



MINUTES

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH PUBLIC HEALTH ADVISORY BOARD MEETING

January 8, 2024 – 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*)
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:** Ronald Kline – Member, City of North Las Vegas
- ALSO PRESENT:** Linda Anderson, Lisa Kelso, Stacie Sasso, Susan Waschevski
(In Audience)
- LEGAL COUNSEL:** Edward Wynder, Associate General Counsel
- EXECUTIVE SECRETARY:** Fermin Leguen, MD, MPH, District Health Officer
- STAFF:** Maria Azzarelli, Sean Beckham, Tawana Bellamy, Nicole Bungum, Daniel Burns, Andria Cordovez Mulet, Carmen Hua, Horng-Yuan Kan, Cassius Lockett, Jeff Quinn, Larry Rogers, Kim Saner, Chris Saxton, Karla Shoup, Randy Smith, Rosanne Sugay, Greg Tordjman, Donnie Whitaker, Ying 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

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.

Member Young joined the meeting at 8:33 a.m.

V. ADOPTION OF THE JANUARY 8, 2024 MEETING AGENDA *(for possible action)*

A motion was made by Member Serafica, seconded by Member Osgood, and carried unanimously to approve the January 8, 2024 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: October 9, 2023 *(for possible action)*

A motion was made by Member Osgood, seconded by Member Serafica, and carried unanimously to approve the January 8, 2024 Consent Agenda, as presented.

VII. REPORT / DISCUSSION / ACTION

- 1. Update on Obesity;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 2. Update on Food Insecurities;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Nicole Bungum, Health Education Supervisor, Office of Chronic Disease and Public Health Promotion (OCDPHP), presented on the increasing incidence of obesity in children and adults in Clark County, along with food insecurities.

Further to an inquiry from Member Klouse, Ms. Bungum advised that the Health District had worked with Three Squares in the past regarding childhood obesity and would follow up with Three Squares on any potential further collaboration.

Member Serafica raised whether there was any collaboration with school nurses. Ms. Bungum advised that school nurses could be key messengers regarding childhood obesity and food insecurities and would continue to raise that during the state-wide and partner meetings.

Member Osgood advised that he had extensive experience with responding to food insecurities and encouraged collaboration with schools and various other partners to develop programs that address personal behaviors related to food insecurities.

3. Firearm-Related Incidents in Clark County, Nevada: Understanding Trends, Assessing Risks and Implementing the CARDIFF Prevention Model; direct staff accordingly or take other action as deemed necessary (*for possible action*)

Dr. Ying Zhang, Senior Scientist, presented on firearm-related incidents in Clark County, Nevada, Understanding Trends, Assessing Risks and Implementing the CARDIFF Prevention Model.

Further to an inquiry from Member Klouse on any efforts on firearm safety education, Jeff Quinn, Manager of the Office of Public Health Preparedness, advised that the Health District did not do targeted outreach or specific gun safety classes for children. However, the Office of Public Health Preparedness had other outreach efforts, such as the issuance of the annual Emergency Planning Calendar, which included information on safety and the importance of reporting suspicious activity.

Dr. Leguen advised that the Health District did not have a comprehensive injury violence program due to limited resources. The Health District operated at a very restricted capacity in terms of public health needs across the community.

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*)

There were no items raised.

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

- DHO Comments

Dr. Leguen advised that seven cases of mpox was reported during October/November 2023, which came after 2-3 months of no identified transmission in the community. Dr. Leguen further advised that staff, along with the assistance of community partners, administered more than 11,000 doses of the mpox vaccine across the community.

Dr. Leguen advised that staff in the Division of Disease Surveillance and Control worked very closely with the Clark County School District (CCSD) on an investigation due to several cases of tuberculosis (TB) identified in the school system at the end of 2023. Staff screened individuals to identify possible exposures across the school system. Further, staff worked with the state to determine a better long-term solution, which would require legislative action. This was an ongoing monitoring of policies to prevent this situation in the future.

Further to an inquiry from Chair Sy on the increase in flu, COVID-19 and RSV, Dr. Lockett advised that staff was monitoring the increase and issued a Public Health Advisory to providers to encourage vaccination efforts. Chair Sy proceeded to inquiry as to the effects of Paxlovid and long-term COVID-19. Dr. Lockett advised that there was not enough scientific information. Dr. Leguen indicated that there was no surveillance system for long-term COVID-19, which may be due to the difficulty of defining long-term COVID-19 and reliability of information.

Further to a request from Chair Sy, Dr. Leguen confirmed to bring an update on the COVID-19 vaccination campaign at the next meeting.

- 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 9:44 a.m.

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

/acm



AGENDA

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH PUBLIC HEALTH ADVISORY BOARD MEETING

January 8, 2024 – 8:30 a.m.

Meeting will be conducted via Webex

NOTICE

WebEx address for attendees:

<https://snhd.webex.com/snhd/j.php?MTID=m6fb647b51a9576db9a689ed3614569f5>

To call into the meeting, dial (415) 655-0001 and enter Access Code: [2554 771 8883](https://snhd.webex.com/snhd/j.php?MTID=m6fb647b51a9576db9a689ed3614569f5)

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

[25547718883@snhd.webex.com](https://snhd.webex.com/snhd/j.php?MTID=m6fb647b51a9576db9a689ed3614569f5)

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.

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 2554 771 8883. To provide public comment over the telephone, please press *3 during the comment period and wait to be called on.

V. **ADOPTION OF THE JANUARY 8, 2024 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:** October 9, 2023 *(for possible action)*

VII. REPORT / DISCUSSION / ACTION

1. **Update on Obesity;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
2. **Update on Food Insecurities;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
3. **Firearm-Related Incidents in Clark County, Nevada: Understanding Trends, Assessing Risks and Implementing the CARDIFF Prevention Model;** 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

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, Brittany 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



NICOLE BUNGUM
OFFICE OF CHRONIC DISEASE PREVENTION & HEALTH PROMOTION

OBESITY AND FOOD INSECURITY UPDATE

PUBLIC HEALTH ADVISORY BOARD JANUARY 8, 2024



Obesity Update



Background



Data update

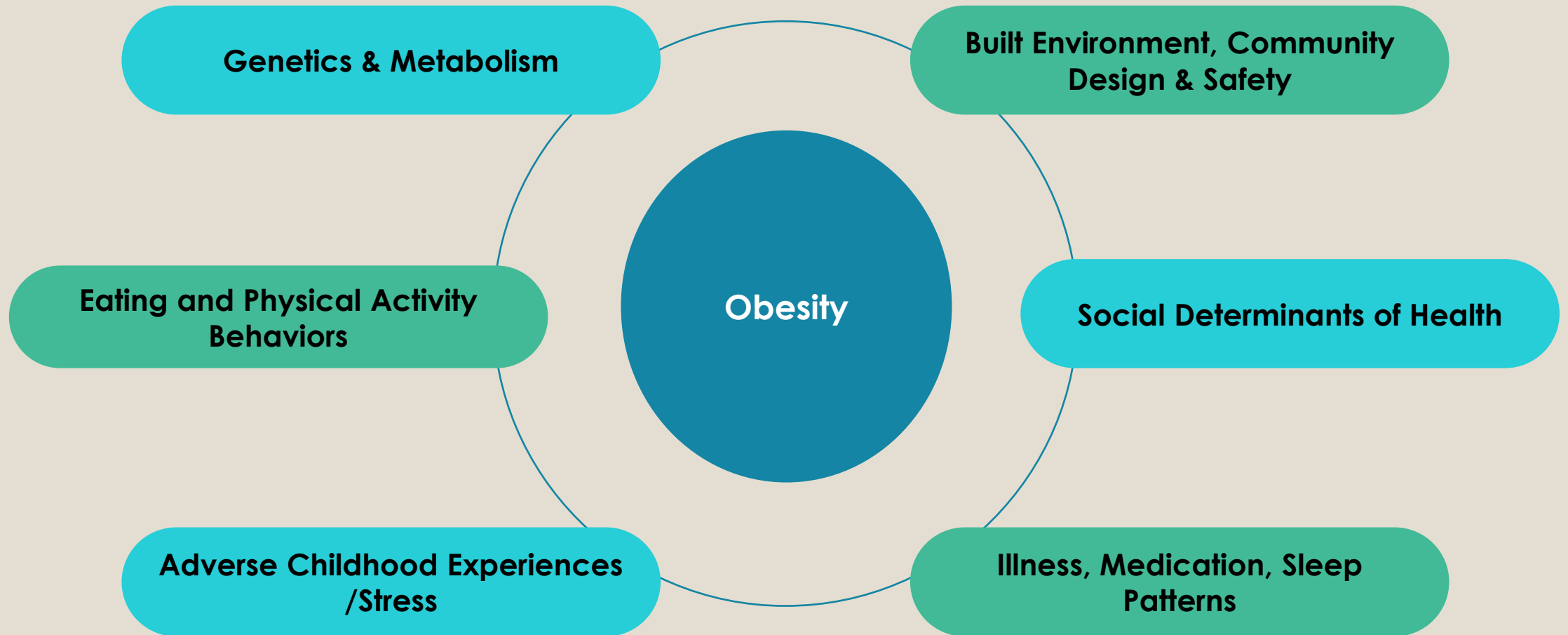


Status update on current
projects

Obesity

- Common, serious and costly chronic disease characterized by excess body fat. It has many contributing factors including environmental, behavioral and genetic factors and requires long-term medical management.
- Obesity is tied to other co-morbidities and lower lifespans. Obesity is a causal risk factor for many other diseases including (but not limited to) diabetes, cardiovascular disease, sleep apnea, and cancer. ⁽²⁾
- It has been theorized that increases in obesity rates in the U.S. have been a major contributor to slowing improvements in the mortality rate in the U.S. over the past 20 years.
- It is projected that over half of children today in the United States will have obesity by the age of 35. ⁽¹⁾
- By 2030, nearly 1 in 2 adults in the United States will have obesity and nearly 1 in 4 of those are projected to have Class 2 or Class 3 obesity. ⁽¹⁾

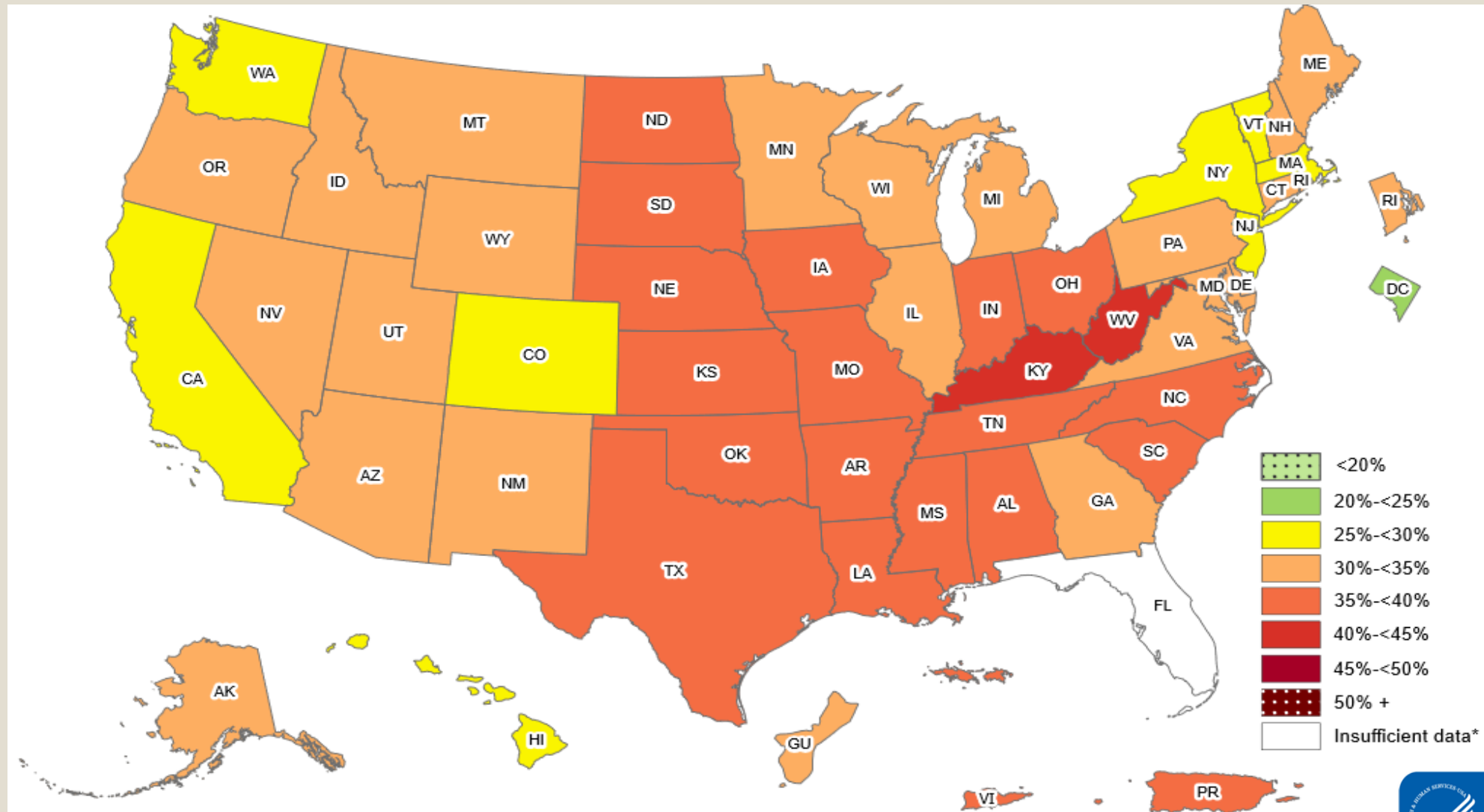
Factors That Contribute to Obesity



Pandemic Impacts on Obesity

- The pandemic led to school closures, disrupted routines, increased stress, exacerbation of existing health disparities, isolation, mental health issues, and less opportunity for physical activity and proper nutrition.
- Children gained weight at a faster rate during the COVID-19 pandemic period (June – Nov. 2020) versus a pre-pandemic period (Jan. 2018 – Feb. 2020) ⁽⁴⁾
- Younger school-aged children (6-11) experienced a rate of BMI change that was 2.5 times higher than before the pandemic. ⁽⁴⁾
- 42% of Americans gained more weight than they intended during the pandemic; an average of about 30 pounds in extra weight. ⁽⁵⁾
- People with obesity are more likely to experience serious consequences from a COVID-19 infection including hospitalization and the need for acute clinical care. ⁽⁸⁾

