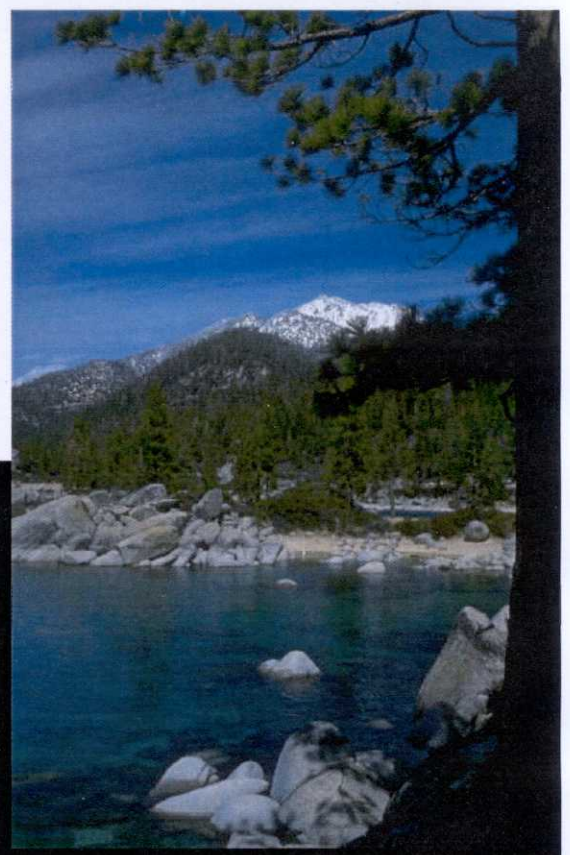


Nevada

Informational Newsletter Published by the
Nevada State Health Division
Office of Public Information

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Health



Making a Difference in Yerington

If you feed them, entertain them, they will come, right? That formula proved successful for Jana Patterson, Nevada State Health Division's Community Health Nurse serving the city of Yerington and Lyon County. Music and the smell of BBQ filled the air. The event began early Saturday morning with many of the town's teenagers heading to the local hospital for their annual physical. The Health Fair was a result of a partnership with South Lyon Medical Center, the Boys and Girls Club, St. Mary's Hospital, along with a host of community organizations, all volunteering their time. "This is the first Teen Health Fair we've ever had in Yerington," said Jana Patterson. It took months of planning and a community effort to write a grant to receive funding from the Healthy Communities Coalition of Lyon and Storey Counties. The coalition approved funding to cover the cost of physical exams for 13-19 year old students in Lyon County. St. Mary's Hospital "Take-Care-A-Van" (see photo below), a fully-equipped dental office on wheels, provided free dental exams, fluoride varnish treatments, and sealants to students.

(Continued on Page 5)

From the Administrator...

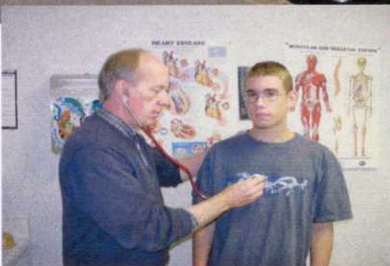
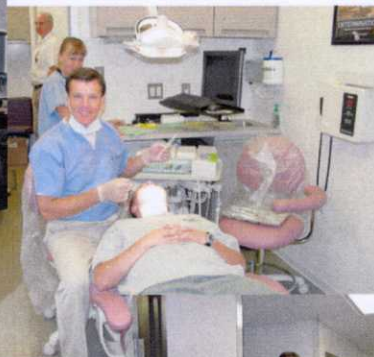


I would like to begin by saying "thank you" to the entire staff at the Nevada State Health Division for your distinguished service. I join you in welcoming the Year 2003 with enthusiasm and a renewed faith and fervor in the way we deliver much-needed public health services to Nevadans. We've faced difficult challenges post 9-11-2001, but we've aggressively met every endeavor with vigor, compassion, and solid leadership--you epitomize the consummate professional. This is no easy feat and I congratulate you. I'm proud to be a part of your team. Please remember, if you choose to drink, please do not drive. My best wishes to you and your family!

Yvonne Sylva



Dr. Steven Draper, performs a dental exam for Matt Boger.



Dr. Jerry Brown completes a physical on Jacob Fowler.

Joyce Lynn Hakin, Community Health Nurse, along with Staff of Medical Professionals, volunteer their services.



