

Hook Into Health

"Creating A Healthier Tomorrow"

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New Phase for Childhood Leukemia Cases

By Randall Todd, DrPH, Nevada State Epidemiologist

Investigation of the childhood leukemia cluster in Churchill County is entering a new phase. Results of the various studies that have been done are beginning to become available and are being shared with the community. The first of these reports was from the Agency for Toxic Substances and Disease Registry (ATSDR) and the United States Geological Survey (USGS). These reports covered a review of multiple data sources concerning the integrity of the pipeline that brings jet fuel to the Fallon Naval Air Station and a study of ground water quality in the Lahontan Valley. Scientists from both agencies presented their findings at a community meeting held on May 29, 2002. The ATSDR concluded there is no evidence to indicate leakage from the jet fuel pipeline. This conclusion is based on data from the owner of the pipeline as well as the Nevada Division of Environmental Protection (NDEP), USGS, and Tracer Research Corporation. The USGS sampled water from wells in close proximity to the pipeline and found nothing to

indicate contamination with jet fuel. The NDEP conducted surveys of the pipeline that showed no evidence of gross fuel leakage. Probably the most conclusive data came from Tracer Research Corporation. They injected an inert substance or tracer chemical into the pipeline and then pulled a sled with a sensor over the ground under which the pipeline is buried. This method should be able to detect a leak as small as 0.5

(Continued on page 2)

A Day in the Life

The weather is perfect and you're hoping to "get back into shape." Your plan includes exercise and weight management. Wisely, you consult your healthcare provider. Together, you determine a course of action that meets your needs. As a result of your lifestyle changes, your clothes fit better. You have more energy. You never weigh yourself daily and you've learned never to make impulsive decisions regarding your health. It has taken years to develop your poor habits—it may take a year or two to adjust. **You're in control!**

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Mission Statement

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

gallons, if one existed. The USGS detected varying levels of arsenic in the ground water. They also detected uranium in some of the shallow and intermediate depth wells. These results were consistent with a previous ground water survey conducted about ten years ago. The USGS included wells that were currently or previously used by case families. There appeared to be no significant differences in the quality of the water used by case families in comparison to the community at large. After the ATSDR and USGS scientists presented their results, a response panel consisting of local science teachers and a physician asked questions. This was followed by an opportunity for the audience to ask questions. The scientists remained afterward to respond to one-on-one questions. Additional reports from ATSDR covering other areas of environmental concern should be released using a similar format during the month of August. In September, the Centers for Disease Control and Prevention (CDC) is expected to release results of the cross sectional study conducted to detect differences between case families and comparison families with respect to potential environmental contaminants in the bodies and/or home environments of study participants. Whether or not a cause for the leukemia cluster can be found remains to be seen. However, the community can be assured that scientists utilized the best methods available to conduct a thorough investigation and, in the larger scheme of things, even negative findings in Churchill County will contribute to scientific understanding of leukemia clusters in general.

Community Health Nurses Staff Meeting

The community health nurses and clerical staff representing rural counties throughout Nevada gathered for their biannual staff meeting in Reno, May 6-10, 2002. Nurses are required by the Nevada State Board of Nursing to obtain 30 continuing education units every two years. In rural and frontier Nevada, training opportunities are rare. During the biannual staff meetings, nurses obtain sufficient continuing education units to meet the Board of Nursing requirement. The event was held at the Meadow Wood Courtyard. Medical professionals throughout Nevada were invited to present information and provide education on topics ranging from program updates on Women's Health Connection, diabetes, tuberculosis, sexually transmitted diseases, and bioterror preparedness. While at the meeting, nurses had an opportunity to participate in a one-day Immunization Program strategic planning meeting.



Left to Right (Front Row): **Mary Owens, Maureen Budahl, Pat Thomas, Dona Wilson, Karen Collis, Roni Galas, Marla Johnson, Margaret Boston, Margaret McClendon, and Connie Torres.**

Left to Right (Back Row): **Emalie Caley, Jean Lucht, Libbie Hamrick, Chris DePaoli, Mary Henson, Donna Alexander, Sandy Hanneke, Beth Ennis, Carrie Power, Colleen Folwell, Helen Thompson, Donna Ditzler-Brown, and Gina Orr.**



Chris Oxborrow and Karen Collis, Community Health Nurses, Ely, Nevada



Jean Lucht, Community Health Nurse, Caliente, Nevada



Connie Torres and Karen Collis, Community Health Nurses, Hawthorne/Ely, Nevada

Nurses model new equipment provided to protect them from infectious diseases while performing their duties throughout Nevada. Nurses donned the equipment and renewed their skills in effective contamination avoidance procedures. Most of the Community Health Nurses serve on Nevada’s frontline during a public health emergency in rural counties. They must be trained to deal with infectious disease outbreak such as tuberculosis or other biological threats within their communities.



