APPROVED BY THE PUBLIC HEALTH ADVISORY BOARD
JULY 13, 2026

MINUTES

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH
PUBLIC HEALTH ADVISORY BOARD MEETING
April 27, 2026 – 8:30 A.M.
Meeting was conducted In-person and via Microsoft Teams
Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107
Red Rock Trail Conference Room

MEMBERS PRESENT:	Kenneth Osgood, Chair – At-Large Member, Physician (*in-person*) Susan VanBeuge, Vice-Chair – At-Large Member, Nurse (*in-person*) Ronald Kline – Member, City of North Las Vegas (*in-person*) Paul Klouse – Member, City of Boulder City (*in-person*) Brian Labus – At-Large Member, Environmental Health (*in-person*) Holly Lyman – Member, City of Henderson (*in-person*) Jennifer Young – Member, City of Las Vegas (*in-person*)
ABSENT:	N/A
ALSO PRESENT:	Maddie Proctor
LEGAL COUNSEL:	Edward Wynder, Associate General Counsel
EXECUTIVE SECRETARY:	Cassius Lockett, PhD, MS, District Health Officer
STAFF:	Emily Anelli, Tawana Bellamy, Daniel Burns, Victoria Burris, Joe Cabanban, Nancy Cadena, Andria Cordovez Mulet, Aaron DelCotto, Xavier Gonzales, Victoria Harding, Carmen Hua, Jessica Johnson, Horng-Yuan Kan, Bob Kingston, Heidi Laird, Anil Mangla, Kimberly Monahan, Brian Northam, Luann Province, Katarina Pulver, Cheryl Radeloff, Larry Rogers, Alexis Romero, Chris Saxton, Randy Smith, Laura Valentino, Lourdes Yapjoco, Lei Zhang

I. CALL TO ORDER AND ROLL CALL

The Chair 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.

II. PLEDGE OF ALLEGIANCE

The Pledge of Allegiance was stated by those in attendance.

III. FIRST PUBLIC COMMENT: A period devoted to comments by the general public about those items appearing on the agenda.

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

IV. ADOPTION OF THE APRIL 27, 2026 MEETING AGENDA *(for possible action)*

A motion was made by Member Kline, seconded by Member Klouse, and carried unanimously to approve the April 27, 2026 Agenda, as presented.

V. 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**: January 12, 2026 *(for possible action)*

   A motion was made by Member Lyman, seconded by Vice-Chair VanBeuge, and carried unanimously to approve the April 27, 2026 Consent Agenda, as presented.

VI. REPORT / DISCUSSION / ACTION

1. **Update on the Health District After Dark**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

   Laura Valentino, Senior Human Resources Specialist responsible for Academic Affairs, provided an update on the Health District After Dark.

   Member Lyman asked whether CEUs could be requested for community health workers. Ms. Valentino said it hadn't been done before but expressed interest in discussing it. Member Lyman noted they have about 50 community health workers who would benefit from the topics and offered to share more information.

   Vice-Chair VanBeuge praised the presentation and program, noting its long-term impact, engaging discussions, and relevance to both practice and everyday life. She emphasized the program's value to the community, encouraged broader outreach to increase attendance, and expressed strong support for its continued growth and success.

2. **Update on the Community Health Improvement Plan**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

   Carmen Hua, Health Educator and CHIP Coordinator, presented an update on the Community Health Improvement Plan (CHIP).

   Member Labus asked how the Advisory Board could support implementation efforts. Dr. Lockett advised that members can assist by engaging in updates on key indicators and providing guidance, particularly in addressing chronic disease, which he identified as a priority requiring policy, systems, and environmental changes. He encouraged members to

review related objectives and contribute ideas, highlighting examples such as beverage-neutral ordinances that promote healthier default drink options, integrating fruit and vegetable or park prescriptions into electronic health records, and better leveraging community assets like local parks to increase physical activity. While noting that some initiatives were already in place, including healthy vending policies and public health campaigns, Dr. Lockett emphasized the need to expand these efforts for greater community impact.

The Chair referenced the 2017 Health Care Summit report and encouraged members to read the report.

Member VanBeuge expressed appreciation for the report. She emphasized the importance of Board member engagement, encouraging collaboration through outreach to community partners, advocacy, and active participation.

Member Lyman thanked the team for their work and highlighted Dignity Health's ongoing practice of adopting the Health District's priorities every three years to ensure alignment and collaboration across the community, avoiding duplication and focusing on shared implementation strategies.

VII. BOARD REPORTS: The 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 Public Health Advisory Board unless that subject is on the agenda and scheduled for action. ***(Information Only)***

Member Young expressed interest in exploring a beverage-neutral ordinance and requested information on the feasibility of such an approach. Dr. Lockett agreed to look into this. Member Young also inquired about integrating "food as health" concepts and park prescriptions. Dr. Lockett explained that implementation would be complex, likely requiring partnerships with integrated healthcare networks using platforms such as EPIC, which already offers a park prescription module, along with local coordination, clear guidelines, and identification of a physician or provider champion to lead a pilot effort. Member VanBeuge supported the concept, sharing her own experience prescribing activities to patients and emphasizing the value of learning from best practices in other communities to guide implementation. She also raised questions about the Advisory Board's process for making formal recommendations to the Board of Health.

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

- DHO Comments

  Dr. Lockett reminded members that as an Advisory Body, they are encouraged to provide formal recommendations to the Board of Health, particularly following presentations or reports.

  Dr. Lockett highlighted key updates from the Health District's State of Public Health held on April 7, 2026, including the successful launch of the Street Medicine Program in November

2025, which had already served 107 unduplicated, unhoused individuals within five months—exceeding initial expectations. The program, developed through extensive community listening sessions, focused on addressing primary care gaps and has secured additional funding through Clark County Social Services to expand services and address heat mitigation for vulnerable populations.

Dr. Lockett also addressed ongoing concerns related to substance use, noting that despite a national decline, overdose deaths in the region had previously increased; however, a 23% reduction was observed in 2025 due to multi-pronged prevention efforts, including widespread naloxone distribution. He emphasized that continued work was needed and shared plans to collaborate with the CDC on an Epi-Aid project to better understand local drug use patterns and inform future strategies.