Prevalence of Self-Reported Obesity Among U.S. Adults by State and Territory, BRFSS, 2021

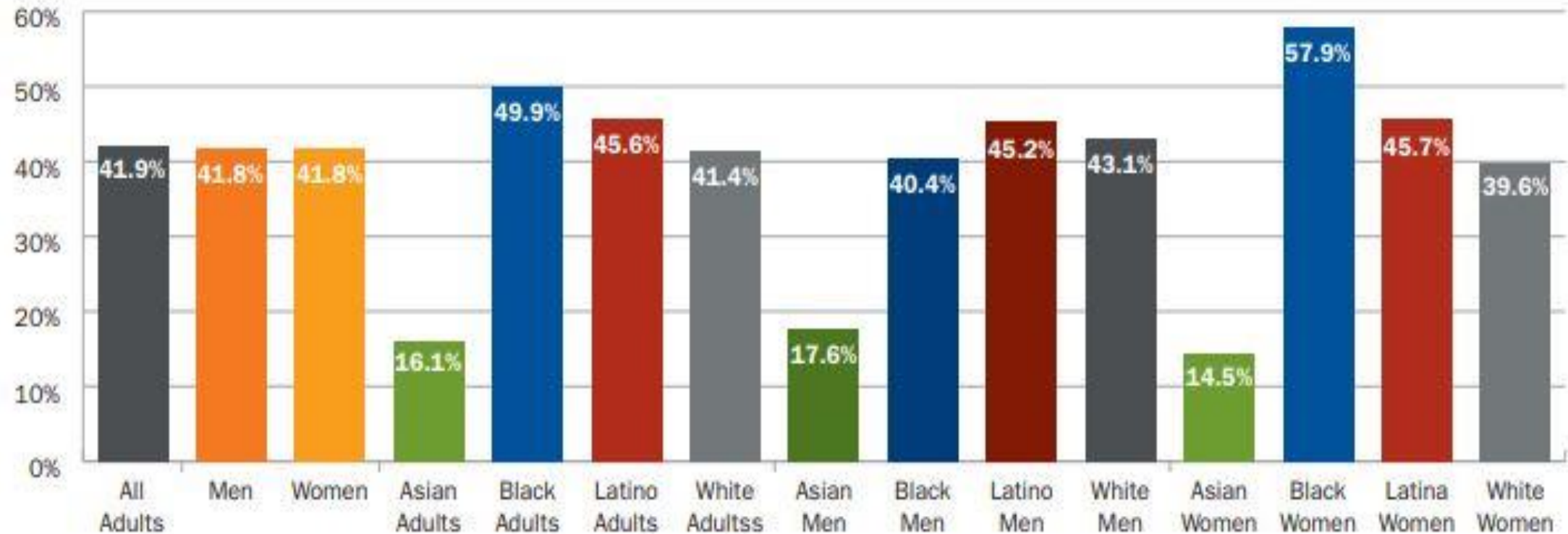


*Sample size <50, the relative standard error (dividing the standard error by the prevalence) $\geq 30\%$, or no data in a specific year. † Prevalence estimates reflect BRFSS methodological changes started in 2011. These estimates should not be compared to prevalence estimates before 2011.



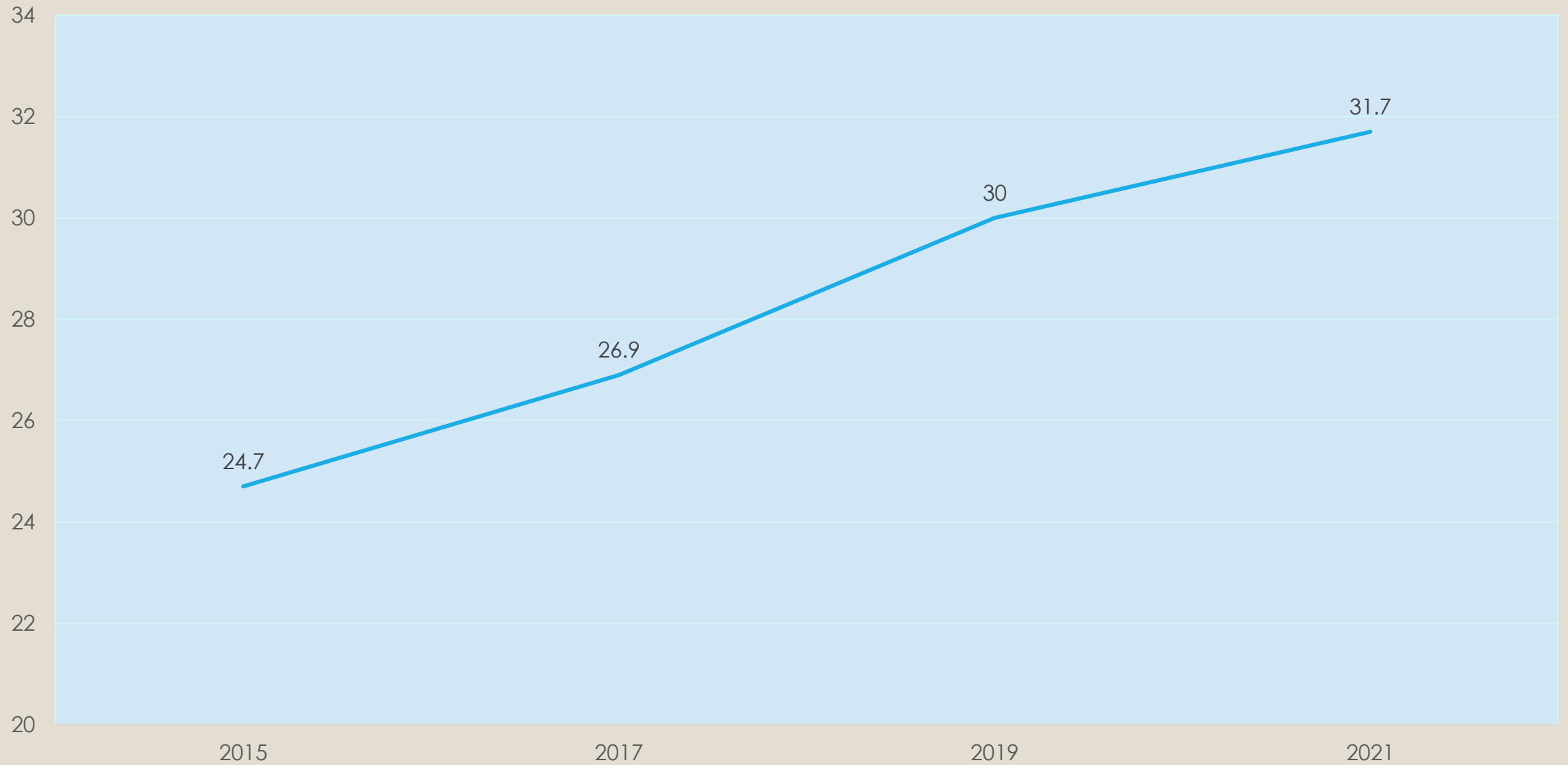
Percent of U.S. Adults with Obesity by Select Demographics

