

I. PUBLIC COMMENT

Public comment is a period devoted to comments by the general public on items listed on the Agenda. All comments are limited to five (5) minutes. The Chair asked if anyone wished to address the Board pertaining to items listed on the Agenda.

Seeing no one, the Chair closed Public Comment.

II. ADOPTION OF THE JULY 30, 2013 AGENDA

The Chair called for a motion to adopt the agenda for the July 30, 2013 meeting as presented.

A motion was made by Member Tarkanian seconded by Member Scow and carried unanimously to adopt the July 30, 2013 Board of Health meeting agenda as presented.

III. REPORT/DISCUSSION/ACTION

A. Explanation of Format of Meeting and Structure of Interviews; and/or take any other action deemed appropriate (*for possible action*)

Vice-Chair Beers explained the format of the meeting and structure of interviews as follows:

1. Candidates will not enter meeting chamber until called.
2. Candidates will draw for first and second interview when called.
3. Forty minutes (timed) will be dedicated to each candidate interview which will consist of:
 - a) Five minutes of opening statements by the client (timed)
 - b) Twenty minutes for prepared questions (up to 3 minutes each, at least 7 questions per candidate, timed, prepared and given to candidates beforehand)
 - c) Ten minutes for follow-up or new questions (untimed)
 - d) Five minutes for closing statements by the candidate (timed).
4. Candidates will be dismissed from meeting chamber after interview.

B. Interview of Dr. Thomas Coleman and Dr. Joseph Iser, Deliberation, and Selection of Chief Health Officer; and/or take any other action deemed appropriate (*for possible action*)

1. 8:40 a.m. – 9:20 a.m.– Interview of First Candidate
2. 9:20 a.m. – 10:00 a.m.– Interview of Second Candidate
3. 10:00 a.m. – 11:00 a.m.– Deliberation and Selection

The candidates were called into the conference room to determine who would interview first. Dr. Iser selected the card numbered “2” and was dismissed from the conference room.

The interview of Dr. Thomas Coleman began at 8:47 a.m. with his opening statement, focusing on his education and training, background and experience and temperament and management style.

The following questions were asked by the board member indicated and answered by Dr. Coleman:

1. (**Member Marz**) What would your cohorts say is the most important contribution that you have made to public health? Why was this important to the community?

Dr. Coleman answered that his biggest contribution to public health was stabilization of the Volusia County Health Department in his position as Director. Dr. Coleman encountered a chaotic environment, subsequent 20% loss of funding and elimination of 78 positions. As the indigent care provider, Dr. Coleman and his staff transitioned an entire system of care on the west side of the county to a federally qualified health center. He and his staff contended with the devastating tornado that occurred in 2007 when

37,000+ square feet of facilities, including the largest clinic, was lost. Dr. Coleman stated that he was commended for doing an outstanding job stabilizing an unstable situation and guiding the health department through a very tumultuous time.

Member Jones asked Dr. Coleman if he could answer this question in the context of his current job.

Dr. Coleman stated that although Dr. Middaugh has done an outstanding job during his year as Interim Chief Health Officer, there are still significant internal issues and the District is a very frenetic, chaotic, reactive environment with substantial budgetary challenges including two years of deficit budgeting. In terms of fostering an atmosphere of openness, honesty and transparency, Dr. Coleman is "what you see is what you get" and walks the walk of being consistent as an administrator.

Member Rod Woodbury arrived at 8:55 a.m.

2. **(Member Scow)** What steps have you taken to imbed the vision, mission and values of this organization into the day to day operations of your direct reports and throughout the organization?

Dr. Coleman stated that in 2005 he stepped into an environment with an inordinate amount of chaos, no trust and skepticism as to whether he would stay. With input from senior leadership team, quality improvement and staff, a one-year strategic plan was developed with priorities in community health assessment, public health preparedness, financial viability, internal service excellence and external service, which, over time, led to employees trust in management again.

3. **(Member Tarkanian)** Describe a time when you had to get the support of a wide range of stakeholders on a proposed strategy or plan. How did you go about this?

