



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

Thursday, March 27, 2003 - 8:00 A.M.

Chairman Reese called the meeting of the District Board of Health to order at 8 a.m. and the Pledge of Allegiance was held. He noted that he 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:

Gary Reese	Chairman, Councilman, Las Vegas
Jim Christensen, MD	Physician Member At-Large
Andrea Anderson	Councilman, Boulder City
Sherry Colquitt, RN	Appointee, Las Vegas
Susan Crowley	Appointee, Henderson
Robert Eliason	Councilman North Las Vegas
Donna Fairchild	Councilwoman, Mesquite
Paul Henderson	Councilman, Mesquite
Donalene Ravitch, RN	Appointee, Boulder City
Rory Reid	Commissioner, Clark County
Stephanie Smith	Councilwoman, North Las Vegas

Absent:

Steven Kirk	Councilman, Henderson
Chip Maxfield	Commissioner, Clark County

Executive Secretary:

Donald S. Kwalick, MD, MPH

Legal Counsel:

Stephen Minagil, Esquire

Staff: Karl Munninger; Glenn Savage; Fran Courtney, RN; Jane Shunney, RN; Rory Chetelat; Angus MacEachern; Ed Wojcik; Doug Joslin; Paul Klouse; Lonnie Empey; Rose Bell, PhD; Jeanne Palmer; Nicole Bungum; Marlo Tonge; Jennifer Sizemore; David Tonelli; Leo Vega; and Recording Secretaries Diana Lindquist and Montana Garcia

ATTENDANCE:

Irene Battle
Fred Couzen
Reva Anderson
Mary Guinan
Uri Clinton

Sista to Sista
Las Vegas Tribune, Las Vegas Mercury
Sista to Sista
Nevada Public Health Association
Harrah's Laughlin, Inc

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.

Member Eliason asked to removed **Item #4**, (*Petition #09-03: Approval of New Classification Specification for Special Projects Administrator, Recommended Schedule 31*) and **Item #5**, (*Petition #10-03: Adoption of Internal Revenue Service Standard Mileage Reimbursement Rate*), for discussion.

In reference to **Item #4**, he asked to whom the individual will be answering and the need for this individual.

Dr. Kwalick explained that this individual would be reporting directly to him or his designee. He added that it is really a way to be able to use some of the special monies that come in especially bioterrorism money that would be available to hire an individual for special projects for limited periods of time rather than going the contract route.

Chairman Reese asked the Board Members if there were any additional questions on **Item #4**. Since there was no response he proceeded with **Item #5**.

Dr. Kwalick explained that in reference to **Item #5**, the District had not increased the mileage rate since 1996. With the increase in gasoline prices, this is needed to pay staff for using their privately owned vehicles. Older cars in the motor pool have been removed from service in order to decrease maintenance costs.

Member Eliason asked if staff had any numbers about how many vehicles this effects.

Karl Munninger explained that staff determined that the increase will result in additional costs of about \$18,000 whereas the elimination of assigned vehicles and most of the vehicle fleet will provide a savings of about \$82,000. The overall result is a net savings despite the anticipated 10% increase in mileage reimbursement. Approximately, 50 vehicles in Environmental Health and another 50 in the Nursing Division will be affected.

Chairman Reese opened the public hearing on Item #6, Variance Request to allow a Ceiling Height Not in Compliance with the *District Board of Health Regulations 1996 Governing the Sanitation of Food Establishments* (APN 264-24-302-001) Petitioner: Harrah's Laughlin, Incorporated.

Mr. Uri Clinton, representing Harrah's stated that the firm would like to rest on the recommendation of staff that the Variance be approved.

Chairman Reese asked if any members of the pubic wished to speak. There was no response.

Member Crowley asked the applicant if Harrah's was willing to comply with all the conditions recommended by staff. Mr. Clinton stated "Yes" Harrah's would comply with the conditions.

