



MINUTES

Southern Nevada District Board of Health Meeting October 25, 2018 – 8:30 a.m.

**Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107
Red Rock Trail Conference Room A and B**

BOARD: Marilyn Kirkpatrick – Chair, Commissioner, Clark County
Scott Black – Vice Chair, Councilmember, City of North Las Vegas
(Present) Nicole Brisson – Regulated Business/Industry (arrived at 8:35 a.m.)
Bob Coffin – Councilmember, City of Las Vegas
Michele Fiore – Councilmember, City of Las Vegas (arrived at 8:38 a.m.)
Chris Giunchigliani – Commissioner, Clark County (arrived at 8:35 a.m.)
Frank Nemecek – At-Large Member, Physician
Scott Nielson – At-Large Member, Gaming
Dan Stewart – Councilmember, City of Henderson (arrived at 8:37 a.m.)
Brian Wursten – Secretary, Councilmember, City of Mesquite (arrived at 8:40 a.m.)

(Absent): Rich Shuman – Councilmember, City of Boulder City

ALSO PRESENT: None
(In Audience)

LEGAL COUNSEL: Annette Bradley, Esq.

EXECUTIVE SECRETARY: Joseph P. Iser, MD, DrPH, MSc, Chief Health Officer **(Absent)**

STAFF: Heather Anderson-Fintak, Maria Azzarelli, Ernest Blazzard, Emily Elzeftawy, Andrew Glass, Amy Hagan, Michael Johnson, Fermin Leguen, Brian Northam, Edie Mattox, Joanne Rupiper, Christopher Saxton, Herb Sequera, Jennifer Sizemore, Marlo Tonge, Victoria Volz, Jacqueline Wells

I. CALL TO ORDER

Chair Kirkpatrick called the Southern Nevada District Board of Health meeting to order at 8:30 a.m.

II. PLEDGE OF ALLEGIANCE

III. RECOGNITIONS

- Environmental Health Badging

The Oath of Office was administered to new Environmental Health Specialist II's Raymond Campa and Vanessa Ortiz as Environmental Health Officers by Dr. Joseph Iser, Chief Health Officer.

Dr. Iser recognized the presence of UNLV nursing students in attendance that are currently rotating through the District.

IV. PUBLIC COMMENT: A period devoted to comments by the general public about those items appearing on the agenda. 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.

Regena Ellis, SEIU, addressed the Board regarding their role in finances and policies for the District. She asked the Board members if they had talked about or knew what their policy is regarding protecting public health services for the citizens care in Clark County and how it will interface with primary care. Ms. Ellis stated their interest is that people should have health care, however, they also want to protect public health which is very different from primary care. She asked the Board if they had reviewed District policy on how primary care is going to interface to protect public health services and funding. Currently, there has been construction inside the clinic in preparation for primary care and equipment has been purchased, in addition to the proposed fee schedule that was previously presented to the Board. Initially, this fee schedule was thought to be for things to manage chronic diseases, but it includes lacerations, sutures, burns, etc., all of which are a lot more than what was initially discussed. In terms of billing, super bills have come through in many different areas that are not related to primary care. Ms. Ellis asked the Board if they have seen these, the sliding fee scale fee and related policies and if they knew how the Board comes into play with these types of policies. She advised that there was also information for today's discussion regarding a building that is being looked at and discussions from the Board were to go ahead and look at buildings but not to currently lease or purchase one. The material submitted indicates there is a building that is being looked at and will be forwarded to the Finance Committee. Ms. Ellis asked the Board if they were going to look at it first or if this is a way to move it from the Board into the Finance Committee. She asked once primary care is established, if it is, along with the sliding scale and proposed fees, how long will it be before the District will be looking to propose a Federally Qualified Health Center look-alike or are those plans already in place. She asked the Board if it had been discussed and asked them to be involved in transparent discussions, so they are aware of what is going on. Chair Kirkpatrick clarified that by having the discussion at the Finance Committee, it is not circumventing the Board because that is not at all how it works. The Finance Committee looks at it and it comes back to the full Board and the Finance Committee is very thorough. Chair Kirkpatrick asked Ms. Ellis to not put that statement on the record for the employees, because it was not a fair statement.