Dr. Coleman explained that he and staff developed an initiative on diabetes health management which really was a vehicle to raise the issue of health literacy. He met with and received involvement and support of the hospital CEOs, community coalitions, community partners and management to develop a multi-focal, multi-disciplinary process to address this issue, which was rolled out and implemented.

4. **(Member Beers)** Explain the role of public health in the Southern Nevada community and describe the challenges you are aware of.

Dr. Coleman stated that the role is the epitome of the mission statement which is "to protect and promote the health, environment and well-being of Southern Nevada residents and visitors". Dr. Colman has experienced fires, flooding and hurricanes in addition to numerous exercises and sees the mission statement and the eleven essential public health services as underpinning to them. Dr. Coleman added that Southern Nevada has significant challenges, such as funding and loss of grants, in addition to a strained relationship with Clark County, which he is committed to move past, as well as build a solid relationship with the State Health Division. Dr. Coleman emphasized that the District is still in the midst of an incident due to the recent relocation transition and it needs to be determined if Valley View will be the permanent home or if a new building will be built.

5. **(Member Wood)** What are some of the typical obstacles or barriers you have encountered as a leader that have made it difficult to achieve your department or organization's objectives? Can you provide a specific example that shows when you were successful in removing an obstacle as well as an example of when you were not successful?

Dr. Coleman responded that it is his innate perspective in terms of his Masters in Biostatistics and especially the five years spent with the Medicare Quality Improvement Organization. Dr. Coleman fundamentally believes in managing by data, which can be perceived paradoxically. When Dr. Coleman started at Volusia County, he encountered a very siloed, untrusting, environment so the transition to management by data took a while in terms of realizing that it was not meant to be punitive but trying to come up with transparency and objective measures by which could be managed appropriately. Success was achieved in many different arenas.

6. **(Member Jones)** Describe how you have improved the productivity or profitability of your organization. How did you identify and implement these improvements?

Dr. Coleman noted that with feedback from the people who were actually doing the work, he had a kiosk system that was installed in each of the Nursing clinics that substantially reduced the wait times thereby increasing the productivity of being able to get people through the turnstiles, satisfying both internal and external customers.

7. **(Member Winchell)** – Successfully navigating organizational politics can be very difficult. Subtle issues or potential obstacles can easily be missed. Describe a time when this happened to you. What political factors caused you problems and how did you deal with this?

Dr. Coleman recalled a situation related to indigent care when the Volusia County Health Department were administrators of a third party specialty care network that was especially onerous given the financial and purchasing requirements stipulated by the State of Florida. The politics were such that the funding was going to the FQHC, which was the logical thing to do, however the Health Department was incapable of providing the necessary data to the hospital. Due to this fact, Dr. Coleman was castigated in the public meetings, which he handled by not taking personally and objectively presented what the Health Department was and was not able to do. Dr. Coleman worked to facilitate the transition which was such that the FQHC system was disengaged and Dr. Coleman had to write the transition to ensure that patient care would not be impacted. The transition was seamless and was a political learning experience.

8. **(Member Peterson)** Sometimes it is difficult to know how much direction to provide when delegating. Describe a time when you did not provide enough instruction or guidance for an assignment or task you delegated. How and when did you find out things were not going well and what did you do to correct the situation?

Dr. Coleman inherited a Medical Director at Volusia County that did not have an inclination towards administration or management by data. After doing the one year strategic plan, assessment of quality care was a well-known issue and Dr. Coleman expected this person to take the initiative to follow up and schedule regular provider meetings. Even though it was discussed with him several times, he failed to do so. Dr. Coleman tried to mentor this individual by having him review quality improvement practices in other county health departments and multiple other ways. This employee did not have the follow through and in the end a new Medical Director was hired and this individual remained as a Clinician. Dr. Coleman feels that the best people that can be obtained for the job should be hired and they should be worked with in an open and honest communicative fashion, empowering them to do their job effectively and gaining follow up and feedback on a regular basis.