Mission Statement

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

Fall 2002

BE NATURAL:

The Key to Surviving the Holiday Season

B—**Breathe** deeply: it will help increase energy levels.

E—**Exercise**: 20 minutes, three times a week—and running from errand to errand doesn't count!

N—**Nutrition**: Three well-balanced meals each day.

A—**Attitude**: Negative attitudes are contagious and destructive. Try to see the glass half full.

T—**Time management**: Set priorities and don't take on more than you can handle.

U—**Uniqueness**: Recognize and treasure your own uniqueness. Say 'no' when necessary.

R—**Relaxation**: Private time to read or listen to music—a time not to focus on the next item to do.

A—**Association**: Maintain contact with nurturing support systems—colleagues, friends, family.

L—**Laughter**: Still the best medicine. Look for more ideas on how to make this holiday season more stress-free and enjoyable for you and your family at:

<http://www.iuinfo.indiana.edu/ocm/packages/holiday/stress.htm> and <http://helping.apa.org/family/holiday.html>

Move For Life



By
Frank
Sakelarios

Bureau of Community
Health

If you could go to the store and buy a product that would help you to look and feel better, how much would you be willing to pay? And, how much more value would you place on it if this great new product also helped to reduce your risk of heart disease or cancer? There are no magical cures or shortcuts, but a program of regular physical activity does offer these benefits and more. The benefits of physical activity are not only free, but getting into the routine of physical activity is also simple and easy. And, you can begin enjoying the benefits almost as soon as you start. All you have to do is invest a little of your time in helping yourself to look and feel better. According to the U.S. Surgeon General, it takes only 30 minutes of moderate physical activity five or more times a week to gain important benefits, including stronger heart and lungs; weight control; improved muscle tone and strength; and protection against cancer, diabetes, high blood pressure and osteoporosis. The Nevada State Health Division wants to help you gain the benefits of physical activity. That's why we've introduced the "Move for Life" physical activity program first phase, from September thru November 2002. Second phase begins December 2, 2002. As a participant, you will receive a simple log to keep track of the amount of time you are physically active each day of each eight-week program. Set a personal goal and watch your points accumulate while you do something good for yourself. You can choose any kind of physical activity--bicycling, walking, bowling--anything that keeps you moving. To learn more information, call Frank Sakelarios at (775) 684-4231 to sign up.

Holiday 'Musgo' Soup for Two

From Stan Marshall, BHPS

2-3 handfuls of chopped carrots

2-3 handfuls of diced celery

Any amount of potatoes, diced small

Any amount of leftover cooked rice (plain or casserole)

Any amount of mushrooms, broccoli, peas or other steamed vegetables

Chicken bouillon or bouillon cubes (no-salt variety best)

Tons o' garlic, fresh crushed or from a jar (or chopped onion, if preferred)

All the meat from the turkey carcass and any other leftovers, cut small. Salt and pepper to taste. Add water to cover, then add one more quart or so. Put a lid on it, then cook it till it's done (or 1-1/2 hours on a slow, rolling boil, whichever comes first). Serve with fresh sliced sourdough or French bread. This recipe is great for holidays when the refrigerator is usually laden with good leftovers that "Mus' go!"—or be tossed out next week.

Usually makes a minimum of two gallons, which freezes nicely for use during those cold winter days when you're too tired to cook. For variety, add shrimp or sausage to this recipe.



Proper Reheating of Holiday Leftovers May Save Your Life

By Kinley Goodman, Bureau of Health Protection Services

Those holiday leftovers could be potentially hazardous foods capable of supporting the rapid growth of toxic microorganisms. Meat, poultry, and fish are the most common causes of food poisoning, but other foods are susceptible, too. Any leftovers following a meal should be refrigerated as soon as possible to bring down the internal temperature to 70°F within two hours and 40°F in another four hours.

All foods to be eaten warm or hot should be rapidly reheated so that all parts of the food reach a temperature of 165°F (74°C) before being served or placed in a container for maintaining heat. Crockpots, warming trays, chafing dishes or similar devices should not be used for reheating food because they do not reheat foods rapidly enough to kill the pathogenic organisms that may have been introduced into them. If using a microwave, reheat the food to 165°F and then allow the food to set two full minutes to allow the temperature to stabilize throughout the food. A metal stem probe-type thermometer should be used to determine the internal temperatures of food items. The thermometer should be marked in two-degree increments and be approved by the National Sanitation Foundation, commonly known as NSF. A thermometer of this type may be found at most retail stores for a cost of \$4.00 to \$5.00.

