



MINUTES

Southern Nevada District Board of Health Chief Health Officer Annual Review Committee Meeting

625 Shadow Lane
Las Vegas, Nevada 89106
Administration Conference Room #1

Friday, April 18, 2008 - 8:00 A.M.

Chair Steven Kirk called the meeting of the Southern Nevada District Board of Health to order at 8:12 a.m. Stephen Minagil, Legal Counsel confirmed the meeting had been noticed in accordance with Nevada's Open Meeting Law and that a quorum was present.

Committee Members Present:

Steven Kirk	Chair, Councilman, Henderson
Chris Giunchigliani	Commissioner, Clark County
Joseph Hardy, MD	At-Large Member, Physician
Lawrence Weekly	Commissioner, Clark County

Committee Members Absent:

Jim Christensen, MD	At-Large Member, Physician
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Executive Secretary:

Lawrence Sands, DO, MPH

Legal Counsel:

Stephen R. Minagil

Staff: Michael Walsh, Director of Administration

Shelli Clark, Executive Assistant

Public Attendance:

Diana Daniels, SNHD / SEIU
Diane Freeman, SNHD / SEIU
Mandy Craig, SEIU

II. PUBLIC COMMENT

A. Chief Health Officer Annual Review

Chair Kirk asked if any member of public wished to be heard.

Diana Daniels addressed the committee as an employee representative. Ms. Daniels said that under Dr. Ravenholt's leadership employee meetings were held to discuss different issues, which boosted morale. This is not occurring under Dr. Sands' leadership and employees do not know Dr. Sands. Ms. Daniels said that employees were given the opportunity to fill out an evaluation form for Dr. Sands similar to that used for employee reviews, which uses a rating scale of 1-5, with a rating of 5 being the best. Those surveyed felt that Dr. Sands was lacking in the following areas and rated him either a 1 or 2 in these areas: interpersonal skills, listening skills, feedback, networking, relationships, flexibility, open-mindedness, negotiating skills, initiative, taking independent action, work quality, attention to detail, commitment to quality standards, making continuous improvement, maintaining quality levels, identifying and acting on quality problems, teamwork, conflict resolution, working well with other divisions or sections, judgment, responsibility, cooperating with others, promoting mutual respect, keeping workplace safe and clean, and supporting district policies. Those surveyed did give a rating of 3 in job knowledge because he was hired for this position based on the Board's review of his qualifications. Their survey averaged 1.85, which was rounded to a 2. Employees feel that Dr. Sands does not listen to them, does not thoroughly perform investigations but allows others to do this for him. Employees feel the overall morale is low as a result.

Member Hardy asked if there were specific instances of Dr. Sands not listening to employees which the Board would need to be aware of. Ms. Daniels referred to a meeting which occurred in March regarding a terminated employee. The matter was brought before Dr. Sands after following the chain of command and non-resolution at the Human Resources (HR) level. Union representatives were provided with a recording of the appeals hearing, which they believe to be altered. The representatives feel that a thorough and complete investigation was not done and this matter is now pending arbitration. The representatives feel that Dr. Sands is delegating matters to other managers, including those who are involved with the issue at hand, such as HR.

Member Giunchigliani said she had several documents from employees which addressed concerns, including HR and certain HR employees. She referenced the last Board of Health meeting and the discussion concerning changes to employee health benefits. Member Giunchigliani expressed concern about Angus MacEachern, HR Administrator, and his conduct and dishonesty. She also said that management is about people skills and comfort levels with employees. She feels that going into negotiations there is a great deal of bitterness and untrustworthiness. This climate is established by Dr. Sands and she is concerned, particularly with the management of HR. She said that all divisions seem to be running well; however she is not sure of the assigned areas of responsibility and what Dr. Sands is accountable for. Communication is key as well, as reaching out to individuals. She said that key phrase Ms. Daniels stated was going through the proper steps. There are areas that need to be addressed.

Member Hardy asked for clarification on the different surveys alluded to. There is the employee satisfaction survey, created by the Labor/Management Committee, a negotiation preparation survey and the survey used for Dr. Sands' review. Ms. Daniels said employees are feeling intimidated and unable to talk about issues about work. Brian Labus is currently working on compiling the results of the employee satisfaction survey. A sub-committee of the Labor/Management Committee was created to review the results. There were some negative comments which were in reference to Human Resources.

