

2024

**SOUTHERN NEVADA DISTRICT
BOARD OF HEALTH
AT-LARGE RECRUITMENT**

**REGULATED BUSINESS OR INDUSTRY
APPLICANTS**

- 1. Bobbette Bond**
- 2. Richard Eide**





PERSONAL INFORMATION FOR APPLICANTS TO THE SOUTHERN NEVADA DISTRICT BOARD OF HEALTH

The Southern Nevada Health District (Health District) requires this information of all persons who apply for appointment to the Southern Nevada District Board of Health. The personal information you provide will be protected as confidential and will be used by the Health District Board and staff only for official purposes, such as to communicate with prospective and appointed applicants and for demographics. It will not become part of any public document or be otherwise available to the general public.

INSTRUCTIONS: Please complete each item below.

Mr. Ms. Mrs. Dr.

Bobbette

Bond

FIRST NAME

MI

LAST NAME

RESIDENCE ADDRESS

CITY/STATE/ZIP

MAILING ADDRESS (if different from above)

CITY/STATE/ZIP

same

DAY PHONE NUMBER

EVENING PHONE NUMBER

same

CELLPHONE NUMBER

FACSIMILE NUMBER

EMAIL

Culinary Health Fund

EMPLOYER

1901 Las Vegas Blvd, So

Las Vegas, NV 89103

BUSINESS ADDRESS

CITY/STATE/ZIP

VP, Health Policy

OCCUPATION



APPLICATION FOR APPOINTMENT TO THE SOUTHERN NEVADA DISTRICT BOARD OF HEALTH

I am applying for the position of:

(Check ONE: if you wish to apply for more than one position, a separate application is required)

- Physician Representative
- Regulated Business or Industry Representative

NOTE: Nevada law regards all documents considered at public meetings to be public documents. You should expect, therefore, that your application, including this form, will become a public document. (This does not apply to the personal information you provide on a separate form, which will not be made part of any official meeting agenda.) THIS APPLICATION IS SUBJECT TO PUBLIC DISCLOSURE

ALL APPLICANTS (Please print legibly or type)

Mr. Ms. Mrs. Dr.

Bobbette

Bond

FIRST NAME

MI

LAST NAME

Culinary Health Fund

EMPLOYER

1901 Las Vegas Blvd, So Suite 101 Las Vegas, NV 89103

BUSINESS ADDRESS

CITY/STATE/ZIP

VP, Health Policy

OCCUPATION

How long have you lived in Clark County:

35 years

Please tell us why you are interested in becoming a member of the Board of Health.

I have lived in Las Vegas most of my life working with socioeconomic families. I believe the mission and work of the Health District in this enormous county is vital for a strong community. Las Vegas has gone through many great and not so great chapters since I moved here - including explosive growth in residents, gaming, restaurants, and children. We need strong and consistent leadership for improving the health of our families, protection of our excellent trauma system, preventing illness for residents, tourists, and workforce. And we need to improve our health care system and status. I appreciate and take seriously membership on the SNHD Board currently, and am particularly focused on how the health district thrives as part of the health care system in Southern Nevada.



Are you employed by any government entity that is a member of the Southern Nevada Health District? If so, please specify.

No

Please tell us about your education, training and experiences related to your profession and the position for which you are applying?

BS degree - Community Health, University of Utah.
Masters of Public Health degree, University of North Carolina, Health Behavior.
As part of my Culinary Health Fund duties for over 20 years, I have created the member advocacy department and health care literacy program. I oversee the public policy program which is focused on our community health, access to health care, and a strong health care system. The Culinary Health Fund provides comprehensive health care benefits for over 120,000 lives in Southern Nevada, including 50,000 employees of the gaming industry. I am also the Co-Chair of the Health Services Coalition, which covers 270,000 lives in 25 self-funded health plans in Southern Nevada.

Please provide three references with knowledge of your abilities related to the position for which you are applying.

Name:

Tick Segerblom, Chair, Clark County Commission, SNHD Board Member 702-455-3500

Name:

Marilyn Kirkpatrick, Clark County Commission, SNHD Board Member 702-455-3500

Name:

Jesus Vidueira, President, Culinary Health Fund 702-892-7340

Please tell us about any other experience you have that relates to the activities of the Health District. This could include, but is not limited to, the provision of public health services or working in any level of government or serving on any policy boards or public advisory committees.

Health Services Coalition, Co-Chair

Nevada State Supreme Court Access to Justice Committee, member

Nevada Patient Protection Commission, member, 2019-2023



PHYSICIAN APPLICANTS ONLY

Are you licensed to practice medicine in this State? If so, please document.

No

Do you have experience or demonstrated abilities in the provision of health care services to members of minority groups or other medically underserved populations? If so, please specify.

Yes. The Culinary Health Fund provides health care access and benefits for 50,000 employees in addition to their families, and represent 43 different countries and dozens of languages. Housekeepers, waitresses, cleaning porters, and bartenders often face socioeconomic hardships that create health care disparities, difficulty with health care literacy, difficulty accessing care or the transportation needed for care, and frequently food desert residency. Almost a third of our members are diabetic or prediabetic. Our members often access care sporadically, and do not understand the EMS system or levels of care available to them. We would like them to clearly understand how to engage in their health through chronic disease management, health screenings, bilingual health care options, immunizations, covid protection, and many other programs operated by the Health District.

BUSINESS OR INDUSTRY APPLICANTS ONLY

Do you represent a business or industry that is subject to regulation by the Health District? If so, please provide the name of the business, type of industry, organizational affiliation, and relevant permit numbers.