Percent of U.S. Adults With Obesity by Select Demographics, 2017–2020

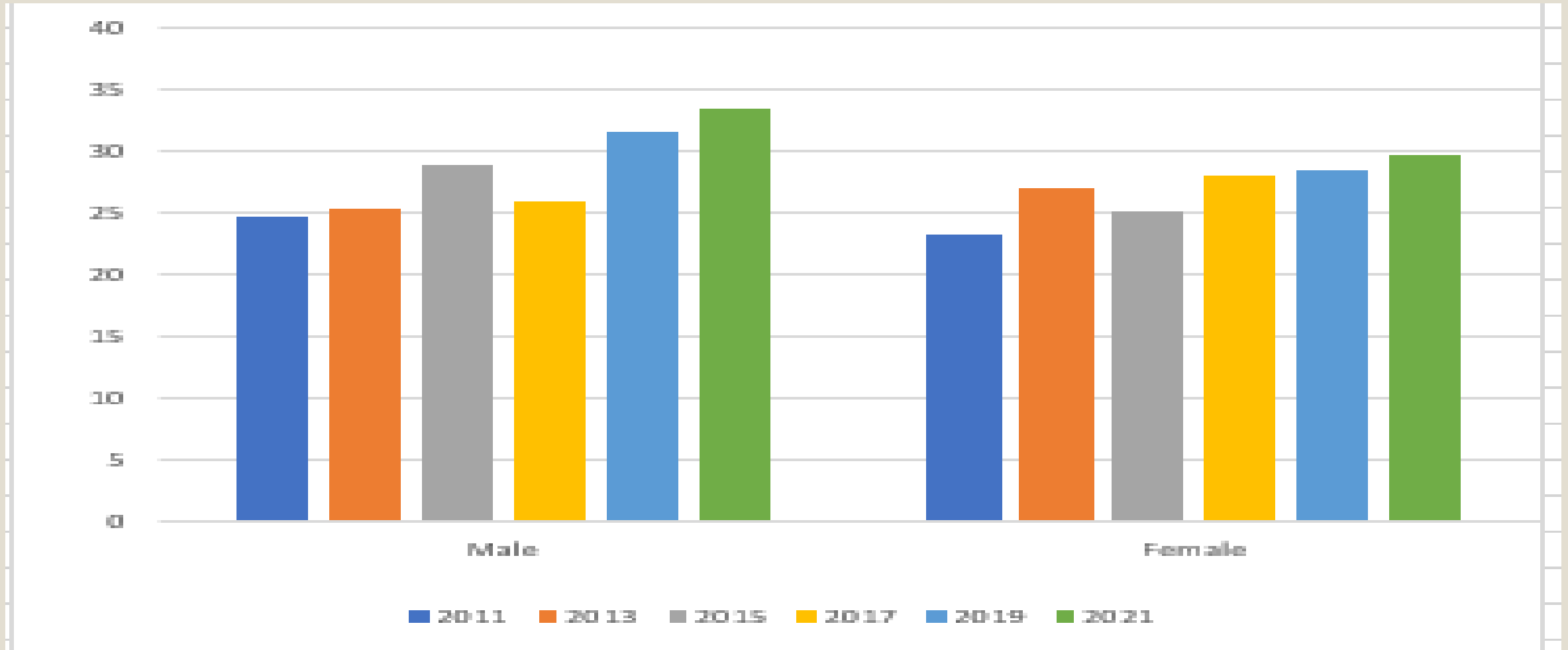


SOURCE: NHANES

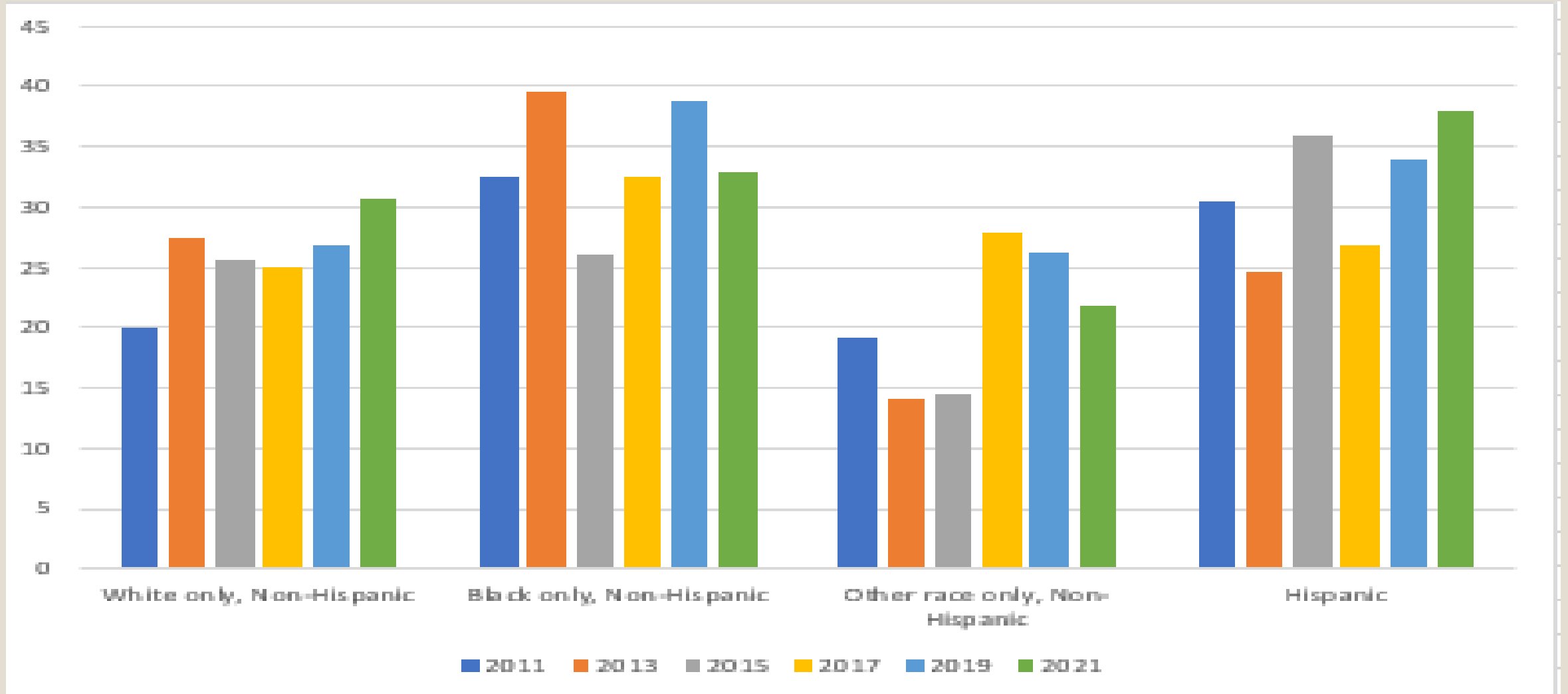
Clark County Adults with Obesity 2015 - 2021



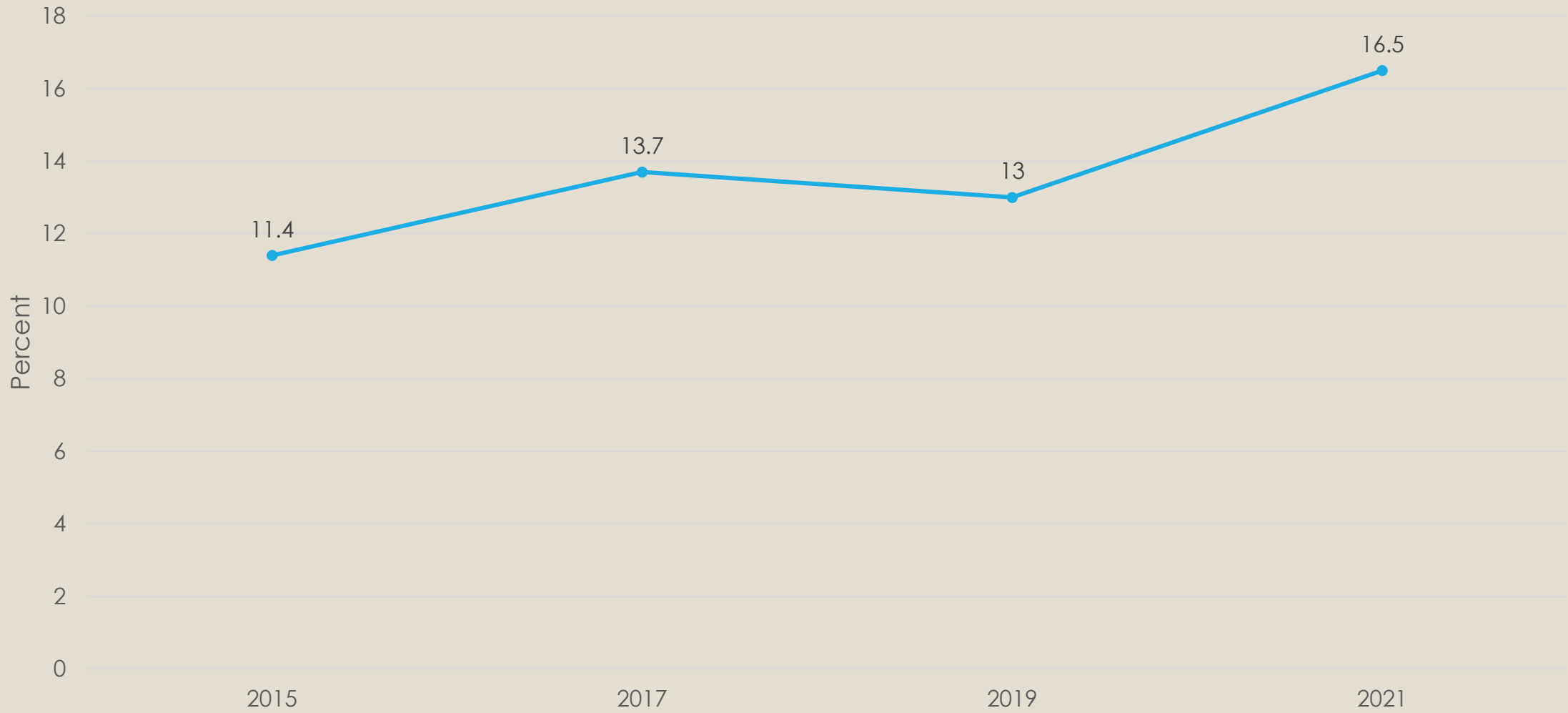
Adults with Obesity in Clark County by Gender 2011-2021



