

Washoe County



Health District

**Washoe County District Board of Health
Strategic Planning Retreat
Meeting Minutes
December 6, 2012**

PRESENT: Mr. Matt Smith, Chairman, George Furman, MD; Commissioner Kitty Jung, Vice Chair; Councilwoman Zadra, Councilwoman Ratti arrived at 9:08 am, Dr. Denis Humphries; and George Hess, MD

ABSENT: None

STAFF:

Joseph P. Iser, District Health Officer	Steve Kutz, Division Director, Community and Clinical Health Services
Robert Sack, Director, Environmental Health Services	Randall Todd, DrPH, Director, Epidemiology and Public Health Preparedness
Kevin Dick, Director, Air Quality Management	Eileen Stickney, Administrative Health Services Officer, AHS
Patsy Buxton, Fiscal Compliance Officer, AHS	Lori Cooke, Fiscal Compliance Officer, AHS
Peg Caldwell, Registered Nurse I, EPHP	Stacey Akurosawa, EMS Coordinator, EPHP
Phil Ulibarri, Public Information Officer, AHS	Bryan Tyre, Environmental Engineer, EHS
Bev Bayan, WIC Program Manager, CCHS	Dave McNinch, Environmental Health Specialist Supervisor, EHS
Stacy Hardie, Public Health Nurse Supervisor, CCHS	Candy Hunter, Public Health Nurse Supervisor, CCHS
Jeff Whitesides, Public Health Preparedness Program Manager, EPHP	Daniel Inouye, Air Quality Supervisor, AQM
Charlene Albee, Enforcement Branch Chief, AQM	Erin Dixon, Tobacco Program Coordinator, CCHS
Kelli Seals, Health Educator II, CCHS	Steve Fisher, Department Computer Application Specialist, AHS
Jim English, Environmental Health Specialist Supervisor, EHS	Paula Valentine, Administrative Assistant I, EHS
Peggy F. O'Neill, Recording Secretary	Tony Macaluso, Environmental Health Specialist Supervisor, EHS
Leslie Admirand, Deputy District Attorney	Jim Shaffer, Vector Borne Disease Program Manager, EHS

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
9:00 am 1, 2	Meeting Called to Order, Pledge of Allegiance and Roll Call	Chairman Smith called the meeting to order, followed by the Pledge of Allegiance led by Councilwoman Zadra. Roll call was taken and a quorum noted. Councilwoman Ratti arrived at 9:08 am.	
3.	Public Comment	Dr. Iser noted that Commissioner-Elect Hartung is in attendance.	
4.	Approval/Deletions – Agenda – December 6, 2012	Chairman Smith called for any deletions to the Agenda of the December 6, 2012, Strategic Planning Retreat.	Councilwoman Zadra moved, seconded by Dr. Hess, that the December 6, 2012 Strategic Planning Retreat Meeting Agenda be approved as submitted.
			MOTION CARRIED

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5.	Presentation – Public Health Priorities	<p>Dr. Iser made a presentation on Public Health Priorities, a copy of which was placed on file for the record.</p> <p>Dr. Iser introduced the key winnable public health battles for the United States as identified by the Centers for Disease Control (CDC) as (1) tobacco; (2) healthcare associated infections; (3) teen pregnancy; (4) nutrition, physical activity, obesity, and food safety; (5) motor vehicle injuries; and (6) HIV. Dr. Iser stated that the Washoe County Health District does not have much effect on healthcare associated infections, but can influence the other battles identified.</p> <p>Dr. Iser presented statistics on reduced smoking and the impacts on the citizens of New York City and discussed how smoke-free workplace laws save lives and do not hurt business. Dr. Iser then presented data on how tobacco counter-marketing campaigns do save lives, and that anti-tobacco advertising is effective.</p> <p>Dr. Iser presented specific ideas and programs about what states and communities can do to prevent obesity by targeting schools, child care facilities, worksites, communities, and the health care community, and presented statistics which show progress in nutrition, physical activity, obesity, and food safety.</p> <p>Dr. Iser presented data on healthcare-associated infections and reiterated that the Health District will not be able to affect this area, but explained its impact on our community. Dr. Iser presented data on motor vehicle injuries and the progress made in motor vehicle injury prevention due to seatbelt laws and speeding laws, etc. Dr. Iser presented statistics on teen pregnancy and discussed its impacts on young girls who are then unable to finish school and get the education they need, which then impacts other areas of their lives, including access to good health care. Dr. Iser then discussed how education about teen pregnancy has had an impact and has reduced the teen birth rate from 2007 to 2010 by 17%. Maternal and child health programs focus on these issues. Dr. Iser then presented national statistics on HIV/Aids. One point one million people in the US are living with HIV. One in 5 people do not know they are infected, and only 1 in 4 people with HIV have their condition under control. The lifetime cost of treating one person with HIV is approximately \$400,000.</p> <p>Dr. Iser stated that we need to prioritize and identify our own focus areas. We need to address public health priorities that have large-scale impact on health. We need to implement existing evidence-based interventions, and focus on efforts that can have a significant impact in a relatively short time. Proper treatment and control of heart disease, stroke, high blood pressure, and diabetes will have a tremendous impact on the health of our community.</p>	

