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

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## **MINUTES**

### **CLARK COUNTY HEALTH DISTRICT DISTRICT BOARD OF HEALTH MEETING**

625 Shadow Lane  
Las Vegas, Nevada 89106  
Clemens Room

***Thursday, March 24, 2005 - 8:00 A.M.***

Chairman Reese called the meeting of the District Board of Health to order at 8:02 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
Sherry Colquitt, RN	Appointee, Las Vegas
Susan Crowley	Appointee, Henderson
Robert Eliason	Councilman, North Las Vegas
Tom Collins	Commissioner, Clark County
Andrea Anderson	Councilwoman, Boulder City
Jim Christensen, MD	Secretary, Physician-at-Large
Donalene Ravitch	Interim Appointee, Boulder City
Donna Fairchild	Vice Chair, Councilmember, Mesquite
Stephanie Smith	Councilwoman, North Las Vegas
Mary Jo Mattocks, RN	Appointee, Mesquite

**Absent:**

Rory Reid	Commissioner, Clark County
Steven Kirk	Councilman, Henderson

**Executive Secretary:**

Donald S. Kwalick, MD, MPH

**Legal Counsel:**

Stephen Minagil, Esquire

Staff: Karl Munninger, Sylvia Claiborne, Dr. Larry Sands, Ed Wojcik, Jane Shunney, Angus MacEachern, Jeanne Palmer, Ann Markle, Rory Chetelat, Glenn Savage, Mary Ellen Britt, Jo Alexander, Mary Ellen Harrell, Bonnie Sorenson, Jorge Viote, Richard Davis, Jay DiCotignano, Debbie Martin, Robert Newton, Jay Johnson, Patricia Rowley, Jeanne Palmer, Jennifer Sizemore, Dave Tonelli, Susan Eiselt, Julie Hurd, Diana Lindquist, Shelli Clark, Leo Vega, Forrest Hasselbauer, Michael Palmer

**ATTENDANCE:**

<u>NAME</u>	<u>REPRESENTING</u>
Jim Shadrick	City of Las Vegas-Neighborhood Services Division of Code Enforcement
Brad Burns	Centex Homes
John Monzo	Self
Kim Rakow	Clark County School District
Patricia Hodges	Clark County School District
Jayson DiCotignano	President, Gay & Lesbian Community Center
David L. Washington	Las Vegas Fire & Rescue
Mitsuko Takahashi	Medical Student
Elizabeth Snavelly	UMC
Jennifer Quincy	University of Nevada School of Medicine
Molly Ball	Las Vegas Sun

Donalene Ravitch, Appointee, Boulder City, took the oath of office for the Clark County District Board of Health. Dr. Jim Christensen, took the oath of office as Secretary for the Clark County District Board of Health.

Presentation – Public Health Hero Awards – Dr. Kwalick and Chairman Reese recognized the following individuals with 2005 Public Health Hero Awards:

Brad Burns – Centex Homes  
Jim Shadrick –The City of Las Vegas – Neighborhood Services Department  
John Monzo – The Center

Mr. Brad Burns donated personal funds to build a 1,200 square foot health academy building at Martinez Elementary School attended by a number of students from disadvantaged families. Mr. Burns has also donated to the school's Clinic on Wheels and Miles for Smiles programs, and has pledged to build a second health academy at a soon-to-be-announced local campus.

Mr. Jim Shadrick has been instrumental in overcoming obstacles in code enforcement issues that impact public health. Through accomplishments such as developing the Community Multi-Agency Response Team (CMART), Mr. Shadrick has enabled the health district to mitigate code-related public health concerns falling under the direct jurisdiction of other government agencies.

Mr. John Monzo has volunteered on a full-time basis in support of HIV and AIDS related outreach in Las Vegas, following a distinguished public health career in Chicago. His tireless devotion to public health has connected people with information, counseling, assistance and treatment for more than a decade.

The Board members congratulated Mr. Burns, Mr. Shadrick and Mr. Monzo on their contributions to the community.