Adults with Obesity in Clark County by Race & Ethnicity 2011-2021

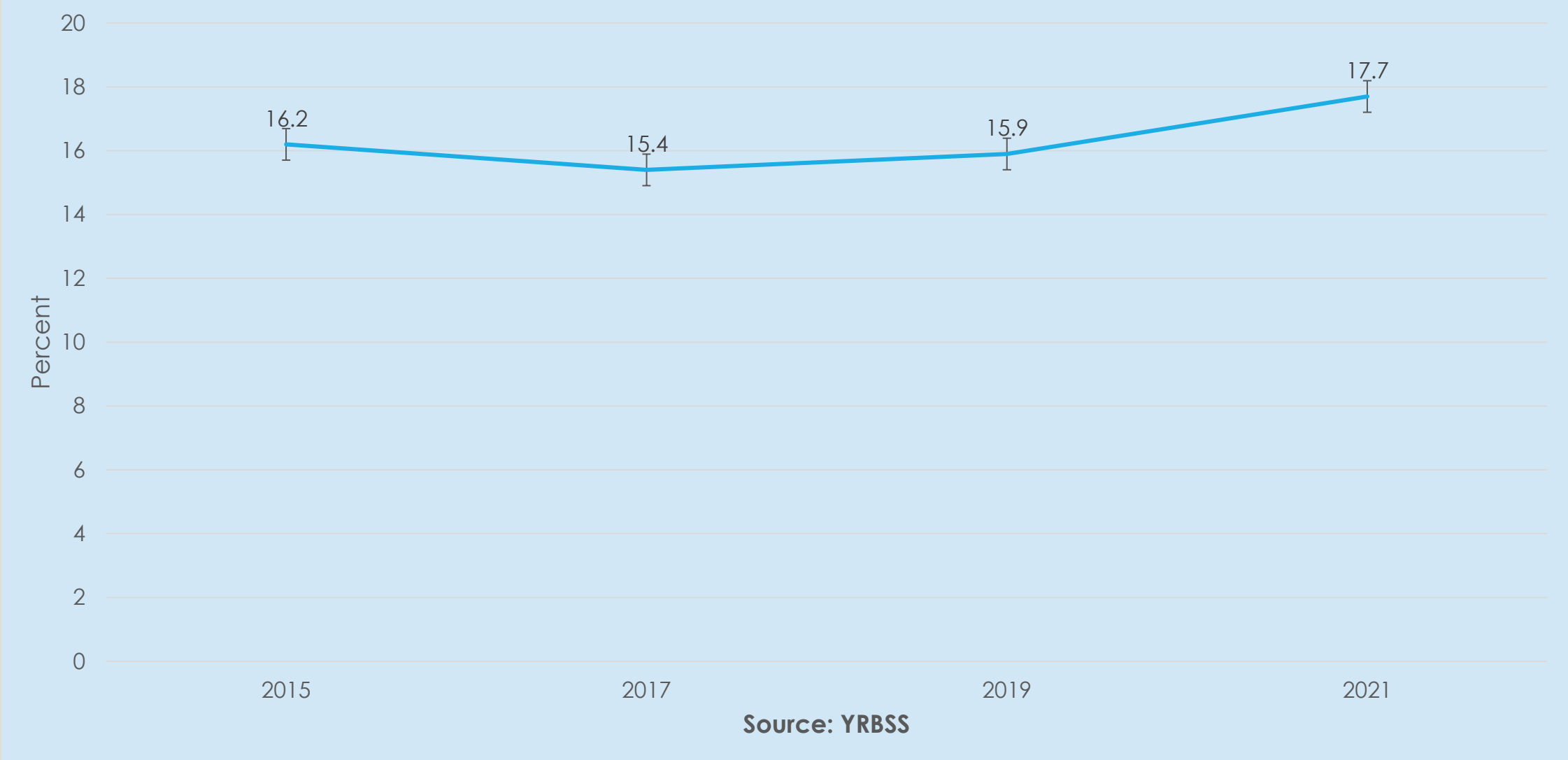


Youth with Obesity in Clark County 2015 - 2021

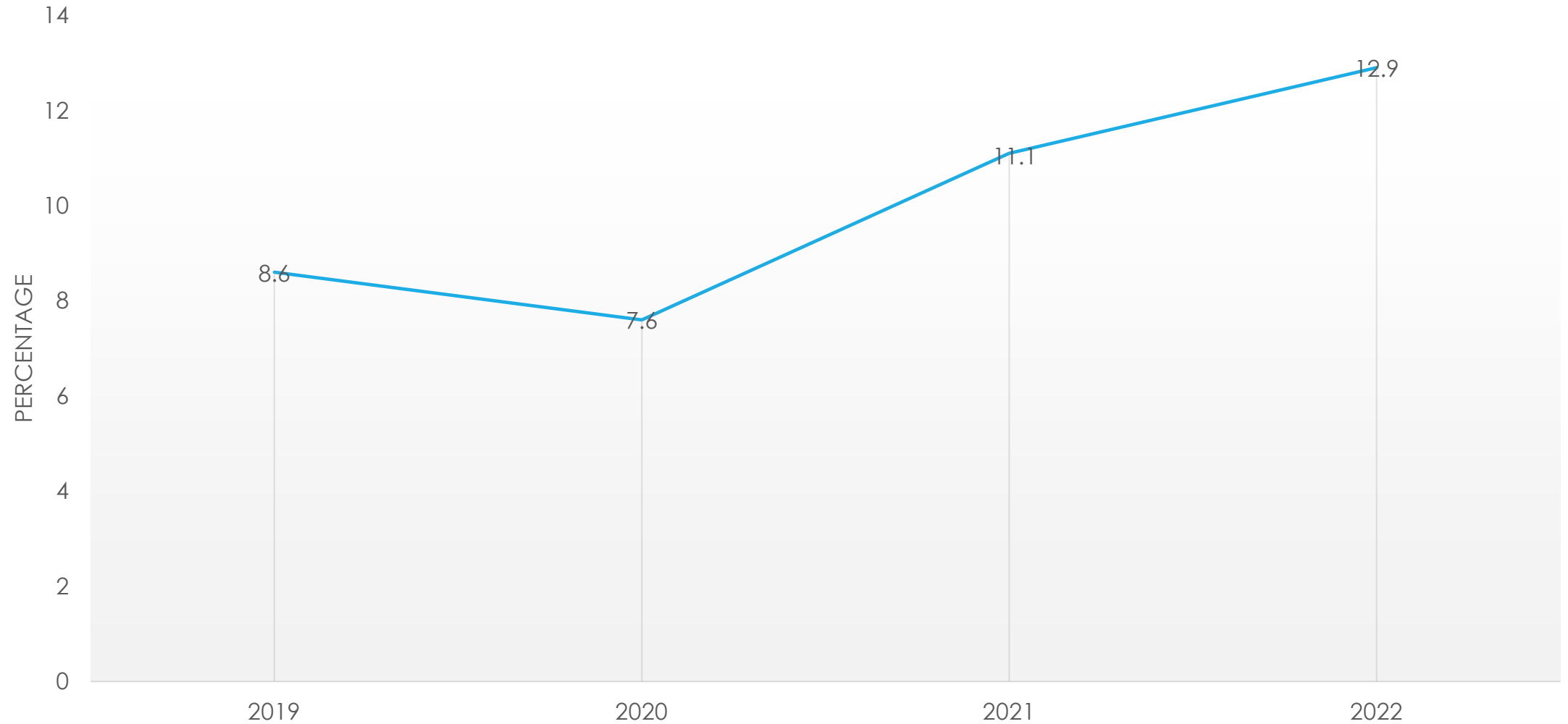


Source: YRBSS

Youth w/ Overweight in Clark County 2015 – 2021

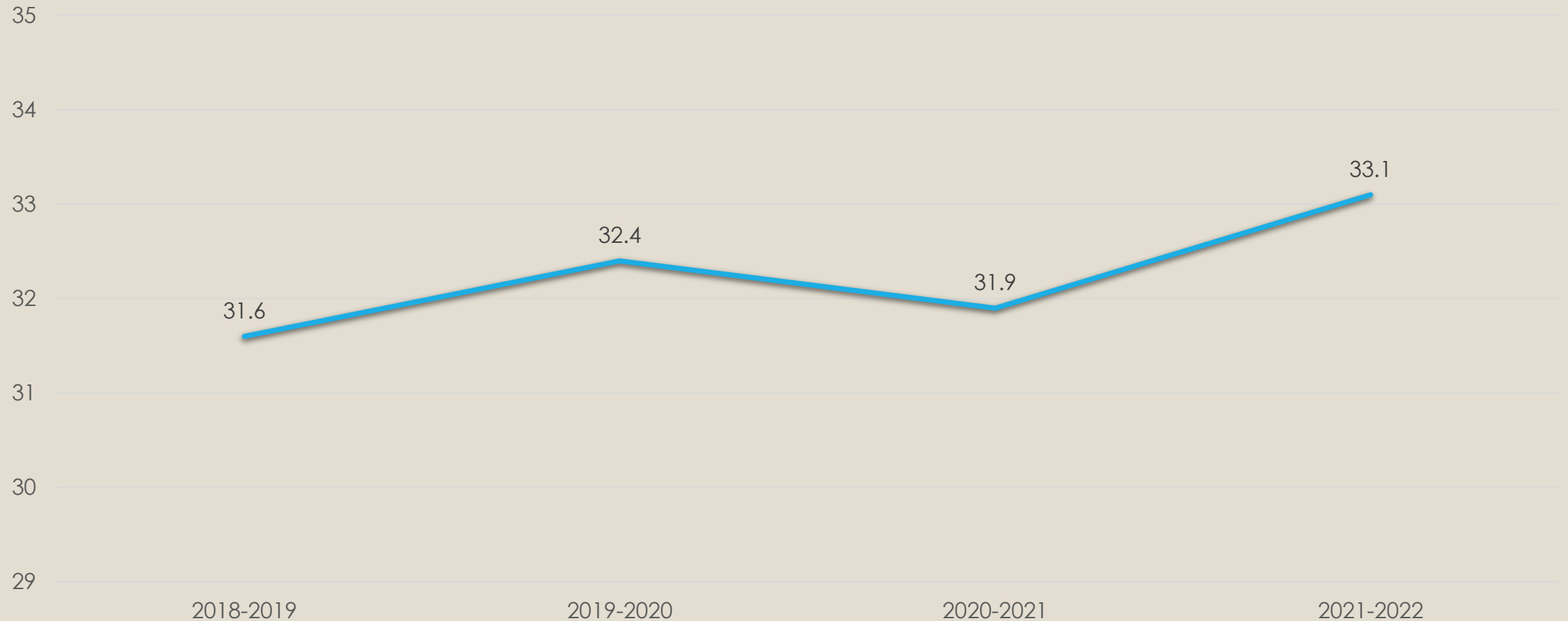


WIC Children ages 2-5 with Obesity in Nevada 2019 - 2022



SOURCE: WIC DATA TABLES, USDA, FOOD & NUTRITION SERVICE

Percentage of Nevada Kindergartners with Overweight and Obesity 2018 - 2022



Source: Kindergarten Health Survey, NICRP, UNLV

Physical Activity Strategies

Implement

Implement, promote and/or expand programs that make physical activity easy, safe and accessible

Facilitate

Facilitate access to safe, accessible and affordable places for physical activity

Support

Support community design, plans, and policies that encourage active transportation

Increase

Increase health equity by disseminating and implementing culturally and linguistically appropriate, evidence-based programs and practices in priority populations

Establish

Establish new or improved pedestrian, bicycle or transportation systems that are combined with new or improved land use or environmental design

Nutrition Strategies

Make

Make healthy food choices available, affordable, and recognizable in places where people, live, learn, work, play and worship (F/V focus)

Implement

Implement and support development of nutrition standards and policies that prioritize healthier foods

Increase

Increase access to healthy and affordable foods

Collaborate

Collaborate with partners and communities to improve the food system

Support

Support chest/breastfeeding programs and services and provide training opportunities

Help

Help people recognize and make healthy beverage choices

Improve

Improve dissemination and implementation of culturally and linguistically appropriate, evidence-based programs and practices

Obesity Projects

In addition to the Nutrition and Physical Activity strategies above:

- 5-2-1-0 Healthy Habits Everyday! initiative
- Outreach to Childcare Providers
- Outreach to Healthcare Providers
- Childhood Obesity Awareness Month
- BMI Surveillance
- Partners for a Healthy Nevada Coalition

5-2-1-0 Healthy Habits Everyday!

5 - Fruits and Vegetables
2 - Hours or Less of Screen Time
1 - Hour of Physical Activity
0 - Sugary Beverages

◦ Evidence-based strategies to build habits and behaviors in children that can help prevent obesity.



Communication and Outreach

- Social marketing campaign in multiple languages
- Updated webpages with 5-2-1-0 flyers, posters, videos, resources and information in English and Spanish
- Communications Toolkits (English and Spanish)
- Engaged partners in sharing messages and conducting activities and programs to promote 5-2-1-0 messages



Outreach to Childcare Providers

- Distributing 5-2-1-0 educational packets to childcare centers in Clark County
- Childcare Regulations
 - To support reduced screentime strategies, a requirement to prohibit the placement/use of large electronic screens in rooms where children under the age of 2 spend time.
 - Draft - process for updating regulations is ongoing.



HÁBITOS SALUDABLES
¡TÓDOS LOS DÍAS!



Outreach to Healthcare Providers

- Working with the Nevada Healthy Eating Active Living (HEAL) program
- Promote 5-2-1-0 in healthcare settings
- Providing materials to assist healthcare providers speak to children and families about 5-2-1-0 strategies and preventing obesity
- NV HEAL to provide specific, technical assistance to healthcare providers who request it.

Childhood Obesity Awareness Month Activities and Partnerships 2023



- YMCA of Southern Nevada
- Regional Transportation Commission
- Nevada Office of Minority Health & Equity
- UNLV - NV Institute for Children's Research & Policy
- Nevada Minority Health & Equity Coalition
- 100 Black Men of Las Vegas
- UNR – Southern Extension
- Promotoras Las Vegas
- Together We Can
- Blacks in Nature
- Nevada Chapter of the American Academy of Pediatrics
- Greater Youth Sports Association
- CCSD – Safe Routes to Schools & School Nutrition Councils
- University Medical Center – Healthy Living Institute
- Latino Youth Leadership Alumni

BMI Surveillance at CCSD

- NRS requires the biannual collection of height and weight from 4th and 7th graders in Clark and Washoe counties.
- CCSD has faced challenges collecting height and weight data.
- SNHD recently provided support to purchase equipment including scales, stadiometers, privacy screens, laptops, and educational materials for CCSD.
- These resources should assist CCSD to more efficiently and effectively collect height and weight data and comply with NRS.
- This data is the only measure of BMI in youth that is not self-reported and the only data that includes elementary school children in Nevada.
- Better quality data and reporting will assist with data-based decisions on resource allocation and support funding applications.



- Obesity prevention coalition
- Formed in 2005
- Diverse membership includes community members impacted by obesity and organizations working to implement obesity prevention and treatment strategies

Goals

- Build and strengthen partnerships by providing networking and collaboration opportunities on obesity-related topics
- Promote and support existing obesity prevention and treatment programs, encourage the creation of new, evidence-based programs and strategies, and reduce obesity stigma.
- Advocate for federal, state, and local policies, systems, and environmental change strategies that support obesity prevention and treatment strategies including physical activity, healthy eating, and health equity.

Food Insecurity

Background

```
graph TD; A[Background] --> B[Data]; B --> C[Evidence Based Strategies]; C --> D[Projects];
```

Data

Evidence Based Strategies

Projects

Food Insecurity

- Food Insecurity is an official term from the USDA.
- People don't have enough to eat and don't know where their next meal will come from.
- There are many more people who do not meet the definition of food insecure who turn to the charitable food sector for support.
- People who experience food insecurity regularly are more likely to develop chronic diseases such as diabetes, heart disease, and obesity than those who are food secure.



Food Desert

- Food deserts are places where most residents don't have access to affordable, nutritious foods.
- The USDA defines a community as a food desert if:
 - The area has a poverty rate of at least 20% and
 - In urban areas, at least 33% of the population lives more than 1 mile from the nearest grocery store (10 miles for rural areas).
- According to the USDA in 2020, Clark County had 16 identified food deserts, 10 of which were in the City of Las Vegas's jurisdiction.
- Living in a food desert has been linked to poor diet and greater risk of obesity and related health conditions. (10)
- Living in a food desert does not mean you are food insecure. Food insecurity is more common in food deserts, but it is not limited to them.

Food Swamp

- Food Swamps are areas that lack grocery stores but have many options for quick, convenient, and often unhealthy food options including fast food restaurants and convenience stores.
 - One definition give a general ratio of 4 to 1
- Studies have shown that food swamps are linked to poorer diet and higher obesity rates than food deserts.
 - Presence of convenient and affordable but less healthy meal and food options often cancels out any benefits adding grocery stores might bring. ⁽¹⁰⁾

Data

- In general, food insecurity rates are down from highs seen during the acute pandemic years, but still significant.
- In the US over 44 million people including 13 million children are food insecure.
- In Southern Nevada, 274,430 people – or 12% - are food insecure. ⁽¹¹⁾
 - 93,750 children – or 17.8% - in Southern Nevada are living in food insecure households. ⁽¹¹⁾
- A food insecure person in Southern Nevada is missing an average of 8 meals per week with an average weekly food budget shortfall of \$20.32. ⁽¹¹⁾
- In 2022, one in seven Nevada households, or around 450,000 people received SNAP assistance. 30% of SNAP recipients are older adults and 62% are families with children. ⁽¹¹⁾
- SNAP recipients in Nevada had received an extra food assistance payment each month since the beginning of the pandemic. Those second payments ended in March 2023.

Projects Supporting Food Security

School Gardens

After Market

Universal School Meals

Farmers Markets

Supporting Wellness at Pantries (SWAP)

Pop-Up-Produce Stands

Double Up Food Bucks (DUFEB)

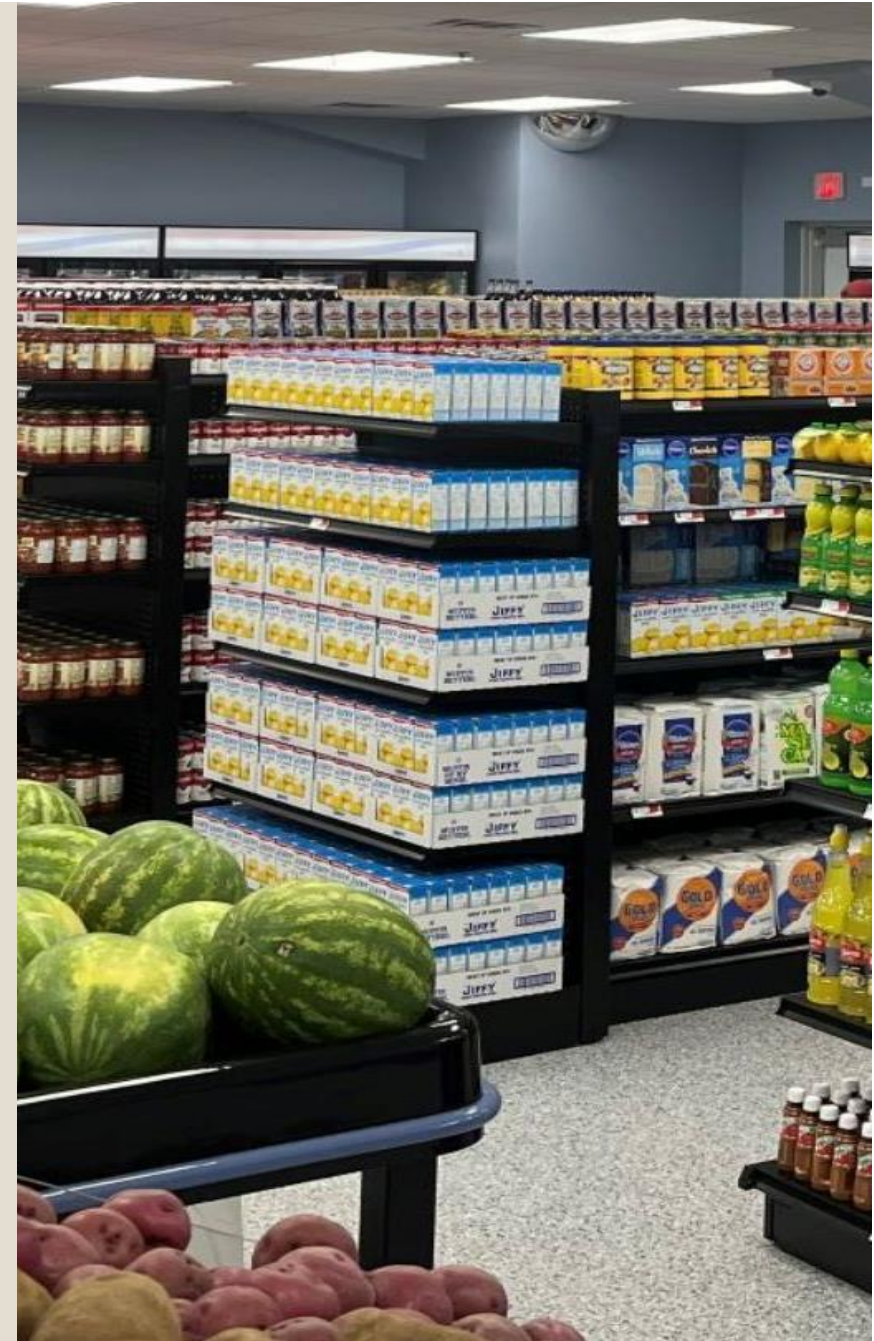
School Gardens

- Provided support to expand school gardens at CCSD schools
- In the last year, provided support to 9 elementary schools gardens
 - 7 schools received producer certificate
 - 43 students participated in 2 farmers markets selling the produce from their gardens to the community
 - 4 schools received hydroponic garden systems
 - All 9 schools received support for materials and supplies



