

Washoe County



MATT SMITH, Chairman
KITTY JUNG, Vice Chairman
GEORGE FURMAN, MD
SHARON ZADRA

GEORGE HESS, MD
DENIS HUMPHREYS, OD
JULIA RATTI
JOSEPH P. ISER, MD, DrPH, MSc
District Health Officer

Health District

WASHOE COUNTY HEALTH DISTRICT
1001 East Ninth Street / P.O. Box 11130
Reno, Nevada 89520
Telephone 775.328-2400 • Fax 775.328.2279
www.washoecounty.us/health

SPECIAL MEETING NOTICE AND AGENDA

Washoe County District Board of Health

Strategic Planning Retreat

Date and Time of Meeting: Thursday, December 6, 2012, 9:00 a.m.

Place of Meeting: Washoe County Health District
1001 East Ninth Street, Building B
South Auditorium
Reno, Nevada 89520

District Board of Health Special Meeting Agenda Strategic Planning Retreat

Time	Agenda Item No.	Agenda Item	Presenter
9:00 AM	1.	Call to Order, Pledge of Allegiance Led by Invitation	Mr. Smith
	2.	Roll Call	Ms. O'Neill
Public Comment	3.	Public Comment (limited to three (3) minutes per person)	Mr. Smith
For Possible Action	4.	Approval/Deletions to the Agenda for the December 6, 2012 Special Meeting	Mr. Smith
	5.	Presentation – Public Health Priorities	Dr. Iser
	6.	Presentation – Winnable Battles	Dr. Iser

Time	Agenda Item No.	Agenda Item	Presenter
For Possible Action	7.	RWJF Shared Services Grant Update – <i>Northern Nevada Learning Community Shared Services Proposal</i>	Dr. Iser
For Possible Action	8.	Review of and Possible Direction to Staff regarding the Washoe County Health District Legislative Agenda	Dr. Iser
	9.	Presentation – Investing In Our Health – Public Health Funding and Key Health Facts	Dr. Iser
For Possible Action	10.	Presentation, Discussion, and Possible Direction to Staff Regarding FY 14 Health Fund Budget	Dr. Iser and Ms. Stickney
	11.	Lunchtime Presentation – Leading the Way in Chronic Disease Prevention in Washoe County	Ms. Kelli Seals and Ms. Erin Dixon
1:30 PM	12.	Presentation and Discussion regarding Implementation of the Washoe County Cost Allocation Plan	Mr. Alan Rosen and Ms. Pam Fine
For Possible Action	13.	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	Dr. Iser
For Possible 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	Dr. Iser
For Possible Action	15.	Presentation, Discussion, and Possible Direction to Staff Regarding Health in All Policies (“HiAP”)	Dr. Iser
For Possible Action	16.	Presentation, Discussion, and Possible Direction to Staff regarding the Acceptance and Implementation of the Washoe County Health District Strategic Plan	Dr. Iser
Board Comment	17.	Limited to Announcements or Issues for Future Agendas	Mr. Smith
Public Comment	18.	Public Comment (limited to three (3) minutes per person). No action may be taken.	Mr. Smith
For Possible Action	19.	Adjournment	Mr. Smith

The District Board of Health may take action on the items denoted as “For Possible Action.”

Business Impact Statement: A Business Impact Statement is available at the Washoe County Health District for those items denoted with a “\$.”

Items on the agenda may be taken out of order, combined with other items, withdrawn from the agenda, moved to the agenda of another later meeting; moved to or from the Consent section, or they may be voted on in a block. Items with a specific time designation will not be heard prior to the stated time, but may be heard later. Items listed in the Consent section of the agenda are voted on as a block and will not be read or considered separately unless withdrawn from the Consent.

The District Board of Health Meetings are accessible to the disabled. Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Administrative Health Services in writing at the Washoe County Health District, PO Box 1130, Reno, NV 89520-0027, or by calling 775.328.2416, 24 hours prior to the meeting.


Time Limits: Public comments are welcomed during the Public Comment periods for all matters whether listed on the agenda or not. All comments are limited to three (3) minutes per person. Additionally, public comment of three (3) minutes per person may be heard during individual action items on the agenda. Persons are invited to submit comments in writing on the agenda items and/or attend and make comment on that item at the Board meeting. Persons may not allocate unused time to other speakers.

Response to Public Comments: The Board of Health can deliberate or take action only if a matter has been listed on an agenda properly posted prior to the meeting. During the public comment period, speakers may address matters listed or not listed on the published agenda. The *Open Meeting Law* does not expressly prohibit responses to public comments by the Board of Health. However, responses from the Board members to unlisted public comment topics could become deliberation on a matter without notice to the public. On the advice of legal counsel and to ensure the public has notice of all matters the Board of Health will consider, Board members may choose not to respond to public comments, except to correct factual inaccuracies, ask for Health District Staff action or to ask that a matter be listed on a future agenda. The Board of Health may do this either during the public comment item or during the following item: “Board Comments – Limited to Announcement or Issues for future Agendas.”

Pursuant to NRS 241.020, Notice of this meeting was posted at the following locations:

Washoe County Health District, 1001 E. 9th St., Reno, NV
Reno City Hall, 1 E. 1st St., Reno, NV
Sparks City Hall, 431 Prater Way, Sparks, NV
Washoe County Administration Building, 1001 E. 9th St, Reno, NV
Washoe County Health District Website www.washoecounty.us/health

Public Health Priorities

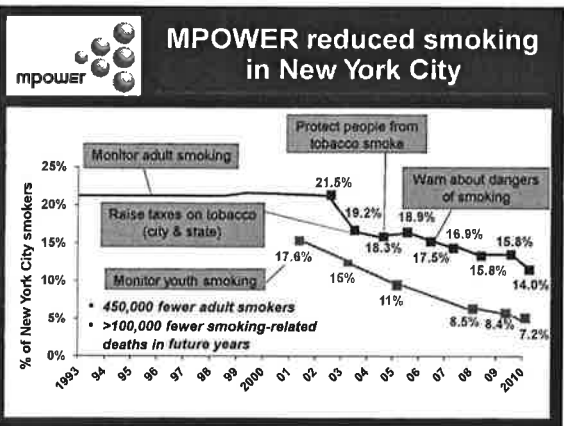


Washoe County
Health District

Joseph P. Iser, MD, DrPH, MSc
District Health Officer
Washoe County Health District

Key winnable public health battles for the United States

Tobacco			Nutrition, Physical Activity, Obesity, and Food Safety
Healthcare-Associated Infections			Motor Vehicle Injuries
Teen Pregnancy			HIV



Smoke-free laws save lives and don't hurt business

- Save lives and prevent heart attacks
 - Up to 17% average reduction in heart attack hospitalizations in places with smoke-free laws
- Help motivate smokers to quit
- Worker safety issue, not "personal nuisance"
 - All workers deserve equal protection
 - Only way to protect non-smokers from secondhand smoke
- Smoke-free workplace laws don't hurt business
 - No trade-off between health and economics

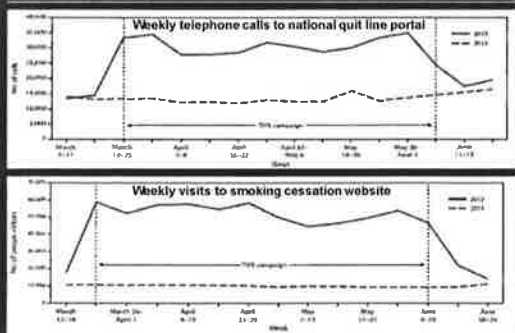


Tobacco counter-marketing campaigns save lives

- Billions spent to make smoking attractive; youth especially susceptible
- Counter marketing needs sufficient reach, frequency, and duration; measured in gross rating points (GRPs)
- CDC recommends GRP of 1,200 (80% of audience, 15 exposures each) per quarter for ad campaigns
- Median U.S. GRP is only 138 GRPs



Anti-tobacco advertising is effective Results from "TIPS" campaign, March-June 2012



What states and communities can do to prevent obesity

Schools/child care	Worksites
<ul style="list-style-type: none"> • Require and improve physical activity/education programs • Increase extracurricular physical activity • Reduce screen time • Increase walking/cycling to school • Reduce calories/beverage by promoting water and reducing sugared drinks consumption 	<ul style="list-style-type: none"> • Worksite wellness programs including physical activity (e.g., stairs instead of elevators, walking/cycling) and nutrition education • Health care benefits to include lifestyle management counseling • Increase availability/affordability of healthier food • Standards for foods to procure and provide
Communities	Health care
<ul style="list-style-type: none"> • Increase access to healthier food • Eliminate healthy food deserts • Expand purchase of locally produced food • Community design to promote physical activity and active transport (e.g., parks, safety, public transport, road/community design) • Procurement guidelines 	<ul style="list-style-type: none"> • BMI measurement • Increase support for breastfeeding • Offer counseling to support increasing physical activity and improving nutrition • Offer referral to structured lifestyle change programs such as the Chronic Disease Self Management and the National Diabetes Prevention Programs

Leverage federal, state, community, and other resources

Rigorous Monitoring

Progress in nutrition, physical activity, obesity, and food safety

<p>Obesity decreased in some groups</p> <p>6%</p> <p>Obesity decreased 6% overall and 10% among 5-6 year-old NYC public schoolchildren in 5 years</p>	<p>E.coli O157 infections decreased</p> <p>50%</p> <p>E.coli O157 infections have been cut about in half since 1997</p>
---	---

Healthcare-associated infections

> 1M More than 1 million infections occur across health care every year	~\$30 B Cost an estimated \$30 billion per year
<p><i>Clostridium difficile</i> infections remain high</p> <p>14,000 <i>C. difficile</i> infections kill 14,000 people in the U.S. annually</p>	

Motor vehicle injuries

33,000
 Nearly 33,000 people in the U.S. are killed in motor vehicle crashes every year

3M
 Motor vehicle-related injuries send more than 3 million people to hospital emergency departments every year

1
 Road traffic crashes are the leading cause of death for children, teens, and young adults

\$100B
 The annual cost of motor vehicle-related injuries and deaths is almost \$100 billion

Progress in motor vehicle injuries

Motor vehicle-related deaths decreased between 2007-2010

Year	Deaths
2000	~10,000
2001	~42,000
2002	~43,000
2003	~43,000
2004	~43,000
2005	~43,000
2006	~43,000
2007	~43,000
2008	~40,000
2009	~35,000
2010	~32,000

NHTSA 2010 Motor Vehicle Crashes Overview, DOT HS 811 302

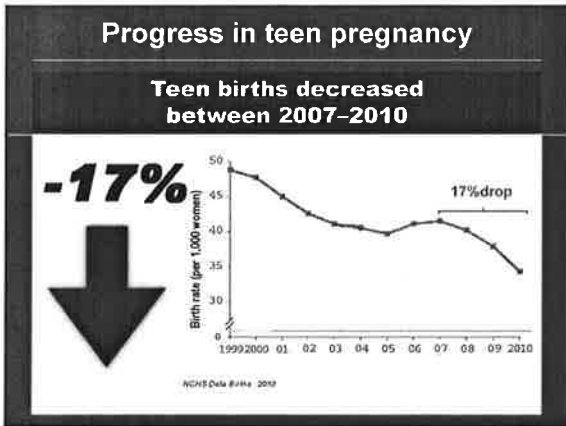
Teen pregnancy

1,000
 Every day, 1,000 teens give birth in the U.S.

1 of 11
 1 out of 11 new mothers is a teen

9X
 Teen births in the U.S. are up to 9 times higher than in most other developed countries

\$11B
 Teen childbearing costs U.S. taxpayers \$11 billion every year



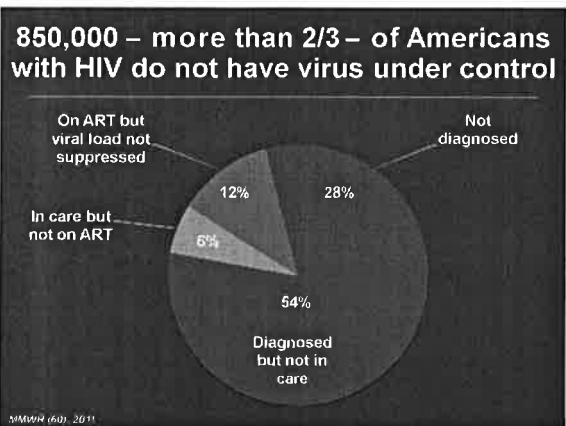
HIV/AIDS

1.1 M
1.1 million people in the U.S. are living with HIV

1 in 5
1 in 5 people do not know they are infected

1 in 4
Only 1 in 4 people with HIV (25%) have their condition under control

\$400,000
The lifetime cost of treating one HIV-infected person is \$400,000




Finding your own winnable battles

- Priorities evolve and need to resonate within the context of your community
- Identify your own focus areas – recognizing the winnable battles framework
 - Address public health priorities that have large-scale impact on health
 - Implement existing evidence-based interventions
 - Focus on efforts that can have a significant impact in a relatively short time



Heart disease and stroke are leading killers in the US

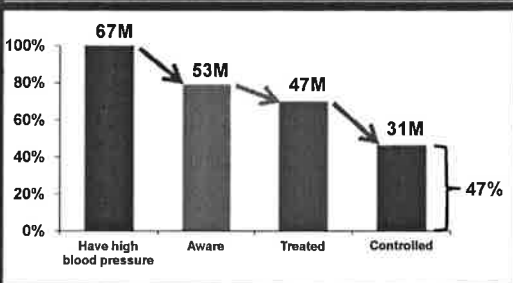


2M
Each year more than 2 million people in the U.S. suffer from heart attacks and strokes

Every year 815,000 people die from cardiovascular disease (1 in every 3 deaths)

\$444B
These conditions incur \$273 billion in direct medical costs and \$171 billion in indirect costs every year and account for the largest single portion of racial disparities in life expectancy

67 million US adults have high blood pressure – but less than half have it controlled



Category	Value
Have high blood pressure	67M
Aware	53M
Treated	47M
Controlled	31M



47%

CDC Vital Signs, Sept. 2012. MHA/NE 2003-2010

Million Hearts: Prevent 1M heart attacks and strokes by 2017

COMMUNITY PREVENTION Reduce need for treatment	CLINICAL PREVENTION Improve treatment
 Tobacco control	Focus on ABCS 
 Sodium reduction	Health information technology 
 Trans fat elimination	Clinical innovations 


Million Hearts will mean ...

-4M  4 million fewer people will smoke	+10M  10 million more people with high blood pressure will have it under control
---	---

Six necessary steps to implement public health programs



The diagram shows a temple structure with six pillars. From left to right, the pillars are labeled: Management, Partnerships, Communication, and Innovation. The roof is labeled Political commitment. The base is labeled Technical package.


Washoe County

 Health District

Winnable Battles

Joseph P. Iser, MD, DrPH, MSc
 District Health Officer
 Washoe County Health District

1. Get good data


Health, United States, 2010
With Special Feature on Death and Disability



Teen birth rates internationally, per 1,000 girls aged 15-19 years, 2008 and 2009. Low birth rates to the USA are higher than the average other developed countries.


Region	2008	2009
Alaska	14.0	13.0
Arizona	13.0	12.0
California	12.0	11.0
Colorado	11.0	10.0
Connecticut	10.0	9.0
Delaware	9.0	8.0
District of Columbia	8.0	7.0
Florida	7.0	6.0
Georgia	6.0	5.0
Hawaii	5.0	4.0
Idaho	4.0	3.0
Illinois	3.0	2.0
Indiana	2.0	1.0
Iowa	1.0	0.0
Kansas	0.0	0.0
Kentucky	0.0	0.0
Louisiana	0.0	0.0
Maine	0.0	0.0
Maryland	0.0	0.0
Massachusetts	0.0	0.0
Michigan	0.0	0.0
Minnesota	0.0	0.0
Mississippi	0.0	0.0
Missouri	0.0	0.0
Montana	0.0	0.0
Nebraska	0.0	0.0
Nevada	0.0	0.0
New Hampshire	0.0	0.0
New Jersey	0.0	0.0
New Mexico	0.0	0.0
New York	0.0	0.0
North Carolina	0.0	0.0
North Dakota	0.0	0.0
Ohio	0.0	0.0
Oklahoma	0.0	0.0
Oregon	0.0	0.0
Pennsylvania	0.0	0.0
Rhode Island	0.0	0.0
South Carolina	0.0	0.0
South Dakota	0.0	0.0
Tennessee	0.0	0.0
Texas	0.0	0.0
Utah	0.0	0.0
Vermont	0.0	0.0
Virginia	0.0	0.0
Washington	0.0	0.0
West Virginia	0.0	0.0
Wisconsin	0.0	0.0
Wyoming	0.0	0.0


Cancer Death Rates* by Sex, U.S., 2003-2007




MMWR
 Morbidity and Mortality Weekly Report

2. Prioritize and do the hard stuff first







SMOKE FREE
This Building Is
Thank You For Not Smoking

3. Fight and win winnable battles

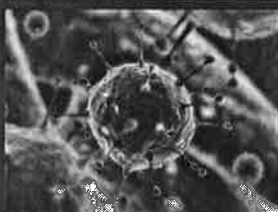
		
		

4. Hire great people

	
--	--

... and protect them so they can do their jobs

5. Address communicable diseases and environmental health...

	<table border="1"><tr><td>207</td></tr><tr><td>Pb</td></tr><tr><td>LEAD</td></tr><tr><td>82</td></tr></table>	207	Pb	LEAD	82
207					
Pb					
LEAD					
82					

... or you won't be able to address anything else

6. Don't cede the clinical realm



7. Learn the budget cycle



8. Manage the context

A collage of news articles and a cartoon. At the top left is a snippet from "Trans Fat Nation" with the date "November 23, 2011". To its right is a "NEW YORK POST" headline: "TRANS FAT A DUNKIN' DON'T". Below these is a paragraph of text starting with "THE proposal last week from the New York City Health Department...". At the bottom left is a headline: "Hold That Fat, New York Asks Its Restaurants". At the bottom right is a cartoon showing a man in a suit talking to a group of people. A speech bubble from the man says: "NEW DUNKIN' DONUTS WILL BE OUT OF BUSINESS." The cartoon is signed "©2011".