Help make these holidays happy and healthy by properly reheating those holiday leftovers. For more information, call Kinley Goodman, Public Health Rating and Survey Officer, Environmental Health Section, Bureau of Health Protection Services, at (775) 687-4750, extension 261.





FLU SEASON IS HERE!

Are you ready??? The Nevada State Health Division prepared for the upcoming influenza (flu) season. Above: Leslie Tashiro and Ann Stone, Health Division Personnel, were the first employees to "brave" the ordeal. They're the first to tell you, "I didn't even feel it." Washoe County District Health Department's "Flu Bug," a specially-painted Volkswagen, made a visit to the health fair at the Nevada State Health Division's headquarters in Carson City.

Arthritis and Diabetes -- First Cousins to Obesity and Physical Inactivity

By Kim Neiman, Chronic Disease Programs

What do diabetes and arthritis have in common? Even though they are both chronic diseases, they don't look like they have that much in common.

But actually they do. Both have what are called "modifiable risk factors," which are those characteristics about a disease that we can do something about. It's clear that we can't change our age, sex, or genetic make up, but we can alter our lifestyle. Right now, in America, it is estimated that approximately 60% of adults are obese. This means they weigh at least 30% or more above their ideal body weight. Usually excess weight comes from eating more calories than we burn. In other words, the "super-sizing" and cheeseburgers have risen up against us! It is this excess intake that puts the extra stresses on our bodies and puts us at increased risk of developing several chronic diseases including diabetes, arthritis, cardiovascular disease, colon cancer, and asthma.

So what can we do about this? Basically, we need to consume less and burn more. There's good evidence that even a modest loss of 10% of your weight can greatly improve your chances of avoiding these diseases. So put down the fork, and put on the walking shoes and start moving towards better health!



Tips on how to avoid the common snow sports injuries.... By Kristen Rivas, BFHS

Skiing and snowboarding are both relatively safe sports, contrary to what you might think or have heard. For every 1,000 people on the slopes per day, only approximately two to four skiers/skiboarders and three to five snowboarders will sustain an injury that requires medical attention. It may not only bring your eagerly awaited trip to an abrupt end, but could also prove to be very expensive. Snow-sports deaths, while often high profile in the media, are, in fact, very rare. Statistics from the Centers for Disease Control and Prevention (CDC) suggest ten times more people drown in the bathtub than die on the slopes! Other individuals sustain avoidable minor soft tissue injuries and fractures, which can nevertheless interfere with the enjoyment of your trip. Here is a simple tip that can help to significantly reduce your risk of injury: Follow the resort safety code. In today's "money hungry" world you may find yourself charged with negligence if you ignore the code and cause an accident or injury. Don't be tempted to skip professional instruction -- injuries are more common in beginners and bad habits learned early are difficult to change. Have your own equipment checked regularly or use a reputable equipment rental company. Don't be tempted to overstate your level of skill -- longer skis are more difficult to turn and are more likely to cause injury. Boots should fit snugly without your ankle moving around inside. If your skis, board, boots or bindings don't feel right, don't be afraid to go back to the equipment rental shop. Warm up and warm down properly -- spend a few minutes gently stretching your hamstrings, thigh muscles, hips and calves before and after going on the slopes. Hold each stretch gently for 30 seconds. It shouldn't hurt! Recognize when you need a rest-- most injuries occur after lunchtime when tiredness sets in. Avoid consuming alcohol and drugs -- not surprisingly, your ability to react in the event of an accident may be altered. Wear adequate clothing, preferably in layers. Don't forget good quality sunglasses, goggles and sunscreen. Wear a protective helmet because nothing is cool about sustaining a head injury! No helmet will protect the foolhardy who skis too fast and/or out of control. You should never ski out-of-bounds. Be aware of the prevailing avalanche risk and, if in doubt, consult a local guide before setting out. Carry an avalanche transceiver and know how to use it. Never attempt to ski or board down a closed course. Not only do you run the risk of serious injury, but you could be prosecuted and be held liable for the costs of any rescue. Ski Patrolrollers are not killjoys -- courses are closed for a reason. Watch out for each other and HAVE FUN!

