



Mission: To protect and promote the health, the environment and the well-being of Clark County residents and visitors.

MINUTES

CLARK COUNTY HEALTH DISTRICT DISTRICT BOARD OF HEALTH MEETING

625 Shadow Lane
Las Vegas, Nevada 89106
Clemens Room - 8 A.M.

Thursday, September 26, 2002 - 8:00 A.M.

Chairman Crowley called the meeting of the District Board of Health to order at 8:00 a.m. and the Pledge of Allegiance was held. She noted that she had been provided with the Affidavits of Posting and Mailing of Agenda meeting notices, as required by Nevada's Open Meeting Law. The Affidavits will be incorporated into the Official Minutes.

Board Members

Present:

Susan Crowley
Sherry Colquitt, RN
Robert Eliason
Joseph Hardy, MD
Erin Kenny
Steven Kirk
Donalene Ravitch, RN
Stephanie Smith

Chair, Appointee, Henderson
Appointee, Las Vegas
Councilman North Las Vegas
Councilman, Boulder City
Commissioner, Clark County
Councilman, Henderson
Appointee, Boulder City
Councilwoman, North Las Vegas

Absent:

Jim Christensen, MD
Donna Fairchild
Paul Henderson
Chip Maxfield
Gary Reese

Physician Member At-Large
Councilwoman, Mesquite
Councilman, Mesquite
Commissioner, Clark County
Councilman, Las Vegas

Executive Secretary:

Donald S. Kwalick, MD, MPH

Legal Counsel:

Stephen Minagil, Esquire

Staff: Clare Schmutz; Karl Munninger; Fran Courtney, RN; Jane Shunney, RN; Angus MacEachern; Ed Wojcik; Glenn Savage; Rose Bell; Patricia Rowley; Jeanne Palmer; Nicole Bungum; Mandi York; Maria Azzarelli; Jennifer Sizemore; Tina Gilliam; Leo Vega; and Recording Secretaries Norma Jordan and Montana Garcia

ATTENDANCE:

<u>NAME</u>	<u>REPRESENTING</u>
Frank Mitchell	Self
Mary Ann Hoban	Self
Bob Hoban	Self
Robin Camacho	American Heart Association
Larry Matheis	Nevada State Medical Association

I. CONSENT AGENDA

These are matters considered to be routine by the District Board of Health and may be enacted by one motion. Any item, however, may be discussed separately per Board Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

Chairman Crowley remarked that the vote on Item #2, Payroll/Overtime would only be for one dated July 20, 2002 as it was the only item placed on the Board of Health agenda. The period covering August 3, 2002 through August 16, 2002 will be placed on the October 24, 2002 Board of Health Agenda.

Chairman Crowley opened the public hearing on Item #12 (a) Variance Request: to construct an Individual Sewage Disposal System (ISDS) on an undersized lot served by a Public Water Supply with a shallow absorption field within eight (8) feet of the structure and ten (10) Feet of the property line. She asked the Petitioner, Mr. Frank Mitchell, if he agreed with the conditions outlined by staff. Mr. Mitchell stated that "Yes" he agreed with the conditions.

At this time, Chairman Crowley asked if any member of the public wish to speak on this item.

Mr. Bob Haben, neighbor of Mr. Frank Mitchell, stated that he had "no problem with the variance".

There being no further comment Chairman Crowley closed the public hearing and called for a motion on the entire Consent Agenda.

