of 275 clients with 644 vaccination doses, to include members of the public and NNPH employees.

On the first of October, NNPH began to provide RSV to infants who are in their first RSV season and Flu Vaccinations for all ages 6 months and older. With delays in the allocation of COVID-19 vaccines for both VFC and 317 funding, the program had a late start for providing seasonal COVID-19 for individuals aged 6 months and older. As fewer providers in the area are offering COVID-19 vaccines—particularly for individuals without access through a primary care provider or those below pharmacy age limits—the program anticipates an increase in people seeking vaccination who have no other options. The program now has Moderna's Spikevax product for ages 6 months through 11 years old in VFC and Private pay funding sources as well as Pfizer's Comirnaty for individuals 12 years and older. The State was provided with an extremely limited number of 317 COVID vaccines. The program has received one third of the inventory and are already requesting additional doses.

In addition to clinic vaccine administration, staff continue to headline limited community outreach events. In October, staff participated in the monthly on-site Mobile Harvest, Children's Cabinet early childhood screening event, the Fall Family Health Festival, and hosted two Employee Flu clinics. The events include partnerships with NNPH Human Resources, Food Bank of Northern Nevada, Boys and Girls Club, the Family Health Festival team and Children's Cabinet. The team is busy finalizing plans for a community flu POD in November and is considering participating in additional influenza-focused outreach activities in the next few months.

With a 5% decrease in the VFC budget, the program had to recently reduce intermittent hourly nursing staffing numbers as well as limit the number of shifts intermittent hourly staff can work. The team reviews each community outreach event to see if participation is possible with the limited staffing resources. Since September, the NNPH IZ team had to decline to participate in nine events. When the team declines to attend, staff members reach out to partners in the community, hoping to find someone who can fill the need. This collaboration has led to REMSA purchasing flu vaccine to provide vaccination at Cares Campus and Our Center. The team continues to coordinate with

Catholic Charities and local pharmacies to determine their capacity to assist with vaccination efforts at community events.

State Opioid Response (SOR) funding is being used to supplement existing 317 vaccine resources, enhancing the availability of vaccines for uninsured and underinsured adults. Staff anticipates this additional funding source will continue to help adults in the community by providing an expanded number of free vaccines for those who do not have insurance or pay out of pocket for vaccines.

Program staff continue the development, case management, and reporting of activities for the Perinatal Hepatitis B Prevention Program (PHBPP) with 6 cases currently under management. Staff continue to uphold the NSIP, required VFC Compliance, Annual Training, and follow-up visits with area practices. Staff are also actively executing the 25-26 VFC program plan for Washoe County to include four compliance sites, five IQIP (quality improvement), training major providers, and numerous follow-up visits to date. The team has facilitated VFC vaccine transfers of over 3,000 vaccine doses to accommodate provider orders and to supplement delays in receipt of VFC influenza in the community.

b. **Tuberculosis Prevention and Control Program** – The Tuberculosis Prevention and Control Program (TBPCP) continues to operate in alignment with state and federal requirements, with a mission to prevent and control tuberculosis (TB) in Washoe County by reducing morbidity, disability, and premature death due to TB.

Active TB Disease Activities - The TBPCP is managing three active TB cases, two pulmonary and one pulmonary/miliary. In addition to the existing cases, a case of active TB disease was identified through a tissue sample collected during a postmortem examination, prompting a contact investigation to ensure that no individuals had been exposed while the person was still alive. All active cases are managed in close consultation with the program's designated medical consultant to ensure adherence to evidence-based treatment protocols and to support clinical decision-making for complex cases. Directly Observed Therapy (DOT) is provided for all active TB cases. In October 2025, 66 DOT sessions were conducted.

Latent TB Infection (LTBI) Activities - The TB program prioritizes high-risk populations for LTBI screening and treatment, including recent contacts of active TB cases, individuals with immunosuppression, and those from high TB-endemic countries. The TBPCP is currently managing and/or evaluating approximately 11 clients for latent TB infection (LTBI). In October of 2025, three LTBI evaluations were completed, and two clients initiated LTBI treatment.