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		<p>restricted to healthy choices since obesity is such a contributing factor to Chronic Disease.</p> <p>Dr. Iser reported that developing public health policy that looks at health inequities to help prevent things such as "food deserts" will go a long way in alleviating obesity and other Chronic Diseases.</p> <p>Chairman Smith asked that a white board be used to capture some of the ideas being discussed today.</p> <p>Mr. Dick reported that the AQM is working with RTC to develop policies like the Healthy Streets policies that increase bikeability and walkability and decreases injuries in these corridors. We also work with RTC on fuel efficiencies and emissions reducing, part of which includes driver training. We do have connections and need to work to strengthen them.</p> <p>Mr. Vaughn Hartung asked Dr. Iser to explain 3rd hand smoke. Dr. Iser explained that 1st hand smoke is when you smoke yourself; 2nd hand smoke is when someone else is smoking in the room around you; and 3rd hand smoke is the inhalation of residue from smoke on clothing or other items that has absorbed into those items. Mr. Hartung also asked if additional tobacco taxes could be implemented at the county level or must be implemented at the state level. Erin Dixon responded that tobacco taxes must be implemented at the state level. Ms. Dixon further reported that the tobacco tax in Nevada is \$.80; by comparison, the tobacco tax in New York is \$5.00; Nevada's is \$.50 below the national average.</p> <p>Dr. Iser stated that the Health District is a proponent of a Tobacco Retail License fee which would generate income for tobacco prevention and allow additional oversight to pull a license if the distributor is selling to tobacco to anyone underage. Washoe County receives about \$8 Million dollars in the tobacco tax revenue. We have no way of knowing how much is distributed to the Health District.</p> <p>Commissioner Jung stated that she believes one way to increase the tourism relating to gaming is to advertise about the Nevada experience such as alcohol consumption at tableside and the immediacy of available of winnings, which is not always true at Indian casinos.</p> <p>Commissioner Hartung asked if there is an appetite to pursue increased taxation on tobacco products, and Dr. Iser and certain members of the Board expressed their ability to support such an initiative.</p>	

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		<p>Candy Hunter advised the Board that the Maternal and Child Health block grant that the state receives from HRSA requires the State to work collaboratively with other organizations to conduct a State-wide, comprehensive Needs Assessment every 5 years, and based on the findings of the Needs Assessment, requires each State to identify State priorities to comprehensively address the needs of the MCH population and guide the use of the Maternal and Child Health Block Grant funds. That data is available and is helpful, but more work needs to be done.</p> <p>Stacy Hardie reported to the Board that the during the recent Family Planning Grant audit, the team developed a Needs Assessment which utilized local data and Ms. Hardie will make that data available to the Board. Councilwoman Ratti suggested that the Health District create a repository so that the local data we capture can be shared with others for grant applications, etc.</p>	<p>ACTION ITEM: Ms. Hardie will bring to the Board the data and Needs Assessment prepared for the Family Planning grant. It will also be made available on the Health District's website.</p>
7.	<p>RWJF Shared Services Grant Update – Northern Nevada Learning Community Shared Services Proposal</p> <p>Board Comment</p>	<p>Dr. Iser reported on the status of the Northern Nevada Learning Community Shared Services Proposal. Dr. Iser stated reported to the administrators of the grant that Dr. Iser will keep the Board informed of the grant activities in the monthly DHO report. Dr. Iser reiterated that this is a planning grant only. It is a two year grant to review how we can share services among the jurisdictions. The stakeholders are the eight northern Nevada counties.</p> <p>Dr. Iser stated again that there are no preconceived notions about how to proceed other than how can we improve public health in northern Nevada. The Carson City Health Department was also successful in receiving this grant. SNHD did not apply for this grant.</p> <p>Dr. Iser stated that no funds from Washoe County would support any activities for other counties, and that costing of services will be part of the planning process. Each county's revenue would support any activities that the Washoe County Health District would supply to any county.</p> <p>Dr. Humphreys asked if this grant will simply cover the studies necessary to determine any needed services or if it would allow for implementation of any of the recommendations. Dr. User stated that the grant could be anything from planning to implementation, but implementation is not our plan at this time.</p> <p>Councilwoman Ratti stated that a review of the process and costs of implementation for transitioning Child Welfare services from the state to the county would be prudent to see the difficulty and the challenges involved in this type transition. A dedicated funding stream is imperative to the success of any transition.</p>	

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		<p>Dr. Iser a part of this grant will be participating in the Kansas Institute Learning Community which will help us to understand the implications of these type transitions in a public health environment.</p>	
8.	<p>Review of and Possible Direction to Staff regarding the Washoe County Health District Legislative Agenda</p> <p>Board Comment</p>	<p>Dr. Iser presented the 2013 Washoe County Health District Legislative Agenda to the District Board of Health.</p> <p>Dr. Iser referred the Board members to the proposed Legislative Agenda in their packets which lists specific items of interest to the Washoe County Health District.</p> <p>Dr. Iser reported that we have added a few new items for the Board's consideration. Farm to Fork will be on the 2013 Legislative agenda.</p> <p>Councilwoman Zadra questioned Dr. Iser if anyone had spoken with our state legislators and local jurisdictions about raising the tax on tobacco or a licensing fee to increase the Health District funding. Dr. Iser stated that Staff will pursue that discussion if it is supported by the Board members.</p> <p>Dr. Iser suggested that we also explore the tobacco settlement funds. Commissioner-Elect Hartung stated that the tobacco settlement funds were to be directed to the Millennium Scholarship and that he believes better education has a direct correlation to tobacco use. Dr. Hess stated that the allocation of funds was decided in a court case and not by the Legislature, but it is his understanding that dollars that were directed to tobacco education have now been diverted to other budgetary items. Councilwoman Ratti asked that Staff present data on how those dollars are being allocated now, and Ms. Dixon stated that she will present a report on those funds and their current allocation and use.</p> <p>Dr. Iser asked for a motion to approve the Washoe County Health District 2013 Legislative Agenda as amended. Councilwoman Ratti suggested the DBOH form a Legislative Subcommittee that can be convened easily to promote the desired strategies and be inclusive of each jurisdiction represented by the DBOH to ensure a comprehensive and coordinated strategy. Dr. Iser stated that he regularly keeps the Washoe County Legislative Committee updated about his efforts and meetings through John Slaughter. Ms. Admirand informed the Board that any subcommittee formed would be subject to the Nevada Open Meeting Law. The subcommittee would not be able to discuss anything without the meeting being noticed. Dr. Iser suggested that one solution would be to allow staff to work with the Chairman to facilitate the Legislative Agenda. Councilwoman Zadra stated that the practice in Reno is the go ahead and</p>	<p><u>ACTION ITEM:</u> Councilwoman Ratti asked that Staff present data on how the tobacco dollars are being allocated now, and Ms. Dixon stated that she will present a report on those funds and their current allocation and use.</p>