Member Smith moved for approval of the following Consent Agenda with Staff's conditions as outlined on Item #12 (a), Variance Request by Frank and Tracey Mitchell. The motion was seconded by Member Ravitch and carried unanimously:

1. **Approve Minutes/Board of Health Meeting** - 08/22/02
2. **Approve Payroll/Overtime for Periods of:** - 07/20/02
3. **Approve Accounts Payable Register** - **#837:** 07/22/01 – 08/02/02 & **838:** 08/05/02 - 08/16/02
4. **Petition #36-02:** Request to Set a Public Hearing on November 14, 2002 to Approve or Deny Darling International's Application to Operate a Recycling Center at 4730 Vandenberg Drive, North Las Vegas, Nevada
5. **Petition #37-02:** Request to Set a Public Hearing on November 14, 2002 to Approve or Deny Paper Recycling of Nevada's Application to Operate a Recycling Center at 4530 Andrews Street, North Las Vegas, Nevada

6. **Petition #38-02:** Redefinition of the Classification Specification for Janitor to Remain on Schedule 12
7. **Petition #39-02:** Interlocal Agreement with Clark County Providing \$20,000 for the District's Drowning Prevention Campaign
8. **Petition #40-02:** Interlocal Agreement with Clark County Providing \$40,000 for the District's Tobacco Control Program
9. **Petition #41-02:** Interlocal Agreement with Clark County for Staff and Organization Development and Training
10. **Petition #42-02:** Redefinition of the Classification Specification for Environmental Health Engineer to Remain on Schedule 26
11. **Petition #43-02:** Redefinition of the Classification Specifications for Surveillance Biostatistician to Surveillance Biostatistician I & II
12. **Public Hearing Upon request of any individual any public hearing item shall be removed from this consent agenda and placed on the regular agenda for public hearing.**
 - a. **Variance Request:** To Construct an Individual Sewage Disposal System (ISDS) on an Undersized Lot Served by a Public Water Supply with a Shallow Absorption Field Within Eight (8) Feet of the Structure and Ten (10) Feet of the Property Line Located at 6 Yellow Pine Avenue, Old Town Mt. Charleston, Clark County Nevada. Legal Description: Lot 6, Plat Book 9999, Page 1 (unrecorded), NW ¼, NE ¼ Section 36, Township 19, Range 56, APN 129-36-510-009. **Petitioners:** Frank A. & Tracey L. Mitchell

II. PUBLIC HEARING/ACTION

No Public Hearings Scheduled

III. REPORT/DISCUSSION/ACTION

1. Individual Sewage Disposal System Variances (*Member Requested Item: Reese, Smith and Maxfield*)

Chairman Crowley commented that Members Reese and Maxfield had requested that Item 1, report/discussions/action on the Individual Sewage Disposal System Variances be continued until the October Board of Health meeting.

Member Smith moved to continue Item 1, Report/Discussion/Action on the Individual Sewage Disposal System Variances until the October 24, 2002 Board of Health meeting. Motion was seconded by Member Eliason and carried unanimously.

2. **Memorandum #12-02:** Potential Loss of State Health Aid to Counties and **Resolution #03-02:** to the Governor and Legislature (*Member Requested Item: Colquitt*)

Member Colquitt thanked Dr. Kwalick and his staff for responding so quickly and thoroughly to her request. She explained that her request was initiated due to concern for Health District

funding and felt that it was important to the Board Members, Governor and the legislature. Additionally, the public should be fully informed of the potential crisis facing the Health District at a time when the Clark County community is looking to the Health District as a safety net for primary care services, such as: (a) increasing requests for required immunizations for school children, (b) Hepatitis A vaccination, (c) the potential for two flu shots for children, (d) the threat of bioterrorism in response to which the Health District must take a big lead in view of the continued population expansion, the tourism industry and the increasing cost of doing business.

She added that we are now looking at a potential 3 million dollar budget cut over the next two years. During her 20 years of service on the Board of Health, the District has always run a lean budget, and has been mindful that we were entrusted with taxpayer's dollars as well as being prudent and innovative in meeting the public health needs of Clark County. She felt that the Board and staff are now being asked to be magicians. She asked Dr. Kwalick and Karl Munninger to give a brief presentation on this situation and include in the presentation programs that have been substantially cut back or eliminated in the past two years due to funding. Additionally, she asked what programs are in jeopardy during the next two years; what staffing cut backs will be necessary and what is going to happen to the 24 hour call service and the weekend clinics that now exist within the District, the free clinics and anything else she may have neglected to address.