Community Health Nursing, Administrative Support Personnel serving the rural and frontier counties throughout Nevada gathered for a group photo during the recent Nursing Conference. During the conference, the administrative staff reviewed revised billing procedures and changes in policies and reporting requirements. It was a great opportunity to discuss challenges and goals for their very important mission.

(Left to Right): **Arlene Salcido, Claudette Thompson, Rupa Bradley, Osiris Boothe, Diane Ernest, Chris Oxborrow, Sheila Davis, Lori Smith, Amy Fuller, Brenda Wilson, Rosa Oropeza, Martha Cervantes, and Grace Contreras.**



Interested in Video Conferencing?

Projecting a visual presence magnifies the effectiveness of communication. Engaging a person in clear communication allows one to compel, persuade, challenge, or teach. The clarity of the communication is magnified when the participants can see each other. Video conferencing isn’t a replacement for first-time introductions and critical business endeavors, but the benefit of “face time” can be captured by utilizing video conferencing, and at a tremendous saving of time, effort and cost. You can download the *Video Conference Request Form* at <http://172.16.1.233/Video.pdf>. All requests should be submitted 30 days prior to your meeting time. Individual exceptions will be considered dependent upon conference room availability. Locations listed on the website. For more information, contact **Mike Huse at (775) 684-4274.**

Nevada to Host 12th National Radon Meeting in October 2002

By Adrian Howe, Bureau of Health Protection Services

The 12th National Radon Meeting to bring together radon specialists from around the U.S. will be held at the Peppermill Casino in Reno October 27-30. Adrian Howe, Radiation Control Specialist chaired the E-25 Committee on Radon which developed the agenda and is responsible for conducting the national conference. Mr. Howe has been a member of the Conference of Radiation Control Program Directors, who has sponsored the meetings since 1982—a six year Bureau of Health Protection Services employee.

The presentations consists of: Social Marketing Perspectives; Risk Assessment; International Atomic Energy Agency and European Union radon activities; U.S. Environmental Protection Agency (USEPA) radon activities; radon activities of the States, Tribes and U.S. Territories; radon exposures to children in schools and daycares; State Indoor Radon Grant guidance updates; and training for radon speakers. The presenters and attendees at the 12th National Radon Meeting represent various State, Territorial and local government radon programs; Tribal radon programs; USEPA headquarters and regions; and national health, civic and safety organizations.

Radon is a naturally occurring gas that, according to the USEPA, is the second leading cause of cancer in the U.S. It can be found in many homes, but only by the use of a special radon test kit; otherwise, undetectable. EPA recommends that every home be tested for radon.

For more information about the 12th National Radon Meeting or how to test for radon, contact Adrian Howe at (775) 687-5394, extension 275. To learn about the Conference of Radiation Control Program Directors, Inc. and its radiation control activities, go to www.crcpd.org on the Internet.

Synar—It's the Law!

By Brad Towle, Bureau of Alcohol and Drug Abuse

The Synar amendment was named after Mike Synar, a U.S. Congressman, who demonstrated great personal integrity and was a leader in the fight against tobacco until his death in 1996 at the age of 45. The Synar regulation is administered by the Substance Abuse and Mental Health Services Administration (SAMHSA). This 1992 amendment requires each state to enforce an effective law prohibiting the sale of tobacco products to minors under eighteen years of age. States not enforcing youth tobacco laws could lose up to 40 percent of their Substance Abuse Prevention and Treatment Block Grant. The amendment requires States to:

- Have in effect a law prohibiting any manufacturer, retailer, or distributor of tobacco products from selling or distributing such products to any individual under the age of 18.
- Enforce such laws in a manner that can reasonably be expected to reduce the extent to which tobacco products are available to individuals under the age of 18.
- Conduct annual random, unannounced inspections of retail outlets to ensure compliance with the law. These inspections are to be conducted in such a way as to provide a valid sample of outlets accessible to youth.
- Develop a strategy and time frame for achieving an inspection failure rate of less than 20 percent of outlets accessible to youth.
- Submit an annual report that details: the State's activities to enforce their laws, the overall success achieved by the State during the previous fiscal year in reducing tobacco availability to youth, inspection methodology, methods used to identify outlets, and plans for enforcing the law in the coming fiscal year.