- 10. Follow these 5 principles**
- Be a diligent steward of the funds entrusted to your agency
 - Provide an environment for intellectual and personal growth and integrity
 - Base all public health decisions on the highest quality scientific data, openly and objectively derived
 - Place the benefits to society above the benefits to the institution
 - Treat all persons with dignity, honesty, and respect

- ... and these practices**
- Address high-burden winnable battles
 - Develop evidence-based prevention strategies
 - Support surveillance
 - Increase capacity to advocate for and implement prevention policy
 - Leverage resources
 - Consult with and learn from peers
 - Follow-up on one policy or program
 - Do more with less

2013 Legislative Agenda

- Health District and funding
- Health Care Reform and Exchanges
- Childcare worker training on health and development
- School breakfast program and generally nutrition in public schools
- School based health centers
- Sunsetting of BMI data capture legislation
- Climate Change
- SB 421 (from last session)—National Master Settlement Agreement
- SB 419 (from last session)—Safe Injection Practices
- SB 355 (from last session)—Provisions Governing Hypodermic Devices
- AB 571 (from last session)—Clean Indoor Air Act
- BDR 427 - Revises provisions governing the frequency of required inspections of the emissions of certain motor vehicles - Gustavson
- BDR 448 – Revised provisions regarding vehicle emissions – Parks
- Modernization of Vital Records
- Farm to Fork

Investing In Our Health:
Public Health Funding and Key Health Facts



Joseph P. Iser, MD, DrPH, MSc
District Health Officer
Washoe County Health District

Introduction

- Federal funding for public health has remained at a relatively flat and insufficient level 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.

Where You Live Should Not Determine How Healthy You Are

- 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.

Local Investment in Public Health

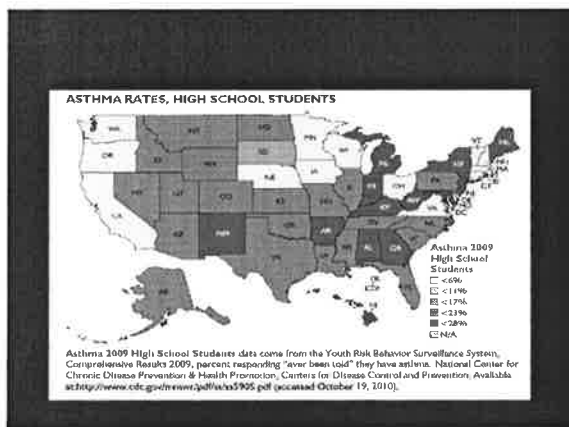
- There are approximately 2,800 local health departments in the United States serving a diverse assortment of populations ranging from less than 1,000 residents in some rural jurisdictions to around eight million people, as in the case of the New York City Department of Health.
- Local health departments are structured differently in each state and may be centralized, decentralized, or have a mixed function.

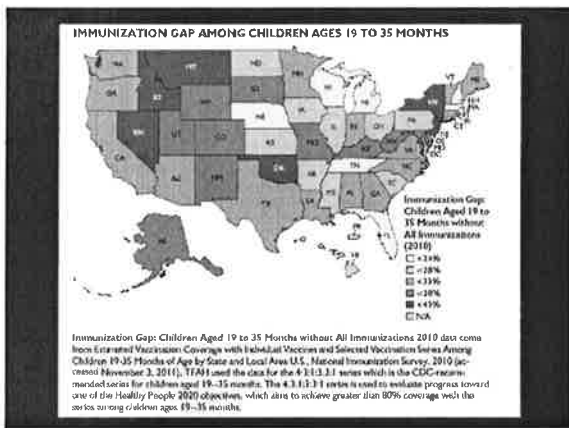
Local Investment in Public Health

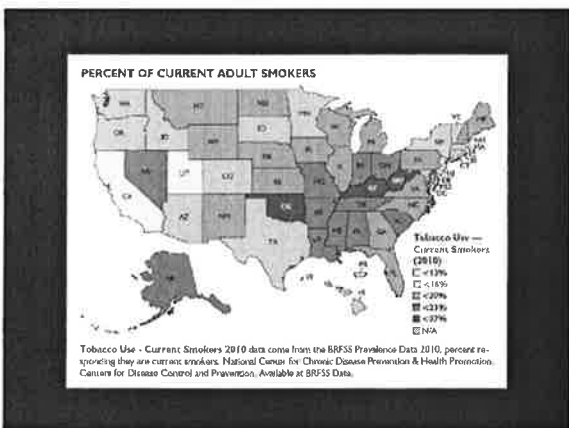
- A July 2011 study published in the journal *Health Affairs* found that increased spending by local public health departments can save lives currently lost to preventable illnesses.
- On average, local public health spending rose from \$34.68 per capita in 1993 to \$40.84 per capita in 2005 – an increase 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. 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.

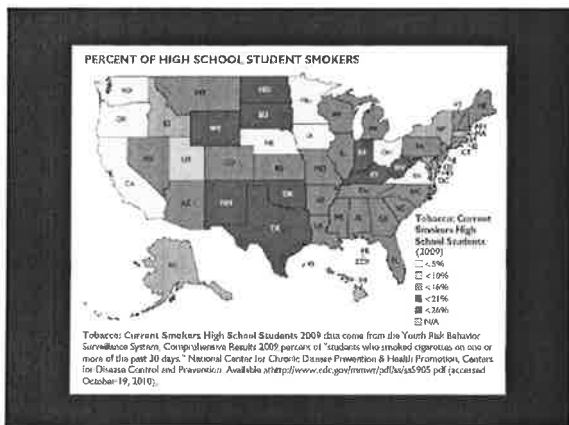
Local Investment in Public Health

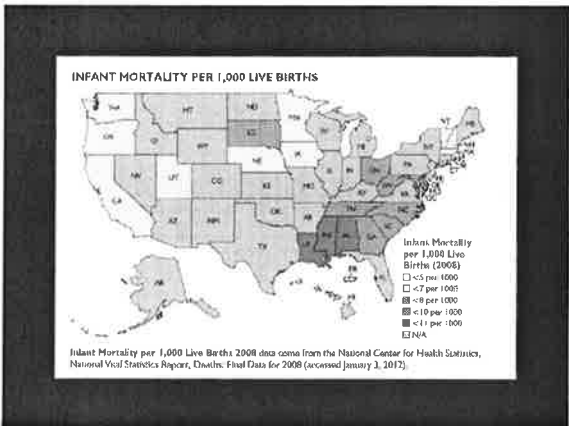
- Since 2008, LHDs have lost a total of 34,400 jobs due to layoffs and attrition.
- Combined state and local public health job losses total 49,310 since 2008.
- LHDs continue to struggle with budget cuts.
- In July, 2011, nearly half of LHDs reported reduced budgets, which is in addition to 44 percent 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.

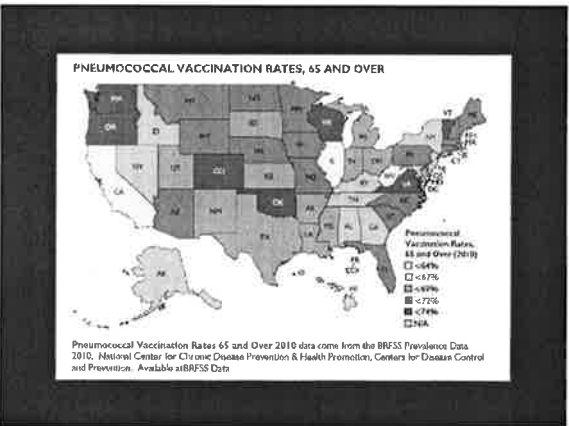












State Samples of Adult Health Indicators

State	11th Grade Reading Level (2009)	Adults Without Diabetes (2009)	Cancer Rate (2009)	Chronic Disease Rate (2009)	Diabetes Rate (2009)	Hypertension Rate (2009)	Smoking Rate (2009)	Obesity Rate (2009)	Physical Activity (2009)	Health Insurance (2009)
Alabama	71.3%	14.9%	11,800	36.7	8.9%	28.2%	30%	11.7%	69.3%	11.9%
Arizona	74.6%	11.8%	10,900	40.1	8.8%	27.2%	18.2%	10.1%	67.0%	13.8%
Arkansas	71.6%	14.3%	11,100	34.8	8.2%	26.2%	31.9%	12.4%	69.2%	9.2%
California	73.6%	11.8%	11,300	38.1	1.6%	23.8%	8.9%	10.4%	69.3%	13.2%
Colorado	78.2%	11.3%	1.8 million	40.2	9%	26%	12.7%	9%	67.9%	17.9%

Leading the Way in Chronic Disease Prevention



**Erin Dixon MS and Kelli Seals MPH
Chronic Disease Prevention Program**



3 BEHAVIORS **3 DISEASES** **50 PERCENT**



75%

of U.S. health spending is on preventable chronic conditions such as obesity, heart disease and diabetes, but only **3 cents of every \$1 spent** on health care goes toward public health and prevention.





Causes of Death, Washoe County

1998-2010



■ Heart Disease ■ Cancer ■ All Other Causes



“It is unreasonable to expect that people will change their behavior easily when so many forces in the social, cultural, and physical environment conspire against such change”

- Institute of Medicine, 2000



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.

Board of Health Priorities...

The Health District will work toward a healthy community where citizens will:

Make healthy lifestyle choices that minimize chronic disease and increase quality and years of healthy life



Strategies – Policy, Systems and Environmental Change

Policy interventions may be a law, ordinance, resolution, mandate, regulation, or rule (both formal and informal).

Example: Organizational policies that provide healthy foods in vending machines.





Strategies – Policy, **Systems and **Environmental Change****

Systems interventions are changes that impact all elements of an organization, institution, or system.

Example: Types of systems include: school, transportation, parks and recreation, food, etc.





Strategies – Policy, Systems and Environmental Change

**Environmental interventions
involve physical or material
changes to the economic,
social, or physical environment.**

Example: Incorporating sidewalks,
paths, and recreation areas into
community design.





Spectrum of Prevention

LEVEL OF SPECTRUM	DEFINITION OF LEVEL
6. Influencing Policy and Legislation	Developing strategies to change laws and policies to influence outcomes
5. Changing Organizational Practices	Adopting regulations and shaping norms to improve health and safety
4. Fostering Coalitions and Networks	Convening groups and individuals for broader goals and greater impact
3. Educating Providers	Informing providers who will transmit skills and knowledge to others
2. Promoting Community Education	Reaching groups of people with information and resources to promote health and safety
1. Strengthening Individual Knowledge and Skills	Enhancing an individual's capability of preventing injury or illness and promoting safety





Events/Programs vs. Policy Change

Characteristics of Events/Programs

- One time
- Additive: often results in only short-term behavior
- Individual level
- Not part of ongoing plan
- Short term
- Non-sustaining

Characteristics of PSE Change

- Ongoing
- Foundational: often produces behavior change over time
- Population level
- Part of an ongoing plan
- Long term
- Sustaining



Examples from Schools

Programs/Events	Policy, Systems, and Environmental Change
Celebrate National Nutrition Month	Add fruits & vegetables to a la carte
Host a Family Fitness Night	Make school athletic facilities regularly available to families
Participate in Walk to School Day	Establish a Safe Routes to School Program
Provide healthy snacks or breakfast	Adopt a Healthy Food & Beverage Policy
Participate in Kick Butts Day	Establish a tobacco-free school
Provide health screenings for staff	Establish a building-sponsored wellness team



