



APPROVED BY THE PUBLIC HEALTH ADVISORY BOARD

JANUARY 12, 2026

MINUTES

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH PUBLIC HEALTH ADVISORY BOARD MEETING

October 13, 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 (*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: Linda Anderson, Sabrina Malik

LEGAL COUNSEL: Edward Wynder, Associate General Counsel

EXECUTIVE SECRETARY: Cassius Lockett, PhD, District Health Officer

STAFF: Emily Anelli, Maria Azzarelli, Tawana Bellamy, Nicole Bungum, Daniel Burns, Victoria Burris, Andria Cordovez Mulet, Rebecca Cruz-Nanez, Gerard Custodio, Aaron DelCotto, Xavier Gonzales, Carmen Hua, Jessica Johnson, Tabitha Johnson, Heidi Laird, Josie Llorico, Anil Mangla, Blanca Martinez, Brian Northam, Luann Province, Emma Rodriguez, Larry Rogers, Alexis Romero, Chris Saxton, Randy Smith, 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.

II. PLEDGE OF ALLEGIANCE

III. OATH OF OFFICE

Ms. Cordovez Mulet administered the Members' Oath of Office to Member Kline, Member Klouse and Member Lyman; and the Officers' Oath of Office to Chair Osgood, Vice-Chair VanBeuge.

Member Young joined the meeting at 8:36 a.m.

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

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

V. ADOPTION OF THE OCTOBER 13, 2025 MEETING AGENDA *(for possible action)*

A motion was made by Member Labus, seconded by Member Klouse, and carried unanimously to approve the October 13, 2025 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 14, 2025 *(for possible action)*

A motion was made by Member Kline, seconded by Vice-Chair VanBeuge, and carried unanimously to approve the October 13, 2025 Consent Agenda, as presented.

VII. REPORT / DISCUSSION / ACTION

1. Approval of the 2026 Meeting Schedule; direct staff accordingly or take other action as deemed necessary *(for possible action)*

The Advisory Board was informed that the proposed 2026 meeting schedule followed the timeline approved by the Advisory Board in previous years. The Chair requested that meeting in April be moved to April 27, 2026; there was no objection to this proposal.

A motion was made by Member Lyman, seconded by Vice-Chair VanBeuge, and carried unanimously to approve the 2026 Public Health Advisory Board Meeting Schedule, as amended.

2. Update on CredibleMind Platform and the Behavioral Health Clinic; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Rebecca Cruz-Nanez, Senior Health Educator, and Heidi Laird, Health Educator, provided an overview of Nevada's mental health; and reviewed the CredibleMind platform, evaluation plan, engagement, feedback and key successes.

Further to an inquiry from Member Lyman, Ms. Cruz-Nanez advised that she would share the CredibleMind toolkit.

Further to an inquiry from Member Young about a partnership with the Clark County School District, Ms. Cruz-Nanez advised that efforts were underway to strengthen connections and information-sharing between Clark County and related entities. Currently, the Clark County Mental Health Consortium includes a representative from the Clark County School District, and information has been shared through that channel. However, a direct link has not yet been established. The goal is to formalize this connection within the coming year.

Member Kline requested flyers or materials that he could include as part of the CERT program through FEMA.

Further to a request from Member Klouse on clarification of the number of users, Ms. Cruz-Nanez advised that, since launch, the platform has had 12,497 users and 14,279 sessions. Of these, 453 users have registered for accounts, which allow participants to track completed sessions, evaluations, and surveys for personal progress monitoring. Data access is limited to two administrators and excludes personal information. Registered users benefit from a private tracking system to review improvements over time.

Further to an inquiry from Chair Osgood on improvements to the CredibleMind platform and the shortage of social workers in the school system, Ms. Cruz-Nanez advised that any feedback on the CredibleMind platform is forwarded to CredibleMind as the owners of the site. Further, Ms. Cruz-Nanez advised that other organizations and coalitions were working on a list of resources for crisis intervention.

Tabitha Johnson, Behavioral Health Manager in the Southern Nevada Community Health Center, provided an overview of the role and services of the Behavioral Health Clinic. Ms. Johnson advised that the Behavioral Health Clinic supports the Southern Nevada Community Health Center patients to integrate behavioral health into primary care services.

Further to an inquiry from Member Lyman, Ms. Johnson confirmed that the Behavioral Health Clinic accepts all Ryan White patients in Clark County.

Further to an inquiry from Chair Osgood on where there was a waiting list to see a behavioral health provider, Ms. Johnson advised that the wait time for an appointment was approximately 3-4 weeks. As a follow-up Ms. Johnson advised that most patients in the Behavioral Health Clinic were adults.

3. Update on Wastewater Surveillance; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Dr. Anil Manga, Director of Disease Surveillance and Control, provided an update on wastewater surveillance from the October 2024 meeting, focusing on implementation.

4. Update on Nutrition and Food Security; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Nicole Bungum, SNHD Health Education Supervisor, and Dr. Sabina Malik, UNR Extension Health and Nutrition Department, provided an update on food insecurity and nutrition, including updated data, policy and legislative impacts, and highlighting collaborative projects.

VIII. 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.

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

• DHO Comments

Dr. Lockett advised that in 2024, approximately 89% of Clark County residents received COVID-19 vaccinations through pharmacies, highlighting their essential role in vaccine distribution and public health. The Health District administered about 4% of all vaccinations in the county, a proportion notably higher than many local health departments. Dr. Lockett confirmed that updated COVID-19 vaccines were currently available at the Health District for individuals six months and older, along with seasonal influenza and RSV vaccines for all recommended age groups. Dr. Lockett advised that the Health District maintained a supply of privately purchased vaccines, referred to as “sell vaccines”, for individuals with private insurance or Medicaid coverage. Additionally, the Health District placed an order for 317 program vaccines to serve uninsured and underinsured populations, as well as doses under the Vaccines for Children (VFC) program, with delivery notifications pending.

Dr. Lockett advised that on August 7th, the Health District reported its first local wastewater detection of measles; however, no confirmed cases have been identified, and no spikes have occurred since that date. As noted earlier in the meeting, wastewater-based epidemiology serves as an early warning system, but a single detection does not indicate ongoing transmission. Other sites with multiple detections have confirmed cases, emphasizing the need to integrate case data with wastewater findings. Additionally, the Health District was among 15 sites nationwide selected for a metagenomic study out of more than 150 applicants.

Dr. Lockett advised that the Governor’s budget contained a line-item for a State Public Health Fund, for which the Health District was awarded \$10.7 million. This funding comes at a critical time, as public health departments expected to experience declining resources, with some funding streams remaining flat or being eliminated entirely.

Dr. Lockett advised that the Health District was launching a Healthcare-Associated Infections (HAI) program in January 2026 to investigate multidrug-resistant organisms, including *Candida auris*, across Clark County. The program will emphasize prevention by conducting Infection Control Assessment and Response (ICAR) protocols to healthcare facilities, including skilled nursing, long-term care, and acute care hospitals. This initiative will be supported by a cross-divisional team from Environmental Health, Community Health, and Disease Surveillance and Control, with Dr. Mangla serving as program lead.

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 9:48 a.m.

Cassius Lockett, PhD
District Health Officer/Executive Secretary

/acm



AGENDA

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH PUBLIC HEALTH ADVISORY BOARD MEETING

October 13, 2025 – 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/0d2b0778-f87d-491d-b06c-14aab9f6a529@1f318e99-9fb1-41b3-8c10-d0cab0e9f859>

To call into the meeting, dial (702) 907-7151 and enter Phone Conference ID: 597 764 654#

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 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 597 764 654#. 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.

V. ADOPTION OF THE OCTOBER 13, 2025 AGENDA (*for possible action*)

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 14, 2025 (*for possible action*)

VII. REPORT / DISCUSSION / ACTION

- 1. Approval of the 2026 Meeting Schedule;** direct staff accordingly or take other action as deemed necessary (*for possible action*)
- 2. Update on CredibleMind Platform and the Behavioral Health Clinic;** direct staff accordingly or take other action as deemed necessary (*for possible action*)
- 3. Update on Wastewater Surveillance;** direct staff accordingly or take other action as deemed necessary (*for possible action*)
- 4. Update on Nutrition and Food Security;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

VIII. 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*)

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 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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Red Rock Trail Conference Room

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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 (*via Teams*)
Jennifer Young – Member, City of Las Vegas (*in-person*)

ABSENT:

N/A

ALSO PRESENT:

Victoria Abramowitz, Linda Anderson, Ishmael Carroll, Toluwanimi Babarinde, Cade Grogan

LEGAL COUNSEL:

Edward Wynder, Associate General Counsel

EXECUTIVE SECRETARY:

Cassius Lockett, PhD, District Health Officer

STAFF:

Adriana Alvarez, Emily Anelli, Tawana Bellamy, Jacob Billings, Daniel Burns, Nikki Burns-Savage, Nancy Cadena, Andria Cordovez Mulet, Christian DeHaan, Xavier Gonzales, Heather Hanoff, Richard Hazeltine, Daniel Isler, Randy Luckett, Brian Northam, Luann Province, Vivek Raman, Emma Rodriguez, Larry Rogers, Alexia Romero, Chris Saxton, Ronique Tatum-Penegar

I. CALL TO ORDER AND ROLL CALL

The Chair called the Public Health Advisory Board meeting to order at 8:33 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 JULY 14, 2025 MEETING AGENDA *(for possible action)*

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

A motion was made by Member Klouse, seconded by Member Kline, and carried unanimously to approve the July 14, 2025 Consent Agenda, as presented.

VI. REPORT / DISCUSSION / ACTION

1. Presentation on the Business Impact Statement (BIS) for the Regulations governing the Sanitation and Safety of Public Accommodation Facilities; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Vivek Raman, Environmental Health Supervisor, and Christian DeHaan, Senior Environmental Health Specialist, presented the Business Impact Statement (BIS) on the proposed 2025 Public Accommodation Regulations. Mr. Raman outlined the process taken by staff in reviewing the regulations and how comments were collected from the industry.

The BIS survey was sent to 434 recipients, posted at governmental offices, and on the Health District's website. Mr. Raman further advised that a workshop was held in January 2025, along with a meeting with industry partners in February 2025. The BIS survey was open for nine weeks for comments, and during that time two responses were received. Mr. Raman proceeded to summarize the major changes in the proposed regulation.

Further to an inquiry from the Vice-Chair, Mr. Raman advised revisions to the regulations are normally based on industry need. The COVID pandemic raised certain concerns in the regulations that needed to be addressed. It is anticipated that a review of the regulations will be on regular intervals.

A motion was made by Member VanBeuge, seconded by Member Kline, and carried unanimously to accept the Business Impact Statement and Proposed 2025 Public Accommodation Regulations, as presented, and recommend approval of same to the Southern Nevada District Board of Health.

Further to an inquiry from the Chair, Mr. Raman advised that the Public Accommodations Program had six field staff and one administrative assistant. Mr. Raman further advised that the program also does vector control. Further, Mr. Raman advised that last year when he presented on mosquito control, there were approximately 25 human cases of West Nile, compared to no mosquitoes with West Nile this year. Further to a follow-up from Member Klouse on a possible cause to the decrease, Mr. Raman advised that as West Nile as a disease of the birds, mosquitoes had to pick it up from birds to then pass it along. Last year there was an intense amplification of West Nile in the bird population that either birds perished from it or developed an immunity to it.

2. Update on Unpermitted Food Vending; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Larry Rogers, Environmental Health Manager, provided an update from the presentation in July 2024 on unpermitted food vending.

The Chair commended staff on their efforts addressing unpermitted food vending. The Chair further inquired whether the Health District kept a record of hospitalizations and emergency department visits from potential medical complications from unpermitted food vending. Mr. Rogers advised that there were not many notifications of food borne illness. Dr. Lockett advised that, during any investigation, staff would ask specific questions related to sidewalk vendors, however there was no direct monitoring of those vendors. Dr. Lockett further advised that the Health District had to rely on clinicians to report it to the Health District. Dr. Lockett confirmed that these cases were generally under-reported.

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

Emma Rodriguez, Communications and Legislative Affairs Administrator, outlined the following bills that were signed into law:

- AB591 – State Public Health Funding – \$15 million statewide, per capita, non-categorical public health funding; SNHD to receive \$10,786,480 for the biennium, equally split between FY26 and 27
- AB360 – Revises provisions relating to testing for sexually transmitted diseases. (Syphilis Testing)
- AB50 – Revises provisions relating to victims of a mass casualty incident. (Mass Casualty Database)
- AB325 – Revises provisions relating to artificial intelligence. (AI in Emergencies)
- AB76 – Revises provisions relating to cannabis. (Cannabis Consumption Lounges)
- AB326 – Revises provisions relating to the designation of hospitals as centers for the treatment of trauma. (Rural Access Hospital Trauma Designation)

- SB24 – Provides for the certification and regulation of emergency medical responders. (Emergency Medical Responders)
- AB104 – Revises provisions relating to water. (Water Rights)
- AB352 – Revises provisions relating to businesses. (Cottage Food & Cosmetics)
- SB466 – Revises provisions governing the authority of the State Department of Agriculture relating to food and water. (Department of Agriculture Transfer)
- AB211 – Revises provisions relating to substandard properties. (Substandard Properties)
- SB9 – Revises provisions relating to Medicaid. (Medicaid Claims)
- SB348 – Makes revisions relating to laboratory testing. (Newborn Screening Fees)
- SB494 – Makes revisions relating to health and human services. (Nevada Health Authority)
- AB394 – Authorizes the Board of Regents of the University of Nevada to require certain institutions to adopt emergency response plans related to opioid overdoses. (Opioid Emergency Response Plans in Higher Education)
- AB331 – Makes an appropriation to the Division of Public and Behavioral Health of the Department of Health and Human Services for a grant program to expand the biennial survey administered pursuant to the Youth Risk Behavior Surveillance System developed by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services. (YRBS)
- AB444 – Revises provisions relating to governmental administration. (Regulation Notifications)
- AB269 – Revises provisions relating to education. (Student Loan Repayment)

Ms. Rodriguez outlined the vetoed bills:

- SB295 – Revises provisions relating to food establishments. (Mobile Food Vendor)
- AB244 – Enacts prohibitions relating to the use of disposable foodware containers containing polystyrene foam by certain food establishments. (Styrofoam Ban)
- AB205 – Revises provisions governing sexual education. (Sexual Education Consent)

Ms. Rodriguez outlined the following legislation that did not advance:

- SB423 - Revises provisions governing public health. (Base Public Health Funding)
- SB435 - Revises provisions relating to nicotine products. (Vape Registry)
- AB536 - Revises provisions relating to tobacco. (Heated Tobacco Products)
- SB78 - Revises provisions relating to boards, commissions, councils and similar bodies. (State Licensing Board Overhaul)
- AB186 - Revises provisions governing pharmacists. (Expanded Authority for Pharmacists)
- SB118 - Revises requirements relating to coverage under Medicaid for certain services provided by pharmacists. (Medicaid Reimbursement for Pharmacists)
- AB297 - Revises provisions relating to Medicaid. (Postnatal Support)
- SB244 - Requires Medicaid to provide coverage of certain treatments for obesity. (Medicaid Obesity Treatment Coverage)

Further to an inquiry from Member Klouse regarding the capacity of the Department of Agriculture to undertake inspections that would have previously been done by the Health District, Dr. Lockett advised that, during the bill testimony, it was stated that staff would be relocated to the Department of Agriculture to ensure continuity.

