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Concurrent panel session 2: Health challenges facing Las Vegas

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Presenters
Carlos Brandenburg, Shawn Gerstenberger, Zaven Khachaturian, John McDonald, Dennis Pirages, Thom Reilly, Kathy Silver, Bonnie Sorenson, Carolyn B. Yucha, and Maurizio Trevisan

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**Shaping the Future of Southern Nevada: Economic, Environmental, and Social Sustainability**

**Health Challenges Facing Las Vegas**

**October 24, 2007**

**Moderator:** Marcia Turner, Nevada Health Sciences System

**Panelists:**
- Carlos Brandenburg, Nevada Division of Mental Health
- Shawn Gerstenberger, UNLV School of Public Health
- Zaven Khachaturian, Lou Ruvo Brain Institute
- John McDonald, University of Nevada School of Medicine
- Dennis Pirages, UNLV Department of Political Science
- Thom Reilly, Harrah’s Entertainment
- Kathy Silver, University Medical Center
- Bonnie Sorenson, Clark County Health District
- Dr. Maurizio Trevisan, Nevada Health Sciences System
- Carolyn Yucha, UNLV School of Nursing.

**Session Scribe:** Candace Griffith, UNLV Department of Sociology

The major questions facing the panel were: What is the current state of Nevada health? and What is the ideal state of health in Nevada? The panel consisted of a diverse group representing many different areas of the health care system in Southern Nevada, from a registered nurse, to mental health professionals, and medical doctors and administrators. The following is a summary of the major points the panel felt needed to be addressed to have a sustainable health care system in Southern Nevada.

Dr. Carolyn Yucha (UNLV School of Nursing) says it is the school’s job to prepare nurses and meet the health care needs of southern Nevada. We must make sure the faculty has the necessary tools to do their jobs, which is to educate future nurses to help with the need in Nevada. She feels there is a need to prepare mid-level nurses and also to have a focus on a Ph.D. to prepare new teachers of nurses in Nevada to continue training nurses to continue teaching the next generations. With an increase in population, especially of young and old, they create tremendous health care needs for Las Vegas. There is also a decline of the family structure, with many moving with no extended family, and the uninsured population is growing.
There is a widening gap of the rich and the poor, and trying to meet the health care needs of this diverse group is increasing. The strain is felt throughout the entire system.

Some of the solutions she suggests included the fact that the system cannot neglect the poor because it will hurt in the long run. Nursing can help with this issue. Nurses can run clinics to help the poor access the health care system before a problem becomes a major issue. Nurses can refer patients to specialists as needed or can treat them for minor ailments without having to see a doctor. Nursing clinics will need funding as they cannot sustain themselves, but they can help relieve the burden by providing low cost care to those who would not access the health care system until it is absolutely necessary. Collaboration with others is the key to success. With the Nevada College of Nurses and the medical school, a program like this can be sustained with the use of student doctors and newly graduated nurses.

Dr. Thom Reilly (Harrah’s Entertainment and UNLV part-time instructor) says there are so many challenges facing health care. Partnership with industry leaders such as Harrah’s Foundation may help, and a strategic focus can be on the elderly. Meals on Wheels and issues regarding seniors’ hunger and isolation can be addressed, as they are one of the major users of the health care system and quality of life issues can be the start of a healthier life for this group. He pointed to a PBS series on dealing with caring for the elderly that may be helpful for Southern Nevada. As the Health Sciences Chair, he is focusing on trying to address the limited number of physicians in the city and state and the struggles of funding in this area. His major focus is on the underserved and the underinsured. They turn to the emergency room and that means there is no quality of care because they do not access health care in the community. Culturally appropriate health care is another part of the issue as the immigrant population increases. They wait until the condition is so severe that they must go to the ER. Continuity of care is not provided in the ER and hence is a major problem. There is only one public hospital in Las Vegas and they are trying to make money, teach, and provide adequate health care to the community. Excluding care is not the answer; it does not address the issue. This includes
the uninsured and the undocumented persons using the public health system. If we spend the money up front, it can help to alleviate the pressures on the health care system.