There being no additional comments, Member Eliason moved for approval of the following Consent Agenda. The motion was seconded by Member Smith and carried unanimously.

1. **Minutes/Board of Health Meeting:** 02/27/03
2. **Approve Payroll/Overtime for Periods of:** 02/01/03 - 02/14/03; 02/15/03 - 02/28/03; 03/01/03 - 03/14/03
3. **Approve Accounts Payable Register:** #858: 01/31/03-02/05/03; #859: 02/06/03-02/13/03; #860: 02/14/03-02/19/03; #861: 02/20/03-02/26/03
4. **Petition #09-03:** Approval of New Classification Specification for Special Projects Administrator, Recommended Schedule 31 (\$69, 950.40 to \$97,562.40)
5. **Petition #10-03:** Adoption of Internal Revenue Service Standard Mileage Reimbursement Rate
6. **Public Hearing Upon request of any person any public hearing item shall be removed from this consent agenda and placed on the regular agenda for public hearing.**
7. **Variance Request** to Allow a Ceiling Height Not in Compliance with the *District Board of Health Regulations 1996 Governing the Sanitation of Food Establishments* (APN 264-24-302-001)
Petitioner: Harrah's Laughlin, Incorporated.

II. REPORT/DISCUSSION/ACTION

1. **Presentation** by Las Vegas City Councilman Lawrence Weekly Concerning HIV/AIDS (Member Reese Requested Item)

Chairman Reese explained that Councilman Weekly had some questions concerning HIV AIDS. He had asked to be placed on the calendar. Since, the Councilman was not in attendance; Chairman Reese made a motion to strike the presentation. The motion was seconded and carried unanimously.

2. **Petition #08-03, Memorandum #03-03:** Fiscal Year 2003-2004 Tentative Budget

Karl Munninger, Director of Administrative Services introduced Financial Services Manager, Sandra Schulz and gave a brief overview of the District's tentative budget for Fiscal Year 2004 which starts on July 1, 2003. This is the tightest budget in the four decades of the District's existence. The District's budget problems began earlier this year when the Department of Human Resources (DHR) zeroed out Clark and Washoe Counties' funding for the remaining 9 months of this fiscal year back in September to meet a 3% agency cut directed by Governor Guinn. In order to meet the 3% cut for the Department of Human Resources, the two counties were cut by 100% for the last of the fiscal year. The Board of Health passed a resolution in September asking the legislature and the governor to restore those cuts. There was a decision unit placed in the executive budget to restore 1.7 million dollars in funding for the Health District. However, when it got to the Governor's Office, that decision unit was denied and zero dollars were budgeted under Health Aid to Counties (HAC) for the forthcoming biennium.

In addition to that funding shortfall, the District has been hit with soaring group insurance costs. The District is presently participant in the state self-funded group insurance plan which has seen very large increases over the last couple of years. In response to these issues, a hiring freeze has been instituted. Presently, 1/6 of all of authorized positions are vacant. Dr. Kwalick sent an e-mail to all Health District staff members asking for their suggestions as to how we might further reduce expenditures in the forthcoming fiscal year. Staff responded overwhelmingly. All of the suggestions

were reviewed and categorized into groups. Approximately nine suggestions have already been implemented. Another eight are in the process of being implemented and five are being evaluated. The rest probably will likely not be put into effect because they are not seen as cost effective or they are seen as not a desirable thing to do at this time.

To date the revenue is about 7% below what was anticipated. However, the District remains in the black since expenditures were cut more than 7%. In the beginning stages of the budgetary process division heads and program managers were directed to make a 7% cut in their non-personnel budgets. All of the managers responded positively and no additional cuts were needed from the administration side.

At present, the District has a \$50.5 million dollar budget. Staff has projected an ending fund balance which is adequate and conforms to normal financial standards. This is good news in view of current economic conditions with the Health District remaining solidly in the black and financially solid.

Mr. Munninger asked Sandra Schulz, to present the details of the coming year.