Member VanBeuge noted that, as the bills did not take effect for approximately two years, there was time to move personnel and draft the appropriate regulations.

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Dr. Lockett reminded the Advisory Board of the following items scheduled for the October 2025 meeting:

- Approval of the 2026 Meeting Schedule
- Nutrition/Food Insecurity Update
- CredibleMind Update / Behavioral Health Clinic
- Wastewater Surveillance update

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

- DHO Comments

Dr. Lockett acknowledged Commissioner Kirkpatrick and the Governor's office for the State Public Health Fund, which would provide \$10.7M in funding over a biennium to the Health District. Dr. Lockett advised that the funding would help establish a Healthcare Acquired Infection (HAI) team to monitor multi-drug-resistant organisms, such as Candida Auris, in health care facilities. Further, as previously mentioned, due to the funding claw back from the federal government of approximately \$20M, the State Public Health Fund would allow for the continued funding of laboratory and disease surveillance staff. Dr. Lockett further noted that the Health District received notification of an increase in funding to support the Ending the HIV Epidemic and HIV Prevention and Surveillance grants.

Dr. Lockett advised that the Health District began the Back-to-School Immunization campaign in June to ensure that students were up to date on their required vaccines. Dr. Lockett advised that, from June through October 2024, the Health District administered a total of 3,495 vaccinations, which was an increase from the previous year. Dr. Lockett advised that the peak months were July and August. Dr. Lockett advised that the Health District has expanded clinic hours, added Friday and Saturday appointments, and scheduled outreach events until the middle of August. Dr. Lockett noted that a decline in vaccinations was anticipated this year.

Dr. Lockett advised that, last week, the Department of Health and Human Services released a federal registry notice that impacted 44 programs, including the Healthy Start Program and the Southern Nevada Community Health Center (SNCHC), which is the Health District's federally qualified health center (FQHC). The notice announced changes to a policy regarding who was qualified to receive Federal public benefits. The notice was issued on July 10, 2025, and the Health District was in the process of a financial analysis on any potential impact.

Dr. Lockett advised that the investigations into two unrelated outbreaks of Legionnaires' disease, at The Grandview and South Point, were in the process of being closed. Dr. Lockett

confirmed that both facilities fully cooperated with the investigations. Dr. Lockett advised that an investigation has been initiated at a third facility, the Harrah's Laughlin.

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.

Ishmael Carroll from Congressman Horsford's office shared the following statement: *"Thank you for your continued dedication to protecting and promoting health of our community. Your guidance and commitment make(s) a meaningful difference, and we truly appreciate your service. Sincerely the Office of Congressman Steven Horsford. We are grateful for your continued collaboration and partnership and please note that we have an open-door policy regarding any concerns that you would need assistance with on the federal level."*

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

X. ADJOURNMENT

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

Cassius Lockett, PhD
District Health Officer/Executive Secretary

/acm



APPROVED BY THE PUBLIC HEALTH ADVISORY BOARD
OCTOBER 13, 2025

2026 PUBLIC HEALTH ADVISORY BOARD MEETING SCHEDULE

DATE	TIME
January 12, 2026	8:30 a.m.
April 27, 2026	8:30 a.m.
July 13, 2026	8:30 a.m.
October 12, 2026	8:30 a.m.

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



Clark County Thrive CredibleMind

An Update on Promotion and Engagement

Presented by
Heidi Laird, CHES

*Division of Disease Surveillance and Control
Office of Disease Surveillance*

July 14, 2025

Objectives

Overview of Nevada's Mental Health

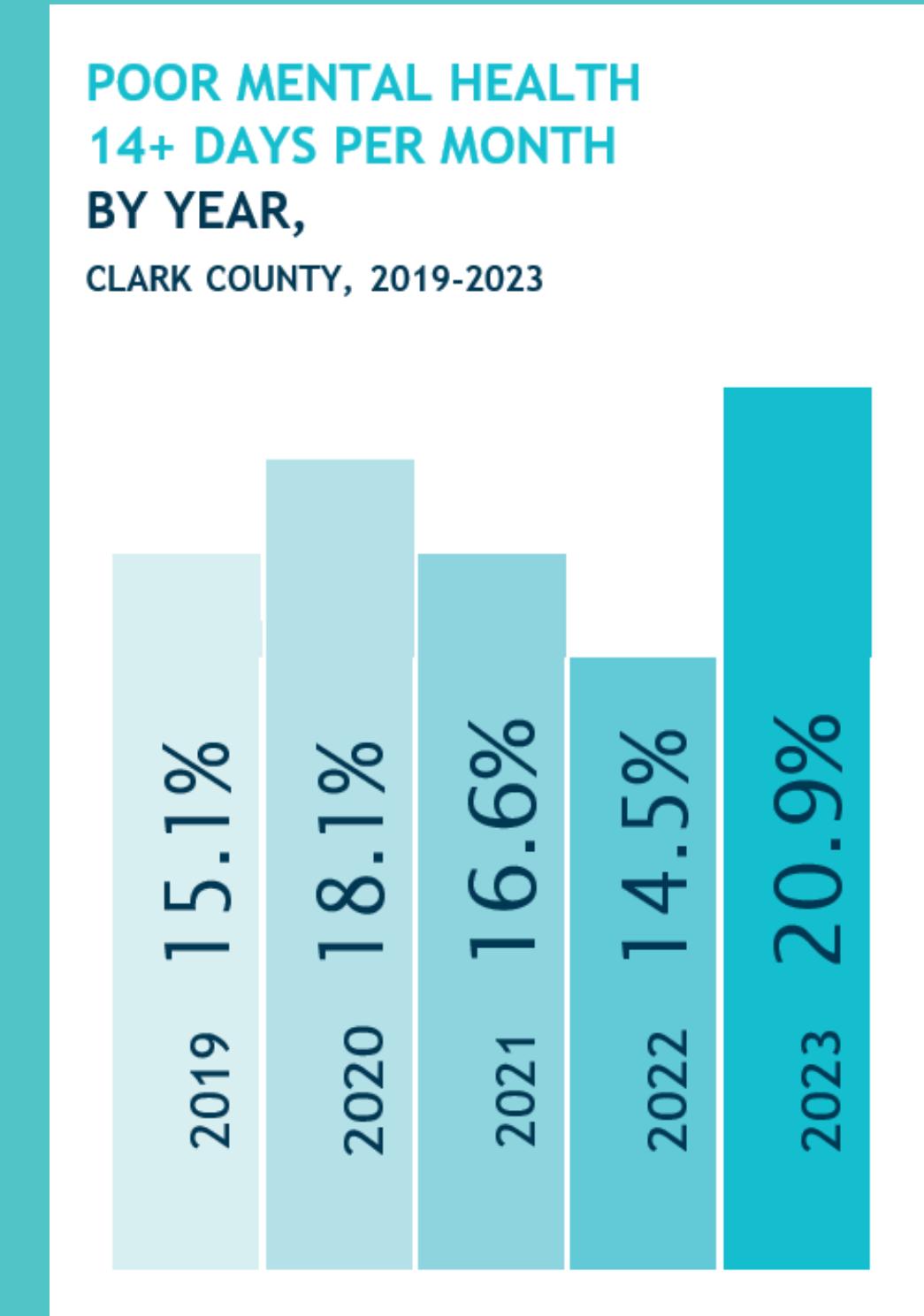
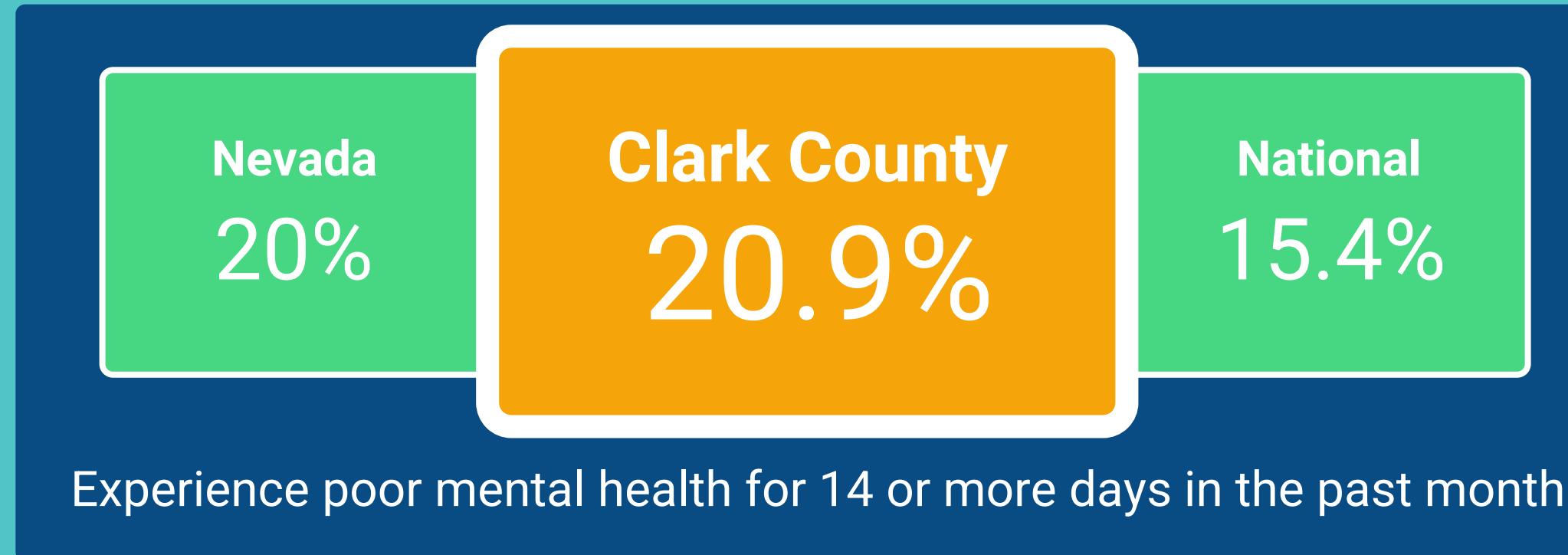
Review of CredibleMind & Evaluation Plan

CredibleMind Engagement and Feedback

2

Key Successes

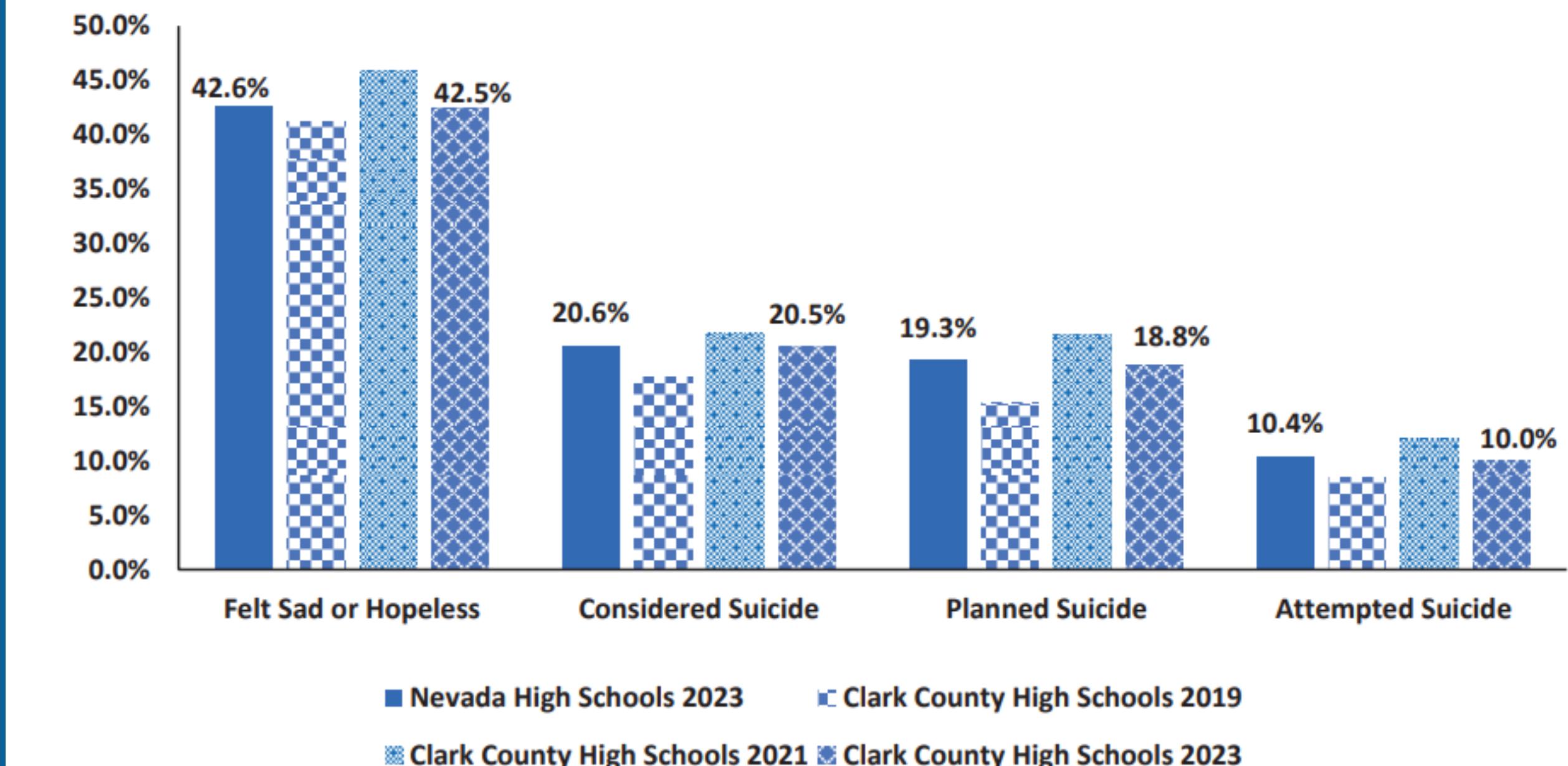
Poor Mental Health Days



Source: Nevada Behavioral Risk Factors Surveillance System, 2023
(Whitley, 2025)

Youth Risk Behavior Survey

Figure 12 Mental Health Behaviors, Clark County High School Students, 2019, 2021, 2023 and Nevada High School Students, 2023.



Source: Nevada Youth Risk Behavior Survey (YRBS).

Chart scaled to 50.0% to display differences among groups.

Source: Nevada Youth Risk Behavior Survey (YRBS), 2023

(Whitley, 2025)

CredibleMind

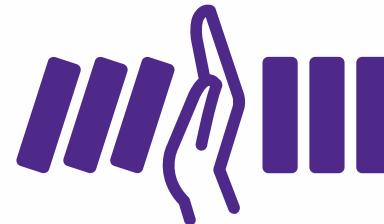
A population-based approach for addressing provider shortages and increased community demand



Evidence-based



Prevention



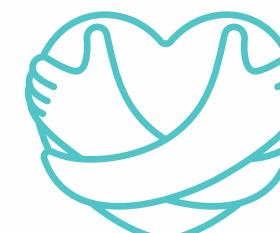
Early Intervention



Broad Topics



Assessments



Self-Help/Self-Care Tools

Accessible

FREE

Confidential

Re-AIM Framework

What is the implementation effectiveness of the CredibleMind digital platform in Clark County, NV, over a 24-month implementation period (2024-2026), as measured through the RE-AIM framework?