Historically, compliance has been difficult to maintain in Nevada. Compliance checks by the Nevada Attorney General's Office (AG) are making a dent in the illegal sale and use of tobacco products. The AG uses minors between the ages of 15 and 17 for conducting inspections and care is taken to select youths who look their age. The minor enters the store followed by an inspector and asks for a tobacco product by brand name. Minors in possession of an ID, containing their true age, must show it to the clerk if asked. If they do not possess an ID they must say so. When asked, youth inspectors must reveal their true age. When tobacco products are sold to the minor, the youth leaves the store and the investigator issues a citation to the person making the sale. Clerks who refuse to sell tobacco products to minors are presented with a **We Card** lapel pin by the inspector.

Youth Advisory Council (YAC)



Brady Janes, Education and Information Officer with Nevada State Health Division's Bureau of Family Health Services, opens the YAC meeting by welcoming members of Governor Guinn's Youth Advisory Council to their quarterly meeting in Carson City.

OUR MISSION

The purpose of the Governor's Youth Advisory Council is to increase awareness of Nevada's youth issues to health officials as a way to encourage safe, nurturing environments.



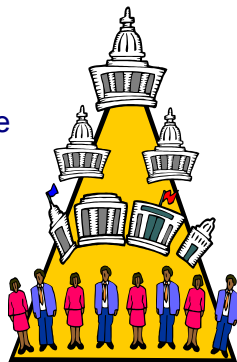
Yvonne Sylva, Administrator, Nevada State Health Division, was invited as a distinguished visitor to "kick off" National Teen Pregnancy Prevention Day.



(Left to Right) YAC Members: Tim Dooley, Reno, and Katie Bidwell, Las Vegas, begin the meeting with an introduction of all participants.

OUR GOAL

Serving as a voice to promote positive solutions to issues that affect Nevada's youth



DISEASE SUMMARY

	Jan - Jun 2001	Jul - Dec 2001	Jan - Jun 2002
AIDS	101	122	139*
AMEBIASIS	4	7	12*
ASEPTIC MENINGITIS	28	92	50*
BACTERIAL MENINGITIS	15	12	22*
INFANT BOTULISM	1	0	0
CAMPYLOBACTER	104	92	88
CHLAMYDIA	2,500	2,346	2,041
CHOLERA	0	0	0
COCCIDIOIDOMYCOSIS	13	25	17*
CRYPTOSPORIDIOSIS	3	4	3
DENGUE FEVER	1	0	0
DIPHThERIA	0	0	0
E.COLI 0157:H7	4	14	9*
ENCEPHALITIS (PRIMARY)	1	0	2*
GIARDIASIS	80	128	64
GONORRHEA	890	874	608
HANTAVIRUS (HPS)	0	0	0
H.FLU INVASIVE	10	2	7
HEPATITIS A (ACUTE)	46	24	28
HEPATITIS B (ACUTE)	24	28	31*
HEPATITIS C (ACUTE)	3	9	15*
HEPATITIS D (ACUTE)	1	0	1
HIV INFECTION (NOT AIDS)	117	145	150*
HUS	1	2	0
INFLUENZA	46	3	100*
LEGIONELLA	2	2	1
LISTERIA	5	2	1
LEPROSY (HANSONS DISEASE)	1	0	0
LYME DISEASE	2	2	1
MALARIA	2	7	3*
MEASLES	0	1	1
MENINGOCOCCAL DISEASE	4	4	14*
MUMPS	1	3	3*
PERTUSSIS	11	30	18*
PLAGUE	0	0	0
POLIO	0	0	0
PSITTACOSIS	0	0	0
Q FEVER	0	1	0
RABIES, ANIMAL	1	1	2*
RELAPSING FEVER	0	2	0
ROCKY MTN SPOTTED FEVER	0	1	1
ROTAVIRUS	62	57	64*
RSV	63	51	67*
RUBELLA	0	0	0
SALMONELLA	78	124	110*
SHIGELLA	30	41	15
SYPHILIS (PRIMARY/SECONDARY)	3	4	4*
SYPHILIS, TOTAL	33	28	38*
TETANUS	0	0	0
TOXIC SHOCK SYNDROME	0	0	2*
TUBERCULOSIS (ACTIVE)	40	56	34
TULAREMIA	0	0	0
TYPHOID FEVER	4	0	1
YERSINIOSIS	2	1	1

* = Indicates that cases during the first half of 2002 were higher than during the first half of 2001.

Statistics in **bold print** indicates an increase in cases from the previous 6 months.

Statistics include both confirmed and probable cases, and are subject to reporting delays.

SELECTED FOR DOCTORAL PROGRAM

Drew Mather was selected for a doctoral program in Environmental Soil Science at Pennsylvania State University, State College, Pennsylvania. He departed the Health Division after nearly two years with the Bureau of Health Planning and Statistics. Drew was a Health Resource Analyst working on the HIV/AIDS data to produce annual and special reports. He worked on the data warehouse project for the Division. Drew recently married in May 2002 and honeymooned in Nagano, Japan. They traveled to Pennsylvania in mid July to begin his doctoral program. He completed his undergraduate work at Furman University in Greenville, South Carolina, and his Master of Science in Nutrition Sciences at the University of Nevada, Reno, in 2000.



