

WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING
January 27, 2011

PRESENT: Mr. Matt Smith, Chairman; Amy Khan, MD, Vice Chairman; George Furman, MD; Councilman Dan Gustin; and Commissioner Jung

ABSENT: Denis Humphreys, OD; and Councilwoman Julia Ratti

STAFF: Mary-Ann Brown, Interim District Health Officer; Eileen Coulombe, Administrative Health Services Officer; Bob Sack, Director, Environmental Health Services; Kevin Dick, Director, Air Quality Management Services; Jennifer Hadayia, Acting Director, Community and Clinical Health Services; Patsy Buxton, Fiscal Compliance Officer; Lori Cooke, Fiscal Compliance Officer; Stacey Akurosawa, EMS Coordinator; Noel Bonderson, Air Quality Specialist; Steve Fisher, Department Computer Application Specialist; Tracie Douglas, Public Information Officer; Laurie Griffey, Administrative Assistant; Doug Coulter, PE, Senior Engineer; Bev Bayan, WIC Program Manager; Amber English, Environmental Health Specialist; Krista Hunt, Environmental Health Specialist; Teresa Long, Hazardous Materials Specialist; Jeff Whitesides, Public Health Program Manager; Jeanne Rucker, Environmental Health Specialist Supervisor; Steve Kutz, RN Public Health Nurse Supervisor; Margot Jordan, Public Health Nurse; Sharon Clodfelter, Biostatistician; Janet Smith, Recording Secretary; and Leslie Admirand, Deputy District Attorney

At 1:05 pm, Chairman Smith called the Washoe County District Board of Health meeting to order followed by the Pledge of Allegiance led by Commissioner Kitty Jung, member of the District Board of Health.

ROLL CALL

Roll call was taken and a quorum noted. Mrs. Janet Smith, Recording Secretary, advised that Dr. Humphreys and Ms. Ratti are excused.

PUBLIC COMMENT

There was no public comment presented.

APPROVAL/DELETIONS – AGENDA – JANUARY 27, 2011

Chairman Smith called for any deletions or amendments to the agenda.

**MOTION: Mr. Gustin moved, seconded by Ms. Jung, that the agenda of the District Board of Health January 27, 2011 meeting be approved as presented.
Motion carried unanimously.**

APPROVAL/ADDITONS/CORECTIONS – MINUTES – DECEMBER 16, 2010

Chairman Smith called for any additions or corrections to the minutes of the December 16, 2010 meeting of the District Board of Health.

Dr. Khan

Advised that on page nineteen, within Ms. Ratti's discussion it refers to "Ms. Jung spoke...".

Ms. Smith advised that will be corrected. The sentence should read: "Advised that Ms. Jung spoke to being 'very careful in making...'. "

**MOTION: Mr. Gustin moved, seconded by Ms. Jung, that the minutes of the District Board of Health December 16, 2011 meeting, be approved as amended.
Motion carried unanimously.**

RECOGNITIONS

Chairman Smith and Ms. Mary-Ann Brown, Interim District Health Officer, presented a Certificate of Recognition to Mr. Doug Coulter for **30 Years-of-Service**.

Ms. Brown advised that Ms. Wendie Catron, Public Health Nurse and Nurse Practitioner, has retired; however, she will receive her Certificate of Recognition for **20 Years-of-Service**.

Ms. Brown advised that Ms. Catron was recognized at the 22nd Annual Human Services Awards Breakfast on January 20, 2011, as the "Staff Member of the Year" for "the tremendous energy and

care she provided to families in Washoe County. The lives she touched were improved by her compassion and excellent nursing care; and her clients are healthier as a result. As a twenty-year veteran of Public Health Nurse and Nurse Practitioner for Adolescent Health Clinic at the Washoe County Health District, Ms. Catron exemplifies excellence in nursing with her compassionate approach to people in need of health care."

Chairman Smith and Ms. Brown introduced Ms. Laurie Griffey advising Ms. Griffey earned her Certified Professional Secretary (CPS) in June of 2010; that the International Association of Administrative Professionals (IAAP) recently notified Ms. that she has also earned her "Certified Administrative Professional (CAP)" certification. This required many, many hours of studying and testing on Laurie's part. She is to be commended to taking the initiative to pursue these certifications on her own time.

CONSENT AGENDA – AIR QUALITY MANAGEMENT CASE – MONTEREY SOMERSETT INVESTORS LLC – UNAPPEALED NOTICE OF VIOLATION

Staff advised that **Citation No. 4967, Case No. 1059** was issued to **MONTEREY SOMERSETT INVESTORS LLC** on November 19, 2010, for , for failure to control visible dust emissions generated by windy conditions with no controls and for failure to renew the expired dust control permit at Somersett Village 5D located at the corner of Heavenly Trail and Star Wish Lane, Reno, in violation of Section 040.030 (Dust Control), Subsections C (1) and (3) of the District Board of Health Regulations Governing Air Quality Management. Staff advised that Monterey Somersett Investors LLC was advised of the right to appeal; however, no appeal was filed; that Staff recommends Citation No. 4967, Case No. 1059 be **upheld** and a fine in the amount of **\$1250** be levied as a **negotiated settlement**.

MOTION: Ms. Jung moved, seconded by Mr. Gustin, that Citation No. 4967, Case No. 1059 (Monterey Somersett Investors LLC), be upheld and a fine in the amount of **\$1250** be levied as a negotiated settlement.
Motion carried unanimously.

CONSENT AGENDA – BUDGET AMENDMENTS/ INTERLOCAL AGREEMENTS

The Board was advised that Staff recommends **retroactive approval** of the Interim District Health Officer's **acceptance** of the **Grant Agreement** from the **US Environmental Protection Agency (EPA)** to provide partial funding in the **total amount** of **\$441,106**, for the **Air Quality Management, EPA Air Pollution Control Program, IO 10019**, for the period of October 1, 2010 through September 30, 2011.

The Board was advised that Staff recommends **retroactive approval** of the District Health Officer's **acceptance** of the **Subgrant Amendment #2** from the **Nevada State Health Division, Office of Epidemiology for the Epidemiology and Laboratory Capacity (ELC) Grant Program**, in the **total amount of \$69,557**, for the period of January 1, 2010 through December 31, 2010; and **approval of amendments totaling an increase of \$7,207** in both revenue and expenses to the **adopted FY 11 ELC-General Grant Program, IO 10677**, to bring the FY 11 adopted budget into alignment with the Grant.

The Board was advised that Staff recommends **approval** of the **Notice of Subgrant Award** from the **Nevada State Health Division, Office of Health Planning and Emergency Response** in the amount of **\$98,584** in support of the **Public Health Preparedness H1N1Phase 1 and Phase 2 Grant Programs, IO-10780 and IO-10781**, for the period of July 31, 2010 through June 30, 2011; **approval of amendments totaling a decrease of \$435,313** in both revenue and expenses to the **adopted FY 11 H1N1 Phase I Grant Program, IO-10780**; and **approval of amendments totaling an increase of \$16,687** in both revenue and expenses to the **adopted FY 11 H1N1 Phase 2 Grant Program, IO-10781**, to bring the FY 11 adopted budgets into alignment with the grant.

The Board was advised that Staff recommends **approval** of the **Subgrant Award** from the **Nevada Department of Health and Human Services, Health Division** in the amount of **\$53,322** in support of the **Tuberculosis Centers for Disease Control and Prevention (CDC) Grant Program, (IN 10016)**, for the period of January 1, 2011 through December 31, 2011.

The Board was advised that Staff recommends **approval** of **amendments totaling an increase of \$4,029.78** in both revenue and expenses to the **adopted FY 11 Safe Drinking Water Grant Program, IO-10017**, to bring the FY 11 adopted budget into alignment with the grant.

Mr. Gustin

Stated the benefits of the Safe Drinking Water Program "are note worthy, as issues regarding water, the safety of the community related to the Health Department and the Health Department is doing warrants some type of recognition in the media"; that perhaps the Public Information Officer could address this.

The Board was advised that Staff recommends **approval** of **amendments totaling a decrease of \$774,690** in both revenue and expenses to the **adopted FY 11 H1N1 Grant Program, IO-10782**, to bring the FY 11 adopted budget into alignment with the grant.

MOTION: Ms. Jung moved, seconded by Mr. Gustin, that the Interim District Health

**Officer's acceptance of the Grant Agreement, and Subgrant Amendment #2 with the corresponding budget amendments; the Notice of Subgrant Awards with the corresponding budget amendments; the amendments to the Safe Drinking Water Grant Program; and the amendments to the FY 11 H1n1 Phase 3 Grant Program be approved as presented and the Chairman be authorized to execute on behalf of the Board.
Motion carried unanimously.**

CONSENT AGENDA – WASHOE COUNTY HEALTH DISTRICT DONATION POLICY

The Board advised that Staff recommends acceptance of the Washoe County District Health Client donation Policy, as presented.

**MOTION: Ms. Jung moved, seconded by Mr. Gustin, that the Washoe County Health District Client Donation Policy, be accepted and approved as presented.
Motion carried unanimously.**

REGIONAL EMERGENCY MEDICAL SERVICES AUTHORITY

A. Review and Acceptance of the Operations and Financial Report – November and December 2010

Mr. Jim Gubbels, Vice President of REMSA

Advised the Board members have been provided with a copy of the November 2010 Operations and Financial Report; that the overall emergency response times for life-threatening calls in November 2010 was 93% and 96% for non-life threatening calls; that within the eight (8) minute zone it was 92%; within the fifteen (15) minute zone it was 96%; and within the twenty (20) minute zone it was 100%. The overall average bill for air ambulance for November was \$7,352, with a year-to-date average of \$7,298. The overall average bill for ground ambulance for December was \$991, with a year-to-date total of \$988.

