



**APPROVED BY THE PUBLIC HEALTH ADVISORY BOARD
JANUARY 8, 2024**

MINUTES

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH PUBLIC HEALTH ADVISORY BOARD MEETING

October 9, 2023 – 8:30 A.M.

Meeting was conducted via Webex Event

MEMBERS PRESENT: Francisco Sy – Chair, Environmental Health (*via WebEx*)
Kenneth Osgood – Vice-Chair, Physician (*via WebEx*)
Ronald Kline – Member, City of North Las Vegas (*via WebEx*)
Paul Klouse – Member, City of Boulder City (*via WebEx*)
Holly Lyman – Member, City of Henderson (*via WebEx*)
Reimund Serafica – Member, Nurse (*via WebEx*)
Jennifer Young – Member, City of Las Vegas (*via WebEx*)

ABSENT: N/A

ALSO PRESENT: Linda Anderson
(In Audience)

LEGAL COUNSEL: Edward Wynder, Associate General Counsel

EXECUTIVE SECRETARY: Fermin Leguen, MD, MPH, District Health Officer

STAFF: Talibah Abdul-Wahid, Tawana Bellamy, Andria Cordovez Mulet, Rebecca Cruz-Nanez, Aaron DelCotto, Carmen Hua, Jessica Johnson, Britanny Lewis, Cassius Lockett, Cort Lohff, Kimberly Monahan, Brian Northam, Kyle Parkson, Luann Province, Cheryl Radeloff, Larry Rogers, Angel Stachnik, Rosanne Sugay, Rebecca Topol, Greg Tordjman, Donnie Whitaker, Lei Zhang

I. CALL TO ORDER AND ROLL CALL

Chair Sy called the Public Health Advisory Board meeting to order at 8:30 a.m. Andria Cordovez Mulet, Executive Assistant, administered the roll call and confirmed a quorum was present. Ms. Cordovez Mulet provided clear and complete instructions for members of the general public to call in to the meeting to provide public comment, including a telephone number and access code.

II. PLEDGE OF ALLEGIANCE

III. OATH OF OFFICE

Ms. Cordovez Mulet administered the Oath of Office to Members Klouse and Lyman.

IV. FIRST PUBLIC COMMENT: A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. Please clearly state your name and address and spell your last name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Seeing no one, the Chair closed this portion of the meeting.

Member Osgood joined the meeting at 8:35 a.m.

Member Young joined the meeting at 8:35 a.m.

V. ADOPTION OF THE OCTOBER 9, 2023 MEETING AGENDA *(for possible action)*

A motion was made by Member Klouse, seconded by Member Osgood, and carried unanimously to approve the October 9, 2023 Agenda, as presented.

VI. CONSENT AGENDA: Items for action to be considered by the Southern Nevada District Board of Health Public Health Advisory Board which may be enacted by one motion. Any item may be discussed separately per Board Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

1. APPROVE MINUTES/PUBLIC HEALTH ADVISORY BOARD MEETING: July 10, 2023 *(for possible action)*

A motion was made by Member Serafica, seconded by Member Osgood, and carried unanimously to approve the October 9, 2023 Consent Agenda, as presented.

VII. REPORT / DISCUSSION / ACTION

1. Update on Select Infections: Malaria, Vibriosis, Leprosy; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Dr. Rosanne Sugay, Medical Epidemiologist, provided an update on malaria, vibriosis and leprosy.

Member Kline left the meeting at 8:42 a.m. and did not return.

Further to an inquiry from Member Osgood, Dr. Sugay advised that there were no noted locally acquired cases of vibriosis.

Member Serafica inquired as to whether the malaria cases were all international travelers and whether there was any travel advisory related to the risk of malaria exposure. Dr. Sugay advised that all the malaria cases were international travelers and that normally there are travel advisories issued. Dr. Sugay further advised that the Health District offers travel vaccines. Dr. Sugay advised of the importance for travel advisories to be available to practitioners and the public.

2. Presentation on the Trends in Clark County: Sexually Transmitted Infections; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Dr. Sugay presented the trends in Clark County related to sexually transmitted infections.

Further to an inquiry from Member Young, Dr. Sugay advised that congenital syphilis testing during the third trimester for pregnant women was a recent change in legislation. Dr. Sugay added that 66% of cases were drop-in deliveries so were being tested at the time of delivery, which was too late to prevent congenital syphilis. On a follow-up question regarding age demographics, Dr. Sugay advised that gonorrhea and chlamydia was typically seen in individuals under 25 and HIV was typically seen in individuals under 30. Dr. Sugay agreed that educating the youth was important. Dr. Sugay advised that traditionally there was a general slight increase nationally of the rates of STI.

Member Lyman advised that Dignity Health-St. Rose Dominican received the 5-year Gilead Focus Grant that would allow them to test every patient in the ER for HIV and syphilis; patients would need to opt-out of testing. Further, they would have health educators available to help patients understand any recent diagnosis.

Chair Sy inquired whether the Health District worked with STI and reproductive health programs. Dr. Leguen advised that the Health District had a Congenital Syphilis Prevention Program, which was implemented approximately two years ago. This consists of nurses and community health workers that do detailing in the community and case management with pregnant women, as well as after delivery, along with sharing community resources.

3. Presentation on the Community Health Improvement Plan (CHIP) Update and the Community Health Assessment (CHA) Process; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Carmen Hua, Health Educator II, presented on the Community Health Improvement Plan (CHIP) and the Community Health Assessment (CHA) Process.

Member Lyman thanked Ms. Hua for her update and advised that St. Rose Dominican used the Health District Community Health Needs Assessment.

Further to a suggestion from Member Serafica, Ms. Hua would compile a list of the organizations and associations in the community that currently work with the Health District on the CHIP and CHA and would post it on www.healthsouthernnevada.org.

Member Osgood indicated that he would share the information that he had regarding food insecurities.

4. Receive, Discuss and Approve the 2024 Meeting Schedule; direct staff accordingly or take other action as deemed necessary *(for possible action)*

The Advisory Board was advised that the proposed 2024 meeting schedule followed the timeline approved by the Advisory Board the previous year.

A motion was made by Member Osgood, seconded by Member Serafica, and carried unanimously to approve the 2024 Public Health Advisory Board Meeting Schedule, as presented.

VIII. BOARD RECORDS: The Southern Nevada District Board of Health Public Health Advisory Board members may identify and comment on Health District related issues. Comments made by individual Board members during this portion of the agenda will not be acted upon by the Southern Nevada District Board of Health Public Health Advisory Board unless that subject is on the agenda and scheduled for action. ***(Information Only)***

Member Osgood requested an update/presentation on mental health and food insecurities. Member Serafica followed up the request, related to mental health, to include substance use and suicide rates.

Member Young requested an update/presentation on teen pregnancy.

IX. HEALTH OFFICER & STAFF REPORTS *(Information Only)*

- DHO Comments

Dr. Leguen advised that the previous week the Health District held their annual All Hands meeting where all employees gathered for a day dedicated to employee health and wellness.

Further, Dr. Leguen advised that last month the Health District hosted the Big Cities Health Coalition (BCHC) Fall meeting at the Decatur Location. The BCHC is comprised of representatives from 30 different health departments across the country. There was large participation in the meeting, which included representatives from the Centers for Disease Control (CDC). The Health District was able

to share projects and initiatives in the areas of community health, surveillance, environmental health, communications, and community health nursing.

Dr. Leguen further advised that staff, particularly Immunizations and Communications, were working on the COVID-19 and flu vaccine campaigns. Dr. Leguen advised that the COVID-19 vaccine was available 'commercialization', which meant it would require insurance or payment. However, the CDC created a program called The Bridge to ensure that the vaccine was available to all members of the community regardless of insurance. Further, CDC announced that the RSV vaccine was approved only for children, pregnant women, and seniors.

- X. **SECOND PUBLIC COMMENT:** A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. Comments will be limited to five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Seeing no one, the Chair closed this portion of the meeting.

Member Klouse requested an update on any communications campaigns/strategies related to the earlier presentation on infectious diseases.

XI. **ADJOURNMENT**

The Chair adjourned the meeting at 9:48 a.m.

Fermin Leguen, MD, MPH
District Health Officer/Executive Secretary

/acm



AGENDA

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH PUBLIC HEALTH ADVISORY BOARD MEETING

October 9, 2023 – 8:30 a.m.

Meeting will be conducted via Webex

NOTICE

WebEx address for attendees:

<https://snhd.webex.com/snhd/j.php?MTID=m7b05ea77ec85ea67dbdcc5bd513dc8b7>

To call into the meeting, dial (415) 655-0001 and enter Access Code: [2553 203 4378](https://snhd.webex.com/snhd/j.php?MTID=m7b05ea77ec85ea67dbdcc5bd513dc8b7)

For other governmental agencies using video conferencing capability, the Video Address is:

25532034378@snhd.webex.com

NOTE:

- Agenda items may be taken out of order at the discretion of the Chair.
 - The Board may combine two or more agenda items for consideration.
 - The Board may remove an item from the agenda or delay discussion relating to an item on the agenda at any time.
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I. CALL TO ORDER AND ROLL CALL

II. PLEDGE OF ALLEGIANCE

III. OATH OF OFFICE

IV. **FIRST PUBLIC COMMENT:** A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. Please clearly state your name and spell your last name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chairman or the Board by majority vote. **There will be two public comment periods. To submit public comment on either public comment period on individual agenda items or for general public comments:**

- **By Webex:** Use the Webex link above. You will be able to provide real-time chat-room messaging, which can be read into the record by a Southern Nevada Health District employee or by raising your hand during the public comment period and a Southern Nevada Health District employee will unmute your connection. Additional Instructions will be provided at the time of public comment.
- **By email:** public-comment@snhd.org. For comments submitted prior to and during the live meeting, include your name, zip code, the agenda item number on which you are commenting, and your comment. Please indicate whether you wish your email comment to be read into the record during the meeting or added to the backup materials for the record. If not specified, comments will be added to the backup materials.
- **By telephone:** Call (415) 655-0001 and enter access code 2553 203 4378. To provide public comment over the telephone, please press *3 during the comment period and wait to be called on.

V. **ADOPTION OF THE OCTOBER 9, 2023 AGENDA** *(for possible action)*

VI. CONSENT AGENDA: Items for action to be considered by the Southern Nevada District Board of Health which may be enacted by one motion. Any item may be discussed separately per Board Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

1. **APPROVE MINUTES/PUBLIC HEALTH ADVISORY BOARD MEETING:** July 10, 2023 (*for possible action*)

VII. REPORT / DISCUSSION / ACTION

1. **Update on Select Infections: Malaria, Vibriosis, Leprosy;** direct staff accordingly or take other action as deemed necessary (*for possible action*)
2. **Presentation on the Trends in Clark County: Sexually Transmitted Infections;** direct staff accordingly or take other action as deemed necessary (*for possible action*)
3. **Presentation on the Community Health Improvement Plan (CHIP) Update and the Community Health Assessment (CHA) Process;** direct staff accordingly or take other action as deemed necessary (*for possible action*)
4. **Receive, Discuss and Approve the 2024 Meeting Schedule;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

VIII. BOARD REPORTS: The Southern Nevada District Board of Health members may identify and comment on Health District related issues. Comments made by individual Board members during this portion of the agenda will not be acted upon by the Southern Nevada District Board of Health unless that subject is on the agenda and scheduled for action. (**Information Only**)

IX. HEALTH OFFICER & STAFF REPORTS (*Information Only*)

- DHO Comments

X. SECOND PUBLIC COMMENT: A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. Comments will be limited to five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chairman or the Board by majority vote. **See above for instructions for submitting public comment.**

XI. ADJOURNMENT

NOTE: Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Andria Cordovez Mulet in Administration at the Southern Nevada Health District by calling (702) 759-1201.