Ms. Schulz explained that District revenues are budgeted at \$50,583,000 with operating expenditures at \$47,690,000. Staff budgeted a transfer \$2,875,000 into the capital fund bringing the total expenditures in the general fund to \$50,565,000. That would leave us with an ending fund balance of \$4,747,000. Exclusive of the bioterrorism grant, the budget is \$2,000,000 less than estimated fiscal 2003 expenditures. The major unanticipated factors of revenue decreases and expenditure increases are the Health Aide to Counties (HAC) funding, which is a loss of \$1.7 million, and a \$1 million dollar increase in group insurance costs. The \$1.7 million dollar increase in fees for immunization administration, health cards, and solid waste hearing have been offset by the \$1.7 million dollar decrease in HAC. The national average for state funding for local public health agencies is 23%. If the District received similar funding as other counties across the nation, we would have \$11,630,000 rather than the \$415,800 state general fund allocation we currently have.

In reference to the poison center hotline funding, nationally state contributed 55% of the funding, and cities and counties 3% of the funding, and the Health District absorbed 100% of that funding. That contract this year is \$320,000. It has increased to \$145,000 from the previous year.

The bioterrorism grant runs from August 31, 2003 to August 30, 2004. The state received \$9.4 million dollars for fiscal year 2003. Also, the state is expected to receive \$9.2 million for this next grant cycle. The CCHD has received \$3,833,000 the first year of the grant. At this point, the District is still developing a budget of \$5,095,000. The bulk of grant dollars this year for bioterrorism funding is going toward hospitals for staffing and preparedness. There is a \$200,000 decrease in bioterrorism funding for infrastructure at the public health level. It is estimated that roughly 25% or \$1.296, 000 of grant dollars are earmarked for the public health laboratory.

Some future concerns that might impact the District were covered. The airlines are having a tough time making a go of it right now and the effect of the war on tourism will play a factor in our costs and revenues, the state of the economy, the effect of gaming proliferation and the pace of Las Vegas economic diversification.

Karl Munninger informed the Board on the recent discussions on the distribution of federal dollars by the State Health Division. Based on numbers provided by the Health Division Administrator Yvonne Sylva, at the last Health Aid to Counties hearing before the Joint Money Committees of the Legislature, Washoe County presently receives 2.8 times as many federal dollars per capita through the state as the Clark County Health District does. Staff is developing a strategy to turn that situation around and direct the state to formulate a logical formula for the distribution of those dollars that takes into account the population disparity between Washoe and Clark which is approximately 4.3 to 1. Staff will be working with our Lobbyist Helen Foley to try to get legislative support to direct the federal dollars toward the main population center of the state.

Brief discussion followed by Staff and Board Members on the fair distribution of federal dollars by the State Health Division, the possible use of bioterrorism funds for the poison control center and public health laboratory. Staff is attempting to get the money committee to at least agree to a place-holder amount of funding, possibly on the order of 10%, so it would be \$.11 per capita instead of a \$1.10 per capita amount. The place holder would perhaps allow some leeway so that when the economic fortunes of the state were improved, it could then be increased back to normal levels of funding. Also, staff is awaiting approval from the Centers for Disease Control for use of bioterrorism funds for the poison control center. Staff will keep the Board apprized.

Dr. Kwalick commented that in reference to the new public health laboratory, staff will be able to identify Ricin and probably some other chemical agents. Ricin is a biological chemical agent. The state could not perform it and there was a delay. There was a presumptive test that could have been used right at the beginning that would have indicated if it were positive or negative.

He added that the District was certainly not getting the appropriate share of federal dollars that are coming into the state. Now, Senate Bill 308 is proposing to further shift local taxes for state use. The bill is asking that the citizens of Clark County to bail its state out of its financial situation. Unless some strong action is taken, public health will suffer if the District does not get enough money to protect residents and tourists.