The Board members have been provided with a copy of the December 2010 Operations and Financial Report; that the overall emergency response times for life-threatening calls in December was 92% and 94% for non-life threatening calls; that within the eight (8) minute zone it was 91%; within the fifteen (15) minute zone it was 100%; and within the twenty (20) minute zone it was 96%. The overall average bill for air ambulance for December was \$6,685, with a year-to-date average

of \$7,220. The overall average bill for ground ambulance for December was \$998, with a year-to-date average of \$990.

In response to Mr. Gustin

Regarding the "differences" in the monthly averages for air ambulance services, Mr. Gubbels advised "mileage is the major component for the differences"; that patients transported from the outlying areas (i.e., Gerlach), "will have a greater impact than those transported from areas which are closer (i.e., Pyramid Lake or Incline Village); that it is a mileage component."

In response to Chairman Smith

Regarding the "shorter flights", Mr. Gubbels advised that patients transported shorter distances are charged less, as the fee "is per loaded [patient transported] mile."

MOTION: Mr. Gustin moved, seconded by Ms. Jung, that the REMSA Operations and Financial Report for the months of November and December 2010 be accepted as presented.

Motion carried unanimously.

B. Update – REMSA'S Community Activities Since November 2010

Mr. Gubbels

Advised, he reviewed REMSA's statistics for "year-end standby events (i.e., UNR football, basketball, boxing; Special Olympics, fund-raising events, etc.)"; that for 2010 REMSA provided standby coverage at 545 events. Approximately 15% of these events "are donated coverage" in an effort to support these events for non-profit/not for profit. Previously REMSA provided standby services to a minimal number of special events; that the number of events has greatly increased, and will include track and field, and swimming events in the future.

REMSA will be participating in the 4th Annual "Save a Heart Day", which will be hosted by and held at Scheels on February 12, 2011; that REMSA will be conducting the CPR (cardio-pulmonary resuscitation) classes. These classes will be held at 10:00 am, 11:00 am, 12:00 Noon, 1:00 pm, and 2:00 pm; REMSA will be conducting the child safety seat checkpoint beginning at 10:00 am. "Save a Heart Day" has become a community event with REMSA and a number of community partners, including American Heart Association, Care Flight, Milan Institute of Cosmetology, Northern Nevada Medical Center, *Point of Impact*; Regional Parks and Open Space, and Washoe

WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING

January 27, 2011

Page 7

County Child ID Program; that it has become "more of a health care event and not just a CPR event." He would encourage everyone to attend the event.

REVIEW – ACCEPTANCE – MONTHLY PUBLIC HEALTH FUND REVENUE AND EXPENDITURE REPORT – DECEMBER 2010

Ms. Eileen Coulombe, Administrative Health Services Officer

Advised that the Board members have been provided with a copy of the Health Fund Revenue and Expenditure Report for the month of December 2010; that, as of January 18, 2011, there was \$163,179.71 in the Environmental Oversight Account. Staff recommends the Board accept the Report as presented.

Advised Staff is beginning the Budget process, and, in conjunction with Division Directors and Program Managers, will be conducting a complete review of each Program's budget.

MOTION: Ms. Jung moved, seconded by Mr. Gustin, that the District Health Department's Revenue and Expenditure Report for December 2010 be accepted as presented.

Motion carried unanimously.

FISCAL YEAR 12 BUDGET UPDATE

Ms. Brown

Advised that the Board member have been provided with a copy of a press release, dated January 25, 2011, from the Manager's Office, regarding Washoe County's projected deficit of \$33.5 million for 2011-12 (a copy of which was placed on file for the record). Ms. Katy Simon, Washoe County Manager, has "communicated this information with all County employees; that she and Ms. Coulombe shared this information during the General Staff meeting this morning during the discussion of the budget process for 2011/2012." The County has identified the following four (4) methods for addressing the deficit: 1) restructuring of labor costs to negotiate permanent reductions of \$13.8 million in 2011/2012, including wages and benefits; 2) achieve structural service cost savings in the amount of \$5 million through alternative, less costly service delivery, including consolidation of shared services by transitioning those services to the community through community collaboration; provide services in a different method; and/or phased service elimination; that "this process will be driven by the Organizational Effectiveness Committee (OEC)"; 3) attain

\$5 million savings through additional efficiencies from department operating budgets; and 4) investing in fund balances of \$9.75 million to achieve long-term changes.

In previous years the County has utilized a tiered-system to identify reductions; that in this year's budget process the County has identified core services as a "key strategy", with the delineation of three (3) types of services: core services, non-core services; and services in transition. "Services in transition can be either core or non-core services; that the definition of core services is: services central to the fulfilling the BCC's mission of making Washoe County a safe, secure, and healthy community."

It is important to be aware during Ms. Coulombe's discussion, the reference to the reductions of the Health District's operating budget are "only one piece of how the \$33.5 million" reduction will be achieved at the County level. Achieving the \$13.8 million in the labor-cost concessions will be a lengthy process in negotiating with the various employee associations throughout the County; that achieving the \$5 million in savings will require a review of "which services have to be provided, how can those services be provided; how can those services be provided differently; or which services can no longer be provided."

Ms. Coulombe

Advised, as everyone is aware "the FY 12 Budget process will be extremely challenging"; however, "in past years the Board has done a lot of work reviewing mandated services" in preparing for these challenges. The Board members have been provided with a copy of the memo from the Finance Director, dated January 24, 2011, addressed to the County Manager (a copy of which was placed on file for the record), which is very specific as to the initial estimated deficit in the General Fund, of \$33.5 million. It is important to note that "any deficits from the impacts from the State are not included in these numbers at this point in time"; that the approach of the County will be to "monitor this closely, being vigilant to be aware of what can and can't be done."

The Board of County Commissioners did "accept and approve the staff report with the direction to compile the details and the elements of those plans for execution for FY 12." The first page of the summary delineates the four (4) specific actions the County be taking versus the tiered-system methodology"; that it was the consensus the tiered-system approach "worked when it was applied, it is no longer sustainable"; that that continued approach would be detrimental to some departments and programs.

The Health Fund operating reduction towards achieving the \$5 million reduction in services would be approximately 1.7%, which equates to approximately of \$136,000. Staff has received the template and will have to "provide a description of how that reduction will be implemented, the impact of those reductions, how [the Health District] will offset that impact to the public"; that this is similar to the process Staff has done in previous years.

The Health District's Finance Team (herself, Ms. Patsy Buxton, and Ms. Lori Cooke) will be meeting with the Interim Health Officer, the Division Directors, and Program Managers to review the staffing plans. The Program Managers received a request specific to the status of the Program budgets for this year to review "the assumptions regarding the staffing plans; that the Finance team will be collecting the data through February 8, 2011; that this will include reviewing Permit Fees, Grants, charges for services and expenditures." It is known the Health District's "grants will be impacted; that "if there is a *known* Staff will apply that *known*; that Staff is always very conservative" in this process. Staff will review "every single line item in the estimates to complete for Fiscal Year 11, as those resources can be used for Fiscal Year 12"; that the Health District "has to look at what it does, how it is done, what the District can stop doing; and what can be done differently."

Staff will prepare the proposed Budget for presentation to the Board of Health; that the Board of Health's Budget meeting is scheduled for Thursday, March 3, 2011, beginning at 1:00 pm. The District Health "plans must be submitted to the County by March 7, 2011"; however, time will be allowed for "other adjustments." Staff does have a compressed time frame in which to prepare the data. The Interlocal Agreement requires Staff present the Health District's Budget to the three (3) entity Managers every year; that the meeting with the Managers is scheduled for Tuesday, March 1, 2011, beginning at 9:00 am; that Ms. Brown will present the comments of the Managers to the Board of Health during the Board's Budget meeting.

The County must file its tentative budget with the State by April 15, 2011; and the final budget by June 1, 2011; however, due to the 2011 Legislative Session there may be "extensions for any [Legislative] impacts." The salary concession "currently in-place for FY 11 sunsets on June 30, 2011"; therefore, in the financial system where salaries were reduced employee salaries will increase to the previous levels. The \$13.8 million in labor cost reductions will be "reset; however, that will be subject to collective bargaining." Staff is "committed to keeping the Board informed of any budget developments."

Ms. Jung

Advised that page eight (8) of Mr. Sherman's report, delineates the "*Department Operating Reductions: Core, NonCore, and Admin Services FY 11/12 Initial Funding Level*"; that the Health District's "General Fund Support is included in the Core-Related Priority Group." This was based on the "determination of the Organizational Effectiveness Committee (OEC), after conducting a fundamental review of Washoe County's resource allocation process." The OEC is essentially the County Manager's cabinet, which since November has been reviewing "what must the County do; what should the County do; what would be 'nice to do', but not necessary to do"; that it was through this review process it was determined that the services of the Health District are a priority. There are eight (8) elected officials/Department Heads within the priority group; that within the NonCore Related group there are nine (9) elected officials, including the Board of County Commissioners.

The OEC considered those services which are "core and NonCore"; however, the OEC "did not take into consideration the constituents demands during a downturn as compared to the demands during an upswing." She would recommend Staff review "the trend lines regarding demands for services during this economic downturn, as demands for public health services increase during an economic downturn"; therefore, "it would helpful for Staff to provide that information during the budget presentation."

Ms. Coulombe

There will also be discussions specific to "the Ending Fund Balance, as per the Interlocal Agreement the County does have the right to sweep those funds; that currently the [Health District] has approximately \$3 million" that previously the Health District has been able to utilize the Ending Fund Balance as a resource. The Ending Fund Balance has been "driven by the Health District's vacancies"; however, after a number of Staff accepted the voluntary separation incentive the Health District eliminated those positions thus reducing the expenditures of the District. She will be meeting with Mr. Conforti, Washoe County Finance, to discuss "utilizing the Ending Fund Balance as opposed to adjusting the transfer." Any "policy statements" will be presented to the District Board.