Follow-Up Questions:

Dr. Osgood asked for clarification in regard to some aspects of Dr. Coleman's education to which he provided. Dr. Osgood stated that in a large organization there is a lot of input when quality improvements and delegations are done and the Chief Health Officer is the final approving

authority. He asked Dr. Middaugh if he has the experience and if he could give examples of when he said “enough is enough” and made the decision and how long it took after receiving the conflicting input.

Dr. Coleman stated that by nature he is an Internist and as such makes slow, methodical decisions by eliciting as much data as possible. Dr. Coleman recalled on February 2, 2007 when he received a call from his Nursing Director advising that a tornado had hit the clinic and in the end the build was completely destroyed and imploded. A Continuity of Operations Plan (COOP) was in place; however it was designed on the premise that the main facility would be inoperable and the emergency operations would occur at the clinic that had been destroyed by the tornado. In a four hour meeting, he and staff had to come up with a relocation plan and a tracking process for medical records. Dr. Coleman added that the balance is management and leadership and sometimes decisions have to be made, good, bad or indifferent and is part of being a leader. Dr. Coleman’s nature is collaborative, but decisions must be made when required to forward.

Member Scow asked Dr. Coleman how long the Board could expect him to stay at the Health District as Chief Health Officer if he were selected.

Dr. Coleman answered, stating that if the Board did not want to see the person replacing Dr. Middaugh in place for several years, then he was not the choice as the District demands stable, consistent, strong leadership in terms of internal reconnections and rebuilding allegiances. Dr. Coleman added that he is Board certified until 2022 and hopes that the District is the last job that he will ever have because it is going to take years of continued rebuilding with direction and engagement from the Board and all partners to get the District back to where it needs to be in terms of a world-class metropolitan health department.

Member Marz asked Dr. Coleman why all of his examples of training and experience have been elsewhere as he has been employed by the District for the last two years.

Dr. Coleman stated that he has spent years as a Medical Epidemiologist for chronic disease and injury prevention and when the transition occurred for Dr. Middaugh to become the Interim Chief Health Officer he was appointed as the Community Health Division Director, responsible for the offices of Epidemiology, Chronic Disease Prevention and Health Promotion, Public Health Preparedness, Emergency Medical Services and Trauma System and the Southern Nevada Public Health Laboratory. Dr. Coleman stated that he was not interviewing with the Board to be a Division Director, but to be the Chief Health Officer of a large metropolitan health district and the anecdotal experience that he tried to give the Board was what he has done before in administrative jobs.

Member Winchell stated that there were expected changes with Affordable Health Care Act and asked how they would impact the position of Chief Health Officer and the operation of the Health District.

Dr. Coleman stated that it is a tumultuous time for public health and he can’t tell what the total impact will be, however part of the community health assessment that will need to be done is to look at the health care system as well as the public health system. Dr. Middaugh added that most people do not understand public health and see it as “the poor people’s agency” and it is much broader than that, encompassing many public entities and community partners. Dr. Coleman believes that the District should work with the hospitals to prepare for the potential onslaught of people that are newly enrolled as a large part of public health is developing and utilizing partnerships.

Member Jones asked Dr. Coleman if he had a vision of what the District would look like functionally and operationally two years later under his leadership and what would his first steps be to get there.

Dr. Coleman stated that a permanent home for the District is paramount and there is an enormous amount of internal reconnectedness that needs to be done, such as a policy and procedure overhaul, rebuilding of damaged relationships and continued transformation of the organization to be one of openness, transparency and honesty.

In closing, Dr. Coleman stated that he did not know what the process would be, nor is he clear on the priorities of the Board as the entity will hire or fire him. Dr. Coleman does not want a short-term position and would like the opportunity to dialogue with the Board if he is chosen and stressed that if Dr. Iser is chosen would be fully supportive he has enormous respect for Dr. Iser.

The interview with Dr. Coleman concluded at 9:33 a.m.

After a five minute break, Vice-Chair Beers turned the meeting over to Chair Woodbury and the meeting reconvened.

The interview of Dr. Joseph Iser began at 9:40 a.m. with Dr. Iser's opening statement introducing himself as the former District Health Officer in Washoe County who has worked closely with Dr. Middaugh and Dr. Sands in the past and has an understanding of the issues going on in southern Nevada.