Several Board Members and Staff stressed the importance of the negative ramifications of SB 308 on Clark County citizens and encouraged everyone to get involved in the process because if the bill becomes law is will be very difficult for local government to provide services to the community.

At this time, Member Smith moved to accept the fiscal year 2003-2004 Tentative Budget report. Motion was seconded by Member Eliason and carried unanimously.

III. PUBLIC HEARING/ACTION

1. **Memorandum #02-03:** Public Hearing to Consider Amendments to the Emergency Medical Services Regulations

Chairman Reese opened the public hearing.

Rory Chetelat, Emergency Medical Services Manager explained that the amendments were basically minor language changes and corrections. The only major item change is the adding of 'reinstatement' into the challenge process and making it a separate paragraph. Several of the minor changes are to mirror the National Standard for Registry of Emergency Medical Technician.

Chairman Reese asked if any member of the public wished to speak. There was no response.

Member Crowley asked if staff had received any negative responses on the proposed amendments.

Rory Chetelat commented that no negative responses had been received. Staff publicly noticed and conducted a provider workshop. The EMS Medical Advisory Board reviewed the proposed amendments and recommended them for Board of Health adoption.

At this time, there being no further comments, Chairman Reese closed the public hearing.

Member Crowley moved for approval of the amendments to the Emergency Medical Services Regulations. Motion was seconded by Member Colquitt and carried unanimously.

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 Reese 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 stated that he had asked Dr. Mary Guinan, previously State Health Officer and presently Executive Director of the Nevada Public Health Foundation to make a presentation to the Board.

Dr. Guinan presented the Board Members with an award for its work in passing the two tobacco questions that were put on the ballot. Without the Board's efforts we would not have been able to move forward. There was a great deal of concern about this issue on the part of the tobacco industry. As you may recall, this issue went to the local courts and then to the Nevada Supreme Court before it eventually got on the ballot. Clark County voters overwhelmingly approved these two tobacco questions: (1) that local boards of health be able to implement common sense tobacco prevention measures and (2) that smoking be prohibited in places frequented by children such as schools, grocery stores and other areas.

The State of Nevada, particularly Clark County, has the highest childhood asthma rate in the nation. Yet, we cannot provide smoke-free schools for our children. It seems a great shame and without your voice we would never have been heard. We hope now that the legislatures will hear that voice, the voice for health, and pass Assembly Bill 96 which addresses these two questions. It has been heard in the Assembly Judiciary committee. We are hoping that it will be voted out of committee but without the Health Board's work it would not have made it this far.

I know there was a great deal of pressure from the tobacco industry and it is my great pleasure as the Executive Director of Nevada Public Health Foundation and also President of Nevada Public Health Association, which is an organization of public health officials in Nevada, to present a plaque which read: "Nevada Public Health Association and the Nevada Public Health Foundation extend thanks and congratulations to the Clark County District Board of Health for achievement in the successful passage of the tobacco advisory questions in the November 2002 Nevada Elections." Special plaques were also given to Dr. Kwalick and former Commissioner Erin Kenny for their continued support.

Dr. Kwalick invited the Board Members to a book signing at 10:30 a.m. in the Health District Rotunda area on Pestilence, Politics and Pizzazz, the story of public health in Las Vegas. This is a history of public health in Las Vegas. Dr. Otto Ravenholt would be available along with Dr. Andy Sloan for the publisher to sign and sell the books. He added that he would get copies of the signed publication for all the members of the Board.

At this time, Dr. Kwalick introduced Dr. Rose Bell, Epidemiologist to provide an update on the emerging infectious disease, Severe Acute Respiratory Syndrome (SARS).

Dr. Bell commented that since information about the emerging infectious disease, Severe Acute Respiratory Syndrome, known as SARS, is changing frequently, she would share the current information available.

The Centers for Disease Control (CDC) has been working with the World Health Organization since late February to investigate a multi-country outbreak of a respiratory illness of unknown cause that originated

in Asia where most of the cases have been reported. A high rate of transmission of the disease to health care workers who treated these patients was one of the first indications that an outbreak of a new disease was emerging.