After Market

- Small market and food pantry that opened in a food desert on the valley's northeast side.
- Critical support provided by Commissioner Kirkpatrick and Clark County. Project of Commissioner Kirkpatrick's Pathway from Poverty Initiative.
- We provided support to purchase equipment including shelves and a point of service machine required to accept SNAP benefits.
- Promotional campaign
- Provided bus passes for clients to increase access
- Double Up Food Bucks Program implementation site



Universal School Meals

- Universal School Meals (USM) provide nutritionally balanced, free breakfast and lunch to all students, regardless of family income.
- CCSD is a Community Eligibility Provision District and is providing free school meals to all students through the 2024-2025 school year with no paperwork required.
- Campaign to raise awareness about USMs and increase participation.
 - The percentage of students eating school breakfast and lunch increased
 - An additional 3,437 students participated in the school meal program.
- AB 319 passed but was vetoed by the Governor. The bill would have provided funding to continue to provide USM to all NV students into the 2024-2025 school year.
- SNHD and our partner coalition, Partners for a Healthy Nevada members advocated for and provided education on the benefits of USM.
- Conversations are ongoing.

Farmers Markets

- Ongoing support with a goal to increase the number of markets that accept SNAP benefits.
- Permit fee discount for markets that accept SNAP
- Pilot project to increase access to healthy foods among low-income seniors in Henderson:
 - Free shuttle from 2 downtown area senior centers to a farmers market.
 - Markets accepted SNAP, Senior Farmers Market Nutrition Program (SFMNP) coupons and \$5 vouchers provided by the city.
 - Relocated the downtown farmers market adjacent to 1 of the downtown senior centers.
 - The voucher redemption rate among seniors increased from 14% to 96%.
 - COH agreed to permanently relocate the market and has committed to continue providing vouchers.



FREE RIDES
to the
HENDERSON Farmers Markets
powered by Prevail Marketplace

Mondays, 9am – 2pm
May 8 • June 12 • July 10
August 14 • September 11

Heritage Park Senior Center:
Buses will begin boarding at 8:15am. Departure is at 8:45am.

Downtown Senior Center:
Buses will begin boarding at 9:00am. Departure is at 9:30am.

The Dollar Loan Center Farmers Market | 200 S. Green Valley Parkway



Take advantage of FREE transportation services to the new Army Street Farmers Market. Attendees will receive a FREE \$5.00 dollar voucher on the day of the event that can be redeemed at the Farmers Market. RSVP at the front desk of your senior center.

HENDERSON  cityofhenderson.com  



Supporting Wellness at Pantries (SWAP)

- SWAP is a stoplight nutrition ranking system to help promote healthy food choices at food pantries.
- SWAP ranks foods based on levels of saturated fat, sodium, and added sugars.
- Helps empower food pantry clients to make informed nutrition decisions while still preserving the dignity of client choice
- Assisted 10 faith-based food pantries to adopt SWAP:
 - Pre and post assessments
 - Training pantry staff and volunteers
 - Providing equipment to support implementation including shelves and extra refrigeration
 - Providing all materials including posters, educational materials and shelf tags in English and Spanish
 - Nutrition Standards Policies
 - Providing ongoing support and technical assistance to SWAP pantries.



Pop-Up-Produce Stands

- Monthly Pop-Up-Produce Stand at the RTC's Bonneville Transit Center
 - 3 markets in the spring and 3 markets in the fall
- Fresh, regionally-grown, often organic, produce at costs that average between \$1.50 - \$2.50 per pound/bundle
- Marketed to SNAP and SNAP-eligible
- Accept SNAP, Senior Farmers Market Nutrition Program coupons and Double Up Food Bucks nutrition incentive coupons.
- 2023 Markets: \$4,594 in sales (2,297 lbs. of produce); over 40% of sales were SNAP sales,
- In 2024 market expansion will double the number of markets.



Double Up Food Bucks (DUFEB)

BUY \$1
FRUITS AND VEGETABLES

GET \$1
FRUITS AND VEGETABLES FREE

UP TO \$10 PER DAY

DOUBLE UP FOOD BUCKS

How it works:

Step 1: Buy fruits and veggies

Step 2: Pay with SNAP/EBT card

Step 3: Earn a \$1 DUFEB back for every \$1 spent

UP TO \$10 PER DAY

SNHD
Southern Nevada Health District

Please visit participating markets for details.

- Nutrition incentive program for people with SNAP benefits
- Provides a dollar-for-dollar matching coupon for fruits and vegetables purchased with SNAP
- Operating at Mario's Westside Market and Marianas on Eastern/Bonanza.
 - Occasionally ended before the end of the grant year because funding ran out.
- SNHD is now a sponsor of the DUFEB program providing support to maintain full operation at both original locations and expand to new locations.
- The After Market was recently added as a 3rd program implementation site.

Strategies to Reduce Obesity and Increase Food Security

- Increase funding for federal meal programs including school meals, SNAP, WIC, CACFP
- Expand eligibility and increase utilization of federal meal programs
- Implement Universal School Meals
- Increase access to healthy, affordable foods and provide nutrition education that respects traditions and cultural norms
- Expand nutrition incentive programs
- Address social determinants of health to address upstream and structural drivers of obesity and food insecurity including poverty, transportation, housing, etc.
- Increase funding for evidence-based obesity prevention and food security programs and prioritize communities where the need is greatest
- Accept SNAP and WIC benefits at farmers markets, community gardens, etc.

Reduce Stigma

- Food insecurity is a systemic issue and not a personal failure.
- Diet and physical activity alone do not determine body size.
- Structural and societal determinants significantly influence the rates of obesity and food insecurity. Many are outside of individual control including structural racism, discrimination, poverty, unemployment, housing instability and lack of access to healthcare.
- Drivers of weight stigma are driven by a misunderstanding of the complex causes of obesity. This feeds into biases that obesity is the result of lack of self-discipline/control.
- Stigma can lead to decreases in health-seeking behaviors and increase a person's risk for mental health problems, disordered eating, and health care avoidance.



Data Sources

1. Simulation of Growth Trajectories of Childhood Obesity into Adulthood. New England Journal of Medicine (2017)
2. Projected U.S. state-level prevalence of adult obesity and severe obesity. New England Journal of Medicine (2019)
3. Direct and Indirect Costs of Obesity Among the Privately Insured in the United States. JOEM (2019)
4. Longitudinal Trends in Body Mass Index Before and During the COVID-19 Pandemic Among Persons Aged 2-19 Years. MMWR (2021)
5. One year on: Unhealthy weight gains, increased drinking reported by American coping with pandemic stress. American Psychological Association (2021)
6. Youth Risk Behavior Survey (YRBS): 2013 – 2021
7. Behavioral Risk Factor Surveillance System (BRFSS): 2011 – 2021
8. Effect of the COVID-19 pandemic on obesity and its risk factors: a systematic review. BMC Public Health 2023; 23: 1018
9. Predicting adults obesity from childhood obesity: a systematic review and meta-analysis. Obesity Review 2016;17(2) 95-107
10. Food swamps predict obesity rates better than food deserts in the United States. Int J Environ Res Public Health 2017;14(11)
11. Map the Meal Gap Study. Three Square Food Bank (2023).



THANK YOU

Firearm-Related Incidents in Clark County, Nevada

Understanding Trends, Assessing Risks and Implementing
The CARDIFF Violence Prevention Model

