

Washoe County



Health District

**Washoe County District Board of Health
Regular Meeting Minutes
September 26, 2013**

PRESENT: Chair Matt Smith, Dr. George Furman, Dr. George Hess, Dr. Denis Humphreys, Council Member Ratti, and Council Member Sharon Zadra

ABSENT: Vice Chair Jung

STAFF:

Leslie Admirand, Deputy District Attorney
 Kevin Dick, Interim District Health Officer
 Eileen Stickney, Administrative Health Services Officer, AHS
 Charlene Albee, Acting Division Director, AQM
 Steve Kutz, Division Director, CCHS
 Dave McNinch, Acting Division Director, EHS
 Randall Todd, DrPH, Division Director, EPHP
 Janet Smith, Administrative Secretary, AHS

Phil Ulibarri, Public Information Officer, AHS
 Patsy Buxton, Fiscal Compliance Officer, AHS
 Laurie Griffey, Administrative Assistant I, AHS
 Curtis Splan, DCAS, AHS

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
1:02 pm *1, 2	Meeting Called to Order, Pledge of Allegiance and Roll Call	Chair Smith called the meeting to order. Roll call was taken and a quorum noted. The Pledge of Allegiance was led by Dr. Humphreys .	
*3.	Public Comment	None.	
4.	Approval / Deletions – Agenda – September 26, 2013	Chair Smith called for any deletions to the Agenda of the September 26, 2013 DBOH Meeting. Chair Smith noted that Vice Chair Jung had asked for a report as provided within Item No. 14. Due to her absence, he requested that Item No. 14 be moved to the next DBOH meeting set for October 24, 2013.	Council Member Zadra moved, seconded by Council Member Ratti , that the September 26, 2013 Agenda be approved as amended. <u>MOTION CARRIED</u>

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5.	Approval / Additions / Deletions to the Minutes of the August 22, 2013 Regular Meeting	Chair Smith called for any additions or corrections to the Minutes of the August 22, 2013 Regular Meeting.	Dr. Humphreys moved, seconded by Council Member Zadra , that the Minutes of the August 22, 2013 Regular Meeting be approved as presented. <u>MOTION CARRIED</u>
*6.	Recognitions	Mr. Dick and Chair Smith made the following recognitions: A. Introduction of New Employee(s) – 1. Joshua Restori – F/T AQ Spec II – AQM – 9/09/13 2. Introduction of Jessica Ponce and Andrew Stutman, Public Health Associate Program (PHAP) Staff from CDC B. Promotions – 1. Daniel Timmons – AQ Spec II – AQM C. Years of Service – 1. Virginia Williamson – CCHS – 20 years D. Retirements – None.	
7.	Proclamations	National Preparedness Month – September – Proclamation accepted by Jeff Whitesides, Manager, Public Health Preparedness Program, and Staff	Council Member Ratti moved, seconded by Dr. Hess , to approve the proclamation as presented. <u>MOTION CARRIED</u>
8.	Consent Agenda	A. <u>Air Quality Management Cases:</u> 1. Recommendation to Uphold Unappealed Citations to the Air Pollution Control Hearing Board: a. Builtall Construction – Case 1124, NOV 5277 911 Linda Way, Sparks, NV 89431 b. Bailor Construction – Case 1125, NOV 5278 PO Box 21231, Carson City, NV 89721	

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		<p>c. Bison Construction – Case 1126, NOV 5279 PO Box 3198, Carson City, NV 89702</p> <p>d. Boys & Girls Club – Case 1128, NOV 5274 2680 East 9th Street, Reno, NV 89512</p> <p>e. Montane Building Group – Case 1131, NOV 5383 5310 Keitzke Lane, Suite 206, Reno, NV 89511</p> <p>2. Recommendation of CasesAppealed to the Air Pollution Control Hearing Board. None.</p> <p>3. Recommendation for Variance: None.</p> <p>B. Sewage, Wastewater & Sanitation Cases: Recommendation to Approve Variance Case(s) Presented to the Sewage, Wastewater & Sanitation Hearing Board. None.</p> <p>C. Budget Amendments / Interlocal Agreements:</p> <ol style="list-style-type: none"> 1. Approve termination of the Interlocal Agreement between the Washoe County Health District and the University of Nevada School of Medicine Integrated Clinical Services, Inc., and University of Nevada School of Medicine Multispecialty Group Practice North, Inc. dba MEDSchool Associates North (MSAN), to provide a faculty physician to serve as a consultant on pediatric Tuberculosis cases effective October 31, 2013. 2. Authorize Travel and Travel Reimbursements for two Centers for Disease Control and Prevention (CDC) Assignees (Jessica Ponce and Andrew Stutman), for the period of July 29, 2013 through August 1, 2015 in a total amount not to exceed \$2,500. 3. Approval of Subgrant Amendment #2 from the Nevada State Health Division for the Women, Infants and Children (WIC) Clinic Program for the period of October 1, 2012 through September 30, 2014 in the total amount of \$2,143,996 in support of Salaries and Benefits, Travel and Training, and Operating Expenditures; and if approved authorize the Chairman to execute. 4. Approve Subgrant Amendment #2 from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health for the period January 1, 2013 through December 31, 2013 in the amount of \$99,227, bringing the total CY 2013 funding for the Immunization Program Grant (IOs 10028 & 10029), to \$297,673; and if approved authorize the Chairman to execute. 5. Approve Notice of Subgrant Award for the period August 1, 2013 through July 31, 2014 in the total amount of \$136,833 in support of the Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity (ELC) Affordable Care Act Federal Program, IO 10984; and if approved authorize the Chairman to execute. 	