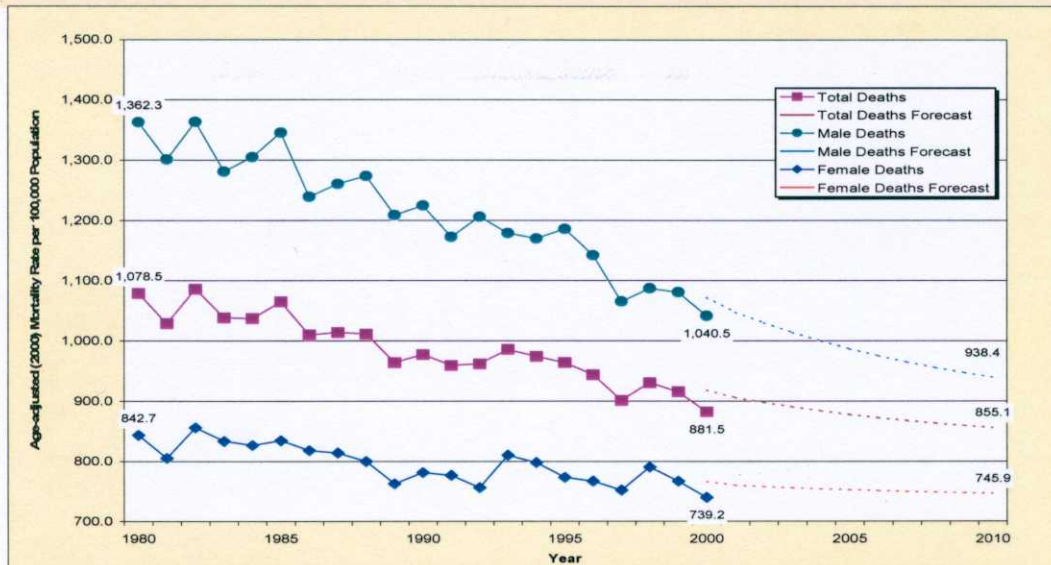


Analyzing Mortality in Nevada

By Tim Pollard

An analysis of the state of mortality is an important aspect in considering and evaluating the health and well-being of any population. The characteristics of a population's mortality are an excellent benchmark of the entire population. It can illustrate how regional differences, socio-economic disparities, lifestyle habits, as well as how occupational and behavioral risk factors affect a population's quality of life. The recent publication of the "Nevada Mortality Summary: Leading Causes of Death from 1980 to 2000" by the Center for Health Data and Research analyzes the state of mortality in Nevada over 20 years to provide useful information in analyzing mortality trends in the State of Nevada. This report summarizes mortality trends from 1980 to 2000, and provides projections out to 2010, on the 15 leading causes of death for males and females at the statewide, Clark County, Washoe County, and balance of state levels. National comparisons, as well as mortality trends and projections for different racial/ethnic populations, at a statewide level, are also included in this report.

This report is available online at the Center for Health Data and Research's website at: <http://health2k.state.nv.us/nihds/center.htm>.



Age-Adjusted (2000) Mortality Rates for Total Mortality by Gender, Nevada Residents, 1980-2000

Special Report on Dog Bites in Nevada, 1999-2001 By Brian Wellins

Dog bite attacks appear to be on the increase in the United States. To determine how serious dog bite attacks are in Nevada, the State Health Division and the Nevada Department of Agriculture collaborated on a retrospective study to evaluate the incidence of dog bite related-injuries, their public health impact, and the associated medical costs. Some of the more interesting findings of the report are:

- Ø Inpatient hospitalizations result in billed charges of \$884,053 per year due to dog bites. The best estimate for total hospital billing amounts, which includes both inpatient and outpatient injuries, to Nevadans for dog bites from 1999-2001 are \$1,920,817 per year.
- Ø The average dog bite victim in Nevada that had hospitalization spent over three days in the hospital and incurred over \$10,000 in hospital charges.
- Ø More persons under 10 years of age were hospitalized over night due to a dog bite than 10-19 years olds, 20-29 year olds, and 30-39 year olds combined.

This report is available online at the Center for Health Data and Research's website at: <http://health2k.state.nv.us/nihds/center.htm>.