Dr. Kwalick commented that correspondence pertaining to the potential impact had been distributed to all the Board Members earlier in the month. Since that time, Governor Guinn has taken the recommendations of the Department of Human Resources. Rather than cut Health Aid to Counties (HAC) 3% as executive departments were being cut, the Department of Human Resources elected to take all of the remaining HAC which totals approximately 1.3 million, including Washoe and Clark Counties and use that as the 3% for the Department of Human Resources.

The District instituted a freeze right a way in general fund positions of all types. The programs that are potentially affected include TB control for which we only get \$500,000 in other funding through a grant from the State when our program actually costs approximately 1.1 million dollars a year. The additional money has been made up with HAC as well as funding from Clark County. The law says that the state is responsible for TB control at the local level. If the Health District were not providing services, there would certainly be more TB cases in the community than there are at this point in time. Active TB cases have decreased from over 100 cases in 1997 and 1998 to about 65 to 70 cases in 2002 due to a responsive directly observed therapy program for people that are under treatment for tuberculosis.

Other programs that HAC monies are used for include sexually transmitted disease, other communicable diseases and chronic disease management, which, in conjunction with University Medical Center, provide case management for congestive heart failure patients in the hospital. Staff tracks these clients to prevent them from having to go back into the hospital. All of these programs are funded with HAC money and would be in jeopardy.

Karl Munninger continued with a perspective on HAC funding which has been in place for over two decades and helps the Health District perform services that, if the Health District did not provide, the State would have to at a much greater cost.

The original capitation rate was \$1.10 in fiscal 1992, which came to almost 1 million dollars for the Health District. Governor Miller cut that in half to \$0.55 per capita to meet a reduction in state revenues. The Health District agreed to that with the promise that it would be restored to a \$1.10 in the next biennium. However, despite presentations to the 1993, 1995 and 1997 Legislatures by both the Clark County Health District and the Washoe County District Health

Department no restoration occurred. It was not until the 1999 Legislature that we were partially successful in getting the support restored as the capitation rate increased from \$0.55 to \$0.80. Yet, Governor Guinn appointed a fundamental review of State Government Steering Committee which in March 2000 recommended that HAC be totally eliminated.

At that point, Dr. Kwalick sent a very strong letter to the state budget director indicating the adverse effects of such action and was successful in overturning the recommendation. Karl Munninger and Eileen Coulumbe, his counterpart in Washoe County, made presentations in February 2001 to the Legislature which prompted Senate Finance Chairman Raggio and Assembly Ways and Means Chairman Arberry to direct the state to restore the capitation rate back to a \$1.10 for the 2003 to 2005 biennium. That funding level was what we anticipated until this latest budget cut by Governor Guinn=s staff.

Karl handed out a printout from the state's website indicating that HAC was being cut at the 75% level to take care of the entire Health Division's 3% cut. The target cut was \$40,000 but the actual cut was set at 1 million. Health District staff were informed by state staff that the only reason they did not cut it 100% was because the first quarterly payment for fiscal year 2003 had already been made so they could only cut it 75%. The two counties were hit with the 75% cut this year and were told to expect a 100% cut next year when at the same time state agencies were directed to cut 3%, which is hardly fair to the District. Dr. Kwalick sent a letter to Governor Guinn asking not to accept that recommendation and instead cut the counties at the same 3% level.

We can consider state support of the two Health Districts in general. Across the country a typical contribution by the state to a local health authority would be in the 20% to 30% range. The total state contribution in the approved tentative budget for fiscal year 2003 was only 9%, which has since been cut as described.