Reach

- User Registration Data
- Demographics

Adoption

- Partner Organization Enrollment

Effectiveness

- Measurement of Poor Mental Health Days

Implementation

- Platform Analytics

Maintenance

- User Retention
- Partner organization engagement

Adoption

Professional Community Feedback

- October is a tough month for our teachers. So, we made a point to highlight CredibleMind as an accessible option for resources and support.”
- C.O. Teach for America Nevada
- As a health care practitioner, I can see how Clark County Thrive could pinpoint some of the mental health plights that go unnoticed and save money down the line on having to treat full-blown crises.”
- D.L. Valley Health System
- “CredibleMind is an excellent resource, not just for referring our WIC clients, but also for anyone living in Clark County. It's user-friendly and offers a wide range of self-guided options for mental and spiritual well-being. It's truly a valuable tool for the residents of Clark County.”
- J.D Dignity Health



Agencies actively promoting
the Clark County Thrive
CredibleMind platform

last updated 9/22/25

Reach & Implementation

12,497 users

453 registered users

14,279 sessions

More than Half of Users:

- Between the ages of 13-17
- Female

4.3% of users access
the site in Spanish



Most Visited Topics

- Depression
- Anxiety
- Flourishing or Languishing

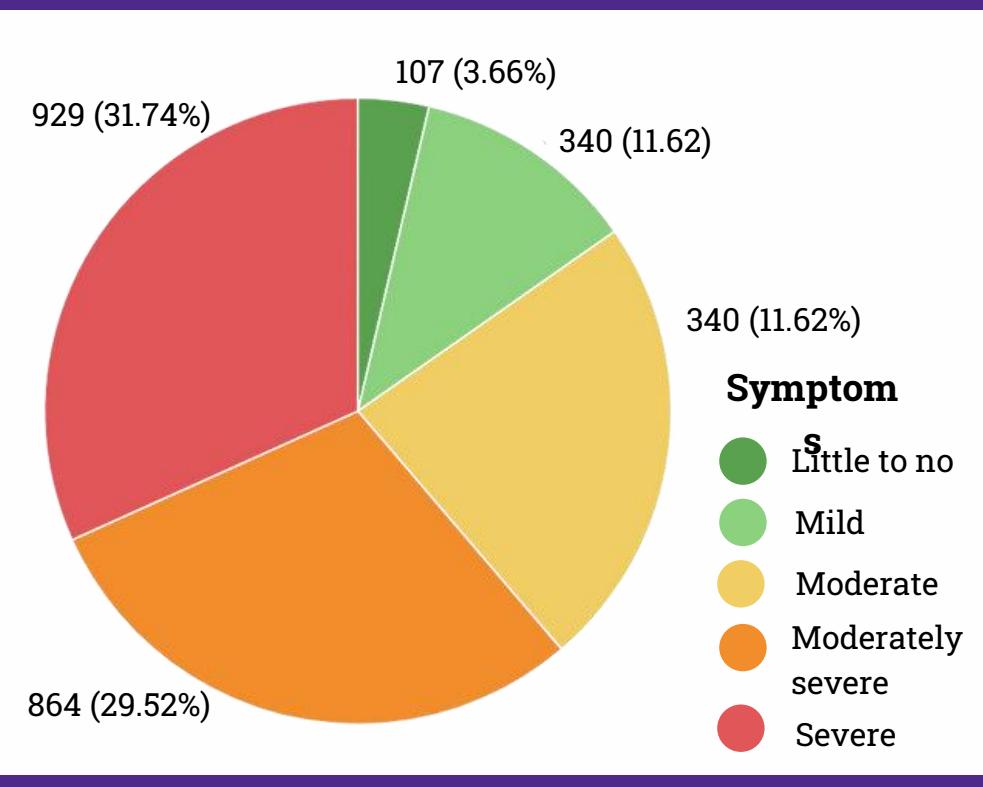
User Activity

- Complete assessments
- Use lists
- Access resources

Reach

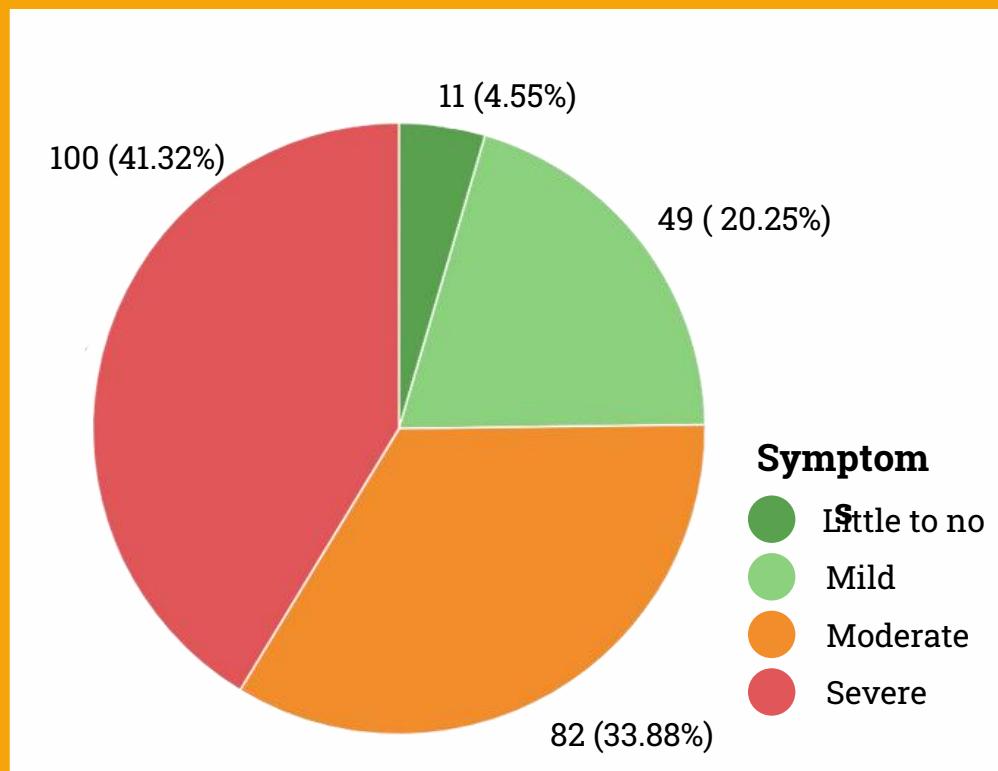
Are Your 'Off Days' a Sign of Depression

Measures the severity of depression symptoms. Specifically, it measures Major Depressive Disorder as the questions are based on the Patient Health Questionnaire (PHQ-9)



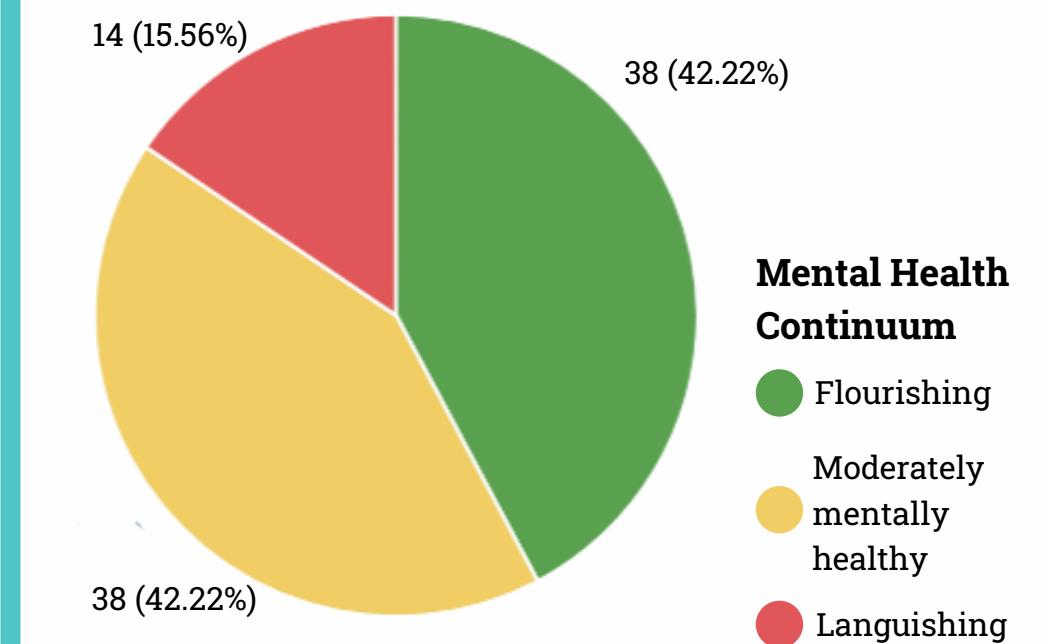
Are Your 'Worry Days' a Sign of Anxiety

Measures severity of anxiety symptoms. Specifically, it measures Generalized Anxiety Disorder as the questions are based off the 7-item Generalized Anxiety Disorder scale (GAD-7).



Mental Health Check-in

Provides users with a glimpse into three dimensions of mental health and wellbeing: Flourishing, Anxiety, and Depression.



Top 3 Assessments

last updated 9/22/25

User Feedback



"I feel like this is a credible website. It was easy to do the assessments. The information about managing stress and anxiety was interesting and new to me. I also liked when you choose a topic it gives you lots of tips about that topic."

-A local middle schooler



"I have personally found Clark County Thrive to be incredibly easy to use and was excited to share it with my teenagers. Since the pandemic we've been concerned about their mental health and this resource has helped us better understand their needs and support them in building resilience and improved mental health."

-A local mom of three teenagers



"Clark County Thrive informed me on a lot of subjects I didn't previously think mattered that much. Specifics like maintaining your sleep cycle and how often you socialize, for example. It seems much more accurate than most other sources, so that's pretty helpful too." **-A local high school sophomore**

Successes

- ★ Presented to 35 organizations and 765 people.
- ★ Enthusiastic community feedback
- ★ Average of 888 users per month
- ★ Platform included on 10 community resource pages
- ★ Toolkit was shared with more than 65 people



Next Steps

Collect survey data



Connect with local hospitals and providers



Creative marketing and promotion



Evaluate and assess data and efforts



Questions?



Heidi Laird, CHES
Health Educator
lairdh@snhd.org
702.406.0589

Personality Big 5

*Find out where your personality lies
in the Five-Factor Model!*



clarkcountythrive.crediblemind.com

Thank you!



280 S Decatur Blvd, Las Vegas, NV 89107



[Facebook.com/SouthernNevadaHealthDistrict](https://www.facebook.com/SouthernNevadaHealthDistrict)



[@SNHDinfo](https://twitter.com/SNHDinfo)



[YouTube.com/SNHealthDistrict](https://www.youtube.com/SNHealthDistrict)



[@southernnevadahealthdistrict](https://www.instagram.com/southernnevadahealthdistrict)

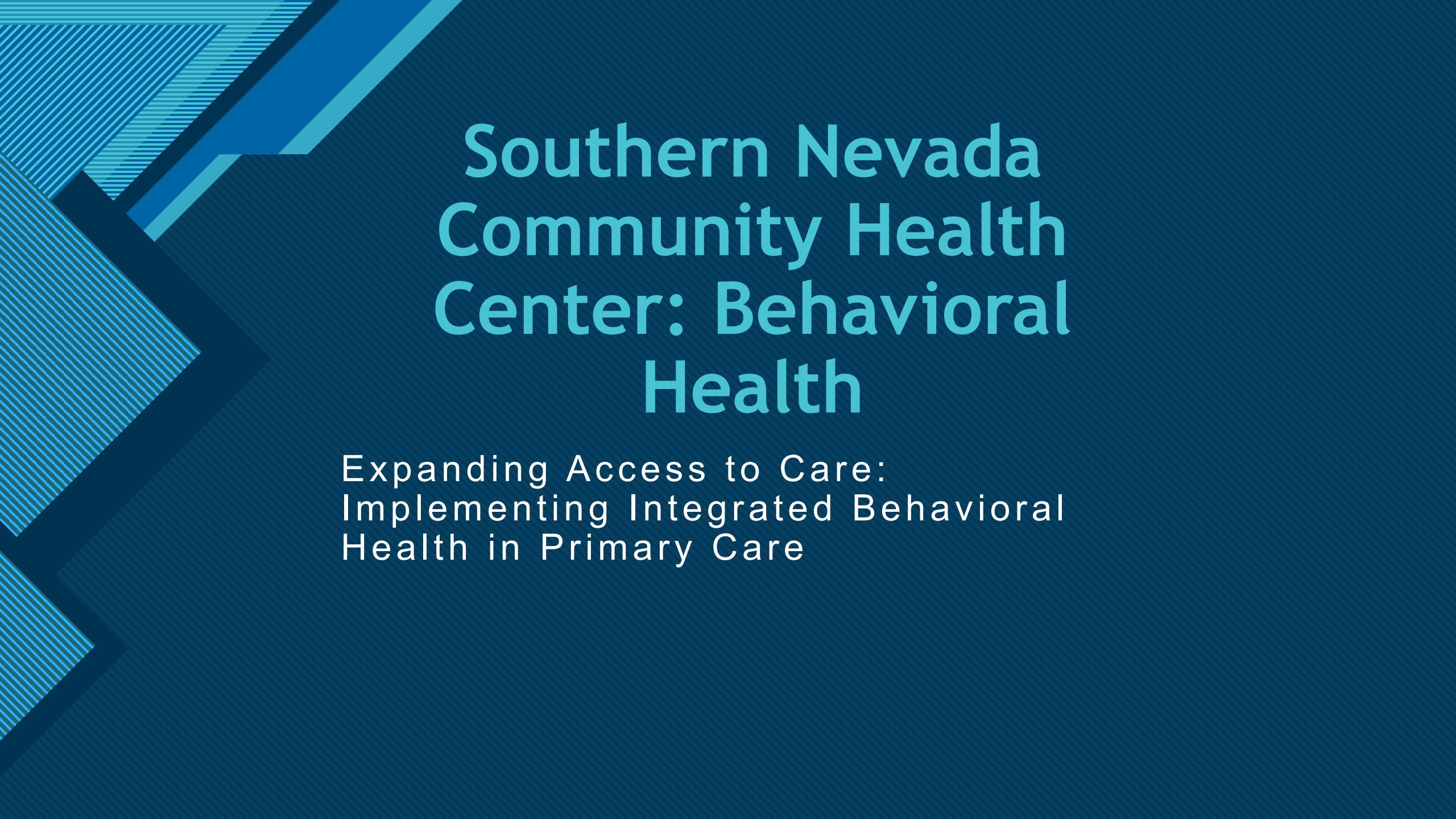
References

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Proctor, E., Silmere, H., Raghavan, R., Hovmand, P., Aarons, G., Bunger, A., Griffey, R., & Hensley, M. (2010). Outcomes for Implementation research: conceptual distinctions, measurement challenges, and research agenda. *Administration and Policy in Mental Health and Mental Health Services Research*, 38(2), 65–76. <https://doi.org/10.1007/s10488-010-0319-7>

RE-AIM. (2023). RE-AIM – Home – Reach Effectiveness Adoption Implementation Maintenance. RE-AIM. <https://re-aim.org/>

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Southern Nevada Community Health Center: Behavioral Health

Expanding Access to Care:
Implementing Integrated Behavioral
Health in Primary Care



BEHAVIORAL HEALTH TEAM

The Behavioral Health (BH) Manager, Tabitha Johnson, is dually licensed in both mental health and substance use and certified in EMDR therapy. She has previously led teams in both non-profit and for-profit settings, as well as in both inpatient and outpatient settings.