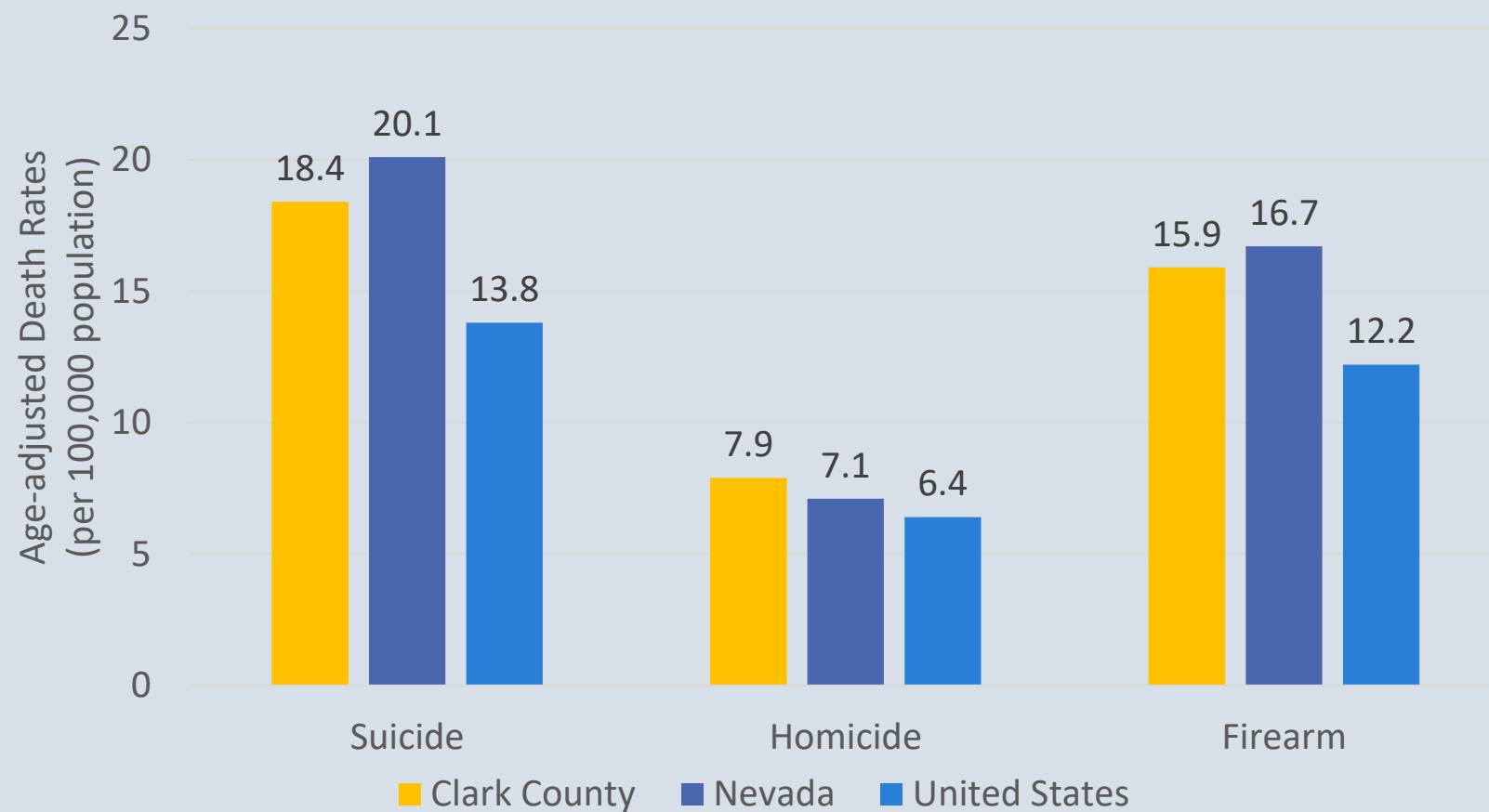


Ying Zhang, PhD, MPH
Senior Scientist
Division of Disease Surveillance & Control

January 8, 2024



Violence Injury Death Rates Comparison, 2016-2020



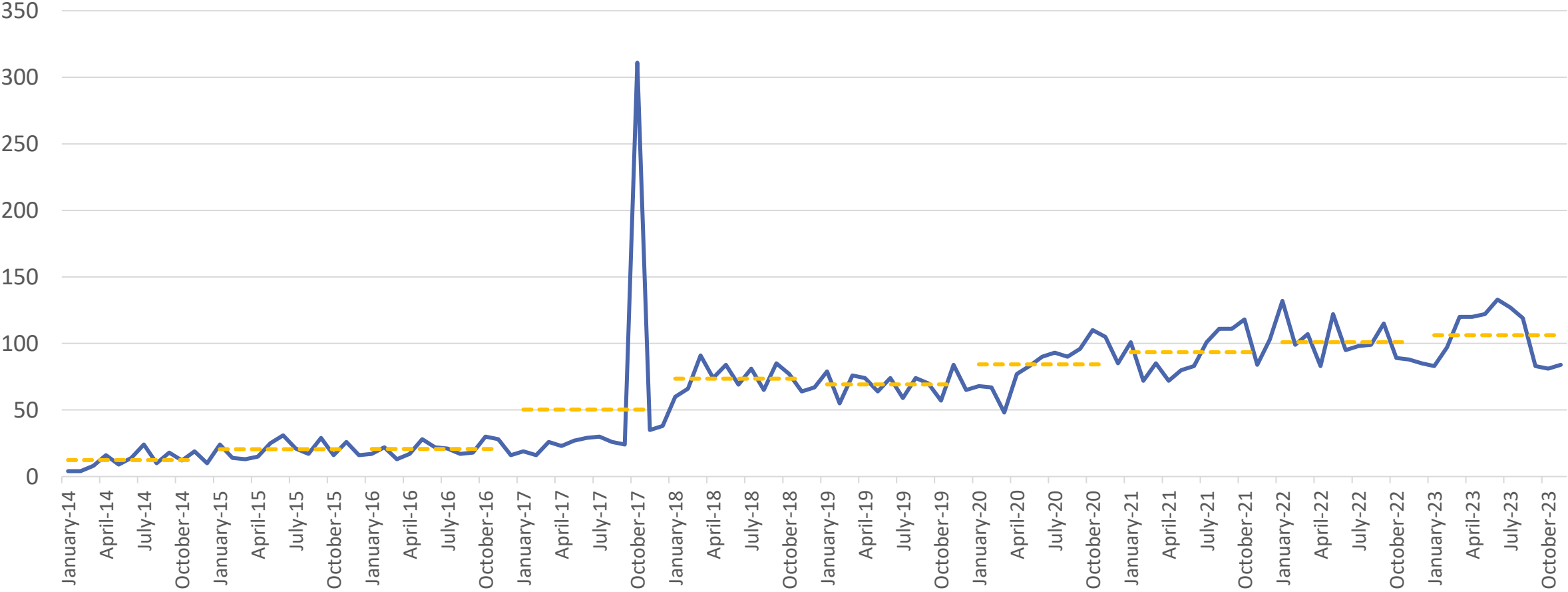
Source: CDC WONDER

Violence Prevention – A Public Health Priority

Firearm Injury Surveillance Data Sources

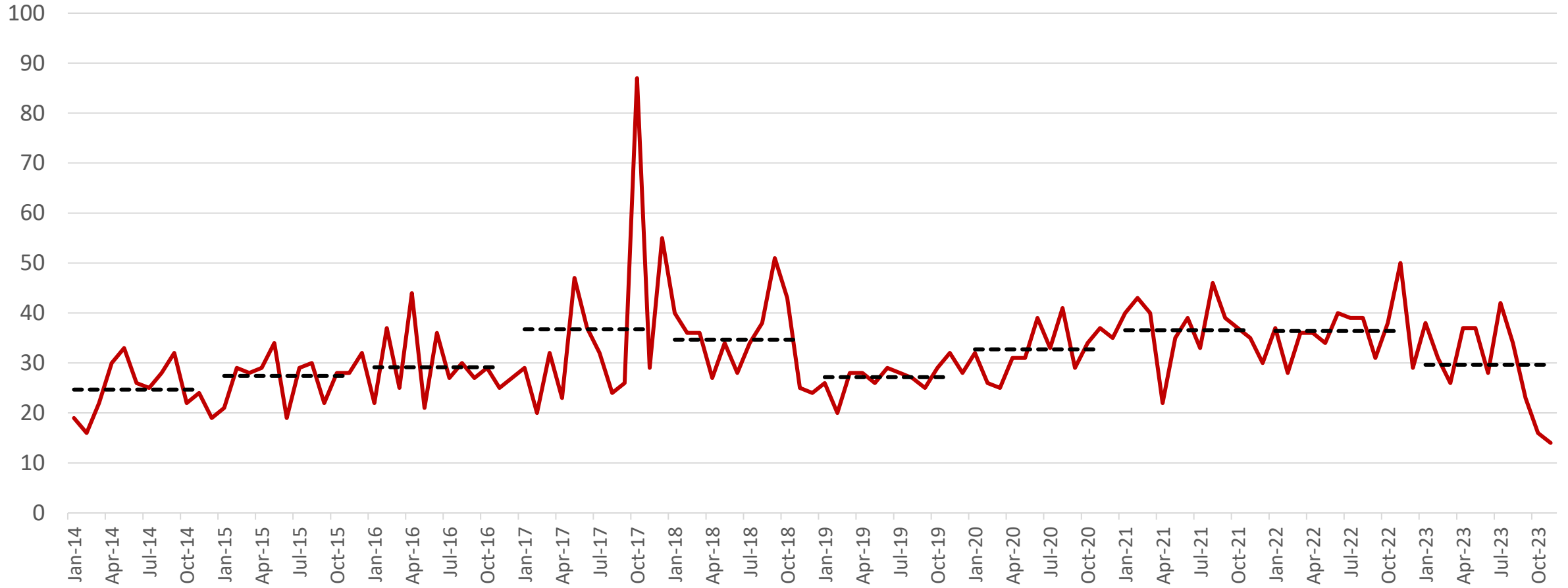
- Traditional data sources
 - Annual death data
 - Hospital discharge data (ED and inpatient, billing data)
- Emerging data sources
 - EDRS (Electronic Death Registry System)
 - ESSENCE (Electronic Surveillance System for the Early Notification of Community-Based Epidemics)
 - NEMESIS/EMS
 - ESO (EMS<->ED)

Emergency Department Firearm Injury Related Visits in Clark County by Month January 2014 to November 2023 (n=7,476)



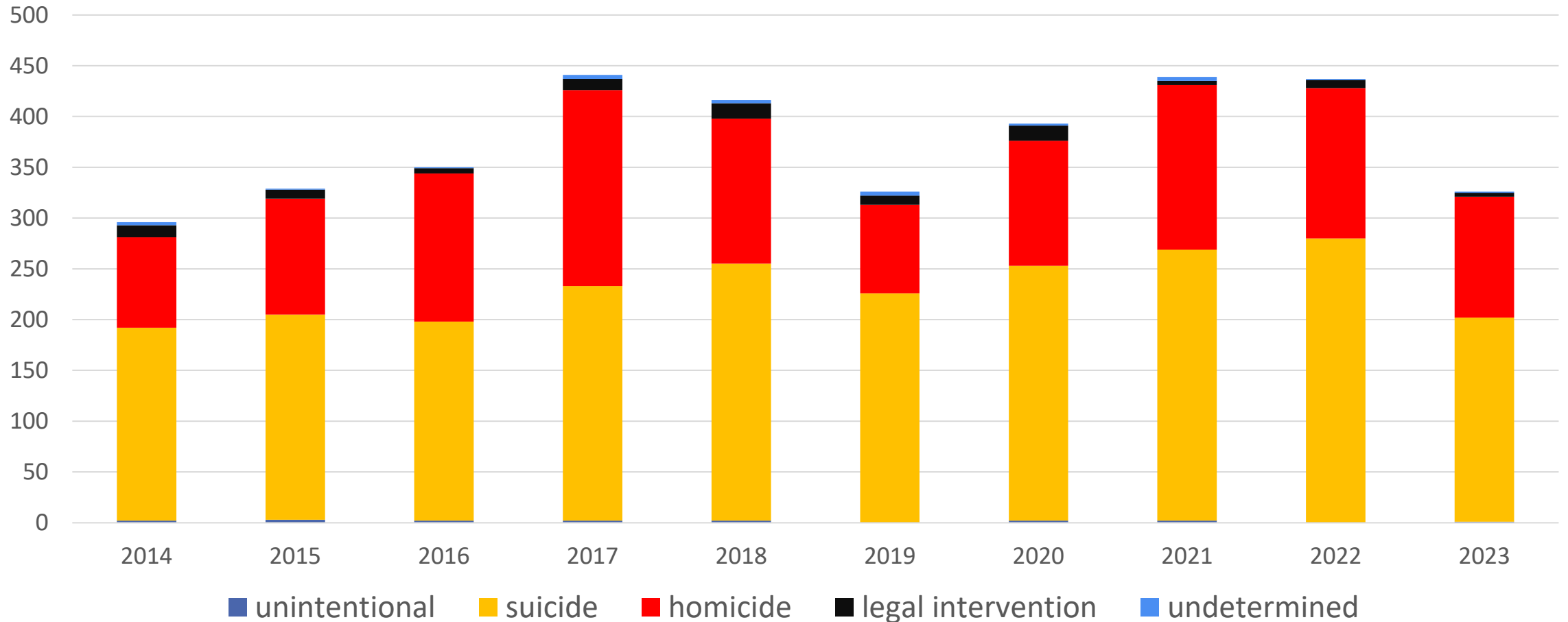
Data Source: CDC ESSENCE

Firearm Injury Deaths in Clark County by Month of Death January 2014 to November 2023 (n=3,753)



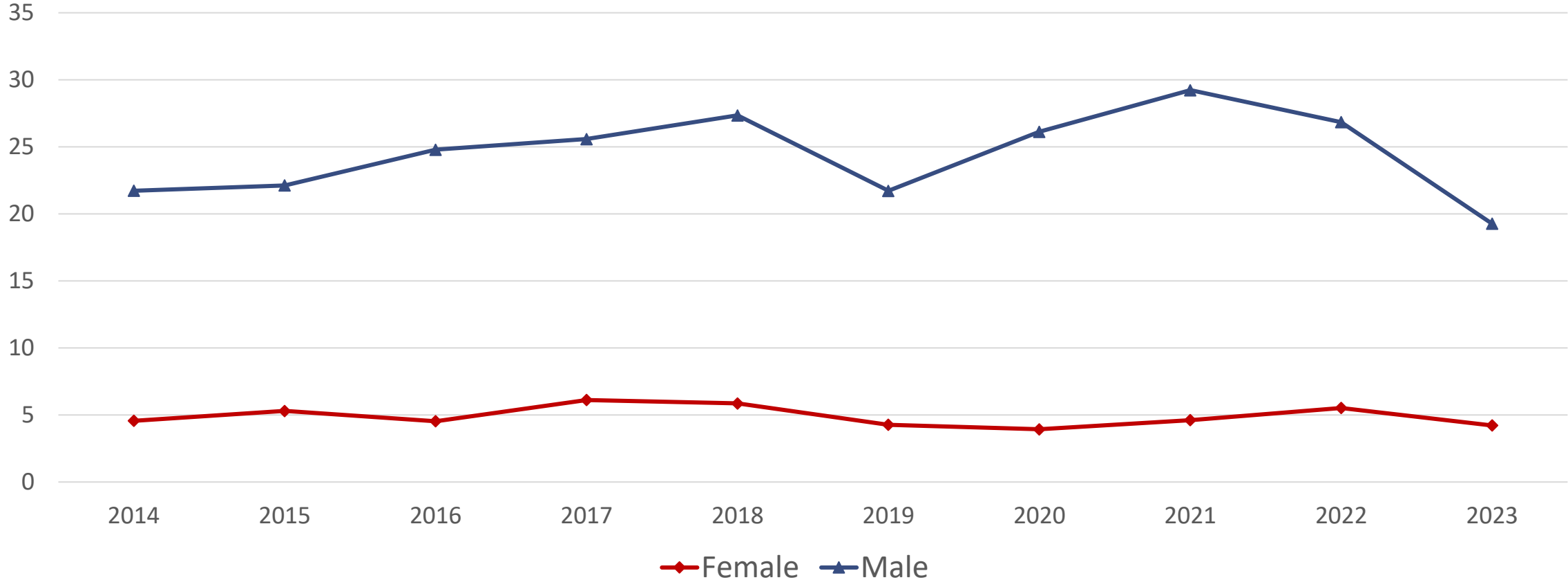
Death counted based on Date of Death in the month the death occurred
Data Source: Clark County Electronic Death Registration System

Firearm Injury Deaths in Clark County by Year and Manner of Death January 2014 to November 2023 (n=3,753)



