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

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## **MINUTES**

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

625 Shadow Lane  
Las Vegas, Nevada 89106  
Clemens Room

***Thursday, November 15, 2001 - 8:00 A.M.***

Chairman Christensen called the meeting of the District Board of Health to order at 8:10 a.m. and the Pledge of Allegiance was held. Chairman Crowley noted that she had been provided with the Affidavits of Posting and Mailing of Agenda meeting notices, as required by Nevada's Open Meeting Law. The Affidavits will be incorporated into the Official Minutes.

**Present:**

Susan Crowley  
Jim Christensen, MD  
Sherry Colquitt, RN  
Donna Fairchild  
Joseph Hardy, MD  
Paul Henderson  
Erin Kenny  
Steven Kirk  
Chip Maxfield  
Donalene Ravitch, RN  
Gary Reese  
Stephanie Smith

Chairman, Henderson  
Secretary/Physician Member At-Large  
Appointee, Las Vegas  
Councilwoman, Mesquite  
Councilman, Boulder City  
Councilman, Mesquite  
Commissioner, Clark County  
Councilman, Henderson  
Commissioner, Clark County  
Appointee, Boulder City  
Councilman, Las Vegas  
Councilwoman, North Las Vegas

**Absent:**

Robert Eliason

Councilman North Las Vegas

**Executive Secretary:**

Donald S. Kwalick, MD, MPH

**Legal Counsel:**

Stephen Minagil, Esquire

**Staff:** Clare Schmutz; Karl Munninger; Fran Courtney, RN; Jane Shunney, RN; Kelly Quinn; Dan Maxson; Glenn Savage; Paul Klouse; Nancy Hall; Angus MacEachern; Rose Bell; Patricia Rowley; Maureen Fanning; Jeanne Palmer; Nicole Bungum; Maria Azzarelli; Celia Martin; Mandi York; Jennifer Sizemore; Susan Eiselt; Murphy Boudreaux; Forrest Hasselbauer; Leo Vega; and Recording Secretaries Diana Lindquist and Montana Garcia

P. O. Box 3902 – Las Vegas, Nevada 89127 – (702) 385-1291 – [www.cchd.org](http://www.cchd.org)

**ATTENDANCE:**

<u>NAME</u>	<u>REPRESENTING</u>
Derek M. Cox	AMR
Helen Foley	Faiss Foley Merica
Howard Fishbein, Dr. PH	Gallup
Manas Chattopodbyaz	Gallup
Michael Johnson, Ph.D	Gallup
Glenn Goodnough	Stewart, Archibald & Barney, LLP
Jaime Velez	Stewart, Archibald & Barney, LLP

**I. CONSENT AGENDA**

These are matters considered to be routine by the District Board of Health and may be enacted by one motion. Any item, however, may be discussed separately per Board Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

*Member Reese moved for approval of the Consent Agenda. Motion was seconded and carried unanimously.*

1. **Approve Minutes/Board of Health Meeting** – 10/25/01
2. **Approve Payroll/Overtime for Periods of:** - 09/29/01 – 10/12/01
3. **Approve Accounts Payable Register - #818:** 10/08/01 - 10/19/01
4. **Memorandum #25-01** - Approval of Year 2002 Meeting Dates for the Board of Health
5. **Appointment of Nominating Committee** for Calendar Year 2002 Board of Health Officers (Committee Chair Colquitt, Members Christensen and Smith)
6. **Memorandum #26-01** - Fiscal Year 2000-2001 Annual Audit Report to the Board by Representatives of Stewart, Archibald and Barney
7. **Petition #74-01** - Proposed Redefinition of Classification Specifications for the Administrative Analyst Position - No salary change. Schedule 23
8. **Petition #75-01** - Proposed Redefinition of Classification Specifications for the Emergency Medical Services Field Representative - No salary change. Schedule 21; Specification and Classification for Emergency Medical Services Manager, Schedule 26

**II. REPORT/DISCUSSION/ACTION**

1. **Memorandum - Bioterrorism Information Activities and Newsletter Information**

Dr. Kwalick explained that based upon discussions that occurred at the October Board of Health meeting this presentation was to inform the Board of the District activities on a day-to-day basis in Environmental Health, Epidemiology, the media as well as what the District website looked like.