**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.

1. **Minutes/Board of Health Meeting:** 2/24/05
2. **Approve Payroll/Overtime for Periods of:** 1/29/05 – 2/11/05 & 2/12/05 - 2/25/05
3. **Approve Accounts Payable Register:** #961: 2/03/05 -2/09/05; #962: 2/10/05 -2/16/05; #963:2/17/05 -2/23/05; #964: 2/24/05- 3/02/05
4. **Petition #14-05:** Approval of New Classification Specification for Public Health Preparedness Training Coordinator – Recommended Schedule 23 (\$50,242 - \$70,085)
5. **Petition #15-05:** Approval of Revised Classification Specification for Grant Administrative Supervisor – Recommended Schedule 26 (\$58,597 - \$81,758)

*A motion was made by Secretary Christensen to approve, seconded by Member Ravitch and was unanimously approved.*

**II. PUBLIC HEARING/ACTION**

*No Public Hearings Scheduled*

Chairman Reese closed the public hearing portion of the agenda.

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

1. **Petition #13-05, Memorandum #02-05:** Approval of Tentative Fiscal Year 2005-2006 Budget

Karl Munninger, Administrative Services Director, and Sylvia Claiborne, Financial Services Manager, presented the 2005-2006 Tentative Budget which starts on July 1, 2005. Mr. Munninger stated that last year we were able to present a budget which allowed us to take a step forward and this year the proposed budget has allowed us to move forward once again. Five years ago our budget was \$44 million; it is now \$62.7 million which represents a 40% increase over five years.

Expenditures last year were \$54.9 million compared to \$62.7 million this year – a 14% increase in just one year. Last year, the one year increase was 9%.

Five years ago the Health District had 469 staff, which at that time included Air Quality. Presently we are at 546 – which is a 16% increase in staff over 5 years and from one year ago we are increasing from 513 to 546 or a 6% increase in staff.

This proposed budget also reflects a fourth division, the Community Health Services Division. The funding of the Health District is composed of 36% from fees, 35% from local tax dollars, 26% direct and indirect federal funding, which together total 97%. Last and least is the State contribution to our budget which is only 3%. Most of the funding received from the state is special purpose funding that is not appropriated by the legislature. Actually, only 0.7% comes from the state general fund, the balance of the 3% consists of the solid waste tire tax and tobacco settlement funds. In order to address this lack of funding participation by the State, we have been working very hard to restore

Health Aid to Counties, which we are now referring to as the Public Health Improvement Fund in order to implement a comprehensive chronic disease program. Dr. Kwalick has presented this program to the legislature which has come back with several questions for us asking why we cannot proceed with local funding and why we need additional state funding.

Our response, which will be delivered today to the joint Health and Human Services finance subcommittee, includes reference to the statutes identifying those services the State Health Division is responsible for that are now being provided in substantial measure by the Health District. The Health District is forced to use local funding to provide these necessary services because the state is not following the statutes. Thus insufficient local funding is available for the chronic disease initiative.

Mr. Munninger stated despite the increases we remain under-funded based upon three objective criteria: per capita staffing, per capita expenditures, and per capita federal pass through funds from the state. We are under-funded in comparison to the Washoe County District Health Department. In a national comparison, a report by the Robert Wood Johnson Foundation in conjunction with the National Association of County & City Health Officers, shows our expenditures are less than the average expenditures for a comparable local public health agency. Nationally, average local public health expenditures equate to \$75 million; we are at \$62.7 million, so we are at about 84% of the national average.

Member Crowley asked what the population growth rate has been. Mr. Munninger responded that our population growth has been in the 5-6% range.

Member Collins expressed concern about the effect of reduced state funding on rural Clark County. He asked if the Health District dissolved and the State had to step in, would there be better funding.

Mr. Munninger responded the State would have to come up with substantial additional appropriations in order to maintain current service levels in Clark County in the absence of a local health district. Member Collins asked why Washoe County receives a higher percentage of funding. Mr. Munninger stated that in the 1960's Washoe County actually had a greater population than Clark County and certain historical ratios that were applied to various programs have remained in place.