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	<p>BOARD COMMENT</p> <p>6. Approval of Subgrant Amendment #2 from the Division of Public and Behavioral Health in the total amount of \$623,386.50 (with \$62,338.65 or 10% match) for the budget period July 1, 2012 through December 31, 2013 in support of the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program; approve amendments totaling an increase of \$37,058 in both revenue and expense to the FY14 ASPR Hospital Preparedness Federal Grant Program, IO 10708; Authorize travel and travel reimbursements for non-County employees (individuals to be determined) in the approximate amount of \$3,000 specific to the Northern Nevada Disaster Victim Recovery Team Project, supported by the grant award; and if approved authorize the Chairman to execute.</p> <p>7. Approval of Subgrant Amendment #2 from the Division of Public and Behavioral Health in the total amount of \$1,045,473 (with \$104,547.30 or 10% match) for the budget period July 1, 2013 through December 31, 2013 in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness Program; approve amendments totaling an increase of \$128,275 in both revenue and expense to the FY14 CDC Public Health Preparedness Federal Grant Program, IO 10713; and if approved authorize the Chairman to execute.</p> <p>8. Proposed Approval of Agreement between the Washoe County Health District and Public Health Foundation in the amount of \$63,900 to conduct part of a Fundamental Review of the Health District; and if approved, authorize the Chairman to execute the agreement.</p> <p>Dr. Hess commented that he had questions on two items. First, he inquired about Item 8.A.1.d and if the Boys & Girls Club of Truckee Meadows would be paying the fine or if the contractor would be responsible. Second, he had a question regarding 8.C.1 and if there was a plan for pediatric tuberculosis cases.</p> <p>Ms. Albee responded to the question regarding Item 8.A.1.d. She explained that the citation was issued to the Boys & Girls Club following dust complaints in the area. They were making progress towards controlling it, but, in the process, the investigator did find out that they had not posted their signage properly and did not have records on-site for their water trucks, among other administrative issues. Suzanne Dugger was the Air Quality Specialist handling the case. She provided a verbal warning to get everything back into compliance. She returned after a set timeframe and found that nothing had been changed. There was a discrepancy between the contractor and the project manager for the Boys & Girls Club as to who was supposed to make the corrections. Not having the ability to get in the middle of their contract dispute as to who was responsible for each correction, as the permit is issued to the Boys & Girls Club, the citation is also issued to the Boys & Girls Club. It is their understanding, following the negotiated settlement meeting, that they are going to work that out.</p>	<p>Council Member Ratti moved, seconded by Dr. Humphreys, that the Consent Agenda be approved as presented in a single motion minus Items 8.A.1.d and 8.C.1 pulled for discussion.</p> <p>MOTION CARRIED</p>	

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		<p>Dr. Hess expressed concern that they are supported basically by donations from taxpayers and citizens, and he feels that it seems somewhat backwards to have that big of a fine if it was paid by the Boys & Girls Club. On the other hand, the contractor should have known and should have done the proper thing.</p> <p>Ms. Albee responded that in their position they try very hard to be consistent. The regulations do not provide them the ability to enforce against one type of operation and not on another. Therefore, they try to ensure that they are as consistent as possible.</p> <p>Dr. Hess commented that it seems that most of the fines have been levied against the contractor in the past.</p> <p>Ms. Albee responded that the project manager was pretty insistent that he was in charge; therefore, that was the avenue they provided him.</p> <p>Chair Smith requested confirmation that the Boys & Girls Club is going to go to the contractor and try and get this recovered.</p> <p>Ms. Albee responded that at the negotiated settlement meeting they were informed that the project manager was going to take care of working it out with the contractor. Since then, they have made corrections. Their ultimate goal is to get compliance. Common on a lot of the citations they issue, the owner is ultimately responsible. If they work out an agreement with the contractor afterwards, as to who actually pays the fine, that is not uncommon at all. They just do not have the legal authority to get in the middle of that.</p> <p>Council Member Zadra confirmed that the City of Reno has had some similar situations. As the public agency, they cannot get involved in the third party issues, but she thinks a few phone calls have probably already been made from some of those major funders as well as the Boys & Girls Club. She suspects that it is going to be resolved.</p> <p>Council Member Ratti agreed but did provide that the way it reads within the staff report does call out a specific person, Project Manager Fred Taeubel. She asked if that is normal to call out a specific person.</p> <p>Ms. Albee responded that this only occurs when they are insistent that they are the one in charge.</p> <p>Mr. Smith added that he does not like to see this either, but he expressed the importance of being fair across the board.</p> <p>Ms. Albee added that in recognizing who they were dealing with, that is part of the reason that Specialist Dugger gave them the verbal warning to get it corrected with a more than reasonable amount of time to make the corrections.</p>	<p>Council Member Ratti moved, seconded by Council Member Zadra, to approve Item 8.A.1.d.</p> <p>MOTION CARRIED</p>