He introduced Jennifer Sizemore, Public Information Officer to review the activities the District has been doing in terms of the media and a discussion about the newsletter. Followed by Dan Maxson, Environmental Health Supervisor, who discussed Environmental Health's involvement with bioterrorism activities of the past six weeks. Also Patricia Rowley, Epidemiologist, would cover Epi's involvement of the past weeks.

Jennifer Sizemore introduced Murphy Boudreaux, Webmaster who demonstrated and explained the Clark County Health District website ([www.cchd.org](http://www.cchd.org)) bioterrorism links.

Ms. Sizemore explained that Health District has compiled and disseminated information to public to allay anxiety and provide accurate information regarding pressing issues. Much of the information has revolved around the District's website. Additionally, some of the information was previous to September 11<sup>th</sup>, such as the Family Disaster Plan which has been distributed to employees.

Murphy Bordeaux explained that Bioterrorism Information link was highly visible and lead to the following information on the website:

- A message from the Chief Health Officer
- Creating a Family Disaster Plan
- Fact sheets on: Anthrax, Smallpox, Plague and Tularemia (Staff is working on translating the Fact Sheets into Spanish)
- Updated and timely information as appropriate
- Link to Clark County Public Service Announcement on Anthrax (which has videos and additional information about bioterrorism)
- Additionally there are links to the Federal Emergency Management Association (FEMA), the Centers for Disease Control (CDC) and Metropolitan Police Department
- Bioterrorism Frequently Asked Questions (which addresses questions such as should I buy a gas mask?)

Ms. Sizemore remarked that additional information could be added to the site almost instantly if there were a new topic to address. Staff is looking into developing a section that will be purely in Spanish as a resource for the Spanish speaking community.

A seven-minute infomercial on anthrax has been developed that includes representatives from all the different agencies and is currently airing on Channel 4. The infomercial can also be viewed on the Internet from the District's website. Dr. Kwalick taped a 30-second public service announcement (PSA) on anthrax that was distributed to local media outlets. Dr. Kwalick has appeared on Clark County Connection and did a live show that included call-in questions from the public. Copies of the PSAs, infomercial and Dr. Kwalick's appearance are available for viewing. Also, available on video is a half-hour segment on Inside Las Vegas in which Dr. Kwalick and Fran Courtney, RN, covered information on the flu and anthrax. A variety of staff have done interviews over the last few weeks, averaging approximately one a day, in both print and broadcast media, and including the NBC network. Staff has tried to back away from doing so many things unless there is new information to update because the individuals who were answering calls noticed that a spike would occur with newscasts on anthrax.

In terms of the newsletter, as requested by the Board an inquiry was made of the Clark County Public Communications Office regarding the possibility of placing an insert into the county's newsletter, in order to update residents regarding anthrax. The deadline for submissions for the upcoming newsletter had passed. Also, postage is measured by weight so additional cost issues would have to be addressed if an insert were included.

Currently the District does not produce a newsletter. While a newsletter is an ideal tool for distributing information to all residents, total costs prohibit the development at this time. Research into the development and dissemination of a countywide newsletter would run approximately \$500,000 for a quarterly publication.

Production of a newsletter will be pursued in the future. Although, the overall price is a significant amount, there per household cost proves to be cost effective when compared to other means of disseminating messages.

Discussion ensued by the Board Members and staff about the possibility of using other avenues to get information to the public by using inserts or articles to be placed into other entity newsletters and looking at next year's budget to perhaps accommodate a newsletter. Generally it is recognized that a newsletter is not a vehicle for getting timely information to the public. Presently, the District places articles in the County and other entity newsletters. A Health District newsletter would be utilized to relay important seasonal public health messages regarding back-to-school immunizations, flu shots, plague warnings, drowning, prevention information, etc. PSAs and newsletters are good tools to inform the public since many do not have computers.