The District's Healthy Nevada Task Force tobacco settlement funding had previously been cut by \$900,000, which reduced the state=s share of the budget to 7%. Now, with this almost one million dollar HAC cut, the state contribution to the District's budget is down to 5%. The services reflected in that 5%, are the Tobacco and School Clinic Programs, which consist of approximately 1.2 million in Tobacco Settlement money. Also, there is a half million from the tire tax. This is a tax that everyone pays when a tire is purchased. The monies go to the tax commission and 30% of that comes back to the Health District. The tire tax and tobacco settlement money are separate revenue streams. Thus all that is left from the Department of Human Resources' general fund is a half million dollar contribution to the District's TB program. The only hard dollars contributed by the Health Division is that one-half million dollar grant.

Looking at the total Health Division general fund account of \$13 million, the Clark County Health District is receiving approximately one-half million which is about 4%. Even though 70% of the people of Nevada live in Southern Nevada, we get 4% of the Health Division general fund budget.

In terms of what we will have to cut, the final decisions have not been made. However we are looking very closely at the Health District's support of the poison control hotline service. Currently, the Health District has a contract with the Rocky Mountain Poison Control Center (RMPCC) in Denver which is fielding calls from Clark County at an annualized rate of 22,000 which averages out to more than 60 calls a day. Out of those 22,000 calls about half of them involved an individual who has suffered some kind of poisoning. The rest of the calls are largely requests for information. Out of the 11,000 calls that relate to an actual poisoning,

approximately 4,000 are treated at a facility. Of the 4,000 that are treated at a facility, 200 are admitted to the hospital in critical condition.

The District is presently paying \$175,000 a year for the Poison Control Program. It was a very difficult negotiation that lasted several months because the Health District is not actually paying its full prorated share of total costs. The RMPCC has told staff that this is the last year of a negotiated rate on the grounds that this is all the Health District can afford. In the next fiscal year the rate will be calculated based on the total cost to operate the poison center divided by the total number of calls. The approximate cost of \$14.50 per call will be multiplied by the 22,000 calls. The Health District would need approximately \$320,000 to keep that service going. In most states the poison control hotline function is considered the responsibility of the state and not a local responsibility.

Another program that may be potentially cut is the Safe Drinking Water Program which costs approximately \$170,000 a year to operate. However the state grant that we receive to operate that program is only about \$60,000, a \$110,000 deficit that the District makes up with dollars such as HAC.

If the State is not going to fund the Health District, then perhaps those community water systems that serve less than 100 people would not be monitored. Additionally as a result of lack of state funding, there may be fewer restaurant inspections, fewer high risk infant home visits and fewer neighborhood immunization clinics, the elimination of the Health District's participation in the New Year's Eve program, and elimination of our inspection of foster care homes which we do for the state.

At this point with the hiring freeze for all general funded positions, there is not a need for a reduction in force, but any additional cuts may warrant this course of action. The resolution urges: (1) that the Governor treat the counties in the same manner in which he is treating the state agencies; (2) that the 2003 Legislature proceed with the directive from Senator Raggio and Assemblyman Arberry and fund the counties at the \$1.10 capitation rate; (3) that in the future there be a consumer price index adjustment to the capitation rate which has not been adjusted at all since 1992, and indeed if we were to apply the Department of Labor All Urban Consumer Price Index to the \$1.10 back in 1992, that would translate into a \$1.40 in 2002. He explained that \$2.1 million is about the funding level the Health District should be at to stay even with fiscal year 1992. Yet, the District is faced with zero HAC funding if the state staff budget prevails. He stressed the need for everyone to do whatever possible to urge the state to make a greater commitment to public health in Clark County.

Discussion followed by the Board of Health Members and staff concerning transmitting the resolution to the Governor, all members of the legislature, the Department of Human Resources and Nevada Health Division staff.

Brief discussion continued by the Board Members and staff on the limited workforce in place prior to the cuts and the responsibilities that the Health District carries for the state. For example, there are approximately 40 health inspectors to inspect 12,000 restaurants in this community. The District is mandated to do one inspection a year. Since that is insufficient to protect the public, staff attempts to inspect the facilities four times a year. In addition to the daily public health issues, the District is also addressing all of the homeland security issues, so the additional support from the state is imperative. We have a commitment to make sure that public health access is available and affordable to everyone. The circumstances of TB can be a real problem when one considers drug resistant mycobacteria. There are carriers in the valley and

treatment and follow-up care must be available to them. We have to do everything we can to make sure that we protect our citizens.