CDC Winnable Battles

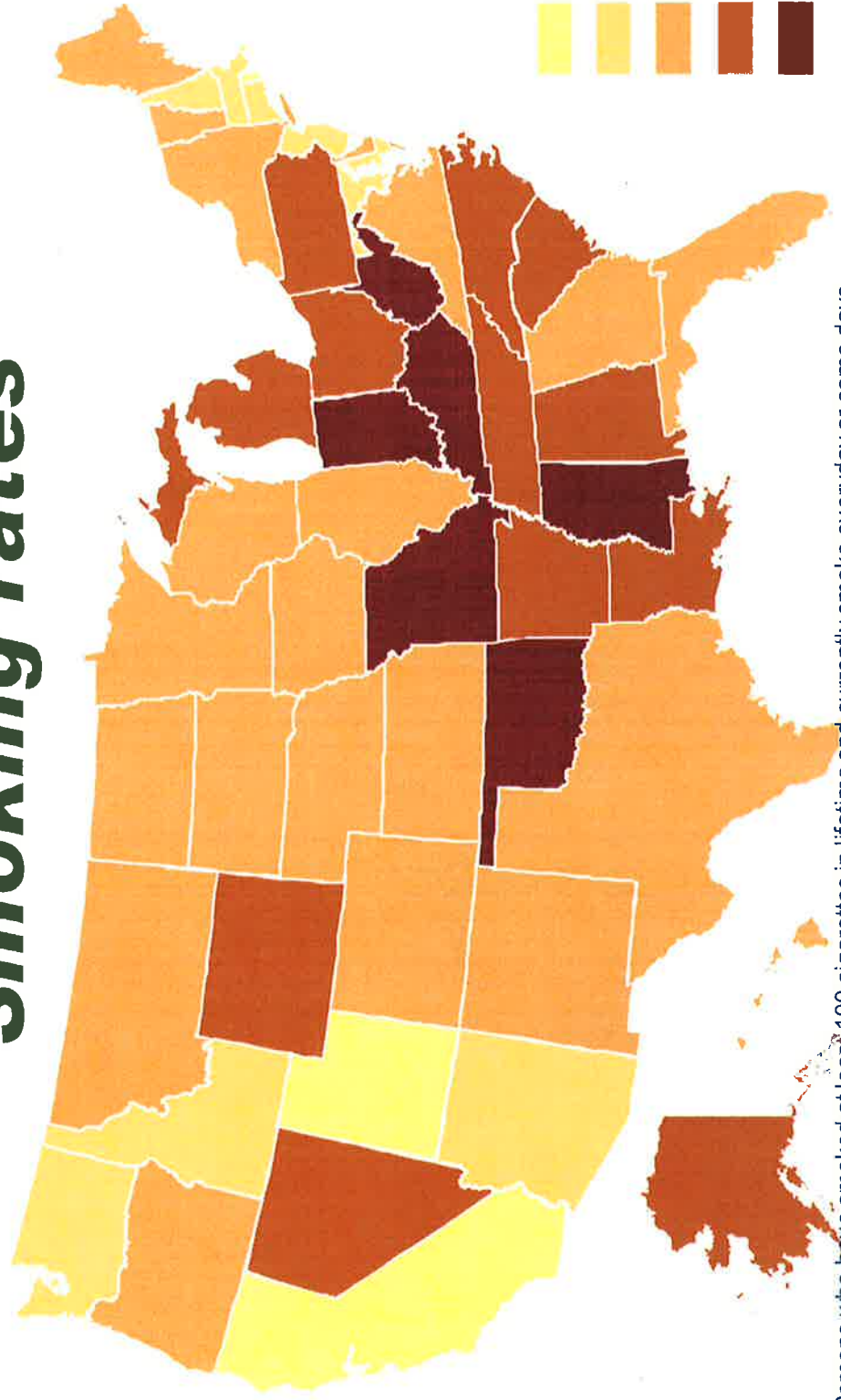
Tobacco



Nutrition,
Physical Activity,
and Obesity



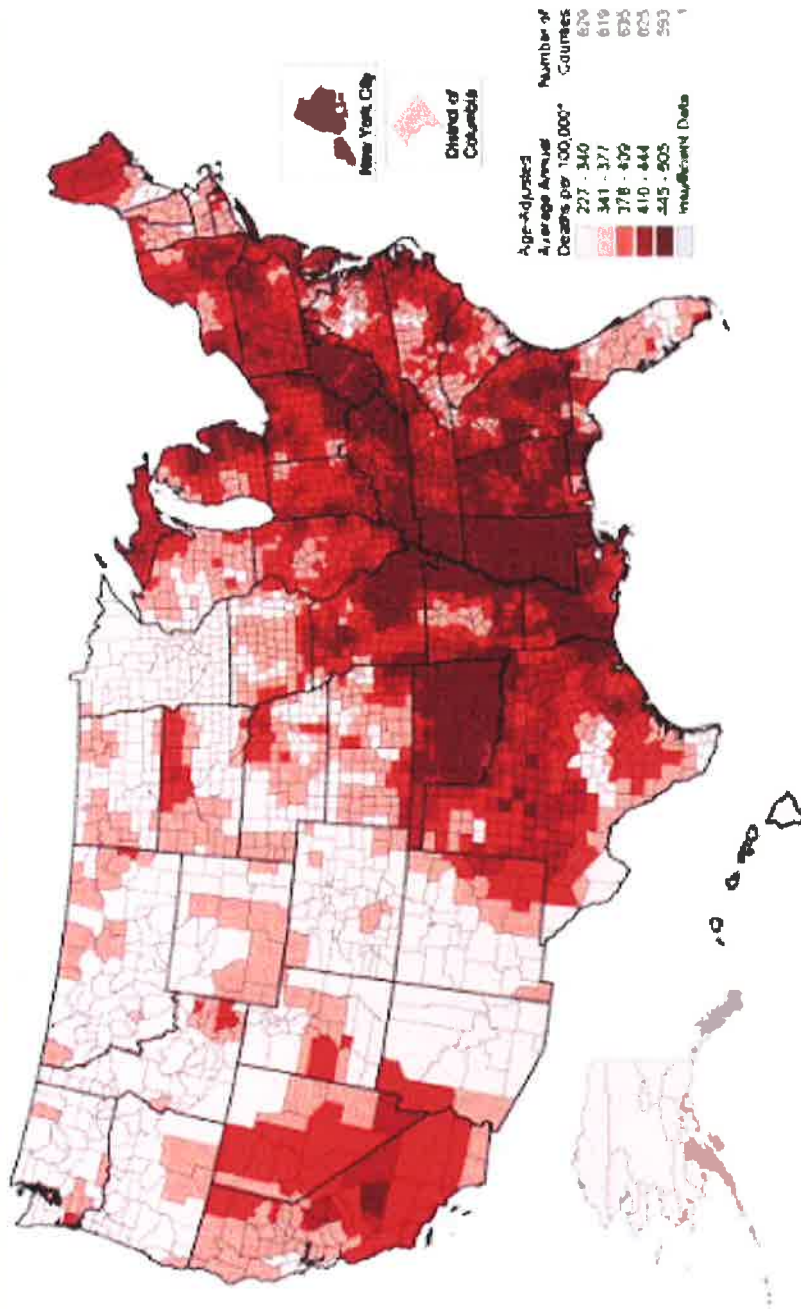
Smoking rates



Note: Persons who have smoked at least 100 cigarettes in lifetime and currently smoke everyday or some days.
Source: Behavioral Risk Factor Surveillance Survey, NCCDPHP, CDC, 2009.



Heart disease deaths rates 2000-2004 Adults ages 35 Years and older by County

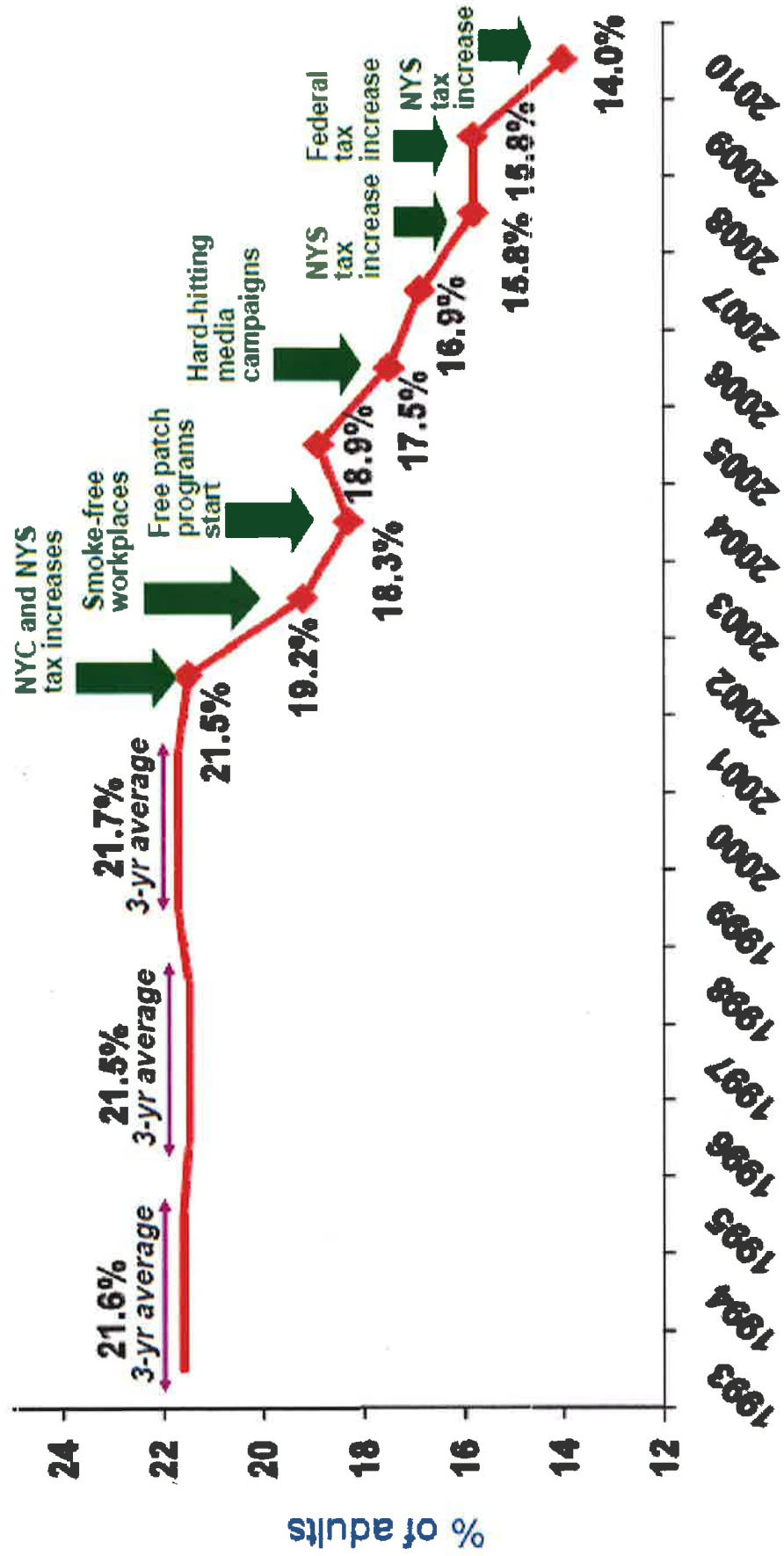


Source: Vital Records; National Center for Health Statistics, CDC, 2000-2004.
 Division for Heart Disease and Stroke Prevention: Data Trends & Maps Web site. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion, Atlanta, GA, 2010. Available at <http://www.cdc.gov/dhdsp/>.



What we know about tobacco

- When cigarette prices increase, cigarette sales decrease
- Smoke-free policies save lives
- Aggressive media campaigns work
- When tobacco control funding increases, high school smoking decreases
- The tobacco industry is outspending tobacco prevention efforts 20:1

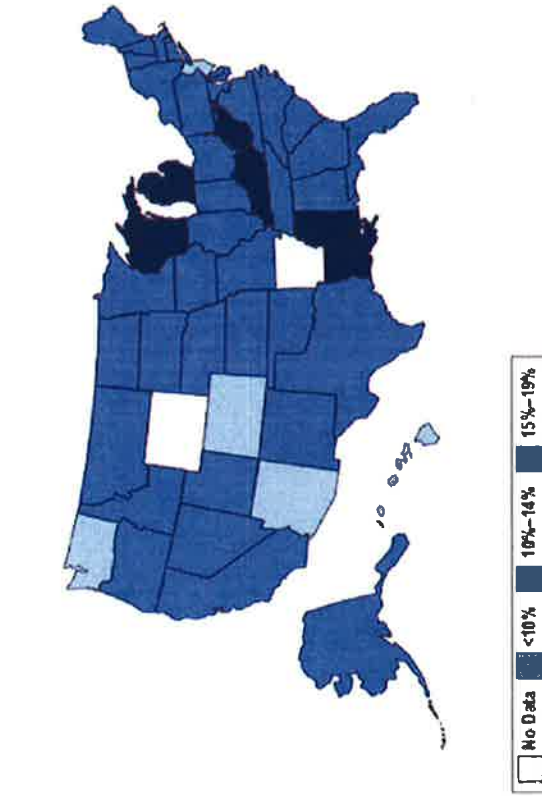


Source: New York City Community Health Survey

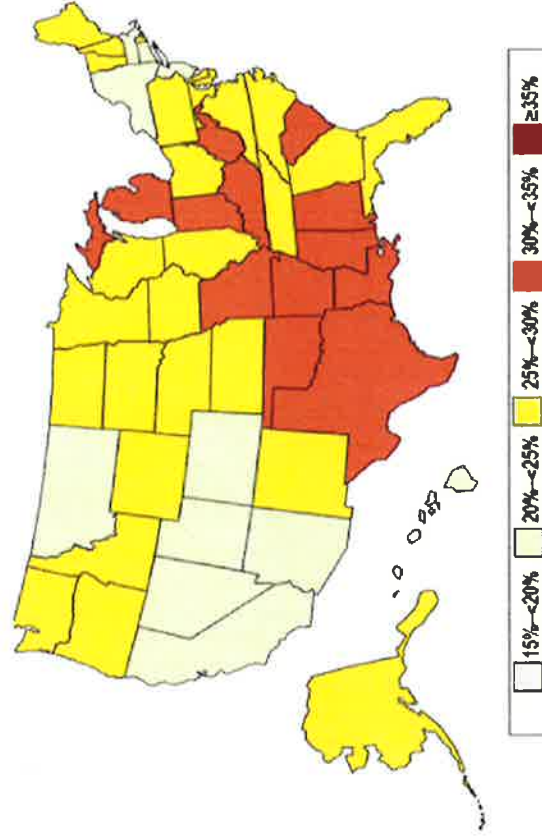


Obesity Trends

Obesity Trends* Among U.S. Adults, BRFSS 1992
(*BMI ≥30, or ~ 30 lbs. overweight for 5' 4" person)



Prevalence of Self-Reported Obesity Among U.S. Adults
BRFSS, 2011





What we know about PA & N

- Dietary patterns in the US have changed
- Active transportation has decreased
- Increased TV viewing increases childhood obesity
- Reductions in salt intake can reduce high blood pressure



5 SOLUTIONS FOR CHANGING OUR COMMUNITIES

INTEGRATE PHYSICAL ACTIVITY EVERY DAY IN EVERY WAY.



STRENGTHEN SCHOOLS AS THE HEART OF HEALTH.



MARKET WHAT MATTERS FOR A HEALTHY LIFE.



ON THEIR OWN, ANY ONE OF THESE FIVE SOLUTIONS MIGHT HELP SPEED UP PROGRESS IN PREVENTING OBESITY, BUT TOGETHER, THEIR EFFECT WOULD BE REINFORCED, AMPLIFIED, AND MAXIMIZED.



MAKE HEALTHY FOODS AVAILABLE EVERYWHERE.

ACTIVATE EMPLOYERS AND HEALTH CARE PROFESSIONALS.





“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, type 2 diabetes and certain types of cancer – some of the leading causes of death.”

– Thomas R. Frieden, MD, MPH

*Director, Centers for Disease Control and Prevention,
Administrator, Agency for Toxic Substances and Disease
Registry*



How staff can lead efforts to prevent Chronic Disease

- Keep focus on Policy, System, and Environmental change
- Garner support – present a united front & empower ourselves and partners
- Become more action oriented – push the limits
- Chronic disease surveillance



Resources needed

- Support from Board of Health
- Commitment to Health in All Policies
- Sufficient Chronic Disease staffing
 - Recommendations for our size health district include a minimum of 3 FTEs and a recommended minimum of 2 staff per 100,000 population.*

* From NACCHO recommendations “Roadmap for Chronic Disease Prevention”



How the Board of Health can lead efforts to prevent Chronic Disease

- Determine parameters of influence and realm of authority and act within them
 - Resolution to make all outdoor parks & facilities smoke free
 - Require a chronic disease report card every two years
- BOH members to take issues and ideas back to respective Councils, Boards and Committees
 - City and County development plans that eliminate barriers to growing or access to fresh produce
 - Policies that impact active transportation



Call to Action

Working together to move our community

towards wellness

- Individual
- Programmatic
- District Health
- Community wide

NOTES FROM CHART PAPER

- Partnerships to leverage assets
- Driver Safety
- Smoking Taxes – State level \$.80 which is \$.50 below nat'l. avg. \$8M none directly to WC
 - Considering retail license fee which requires licensing to sell cigarettes
- Gaming dropped sig. in NV; Indian gaming prohibits drinking while gaming; not comped; not governed by commission
- Lser would recommend add'l. tobacco taxes – WCHD gets very few tobacco grant dollars
- FP need assessment available – bring to DBOH w/both data sets – upload on website
- Direct legislature to tax tobacco to benefit WCHD, cities, towns & counties – can do
- Check on tobacco settlement funds – would be competing w/HHS
- Bring all mandates to the DBOH for funding review
- HD recommends careful consideration of clinical programs even though not mandated
- Contract Tracing – private are untrained to do
- MA struggling w/STD even with HCA
- Est. includes 6-7 vacancies
- Link to BMI calculator on our website

INSERT NAME/ADDRESS OF REMSA RECIPIENT

Re: REMSA Amended and Restated Franchise Agreement

Dear _____:

This letter is sent to follow up on a series of public meetings which have occurred relating to the TriData Report. The public entities of Washoe County, Reno and the Washoe County District Board of Health (DBOH) have reviewed this report and have all indicated a desire to discuss the TriData findings, public entity concerns, available options and amendments to the REMSA Franchise Agreement. The Tri Data report will be reviewed by Sparks at its meeting of December 10, 2012. Most recently, at the October 25, 2012 DBOH meeting, REMSA, through its representative, indicated it is open to discussing the Tri Data findings, concerns of the public entities and available options to better serve the community and is agreeable to discussing amendments to the REMSA Franchise Agreement.

To facilitate these discussions, a regular schedule of meetings is requested from January through March. The goal is to present an Amended Franchise Agreement to the governing bodies of Reno, Sparks and Washoe County for review and input prior to consideration and possible approval of an amendment to the Franchise Agreement by the DBOH before April 30, 2013.

Discussions should be multi-faceted and should include performance standards, response times, dispatch issues, and the sharing of response data and matters referenced in the TriData Report. The DBOH shall be the main facilitator of these meetings and will select its representatives who will coordinate with the County and City Managers to schedule meeting dates and times.

If REMSA is committed to better serving the community and is agreeable to attending and participating in earnest discussions with the goal of addressing concerns and establishing amendments to the REMSA Franchise Agreement, please sign below and return this letter to the DBOH within the next 15 days.

Sincerely,

Matt Smith

Chairman, District Board of Health

REMSA ACCEPTANCE:

On behalf of REMSA, it is indicated that REMSA is committed to working in good faith with the DBOH and public entities to schedule regular meetings in order to review the TriData findings, concerns from the public entities, to present amendments to the Franchise Agreement for consideration and possible approval by the DBOH prior to April 30, 2013. The main contact for REMSA to facilitate these matters is _____.


Dated: This _____ day of December, 2012.

REMSA:

By: _____

Its: _____

Washoe County
Health District




Health in All Policies (HiAP)

Joseph P. Iser, MD, DrPH, MSc
District Health Officer

Problem

- ▶ Chronic disease (non-communicable disease) causes a significant amount of disease and disability here in Washoe County and the US.
- ▶ Unintentional injuries cause even more.
- ▶ But what is the real problem? And what are our choices in promoting policies?



