



MINUTES

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH PUBLIC HEALTH ADVISORY BOARD MEETING

January 9, 2023 – 8:30 A.M.

Meeting was conducted via Webex Event

- MEMBERS PRESENT:** Kenneth Osgood – Chair, Physician (in-person)
Ronald Kline – Member, City of North Las Vegas (*via WebEx*)
Paul Klouse – Member, City of Boulder City (*via WebEx*)
Holly Lyman – Member, City of Henderson (*via WebEx*)
Reimund Serafica – Member, Nurse (*via WebEx*)
Francisco Sy – Member, Environmental Health (*via WebEx*)
- ABSENT:** Dick Tomasso – Member, City of Mesquite
Jennifer Young – Member, City of Las Vegas
- ALSO PRESENT:** Linda Anderson, Trey Delap, Timothy Grigsby, Donna Laffey, Bradley Mayer,
(In Audience) Jose Melendrez, Jonathan Rodriguez
- LEGAL COUNSEL:** Heather Anderson-Fintak, General Counsel
- EXECUTIVE SECRETARY:** Fermin Leguen, MD, MPH, District Health Officer
- STAFF:** Maria Azzarelli, Tawana Bellamy, Lori Bryan, Andria Cordovez Mulet, Carmen Hua, Jessica Johnson, Michael Johnson, Matthew Kappel, Cort Lohff, Zuwen Qiu, Chris Saxton, Dave Sheehan, Jennifer Sizemore, Randy Smith, Lei Zhang, Ying Zhang

I. CALL TO ORDER AND ROLL CALL

Chair Osgood called the Public Health Advisory Board meeting to order at 8:34 a.m. Andria Cordovez Mulet, Executive Assistant, administered the roll call and confirmed a quorum was present.

II. PLEDGE OF ALLEGIANCE

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

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

IV. ADOPTION OF THE JANUARY 9, 2023 MEETING AGENDA (*for possible action*)

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

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

- 1. APPROVE MINUTES/PUBLIC HEALTH ADVISORY BOARD MEETING:** October 3, 2022 (*for possible action*)

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

VI. REPORT / DISCUSSION / ACTION

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

Carmen Hua, Health Educator, and Dr. Timothy Grigsby, UNLV, presented on the Community Health Improvement Plan (CHIP). Ms. Hua provided an overview of the MAPP framework that was utilized for the development of the CHIP. Ms. Hua further outlined the implementation plan, steering committee, goals and process timeline. Dr. Grigsby highlighted the following four priority areas, and the goal of each priority area, that were selected by the community for the CHIP:

1. Chronic Disease – The goal was to decrease the prevalence of heart disease, lower respiratory disease, and cancer related deaths by smoking among the identified target populations by the Chronic Disease Sub-committee (i.e., Non-Hispanic Black/African American, 65+ and by ZIP).
2. Access to Care – The goals were to (i) increase access to care in identified target populations by Access to Care Subcommittee (i.e., LGBTQ+, uninsured and undocumented populations), (ii) increase patient confidence in choosing primary care physicians with assistance of care coordinators, and (iii) fewer undocumented and LGBTQ+ individuals will access emergency departments (ED) for non-urgent health problems.
3. Transportation – The goals were to (i) increase awareness of transportation options that facilitate access to basic needs and services, and (ii) increase availability of general transportation resources available to the community.
4. Funding – The goal was to increase Nevada's public health system's readiness and ability to respond to the health needs of the community.

Dr. Grigsby outlined the next steps in the CHIP process.

Member Serafica commended Ms. Hua and Dr. Grigsby for their efforts and stated that it was a great opportunity for partnership with the community, particularly with access to care.

Further to an inquiry from Member Sy regarding whether any private funding sources were identified, Dr. Grigsby advised that it was discussed in the various meetings as it was determined that connecting with a policy maker to assist in securing funding would be better. Dr. Grigsby advised that individual organizations could look into private funding.

Chair Osgood advised that he was a physician representative on the Council on Food Security that was discussing food insecurity in the community.

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

Bradley Mayer, Partner with Argentum Partners, provided a brief overview of the upcoming legislative session that related to the Health District. Mr. Mayer highlighted the following appointments:

- Governor's Chief of Staff – Ben Kieckhefer
- Speak of the State Assembly – Steve Yeager
- State Senate Majority Leader – Nicole Cannizzaro
- Assembly Health and Human Services Committee – Chaired by Assemblywoman Sarah Peters
- Senate Health and Human Services Committee – Chaired by Senator Fabian Donate
- Assembly Ways and Means – Chaired by Senator Daniele Monroe-Moreno
- Senate Committee on Finance Subcommittee on Audit – Chaired by Senator Dina Neal
- Senate Committee on Finance Subcommittee on General Government – Chaired by Senator Dina Neal

Mr. Mayer touched upon the following anticipated bills:

- Public Health Improvement Fund
- Street Food Vendor Decriminalization
- Septic Systems
- Tobacco and vaping prevention funds
- Electronic Age Verification
- HIV Modernization
- Electronic health inspection reports
- Fentanyl trafficking crimes
- Loan repayment for behavioral health care
- Loan repayment for health care in underserved communities
- Open Meeting Law
- Unfunded mandates on local government

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

A request was made for an update on the issue of tobacco/vaping in our community.

VIII. HEALTH OFFICER & STAFF REPORTS (Information Only)

- DHO Comments

Dr. Leguen advised that the Health District received an award from the CDC for Public Health Infrastructure that is to support workforce development and public health infrastructure. The grant is for 5 years, with a lump sum award of \$21M upfront and an additional \$3-5M that would be allocated within the next 5 years. This grant would allow the Health District to keep the current workforce, to develop initiatives to improve retention, to hire qualified individuals, and to enhance services.

Further, Dr. Leguen advised that last month was the first anniversary of a collaboration with a local church, All Saints Episcopal Church, where the Health District initially offered sexual health services, which had been expanded to include additional services such as flu immunization and eligibility services for people who were uninsured. Dr. Leguen advised that the Health District's intention was, once ready to implement, to also include behavioral health services.

Dr. Leguen reminded the Advisory Board that, last September, the new Fremont Health Care Center opened and was fully operational and offering primary care services to the community.

Dr. Leguen advised that the Health District has allocated three vending machines for COVID-19 self-test kits, two at the Main Decatur location and one at the Fremont Health Care Center.

Further to an inquiry on whether the Fremont Health Care Center was fully functional, Dr. Leguen advised that the Fremont Health Care Center contains staff from the Community Health Center, Environmental Health and Health Card and has been very effective.

- COVID-19 Pandemic Update

Matthew Kappel, Senior Epidemiologist, advised that since the last Advisory Board meeting in October, the CDC announced a requirement for a negative COVID-19 test from passengers entering the United States from the People's Republic of China. Mr. Kappel advised that the COVID-19 test positivity rate remained with substantial transmission. Mr. Kappel advised that there has been an increase in cases since the last Advisory Board meeting. Mr. Kappel advised that, from December 19, 2022 to January 1, 2023, the 7-day moving average of cases decreased by 30% from 173.1 cases per day to 121.7 cases per day. However, Mr. Kappel advised that true case counts were under-reported due to the availability of at-home test kits. Mr. Kappel advised that during the same timeframe, the 7-day moving average for hospitalizations increased by 36.9%, from 24.9 per day to 32.1 per day, wherein the 7-day moving average for deaths remained relatively stable. Mr. Kappel advised that the test positivity rate increased by 2.5%, from 20.3 to 28.8. Mr. Kappel once again cautioned that the percent positivity rate may be higher than reported due to the underreporting of the at-home test kits. Mr. Kappel concluded that the team currently had 31 internal contact tracers and 100 on contract. Staff continued to conduct testing at the METS clinic and the three CSN testing site locations.

Further to an inquiry from Member Sy, Mr. Kappel advised that the major omicron variants were dominant in our community but that recently the first sequence of the XBB1.5 variant was identified in Clark County.

- Respiratory Syncytial Virus (RSV) Update

Zuwen Qiu, Senior Epidemiologist, provided an overview of Respiratory Syncytial Virus (RSV) in Clark County. Ms. Qiu advised that there was an increase in RSV cases in 2022 compared to 2021., with the largest increase in October and November 2023. However, in November 20230 there was a decrease with similar reporting to previous years. Ms. Qiu advised that Clark County experienced a rapid increase in pediatric infections and hospitalizations from respiratory viruses, including RSV, since September 2022.

- 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 10:00 a.m.

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

/acm



AGENDA

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH PUBLIC HEALTH ADVISORY BOARD MEETING

January 9, 2023 – 8:30 a.m.

Meeting will be conducted via Webex Event

NOTICE

WebEx Event address for attendees:

<https://snhd.webex.com/snhd/onstage/g.php?MTID=e8014552f1d99a9926e15baacc1a3c87e>

To call into the meeting, dial (415) 655-0001 and enter Access Code: [2551 064 5817](https://snhd.webex.com/snhd/onstage/g.php?MTID=e8014552f1d99a9926e15baacc1a3c87e)

For other governmental agencies using video conferencing capability, the Video Address is:
25510645817@snhd.webex.com

NOTE:

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

II. PLEDGE OF ALLEGIANCE

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

There will be two public comment periods. To submit public comment on either public comment period on individual agenda items or for general public comments:

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

IV. ADOPTION OF THE JANUARY 9, 2023 AGENDA *(for possible action)*

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

1. **APPROVE MINUTES/PUBLIC HEALTH ADVISORY BOARD MEETING:** October 3, 2022 *(for possible action)*

VI. **REPORT / DISCUSSION / ACTION**

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

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

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

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

- DHO Comments
- COVID-19 Pandemic Update
- Respiratory Syncytial Virus (RSV) Update

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 Chairman or the Board by majority vote. **See above for instructions for submitting public comment.**

X. **ADJOURNMENT**

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

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



MINUTES

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH PUBLIC HEALTH ADVISORY BOARD MEETING

October 3, 2022 – 8:30 A.M.

Meeting was conducted via Webex Event

MEMBERS PRESENT:

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

ABSENT:

Dick Tomasso – Member, City of Mesquite

ALSO PRESENT:

(In Audience)

Linda Anderson, Dawn Christensen, Stacie Sasso, Brisa Stephani, Virginia Valentine

LEGAL COUNSEL:

Edward Wynder, Associate General Counsel

EXECUTIVE SECRETARY:

Fermin Leguen, MD, MPH, District Health Officer

STAFF:

Heather Anderson-Fintak, Maria Azzarelli, Tawana Bellamy, Nicole Bungum, Andria Cordovez Mulet, Aaron DelCotto, Heather Hanoff, Josie Llorico, Cassius Lockett, Cort Lohff, Kimberly Monahan, Laura Plascencia, Larry Rogers, Chris Saxton, Karla Shoup, Candice Sims, Randy Smith, Daniele Staple, Mackenzie Sullivan, Will Thompson, DJ Whitaker

I. CALL TO ORDER AND ROLL CALL

Chair Osgood called the Public Health Advisory Board meeting to order at 8:36 a.m. Andria Cordovez Mulet, Executive Assistant, administered the roll call and confirmed a quorum was present.