THIS AGENDA HAS BEEN PUBLICLY NOTICED on the Southern Nevada Health District's Website at <https://snhd.info/meetings>, the Nevada Public Notice website at <https://notice.nv.gov>, and a copy will be provided to any person who has requested one via U.S mail or electronic mail. All meeting notices include the time of the meeting, access instructions, and the meeting agenda. For copies of agenda backup material, please contact Andria Cordovez Mulet at 280 S. Decatur Blvd., Las Vegas, NV 89107 or (702) 759-1201.



MINUTES

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH PUBLIC HEALTH ADVISORY BOARD MEETING

July 10, 2023 – 8:30 A.M.

Meeting was conducted via Webex Event

MEMBERS PRESENT: Kenneth Osgood – Chair, Physician (*in-person*)
Ronald Kline – Member, City of North Las Vegas (*via WebEx*)
Paul Klouse – Member, City of Boulder City (*via WebEx*)
Holly Lyman – Member, City of Henderson (*via WebEx*)
Reimund Serafica – Member, Nurse (*via WebEx*)
Francisco Sy – Member, Environmental Health (*via WebEx*)
Jennifer Young – Member, City of Las Vegas (*via WebEx*)

ABSENT: N/A

ALSO PRESENT: Linda Anderson, Sarah Collins, Jill Hinxman, Bradley Mayer, Jose Melendrez,
(In Audience) Stacie Sasso

LEGAL COUNSEL: Edward Wynder, Associate General Counsel

EXECUTIVE SECRETARY: Fermin Leguen, MD, MPH, District Health Officer (*absent*)

STAFF: Talibah Abdul-Wahid, Maria Azzarelli, Tawana Bellamy, Dan Burns, Andria Cordovez Mulet, Liliana Davalos, Aaron DelCotto, Carmen Hua, Michael Johnson, Brittany Lewis, Celeste Liston, Cort Lohff, Sarah Lugo, Liz Munford, Luann Province, Larry Rogers, Kim Saner, Chris Saxton, Karla Shoup, Randy Smith, Greg Tordjman, Lourdes Yapjoco

I. CALL TO ORDER AND ROLL CALL

Chair Osgood called the Public Health Advisory Board meeting to order at 8:31 a.m. Andria Cordovez Mulet, Executive Assistant, administered the roll call and confirmed a quorum was present. Ms. Cordovez Mulet provided clear and complete instructions for members of the general public to call in to the meeting to provide public comment, including a telephone number and access code.

Member Young joined the meeting at 8:32 a.m.

II. PLEDGE OF ALLEGIANCE

III. OATH OF OFFICE

There was no Oath of Office administered.

IV. FIRST PUBLIC COMMENT: A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. Please clearly state your name and address and spell your last name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Seeing no one, the Chair closed this portion of the meeting.

V. ADOPTION OF THE JULY 10, 2023 MEETING AGENDA *(for possible action)*

Item VII.1 was moved to the next meeting.

A motion was made by Member Kline, seconded by Member Klouse, and carried unanimously to approve the July 10, 2023 Agenda, as amended.

VI. CONSENT AGENDA: Items for action to be considered by the Southern Nevada District Board of Health Public Health Advisory Board which may be enacted by one motion. Any item may be discussed separately per Board Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

1. APPROVE MINUTES/PUBLIC HEALTH ADVISORY BOARD MEETING: April 10, 2023 *(for possible action)*

A motion was made by Member Kline, seconded by Member Sy, and carried unanimously to approve the July 10, 2023 Consent Agenda, as presented.

VII. REPORT / DISCUSSION / ACTION

1. Receive and Discuss a Legislative Update; direct staff accordingly or take other action as deemed necessary *(for possible action)*

This item was moved to the next meeting.

2. Presentation on COVID-19 Vaccinations; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Sarah Lugo, Community Health Nurse Supervisor, presented on the Health District efforts regarding COVID-19 Vaccinations.

Further to an inquiry from Member Young, Ms. Lugo advised of the importance of the static and pop-up vaccination sites in order to vaccinate the most amount of people. Further, Ms. Lugo advised that education is still key to reduce barriers.

Further to an inquiry from Member Serafica, Ms. Lugo advised that immunization providers could provide their patients with their immunization records from WebIZ and members of the community were able to visit the WebIZ system to obtain their own immunization records. Further, Ms. Lugo advised that the Health District will also provide members of the community with copies of their immunization records from WebIZ.

3. Presentation on Congenital Syphilis and Sexually Transmitted Infection Outreach and Programs; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Celeste Liston, Community Health Nurse II – Case Manager, presented on Congenital Syphilis and Sexually Transmitted Infection Outreach and Programs.

Further to an inquiry from Member Young, Ms. Liston advised that information and training was offered and provided to OB providers.

Further to an inquiry from Member Sy, Lourdes Yapjoco, Director of Primary and Preventive Care, advised that the partners, once identified, of individuals identified with Congenital Syphilis were fast-tracked into the Health District's clients for treatment. Ms. Yapjoco further advised that there were future plans to provide testing, screening, and treatment to targeted areas with a high rate of Congenital Syphilis.

- VIII. BOARD RECORDS:** The Southern Nevada District Board of Health Public Health Advisory Board members may identify and comment on Health District related issues. Comments made by individual Board members during this portion of the agenda will not be acted upon by the Southern Nevada District Board of Health Public Health Advisory Board unless that subject is on the agenda and scheduled for action. **(Information Only)**

Dr. Cassius Lockett, Director of Disease Surveillance and Control, recommended a presentation on the trends of sexually transmitted infections in Clark County for the next meeting.

IX. HEALTH OFFICER & STAFF REPORTS (Information Only)

- DHO Comments

Dr. Lockett, on behalf of Dr. Leguen, advised of recent cuts to public health funding opportunities across the country.

- Legislative Update

Bradley Mayer of Argentum Partners was able to participate in this meeting and provided the Legislative Update originally agendized under Item VII.1. Mr. Mayer provided the Public Health Advisory Board with an update of the recent legislative session related to the following bills that affect the Health District:

- SB118 – Revises provisions relating to public health
- SB439 – Revises provisions relating to communicable diseases
- SB172 Minor Access to Care
- AB45 – Student Loan Repayment
- SB92 – Revises provisions relating to sidewalk vendors
- AB220 – Revises provisions relating to water conservation
- AB120 – Revises certain provisions governing voluntary health care service
- AB53 – Revises provisions relating to sale of tobacco products
- AB122 – Electronic Age Verification for Tobacco
- AB232 – Wholesale Cigar Tax
- SB441 – Revises provisions relating to public health (repeals SB4)
- AB135 – Revises provisions relating to homelessness
- AB364 – Board of Medical Examiners Changes
- AB232 – Revises provisions governing the taxation of other tobacco products
- AB132 – Requires the establishment of a Regional Opioid Task Force in Clark County
- SB289 – Healthcare Assault and Battery
- SB261 – Revises provisions relating to local governments
- SB434 – Revises provisions related to retirement
- AB434 – Revises provisions governing prescription drugs
- SB361 – Revises provisions relating not solid waste
- SB419 – Makes revisions relating to public health
- SB172 – Revises provisions governing the ability of a minor to consent to certain health care services

- X. **SECOND PUBLIC COMMENT:** A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. Comments will be limited to five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Seeing no one, the Chair closed this portion of the meeting.

XI. **ADJOURNMENT**

The Chair adjourned the meeting at 10:05 a.m.

Fermin Leguen, MD, MPH
District Health Officer/Executive Secretary

/acm

Update on select infections: Malaria, Vibriosis, Leprosy

October 2023

Rosanne M. Sugay, MD, MPH
Medical Epidemiologist
Division of Disease Control and Surveillance

Malaria

MALARIA IS A SERIOUS DISEASE



- **Causative organism(s):** *Plasmodium spp.*
- **Vector:** *Anopheles spp.*
- **Incubation period:** 7 days to 12 mos [10 days – 4 wks]
- **Symptoms:** fever, chills, headaches, myalgias, fatigue
- **Diagnostics:** antigen testing; blood smear
- **Treatment:** artemisin-based, chloroquine/primaquine
- **Prevention:** chemoprophylaxis started prior to travel [chloroquine, atovaquone-proguanil, doxyxycycline]
- ***Travel associated to endemic countries***
- ***Most cases in the U.S. reported summer to early fall***

Malaria in the U.S. and Clark County



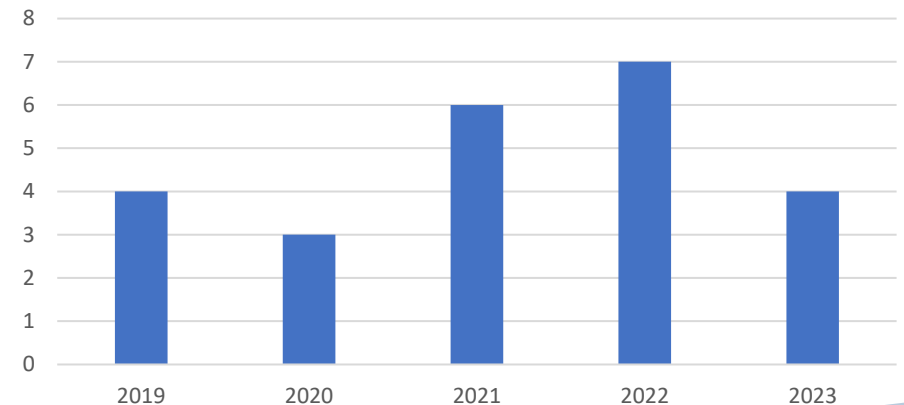
U.S. Malaria:

- ~2000 imported cases yearly
- 9 cases of local transmission
(as of 8/23/23)
 - Florida (*P. vivax* x7)
 - Texas (*P. vivax* x1)
 - Maryland (*P. falciparum* x1)
- 2003 – 8 cases in Florida

• SNHD Malaria:

- Travel prophylaxis
- SNHD EH mosquito program
- Health Advisory Network
- Disease investigation

Malaria reported cases, Clark County, NV
2019 to 09/27/23



Vibriosis



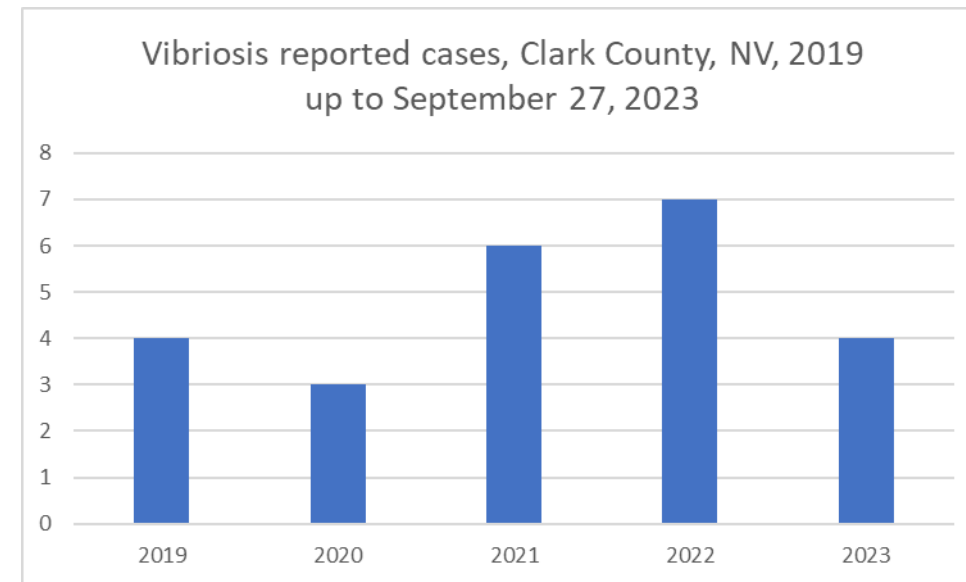
- **Causative organism(s):** *Vibrio parahaemolyticus*, *Vibrio vulnificus*, *Vibrio alginolyticus*
- **Vector / Transmission:**
 - Eating raw/undercooked contaminated seafood (oysters)
 - Having an open wound while swimming in salt/brackish water
- **Incubation period:** within 24 hours of ingestion
- **Symptoms:**
 - watery diarrhea, abdominal cramping, n/v, fever and lasts about 3 days
 - wound or soft tissue infections, hemorrhagic bullae, may require amputation
- **Diagnosis:** stool, wound, blood cultures
- **Treatment:**
 - supportive care for mild GI symptoms
 - Ceftazidime plus doxycycline or ciprofloxacin
 - Wound debridement
- **At risk:**
 - Have liver disease, cancer, diabetes, HIV, or thalassemia
 - Receive immune-suppressing therapy for the treatment of disease
 - Take medicine to decrease stomach acid levels
 - Have had recent stomach surgery
- **Cases reported around May through October**