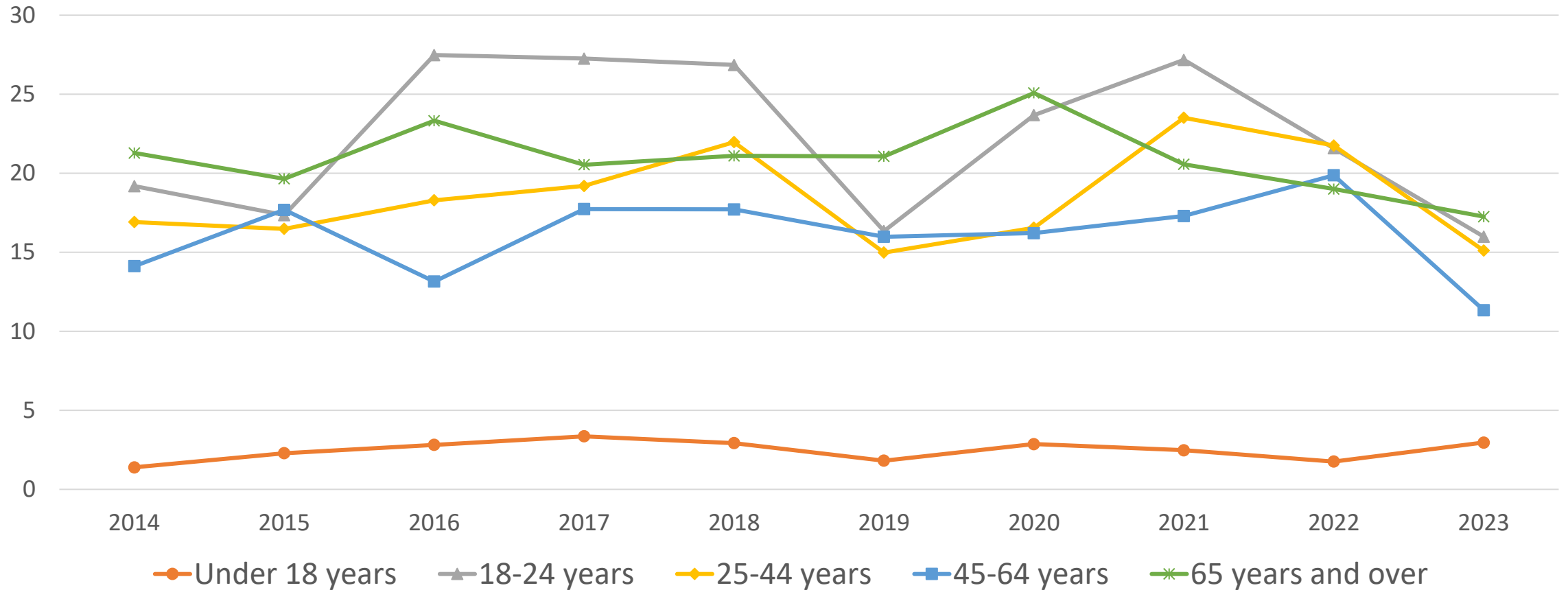
Data Source: Clark County Electronic Death Registration System

Firearm Injury Death Rates (per 100,000 population) by Sex and Year January 2014 - November 2023 (n=3,334)



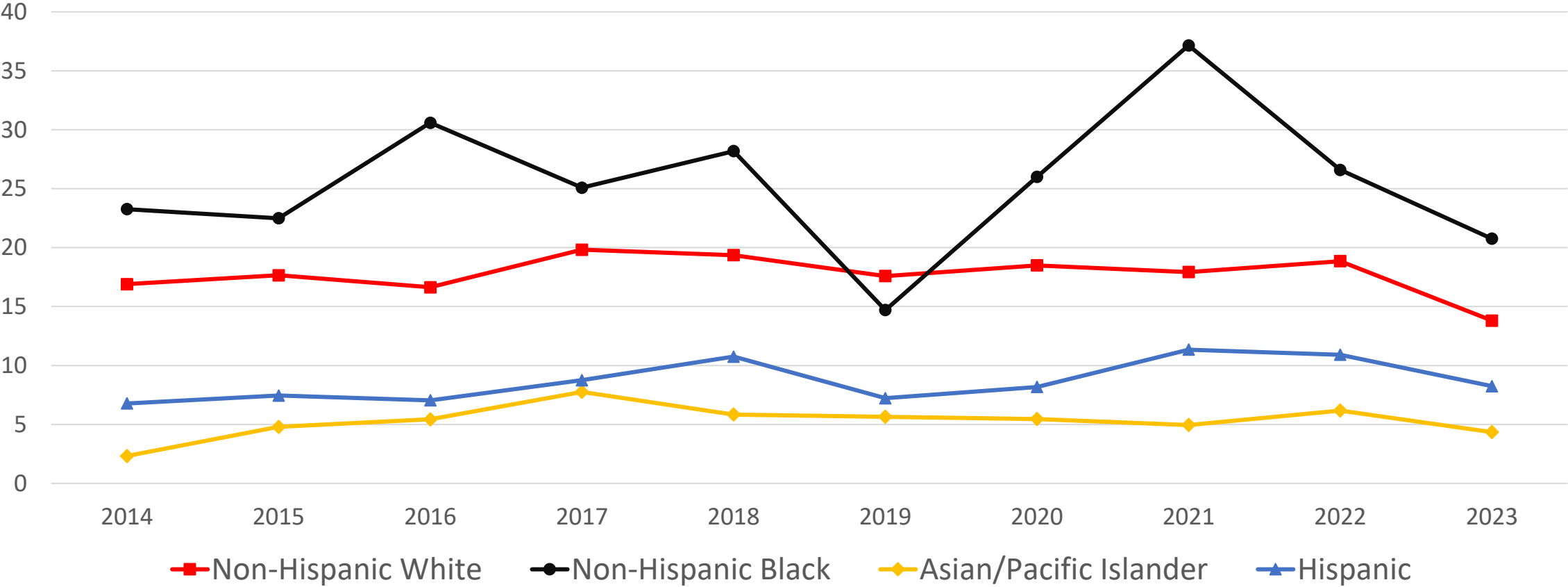
Data Source: Clark County Electronic Death Registration System

Firearm Injury Death Rates (per 100,000 population) by Age Group and Year January 2014 - November 2023 (n=3,334)

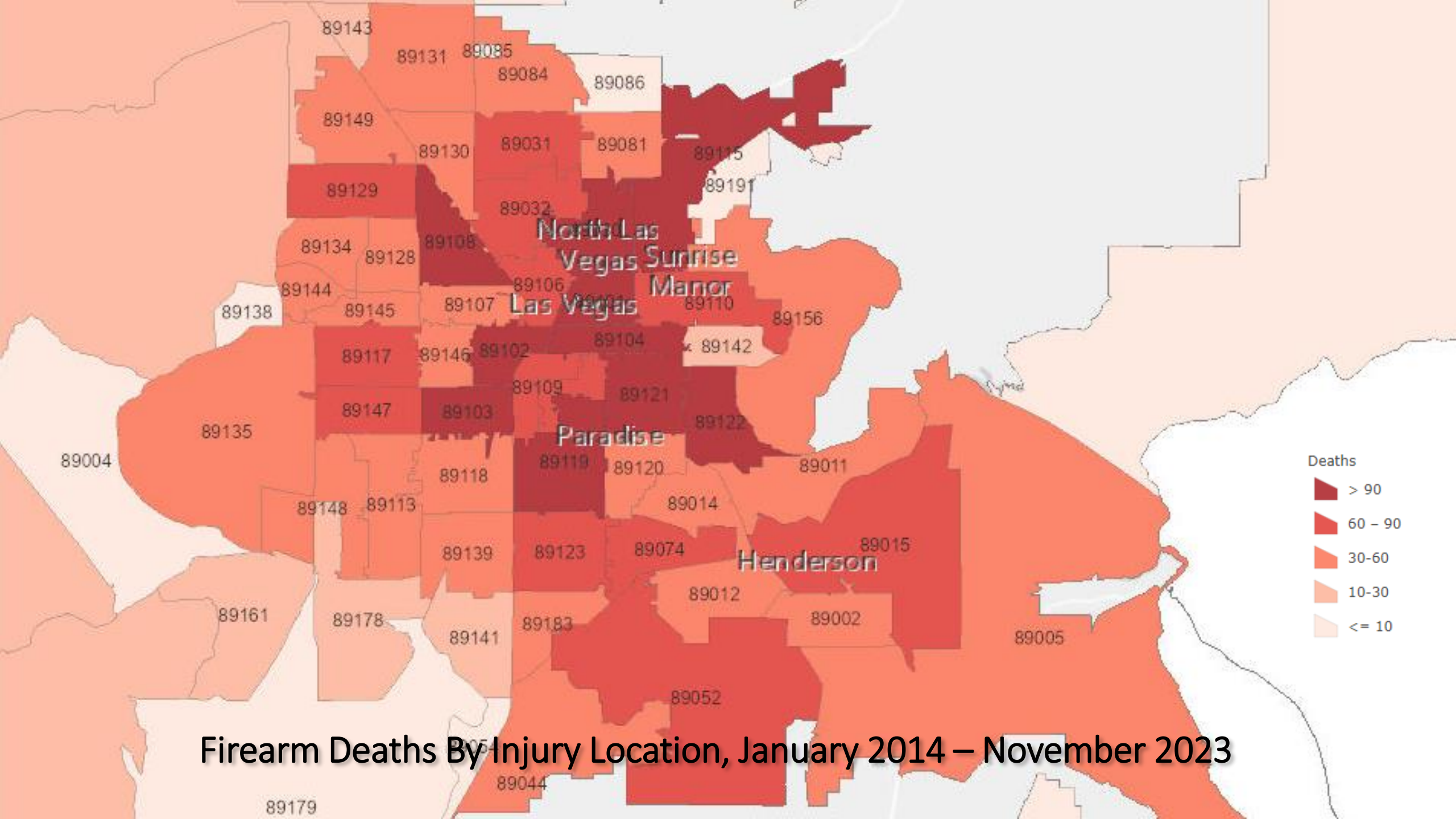


Data Source: Clark County Electronic Death Registration System

Firearm Injury Death Rates (per 100,000 population) by Race/Ethnicity and Year January 2014 - November 2023 (n=3,207)



Data Source: Clark County Electronic Death Registration System



Firearm Deaths By Injury Location, January 2014 – November 2023

Comprehensive Firearm Injury Prevention Strategies: Prioritizing High-Risk Populations

- Address the needs of people at greatest risk for experiencing firearm injury and deaths
 - Street outreach programs
 - Gatekeeper programs
 - Hospital-based violence and suicide intervention programs
 - Therapeutic approaches
- Improve the physical conditions within communities
 - Cleaning and maintaining vacant lots
 - Safe routes to and from school
- Address circumstances that contribute to risk
 - Strengthening economic and household security
 - Secure storage of firearms

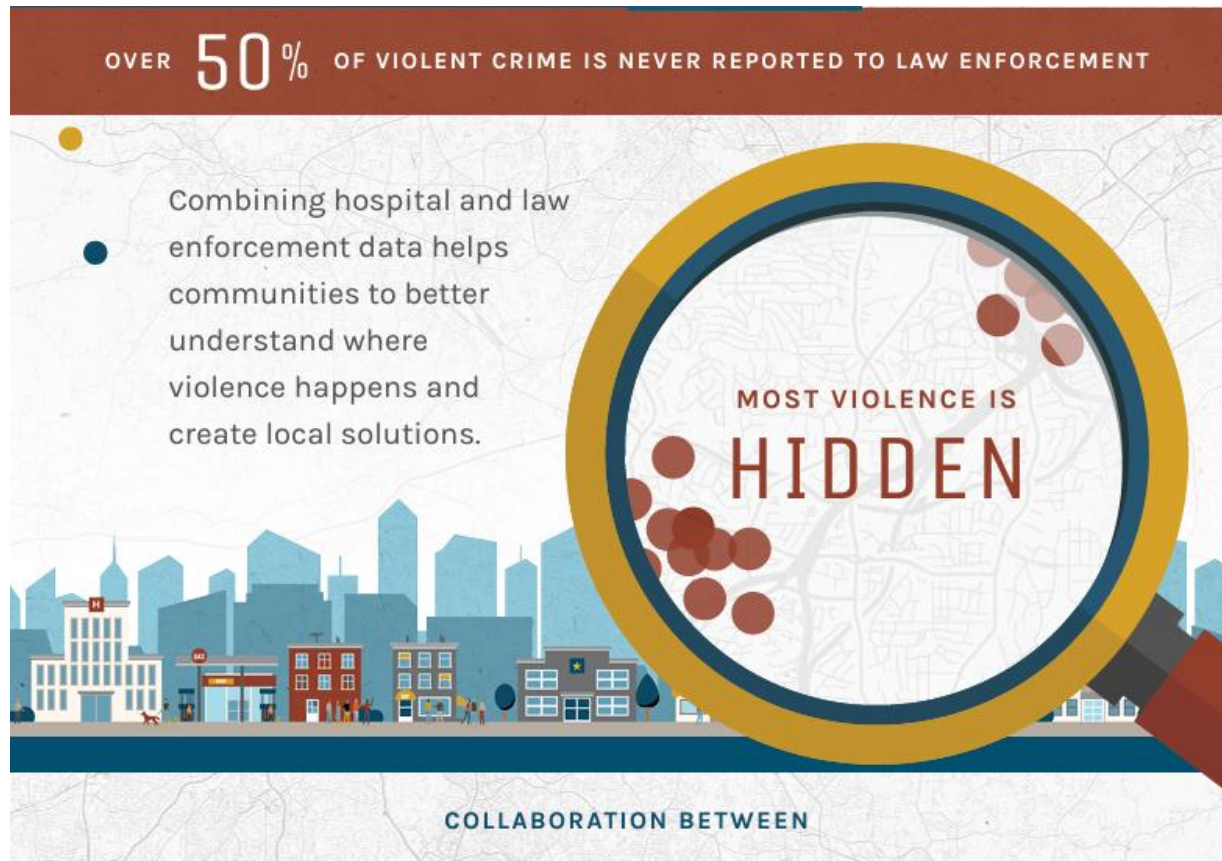
The Cardiff Violence Prevention Model

OVER 50% OF VIOLENT CRIME IS NEVER REPORTED TO LAW ENFORCEMENT

Combining hospital and law enforcement data helps communities to better understand where violence happens and create local solutions.