II. PLEDGE OF ALLEGIANCE

Member Serafica joined the meeting at 8:37 a.m.

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 OCTOBER 3, 2022 MEETING AGENDA (*for possible action*)

A motion was made by Member Klouse, seconded by Vice-Chair Kline and carried unanimously to approve the October 3, 2022 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:** August 8, 2022 *(for possible action)*

A motion was made by Vice-Chair Kline, seconded by Member Klouse and carried unanimously to approve the October 3, 2022 Consent Agenda, as presented.

VI. REPORT / DISCUSSION / ACTION

- 1. Receive and Discuss the Business Impact Statement and Proposed Food Regulations;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Candice Sims, Environmental Health Supervisor, presented the Business Impact Statement on the Proposed Food Regulations. Larry Rogers, Environmental Health Manager, was also present. Ms. Sims outlined the process taken by staff in reviewing the regulations and how comments were collected from the industry. The Business Impact Survey was emailed to 12,269 recipients and posted on the Health District's website; 22 surveys were returned. Ms. Sims proceeded with a summary of the major changes in the proposed regulation.

Further to an inquiry from Member Young, Ms. Sims explained the priority and priority foundation designations indicating that the Food Code dictated an increase in some of the demerit values for some violations that the Health District currently did not assign such a high demerit value.

Member Sy joined the meeting at 8:49 a.m.

Further to an inquiry from Chair Osgood, Ms. Sims advised that street vendors, if they were not working with a special event, would need a health permit. Ms. Sims advised that individuals could not walk around with their cart. There is only a permit category that allows for proper equipment to sell their food at one location. Further to an inquiry from Chair Osgood, Ms. Sims advised that the next step for individuals with a cart for street vending would be to revise the fee schedule as there is no permit category that would cover that activity. Chair Osgood requested that staff work on the permit category for cart street vending.

Mr. Rogers provided an update on the efforts to address unpermitted vending.

A motion was made by Member Klouse, seconded by Member Sy and carried unanimously to accept the Business Impact Statement and Proposed Food Regulations, as presented and recommend approval to the Southern Nevada District Board of Health.

- 2. Receive and Discuss a Presentation on the Increasing Incidence of Obesity in Children and Adults in Clark County;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Nicole Bungum, Health Education Supervisor, Office of Chronic Disease and Public Health Promotion (OCDPHP), presented on the increasing incidence of obesity in children and adults in Clark County. Chair Osgood requested that a copy of the presentation be sent to the members.

Further to an inquiry from Member Sy regarding social media targeting the Native Hawaiian and Filipino population, which appeared to have a higher rate of obesity in Clark County, Ms. Bungum advised that OCDPHP has a program directed towards Native Hawaiian, called Island Envy, that includes topics such as physical activity, nutrition, and obesity.

Further to an inquiry from Member Young regarding the Veggie Buck Truck, Ms. Bungum advised that it was piloted in September 2021. Due to the response and the need, the Health District partnered with the Regional Transportation Commission and hosted a Veggie Buck Truck at the Bonneville Transit Center in the Spring, with a second location at the Health District's Decatur location. Ms. Bungum advised that there have been two markets a month from April to June 2022, and then again in September through November 2022.

Further an inquiry from Member Serafica regarding the 5-2-1-0 initiative, Ms. Bungum advised of the partnership with 100 Black Men of Las Vegas on a virtual cooking class that is promoted for families to have the opportunity to cook together. Ms. Bungum further advised that if children had the opportunity to cook or grow something, they are more likely to try it.

Member Sy shared information on the following initiatives: PILI Ohana, a Community-Based Participatory Research Program (CBPR) project by Dr. Kaholukula at the University of Hawaii Manoa and SNAX, a CBPR project in Los Angeles by the National Institutes of Health (NIH).

3. Receive, Discuss and Accept the 2023 Meeting Schedule; direct staff accordingly or take other action as deemed necessary *(for possible action)*

The Advisory Board reviewed the proposed 2023 Meeting Schedule. There were no questions or conflicts raised.

A motion was made by Member Klouse, seconded by Member Sy and carried unanimously to approve the 2023 Meeting Schedule, as presented.

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

There were no items raised.

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

- DHO Comments

Dr. Leguen advised of the opening, a few days ago, of the new Fremont Public Health Center for the Southern Nevada Community Health Center (FQHC), that would start offering primary care services to the community in that area, which was an area of need. Dr. Leguen advised that the Health District looked forward to partnering with Clark County and community-based organizations to enhance our services in that area.

- COVID-19 Surveillance and Contact Tracing Update

Dr. Cassius Lockett, Director of Disease Surveillance and Control, advised that the COVID-19 Positive Test Rate was currently around 10%, which was substantial transmission, and that the hope was for it to be under 5%. Dr. Lockett advised that true case counts were under reported due to the availability of at-home test kits. Dr. Lockett advised that COVID-19 cases continued to decline, with the 7-day moving average, from September 15-28th, being 55 cases. Dr. Lockett advised that hospitalizations and deaths during the same timeframe, also continued to decline. However, the U.S. continued to see approximately 400 days per day, which made COVID-19 a top 10 cause of death. Dr. Lockett advised that the test positivity rate remained steady at 10-11%. Dr. Lockett advised that

his team currently has 36 internal contact tracers and 100 on contract. Staff continued to conduct testing at the METS clinic and the three CSN testing site locations.

Member Sy raised a concern that individuals believed that the pandemic was over and that a potential surge may occur in the winter. Dr. Lockett agreed and stated that only 4% of individuals that were eligible, had received the bivalent booster and encouraged anyone that was eligible, especially with those with comorbidities, receive the bivalent booster.

- Monkeypox Update

Dr. Cort Lohff, Chief Medical Officer, advised there have been 250 probable and confirmed cases of Monkeypox in Southern Nevada, with the peak in late July and early August. The Health District continued to receive 1-2 cases reported daily, which indicated that there was continued transmission in the community. Dr. Lohff advised that all cases continued to occur among men who have sex with men, among all age groups, with two-thirds of cases occurring predominantly between aged 25-44, and mainly among Black and Hispanic persons. Dr. Lohff advised that there was a two dose vaccination series available. Dr. Lohff stated that the CDC reported, last week, that among males 18-49 years, that were eligible for the vaccine, the incidents of monkeypox was 14 times higher than those that received the first dose, which shows that the vaccine was effective. Dr. Lohff advised that the Health District had administered over 6,300 doses of the vaccine and the eligibility criteria had been expanded twice to include more groups. Dr. Lohff advised that two additional vaccination clinics were recently added, at two of the CSN locations that provided the COVID-19 vaccine and was working with community partners to provide the vaccine at Gay Pride events on the weekend.

- 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 10:04 a.m.

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

/acm

Southern Nevada Community Health Improvement Plan



Presenters:

Carmen Hua – CHA/CHIP Coordinator, huac@SNHD.org

&

Dr. Timothy Grigsby – CHIP Facilitator, timothy.grigsby@unlv.edu

January 09, 2023

Welcome

- MAPP Framework

Summary

- Overview of the CHIP
- Methodology
- Steering Committee

Priority Areas

- Chronic Disease
- Access to Care
- Transportation
- Funding

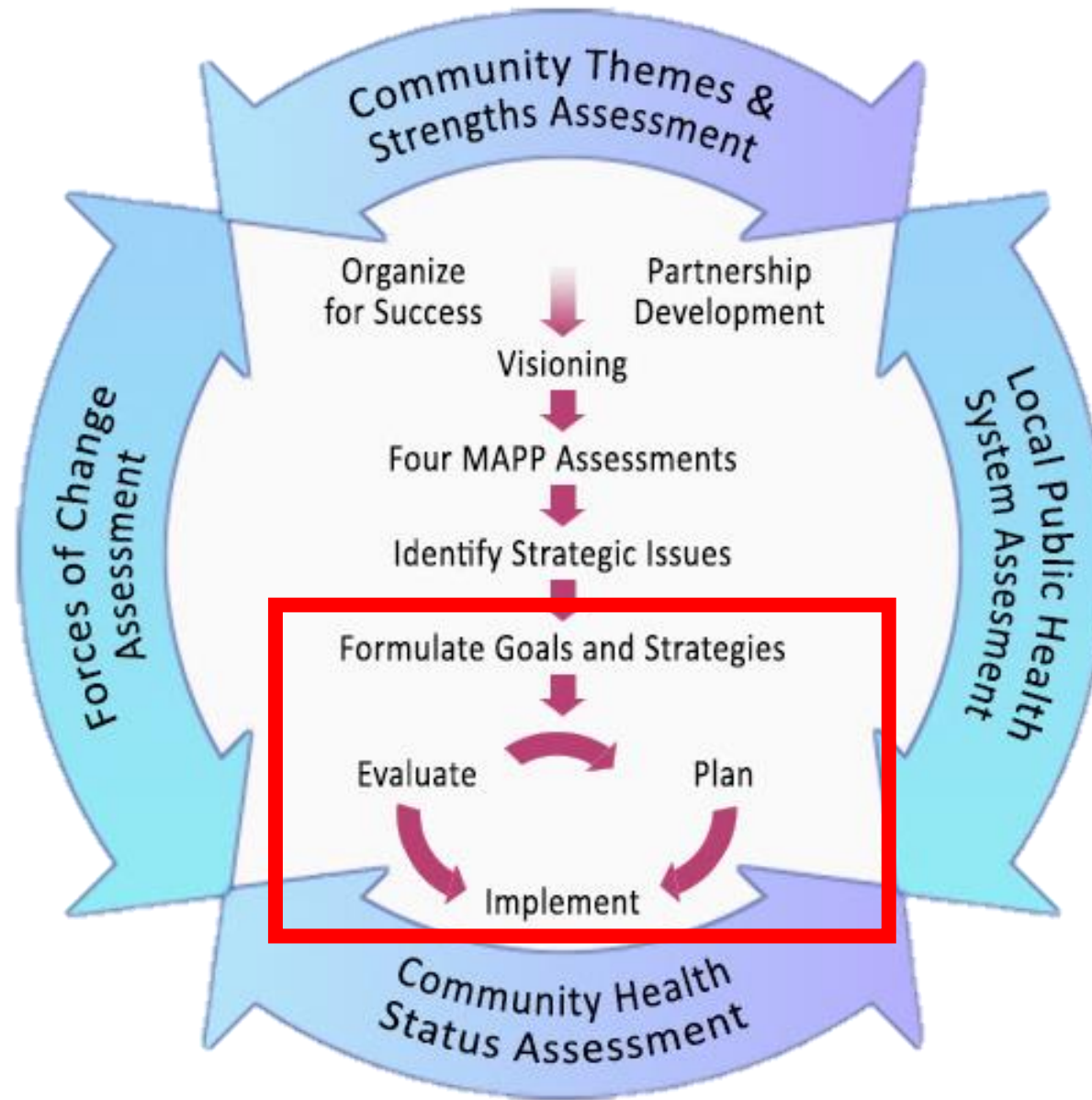
Next Steps

- Progress Updates

Acknowledgements

Overview

MAPP Framework

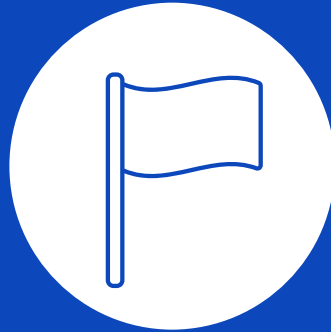


A CHIP Implementation Plan. . .