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		<p>properly notice any meetings with enough detail to facilitate such a meeting, and then cancel the meeting if it is unnecessary. Commissioner Jung stated that it is imperative that we present a coordinated platform. Commissioner Jung stated that she would like to bring this issue back to the Commission. She further stated that any DBOH Legislative activities should be coordinated through John Slaughter's office so that we are presenting a coordinated platform. Councilwoman Ratti stated that what is presented is a list of concepts, and she believes we need to develop a true legislative comprehensive platform that can be sent our legislators each session would be a step forward in the process we are attempting to create.</p> <p>Ms. Admirand stated that if the DBOH would like to form such a subcommittee, that would be outside the scope of the agenda item, and the matter would have to be agendized for the December 20, 2012 Regular Meeting.</p>	<p>Dr. Hess moved, seconded by Councilwoman Zadra, that the Legislative Agenda as amended, be approved, and that the DBOH pursue legislation that dedicates a portion of the tax from tobacco revenue to fund the Health District.</p> <p><u>MOTION CARRIED</u></p> <p>Recessed at 10:30 am; reconvened at 10:45 am.</p>
9.	<p>Presentation – Investing In Our Health – Public Health Funding and Key Health Facts</p>	<p>Dr. Iser made a presentation on Investing in our Health – Public Health Funding and Key Health Facts, a copy of which was placed on file for the record.</p> <p>Dr. Iser reported that this presentation represents data from the 2800 local health districts across the country. The data represents how different districts are funded at the state and local levels.</p> <ul style="list-style-type: none"> • Federal funding for public health has remained at relatively flat and insufficient levels for years. The budget for CDC has decreased from a high of \$6.62 billion in 2005 to \$6.32 billion in 2011 (RWJ, March 2012). • From FY 2008 to FY 2011, the median per capita state spending decreased from \$33.71 to \$30.09. • Since 2008, LHDs have lost a total of 34,400 jobs due to layoffs and attrition. Combined state and local public health job losses total 49,310 since 2008. • There are major differences in disease rates and other health factors in states around the country. <p>Where you live should not determine how healthy you are:</p> <ul style="list-style-type: none"> • One major factor in the health of a community is whether or not they have a strong public health system. • Public health departments can help improve the health of communities, since they are responsible for finding ways to address the systemic reasons why some communities are healthier than others — and for developing policies and programs to remove obstacles that get in the way of making healthy choices possible. 	

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	<p>Board Comment</p>	<p>Dr. Iser presented statistics on CDC and HRSA per capita funding for states and also on state funding, with Hawaii having the highest at \$154.80 per capita and Nevada having the lowest at \$3.45 per capita. The disparity is huge in the state funding for Nevada.</p> <p>Commissioner Jung asked Dr. Iser how the federal dollars are distributed to each state, and Dr. Iser stated that these are grant funding dollars that can be obtained, but in some instances, Nevada does not apply for these dollars. Some of the other grants are very competitive. The others are block grants. It has a lot to do with who can write the best grant application. HRSA dollars come out in Community Health dollars for which we are not eligible to apply.</p> <ul style="list-style-type: none"> • A July 2011 study published in the journal <i>Health Affairs</i> found that increased spending by local public health departments can save lives currently lost to preventable illnesses. • On average, local public health spending rose from \$34.68 per capita in 1993 to \$40.84 per capita in 2005 – an increase of more than 17 percent. • For each 10 percent increase in local public health spending, there were significant decreases in infant deaths (6.9 percent drop), deaths from cardiovascular disease (3.2 percent drop), deaths from diabetes (1.4 percent drop) and deaths from cancer (1.1 percent drop). • The 3.2 percent decrease in cardiovascular disease mortality cited above required local health agencies to spend, on average, an additional \$312,274 each year. <i>For perspective, to achieve the same reduction in deaths by focusing on treatment would require an additional 27 primary care physicians in an average metropolitan community. Those physicians would cost nearly \$5.5 Million or more than 27 times the public health investment.</i> <p>LHDs continue to struggle with budget cuts.</p> <ul style="list-style-type: none"> • In July, 2011, nearly half of LHDs reported reduced budgets, which is in addition to 44 percent that reported lower budgets in November 2010. • In addition, more than 50 percent of LHDs expect cuts to their budgets in the upcoming fiscal year. <p>Dr. Iser then presented data graphically on the following issues: (1) Asthma Rates in high school students; (2) Immunization Gap Among Children Ages 19 to 35 months; (3) Percent of Current Adult Smokers; (4) Infant Mortality Per 1,000 Live Births; and (5) Pneumococcal Vaccination Rates, 65 and Over.</p> <p>Dr. Iser presented data samples of adult health indicators.</p>	

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		<p>regain some of the dollars lost in the implementation of the County COWCAP to the Health Fund in order to pay those costs for which it has never been charged before.</p> <p>Dr. Iser interjected that the Health District just received notification of what the allocation for the Health District will be for the tobacco program this year. Last year they proposed a cut that we renegotiated with them. This year we are getting the same amount of money, but they require a 41% match and the state takes its Cost Allocation off that grant before it divides up the funds but then requires us to overmatch in order to get those funds. We can do part of that in inkind. We did the same thing with the RWJF grant. We allocated the outlying counties' employee participation, Ms. Stickney, and Ms. O'Neill's salary that way also to help us be more competitive.</p> <p>Chairman Smith asked where our funding comes from and Dr. Iser responded that it is General Fund Transfer, Grants, and Fees and Permits. Most of our grants require a minimum match. This policy will govern how we operate in the future with grants and cost recovery to help us with sustainability. Dr. Iser stated that other departments within the County have been charged the COWCAP prior to this year, but this is the Health Fund's first year. His request to the County is to allow the Health Fund the time to restructure our fees and grants to help absorb the COWCAP.</p> <p>Dr. Iser discussed the difficulty of fiscal equity between divisions and programs. Councilwoman Ratti expressed her concern with the way the rates are calculated. She stated the Indirect Rate should be a statistical representation of how much administrative costs involved in that program. She questions the accuracy of the allocation. Thirty-eight percent of the district is pushing paper and that seems odd. Ms. Stickney stated that this discussion is occurring also at the federal level because it is labor intensive, so there is much discussion about having just a flat administrative rate. Ms. Stickney stated that Staff will bring back a report that details the Indirect Cost Rate Table. Ms. Stickney stated that Councilwoman Ratti is correct and important that we need to have the distinction in the allocation and the recovery.</p> <p>Ms. Stickney transitioned to the Preliminary FY14 Health Fund Budget discussion. Ms. Stickney reported that in the column identified as November 2012, the vacant positions are calculating as if they were filled, the Revenues do not include any fee increases, and the Grants do not include any indirect cost recovery which is what our budget looks like right now. In the column identified as December 2012, we have projected ETCs with 6 vacancies, which captures approximately \$439,000 in salary savings for the remainder of FY13 which in</p>	<p>ACTION ITEM: Bring a staff report that details the calculations used in the ICR Table attached to the Draft Indirect Cost Policy and how the Health District directs costs, with a distinction in the allocation and recovery.</p>