IX. 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.

Victoria Harding, a Health District employee, shared her perspective as a long-time staff member, expressing pride in the Health District's current direction and progress. She noted that despite a workforce of over 800 employees, there were limited opportunities to share ideas or stay informed about broader public health initiatives. Ms. Harding highlighted personal interest in priorities such as nutrition and exercise and expressed a desire to play a more active role in supporting these efforts, even at the community level. Ms. Harding suggested the creation of a formal mechanism, such as a suggestion box, to capture ideas and feedback from staff, emphasizing that employees could provide valuable insights to support public health strategies and advance organizational goals.

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

X. ADJOURNMENT

The Chair adjourned the meeting at 9:33 a.m.

Cassius Lockett, PhD, MS
District Health Officer/Executive Secretary

/acm

AGENDA

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH
PUBLIC HEALTH ADVISORY BOARD MEETING
April 27, 2026 – 8:30 a.m.
Meeting will be conducted In-person and via Microsoft Teams
Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107
Red Rock Trail Conference Room

NOTICE

Microsoft Teams:
https://events.teams.microsoft.com/event/5f6fe1d1-2ccc-4849-a8ca-7d562d247cab@1f318e99-9fb1-41b3-8c10-d0cab0e9f859

To call into the meeting, dial (702) 907-7151 and enter Phone Conference ID: 446 545 517#

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. FIRST PUBLIC COMMENT: A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to two (2) 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 Teams:** Use the meeting controls at the top of the screen and select the Raise Hand icon. When called upon, select the Microphone icon to unmute yourself.
- **By telephone:** Call 702-907-7151 and when prompted to provide the Meeting ID, enter 446 545 517#. Press *5 to raise your hand. When called upon, press *6 on your phone keypad to unmute yourself.
- **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.

IV. ADOPTION OF THE APRIL 27, 2026 AGENDA *(for possible action)*

V. **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:** January 12, 2026 *(for possible action)*

VI. **REPORT / DISCUSSION / ACTION**

1. **Update on the Health District After Dark**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

2. **Update on the Community Health Improvement Plan (CHIP)**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

VII. **BOARD REPORTS**: 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)***

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

- DHO Comments

IX. **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 two (2) 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.**

X. **ADJOURNMENT**

NOTE: Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify the Administration Office 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 the Administration Office 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
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MEMBERS PRESENT:	Kenneth Osgood, Chair – At-Large Member, Physician (*in-person*) Susan VanBeuge, Vice-Chair – At-Large Member, Nurse (*in-person*) Ronald Kline – Member, City of North Las Vegas (*in-person*) Paul Klouse – Member, City of Boulder City (*via Teams*) Brian Labus – At-Large Member, Environmental Health (*in-person*) Holly Lyman – Member, City of Henderson (*in-person*) Jennifer Young – Member, City of Las Vegas (*in-person*)
ABSENT:	N/A
ALSO PRESENT:	Toluwanimi Barbarinde, Cade Grogan, Matthew Winterhawk
LEGAL COUNSEL:	Edward Wynder, Associate General Counsel
EXECUTIVE SECRETARY:	Cassius Lockett, PhD, MS, District Health Officer
STAFF:	Adriana Alvarez, Emily Anelli, Tawana Bellamy, Daniel Burns, Nancy Cadena, Andria Cordovez Mulet, Aaron DelCotto, Jason Frame, Bob Kingston, Anil Mangla, Brian Northam, Shannon Pickering, Luann Province, Alexis Romero, Chris Saxton, Karla Shoup, Randy Smith, Rosanne Sugay, Lourdes Yapjoco, Lei Zhang

I. CALL TO ORDER AND ROLL CALL

The Chair 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.

II. PLEDGE OF ALLEGIANCE

III. 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.

Matthew Winterhawk expressed concern about a process issue he has observed across Nevada boards and commissions, including this one. He stated that meeting minutes were frequently placed at the start of agendas and approved months after the meetings occur, often without meaningful review or discussion. He emphasized that minutes were an important part of the public record, documenting questions, concerns, and oversight, and should not be treated as a formality. He stated that delayed or cursory approval undermines transparency and public confidence, and urged the Advisory Board to ensure minutes were reviewed in a timely, thorough, and transparent manner. He thanked the Advisory Board for the opportunity to place his concerns on the record.

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

IV. ADOPTION OF THE JANUARY 12, 2026 MEETING AGENDA *(for possible action)*

A motion was made by Member Lyman, seconded by Member Labus, and carried unanimously to approve the January 12, 2026 Agenda, as presented.

V. 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 13, 2025 *(for possible action)*

   A motion was made by Member Lyman, seconded by Vice-Chair VanBeuge, and carried unanimously to approve the January 12, 2026 Consent Agenda, as presented.

VI. REPORT / DISCUSSION / ACTION

1. **Update on Seasonal Respiratory Diseases**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

   Dr. Rosanne Sugay, Medical Epidemiologist, provided an update on seasonal respiratory diseases, specifically Influenza A and B, SARS-CoV-2, and RSV.

   Member Klouse joined the meeting at 8:47 a.m.

   Member Lyman inquired as to the efficacy of the influenza vaccine this year. Dr. Sugay reported that current data indicate pediatric vaccine effectiveness remained at approximately 80%, while effectiveness in preventing infection among adults was estimated at 30–40%. She noted that, regardless of infection rates, available reports consistently show that vaccination reduces the severity of illness. Dr. Lockett advised that the team was currently working to pull together data on hospitalizations for influenza.

2. **Update on Immunization Rates and Outreach**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

   Shannon Pickering, Community Health Nurse Manager, and Lourdes Yapjoco, Director of Public Health and Preventive Care and Chief Administrative Nurse, provided an update on the immunization rates and outreach in the community.

   Further to an inquiry from Member Labus on any changes to the hepatitis B vaccination recommendations, Ms. Pickering stated that the program was not expected to see significant impact, as it serves clients who are either untested for hepatitis B surface antigen or already known to be positive, and service numbers have remained steady in recent months. Ms. Yapjoco noted that broader impacts may be seen in hospital settings, particularly regarding birth-dose hepatitis B vaccine recommendations. Dr. Lockett emphasized the importance of education, noting that prior to universal hepatitis B vaccination recommendations in 1991, cases exceeded 200,000 annually and declined significantly afterward, highlighting the virus's high transmissibility. He stressed that education will be critical as some vaccines shift from universal to high-risk or shared clinical decision-making recommendations. Ms. Lourdes added that ongoing education efforts for providers, parents, and the community will continue, noting that the vaccines remain available and covered, and that staff are preparing for workflow adjustments while continuing discussions with parents on the importance of vaccination.