Aims

Clear, specific, realistic, and action-oriented goals



Achieves

Has realistic timelines for achieving goals and objectives



Sustains Action

A general plan, with emphasis on evidence-based strategies

CHIP Steering Committee

Chronic Disease	Access to Care	Funding	Transportation
Malcolm Ahlo – SNHD	Holly Lyman - Dignity Health	Jennifer Young - UNLV School of Medicine	Deborah Reardon - RTC
Regis Whaley - Three Square Food Bank	Rebecca Edgeworth - Touro University	Xavier Foster - SNHD	Laura Gryder - UNLV
Karleena Landini - SNHD	Mayra Gonzales - Touro University	Jay Shen - UNLV School of Public Health	Emily Strickler - UNLV
Michelle Gorelow - Positively Kids	Adina Archibold-Bugett - Desert Winds Hospital	Donna Felix-Barrows - Gay and Lesbian Community Center of Southern Nevada	Erin Breen - UNLV
Jessica Johnson - SNHD	AJ Holly Huth - The LGBTQIA Community Center of Southern Nevada	Kerry Palakanis - Intermountain Healthcare	Maxim Gakh - UNLV
Belen Campos-Garcia – SNHD	Julie Tousa - Dignity Health		Mary Duff - Clark County Social Services
Cynthia Mora - SNHD	Ying Zhang - SNHD		
	Pearl Kim - West Health Institute		
	Marinela Maskuti - UNLV		
	Stefania Moore - United Citizens Foundation		

Goals for Southern Nevada CHIP



Create an **inclusive** community health improvement plan for Southern Nevada



Ensure and enhance **opportunities for participation** of cross-sector stakeholders to improve community health and wellbeing



Have a **clear roadmap** to collaboratively **address inequities** while expanding community partnership



Address **root causes** of prioritized health issues & inequities

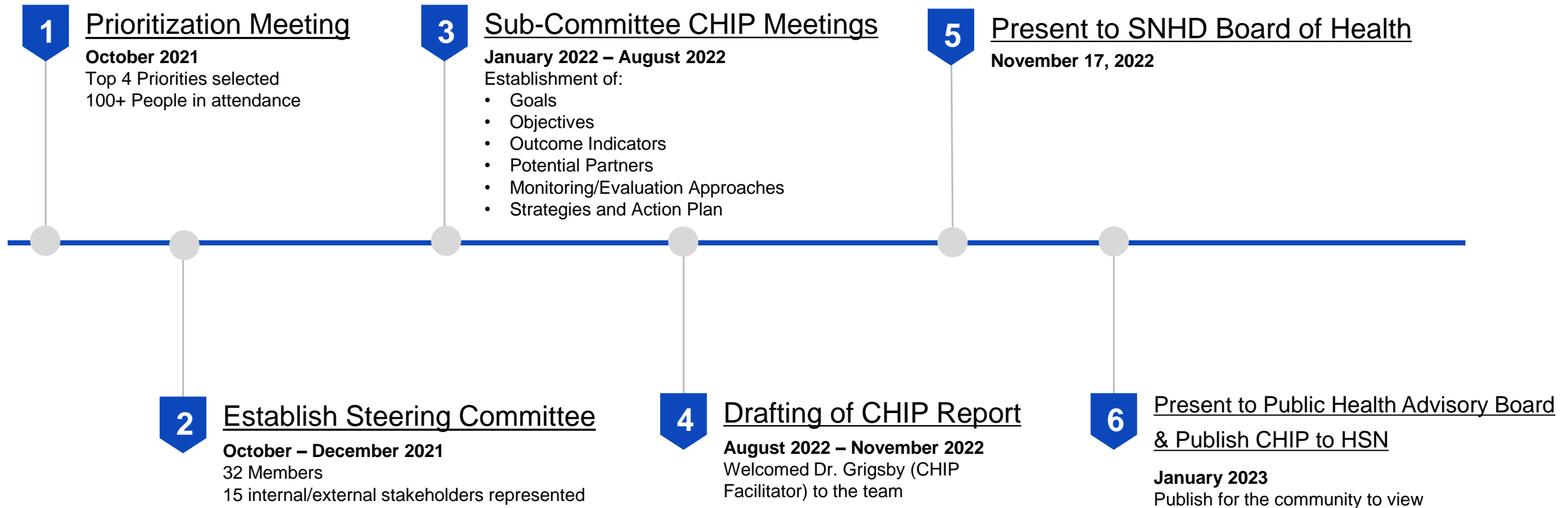


Utilize **data** to increase the impact of strategies



Ensure CHIP is **health inclusive of health equity** for all populations and making sure **no efforts are duplicated**

CHIP Process Timeline



Priority Areas



Chronic Disease



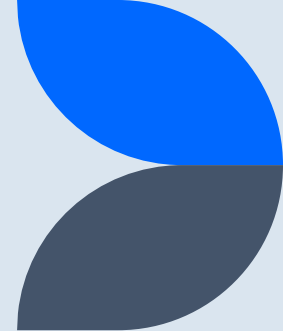
Access to Care



Transportation



Funding



Why these 4?

ALL health indicators are very important and could all be priorities for Southern Nevada to tackle.

These 4 priorities do NOT represent all issues in Southern Nevada, it reveals the few of many that were voted on the following:

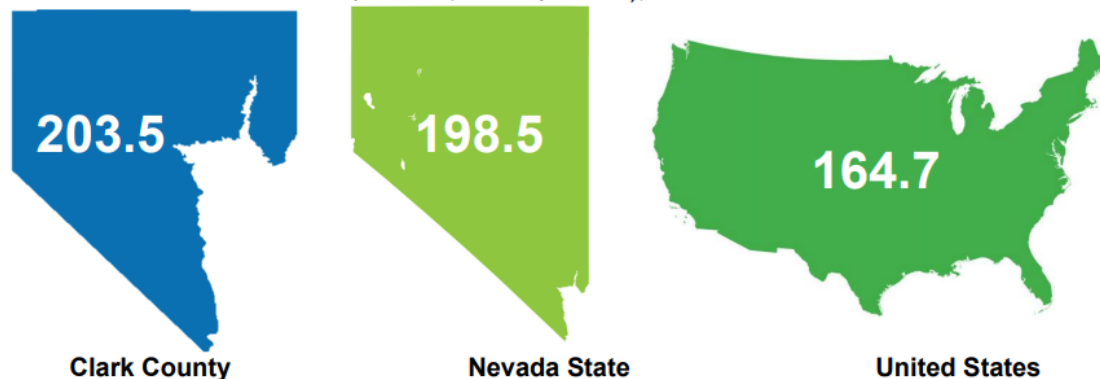
Importance	How important is this health issue?
Control	Do we have the knowledge, assistance, and can be influential in areas beyond our control?
Effective Actions	What can be done to address health issue?



Chronic Disease

The CHIP chronic disease subcommittee recognized smoking, and tobacco use in general, as an important determinant of multiple chronic diseases and identified tobacco control efforts as a key mechanism for reducing the burden of chronic disease in the Southern Nevada community.

Heart Disease Mortality Rate Comparison,
(Per 100,000 Population), 2016-2018



Chronic Lower Respiratory Disease Mortality Rate Comparison
(Per 100,000 Population), 2016-2018



Chronic Disease



Goals:

- Decrease the prevalence of heart disease, lower respiratory disease, and cancer related deaths by smoking among the identified target populations by the Chronic Disease Sub-committee (i.e., Non-Hispanic Black/African American, 65+ and by ZIP)

Objectives:

- By December 2025, advocate for and attempt to secure **increased funding for tobacco control to CDC recommended funding levels** as well as other chronic disease programs.
- By December 2025, implement CDC or national **model policy and law for secondhand smoke protection**
- By December 2025, **decrease smoking prevalence** in the non-Hispanic Black/African American, 65 and older, and geographic area.
- By December 2025, **decrease tobacco-related cancers** for non-Hispanic Black/African-American, 65+, and those living in specific geographic areas.