Ms. Brown

Stated the Health District received instructions today regarding "how to achieve two (2) of these four (4) actions; that the labor costs issue will be determined through collective bargaining"; however, the Health District will be responsible for addressing the efficiencies in the District's operating budget. "The decisions regarding the \$5 million reduction through 'doing things differently' will be driven by direction of the OEC"; that "the processes for that are being developed.

WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING

January 27, 2011

Page 11

There was a Department Head's special meeting the day after this report was accepted by the Board of County Commissioners; and there will be a Department Heads Retreat on Tuesday, February 1, 2011, to discuss this process and what needs to be achieved."

Ms. Coulombe

Advised that all of this information is being posted on the County's website; that she has been keeping Ms. Brown advised as to any updates on that information.

Dr. Furman

Stated, on January 11, 2011, as a citizen representing himself, he attended the Board of County Commissioners meeting, advising "he presented some projections and suggestions regarding scenarios pertaining to County government, including the future of County government and how it impacts or will be impacted by the Federal government, State and local governments, and other organizations." He "believes the budgets of the counties and the cities are going to be profoundly affected by Federal and State shortfalls and push-downs; that hopefully the County will have more information within the next few months and will be able to act on it at future meetings."

In response to Dr. Furman

Chairman Smith

Stated, "it is important to remember the reason the members are on the Board of Health is the public believes the Board members opinions are important': therefore, "while it is important everyone have their opinion, it is only one (1) of seven (7) on the Board. When all seven (7) voice their opinions and discuss issues together as the Board, then the Board members can come together, and come to an agreement as to what should be expressed. He is opposed to any Board member presenting comments regarding the budget without the discussion of the entire Board."

Dr. Khan

Stated she appreciates Ms. Jung's comments regarding trends, as there is data specific to "there being a greater demand for public health services and health care particularly in a protracted recession in which more and more people have lost their insurance or don't have access to care in a timely manner."

WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING

January 27, 2011

Page 12

"In her role as a Board member, and taking into consideration the mission of the Health District, this is a time for the Board members to work collaboratively and effectively together. In regard to the budget and the difficult budgetary discussions the Health District will be reviewing processes, and where improvements can be achieved those improvements will be achieved; and where efficiencies can be identified it is incumbent on Staff to do so. It is important that Staff and the Board be transparent in this process; that data should be provided to demonstrate the improvements that have been achieved, where there has been an increased demand for services, including the consequences of those increased demands and the consequences for not addressing the health needs of the community. From the perspective of collaboration and the support of Staff it is important to continue to dialogue about these issues and the challenges ahead." She is "confident the Board will be successful in doing everything possible to protect the health of the citizens" of Washoe County.

Mr. Gustin

Stated, as Chairman Smith indicated, all of the Board members have opinions; that he respects Dr. Furman and his opinion"; however, he has concerns regarding statements indicating 'other health districts are subsidized at 25% and the Health District is subsidized at 50%', "as there are so many variables regarding the source(s) of the finances." He acknowledges and "understands the concerns regarding the future"; however, it is necessary to be cautious regarding how it is presented and perceived by the people receiving the comments. "There has to be consideration of the venue in which information is presented, and the variables that comprise the budget"; that the issue is "what can be done with the amount of money available while keeping the District functioning."

Dr. Furman

Thanked the Board members for the support and suggestions regarding this issue.

Dr. Khan

Stated, with the reduction in property taxes and the projected continual decline of that revenue she would question the Health District's ability to maintain services; and the "possibility, through Legislative action, that there would be other mechanisms which could result in securing funding for the County."

In response to Dr. Khan

Ms. Coulombe

Stated she is aware the property tax comprises 55% of the General Fund, which continues to decline.

Ms. Jung

Stated "in view of the Governor's State-of-the-State address for no new taxes", she does not believe there will be any legislative relief. "An unintended consequence of the 3% property tax cap is it *capped* how much the County can grow each year for residential taxes"; however, there was no consideration "as to how far the property tax could fall. The solution is either to eliminate the cap or establish a *bottom* to the cap so that revenue cannot fall below the 3%."

In response to Mr. Gustin

Regarding the \$3 million Ending Fund Balance being rolled-over to the next year's budget, Ms. Coulombe advised that in previous years the Health District has been allowed "to carry the Ending Fund Balance forward and utilize it as a resource. As she advised, per the Interlocal Agreement, the County does have the authority to sweep those dollars"; that it would be a significant impact to the Health District's Budget. Staff is aware approximately \$1 million will go back to the County to pay for the 'Return on Investment' (ROIs), when Staff members accepted the incentive retirement, as the County "did not sweep that in the past." It is not known if the District "will be able to retain the remaining funds to offset any shortfalls of revenues"; however, as she stated, she will be discussing these issues with Mr. Conforti.

Staff will be presenting the proposed revisions to the District's Fee Schedule to the Board in February for consideration; that fees are "a cost recovery" for services provided.

Mr. Gustin

Stated that "the Health District does have to do their share"; however, reductions in funding (i.e., the H1N1 Grant approved earlier today), impact the ability to provide services." The \$2 million of the Ending Fund Balance "rolls over into next year's budget and is a necessary part" of the District's budget.

Ms. Coulombe

Advised that the Health District's grants are "on a reimbursement basis; therefore, there is the distinction in having the appropriation authority to be able to utilize the funds"; that "when grant funding is not going to be utilized for the specific purpose(s) the budget is adjusted."

Mr. Smith

Stated the District's budget will be an item of discussion for the year; "that it may get worse before it gets better making it necessary to think outside the box to obtain funding through fees or anything else. The Board has a big job ahead."

PUBLIC HEARING – WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS
GOVERNING PUBLIC BATHING PLACES

1:00 pm: This being the time set in a Notice of Public hearing, heretofore posted in accordance with the *Nevada Open Meeting Law*, to consider the request of the Sun Valley General Improvement District (SVGID) to vary the requirements of the Nevada Administrative Code (NAC) 444.202 (2) of the District Board of Health Regulations Governing Public Bathing Places, for the Wading pool, Permit Number GL100017.

Section 444.202 (2) stipulates: "Wading pools, by the nature of their usage, are likely to become polluted and a public health hazard. Where installed, they must be operated very carefully to minimize the danger to public health."

A. Presentation and Discussion of the Request of the Sun Valley General Improvement District (SVGID) for a Variance

Mr. Doug Coulter, PE, Senior Engineer

Advised the Sun Valley General Improvement District (SVGID) is requesting a variance to the District Board of Health Regulations Governing Public Bathing Places, for the wading pool at the Sun Valley Pool. The wading pool was constructed in 1982, when the recirculation requirements were less stringent, requiring only a four (4) hour turnover rate (42 gpm); that the standards were amended in 1988, as it was determined that maintaining the required disinfection levels and water clarity was difficult with a four (4) hour turnover rate.

A remodel permit, Permit Number GL100017, was approved in 2009, for the heating and recirculation system for the wading pool however; the small diameter of the pipes under the deck prevent the recirculation system from complying with the thirty (30) minute turnover rate requirement. The Sun Valley GID has submitted an acceptable operational plan, which includes maintaining daily records, maintaining higher disinfection (chlorine residual) levels, limiting the number of bathers in the wading pool, and maintaining a minimum flow rate of flow rate of 160 gpm with a clean filter, and not less than 130 gmp with a dirty filter (at a 49 minute turnover rate). These measures will assist in improving the water clarity and reducing the health risk to bathers.

Reviewed condition number two (2) advising that should the SVGID "drop below these levels the wading pool would be immediately closed until such time as the wading pool can be operated within the parameter of the approved operational plan. Immediate correction of the water quality would ensure the variance would remain in full force and effect."

Advised that the Sun Valley GID recently began operating the Sun Valley Pool; that the GID has an excellent record operating the public water system in Sun Valley; therefore, he does not anticipate there will be "any issues in the operation of this pool."

FINDINGS OF FACT

At the Public Hearing, the Board of Health received all relevant testimony and evidence and determined written Findings of Fact. The District Board of Health shall grant a variance from the Regulations only if it determines from the evidence presented at the hearing that:

- a. There are circumstances or conditions, which:
 1. Are unique to the applicant;
 2. Do not generally affect other persons subject to the Regulations;
 3. Make compliance with the Regulations unduly burdensome; and
 4. Cause a hardship to and abridge a substantial property right of the applicant.

To comply with the minimum flow rate of 212 gpm would require replacing the pipes under the deck and adding more inlets to the wading pool. This would require replacing approximately 80 feet of piping from the equipment room to the wading pool and removing the deck around the wading pool to install more inlets.

- b. Granting the variance:
 1. Is necessary to render substantial justice to the applicant and enable him to preserve and enjoy his property right; and

2. Will not be detrimental or pose a danger to public health and safety.

The purpose of NAC 444.202 is to ensure the disinfection levels and water clarity are maintained and to reduce the health risk to the bathers. The current turnover rate is a significant improvement. The operational plan proposed by the Sun Valley General Improvement District should protect public health.

Mr. Coulter

Advised Staff recommends **approval of Variance Case No. 1-11PB (Sun Valley General Improvement District (SVGID))**, stipulating to the Findings of Fact, and subject to the following four (4) conditions:

1. The wading pool must be tested prior to opening the pool and at least two (2) other times daily to ensure the quality is in compliance with Section 444.148 (Quality of Water) and the approved operational plan. The test results must be recorded as required by Section 444.264 (Records). The pattern of the main drain of the main drain shall be clearly visible at all times the pools is open.
2. If the daily records or inspections reports show that the water quality is not being maintained in compliance with Section 444.148 (Records) and the approved operational plan, the variance shall become null and void.
3. Sun Valley General Improvement District (SVGID) must have at least one (1) Certified Pool Operator on staff to ensure the pool is operated in compliance with all the requirements of the Public Bathing Place Regulations and the approved operational plan.
4. When the deck or pipes under the deck must be replaced, pipes, of adequate size and additional inlets are required to be installed.