Member Hardy moved to adopt and approve the resolution. The motion was seconded by Member Smith and carried unanimously.

Chairman Crowley recommended that staff distribute the resolution as widely as possible.

IV. CITIZEN PARTICIPATION

Citizen participation is a period devoted to comments by the general public about matters relevant to the Board's jurisdiction. Items raised under this portion of the Agenda cannot be acted upon by the Board of Health until the notice provisions of Nevada's Open Meeting Law has been complied with. Therefore, no vote may be taken on a matter not listed on the posted agenda and any action on such items will have to be considered at a later meeting.

Chairman Crowley asked if any member of the public wished to be heard on subjects that are relevant to the Board's jurisdiction. There was no response.

V. HEALTH OFFICER & STAFF REPORTS

Dr. Kwalick explained that with the upcoming elections with the advisory questions on the ballot he had asked Nicole Bungum, Senior Health Educator, to give an update on the Tobacco Control Program. Also, Ms. Robin Camacho from the Heart Association and Mr. Larry Matheis from the Nevada State Medical Association and the Nevada Tobacco Prevention Coalition will review what their respective programs are doing relative to educating the public on the advisory questions.

Nicole Bungum gave a brief overview on some of the Tobacco Control Program activities. Funding for the program comes from three sources, the Task Force for the Fund for Health Nevada, a one year continuation funding from the Centers of Disease Control and Prevention via the State Health Division and a three year competitive grant award from the American Legacy Foundation.

Some of the current projects include a media campaign which the District has been providing in the community for the last two years. Funds have been set aside for two campaigns this fiscal year targeting adults. One will begin running in October. (The Board Members previewed one of the spots.) The second campaign will be in the Spring and it is anticipated that will be a repeat of the smoke-free restaurant campaign. A media campaign specifically for the Hispanic community in Clark County is also being developed. We have done a Hispanic community survey and the media spots will be created based on the data received. These spots should be ready by November and will air at least four times throughout the fiscal year.

All of the adult media focuses on second hand smoke issues particularly as they relate to children. The kick off for the youth campaign will be this fall. Our first spots will be on the air in mid-October. The first spot will promote the anti-tobacco youth summit, the Kick-Ash-Bash II.

Since the first Kick-Ash-Bash was a tremendous success, this year staff anticipates doubling the number of participants from 250 to 500. All of the activities are youth-driven and the education is created by youth, for youth so they are particularly receptive to the messages. Staff just recently received a progress report from the Gallup Organization on the youth program. The report essentially details the youth program activities over the last two years; this includes the decrease in

prevalence in youth smoking in Nevada, and a few selected highlights from the school administrative survey. The full report on the survey will be available this fall.

The District has received a three-year award from the American Legacy Foundation to create a second hand smoke awareness and prevention campaign specifically for Hispanics in Southern Nevada focusing on the Hispanic worker. This is the first time that a campaign specifically for the Hispanic population has been developed. Staff will conduct focus groups; develop culturally and linguistically appropriate material for that population. The first phase of that education should be developed by January 2003. This is going to be a very collaborative effort with community based organizations that serve the Hispanic population. Members from the Latinos Together Against Disease Coalition will help disseminate that information to the community.

Near the end of last fiscal year staff was able to implement an Education Messaging Systems (EMS) program on the University of Nevada Las Vegas (UNLV) campus. Staff worked with the company to create message boards which were placed on the campus in what is called public private locations - bathroom stalls, locker rooms, library cubicles. The theme of that campaign was to create awareness of the cessation resources available to UNLV students. Staff has received positive feedback and anticipates expanding the campaign to the Community College of Southern Nevada campuses.