Dr. Kwalick stated the nurses in the 14 rural counties are primarily funded with federal funds and in the current federal budget these funds are being eliminated. The State Division of Health has not asked for state funding for rural county participation in the chronic disease initiative.

Mr. Munninger indicated that Dr. Kwalick has recommended that the State Health Division join the three health districts in seeking Public Health Improvement funding for the rural counties at the \$1.10 per capita rate to replace the loss of the federal dollars that Dr. Kwalick just alluded to. This would provide the rural counties with almost the same amount of funding that is being lost under the federal Health Prevention and Health Services grant.

Member Smith expressed concern that public health is on the forefront, yet budgetarily it has not been taken seriously.

Member Collins suggested the Health District approach the Finance Committees of the legislature for supplemental dollars for rural health care – perhaps this would be an approach we could take.

Sylvia Claiborne summarized items from the Tentative Budget proposed for 2005-2006 which was distributed to the Board. Ms. Claiborne reviewed the beginning Fund Balance, Total Revenues, General Fund Expenditures, Transfers and Ending Fund Balance. She gave highlights of General Fund Revenue Increases resulting from Environmental Health fees, Contract Services, Fees for Service and County Consolidated Taxes. Ms. Claiborne also reviewed the revenue percentages by

type. Detail was provided regarding the breakdown of state funding and funding shortfalls with respect to two Health District programs, specifically, Tuberculosis Treatment and Control and STD Treatment and Control. General Fund Expenditure highlights included the addition of 27 FTE's, bringing our total to 546 FTE's. Seventeen new positions have been budgeted in Environmental Health, 4 positions for Administration, one position for Community Health Services, two positions for the Southern Nevada Public Health laboratory, and three positions have been budgeted for the Nursing Division.

In summary:

- FY 06 expenditures are expected to be 14.3% higher than estimated for FY 05
- The financial outlook has improved and the budget has stabilized
- The Health District is seeking to reinstate funding for the Public Health Improvement Fund (formerly Health Aid to Counties)
- Additional staff have been added to perform necessary activities to address continued growth and the increased demand for services
- Commencement of design work and engineering for construction of a new main building and a generator for the Southern Nevada Public Health Lab have been budgeted
- However, the \$62.7million in total expenditures is still below \$75 million in average annual local public health expenditures in jurisdictions of \$500,000 or more

*A motion was made by Member Collins to approve the Tentative Budget, seconded by Member Smith and was unanimously approved.*

2. **Petition #16-05:** Approval of Audit Firm to Conduct the District's Annual Audits for the Fiscal Year 2005, 2006, and 2007 triennium

Mr. Munnings stated the Board has previously directed staff to change external auditors every three years. The current audit firm of Kafoury, Armstrong & Co., has completed its contract as of the audit for the year ending June 30, 2004. A thirty page Request for Proposal was emailed to local CPA firms and a notice was published in the newspaper. Three responses were received, one of which was the current audit firm which was found to be ineligible. The firm of Leland Williams, CPA, did not demonstrate any governmental experience and did not fully respond to the Request for Proposal pricing requirements. Health District staff recommended the firm of Stewart, Archibald & Barney, LLP on the basis of its extensive governmental auditing experience. We may have some smaller audits of community based organizations that are funded through Ryan White Title I for which we may be able to utilize the services of Leland Williams, CPA.

*A motion was made by Member Smith to approve staff's recommendation, seconded by Member Anderson and was unanimously approved.*

3. Update on Trauma System Development

Rory Chetelat, EMS Services Manager, stated that the scheduled Regional Trauma Advisory Committee (RTAC) was cancelled due to scheduling conflicts among the trauma surgeons and the Abaris consultant. Mr. Chetelat provided current trauma patient statistics since Sunrise opened as a Trauma Center on February 9 through March 21, 2005: Sunrise has received 149 trauma patients and UMC has received 532 trauma patients.

Member Colquitt asked what the target percentage of trauma patients was for Sunrise. Mr. Chetelat stated that the target percentages have varied from as low as 10 – 15% to as high as 25%. However, the final number expected was 500 trauma patients were to go to Sunrise annually. At this rate, we

are above that level and are expecting perhaps as many as 1,200 trauma patients for the first year. Mr. Chetelat stated we are watching these numbers closely and have so far encountered no problems.