Vibriosis in the U.S. and Clark County



- 80,000 cases yearly
(52,000 food contamination)
- 100 deaths yearly
- as of 09/27/2023
 - CT – 3 cases, 2 fatalities
 - FL – 41 cases, 9 fatalities
(2022: 74 cases, 17 fatalities)
 - NY – 1 fatality
 - NC – 3 fatalities
 - MO – 1 fatality

• Vibriosis SNHD



Leprosy (Hansens Disease)



- **Causative organism(s):** *Mycobacterium leprae*
- **Vector:** nine-banded armadillo
- **Transmission:** droplet (but prolonged contact required)
- **Incubation period:** 9 mos – 20 yrs [3-5 yrs]
- **Symptoms:** discolored skin patches, nodules, thick skin, painless ulcers, nerve damage (numbness/weakness), stuffy nose, nosebleeds
- **Treatment:** dapsone, rifampin, AND clofazime
- Affects ages 5 to 15 years or >30 years
- 95% have natural immunity

Leprosy in the U.S. and Nevada



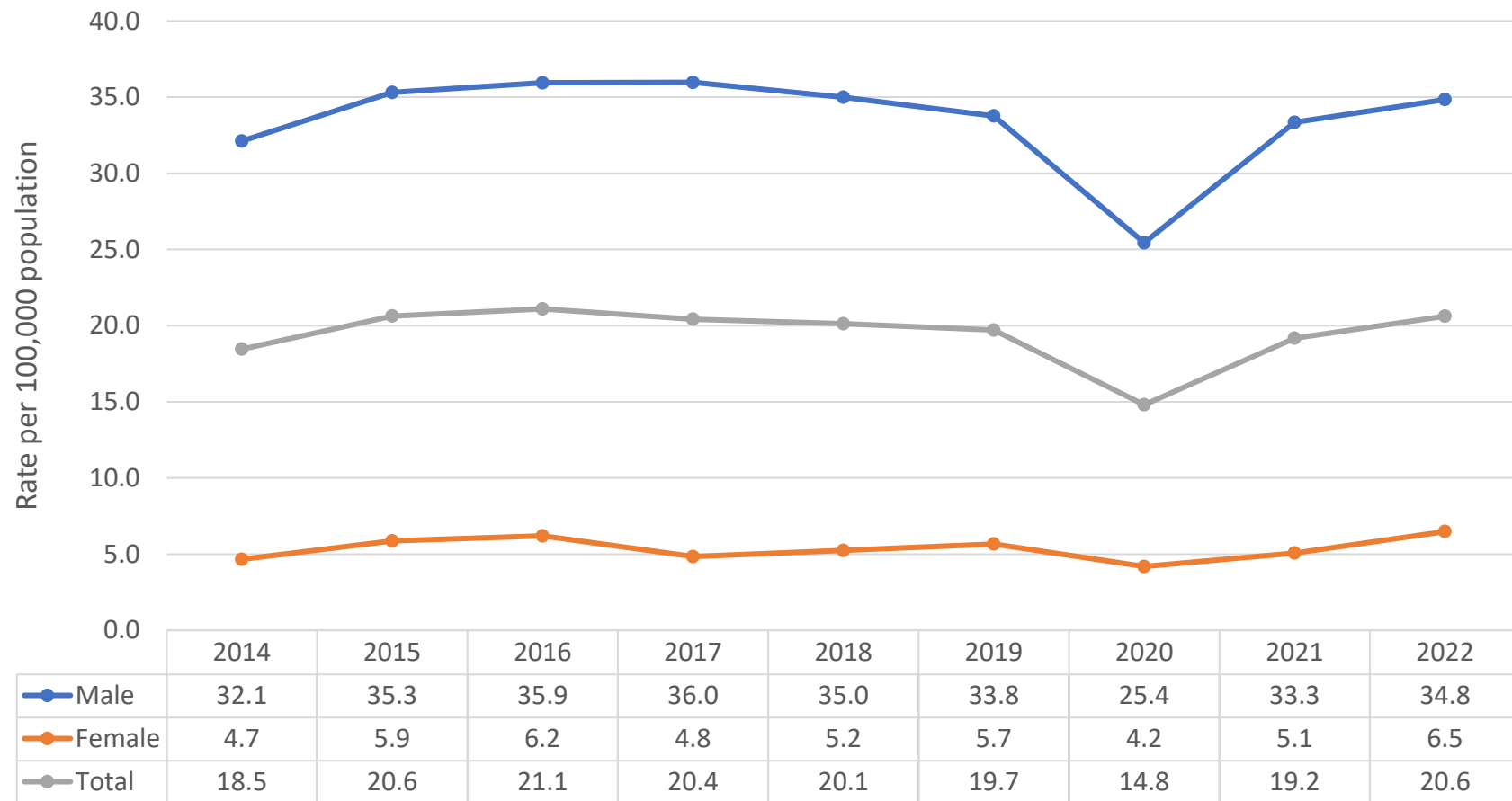
- ~100 cases yearly [150-200]
- Increased reports 2023
 - Florida ~34% of new cases are locally acquired vs zoonotic (2015-2020)
 - ~20 cases a year
- Leprosy SNHD
 - 8 cases reported from 2010 to 09/27/23
 - no cases reported in 2023

Trends in Clark County: Sexually Transmitted Infections

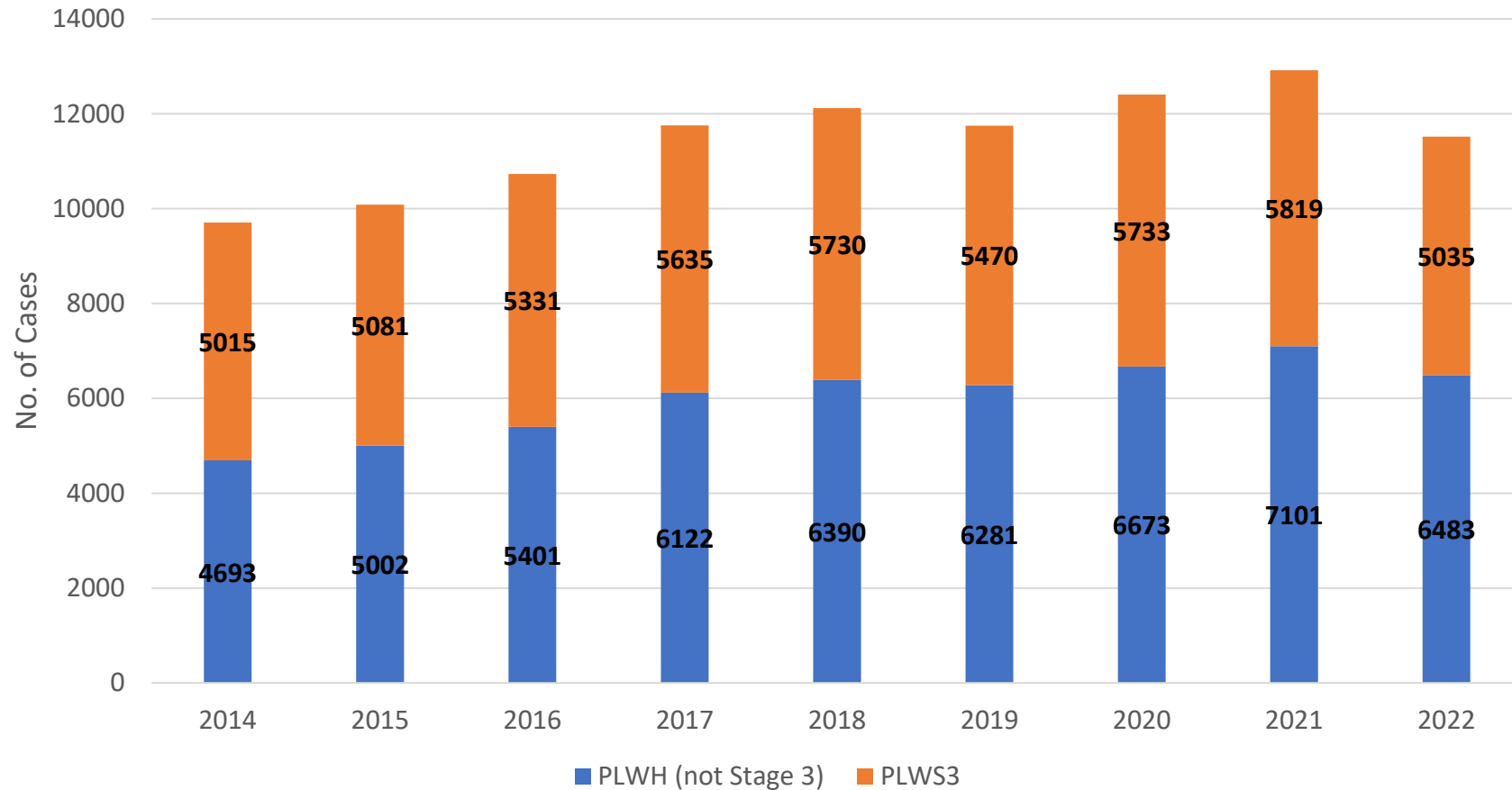
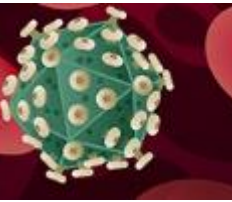
October 2023

Rosanne M. Sugay, MD, MPH
Medical Epidemiologist
Division of Disease Control and Surveillance