<i>Nevada Dog Bite Injuries</i>								
Year	Type / Age Group	0-4	5-9	10-14	15-19	20-39	40+	TOTAL
1999	Dog Bite Injuries	290	382	282	132	589	610	2,285
	Population	144,301	146,681	136,476	125,211	597,651	817,331	1,967,650
	Injury Rate (per 100,000)	200.97	260.43	206.63	105.42	98.55	74.63	116.13
2000	Dog Bite Injuries	229	303	297	130	607	604	2,170
	Population	148,447	152,007	141,659	129,416	613,447	849,073	2,034,050
	Injury Rate (per 100,000)	154.26	199.33	209.66	100.45	98.95	71.14	106.68
2001	Dog Bite Injuries	309	439	329	122	663	703	2,565
	Population	155,714	159,396	148,408	135,560	643,646	889,774	2,132,498
	Injury Rate (per 100,000)	198.44	275.41	221.69	90.00	103.01	79.01	120.28
TOTAL	Dog Bite Injuries	828	1,124	908	384	1,859	1,917	7,020
	Population	448,462	458,085	426,543	390,187	1,854,743	2,556,179	6,134,198
	Injury Rate (per 100,000)	185	245.37	212.87	98.41	100.23	74.99	114.44



34th Annual Summer Institute for Addiction and Prevention Studies

by Nancy Roget, CASAT

submitted by BADA

More than 500 people attended the 34th Annual Summer Institute for Addiction and Prevention Studies in Las Vegas. The conference was held July 29 to August 2, 2002, at the Orleans Hotel and Casino in Las Vegas and attracted participants from places as far away as Germany. The Summer Institute provided training in both treatment and prevention fields, in workshops ranging from "The Faith Community's Role in Prevention" to "Ethics and the Employee Assistance Professional." The Summer Institute was sponsored by the State of Nevada, Department of Human Resources, Health Division, Bureau of Alcohol and Drug Abuse; the University of Nevada, Reno; the Center for the Application of Substance Abuse Technologies; the Mountain West Addiction Technology Transfer Center; and the Western Center for the Application of Prevention Technologies.

Darryl S. Inaba, noted author and psychopharmacologist for the Haight Ashbury Clinic in San Francisco began the Institute on Monday with his plenary speech addressing the problem of club drugs, raves, and specifically, the increase in use of MDMA (Ecstasy). Lonny Shavelson enticed the crowd with his photojournalist expose' on the California public treatment system. He followed five individuals through the treatment system and showed the result in his presentation, "Treating the Treatment System." After the first plenary, participants broke off into one of five tracks: Club Drugs, Co-Occurring Disorders, Prevention Part I, Trauma and Addiction, or Employee Assistance Program Part I. On Wednesday, Rick Sampson called upon participants to get involved with the recovery movement and help the general public realize that addiction is a treatable condition in his speech, "Towards Social Change-Opportunities for the Recovery Community." Reverend Kenneth S. Robinson, a pastor and physician from Memphis, Tennessee, inspired the group with his speech, "The Faith Community's Role in Prevention." Reverend Robinson asked conference participants to join faith-based groups in mobilizing their communities to prevent alcohol and drug use by youth. The response to Reverend Robinson was overwhelming. In Part II of the Institute, participants could attend one of five new tracks: Building Alliances in the Recovery Community, Cultural Competency, Prevention Part II, Family Effectiveness Training, or Employee Assistance Program Part II. Also available were three special trainings related to the prevention field: Substance Abuse Specialist Training, Strengthening Families Group Leader Training, and Project Alert.

Several awards were presented at the Summer Institute, including the Commission on Substance Abuse Education, Prevention, Enforcement and Treatment: Governor's Achievement Award for 2002. The recipients were Todd Raybuck, Mario Palacios (with Yoshi), Dorothy B. North, Dawn Leyva, the Eureka County Juvenile Probation Department Drug Free Programs, and STEP 2. The recipient of the Outstanding Contribution to Prevention Award was Kevin Quint, and the recipient of the John Chappel Award for Treatment was Dorothy North. Next year's summer institute on Addiction and Prevention Studies is scheduled for July 28-August 1, 2003, at the Silver Legacy in Reno, Nevada.

Continued from cover page....



Right to Left: Jana Patterson, RN, Mary Henson, RN, Community Health Nurses for Lyon County, and Grace Contreras, Administrative Clerk, take time out of their busy schedule to enjoy the day's festivities.



Members of the Lions Club volunteer to cook the food--great job!!



Right: Teenagers from Yerington received CPR training, blood pressure checks, and gathered with friends to enjoy the day's festivities.



A Message from the Editorial Staff...