Dr. Iser was asked the following questions by members of the board:

1. **(Member Marz)** Describe a time when you had to get the support of a wide range of stakeholders on a proposed strategy or plan. How did you go about this?

Dr. Iser stated that the best most recent example would be with REMSA in Washoe County. Dr. Iser explained that the Health District owns the franchise for REMSA, and became an issue as the fire departments wanted to do the transports and had claimed that there were quality issues with REMSA doing that. Dr. Iser started meeting with the fire chiefs and other individuals within the fire districts to find out what the issues were and how they impacted their roles. It became a big issue as the city councils and county governments felt that their fire services were doing a lot of the work that they thought REMSA should be doing. Dr. Iser began processes with city/county managers, fire chiefs and REMSA to air some of the issues and these processes are still underway.

2. **(Member Jones)** What would your cohorts say is the most important contribution that you have made to public health? Why was this important to the community?

Dr. Iser declared that he was instrumental in trying to get more equitable funding for emergency preparedness dollars to the local jurisdictions. Dr. Iser added that when working on his dissertation for his Doctorate in Public Health, he researched an alternate immunization schedule for Hepatitis B for high risk adolescents (Currently the schedule is 0/1/6, which seems to be the optimal timing, however, in high risk adolescents, such as those that are incarcerated). Dr. Iser's study determined that a schedule of 0/2/4 would still get quality outcomes in this population. Dr. Iser provided another example, recalling when he worked with the former Trust Territories of the Pacific to enhance their capability of developing and utilizing resources from the federal government for a number of diseases and issues of that time.

3. **(Member Scow)** What steps have you taken to imbed the vision, mission and values of your organization into the day to day operations of your direct reports?

Dr. Iser reflected on his vast experience and history where at any one time he was assigned to a certain agency, CDC, SAMHSA, HRSA and a variety of others, all which act and are funded independently by congress, which became a big issue in the former trust territories which were very small. The attitude that Dr. Iser developed from that was categorically funding from the same sources, by example and by direction. Dr. Iser worked to get them working together better and across divisional lines. For example, in Washoe County, Environmental Health worked very

closely with Clinical Services and Disease Investigations. Dr. Iser' expectation is that all divisions work across categorical lines as best they can within funding parameters.

4. **(Member Wood)** What are some of the typical obstacles or barriers you have encountered as a leader that have made it difficult to achieve your department or organization's objectives? Can you provide a specific example that shows when you were successful in removing an obstacle as well as an example of when you were not successful?

Building on the last question, Dr. Iser emphasized that he has been very successful in getting people to work across lines and has also found that there are personnel issues at the highest level among divisions. He has tried to do due diligence before accepting a position to find out what these issue are, but has found that they are hidden from a candidate, so he has come to positions thinking that he knows that the relationships are professional and cooperative only to find that they are not as professional, which he does not like. Dr. Iser does not believe in rumors and follows up with the source.

5. **(Member Jones)** Explain the role of public health in the Southern Nevada community and describe the challenges you are aware of.

Dr. Iser believes that it should be to advance and protect the health of the people and visitors of Southern Nevada. Dr. Iser added that some of the challenges in Southern Nevada public health are implementing the Affordable Health Care Act in regard to funding for the clinical programs and systems that will be in place for indigent health care, nutrition and lifestyle diseases (obesity, high blood pressure, diabetes, etc) and family planning.

6. **(Member Tarkanian)** Describe how you have improved the productivity or profitability of your organization. How did you identify and implement these improvements?

Dr. Iser stated, using Family Planning as an example, many Nurse Practitioners do colposcopies, which is not part of what the grant provides. Colposcopies are really an advance family planning service and some initial cancer screening, so productivity can be enhanced by decreasing the amount of time that any one client spends with a Nurse Practitioner.

7. **(Member Winchell)** Successfully navigating organizational politics can be very difficult. Subtle issues or potential obstacles can easily be missed. Describe a time when this happened to you. What political factors caused you problems and how did you deal with this?