New HIV Diagnosis Rates, by Birth Sex, Clark County, 2014-2022



Persons Living with HIV, Clark County, 2014-2022



2021 STD State Ranking by Rates per 100,000 population/live births*

5

**Primary &
Secondary Syphilis**

9

**Congenital
Syphilis***

14

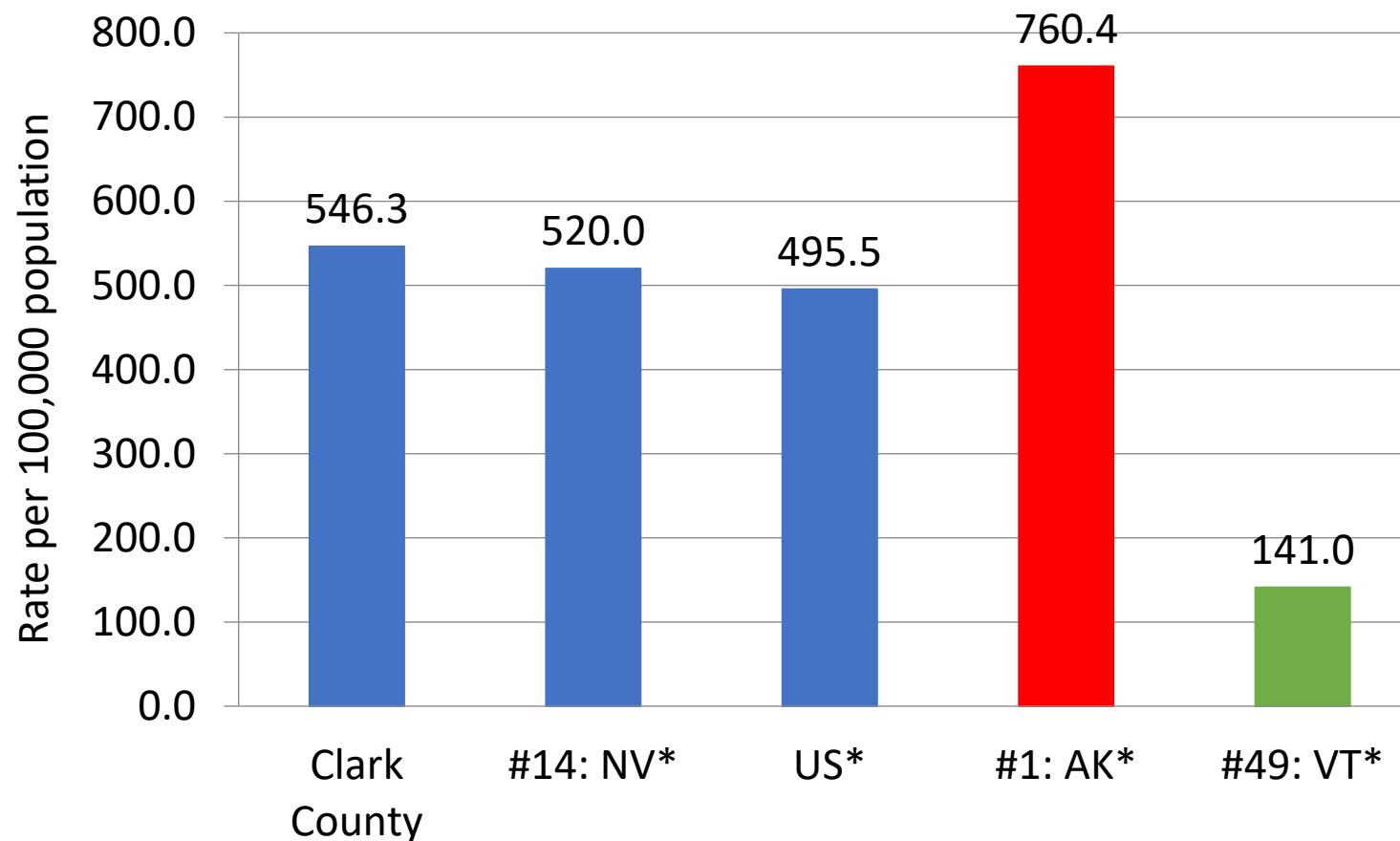
Chlamydia

9

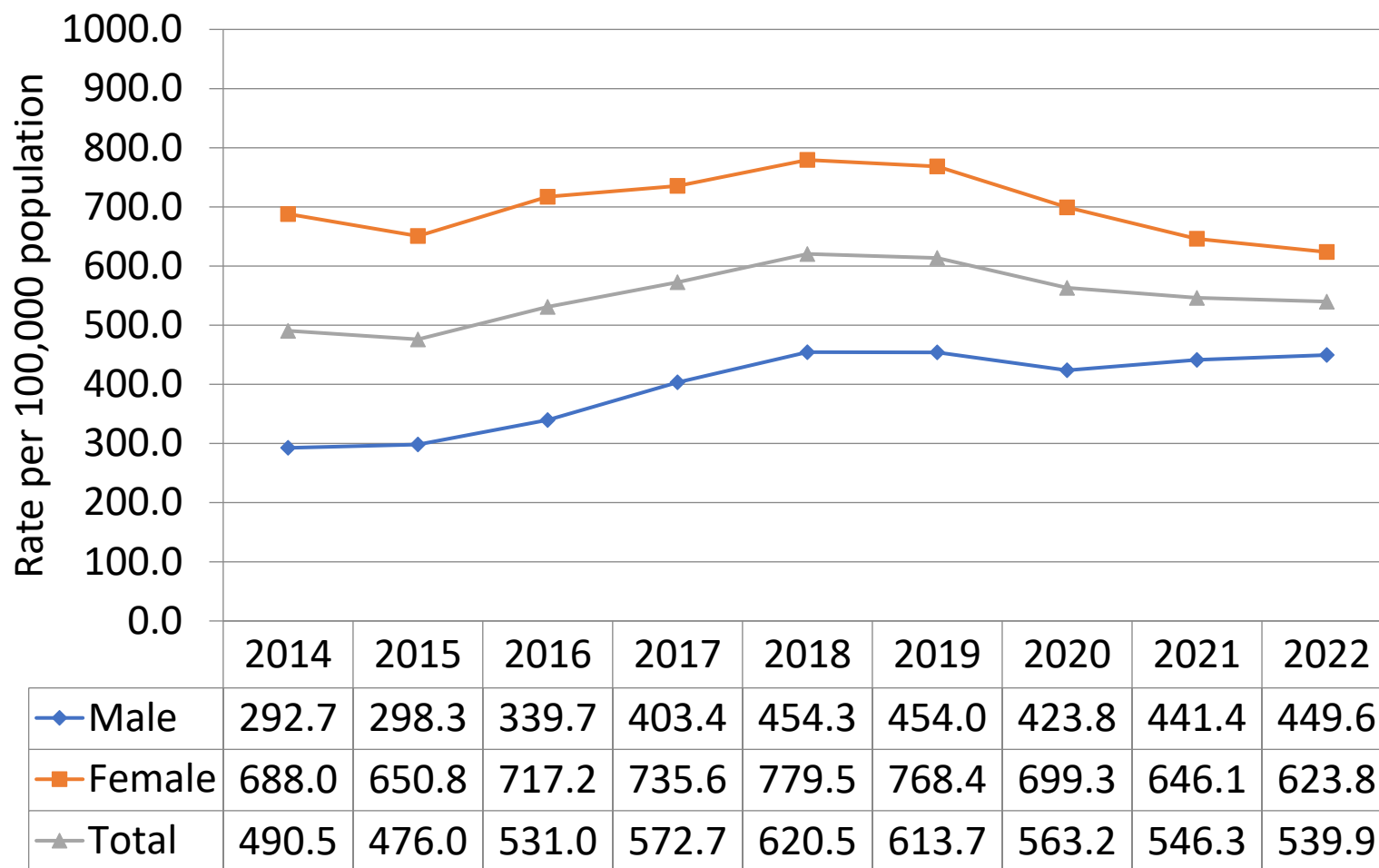
Gonorrhea

Source: <https://www.cdc.gov/std/statistics/2021/tables/2021-STD-Surveillance-State-Ranking-Tables.pdf>

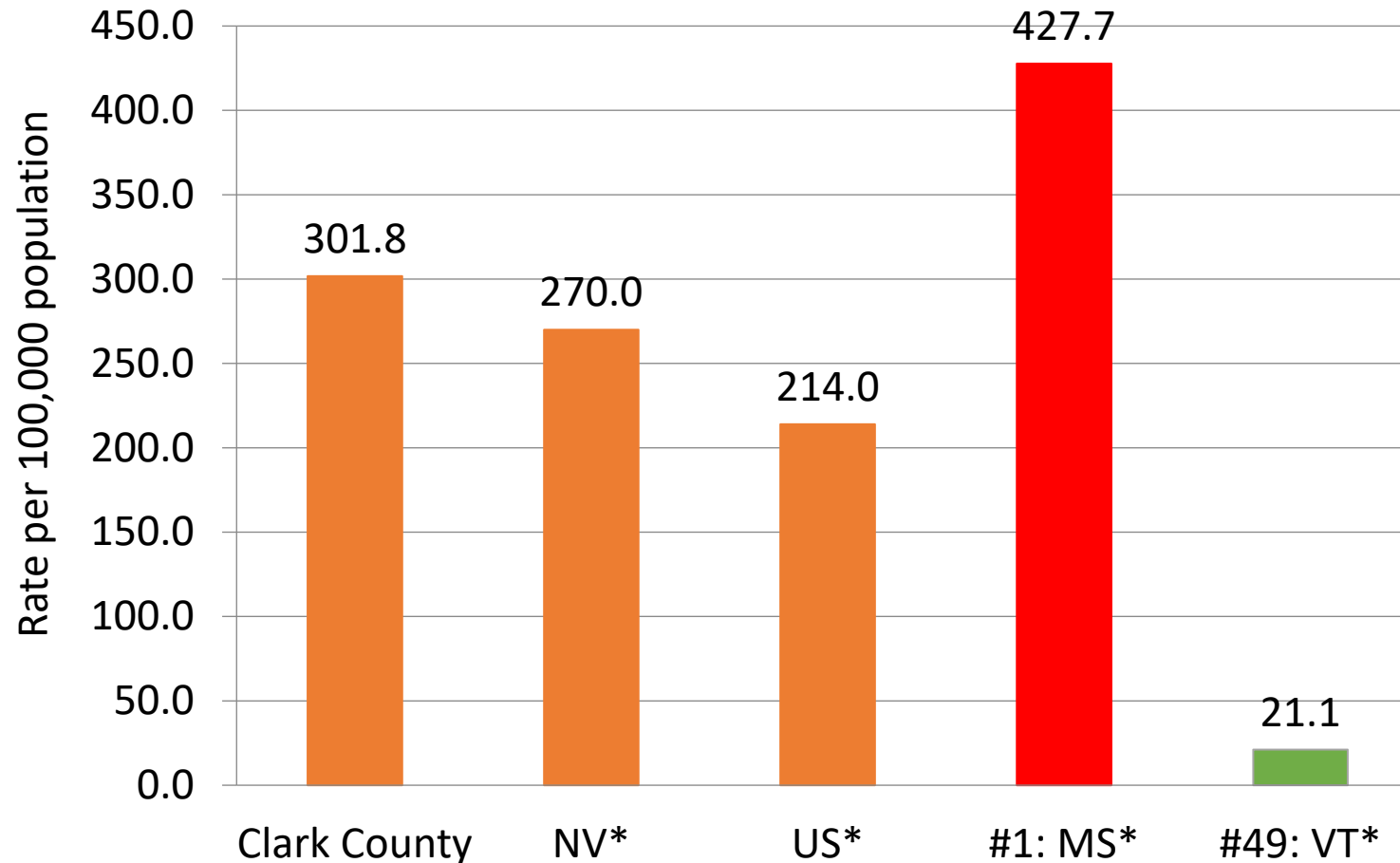
Chlamydia Rates, Clark County vs. NV, US, highest and lowest states, 2021