Bonnie Sorenson (Southern Nevada Health District) added personal stories relating to the previous speakers. Family planning services for women are hard to come by in the valley. Finding prenatal care is difficult and women can wait up to 6 weeks for pre-natal care in this community, even with health care coverage. Women without health care can wait up to eight months or not even see a pre-natal specialist, and this has serious consequences for women and their health and the health of their baby. The health district cannot keep up with pre-natal care even though it has to provide the services. HIV care is also lacking in Southern Nevada. There is a syphilis outbreak in Nevada, which means bringing in the CDC and having to educate doctors on the disease, because some may not have ever seen syphilis present before. Tuberculosis is also on the rise with larger immigrant populations moving in, and the strains are drug resistant and difficult to treat and prevent the spread of. These kinds of issues are draining the funds from the health care system. Parents may or may not have health insurance and vaccinations are not done by doctors anymore, so without adequate prevention the health care system will be inundated with these diseases until prevention is the order of the day.

Public health serves three functions: assessment of our community (an annual report is produced every year); policy development (the Nevada Clean Indoor Air Act) which affects the community as a whole; and assurance and enforcement of law (environmental section), which includes a model program for health cards (a program to help with better work practices that are safe and healthy).

Dr. Carlos Brandenburg’s (Nevada Division of Mental Health) vision is a health care system that will serve the mentally ill or mentally retarded and those with substance abuse problems. The behavioral workforce is facing a major issue: recruitment and retention of staff to put forth programs and to provide care for the individuals is seriously lacking in Southern Nevada. Racial diversity is also not present. There is great need for Spanish speaking
professionals and others from various cultural backgrounds to help with the understanding of mental health issues as they are affected by cultural differences. He says the mental health system is not able to deal with the challenges because of the lack of staff. With 70 percent of patients coming in with co-occurring disorders – that is, mental illness with a substance abuse issue – this places an additional strain on the system. Training and educational programs are available, but they are being trained in the private practice model as opposed to the public health model.

The potential solutions he suggested include creating a task force with universities to focus on the curriculum to deal with the issue of a public mental health worker shortage. There needs to be cooperation with many agencies to try and alleviate the shortages as best as possible.

Dr. Shawn Gerstenberger (UNLV School of Public Health) is concerned with the interaction of the environment and health. He looks at how disease or other ailments can move to and from Las Vegas rapidly because of the greater movement of people in and out of Las Vegas. He wants the attention to fall on prevention of the spread of disease or maladies instead of reacting to an outbreak. The soil, air, and water add to the discussion, and the built environment – home, work, where grocery stores are and such – are another important part of the environment one lives in. With no access to fresh vegetables, this has serious effects on a person’s health. There needs to be work done on inter-disciplinary groups to help with the prevention and creation of adequate built environments. He asked the question, how can urban planning help with health care? His solution includes the equal access and opportunity to health care across the city.

He stressed that prevention is the most important part of any effective health care system that can combine efforts and programs to decrease the need on the health care system by training community health representatives to educate the public about their role in the prevention of health related problems. Beyond this, there are programs for lead-based paints,
immunizations on home visits, collection and prevention, and other areas that can be prevented before they become major health issues and have a greater cost to the health care system. Problems do not occur in a vacuum and should not be studied as such. He is starting a new program that emphasizes health promotion and administration and environmental health.

Dr. Maurizio Trevisan (Nevada Health Sciences System) states that the challenges are many but that should not discourage us. Nevada has some of the worst health indicators in the country, and it is made more challenging by the shortage of health professionals. An integration of institutions and integration of professionals is essential to seeing the Nevada Health Sciences System become a well respected system. No one serves in isolation but serves as a team that is a contribution to the discourse of society and its needs. He agreed that there is a need to partner with institutions – both public and private – and health care providers to come up with reasonable solutions to help with the health care crisis.

Kathy Silver (University Medical Center) is representing Nevada’s only public hospital, University Medical Center. This is a safety net and the last resort for some people. The ER is seen by some as their primary care givers. Primarily it is the uninsured, underinsured, or the undocumented who use the ER as their primary health care providers. Physicians have to care for these patients, some do it because they are nice, others want to be paid and this may cost tens of millions of dollars. If there is no place to send the patient, they may stay at UMC for a short while but then must leave as the cost of housing the patient is too much for the system to take. There are difficult illnesses that are slowly coming back into the system, such as the drug resistant TB patient. Public health is a highly regulated, very complex industry. Federal laws such as Medicare has a “never” list for illness. This means that if they leave a sponge in a patient they will not pay for them to go in and retrieve it. This cost is then passed on to the hospital. Medicare will also not pay for treatment of an illness that was not present prior to the admission of the patient to the system. This means that more time is being spent getting an accurate medical history to prevent the non-detection of illnesses that may present themselves
after admission, such as ulcers. This consumption of time drives up the cost of health care provided at UMC.