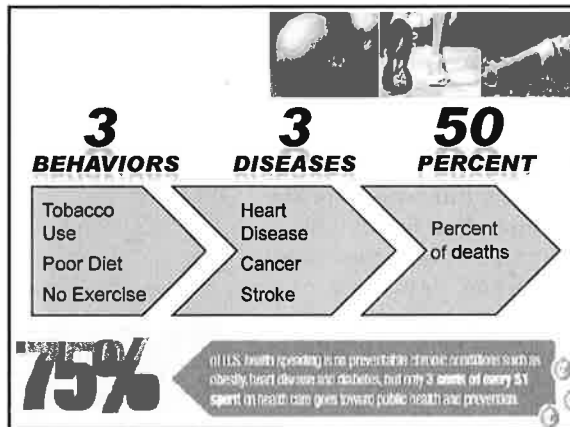
Policy and Public Health

- ▶ Historically, our most important improvements in public health are due to policy changes
 - Tobacco: smoking bans or restrictions
 - Injuries: helmet laws for cycles and skiers, seatbelt laws
 - Disease prevention: immunization requirements, sanitation improvements
- ▶ Even now, the biggest impacts we can make are in the area of policy
- ▶ A solution: Health in All Policies (HiAP)

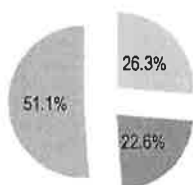
Leading the Way in Chronic Disease Prevention



Erin Dixon MS and Kelli Seals MPH
Chronic Disease Prevention Program



Causes of Death, Washoe County 1998-2010



■ Heart Disease ■ Cancer ■ All Other Causes

"It is unreasonable to expect that people will change their behavior easily when so many forces in the social, cultural, and physical environment conspire against such change"

- Institute of Medicine, 2000

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.

Board of Health Priorities...

The Health District will work toward a healthy community where citizens will:

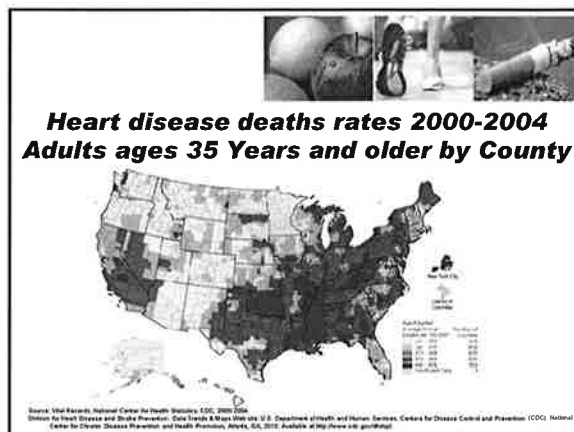
Make healthy lifestyle choices that minimize chronic disease and increase quality and years of healthy life

Strategies - Policy, Systems and Environmental Change

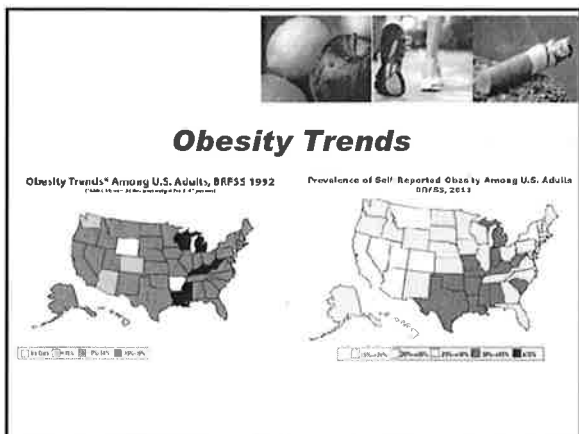
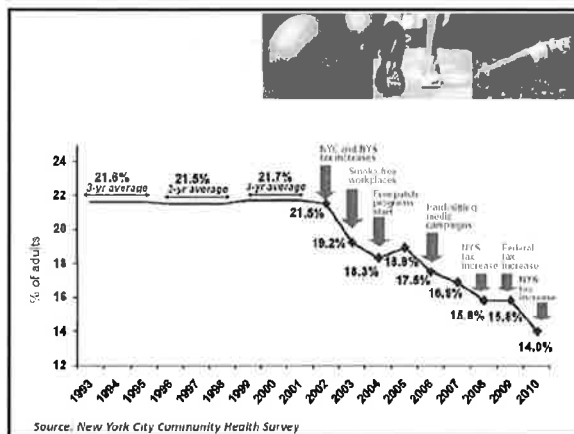
Policy interventions may be a law, ordinance, resolution, mandate, regulation, or rule (both formal and informal).

Example: Organizational policies that provide healthy foods in vending machines.

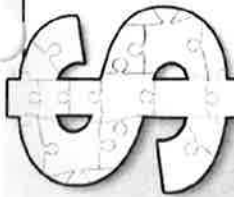




-
- ### What we know about tobacco
- When cigarette prices increase, cigarette sales decrease
 - Smoke-free policies save lives
 - Aggressive media campaigns work
 - When tobacco control funding increases, high school smoking decreases
 - The tobacco industry is outspending tobacco prevention efforts 20:1



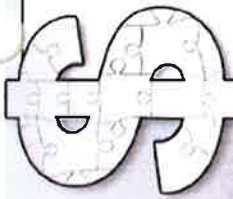
-
- ### What we know about PA&N
- Dietary patterns in the US have changed
 - Active transportation has decreased
 - Increased TV viewing increases childhood obesity
 - Reductions in salt intake can reduce high blood pressure



C.O.W.C.A.P.
County-Wide Cost Allocation Plan

OVERVIEW

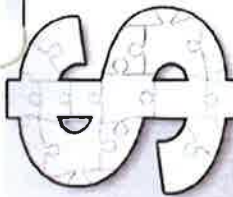
District Board of Health Retreat
Thursday, December 6th, 2012



C.O.W.C.A.P.

County-Wide Cost Allocation Plan

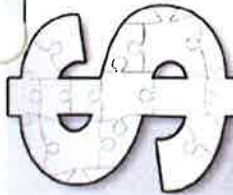
- **History**
 - Washoe County has completed a cost allocation plan every year since FY 2004
- **Function of a Cost Allocation Plan**
 - Determine methodology for allocating central service costs
- **Cost Allocation Plan Formulation**
 - In Compliance with OMB Circular A-87 and A-87 Guidance
- **Widely used in local governments**
 - To allocate indirect costs to grants and other programs
- **New Direction (February 14, 2012)**
 - BCC directed staff to implement full charges based on COWCAP
 - Over a 3 year period



C.O.W.C.A.P.

County-Wide Cost Allocation Plan

- **COWCAP Strategy FY 2012 - 2013:**
 - **3 year phase-in for vulnerable funds by:**
 - Fully charging overhead starting July 2012
 - “Buffer” vulnerable funds with increased transfer from General Fund
 - Phase-out “buffer” over 3 years
 - **No charge for insignificant amounts in FY 2012 – 2013**
 - **No charge for Funds where:**
 - Not allowed due to: NRS, Restricted Funds
 - Working on longer term strategy
 - **Preliminary Work on FY 14 COWCAP Complete by January 15th**

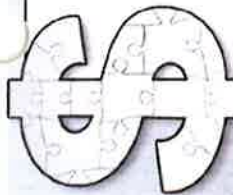


C.O.W.C.A.P.

County-Wide Cost Allocation Plan

Largest users of central service support
(FY12-13 COWCAP Rates)

Fund	Recommended Charge	Notes
Health District	\$2,553,372	\$2 million subsidy for FY12-13
Child Protective Services	\$1,639,770	
Water Resources	\$1,331,099	
Roads Special Revenue	\$1,179,724	Full Subsidy for FY 12 -13
Animal Services	\$781,403	
Senior Services	\$707,412	Full subsidy for FY 12-13
Equipment Services	\$435,328	
Library Expansion Fund	\$128,033	

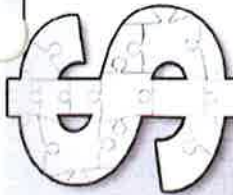


C.O.W.C.A.P.

County-Wide Cost Allocation Plan

➤ FY12-13 COWCAP Charges Assessed County Wide

General Fund Charges	Recommended Budget
Total Costs	\$11,191,211
Less Subsidies	\$4,238,069
Less Not Allowed	\$150,715
Net Charges	\$6,802,427



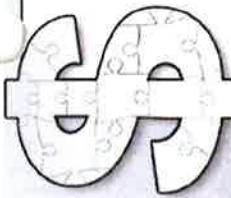
C.O.W.C.A.P.

County-Wide Cost Allocation Plan

➤ Example of Central Service Charges (Health Fund)

Cost Center	FY 12 -13 Costs	Allocation Basis
OPEB	\$852,069	Actual FTEs & Retirees
IT	\$730,330	User ID's;phones;images;PCs
Human Resources	\$163,821	FTEs
Comptroller/Accounting/ Purchasing	\$135,225	PO's/# of transactions/# of accounts payable
Community Relations	\$46,338	FTEs
County Manager	\$42,630	FTEs
All Other*	\$582,959	Various
Total	\$2,553,372	

*"All Other" includes: Management Services, District Attorney, Public Works, Energy, and Treasurer



C.O.W.C.A.P.

County-Wide Cost Allocation Plan

➤ History of Washoe County Central Service Costs FY 2004 – FY 2012

Fund	Indirect Costs FY 04 - 12	Allocated Charges FY 04 - 12	General Fund Subsidy FY 04 - 12
Health District	\$26,550,563	\$0	\$26,550,563
Child Protective Services	\$13,251,481	\$3,051,766	\$10,199,715
Water Resources	\$14,505,412	\$7,686,299	\$6,819,113
Senior Services	\$8,606,290	\$0	\$8,606,290
Animal Services	\$7,383,018	\$2,753,025	\$4,629,993
Library Expansion Fund	\$962,542	\$0	\$962,542
Total*	\$71,259,306	\$13,491,090	\$57,768,216

* The total above only includes departments listed

How Do HiAP Policies Work?

- ▶ Level 1—Reducing disease burden (locating schools away from freeways or other sources of pollution)
- ▶ Level 2—Reducing risk factors for disease (smoking bans, retail tobacco licensing to reduce opportunities for smoking)
- ▶ Level 3—Focus on underlying disease determinants (create a healthier built environment by incorporating health into land use decisions)

Recommendations

- ▶ Promote Healthy Communities
 - Active Transportation; Housing & Indoor Spaces; Parks, Urban Greening and Places to be Active; Violence Prevention; Healthy Food
- ▶ Promote Healthy Public Policy
 - State Guidance; Embedding Health in Decision-Making; Data & Research; Collaboration & Community Engagement
- ▶ Each recommendation:
 - Links to health

Promote Healthy Communities: Active Transportation

- ▶ Data
 - Map transit to essential destinations
 - Assess health impacts active transportation
- ▶ Complete Streets
 - Training for road designers, planners, operations
- ▶ Safety of all users
 - Amend Vehicle Code to allow localities to lower speed limits
 - Possible lower highway speed limits
- ▶ Trails and greenways
 - Bike trails, walking trails
 - Bicycle lanes



Promote Healthy Communities: Housing and Indoor Spaces

- ▶ Aspirational goal: All Nevada residents live in safe, healthy, affordable housing
 - What are the links to health?
 - Housing location influences access to physical activity opportunities, healthy food, jobs, and schools
 - Affordable housing makes resources available for health care and healthy food
 - Housing hazards (lead, fire, mold) are linked to developmental disabilities, injuries, and asthma



Promote Healthy Communities: Parks, Urban Greening & Places to be Active

- ▶ Aspirational goal: Every Nevada resident has access to places to be active, including parks, green space, and healthy tree canopy
 - Links to health
 - Open and green spaces and parks provide opportunities for physical activity
 - Shade from trees provides protection from heat and cancer-causing UV radiation
 - Wildfire related air quality and safety



Promote Healthy Communities: Violence Prevention

- ▶ Aspirational goal: Every Nevada resident is able to live and be active in their communities without fear of violence or crime
 - Links to health
 - Violence is a leading cause of injury, disability, and death, with disproportionate impacts on low-income and communities of color
 - Violence and fear of violence keep people indoors, reducing physical activity, limiting access to healthy food, and reducing social interactions
 - Environmental design guidance



Promote Healthy Communities: Healthy Food



- ▶ Aspirational goal: Every Nevada resident has access to healthy, affordable foods at school, at work, and in their neighborhoods
- Links to health
 - Poor diet is a leading cause of death and linked to obesity, heart disease, high blood pressure, and cancer
 - Disparities in access to fresh and affordable produce
 - Farm to fork
 - State food assistance programs
 - Washoe County Policy Council
 - WIC vouchers/farmers markets



Promote Healthy Communities: Public Policy

- ▶ Aspirational goal: Nevada's decision makers are informed about the health consequences of various policy options during the policy development process
- Links to health
 - Policies related to policy goals influence environments in which people live, work, and play
 - Environments influence adoption of behaviors that promote or diminish health
 - Health linked to productivity, healthy economy
 - "Agencies should collaborate with each other to ensure that health is considered when policies are developed"

Promote Healthy Communities: Education

- ▶ Aspirational goal: Every Nevada resident ...
- Links to health
 - Examples



My Goal

- › Understand that Public Health is far greater than just clinical services
- › A call to action to you
 - Work with us in as you progress through medical school and consider health impacts for the things that you do
 - Call on your local and state and federal legislators in this election year and the future to require health considerations in the laws they pass
 - Work with state agencies to incorporate health into their policies and regulations
 - Let's ask the Governor to support HIAP

Health in All Policies

- › Joe Iser
- › jiser@washoecounty.us
- › 775 328-2416

Washoe County Health District Strategic Plans

1. District Strategic Plan and Metrics
2. AHS Strategic Plan and Metrics
3. AQM Strategic Plan, Accomplishments and Planned Actions
4. CCHS Strategic Plan and Examples of Progress
5. EHS Strategic Plan
6. EPHP Strategic Plan (2012/13 and 2013/14)

Washoe County Health District 2012 – 2015 Strategic Plan

S T R A T E G I C D I R E C T I O N

Vision Statement:
We are Leaders
In a Unified
Community
Committed to
Optimal Human and
Environmental
Health.

Mission Statement:
To protect and
enhance the
physical well being
and quality of life
for all citizens of
Washoe County
through providing
health prevention,
disease prevention,
emergency
preparedness, and
environmental
services.

Organizational Values:

- **Trustworthiness**
 - Appropriate allocation of resources
 - Spend prudently
 - Stewardship
- **Professionalism**
 - Ethics
 - Education
 - Accountability
- **Partner - Collaborate**
 - Be Flexible, Adapt
 - Be accessible
 - Be Proactive
 - Innovate and Create

Goal 1:
Demonstrate the value and contribution of public health.

Strategy 1:
Develop and implement Public Health branding.

Strategy 2:
Develop communications strategies for educating staff, public, and key partners.

Strategy 3:
Demonstrate value using cost-benefit and health outcome analyses.

Goal 2: Strengthen District-wide infrastructure to improve public health.

Strategy 1:
Prepare for and respond to public health threats.

Strategy 2: Include health in policy and decision making across State and local agencies. (HIAP)

Strategy 3:
Strengthen WCHD public health workforce development.

Goal 3: Secure and deploy resources for sustainable impact.

Strategy 1:
Improve alignment of resources with WCHD priorities.

Strategy 2: Pursue new opportunities to secure/generate revenue.

Strategy 3:
Strengthen / streamline resource acquisition, management, and deployment.

Strategy 4:
Leverage opportunities to support Key Initiatives across WCHD Programs.

Goal 4: Strengthen WCHD as an innovative, high-performing organization.

Strategy 1: Work towards National Public Health Accreditation.

Strategy 2: Retain and recruit a skilled, diverse, and empowered workforce.

Strategy 3: Foster a cohesive, values-driven culture.

Strategy 4:
Optimize WCHD organizational structure and processes.

Strategy 5:
Optimize technology to support WCHD priorities.

Goal 5: Achieve targeted improvements in health outcomes and health equity.

Strategy 1: Establish benchmarks to improve health outcomes and health equity.

Strategy 2: Identify, validate, and disseminate evidence-based and promising practices.

Strategy 3:
Implement a systematic program review process.