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		<p>turn will increase our Ending Fund Balance. In Revenues, we are projecting additional revenue of approximately \$374,000 for the fee increases Staff will bring to the Board in February 2013. We are projecting additional salary savings of approximately \$668,000 for FY14 for 7 vacancies which could be kept open. These savings and additional Revenue bring us to only a \$199,005 shortfall. This scenario does not assume any indirect cost recovery applied to our grants.</p> <p>Ms. Stickney reported that Staff will focus on the DBOH's and DHO's priorities when realigning resources and working closely with Washoe County Finance Department staff. Health District Administrative Staff will meet with the Division Directors and program managers in January and February 2013, for the actual FY 14 Budget requests. The required ILA Managers' Meeting has been set for March 5, 2013, and the proposed FY14 Budget will be presented to the DBOH at its Special Budget meeting on Thursday, March 7, 2013, at 1:00 pm.</p> <p>Dr. Iser reported that Ms. Simon has indicated slightly more flexibility in the implementation of the COWCAP. We must remember that any of these positions that do not get filled mean more work for those who remain and tasks that will not be done. For instance, the position vacated by Mr. Kutz is not slated to be refilled, and we have reallocated those programs between Ms. Hunter and Ms. Hardie. We've not filled positions in Vector, Air Quality, and Environmental Health. We cannot project how sustainable this will be. We don't know how the Affordable Care Act will affect our clinical services either, and we have to hear from our federal partners about what those impacts will be.</p> <p>Chairman Smith requested a report on mandated service and level of service so that the Board can be prepared as we go forward into the budget process.</p> <p>Dr. Iser stated that Staff will bring that back to the Board, but there will be areas that are not mandated, but that Staff will recommend that the DBOH continue to fund. We will have to evaluate how to keep our community as safe as we can and how we can have the best outcomes.</p> <p>Dr. Todd stated that as stated in one of the presentations, it is critical that we don't cede the clinical realm. Contact tracing is integral to disease prevention, and primary care facilities receive no training for that protocol. Mr. Kutz stated that this is occurring in Massachusetts already.</p> <p>Mr. Dick and Councilwoman Ratti asked for clarification on how the salary savings are being calculated, and Ms. Stickney stated that in the column identified as December 2012, we have projected ETCs with 6 vacancies, which captures approximately \$439,000 in salary savings for the remainder of FY13,</p>	<p>ACTION ITEM: Chairman Smith requested a report on the Health District's mandated services and the levels of service required.</p>

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		<p>which in turn will increase our Ending Fund Balance. In Revenues, we are projecting additional revenue of approximately \$374,000 for the fee increases Staff will bring to the Board in February 2013. We are projecting additional salary savings of approximately \$668,000 for FY14 for 7 vacancies which could be kept open. These savings and additional Revenue bring us to only a \$199,005 shortfall.</p> <p>Dr. Iser reported that there are other salary savings which are not yet included in those calculations such as his time and Ms. O'Neill's time which will be attributable to the RWJF grant.</p>	<p>Recessed at 12:15 pm; Reconvened at 12:30 pm.</p>
11.	<p>Lunchtime Presentation – Leading the Way in Chronic Disease Prevention in Washoe County</p>	<p>Ms. Erin Dixon and Ms. Kelli Seals presented on Leading the Way in Chronic Disease Prevention in Washoe County.</p> <p>Ms. Dixon reported that there are three behaviors that have a direct causal effect on three diseases that are responsible for 50% of deaths. Tobacco use, poor diet, and no exercise lead to heart disease, cancer, and stroke, which cause 50% of all deaths. Ms. Dixon presented data on the causes of death in Washoe County between 1998 and 2010 as Heart Disease - 51.1%; Cancer - 22.6%; and all other causes - 26.3%.</p> <p>The Chronic Disease Prevention Program works to empower our community to be tobacco free, live active lifestyles, and eat nutritiously through education, collaboration, policy, and evaluation. Ms. Dixon stated that in order to effect change in our community, we must have policies, systems, and environmental change, which is consistent with the Board of Health priority of working toward a healthy community where citizens will make healthy lifestyle choices that minimize chronic disease and increase quality and years of healthy life. Policy interventions may be a law, ordinance, resolution, mandate, regulation, or rule (organizational policies that provide healthy foods in vending machines). Systems interventions are changes that impact all elements of an organization, institution, or system (types of systems are schools, transportation, parks and recreation, food, etc.). Environmental interventions involve physical or material changes to the economic, social or physical environment (Incorporating sidewalks, paths, and recreation areas into community design).</p> <p>Ms. Dixon stated that there is a spectrum of prevention with six identifiable traits: (1) strengthening individual knowledge and skills; (2) promoting community education; (3) educating providers; (4) fostering coalition and networks; (5) changing organizational practices; and (6) influencing policy and legislation.</p>	