TOBACCO CONTROL PROGRAM

By Charlene Herst, Bureau of Community Health

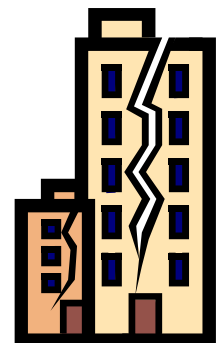
Smoking was first linked to lung cancer and other diseases in the late 1940s and early 1950s. In 1956, a Surgeon General's scientific study group determined that there was a causal relationship between excessive cigarette smoking and lung cancer. In 1965, Congress passed the Federal Cigarette Labeling Advertising Act requiring health warnings on all cigarette packages. In 1967, the Federal Communications Commission ruled that the Fairness Doctrine applies to cigarette advertising and that radio and television stations broadcasting cigarette commercials must donate equal airtime to anti-smoking messages. Anti-smoking messages had a significant impact on cigarette sales; however, when cigarette advertising on television and radio was banned in 1969, anti-smoking messages were discontinued.

In 1972, the Surgeon General's report became the first of a series of science-based reports to identify environmental tobacco smoke (ETS) as a health risk to nonsmokers. In 1973, Arizona became the first state to restrict smoking in a number of public places explicitly because ETS exposure is a public hazard. In 1975, the Army and Navy stopped including cigarettes in rations for service members. Smoking was restricted in all federal government facilities in 1970 and was banned in the White House in 1993. In 1988, Congress prohibited smoking on domestic commercial airline flights scheduled for 2 hours or less. By 1990, the ban was extended to all commercial U.S. flights. In 1992, the Environmental Protection Agency (EPA) classified ETS as a "Group A" carcinogen, the most dangerous class of carcinogen. In 1994, six major U.S. cigarette manufacturers testified before Congress that nicotine is not addictive and that they do not manipulate nicotine in cigarettes. That same year, the Food and Drug Administration (FDA) commissioner testified before a congressional subcommittee that cigarettes may qualify as a drug-delivery system, bringing them within the jurisdiction of the FDA. In 1995, the Department of Justice reached an agreement with Philip Morris to remove tobacco advertisements from the line of sight of television cameras in sports stadiums to ensure compliance with the federal ban on tobacco ads on television.

In 1998, the tobacco industry approved a 46-state Master Settlement Agreement (MSA), the largest settlement in history, totaling nearly \$206 billion to be paid through the year 2025. In 1999, as part of the MSA, the major U.S. tobacco companies agreed to remove all advertising from outdoor and transit billboards across the nation. The remaining time on at least 3,000 billboard leases, valued at \$100 million, was turned over to the states for posting anti-tobacco messages. In 2000, a Florida jury ordered the tobacco industry to pay \$145 billion in punitive damages to sick Florida smokers. In 2002, the tobacco industry lost an appeal in the case of an airline flight attendant who sued over exposure to environment tobacco smoke. THE FIGHT CONTINUES!!

EARTHQUAKE AND FIRE EVACUATION ADVICE!!

- **Never use the elevator. You may become trapped**
- **Don't panic. Walk, don't run**
- **Obey the directions in your office evacuation plan**
- **Do not get in your car and leave—meet at your designated assembly location**
- **Make certain your supervisor or fellow employees know you've exited the building**
- **Always take your keys, cell phones, coats, and purse with you—but, never re-enter to recover after exiting**
- **Stay in single file in the stairways**
- **Know the location of the nearest exit and alternate exit**
- **Do not prop open fire and smoke doors**
- **Once outside, move away from the building, safely away from falling glass/objects**





**One Health Division:
Looking at Ourselves ~
Linking with Our Communities**

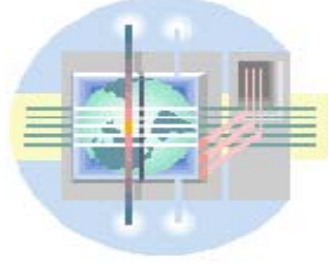
The Health Division's shared Vision for the Future:



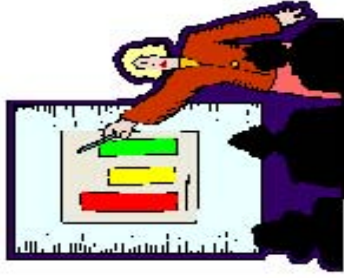
Health Division Unity



Recruitment and Retention



Utilization of Technology

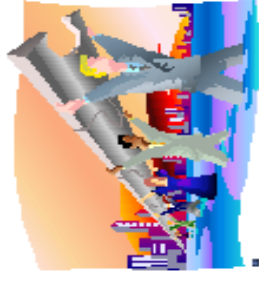


Data Driven Decision Making



Empower Local Communities

Building and Strengthening Public Health through Communication and Partnerships



Looking at Ourselves Linking with Our Communities Building a Unified Vision for Public Health in Nevada

The Public Health Agenda established a framework for the Health Division to improve the health status of all Nevadans. These findings were compiled into action plans, containing specific recommendations for action on health status indicators and goals specific to Nevada. Recommendations targeted the following public health issues:

Create a Comprehensive Chronic Disease Management System

Reduce Preventable Injuries

Provide a Rapid Response to Acute Public Health Threats

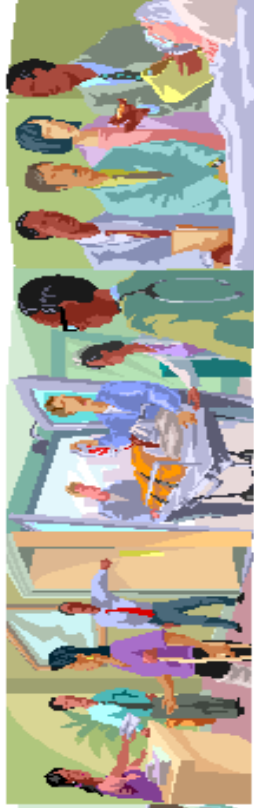
Enhance Infectious Disease Response Capacity

Assure a Healthy & Safe Environment

Reduce Substance Use and Abuse through Prevention and Treatment

Create an integrated substance abuse treatment & mental health system for co-occurring disorders

For more information, visit our website at: <http://health2k.state.nv.us> and click on “Health Division Cooperative Action Workshop”



Hail and Farewell



Farewell to **Alan Tinney**, Bureau Chief, Health Protection Services. His extraordinary service of more than 14 years to the Health Division will be sorely missed. He transferred to Nevada Division of Environmental Protection. Best of everything!



Welcome to **Bert Bellows**, Staff Engineer with the Bureau of Health Protection Services. Bert is new to State service and has lived in Nevada for the past 25 years. He's been in mining for nearly 26 years. Great to have you on our team!



Farewell to **Kay Picton**, Executive Assistant to the Health Division Administrator. She's a lady with a thousand talents. Kay transferred to the Division of Child and Family Services. She will serve as the Executive Assistant to the Administrator. Won't be the same without you!



Welcome to **Jim Najima**, Public Health Preparedness Coordinator with Health Division Administration. Jim transferred from Nevada Division of Environmental Protection. Great to have you aboard!



Farewell to **Martha Peralta**, who transferred to Nevada Medicaid. Martha was with the Bureau of Family Health Services. We'll miss you.



Farewell to **Marti Radu**, Accounting Technician. She's transferring to Health Care Financing and Policy Division. We'll miss that smile. You've earned the promotion!



Farewell to **Ethel Bennett**, an Accountant and CPA with the Bureau of Health Protection Services. She transferred to Health Care Financing and Policy Division. Best of Luck!



Farewell to **Jeff Ferrel**, Computer Network Technician with the Bureau of Health Protection Services. Jeff transferred to Nevada Division of Environmental Protection. We'll miss your expertise. Good luck!



Farewell to **Mark Ryan**, Management Analyst with the WIC Program in the Bureau of Family Health Services. Mark transferred to Nevada Medicaid. Congratulations!

NDCP Social Marketing Project

By Kim Neiman, Bureau of Community Health

The Nevada Diabetes Control Project contracted with the University of Nevada Cooperative Extension to use social marketing strategies to develop and distribute a health communication message relating to diabetes in the Spanish-speaking population in zip code 89030 in the Las Vegas area. This zip code was chosen because of the high percentage of Hispanic residents and the high percentage of residents without health insurance coverage. The purpose of the project is to increase the awareness of diabetes in the Spanish-speaking Hispanic population. The project began in the summer of 2000 with the recruitment of participants for the focus groups and conducting telephone interviews. Hispanics between the ages of 18 and 55 were contacted by telephone and asked a series of questions about their knowledge and opinions regarding diabetes. Participants agreed that diabetes is a serious disease and that the complications are devastating. There was agreement that lifestyle changes could help improve outcomes. There was also agreement that diet and physical activity could help minimize the dangers of the disease. It was also agreed that using radio ads and bus stop posters would be effective ways to reach the target population.