In response to Ms. Jung

Regarding "why a variance is necessary now", Mr. Coulter advised that the pool was remodeled in 2009, replacing pumps in the equipment room; therefore, it was required the pool be "brought up to current code."

Chairman Smith declared the Public Hearing open and called upon anyone wishing to speak either

in favor of or in opposition to the proposed variance. There being no one the Public Hearing was closed.

**MOTION: Ms. Jung moved, seconded by Mr. Gustin, that Variance Case No. 1-11PB (Sun Valley General Improvement District), for the wading pool, be approved, stipulating to the Findings of Fact and subject to the four (4) conditions as outlined.
Motion carried unanimously.**

Ms. Jung

Stated she would commend the Sun Valley General Improvement District for assuming the authority for the pool and parks in Sun Valley; that "they have done a tremendous job; that the citizens of Sun Valley agreed to pay additional taxes to keep this pool open when the County had to close it due to budget cuts."

DISCUSSION – RECRUITMENT – NEW DISTRICT HEALTH OFFICER

Chairman Smith

Advised Dr. Humphreys, Dr. Furman and Ms. Ratti comprise the Board of Health's Personnel and Administration Committee; that the Committee met on January 14, 2011, to discuss the brochure and the timeline for the recruitment of the new District Health Officer. The Board members have been provided with a copy of the minutes of that meeting (a copy of which was placed on file for the record). Ms. Kathy Hart, Washoe County Human Resources (HR) and Dr. Furman are present should the Board have any questions regarding that meeting.

A. Acceptance of the DBOH Personnel and Advisory Committee's Recommendation to Approve the Brochure and Timeline for the Recruitment of the Washoe County District Health Officer

Ms. Kathy Hart, Human Resources Manager, Washoe County Human Resources

Advised the District Board of Health Personnel and Administration Committee met on January 14, 2011, to review and discuss the information presented by Mr. Paul Kimura, Avery and Associates, the firm with which Washoe County has contracted to conduct the recruitment for the new District Health Officer. The P/A Committee provided recommendations for minor modifications to the draft advertising brochure and the timeline outline for the recruitment; that she has provided the Board members with the final draft of the brochure and the revised time line (copies of which were placed on file for the record). The final brochure will be printed in a larger format with a glossy finish for

distribution to candidates; that the brochure was forwarded to the printer on January 21st and will be mailed on January 31st.

The P/A Committee had reviewed the timeline for the recruitment and suggested some modifications, which have been implemented. All of the outreach efforts and advertising will be conducted by Avery and Associates who will prepare a "book of candidates after very careful and substantial review of all the candidates who have applied for the position; that the book of information will be presented on March 30, 2011." Mr. Kimura will provide the book of information to the P/A Committee members prior to his meeting with the P/A Committee on March 30, 2011, to present the information, provide a good overview of the candidates. The intent is to conduct initial interviews on Wednesday, April 27, 2011; and final interviews by the Board on Thursday, April 28, 2011 [date of District Board of Health's regular meeting]; that any candidates from out-of-town will be asked to remain here for two (2) days "in the event they are called back for the 2nd interview."

In response to Ms. Jung

Regarding the interviews of April 27th, Ms. Hart advised that the timeline indicates those interviews would be conducted by the Board of Health's P/A Committee; however, the full Board of Health can make the determination to participate in the initial interview process should it choose.

Chairman Smith

Stated Avery and Associates will disseminate the recruitment brochures and post advertisements "in a significant outreach"; that the final filing date for candidates is Friday, March 4, 2011.

In response to Dr. Khan

Regarding when the Board of Health would interview the candidates, Ms. Hart advised the Board of Health "would interview the short-list of final candidates during the regularly scheduled meeting of Thursday, April 28, 2011.

Ms. Jung

Stated "she would commend HR on the brochure; that she appreciates the description of Washoe County."

MOTION: Ms. Jung moved, seconded by Mr. Gustin, that the brochure and the timeline for the recruitment of the new District Health Officer, as

recommended by the District Board of Health Personnel and Administration (P/A) Committee, be approved as presented. Motion carried unanimously.

B. Presentation and Review of Salary Comparison Data from Hay and Associates for the District Health Officer Position with Possible Direction to Staff and Washoe County Human Resources Regarding Finalization of the Compensation Package

Mr. Jim German, Washoe County Human Resources

Advised HR did receive the complete report from the Hay Group specific to the salary comparison data; that based on the data received. It is the consensus of HR the proposed salary for the District Health Officer is competitive, for an individual without a Medical Doctorate, and provides for flexibility in negotiations. Based on limited data HR had previously advised "premium pay would be appropriate for the District Health Officer position should the job require a medical"; that the data indicates the proposed salary range for an MD is also competitive.

In response to Ms. Jung

Regarding Dr. Anderson's salary range and "how negotiable the salary range is", Mr. German advised "was at the top of the salary range of \$149,073" annually. In regard to the salary range being negotiable, HR is a resource available to the Board; that he would recommend "working with Human Resources regarding the negotiations; that the negotiations "will depend upon the pool of candidates."

In response to Ms. Jung

Regarding Ms. Brown's salary, Ms. Brown advised that the Board approved a 10% salary increase during her tenure as the Interim Health Officer.

Ms. Stacey Akurosawa advised Ms. Brown's salary as Interim Health Officer is approximately \$135,000 annually/

Regarding the County Manager's salary, Mr. German advised that Ms. Simon salary is approximately \$198,000-\$204,000 annually.

Ms. Jung

Stated the brochure indicates longevity pay and merit increases; however, in an effort to manage costs the County is discussing the elimination these for new hires; that "this should be included in every job description to ensure that is a policy." She "does not want to see longevity pay or merit increases; that the as an organization [the County] is reviewing 'pay for performance'; that any car or cell phone allowance should also be reviewed."

In response to Ms. Jung

Mr. German

Advised "that it what has been built-in to the Employment Agreement to-date"; that it does not include the \$114,732 salary.

Ms. Jung

Stated "that that needs to be reevaluated as part of the compensation package that the County is reviewing very stridently; that the County cannot offer these to people anymore; that the County is trying to 'tighten-down' to be sustainable as an agency countywide."

Mr. German

Stated "most of the other organizations surveyed did not provide longevity pay or automobile allowance"; however, "this is an individual employment agreement"; that those determinations would be achieved through employment negotiations."

Ms. Jung

Stated she anticipates the District will receive a great number of applicants for this position; that "it is currently and employers' market, and she does not want to establish something that doesn't need to be done."

Ms. Leslie Admirand, Deputy District Attorney

Advised the District Health Officer position is through "an independent employment agreement as by law it is the District Board of Health that determines the salary and benefits of the District Health Officer."

Ms. Jung

Stated the Board of Health should be in conformance with the Board of County Commissioners since the County funds 50% of the budget.

Mr. Gustin

Stated during the negotiations "it may be wise to ensure the applicants are aware there are no Social Security deductions, as applicant may be from a system, which contributes to Social Security; therefore, that could be a component of the negotiations."

Dr. Khan

Stated she will again be abstaining from the vote, as she is considering applying for the position.

**MOTION: Mr. Gustin moved, seconded by Ms. Jung, that the compensation package for the new District Health Officer, be approved with the recommendations as presented by Ms. Jung.
Motion carried with Dr. Khan abstaining.**

WASHOE COUNTY HEALTH DISTRICT – 2011 LEGISLATIVE BEILL TRACKING – POSSIBLE
DIRECTION TO STAFF

Ms. Brown

Advised the Board members have been provided with the current update to the Health District's Legislative Bill Tracking document, which delineates the Bills which the Health District has reviewed, including the background, fiscal impact, and Staff's recommendation. She has requested Ms. Hadayia review a "couple of the more sensitive Bills."

Ms. Hadayia, Acting Community and Clinical Health Division

Referred to BDR 795, introduced by Senator Parks from Clark County, on behalf of the State AIDS Task Force (page 4 the CCHS Bill Tracking), advising that she serves as the Chair of the Policy Subcommittee for the State AIDS Task Force; therefore, "she has been very much involved in discussions of this topic." The topic for the BDR is "sterile syringe access, not necessarily needle or syringe exchange"; that "syringe access is a more research supported approach to this issue as compared to needle exchange model." The intent of this BDR is the reduction in the transmission of blood-borne diseases; specifically HIV and Hepatitis that has been demonstrated to occur when needle sharing practices are reduced; that a mechanism for achieving this is ensuring there is access to sterile syringes and needles, rather than individuals sharing needles and syringes." The research regarding providing access to sterile needles and syringes to the population who may be IV drug users "is quite voluminous; that when provided with sterile supplies the needle sharing practices among this population is greatly reduced as is the rate of blood-borne infections." The mechanism to achieve access to sterile needles and syringes is to "deregulate needles and syringes by deleting it from the Nevada Drug Paraphernalia Law resulting it being legal to possess sterile needles and syringes and it would be legal for organizations (i.e., pharmacies) to distribute these." There are approximately twelve (12) States currently have deregulated syringes for this purpose; that none of these States have reversed that decision. In 2009, the "Federal Ban on the use of HIV Prevention and Care dollars for syringe access programs was lifted"; that there are organizations both in Washoe and Clark County that "want to provide sterile syringes to clients and community populations." Should the current law be amended, as proposed, those organizations could legally initiate "sterile syringe programs with the current Federal HIV and Prevention Care Dollars."

Staff recommendation is to support the Bill due to the impact on reducing HIV and Hepatitis, which is a goal of a Health District.