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		<p>Ms. Dixon presented the impacts regarding how events and programs which end differ from policy changes. It great to participate in events and programs, but the educational process is what helps to bring about change in policy, which is what has long term effects on health outcomes.</p> <p>Ms. Dixon stated that Washoe County's smoking rate is approximately 21%. She then presented statistical data on smoking rates and how increased tobacco tax rates have decreased smoking rates and what we know about how educational efforts have decreased smoking rates. Aggressive media campaigns work well. Educational programs and free patch or intervention services have a great impact on reducing smoking rates. New York City's tobacco tax is \$5.85. There was group discussion on Nevada's tobacco tax rate and the funding levels rolled out to counties. Ms. Dixon then turned the presentation over to Ms. Kelli Seals.</p> <p>Ms. Seals presented data on obesity rates, physical activity, and nutrition trends among US adults. Nevada's obesity rate among adults in 1992 was 12.5%. In 2011, it is 25%. She noted that the obesity rates have outpaced the charting system and new colors have been added to track the higher rates. A recent RWJF study shows that if measures are not put in to place to control the obesity rate, it will be at 50% by 2030. Obesity is measured by body mass index. It's not an exact method, but it's the best method we have outside a laboratory. Washoe County has done a great job with obesity data on children since the legislature allows us to collect obesity data from our schools. We see the higher rates of obesity within the Title I schools, which helps us know where we need to direct our efforts to have the greatest impact.</p> <p>Ms. Seals stated that we know that dietary patters in the US have changed. The prices of healthy foods have increases more than the prices of "junk" food. We have seen an increase in portion sizes and processed foods. Active transportation has decreased (walking and biking to work or school). Increased TV viewing increases childhood obesity, along with ingraining them with images of junk food. Reducing salt intake can reduce high blood pressure.</p> <p>Ms. Seals presented 5 solutions for changing our communities: (1) strengthen schools as the heart of health; (2) integrate physical activity every day in every way; (3) activate employers and health care professionals; (4) market what matters for a healthy life; and (5) make healthy foods available everywhere. Food deserts need to be eliminated. We need to make the most of our partnerships in our community to promote healthy activity. There was discussion about how to create more accessibility to bus service in the outlying areas which has been cut back due to funding issues, when sprawl is being</p>	<p>ACTION ITEM: Place a reliable BMI calculator or a link on the WCHD website.</p>

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	<p>Board Comment</p>	<p>created by the amount of road tax dollars that are available. There is not enough transit funding for a community of this size. There are not enough people to support transit to those outlying areas. We need to have this discussion as a community. Dr. Iser stated that in 2013 the EPA will implement lower standards for ozone, and we barely meet the standard now. We need to invest in public transportation.</p> <p>Ms. Seals quoted Dr. Thomas R. Frieden. "Obesity continues to be a major public health problem. We need intensive, comprehensive and ongoing efforts to address obesity. If we don't, more people will get sick and die from obesity-related conditions, such as heart disease, stroke, and type 2 diabetes and some types of cancer – some of the leading causes of death."</p> <p>Staff can lead efforts to prevent Chronic Disease by keeping the focus on policy, system, and environmental change; garner support – present a united front and empower ourselves and our partners; become more action oriented – push the limits; and increase chronic disease surveillance. The resources needed are support from the District Board of Health; commitment to Health in All Policies; and sufficient Chronic Disease staffing (NACCHO's recommendations for our size health district include a minimum of 3 FTEs and a recommended minimum of 2 staff per 100,000 in population).</p> <p>Ms. Seals stated that the Board of Health can lead efforts to prevent Chronic Disease by determining parameters, influence, and realm of authority and act within them by requiring a chronic disease report card every two years and by BOH members taking issues and ideas back to your respective councils, boards, and committees to effect real change.</p> <p>Commissioner Jung stated that major updates are being addressed with the Community Development Code to include walkability and bikeability and other issues.</p> <p>Councilwoman Ratti stated that picking one or two issues and then providing staffing and resources to address those issues would be the most effective way to proceed. We need to zero in on a couple issues and effect change in a directed way.</p> <p>Ms. Seals concluded the presentation by stated the call to action is for us to work together to move our community towards wellness.</p>	<p>Recessed at 1:20 pm; Reconvened at 1:40 pm.</p>

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		<p>departments that are purely funded by General Fund were not charged the COWCAP because they are in the same fund as the services that they use.</p> <p>Chairman Smith questioned Ms. Fine about whether the COWCAP formula is changed when applying to grants based upon their restrictions, and if not, could that structure be put in place to support the Health Fund, and Ms. Fine replied that they are two separate issues. There are two cost allocation components. There's the Health District administrative overhead and the Washoe County administrative overhead. The Washoe County overhead that is being charged is charged to the entire Health Fund for county services, and if the Health District is able to include those charges to a grant funder that would be wonderful, but if the Health District chooses to accept a grant that doesn't allow for overhead or administrative reimbursement, then the Health District is making a conscious choice to absorb that cost within the local funding.</p> <p>Mr. Kevin Dick stated that it appears that the restricted funds that are being charged the COWCAP have dedicated revenues streams either from ad valorem taxes or fees or other taxes that go directly to them, and are any other General Fund departments which are being required to pay the COWCAP to the County. Ms. Fine responded that there is a blend of different funds and departments that are being charged COWCAP and they get ad valorem, and they get fees, or charges for services, like the Health Fund. The golf courses get no General Fund contribution, but they have to pay the COWCAP. Councilwoman Ratti pointed out that while other departments may be being charged COWCAP and receiving General Fund transfer, it's not 50% of their budget.</p> <p>Mr. Steve Kutz stated that in years past the General Fund transfer was at approximately \$10 Million dollars, and now with the reductions and the implementation of the COWCAP the Health Fund has experienced roughly a 60% decrease in funding. Mr. Rosen replied that the formula that is used to determine the COWCAP is utilizing data that is several years old and that as the process moves forward, that calculation will be revisited and updated to reflect the changes in the Health District, but the figures will always be two years in arrears.</p> <p>Dr. Hess asked if we look across the County departments, does the amount of the expense from the General Fund equal what you are trying to recover from the departments. Mr. Rosen stated that the COWCAP has different charges for different allocation. For example, square footage charges differ by location and actual costs.</p>	