A major issue identified was the misperception among this population that it is possible to have "mild" diabetes or a "touch of sugar," a condition which is not very serious. In the second phase of the project, Chayra Communications in Las Vegas was chosen to develop a health education promotion campaign using radio ads and bus stop posters. Telephone interviews were conducted to recruit focus group participants and to determine knowledge levels and opinions about diabetes. In September 2001, poster concepts, graphic designs and radio ads were focus tested by two groups of Spanish-speaking persons. A poster and radio ad was selected for production. Focus Group 1 consisted of six females and two males. Three posters were presented to the group. Poster A included a photo of a father, mother and child with the message: "You can't take care of them if you don't take care of yourself." This poster was the group's favorite. Also, three radio ads were presented to the group. The "Diabetes" radio ad was the favorite of this focus group. Focus Group 2 reviewed the same posters and radio ads.

This group also favored Poster A and the "Diabetes" radio ad. Between October 1 and December 31, 2001, radio ads were aired 21 times on KDOX, a Spanish language station in the Las Vegas area. Posters were placed in 42 bus stop shelters in zip code 89030.

In early 2002, follow-up interviews were conducted with those interviewed in the summer of 2001. The follow-up interviews will measure the participant's knowledge and opinions after seeing the poster and hearing the ad. The results of these interviews are being evaluated. The Diabetes Control Project will replicate the use of poster and radio ads in the Wendover area. This community is located on the Utah border, and a high percentage of the population is Hispanic. A diabetes coalition has been formed with support from the Utah Diabetes Control Project. The coalition will coordinate the campaign. The poster and ad campaign will be used in the Carlin and Elko, Nevada areas as well.



Breast and Cervical Cancer Prevention

By Deborah McBride, and Ihsan Azzam, M.D.,

On October 24, 2000, President Clinton signed into law the Breast and Cervical Cancer Prevention and Treatment Act of 2000 (Public Law 106-354). This Act gives states the option to provide medical assistance through Medicaid to eligible women who were screened for and found to have breast and/or cervical cancer, including precancerous conditions, through the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). On January 15, 2002, President Bush signed the Native American Breast and Cervical Cancer Treatment Technical Amendment Act of 2001 (Public Law Number 107-121). This bill amends title XIX of the Social Security Act to clarify that Indian women with breast or cervical cancer who are eligible for health services provided under a medical care program of the Indian Health Service or of a tribal organization are included in the optional Medicaid eligibility category of breast or cervical cancer patients added by the Breast and Cervical Cancer Prevention and Treatment Act of 2000. The NBCCEDP, which is administered by the Centers for Disease Control and Prevention (CDC), provides free breast and cervical cancer screening and follow-up diagnostic services to women in need, such as those who are uninsured or have low incomes. In 2000, CDC began its 10th year of this landmark program, supporting early detection programs in all 50 states, 6 U.S. territories, the District of Columbia, and 12 American Indian and Alaska Native organizations.

The Nevada State Health Division administers the Breast and Cervical Cancer Early Detection Program that is known as the Women's Health Connection (WHC). Since its beginning, the WHC worked extraordinarily to implement a breast and cervical cancer screening, and an early detection and follow-up program that provides the highest quality services to as many women as possible throughout the state of Nevada. As a result, the program now represents one of the largest public/private partnerships with public health entities ever established in the State's history. The program recruited an extensive statewide network of private, non-profit and public providers to deliver screening, diagnostic and treatment for the program priority women. Over 198 clinic sites, hospitals, labs, mammography facilities, mobile mammography units, and other provider facilities now actively participate in the program. As of May 2002, the WHC program has already screened about

14,500 women. This figure represents almost 20 percent of the estimated 76,148 priority uninsured women who are in need of screening services and are eligible by age (40 to 64 years) and income (two and one-half times the Federal Poverty Guidelines). As of May 2002, the program has covered 16,155 office visits, 9,711 mammograms

and 16,379 initial or subsequent Pap tests. The program continues to grow, and the average weekly enrollment and screening is now ranging between 96 to 123 women, with an average of 468 monthly screening and rescreening office visits. As of May 31, 2002, 95 breast cancers (22 insitu and 73 invasive) and 165 malignant cervical neoplasia (9 invasive) cervical cancer with 156 cervical precancerous lesions (58 CIN-I, 27 CIN-II and 71 CIN-III) had been identified.

The WHC achieved an extraordinary success in enrolling and screening minority women who represent high-risk groups of particular concern. According to the U.S. Census Bureau year 2000 estimates, the percentage of the Hispanic population in Nevada is about 20 percent, African Americans comprise about seven percent, White, not Hispanic, 67.6 percent, Asian/Pacific Islanders four percent, and American Indians about 1.4 percent. However, the specific race/ethnicity distribution of the mammograms provided by the WHC Program through May 31, 2002 shows that Asian/Pacific Islander women accounted for 4.5 percent followed by American Indian women at 4.6 percent, African American at nine percent, and Hispanics approximately 44 percent. Similar percentages were identified for the Pap smear testing.