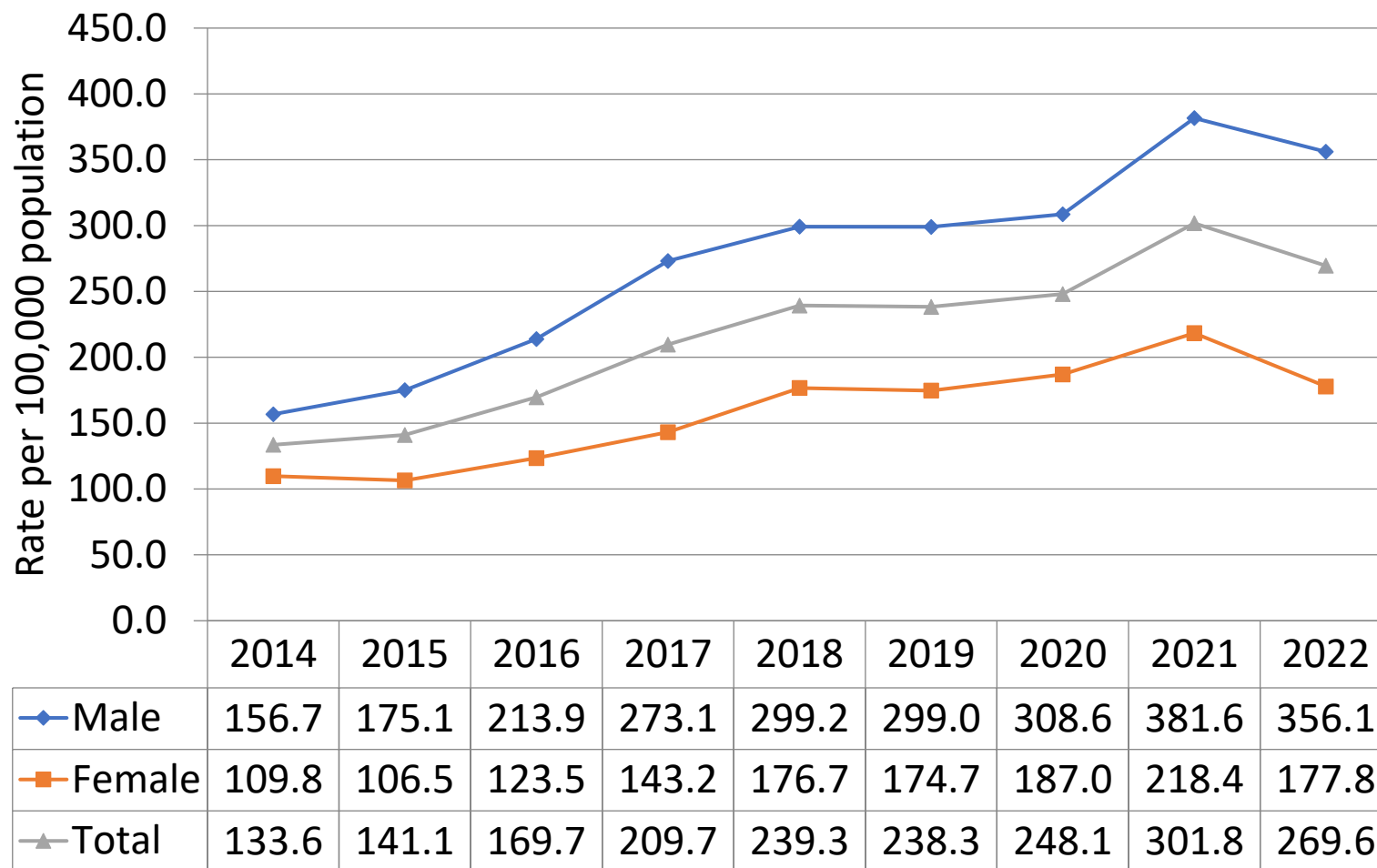
Chlamydia Rates by Birth Sex, Clark County, 2014-2022



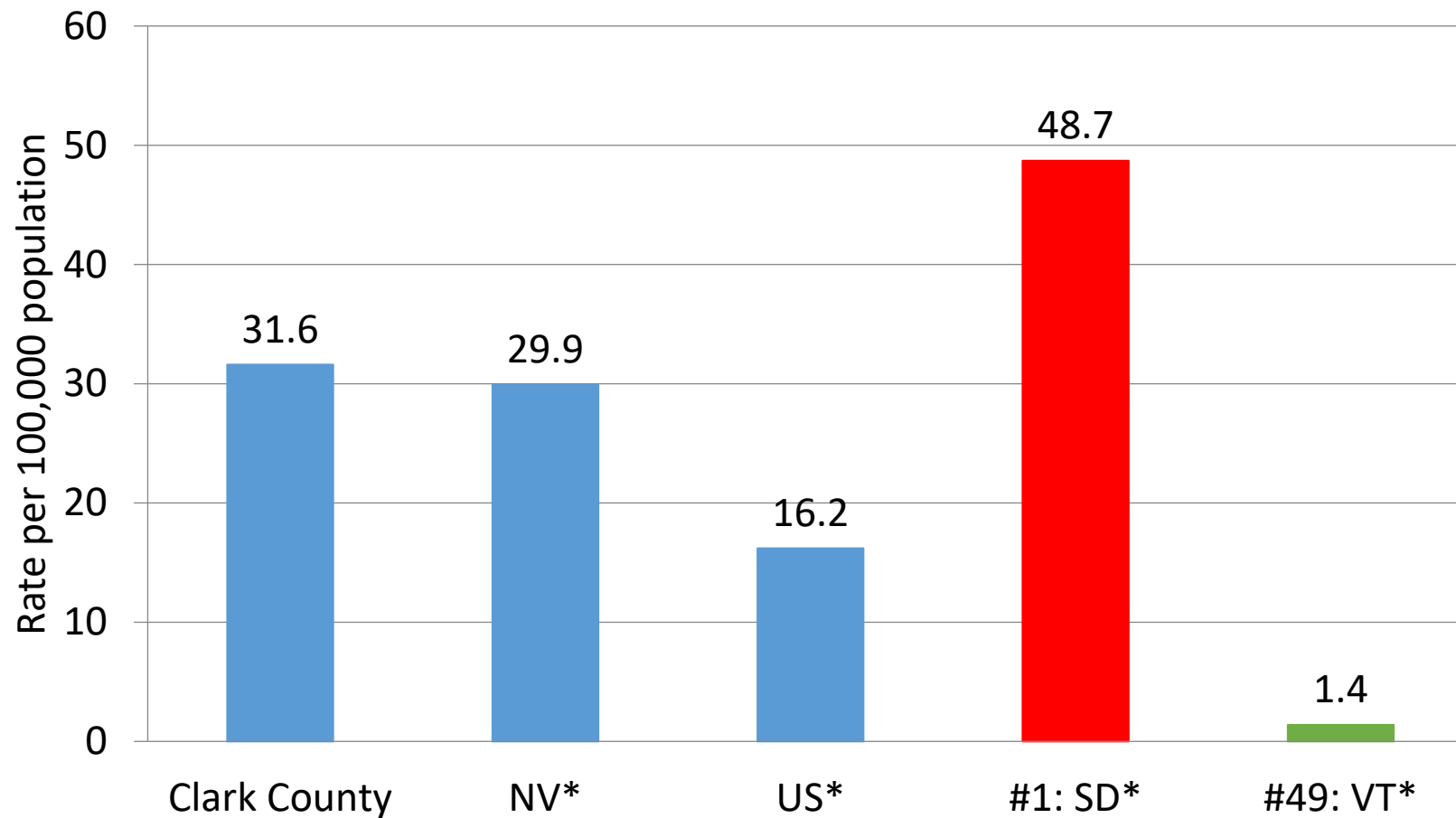
Gonorrhea Rates, Clark County vs. NV, US, highest and lowest states, 2021



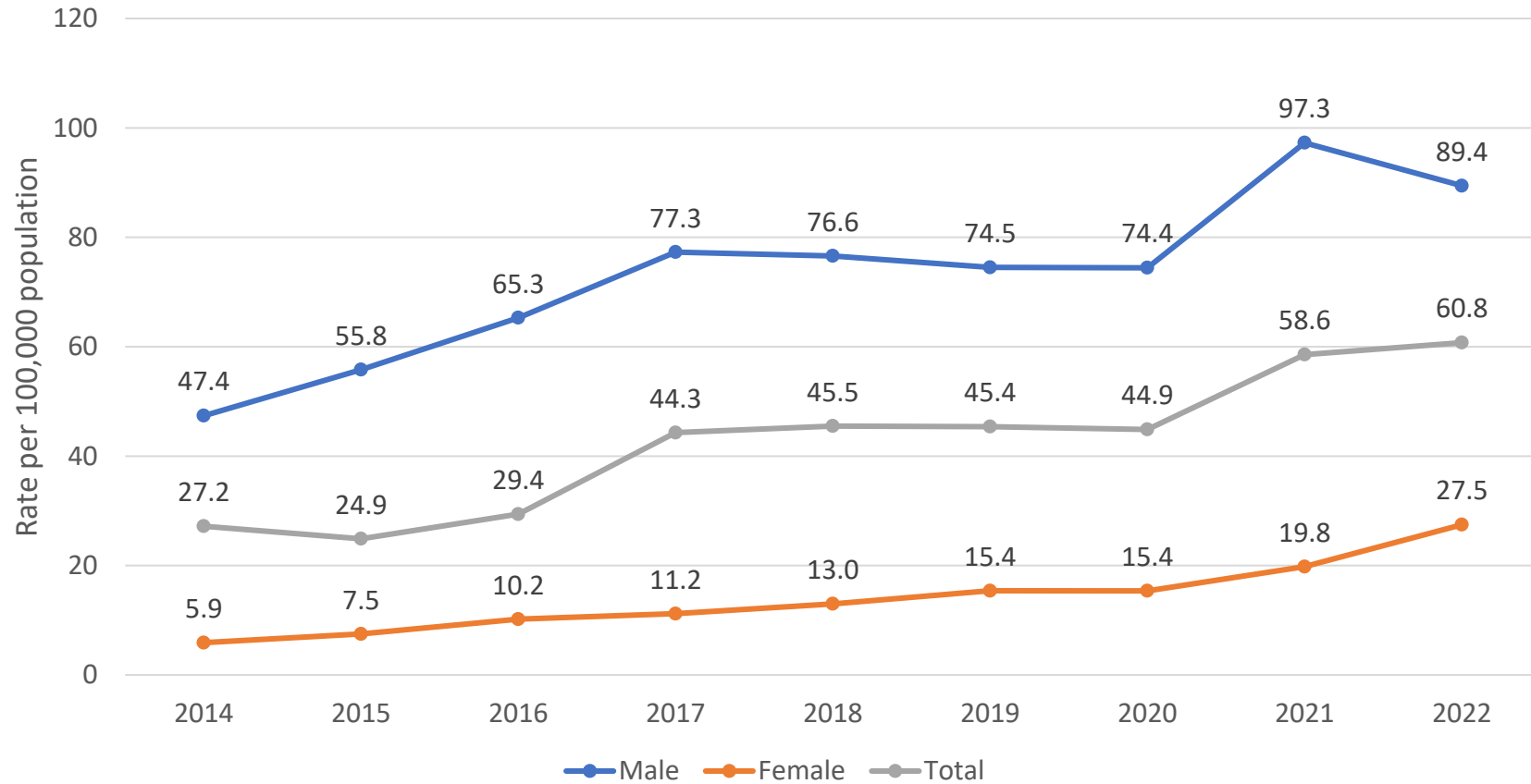
Gonorrhea Rates by Birth Sex, Clark County, 2014-2022