Metrics for WCHD Strategic Plan

Goal 1: Demonstrate the value and contribution of public health

- 1.1 Develop and approve Media Plan by December 2012 (and ongoing)
- 1.2 Design approaches to social media, including Twitter and Facebook, by December 2012 (and ongoing)
- 1.3 Train assigned staff in use of policy and social media by February 2013
- 1.4 Work with UNR on training in cost-benefit analysis and health outcomes by June 2015

Goal 2: Strengthen District wide infrastructure to improve public health

- 2.1 Coordinate and/or participate in three trainings or more each Fiscal Year
- 2.2 Discuss HiAP proposal with local Assembly and Senate members during the Legislative Session
- 2.3 Discuss HiAP with Governor's representative by June 2013
- 2.4 Present HiAP to Reno and Sparks City Councils and BCC by June 2013
- 2.5 Present HiAP to 5 community-based groups or organizations by June 2013
- 2.6 Provide ten training opportunities to all WCHD staff in program or policy areas that involve the District by June 2013

Goal 3: Secure and deploy resources for sustainable impact

- 3.1 Prioritize needs for program support and/or improvement by June 2013
- 3.2 Research and apply for at least 10 grants over \$100,000 by June 2015
- 3.3 Review AHS, AQM, and EHS by June 2013
- 3.4 Review AQM and EPHP by June 2014
- 3.5 As resources allow, continue to leverage opportunities to increase inter-Divisional collaboration (ongoing)

Goal 4: Strengthen WCHD as an innovative, high-performing organization

- 4.1 As resources allow, complete Health Assessment, Improvement Plan, and revised Strategic Plan by November 2015
- 4.2 Attempt no layoffs with budget cuts during Fiscal Year 2013-2015
- 4.3 Provide all hands training on customer service and WCHD values by June 2013
- 4.4 Review at least annually the organizational structure and how efficiencies can be improved and Strategic Plan can be met
- 4.5 Become HL7 compliant by June 2013
- 4.6 Research new technologies for field use (EHS, AQM, CCHS) and perform cost analysis for improvements (and ongoing)

Goal 5: Achieve targeted improvements in health outcomes and health equity

- 5.1 Using data from Health Assessment, State plans, CDC Winnable Battles, and HP 2020, establish 20 goals to attain by 2020 (June 2014)
- 5.2 Work with UNR, NACCHO, and other groups to identify evidence-based and promising practices and prioritize efforts (ongoing)
- 5.3 After initial program reviews as per 3.3 and 3.4, establish timeline to re-review every 1-2 years as resources allow (timeframe established by June 2013)

S T R A T E G I C D I R E C T I O N

Vision Statement:
We are Leaders
In a Unified
Community
Committed to
Optimal Human and
Environmental
Health.

Mission Statement:
AHS strives to ensure
administrative
compliance with
fiscal and
operational policies
as established by the
District Board of
Health and Board of
County
Commissioners.

Organizational Values:

- **Trustworthiness**
 - Appropriate allocation of resources
 - Spend prudently
 - Stewardship
- **Professionalism**
 - Ethics
 - Education
 - Accountability
- **Partner - Collaborate**
 - Be Flexible, Adapt
 - Be Accessible
 - Be Proactive
 - Innovate and Create

Goal 1: Ensure fiscal sustainability and good stewardship of resources.

Strategy 1: Evaluate the use of existing funding and staff resources for cost effectiveness and quality outcomes.

Strategy 2: Implement a Department financial policy to ensure sound financial management.

Strategy 3: Formalize the process to seek and evaluate new mission-appropriate funding opportunities.

Goal 2: Serve the public through enhanced use of technology.

Strategy 1: By June 2013, 75% of WCHD website users surveyed consider the website user-friendly.

Strategy 2: By June 2014, implement Phase 2 enhancements to the *washoeats* website.

Strategy 3: By June 2015, increase business transactions available on the website.

Strategy 4: Evaluate new technologies to enhance and facilitate field activities in each Division.

Goal 3: Ensure a competent, diverse public health workforce.

Strategy 1: Develop leadership opportunities for staff through professional development trainings and mentoring.

Strategy 2: By June 2013, ensure annual performance evaluations are conducted timely.

Strategy 3: By June 2013, increase the number of staff proficient in the use of technology.

AHS Strategic Plan

Goal 1: Ensure fiscal sustainability and good stewardship of resources

- 1.1 By June 2014, evaluate the use of existing funding and staff resources for cost effectiveness and quality outcome. (To be conducted).
- 1.2 By June 2014, implement a Department financial policy to ensure sound financial management. (In progress – staff prepared Indirect Cost Policy for District Board of Health review).
- 1.3 Formalize the process to seek and evaluate new mission-appropriate funding opportunities. (AHS staff prepared and the District Board of Health adopted policy 5/24/12).

Goal 2: Serve the public through enhanced use of technology

- 2.1 By June 2013, 75% of WCHD website users surveyed consider the web-site user friendly. (In progress – staff making updates to website).
- 2.2 By June 2014, implement Phase 2 enhancements to the WashoeEats. (In progress – staff working on Phase 2 enhancements).
- 2.3 By June 2015, increase business transactions available on the website. (In progress - Division Directors and Program Managers have been requested to review and identify transactions that could be web-based).
- 2.4 By June 2015, evaluate new technologies to enhance and facilitate field activities in each division. (Staff is participating on evaluation team for replacement software for Permits Plus).

Goal 3: Ensure a competent, diverse public health workforce

- 3.1 Develop leadership opportunities for staff through professional development and mentoring. (AHSO established a formal mentoring with WCHS staff which resulted in formal report on their increased knowledge, skills, and abilities).
- 3.2 By June 2013, ensure annual performance evaluations are conducted timely. (As of November 2012, AHS is at 100% and conducted timely; WIC is at 93% and are being conducted timely going forward).
- 3.3 By June 2013, increase the number of staff proficient in the use of technology. (Baseline needs to be conducted).

Washoe County Health District
Quality Management Division
2012 – 2013 Strategic Plan

S T R A T E G I C D I R E C T I O N

Vision Statement:
We are Leaders in a Unified Community Committed to Optimal Human and Environmental Health.

Mission Statement:
The Air Quality Management Division implements clean air solutions that protect the quality of life for the citizens of Reno, Sparks, and Washoe County through community partnerships along with programs and services such as air monitoring, permitting and enforcement, planning, and public education.

- Organizational Values:**
- **Trustworthiness**
 - Appropriate allocation of resources
 - Spend prudently
 - Stewardship
 - **Professionalism**
 - Ethics
 - Education
 - Accountability
 - **Partner - Collaborate**
 - Be Flexible, Adapt
 - Be accessible
 - Be Proactive
 - Innovate and Create

Goal 1: Assure Compliance with Air Quality Regulations.

Strategy 1: Encourage and reinforce compliance.

Strategy 2: Use enforcement as a tool to achieve compliance.

Strategy 3: Have an effective enforcement penalty structure.

Goal 2: Understand factors affecting air quality.

Strategy 1: Collect quality ambient air data.

Strategy 2: Analyze data and convert it to useful information.

Strategy 3: Research pollutants of concern.

Goal 3: Take action to maintain and improve air quality.

Strategy 1: Identify necessary control measures.

Strategy 2: Codify appropriate regulations and prepare federally required plans and reports.

Strategy 3: Permit regulated sources.

Strategy 4: Implement voluntary programs.

Goal 4: Increase public engagement, outreach, and the profile of Air Quality in Washoe County.

Strategy 1: Collaborate with partners and external organizations.

Strategy 2: Engage all staff in an outreach roles / responsibilities.

Strategy 3: Establish strong community support.

Strategy 4: Shape regional planning to benefit air quality.

Strategy 5: Encourage behavioral and lifestyle changes to maintain good air quality.

Goal 5: Maintain a high performing, good work environment.

Strategy 1: Evaluate/establish operational procedures, eliminate redundancies.

Strategy 2: Go Green – less paper/more digital; electric vehicle replacement program.

Strategy 3: Expand the use of technology in operations to increase efficiency.

Strategy 4: Provide and encourage professional development opportunities.

AQM STRATEGIC PLAN ACCOMPLISHMENTS AND PLANNED ACTIONS

Goal 1: Assure Compliance with Air Quality Regulations

1. Changed geographic assignments of inspectors to have a “fresh set of eyes” inspecting for compliance with permit conditions and worked to increase consistency of compliance determinations and enforcement actions.
2. Developed more comprehensive inspection and case file development procedures following review of guidance on EPA’s Office of Enforcement and Compliance Assurance State Review Framework program audit procedures that resulted in increased detail and documentation of inspections, complaints, and citations.
3. Update to “Fine Assessment Worksheet” in process.
4. Collected fine assessment policies and guidance documents from EPA and NDEP and reviewing for potential proposal of modifications to fine schedules.
5. Annual inspections of permitted facilities and semi-annual inspections of gas stations conducted.
6. Respond to complaints. See attachment A.
7. Issue warnings or citations as necessary in response to violations and to assure compliance.
8. Press Release prepared and distributed in August 2012 highlighting \$35,000 of penalties assessed for air quality violations in FY 2012, and penalty funds collected provided to the Washoe County School District.

Goal 2: Understand Factors Affecting Air Quality.

1. Continue to maintain and improve ambient air quality monitoring network.
 - a. Collected and certified data and submitted to EPA’s Air Quality System.
 - b. Developing additional equipment Standard Operating Procedures to supplement Quality Assurance Project Plan (QAPP).
 - c. Developed Annual Air Quality Trends Report.
 - d. Developed Annual Ambient Air Quality Monitoring Network Plan and submitted to EPA.
 - e. Purchased Air Vision data management and automation software and configuring for full utilization.
 - f. Have established broadband Internet connectivity with all stations but Incline.
 - g. Designed and relocated climate controlled filter weighing lab and mechanical repair room from Building A to Building B.

- h. Replaced Hi-Volume Filter based PM10 monitors with BAM1020 continuous PM10 monitors at Plub-Lit, South Reno, and Toll monitoring stations to provide near real time data, and reduce filter collection and weighing labor requirements.
 - i. New TAPI 200EU trace level NOx analyzer installed at NCore Reno 3 site.
 - j. Replaced 12 year old Ozone analyzer at Incline site with new TAPI 400E analyzer.
 - k. Completed 1 year data comparison between FRM and FEM particulate data at Reno 3 and Sparks sites to ensure continuous BAM particulate data correlates will with the filter based FRM data collection being replaced.
 - l. Began automated calibration checks for equipment at NCore Reno 3 site to reduce labor demands (CO, Ozone, SO₂ and NOy).
 - m. Received grant funding for and purchased E-Bam for mobile monitoring deployment during PM2.5 pollution episodes.
 - n. Purchased new meteorological instrumentation for installation at monitoring sites.
2. Converted collected ambient air quality data to Air Quality Index levels and reported daily AQI.
 3. Finalized research paper with Desert Research Institute (DRI) determining speciation of elevated PM2.5 levels which occurred during the winter of 2009-2010. Paper published November 2, 2012 in Atmos. Chem. Phys., 12, 10051–10064, 2012.
 4. Initiated mobile monitoring study with DRI to determine spatial distribution of elevated PM2.5 concentrations during wintertime inversions around the Sparks monitoring site. Report due by July 2013.
 5. 2011 Criteria Air Pollutants Emissions Inventory completed and adopted by District Board of Health October 2012.
 6. Conduct Residential Wood Use Survey and prepare report, spring 2013.

Goal 3: Take action to maintain and improve air quality.

1. PM2.5 Infrastructure State Implementation Plan (I-SIP) completed, adopted by DBOH and submitted through NDEP to EPA. EPA Approval and Partial Disapproval in October 2012.
2. NO₂ I-SIP prepared and to be presented to DBOH for adoption in January 2013 for submittal for approval by EPA.
3. Transportation Conformity SIP being prepared for presentation to DBOH for adoption in January 2013 for submittal for approval by EPA.
4. Complete SO₂ I-SIP and present for DBOH approval for submittal for approval by EPA summer of 2013.

5. Complete PM10 Redesignation request and present for DBOH approval for submittal for approval by EPA fall of 2013.
6. Present Onboard Refueling Vapor Recovery Phase II exemption regulations for fleets for adoption at December 2012 DHOH meeting.
7. Update woodstove regulations, September 2013.
8. Yellow and Red Burn Codes issued as necessary to reduce wood smoke emissions during wintertime fine particulate pollution events.
9. Prepare grant applications for EPA and DMV funding to support AQM operations. Applications prepared and submitted in March, June and September 2012.
10. Provide testimony and support for continuing implementation of annual vehicle smog check program during 2013 legislative session as necessary.
11. Revise regulations and SIP to eliminate wintertime Oxy-fuel program.
12. Process new permit applications and issue new permits and annual renewals. See Attachment A.

Goal 4: Increase public engagement, outreach, and the profile of Air Quality in Washoe County.

1. Developed and launched "Keep it Clean" AQM campaign, October 2012.
2. Developed and launched "Know the Code" Green-Yellow-Red Burn Code program with new Burn Code icons November 1, 2012. Icons being used on Channel 2 and 4 weather reports.
3. Published and distributed "Keep it Clean" air quality insert in November 1, 2012 Reno News and Review.
4. Purchased AQM trade show booth, September 2012.
5. Launched "Know the Code" radio and internet marketing campaign November 12, 2012.
6. Participate in monthly RTC Agency working group meetings for development of the 2035 Regional Transportation Plan, as well as on RTC Technical Advisory Committee, and RTC-NDOT Liaison Committee. Seek to institute planning options to reduce vehicle miles traveled and provide multi-modal transit options.
7. Participate in monthly Development Services forum meetings with development community representatives and hosted by Washoe County Community Development. Provided presentation on air quality activities November 2012.
8. Coordinate with Truckee Meadows Regional Planning Agency.
9. Participate in Regional Jobs Network.
10. Participate in Smoke Management meetings of federal and state land managers.
11. Participate in N. Nevada Section of the American Planning Association.
12. Participate in the Eastern Sierra Chapter of the Air and Waste Management Association.
13. Participate in NDOT "Connecting Nevada" Transportation Planning Project.

14. Participate in Nevada Advisory Committee on Control of Emissions from Motor Vehicles.
15. Participate in N. Nevada Bicycle Alliance, and Safe Routes to Schools.
16. Participate in TRPA Air Monitoring and Planning working group.
17. Membership and participate in greenUP!
18. Membership and participation in Local Governments for Sustainability (ICLEI).
19. Participate in the Regional Green Team including representatives from Reno, Sparks, Washoe County, UNR, TMCC, Reno-Tahoe Airport, Sparks Indian Colony, and RTC.
20. Participate in the Washoe County Green Team.
21. Participate in Chronic Disease Coalition Meetings.
22. Participate in Washoe County Economic Development working group.
23. Board of Directors representation on HomeFree Nevada and the EnergyFit Nevada Program.
24. Board of Directors representation on Keep Truckee Meadows Beautiful.
25. Provided funding for UNR Business Environmental Program Outreach, Education and Technical Assistance for Fleet Operations in Northern Nevada, July 12, 2012-June 30, 2013.
26. Provide information to the public through interviews and events.
 - a. Media interviews to provide information on air quality, air quality programs, or advisories.
 - b. Lectures and Presentations to classes and organizational meetings.
 - c. Tours of ambient air monitoring stations.
 - d. Informational booths/tables at events.
27. Promote electric vehicle (EV) use.
 - a. Participate in Nevada Electric Vehicle Infrastructure Readiness Task Force.
 - b. Purchased Nissan Leaf EV May 2012 for use as AQM pool vehicle and designed and applied EV promotional wrap.
 - c. Advertised and participated in National Plug in America Day event at Idlewild Park September, 2012.
 - d. Installed electric vehicle charging stations behind the Health District at the County complex, September 2012, for use by AQM and the public.
 - e. Secure extended range EV cargo van for use by the AQM monitoring program December 2012.

Goal 5: Maintain a high performing good work environment.

1. Relocated AQM Division from Building A to Building B, June 2011. Complete workspace furnishing modifications December 2012.
2. Filled open AQS positions within budget June and July 2012, while maintaining permitting engineer vacancy for budget savings.
3. Conduct annual evaluations and provide continuous coaching and feedback to staff.
4. Conduct regular Branch meetings and monthly Divisional staff meetings.
5. Procured new modeling computers in September 2012 to run MOVES and AIRMOD air quality models.
6. Evaluate current inspection schedules and whether frequency of inspections might be reduced for certain source types without significant impacts on air quality or public health. Transition to annual telephone contact for equipment updates and biennial inspection schedule for fuel burning equipment only permits.
7. Technical training and conference attendance provided for AQM staff as required or funding allows.
 - a. Annual MSHA and Asbestos and Visible Emissions training/certifications for AQM inspection staff.
 - b. AHERA Asbestos training completed for new permitting engineer.
 - c. Air and Waste Management Association Annual Conference, June 2012.
 - d. National Emissions Inventory Conference August. 2012.
 - e. National EPA Air Quality System Air Monitoring Conference, August 2012.
 - f. WESTAR/UNR Western Ozone Transport Conference, October 2012.
 - a. National Association of Clean Air Agencies Conference, October 2012.