BH has two fully licensed mental health therapists who are both trained in EMDR therapy. One, Norma Ramirez-Rodriguez, is bilingual and the other, Taryn Ouma, is also licensed in substance use counseling.

We have a full-time psychiatric nurse practitioner, Elita Pallasigui, who has hospital experience in working with veterans and other vulnerable populations. We also have an existing nurse practitioner, Kikam Yun, who holds dual licensure and he is now serving patients both as a medical nurse practitioner and a psychiatric nurse practitioner at Fremont.

Behavioral Health Team



Tabitha Johnson,
LMFT, LCADC
Behavioral Health
Manager



Norma Ramirez-
Rodriguez, LCSW
Licensed Mental Health
Therapist



Kikam Yun
Psychiatric
APRN

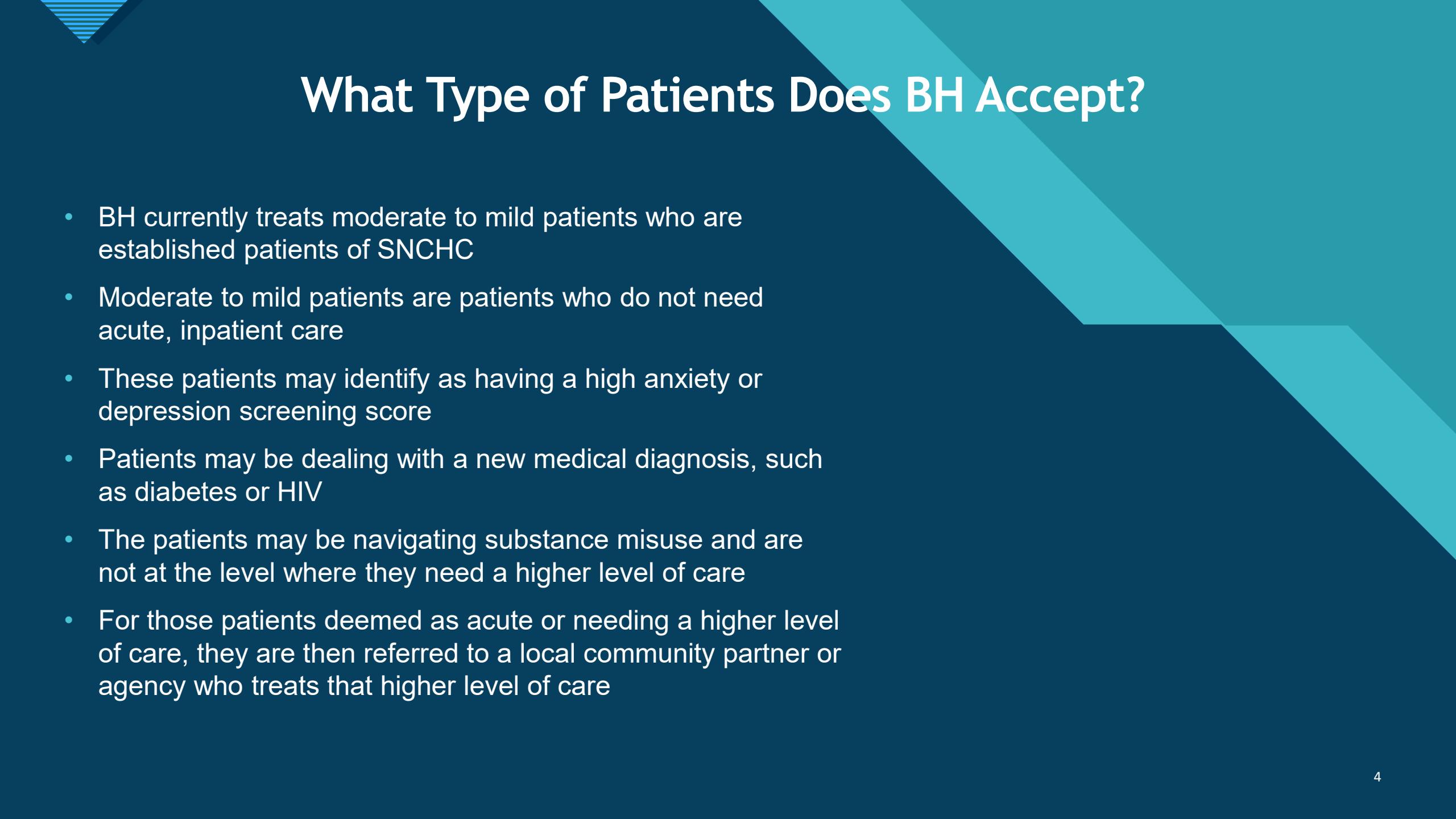


Taryn Ouma, LMFT,
LCADC
Licensed Mental Health
Therapist



Elita Pallasigui
Psychiatric APRN

BH Currently
Offering
1:1 Mental
Health Therapy
1:1 Substance
Use Counseling
Psychiatric
Evaluations
Medication
Management
Group Therapy



What Type of Patients Does BH Accept?

- BH currently treats moderate to mild patients who are established patients of SNCHC
- Moderate to mild patients are patients who do not need acute, inpatient care
- These patients may identify as having a high anxiety or depression screening score
- Patients may be dealing with a new medical diagnosis, such as diabetes or HIV
- The patients may be navigating substance misuse and are not at the level where they need a higher level of care
- For those patients deemed as acute or needing a higher level of care, they are then referred to a local community partner or agency who treats that higher level of care

Patient- Centered Medical Home (PCMH)

- It is the goal of Southern Nevada Community Health Center (SNCHC) to receive the Patient-Centered Medical Home (PCMH) designation, with the help of SNCHC's Medical Director. SNCHC is actively engaged in this process.
- A PCMH is a model of primary care that uses a team-based approach to coordinate patient care. The goal is to provide high-quality, cost-effective care that is culturally appropriate and accessible.
- By receiving the PCMH designation, SNCHC will be able to create and sustain collaboration across all clinics, to include behavioral health.

Integrated Care Delivery Model Vision

- Improved communication across all departments to assist patients with behavioral health needs to be seen in a timely manner
- Coordination between Ryan White program for newly diagnosed HIV patients to receive behavioral health assessment ideally on the same day as meeting with their medical provider
- Daily huddles and pre-visit planning between behavioral health staff and medical staff to ensure that scheduled patients who have a behavioral health need are seen during that day
- BH staff members at Decatur rotate and are present on the clinic floor daily
- BH staff member at Fremont is actively involved in daily integrated care in between scheduled patients

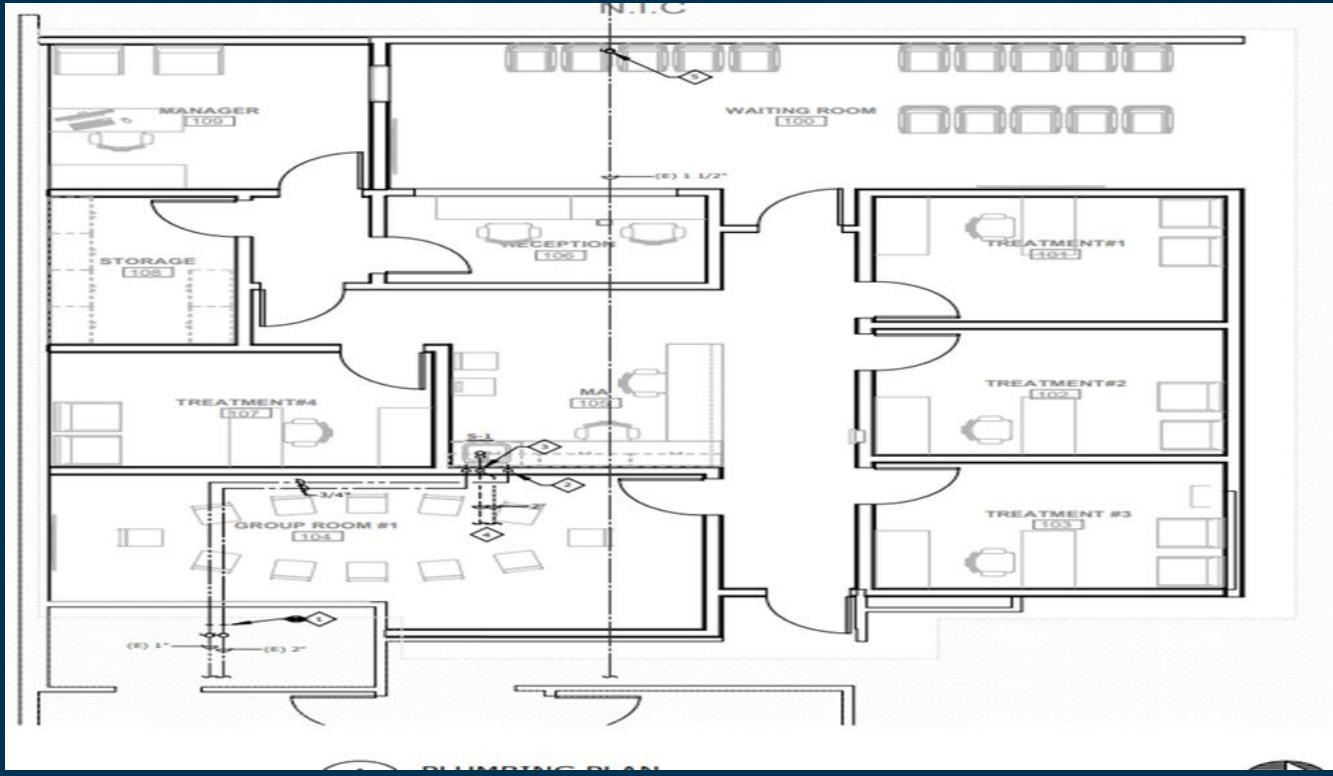
HRSA Technical Assistance

- BH received technical assistance through a consulting agency that is funded through HRSA
- Onsite and virtual training were provided to all pertinent staff
- This technical assistance was brought to both the Behavioral Health team and the medical team in March of 2025, and has bolstered and fostered the culture of integrated care
- These efforts have created a more cohesive experience for both patients and staff

Behavioral Health Space “Annex B”

- This new space consists of 4 therapy rooms and a group room as well as a Manager's office
- The space allows for added services, such as group therapy and health education groups
- BH currently offers group therapy for patients who are newly diagnosed with HIV and future groups will be added such as stress management and other health education oriented topics

Behavioral Floor Plan “Annex B”



Patient Success Story

A patient was needing assistance in obtaining his birth certificate. One of SNCHC's Community Health Workers (CHW), assessed that the patient had other needs. The patient then met with the medical providers and was treated for various infectious diseases. The patient was actively using substances and was open to treatment.

The patient met with the BH team for an assessment. It was deemed that he needed a higher level of care. The CHW was able to find a foster home for the patient's emotional support animal. The patient entered a treatment program and has been able to commit to his recovery. He has since been back to the clinic to meet with his providers and shared that he is doing well and continues to stay clean from substances.

This is a testament to the growing success of integrated care at SNCHC.

Questions?

Thank You

**Tabitha Johnson, LMFT, LCADC
Behavioral Health Manager
702-759-0963
johnsont@snhd.org**



Wastewater Surveillance and Mass Gatherings in Las Vegas

Public Health Advisory Board
Monday, October 13, 2025

Anil T. Mangla, MS, PhD, MPH, FRIPH,
Director of Disease Surveillance and Control, Southern Nevada Health District



Cassius Lockett
SNHD



Anil T. Mangla
SNHD



Kimberly Franich
SNHD



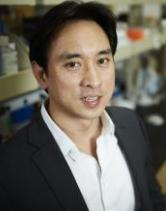
Lei Zhang
SNHD



Brandon Delise
SNHD



Rebecca Topol
SNHD



Edwin Oh
UNLV



Dan Gerrity
SNWA



Dan Fischer
CCWRD



Casey Barber
SNWA



Agenda

- **Las Vegas: Unique Public Health Challenges**
- **Case Studies:** HLTH Conference, Formula 1, New Year's Eve, Superbowl
- Data Findings & Lessons Learned
- Conclusion & Recommendations



Learning Objectives

- Illustrate the utility of wastewater-based epidemiology (WBE) as a sentinel surveillance system for the early detection of infectious disease outbreaks at the population level.
- Examine approaches for integrating wastewater surveillance indicators with conventional epidemiologic data

Introduction

- Wastewater surveillance in Las Vegas provides a non-invasive, community-wide method to monitor the prevalence of infectious diseases, including COVID-19 and other pathogens.
- This approach offers a cost-effective and comprehensive tool to assess public health trends across different neighborhoods and populations within Las Vegas.
- Wastewater data can help inform targeted public health interventions, resource allocation, and policy decisions to control disease spread.
- Implementing wastewater surveillance in Las Vegas enhances preparedness and response capabilities for current and future public health challenges.



Las Vegas Public Health Landscape

- 42+ million annual visitors
- Frequent major events:
- Population Density & Transience: Large gatherings create concentrated, short-term populations that challenge traditional case-based surveillance.
- Early Warning Capacity: Wastewater surveillance provides near real-time detection of pathogens (e.g., SARS-CoV-2, influenza, norovirus, poliovirus) in mass gatherings where clinical reporting lags.
- Non-Intrusive & Inclusive: Captures health signals from both residents and visitors, including those not seeking medical care.
- Resource Optimization: Enables targeted deployment of public health interventions (testing, vaccination, Narcan Distribution communication) during high-profile events.
- Collaborative Infrastructure: Strong partnerships between SNHD, utilities, UNLV, and event organizers provide a scalable model for integrating wastewater into emergency preparedness.