Since this disease has only been recently recognized, the case definition has been changed periodically based on information obtained during the investigations. The most recent definition of a suspected case is a respiratory illness of unknown etiology with onset since February 1, 2003 that:

- 1) has a measured temperature greater than 100.4° F;
- 2) has one or more clinical findings of respiratory illness such as cough, shortness of breath, difficulty breathing, hypoxia, or radiographic findings of pneumonia or acute respiratory distress syndrome;
- 3) travel within 10 days of onset of symptoms to an area with suspected or documented community transmission of SARS (Hong Kong Special Administrative Region and Guangdong province, China; Hanoi, Vietnam; and Singapore; or
- 4) close contact within 10 days of onset of symptoms with either a person with a respiratory illness and travel to a SARS area or with a person under investigation or suspected of having SARS.

The disease is characterized by rapid onset of high fever, chills, headache, sore throat, fatigue and body aches followed by shortness of breath, cough and radiographic evidence of pneumonia. Some patients do not get sufficient oxygen to the blood and have required mechanical ventilation. The incubation period has generally been 3-5 days with a range of 1-7 days although some reports indicate it can be as long as 10 days.

SARS appears to be transmitted through droplets and requires very close contact with cases occurring primarily among household contacts and health care workers. Transmission to casual contacts such as co-workers has not been reported thus far nor has transmission among airline passengers who happened to be on a flight with a case of SARS. However, a recent report indicates transmission among a tour group originating in Hong Kong and traveling by air to Beijing.

On March 24 CDC announced that it appears a previously unrecognized virus from the coronavirus family is the cause of SARS. Two coronaviruses that are known to infect humans cause one third of common colds.

CDC has issued a number of alerts, guidelines and updates for health care workers that we have sent through our Health Alert Network to the medical community in Clark County. There are two important messages that we are sending. The first is that healthcare personnel should use appropriate precautions when working with patients who may have SARS. These include measures such as good hand hygiene and the use of respiratory protective devices, gloves, gown and eyewear. The other important message is requesting that health care providers report suspected cases of SARS to the Health District so that they can be reported to the State Health Division and CDC. Also, CDC has issued a "Health Alert Notice" for travelers to the US from the areas mentioned above that tells them to monitor their health and if they have symptoms associated with SARS, they should seek medical attention. The notice tells the traveler to advise the health care worker that he or she has had recent travel to areas where SARS is occurring or were in contact with someone from these areas who had these symptoms. Additionally, CDC has recommended that persons planning travel to Hong Kong, Guandong province, Hanoi and Singapore postpone such travel if possible.

As of Tuesday, March 26, CDC is reporting 45 suspected SARS cases in 20 states. Fortunately at this time we have not had any cases of SARS reported to the Health District. However, the Nursing Division and the Office of Epidemiology worked with airport officials, customs and immigration personnel, paramedics stationed at the airport and representatives from Singapore and Japan Airlines to establish procedures to respond to a potential case of SARS on an aircraft arriving at McCarran Airport.

VI. INFORMATIONAL ITEMS

Duly Noted

A. Chief Health Officer and Administration:

1. Monthly Activity Report, Mid February 2003– Mid March 2003
2. Financial Data: Revenues and Expenditures for Fund 705 (Operating), 706 (Capital Reserve), and 762 (Liability Reserve) for the Month of February 2003
3. Health Education Monthly Report, February 2003
4. Epidemiology Monthly Report, February 2003
5. Public Information Monthly Report, February 2003

B. Environmental Health:

1. Monthly Activity Report, February 2003

C. Nursing and Clinics:

1. Monthly Activity Report, February 2003

VII. ADJOURNMENT

There being no further business to come before the Board, Vice-Chairman Christensen adjourned the meeting at 8:54 a.m.

SUBMITTED FOR BOARD APPROVAL

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

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