Barbara Paulson, representing Nevadans for the Common Good addressed the board regarding the need for health care, particularly primary care, community-based services, access to care, quality of care and affordability of care. Over the last nine months, her group has researched primary care and learned much about Federally Qualified Health Centers (FQHCs), which she believes to be one of the "hidden gems" in the community in terms of providing services. They have met with FQHC administrators, patients, staff and the Primary Care Association and learned that the Health District is planning on opening a primary care clinic. This news was exciting to Ms. Paulson and her group. Ms. Paulson distributed and reviewed key points of "FEDERALLY QUALIFIED HEALTH CENTERS IN NEVADA (FQHCS)." ([Attachment 1](#))

Victoria Harding, SNHD/SEIU, referencing the Community Health Division monthly report, noted work done by the disease investigators is not reflected in the Epidemiology report. The high-profile cases are very important but are a small percentage of the large amount of work that is accomplished. The number of cases of infectious diseases is the only part of her work that is reported. Several types of cases are reviewed by the investigators and never reflected in the statics. Looking at the small number of diseases such as hepatitis is directly related to vaccinations. The enteric diseases, salmonella, gastrointestinal, etc., is directly related to what is done in Environmental Health and tied in together, but it is the non-flashy stuff that is in-between the lines of everything. She thinks it would be interesting at some point during a program update, to have a conversation about the behind the scenes things that no one knows that are done but are critical to ensuring that southern Nevada is safe. The public would be interested to know all the work that is done by the District and how it ensures that no one has any diseases and there is little disease burden as possible. Ms. Harding believes the Board would need to request this presentation.

Seeing no one else, Chair Kirkpatrick closed this portion of the meeting.

V. ADOPTION OF THE OCTOBER 25, 2018 AGENDA (for possible action)

A motion was made by Member Nielson seconded by Member Fiore and carried unanimously to approve the October 25, 2018 Agenda as presented.

VI. CONSENT AGENDA: Items for action to be considered by the Southern Nevada District Board of Health which may be enacted by one motion. Any item may be discussed separately per Board Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

1. **APPROVE MINUTES/BOARD OF HEALTH MEETING:** September 27, 2018 *(for possible action)*
2. **PETITION #27-18 Approval of Amendment A01 to Interlocal Agreement Between Mesquite Fire and Rescue and Southern Nevada Health District;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
3. **PETITION #29-18 Approval of Amendment A01 to Interlocal Agreement Between University Medical Center of Southern Nevada and Southern Nevada Health District;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
4. **PETITION #34-18: Approval of Group Enrollment to Interlocal Agreement between Clark County; Clark County Water Reclamation District; University Medical Center of Southern Nevada; the Las Vegas Convention and Visitors Authority; the Las Vegas Valley Water District; Clark County Regional Flood Control District; the Regional Transportation Commission of Southern Nevada; the Southern Nevada Health District; Henderson District Public Libraries, Mount Charleston Fire Protection District and the Las Vegas Metropolitan Police Department Adopting the Amended Self-Funded Health Benefits Plan, effective January 1, 2019;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
5. **PETITION #35-18: Approval of Amendment to Interlocal Agreement between Clark County; Clark County Water Reclamation District; University Medical Center of Southern Nevada; the Las Vegas Convention and Visitors Authority; the Las Vegas Valley Water District; Clark County Regional Flood Control District; the Regional Transportation Commission of Southern Nevada; the Southern Nevada Health District; Henderson District Public Libraries, Mount Charleston Fire Protection District and the Las Vegas Metropolitan Police Department for Establishing New Rates to Renew Health Plan of Nevada Group Benefits Plan, effective January 1, 2019;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

A motion was made by Member Giunchigliani seconded by Member Coffin and carried unanimously to approve the Consent Agenda presented.

VII. PUBLIC HEARING / ACTION: Members of the public are allowed to speak on Public Hearing / Action items after the Board's discussion and prior to their vote. Each speaker will be given five (5) minutes to address the Board on the pending topic. No person may yield his or her time to another person. In those situations where large groups of people desire to address the Board on the same matter, the Chair may request that those groups select only one or two speakers from the group to address the Board on behalf of the group. Once the public hearing is closed, no additional public comment will be accepted.

1. **Memorandum #06-18: Discuss/Approve Adoption of Proposed Solid Waste Management Plan for Clark County Nevada;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Herbert Sequera, Environmental Health Solid Waste & Compliance Manager and Brian Northam, Environmental Health Supervisor, presented the proposed Solid Waste Management Plan, noting there was very little attendance at the public workshops.

A motion was made by Member Giunchigliani seconded by Member Coffin and carried unanimously to adopt the Solid Waste Management Plan for Clark County Nevada as presented.