In 2003, we'll begin publishing editions of the newsletter on our website. This is our final "printed" version of the Nevada State Health Division Newsletter. We expect to realize significant savings in printing costs by transitioning to this venue. You may access and print copies from our website by "clicking" on the public information menu:

<http://health2k.state.nv.us>

Your comments are very valuable in assessing this change. Please email your comments to: John Flamm, Public Information Office, at: jflamm@nvhd.state.nv.us or (775) 684-4221



Chronic Disease Self-Management Program a Great Success!!!

By Kristin Dubendorf, Coordinator-CDSMP

The Chronic Disease Self-Management Program is an evidence-based program developed at Stanford University by the Stanford University Patient Education Center. The result of this research has proven this course to be an effective wellness option to anyone with a chronic condition. This program is currently used at over 100 locations in the United States and in nine countries.

Funding from the Tobacco Master Settlement Agreement has allowed the Chronic Disease Self-Management Program to hold a course for Master Trainers (trainers of leaders). Eleven teams of two from around the state took part in a four-day training from September 23 through 26, 2002, held at the Sands Regency Hotel in Reno. The Tobacco Master Settlement Agreement will provide funding for each team of Master Trainers to facilitate three workshops over the next nine months. There will be two workshops for persons with chronic conditions, and the third workshop will be held to train new leaders. The workshops are currently being planned throughout the state. We look forward to making a huge impact in the community with the workshops that will be offered over the course of the year.

The workshops are given two and a half hours, once a week, for six weeks, in community settings such as senior centers, churches, libraries and hospitals. Subjects covered include: 1) techniques to deal with problems such as frustration, fatigue, pain and isolation, 2) appropriate exercise for maintaining and improving strength, flexibility, and endurance, 3) appropriate use of medications, 4) communicating effectively with family, friends, and health professionals, 5) nutrition, and, 6) how to evaluate new treatments. Published studies document a decrease in treatment costs, visits to doctors, hospitalizations, and overall improvement in quality of life.

Contributing to the effectiveness of this course is the manner in which it is taught. Classes are highly participative, where mutual support and success build the participants' confidence in their ability to manage their health and maintain active and fulfilling lives. The program is designed to enhance and supplement current treatment, but not replace anything else being done for the chronic condition. The team consists of two trained leaders, one or both of whom are non-health professionals with a chronic disease themselves. If you are interested in attending one of the upcoming workshops, please contact Kristin Dubendorf at (775) 856-3839. A brief interview either on the phone or in person is required prior to registering for the workshops. Every attempt will be made to provide classes at a time convenient for the participants. Class space is limited.



Participants gather for a group photo

Nevada Electronic Emergency Medical Services: Data System (NEEDS)

By Bob Heath and Richard Swinney



October 15, 2002, begins a new era in pre-hospital data collection in the State of Nevada. Since the inception of the Nevada Office of Emergency Medical Services in 1972-73, data concerning pre-hospital incidents had to be collected via a hand method, making use of what is known in the business as "bubble sheets." During the past year a pilot program has been conducted throughout the state, making use of an electronic data collection system. The pilot project, started in January 2002, makes use of Personal Digital Assistant (PDA) technology, computer desktop application, and a web-based data repository developed by MED Media, Inc., of Harrisburg, PA. The pilot project was a joint effort of public and private agencies. These agencies included the University of Nevada School of Medicine's Office of Rural Health, the Nevada State Health Division's Emergency Medical Services office, MED Media, Inc., and ten rural ambulance agencies. Using the new technology, emergency medical service providers are able to begin collecting incident data, patient condition, and treatment information at the scene making use of electronic software loaded on the PDA. This information can then be beamed to a printer at the hospital where the patient is delivered, then electronically transferred to a desktop computer located at the agencies' home station at the conclusion of the call. The service providers can then review and complete the detailed prehospital care report. This report can then be uploaded to a web-based server where the information is stored and compiled along with information from other agencies. Access to the data may be obtained via Internet connection and is controlled using passwords issued by the State Health Division. As of October 1, 2002, over 5,000 individual reports had been uploaded to the server. Fergus Laughridge, Emergency Medical Services Supervisor and the NEEDS program manager, expressed satisfaction with the progress of the program and said the pilot project exceeded the most "optimistic expectations of his office." The detail available on each report far exceeded the old labor intensive "bubble sheet" method. Under this new system, information is available virtually instantaneously as opposed to the old system, which often had months between the incident and the access to data. The success of the pilot program has allowed Nevada to expand the program to all permitted emergency medical services and fire agencies in the state. Utilizing information gained from the pilot project, a "data dictionary" was created and includes all of National Highway and Traffic Safety Administration's data elements. In addition, the system reports the information requested by Trauma Registry and Crash Outcome Data Elements. The program has taken one step further and all data elements have been modified to take into consideration new Nevada specific applications. NEEDS manager, Fergus Laughridge, indicates that a large amount of the program's success is based on the web-based repository developed by MED Media, Inc. The program developed by MED Media, Inc., allows agencies to use a number of different data collection softwares to export data to the repository site. The system developed by this company allows agencies collecting the same data elements to upload critical information even when exactly the same software has not been used. The repository developed by MED Media, Inc., is identified by the initials WEB-CUR. This repository has the ability to collect the aforementioned data and then report it back to the individual agencies and the State Emergency Medical Services office in a format useable for report and development purposes. Even though this system is barely out of the pilot stage, the potential for accurate data based planning is obvious. The next months of continued collection and massaging of data by the agencies and the State's Emergency Medical Services office, are expected to produce a product that will ultimately result in better patient care.