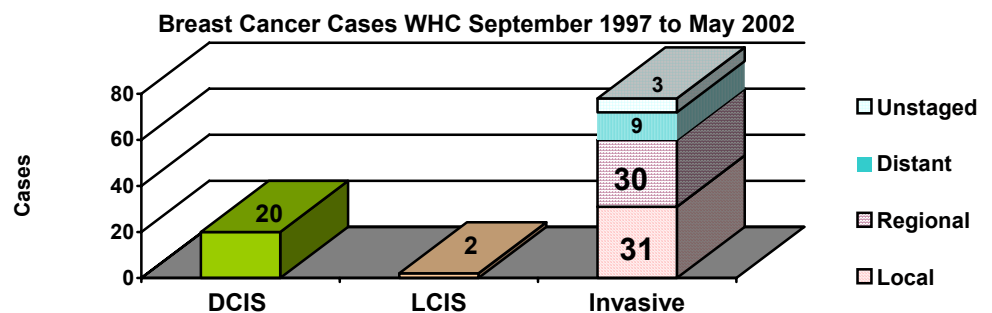


Figure 1

and Treatment Act of 2000

Bureau of Community Health

The Nevada State Health Division is committed to providing timely and appropriate treatment for women who are in need of treatment. The new Medicaid Treatment Option allows the State of Nevada to provide **full Medicaid benefits** to uninsured women under age 65 who are identified through the WHC Program and the Nevada Breast and Cervical Cancer Early Detection Program (NBCCEDP) and are in need of treatment for breast and/or cervical cancer, including pre-cancerous conditions and early stage cancer. Nevada will cover **all eligible women** and will not limit coverage to sub-populations. The Treatment Option began on July 1, 2002. Call the WHC for information at: (775) 684-4200.

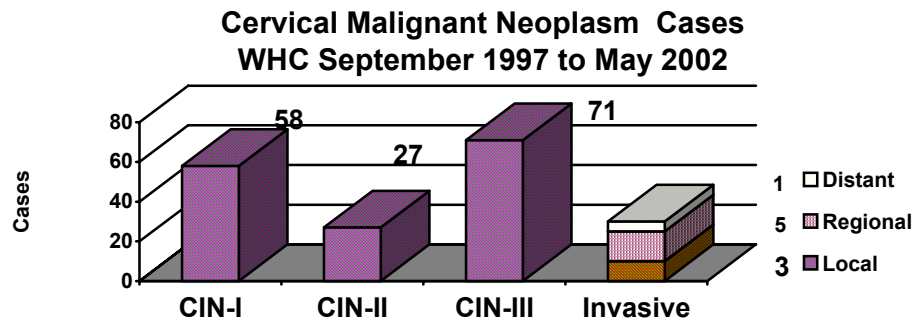


Figure 2

Employee of the Month



Janet St. Amant, Administrative Assistant with the Bureau of Community Health, has been selected as the Employee of the Month for July 2002. She was recognized for her considerable efforts in organizing the Rural Healthcare Task Force's rural community forums. Her compassion and commitment to the consumer elicited high-levels of participation from community members and healthcare stakeholders throughout Nevada. These efforts to strengthen relationships with community coalitions were invaluable. In recognition, DHR Director, Mike Willden, has granted Janet exclusive use of his reserved parking space for the month of July.

Congratulations!

Data for Decision-Making

By Dr. Wei Yang, Nevada State Biostatistician

Data Warehouse

The newly established Center for Health Data and Research (CHDR), within the Bureau of Health Planning and Statistics (BHP&S), is in the process of creating a data warehouse so that all health-related information available to the State can be referenced from a single place. There are many advantages that come from a data warehouse including easier access to predefined reports, fast data updates to identify trends within the community, and increased abilities to locate health disparities among sub groups of the population. The data warehouse will also link databases to answer questions vital to the future outcomes of health in Nevada that could not be answered by stand-alone databases in the past. The data warehouse will contain up to 44 different databases including, but not limited to, data on accidents, births, cancer, deaths, hospital care, injuries, newborn screening, and youth behavior.