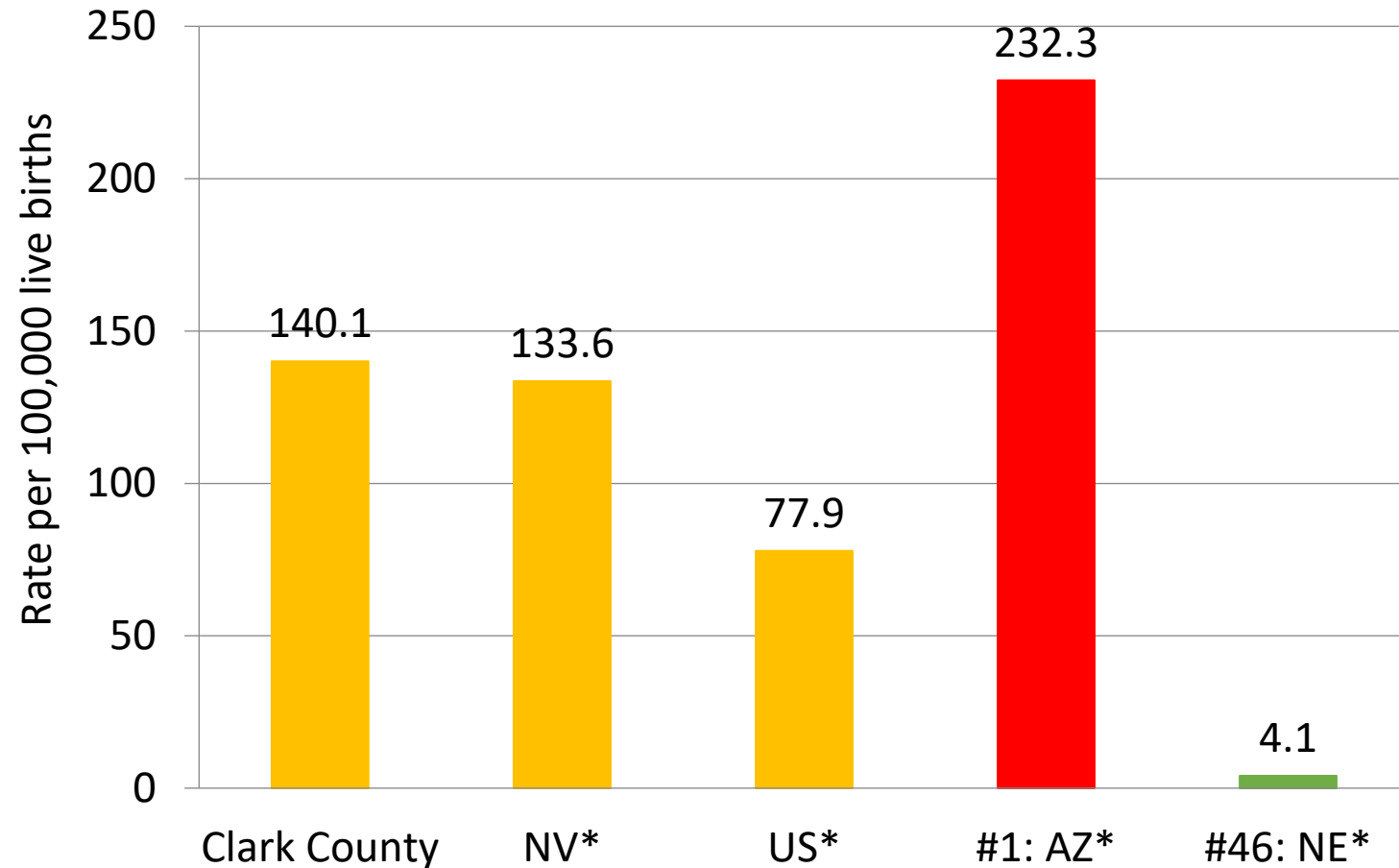
Primary and Secondary Syphilis Rates, Clark County vs. NV, US, highest and lowest states, 2021



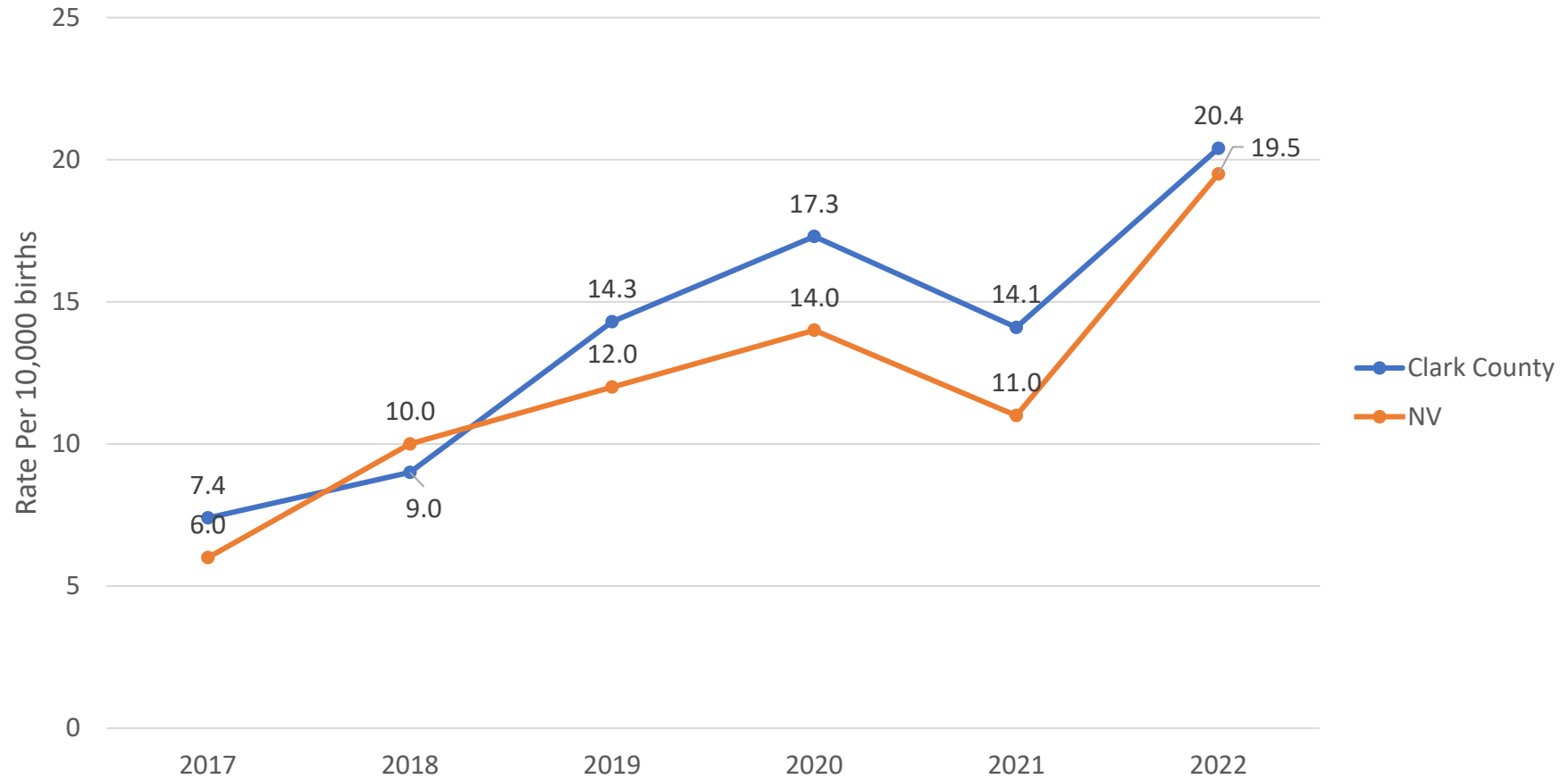
Infectious Syphilis Rates by Birth Sex, Clark County, 2014-2022



Congenital Syphilis Rates, Clark County vs. NV, US, highest and lowest states, 2021



Congenital Syphilis Rates, Clark County and NV, 2017-2022



Clark County CS Cases: Quick Stats



CS cases increased
1,567% from 2014 to
2022



66% of CS cases
were drop-in
deliveries in 2022



85% of the CS cases
were asymptomatic in
2022



4 stillbirths in 2019; 3
in 2020, 2 in 2021
and 4 in 2022

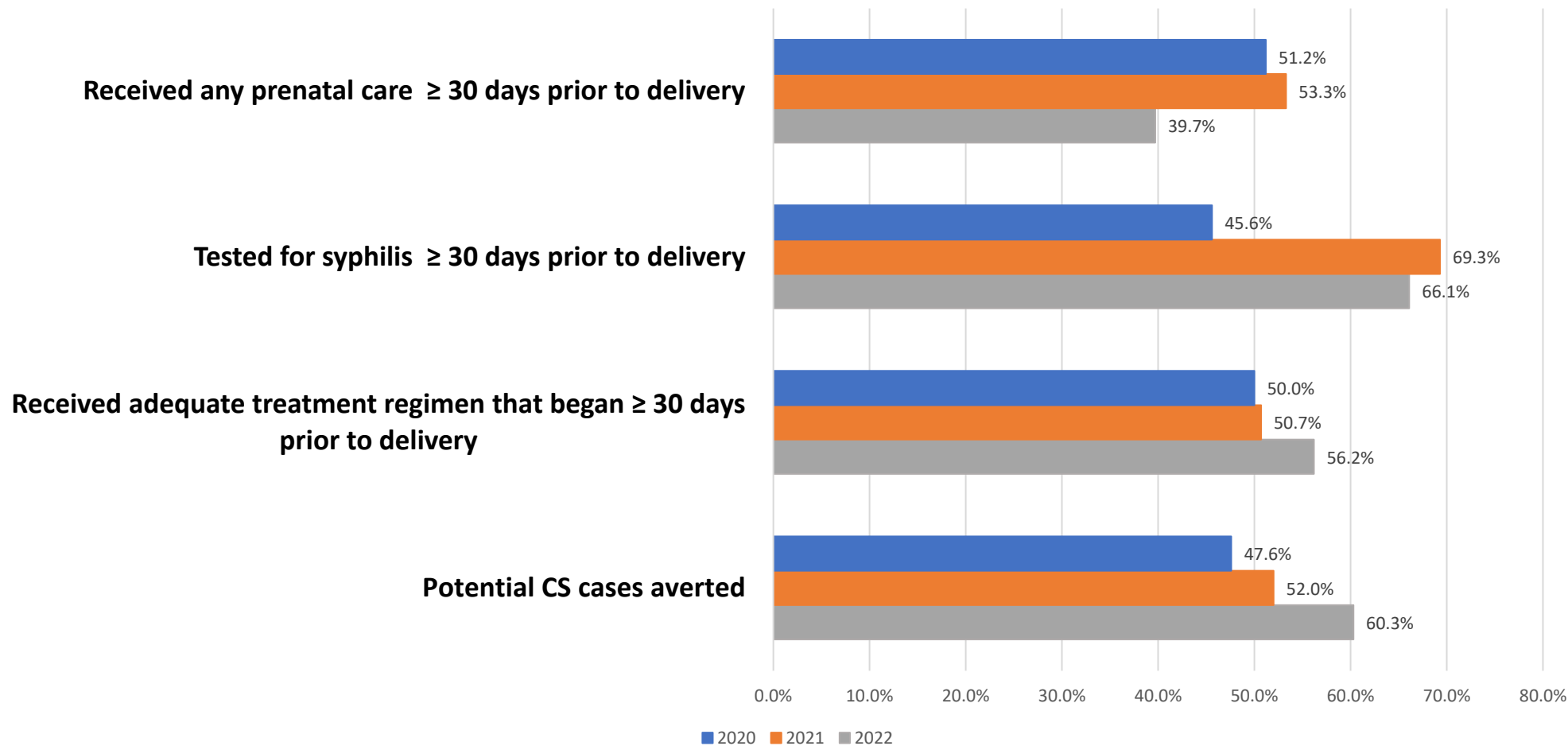


63% of mothers had
no prenatal care in
2022



59% of mothers had
positive toxicology
screening 2022

Congenital Syphilis Prevention Cascade, Clark County, NV, 2020-2022



Community Health Improvement Plan Update & 2025 Community Health Assessment

Carmen Hua, MPH, CHES
Southern Nevada Health District
Health Educator | CHA/CHIP Coordinator
October 9, 2023



Overview

- PART 1 Community Health Improvement Plan Updates
- Healthy Southern NV Website
 - Priority Area Update
 - Healthy Connect Newsletter

- PART 2 2025 Community Health Assessment
- Introduction
 - MAPP 2.0 Framework
 - CPA, CCA, CSA
 - Timeline
-

- PART 3 Next Steps
- Continue CHIP Implementation
 - Steering Committee Recruitment

CHIP Progress Updates

www.HealthySouthernNevada.org



HEALTH STATUS ▾

COMMUNITY ENGAGEMENT ▾

DATA LIBRARY ▾

RESOURCE LIBRARY & TOOLS ▾

HEALTHY CONNECT ▾

2022–2025 Southern Nevada
**Community Health
Improvement Plan**

**Click here to
go to the report**



PRIORITY AREA 1: CHRONIC DISEASE



Goal 1: Decrease the prevalence of heart disease among those identified (Non-Hispanic Black/ African American, 65 and Older, by ZIP Codes)



Objective 1.1: By December 2025, advocate for and attempt to secure increased funding for tobacco control to CDC recommended funding levels as well as other chronic disease programs.