Staff will keep the Board apprised of developing issues and continue to provide timely information to the public utilizing all communication tools available including the website and media releases.

Daniel Maxson, Environmental Health Supervisor, remarked that Staff has been working with the Las Vegas Metropolitan Police Department in responding to the numerous calls received regarding Anthrax. He briefly gave an overview of the number of calls received by Metro-Com since October 17<sup>th</sup>.

In response to the overwhelming amount of calls that Metro, Federal Bureau of Investigation (FBI), secret service and fire departments were receiving a unified call system was set up through Metro-Com. Through the Metro-Com unified call system, whether you called any of these entities the caller was directed to the Las Vegas Metropolitan Police Department non-emergency number "3-1-1" which standardized the way the response was handled. This has been a very good cooperative effort.

Health District personnel were staffing the line with Metro for 24-hour a day coverage in order to triage calls and determine appropriate responses. Additionally, an epidemiologist was available 24 hours to answer calls referred from the 3-1-1 service regarding anthrax information. A recorded message is also available on the Health District Epidemiologist Section phone line after hours with information regarding anthrax. This message will be updated as necessary. The calls received peaked when newscasts on anthrax occurred and over the Halloween holiday weekend. Since November 5<sup>th</sup> calls over the graveyard shift have declined significantly since November 5<sup>th</sup>, therefore that shift has ceased. Any calls that may come in during that shift are directly linked via Metro-Com to the District's Environmental Health response supervisor on duty. Overall there has been a steady decline in calls.

The total number of calls received through November 13, 2001 is 926 callers. The total number of actual responses to the scene is 92 of which 31 samples were shipped to the Nevada State Public Health Laboratory. He added that staff in Environmental Health have worked many hours overtime throughout this process and have dovetailed well with the Epidemiology (Epi) staff in working together. Many of the callers are frustrated and then directed to the Epi, who go through all the medical information. This process through Epi has had a tremendous calming effect on the callers.

Chairman Crowley on behalf of the Board thanked staff for all the manpower that has been put into this circumstance. None of the calls have resulted in a positive case for anthrax or resulted in anything of concern.

Patricia Rowley, Epidemiologist briefly explained that the usual volume of calls average about 750 per month. In the last four weeks approximately 1500 calls were received from the general public and physicians. The two clerical staff in the department for a time were handling approximately 160-170 calls per day. As a direct result from the volume of calls received, Epi staff were on standby duty around the clock, 7-days a week. Epi staff helped the Environmental Health staff develop a questionnaire to handle the anthrax calls as well as a data collection tool that has proved to be very popular and has been shared with other entities throughout the nation. This data collection tool helps to keep all the information in place as far as what was distributed to other agencies or submitted for laboratory testing, etc. Once test results were received it was Epi's responsibility to inform the physician or party what the results were.

Additionally, Epi staff has been busy developing a Bioterrorism Preparedness Training Program for Physicians and other healthcare providers. Originally the program had been scheduled to start in January 2002, however because of the September 11<sup>th</sup> incident and requests from various providers, the training began in October 2001. At present, approximately 150 healthcare providers are being educated in bioterrorism preparedness per week. Clark County School District nurses were among the first to receive training. The training includes clinical, surveillance and reporting information so that the Health District will be one of the first entities informed if a physician has identified a suspicious occurrence of illness in an individual in Clark County.

The training sessions are now scheduled through February of 2002 with three to four sessions per week. Two satellite broadcast segments on anthrax have been held at the Clark County Health District. The videotape of the one of the sessions "Anthrax: What Every Clinician Should Know" is available for viewing. There is another scheduled for the end of the month entitled: "Biological, Chemical Warfare and Terrorism" is in the planning stages. Epi staff has worked on written material on anthrax and other bioterrorism agents. Additionally, a CDC special bulletin on anthrax was distributed to approximately 2,000 Clark County physicians along with an anthrax clinical screening notice. Presently, staff is working on developing a physician only section on the website for biological agents that will be password protected. This section would provide clinical information for physicians and will elaborate on all the bioterrorism entities and communicable diseases. In response to several requests for speakers, staff is working on a PowerPoint presentation that will cover bioterrorism information that the Health Education Department can provide presentations to the general public.