Member Hardy asked if there had been ratings of Drs. Ravenholt and Kwalick similar to Dr. Sands. Ms. Daniels said that her individual comments were based on what she saw under Dr.

Ravenholt's leadership. She said there was a better retention rate under Dr. Ravenholt and it has decreased over time, beginning with Dr. Ravenholt's retirement and the passing of the former HR Manger, Carol Emory. Employees feel that there is a hostile work environment and unprofessional behavior by some individuals.

Member Hardy said he has not seen any of the surveys being discussed, and the other committee members concurred. Dr. Sands said that when the Labor/Management Committee was first created employee morale was a primary concern. Dr. Sands offered the employee satisfaction survey as a tool he had used in his previous position, which proved to be very positive as a measurement tool and a method to see improvement. This provided a mechanism to identify the concerns of employees, prioritize the largest areas of concern and bring people together to work on solutions in the Labor/Management Committee. This is a long process and some issues are long-standing. The problems did not start overnight and it will take time to work them out. Once the employee satisfaction survey is institutionalized there will be improvements and a way to measure where we are today and how well the health district does over the years. This is a long-term investment and a central part of the strategic planning infrastructure. There needs to be good and quantifiable feedback in order to assess the issues and to ascertain whether it is an isolated issue or a shared theme across the District.

Member Weekly asked where we are with the employee satisfaction survey. Member Giunchigliani asked if the results had been tabulated. Dr. Sands this has been underway, however Mr. Labus took the lead in the hepatitis C investigation, which detracted his time from the survey tabulation. Mr. Walsh indicated that the edited version of the survey deletes names from individual comments, whether positive or negative. Dr. Sands will see the entire report; directors will see the information related to their individual divisions, which they can share with the affected managers, supervisors, and so on. Mr. Walsh said the results have not been altered in any way, only the employees' names have been removed from individual comments. Dr. Sands said that the results will not be used for disciplinary action, but will be incorporated in performance plans. The results need to be given to employees so everyone can see what we're doing well, areas of concern, as well as feedback about what is causing those concerns, and improvement for the coming year.

Chair Kirk closed this portion of the agenda.

III. DISCUSSION-ACTION

A. Chief Health Officer Annual Review

Member Giunchigliani asked if Dr. Sands felt there was not a problem with mutual respect, professionalism, teamwork, interpersonal skills in some areas. Dr. Sands said he does expect this in some areas. She is concerned that if problems exist and there are not addressed, the problems will continue to escalate and Dr. Sands will be held accountable. Dr. Sands said that he is working to get a hold of where the issues are and if there are shared across the District or localized, and this will guide the course of action taken.

Chair Kirk indicated the communication is vital. If employees do not have interaction with the leader, they feel he does not care. This is generally a perception, but a way to change that perception is by having departmental meetings to get a sense of what employees are feeling. Chair Kirk suggested trying to know as many of the employees' names as possible. It is anticipated that negotiations will be somewhat hostile, and it doesn't need to be this way. If

there are continual problems, it may not always be on the other side; perhaps the adversarial atmosphere can be on the district's part. Chair Kirk said that Dr. Sands has a great opportunity to change employees' feelings and their perceptions. He can ask what Dr. Ravenholt did and how did he make you feel, and how often did you meet with him. There are some things Dr. Sands can do to change employees' feelings, including given them a sense that he cares.

Member Weekly said when Dr. Sands was being considered for the position he was very supportive. He said that Dr. Kwalick was very responsive to issues in his district. Member Weekly said he agrees with the lack of interpersonal skills and that the work environment is very hostile. Communication and respect are vital issues. He commended Dr. Sands for his community outreach and involvement in the community. He said that health district is well-represented at events and extended his gratitude. His primary concern focuses around HR and having someone in a temporary position able to make major decisions which ultimately affects morale. He said his motivation for being at the review meeting was based on the Childhood Lead Poisoning Prevention Program (CLPPP) and the discriminatory actions that took place. He expressed his disappointment in the entire handling of the program. He said that all minorities should be able to come to work and do the work they love.