Program Coordinator Activities – The program maintains a robust system for documentation and reporting, utilizing the CDC's Report of Verified Case of Tuberculosis (RVCT) and the state's EPITRAX system, with all new cases reported within two weeks of notification. And, over the last year,

the TB Program Coordinator role has expanded to include a greater focus on LTBI data collection and analysis. Forty positive lab reports were reported in the month of October.

The TB program staff conducted their annual cohort review, evaluating the previous year's cases with a focus on treatment initiation, completion rates, encountered challenges, and successes. Washoe County tuberculosis statistics were presented to assess progress toward key program deliverables. Additionally, Dr. Krasner provided an educational session highlighting the complexities and clinical considerations involved in diagnosing tuberculosis.

c. **Reproductive and Sexual Health Services** — The Family Planning Sexual Health Program (FPSHP) continues to deliver high-quality, accessible reproductive and sexual health care to the community. During October, clinic operations were adjusted to address recent staffing changes following the departure of two staff members in September and early October. Duties were reassigned among existing staff and intermittent hourly personnel to ensure continuity of services. To help bridge the staffing gap, Clinic Assistants completed training on point-of-care testing for chlamydia and Gonorrhea, allowing them to assist with certain clinical tasks typically performed by nurses.

On October 24, the program received approval to fill a vacant Advanced Practice Registered Nurse (APRN) position. Once filled, this addition will bring the clinic's staffing to 2.5 APRNs, significantly strengthening service capacity. The clinic is hopeful that this position is filled before January 1, 2026.

One staff member attended the National Family Planning and Reproductive Health Association Fall Meeting held October 20–22, 2025, in Minneapolis, Minnesota. The meeting covered a wide range of topics including the future of Title X, legal and regulatory updates related to Title X and reproductive health during the government shutdown, and ideas for diversifying funding streams for sexual and reproductive health services.

d. **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 Childhood Lead Poisoning team is currently managing 42 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. The program was awarded an additional $5000 in October to continue follow-up activities for children with Blood Lead Levels (BLLs) above 3.5 µg/dL.

Public Health Nurses, with the assistance of Community Health Workers (CHWs), continue to follow up and provide coordination, education, and resources to those referred from the Nevada

Newborn Screening Program to ensure all infants receive the second newborn screening as required.

In October, NNPH Community Health Workers assisted four individuals through the Cribs for Kids program. Two classes were held in Spanish and two in English. CHWs continue to promote initiatives such as the Pregnancy Risk Assessment Monitoring System (PRAMS) and Nevada 211.

The Fetal and Infant Mortality Review (FIMR) team convenes monthly, excluding the months of June and December. Each meeting typically includes the review of an average of four cases. In October 2025, the team met and reviewed four cases. The program is happy to welcome Kellisa Shirane taking the open Co-Coordinator position of the FIMR program. Kellisa is a PHN II with four years in the NNPH Immunization Program. Beginning in November, Kellisa will be working 10 hours a week on the FIMR program.

The Northern Nevada Maternal Child Health Coalition continues to be the Community Action Team to assist with carrying out recommendations from the CRT. In October the team assembled 150 New Mama Care kits. The team hosted a presentation from Anna Villatoro, Family Leadership Coordinator at The Children's Cabinet – First 5 Nevada who presented an overview of the Family Leadership Council, which promotes parent involvement in early childhood systems. The council offers monthly one-hour virtual trainings (in English with Spanish interpretation) covering topics like the early childhood system, legislation, and advocacy**.** Parents receive $25/hour for participation through gift cards or direct deposit. Families from across Nevada—including urban, rural, and tribal areas—are involved. Key partners include the Children's Advocacy Alliance and the Nevada Early Childhood Advisory Council**.** Two Parent Summits are planned for October (in Southern Nevada and Reno), offering participants $50 gift cards and food.