Member Crowley asked about the status of St. Rose as a trauma center. Dr. Kwalick reported that they have been given the go ahead to submit a full application as a Level III trauma center. They could begin receiving trauma patients at the Siena campus as early as July 1, 2005.

#### **IV. CITIZEN PARTICIPATION**

Chairman Reese asked if any member of public wished to be heard. No one came forward.

Chairman Reese closed this portion of the agenda.

#### **V. HEALTH OFFICER & STAFF REPORTS**

Dr. Kwalick stated that today is World Tuberculosis Day. We will postpone the presentation on the Tuberculosis program until next month

Dr. Kwalick asked the Board for direction on how to address the proposed legislation contained in AB380. This bill proposes changes to the structure of the Board of Health and also would establish a citizen's advisory committee and a health advisory committee adding to the bureaucracy of the Health District. As mentioned in our budget presentation, the funds the State is putting into public health at the local level comprise less than 1% of our total budget. Yet, this bill, if passed, would take away the authority of the local jurisdictions to constitute the Board. Representation would be cut to a total of eight members. There would be no physician representation. For those who represent the public health interests of the community at large, this is a poor proposal.

Chairman Reese stated his opposition to the restructuring of the Board of Health. He has been on the Board for ten years and has seen members make extreme efforts to attend and participate in the meetings. Chairman Reese stated he is opposed to removal of members. This board has been very successful and the bill appears to be a personal issue.

Member Crowley mirrored Chairman Reese's comment and stated that it does not make sense to change a structure that works.

Member Anderson stated that she appreciated having representation by those in the medical field as well as elected and appointed representation.

Vice Chair Fairchild also stated the commitment level of this board is very high and that the rural areas need to have representation and that it is unfair to remove rural representation.

Member Smith stated she was not necessarily against the committee portion of the structure; however, we have not asked for assistance yet things are being thrust upon us without any input. She does not agree with diminished representation.

Dr. Kwalick stated that he would keep the Board informed. Right now the budget goes to the County Treasurer who is the overseer of our funds at this time. Member Colquitt asked if the committee can take testimony locally. Member Anderson asked if the Board Chairman could possibly meet face to face with legislators. Member Collins stated that legislation may have been introduced because there is a segment of the population that is unhappy with the way services are provided (or not provided).

Member Collins also suggested that if we wish to provide comment to the legislature we need to get videoconference scheduled to provide for local input as soon as possible. Member Smith stated that despite our best intentions, there can be political issues that appear that have nothing to do with delivery of services and public health functions. Member Smith stated this organization is run well and we continue to improve every year and have survived budget crises and continue to provide services well. Dr. Kwalick asked that Board members contact their representatives in the legislature and please inform him should they receive any further information. He stated he is meeting with our lobbyists, Bryan Gresh and Gary Miliken tomorrow at 1:00 pm regarding AB380 specifically and if any Board Member wishes to join, they may do so.

## **VI. INFORMATIONAL ITEMS**

### **A. Chief Health Officer and Administration:**

1. Monthly Activity Report, Mid February 2005 – Mid March 2005
2. Financial Data: Revenue and Expenditure Report for General Fund, Capital Reserve Fund and Public Health Laboratory Fund for the Month of February 2005
3. Public Information Monthly Report, February 2005

### **B. Community Health Services:**

1. Emergency Medical Services Monthly Report, February 2005
2. Epidemiology Monthly Report, February 2005
3. Health Education Monthly Report, February 2005
4. Office of Public Health Preparedness Monthly Report, February 2005

### **C. Environmental Health:**

Monthly Activity Report, February 2005

### **D. Nursing and Clinics:**

Monthly Activity Report, February 2005

## **VII. ADJOURNMENT**

There being no further business to come before the Board, Chairman Reese adjourned the meeting at 9:20 a.m.

SUBMITTED FOR BOARD APPROVAL

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

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