Member Kenny questioned as to how could a governmental entity at this level not consider those public records. She explained that if she writes down something at the County that now is considered to be open to the press at any time through the public information act.

Brief discussion followed by the Board Members, Legal Counsel and Staff concerning the legality of placing a password-protected section for physicians and other healthcare providers on the website. At this time, Chairman Crowley directed Stephen Minagil, Legal Counsel and Dr. Kwalick to take a look at this issue and provide a recommendation at the next Board of Health meeting. She added that even if the site were password protected for physicians, the District would not intentionally hide any information from the public.

Dr. Kwalick informed the Board Members that over the last four weeks staff had spent over 80 days overtime. The entire staff has drawn together and done a stupendous job. He thanked staff.

**2. Memorandum - Gallup Tobacco Survey Report by Howard A. Fishbein, Dr. PH. & Michael D. Johnson, PhD, Gallup Representatives**

Mr. Fishbein remarked that he was out of the Washington D.C. office and an Epidemiologist by training and Mr. Johnson is out of the California office and a Behavioral Psychologist by training. Gallup has been working with several states (California, Maine, Illinois, Delaware, Alaska, Hawaii, Arkansas, Iowa, South Dakota, Wisconsin, etc.) around the country for over the past 5 years on tobacco control issues. Gallup has been working in Nevada with District staff since June 2000. It was decided at that time to field a tobacco control survey of adults for Clark County. He briefly reviewed the data that is available. The data was available in record fashion. The data was collected in June and July of 2002. The data collected for Nevada are very much compatible across states. The data was collected on 1,000 residents of Clark County, which provides an error rate of less than 3 percent. This information serves not only as a baseline but provides some information about how effective the current Clark County Tobacco Control activities are and where to suggest they should be going in the next few years. The report itself is a compressed version of a more technical report which is available in the Health Education office.

Mr. Johnson reviewed the data with the Board Members. The Clark County Health District Tobacco Control Program (TCP) is conducting program activities to reduce the use of tobacco and diminish environmental tobacco smoke (ETS) exposure in Clark County, Nevada. In the startup of this tobacco control campaign, the TCP recognized the importance of obtaining baseline information on opinions, attitudes, and behaviors related to the use of tobacco.

A countywide survey was conducted, from June 1 to July 15, 2001, representing the county's adult population. A total of 1,000, 15-minute adult telephone surveys provided the county with a current assessment of tobacco use and tobacco-related behaviors from adults across Clark County establishing a baseline for measuring the impact of TCP initiatives in the most densely populated county in Nevada. The survey design provides Clark County with initial or baseline measures of the public's awareness and attitudes regarding the use of tobacco against which all future surveys will be compared.

The survey instrument and methods were adapted from other state TCPs, providing Clark County with an opportunity to compare its program with other large-scale tobacco control initiatives. Use of established methods has permitted rapid development, design, and completion of the survey. Clark County collected exceptional data for assessing program needs and measuring the TCP's progress.

Generally, Clark County adults greatly overestimated the percentage of adults who are smokers. Although smoking rates in Clark County are among the highest in the country, the perceived social norm is that smoking is much more common than it is. The 95% confidence interval for adult prevalence is a high level of 29.4% ± 3.7. However, a majority of adults perceived that smoking is even more common. About two-thirds of adults thought that 50% of Clark County adults are regular smokers.

Most Clark County adults who smoke would like to quit. The most often identified aids for helping smokers quit were the nicotine patch, nicotine gum, other medications, counseling services, and cessation classes. Health insurance that covers these quit aids could be helpful to adults who smoke and want to quit. However, one-quarter of Clark County adult smokers did not know whether their insurance would cover such aids. When asked what they did when they tried to quit, 1 in 10 smokers said that they called the Nevada Tobacco Users Help Line. Those who wanted to quit smoking requested self-help materials more often than information on cessation classes or counseling services.