Attachment A

Permitting and Enforcement

COMPLAINTS	2012		2011		
	OCTOBER	YTD	OCTOBER	YTD	Annual Total
Asbestos	0	15	3	19	21
Burning	0	5	1	3	10
Construction Dust	2	30	4	52	59
Dust Control Permit	0	6	0	18	22
General Dust	3	39	0	0	0
Diesel Idling	0	7	0	2	3
Odor	7	14	2	17	17
Spray Painting	1	4	0	6	8
Permit to Operate	10	49	8	47	63
Wood Stove	1	15	0	2	7
TOTAL	24	184	19	148	210
NOV'S	OCTOBER	YTD	OCTOBER	YTD	Annual Total
Warnings	4	42	0	39	55
Citations	7	32	1	8	9
TOTAL	11	74	1	47	64

TYPE OF PERMIT	2012		2011	
	OCTOBER	YTD	OCTOBER	YTD
Renewal of Existing Permits	86	1151	79	1215
New Authorities to Construct	7	73	6	82
Dust Control Permits	10 (70 acres)	94 (1254 acres)	2 (2 acres)	89 (796 acres)
Wood Stove Certificates	25	266	27	59
WS Dealers Affidavit of Sales	25 (16 replacements)	87 (53 replacements)	8 (5 replacements)	107 (69 replacements)
WS Notice of Exemptions	625 (15 stoves removed)	6104 (75 stoves removed)	465 (9 stove removed)	5480 (61 stoves removed)
Asbestos Assessments and Asbestos Removal Notifications (NESHAP)	124	983	93	999

Washoe County Health District
CCHS 2013-2014 Strategic Plan
 Revised 12.3.2012

S T R A T E G I C D I R E C T I O N

Vision Statement:
 We are Leaders
 In a Unified
 Community
 Committed to
 Optimal Human and
 Environmental
 Health.

Mission Statement:
 To protect and
 enhance the
 physical well being
 and quality of life
 for all citizens of
 Washoe County
 through providing
 health information,
 disease prevention,
 emergency
 preparedness, and
 environmental
 services.

Organizational Values:

- **Trustworthiness**
 - Appropriate allocation of resources
 - Spend prudently
 - Stewardship
- **Professionalism**
 - Ethics
 - Education
 - Accountability
- **Partner - Collaborate**
 - Be flexible, adapt
 - Be accessible
 - Be Proactive
 - Innovate and create

Goal 1: Improved health of Washoe County's populations

Strategy 1:
 Continue provision of clinical services, assuring community need is met.

Strategy 2:
 Support and develop public policy that positively impacts health outcomes.

Strategy 3:
 Collaborate and partner with community stakeholders to extend reach of services.

Strategy 4:
 Incorporate model practices into all programs.

Goal 2: Emerging public health needs in the community addressed

Strategy 1: Seek grants and new sources of funding and resources to support programs and services.

Strategy 2:
 Prepare and respond to the impact of Healthcare Reform.

Strategy 3: Conduct or participate in the assessment of the health of the population of Washoe County.

Strategy 4: Create programs or expand existing services to meet need identified in analysis of assessments.

Goal 3: CCHS will operate effectively and efficiently

Strategy 1: Explore costs and benefits of combining existing clinics.

Strategy 2:
 Increase the use of productivity measurements to improve.

Strategy 3: Utilize Performance Improvement processes to address challenges.

Strategy 4:
 Maximize the effective use of technology including social media.

Goal 4: CCHS employees will remain highly skilled and engaged

Strategy 1:
 Embrace a culture of "learning" emphasis, including working with students, staff training and skill attainment.

Strategy 2:
 Acknowledge and celebrate the "gift" of public service.

Strategy 3: All employees will have a plan for professional development.

CCHS Strategic Plan – Examples of Progress

Goal 1: Improved health of Washoe County's populations

Strategies –

1. Clinical services – continued provision of immunizations, sexual health services, family planning and tuberculosis services.
2. Continued policy work in the Chronic Disease program, addressing tobacco use, obesity/overweight, and physical activity.
3. Ongoing partnerships with Immunize Nevada for School Located Vaccination Clinics (SLVC), and other immunization clinics.
4. Ongoing – routinely incorporate model practices into programs – family planning, immunizations, sexual health, tuberculosis, etc.

Goal 2: Emerging public health needs in the community addressed

Strategies –

1. Chronic Disease program (CDPP) put forth four new grants in 2012; CCHS received two NACCHO grants.
2. Beginning discussions with DHO and CCHS management re: Healthcare Reform.
3. CDPP conducted annual ACHIEVE community assessment.
4. Immunization services meeting community need with SLVC efforts.

Goal 3: CCHS will operate effectively and efficiently

Strategies –

1. Exploring combining of family planning and sexual health clinics; programs now under one manager.
2. Productivity measures used to guide program direction, for staff evaluations and for reporting.
3. Quality planning and quality improvement processes routinely used to address challenges – from larger projects to smaller, rapid-cycle interventions that improve client or staff processes and satisfaction.
4. Began use of texting for contacting sexual health clients when no other options exist.

Goal 4: CCHS employees will remain highly skilled and engaged

Strategies –

1. Routinely provide learning experiences to UNR nursing, community health students and medical students/residents. Provide staff training on an ongoing basis, including the CCHS “Annual Training Day”, to assure that critical competencies are met.
2. Routinely acknowledge the hard work of staff, thanking them for their efforts, and encouraging even more.
3. Professional development plans are part of all staff evaluations.

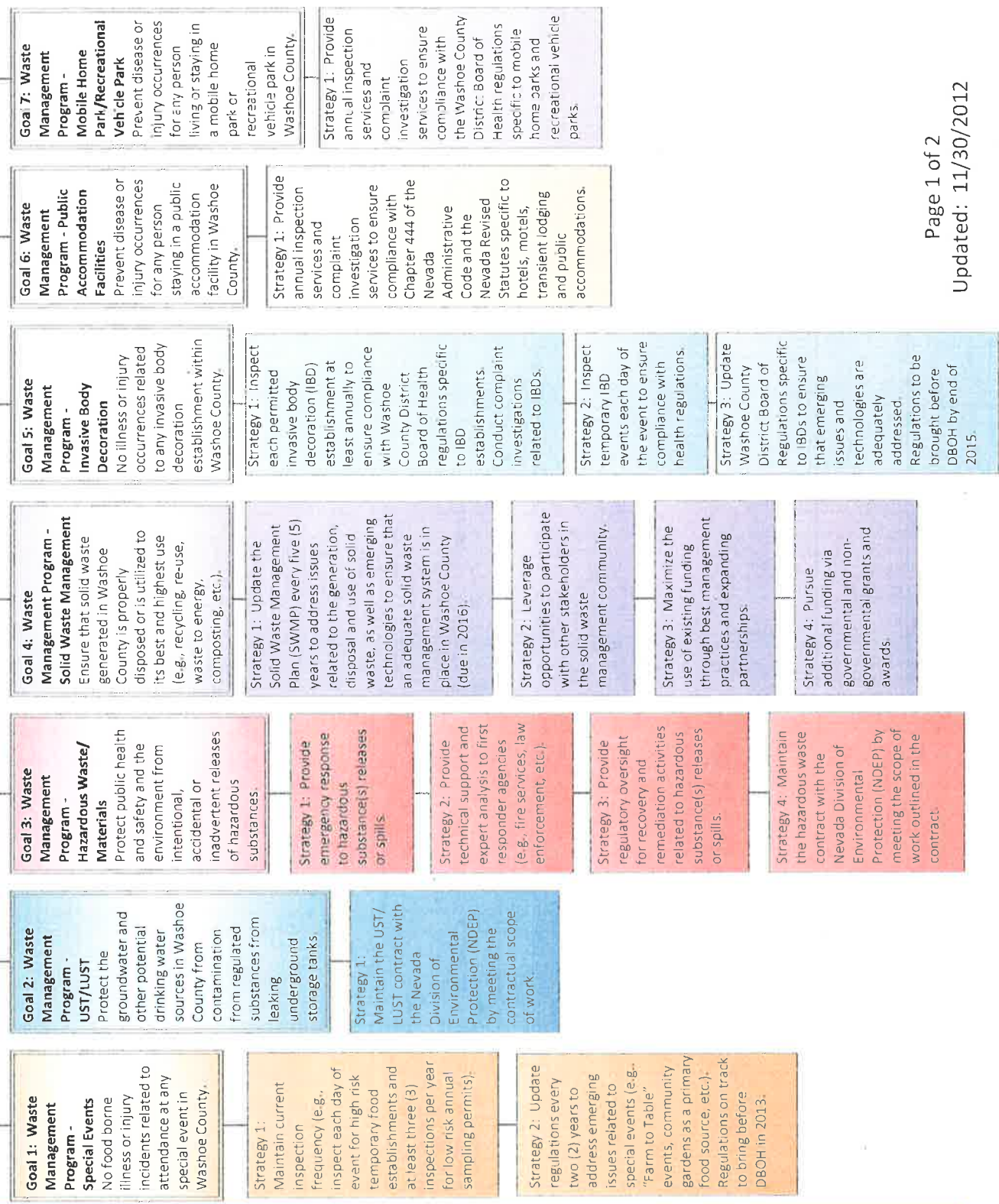
Vision Statement:
We are leaders in a unified community committed to optimal human and environmental health.

Mission Statement:
To protect and enhance the physical well being and quality of life for all citizens of Washoe County through providing health information, disease prevention, emergency preparedness, and environmental services.

- Organizational Values:**
- Trustworthiness
 - Appropriate allocation of resources
 - Spend prudently
 - Stewardship
 - Professionalism
 - Ethics
 - Education
 - Accountability
 - Partner - Collaborate
 - Be Flexible, Adapt
 - Be accessible
 - Be Proactive
 - Innovate and Create

STRATEGIC DIRECTION

**Washoe County Health District
Environmental Health Services
2012-2015 Strategic Plan**



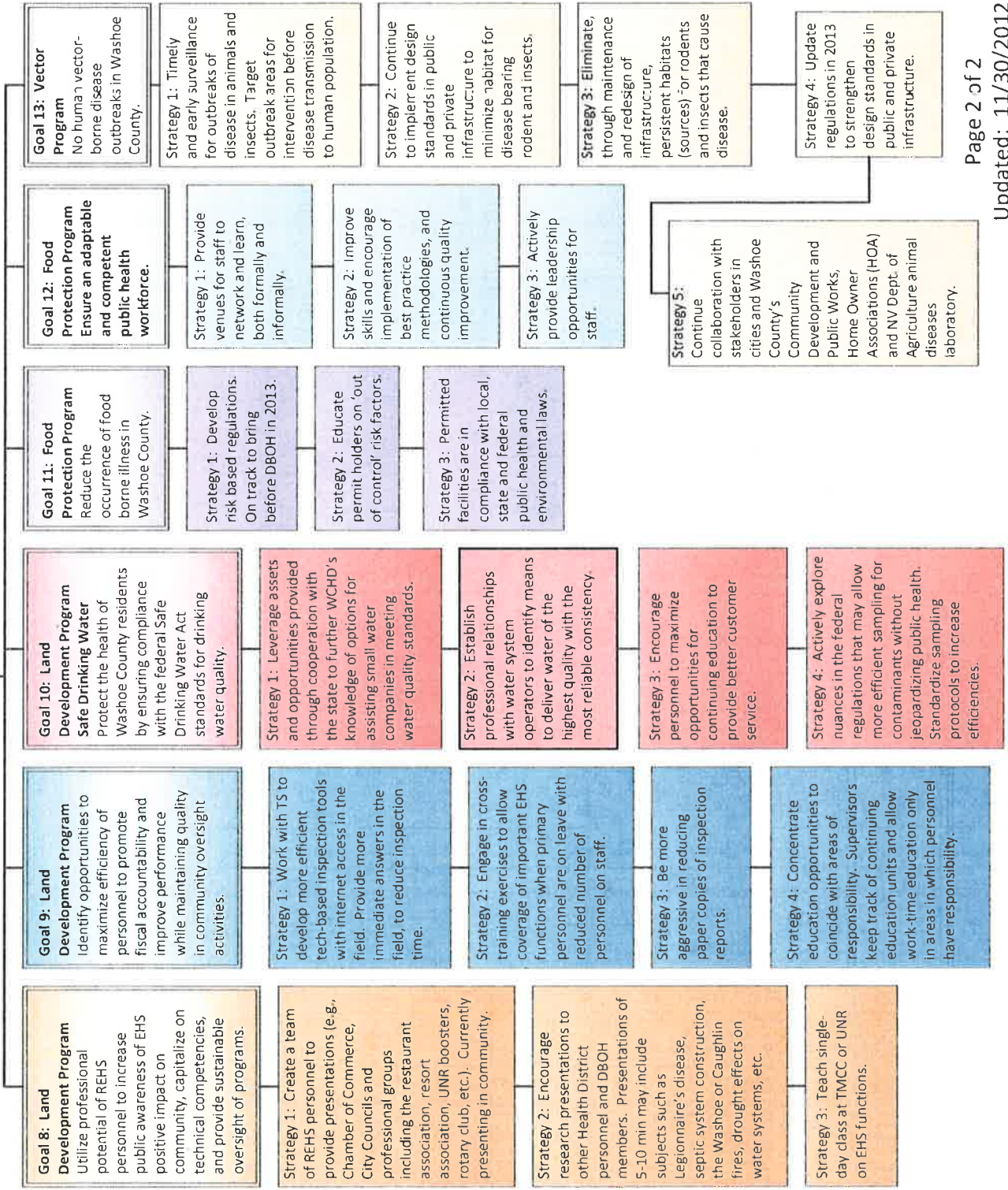
Vision Statement:
We are leaders in a unified community committed to optimal human and environmental health.

Mission Statement:
To protect and enhance the physical well being and quality of life for all citizens of Washoe County through providing health information, disease prevention, emergency preparedness, and environmental services.

- Organizational Values:**
- Trustworthiness**
 - Appropriate allocation of resources
 - Spend prudently
 - Stewardship
 - Professionalism**
 - Ethics
 - Education
 - Accountability
 - Partner - Collaborate**
 - Be Flexible, Adapt
 - Be accessible
 - Be Proactive
 - Innovate and Create

STRATEGIC DIRECTION

**Washoe County Health District
Environmental Health Services
2012-2015 Strategic Plan**



Metrics for WCHD EHS Strategic Plan

Goal 1: Waste Management Program - Special Events No food borne illness or injury incidents related to attendance at any special event in Washoe County.

- 1.1 Maintain current inspection frequency (e.g., inspect each day of event for high risk temporary food establishments and at least three (3) inspections per year for low risk annual sampling permits). (ongoing)
- 1.2 Update regulations every two (2) years to address emerging issues related to special events (e.g., "Farm to Table" events, community gardens as a primary food source, etc.). Regulations on track to bring before DBOH in 2013.

Goal 2: Waste Management Program - UST/LUST Protect the groundwater and other potential drinking water sources in Washoe County from contamination from regulated substances from leaking underground storage tanks.

- 2.1 Maintain the UST/LUST contract with the Nevada Division of Environmental Protection (NDEP) by meeting the contractual scope of work. (ongoing)

Goal 3: Waste Management Program - Hazardous Waste/Materials Protect public health and safety and the environment from intentional, accidental or inadvertent releases of hazardous substances.

- 3.1 Provide emergency response to hazardous substance(s) releases or spills. (ongoing)
- 3.2 Provide technical support and expert analysis to first responder agencies (e.g., fire services, law enforcement, etc.). (ongoing)
- 3.3 Provide regulatory oversight for recovery and remediation activities related to hazardous substance(s) releases or spills.
- 3.4 Maintain the hazardous waste contract with the Nevada Division of Environmental Protection (NDEP) by meeting the scope of work outlined in the contract.

Goal 4: Waste Management Program - Solid Waste Management Ensure that solid waste generated in Washoe County is properly disposed or is utilized to its best and highest use (e.g., recycling, re-use, waste to energy, composting, etc.).

- 4.1 Update the Solid Waste Management Plan (SWMP) every five (5) years to address issues related to the generation, disposal and use of solid waste, as well as emerging technologies to ensure that an adequate solid waste management system is in place in Washoe County (due in 2016).
- 4.2 Leverage opportunities to participate with other stakeholders in the solid waste management community.
- 4.3 Maximize the use of existing funding through best management practices and expanding partnerships.

- 4.4 Pursue additional funding via governmental and non-governmental grants and awards.
- 4.5 Become HL7 compliant by June 2013

Goal 5: Waste Management Program - No illness or injury occurrences related to any invasive body decoration establishment within Washoe County.

- 5.1 Inspect each permitted invasive body decoration (IBD) establishment at least annually to ensure compliance with Washoe County District Board of Health regulations specific to IBD establishments. Conduct complaint investigations related to IBDs.
- 5.2 Inspect temporary IBD events each day of the event to ensure compliance with health regulations.
- 5.3 Update the Washoe County Health District regulations specific to IBDs to ensure that emerging issues and technologies are adequately addressed. Regulations to be brought before DBOH by end of 2015.