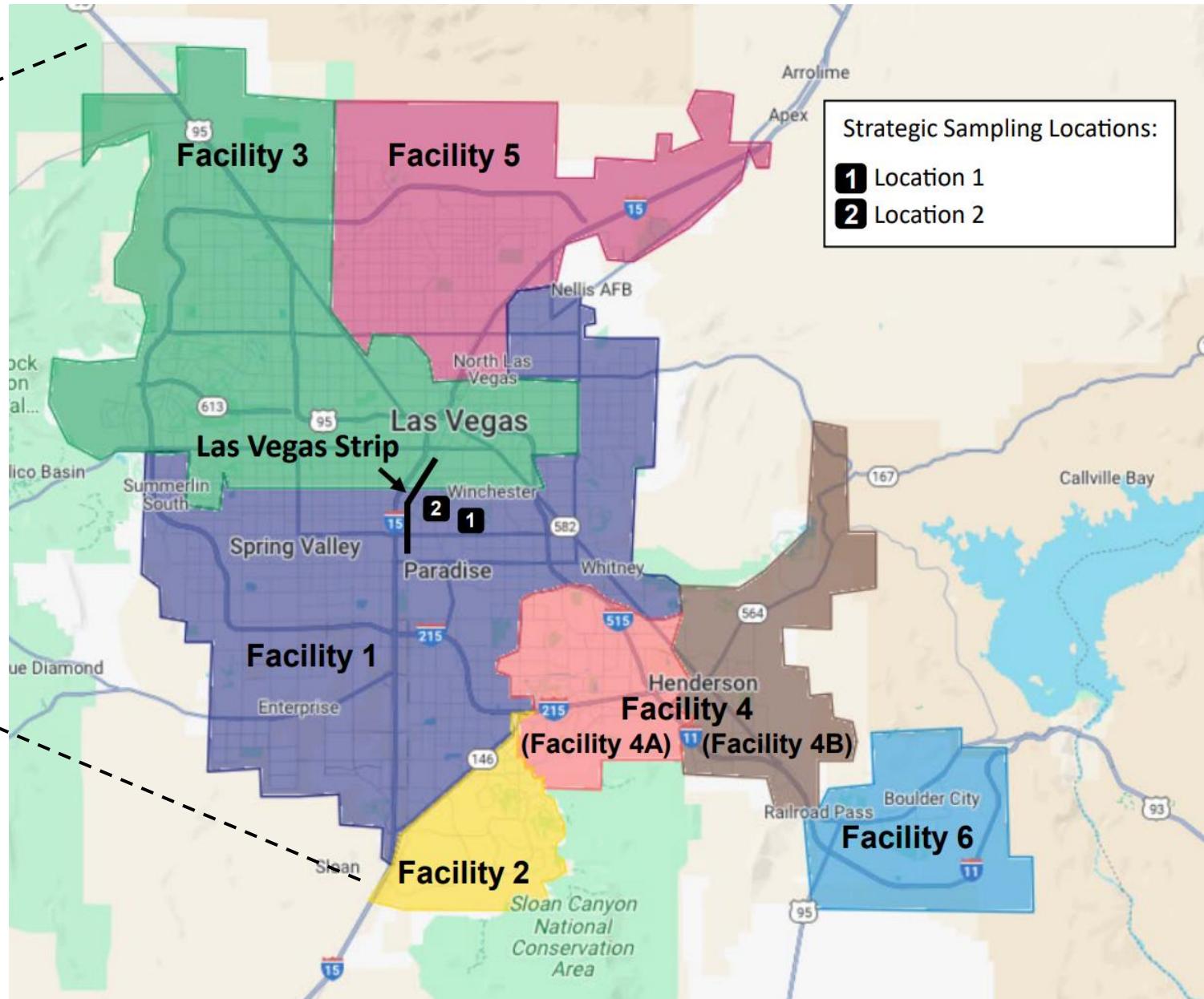
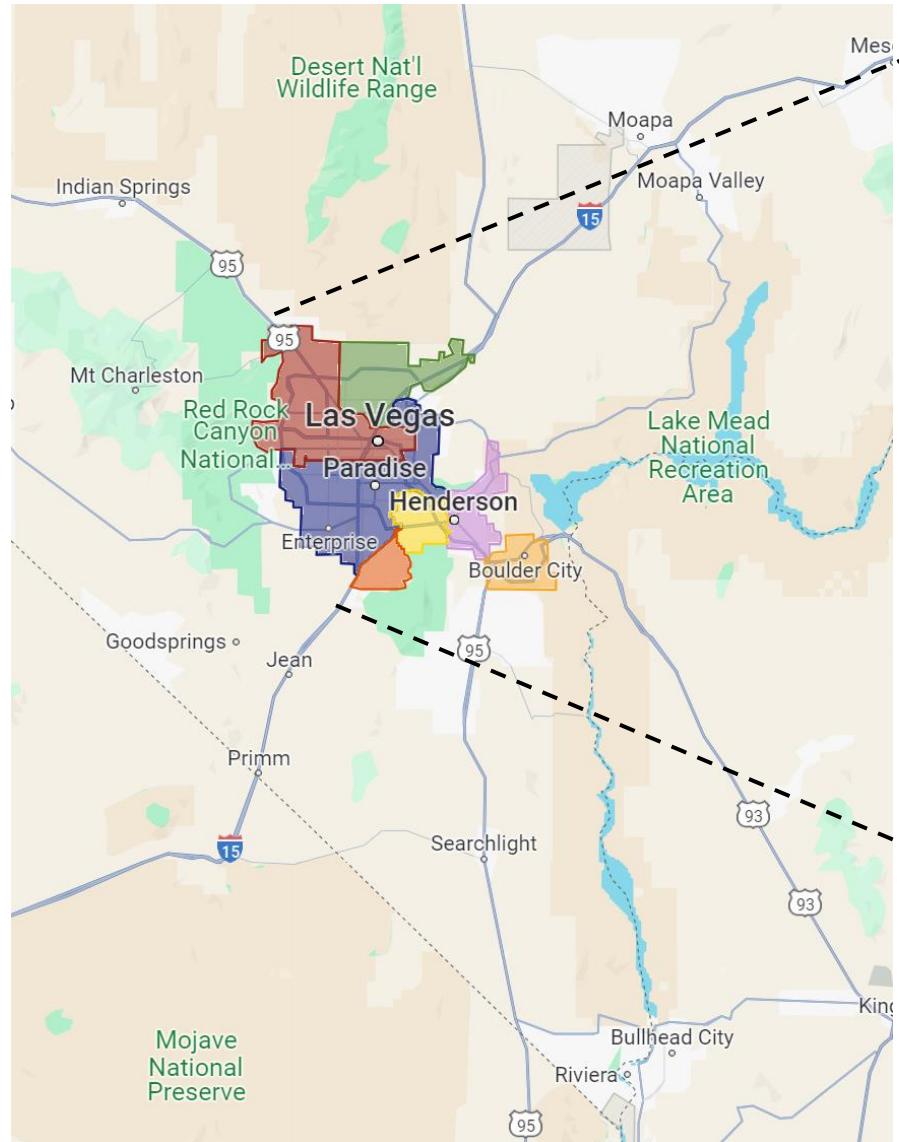
Event	SEAR rating	Venue	MMWR Week	Total Attendance
Electric Daisy Carnival	3	Las Vegas Motor Speedway	20	550,000
National Association of Broadcasters	3	Las Vegas Convention Center	14	515,000
Formula 1: Las Vegas Grand Prix	3	Grand Prix Plaza	47	360,000
Automotive Aftermarket Industry Week	3	The Venetian Expo	1	320,000
Las Vegas New Year's Eve	2	Las Vegas Strip	1	300,000

There were at least 26 events in Las Vegas during 2025 with a total attendance greater than 100,000

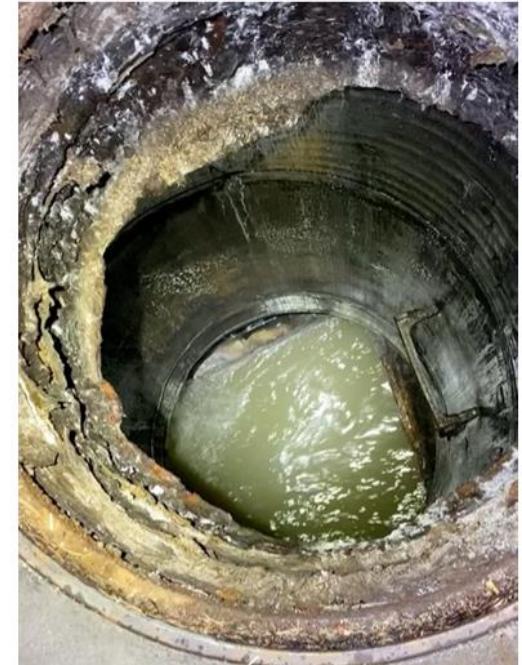
Truncated List of Events in Las Vegas

2025 SEAR Level 2 and 3 Events

Event Name	SEAR	Venue Address	Start Date	End Date	Daily Attendance
AWS re:Invent	3	Various	12/1/2024	12/6/2024	50000
Amazon Web Services - re:Invent	3	3355 S Las Vegas Blvd	12/2/2024	12/6/2024	50000
Winterfest Parade	3	S. Water St	12/5/2024	12/6/2024	35000
George Strait @ Allegiant Stadium	3	3333 Al Davis Way	12/7/2024	12/7/2024	50000
Gartner IT IOCS Conference	3	3355 South Las Vegas Boulevard	12/10/2024	12/12/2024	40000
NFL: 2024-2025 Las Vegas Raiders Game 6	3	3333 Al Davis Way	12/16/2024	12/16/2024	63132
NFL: 2024-2025 Las Vegas Raiders Game 7	3	3333 Al Davis Way	12/22/2024	12/22/2024	63132
Las Vegas New Year's Eve	2	Las Vegas Blvd	12/31/2024	1/1/2025	300000
Consumer Electronic Show (CES)	3	3150 Paradise Road	1/7/2025	1/10/2025	80000
SHOT Show	3	201 Sands Avenue	1/21/2025	1/24/2025	55000
World of Concrete	3	3150 S Las Vegas Blvd	1/21/2025	1/23/2025	37000
UNLV: Men's Basketball	3	4505 S Maryland Pkwy	2/7/2025	3/9/2025	18000
Rock 'n' Roll Marathon Weekend	3	Las Vegas Blvd, East Harmon Ave, Audrie St,	2/22/2025	2/23/2025	25000
International Builders Show	3	3150 S Las Vegas Blvd	2/25/2025	2/27/2025	68000
Rugby League Las Vegas	3	3333 Al Davis Way	3/1/2025	3/1/2025	50000
ASD Las Vegas	3	3150 Paradise Rd	3/9/2025	3/12/2025	44000
NASCAR Pennzoil 400	3	7000 N Las Vegas Blvd	3/14/2025	3/16/2025	30000
NASCAR: NCTS Race at Las Vegas	3	7001 Las Vegas Blvd N	3/14/2025	3/14/2025	80000
St. Patrick's Day Weekend (Las Vegas)	3	E Fremont St	3/14/2025	3/17/2025	25000
NASCAR: Xfinity Series Race at Las Vegas	3	7001 Las Vegas Blvd N	3/15/2025	3/15/2025	80000
Southern Nevada Sons & Daughters of Erin St. Patrick's Day Festival and Parade	3	S. Water St	3/15/2025	3/17/2025	35000
NASCAR: Cup Series Pennzoil 400	3	7001 Las Vegas Blvd N	3/16/2025	3/16/2025	80000
Aviation Nation	3	4900 N Las Vegas Blvd	4/5/2025	4/6/2025	100000
National Association of Broadcasters Show	3	3150 Paradise Rd	4/5/2025	4/9/2025	60000
Clark County Fair and Rodeo	3	1301 Whipple Ave	4/9/2025	4/13/2025	50000
WrestleMania	3	3333 Al Davis Way	4/19/2025	4/20/2025	50000
Sick New World	3	311 W Sahara Ave	4/26/2025	4/26/2025	65000
Sick New World Festival	3	2880 S Las Vegas Blvd	4/26/2025	4/26/2025	60000
Lovers and Friends	3	311 W Sahara Ave	5/3/2025	5/3/2025	65000
Lovers and Friends Festival	3	2880 S Las Vegas Blvd	5/3/2025	5/3/2025	60000
ServiceNow	3	3799 S Las Vegas Blvd	5/6/2025	5/8/2025	25000
Henderson Art Festival	3	S. Water St	5/11/2025	5/11/2025	35000
Electric Daisy Carnival	3	7000 Las Vegas Blvd North	5/16/2025	5/18/2025	185000
4th of July Celebration (Henderson)	3	350 E Racetrack Rd	7/4/2025	7/4/2025	35000
4th of July Parade (Las Vegas)	3	3rd st	7/4/2025	7/4/2025	20000
CosmoProf North America	3	3950 S Las Vegas Blvd	7/15/2025	7/17/2025	35000



Sampling Locations



Wastewater Treatment Plant

Hospital

Residential

Las Vegas Strip

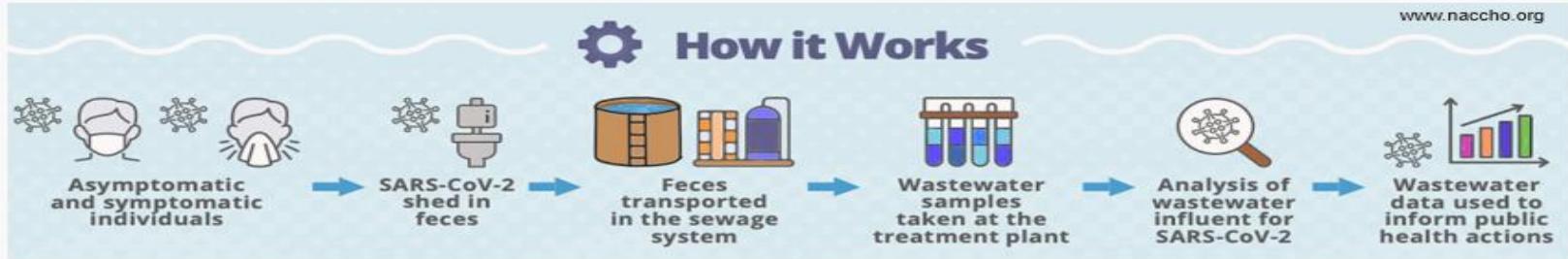


Airport

Bars

**Flamingo Wash
(Unsheltered Individuals)**

**Tropicana Wash
(Unsheltered Individuals)**



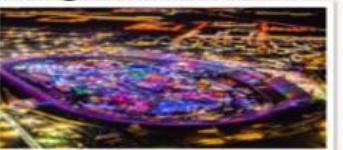
Communities



Airport



Large events & F1



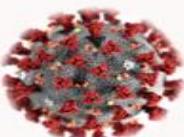
Super Bowl



Schools



Respiratory Viruses



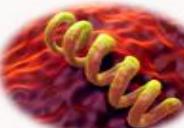
Mpox



Drugs (Fentanyl)



Syphilis



Influenza



Candida auris



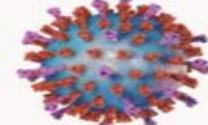
Legionella



Gonorrhea



RSV



Poliovirus



Norovirus



Chlamydia



(Re)Emerging Public Health Threats

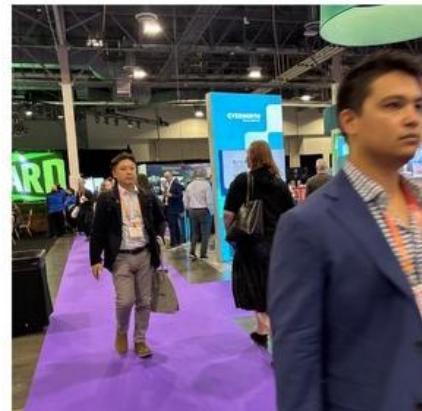
Historical Water Industry Targets

Sexually Transmitted Infections

Case Study 1: HLTH Healthcare Conference Preparation

- **Date:** July 2025
- **Identified Targets:** SARS-CoV-2
- RSV, Influenza A and B, Enterovirus D68, Norovirus, Mpox, Hepatitis A
- **Messaging:** Collaborated with Verily on a daily basis for data interpretation.

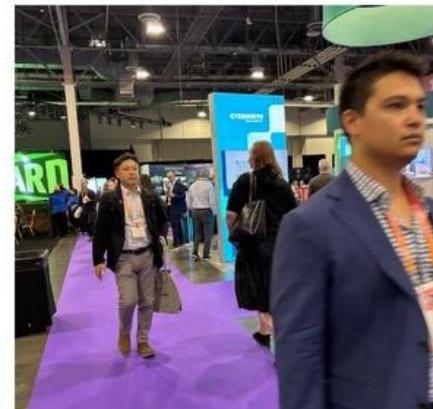
KEY TAKEAWAYS – HLTH CONFERENCE 2024



Case Study 1: HLTH Healthcare Conference Outcome

- **Event Date:** 19-22, October 2024
- **Population:** 15,000+ health professionals.
- **Surveillance:** WWS at convention center and surrounding hotels.
- **Findings:** Mild Norovirus and COVID-19 uptick post-event.