Proposed Activities & Actions:

- Meet with Decision Makers (Legislators) to raise awareness and justify need for additional funding
- Promote existing tobacco programs & the connection to reduce chronic disease with targeted media initiatives and outreach events
- Identify funding priorities, best practices, and potential collaborations with local and statewide partners.
- Develop educational materials for distribution to legislators that share the model policies and the disproportionate impact of those policies on communities of color.
- Implement public awareness campaign to gain public support.
- Fund qualitative assessments to understand the lived experience of people from the identified communities that use tobacco
- Increase access to healthy foods to use nutrition to promote prevention of the diseases
- Promote wellness checks/institute free wellness fairs and screenings
- Utilize community health workers for increased health promotion and advocacy

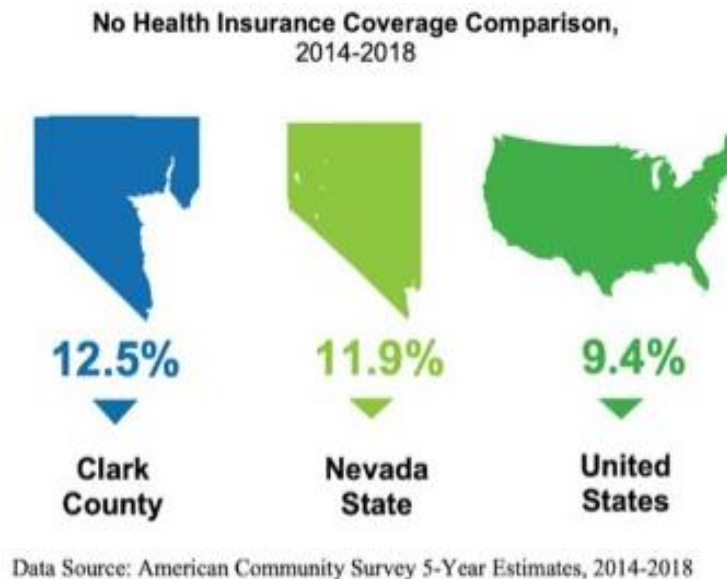
Potential agencies involved: SNHD, City of Henderson, Three Square, Nevada Tobacco Prevention Coalition

Access to Care

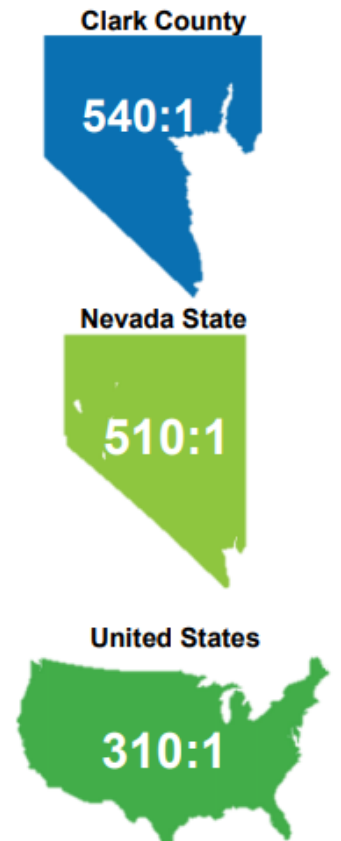
Promoting health equity through access and utilization of care is important as everyone has the right to be healthy.

Health should not depend on the ZIP code, economic status, or an individual's heritage, religion, sexual orientation.

Having the access to care helps address disparities and it is the first step in creating a more equitable health system that improve the physical, social, and mental health for everyone in the community



Mental Health Providers Comparison Ratio 2018



Access to Care



Goals:

- Increase access to care in identified target populations by Access to Care Subcommittee (i.e., LGBTQ+, uninsured and undocumented populations)
- Increase patient confidence in choosing primary care physicians with assistance of care coordinators
- Fewer undocumented and LGBTQ+ individuals will access emergency departments (ED) for non-urgent health problems

Objectives:

- By December 2025, increase primary care centers **providing mental health services in "medical deserts"** for uninsured populations including undocumented and LGBTQ+ persons.
- By December 2023, increase the number of healthcare providers **documenting sexual orientation and gender identity on intake forms**.
- By December 2025, create or adapt a **comprehensive cultural responsiveness training** focusing on LGBTQ+ and undocumented communities.
- By December 2025, **increase medical staff trained** with the cultural response training.

Proposed Activities & Actions:

- Work with institutions of higher education to identify ZIP codes and data for underserved populations.
- Identify local, regional, and state level funding opportunities to support construction of new primary care facilities.
- Increase the total number of mental health professionals in the State by supporting individuals seeking licensure through free supervision.
- With assistance of community partners, create a list of guidelines and revise intake forms.
- Implement training to collect data on indicators within medical communities.
- Provide office resources to indicate support for LGBTQ+ and undocumented communities.
- Survey communities to document facilities data collection processes.
- Identify community partners to inform training material development and build community relationships, including CHW's to deliver trainings.
- Create an interest list to document need among local providers.
- Propose training as a CEU opportunity for providers.

Potential agencies involved: Dignity Health, Touro University, Intermountain Healthcare, The Center

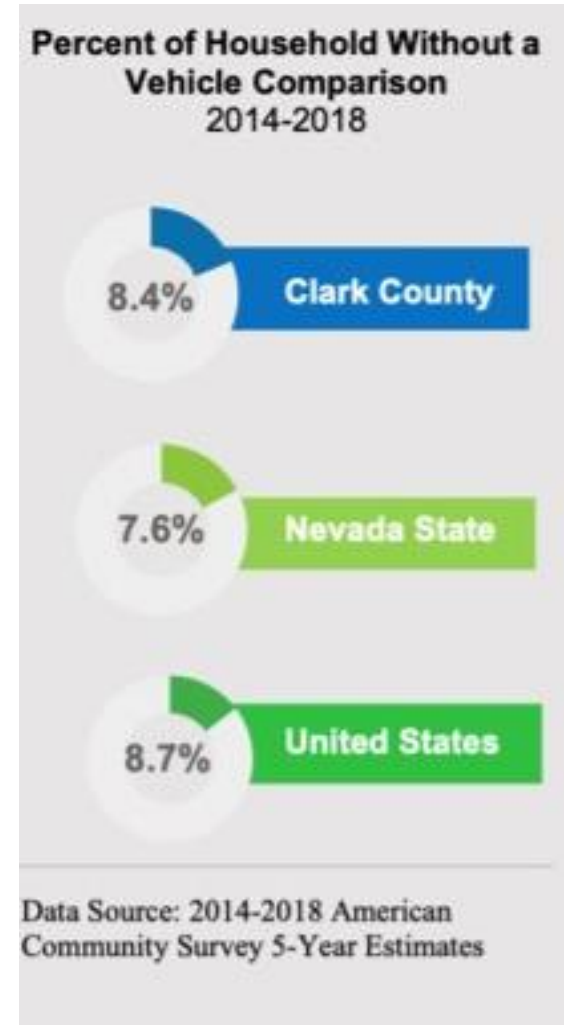


Transportation

Reliable access to transportation can help:

- Increase employment rates
- Access to healthy foods
- Access to health care providers and facilities, and access to parks and recreation for a healthy lifestyle.

The CHA identified the high cost of transportation, accessibility to transportation and an insufficient utilization of transportation funding as key areas to address



Transportation



Goals:

- Increase awareness of transportation options that facilitate access to basic needs and services
- Increase availability of general transportation resources available to the community

Objectives:

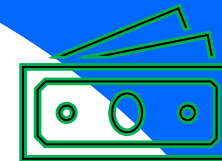
- By December 2024, **explore the expansion of Three Square's Golden Groceries program** to include low-income populations of all ages.
- By December 2024, **promote awareness of existing programs such as Silver STAR and Silver Rider** to eligible riders, and **promote the expansion of on-demand transportation services for low-income communities** lacking access to essential services.
- By December 2023, **help identify funding opportunities to consider new transit fare policies** for improved affordability and access.
- By December 2025, **increase the number of available transportation resources** available to the community

Proposed Activities & Actions:

- Confirm interest with service providers and identify new resources for expansion.
- Pilot test service and confirm interest with service provider.
- Identify new resources for expansion and develop potential service routes.
- Co-develop transportation service pilot.
- Identify interested community partners and develop a task force.
- Co-develop and submit funding application.
- Expand access to existing reduced transit fare programs.
- Review existing transportation survey data and identify gaps.
- Rank needs by importance and changeability.
- Present results to transportation partners and align initiatives with available funding.
- Coordinate the provision of reduced fares to more individuals in need.

Potential agencies involved: Southern Nevada Regional Transportation Commission (RTC), Three Square

Funding



Increasing public health funding is a necessary first step to improving key determinants of health such as:

- Reducing high unemployment rates
- Addressing high health care and transportation costs
- Increasing limited public resources and improve opportunities to pursue educational goals.

Accessible and transparent public health funding will facilitate the adoption and timely implementation of community health programs and services

Overall Public Health Funding Per Person, 2021



Nevada

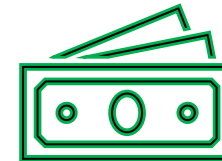


Alaska



United States

Funding



Goal:

- Increase the Nevada public health system's readiness and ability to respond to the health needs of the community.

Objectives:

- By December 2025, Advocate for the government (federal, state, local) **to increase the total amount of per capita funding** dedicated to the public health system.
- By December 2024, increase the community's **understanding and awareness about the importance of public health funding**

Proposed Activities & Actions:

- Survey the community to understand their knowledge, beliefs, and perceptions about public health funding.
- Present results and action plan to community organizations.
- Conduct town hall meetings across Southern Nevada.
- Identify top priorities for public health spending within and across communities.
- Identify potential community partners and identify potential bill sponsors.
- Identify Federal Legislator and partner with state senators/assembly-people that want to increase the per capita funding and support via legislation.
- Draft bill language, develop and implement advocacy plan and track bill.
- Provide support and partner with the Governor's Office/Nevada Public Health Association (NPHA)/ National Association of Counties (NACO)/community partners that advocate for funding

Potential agencies involved: UNLV, SNHD, and City of Las Vegas

Next Steps



January 2023

Publish CHIP
Report to Healthy
Southern Nevada
Website



2023-2025

Implementation of
Action Plan into
the Community



2023-2025

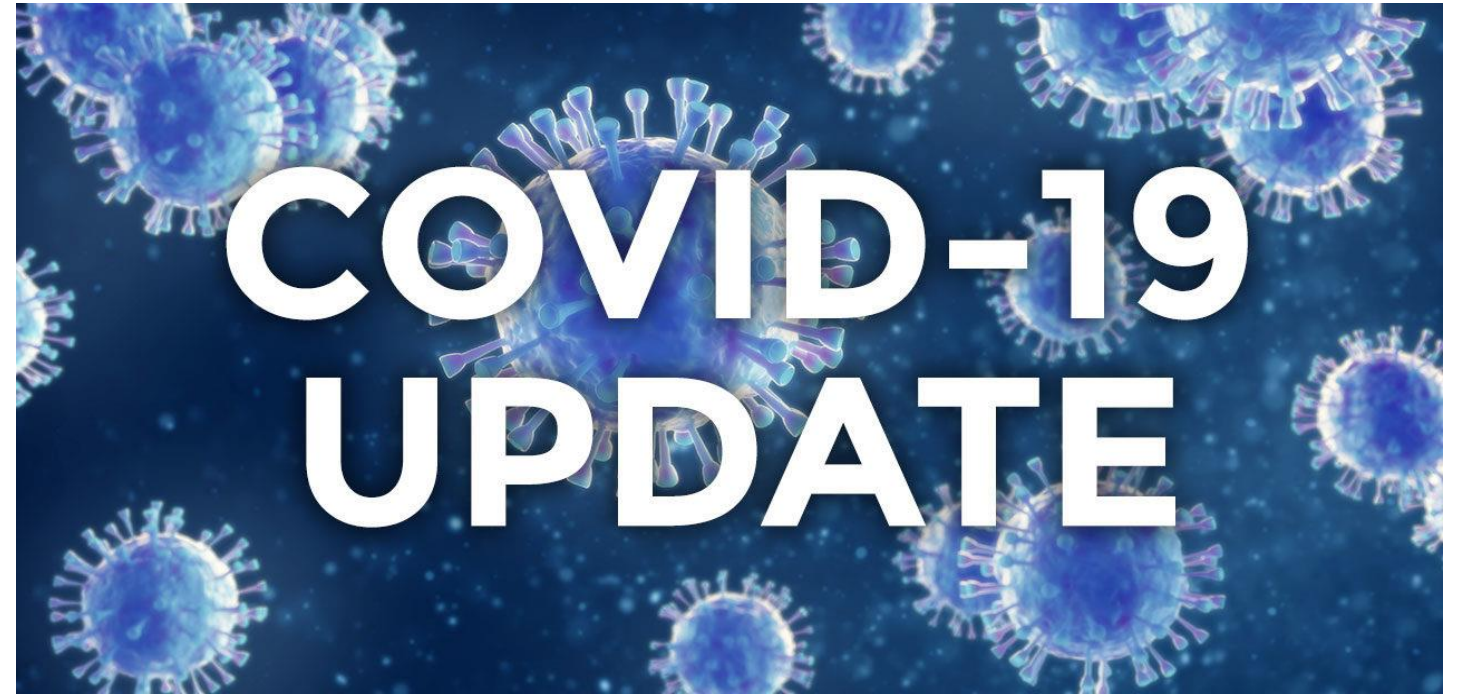
Progress Updates
& Tracking to HSN
Dashboard

Thank You!