Member Hardy said he sees communication as the trend. The Board is legislatively comprised of representatives from different areas. Dr. Kwalick would call different Board members for input and direction based upon their position, expertise and area of representation. This reach out for communication is collegial, and the Board is on Dr. Sands' side – their job is to bring health publicly to the community individually and collectively. The Board needs to function as a team with Dr. Sands as a manager and as individual representatives. Dr. Sands has resources around him, expertise and abilities but he needs to arrive at the comfort level to call Board members when necessary or employees. He gave the example of calling Member Giunchigliani when advice is needed on union issues and Member Weekly when there is something affecting his district. Board members have developed a network of trust and are in the position sometimes to protect not only the health, but the health provider, being Dr. Sands. He used the analogy of taking a patient history. There have been tremendous accomplishments which need to be recognized. We don't have a perfect leader, but a leader who is willing to lead and listen.

Chair Kirk said he would like to look at Dr. Sands' goals and objectives for the coming year, compensation and end with planning for the next review.

Member Giunchigliani said that she has seen the most communication with the Board since the hepatitis C outbreak. She recommends having more briefings, including the budget before it's presented at a Board meeting. She commended Dr. Sands for placing Brian Labus in a leadership position for the entire hepatitis C investigation and suggested that he use the same process in other areas. Dr. Sands has the opportunity to set the tone and take action.

Chair Kirk agreed that Dr. Sands in his position is the team leader and sets the tone for how things are handled at the District. He advised Dr. Sands to walk through the health district everyday, so employees will see him and know that he is accessible.

Member Weekly asked how a manpower employee came to have a decision-making role and if there would be corrective action relative to the problems in HR. Dr. Sands replied that the HR Administrator functions under the direction of the Director of Administration. He also said that he is waiting for the employee satisfaction survey results to better understand where all the problems lie. He has given specific direction to both Mr. Walsh and Mr. MacEachern on his

expectations of how HR relates to employees and conducts business. He feels strongly that this is an area where improvement is needed. He wants to ensure that everyone can come to work and feel assured that they can do their job safely with the proper equipment.

Member Giunchigliani asked why a manpower employee is in a position to direct actions against employees. Dr. Sands said that the initial belief was that having a person separate from the district's personnel system was in the best interest of all parties. Member Giunchigliani suggested an immediate review of this practice because it can set the tone for a hostile environment and poor morale.

Chair Kirk said it is important to recognize the accomplishments of the past year, particularly with the hepatitis C outbreak. He commended Dr. Sands for moving forward with the information technology section and replacing the VAX system and admonished him to ensure that all platforms are able to communicate. Member Giunchigliani suggested that the collaboration with the Area Health Education Center (AHEC) continue. Dr. Sands said that he has never turned down a request to participate in a function and Chair Kirk agreed that where the need is it is important for Dr. Sands to be there. He also needs to know when and how to delegate.

Chair Kirk asked if Dr. Sands had anything to add to his proposed goals and objectives for the coming year. Dr. Sands said he appreciates the feedback from the Board members. He said that one of his goals is to be out with the employees more, including having monthly meetings with employees to obtain feedback and allow the employees to get to know him better. He stressed his belief in strategic leadership and the alignment from the top to the front line workers. He said that working with a Board is a new experience for him and he is committed to better interaction with them and reaching out when necessary.

Chair Kirk said that there is a skill for someone in this position to manage up and down and be effective in both directions, and it is an acquired skill. He said that Dr. Sands has the skills to do a great job here and he anticipates wonderful things.

Member Giunchigliani asked that Dr. Sands add a caveat of having the employment negotiations in a positive atmosphere and focus on a win-win situation. She also asked who was involved on the strategic initiative teams. Dr. Sands said that the initiatives are selected by the Executive and Senior Management teams, who are also the team leads; all levels of staff participate on the teams. She asked for a breakdown on teams for next year's review to ensure there is equal representation across the District. She also asked that employees and Board members have input into the legislative process. She agreed with Dr. Sands' plan to have monthly meetings with staff and to use them as a resource. She asked for more communication with the Board, include briefings when needed. She advised that the employee satisfaction results be shared with the Board. She suggested that periodic review of facility needs with employees be done until construction is able to commence. She also advised that retention rates be evaluated to determine if there is an underlying problem for employees leaving. Results of exit interviews need to be given to Mr. Walsh and Dr. Sands for evaluation.