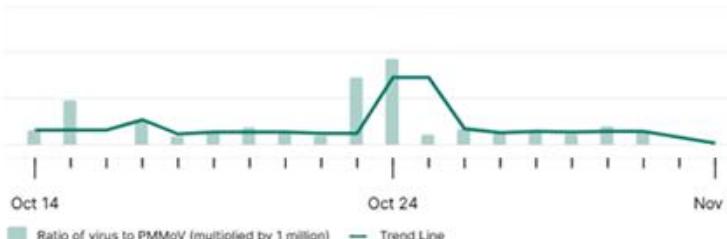
KEY TAKEAWAYS — HLTH CONFERENCE 2024



Case Study 1: HLTH Healthcare Conference

SARS-CoV-2

Highlight HLTH dates



For more information about wastewater data, [visit our FAQ](#)

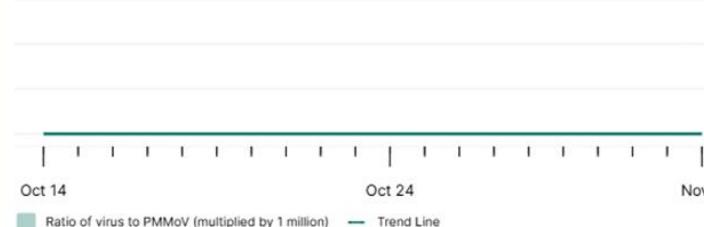
From the Southern Nevada Health District:

What is SARS-CoV-2?

SARS-CoV-2 is the virus that causes COVID-19 which can spread from person to person. Symptoms can range from mild to severe illness. People can be asymptomatic and still spread the virus to others. [Find more information](#)

Mpox virus

Highlight HLTH dates



For more information about wastewater data, [visit our FAQ](#)

From the Southern Nevada Health District:

What is Mpox virus?

Mpox is a rare disease that can make you sick, including a rash and flu-like symptoms. It is spread through direct contact with infected wild animals, through close contact (including intimate or sexual contact) with a person with mpox, and through contact with contaminated materials. [Find more information](#)

Norovirus GII

Highlight HLTH dates



For more information about wastewater data, [visit our FAQ](#)

From the Southern Nevada Health District:

What is Norovirus GII?

Norovirus is the leading cause of vomiting and diarrhea, and foodborne illness in the U.S. It is very contagious and infects people of all ages. While it lasts only a few days, there is no specific treatment. Those ill are at risk of dehydration and should drink plenty of liquids. [Find more information](#)

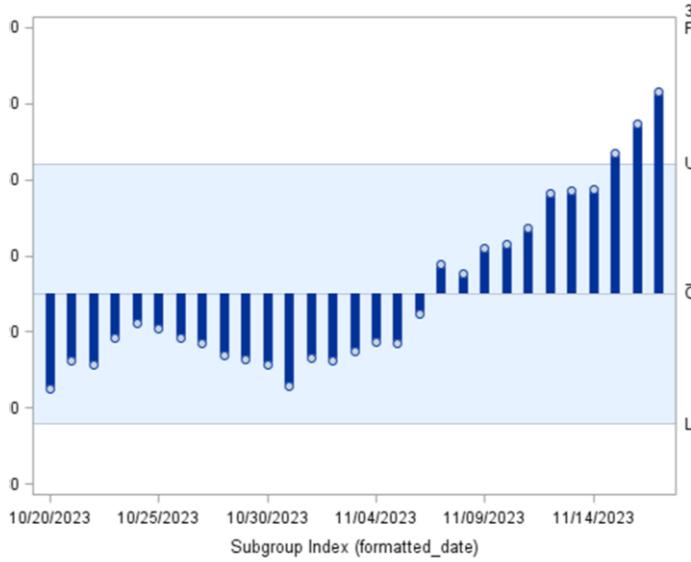
Case Study 2: Formula 1 Grand Prix



- **Event Date:** November 2024
- **Population:** 300,000+
- **Surveillance Points:** Stadium, major hotels, and strip.
- **Findings:** Increased opioid detection, influenza, RSV, and Norovirus signals.

Daily Situational Awareness Report (DSAR)

c Chart for MA



Daily Situational Awareness Report		
12/26/2024		
Overall Alert Level:	LOW	Alert Level = Low
BioWatch:		
Green	No actionable results	Alert Level = Low
Yellow	Actionable result, not pursued	
Red	Actionable result, response required	
ESSENCE:		
Syndromes monitored over the past 72 hours: gastrointestinal illness, respiratory illness (ILI, COVID) and injury (overdose, MVC, firearm)		
Green	No Essence Warning or Alert	Alert Level = Low
Yellow	Essence Warning	
Red	Essence Alert	
Syndrome	Alert Level	
CDC All Drug V3	Low	
CDC Opioid V4	Low	
CDC Fentanyl V2	Low	
CDC Stimulants V4	Low	
CDC Alcohol	Low	
Norovirus	Low	
ILI (ESSENCE)	Low	
CDC ILI	Low	
CDC Fever Cough SOB Neg Flu	Low	
CDC Firearm	Low	
CDC Pneumonia	Low	
CDC Food Poisoning	Low	
CDC Measles CDDD V1	Low	
CDC COVID	Low	
CDC Pertussis V1	Low	
CDC RSV V1	Low	
CDC Smallpox V1	Low	
Heat V2	Low	
CDC MPOX DD V1	Low	
Foodborne Illness Reporting (Weekdays only, no weekends or holidays)		
Foodborne illnesses will be investigated if there are reports in ≥2 ill in unrelated groups, OR ≥ 3 ill not in a shared household, OR ≥4 ill in a shared household within the last 14 days.		
Green	≤ 2 Standard deviations	Alert Level = Low
Yellow	>2 and < 3 Standard deviations	

Preliminary Death Reports:	
Report of preliminary causes of death related to violent injury or overdose	
Green	Overall numbers and causes at baseline
Yellow	Abnormalities in numbers or causes, not pursued
Red	Abnormalities in numbers or causes, response required
EMS Reports:	
Overall number of calls reported	
Green	≤ 2 Standard deviations
Yellow	>2 and < 3 Standard deviations
Red	≥ 3 Standard deviations
Wastewater Surveillance:	
Clark County Water Reclamation District (CCWRD) Flamingo Water Resource Center (FWRC) Alert Level	
Pathogen	Alert Level
SARS-CoV-2	Medium
RSV	High
Influenza A	High
Norovirus	High
Note – These wastewater data derive from Wastewater Scan – January 8	
Notes: Poison Control Feed is down, not sure how long it will take to get the new system set up. BioWatch surveillance for NYE has concluded.	

Communication and Messaging



FOR IMMEDIATE RELEASE:

November xx, 2024

Norovirus — It's not the flu!

Health District reports increase in norovirus

LAS VEGAS — The Southern Nevada Health District is reporting an increase in norovirus detected in community wastewater. Often referred to as the "stomach flu," norovirus is not related to the influenza virus. It is the leading cause of vomiting, diarrhea and foodborne illness in the United States.

Cases of norovirus typically begin to increase in November. The most common symptoms include diarrhea, vomiting, nausea and stomach pain. Other symptoms can include fever, chills, headache, muscle aches and fatigue. Most people who contract the virus recover within one to three days. However, older adults, young children and people with other medical conditions may be at higher risk of severe infections. Frequent vomiting and diarrhea can also lead to dehydration.

Norovirus spreads easily and quickly. People can contract it from direct contact with someone who is infected, such as when caring for them or sharing food or eating utensils. The virus can also be spread by consuming contaminated food or drinks or by touching contaminated objects or surfaces and then putting unwashed hands in the mouth. It is possible to spread norovirus for up to two weeks or more after symptoms have resolved.

The Health District urges the public to take the following precautions to protect themselves and others:

- Wash hands frequently with soap and running water for 20 seconds, especially after going to the bathroom, changing a diaper or before preparing food.
- Thoroughly cook shellfish and wash fruits and vegetables before consumption.
- Clean and disinfect contaminated surfaces after someone is sick.
- Don't eat food prepared by someone with norovirus or prepare food if experiencing symptoms.
- Stay home if symptoms develop and for two days (48 hours) after symptoms stop.

"As we approach the holiday season people will be spending more time at gatherings with family and friends," said Dr. Fermin Leguen, District Health Officer for the Southern Nevada Health District. "I encourage everyone to take steps to keep themselves and their loved ones healthy, including getting their updated flu and COVID-19 vaccines if they haven't already done so."

More information about norovirus is available on the Centers for Disease Control and Prevention website at [CDC Norovirus](https://www.cdc.gov/norovirus). For flu and COVID-19 vaccine information, visit the Health District website at www.snhd.info.

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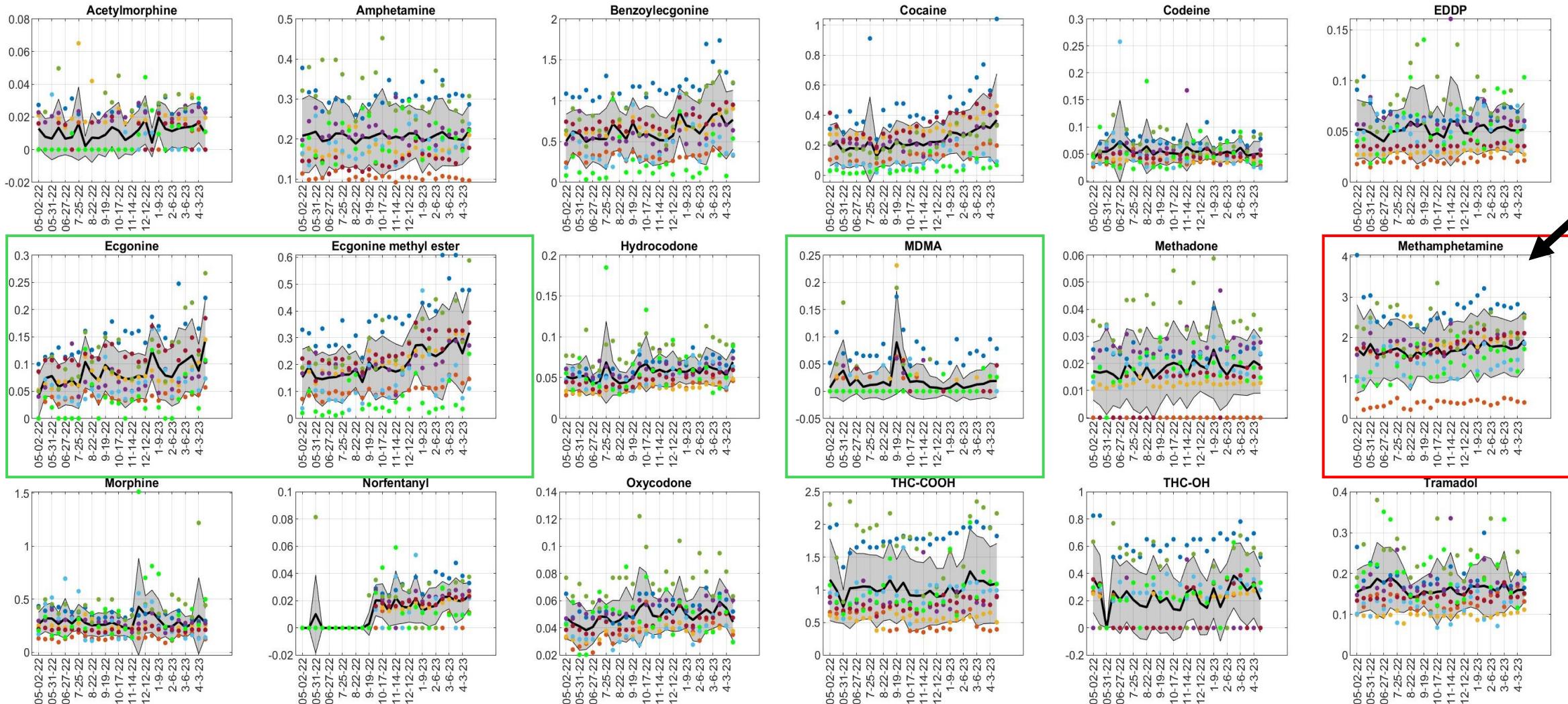
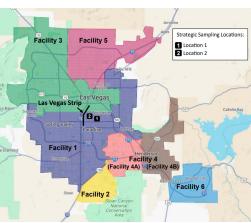
The Southern Nevada Health District serves as the local public health authority for Clark County, Boulder City, Henderson, Las Vegas, Mesquite and North Las Vegas. The agency safeguards the public health of the community's residents and visitors through innovative programs, regulations, and initiatives focused on protecting and promoting their health and well-being.

Case Study 3: New Year's Eve 2025



- **Event Date:** December 31, 2024
- **Population:** 400,000+ attendees on the Strip.
- **WWS Focus:** SARS-CoV-2, RSV, Influenza.
- **Findings:** No major outbreak detected; increased RSV shedding.

Drug Use



Opioids Wastewater Monitoring



REPORTING DATE 4/24/25	OVERALL DETECTION FREQUENCY (N = 9 samples per site to date)			DETECTIONS IN MOST RECENT WEEK (N = 3 samples per site)		
	West	South	East	West	South	East
Fentanyl	0%	0%	0%	0%	0%	0%
Norfentanyl	0%	0%	0%	0%	0%	0%
Xylazine	0%	0%	0%	0%	0%	0%
Heroin	0%	11%	11%	0%	0%	0%
Acetylmorphine	0%	11%	11%	0%	0%	0%
Morphine	0%	33%	56%	0%	1	1
Codeine	0%	0%	11%	0%	0	1
Hydrocodone	0%	0%	0%	0%	0	0
Oxycodone	0%	0%	0%	0%	0	0
Tramadol	0%	0%	11%	0%	0	0
Methadone	0%	0%	0%	0%	0	0
EDDP	0%	0%	0%	0%	0	0
Methamphetamine	22%	56%	56%	2	1	1
Amphetamine	56%	100%	100%	2	3	3
Cocaine	0%	0%	0%	0	0	0
Benzoylegcgonine	0%	11%	11%	0	1	1
Egonine Methyl Ester	0%	0%	0%	0	0	0
Egonine	0%	0%	0%	0	0	0
Norcocaine	0%	0%	0%	0	0	0
THC	0%	11%	22%	0	1	1
THC-COOH	44%	89%	100%	2	3	3
THC-OH	22%	56%	89%	1	3	3
MDMA	0%	0%	0%	0	0	0
MDA	0%	0%	0%	0	0	0

*Samples collected every 2 weeks on Sundays, Mondays, and Tuesdays

Color Code	Overall Detection Frequency	Detections in Most Recent Week
Green	0%	0 / 3
Yellow	1-49%	1 / 3
Red	≥50%	2 or 3 / 3

Lessons Learned

Need for event-specific baseline samples.