*Dr. Fermin Leguen
Dr. Cassius Lockett
Victoria Burris
Victoria Hughes
Jessica Johnson
Dr. Ying Zhang
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Marinela Maskuti
Veronica Rosales
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MATTHEW KAPPEL, MPH

Senior Epidemiologist, Disease Surveillance & Control

January 9, 2023

Community Transmission

	12/27/2022	12/28/2022	12/29/2022
COVID Positive Test Rate (7-Day Average)	20.9%	20.8%	20.8%
New cases per 100,000 population per 7 days	38.0	37.0	36.4

Testing and Vaccination Status

	12/27/2022	12/28/2022	12/29/2022
Persons tested per 1,000 population per 7 days	4.2	4.2	4.2
% Population 16 Yrs and Older that Initiated Vaccination	84.9%	84.9%	84.9%

Community Level

	12/27/2022	12/28/2022	12/29/2022
New COVID admissions per 100,000 population per 7 days	10.4	10.1	9.8
% Inpatient beds used by COVID patients (7-Day Average)	4.1%	4.1%	4.1%
% ED visits due to COVID (7-Day Average)	5.8%	5.6%	5.4%

RISK METRICS

SNHD COVID-19 DASHBOARD: CASES

Summary

Dashboard updated on:

January 4, 2023

Data as of: January 2, 2023

Total Confirmed Cases:
594,264 (25635.0 per 100K)

Total Reinfection Cases:
30,422

Total Probable Cases:
41,417 (30.2 per 100K per 30-Day Period)

Probable Cases (14 Day Average):
11

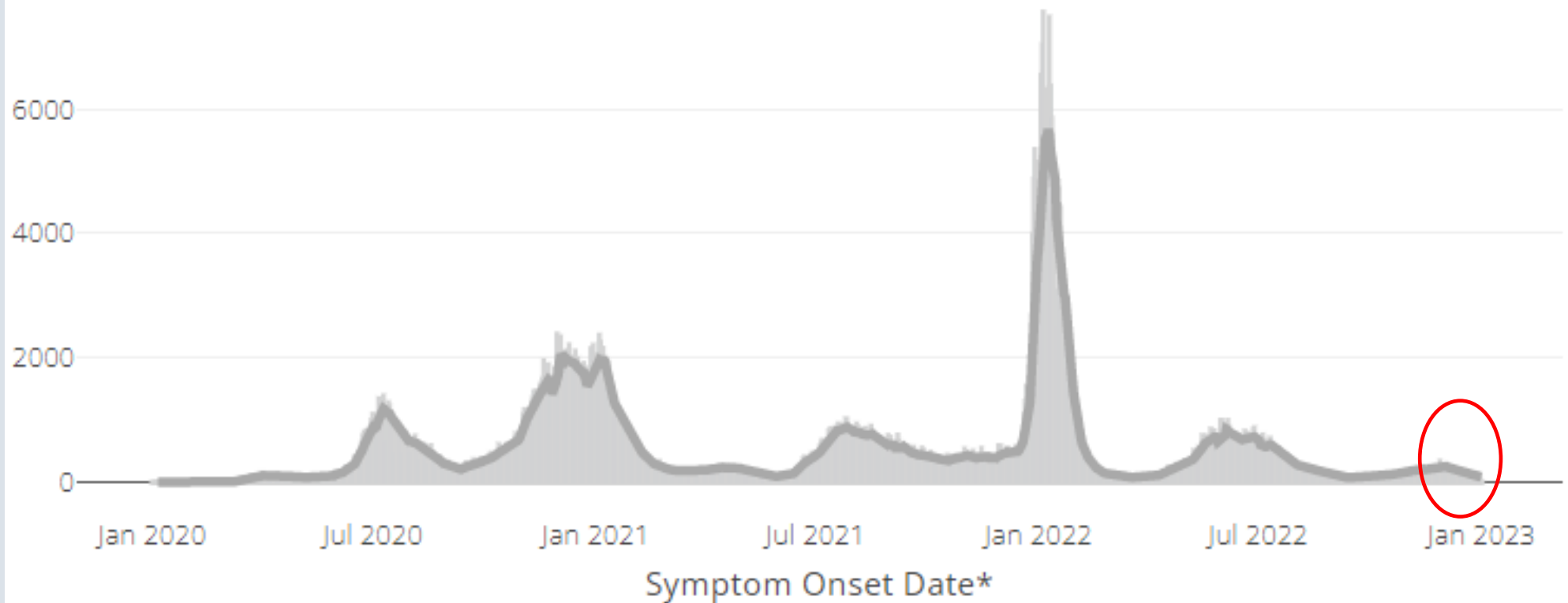
Multisystem Inflammatory Syndrome in Children (MIS-C) Cases:
115

Total Hospitalizations:
29,393 (1267.9 per 100K)

Total Deaths:
9,201 (396.9 per 100K)

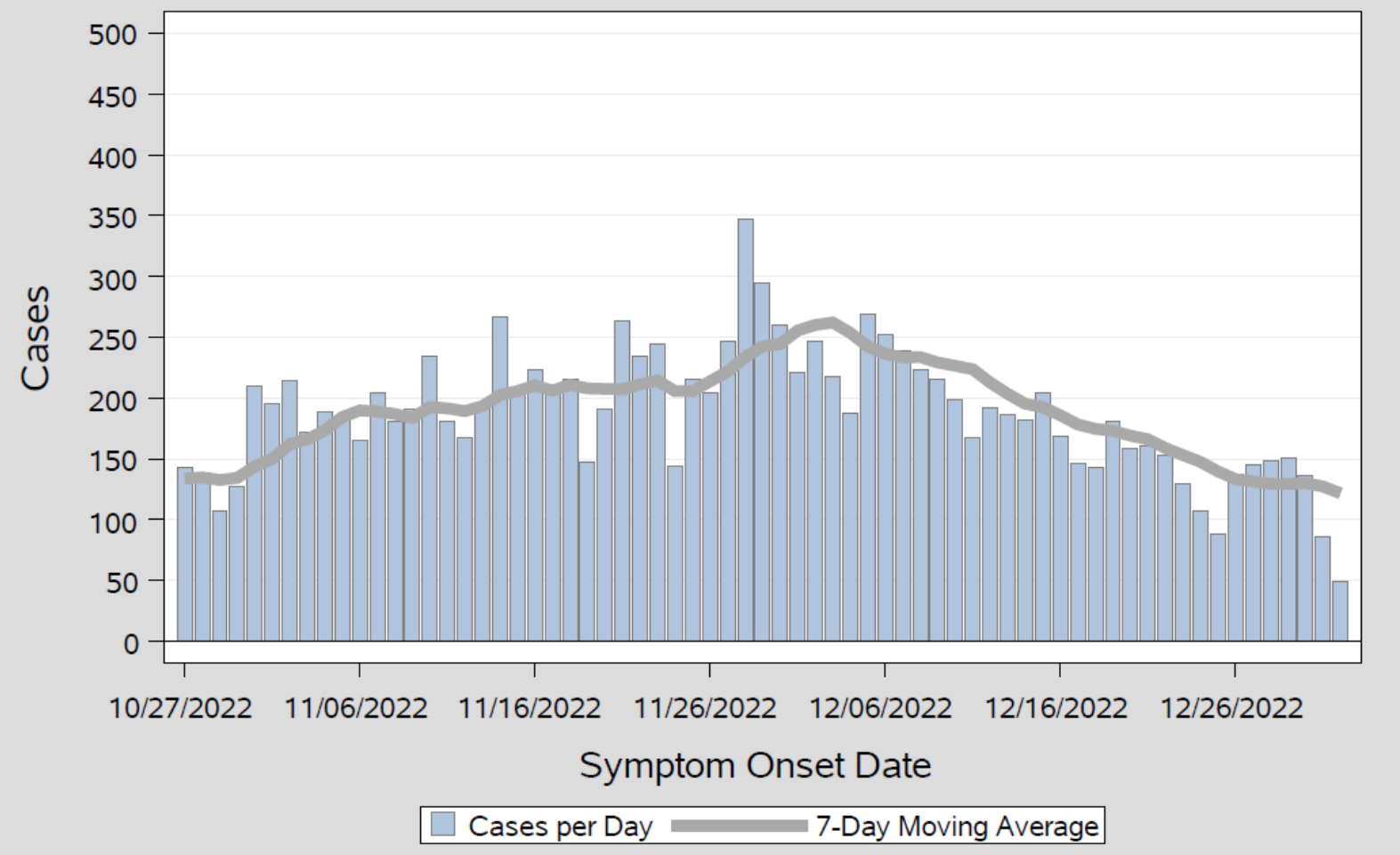
Cases Reported in Last 7 Days:
1,057 (45.6 per 100K)