Additionally, NNPH staff continue to support the Washoe County Community Child Death Review process by providing updates on fetal and infant deaths when requested. These meetings are held every other month, with the most recent one taking place on October 3,2025.

e. **Women, Infants and Children (WIC)** – The WIC program is federally funded and has a grant year of October 1 – September 30 each year. WIC operates with two pots of funding – one for food benefits for WIC participants and the other for administration of the program. The administrative funds include the staff that issue benefits and provide education and resources. The 2025 federal government shutdown has impacted the NNPH WIC program; a brief timeline of operations includes:
   - Monday September 29 - State WIC office notified local agencies that funding for WIC staff/administration was available through approximately 10/11. WIC participants received the message that WIC is open, and participants should continue to redeem food benefits.

- NV WIC received $1.2 million of the $150 million USDA FNS contingency funds for food benefits.
- Wednesday October 8 – State WIC office issued a memorandum to local agencies to temporarily cease all operations, effective October 10, 2025.
- Thursday October 9 – State WIC office notified local agencies that funding was received to keep offices open through 10/17/2025 with food benefits though the end of the month.
- Monday October 13 – State WIC office issued guidance and messaging to local agencies on what WIC activities can continue if WIC does not receive funding to continue operations. NNPH is committed to serving WIC participants. NNPH WIC would operate to maintain services to the NNPH WIC participants with a reduced number of staff.
- Wednesday October 15, local agencies were notified that section 32 tariff funding was released to states, including Nevada. This funding gave local WIC agencies and state staff one more week of operations, through 10/24/2025.
- Thursday October 16 the Interim Finance Committee approved $7.3 million for WIC food benefits only (not administrative/staff funding).
- Wednesday October 22, notification was received that USDA provided guidance to keep local agencies open through Friday October 31, 2025.
- Wednesday October 29, notification was received that Nevada WIC will stay open through Friday November 7. It was announced that food benefits would continue with support from State of Nevada funds through December 23, 2025.

The week-to-week operations and contingency planning has been stressful for staff and leadership. A silver lining has been the support from other county programs. NNPH is committed to supporting the WIC program in the case of a shutdown notice from the state and to conserve limited funds a plan is in place to temporarily reassign some WIC staff to other programs. Plans to reassign staff to Libraries and HSA are in place if needed, keeping a minimal number of staff in WIC to continue to provide WIC services and serve clients. Guidance from the state is that if there is a shutdown, services can continue if agencies have funds to support staff. The limitation would be that no new WIC clients would be accepted, only current clients could be served.

f. **Community Health Workers (CHWs)**

Client Navigation Services - In October, CHWs assisted 81 clients with navigation services, including support for health insurance, primary care, PrEP (pre-exposure prophylaxis for HIV prevention), housing, transportation, and food.

Outreach Events - In October 2025, Community Health Workers (CHWs) conducted seven outreach events, reaching over 290 individuals. Their primary focus was to connect underserved populations—including families, children, pregnant individuals, and youth in transition—with essential health, nutrition, and wellness resources. Through these events, CHWs provided access to services such as

fresh food distribution, health education, STI testing, and program referrals, helping to bridge gaps in care and support within the community.

1. October 4 – First 5 Health Fair (Boys & Girls Club)
    - Served: 30 individuals
    - Target: Families and children
    - Purpose: Health and wellness outreach
    - Resources: CCHS brochure, Harvest of Health flyer
2. October 7 – Mobile Harvest @ NNPH
    - Served: 95 individuals
    - Target: Low-income families
    - Purpose: Access to nutritious food
    - Resources: Fresh produce, diapers (Molina), WIC info, interest forms, flyers, food survey
3. October 8 – Family Health Festival at Neil Road
    - Served: 81 individuals
    - Target: Low-income families
    - Purpose: Health and wellness outreach
    - Resources: CCHS brochure, Harvest of Health flyer
4. October 13 & 17 – Centering Families
    - Served: 6 individuals each session
    - Target: Pregnant individuals
    - Purpose: Promote NNPH-CCHS programs
    - Resources: WIC presentation, program flyers
5. October 18 – Operation Revival (Sun Valley Rec Center)
    - Served: 67 individuals
    - Target: Low-income families
    - Purpose: Health and wellness outreach
    - Resources: CCHS brochure, Harvest of Health flyer
6. October 28 – Eddy House
    - Served: 5 youth in transition
    - Target: Transitional youth
    - Purpose: STI testing and birth control counseling
    - Resources: Free testing and consultation