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		<p>Dr. Todd stated that he understands that this allocation supposed to pay for our use of IT, HR, Comptroller, etc., but questioned whether the formula contains scenarios for services that we provide for ourselves, such as internal IT services, our HR representative, and our FCOs, etc? Mr. Rosen stated that that is currently not part of the formula.</p> <p>Commissioner Jung stated she was surprised to hear that seeking outside legal counsel required DA Office approval and that she believes the Sheriff's office has outside counsel and wondered if they sought the approval of the DA's office. Ms. Fine replied that it is in code that the DA's office must approve any outside counsel. Commissioner Jung asked that Ms. Admirand follow up on that issue and report to the Board. Ms. Admirand stated that since the DA's office is the County, if there is any kind of conflict, then outside counsel would be sought and the DA's office would sign off on that. Ms. Admirand stated that the DA's office does have someone assigned to the Sheriff's Department for general civil matters and another attorney in house that provides advice on HR issues, but she does not know the background on that, but she will find out and report to the Board.</p> <p>Mr. Rosen stated that implementation of the COWCAP is prompting internal review of the various systems and procedures to search for savings and efficiencies across the County departments, which is a good outcome. Managed competition is an outcome that the County is exploring. Commissioner Jung questioned whether those allocations are trued up at the end of each year, i.e., this much for the DA's office, this much for HR, etc., and Mr. Rosen confirmed that is the plan; however, since this is the first year of implementation, that process has not yet been done.</p> <p>Ms. Fine stated that the current year COWCAP for the Health Fund of \$2.55 Million is an estimate based on the FY11 audited CAFR, which is always on a 2 year lag, so in 2 years when we can apply the FY 12 CAFR to the FY14 estimated COWCAP, and then if that estimate that you paid for DA services, Comptroller services, etc., was too high for what was actually used in the year, then it will be revised, but it is a two year lag. Dr. Iser confirmed that has been the case in the other jurisdictions in which he has worked.</p> <p>Councilwoman Ratti applauded the County and the Finance Team for the process of beginning to apply the COWCAP to the departments which is the only tool available to cost out services, which is an absolute necessity for effective management and delivery of services. Councilwoman Ratti questioned whether the software packages being used by the County are sophisticated enough to produce the data that is required to make these projections timely and</p>	<p>ACTION ITEM: Ms. Admirand will research how the attorney who provides advice on HR issues was assigned to the Sheriff's Office and report to the Board.</p>

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		<p>accurately, and Mr. Rosen replied although he has only been with the County for a year, and this is the first time he has used the SAP program, it is highly functional and a great tool for these tasks, and Ms. Fine concurred that the software is "cutting edge."</p> <p>Councilwoman Ratti again applauded the effort to determine true cost allocation. Ms. Fine stated that it is a cost accounting function to apply all costs of providing any activity, service, or program, so that you know how much that service, program, or activity costs, so that in the end, if it costs too much, you can't make the decision about funding it, cutting it back, or making it go away, if you truly don't know how much it costs. So this is a step toward appropriate cost allocation so that we can know how much every activity, program, or service costs. Ms. Fine confirmed that Ms. Ratti's point is very good about the cost allocation to the General Fund, and Ms. Fine is advocating allocating COWCAP to all the General Fund, non-central service cost departments. Direct service departments would be the Sheriff's Department, Patrol, District Attorney's office, District Court, etc. We need to push the true cost to each program. Only then will we know how much it costs to run a jail, or a patrol division, etc. This is huge, huge project and has taken many years to iron out a solid, cost allocation methodology where we really have confidence in all the numbers, and the next small step which the Board took this last year was to charge out these costs to all non-General Fund departments. It is Ms. Fine's hope and recommendation that they will be pushed out to all General Fund departments as well.</p> <p>Ms. Ratti stated that she believes everyone is in agreement that we need a good accounting of the costs of providing a certain service, program, or activity, but where we are less supportive is where it becomes a cost transfer and is 50% of the General Fund budget. That is more difficult to justify. Ms. Fine stated that once appropriate cost allocation has been applied to a program, and then a better fee structure can be built so that cost can be recovered. Ms. Fine also stated that the cost allocation is not in direct correlation to a General Fund transfer. She sees it as a cost of the Health Fund doing business, and if the General Fund transfer is insufficient to sustain operations, that is a separate discussion that should be had with the Washoe County Board of Commissioners. Ms. Fine stated the COWCAP allocation should not be confused with a direct hit on any General Fund Transfer. What should be done is to embrace the cost of doing business and providing Health District services to the community and that a certain amount of subsidization to accomplish that.</p> <p>Councilwoman Ratti again stated that she understands the concepts outlined and presented by Ms. Fine, but again, our citizens are paying for these services through their sales tax, property tax, and ad valorem taxes, and to simply shift</p>	

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		<p>additional burden to the citizens through increased fees is not necessarily an optimum solution.</p> <p>Mr. Kutz stated that he recalls when the County surveyed the citizens and asked for rankings on how they want to see their services funded, and public health was ranked near the top at number 3 or 4. With those tiered reductions, the Health Fund was less affected, but it is difficult to reconcile where the public would like to see the Health District funded and then where we are at now.</p> <p>Mr. Rosen stated that Mr. Kutz is right that in how the community ranked its preferences for funding, but that this issue is complicated by the drastic downturn in the economy, and that as we see the economic environment stabilizing, the funding stream should be stabilizing as well.</p> <p>Dr. Iser stated that he was handed a note from the audience which stated the COWCAP as calculated equates to approximately \$16,600 per FTE. He believes this must be at 155 FTEs rather than the current figure of 145 FTEs.</p> <p>Chairman Smith questioned how not to view the COWCAP as a reduction in the General Fund Transfer, but since there is no other funding source, we have no choice but to view it as such.</p> <p>Dr. Todd stated that as he understands it, this allocation will be revisited on an annual or bi-annual basis. Dr. Todd still has concerns about charges to his programs for IT functions, such as a computer refresh, when his program is already being charged an IT cost allocation, when he physically has had to do computer refreshes himself.</p> <p>Mr. Rosen directed the Board to the FY12-13 COWCAP slide which represents the General Fund charges, less the subsidies and items not allowed, and the net COWCAP charges. The next slide presented gave examples of the Central Service Charges to the Health Fund, and then a final slide which depicts historical COWCAP costs, allocation, and General Fund subsidies.</p> <p>Councilwoman Ratti questioned the OPEB charge on the final slide, and Ms. Fine stated that is a calculation to continue funding health care and retirement costs for retired Health District employees and current Health District employees.</p> <p>Mr. Kutz questioned how changes in Central Services staffing will affect the Health District COWCAP. Mr. Rosen's response was not audible.</p>	