Staff is also busy with surveillance activities. She briefly reviewed a Hispanic community tobacco survey that was recently completed. This was the first time a survey like this has been done in that community. A one-page summary of the preliminary findings was handed out. Over 200 Hispanic community members were interviewed. The interviewers were fully bilingual and actually 85% of the interviews did take place in Spanish. The prevalence was estimated at 29% with an average of 2 packs a week smoked; 65% of the current smokers had tried to quit; 76 of the current smokers were interested to some degree in quitting in the future.

It is interesting to note the degree of concern among both smokers and non-smokers with regard to second hand smoke, 71% of both groups completely agree that it is important for non-smokers to avoid second hand smoke because of the health risk involved, 70% of respondents indicated that people should be protected from second hand smoke. Also, there were high levels of support for some policy issues in public places. These findings mirror findings from some of the other surveys we have conducted in the past. Approximately 81% of respondents completely agree that smoking should not be allowed on school property at any time; 76% agreed that smoking should be banned in gaming areas in grocery stores; 71% agreed that smoking should be banned in gaming areas in convenience stores, pharmacy and drug stores. Those response rates mirror some of the general population surveys.

Nationally, there has been an increase in tobacco use in the 18-24 year old age group. This is likely the case in Southern Nevada, but there is no data available to confirm this. Therefore, this fall staff will be implementing a survey with UNLV undergraduate students to determine prevalence attitudes, behaviors, beliefs, relating to tobacco use and second hand smoke. These surveys help to serve as a baseline to determine prevalence but it becomes an effective evaluation tool for use in monitoring the success of District's program.

Finally, the adult telephone survey that the District commissioned Gallup to administer is in the field. Staff is anticipating the results from that survey within a month. There are tentative plans for Drs. Fishbein and Johnson of the Gallup Organization to share some of those preliminary findings at the next Board of Health meeting.

Robin Camacho, Director of Advocacy for the American Heart Association (AHA) commented that the AHA recognizes tobacco as a major risk factor for both heart disease and Nevada's number one

killer and stroke Nevada's number four killer. Second hand smoke damages the lining of the arteries in both smokers and non-smokers who are exposed to other peoples cigarette smoke. The damage to this lining contributes to heart disease after only 30 minutes of exposure and it's for this reason that the AHA supports question 13 on the November ballot. Also, the AHA supports repeal of preemption and the right of local communities to decide when and where tobacco is appropriate. Additionally, the AHA supports question 12 as a means of sending a message to the legislature. The voters in Clark County want the Board of Health to be able to do what they are charged with doing, which is protecting the public health. Therefore, AHA has issued a call of action to their thousands of volunteers, heart disease survivors and supporters in this State of Nevada. The AHA is urging that 40% of Nevada residents who will suffer from heart disease and those who have already been touched by heart disease in their families to vote "Yes" on questions 12 and 13. The AHA is working to raise awareness on questions 12 and 13 so that the public has the facts before voting. A media advocacy campaign is being launched that will include billboards and public service announcements to increase public awareness.

Several special interest groups want to deny Nevadans the right to express their opinions to legislators on any issue. The AHA believes that they know that public awareness leads to a public debate and public conversations on tobacco and they cannot afford for that to happen because once people get the facts and they understand that second hand smoke is a serious health threat they won't buy tobacco. This is not a simple issue of personal freedom that these special interest groups attempt to portray. When people get the facts, they will tell their family and friends to vote "Yes" on questions 12 and 13. So everyone can decide whether or not they want to smoke but that little child holding mom's hand at the convenience store is in peril of being exposed to second hand smoke and that child doesn't have any choice. Groups such as the AHA, the American Cancer Society and the Nevada Tobacco Prevention Coalition have the science and the facts and are happy to provide that information to the public.

She explained that as a Nevadan she could fiercely defend her personal freedom as each of the Board Members. Something held just as dear in Nevada are the children. By urging Nevadans to vote "Yes" on questions 12 and 13, the AHA is upholding their responsibility to protect public health as well as send the message that children deserve smoke-free areas. She commended the Board for their important work on this issue and in initiating the public conversation on tobacco that the community needs to have.