Dr. Iser recalled a conversation with the County Manager in Washoe County regarding the County's request to take Environmental Health and Air Quality. Dr. Iser's response to the County Manager was that they are public health programs and he was not willing to give them up nor was it his choice anyway as it would be up to the Board and he would vehemently oppose any transfer. Being clear on any answer is the best thing to do.

8. **(Member Peterson)** Sometimes it is difficult to know how much direction to provide when delegating. Describe a time when you did not provide enough instruction or guidance for an assignment or task you delegated. How and when did you find out things were not going well and what did you do to correct the situation?

Dr. Iser referenced the receipt of a grant in Washoe County in which he delegated communication to the other counties to another staff member. In following up with some of the County Managers, Dr. Iser found that the communication did not happen, which he immediately discussed with the staff member and found that it was a misunderstanding, which he rectified. Dr. Iser began following up with this staff member more frequently to ensure that the correct communication was occurring and there were no more issues.

9. **(Member Beers)** Tell us about yourself – how did you come to be in the profession of public health?

Dr. Iser stated like many who get into public health, you don't know that it is a career choice until you find yourself doing it and as a physician it is especially true as many residents spend time in public health organizations. While in medical school, Dr. Iser was able to apply for the public health service scholarship program and spent two years in that program which led him to 24 ½ years in the public health service. Along the way, he realized that he needed more public health credentials than just an MD, so he went back and got a Doctorate in Public Health from the University of Michigan, a Masters in Infectious Diseases from the University of London School of Hygiene and Tropical Medicine and is Board Certified in General Preventive Medicine and Public Health and also in Occupational Medicine.

Follow-Up Questions:

Member Woodbury asked Dr. Iser if hired as Chief Health Officer, what are some of your leadership skills and qualities and what is it about you that will make the staff here want to follow you?

Dr. Iser stated that in using collaborative management, which is his preferred management style, he gathers as much input as possible, but it is still up to him to make the final determination. In emergency preparedness and management mode, the luxury of gathering information is not afforded and decisions must be made without all of the information he would otherwise like to have, which he is good at. Dr. Iser has been involved in various emergency situations including hurricanes, fires and earthquakes.

Member Winchell asked, in going back to the Affordable Health Care Act and the indigent population and how resources could be shared with other agencies, for Nevada, the affiliation is with the State community health centers. How do you see integrating the County Health Department into that system along with the county hospital and the other county agencies?

Dr. Iser stated that it depends on what Member Winchell meant by "integration" as he does not see it as a combining of those entities. Public health has its own set of discrete responsibilities that they have to be able to administer, separate from what community health centers or hospitals have to. Dr. Iser has worked with HAWK in Washoe County to try and integrate programs, and has started to do family planning for them.

Member Winchell asked Dr. Iser if the same would apply to preventive care programs.

Dr. Iser feels that a lot of the preventive care programs would need to stay within the Health District primarily because the District does primary, secondary and to some degree tertiary prevention.

Member Winchell asked Dr. Iser for his opinion regarding on over-prescribing narcotics in the state and county.

Dr. Iser stated that has been a problem for many years all over the country and when in practice he did not prescribe narcotics but believes that it is a public health issue. Dr. Iser believes that more dollars should be put into prevention and treatment of substance abuse.

Member Scow asked Dr. Iser what type of relationship should exist between the Chief Health Officer and the Board and how was his relationship in Washoe with the Board and the jurisdictions.

Dr. Iser answered that the relationship should be very collaborative and stated that one of his questions, if appointed, would be what the management style of the Board is as it sets policy that he would recommend. Dr. Iser added that he had a collaborative relationship with the Board and jurisdiction in Washoe and if appointed, he would also ask the board how willing they are to support recommendations of the Chief Health Officer when they may be in conflict with a small set of constituents which is an important issue that some Board members may be waived by.

In closing, Dr. Iser stated that he appreciated the opportunity to interview as he was blindsided in Washoe County by the people behind him and the media, which he now expects. He hopes that he answered the questions fully and succinctly and added that he knows Dr. Coleman, thinks he is a good administrator and has worked closely with him and Dr. Middaugh in the past. Dr. Iser thinks that Dr. Coleman will be an excellent candidate should the Board decide to choose him.