Daily COVID-19 Confirmed Cases
Clark County, NV



<http://covid.southernnevadahealthdistrict.org/data/>

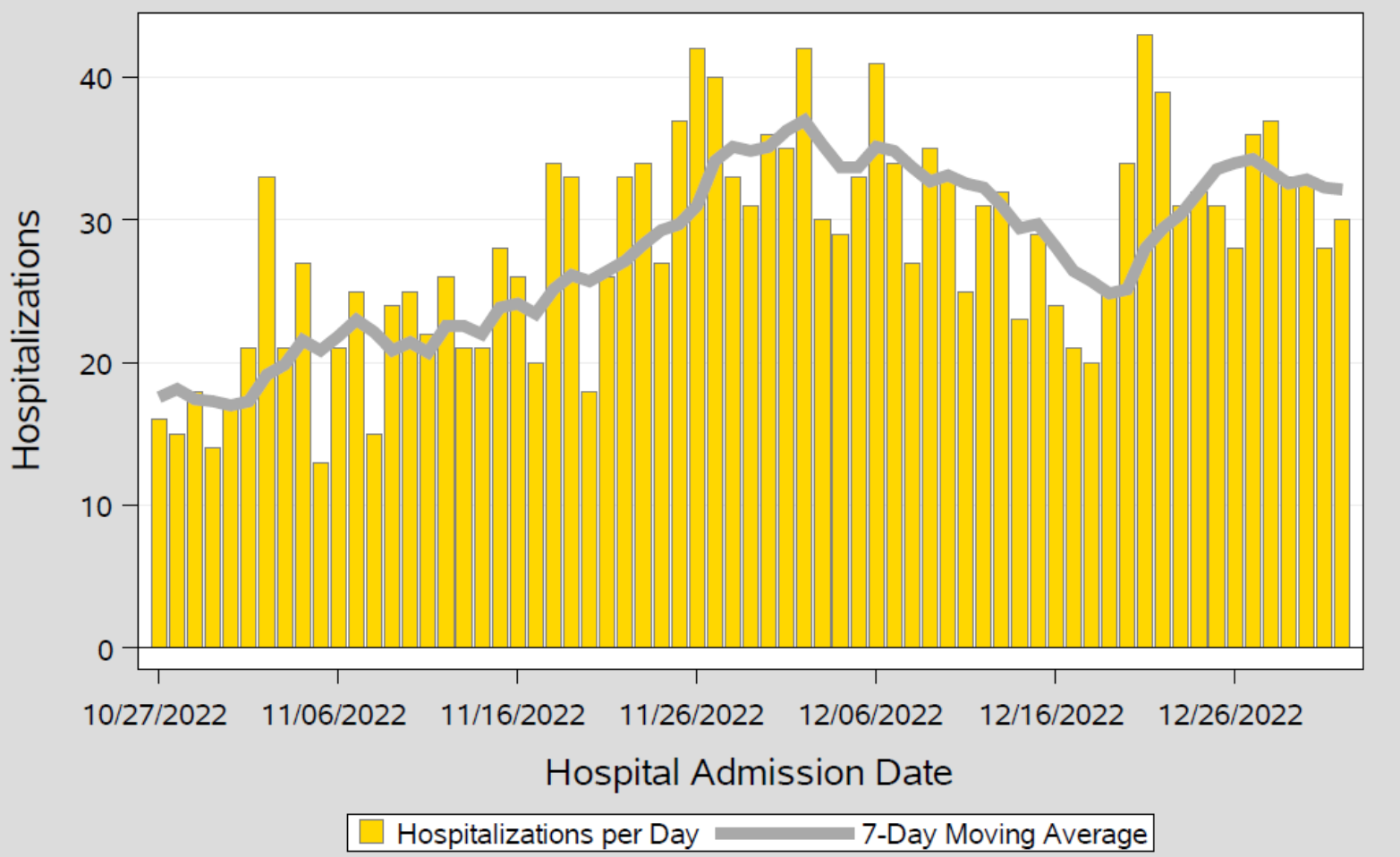
COVID-19 Cases per Day, Clark County, Nevada



Data as of Jan 2nd

COVID-19 CASES
RECENT TRENDS

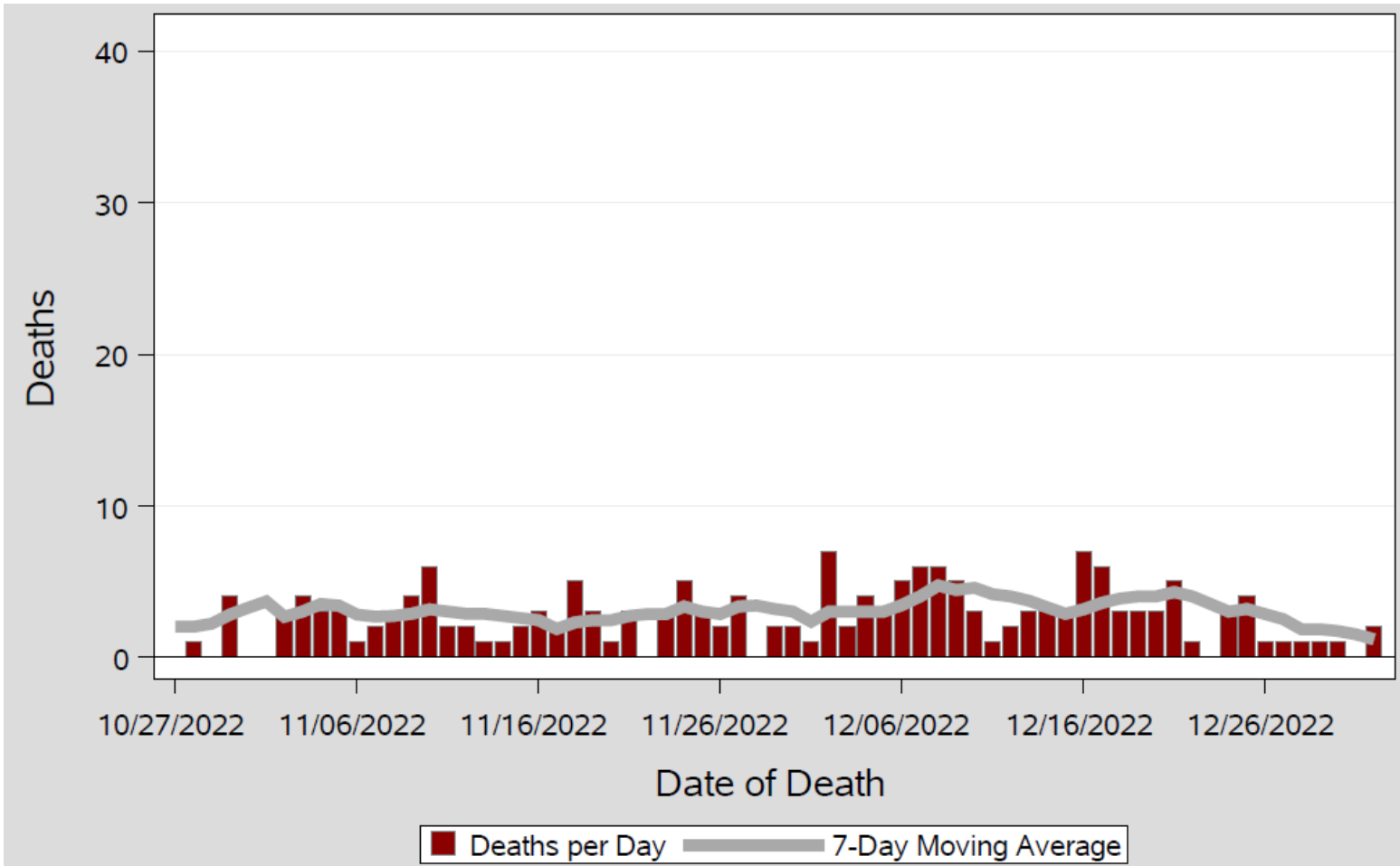
COVID-19 Hospitalizations, Clark County NV



Data as of Jan 2nd

COVID-19
HOSPITALIZATION
RECENT TRENDS

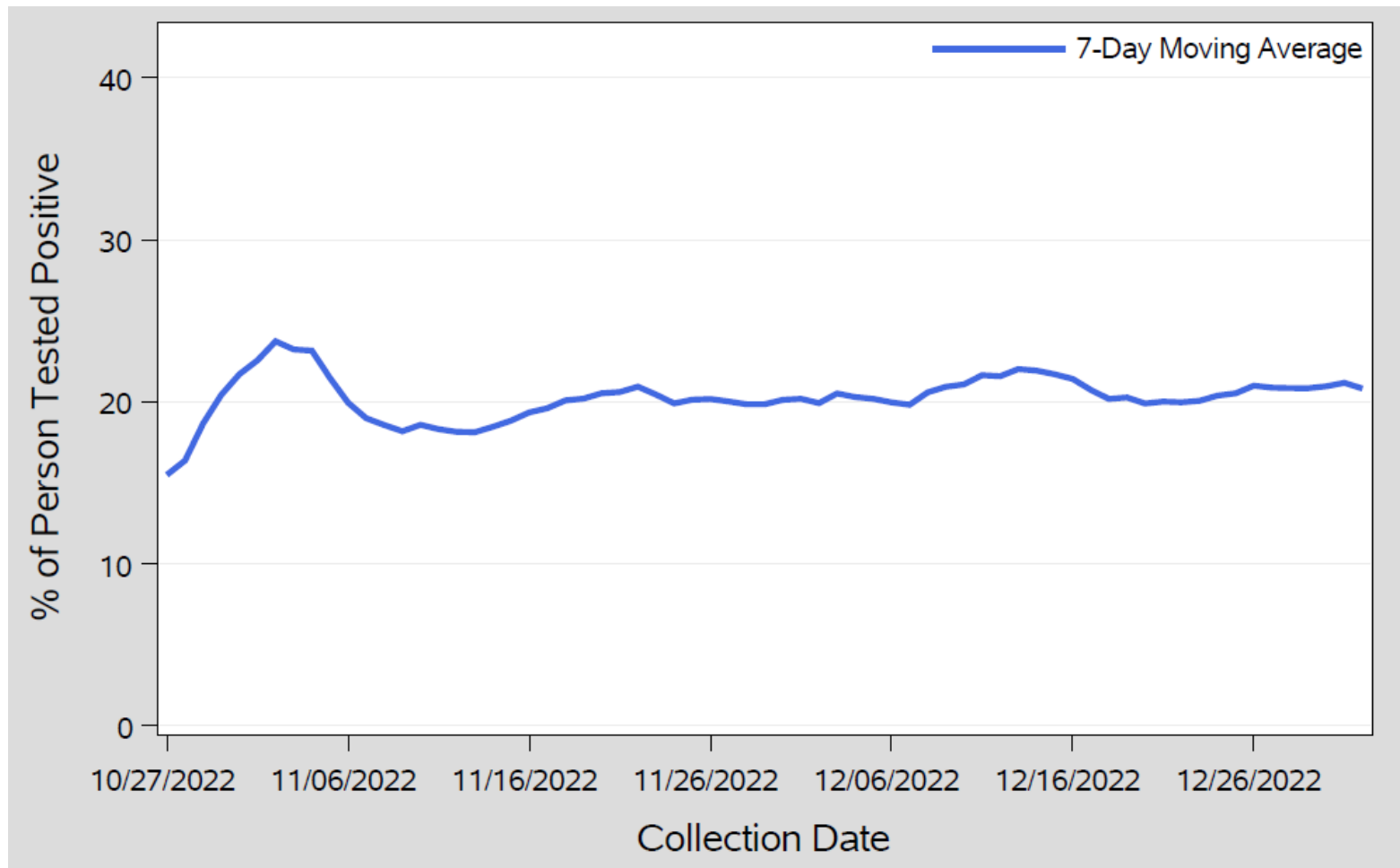
COVID-19 Deaths per Day, Clark County, NV



