

**Report To:** Board of Supervisors **Meeting Date:** January 19, 2017

**Staff Contact:** Nicki Aaker (naaker@carson.org)

**Agenda Title:** Presentation and Discussion Only: Present and discuss Carson City Health and Human Services' (CCHHS) collaborative efforts with Carson City School District.

**Staff Summary:** CCHHS and the Carson City School District have worked collaboratively on the following efforts:

- \* Carson City's County Health Officer worked with the school district to develop a process to exclude students who are not appropriately immunized as stated in the Nevada Revised Statutes (NRS);
- \* CCHHS' Public Health Preparedness Division administered the influenza vaccine to Carson City School District students to increase the influenza vaccination rate increasing the health of the students;
  - \* Sexually transmitted infection education given to the high school health classes;
- \* CCHHS staff host Future Health Professionals (HOSA) students and present to them the programs at the Health Department; and
- \* The Safe Routes to School Coordinator collaborates with the school district and Carson City's Public Works Department to discuss and improve the roadways and sidewalks the students use to walk or bike to and from school. In addition, the Coordinator works with school staff to deliver bicycle and pedestrian safety education and coordinating Nevada Moves Day, Walk to School Day, and Bike to School Day to encourage students and families to choose active transportation.

**Agenda Action:** Other/Presentation **Time Requested:** 10 minutes

#### **Proposed Motion**

Presentation and Discussion Only

### **Board's Strategic Goal**

Quality of Life

## **Previous Action**

N/A

## **Background/Issues & Analysis**

CCHHS and the Carson City School District have partnered on efforts for a number of years and this partnership is highly valued.

# Applicable Statute, Code, Policy, Rule or Regulation

#### **Financial Information**

Final Version: 12/04/15

| Is there a fiscal impact? $\square$ Yes $\boxtimes$ No |          |         |
|--|----------|---------|
| If yes, account name/number:                           |          |         |
| Is it currently budgeted?                              |          |         |
| Explanation of Fiscal Impact:                          |          |         |
| Alternatives<br>N/A                                    |          |         |
| Board Action Taken:  Motion:                           | 1)<br>2) | Aye/Nay |
| (Vote Recorded By)                                     |          |         |

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