3. **Update on the Sexual Health Outreach and Prevention Program (SHOPP)**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

   Ms. Pickering provided an overview of the Sexual Health Outreach and Prevention Program (SHOPP).

   Member Osgood noted national reports indicating an increase in congenital (newborn) syphilis and asked whether Nevada had seen a similar rise, particularly among pregnant women. Ms. Pickering responded that while increases have been observed nationally, Nevada had experienced a decrease in cases over the past year, attributing the improvement to ongoing education, treatment efforts, and increased awareness.

VII. BOARD REPORTS: 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.

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

- DHO Comments

Dr. Lockett expressed concern regarding recent changes to the childhood immunization schedule, noting the removal of several vaccines – including hepatitis A and B, rotavirus, COVID-19, influenza, RSV, and meningococcal disease – from universal recommendations and their shift to high-risk or shared clinical decision-making use. He highlighted particular concern about meningococcal disease, emphasizing its high fatality rate despite its rarity, and noted that universal adolescent vaccination led to more than a 90% reduction in cases since 2005. He reported a recent increase in meningococcal cases in 2024, particularly among adults ages 30-60 and individuals with HIV. Dr. Lockett explained that Nevada has mechanisms in place, including legislation adopted during the Governor's special session and authority under NRS 441A.200, that allows the State Board of Health to pause or decline implementation of ACIP recommendations. He stated that state partners plan to further discuss these authorities at an upcoming State Board of Health meeting to explore additional protections for the community.

IX. 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.

X. ADJOURNMENT

The Chair adjourned the meeting at 9:34 a.m.

Cassius Lockett, PhD, MS
District Health Officer/Executive Secretary

/acm

The History, Present, and Future of Health District After Dark (HDAD)

Presented by Laura Valentino, MPH, M.Ed., PSHRA-CP, Sr. HR Specialist-Academic Affairs

Co-Founder and Co-Organizer: Cheryl Radeloff, Ph.D., Senior Health Educator, Office of Disease Surveillance

Objectives

- Describe the history, present, and future of HDAD.
- Discuss collaborative HDAD efforts that can be applied to other programs and initiatives.

Beginnings

- The SNHD Academic Affairs Committee recognized there were few opportunities available for the community and the SNHD workforce to come together to hear and discuss topics of public health interest.
- HDAD was proposed to SNHD leadership in May 2019.
- Influenced by two local models (Roseman lecture series & UNLV Barrick museum lecture series).
- Twelve HDAD events held since October 2019.
- HDAD is meant to engage the Southern Nevada community and workforce (broadly defined) on emerging, timely, and/or provocative public health topics.
- Allow space for local and national experts to share their findings and network with community and workforce members.

Background

•Past Events: Conversations about Immunizations, State of Nevada's Public Health Safety Net, etc.

•HDAD panels regularly feature local and state experts.

•HDAD models collaboration between public health entities, academic researchers, and local, state, and national community-based organizations.

•Targeted audiences: SNHD workforce, community partners, community members, academic faculty, college students.


HEALTH DISTRICT
after dark
The Southern Nevada Health District Academic Affairs Committee presents a discussion of provocative public health topics
OCTOBER'S TOPIC:
THE STATE OF NEVADA'S PUBLIC HEALTH SAFETY NET
MODERATOR:
Dr. Cheryl Radeloff, Senior Health Educator, SNHD
PANELISTS:
Dr. John Packham, Associate Dean, Office of Statewide Initiatives, University of Nevada, Reno School of Medicine
Pierron Tackes, Director of Health and Social Policy, Kenny Guinn Center for Policy Priorities
Emma Rodriguez, Communications and Legislative Affairs Administrator, SNHD
THURSDAY
OCTOBER 23
4:00–6:00PM
CALL 702-759-0609
FOR MORE INFORMATION
SNHD
Red Rock Conference Room
280 S. Decatur Blvd.
Las Vegas, NV 89107
Microsoft Teams
Register online:


HEALTH DISTRICT
after dark
The Southern Nevada Health District Academic Affairs Committee presents a discussion of provocative public health topics
TOPIC:
CONVERSATIONS ABOUT IMMUNIZATIONS
GUEST SPEAKERS
Dr. Benjamin Ashraf, Southern Nevada Health District
Dr. Brian Labus, University of Nevada, Las Vegas
Dr. Lyanna LaFredo, University of Nevada, Las Vegas
Dr. Chris Elaine Mariano, Southern Nevada Health District
Moderator
Professor Minnie Wood, University of Nevada, Las Vegas
THURSDAY
JANUARY 29
3-4 PM
SNACKS & NETWORKING
4–6 PM
PRESENTATION
CALL 725-271-9642
FOR MORE INFORMATION
WHERE
Online and at
Red Rock Conference Room
280 S. Decatur Blvd.
Las Vegas, NV 89107
Scan to register
Or visit bit.ly/4sxLMb1
SNHD
Southern Nevada Health District


HEALTH DISTRICT
after dark
The Southern Nevada Health District Academic Affairs Committee presents a quarterly discussion of provocative public health topics
MAY'S TOPIC:
EXTREME HEAT
A panel of experts will discuss concerns and challenges for public health in extreme heat.
GUEST SPEAKERS
Rebecca Cruz-Nanez, Southern Nevada Health District
Paul Gutly, Regional Transportation Commission
Dr. Erick Bandala, Desert Research Institute
WEDNESDAY
MAY 18
4:30–5:30PM
SNHD
Red Rock Conference Room
280 S. Decatur Blvd.
Las Vegas, NV 89107
WebEx
Register online:
CALL 702-759-0609 FOR MORE INFORMATION