Data as of Jan 2nd

COVID-19 DEATHS
RECENT TRENDS

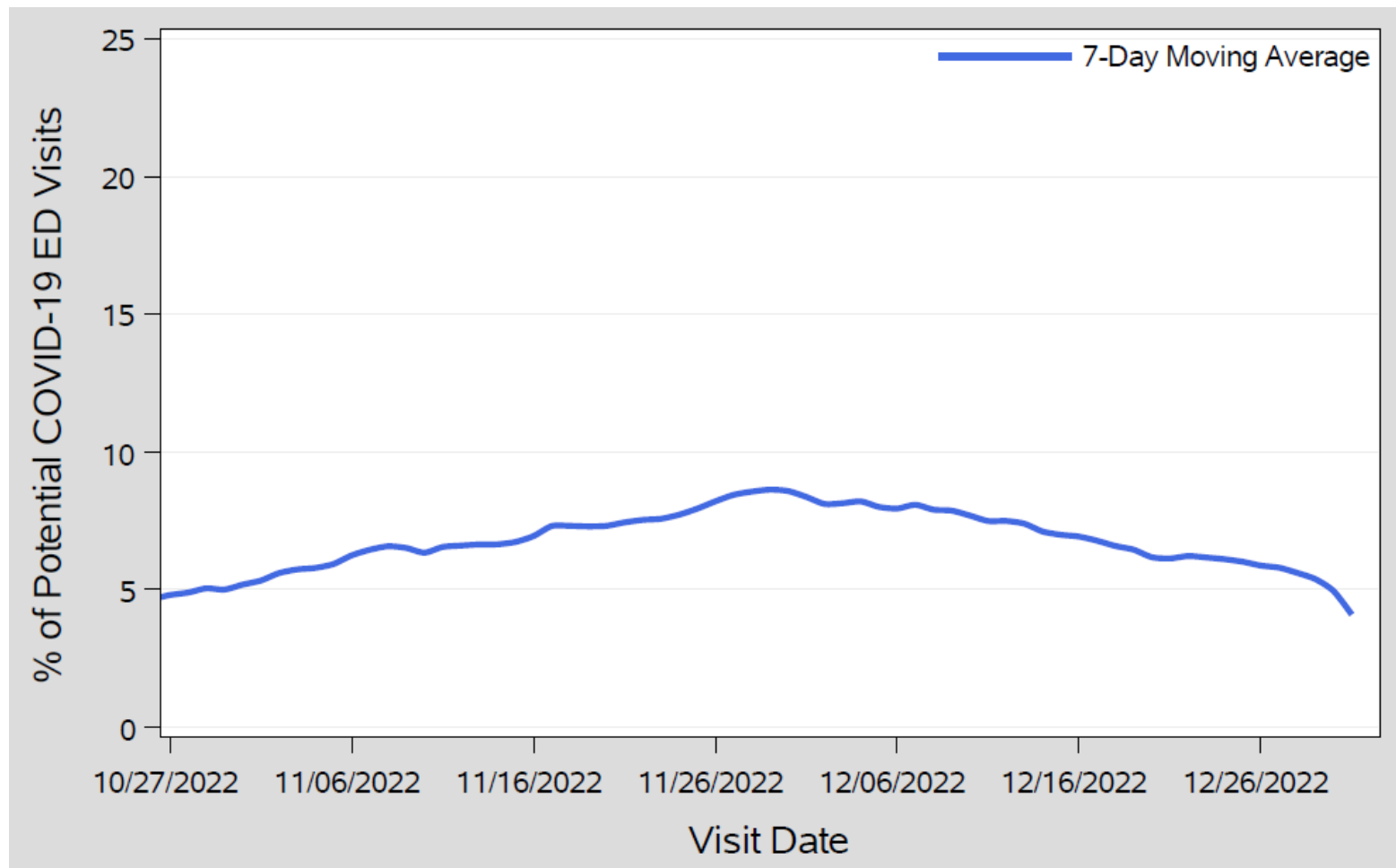
Percent of People Receiving COVID-19 Viral Tests Who Have Positive Results



Data as of Jan 2nd

COVID-19
VIRAL TESTS

Syndromic Surveillance: Percent of ED Visits Potentially Related to COVID-19



Data as of Jan 2nd

SYNDROMIC
SURVEILLANCE

INVESTIGATORS, CONTACT TRACERS, CALL CENTER STAFF

Case Investigations and Contact Tracers

ELC CT Staff: 31 in house

- Priority COVID investigations including outbreaks and school support team
- Conduct COVID-19 testing and sample collection:
 - Community testing sites
 - Facilitating Covid Rapid Antigen Test kit distribution to CBO's serving the underserved and minority populations.
 - Three CSN testing sites
 - METS clinic at SNHD (support staff coverage as needed)
 - Strike team response for onsite testing for suspected clusters or outbreaks as needed

100 contracted CTs on original team; contract extended through March 2023.

Questions



Situation of RSV Infections in Clark County, Nevada

ZUWEN QIU-SHULTZ, SENIOR EPIDEMIOLOGIST

JANUARY 9, 2022

What is RSV?

Respiratory syncytial virus, or RSV, is a **common respiratory virus that usually causes mild, cold-like symptoms.**

Most people recover in one or two weeks. However, RSV can result in severe diseases, especially for infants and older adults.

RSV is the most common cause of bronchiolitis and pneumonia in children younger than 1 year of age in the United States.

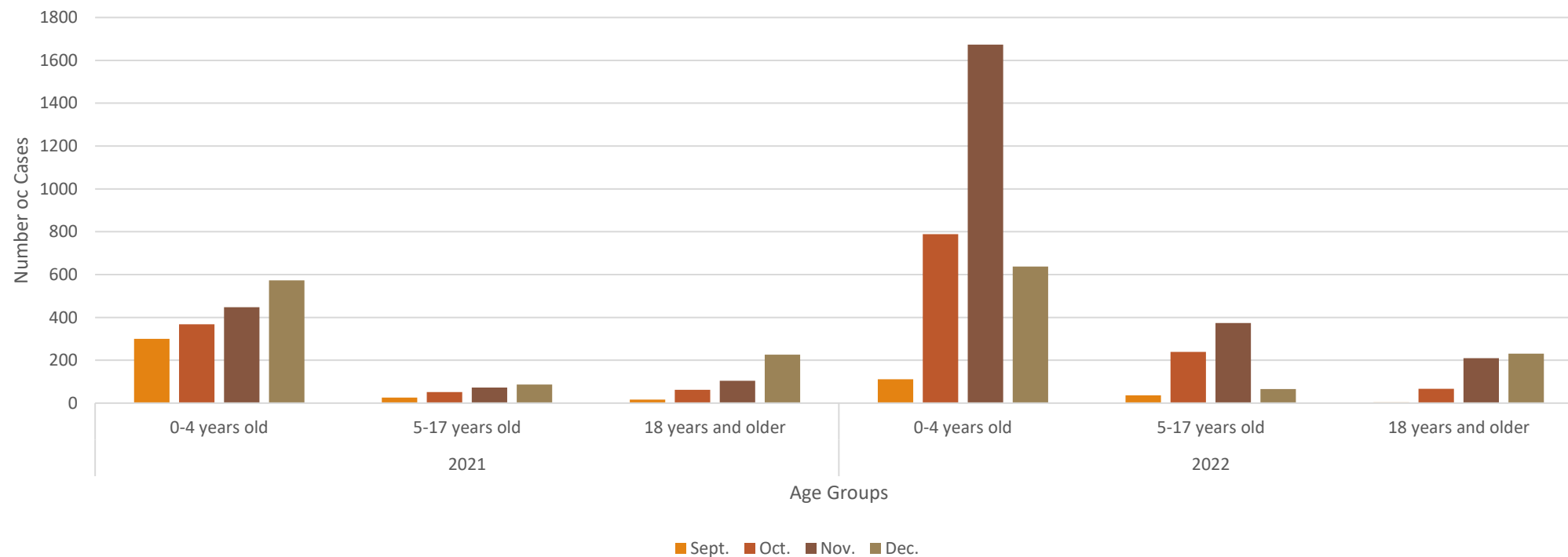
Number of RSV Infections, Clark County, NV (Sep - Dec, 2021 and Sep - Dec, 2022)

Month	2021				2022			
	Age Group			Sub Total	Age Group			Sub Total
	0-4 years old	05-17 years old	18+ years old		0-4 years old	05-17 years old	18+ years old	
Sep	300	26	17	343	111	37	4	152
Oct	368	52	62	482	789	239	67	1095
Nov	448	73	104	625	1674	374	210	2258
Dec	573	87	226	886	638	66	231	935

Incidence Rate (per 100,000 population) of RSV in Clark County, Nevada (Sep - Dec, 2021 and Sep - Dec, 2022)

Month	2021				2022			
	Age Group				Age Group			
	0-4 years old	05-17 years old	18+ years old		0-4 years old	05-17 years old	18+ years old	
Sep	198	6	1	15	72	9	0	6
Oct	243	13	4	21	511	58	4	46
Nov	295	18	6	27	1084	91	12	95
Dec	378	21	13	38	413	16	13	39