MOST VIOLENCE IS
HIDDEN

COLLABORATION BETWEEN



HOSPITALS



HEALTH
DEPARTMENTS



LAW
ENFORCEMENT



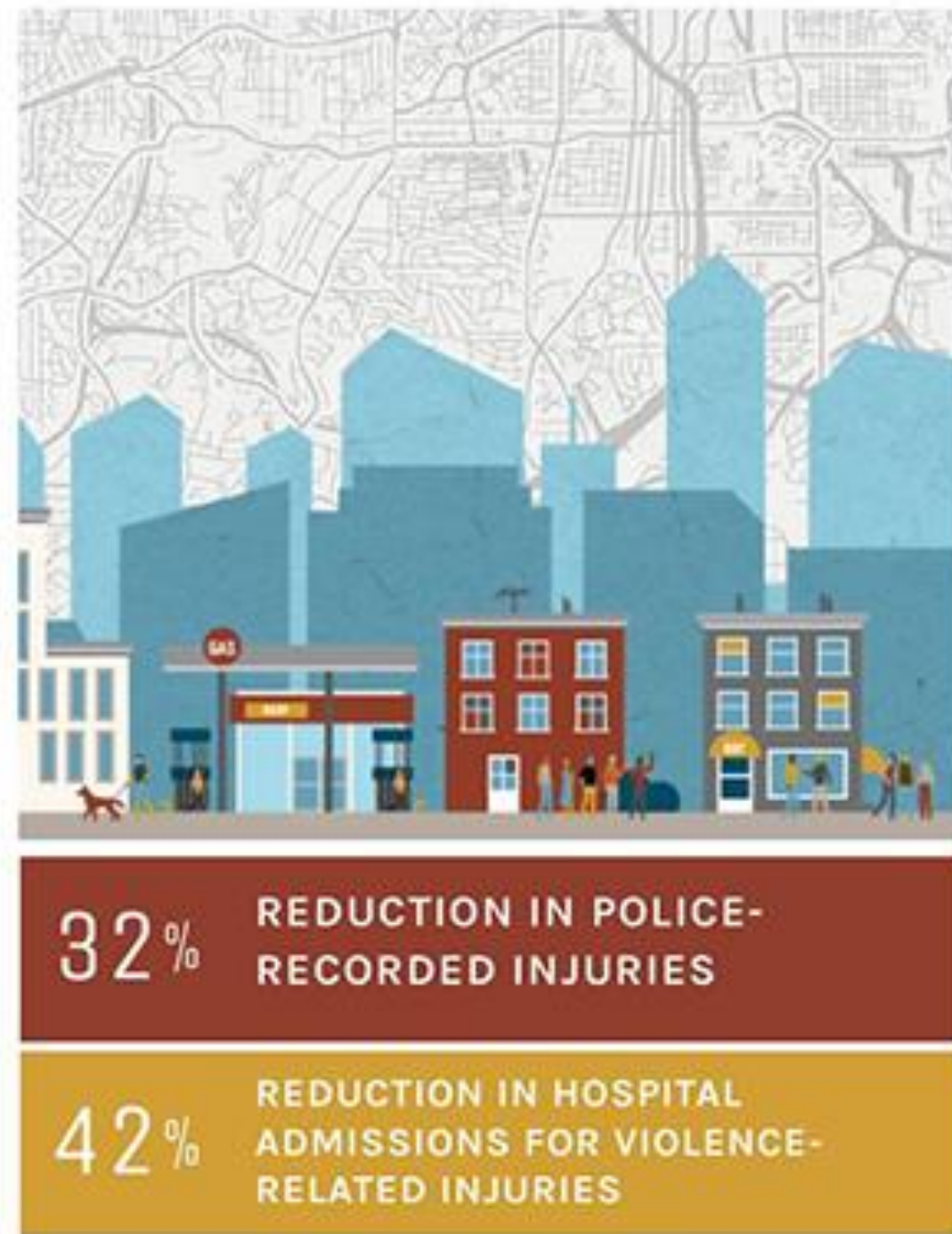
COMMUNITY

Since its development in 1996, the Cardiff Model has shown that sharing anonymous data describing the location of violence, weapon use, assailants, and time of violence can allow local police to improve their strategies to prevent street violence.

CDC collaborated with Dr. Shepherd to conduct a multi-year evaluation that compared violence outcomes in Cardiff, Wales to the experience in 14 similar cities.

The results indicated a 32% reduction in police-recorded injuries (comparable to aggravated assaults in the U.S.) and a 42% reduction in hospital admissions for violence-related injuries.

The model saved over \$19 in criminal justice costs and nearly \$15 in health system costs for every \$1 spent.



Cardiff Network USA

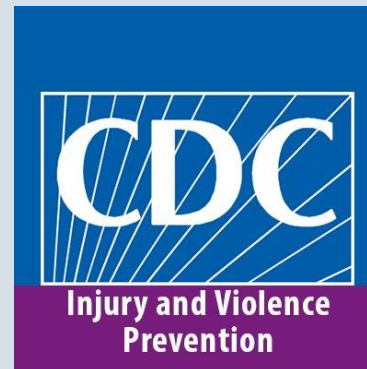
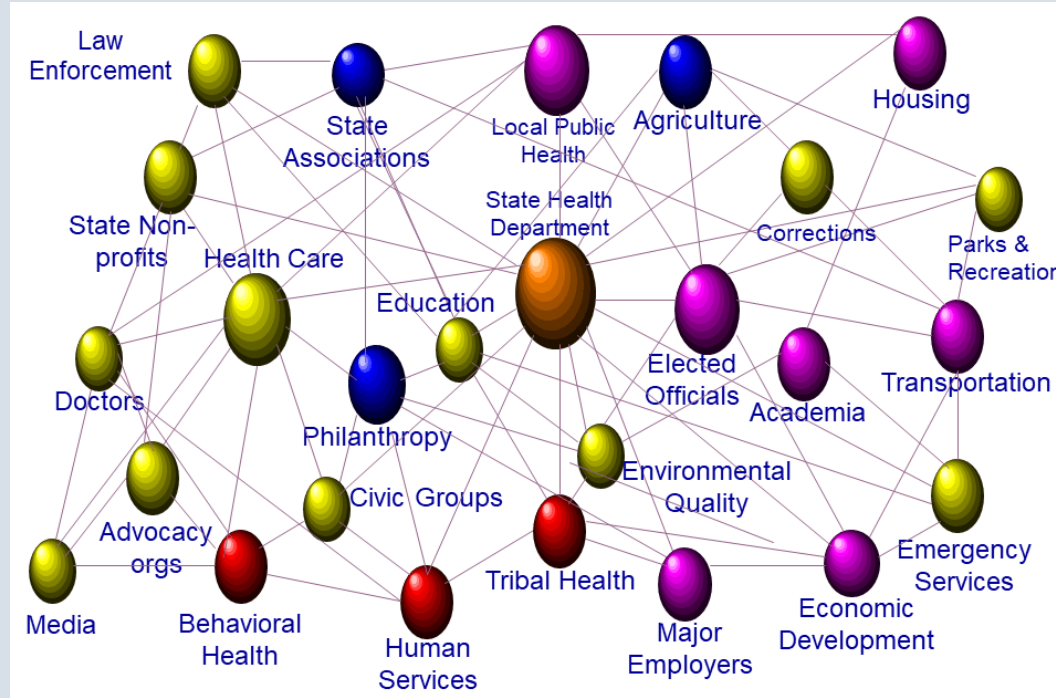




SNHD/UNLV Joint Efforts

Exploration of Data Science Toolbox to Support the Implementation of the Cardiff Violence Prevention Model in Clark County, Nevada

Building Partnership



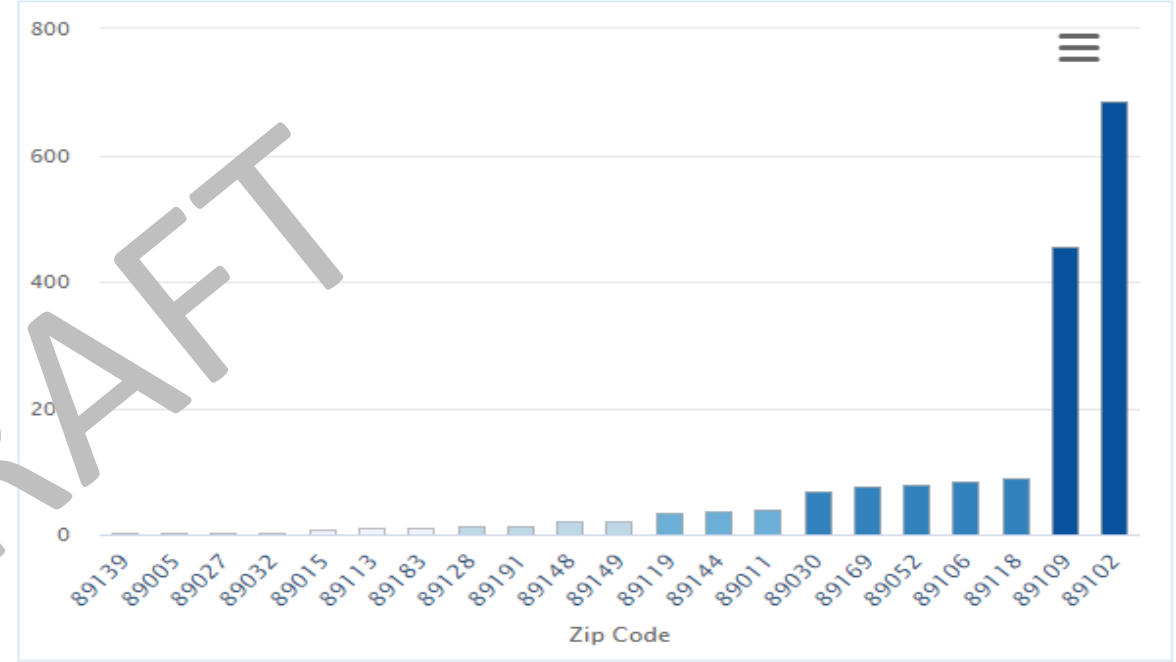
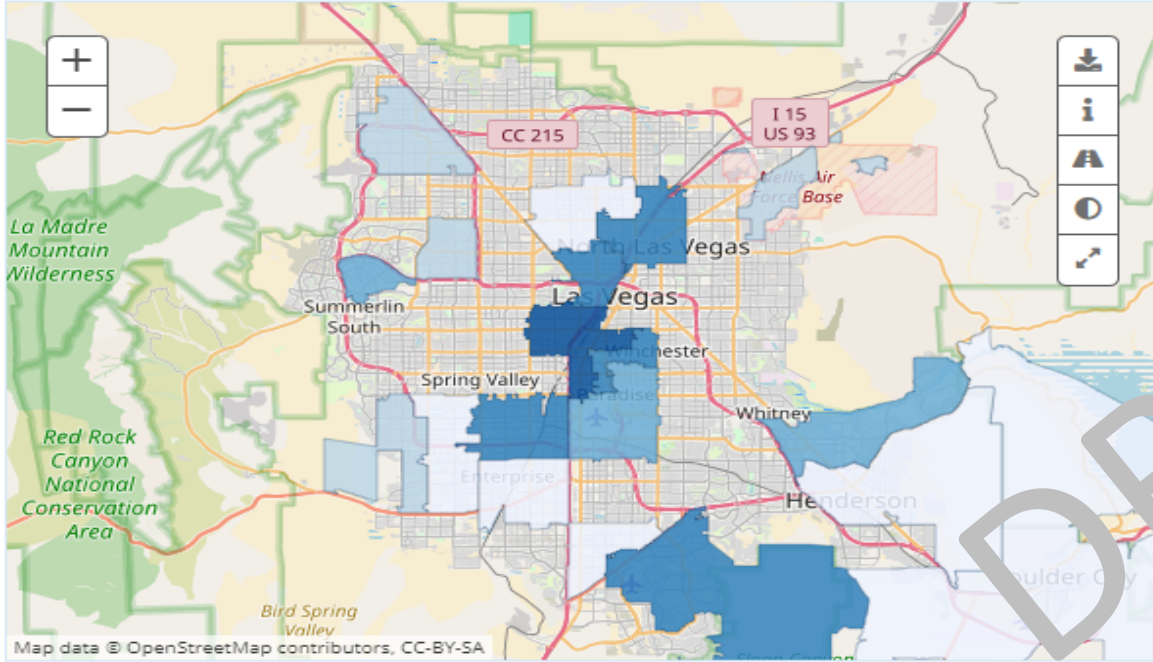
Violence Injury

Select a Zip Code

Measurement Period: Q3 2023

SELECT A COMPARISON

Grouped Prior Value Trend over Time



1 - 10

10 - 22

22 - 38

38 - 90

90 - 685

Zip Code	Source	Measurement Period	Value
89139	ESO	Q3 2023	1
89005	ESO	Q3 2023	3
89027	ESO	Q3 2023	3
89032	ESO	Q3 2023	3

SEE

Something

SAY

Something

Questions?