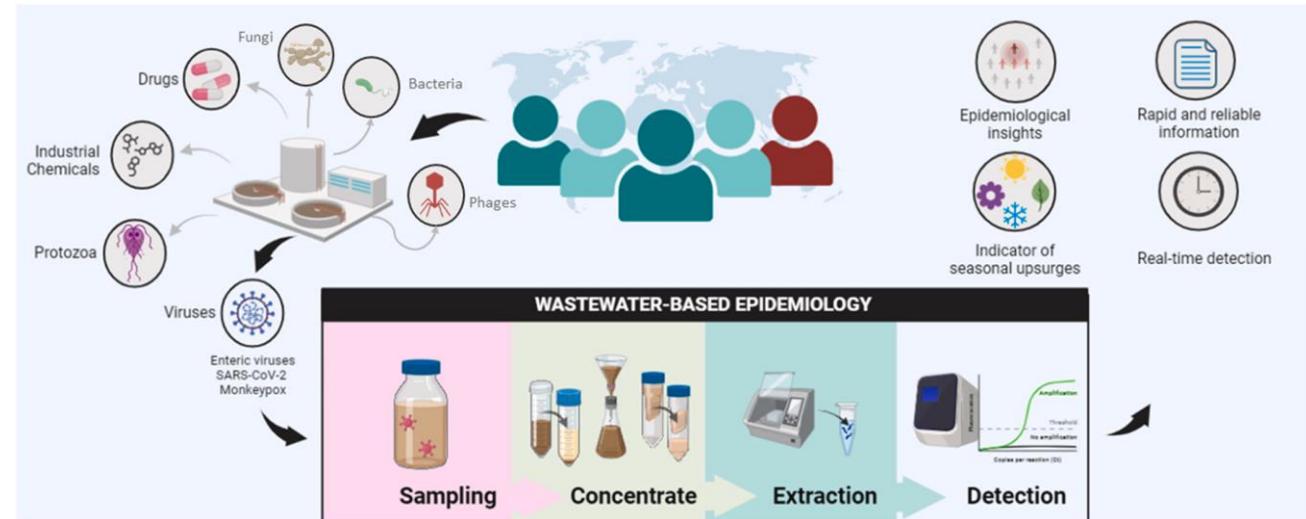
Importance of targeted sampling (stadiums, hotels, airports).

Rapid reporting critical for public health action.



Conclusion

- Wastewater surveillance is an invaluable tool for safeguarding public health during mass gatherings.
- Las Vegas' unique context provides a replicable model for other tourist-centric cities.



Establish reporting of wastewater surveillance test results related to infectious pathogens and other biological substances.





280 S Decatur Blvd, Las Vegas, NV 89107



[Facebook.com/SouthernNevadaHealthDistrict](https://www.facebook.com/SouthernNevadaHealthDistrict)



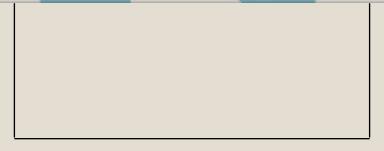
[@SNHDinfo](https://twitter.com/SNHDinfo)



[YouTube.com/SNHealthDistrict](https://www.youtube.com/SNHealthDistrict)



[@southernnevadahealthdistrict](https://www.instagram.com/southernnevadahealthdistrict)



SABINA MALIK

UNR EXTENSION HEALTH AND NUTRITION DEPARTMENT

NICOLE BUNGUM

SNHD OFFICE OF CHRONIC DISEASE PREVENTION & HEALTH PROMOTION

NUTRITION & FOOD SECURITY UPDATE

PUBLIC HEALTH ADVISORY BOARD OCTOBER 13, 2025



University of Nevada, Reno
Extension
College of Agriculture,
Biotechnology & Natural Resources

Food Insecurity

Background

Data

Policy and Legislative Impacts

Projects

Food Insecurity

- Food Insecurity replaces the term “food deserts” to more clearly point to the issue.
 - Deserts are naturally occurring; food deserts are result of poor planning and systemic inequity
 - Field is moving towards Nutrition Security to ensure all people have consistent access to affordable food that promotes a healthy lifestyle.
- 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.



Food Insecure Neighborhood

- Food insecure places are those where most residents don't have access to affordable, nutritious foods.
- The USDA defines a census tract as food insecure if it is both:
 - **Low Income:** The area has a poverty rate of at least 20% and
 - **Low Access:** At least 33% of the population lives more than 1 mile from the nearest grocery store in urban areas (or 10 miles in rural areas).⁽¹⁰⁾
- In 2019, the USDA identified **30 census tracts in Clark County** as food insecure.⁽¹¹⁾
- Vehicle access is another key measure for food insecurity with nearly 8% of homeowners and 15% of renters without access to a car in Nevada.⁽¹²⁾

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.

(11)

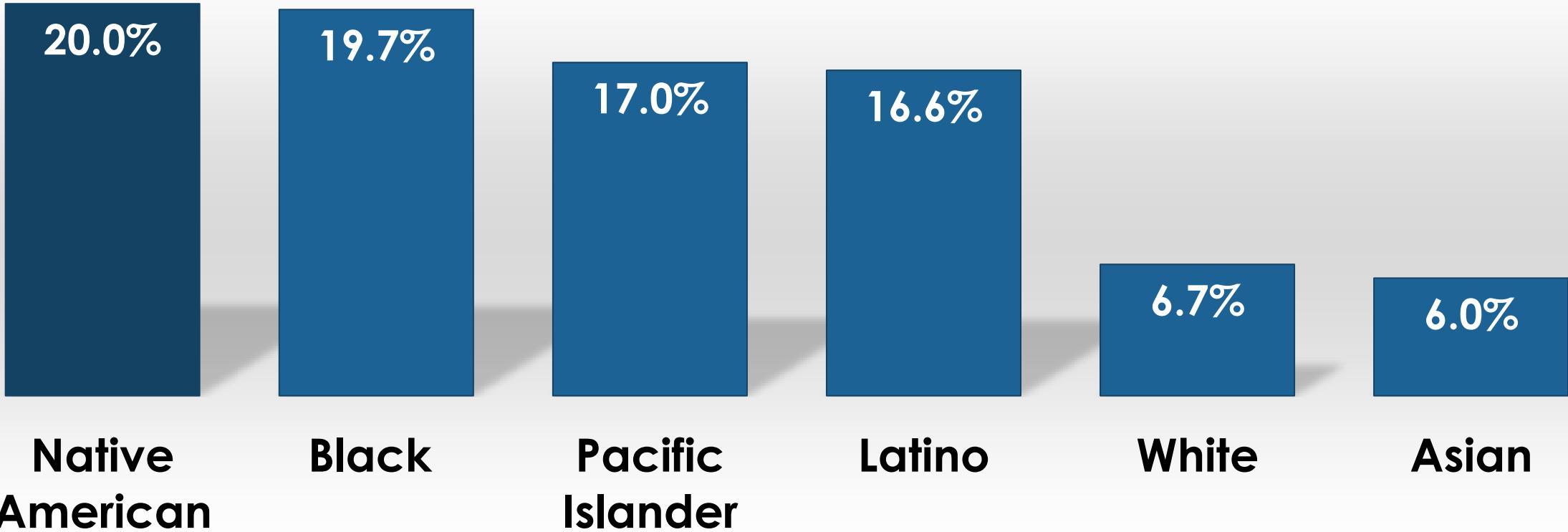


Food Insecurity Rates

- According to Feeding America, over 47 million people in the U.S.—including nearly 14 million children—experienced food insecurity in 2023.⁽¹³⁾
- In that same year, Clark County's food insecurity rate was 16.0%, affecting 366,710 people—higher than both Nevada (15.1%) and the U.S. (14.3%).⁽¹³⁾
- About 22% of children in Clark County, equivalent to 111,180 children, experienced food insecurity in 2023.⁽¹⁴⁾
- In 2023, food insecure residents in Clark County missed an average of 6.26 meals per week. Their average weekly food budget fell short by \$22.71.⁽¹⁴⁾



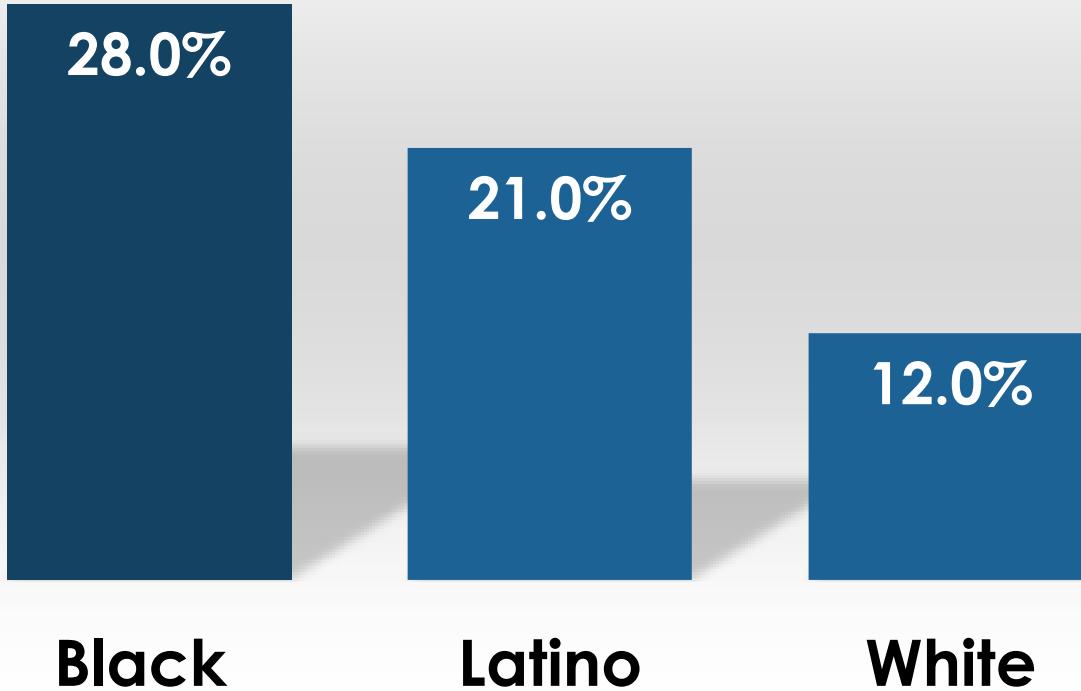
Food Insecurity by Race and Ethnicity in the U.S., 2023



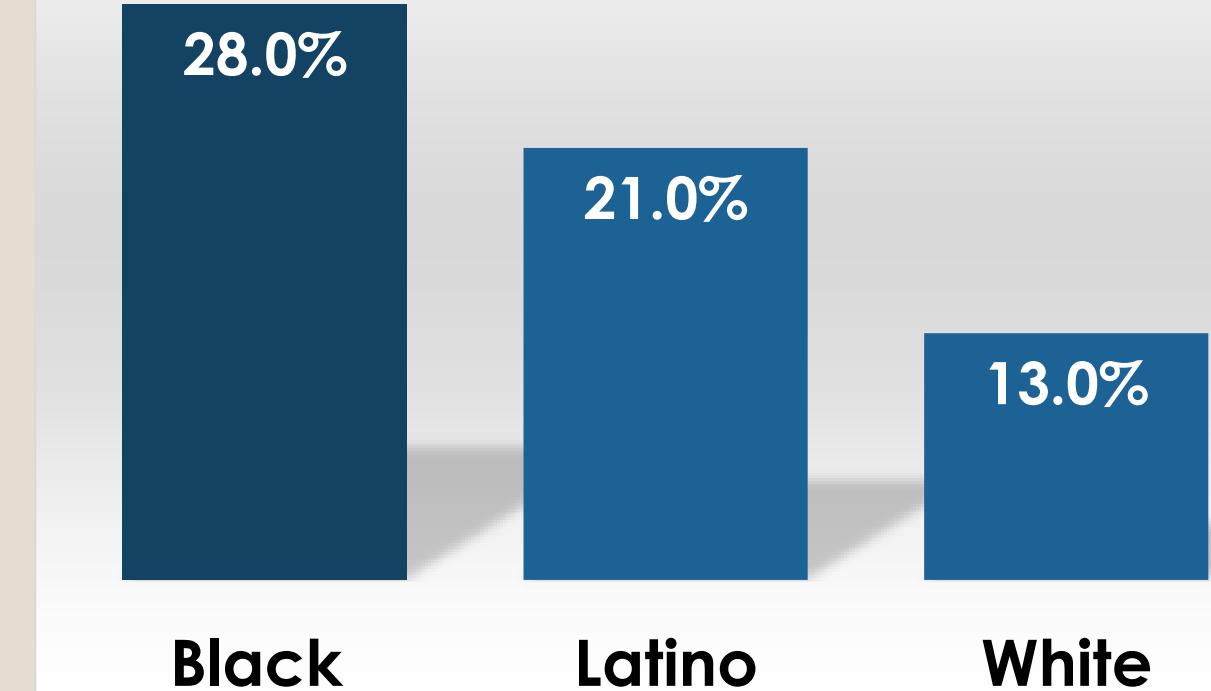
Source: Feeding America, 2025 (based on 2023 data).

Food Insecurity by Race and Ethnicity, 2023

Nevada



Clark County



Source: Feeding America, 2025 (based on 2023 data).

Public Health Impacts

- People who experience food insecurity regularly are more likely to develop chronic diseases such as diabetes and heart disease than those who are food secure.
- Food insecurity has been linked to poor diet and greater risk of obesity and related health conditions.⁽¹²⁾
- Other Impacts of Food Insecurity
 - Diet quality and nutrition impact experiences of psychological stress
 - Deficient nutrition can affect an individual's mood, energy, and cognition
 - Mental Health: Depression, anxiety, and stress
 - Well Being: Social isolation, stigma, and shame
 - School and Work: Difficulty concentrating, have low energy, or miss school and work due to illness (19)

Policy and Legislative Impacts

Federal

- Supplemental Nutrition Assistance Program (SNAP)
 - In 2021, one in seven Nevada residents (453,000 people) received SNAP assistance.
 - 30% of SNAP recipients are older adults and 62% are families with children.(16)
 - Funding reductions and expanded eligibility restrictions included in the federal budget reconciliation law passed in July 2025
 - Estimated \$170 billion reduction over 10 years to SNAP
 - Expanded work requirements
 - Reduced exemptions
 - Nevada NRS waives cumbersome reporting requirements and barriers to SNAP eligibility. These will be overruled by new federal measures making food access more difficult
 - Estimated 10% of those currently enrolled in SNAP in the U.S. will lose benefits due to these changes. Nevada SNAP reports over 140K people will lose benefits in January 2026
 - USDA announced they will no longer publish their annual report measuring food insecurity in the U.S.

NV 2025 Legislative Session Food Policy Bills

- SB 104 School Gardens **PASS**
- SB 233 Home Feeds Nevada **PASS**
- SB 282 Grocery Store Initiative **FAIL**
- AB 246 Prison food study & Good Food Purchasing Program **FAIL**
- AB 268 Universal School Meals **FAIL**
- AB 345 Higher Education Food Security Study **PASS**
- AB 405 Community Garden and Urban Farms **PASS**
- AB 474 Surplus Food Assistance Account DWSS **FAIL**

SB 233 - Home Feeds Nevada

- Council on Food Security to study long-term funding for the Home Feeds Nevada Agriculture Food Purchase Program
- Report due to Legislature by 2027; Council may request one bill draft
- \$800,000 appropriated to support food purchases for the program

SB 233 - Home Feeds Nevada

- Council on Food Security to study long-term funding for the Home Feeds Nevada Agriculture Food Purchases Program
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- \$800,000 appropriated to support food purchases for the program

AB268 - Universal School Meals

- Providing universal school breakfast and lunch for all students in Nevada for school districts meeting certain requirements.
- Agriculture for the purpose of awarding grants of money to Nevada school districts to provide universal free breakfast and lunch to Nevada pupils the following sums:
 - For the Fiscal Year 2025-2026..... \$43,000,000
 - For the Fiscal Year 2026-2027..... \$43,000,000

AB268 - Universal School Meals

- Providing universal school breakfast and lunch to Nevada school districts meeting certain criteria
- Agriculture for the State of Nevada to provide money to Nevada school districts to provide free breakfast and lunch to Nevada pupils the following fiscal years:
 - For the Fiscal Year 2023-2024.....\$43,000,000
 - For the Fiscal Year 2024-2025.....\$43,000,000

FAILED

AB268 - Universal School Meals

No Cost School Meals

This coming school year, the Clark County School District will offer no cost school meals to all students, with no application or paperwork required.