Goal 6: Waste Management Program - Public Accommodation Facilities

Prevent disease or injury occurrences for any person staying in a public accommodation facility in Washoe County.

- 6.1 Provide annual inspection services and complaint investigation services to ensure compliance with Chapter 444 of the Nevada Administrative Code and the Nevada Revised Statutes specific to hotels, motels, transient lodging and public accommodations.

Goal 7: Waste Management Program - Mobile Home Park/Recreational Vehicle Park

Prevent disease or injury occurrences for any person living or staying in a mobile home park or recreational vehicle park in Washoe County.

- 7.1 Provide annual inspection services and complaint investigation services to ensure compliance with the Washoe County District Board of Health regulations specific to mobile home parks and recreational vehicle parks.

Goal 8: Land Development Program Utilize professional potential of REHS personnel to increase public awareness of EHS positive impact on community, capitalize on technical competencies, and provide sustainable oversight of programs.

- 8.1 Create a team of REHS personnel to provide presentations (e.g., Chamber of Commerce, City Councils and professional groups including the restaurant association, resort association, UNR boosters, rotary club, etc.). EHS staff is currently conducting presentations in the community.

- 8.2 Encourage research presentations to other Health District personnel and DBOH members. Presentations of 5-10 min may include subjects such as Legionnaire's disease, septic system construction, the Washoe or Caughlin fires, drought effects on water systems, etc.
- 8.3 Teach single-day class at TMCC or UNR on EHS functions.

Goal 9: Land Development Program Identify opportunities to maximize efficiency of personnel to promote fiscal accountability and improve performance while maintaining quality in community oversight activities.

- 9.1 Work with TS to develop more efficient tech-based inspection tools with internet access in the field. Provide more immediate answers in the field, to reduce inspection time.
- 9.2 Engage in cross-training exercises to allow coverage of important EHS functions when primary personnel are on leave with reduced number of personnel on staff.
- 9.3 Be more aggressive in reducing paper copies of inspection reports.
- 9.4 Concentrate education opportunities to coincide with areas of responsibility. Supervisors keep track of continuing education units and allow work-time education only in areas in which personnel have responsibility.

Goal 10: Land Development Program - Safe Drinking Water Protect the health of Washoe County residents by ensuring compliance with the federal Safe Drinking Water Act standards for drinking water quality.

- 10.1 Leverage assets and opportunities provided through cooperation with the state to further WCHD's knowledge of options for assisting small water companies in meeting water quality standards.
- 10.2 Establish professional relationships with water system operators to identify means to deliver water of the highest quality with the most reliable consistency.
- 10.3 Encourage personnel to maximize opportunities for continuing education to provide better customer service.
- 10.4 Actively explore nuances in the federal regulations that may allow more efficient sampling for contaminants without jeopardizing public health. Standardize sampling protocols to increase efficiencies.

Goal 11: Food Protection Program Reduce the occurrence of food borne illness in Washoe County.

- 11.1 Develop risk based regulations. Staff is on track to bring before DBOH in 2013.
- 11.2 Educate permit holders on 'out of control' risk factors.
- 11.3 Permitted facilities are in compliance with local, state and federal public health and environmental laws.

Goal 12: Food Protection Program Ensure an adaptable and competent public health workforce.

- 12.1 Provide venues for staff to network and learn, both formally and informally.
- 12.2 Improve skills and encourage implementation of best practice methodologies, and continuous quality improvement.
- 12.3 Actively provide leadership opportunities for staff.

Goal 13: Vector Program No human vector-borne disease outbreaks in Washoe County.

- 13.1 Timely and early surveillance for outbreaks of disease in animals and insects. Target outbreak areas for intervention before disease transmission to human population.
- 13.2 Continue to implement design standards in public and private infrastructure to minimize habitat for disease bearing rodent and insects.
- 13.3 Eliminate, through maintenance and redesign of infrastructure, persistent habitats (sources) for rodents and insects that cause disease.
- 13.4 Update regulations in 2013 to strengthen design standards in public and private infrastructure.
- 13.5 Continue collaboration with stakeholders in cities and Washoe County's Community Development and Public Works, Home Owner Associations (HOA) and NV Dept. of Agriculture animal diseases laboratory.

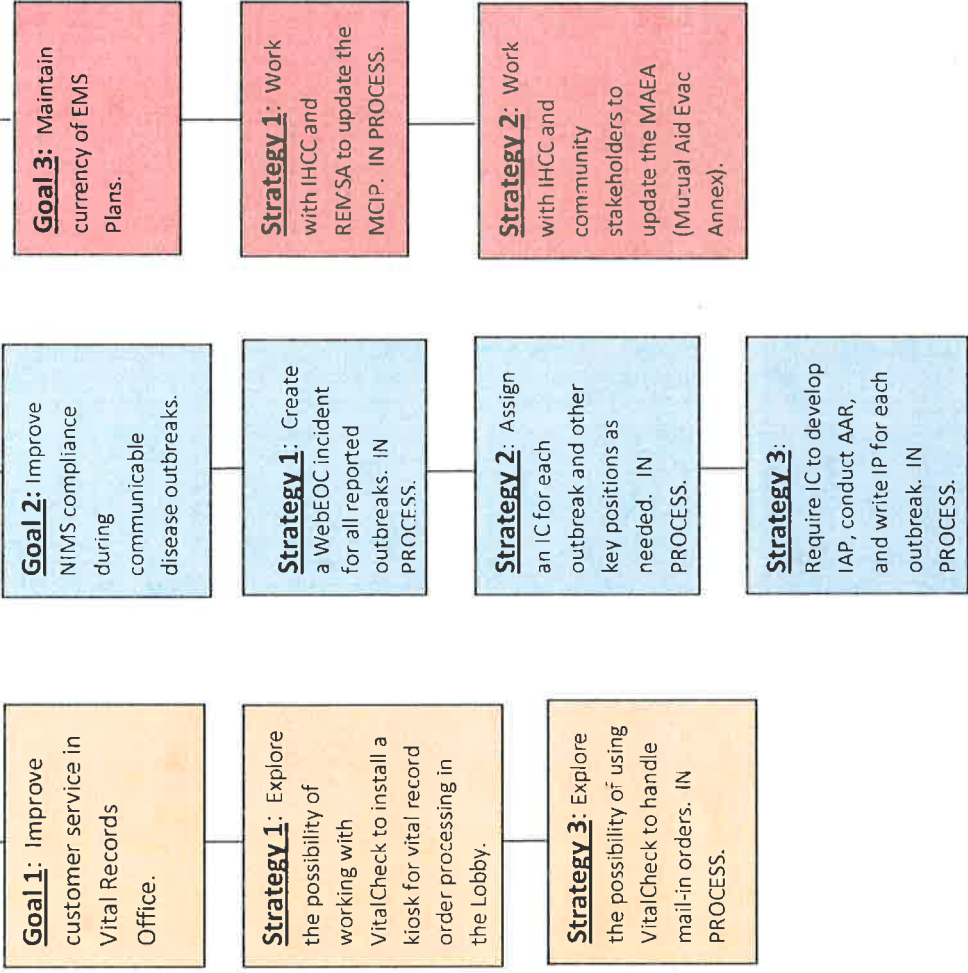
S T R A T E G I C D I R E C T I O N

Vision Statement:
 We are Leaders
 In a Unified
 Community
 Committed to
 Optimal Human and
 Environmental
 Health.

Mission Statement:
 To improve the
 health status of
 eligible pregnant
 and postpartum
 women, infants, and
 children up to age
 five by providing
 monthly
 supplemental
 nutritious foods,
 nutrition education,
 and referrals.

- Organizational Values:**
- **Trustworthiness**
 - Appropriate allocation of resources
 - Spend prudently
 - Stewardship
 - **Professionalism**
 - Ethics
 - Education
 - Accountability
 - **Partner - Collaborate**
 - Be Flexible, Adapt
 - Be accessible
 - Be Proactive
 - Innovate and Create

Washoe County Health District Epidemiology and Public Health Preparedness 2013 – 2014 Strategic Plan



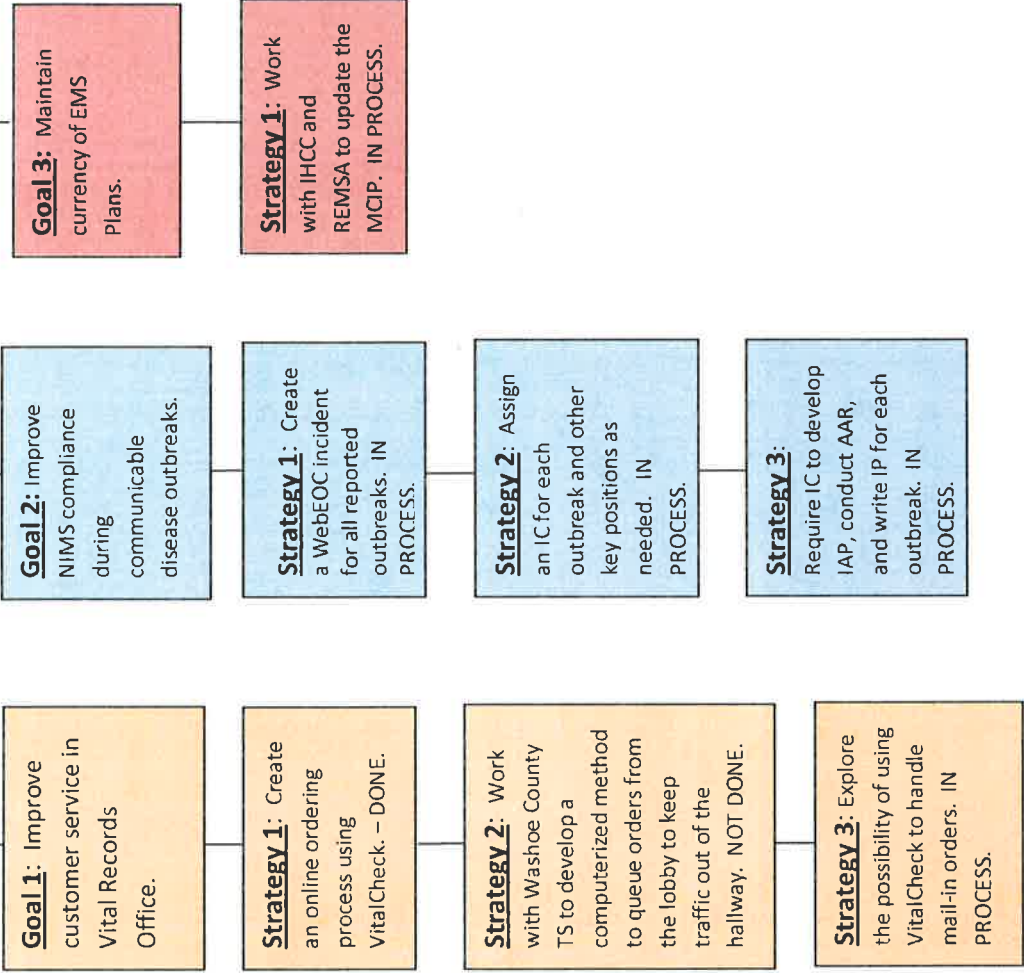
S T R A T E G I C D I R E C T I O N

Vision Statement:
We are Leaders
In a Unified
Community
Committed to
Optimal Human and
Environmental
Health.

Mission Statement:
To improve the
health status of
eligible pregnant
and postpartum
women, infants, and
children up to age
five by providing
monthly
supplemental
nutritious foods,
nutrition education,
and referrals.

- Organizational Values:**
- **Trustworthiness**
 - Appropriate allocation of resources
 - Spend prudently
 - Stewardship
 - **Professionalism**
 - Ethics
 - Education
 - Accountability
 - **Partner - Collaborate**
 - Be Flexible, Adapt
 - Be accessible
 - Be Proactive
 - Innovate and Create

**Washoe County Health District
Epidemiology and Public Health Preparedness
2012 – 2013 Strategic Plan**



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
 Robert Sack, Director, Environmental Health Services
 Kevin Dick, Director, Air Quality Management
 Patsy Buxton, Fiscal Compliance Officer, AHS
 Peg Caldwell, Registered Nurse I, EPHP
 Phil Ulibarri, Public Information Officer, AHS
 Bev Bayan, WIC Program Manager, CCHS
 Stacy Hardie, Public Health Nurse Supervisor, CCHS
 Jeff Whitesides, Public Health Preparedness Program Manager, EPHP
 Charlene Albee, Enforcement Branch Chief, AQM
 Kelli Seals, Health Educator II, CCHS
 Jim English, Environmental Health Specialist Supervisor, EHS
 Peggy F. O'Neill, Recording Secretary
 Leslie Admirand, Deputy District Attorney

Steve Kutz, Division Director, Community and Clinical Health Services
 Randall Todd, DrPH, Director, Epidemiology and Public Health Preparedness
 Eileen Stickney, Administrative Health Services Officer, AHS
 Lori Cooke, Fiscal Compliance Officer, AHS
 Stacey Akurosawa, EMS Coordinator, EPHP
 Bryan Tyre, Environmental Engineer, EHS
 Dave McNinch, Environmental Health Specialist Supervisor, EHS
 Candy Hunter, Public Health Nurse Supervisor, CCHS
 Daniel Inouye, Air Quality Supervisor, AQM
 Erin Dixon, Tobacco Program Coordinator, CCHS
 Steve Fisher, Department Computer Application Specialist, AHS
 Paula Valentine, Administrative Assistant I, EHS
 Tony Macaluso, Environmental Health Specialist Supervisor, EHS
 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

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
5.	<p>Presentation – Public Health Priorities</p>	<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>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
6.	<p>Presentation – Winnable Battles</p>	<p>Dr. Iser made a presentation on Winnable Battles, a copy of which was placed on file for the record.</p> <p>The Winnable Battles Dr. Iser presented are: (1) get good data; (2) prioritize and do the hard stuff first; (3) fight and win winnable battles; (4) hire great people; (5) address communicable diseases and environmental health, or you will not be able to address anything else; (6) do not cede the clinical realm; (7) learn the budget cycle; (8) manage the context; (9) never surprise your boss; and (10) follow these 5 principals: (i) be a diligent steward of the funds entrusted to your agency; (ii) provide an environment for intellectual and personal growth and integrity; (iii) base all public health decisions on the highest quality scientific data, openly and objectively derived; (iv) place the benefits to society above the benefits to the institution; and (v) treat all persons with dignity, honesty, and respect.</p> <p>To be successful, we must put these practices into place:</p> <ul style="list-style-type: none"> • Address high-burden winnable battles • Develop evidence-based prevention strategies • Support surveillance • Increase capacity to advocate for an implement prevention policy • Leverage resources • Consult with and learn from peers • Follow-up on one policy or program • Do more with less <p>Dr. Iser opened the floor for questions, and Councilwoman Ratti expressed her frustration with the lack of Washoe County-specific data, not only within the Health District, but in Sparks and county-wide.</p> <p>Dr. Randall Todd reported to Councilwoman Ratti that she is correct in certain areas; however, for Communicable Disease, the Health District has rich and localized data. In the area of Chronic Disease is where we do not have good data. Everything is based on national or state estimates.</p> <p>Dr. Iser reported that as soon as St. Mary's Medical Center produces its Community Health Assessment, the Health District will have the data that will be more specific to Washoe County and help us make these decisions.</p>	
	<p>Board Comment</p>	<p>Commissioner Jung stated that she would like to see some type of correlation between WIC and the foods that are available for purchase and that they be</p>	

TIME /
ITEM

SUBJECT / AGENDA

DISCUSSION

ACTION

restricted to healthy choices since obesity is such a contributing factor to Chronic Disease.

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.

Chairman Smith asked that a white board be used to capture some of the ideas being discussed today.

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.

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.

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.

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.

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.