She has a few possible solutions to the problem. She believes that developing a sliding scale based on the federal poverty scale will give the opportunity for patients to try and pay some of their bill. This means instead of handing them a bill for $100,000 which they look at and say not a chance, a bill is generated based on their ability to pay. Another solution includes increasing the training program. If it were not for students and faculty, costs would be too immense to continue. Disease management programs will also help alleviate the strain on the public health care system. Finally, finding additional ways for these people to have access to medical care is one way to decrease the use of the ER as their primary care givers and may prevent the need for emergency care through preventive measures. Essentially, the mission and motivations are different at a public hospital.

Dr. John McDonald (University of Nevada School of Medicine) is dean of a school that serves all residents of Nevada. The University Medical Center delivers more than 5,000 babies a year, which puts a tremendous strain on the system. The principal function of a state medical school is to educate health care providers. The key is to try and get students to do their residence here in Las Vegas, as physicians tend to practice where they were a resident. They provide much care to individuals who have no insurance or cannot get care elsewhere. Working collaboratively with other care givers and other agencies can help to relieve the stress of the system. Nevada’s public health system has not kept pace with the needs of the state. It is not all about the number of physicians, but the distribution of those physicians. There have to be systems set up so they serve the underinsured, the uninsured, and the underserved. With over two trillion dollars a year spent on health care in the country, there is no reason why there should be inadequate health care. We cannot spend ourselves into bankruptcy without getting better. Trying to reduce the length of stay in the hospital with a partnership with the Culinary Union is another task he is trying to put forth. The link between food, health, and recovery is an
important one and to also teach the patient about the relationship between food and health is another way to prevent relapses of certain conditions. Part of the responsibility is training great physicians.

Dr. Zaven Khachaturian (Lou Ruvo Brain Institute) thinks we are facing the failures of our successes. The presence of neuron-degenerative diseases is increasing. By age 80 about 40 to 50 percent of the population will have to deal with these types of diseases. There are 78 million baby boomers of which about 4 out of 5 will have some kind of neuron-degenerative disease. This presents a great strain for the need of care for this particular population. There are three elements that need to be solved. One is the numbers are increasing with respect to the number of diagnoses. Two is that long term care is costly no matter how one approaches this. Finally, the duration of disability is an increasing problem for states that have an aging population. This is true of Nevada as well. The length of the disability can last for several years, even decades. The need for adequate care is essential.

He believes we need to try and create an outpatient delivery system that is statewide, using satellite clinics and addressing the issue of access. Secondly, he knows the cost of health care is rising, yet the most effective way to deal with cost is prevention. Those who are at risk but do not have symptoms of a disease are the best candidates for prevention, primarily because it can help to alleviate the onset by years even. Recruiting large numbers of people who fit this category will help to lessen the strain on the health care system.

Dr. Khachaturian believes the brain is the most important resource we have. If we can maintain the functioning of the mind, it can help to produce more knowledge. If we can keep the person functioning so they can function independently for a number of years, we can gain much as a society. The important question is, How do we keep the brain functioning for a longer period?

Dr. Dennis Pirages (UNLV Department of Political Science) is a political scientist who specializes in the problem of infectious disease. The challenges are greater than we think they
are, even though he does not want to promote a gloom-and-doom outlook. The United States has the highest expenditure on health care in the world. The problems he sees as threats on the horizon are in building more sustainable societies and maximizing human satisfaction and reducing human suffering. We are living in a unique point in history where borders are porous, the number of travelers has expanded, time is compressed, and infectious diseases can be transported at a great speed. He sees society moving into a fourth period of intense globalization that may cause a possible pandemic such as that seen with diseases as HIV/AIDS; SARS; and Avian Flu. People, pathogens, plants, and products are moving around at a greater flow. We need to have more realistic solutions in order to address the question of what can we do about possible pandemics. This could possibly be the most pressing issue of the time.

Moderator Marcia Turner summed up the session by saying that people do not choose to get sick. When they do, the system must be ready to treat them. Bridges must be built both internally and externally to help with the problem of sustainable health care well into the century.