In response to Chairman Smith

Regarding if the other States, which have approved the needle/syringe access program have noted an increase in drug use, Ms. Hadayia advised that the Centers for Disease Control and Prevention (CDC) research on this topic indicates "indisputable outcomes of the research indicates reductions in blood-borne disease transmissions; reduction in needle-stick injuries, particularly among law enforcement personnel; an increase in proper needle/syringe disposal, while at the same time noting no significant increase in drug use."

Mr. Gustin

Stated, initially the Bill "appears counter-intuitive; however, the savings makes good sense."

Ms. Hadayia

Staff is monitoring BDR 881 and BDR 869, as both pertain to "tobacco excise tax"; that a recent statewide poll as noted in today's "*Las Vegas Sun*" indicates 74% of Nevadans would support an increase to the excise tax, with 71% supporting the amount being proposed. Neither of these Bills have been filed; however, there is a Statewide Coalition that has been working with both Bill sponsors to propose an outline for these Bills; that what is currently being proposed is a \$1.20 increase to the cigarette excise tax, increasing the total tax for a pack of cigarettes in Nevada to \$2.00, which "would remain the lowest in the Western States." There would be a commensurate increase to the percent to the wholesale price of other tobacco products; that "critical to the tobacco prevention programs is that it defines other tobacco products." As she and Ms. Dixon reported at the Board's April 22, 2010 meeting, a number of the "new tobacco products from the industry (i.e., pills, e-cigarettes, snuff, etc.), are currently not defined as tobacco products in Nevada Law and are therefore not taxed; that this Bill would define 'other tobacco products' (OTP) and apply the same tax structure."

"The perspective of the Community Coalition is the intent of the Bill is to reduce tobacco"; that it is the consensus "increasing the price of tobacco products is the most reliable method for reducing usage – beyond every other option available"; that is the rationale in supporting this Bill. The Senate Committee on Revenue supports this Bill as it would result in "quite a bit of new revenue for the State; that it is anticipated within the first year it will generate approximately \$85 million; and in five (5) years it is anticipated it will generate approximately \$315 million." A component of the proposal submitted by the Community Coalition "is a modest earmark from 'new revenues only' to repopulate the Tobacco Prevention and Control dollars, which were *swept* during the Special Session."

Currently Staff "does not know the feasibility of any of the proposals"; that the Community Coalition is working in conjunction with both sponsors; that Staff's recommendation "is support these BDRs from the policy perspective of the impact on tobacco use in the State."

Ms. Brown

Stated she requested Ms. Hadayia present "these Bills due to the potential of media involvement, specifically when one is related to taxes and the other may be considered news-worthy"; that Board acceptance of the Legislative Update will include Staff's position on these Bills.

Mr. Gustin

Stated he supports these Bill drafts; that should the increased taxes on cigarettes reduce the use of tobacco products "it again helps the overall plan, as everyone pays for smoking-related illnesses."

Ms. Jung

Stated she will support these BDRs; however, "as an ex-smoker she is aware because of the addiction to the nicotine, most smokers will pay any price; that this is a 'regressive tax, which will impact poor people more than the middle and higher income populations."

Ms. Hadayia

Advised there is a study, which was commissioned by an organization in Southern Nevada, to analyze a decades worth of data specific to Nevada, "regarding taxes versus usage; that the minimum increase to actually effect smokers' decision making has to be 10% above the wholesale price to achieve the greatest difference." The "greatest decrease in the use of tobacco products is achieved in youth smokers when the price/tax is increased."

Dr. Furman

Stated there is documentation that indicates significant increases to the cost of tobacco products substantially reduces smoking.

Dr. Khan

Stated "as an Addiction Medicine Board Specialty Physician she concurs nicotine addiction is a complicated issue; that an increase in taxes has clearly demonstrated a reduction in usage; that in regard to the social determinants and inequities [of an increase tax], it is known tobacco use inversely relates to the socio-economic status. People of a lower economic and educational status

are more likely to use tobacco; that in Nevada it is particularly problematic and a challenge; that the goal is 'how to prevent people from starting', particularly those who are most vulnerable."

Mr. Kevin Dick, Director, Air Quality Management

Advised Staff is monitoring AB 2, which provides for exemption of "older motor vehicle that have been issued one (1) of four (4) type of special (classic) license plates from the standards for the control of emissions, which is the smog check program"; that yesterday he submitted an evaluation for the Health District and Washoe County Bill Tracking." This Bill stipulates that any vehicle manufactured twenty (20) years prior to the application for the specialty plates is eligible, which is any vehicle manufactured in 1991 or older could be eligible for not being required to have a smog check. "There would be a one-time fee imposed at the time an individual applies for the plates; that passage of the Bill would impact air emissions from the pollutants from these vehicles as there would not be a mechanism to ensure these vehicles are tuned properly and reduce the emissions." Additionally, the adoption of the Clean Air Act by US EPA is based upon the State Implementation Plan (SIP), which were submitted by the State; that passage of this Bill would affect the District's Carbon Monoxide, Ozone and PM₁₀ State Implementation Plans; that the Health District would be required to prepare amendments to those Plans, and obtain approval of the amendments from US EPA. "Staff would have to review the District's Emissions Budgets for vehicles, which was submitted in May; that it would be necessary to determine 'off-sets' due to emissions that would be generated from these vehicles. There would be a definite fiscal impact from the amount of work necessary to comply with the requirements of this Bill; that there is an uncertainty of obtaining approval from US EPA regarding the amendments to the SIPs; that there would be a loss of revenue to the District, as the District receives \$1 from every smog certificate issued in the County."

Mr. Gustin

Stated he has a 1952 and a 1956 vehicle and he is currently not required to have those vehicles smog checked for registration; that it is his understanding "vehicles older than that do not have to be smog checked."

In response to Mr. Gustin

Mr. Dick

Stated, exempting vehicles 1991 and older is new in the District.

Mr. Smith

Stated, the exemption for smog checks "may be for motor vehicles from the 70s and 80s."

Mr. Dick

Stated, the discussion with the Advisory Committee for the Vehicle Inspection and Maintenance (I/M) Program, indicated "this is a new expansion of the exemptions to smog emissions; that he can research the information for the Board as to what the exemption 'cut-off' currently is."

Ms. Jung

State the Cities of Reno, Sparks; Washoe County; the School District and other entities have executed a Memorandum of Understanding (MOU) for legislative support; that she would question if the Health District participates in "such an MOU." Further she would question "if there will be some type of Legislative strategy from Staff" to ensure the County's Lobbyist is aware of the Health District's position."

In response to Ms. Jung

Ms. Leslie Admirand, Deputy District Attorney

Advised the Board of Health did approve and participates in the MOU for Legislative cooperation among the Cities, the County and other political entities.

In response to Ms. Jung

Regarding if the Health District has adopted a "Legislative Strategy", Ms. Brown advised the Health District has not proposed any Bills; that "there are policy issues related to programs; that Ms. Hadayia's programs "are all about policy making; that the remainder of the Health District is reviewing Bills regarding public health and responding to those Bills. The Health District is working within the County's Bill Tracking system, which 'ties-into' the other jurisdictions; that the Health District has the reporting mechanism to the Board of Health members and to Mr. John Slaughter of Washoe County. What the Board of Health approves is communicated to the County and what the County requests is reported to the Board."

WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING

January 27, 2011

Page 27

Mr. Dick

Advised, Staff is "coordinating with DMV, Nevada Division of Environmental Protection (NDEP), and Clark County's Air Quality Program to discuss the concerns regarding this proposed Legislation."

In response to Chairman Smith

Regarding whether 1991 motor vehicles have to comply with the same emissions test as newer vehicles, Mr. Dick advised he would have to consult with his Staff regarding the emissions standard for older automobiles.

Regarding "a fee for automobiles that don't pass the smog check", Mr. Dick advised there is a mechanism for motor vehicles that don't pass the smog check, the owner must demonstrate a specific amount of money has been expended on repairs to "fix the problem, and if the vehicle still cannot pass the smog check the owner is granted a waiver from DMV."

Ms. Brown

Stated that to ensure there is communication among the entities, the Health District will share its Bill Tracking tool with the Cities; that she has scheduled meetings with the City Managers from Reno and Sparks.

Staff has received a "list from Mr. John Slaughter, Washoe County, of potential issues within the Governor's Budget of programs and services that may have resources eliminated from the general fund or the responsibility of providing those services transferred to the County." Acknowledging these are tentative, there are three (3) which would impact the Health District: 1) Tuberculosis (TB) medical treatment; 2) food facility inspections for higher education establishments, which the Health District does not conduct; and 3) EMS standards, training, and licensure. She has a meeting scheduled with Dr. Green, State Health Officer, to discuss these three (3) specific items, which are fiscal and programmatic for the Health District. The State Health Officer will be meeting with the three (3) local Health Districts individually to discuss these issues, as each Health District "looks at these three (3) programs differently. Currently the Health District does not provide EMS training and licensure; however, the Southern Nevada Health District does provide those services; that Staff currently does not conduct food inspections at the University or Truckee Meadows Community College campuses; that the Health District receives \$128,000 grant from the State for the support of TB medical treatment and clinic. She will be discussing these issues with Staff prior

to her meeting with Dr. Green "to discuss the specifics of the State plan"; and working in conjunction with the County "to discuss the response" to these issues.

These issues "do overlap with the Budget; however, it is not 'a *given*' the Health District" would assume authority over these programs or that the District would lose the funding. "There is a process, including revisions to laws and regulations for the Health District to assume these programs; that there would be budget hearings, which Staff would attend and discuss the budget impacts along with the County Lobbyist." There is a handout from the County regarding what the State is proposing.