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		<p>Dr. Todd stated that looking at the COWCAP charge for IT and the fact that we get no credit for having two DCASs on staff, the Health District would be better served by transferring the DCAS staff back to Central Services and utilizing IT for its needs. He could make the same argument for our internal HR representative. Mr. Rosen said that it is definitely worth looking at, and Staff is reviewing the elements of the COWCAP on a regular basis.</p> <p>Ms. Stickney stated she is in negotiations with Finance regarding a credit for the DCASs, she would caution against the thought of transferring them back to IT staff, and discussed other ideas regarding ideas of reducing the COWCAP.</p> <p>Ms. Fine stated that Finance wants to work toward a solution for the issue and looks forward to working with Health District staff to resolve the budget deficit.</p> <p>Dr. Iser asked Ms. Fine if the Health Fund had complied with every budget reduction the County had suggested, and Ms. Fine agreed, but clarified that the Health Fund was not previously asked to take reductions at the levels requested of other departments.</p> <p>Chairman Smith thanked Mr. Rosen and Ms. Fine for their presentation, and stated that Dr. Iser and Staff will work with Finance to explore what type reduction in implementation of the COWCAP is possible. Mr. Rosen stated that we will be working with Staff to come to a resolution.</p> <p>In transition to the next agenda item, Chairman Smith stated that due to time constraints, we will have to postpone the presentation of Agenda Item Nos. 15 and 16 to the December 20, 2012 Regular Board Meeting. Chairman Smith then corrected the record to reflect that Agenda Item Nos. 14, 15, and 16 will be continued to the December 20, 2012 Regular Board Meeting. Chairman Smith then introduced Agenda Item No. 13.</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
13.	<p>District Health Officer Report regarding Washoe County Emergency Medical Services and the Overarching Effects of the Local Political Environment on the Washoe County Health District, the Interlocal Agreement, and Our Partners</p> <p>Board Comment</p>	<p>Dr. Iser reported that there have been several governing body meetings during the last several weeks. The County and City Managers and Dr. Iser met to determine first steps forward. We have yet to hear from the Sparks City Council on direction to their staff. That item will be on the Sparks City Council agenda on Monday, December 10.</p> <p>At the initial Managers' and DHO meeting, Ms. Simon and Mr. Clinger did ask for a written agreement from REMSA to come to the negotiating table "in good faith." Dr. Iser advised the managers that REMSA had publicly assured both the BCC and the DBOH that that is their intention. They still wanted something in writing on behalf of their boards. Chairman Smith agreed to bring that forward to the DBOH.</p> <p>Chairman Smith stated that REMSA has asked that we determine which specific areas of the Franchise Agreement the Cities and the County would like to look at, and we were hoping for more specificity from the partners, but the letter they requested the DBOH forward to REMSA is broader, and that is what is presented to you today. If the Board is in agreement, we will send it over to REMSA and let them review it. Chairman Smith stated that REMSA may choose to add items which they believe need review. Chairman Smith asked the members if they are okay with this letter or if anyone has any comments.</p> <p>Dr. Hess stated that he believes the language in the letter is not strong enough about the need to renegotiate the Franchise Agreement. Vice Chair Jung stated that she believes that the hesitation Chairman Smith is expressing in sending the letter as written is that there are other issues addressed in the TriData Report that speak to more than just REMSA. Neither the BCC as a body, nor the Cities of Reno and Sparks, have given the DBOH any sort of punch list about what their requests are from the DBOH to make us a better and safer community. We need a singular system, meaning EMS, and that everybody will agree to come to the table and share information. So it is not just REMSA that needs to share information, and historically this Board has not received much support when we have tried to implement improvements. Vice Chair Jung stated that she believes a similar demand should go to all the stakeholders notifying them of what is necessary to address the initial issues.</p> <p>Chairman Smith stated that there are representatives of the Cities and the County in attendance and Chairman Smith would appreciate them reporting to their managers about the content of this discussion. The Chairman stated that he is positioned to move on any items that will improve the system, such as the three items which have been identified.</p>	

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		<p>Dr. Iser reported that the initial managers' meeting was "REMSA centric." Very little discussion was had on the other two areas. In reference to the earlier presentation about doing the hard things first, REMSA is hard, but the oversight authority is the hard piece, after which all the rest of the pieces will start to fall in place. It is Dr. Iser's recommendation that the Cities and the County look at that piece early. The other issues would then begin to fall into place.</p> <p>Dr. Hess stated that if in the meeting with the Cities and the County they asked for this letter to REMSA, then we need to get this letter signed by REMSA as soon as possible.</p> <p>Dr. Iser reported that he didn't hear that this letter was essential before we move on to anything else. Dr. Iser believes it would be a significant hurdle if REMSA does not sign the letter.</p> <p>Councilwoman Ratti stated that she agrees it would be helpful to have REMSA sign off in agreement to come to the table regarding the Franchise Agreement, but does not necessarily agree with the timeline imposed in the letter. Councilwoman Ratti also stated that not all of the recommendations that are in the Tri-Data Report are winnable battles. Councilwoman Ratti hopes that the recommendations that are winnable are not hung up on trying to implement the recommendations that are not winnable. She is not willing to hold up the implementation of some of the winnable issues (such as virtual dispatch) in order to determine where the oversight authority should lie.</p> <p>Dr. Iser reported that the REMSA letter presented was agreed upon by the City and County Managers. Dr. Iser had no role in writing the letter.</p> <p>Chairman Smith stated that the other issue to consider is that the actual costs for the oversight has not yet been determined, and that is of great concern to him, especially in light of the Health District's budget shortfall for 2014. The costs would have to be secured for the future and that process will take a while to work through. Chairman Smith agreed that the other items can be worked on while those negotiations are taking place.</p> <p>Chairman Smith stated that he will send the letter.</p> <p>Dr. Iser stated that there is discussion among the managers of another concurrent meeting of the Cities, County, and DBOH on January 31. Councilwoman Ratti stated her concern that it may not be timely for another concurrent meeting in this "thoughtful process." She believes work toward laying out the process prior should be completed before another concurrent</p>	

