



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, January 22, 2004 - 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	Physician At-Large
Sherry Colquitt, RN	Appointee, Las Vegas
Susan Crowley	Appointee, Henderson
Robert Eliason	Councilman North Las Vegas
Donna Fairchild	Councilwoman, Mesquite
Joe Hardy, MD	Appointee, Boulder City
Paul Henderson	Appointee, Mesquite
Steven Kirk	Councilman, Henderson
Chip Maxfield	Commissioner, Clark County

(Absent)

Andrea Anderson	Councilwoman, Boulder City
Rory Reid	Commissioner, Clark County
Stephanie Smith	Councilwoman, North Las Vegas

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; Patricia Rowley; Steve Goode; Ed Wojcik; Doug Joslin; Daniel Maxson; Michael Attaway; Robert Newton; Mary Ellen Harrell; Patricia Armour; Nicole Bungum; Jeanne Palmer; Barbara Ludwig; Jennifer Sizemore; Max Wilson; David Tonelli; Patricia Rowley; Heather Nelson; Forrest Hasselbauer; Leo Vega; and Recording Secretaries Diana Lindquist and Montana Garcia

ATTENDANCE:

<u>NAME</u>	<u>REPRESENTING</u>
Vic Skaar	Valued Integrated Concepts
Brian Bien	Nevada Construction Clean Up
Jimmy Ashment	Boulder City Disposal
David J. Christensen	Boulder City Disposal
Chris Salk	SEIU Local 1107
Marcia Holmberg	UMC

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 Colquitt *moved for approval* of the following consent agenda. Motion was *seconded* by Member Fairchild and carried unanimously.

1. **Minutes/Board of Health Meeting:** 12/18/03
2. **Accounts Payable Register:** #900 11/21/03 -12/12/03; #901: 12/03/03 - 12/10/03; #902: 12/11/03-12/17/03; #903: 12/18/03 - 12/23/03
3. **Petition #01-04:** Approval of Interlocal Contract with Clark County for Phase II Homeland Security Funding
4. **Petition #02-04:** Appointment of Members to the Family Planning Advisory Council
5. **Petition #03-04:** HIV Prevention Community Based Organization Awards for Fiscal Year 2004

II. PUBLIC HEARING/ACTION

1. **Memorandum #01- 04:** Proposed Changes to the Environmental Health Division Fee Schedule: Waste Management Fee (*Continued from the December 18, 2003 Meeting*)

Glenn Savage, Environmental Health Director, explained that since the last Board of Health meeting Doug Joslin, Environmental Health Manager and Board Legal Counsel have been in conversations with Republic Services, Incorporated (RSI), Boulder City representatives and Mr. David Christensen to discuss the fee schedule and auditing process.

Doug Joslin commented that the Solid Waste and Compliance Department is trying to fill the funding gap to meet the directive to become self funded. Staff also wanted to address the need to create a level playing field for people that utilize the services of the landfills as opposed those who choose not to utilize these services of a permitted landfill.

Staff attended several meetings with Clark County and many of the affected parties who expressed their concern about certain issues. One of the main points covered was a desire for Clark County, and the Health District to do more to control those who are not carrying on business properly. The Health District is attempting to create a partnership with the landfill-third-party community haulers who are doing this correctly to give the District the resources to enforce those who are not doing things correctly.

Based on these discussions, staff recommended that an agreement be developed between the parties on how this fee may be collected and executed. Essentially, it will be a 2.3% on the gate charge for commercial accounts. Those funds will be placed in a separate account maintained by the operator, and the funds collected will be remitted on a quarterly basis. The operators will allow access to the records necessary to conduct an audit of the program. The Clark County Health District will pay for the audits with the collected funds. The frequency of the audits will be every year or every three years depending on the revenue generated. The mechanism for this program will be a contract executed between the Clark County Health District and the operator's representatives.

Therefore, Staff requested that the Board of Health Members authorize the Solid Waste Management fee of 2.3% of the landfill tipping fee charged to third-party commercial customers of Class I landfills. Further, to authorize staff and legal counsel to execute those contracts between the Clark County Health District and the Class I landfill operators; the contract will specify the mechanisms of the program that may be particular to each operator, e.g., the frequency of the audits; also, for the Board Members to authorize an effective date of February 1, 2004 for the implementation of the solid waste management fee.

Brief discussion followed by the Board Members and Staff concerning this proposal is the last portion of the fee schedule that was previously adopted.

Chairman Reese opened the public hearing and asked if any member of the public wished to speak?