**MOTION: Dr. Khan moved, seconded by Mr. Gustin, that the January 2011 Legislative Bill Tracking Report be accepted as presented.
Motion carried unanimously.**

PRESENTATION – WASHOE COUNTY HEALTH DISTRICT'S STRATEGIC PLAN

Ms. Brown

Advised the Board members have been provided with a copy of the draft Strategic Plan for the Washoe County Health District (a copy of which was placed on file for the record); that she would commend the Division Directors and key Staff members for assisting in the preparation of the written Strategic Plan. The mission, vision and strategic objectives are those previously approved by the Board of Health; that the strategic outcomes and the key performance measures were "added by the Division Directors and key Staff members. The key performance measures "also relate to the performance measures Staff submitted for Washoe County's outcome measurements program, which is the document that compares Washoe County to other counties on key public health indicators." The Health District duplicated the County's Strategic Plan format for continuity with the County's process while developing an interim Strategic Plan until such time as the District can "undertake a more rigorous strategic planning process." She is to provide Washoe County with a copy of the Health District's Strategic Planning document by Friday, February 18, 2011.

Dr. Khan

Stated she would commend Ms. Brown, the Division Directors and key Staff members in preparing the Strategic Planning document. She would question if there is significance in those strategic outcomes, which are bolded.

In response to Dr. Khan

Ms. Brown

Advised that the bolded items should not be; that it was computer entry error and will be corrected. Regarding the "key performance measures" being adopted from national guidelines, Ms. Brown advised previously there were discussions specific to "how to identify a healthy community" Staff utilized the "*Community Health Status Report*" communityhealth.hhs.gov, which is comprised of a group of national partnering organizations. This document provides "a comparison of Washoe County with a like county to developed and accepted measures of public health"; that these are measures, which currently exist, and were used to assist in identifying public health outcomes in the community. Outcome measures listed in the Strategic Plan and are listed in the "Community Health Status Report" are those which address "additional program."

Dr. Khan

Stated she "appreciates Staff's perspective, as most often the focus is the micro and local issues without considering the 'bigger picture'; that including the national agency key performance measures is terrific." In working in conjunction with the County it is necessary "to continue to have the broader view and greater perspective and how to achieve these locally, as ultimately all public health is local."

Ms. Jung

Stated she has noted "excellent internal and external customer service" is not listed on the document; that she would question "where does that fit" in the document.

In response to Ms. Jung

Ms. Brown

Advised there are a number of items that would be "a divisional or programmatic strategic planning"; that "excellent internal and external customer service" would be within "the achievement of efficiencies and performance improvement. Performance improvement contains an element of customer service, both internal and external; therefore, the intent for "customer service" would be at the programmatic or organizational level as a performance improvement tool. Embedded within the Strategic Plan is the concept of excellence in customer service."

MOTION: Ms. Jung moved, seconded by Mr. Gustin, that the Washoe County Health District Strategic Plan, be approved as submitted.

Motion carried unanimously.

UPDATE – BOARD OF COUNTY COMMISSIONERS' MULTI-STAKEHOLDER – EMS TASK FORCE MEMBERSHIP

Ms. Brown

Advised the Board members have been provided with a copy of the staff report presented to the Board of County Commissioners at the December 14, 2010 meeting (a copy of which was placed on file for the record), regarding the Board of County Commissioners' Multi-Stakeholder Emergency Medical Services Task Force – Membership Composition. The last page of the Report delineates the County's recommendation for the membership of the EMS Task Force, with the exception of recommending one (1) member for Renown Hospital and not a separate member for Renown South Meadows. The motion by the BCC was to accept the County Manager's recommendation for the composition of the EMS Multi-Stakeholder Task Force. She has been contacted by Chief Latipow regarding her appointment to the Task Force; that "it is anticipated there will be three (3) three-hour meetings; that the first one is in the process of being scheduled.

Chairman Smith thanked Ms. Brown for the update.

IMMUNIZATION PROGRAM UPDATE

Ms. Brown

Stated she would thank Mr. Kutz and Ms. Jordan for agreeing to continue their Immunization Program Update from the November 18, 2010 meeting. Mr. Kutz and Ms. Jordan will provide an overview of the Immunization Program, and a report on a "year-long performance improvement team (RAVE)."

Presented a handout, advising it is important for the Board members to be "aware of the complexity of immunizations; that it is not 1, 2, or 3 shots children receive or 1, 2, or 3 immunizations adults should receive. Advised, the "*Epidemiology of Vaccine Preventable Diseases (VPD)*" manual; and the overview of the cash flow chart for the IZ Clinic; that these handouts indicate the complexity of the Program.

Mr. Steve Kutz, Immunization Program Supervisor

Advised the mission of the Immunization (IZ) Program is "To promote public health by reducing vaccine preventable disease (VPD) through immunization, with an emphasis on collaboration and cooperation with community partners." For FY 2009/2010 the IZ Program received \$707,712 in local funding and \$305,776 in grant funding. The Program is staffed by 10.1 FTEs, which consist of fourteen (14) permanent full and part-time Staff; and non-permanent intermittent hourly employees. Nursing personnel comprises approximately 55% of personnel costs; that clerical is 31%; that personnel is 90% of the total program costs and operating expenses are 10%. The grant funding primarily supports programmatic deliverables.

Reviewed the various "activities that support the goal of prevention and control of Vaccine Preventable Diseases (VPD) in Washoe County, advising that IZ Staff "has worked in cooperation with the Epidemiology and Public Health Preparedness Staff in the past couple of years in responding to the H1N1 outbreak and last spring at a private school that experienced an outbreak of varicella. IZ Staff also partner with EPHP for the annual Points of Dispensing (POD) event. Reviewed the "service delivery activities", advising that the on-site IZ Clinic is open Mondays, Wednesdays and Fridays, from 8:00 am – 12:00 Noon; and from 12:00 Noon to 4:30 pm. On Tuesdays, Wednesdays and Thursdays from 1:00 pm to 4:30 pm Staff partners with St Mary's Health Care Network on the "Kids to Seniors Korne" (KSK) community van providing immunizations. Staff participates in outreach immunization activities provided throughout Washoe County to "meet the community need, participating with community partners to provide immunizations to individuals who would not otherwise have access to immunizations; that this is a NACCHO model program." Outreach clinics were a national standard during the H1N1 prevention efforts; that the effectiveness and value of outreach clinics is not new; that in 1997 the *Journal of Public Health* discusses the benefits to communities of outreach immunizations efforts.

Reviewed the IZ outreach efforts, advising Staff participates in national, regional and local immunization events; that every April Staff participates in the National Infant Immunization Week or "Nevada Childhood Immunization Week (NCIW). Last year Staff partnered with the Washoe County School District to administer Tdap immunizations to 7th graders; that through these efforts every 7th grader was immunized without any exclusions by the Washoe County School District; that Tdap has been a mandatory immunization for three (3) years. Staff conducts IZ Clinics throughout the community focusing on "at-risk, low income children, and to a lesser extent adult immunizations; that all of these efforts are based on "a community needs, access to health care, and gaps in services as identified." Yesterday Staff participated in the community wide 'homeless project.' Currently Staff is working in conjunction with the Washoe County School District, the State Health Division and the Northern Nevada Immunization Coalition to pilot school-based immunization clinics in Washoe County Schools; that this is a project of Dr. Tracey Green, the

WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING

January 27, 2011

Page 32

State Health Officer. In excess of 1,000 students, staff and some parents have received flu immunizations since November.

Review the grant funding of the IZ Program, advising that it is predicated on CDC Program Guidelines; that the grant requires participation at community immunization events; that local funding provides the nursing and clerical Staff. "These are events where the individuals and families served often do not access care, placing them at risk for complications of vaccine preventable diseases it places the entire community at risk through exposure to VFD. Within the CDC Guidelines scope of work is "Assessment, Feedback, Incentive and eXchange of information (AFIX)", which is a continuous quality improvement process, and demonstrated improvements in immunization coverage rates, and requires "multiple technical assistance site visits."

Staff partners with area childcare providers offering classes in which Staff educates childcare facility staff "on how to ensure children within the facility are appropriately immunized per *Nevada Revised Statute* (NRS). In November Staff provided immunizations to the childcare workers "who are typically a component of the under-immunized."

The District participates in the "Immunization Registry promotion – WebIZ, which is now a mandate "that all providers enter immunizations into the Registry; that Staff does training and education regarding the Registry."

CCHS Staff partner with EPHP Staff for the "Perinatal Hepatitis B Prevention in identifying and assisting in the management of pregnant women who are infected with Hepatitis B.

Reviewed the cost benefits of the IZ Program, advising in FY 2009/2010 29,896 clients were provided services, at a total program cost of \$1,016,848 for a cost of \$34.01 per person served based on Washoe County population of 400,000+; that the cost per Washoe County citizen protected against VPD was \$2.43 per person. CDC reports that every dollar spent on immunizations saves \$18.40 in medical costs; therefore, this equates to approximately \$18 million in savings to the citizens of Washoe County.

Stated, although it is not possible to quantify "which vaccine preventable diseases have been avoided through the Program's diligent efforts it is know that these diseases 'are just a road-trip or plane ride away'. The Board members may be aware of the recent Pertussis outbreak in California; that Washoe County was the first in the nation to offer "cocooning program to parents of infants born at Renown Regional Medical Center providing the Tdap to the parents to protect the

infant; that this is now a nationally promoted program. Staff is very proud of being an initiator of this project." Washoe County currently has "a 95+% up-to-date rate of immunizations for children entering school in Washoe County; that as he advised, there were no School District exclusions of seventh grade students due to not having the Tdap immunization. Due to these efforts Staff "has successfully avoided the tragedy occurring in California with thousands of Pertussis cases and as of November 2010, ten (10) infant deaths.