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		<p>meeting is held. The process should be defined by staff rather than the governing board laying out their favorites.</p> <p>Dr. Iser reported that he commented to the managers that he did not believe enough progress had been made to necessitate another concurrent meeting.</p> <p>Dr. Humphreys stated that the key message is that these decisions need to be based on their benefit to society rather than their benefit to any organization or institution. That will be the key point in this process. The process needs to be approached with dignity, honor, and respect whether its negotiations or a joint meeting or discussions. We are working for the health and welfare of our community.</p> <p>Chairman Smith stated that he looks forward to making progress on this issue.</p> <p>John Slaughter stated that the main reason for the proposed January 31 concurrent meeting is to have discussions and review with the newly elected members of each council and board so that they have a full understanding of the issues being faced by the entities.</p> <p>Dr. Iser commended Chief Flock for his exemplary public service in summarizing the recommendations and their impacts for the members and that it has been a great help to all.</p> <p>Dr. Furman stated that the utmost concern should be given for the welfare of our citizens.</p> <p>Ms. Admirand stated that the letter as written is to be sent by Mr. Smith as the Chairman of the District Board of Health and that the agenda item is not specific enough to allow the Board to take action on this letter. The current agenda item is just a Health Officer report. Ms. Admirand suggested that the letter be agendized for the next regular DBOH meeting on December 20 under the same language as Agenda Item No. 14, adding "approval of the Letter to REMSA." Ms. Admirand stated the item will need to go on the next agenda.</p> <p>Chairman Smith questioned whether the letter could be approved under Item No. 14, and Mr. Admirand informed Chairman Smith that he had already continued that item to the December 20th meeting, and that anyone who was present for that discussion may have left the meeting when that item was continued.</p>	

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		<p>Chairman Smith stated that he would like to put Item No. 14 back on the agenda, and Ms. Admirand informed Chairman Smith that he could not do that.</p> <p>Dr. Iser asked Ms. Admirand if the Board could just state individually whether they liked the letter and then Chairman Smith could send it. Ms. Admirand replied no, and stated that the letter must be approved by the Board.</p> <p>Chairman Smith stated we need to figure out a way to get the letter approved because we need to get the letter out today. Chairman Smith asked that if he made a mistake in continuing Item 14, we need to correct it, because the letter needs to be sent today. Ms. Admirand informed Chairman Smith that he could not put Item No. 14 back on the agenda after continuing it for the reasons already expressed. Ms. Admirand further stated that Item No. 14 was not specific enough to have taken action on the REMSA letter either. Ms. Admirand suggested that Mr. Smith send a letter to the Cities and County that the REMSA letter will be on the agenda for December 20.</p> <p>Chairman Smith stated that Item No. 13 does state that the Board will be having discussions regarding EMS and that is the subject of the letter. Ms. Admirand informed Chairman Smith that it is not specific enough to inform the public about the actions of the Board. Ms. Admirand again suggested that the item be placed on the agenda for the December 20 meeting with additional specific language relating to the letter. Ms. Admirand stated that this is an Open Meeting Law issue.</p> <p>Councilwoman Ratti asked Ms. Admirand whether Mr. Smith could act unilaterally and then come back for approval by the Board. Councilwoman Ratti stated that Chairman Smith would be putting himself out on a limb because the Board could come back and overturn that action, but in the City of Sparks, the Mayor, as the Chairman of the City Council, sends letters all the time and then comes to the council for approval. Councilwoman Ratti suggested that if Chairman Smith would like, he could send the letter of his own accord and then ask the Board to ratify his action.</p> <p>Ms. Admirand stated that is reasonable suggestion, and we can bring back to the Board on the 20th for approval.</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
14.	Discussion and Possible Direction to Staff regarding Emergency Medical Services (“EMS”), Including Recommendations Contained in the TriData Report and Various Other EMS Studies	CONTINUED TO DECEMBER 20, 2012 REGULAR MEETING	
15.	Presentation, Discussion, and Possible Direction to Staff Regarding Health in All Policies (“HiAP”)	CONTINUED TO DECEMBER 20, 2012 REGULAR MEETING	
16.	Presentation, Discussion, and Possible Direction to Staff regarding the Acceptance and Implementation of the Washoe County Health District Strategic Plan	CONTINUED TO DECEMBER 20, 2012 REGULAR MEETING	
17.	Board Comment – Limited to Announcements or Issues for Future Agendas	No additional announcements or issues for future agendas, other than the items continued, were discussed.	
18.	Public Comment	No public comment was presented.	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
19.	Motion to Adjourn	There being no further business to come before the Board, the meeting was adjourned.	<p>Dr. Humphreys moved, seconded by Dr. Hess, that the meeting be adjourned.</p> <p><u>MOTION CARRIED</u> The meeting was adjourned at 3:05 p.m.</p>

Joseph P. Iser

JOSEPH P. ISER, MD, DrPH, MSc
DISTRICT HEALTH OFFICER

Peggy F. O'Neill

PEGGY F. O'NEILL,
RECORDING SECRETARY