Member Weekly said that he would like to see the CLPPP put into action and that the grant deliverables are met including serving the communities affected by this issue. He stands beside the District in key issues, including the Nevada Clean Indoor Air Act (NCIAA). He said that he is one of the district's biggest advocates but he is disappointed in the handling of some issues. He would like to see severe and serious corrective action in relation to HR and ensure that all employees can work in a non-adversarial environment. He encouraged Dr. Sands to continue

meeting with focus groups and listening to what they have to say. He hopes that Dr. Sands will take these suggestions and apply them in his professional career.

Member Hardy said that he agreed with both the written goals presented as well as the newly proposed goals.

Member Giunchigliani asked about a complaint process for clients. A suggestion was made to include common phone numbers and answers to commonly asked questions for Board members to address issues raised by their constituents. The information is available on the District's website, but this can assist those who may not have access to a computer.

Chair Kirk said that he agreed with the goals. He feels that we have a good Board and wants to ensure that all new Board members and alternates are briefed and can be tailored to individual needs. He also asked that Board members are updated regularly as to the IT conversion status.

Chair Kirk asked what the expected COLA would be for the coming year. Mr. Walsh said that there was no COLA built in to the new budget; however if a COLA is negotiated we would go back to the Board for approval of a revised budget. Chair Kirk said that Dr. Sands' employment agreement specifies that if a COLA is negotiated for employees Dr. Sands is entitled to the same amount. There are no hidden raises in the agreement. Dr. Hardy expressed concern about meeting the budget due to constraints throughout the County. He suggested having the Board and employees surveyed to determine if a 5% merit raise is warranted and if feasible in the budget. He would like to see everyone have an equal voice and be involved in this decision. He felt that if the survey showed an approval rating of 3 or greater than a merit raise is warranted.

Chair Kirk expressed concern that if employees feel that a lower merit raise, if any, is due and the Board approves a full merit, there will be harsh feelings. He wants to ensure that there are funds in the budget to justify a merit raise – it may happen that there are only funds for a COLA.

Member Giunchigliani suggested waiting for a merit raise until negotiations are complete and fit within the framework of the budget, including benchmarks. Member Hardy feels that consistency and objectivity should be connected to the merit. If there is not money in the budget for a 5% merit then it should be tied to the COLA. He said that there needs to be an objective something to have the opportunity to monetarily review what is being done with increases and cuts. The Board cannot do anything upfront without seeing the objectivity of what they are talking about and accomplish some of these goals. The surveys for the Board and employees should be simple and the cumulative score should average 3 or greater to justify a merit raise. There needs to be incremental improvement that meets with Dr. Sands' long-term vision.

Chair Kirk sought to clarify that today there will be no action taken on compensation. Member Hardy said that the COLA will be granted if negotiated for all employees; there can be a merit of up to 5% based upon the findings of the objectivity survey among Board members and employees with a rating scale of 1-5 necessitating an approval of at least 3. The survey should run for at least six months after the beginning of the fiscal year and any subsequent merit raise would be retroactive to the start of the fiscal year.

Chair Kirk confirmed with Steven Minagil that this process is acceptable. Mr. Minagil said it is up to the discretion of the Board to develop a mechanism by which to gather information and make further assessment to determine a merit raise. The full Board would need to approve this action.

Member Hardy said that he wants motivation and objectivity that forces the Board to look at the merit raise, which can be anywhere between 0 and 5%. He feels comfortable with the COLA based on negotiations; the issue is the merit up to 5%, which will need to be within the budget and objectively measured at six months.

Chair Kirk agreed that this is a good mechanism and a concrete way to assess the merit raise. Mr. Minagil asked if this information could be obtained from the employee satisfaction survey or if a new tool is necessary. Member Hardy said a survey would be taken between now and the end of the year based on the criteria listed on the employee evaluation tool as well as the employee satisfaction survey.

Dr. Sands asked if a 360 assessment would be warranted to obtain input from not only the supervisor, but peers and subordinated, and those outside the organization. Member Hardy replied that the Board encompasses those outside the organization.