As Ms. Brown advised, Staff has been involved in "Program improvement and the *2010 Immunizations Program Operations Manual* recommends: 'All grantees will actively engage in self-evaluation and utilize findings to inform and improve planning and implementation of program activities to more effectively carry out their mission of achieving and sustaining high immunization rates and maximizing programmatic outcomes'.

Ms. Margot Jordan, Quality Management Coordinator

Advised for approximately one (1) year, Staff has been participating in a "Rate and Volume Evaluation" (RAVE) of the IZ Program; that Staff is in the process of reviewing the "first quarter or work since completing the project and implementing some activities for change." The RAVE Team was created in 2009, and is comprised of Ms. Lynn Shore, RN;BSN; Ms. Rebecca Koster, RN, BSN; Ms. Kathy Dickens, RN, BSN; Ms. Nicole Mertz, RN, BSN; Ms. Sharon Clodfelter, BS, Biostatistician; Mr. Steve Kutz, IZ Program Manager; and herself.

The RAVE Team "was tasked with answering: 1) Why is the 2-year old immunization rate for WCHD clients declining?; and 2) What interventions can be implemented to halt the decline?" As Mr. Kutz advised "by kindergarten age the IZ rate is approximately 95%; however, the 2-year old rate is reviewed nationally and is very important."

Reviewed the "Immunization Rate of 24-35 Month Olds Immunized at the WCHD" between 2003 through 2009, advising that Staff was aware in 2007 there was a decline of approximately 4.5% within the definition of '2-year olds'; however, Staff contributed it to the revision of the definition to include 19 month old infants. It wasn't until mid-2009 Staff received the report of the dramatic decline between 2006 and 2009 and discussed how to address the concern. Possible causes for the decline were: 1) clients were not returning to the WCHD for complete vaccination series; and 2) the WebIZ (Statewide Immunization Registry) data is inaccurate. Reviewed the possible reasons why clients were not returning to the WCHD for the complete vaccination series; and there have been problems with the Statewide WebIZ previously, and Staff has no control over that data.

Staff conducted a simultaneous review of the two (2) hypothesis; that as determinants were noted procedures would be implemented. Staff developed a telephone survey attempting to contact clients who had not returned for further immunizations; that approximately 40% of the contacts were disconnected, didn't answer or didn't return the call. Reviewed the results of the telephone survey, advising that 50% indicated they were unaware of the need for further immunizations; and no one indicated 'they were unable to obtain an appointment; that Staff continues to conduct the survey. Staff reviewed the number of appointments, advising in 2009 there was a monthly average of 679 appointments, with approximately 132 unbooked time slots equating to 19.4% of available appointments unbooked; that between January through June 2010 there was a monthly average of 966 appointments, with 362 unbooked time slots equating to 37% available unbooked appointments; therefore, not enough appointment times was not the issue. Staff conducted a "lobby survey" to determine 'why' clients were utilizing the WCHD to obtain immunizations, and determined the Health District is 'the safety net' for approximately 66% who indicated they had no provider or their provider doesn't administer vaccinations, of those surveyed 63% indicated they did not know when the next immunizations were due. Clients indicated "the best method to remind them was by mail or telephone, or through the shot record they were provided; that email reminders was very low. Clients indicated the preference for scheduling was by telephone, with only 22% indicating they could schedule electronically, and 12% preferred to schedule in-person." In response to "how they were aware their child needed immunizations 42% indicated they were notified by the school/daycare. Advised "how parents were notified is of concern, as data indicated in 2008 daycare had an 80% fill-rate of available slots; that in 2009 that fill-rate had declined to 67%; that "this is a large majority of the children who are 2-year olds"; that those in daycare do not have "as big of incentive to remain current on immunizations as daycare requires compliance with immunizations."

Reviewed the "actions taken" to increase parent awareness that immunizations were due, including reinstating the reminder/recall system from the State WebIZ Registry, which had been "down for more than a year"; that the State prioritized that project and the reminder/recall system was "back on line in June 2010, with Staff sending out the first reminders." Clients requested a return date on the Immunization Record; that Staff conducted an audit and determined the "return date wasn't always noted and when it was the small font made it hard to read"; that Staff worked with the State and through the WebIZ Program the return date is now available; that Staff is monitoring this to ensure the date is noted.

Reviewed the improvements to customer service and efficiency, advising that included "expanding the in-person scheduling; the telephone message was updated; that Staff continues to work in 'streamlining' the appointment process; and are in the process of researching online scheduling."

WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING

January 27, 2011

Page 35

Staff is reviewing whether the data in the Statewide WebIZ is inaccurate; that as she stated the definition of '2-year old was revised', which is the consensus of Staff affected the data; that there is a category of "primary" clinic has been an issue, as if a client changes from the Health District to another provider the information in WebIZ indicates the child has not updated his/her immunizations. There are "many duplication of records" in WebIZ, which the State is addressing; that there may have been changes in how WebIZ calculates the 2-year old immunization rate; however, this could not be validated.

Presented a graph depicting "how WCHD's control of WebIZ has decreased, advising the graph indicates the number of 24-35 month olds who "are not in WebIZ – status unknown; the percentage of children immunized in Washoe County; however, not at the WCHD; and the percentage of those who were immunized at the WCHD at least once. (The number immunized at WCHD at least once decreased from 60% in 2005 to 40% in 2009. The number not in WebIZ increased from approximately 8% in 2005 to approximately 25% in 2009)" It is the consensus of Staff "that with less control the data is less accurate.

Ms. Jordan reviewed the "monitoring efforts and actions" implemented by Staff to increase the immunization rates among 2-year olds, advising "every month Staff is getting better and better in these efforts; that over time Staff will obtain really good information." Staff is improving the WCHD WebIZ accuracy; investigating and responding to complaints; will continue to conduct annual surveys, including working with Mr. Steve Fisher, Department Computer Application Specialist to have a survey on the Health District's website; Staff is monitoring a 2-year old population and daycare census; continual review of the availability and use of appointment times; and reviewing State WebIZ data quality improvement.

Advised the State conducted a survey sampling for the District in October 2010 of 96 WCHD client records for 24-35 month olds, determining 71% were current at 24 months and 85% were current by 35 months. This also indicates that WebIZ data reports may be inaccurate.

Ms. Jordan introduced Ms. Sharon Clodfelter, the WCHD Biostatistician advising that CCHS Staff could "not have done this review without her efforts; that IZ Staff are to be commended for their assistance in the telephone and lobby surveys."

Dr. Khan

Thanked Staff for the update, advising the "information assists the Board members in better understanding the challenges in Washoe County in terms of meeting childhood immunization

requirements; and that adults should have the flu shot." There is "a full schedule of shots required between birth and age five (5); that a number of pediatricians are not providing immunizations; therefore, the Health District becomes the provider of those." Educational outreach is "very important"; that she would question discussions regarding "how to motivate behavior through providing an incentive to return for follow-up. She would question if Staff has the capability of enrolling clients in Medicaid."

In response to Dr. Khan

Ms. Brown

Advised "incentives are a challenge due to the practical application of incentives in the County and the Health District from a financial standpoint." There are some program incentives; however, those "require a number of pre-approvals, including from the Board of County Commissioners; that with the funding issue it is a difficult process." Staff schedules twelve (12) minute immunization appointments; that Staff does attempt to provide "comprehensive case management referrals to service with all clients"; however, Staff has less time in the IZ appointments, as the time for appointments has decreased based on a productivity study. Staff has "a good referral list and the nurses do try to provide this information; that the Medicaid is more of a component of the Health District's partnership with the "Kids to Seniors Korner" Program; that clients can be enrolled in that process.

Dr. Khan

Stated that with "not being able to afford it as being one (1) of the reasons for not obtaining immunizations", being able to enroll clients in Medicaid would be of benefit.

In response to Dr. Khan

Mr. Kutz

Stated, as Ms. Brown advised, the Health District has a resource and referral sheet for enrollment sheet for Medicaid "here and on the KSK van; that information is also provided regarding free dental clinics, etc." Staff attempts "not to overwhelm the clients; however, if a need is observed, Staff attempts to address it in the allotted timeframe." Advised that the vast majority of outreach efforts is through the collaborative efforts of the Northern Nevada Immunization Coalition; that information is disseminated on websites, through the media, on buses; that "immunizations are promoted in Washoe County more now than in many years." The KSK van "goes to the at-risk most needy population at the low-income housing apartment complexes; that as Ms. Jordan

indicated the census rates in childcare facilities has decreased; that the population rates at these housing facilities has also decreased from minimal vacancy rates to 50+% vacancy rates." The Nurses "go door-to-door in those areas and refer clients to the Health District and provide those individuals with resource referrals within the community, including with Medicaid and WIC."

In response to providing incentive, in the 1990s there was an incentive component; however, those have been eliminated.

In response to Chairman Smith

Regarding the Health District being reimbursed for Medicaid clients, Mr. Kutz advised the Health District does receive \$16 reimbursement for the administrative fee for individuals who receive a state-provided vaccine. For Nevada Medicaid the Health District "used to receive a reimbursement of \$10 per immunization; however, that has been reduced to \$2.60; that the majority of immunizations provided by the Health District are state-provided; that there are private pay immunizations. In July 2010 the District implemented a sliding scale fee; that more people are reduced or no pay clients; that the Health District is the safety-net for those no have no health care provider or no access to immunizations. Clients are advised of the cost of the immunizations; that if they indicate they can't pay, Staff requests some level of payment and provides the client with a statement; that Staff attempts to 'capture' whatever can be paid to maintain a level of sustainability for the program." Staff has partnered with Mr. Phil Ulibarri, Public Information Officer, "for many outreach efforts through the Nevada Immunization Coalition to promote immunizations and immunization events and the importance of receiving those immunizations.