HEALTH DISTRICT
after dark
The Southern Nevada Health Distrigt Academic Affairs Committee presents a discussion of provocative public health topics
AUGUST TOPIC:
HEALTH EQUITY IN SIN CITY
SPEAKERS:
Dr. Jon Wynn
Chair and Professor,
University of Massachusetts, Amherst,
Department of Sociology
Tamera Travis
Epidemiologist, SNHD
Xavier Foster
Health Equity Coordinator, SNHD
TUESDAY
AUGUST 6, 2024
4:30 – 6:30 P.M.
UNLV Community Education Building
4350 S. Maryland Parkway, 89119
or join us virtually
REGISTER TO ATTEND:
https://www.eventbrite.com/e/951029584087?aff=oddtdtcreator
PRESENTED BY:
SNHD
UNLV


HEALTH DISTRICT
after dark
The Southern Nevada Health District Academic Affairs Committee presents a quarterly discussion of provocative public health topics
SEPTEMBER'S TOPIC:
REPRODUCTIVE JUSTICE
A panel will discuss the concerns and challenges around access to reproductive and sexual health.
GUEST SPEAKERS
Dr. Tanya Bass, National Coalition of STD Directors
Cristina Hernandez, UNLV School of Public Health
Maria-Teresa Liebermann-Parraga, Battle Born Progress
Dr. David Orentlicher, UNLV Health Law Program
Bonnie Sorenson, Southern Nevada Health District
Jacinta Wood, Body and Womb
MONDAY
SEPTEMBER 12
4:30–6:00PM
CALL 702-759-0609
FOR MORE INFORMATION
SNHD
NPHA
Red Rock Conference Room
280 S. Decatur Blvd.
Las Vegas, NV 89107
WebEx
Register online:

Successes

- Has grown from 30 to over 60 attendees.
- Positive feedback on evaluations.
- Undergraduate and graduate internships.
- HDAD presentations: Project Echo 2020, Public Health Improvement Training (PHIT) 2021, NPHA 2019, 2022, 2023, and 2025.
- Presented to other jurisdictions per their requests (City of Nashville PH and San Diego PH).
- PHIG funding and ability to expand/constrict depending on availability of funding.
- Mentioned as a PHIG “quick win” at CDC PHIG 2025 annual meeting.

Challenges

•Community and Staff Interest varies per topic

•Administration Issues (Offering Continuing Education, Adjusted Work Schedules, Adherence to Facility Hours, Funding)

•Time and Knowledge to Organize Events (HDAD committee development, event planning)

•Competing demands on time and other professional obligations

•Social media

•Technology issues

•COVID-19

Best Practices and Lessons Learned

- Obtain leadership buy-in early and maintain support
- Engage stakeholders early and often
- Utilize personal and professional networks
- SNHD and co-sponsoring agency social media critical to community engagement
- Regular meetings with HDAD committee
- OC member present to take photos and meet with press
- Recruit tech assistance in-person
- Use registration software and evaluate the event

Attendee Feedback over the Years

Most valuable insights and takeaways?

“Engage in policy changes to keep diversity and inclusion”

“Recent public health issues and possible solutions”

“Health trends and how we might prepare for our own brain health”

“50% of physicians do not discuss gun safety/violence with their patients”

“Oh gosh, so much. How gun violence is considered a safety issue and neglects how it’s a social issue, public health issue, and mental health issue.”

The Future of HDAD

- 3 HDAD events per year through 2027
- Offer more CEUs
- Continue to offer HDAD at SNHD and at other community partner organizations

Contact Us

Laura Valentino
valentino@snhd.org
725-271-9642

Cheryl Radeloff
radeloff@snhd.org
702-759-0734

2026-2031 Southern Nevada Community Health Improvement Plan

Presenter:
Carmen Hua, MPH, CHES
Health Educator | CHA/CHIP Coordinator
Southern Nevada Health District
Division of Disease Surveillance and Control

April 27, 2026

Overview

2025 Community Health Assessment (CHA) Overview

- MAPP 2.0 Framework
- Prioritization

2026-2031 Community Health Improvement Plan

- Methodology
- Steering Committee
- Top Priorities Selected
- Goals & Objectives Overview

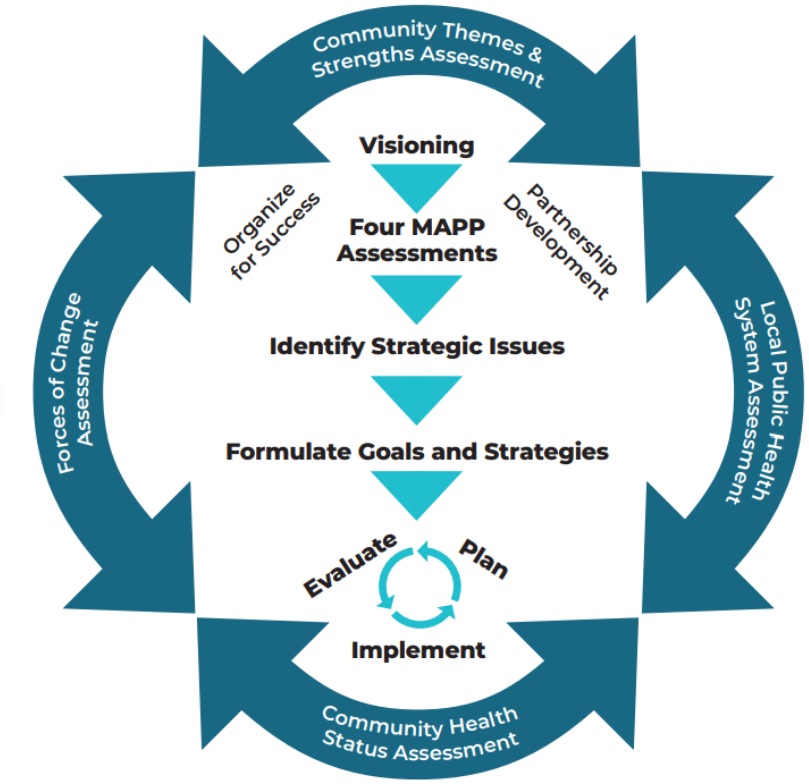
Conclusion & Next Steps

- CHIP Report Release – Early June 2026
- HealthySouthernNevada.org
- Join the Steering Committee/Implementation Workgroup