LEUKEMIA UPDATE



Dr. Randall Todd, Nevada State Epidemiologist

Churchill County Childhood Leukemia Cluster

The Centers for Disease Control and Prevention (CDC) has released preliminary information from the cross-sectional exposure assessment conducted in Churchill County in response to the unusual number of leukemia cases diagnosed among children living there. The cross-sectional exposure assessment included case families and four randomly selected control families for each case. In total, more than 200 individuals were included in the study. Blood and urine specimens were collected from study participants and analyzed for a large number of potential environmental contaminants. In addition, teams from the Nevada Division of Environmental Protection (NDEP) and the United States Geological Survey (USGS) visited the homes of study participants to collect samples of household dust, indoor air, play yard soil, and tap water. These samples are being analyzed for a similar list of potential contaminants.

CDC had promised the community that any unusual finding would be reported as soon as they became available. In August, CDC found it necessary to return to Churchill County in order to keep this promise and report findings that appeared unusual. Specifically, CDC found levels of arsenic and tungsten in the urine of study participants that exceeded levels found in a national reference population.

The arsenic finding was not a complete surprise given that Churchill County is known to have high levels of naturally occurring arsenic in ground water. It is also unlikely that arsenic exposure is the cause of the leukemia cluster, although it has been linked to other forms of adult cancer after long periods of high-level exposure. The elevated levels of arsenic were found in approximately 30% of the study population and were evenly distributed among cases and controls.

The finding of elevated tungsten levels in the urine of participants was not anticipated. Based on the national reference population only one out of ten people in the United States would be expected to have more than 0.32 micrograms per liter of tungsten in their urine. Yet in the Churchill County study, eight out of ten people had levels that were in excess of this amount with the highest levels reaching nearly 54 micrograms. These levels are among the highest community exposures CDC has encountered. As with the arsenic findings, the high levels were evenly distributed among cases and controls.

There has been relatively little scientific investigation regarding the impact of tungsten exposure on health, and there are no indications that tungsten is causally linked to leukemia. The CDC has requested that tungsten be placed on the National Toxicology Program priority list. This should encourage further research in this area.

It is also important to consider that while these findings indicate that Churchill County is unique with respect to the national reference population, we cannot say whether or not it is unique with respect to other Nevada communities. We know, for example, that tungsten has been mined in many parts of the state. Historically tungsten was mined in Churchill County, and there is currently a tungsten-related industry in the community. To further assess the degree to which Churchill County is unique within Nevada, the Health Division has requested that CDC collect urine and water samples from at least two additional Nevada communities. One community will be selected that has a similar tungsten mining history but no tungsten-related industry. Another community will be selected that has neither mining nor industrial activities related to tungsten. These studies will help to clarify likely exposure pathways for tungsten. Shortly after CDC announced the tungsten results, a University of Arizona researcher announced that tree pulp samples from Churchill County analyzed for tungsten showed an increase in tungsten concentrations over a 20-year time period. Although this represents an interesting finding that appears to substantiate the CDC results, some caution is necessary in order to interpret the data. The University of Arizona findings were based on a sample of only five trees in Churchill County. It can be statistically misleading to infer from such a small sample that trees in general have been concentrating tungsten at higher levels in recent years as compared to 20 years ago. If this finding persists with a larger sample size, then additional research is needed to better understand the relationship between changes in environmental levels of tungsten and concentrations of the metal found in tree pulp.