Larry Matheis remarked that the Nevada State Medical Association and the Nevada Tobacco Prevention Coalition are both completely committed to the same agenda that this Board is on tobacco control. The Nevada Tobacco Prevention Coalition as you know has been the lead group for bringing together everybody who is involved in tobacco control in this state for a number of years. Organizations are committed to putting Nevada into the main stream of America when dealing with tobacco. These include but are not limited to the Clark County Health District, Washoe County District Health Department, the State Health Division, State Board of Education, Nevada State Medical Association, the American Heart Association, the American Cancer Society and the American Lung Association.

The Nevada State Medical Association in its commitment to help on this issue is going to provide all the physicians background on the questions to encourage them to talk with their patients about the questions and their importance. It is a sign of the commitment even though there are other priorities with the liability crisis and physicians leaving the state, as well as the threat of the loss of obstetrical care here in Southern Nevada. The NSMA and the NTPC are committed to dealing with all of these issues.

The Nevada Tobacco Prevention Coalition is committing its resources to ensure that all of the member organizations are focused on these questions and to get the word out to all of their

constituents. Those that are able to take political positions are urged to focus efforts toward getting the questions passed. The Nevada Tobacco Prevention Coalition also is Smokeless State Program designee for Nevada. Smokeless States is the largest private public health project ever undertaken in the history of America. The American Medical Association and the Robert Wood Johnson Foundation are committed to a time in the future for a smoke free America. They have provided funds, technical assistance and support to most of the states. With the opportunity that this Board and the Clark County Commission have given us by these questions, the additional supplementary funds will be used to supplement the educational efforts already in place.

Additionally, the organizations have shared their conclusions based on some polling and research that was completed on how to best focus the message about why these questions are so important to Southern Nevada voters and to counter advertising by the tobacco industry. He stressed the importance of making Southern Nevada a safe haven for its children. The questions on the ballot are a great start. Opponents to the questions are well armed and financed but not very well motivated. Their motivation is simply to make sure they are able to continue to secure economic rewards from providing lethal drugs to Americans. On the other hand our motivation is slightly different as we are trying to save lives. It would be nice to see the future generation of Nevadans grow up without the expectation of seeing one out of three of their cohabitants smoking cigarettes, becoming ill from that and dying. There is broad support from both the medical and community at large of people focusing collaborative efforts to convince fellow citizens to support the two questions on tobacco control.

VI. INFORMATIONAL ITEMS

Duly Noted

A. Chief Health Officer & Administration:

1. Monthly Activity Report, Mid August 2002 - Mid September 2002
2. Financial Data - Revenues and Expenditures for Fund 705 (Operating), 706 (Capital Reserve), and 762 (Liability Reserve) for the Month of August 2002
3. Health Education Monthly Report, August 2002
4. Epidemiology Monthly Report, August 2002
5. Public Information Monthly Report, August 2002
6. Clark County Department of Air Quality Management Monthly Activity Report, August 2002
7. Emergency Medical Services Medical Advisory Board Minutes, August 2002 & Annotated Agenda for September 2002

B. Environmental Health:

1. Monthly Activity Report, August 2002
2. Listing of Food Establishments in Plan Review for the Period of 08/01/02 to 08/31/02

C. Nursing and Clinics:

1. Monthly Activity Report, August 2002
2. Letter from the State of Nevada Health Division Commending Staff on the Clark County Health District's Immunization Program Team Outreach Efforts
3. Letter Commending and Supporting the Maternal Child Health and Public Health Nursing Program

VII. ADJOURNMENT

There being no further business to come before the Board, Chairman Crowley adjourned the meeting at 9 a.m.

SUBMITTED FOR BOARD APPROVAL

Donald S. Kwalick, MD, MPH, Chief Health Officer
Executive Secretary

/mg