Nevada Interactive Health Data System

(<http://health2k.state.nv.us/matchiim>)

One of the key goals within the CHDR data warehouse will be the dissemination of data to the public so that common requests can be handled with ease. There is currently a website available to the public that helps with many of the requests already; it is known as the Nevada Interactive Health Data System (NIHDS), formerly known as MatCHIIM. It is a user-friendly web site that allows users to create custom tables on specific health data. Some of the data that is currently available is listed below:

<u>Data Type</u>	<u>Years Available</u>
Behavioral Risk Factor Surveillance System (BRFSS)	1996-2001
Birth - Teen Pregnancy	1991-2001
Birth - Prenatal Care	1991-2001
Birth - Low Birth Weight	1991-2001
Birth - Fertility	1991-2001
Cancer	1990-2000
Death	1990-2000
Hospital Discharge (Inpatient)	1991-2001
Population	1990-2001

For more information,
please contact:
Dr. Wei Yang at
(775) 684-4182

or by email:
wyang@nvhd.state.nv.us
Nevada Center for
Health Data and
Research.

Population Module

A query allows you to design a question by choosing factors/variables from the system lists. This information was provided by the State of Nevada Demographer's Office. If you cannot obtain the necessary data from this query system, please contact the State Demographer Office at (775) 784-6352.

1. RESULTS: Please select a measure from the pull-down box below.
Number of People

2. VARIABLES: Select how to display your data by choosing row and column variables.

Row Variable	Column Variable (Optional)
Year(s)	Residence County

If you need more specific information or advanced output styles (non-tabular) please continue below, otherwise Click the **SUBMIT** button to review the factors/variables you picked.

3. GENERAL FILTERS: Here are commonly-used variables you can use to filter the data.

Geographic Filter Variables					
<input checked="" type="radio"/> Residence Region	ALL	<input checked="" type="radio"/> Residence County	ALL	<input checked="" type="radio"/> Urban/Rural	ALL

Year Filter Variables					
<input checked="" type="radio"/> The latest year	<input checked="" type="radio"/> Single Years	2001	<input checked="" type="radio"/> 2-Year Group	ALL	
<input checked="" type="radio"/> 3-Year Group	ALL	<input checked="" type="radio"/> 4-Year Group	ALL	<input checked="" type="radio"/> 5-Year Group	ALL

Other Filter Variables					
Gender	ALL	Race	ALL	Age Group	ALL

4. DISPLAY OPTIONS: Please select how you would like your results displayed.

Table Rows 20 Columns 10
 Graph Line (default)

ETCETERA

Mark Your Calendar! Upcoming Meetings, Seminars, and Conferences

Aug 2002

- 8 Youth Advisory Council Meeting, Dept. of Education, Carson City, Nevada. Contact Brady Janes at (775) 684-4052
- 20 Tobacco Control Program Meeting, 2:00 p.m., Carson-Tahoe Hospital, Carson City, Nevada. Contact Charlene Herst at (775) 684-5914

Sept 2002

- 1 Social Marketing Campaign for Teen Pregnancy Prevention, Location To Be Announced. Contact Brady Janes at (775) 687-4052
- 10 Task Force for the Fund for a Health Nevada Meeting, 9:30 a.m.—1:00 p.m., Location To Be Announced. Carson City, Nevada. Contact Charlene Herst, (775) 684-5914
- 23-26 Chronic Disease Self-Management Program Leadership Training. Call Maddie at (775) 684-5982 for information
- 27 Washoe County Tobacco Control Program Meeting, 10:00 a.m., HealthInsight, Reno, Nevada. Call Charlene Herst at (775) 684-5914

Oct 2002

- 9 NV State Partnership to Prevent Teen Pregnancy, Location To Be Announced. Contact Brady Janes at (775) 684-4052
- 28 Nevada Coalition Against Sexual Violence (NCASV) Meeting, Silver Legacy, Reno, Nevada. Contact Frank Sakelarios at (775) 684-4231
- 28-29 NCASV First Annual Conference, Silver Legacy, Reno, Nevada

Nov 2002

- 13-14 Annual Nevada Woman/Infants/Children (WIC) Program Conference, Atlantis Hotel, Reno, Nevada. Contact Nola Haynes at (775) 684-4248
- 20 Nevada Diabetes Council Meeting, Reno, Nevada (Face2Face). Call Maddie at (775) 684-5982 for information

National Health Observances

August

1 - 7 World Breastfeeding Week
National Immunization Awareness Month

September

Nat'l Alcohol and Drug Addiction Recovery Month
Baby Safety Month
Prostate Cancer Awareness Month
Cold and Flu Campaign
Leukemia Awareness Month

October

Domestic Violence Awareness Month
National Breast Cancer Awareness Month
Nat'l Dental Hygiene Month

November

American Diabetes Month
17th—Great American Smokeout

NEVADA STATE HEALTH DIVISION NEWSLETTER READER INFORMATION

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505 E. King Street, Room 201
Carson City, Nevada 89701-4797



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