For more information and to view the school menus, visit menu.ccsd.net



NO-COST MEALS FOR ALL STUDENTS

CCSD breakfast and lunch meet all current federal nutrition standards.

No Application Required.

LEARN MORE

We are CCSD

SN|D

www.gethealthyclarkcounty.org

GET MOVING. EAT BETTER. LIVE TOBACCO-FREE.

AB 345 - Higher Ed Food Security

- Requires the Board of Regents to create a **public data dashboard** by September 1, 2026, tracking:
 - Number of public high school graduates enrolling in NSHE.
 - Number of students enrolled in remedial or corequisite support courses in reading, writing, or math.
 - Average number of years it takes students to graduate.
 - When available, data on students who, within two years of graduating, do not earn wages in Nevada, are not enrolled in NSHE, or receive unemployment/public assistance.
 - Authorizes state agencies & local governments (school districts) to help develop & maintain dashboard.
- Requires the Board of Regents to establish a system-wide policy promoting the use of low-cost and no-cost course materials.
- Requires the Board of Regents to conduct an interim study on financial and food insecurity among NSHE students.
 - **Study must explore causes of temporary withdrawal from academic programs due to these insecurities.**
 - **Evaluate possible solutions and recommend data-driven strategies to reduce student hardship.**

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AB 405 - Community Gardens and Urban Farms

- Directs the Council on Food Security to conduct a statewide study on food insecurity in Nevada.
- Study must include:
 - Review of existing laws and policies addressing food insecurity.
 - Identification of areas for new community gardens or urban farms.
 - Assessment of coordination efforts among state/local entities.
 - Recommendations to improve statewide coordination and reduce food insecurity.
 - Requires a written report submitted to the Department of Agriculture and the Legislature.

AB 405 - Community Gardens and Urban Farms

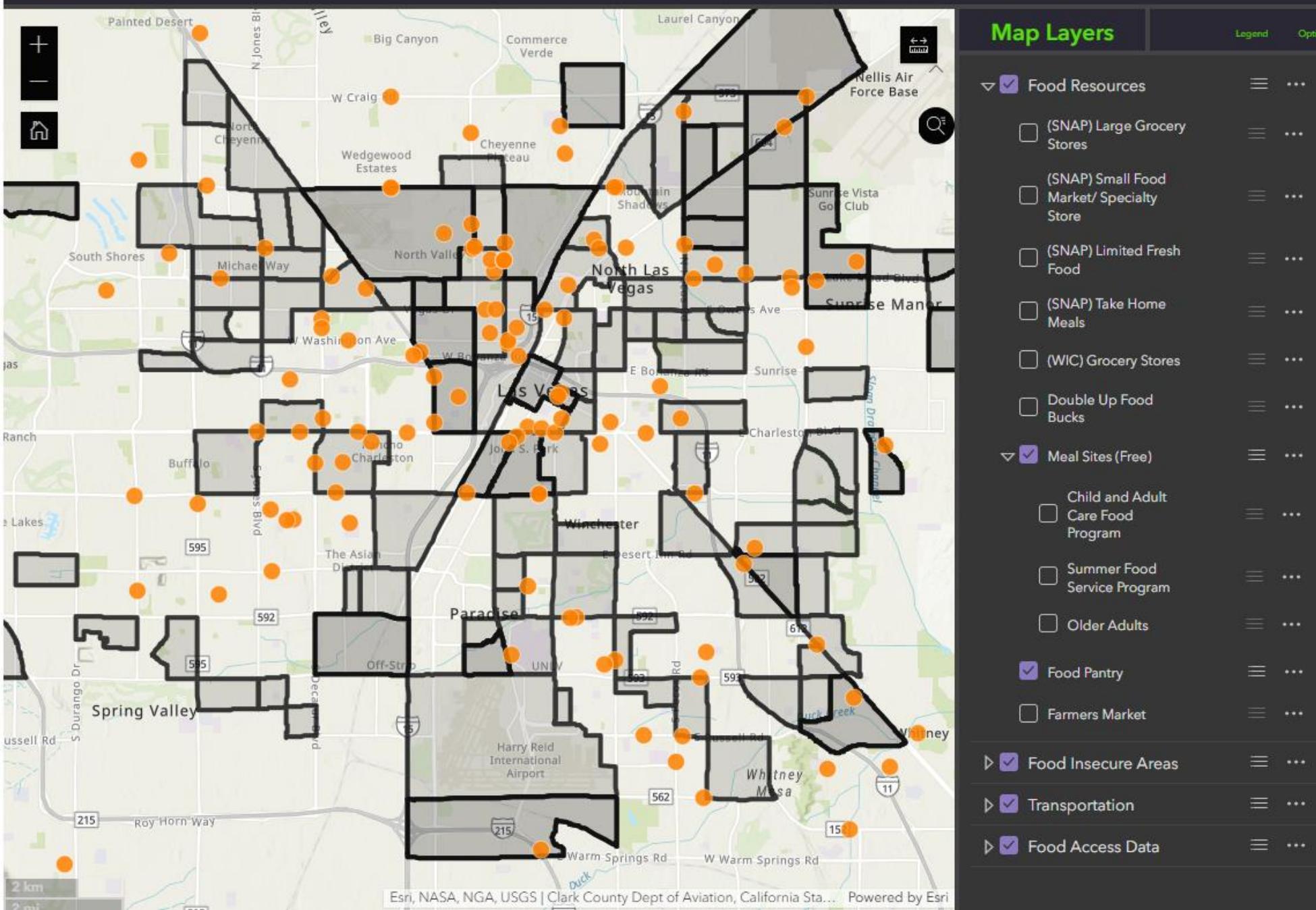
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Projects Supporting Food Security

- Healthy Food Access Map
- Farmers Market Promotion Program
- Food Access Policy Assessment
- Food Access Landscape Assessment

- Supporting Wellness at Pantries (SWAP)
- Pop-Up-Produce Stands
- Double Up Food Bucks (DUFB)





The issue is wide spread



SNFC Policy Assessment Results 2013-2025

QUESTIONS:

RATING SCALE:

A How well is it addressing Food Security in Nevada?	1	2	3	4	5
B Is it assigned to a certain organization?	Yes - 1	No - 0			
C Is there any way to track or measure growth?	Yes - 1	No - 0			
D Is there any fiscal note or money attached?	Yes - 1	No - 0			

Total ___/8

SCORING:

Low	Medium	High
1 to 2	3 to 5	6 to 7

4 A's OF FOOD SECURITY & FOOD SYSTEM

Availability
Consistently stocked

Accessibility
Public transportation/ walkability

Affordability
Median income of neighborhood

Appropriateness
Diet Quality, Safety, meeting the cultural/ health/ age diversity



PROCESSING AND PLANNING

PRODUCTION

CONSUMPTION

DISTRIBUTION

Consumption

Low Medium High

AB 545 Higher Ed Food Security Group Rank 4	SB 485 SNAP Eligibility Group Rank 6	SB 505 Breakfast After the Bell Group Rank 7
SB 490 Supplemental Food Program directed by NDA Group Rank 6	SB 525 SNAP Eligibility Work Requirements Group Rank 6	AB 458 TANF Group Rank 6
AB 107 Tracking PRPL Group Rank 5	SB 453 Senior Meal Reimbursement Group Rank 6	SB 458 School Gardens @ Title I Schools Group Rank 3
SB 429 Urban Agriculture Zones Group Rank 1	SB 167 School Gardens @ Title I Schools Group Rank 3	AB 479 Tax on Agricultural Land Group Rank 4

Production

Low Medium High

SB 297 Urban Farming & Community Gardens Group Rank 3	AB 532 Cottage Foods NDA will be managing Group Rank 5	NRS 252.4966 Creation of Gov Council on Food Security Group Rank 6
SB 104 School Gardens Group Rank 5	AB 479 Tax on Agricultural Land Group Rank 4	NRS 252.4968 Duties of Gov Council on Food Security Group Rank 6
AB 535 Nevada State Fair Grounds Group Rank 3	AB 403 Community Garden and Urban Farms Group Rank 5	

Distribution

Low Medium High

AB 200 Farm to Fork Group Rank 2	SB 178 Food for People not Landfills Group Rank 4	AB 171 State Quarantine Officer to Take Action Relating to Eggs Group Rank 7
AB 526 Fresh Food Retail New Market Jobs Act Group Rank 2	SB 02 Sidewalk Vendors Group Rank 5	SB 370 Creates Home Feeds Nevada Group Rank 6
AB 116 Food Delivery Service Providers Group Rank 1	NRS 268.0191 Power Group Rank 4	Ordinance 110.150 Alternative Payment of Fines Donation Program Group Rank 6
NRS 244.201 Ordinance Group Rank 4	SB 255 Home Feeds Nevada Group Rank 6	SB 390 Poultry Processing Initiative Group Rank 3

Processing

Low Medium High

SB 206 Cottage Food Expansion Group Rank 6	SB 441 Craft Food Expansion Group Rank 6	AB 251 Meat / Poultry inspection Group Rank 5
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ELDERS & FOOD SECURITY

Do you have access to affordable, nutritious food? If not, explore these local programs in the FALA!



WHAT IS THE FALA?

In Nevada, over 78,800 older adults above the age of 50 were food insecure in 2021 (Feeding America, 2024). The Food Access Landscape Assessment (FALA), conducted by the Southern Nevada Food Council under the auspices University of Nevada, Reno Extension, is a resource summarizing the programs addressing food security in Southern Nevada. Food security refers to the consistent access to sufficient, safe, and nutritious food for a healthy lifestyle. We invite you to explore these programs to discover essential resources.

SAMPLE PROGRAMS FOR OLDER ADULTS

Meals on Wheels

Catholic Charities deliver nutritionally balanced frozen meals to seniors at no cost.

702-385-5284

Three Square's Food Finder

Three Square's online Food Finder shows the Valley's Food Pantry locations. Over-the-phone help is available at the listed number.

702-765-4030

Golden Groceries

Three Square provides free groceries tailored for low-income seniors through home delivery and curbside options.

702-765-4030

Community Meal Programs

Three Square provides free hot nutritious meals and activities for seniors.

702-765-4030

Anytime Dining Program

Nevada Hand Provides nutritious meals to seniors in assisted living communities, designed to combat food insecurity and social isolation.

702-739-3345

Summer Health Series for Seniors

City of North Las Vegas provides a series of in-person health and wellness events at Silver Mesa and Neighborhood Recreation Centers

702-633-2550 and 702-633-1600

Senior Nutrition and Wellness Program (Previously CSFP)

702-462-2253

The Nevada Department of Agriculture Senior Nutrition and Wellness Program (formerly CSFP) delivers nutritious food packages to older adults facing food insecurity.

Seniors Farmers' Market Nutrition Program (SFMNP)

775-353-3665

A federal program by the Nevada Department of Agriculture that provides coupons to purchase fresh produce at farmers' markets. Call to find the closest pick-up location. Must meet income requirements.

Dignity Health REACH Education Program

702-616-4902 or 855-631-4646

Classes include: Chronic Pain Self-Management, Dementia with Cognitive Stimulation Therapy, Medicare Assistance, and more!



Food Access Landscape Assessment

FARTHER TOGETHER

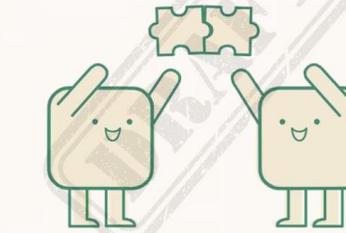
2024 SOUTHERN NEVADA FOOD ACCESS LANDSCAPE ASSESSMENT



A partnership of Nevada Counties
University of Nevada, Reno
U.S. Department of Agriculture



YOU MOVE FAST ALONE



YOU MOVE FARTHER TOGETHER



Open to the public, targeted towards individuals aged 55 and older.

Senior Nutrition and Wellness Program (Previously CSFP)

702-462-2253

Seniors aged 60 and older, must meet income requirements.

Seniors Farmers Market Nutrition Program (SFMNP)

775-353-3665

Seniors aged 60 and older, must meet income requirements.

Dignity Health REACH Education Program

702-616-4902 or 855-631-4646

Participants must register online or over the phone.



LOCATIONS

Anytime Dining Program

At participating Nevada Hand locations

Summer Health Series for Seniors

4025 Allen Ln, North Las Vegas, NV 89032

1638 N Bruce St., North Las Vegas, NV 89030

Catholic Charities of Southern Nevada/Meals on Wheels

1501 Las Vegas Blvd N, Las Vegas, NV 89101

4170 E Bonanza Road, Las Vegas, NV 89110

4285 Hildebrand LN, Las Vegas, NV 89121

1351 Stewart Ave, Las Vegas, NV 89101



Supporting Wellness at Pantries (SWAP)



- Nutrition ranking system to promote healthy food choices at food pantries.
- Ranks foods based on levels of saturated fat, sodium, and added sugars.
 - Shelf tags identify ranked foods by color
 - Flyers, posters and educational presentations help clients understand food rankings
 - Pre/Post assessments measure impact
- Empower clients to make informed nutrition decisions while still preserving the dignity of choice
- Assisted 13 local food pantries to adopt SWAP
- Worked with Three Square Regional Food Bank to support development and adoption of a nutrition standards policy that supports SWAP nutrition standards.
 - Supporting implementation of the policy at Three Square and with key agency partners including Nevada Hand pantries.

Pop-Up-Produce Stands

- Partnership between SNHD, Regional Transportation Commission of Southern Nevada and Prevail Marketplace.
 - 12 pop-ups throughout spring and fall at RTC Bonneville Transit Center
 - Fresh, regionally grown, produce at costs that average between \$1.50 - \$2.50 per pound/bundle
 - Marketed to SNAP and SNAP-eligible and those with financial and transportation barriers to accessing healthy food
- 2024 Markets: \$3,275 in sales (2,471 lbs. of produce); over 25% of sales were SNAP sales





Double Up Food Bucks (DUFB)

- Program existed for several years in our community, funded entirely with a federal grant received by Together We Can
- Fruit and Vegetable nutrition incentive program for people with SNAP benefits
- Provides a dollar-for-dollar matching coupon for fruits and vegetables purchased with SNAP to use later
- SNHD became a sponsor of the DUFB program in 2023
 - Expanded program locations from 3 to 6
 - Prioritized areas where there are limited options to accessing healthy foods
 - Implemented several strategies to increase uptake and utilization of the program in all locations
 - Smaller coupon values in smaller markets
 - Coupon printed on the back of the receipt
 - Marketing efforts including in store and direct mail
 - In store promotion and education

Strategies to 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 like DUFB and Produce Rx programs
- Address social determinants of health to address upstream and structural drivers of food insecurity including poverty, transportation, housing, etc.
- Accept SNAP and WIC benefits at farmers markets, community gardens, etc.
- Invest in local agriculture and small farms for procurement to improve statewide food security

Reduce Stigma

- Food insecurity is a systemic issue and not a personal failure.
- Structural and societal determinants significantly influence the rates of food insecurity. Many are outside of individual control including structural racism, discrimination, poverty, unemployment, housing instability and lack of access to healthcare.
- Stigma can lead to decreases in health-seeking behaviors and increase a person's risk chronic disease.

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THANK YOU

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