



## MINUTES

### SOUTHERN NEVADA DISTRICT BOARD OF HEALTH PUBLIC HEALTH ADVISORY BOARD MEETING

April 14, 2025 – 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*)

**ABSENT:** Jennifer Young – Member, City of Las Vegas

**ALSO PRESENT:** Linda Anderson

**LEGAL COUNSEL:** Heather Anderson-Fintak, General Counsel

**EXECUTIVE SECRETARY:** Cassius Lockett, PhD, District Health Officer

**STAFF:** Emily Anelli, Tawana Bellamy, Daniel Burns, Andria Cordovez Mulet, Susan Crutchfield, Gerard Custodio, Aaron DelCotto, Xavier Gonzales, Jacques Graham, Maria Gueco, Jessica Johnson, Erick Lopez, Anil Mangla, Kimberly Monahan, Brian Northam, Kyle Parkson, Shannon Pickering, Emma Rodriguez, Larry Rogers, Alexia Romero, Kim Saner, Chris Saxton, Karla Shoup, Randy Smith, Greg Tordjman, Renee Trujillo

#### 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. 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. 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.

**IV. ADOPTION OF THE APRIL 14, 2025 MEETING AGENDA** *(for possible action)*

*A motion was made by Chair Osgood, seconded by Member Kline, and carried unanimously to approve the April 14, 2025 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 13, 2025 *(for possible action)*

*A motion was made by Member Klouse, seconded by Vice-Chair VanBeuge, and carried unanimously to approve the April 14, 2025 Consent Agenda, as presented.*

**VI. REPORT / DISCUSSION / ACTION**

**1. Update on the Community Health Assessment (CHA);** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Jessica Johnson, Health Education Supervisor, provided an update on the 2025 Community Health Assessment, outlining the Community Partner Assessment, Community Context Assessment and Community Status Assessment.

Chair Osgood commended staff on how the CHA has expanded from its initial inception and encouraged the Advisory Board members to attend the Community Health Assessment Prioritization meeting on April 30, 2025.

Dr. Cassius Lockett, District Health Officer, advised that the Health District was internally challenged with the capability to address health equity issues as outlined in the CHA, specifically homelessness, affordable housing, and drug and alcohol abuse, through technical assistance. Dr. Lockett advised that the next step would be to focus on using technical assistance to influence policies, grant opportunities, etc.

Further to an inquiry from Member Kline on the target population of the 89101 ZIP code, Ms. Johnson advised that there were a lot of services collocated in that area. Ms. Johnson further advised that a ZIP code analysis from the last assessment noted may social determinants

impacted the individuals in that area, such as homelessness and income status. That was part of the reason that the team wanted to learn more if there were findings related to that area that could be impacted in the CHA.

Vice-Chair VanBeuge commended the report and noted the valuable information and data, which was reflective of the previous discussions that the Advisory Board has had regarding homelessness, access to affordable housing and mental health. Vice-Chair VanBeuge noted that, with the large Filipino population in Southern Nevada, the survey for the report was only available in English, Spanish and Chinese and inquired whether Tagalog would be considered on further surveys. Ms. Johnson advised that when they were considering translation, they looked at the challenges that Maricopa County had with 18 languages. Ms. Johnson advised that the Nevada Institute for Children's Research & Policy (NICRP) identified with a previous translation that most of the individuals that spoke Tagalog also spoke English. Ms. Johnson confirmed to consider the recommendation going forward.

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

Dr. Erick Lopez, Epidemiologist, provided an update on the Health Equity Status Report and outlined the four goals of the report, (i) increase community knowledge about health, (ii) highlight the status of key health indicators, (iii) provide context for health disparities, and (iv) explore efforts to improve equity.

Further to an inquiry from Member Labus regarding whether any new findings were noted in previous reports, Dr. Lopez advised that he would discuss the request with his colleague and provided a response to Member Labus.

Dr. Lockett noted that the Health District needs to collaborate with its partners to optimize the collective impact and think about some of the programs we interact with as (i) best practices, (ii) promising practices, and (iii) evidenced-based practices. For example, the barbershop initiative that provides screening for hypertension. Dr. Lockett noted that if you stratify hypertension among African Americans by socio-economic status, you may find that with an increasing socio-economic status, hypertension is increasing. Therefore, is the barbershop initiative a best practice, a promising practice or an evidence-based practice and is it hitting the target. If it isn't hitting the target, then you have to be willing to change intervention strategies.