Ms. Jordan

Stated in response to outreach efforts, the RAVE Team focused "more on just the clients of the Health District's IZ Clinic; that these are the people Staff is reminding about immunization follow-up appointments." As there are improvements to WebIZ Staff will "look at the entire County and methods for ensuring the entire County has a good immunization rate."

In response to Dr. Khan

Regarding the County's immunization rate, Mr. Kutz advised that the State does not rank by counties; that the National Immunization Survey advised that Nevada is currently ranked 46th, which is an improvement, as Nevada was previously ranked 51st. Overall immunization rate for 2-year olds in Nevada is approximately 65%; that it is the consensus of Staff this is due in part to data quality. Approximately 8% of 2 million records in WebIZ are duplicates.

The Board thanked Staff for the update.

GARBAGE PICK-UP EXEMPTIONS PROGRAM UPDATE

Mr. Bob Sack, Director, Environmental Health Services

Advised this item was in response to questions Commissioner Weber had regarding garbage pick-up exemptions and how those exemptions are issued; however, the public meeting to address this has not yet been scheduled; therefore, this item will be continued.

PRESENTATION – DISCUSSION – LOCAL PUBLIC HEALTH GOVERNANCE PERFORMANCE ASSESSMENT INSTRUMENT – NATIONAL PUBLIC HEALTH PERFORMANCE STANDARDS PROGRAM

Ms. Jung

Thanked Staff for providing the Board members with the copy of the Local Public Health Governance Performance Assessment Instrument – National Public Health Performance Standards. She had requested this information in response to the presentation of accreditation for local health districts; that she would question if the Health District has applied for that accreditation.

In response to Ms. Jung

Ms. Brown

Advised the Health District has not yet applied for the accreditation process; that the process itself is being finalized. There is a statewide effort to have the health districts collectively accredited versus each district attempting individual accreditation; however, with funding issues, the upcoming Legislative Session, and other challenges, she is not aware of the status of this process. She can obtain an update for the Board as to “where this is in the process.”

Ms. Jung

She is interested in this process, as she recalls “there is a competitive edge in the grant process.”

In response to Ms. Jung

Ms. Brown

Advised that "it may be similar to Joint Commission and other accreditation processes, there will be some grants which ask that"; that once more and more health districts become accredited it will be an expectation for applying for grants. There will be a benefit to being accredited, as it will be an indicator the health district has undergone an exhaustive analysis of the health district, including all programs, processes and have met best practice."

Ms. Jung

Stated, although the State may not have an update prior to June, she would request an update on the process "after the State is aware of what is occurring in the process."

STAFF REPORTS AND PROGRAM UPDATES

A. Director – Epidemiology and Public Health Preparedness

Dr. Randall Todd, Director of Epidemiology and Public Health Preparedness, presented his monthly Division Director's Report, a copy of which was placed on file for the record.

In response to Ms. Jung

Regarding the email specific to the "insurance coverage for Medical Reserve Corps volunteers, Dr. Todd advised he did receive the email; however, the "extra insurance protects the County; therefore, it does not address the fundamental issues" of concern.

Ms. Jung

Requested an item for next month's agenda to discuss the insurance coverage issue for MRC volunteers; that she would request "Mr. John Sherman, who serves as the Risk Manager, to present a report on this." She would request Dr. Todd work with Mr. Sherman "on this issue."

B. Director – Community and Clinical Health Services

Ms. Jennifer Hadayia, Acting Division Director, Community and Clinical Health Services, presented the monthly CCHS Division Director Report, a copy of which was placed on file for the record.

Ms. Brown

Stated she has requested Ms. Hadayia present an update regarding the ACHIEVE Update, as Staff will be contacting the various governmental entities regarding the Truckee Meadows Regional Plan.

Ms. Hadayia

Advised, as Staff reported in November 2010, Goal 1, Objective 3, of the Washoe County Community Action Plan (CAP) component of the NACCHO ACHIEVE grant, is to "incorporate obesity prevention strategies as a priority of regional and local planning boards". The ACHIEVE Leadership Team has recommended amendment to the Truckee Meadows Regional Plan to address obesity prevention strategies; that she has "been working very closely with the Community Development and Public Works Departments." Research indicates the Truckee Regional Plan has excellent policies regarding "encouraging physical activity, and access to parks and open spaces, etc."; however, "where it is lacking is in access to healthy foods." The proposal to "make the Plan more comprehensive in reducing obesity and creating a healthy environment in Washoe County is to recommend amending the plan to address healthy foods access." There is a significant and rigorous process for achieving that; that Staff will present a proposal for such an amendment to the Board of Health; that the Board of Health will be asked to sponsor that amendment; that it will then be presented to the Board of County Commissioners with the BCC sponsoring it "before the Regional Planning Commission; that the Regional Planning Commission would present it to the Regional Governing Board.

As Ms. Brown indicated "it is a best practice" in amending the Plan, to dialogue this proposal with the other governmental entities, as the Regional Plan governs all entity Master Plans; therefore, Staff's "plan is to have that discussion with the various entities prior to the amendment process for greater coordination as to what is being proposed."

Ms. Jung

Stated she serves on this leadership team; that Ms. Hadayia and Staff "have done an excellent job in developing this; that this Plan is very targeted and focused based on an assessment of gaps in the community." Once approved and adopted this will be another program in which the Board and Staff can take pride and used "as a marketing tool to promote living in Washoe County, and in attracting people and businesses to Washoe County." In many areas within the community "there are food deserts in which people do not have easy access to healthy foods; that the goal is to incorporate in land use planning and development that this is an important component of a healthy lifestyle. Investing in the prevention of obesity pays the health district and the community back in the long-run."

Ms. Hadayia

The elimination of food deserts, rezoning for easier access to fresh fruits and vegetables is a component of another ACHIEVE objective; that Objective 1.1. is the development of a healthy food plan for Washoe County. There are "great Master Plans, development standards, plans for parks and open space; however, there isn't a food plan; that the Food Plan is also in development, and will include similar goals for improving access, multi-use plans for farms and ranches, and grocery store access. These efforts will provide a policy for guidance in implementing the proposed amendment to the Regional Plan

Mr. Gustin

Stated in September the Reno City Council approved a food co-op in his ward to be located in the "old Boy Scouts of America building located off of Court Street; that this will provide a great outlet for residents."

C. Director – Environmental Health Services

There was no Environmental Health Services Report this month.

D. Director – Air Quality Management

Mr. Kevin Dick, Director, Air Quality Management, presented his monthly Division Director's Report, a copy of which was placed on file for the record.

Mr. Dick

Advised earlier this month the Board of County Commissioners received the International Council for Local Environmental Initiatives (ICLEI) *Milestone Achievement Award*; that ICLEI is now the Local Governments for Sustainability (the Green Team).

The Health District is a "major contributor to the County's Green Team and Green Initiatives; that Mr. Andrew Goodrich was the Chairman of the Green Team; and Ms. Yann Ling-Barnes, Environmental Engineer was instrumental in achieving Milestone 1 – Greenhouse Gas Emissions Inventory for the County." There are five (5) milestones and Staff is currently working on milestones two (2) and three (3), which are emission reduction targets and the climate action plan, which is the strategy the County will use to achieve those targets. Staff will then proceed with implementation of the action plan and measuring and verifying the emissions reductions." The Air Quality Management Division pays for the annual dues for the ICLEI membership.

Ms. Jung

Advised she is the Board of County Commissioners' liaison for ICLEI and a member of ICLEI; that members of Air Quality "chose to become members of ICLEI because they care about and are involved in environmental issues; that they do this on their own time." She met with Mr. Bob Whitney of ICLEI and Mr. Dave Childs, Assistant County Manager and Director of Community Development to discuss possibilities for paying for training costs; that she will be donating campaign funds to assist in that effort. It is "a huge investment as it will help in accelerating these efforts; that it is another major effort in the progression of bringing business to Washoe County." She would thank Air Quality Management Division for paying for the membership.

Mr. Dick

He had advised the Board in July regarding the Ambient Air Modeling Network and the Advanced Air Monitoring Station (NCore); that Staff "had a target date in conjunction with US EPA's national launch to have the District's NCore Stations 'up and running' by January 1, 2011, and providing data with all other national sites. Through the very hard work of AQM's monitoring Staff, Mr. Craig

Petersen; Ms. Lauri Mendoza; Mr. Allen Tobey; and Ms. Julie Hunter the District achieved that January 1st date."

E. Administrative Health Services Officer

Ms. Eileen Coulombe, Administrative Health Services Officer, presented her monthly Administrative Health Services Officer Report, a copy of which was placed on file.

Ms. Coulombe

Advised the Board members have been provided with a copy of the accomplishments of the Inter-Hospital Coordinating Council (IHCC) for 2010; that the IHCC is an excellent collaboration within the community; that the IHCC has an impressive list of accomplishments.

Dr. Furman

Stated the "IHCC is comprised of a very intelligent group of individuals who do a lot of work; that the individual representatives of the various organizations are to be commended for the collaborative efforts."

F. District Health Officer

Ms. Mary-Ann Brown, Interim District Health Officer, presented her monthly Interim District Health Officer's Report, a copy of which was placed on file for the record.

Ms. Brown

Advised she continues to update her "Interim Health Officer Plan". She received notification from the City of Sparks that Dr. Humphreys has been reappointed to the Board of Health by the Sparks City Council. She has provided the Board members with the Power Point presentation from the County's most recent budget workshop.

BOARD COMMENT

Chairman Smith

Requested an agenda item for next month's meeting specific to "a discussion regarding having an outside consultant conduct a program performance audit for the Health District."

There being no further business to come before the Board, the meeting was adjourned at 3:45 pm.



MARY-ANN BROWN, RN, MSN
INTERIM HEALTH OFFICER/SECRETARY



JANET SMITH
RECORDER