Southern Nevada Health District

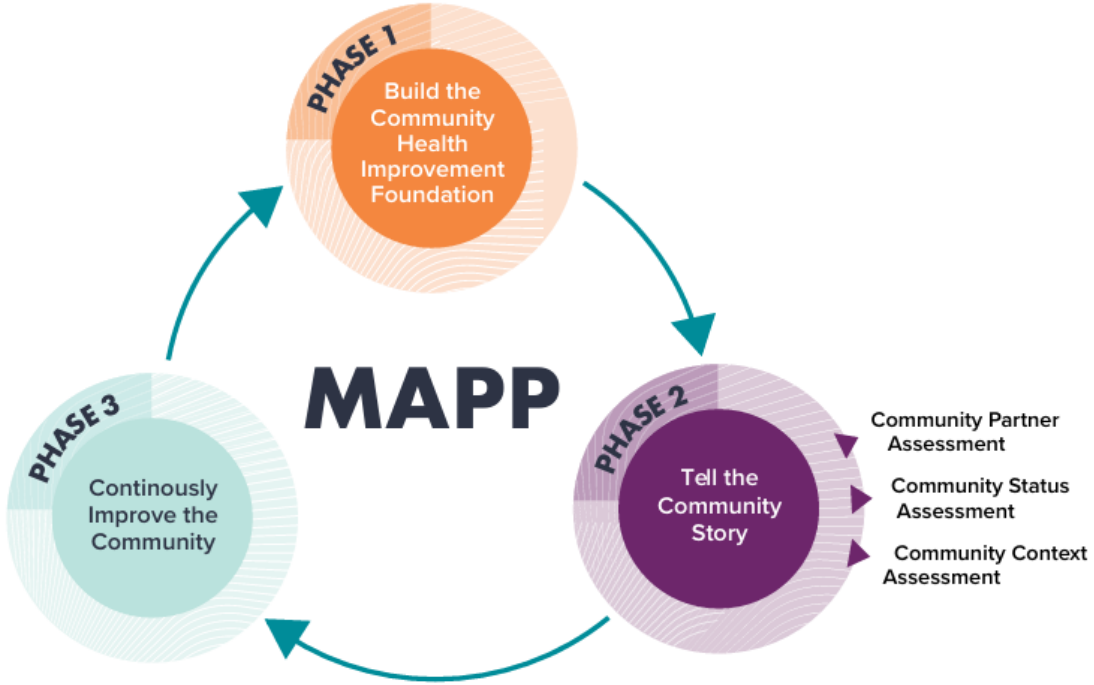
MAPP 2.0 Framework

2001



Undergone updates

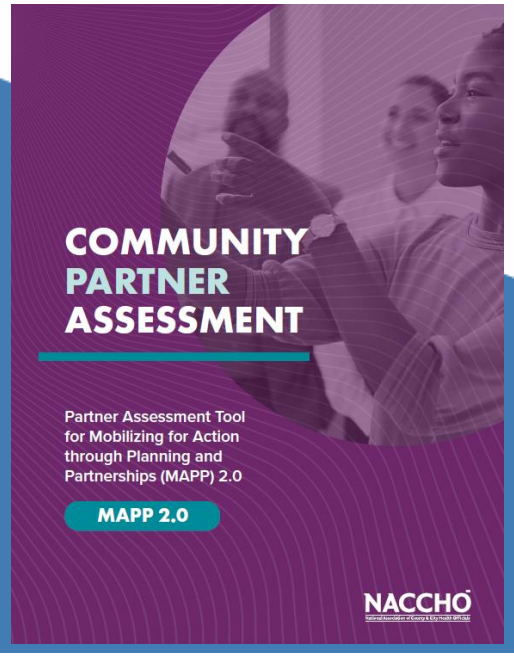
2023



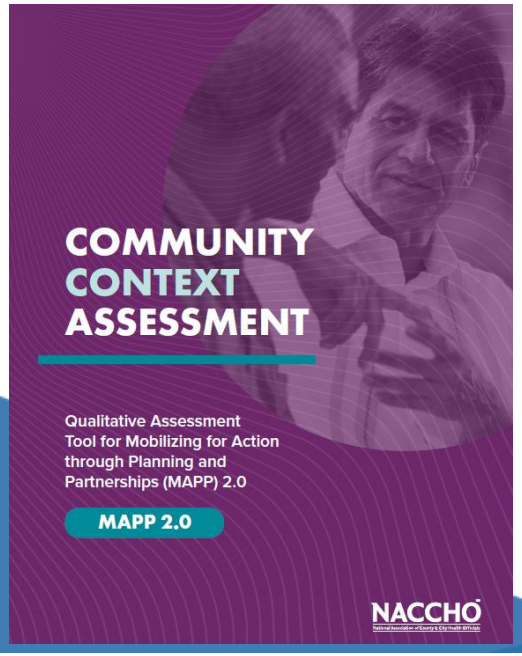
Southern Nevada Health District

Community Health Assessment (CHA) Components

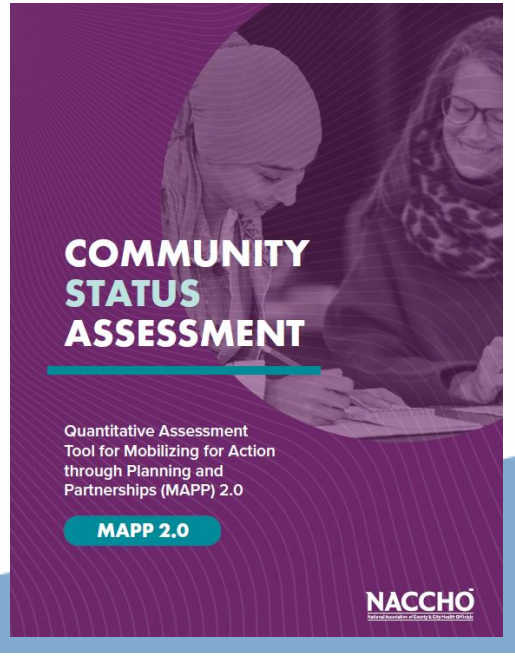
Mobilizing for Action through Planning and Partnerships (MAPP) 2.0 Framework



Community Partner Assessment (CPA)



Community Context Assessment (CCA)



Community Status Assessment (CSA)

Southern Nevada Health District

Full CHA Report is available on HSN website:

https://www.healthysouthernnevada.org/

2025 Community Health Assessment Report

Click here to view the full report!