CDC now anticipates the release of the remaining analyses in February 2003. This will include information on blood and urine levels of many other compounds. Again, comparisons will be made between case families and control families and between Churchill County and the national reference population. The environmental samples from the homes of study participants will be compared in a similar way. Results from the Agency for Toxic Substances and Disease Registry (ATSDR) environmental pathways study are also anticipated after the first of next year.

Will this finally tell us why so many children in Churchill County were diagnosed with leukemia? At this time, it is impossible to say. What we can say, however, is that staff from several state and federal agencies have worked tirelessly to apply the best scientific methods available. As with most areas of scientific inquiry, we sometimes find the results of our studies lead to still more questions. For example, how does tungsten get into the urine in such high concentrations? Is exposure to tungsten related to health problems? Do tungsten or arsenic interact with other compounds or with each other in some way that would adversely affect health? These are important questions that we would not have known to ask had we not attempted to address the initial question and concern regarding childhood leukemia.

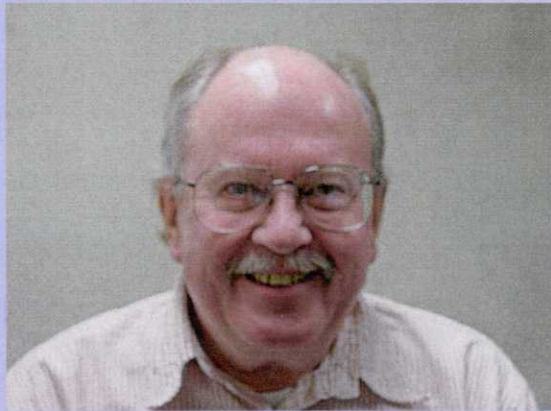
Science has already made remarkable progress in learning how to effectively treat children with leukemia. Finding ways to prevent the disease altogether would be an enormously significant next step. By studying the disease when it manifests in a cluster, scientists hope to find some of the secrets of causation and ultimately prevention. As progress is made toward this goal, the people of Churchill County and the scientists involved in this investigation will have the satisfaction of knowing they contributed to this worthwhile effort.



Recognizing Employees



Debi Galloway, Nevada State Health Division, was recognized as the Department of Human Resources July 2002 "Employee of the Month." She researched, coordinated, and prepared the complex budget for the bioterrorism grant. Long hours--meeting strict deadlines.



Bill Roberts, Management Analyst with the Health Division, was recognized as Department of Human Resources September 2002 "Employee of the Month." Bill developed an innovative fiscal tracking system for the Bureau of Alcohol and Drug Abuse. His creative and analytical prowess were key factors in his selection.



Verna Hauser, is the Department of Human Resources November 2002 "Employee of the Month." Her excellence in managing money for the Health Division is unsurpassed. This is no easy feat in today's economy. Attention to detail and a near zero error rate, clinched the selection.

congratulations!

HAIL &

FAREWELL



Welcome to Amy Roby, Public Health Prep.
Welcome to Angela Barosso, Public Health Prep.
Welcome to Joleen Murphy, Administration
Welcome to Linda Ficklin, Administration
Welcome to Tom Henderson, Public Health Prep.
Welcome to Joel McNab, Administration
Welcome to Randolph Bautista, Info & Tech
Welcome to Leslie Ravenscroft, Info & Tech
Welcome to Ken Keddington, BHPS
Welcome to Sarah Koerner, BHP&S
Welcome to Jonathan Young, BHP&S
Welcome to Mary Griffith, BHP&S
Welcome to Irma Janssen, BFHS
Welcome to Mary Knight, BFHS
Welcome to Tony Emmons, BFHS
Welcome to Greg Tanner, BFHS
Welcome to Andrew Dumond, BCH
Welcome to April Romo, BCH
Welcome to Laura Nickles, BFHS
Welcome to Paul Babiak, BFHS
Welcome to Thara Salamone, BFHS
Farewell to Nola Haynes, BFHS
Farewell to Rebecca Wilson, BFHS
Farewell to Brady Janes, BFHS
Farewell to Peggy Trembath, BFHS
Farewell to Mike Huse, BCH
Farewell to Rupa Bradley, BCH
Farewell to Rochelle van der Poel, BCH
Farewell to Victoria Radford, BCH
Farewell to Liza Petruzzelli, Administration
Farewell to Marnie Azadian, BADA



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