Dr. Lockett stated that 28% of motor vehicle accidents involved alcohol but noted that was an underestimation. Dr. Lockett noted that the reason for the underestimate was that not all motor vehicle accident drivers receive toxicology screening from the coroner's office. The funding for this was not available to perform all the screenings. Dr. Lockett advised that there was a bill currently in the legislative session that was trying to strengthen DUI laws in the state.

Member Kline noted that now with marijuana being legal in the state, along with other drugs available, those could also be contributing factors to DUIs. Member Kline noted that there would be a much higher number of toxicology screens were performed on everyone in a motor vehicle accident.

**3. 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 Maria Gueco, Community Health Nurse Supervisor, provided an overview of the Health District's efforts to increase immunization rates in Clark County.

Further to an inquiry from Member Kline on the ability for the Health District to improve funding, Ms. Pickering advised that the Health District bills insurance companies for those clients with insurance coverage, including Medicaid. Ms. Pickering advised that a high percentage of clients have Medicaid. Ms. Pickering also advised that clients who do not have insurance and are under the age of 19 are eligible for the Vaccine for Children (VFC) program, with a small, discounted administration fee to help to continue to provide immunization services. Ms. Pickering advised that the Health District works with all the insurance companies to ensure that information is up-to-date and noted that the insurance companies were very committed to ensure that our community is vaccinated.

Member Labus inquired as to the recent cuts to federal grants, noting the Vaccine for Children that was covered under the COVID-19 grant, and how the Health District was affected. Dr. Lockett advised that not all parts of the COVID-19 grant were impacted, specifically the Vaccine for Children portion was not affected at this time.

Further to an inquiry from Chair Osgood, Ms. Pickering advised that the collaboration with the Clark County School District (CCSD) targeted the most vulnerable schools with the low rate of immunization. Dr. Lockett advised that the Health District has highly dedicated employees, commended the immunization outreach team for looking at the gap in the community, and that the Health District and schools are being proactive and arranging for pop-up vaccination clinics. Ms. Gueco confirmed that her team had eight nurses, five administrative assistants, and a call center that helps arrange appointments. Ms. Gueco advised that pop-up clinics in the schools have been scheduled until June 30, 2025, and are scheduled to visit Laughlin, which was identified as having a low rate of immunization.

Further to an inquiry from Vice-Chair VanBeuge on utilizing nursing students in the immunization clinics, Ms. Gueco advised that nursing students were only used at the Main Facility (Decatur). Ms. Pickering advised that some nursing students observe public health at the Health District and others are more integrated in the clinics.

**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)***

Member Labus requested a legislative update, after the current legislative session, on any new legislation that affects the Health District.

Member Kline requested an update from an August 2022 presentation on the trauma system and transportation times. Dr. Lockett advised that the current Southern Nevada Trauma Systems Report would be shared at the next meeting, at which time, if additional unique analysis is requested, it may be provided at a subsequent meeting.

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

- **DHO Comments**

Dr. Lockett addressed the recent loss of several grants. Dr. Lockett advised that there has been a lot of confusion across the country as there were only parts of some grants that were eliminated, as some states may have laid people off and then realized that a specific portion of a grant was not eliminated, such as the Vaccines for Children program.

Dr. Lockett addressed the impacts to the Health District. With the elimination of the COVID-19 Health Disparities Grant, six FTE were shifted to another grant. Dr. Lockett noted two other grants totaling \$26m that were impacted: Epidemiology Laboratory Capacity Enhancing Detention grant and the Epidemiology Laboratory Capacity Enhancing Detection and Expansion grant. In total, 33 FTEs were impacted with a loss of \$4.4m to the Health District's budget. Dr. Lockett advised that the Health District was waiting for the outcome of the lawsuit commenced by 23 Attorney Generals, including Nevada's, on the termination of the grants. Dr. Lockett noted that 79% of the FTEs impacted were in the Southern Nevada Public Health Laboratory, and that all 33 FTEs have been shifted to general funds to ensure that commitment to public health continues. Dr. Lockett advised that, due to the recent reduction in staff at the Department of Health and Human services, it was important to pay attention to possible impacts to the HIV Prevention grant and several family planning grants.

#### **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 9:38 a.m.

Cassius Lockett, PhD  
District Health Officer/Executive Secretary

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