VIII. REPORT/DISCUSSION/ACTION

- 1. Review/Discus and Approve 2019 Board of Health Meeting Schedule**; direct staff accordingly or take other action as deemed necessary (***for possible action***)

A motion was made by Member Coffin seconded by Member Black and carried unanimously to adopt the 2019 Board of Health Meeting Schedule as presented.

Chair Kirkpatrick moved Item IX. Board Reports forward due to time restraints.

- IX. BOARD REPORTS: (Out of Order)** The Southern Nevada District Board of Health members may identify emerging issues to be addressed by staff or by the Board at future meetings, and direct staff accordingly. Comments made by individual Board members during this portion of the agenda will not be acted upon by the Southern Nevada District Board of Health unless that subject is on the agenda and scheduled for action. (***Information Only***)

Member Wursten thanked Environmental Health staff for making the effort to assist the new travel center in Mesquite in meeting its ribbon-cutting timelines.

Chair Kirkpatrick attended the Governor's Workforce meeting and learned there is a need for instructors. They are asking for retired nurses with master's degrees and retired doctors. UNLV is looking for more instructors, they are very short staffed. The Chair would like District and others to be notified of this need for part-time and full-time positions within the university system.

As the District is going into budget component of discussions, the Chair would like to see a list of all vacant positions and recruitments. This information can be included in the monthly reports.

With negotiations coming up soon, the Chair also asked if there is an opportunity to temporarily assign Victoria Harding to HR as a liaison, so she will have time to address negotiations. Amy Hagan, Human Resources Administrator, responded that if this situation occurred, Ms. Harding could not report to her, due to the fact that she represents management. Chair Kirkpatrick understands, but would like Ms. Harding to be in a position whereas she will not have to take away from her primary responsibilities to work on negotiations, as management and the union seem to be in a much better place. Ms. Hagan agreed that a lot has been accomplished. Grievances have decreased by 69% in less than a year and she believes there are best practices where HR and the union can work in a liaison type relationship and leadership would support that. Ms. Harding indicated on a daily basis, there is so much to be done, that she would love to be able to have something carved out to specifically give her time to work on negotiations without things on both sides suffering. Michael Johnson, Director of Community Health, stated that he met with Ms. Harding recently to discuss this as he knows she is very busy and he did not want to put her in a position where she thought she would fail in disease surveillance. He supports the Chair's suggestion. Member Nielson asked for clarification of this role. The Chair indicated that it would require further discussion, however since Ms. Hagan has been with the District, grievances have decreased, and employees seem to be happier overall and she would like to start on a fresh slate. She understands that Ms. Harding could not report to HR, but she does not want Ms. Harding to be penalized for not doing her job. Noting that the contract allows for thirteen stewards, Dr. Iser asked Ms. Harding if it would be viable for her to assign and train other stewards to represent employees in order to free some of her time and the District would be available to help her with training if needed. Also, there is union bank time

which allows Ms. Harding or union employees to use time that the District pays for. Chair Kirkpatrick, Ms. Hagan and Ms. Harding will meet to discuss benefits, pros and cons of having a liaison position. Ms. Harding indicated that she meets with Ms. Hagan on a regular basis and believes that she is well informed. When asked by Dr. Iser she stated that her relationship with Dr. Iser is working well now.

Member Giunchigliani thanked Human Resources for making the environment at the District healthier.

Chair Kirkpatrick turned the meeting over to Vice Chair Black.

VIII. REPORT/DISCUSSION/ACTION (Continued)

2. **Primary Care Update**; direct staff accordingly or take other action as deemed necessary (*for possible action*)

Dr. Iser summarized the discussions with the Board and provided an update on Primary Care as follows:

Excerpt from SNHD Board of Health Meeting Minutes - February 22, 2018

1. **Receive and Discuss Feasibility of Enhancing Clinical Services to include primary care at appropriate locations as part of Southern Nevada Health District. Proposed motion: "To support the furtherance of the District's public health mission to provide low cost accessible care to underserved populations, motion to approve the inclusion of primary care services within the District; to accept Title 20 funds of \$200,000 from the State for research and planning; and to keep the Board of Health informed"**; direct staff accordingly or take other action as deemed necessary (*for possible action*)

Fermin Leguen, Chief Medical Officer and Director of Clinics and Medical Services, presented a summary of the District's proposal to provide certain primary care services at SNHD.