Dr. Iser asked the Board what is its management style and how do they work with the Chief Health Officer.

Member Scow stated that the Board sets policy, direction, vision, mission and values and depends on the staff to help the Board to understand the health aspects and expects that Board gets full objective information to make good decisions. Member Scow feels that it is a working relationship between governance and management.

Dr. Iser asked what the most important challenge to the District is over the next six to twelve months.

Member Jones stated that it is necessary for SNHD leadership to be recognized and supported by staff and the community.

Member Winchell asked Dr. Iser what are his thoughts in regard to accreditation as a public health agency.

Dr. Iser stated that he would love to be accredited; however resources in this state did not exist to do so. Dr. Iser expects that that in the next five to ten years the CDC will probably require jurisdictions to be accredited in order to get full grants, so it is something that needs to be done.

Dr. Iser asked the Board why Dr. Sands left.

Member Tarkanian stated that Dr. Sands was pressured to leave but she does not believe it was by the Board and she did not fully understand it all.

The interview with Dr. Iser concluded at 10:23 a.m.

The Chair confirmed that a decision could be made at this meeting.

Discussion ensued regarding the interviews and the strengths and weaknesses of both candidates.

A motion was made by Member Beers seconded by Member Winchell and carried unanimously to poll the board and the candidate with the most votes will be offered the position.

The Chair polled the Board and 7 members voted for Dr. Coleman and 3 members voted for Dr. Iser.

POLLED VOTE RESULTS (7-3 – Coleman)

For Dr. Coleman

1. Member Wood
2. Member Scow
3. Member Beers
4. Member Woodbury
5. Member Jones
6. Member Peterson
7. Member Winchell

For Dr. Iser

1. Member Osgood
2. Member Marz
3. Member Tarkanian

The Chair announced that the selection was in favor of Dr. Coleman by a vote of 7 to 3.

- C. Discuss and delegate follow up responsibilities regarding the New Chief Health Officer's Employment Agreement, and/or take any other action deemed appropriate **(for possible action)**

Questions ensued regarding the timeframe and terms of the contract of Dr. Sands' and Dr. Middaugh's employment contract. Ms. Bradley will provide a copy of the current contract to the Board members and Ms. Bradley/Human Resources will also review and compare the contract to others around country to ensure that it is in line as it has not been reviewed in some time.

Member Beers suggested that the sub-committee meet as soon as possible to review the information gathered by counsel and Human Resources comparing the market and the terms of contract in order to put together a firmer position for full board to consider at the next Board meeting.

A motion was made by Member Osgood seconded by Member Beers and carried unanimously to bring both candidates back into the conference room.

Member Tarkanian left 10:53 a.m.

Dr. Coleman and Dr. Iser returned to the Conference Room at 10:56 a.m.

Chair Woodbury expressed appreciation to both Dr. Coleman and Dr. Iser, stating that they were both excellent candidates however Dr. Coleman has been selected as new Chief Health Officer for the Southern Nevada Health District. Chair Woodbury advised Dr. Coleman that his contract is to be negotiated and hopes it will be done by the next full board meeting.

Dr. Coleman stated that he is open to moving forward in terms of negotiating the contract and added that he is sincerely appreciative and the Board could not have gone wrong with either candidate.

- V. **PUBLIC COMMENT:** A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. No action may be taken upon a matter raised under this item of this Agenda until the matter itself has been specifically included on an agenda as an item upon which action be taken pursuant to NRS 241.020. Comments will be limited to five (5) minutes per speaker. Please step up to the speaker's podium, clearly state your name and address, and spell your last name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chairman or the Board by majority vote.

Ann Markle, a former 44 year District employee approached the podium and stated that both Dr. Coleman and Dr. Iser were good candidates and suggested that the Board should consider Dr. Iser as Assistant Chief Health Officer.

VI. **ADJOURNMENT**

Motion made by Member Wood seconded by Member Jones and carried unanimously to adjourn the Board of Health Meeting at 11:02 a.m.

SUBMITTED FOR BOARD APPROVAL

John Middaugh, M.D., Interim Chief Health Officer
Executive Secretary

/jw