The Southern Nevada Health District (SNHD) collaborated with multiple community organizations and individuals to conduct a Community Health Assessment (CHA). This CHA identifies the community's health-related needs and strengths as well as resources available to address and improve health outcomes.

The CHA's intended purpose is to provide an overview of the health information and seeks to identify target populations who may be at an increased risk of poor health outcomes. Findings from the CHA are used to guide the development of a Community Health Improvement Plan (CHIP). The CHIP will direct and guide the development of SNHD's and other community partners' activities through the next three to five years. SNHD and community partnerships have assessed the health status of the community as well as community behaviors and conditions. Where available this CHA examines the health status of Clark County and compares it to the state-wide as well as national health indicators.

Community Health Assessment Methodology

Developed by the National Association of County and City Health Officials (NACCHO), the Mobilizing Action through Planning and Partnerships (MAPP) framework is a community-driven strategic planning process that aims to improve community health. This formal assessment, adopted by the CHA Steering Committee, consisted of four assessments that have gathered primary and secondary, qualitative and quantitative data. The three assessments were:

- Community Partner Assessment (CPA)
- Community Status Assessment (CSA)
- Community Context Assessment (CCA)

Please view the full assessment report findings below:

- Community Partner Assessment (CPA)
- Community Status Assessment (CSA)
- Community Context Assessment (CCA)

SNHD Southern Nevada Health District

2025 Community Health Prioritization

April 30, 2025

- Facilitated by Southern Nevada Health District with 195+ participants
- Reviewed Community Health Assessment findings: Community Partner, Community Context, and Community Status Assessments
- Priority areas selected based on:
  - Inclusion in multiple assessments
  - Population impact & costs
  - Effect on quality/length of life
  - Feasibility of interventions
  - Comparison to national benchmarks
- 155 attendees ranked issues by magnitude, severity, and intervention effectiveness
- Hanlon Method used to identify top 4 priorities
- Results will guide the 2026–2031 Community Health Improvement Plan (CHIP)

2026-2031 Community Health Priorities

1. ACCESS TO CARE
2. CHRONIC DISEASE
3. PUBLIC HEALTH FUNDING
4. SUBSTANCE USE

Southern Nevada Health District

What is the CHIP?

The purpose of the CHIP is to serve as a community-driven blueprint informed by data from the Community Health Assessment (CHA). It outlines shared goals, strategies, and actions to improve population health, reduce health inequities, and coordinate efforts across community partners. The four priority areas were selected through a large, community-wide prioritization meeting and provide direction for the work moving forward. Southern Nevada Health District (SNHD) serves as the primary coordinator of the planning process by convening partners and facilitating collaboration; however, it is not the sole lead for implementing each initiative, though it may serve as the lead in areas where appropriate.

Mission, Vision, and Values Statement

Each priority workgroup developed its own mission, vision, and values statements to reflect the unique focus of its area. Together, these individual statements were integrated into the overall mission, vision, and values below, which represent the shared commitment and guiding principles of the CHIP Steering Committee.

Mission

To improve health and quality of life in Southern Nevada by strengthening access to quality healthcare, reducing the burden of chronic disease, addressing substance use through prevention and recovery support, and advancing sustainable public health funding through community collaboration.

Vision

A healthier, safer, and more resilient Southern Nevada where all people have equitable access to care, prevention resources, and supportive services that empower individuals and communities to thrive.

Values

Southern Nevada's Community Health Improvement Plan is guided by:

EQUITY
Ensuring fair access to care and resources for all populations

COLLABORATION
Building strong partnerships to drive shared solutions

COMPASSION
Supporting individuals with dignity, respect, and understanding

PREVENTION
Prioritizing early intervention, education, and wellness

SUSTAINABILITY
Strengthening long-term public health funding and systems

INNOVATION
Using evidence-based and creative approaches to improve outcomes

ACCOUNTABILITY
Promoting transparency and data-driven decision-making

RECOVERY SUPPORT
Recognizing recovery as possible and supporting lifelong well-being

2026-2031 CHIP Process Timeline

1 Prioritization Meeting

April 2025
Top 4 Priorities selected
195+ People in attendance

2 Establish Steering Committee

May – July 2025
~50 Members
30 Agencies Represented

3 Sub-Committee CHIP Meetings

August 2025 – December 2025
Establishment of:
- Goals
- Objectives
- Outcome Indicators
- Potential Partners
- Monitoring/Evaluation Approaches
- Strategies and Action Plan

4 Drafting of CHIP Report

December 2025 – February 2026
Review and Approval Process
Office of Communications
Community Engagement

5 Finalize plan and route for internal and community approval.

Early 2026

6 Present to Public Health Advisory Board & Present to SNHD Board of Health. Publish CHIP to HSN

Spring 2026
Publish for the community to view
Monitor for success

7 CHIP Steering Committee Sustainability Check-In Meeting (Updates & Edits)

Summer 2026

Southern Nevada Health District

Steering Committee & Workgroups

Chronic Disease

Co-Chairs
Amineh Harvey
Angel Garcia-Saavedra

Collaborators
Courtney Taber
Elika Nematian
Jennifer Young
Katy Oestman
Kimberly Pozucek
Malcolm Ahlo
Mateo Marquez
Rayleen Earney
Samantha Bojorquez
William Bendik

Access to Care

Co-Chairs
Julie Tousa
Ian Imperial

Collaborators
Amy Levin
Gwendolyn Greene
Holly Lyman
Laura Sida
Regina De Rosa
Siddharth Raich
Tamera Travis
Will Rucker
Xavier Foster

Public Health Funding

Co-Chairs
Emma Rodriguez
Amanda Brown

Collaborators
Eileen Colen
Liz Morris
Marcia Blake
Rich Hazeltine
Ryan Kelsch
Tina Dortch
Trinh Dang-Mai
Xurong Liu

Substance Use

Co-Chairs
Jessica Johnson
Jamie Ross

Collaborators
Bethany De Los Reyes
Charles Winston
Chris Reynolds
Jeremiah Zablon
Jose Partida Corona
Liz Morris
Rebecca Cruz-Nanez
Ron Schnese
Sherra McGowan
Toluwanimi Babarinde