A motion was made by Member Black seconded by Member Giunchigliani and unanimously carried to accept \$200,000 from the State for research, planning and feasibility of potential enhancements of Clinical Services.

Excerpt from SNHD Board of Health Meeting Minutes - April 26, 2018

2. **PETITION #16-18: Discuss/Approve the Implementation of Primary Care Services, Including Adult, Pediatric, and Dental Health Services at Southern Nevada Health District Facilities in Furtherance of the Health District's Public Health Mission to Provide Low Cost Accessible Care to Underserved Clark County Communities**; direct staff accordingly or take other action as deemed necessary (*for possible action*)

A motion was made by Member Black seconded by Member Nemec and carried unanimously to accept the Health Survey Results and approve the Implementation of Primary Care Services, Including Adult, Pediatric, and Dental Health Services at Southern Nevada Health District Facilities in Furtherance of the Health District's Public Health

Mission to Provide Low Cost Accessible Care to Underserved Clark County Communities as presented.

Excerpt from SNHD Board of Health Meeting - May 24, 2018

IV. CONSENT AGENDA: Items for action to be considered by the Southern Nevada District Board of Health which may be enacted by one motion. Any item may be discussed separately per Board Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

- 1. APPROVE MINUTES/BOARD OF HEALTH MEETING:** April 26, 2018 *(for possible action)*

A motion was made by Member Giunchigliani seconded by Member Black and carried unanimously to approve the Consent Agenda presented.

Press Release 08/29/2018

The press release announcing Family Health Care Center offering primary care services starting Monday, September 17, 2018, was sent to the Board members on Wednesday, August 29, 2018 at 8:55 a.m. by Stephanie Bethel

Excerpt from Clinical Services Monthly Report - September 27, 2018

VIII. Family Health Clinic

C. The Family Health Care Center will open on Monday, September 17, 2018 providing primary care services for both adults and children. The clinic will be open Monday – Friday from 8:00 am – 4:30 pm.

Now

- ▶ Primary Care Implemented
- ▶ One family medicine physician on staff
- ▶ Currently recruiting from current patient population
- ▶ Families, HIV positive patients
- ▶ As volume and reimbursements grow, plan to increase staff

Dr. Iser noted many HIV clients have other needs and the initial goal is to recruit from the current patient population of the categorical health programs (Family Planning, HIV, STD, TB, Refugee Health Clinic) as most of the time, patients who come to the District do not have another source of primary care.

Chair Kirkpatrick's understanding was that current staff would be utilized and there would be no expansion and asked for a business plan. Chair Kirkpatrick asked if additional staff was required at this time. Dr. Iser stated no, however, he would be coming back to the Board as needs change. Also, as discussed last month, if the OEDS grants are obtained, it will cover an additional 25-29 employees that the District does not have space for.

Member Giunchigliani noted on March 22 her motion to approve the minutes clarifying the motion as accepting \$200,000 to begin the survey and explore, but not move to the direction of primary care services, seconded by Councilman Black and carried unanimously was not included in Dr. Iser's summary. Her understanding was that the \$200,000 was to explore and come up with a business plan, not to move into primary care. There was also previous discussion regarding becoming a Federally Qualified Health Center (FQHC) which she also does not believe the Board adopted.

Vice Chair Black believes primary care is a worthwhile pursuit and the reality is the District is open for business with clients being seen by qualified health care providers in this scope of primary care. The District has a captive audience of people in medical need and if they do not have a primary care provider, this can be an opportunity for this agency to expand its ability to be healthy in other facets beyond the one that they came for. Vice Chair Black agrees that a concrete business plan to include scalability, fiscal and staffing sustainability and self-sufficiency from a financially and logistical standpoint is needed. Moving forward with primary care, Vice Chair Black believes the District needs to be systematic, have a transparent plan and make sure it is fiscally viable. If this can be accomplished without compromising the core mission of public health, he believes it is a win.

Member Kirkpatrick left the meeting at 9:35 a.m. and did not return

Member Nemec stated that southern Nevada is terribly deficient in primary care, as he has many patients with good insurance that have no primary care doctor, because so many of them have gone to concierge medicine. He cannot imagine what it would be like for a person who is in need of services of the Health District to possibly get a primary care physician or provider. He believes this program is mission critical for the future of the District and for the health of the community and agrees with the need for a business plan for expansion.

Member Fiore agrees but believes the District should slow down.