Mr. David Christensen, representing Boulder City Disposal expressed concern about the language. He indicated that commercial accounts which are accounts that we pick up on a regular basis and bring to the landfill. He clarified that these accounts are not impacted by this 2.3% fee - it is only the people that actually haul them through their own business. They bring their own trucks and they haul their own refuse to the landfill so it is not all commercial accounts and this is not what's happening here. I just to make sure that was clarified.

Staff reiterated that they were recommending that third-party commercial users will pay the fee.

Vic Skaar, President of Valued Integrated Concepts, stated that he had spoken on this issue back in December when it came up and he had listened to the president of the local franchisee who had made his presentation of 2.3% on the commercial haulers vs. the original proposed 11 cents tipping fee surcharge of the landfill. Mathematically, the same amount of money is achieved if you put a fee, tipping fee, or surcharge at the landfill. Mr. Skaar indicated that the 11 cent tipping fee because in the end the same amount of money will be collected. The 2.3% was preferable to Republic Services because it will only cost the third-party haulers. He felt that those people who service the community by hauling materials to the landfill and to the transfer stations would be punished. It would not cost Republic Services anything, because the money will go by a flow-through process to the Health District. The third-party charge is focused on those commercial businesses that are very low margin and cannot afford 2.3%. The 2.3% that they have to pay would be most likely placed back on the construction industries and the people they serve. With the original 11 cents surcharge at the landfill the results would be the same.

Glenn Savage explained that a lot of effort has been spent with commercial haulers and construction and demolition contractors who are violating local regulations, statutes, and laws. Staff has talked with the State concerning illegal disposal sites outside our community by construction and demolition contractors who have hauled solid waste up to a non permitted landfill. Staff is attempting to ensure that everyone is on the same playing field and these fees will help to address the issue of illegal disposal in our community.

A lengthily discussion followed by Staff and the Board Member concerning whether the playing field would be level as Republic Services, Incorporated (RSI), the larger landfill would be gaining an advantage over the smaller one, such as Boulder City and the smaller one would be paying the fee. Staff is anticipating doing additional outreach in the Boulder City community. Staff is attempting to

create a program with Clark County, Las Vegas code enforcement, Henderson and others to go after the individuals who are doing these illegal acts, and a funding mechanism is needed to fund such a program.

As far as the playing field, at present there are haulers who are under bidding other haulers, because they can take their waste to an illegal site and not have to pay any tipping fees and this makes the playing field sloped in the direction of the people who are doing illegal activities. Republic Services is mandated by a franchise agreement and therefore has more regulations placed on them. Placing a charge straight across the board including RSI, Boulder City would in fact be a double charge for them. The Board Members determined to allow the program to run its course for a year trial period. The Board will reevaluate the program at that time.

Member Kirk moved to follow Staff's recommendations and approve the 2.3% tipping fee and review the program in 12 months. The motion was seconded by Member Maxfield and carried unanimously.

III. REPORT/DISCUSSION - ITEMS ON WHICH ACTION MAY BE TAKEN

1. Trauma System Development Update: Mike Williams, Abaris Group

Dr. Kwalick The first meeting was held on January 13 and went very well. The task force will be meeting the 2nd Monday of each month at 1:30 p.m. in this room and Board members are invited. We are anticipating that the Abaris Group will come before the Board next month to give a report. We are looking towards the American College of Surgeons coming in April to do their assessment and the entire process being completed by June to come up with a plan for the development of a trauma system in Southern Nevada and to the Board of Health to make recommendations to the State Health Division who will then make their designations as far as where a trauma center should be in Southern Nevada. The next meeting of the trauma system development task force is scheduled for February 9, 2004.

Also, he informed the Board Members that Mr. Williams of the Abaris Group had submitted a status report for December 2003 – January 22, 2004.

The Abaris Group's Activities are as follows:

- Met with the Clark County Health District Trauma Steering Committee on December 5, 2003 to finalize the work plan, study objectives and sign the contract
- Obtained trauma studies and reports from Clark County Health District and pertinent trauma statues and regulations
- Obtained trauma stakeholder contact names and information
- Drafted key questions and introductory letter for the American College of Surgeons (ACS) Trauma System Consultation
- Conducted an interview with Marin County, California on their experience with the ACS System Consultation that was conducted in August 2002
- Identified non-trauma hospitals for on-site visit. (The Abaris Group has concluded that it will proceed with conducting site visits with all of the non-trauma hospitals.)
- Attended the Nevada State Board of Health Division meeting on December 12, 2003 to introduce the study and answer questions
- Developed and submitted proposed agendas for the six Citizen's Trauma Task Force meetings
- Developed presentation materials (Power Point and handouts) and assisted with coordinating the member's binder for the first Citizen's Trauma Task Force meeting
- Coordinated and scheduled on-site visits with:
 - University Medical Center, Sunrise and St. Rose Dominican-Siena
 - All non-trauma center hospitals
 - Both pediatric EDs (UMC and Sunrise)