Member Hardy made a motion to conduct an objectivity survey among Board members and employees to obtain assess Dr. Sands' merit raise, which necessitates an approval rating of 3 or greater; the merit raise can be between 0 and 5% and would be retroactive to the start of the fiscal year. The survey will be conducted between now and the end of the year. This mechanism will be used for future reviews and merit raise. The motion was seconded by Chair Kirk. There was no discussion, and the motion was approved unanimously.

IV. ADJOURNMENT

There being no further business to come before the committee Chair Kirk adjourned the meeting at 9:46 a.m.

Respectfully Submitted,

Steven Kirk, Committee Chair

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Attachments

Southern Nevada District Board of Health

Chief Health Officer Annual Review Committee

April 18, 2008

- Chief Health Officer Accomplishments: 2007 – 2008
- Health District Accomplishments: 2007 - 2008
- Employment Agreement: 3/24/2007 – 6/30/2010

Chief Health Officer Accomplishments

2007 – 2008

Chief Health Officer Accomplishments 2007-2008

- Built collaborative relationships between Nevada State Health Division and local health authorities by convening and participating in monthly meetings, resulting in:
 - Development of draft regulations for enforcement of NCIAA
 - Exempting public health laboratories from proposed fee increases
 - Concurrence on the allocation of public health preparedness grant funds among partners and preparation of letter to CDC confirming support of state application
 - Commitment of all state and local public health authorities to state-wide expansion of Childhood Lead Poisoning Prevention Project, and participation in project workgroups and Strategic Advisory Coalition
 - Accessing aggregate childhood blood lead level test results from state Medicaid
 - Improved coordination and partnering with Nevada State Health Laboratory
 - Coordinated response to infection control deficiencies found in state licensed ambulatory surgery centers

- Established working relationships with key officials in all jurisdictions within Clark County including: city and county managers; Sheriff; superintendent of schools; LVCVA president and CEO; and interim UMC CEO

- Organized and provided individual and small group briefings to Board of Health members concerning proposed increases in environmental health permit and service fees, the proposed replacement facility for the main health district building, and the status of NCIAA enforcement by the district.

- Oversaw and directed implementation and enforcement of NCIAA in Clark County, response to hepatitis C outbreak and infection control deficiencies found in state licensed ambulatory surgery centers, and the district response to local law enforcement's discovery of ricin specimen.

- Institutionalized health district's strategic planning process including implementation of quarterly progress against plan report out at joint Executive Team-Senior Management Team meetings, and synchronization of planning process with annual budget process, resulting in:
 - Strategic alignment of all programs, offices, and divisions at SNHD
 - Involvement of entire senior management team in the creation and implementation of strategic initiatives for the District
 - A consistent operational execution process for all programs, offices, and divisions with the District
 - A "Culture of Leadership" at SNHD with defined leadership expectations for all executives, managers, and supervisors within the District
 - Creation of SNHD Services Matrix outlining each SNHD program, its constituents, target market to be served and the actual market served. The Services Matrix provides key data for the evolution of the strategic planning process within the District.
 - A more flexible, strategically-focused, results-oriented management team capable of more effectively responding to the current and future public health challenges facing the district

- Oversaw development of district grant review and approval process linked to the district's strategic plan, and established and filled the new Grants Research and Development Specialist who will oversee the process in addition to seeking diversified funding sources for district programs and projects.