Contributing Organizations

Alzheimer's Association
Anthem Nevada Medicaid
City of Henderson
Comagine
Daybreak Consulting
Dignity Health
Foundation for Recovery
Helping Hand of Vegas Valley
Intermountain Health
NAMI Southern Nevada
YMCA of Southern Nevada
Nevada Homeless Alliance
Nevada Office of Minority Health and Equity
PACT Coalition
Partida Corona Medical Center
Renaissance Behavioral Health
University of Nevada, Reno Extension
Regional Transportation Commission of Southern Nevada
Select Health
Southern Nevada Health District
Southern Nevada Health Consortium
The Center
Three Square
University of Nevada, Las Vegas

SNHD Southern Nevada Health District

Selected Priorities

ACCESS TO CARE

Access to care refers to the ability of individuals to obtain the health services they need—when they need them—without barriers. This includes having affordable, timely, and culturally appropriate medical, mental health, and preventive services available in one's community. Access to care is essential for preventing disease, managing chronic conditions, and improving overall health outcomes. Without timely and affordable care, people are more likely to experience worsened health, avoidable hospitalizations, and increased health disparities, especially in underserved populations.

CHRONIC DISEASE

Chronic diseases are long-term health conditions that typically progress slowly and persist over time, often for the rest of a person's life. Common examples include heart disease, diabetes, and cancer—many of which are influenced by lifestyle factors like diet, physical activity, and tobacco use. Chronic diseases are a leading cause of death, and prioritizing them allows for prevention, early detection, and management. Focusing on chronic disease can improve health outcomes and extend life expectancy across populations.

PUBLIC HEALTH FUNDING

Public health funding is the financial support provided by governments, organizations, or institutions to protect and improve the health of communities. It supports different programs and services such as disease prevention, health education, emergency, preparedness, and access to care—which aim to reduce health risks and improve population well-being. Adequate funding supports essential services, preparedness and response, and health equity efforts targeting underserved and at-risk populations. Investing in public health infrastructure strengthens community health and resilience.

SUBSTANCE USE

Substance use refers to the use of drugs or alcohol, whether occasional, regular, or problematic. While some use may be moderate, misuse can lead to serious health issues, including addiction, mental health challenges, and overdose. Substance use is an important community health issue because it affects not only individuals, but also families, public safety, and local resources. Addressing it through prevention, treatment, and support helps create a healthier, safer, and more resilient community.

Southern Nevada Health District

Access to Care

Goals & Objectives

Goal 1
Improve Access to Reliable Transportation Infrastructure

Objective 1.1: Mobility-Dependent Populations
By December 2031, decrease transportation wait-list times for lower-income residents, individuals with disabilities, and refugees in high-need ZIP codes by expanding enrollment in transportation assistance programs and improving coordination.

Objective 1.2: Public Transportation–Dependent Populations
By December 2031, increase capacity and access in transportation programs (RTC vouchers, Dignity Health referrals) among older adult residents and public transit–reliant populations through tracking utilization, addressing policy barriers, and including senior and mobility-impaired voices.

Objective 1.3: Households With Limited or No Vehicles
By December 2031, expand transportation outreach for households without vehicles, increasing successful service linkages through refugee organization partnerships and multilingual outreach. Limited mobility independence, those relying on accessible transportation, and zero-vehicle households.

Goal 2
Strengthen Healthcare Provider Support During Credentialing

Objective 2.1: Reduce Credentialing Delays
By December 2031, reduce provider credentialing processing time from 90+ days to 30 days by collaborating with Medicaid, Managed Care Organizations (MCOs), and Health Care Finance to streamline workflows and revise policies.

Objective 2.2: Support Underserved Patient Access
By December 2031, increase the number of credentialed providers serving underserved patients through assistance with applications and removal of administrative barriers.

Goal 3
Increase Knowledge and Diversify Community Resource Information Distribution

Objective 3.1: Expand Community Resource Engagement
By December 2031, Access to Care CHIP Workgroup organization representatives will attend at least 25 events per year to promote resource access and track referrals.

Objective 3.2: Diversify Outreach Methods and Improve Community Insight
By December 2031, introduce at least five new outreach strategies (translated materials, digital tools, social media, text systems, pop-up booths) to increase resource access.

Chronic Disease

Goals & Objectives

Goal 1
Decrease the prevalence of cardiovascular disease among African Americans/Hispanic 35+ (prevention) and Older Adults 65+ (management)

Objective 1.1:
By Spring 2027, increase referrals to organizations providing Chronic Disease Self-Management Education (CDSME).

Objective 1.2: Promote Get Healthy Clark County resource guide
By June 30, 2027, increase the utilization of the Office of Chronic Disease Prevention and Health Promotion's (OCDPHP) Health and Wellness resource guide among African American and Hispanic adults 35+ and older adults 65+ by promoting the guide at a minimum of 10 community-based locations annually.

Goal 2
Decrease the prevalence of diabetes among adults 18+, African American, Hispanics, living in underserved areas in Clark County.

Objective 2.1: Diabetes prevention & management enrollment
By December 31, 2031, increase enrollment of priority-population residents into diabetes prevention and diabetes self-management programs (e.g., Diabetes Prevention Program (DPP), (Diabetes Self-Management Education (DSME), Prediabetes 101 classes, Mind, Exercise, Nutrition, Do-It! (MEND), Build Healthy Families) by 20%, using a baseline established by June 30, 2027, through program review.

Objective 2.2: Provider-driven referrals & culturally responsive navigation
By December 31, 2028, increase provider-initiated referrals to diabetes programs for the priority population by implementing referral workflows with Primary Care Physicians (PCP), CHWs, and community partners (including Intermountain, UNLV School of Medicine, and SNHD), and providing culturally responsive navigation support.

Objective 2.3: Referrals to DPP/DSME & related programs
By December 31, 2031, increase annual referrals of African American and Hispanic adults 35+ and older adults 65+ to evidence-based cardiovascular and diabetes prevention/management programs (including DPP, DSME, Pathways Programs, and Comagine Compass-tracked programs) by at least 25%, based on a baseline established through audits completed by June 30, 2027.

Southern Nevada Health District

Chronic Disease Cont'd

Goals & Objectives

Goal 3

Strengthening communication and collaboration among organizations that serve residents experiencing chronic diseases (especially cardiovascular disease and diabetes).

Objective 3.1: Cross-promotion of listservs
By December 31, 2027, establish a shared cross-promotion system among at least 10 chronic disease service organizations by linking and promoting one another's listservs.