Action Step: Meet with Legislators to raise awareness and justify need for additional funding.



Action Step: Promote existing tobacco programs and the connection to reduced chronic disease.



Action Step: Identify funding priorities, best practices, and potential collaborations with local and statewide partners.



Completed



In progress



Not started



Goal 2: Decrease the prevalence of lower respiratory disease among those identified (Non-Hispanic Black/African American, 65 and Older, by ZIP Codes)



Objective 2.1: By December 2025, implement CDC or national model policy and law for secondhand smoke protection.



Action Step: Develop educational materials for distribution to legislators that share the model policies and the disproportionate impact of those policies on communities of color.



Action Step: Develop a tracker for model policy implementation



Action Step: Identify populations or communities not covered by tobacco policy.



Action Step: Meet with decision makers to promote and encourage secondhand smoke protection by creating smoke-free law/policies



Action Step: Review current model policies and the applicability for the state of Nevada

PRIORITY AREA 2: ACCESS TO CARE



Goal 1: Increase access to care in identified target populations by Access to Care Subcommittee (i.e., LGBTQ+, and uninsured and undocumented populations)



Objective 1.1: By December 2025, increase primary care centers providing mental health services in "medical deserts" for uninsured populations including undocumented and LGBTQ+ persons.



Action Step: Work with institutions of higher education to identify ZIP codes and data for underserved populations.



Action Step: Identify and document medical deserts in Southern Nevada



Action Step: Identify local, regional, and state level funding opportunities to support construction of new primary care facilities.



Action Step: Increase the total number of mental health professionals in the State by supporting individuals seeking licensure through free supervision.



Completed



In progress



Not started



Goal 2: Increase patient confidence in choosing primary care physicians with assistance of care coordinators



Objective 2.1: By December 2023, increase the number of healthcare providers documenting sexual orientation and gender identity on intake forms.



Action Step: With assistance of community partners, create a list of guidelines and revise intake forms.



Action Step: Implement training to collect data on indicators within medical communities.



Action Step: Provide office resources to indicate support for LGBTQ+ and undocumented communities



Action Step: Survey communities to document facilities data collection processes.



Completed



In progress



Not started



Goal 3: Fewer undocumented and LGBTQ+ individuals will access emergency departments for non-urgent health problems



Objective 3.1: By December 2025, create or adapt a comprehensive cultural responsiveness training focusing on LGBTQ+ and undocumented communities.

PRIORITY AREA 3: TRANSPORTATION



Goal 1: Increase awareness of transportation options that facilitate access to basic needs and services



Objective 1.1: By December 2024, explore the expansion of Three Square's Golden Groceries program to include low-income populations of all ages.



Action Step: Confirm interest with service providers



Action Step: Identify new resources for expansion



Action Step: Pilot test service



Objective 1.2: By December 2024, promote awareness of existing programs such as Silver STAR and Silver Rider to eligible riders, and promote the expansion of on-demand transportation services for low-income communities lacking access to essential services.



Action Step: Confirm interest with service provider



Action Step: Identify new resources for expansion



Action step: Develop potential service routes



Action Step: Co-develop transportation service pilot



Completed



In progress



Not started



Goal 2: Increase availability of general transportation resources available to the community



Objective 2.1: By December 2023, help identify funding opportunities to consider new transit fare policies for improved affordability and access.



Action Step: Identify interested community partners



Action Step: Develop task force



Action Step: Co-develop and submit funding application



Action Step: Expand access to existing reduced transit fare programs



Objective 2.2: By December 2025, increase the number of available transportation resources available to the community.

PRIORITY AREA 4: FUNDING



Goal 1: Increase the Nevada public health system's readiness and ability to respond to the health needs of the community



Objective 1.1: By December 2024, increase the community's understanding and awareness about the importance of public health funding.



Action Step: Conduct surveys and town hall meetings to understand community knowledge, beliefs, and perceptions about public health funding.



Action Step: Present results and action plan to community organizations



Action Step: Identify top priorities for public health spending within and across communities.



Action Step: Partner with state senators/assembly-people that want to increase the per capita funding and support via legislation.



Action Step: Provide support and partner with the Governor's Office/Nevada Public Health Association (NPHA)/National Association of Counties (NACO)/community partners that advocate for funding.



Objective 1.2: By December 2025, Advocate for the government (federal, state, local) to increase the total amount of per capita funding dedicated to the public health system.



Action Step: Identify potential community partners



Action Step: Identify potential bill sponsors



Action Step: Identify Federal Legislator to partner with for funding.



Action Step: Draft bill language



Action Step: Develop and implement advocacy plan and Track Bill



Completed



In progress



Not started

Healthy Connect Newsletter



VOLUME 1, ISSUE 1 | JULY 2023

PRESENTED BY



What Is Healthy Connect?

Welcome to the first edition of the Healthy Connect newsletter!

The primary purpose of this newsletter is to inform the community about developments related to the **Community Health Improvement Plan (CHIP)** and keep partners up to date about exciting community partner news and events.

The four priority areas of the CHIP are:
1) **Chronic Disease** 2) **Access to Care** 3) **Transportation** and 4) **Public Health Funding**.

The Healthy Connect newsletter will provide quarterly updates on the progression of the CHIP action plan in the community as well as connect community members. Please utilize this platform to feature your important work in the community and connect with others to emphasize that we are "Healthy People in a Healthy Southern Nevada."

Get to know CHIP

The 2022-2025 Southern Nevada Community Health Improvement Plan was published in January 2023.

Click below to download a copy of the CHIP and read about our priorities for a healthy Southern Nevada.

DOWNLOAD CHIP



WWW.HEALTHYSOUTHERNNEVADA.ORG | HEALTHYCONNECT@SNHD.ORG

Healthy Connect

VOLUME 1, ISSUE 1 | JULY 2023

CHIP Progress and Updates



Priority Area 1: **Chronic Disease**

Current Status: Raising awareness for additional public health funding and promotion of existing tobacco programs and its connection to reduce chronic diseases.

Upcoming: Many proposed action steps within the Chronic Disease Subcommittee are tied with the last legislative session. More updates to come in our next newsletter.

Priority Area 2: **Access to Care**

Current Status: Identifying community partners to inform cultural responsiveness training material.

Upcoming: Collaborating with institutions of higher education to identify ZIP codes for underserved populations (LGBTQ+, uninsured, and undocumented) and medical deserts.



Priority Area 3: **Transportation**

Current Status: Confirming partner interest and identifying organizations that provide basic needs resources in the community.

Upcoming: Exploring funding opportunities to consider new transit fare policies.

Priority Area 4: **Public Health Funding**

Current Status: Connected with Governor's Office and aligned community health efforts with statewide priorities.

Upcoming: Continuously monitor any new legislative bills for increased public health funding and grant/funding opportunities in Southern Nevada.



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Healthy Connect

VOLUME 1, ISSUE 1 | JULY 2023

Next Steps

- CHIP Progress tracking on Healthy Southern Nevada Website
- Meeting across four priority areas
- Next Newsletter: October 2023

SUBSCRIBE TO
HEALTHY CONNECT



It's time to take action!

If your organization is interested in being featured in next quarter's Healthy Connect Newsletter, please email us at:

HealthyConnect@SNHD.org

Include your name, organization, event or news, date and time, and any additional details (flyer, handout, etc).

We are excited to launch this community newsletter and feature the amazing work you do! Thank you for your commitment to the community.

COMMUNITY PARTNER BULLETIN BOARD

Nevada Minority Health and Equity Coalition

What: Building Capacity Workshop Series. Recorded live workshops on various topics such as grant writing & program evaluation.

For a limited time, while supplies last, we are offering FREE BOOKS for those who watch the workshop recordings and complete a post-survey.

When: On-Demand

Where: Online
<http://nmhec.org/ondemand>

Contact: nmhec@unlv.edu

Nevada Statewide Maternal and Child Health (MCH) Coalition

What: Camp Discover: Explore What Matters. Community, support, activities, and presentations focused on maternal, child, baby, and family related topics.

When: Friday, September 8, 2023
8:30 AM-4 PM

Where: Hybrid - Atlantis Resort Casino Spa (Reno) or via Virtual

Contact: kairirenae.pangelinan@dignityhealth.org

Immunize Nevada

What: Back-To-School Clinics

When/Where:

07/08: The Giving Project Covid-19

Clinic Outreach 8:30AM-11:00AM

07/15: COX BTS Clinic Boulevard

Mall 11:00AM-3:00PM

07/15: Nevada State Treasurer's

Office BTS Fair Clinic 11AM-2:00PM

07/18: Nevada Hand Outreach

Apache Pines 10:00AM-12:30PM

07/18: Nevada Hand Outreach

Cordero Pines 10:00AM-12:30PM

07/19: Nevada Hand Outreach Vera

Johnson Manor 1:30PM-4:00PM

For additional dates & locations,
contact: ireti@immunizenevada.org

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2025 Community Health Assessment

What is it?

Assessment that provides information for problem and asset identification and policy formulation, implementation, and evaluation.

Why is it important?

Provides organizations comprehensive information about the community's current health status, needs, and issues. The information can help with developing a community health improvement plan by justifying how and where resources should be allocated to best meet community needs.