- Established Strategic Initiative teams focused on partnerships and alternative funding development, workforce development and diversity, facilities and IT infrastructure, community outreach and coordination of legislative activities.
- Initiated health district's first employee satisfaction survey.
- Championed efforts by Nursing Division to promote development of Nurse-Family Partnership program among community partners, seek resources necessary to begin implementation, and initiate application process.
- Actively engaged in legislative efforts in support of:
 - HIV testing requirements for pregnant women
 - Improved immunization requirements for child-care center enrollees, adolescents and college age youth
 - State funding for statewide poison control services and immunization registry development
 - A State Assembly proclamation supporting the development of the childhood lead poisoning prevention program
- Collaborated with the Area Health Education Center of Southern Nevada to organize continuing education programs for clinicians and businesses focused on the use of anti-virals for the prevention and control of pandemic influenza in addition to non-pharmacologic interventions.
- Prepared and provided presentations on various public health topics including:
 - Health district immunization programs and influenza vaccination recommendations and strategies for physician workshops sponsored by the Nevada Chapter of the American Academy of Pediatrics
 - Public health's role in addressing health disparities for the health disparities summit organized by the State Office of Minority Health
 - Adult immunization recommendations for the annual Nevada State Immunization Conference
 - The built environment's impact on health as part of a panel discussion session for the Open Space and Trails summit, co-sponsored by the health district
- Continued to develop and promote collaborations with the UNLV School of Public Health, University of Nevada School of Medicine, Touro University-Henderson, University of Southern Nevada and other health profession training programs.
- Mentored nine physician assistant students from Touro University-Henderson completing their community medicine rotation at the district.
- Oriented five UNSOM family medicine residents to the health district, and to the practice of public health and preventive medicine, and organized schedule of rotations in tuberculosis and STD clinics.
- Prepared articles for the CCMS monthly newsletter concerning current public health issues in Clark County and health district activities.
- Participated in monthly meetings of the Nevada Association of Managed Care Physicians, and exchanged information on local health issues and health district activities.

- Prepared and presented four resolutions at the 2007 NSMA House of Delegates in support of the childhood lead poisoning prevention project, the statewide immunization registry, peri-natal HIV testing, and the Medical Reserve Corps. All four resolutions were accepted and passed.
- Served on various boards and committees including:
 - Board of Trustees of the Clark County Medical Society (CCMS), Ex-officio
 - Nevada State Medical Association (NSMA) House of Delegates, CCMS delegate
 - NSMA Public Health Commission, Co-chair
 - Nevada Public Health Foundation, Vice-president
 - Nevada State Trust Fund for Public Health
 - Great Basin Public Health Leadership Institute Board, Ex-officio
 - HealthInsight Nevada Community Council
 - Search Committees for State Health Officer and UMC Chief Executive Officer
- Met all continuing medical education requirements needed to maintain current Nevada State medical and pharmaceutical dispensing licenses

GOALS 2008-2009

- Hire new Community Health Director
- Negotiate and execute new SEIU contract
- Establish a public health center site in Mesquite
- Continue to seek resources for main building replacement facility
- Continue to meet with community partners and organizations, and maintain working relationships with state and local officials
- Incorporate use of annual health status reports as part of strategic planning process
- Continue institutionalization of strategic planning process and synchronization with budget process
- Support the work of Strategic Initiative Teams focused on the strategic planning process, infrastructure, workforce development, community awareness, and legislative affairs.
- Prepare for 2009 legislative session
- Increase contact and visibility with district employees through monthly meetings, e-mail updates and other activities
- Complete analysis of employee satisfaction survey, share results, and develop initiatives to address top areas of concern
- Continue to improve communication with BOH members and strengthen working relationships

Health District Accomplishments
2007 – 2008

Health District Accomplishments 2007-2008

- Initiated implementation and enforcement of Nevada Clean Indoor Air Act, working collaboratively with local businesses, NCIAA advocates, local media and the legal community.
- Identified and responded to an outbreak of acute hepatitis C cases associated with a local endoscopy center, resulting in the notification of close to 40,000 people.
- Opened new facilities in Henderson, Spring Valley, and Laughlin; decompressed demand for space at main campus by re-locating staff to leased facilities at 400 Shadow Lane; and began working with city officials to establish facility in Mesquite.
- Implemented NeoGov on-line employment application and human resources requisition system.
- Collaborated with Nevada State Health Division to implement statewide electronic death certificate system and establish linkages with local doctor offices, hospitals, mortuaries and the coroner's office.
- Published the health district's first Health Status Report composed of two volumes and a supplement.
- Completed and began implementation of Elimination Plan developed by the Childhood Lead Poisoning Prevention Project (CLPPP), including:
 - Assessment of pre-1978 housing units through a partnership with the UNLV School of Public Health
 - Assessment of child-care facilities built before 1978 in targeted neighborhoods
 - Achieving licensure to conduct blood lead screening and initiating screening of children participating in Head Start and health district well-child exam program
- Received direct grant award from the Centers for Disease Control and Prevention for the Terrorism Injury Information Dissemination and Exchange (TIIDE) project. The health district is the only local public health department to be funded as partner for this project which will result in the development of model practices for disseminating and exchanging information before, during and after a terrorist bombing.
- Increased health district's focus on injury prevention, including:
 - Establishment of injury prevention epidemiologist position
 - Initiation of Southern Nevada Injury Prevention Partnership (SNIPP), as a component of the Regional Trauma Advisory Board
 - Development and implementation of senior fall prevention program in partnership with Touro University-Nevada and the Barbara Greenspun WomensCare Center
- Developed and implemented regulations related to:
 - Procedures for Board of Health authorization and re-authorization of trauma centers operating in Clark County
 - Sanitation and safety of used mattresses, bedding and upholstered furniture
 - Permitting and operation of solid waste transfer stations and public waste storage bin facilities
 - Construction and demolition waste short-term storage facilities