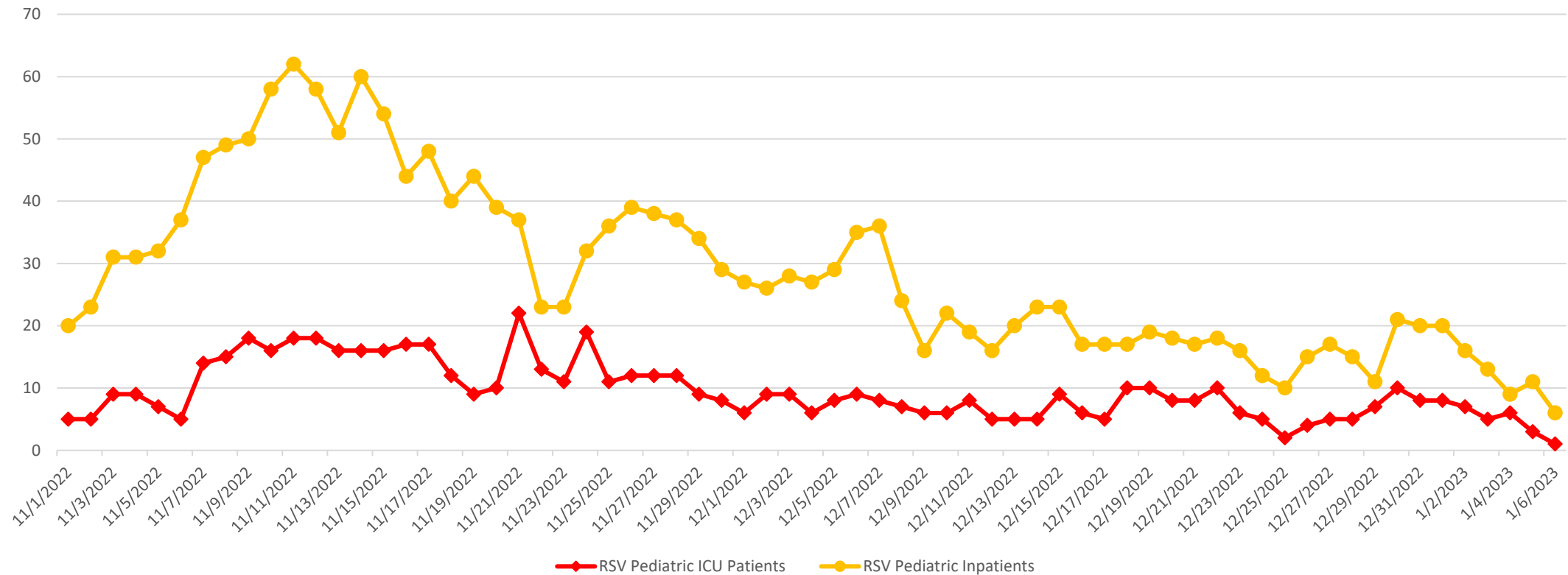
Number of RSV Cases in Clark County Nevada
(9-12/2021- 9-12/2022)



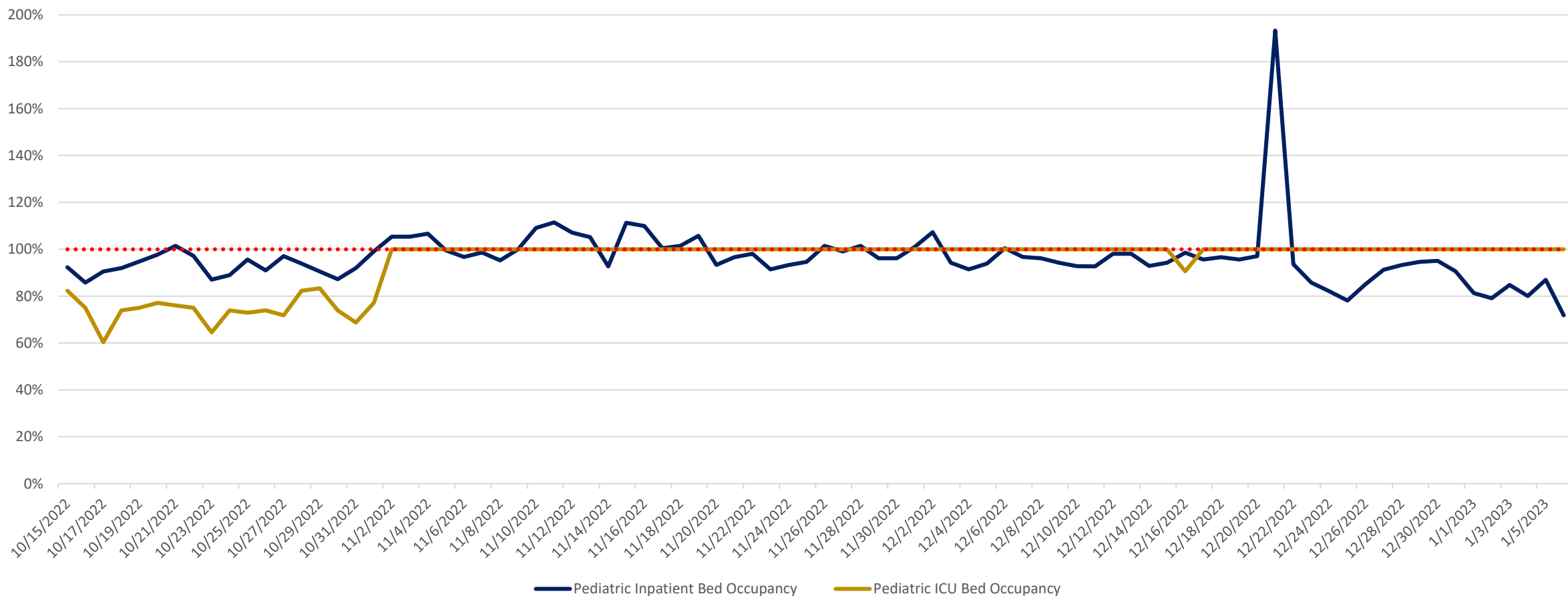
Data Source: SNHD disease surveillance data

Epidemiological Curve By Age Group

Pediatric RSV Hospitalizations, Clark County, NV



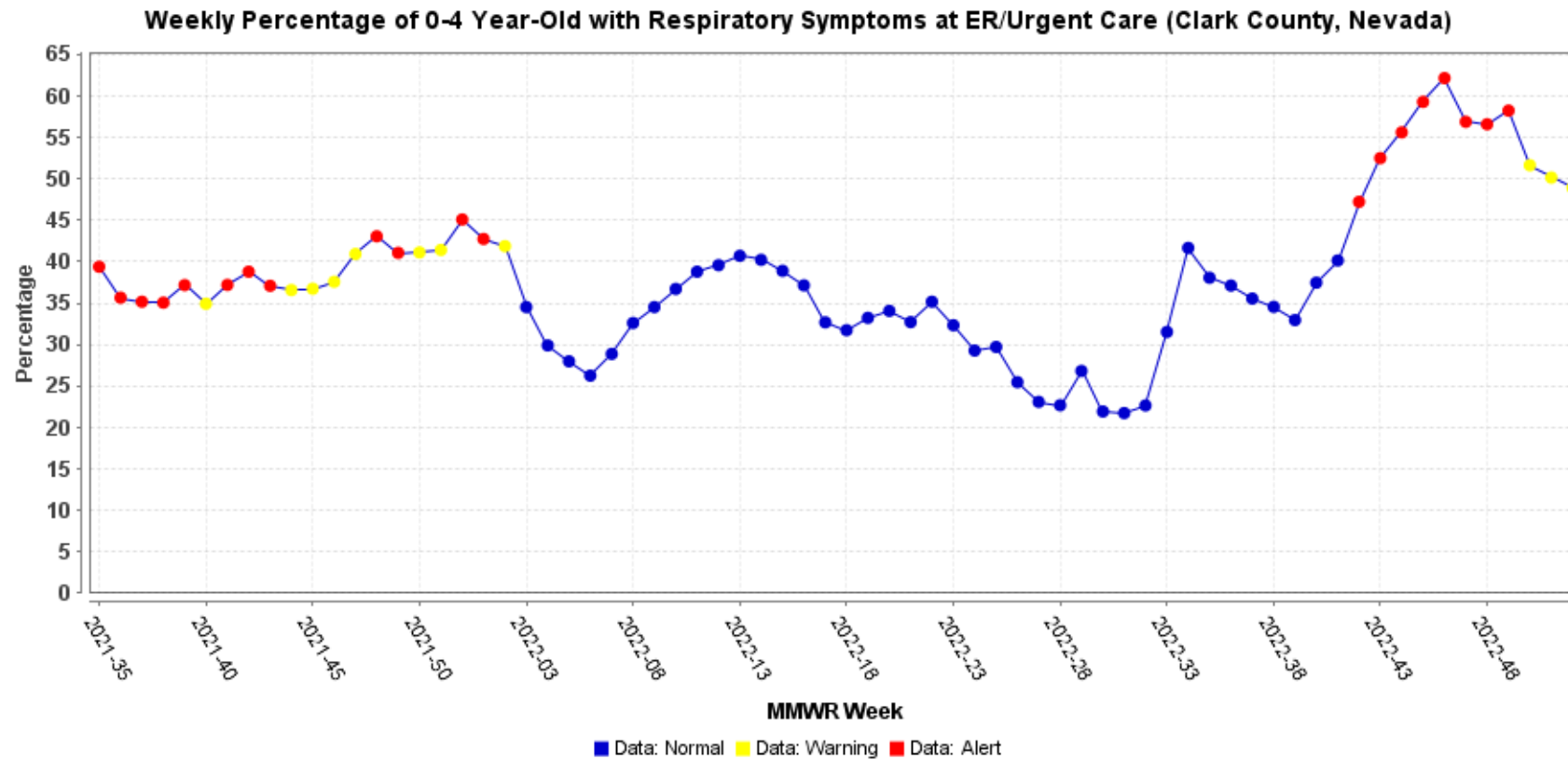
Data Source: Nevada Hospital Association



Data Source: Nevada Hospital Association

Pediatric Inpatient and ICU Bed Occupancy, Clark County, NV

Syndromic Surveillance Data



Situation Awareness

- Clark County currently has experienced a rapid increase in pediatric infections and hospitalizations from respiratory viruses including RSV since October 2022.
- Comparing to 2021 data, there is a 115% increase of the number of RSV cases in 2022 since October.
- The incidence of RSV per 100,000 population of the 0-4 age group has increased from 295 in 11/2021 to 1084 in November 2022. The percentage of increase is 267%.
- The weekly percentage of ER/Urgent Care visits by 0-4-year-old with respiratory symptoms remained at the “alert” level from the mid-October to the beginning of December.
- Respiratory disease caused by RSV and other viruses has placed severe strain on pediatric hospital capacity in Clark County.

Actions Are Needed

The spread of respiratory viruses in children, including Respiratory Syncytial Virus (RSV), and the related strain on hospital capacity in November 2022, created a threat to public health and safety, and constituted a countywide emergency.



In order to ensure the local authorities, have the resources needed to respond to pediatric respiratory infections, a declaration of emergency may become necessary in the future under similar situations.

Questions?

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