Member Nielson supports the things that the Board has approved to date. It is his understanding that primary care was going to be provided at the Decatur building to the patients that are already coming in and see how that goes, which makes sense. However, based upon the budgetary restraints that he has seen and looking forward, he would be very cautious in terms of planning. He agrees that a very good business plan should be developed and adopted before going any further.

Vice Chair Black summarized the primary care discussion recounting:

- The District is open for business for primary care as of September 17, 2018, starting with a small model.
- Dr. Nemec stated it is mission critical and he believes there is a degree of consensus on that matter.
- Establishment of a business plan that goes beyond the 3-year cost projection, addressing staffing, logistics, need for space, and taking the pilot and or incubator model on Decatur and putting it in the community where needed.

Vice Chair Black would like to see a monthly report giving a snapshot of the day-to-day activities of the current efforts in primary care, defining the patient's source and generic look at what the District is doing to make them healthier. Dr. Iser advised this information will be included in the Clinical Services Monthly report going forward.

Dr. Iser suggested he would update the Board again on primary care in June. He made it clear that there is no plan to expand beyond the Decatur site at this time and as future plans are evolved, he will make sure that the Board is updated.

Vice Chair Black proposed that the District continues doing exactly what it is doing now, no more, no less, and evaluate over the near future what the components of a sound business plan that would enable the District to serve the community should look like. It should cover finances, staffing and patients. Logistics and key components can be brought forward in January, while forecasting and finances can be added at a later date.

There was no action taken on this item.

3. **Receive Report and Accept Recommendations from October 8, 2018 Advisory Board Meeting**; direct staff accordingly or take other action as deemed necessary (*for possible action*)

Dr. Iser reported the Advisory Board item for approval is the 2019 Public Health Advisory Board Meeting Schedule as the second Monday quarterly beginning in January at 8:30 a.m. The meeting dates will be on January 14, 2019, April 8, 2019, July 8, 2019 and October 14, 2019.

A motion was made by Member Stewart seconded by Member Nielson carried unanimously to approve the Advisory Board meeting schedule as presented.

The Advisory Board would also like to Board to consider development of a collaborative education program on the public health issues related to e-cigarettes and marijuana and consider support of expanding the Nevada Clean Indoor Air Act to include e-cigarettes and marijuana.

A motion was made by Member Giunchigliani seconded by Member Steward and carried unanimously to accept the report of the Advisory Board from the October 8, 2018 meeting.

X. CHO COMMENTS (OR HEALTH OFFICER & STAFF REPORTS)

- Dr. Iser reported that Dr. Fermin Leguen, Chief Medical Officer and Director of Clinical Services was interviewed and quoted in the October 15, 2018 edition of Community Health Magazine's article "Top tips to fight back against the flu." This article can be found at: http://www.communityhealthmagazine.com/mind_and_body/physical_health/top-tips-to-fight-back-against-the-flu/article_745953fa-d097-11e8-a171-dbc96d6e08aa.html.
- Vector season over, there were no cases of West Nile Virus or other vector diseases. Influenza season is starting and Dr. Iser urged the Board members to get flu shots.

XI. INFORMATIONAL ITEMS

1. Chief Health Officer and Administration Monthly Activity Reports
2. Clinical Services Monthly Activity Reports
3. Community Health Monthly Activity Reports
4. Environmental Health Monthly Activity Reports

XII. 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 may 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.

Regena Ellis, SEIU, noted there is a need for access to care and she is in no way opposed to anything, but as an officer of the union, it is her job to bring communications that also come from employees. Ms. Ellis referenced the Clinical Services Monthly Report, noting the Advanced Practice Registered Nurse in the Family Health Care Clinic saw fifty-three patients and forty-eight of them were children. There is a Pediatric Nurse Practitioner that works at the District that used to work in the Kid's Clinic that is not working as a Pediatric Nurse Practitioner. She works one day in Refugee Kid's Clinic and one-half day weekly in the Sexual Health Clinic. This individual is specialized to see children and can bill for services.

Amy Hagan, Human Resources Administrator, clarified the last comment stating that she did not believe Ms. Ellis was being fair. She brought the issue to Ms. Hagan about the Pediatric APRN and they worked together to get her another day. Management staff has already worked with this employee and she is quite pleased. Ms. Hagan does not feel that this situation was represented to the Board in a fair manner.

Seeing no one else, Vice Chair Black closed this portion of the meeting.

XIII. ADJOURNMENT

The Vice Chair adjourned the meeting at 10:17 a.m.

Joseph P. Iser, MD
Chief Health Officer/Executive Secretary

/jw