- Tested and evaluated health district's mass dispensing plan as part of "POD Squad" exercise, training 135 district employees and community partners in POD (point of distribution) management including POD set-up and equipment utilization.
- Initiated development of the health district's Continuity of Operations Plan (COOP) including establishment of a cross-district planning team.
- Achieved 98.9% NIMS (National Incident Management System) compliance within the district with 89% of staff completing ICS 100/195/200 training, 93 employees trained to ICS 300 level and 62 employees trained to ICS 400 level.
- Received more than \$5 million from diverse funding sources to continue to develop and maintain public health emergency prepared capabilities.
- Partnered with Nevada Tobacco Users Help-line (NTUH) to promote the use of "brief interventions" smoking cessation strategies among community health care providers, resulting in a four-fold increase in calls received by NTUH following implementation.
- Redirected community nursing activities to more effectively reach "pocket of need" areas in the community focusing on congregate settings such as child-care facilities and programs, low-income housing projects, faith-based organizations, schools and community based organizations.
- Provided clinical experiences for 146 health profession education students
- Partnered with University of Southern Nevada to assign faculty member to serve as health district pharmacist to oversee and consult on district pharmacy activities and supervise pharmacy students.
- Partnered with UNLV School of Public Health faculty to organize NCIAA Evaluation Project in collaboration with Nevada Cancer Institute, Nevada Tobacco Prevention Coalition, and state and local public health agencies.
- Received awards and/or recognition for various programs including:
 - National Association of City and County Health Officials (NACCHO) 2007 Model Practice Award for the Office of Chronic Disease Prevention and Health Promotion's "Nutrition Challenge" project
 - 2007 American Advertising Federation Award (ADDY) for the Office of Chronic Disease Prevention and Health Promotion's "Viva Saludable" Spanish language multimedia health education campaign developed in partnership with Telemundo television station and El Tiempo newspaper
 - 2007 Public Health Leader of the Year Award from the UNLV School of Public Health for the health district's contributions to support successful passage of the perinatal HIV bill during the 2007 legislative session
 - For the fourth consecutive year, the finance department received the Government Finance Officers Association Certificate of Achievement Award for the health district's 2006 audit, with no audit findings reported in its comprehensive annual financial report
 - Division of Nursing Family Planning Program received recognition during its annual federal Title X audit for the quality of its electronic medical record system, Information and Education Committee, and quality assurance program
- HD-tv, the health district television program, was recognized with three different media awards:
 - "Award of Distinction" presented by the international Communicator Awards group in recognition of exceeding industry standards in both production and communication skills

- A bronze “Telly” award for outstanding achievement
- The “Platinum Best of Show,” by the Aurora Awards, a first place honor in the news magazine category recognizing excellence in program content, creativity and execution

GOALS 2008-2009

- Establish and develop Mesquite Public Health Center
- Initiate Nurse-Family Partnership Project
- Continue development of health district safety program and promoting awareness of workplace safety polices and procedures
- Implement replacement of VAX system to support Environmental Health Division operations
- Implement new health card and POS systems
- Continue to produce annual health status reports and/or supplements
- Continue to respond to community needs resulting from the hepatitis C outbreak and assist with restoring trust in the local health care system
- Continue implementation of Childhood Lead Poisoning Elimination Plan and expanding project statewide in collaboration with the state and local health authorities
- Complete development of COOP
- Continue to exercise, evaluate and update public health preparedness plans
- Address health disparities through analyzing and reporting health status data, focusing on “pocket of need areas” and partnerships with appropriate community based organizations and service agencies
- Develop and implement regulations related to massage parlors, child-care facilities, inspection of body art facilities, and food
- Develop and implement Environmental Health Specialist standardization program.