Objective 3.2: Vendor & community event promotion
By June 30, 2027, establish a collaborative vendor-sharing and event-promotion system to ensure that at least 30 diabetes and cardiovascular disease service providers receive timely notifications about community events (including the Diabetes & Heart Disease Block Party), vendor opportunities, and free/low-cost community classes such as "With Every Heartbeat There's Life."

Objective 3.3: Community of Practice
By September 30, 2026, establish a Chronic Disease Community of Practice that convenes quarterly, with a baseline of membership and collaboration indicators established by March 2027, to strengthen coordination among providers and increase shared resources and best practices.

Southern Nevada Health District

Public Health Funding

Goals

Goal 1

Increase, maintain, or optimize existing public health resources to support the ongoing implementation, monitoring, and community engagement efforts of the CHIP.

Objective 1.1:
By December 2031, collaborate with community partners to conduct a comprehensive landscape and market analysis to identify existing funding streams, funding gaps, or emerging opportunities across Access to Care, Chronic Disease and Substance Use.

Objective 1.2:
By December 2031, develop, publish, and annually update a Funding Resource Toolkit that consolidates grant-writing resources, state match opportunities, and funding opportunities relevant to Access to Care, Chronic Disease, and Substance Use.

Objective 1.3:
By December 2031, design and implement a matchmaking system that identifies partner capabilities, aligns complementary strengths across organizations, and facilitates teaming for funding opportunities in Access to Care, Chronic Disease, and Substance Use.

Goal 2

Maintain or increase sustainable public health funding to support and strengthen public health capacity and social determinants of health in Southern Nevada.

Objective 2.1:
By December 2031, maintain state per-capita public health funding and pursue increases to strengthen public health capacity in Southern Nevada.

Southern Nevada Health District

Substance Use

Goals

Goal 1
Expand and improve access to evidence-based prevention programs for pre-K to 24-year-olds who live in Clark County

Objective 1.1
By December 2031, conduct a countywide community landscape analysis of prevention programming in Clark County K–12 schools and use findings to expand evidence-based programs to at least 10 more schools.

Objective 1.2
By December 2031, implement training for at least 200 teachers, counselors, and primary care providers on risk factors for substance use/mental health concerns and on referral pathways, resulting in an increase in early referrals to school or community services.

Objective 1.3
By December 2031, increase access to substance use prevention programming for Clark County college students by adding or enhancing prevention services at a minimum of two higher-education campuses.

Goal 2
Reduce Clark County overdose deaths through prevention and education

Objective 2.1
By December 2031, expand naloxone availability to at least 50 easy-to-access community locations (e.g., libraries, rec centers, cultural centers, nonprofits, etc.)

Objective 2.2
December 2031, engage 5,000 residents and educate 1,000 staff at community sites on overdose response, naloxone use, or stigma reduction in identified high-risk ZIP codes.

Objective 2.3
Complete a review of current state laws, propose at least one policy recommendation by 2027.

Southern Nevada Health District

Substance Use Cont'd

Goals

Goal 3
Improve access to substance use treatment and care for people who live in Clark County

Objective 3.1
By December 2031, increase Clark County's detox and treatment capacity, including stimulant use disorder treatment at carceral settings, community settings, and medical/hospital settings.

Objective 3.2
By December 2031, ensure that 75% of substance use treatment programs routinely offer or refer for Human Immunodeficiency Virus (HIV)/ Hepatitis C virus (HCV)/ Sexually transmitted infections (STIs) testing.

Objective 3.3
By December 2031, eliminate Medicaid prior authorization for buprenorphine and increase the number of pharmacies and clinics offering MOUD, supported by a public directory ofdispensing locations.

Goal 4
Address mental health and substance use disorder intersections for people of Clark County

Objective 4.1
By December 2031, increase awareness for people who live in Clark County to know when and how to use 988 through a countywide, multilingual awareness campaign, a peer-to-peer text campaign, and/or a targeted narrow-cast campaign in high-need community locations.

Objective 4.2
By December 2031, increase awareness of existing trauma-informed and co-occurring disorder response training and support access to the training for at least 500 Clark County first responders, including law enforcement, Emergency Medical Technicians (EMTs), fire personnel, healthcare workers, and Community Health Workers (CHWs).

Southern Nevada Health District

CHA/CHIP Reports and Tracking

www.HealthySouthernNevada.org

Southern Nevada Health District

Next Steps

01

Join the Implementation Workplan Group!

02

Stay Tuned: Final CHIP report release date - Early June 2026

03

Implement Action Plan, Provide Progress Updates & Tracking on HSN Website Dashboard

THANK YOU

to everyone involved!

Acknowledgements

The Southern Nevada Community Health Improvement Plan (CHIP) was developed through the dedication and collaboration of numerous agencies, service providers, and community partners committed to improving health outcomes across the region. Through a coordinated workgroup process, participants identified priority health issues, assessed gaps in existing programs and policies, reviewed evidence-based practices, and developed strategies aimed at advancing health equity and strengthening community systems. The Southern Nevada Health District extends sincere appreciation to all members of the CHIP Steering Committee for their time, expertise, and leadership. We would like to recognize these individuals and thank them for their dedication to this process.

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Steering Committee by Workgroup

Chronic Disease

Co-Chairs
Amineh Harvey
Angel Garcia-Saavedra

Collaborators
Courtney Taber
Elika Nematian
Jennifer Young
Katy Oestman
Kimberly Pozucek
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Comagine
Daybreak Consulting
Dignity Health
Foundation for Recovery
Helping Hand of Vegas Valley
Intermountain Health
NAMI Southern Nevada
Nevada Homeless Alliance
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PACT Coalition
Partida Corona Medical Center
Renaissance Behavioral Health
Regional Transportation Commission of Southern Nevada
Select Health
Southern Nevada Health District
Southern Nevada Health Consortium
The Center
Three Square
University of Nevada, Las Vegas
University of Nevada, Reno Extension
YMCA of Southern Nevada

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Dr. Cassius Lockett
Dr. Anilkumar Mangla
Victoria Burris
Southern Nevada District Board of Health
SNHD Public Health Advisory Board

Southern Nevada Health District

Southern Nevada Health District

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Southern Nevada Health District