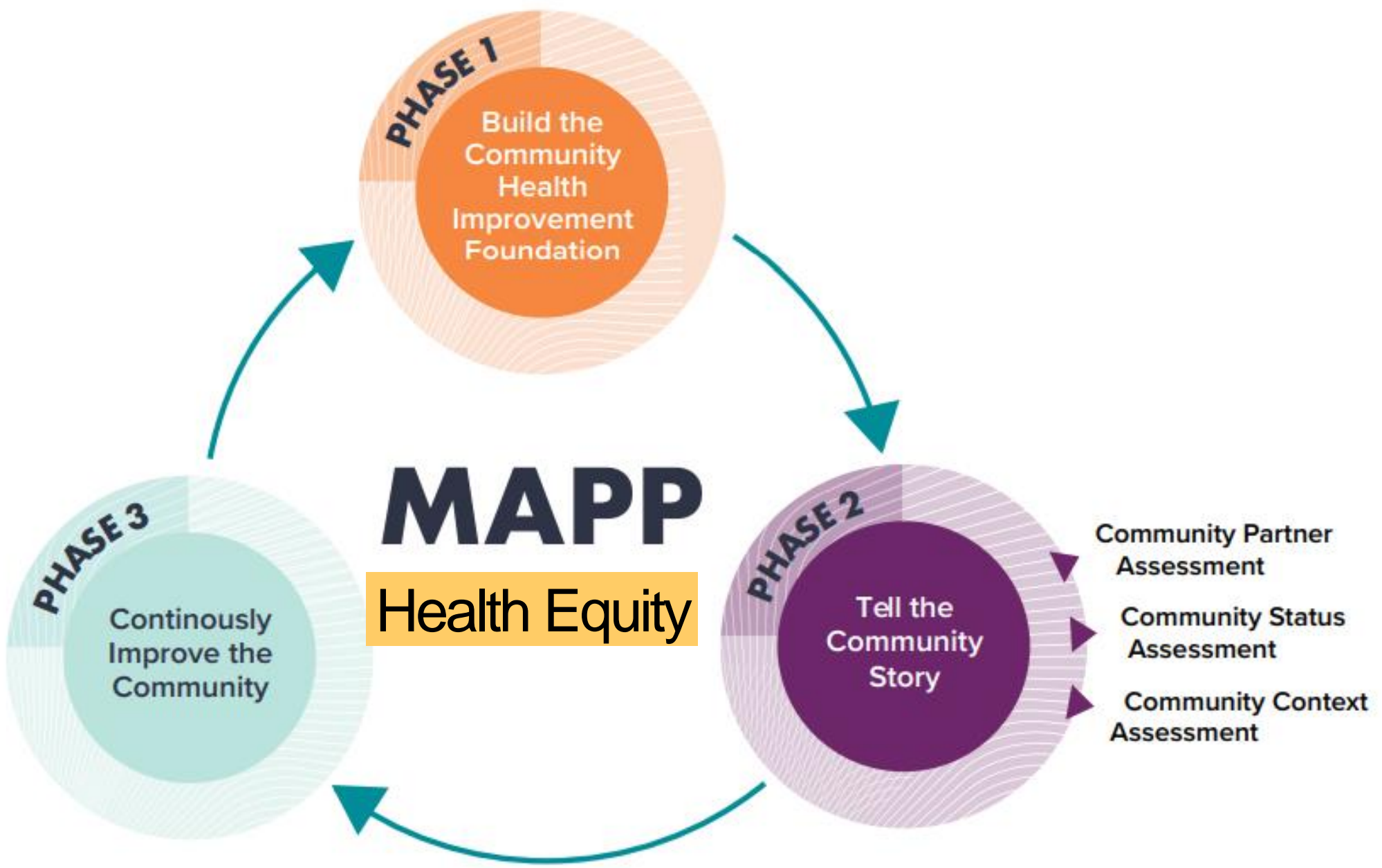
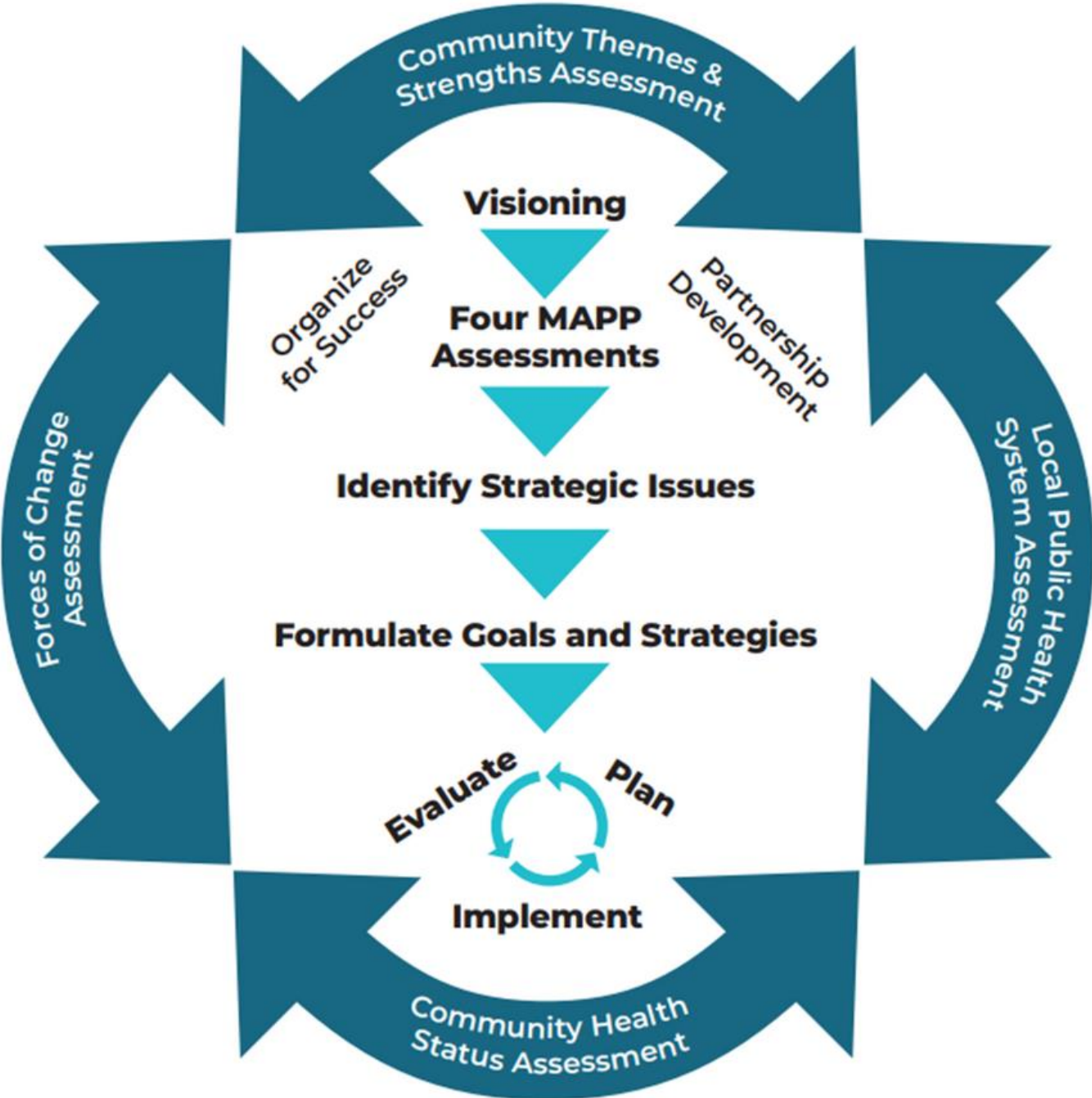


MAPP 2.0 Framework

2001



2023



MAPP 2.0 Foundational Principles

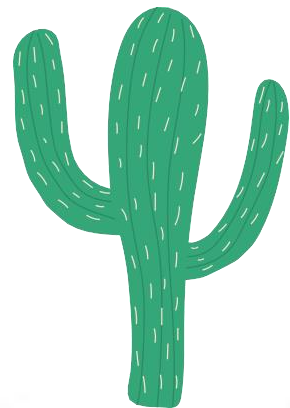
FOUNDATIONAL PRINCIPLE	DESCRIPTION
Equity	Encourages shared exploration of the social injustices, including white supremacy, structural racism, class oppression, and gender oppression, that create and maintain inequities. Mobilizes community action to address these injustices through transformative change to the structures and systems that maintain inequities and creates the opportunity for all to achieve optimal health.
Flexible	Meets the real-time, evolving, and unique needs of diverse MAPP communities, organizations, and sectors through an adaptable framework.
Continuous	Maintains continuous learning and improvement through iterative community assessment, planning, action, and evaluation cycles.
Community Power	Builds community power to ensure those most impacted by the inequities and actions addressed through CHI are those that guide the process, make important decisions, and help drive action.
Inclusion	Fosters belonging and prevents “othering” by identifying and removing barriers to community participation and ensuring all stakeholders and community members, regardless of background or experience, can contribute to MAPP.
Trusted Relationships	Builds connection and trust by honoring the knowledge, expertise, and voice of community members and stakeholders.
Data and Community Informed Action	Identifies priorities, strategies, and action plans that are driven by the community’s voice and grounded in community need as identified through timely qualitative and quantitative data.
Strategic Collaboration and Alignment	Creates a community-wide strategy that appropriately aligns the missions, goals, resources, and reach of cross-sectoral partners to improve community health and address inequities.
Full Spectrum Actions	Encourages community improvement through approaches ranging from provision of direct services to policy, systems, and environmental change and community power-building for supportive communities that enable health and well-being for all.

2025 CHA ROADMAP

1 **NOVEMBER 2023**

Official CHA Cycle Begins

- Establish Steering Committee
- Gain Leadership Support



3 **MAY – JULY 2024**

Community Status Assessment (CSA)



5 **NOVEMBER - JANUARY 2025**

Data Analysis and Edits



2 **FEBRUARY – APRIL 2024**

Community Partner Assessment (CPA)

4 **AUGUST – OCTOBER 2024**

Community Context Assessment (CCA)

6 **MARCH 2025**
Publish CHA data reports, profiles, and update data dashboards

Assessments

The **goal** of MAPP is to achieve health equity by identifying urgent health issues in a community and aligning community resources

Community Partner Assessment (CPA)

- Replaced LPHSA
- Helps community partners review their
 - (1) individual systems, processes, and capacities
 - (2) collective capacity as a network of community partners to address health inequities.

Community Context Assessment (CCA)

- Combined FOCA & CTSA
- Qualitative tool to assess and collect data through three domains
 - community strengths & assets
 - built environment
 - forces of change
- Focuses on people and communities with lived experiences and lived expertise.
- Emphasizes views, insights, values, cultures, and priorities of those experiencing inequities firsthand.

Community Status Assessment (CSA)

- Formerly CHSA
- Collects quantitative data on the status of community
 - Demographics, health status, health inequities
- Helps community move “upstream” and identify inequities beyond health behaviors and outcomes.
- Reveals data gaps and issues

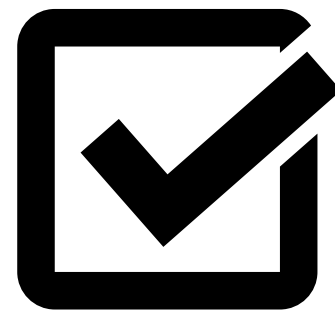


Next Steps



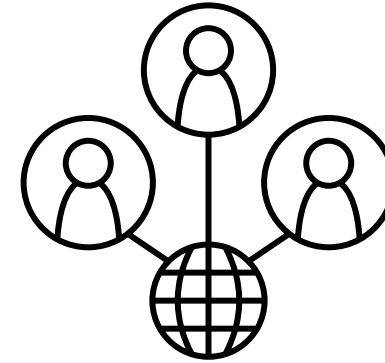
2023 - 2025

Continue
Implementation
of Action Plan
into Community



2023-2025

Progress
Updates &
Tracking to HSN
Website



Nov '23 - Jan '24

Recruit CHA
Steering Committee
Members and Gain
Leadership Support

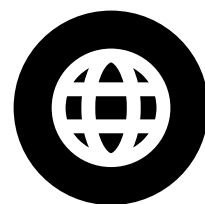


February 2024

Begin CHA Cycle
Process -
Community Partner
Assessment



Thank You!



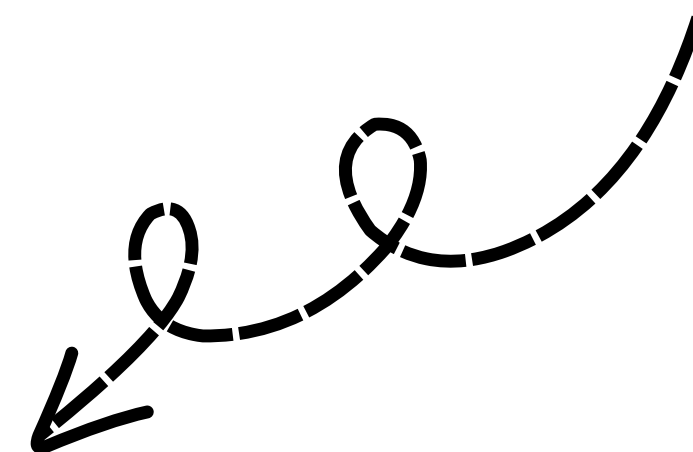
www.healthysouthernnevada.org



huac@SNHD.org



Sign-Up: [Steering Committee Interest](#)





2024 PUBLIC HEALTH ADVISORY BOARD MEETING SCHEDULE

All Public Health Advisory Board meetings are proposed to occur on the second Monday of the designated month at 8:30 a.m.:

DATE	TIME
January 8, 2024	8:30 a.m.
April 8, 2024	8:30 a.m.
July 8, 2024	8:30 a.m.
October 14, 2024	8:30 a.m.

*Special meetings, as required, shall be called by the Chair.