Employment Agreement
3/24/2007 – 6/30/2010

EMPLOYMENT AGREEMENT

THIS AGREEMENT is entered into by and between **SOUTHERN NEVADA DISTRICT BOARD OF HEALTH**, hereinafter referred to as **EMPLOYER**, and **LAWRENCE K. SANDS, D.O., M.P.H.**, hereinafter referred to as **EMPLOYEE**.

WHEREAS, **EMPLOYER** does hereby offer and **EMPLOYEE** does hereby accept, employment as Chief Health Officer for the Southern Nevada Health District (SNHD) and as Executive Secretary for **EMPLOYER** subject to the terms and conditions set forth herein.

1) **DUTIES**: **EMPLOYEE** shall serve as Chief Health Officer for SNHD and Executive Secretary for **EMPLOYER** with all duties, powers and authorities provided by law, and as may hereafter be specified by **EMPLOYER** during the term of this Agreement.

2) **TERM**: The term of this Agreement is from 12:01 a.m. on March 24, 2007 through June 30, 2010 unless sooner terminated pursuant to provisions of Paragraph 5 herein. **EMPLOYER** shall have the right to extend this Agreement annually thereafter, subject to negotiation with and acceptance by **EMPLOYEE** of the terms and conditions of such continued employment.

3) **COMPENSATION**: **EMPLOYER** authorizes payment to **EMPLOYEE** biweekly as compensation for his services in an amount equal to \$225,000.00 per annum in base salary during the term of this Agreement.

EMPLOYER also authorizes payment to **EMPLOYEE** of cost-of-living adjustments, if any, equal to those paid to other SNHD employees during the term of this Agreement.

EMPLOYER may also provide an annual merit salary increase of up to 5% of gross base salary.

EMPLOYEE may participate in membership and continuing education activities of professional organizations relevant to **EMPLOYER'S** public health function and as required for annual renewal of professional licenses, and **EMPLOYER** also authorizes payment of **EMPLOYEE'S** membership fees in such organizations, as well as **EMPLOYEE'S** professional medical licensure fees, and fees and expenses associated with continuing education activities.

4) **BENEFITS**: **EMPLOYER** authorizes the following benefits in addition to the

compensation specified above and benefits provided to other SNHD employees, including without limitation:

- a) **Annual Leave:** 20 days per year.
- b) **Sick Leave:** 15 days per year.
- c) **Health Insurance:** 100% of employee and dependents' paid premiums.
- d) **Retirement:** Contributions paid by **SNHD** into State of Nevada Public Employees Retirement System (PERS) in accordance with Nevada Revised Statutes.
- e) **Automobile:** A monthly automobile allowance of \$600.00
- f) **Longevity:** Upon completion of five years service at SNHD, calculated at the rate of 0.057% times base salary times the years of service at SNHD.

5) **TERMINATION OF AGREEMENT:** Notwithstanding the provisions of paragraph 2, **EMPLOYEE** may terminate this Agreement at any time prior to its expiration date upon providing 6 months written notice to **EMPLOYER**. **EMPLOYER** may terminate this Agreement without cause, upon 6 months written notice to **EMPLOYEE**. In the event **EMPLOYER** terminates this Agreement without cause prior to its expiration date, **EMPLOYEE** shall receive:

- a) normal compensation for the days worked by mutual agreement after any such notice of termination;
- b) an amount equal to current salary for 60 working days as severance pay; and
- c) all accrued annual and sick leave at current salary.

6) **EMPLOYER** shall indemnify and defend **EMPLOYEE** against any claims alleging professional errors and/or omissions arising out of the performance of his duties as Chief Health Officer and Executive Secretary to the extent provided by law and in particular Nevada Revised Statutes Chapter 41.

EMPLOYEE:

EMPLOYER:

Lawrence K. Sands, D.O., M.P.H.

Chair

Date

Date

APPROVED AS TO FORM:

Stephen R. Minagil, Esq.
Attorney for **EMPLOYER**