- A sample number of one-on-one interviews from the following stakeholder groups:
 - a. Facility Advisory Board (all members are scheduled)
 - b. Medical Advisory Board
 - c. ED nurse managers (all ED nurse managers were interviewed)
 - d. EMS providers (met with 7 of the 8 major EMS providers in Clark County)
 - e. Payers (met with Sierra Health)
 - f. Trauma Research Institute
- Drafted the interview scripts for the various stakeholder interviews. One set of questions was developed for the trauma oriented hospitals and a different set for the non-trauma hospitals.
- Drafted the resource inventory data collection tool for the trauma center and for non-trauma hospitals
- Attended a coordination meeting of the Public Participation Committee (the six regional area representatives who will be assisting with coordinating the public hearings)
- Attended the inaugural Trauma Citizen's Advisory Task Force meeting and presented the first of a series of presentations on trauma
- Completed hospital site visits and core stakeholder interviews involving approximately 70 stakeholders

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.

Vic Skaar, President of Valued Integrated Concepts, expressed concern about the treatment and lack of courtesy he received from the Environmental Health and Legal Counsel in a meeting which had been recently held.

IV. HEALTH OFFICER & STAFF REPORTS

Dr. Kwalick introduced Patricia Rowley, who has a certificate in Public Health as the new Epidemiology Manager.

Patricia Rowley explained that she look forward to working with the Staff and Board Members. She also introduced Brian Labus, Senior Epidemiologist and developer of the Syndromic Surveillance program to give a report on the 2003-2004 Influenza Update.

Mr. Labus defined the Sentinel Site Surveillance patients as those with a temperature over 100°F and either cough or sore throat and Syndromic Surveillance patient complaint listing "fever" and either "cough" or "sore throat. Confirmed cases must have two of the following symptoms: fever, headache, fatigue, dry cough, sore throat, rhinitis, otitis media, nausea or vomiting. Cases are laboratory confirmed by a positive influenza culture and a positive rapid influenza test once a case has been culture confirmed. Currently there are 206 confirmed cases in Clark County with 4,600 reports of influenza like illness through the sentinel site surveillance, 7,900 influenza like illness through the syndromic surveillance and 3 influenza-related deaths. As far as antigenic characterization, a certain rapid test resulted in 59 of 60 cases for Influenza A. (23 cultures subtyped as A (H3N2) (8 results pending) and one isolate characterized as A/Korea/770/2002-like (similar to A/Fuji/411/2002).

In reference to the 3 influenza-related deaths to date all 3 were in adults with underlying medical conditions that put them at greater risk for complications.

In summary, the flu season arrived earlier and was more severe than in previous years. A larger-than-expected nationwide demand led to vaccine shortages throughout the country. Efficacy of this year's vaccine has still not been determined. Syndromic surveillance identified the beginning of influenza two weeks before sentinel site surveillance. There were over 200 cases and 3 deaths in Clark County 200+ cases and 3 deaths in Clark County and over 29,000 people were vaccinated at the Clark County Health District.

Brief discussion followed by Board Members and Staff concerning the confirmation process for the deaths and confirmed cases.

VI. INFORMATIONAL ITEMS

Duly Noted

A. Chief Health Officer and Administration

1. Monthly Activity Report, Mid December 2003 – Mid January 2004
2. Financial Data Revenues and Expenditures for Fund 705 (Operating)/ 706 (Capital Reserve), and 762 (Liability Reserve) for the month of December 2003
3. Health Education Monthly Report, December 2003
4. Epidemiology Monthly Report, December 2003
5. Public Information Monthly Report, December 2003
6. Emergency Medical Services Advisory Board Minutes and Annotated Agenda, December 2003

B. Environmental Health:

1. Monthly Activity Report, December 2003

C. Nursing and Clinics:

1. Monthly Activity Report, December 2003

VII. ADJOURNMENT

There being no further business to come before the Board, Vice-Chairman Christensen adjourned the meeting at 9:28 a.m.

SUBMITTED FOR BOARD APPROVAL

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

/mg