About one-third of all Clark County adults reported ETS exposure at least one day each week in their home; about one in six adults reported daily exposure. Nearly 50% of Clark County adults who worked outside the home reported on-the-job ETS exposure one or more days per week; one-fifth of workers reported exposure every day of the week. About two-fifths of all workers reporting said that their workplace has no policy that restricts smoking. About one in seven working Clark County adults works in a casino.

Despite these levels of exposure at home and at the work site, 83.5% of all adults agreed that people should be protected from ETS; 69.4% of smokers agreed with the need for such ETS protection.

Brief discussion ensued among the Board Members and the Gallup representatives regarding the different age range of those surveyed and which age group was the majority of smokers. Also, the tourist populations were not surveyed. However, the tourist population could skew the results of the perception. The Gallup representatives were interested in conducting a survey of the tourism industry in Nevada. The 1,000 adults surveyed were random samples of Clark County residents.

Mr. Johnson continued that based on reports from all adults, 85.5% supported a ban on smoking in grocery stores; 67.1% supported a ban on smoking in indoor restaurants; 40.7% favored a no-smoking policy in outdoor restaurants and cafes; 38.8% supported a no-smoking policy in casinos; and 31.8% favored a ban on smoking in bars. As for smokers, 81.1% favored a ban on smoking in grocery stores; 39.9% favored a ban on smoking in indoor restaurants; and 8.4% supported a no-smoking policy in casinos.

Overall, 92.5% of Clark County adults had been to a casino within the past six months. Just over one-third of all adults reported that they would visit casinos more often if they were entirely smoke-free. A slightly higher percentage, 36.9%, reported that they would visit casinos more often if they had smoke-free gaming areas.

While the Clark County anti-tobacco media campaign has just recently begun, about one-half of Clark County adults were aware of the Smoke-Free Restaurant Campaign and nearly one-quarter had knowledge of The Nevada Tobacco Prevention Coalition. Nearly one-half of Clark County adults reported having received a mailing from the tobacco industry and one-quarter of all adults reported owning at least one tobacco industry promotional item.

This data can be used for program planning, development of media creative focused activities, and policy. Over time, should the surveys continue, trends and impact of the program can be assessed and help refute tobacco industry arguments. He ended with a quote from 1991 from Phillip Morris about the California program which is relevant to the Clark County program "our biggest challenge has not been the anti-smoking advertising, rather it has been a creation of an anti-tobacco infrastructure right down to the local level". The tobacco industry wanted to dismantle and destroy California because they clearly saw the difficulty in taking on the county and city entities then it was the State of California. This stresses the importance of local activities. The community-based programs are just as important as the media.

Dr. Fishbein briefly reviewed the recommendations from Gallup. Clark County Health District should remain as a comprehensive TCP in Clark County. The Clark County adult smoking prevalence rate is arguably one of the highest in the country at 29.4%. However, the finding that the adults' perception of who smokes is far greater than the actual level of smoking offers a challenging opportunity to the county's TCP. Our adult survey findings show that two out of three Clark County adult residents thought that 50% of all adults in the county are smokers. As demonstrated best in California, a comprehensive tobacco control effort can effectively close the

gap between perception and reality of how many adults actually smoke. Furthermore, closing this gap has proven to be an effective programmatic strategy to get fewer people to smoke and to foster support of policies that prohibit smoking. Adults and youth in Clark County should know that not smoking is actually the social norm in the county, with 70% of adults choosing not to smoke. Clark County's tobacco control efforts should include tobacco prevention and control programs that conduct community-based programs, use aggressive counter-marketing approaches and foster the adoption of policies or other regulatory actions. Continued evaluation of the smoking prevalence rates, perceptions, and attitudes of adults toward tobacco and smoking will provide insights to measure how much social norms regarding tobacco use have changed in the county as well as how successful the program has been.