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<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 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. Iser 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>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
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 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> <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>ACTION ITEM: 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>

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<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.</p> <p>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. 	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
	<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>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
10.	<p>Presentation, Discussion, and Possible Direction to Staff Regarding FY 14 Health Fund Budget</p>	<p>Eileen Stickney, Administrative Health Services Officer, reported that staff will brief the Board on one scenario to close the budget gap as was presented in October, and one element of that will be to implement a Health District Indirect Cost Policy. Ms. Patsy Buxton will present to the Board the proposed Washoe County Health District Indirect Cost Policy.</p> <p>Ms. Buxton reported that presented to the Board is a Draft Indirect Cost Policy for the Board's review. As the County has allocated its Cost Allocation to the Health Fund, it is imperative that the Health District implement an indirect cost policy to help maintain financial sustainability.</p> <p>Ms. Buxton stated that the relevant terms are defined in the policy, and the policy simply states that the Health District will apply the full relevant indirect cost rate to all external grants, contracts, and fees. In certain circumstances, the District Health Officer and Administrative Health Services Officer may approve full or partial waivers of the Administrative costs normally incurred. The Revenue derived from recovering indirect costs will be moved from individual programs to a Health Fund administrative cost object so that it is not utilized for daily operational expenditures.</p> <p>Ms. Buxton then presented a spreadsheet which demonstrates several indirect cost recovery scenarios and the revenue derived there from. Ms. Buxton recommended that the Board implement a policy which recovers a minimum of 10% and then revisit the policy on an annual basis. Dr. Iser interjected that most grants have limitations on cost recovery which normally range from 10% to 12%. For every dollar we take out for cost recovery, we will have to take out of services.</p> <p>Dr. Hess asked for clarification on the spreadsheet, and Ms. Buxton stated that the rates are identified as follows: Health Administration, Division Rate, HD Combined Rate (which is Administration and the Division Rate combined), the COWCAP Rate, and then finally all of those combined is the Total Rate. All numbers are based on our audited financials. Ms. Buxton offered to have Scott Mayne of LSM – Government Financial Management present to the Board regarding the COWCAP. He is contracted with the County to develop the Washoe County Cost Allocation Plan and the Washoe County Health District Indirect Cost Rate Proposal.</p> <p>Councilwoman Ratti questioned how the COWCAP could be different by Division within the Health District, and Ms. Buxton reported that it is mostly allocated by FTE and/or division salaries and wages, and therefore, the divisional rates are different. Councilwoman Ratti stated that this is an effort to</p>	
	<p>Board Comment</p>		

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<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 kind. 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>

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<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 LA 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>

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<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>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<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><u>ACTION ITEM:</u> Place a reliable BMI calculator or a link on the WCHD website.</p>

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
	<p style="text-align: center;">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>

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
12.	<p>Presentation and Discussion regarding Implementation of the Washoe County Cost Allocation Plan</p>	<p>Mr. Alan Rosen and Ms. Pine Fine made a presentation regarding the implementation of the County Wide County Cost Allocation Plan.</p> <p>Mr. Rosen stated that Washoe County has completed a cost allocation plan every year since FY 2004. The function of a cost allocation plan is to determine a methodology for allocating central service costs. The formulation of the cost allocation plan is in compliance with OMB Circular A-87 and A87 Guidance. This guidance is widely used in local government accounting to allocate indirect costs to grants and other programs. The BCC gave new direction to Staff in February of 2012 to implement full charges based on the COWCAP over a three year period.</p> <p>Mr. Rosen stated that the COWCAP strategy for FY12-13 was to have a 3 year phase-in for vulnerable funds by fully charging overhead starting July 2013, buffering vulnerable funds with increased transfer from the General Fund, and phasing out the buffer over 3 years. There was to be no charge for insignificant amounts in FY 12-13, and no charge for funds when not allowed by NRS or working on a longer term strategy. Preliminary work on the FY 14 COWCAP will be complete by January 15, 2013.</p> <p>Mr. Rosen presented a slide reflecting what he termed as the "Largest users of central service support." Commissioner Jung asked if the Library Expansion Fund is a Restricted Fund. Mr. Rosen replied that it is restricted as to the use, but not for charging cost allocation. Mr. Rosen stated that grants are restricted by their terms as to the amount of indirect costs which can be charged.</p>	
	<p>Board Comment</p>	<p>Councilwoman Zadra asked for clarification on the Library Expansion Fund and the Friends of the Library Fund. Ms. Fine stated that the Friends of the Library Trust is a separate trust fund from the Library Expansion Fund. The Library Expansion Fund was a property tax override to expand and build more libraries, and in that funding the operations and staffing and building of those new library facilities was all allowable, and the overhead was considered an allowable cost. The Friends of the Library contribution is a separate trust fund which is a separate cost account all together, and is one of those funds that is restricted from having overhead charges charged to it.</p> <p>Dr. Randy Todd asked Mr. Rosen if on the current slide presented, "Largest users of central service support," if the recommended charge was implemented fully if there were no notes regarding subsidies in the Notes column, and Mr. Rosen replied in the affirmative. Dr. Todd stated that there are quite a few large funds that are not listed on that slide, such as the Sheriff's Department, and questioned if they were charged the COWCAP. Mr. Rosen replied that all</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<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>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<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 tried 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>

TIME /
ITEM

SUBJECT / AGENDA

DISCUSSION

ACTION

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."

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.

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.

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

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<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>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<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 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 Emergencies and the 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>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<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.</p> <p>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 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>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<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 agendaized 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."</p> <p>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>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<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>MOTION CARRIED 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

Email the Agenda to the DHO, ASHO, Chairman of the Board, and legal counsel for approval. After the agenda has been reviewed and approved by:

Recipient	Sent	Reviewed	Approved
DHO			11/20/12
AHSO			
Chairman			
Counsel			

The DBOH meeting agenda must be posted three (3) business days prior to the date of the meeting.

<p>Print out 2 copies of the agenda for posting; one goes downstairs on the Health District bulletin board; and the other outside of the Board of County Commission Chambers display bulletin board. On the G Drive: \ DBOH, print out the Certificate of Posting document ~ date and sign that these 2 agendas have been posted in accordance with the <i>Nevada Open Meeting Law</i>. Print out posting verifications and staple, with a copy of the agenda, and file</p>	<p>Completed Date: <u>11/20</u></p>
---	---

Make 20 copies of the agenda (extras are for attendees), after all approvals are received.

When all packet back-up materials are received, type in Agenda Item No. ____” in the top right hand corner of the first page of each item.

Email the agenda to the individuals listed below. Request the agenda be posted on the bulletin boards and websites. Request a verification of posting for the records.

<u>Agenda Posting Distribution List:</u>	<u>Email</u>	<u>Date Completed</u>
Barbara Aufiero Christina Griffith Jim Nadeau Richard Whitley Steve B. Fisher Tracey D. Green, MD Teresa Gardner	aufierob@reno.gov cgriffith@health.nv.gov jim.nadeau@sbcglobal.net rwhitley@nvhd.state.nv.us SBFisher@washoecounty.us tgreen@health.nv.gov tgardner@cityofsparks.us	<div style="color: red; font-family: cursive;"> <p>11/30/12 1:30 pm revised 2:30 pm</p> </div>








Print the Public Mailing List for agendas and approximately 55 copies of the agenda. These copies of the Agenda must be mailed no later than Friday of the week preceding the meeting. The labels are located at: G Drive; open DBOH file; Board of Health Labels: AGENONLB.doc.


1. Scan the Agenda, Minutes, and remainder of the Packet. (Make a pdf of the Agenda only, Minutes Only, REMSA reports only, and one of the entire packet.
2. Email Steve and/or Curtis (DCAS) – Department Computer Application specialist with packet as an attachment and request the Packet be posted on the Health District website.

AGENDA PACKET DISTRIBUTION:



Delivery by hand not later than the Friday before any Thursday Board meeting:

Board Members and Counsel:

Recipient	Completed
Dr. Denis Humphreys – Paper Copy Family Eye Care Associates 1965 Baring Boulevard Sparks, NV 89434 (775) 358-1020 Business (775) 359-9475 Home (775) 742-7289 Cell	
Councilman Dan Gustin – Paper Copy City of Reno City Hall 1 E 1st Street Reno, Nevada 89501 (775) 334-2025 (Lisa Mann - liaison)	
Leslie Admirand, Deputy DA – Paper Copy Washoe County District Attorney's Office Mills B. Lane Justice Center 1 South Sierra Street South Tower, 4th Floor Reno, NV Phone 775.328.3200	
Matt Smith – Paper and Electronic 2180 Humboldt Street – Off Plumas Reno, NV 89509 (775) 824-0323 Home 775) 842-8054 Cell	
Dr. George Hess – Paper Copy 4250 Juniper Creek Road – Off Mayberry Reno, NV 89519 (775) 746-2785 Home (775) 741-5952 Cell	
Dr. George Furman – Paper Copy 12655 Buckthorn Lane Reno, NV 89511 (775) 853-2313 Home	
Commissioner Kitty Jung – Paper Copy by Interoffice Mail Washoe County Commissioners Office	

1001 East Ninth Street PO Box 1001 E 9th Street Reno, NV 89520-0027	
Councilwoman Julia Ratti – Electronic Only – Email packet or notify by email when posted Girl Scouts of America 605 Washington Street Reno, NV 89503	

Health – Internal Copy Distribution:

Health – Internal and Finance - Copy Distributions	<u>Type of Copy</u>	<u>Date Completed</u>
Dr. Iser	Full Hard copy and full electronic packet	
Eileen Stickney	Full Electronic Packet	
Mary-Ann Brown	Full Electronic Packet	
Kevin Dick	Full Electronic Packet	
Randall Todd	Full Electronic Packet	
Bob Sack	Full Electronic Packet , plus copy of Agenda and his staff report	
Phil Ulibarri	Full Electronic Packet	
Patsy Buxton	Full Electronic Packet, plus copy of Agenda and her items	
Lori Cooke	Full Electronic Packet, plus copy of Agenda and her items	
Stacy Akurosawa	Full Electronic Packet, plus copy of Agenda, Minutes, REMSA Reports and EPHP Division Director's Report	
Pam Fine, Senior Fiscal Analyst	Email and notify when Agenda, Minutes, and Packet have been posted	
Majumdar, Sarbani	Email and notify when Agenda, Minutes, and Packet have been posted	

Email to the following Distribution Lists:

***DBOH Agenda Only Distribution - WC External to WCHD**

DBOH Agenda Only Distribution – WC External to WCHD:	<u>Email</u>	<u>Date Completed</u>
Alex Kukulus Cwiak, Jay A Fine, Pam Jeppson, Don C Latipow, Kurt Leighton, Timothy M Marquis, Jim Menard, Rosemary Simon, Katy Solaro, James P Tamara Lopes Teasley, Doreen	akukulus@washoecounty.us JCwiak@washoecounty.us PFine@washoecounty.us DCJeppson@washoecounty.us KLatipow@washoecounty.us TLeighton@washoecounty.us JMarquis@washoecounty.us RMenard@washoecounty.us ksimon@washoecounty.us JSolaro@washoecounty.us tamara@american-iron.com DTeasley@washoecounty.us	<p>11/30/12 1:37 pm 8:55 pm</p>

Distribution List Name: *DBOH Agenda - Internal Staff - Agenda Only

Members:

Admirand, Leslie	LAdmirand@da.washoecounty.us
Akurosawa, Stacey	SAkurosawa@washoecounty.us
Ames, Mary	MAmes@washoecounty.us
Bayan, Beverly	BBayan@washoecounty.us
Brown, Mary Ann	MABrown@washoecounty.us
Buxton, Patsy	PBuxton@washoecounty.us
Chen, Lei	LChen@washoecounty.us
Cooke, Lori	LCooke@washoecounty.us
Dick, Kevin	KDick@washoecounty.us
Hardie, Stacy	SHardie@washoecounty.us
Hunter, Candy	CHunter@washoecounty.us
Inouye, Daniel	DInouye@washoecounty.us
Iser, Joseph	JIser@washoecounty.us
Kutz, Steve	SKutz@washoecounty.us
Macaluso, Tony	TMacaluso@washoecounty.us
McNinch, Dave	DMcNinch@washoecounty.us
Rucker, Jeanne	JRucker@washoecounty.us
Sack, Bob	BSack@washoecounty.us
Stickney, Eileen	EStickney@washoecounty.us
Todd, Randall L	RTodd@washoecounty.us
Tyre, Bryan	BTyre@washoecounty.us
Valentin, Paula	PValentin@washoecounty.us
Whitesides, Jeff	JWhitesides@washoecounty.us

*Added
Jim English
Jim Schaffer*

*Resent
2:56 PM*

Distribution List Name: *DBOH Agenda and Minutes

Members:

Ames, Mary	MAmes@washoecounty.us
Dr. Larry Sands	sands@snhdmail.org
Klinger, Andrew	klingerk@reno.gov
Patrick Smith	psmith@remsa-cf.com
Peter D. Krueger	peter@i3publicaffaris.com
Richard Whitley	rwhitley@health.nv.gov
Shaun Carey	scarey@ci.sparks.nv.us
Shelli Clark	clarks@snhdmail.org
Visha Siddharthan	siddharthan@reno.gov

11/30/12
1:43 pm
2:57 pm

Distribution List Name: *DBOH - Agenda, Minutes and REMSA Reports

Members:

Brown, Mike D.	mbrown@nltpd.net
Eric Millette	emillette@cityofsparks.us
Joe Espinoza	jcehslc@aol.com
Robert Knoll	knollr@reno.gov
Trudy Cross	crosst@reno.gov

11/30/12
1:44 pm

After the conclusion of the DBOH meeting, and all reports have been presented and accepted, distribute them as follows, as of 2/24/2012:

REMSA REPORT:

Washoe County Manager, Katy Simon	ksimon@washoecounty.us
Manager, City of Reno, Andrew Clinger	clingera@reno.gov
Manager, City of Sparks, Shaun Carey	scarey@cityofsparks.us

After the Board of Health meeting, letters of notification will be written and forwarded to the appropriate people for the following items:


- Air Quality Management Cases fine collection letters and/or variance approval letters. *Specific directions to preparing these letters to follow*
- Sewage, Wastewater and Sanitation (SWS) Hearing Board letters for variances and (occasionally appeals to Staff recommendations)
- Letters of notice of re-appointment by the DBOH to either the Air Pollution Control Hearing Board; the Sewage, Wastewater and Sanitation Hearing and Advisory Board and the Food Protection Hearing and Advisory Board. (all members of these Hearing Boards are appointed by the DBOH). The appropriate Divisional Secretary for the Hearing Boards will prepare and forward the initial appointment letter with the specifics as to the dates and times of the Hearing Board meetings. (* See Example)

CERTIFICATE OF AGENDA POSTING

This is to certify that I posted the Washoe County District Board of Health Agenda for the December 6, 2012 special meeting at the following locations in compliance with the *Nevada Open Meeting Law*:

- Washoe County District Health Department Building "B" (1001 E. Ninth Street)
- Washoe County Administration Building (BCC Lobby) 1001 E. Ninth Street)

Date: November 30, 2012



Peggy F. O'Neill

ONEILL, Peggy F

From: Gardner, Teresa [tgardner@cityofsparks.us]
Sent: Friday, November 30, 2012 1:34 PM
To: ONEILL, Peggy F
Subject: RE: DBOH 12.06 Strategic Planning Retreat Agenda

Posted at the City of Sparks

Teresa Gardner

Assistant City Clerk, City of Sparks

431 Prater Way, Sparks, NV 89431 / PO Box 857, Sparks, NV 89432
(O) 775.353.2355 / (C) 775.722.4674 / tgardner@cityofsparks.us

From: ONEILL, Peggy F [<mailto:poneill@washoecounty.us>]
Sent: Friday, November 30, 2012 1:30 PM
To: 'Barbara Aufiero'; 'Christina Griffith'; Fisher, Steve B.; Nadeau, James; 'Richard Whitley'; Gardner, Teresa; 'Tracey D. Green, MD'
Subject: DBOH 12.06 Strategic Planning Retreat Agenda

We ending up getting the language we needed. Please post no later than 9:00 am on Monday, Dec. 9, and forward to me evidence of such posting.

Thank you!
Peggy

Peggy O'Neill
Administrative Assistant
Washoe County Health District
1001 E. 9th Street
Reno, NV 89512
(775) 328-2427
<http://www.washoecounty.us/health>

Nevada State Health Division
1st Floor Bulletin Board
4150 Technology Way
Carson City, Nevada

I hereby certify that I posted the Special Meeting Notice and Agenda for the Washoe County District Board of Health for the December 6, 2012, meeting of the District Board of Health Meeting at the location noted above.

Christina Griffith

December 3, 2012

Signature

Date

ONeill, Peggy F

From: Fisher, Steve B.
Sent: Monday, December 03, 2012 8:57 AM
To: ONeill, Peggy F
Subject: RE: REVISED - Dec. 6 DBOH Strategic Planning Retreat Agenda - PLEASE POST

I've got this one posted.

From: ONeill, Peggy F
Sent: Friday, November 30, 2012 2:41 PM
To: 'Barbara Aufiero'; 'Christina Griffith'; Fisher, Steve B.; Nadeau, James; 'Richard Whitley'; 'Teresa Gardner'; 'Tracey D. Green, MD'
Subject: REVISED - Dec. 6 DBOH Strategic Planning Retreat Agenda - PLEASE POST

PLEASE REMOVE PREVIOUS AGENDA AND REPOST THIS ONE. THANKS!

Peggy

<< File: 12.2012 Strategic Planning Retreat Agenda.pdf >>

Peggy O'Neill
Administrative Assistant
Washoe County Health District
1001 E. 9th Street
Reno, NV 89512
(775) 328-2427
<http://www.washoecounty.us/health>