The Health Centers we operate are directly impacted by the EMS system, the trauma system, adequate care access, and infection control guidelines. Our members work in hotels and restaurants that are regulated by the Health District.



ALL APPLICANTS

Please provide any additional comments, if desired, in the space provided below. Resumes, curricula vitae or supporting documentation may be submitted with a completed application package.

Please see resume attached.

I certify that the information provided, and the responses given are correct and complete to the best of my knowledge and belief.

Bobbette Bond

Print Name

Signature

04/15//2024

Date

For SNHD Use Only:

Application Received By: _____ Date Received: _____

Candidate approved by the Nominating Committee. Date: _____

Candidate attended BOH meeting. Date: _____

Board Action:

Approve

Disapprove

Other _____

BOBBETTE BOND, MPH

Vice President, Health Policy

Bobbette is the Policy leader for Unite HERE Health, a Taft Hartley Health Plan that provides comprehensive health benefits for 125,000 members and their families in Nevada.

She also serves on the Executive Leadership Team for the organization. Bobbette has worked on health care access, quality, and affordability through policy advocacy, legislation, coalitions, health plan operations and community initiatives for over 30 years.



Recent state accomplishments include Nevada State legislation to:

- Prohibit anti-competitive language in hospital contracts,
- Monitoring and reporting of private equity acquisitions,
- Prohibition of surprise medical bills in emergencies,
- Prescription drug transparency and reporting, and transparency regarding PHRMA funded organizations.

Prior Nevada legislative sessions included reforming dental licensing to increase access, reporting, tracking and informing patients of acquired infections, and advocating for public DSH funding for public hospitals.

Community leadership included collaborating with public health entities and employers to set up COVID testing sites in 2020, immunization back to school fairs, and dental access coalition participation, diabetes tools and outreach, and many other coalitions and programs. As Chair of the Health Services Coalition, Bobbette is a member of the bargaining team negotiating health care for 270,000 Nevadans with 25 self funded health plans in Southern Nevada.

EDUCATION

MPH, Health Behavior, UNC, Chapel Hill
BS, Community Health, University of Utah

CURRENT MEMBERSHIP

Ad Hoc Member, Southern Nevada Health District Board, 2020 – Current
Chair, Executive Committee, Health Services Coalition: 2020- Current
Member, Nevada Supreme Court Access to Justice Commission, 2019 – Current

bbond@culinaryhealthfund.org
(702) 860-6089

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INSTRUCTIONS: Please complete each item below.

Mr. Ms. Mrs. Dr.

Richard J. Eide
FIRST NAME MI LAST NAME

[REDACTED] CITY/STATE/ZIP
RESIDENCE ADDRESS

[REDACTED] CITY/STATE/ZIP
MAILING ADDRESS (if different from above)

[REDACTED] EVENING PHONE NUMBER
DAY PHONE NUMBER

[REDACTED] FACSIMILE NUMBER
CELLPHONE NUMBER

[REDACTED] EMAIL

self
EMPLOYER

P.O. Box 858 Logandale, NV 89021
BUSINESS ADDRESS CITY/STATE/ZIP

Professional Food Services
OCCUPATION



Are you employed by any government entity that is a member of the Southern Nevada Health District? If so, please specify.

NO

Please tell us about your education, training and experiences related to your profession and the position for which you are applying?

I am applying for At large Board Member.

- Serve Safe Management Certified
- 40,000 hours of on the job training (food service)
- Trained to be a Food Unit Leader with BLM to handle contract + food safety on wildland fires

Please provide three references with knowledge of your abilities related to the position for which you are applying.

Name: Dr. Joe Hardy

Name: Scott Black

Name: Tyler Hecht

Please tell us about any other experience you have that relates to the activities of the Health District. This could include, but is not limited to, the provision of public health services or working in any level of government or serving on any policy boards or public advisory committees.

I have served as the Moapa Valley Rotary club President, Moapa Valley town board Vice chairman, Moapa Valley sewer revitalization committee (concept + design), and Member of Moapa Valley chamber of Commerce.

PHYSICIAN APPLICANTS ONLY

Are you licensed to practice medicine in this State? If so, please document.

Do you have experience or demonstrated abilities in the provision of health care services to members of minority groups or other medically underserved populations? If so, please specify.

BUSINESS OR INDUSTRY APPLICANTS ONLY

Do you represent a business or industry that is subject to regulation by the Health District? If so, please provide the name of the business, type of industry, organizational affiliation, and relevant permit numbers.

Yes

- Great Basin Cooking Co. permit # 135038
- Papa's Gyros permit # 135038
- Soda Papa's permit # 144316

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ALL APPLICANTS

Please provide any additional comments, if desired, in the space provided below. Resumes, curricula vitae or supporting documentation may be submitted with a completed application package.

As stated, I am very interested and excited to be applying for the position to be on the Health Board. I am eager to put my knowledge and experience to work. Having worked with the Health Dist. over the past 20 plus years in obtaining licenses and permits I respect the work this board does to insure the safety of our community. I am very passionate about the food industry and believe I can contribute toward it in an impactful way. I feel I have a deep understanding of the needs of food service workers and my experience has taught me to be creative and to solve complex problems. Thank you for your consideration. I am looking forward to learning more and being able to work with you.

I certify that the information provided, and the responses given are correct and complete to the best of my knowledge and belief.

Richard J. Eide

Print Name



Signature

4-25-2024

Date

For SNHD Use Only:

Application Received By: _____

Date Received: _____

Candidate approved by the Nominating Committee.

Date: _____

Candidate attended BOH meeting.

Date: _____

Board Action:

Approve

Disapprove

Other _____