Successes in curbing and eliminating ETS exposure in public settings will likely carry over to individuals establishing bans on smoking in their personal environment, such as in their homes and/or in their cars. The introduction and adoption of public no-smoking policies will perhaps encourage the adoption of personal no-smoking policies, making for a more overall smoke-free environment for county residents. Clark County Health District should focus tobacco control efforts on community support of smoke-free environments, which will lead to program successes that reflect the interests of the population and feed into other areas.

Discussion followed among the Gallup representatives and the Board Members regarding Nevada being a stronghold for preemption. Resolving the preemption issue would need an advisory question whereby the public forces the legislature to ignore the will of the public or to change the law by enacting an advisory question two elections in a row in all counties. Additionally, expressions were made on how best to approach the school district and the casino industry. Nevada in a unique position as the "Strip" and the neighborhood casinos are very different to the local community. Perhaps the casinos may want to do their own study of their clientele. Perhaps the creation of a study that would indicate relevant and accurate financial assessment showing that somehow in the future the casino's healthcare cost would go down and personnel days would go up by eliminating smoking from the company environment would help to encourage a smoke free work place. In reference to the school district a survey is planned for school health administrators beginning in winter of 2002 which will provide some data that will be shared with the Board in the following spring. The Board indicated that there was an interest in seeing how survey has changed since September 11<sup>th</sup> and how the addictions, gambling, drinking and smoking tie into each other. Gallup representatives indicated that they would look at these issues. The data in the survey is in the form of frequency tables showing the responses to each question in the survey. Also, the Board wanted a breakdown of age, sex, race and ethnicity of the data.

Dr. Kwalick commented that it might be constructive to have a discussion on the various options that exist and suggested that Helen Foley, the District's Legislative Lobbyist present them.

Helen Foley remarked that in thinking back on the presentation in July in discussing the frustration about dealing with legislature in this issue reminded the Board Members that in Nevada there are only two locations where there is an absolute ban on smoking – in elevators and in buses. In other places there is an option to have a location that has smoking. In this respect Las Vegas is very much behind the nation. Many of the tourists visiting the community are from California where there have been several years of no smoking. There should be more extensive studies done by the gaming industry and in conjunction with the industry to get an accurate picture of their patrons/clientele. Of course, the District does not want to do anything to hurt Nevada's economic vitality. At the same time the data is high for those individuals wanting smoke free environment. She commended staff for the smoke free restaurant advertisements.



At present no local government can have laws any stricter than the state. She recommended that the Board take a hard look in conjunction with staff and Gallup representatives to determine the best approach to deal with the legislature. Then proceed with a resolution for the Board of Health as to an advisory question that the Board of County Commissioners (BCC) could then vote on and then place on the ballot. If the advisory question were passed overwhelmingly, this would be an excellent tool to take to the legislature to indicate votes from 70% of their constituents. The language of the advisory questions needs developed and brought back to the Board at the next meeting. Additionally, after that occurs she encouraged the Board Members to go back to their entities and have them also adopt resolution urging the BCC to support this type of legislation. This is occurring in different parts of the state, so that many of the counties can give these same types of opinions encouraging advisory questions to the legislature. Also, some education to Southern Nevada legislators on the harmful environmental effects of ETS and the wishes of their constituents would be advisable.

Discussion followed as to the new cost of additional surveys from Gallup.

*At this time, Member Kenny moved to direct staff to place on the next Board of Health Agenda, the outcome of conversations with the Gallup organization for their recommendations in the direction to proceed. Also, to follow Ms. Foley's recommendation and bring some language back, in resolution form, as to going forward with an advisory question. Then following a plan to go out to each of the municipalities for their resolutions that will come back before the Board of County Commissioners who ultimately have the authority to vote to place it on the ballot for the 2002 election. Motion was seconded by Member Hardy and carried unanimously.*

**3. Memorandum #27-01 - Draft Vision and Value Statement: Follow-up to "Customer Bill of Rights"**

Dr. Kwalick explained that staff has incorporated all of the information that was in the Customer Bill of Rights in the following draft vision and value statement to get away from the word customer, citizen, etc.

Vision -We will provide the utmost in professional, quality and accessible public health services throughout the Valley.

Values – People: We will treat the people we serve in a professional, courteous and prompt manner. Staff will fulfill the needs of our patrons in accordance with the public health services we provide.

Health: We will craft and implement all programs, services and regulations with the overarching goal of promoting the health of the community we serve.

Integrity: We will have a bias toward fairness and honesty, in order to consistently apply all codes, rules and regulations.

Knowledge: We will strive to continually improve in our areas of expertise. Employees will commit to share thorough information with all clients and stakeholders. The lines of communication will be kept open for receiving feedback in order to constantly improve our operations.

Quality: We will provide competent service and make available to our clientele all the benefits of our resources in order to provide superior long-term performance.

Professionalism: We will create an environment that allows people to express their concerns without intimidation. Addressing the needs and problems of our patrons will be a priority of all staff members.

Staff will be working with Doug Lyon with a strategic planning process that would include finalizing this statement.

*Dr. Christensen moved to approve the Vision and Value Statement. Motion was seconded by Member Ravitch and carried unanimously.*

### **III. CITIZEN PARTICIPATION**

A period devoted to comments by the general public about matters relevant to the Board's jurisdiction will be held. The Board of Health cannot act upon items raised under this portion of the Agenda until the notice provisions of Nevada's Open Meeting Law have been complied with. Therefore, no vote may be taken on a matter not listed on the posted agenda. Any action on such items will have to be considered at a later meeting. Comments will be limited to **three minutes**. Please step up to the speaker's podium, clearly state your name and address and please **spell** your last name for the record. If any member of the Board wishes to extend the length of a presentation, this will be done by the Chairman, or the Board majority by vote. **All comments by speakers should be relevant to Board action and jurisdiction.**

Chairman Crowley asked that the members of the public who wished to speak. There was no response.

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

Dr. Kwalick explained that the second shipment of flu vaccine has been received. The flu immunization clinics will resume on November 19<sup>th</sup>. He invited the Board Members to get their flu shot.

The District is looking to establish a public health laboratory presence in Southern Nevada. Several different techniques are being reviewed in an attempt to get the resources needed. A site is available on the District premises with the air quality section moving out that could be renovated. A public health lab in Southern Nevada would mean that we would not have to ship specimens up north or out of state. There are various public health specimens that the District would like to be able to perform testing on which, at this point in time, we have to send them out. The cost and staffing of such a renovation will probably be in the million and half-dollar range, with \$750,000 up front. Staff is also working closely with the State Public Health Laboratory to possible to have a satellite lab in Southern Nevada. Or, the District could open our own laboratory if resources were available and staff it to become part of the national laboratory network. Staff is looking in to all options to provide a more timely turn around. Staff will keep the Board apprized.

### **V. INFORMATIONAL ITEMS**

**Duly Noted**

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

1. Mid October 2001- Mid November 2001 Monthly Activity Report
2. Financial Data - Revenues and Expenditures for Fund 705 (Operating), 706 (Capital Reserve), and 762 (Liability Reserve) for the Month of October 2001
3. Emergency Medical Services Medical Advisory Board Minutes and Annotated Agenda Health Education October 2001 Monthly Report
4. Epidemiology October 2001 Monthly Report
5. Public Information October 2001 Report

#### **B. Environmental Health:**

1. October 2001 Monthly Activity Report
2. Listing of Food Establishments in Plan Review for the Period of 10/01/01 to 10/31/01
3. Letters of Appreciation

**C. Nursing and Clinics:**

1. October 2001 Monthly Activity Report

**VI. ADJOURNMENT**

There being no further business to come before the Board, Chairman Crowley adjourned the meeting at 9:45 a.m.

**SUBMITTED FOR BOARD APPROVAL**

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

/mlg