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		<p>Dr. Hess continued with Item 8.C.1 and commented that during his experience as a resident, forty years ago, having a pediatric patient with tuberculosis that was quite ill, you have to worry about dosages and developing organs. It was a very educational experience for him with the child fortunately surviving, but it was pretty scary. He asked about the Health District's plan now that they are letting the current consultant go.</p> <p>Mr. Kutz responded that they do have a plan. Dr. Budecha has been their medical consultant specifically for pediatric TB cases, because Pulmonary Medicine Associates does not provide those consultation services for patients younger than 14. She is simply moving from University School of Medicine to Renown. Therefore, they are terminating the contract with University of Nevada, School of Medicine, and they are initiating a contract with Renown.</p>	<p>Dr. Hess moved, seconded by Council Member Ratti, to approve Item 8.C.1.</p> <p>MOTION CARRIED</p>
9.	Air Pollution Control Hearing Board CasesAppealed to the District Board of Health.	There were no cases for consideration this month.	
10.	<u>Regional Emergency Medical Services Authority:</u> <ul style="list-style-type: none"> A. Review and Acceptance of the Operations and Financial Reports for August, 2013; and B. Update of REMSA's Community Activities Since August, 2013 	<p>Mr. Jim Gubbels, President of REMSA, reported that in August, 2013, Priority 1 Compliance was at 93%, and Priority 2 Compliance was at 97%. Looking at Priority 1 Compliance by zone, the 8-minute zone was at 92%, the 15-minute zone was at 98%, and the 20-minute zone was at 97%. Looking at the average bill for the month for Care Flight, the average bill was \$9,160, bringing the year-to-date total to \$8,576. On the ground side, the average bill for the month was \$1,065, bringing the year-to-date ground average to \$1,066.</p> <p>Mr. Gubbels announced that they have moved into their new dispatch center. There was some TV coverage on that yesterday. This has been about 3 ½ years in the planning. Their original center dated back to 1992. At that point, it was certainly state of the art. The new dispatch center allows them to have ergonomic desks; many dispatchers often times prefer to stand while working. As one of their staff reported, they do not believe the word "ergonomics" was even invented in 1992. All of their computers and monitors were also upgraded along with installing a new phone system. The radio system is dramatically updated from an analog to a digital system. The staff is very pleased, and he is very pleased that they have a great working environment for them, including enough space for expansion.</p> <p>Mr. Gubbels also announced that for the first time ever there was a National EMS Memorial Bicycle Ride. It is known as the "muddy angels." The purpose of the event is to honor personnel that are involved with the EMS system that either lost their lives serving or lost their lives health-wise and became sick or injured while on duty. It really honors our EMS providers across the nation. This</p>	<p>Council Member Zadra moved, seconded by Dr. Humphreys, to accept the REMSA Operations and Financial Report for August 2013 as presented.</p> <p>MOTION CARRIED</p>

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		<p>actually started in the year 2000 on the East Coast and had never taken place on the West Coast. REMSA was able to host and honor the starting spot for this ride which occurred on Monday morning with forty bicycle riders on the first leg from REMSA to South Lake Tahoe. They then spend a day going around South Lake Tahoe, then to Placerville, and the fourth day is today where they will end up in Sacramento. The total distance is about 250 miles. One of their staff for Care Flight, Beth Kirkland, is a big sponsor of this event and has ridden in the East Coast event. They are very honored to have hosted the start to the event this year. One of the most moving pieces is that they had about 40 EMS personnel, where they worked, and a description of how they were either killed, injured, or deceased. They did have two of their own personnel that were actually represented on the poster boards.</p>	
11.	<p>Presentation, Discussion, and Possible Direction to Staff regarding Emergency Medical Services ("EMS"), Including Recommendations Contained in the TriData Report and Various Other EMS Studies</p>	<p>Randall Todd, DrPH, reported that the Board has been provided a report of the September 6th EMS Working Group Meeting, one of the shorter meetings they have had. They touched on several issues but really only discussed two. One of those was the ongoing data issue. They are still experiencing some issues with obtaining the definitions of the data. He believes, for the most part, they have a single month's worth of data, but they have not received definitions from each of the entities that are providing it. They have some ongoing concerns about the 911 data that they have received thus far. It appears, from their perspective, to be incomplete, but they have not been able to get answers back. Part of that may have been due to some of the special events that have taken place. For example, one of the individuals was taking time off and working the Air Race event. He is cautiously optimistic, with the special events season coming to a close, that they will be able to get that back on track. His plan is to provide a matrix of what they have and what they are still missing at the next EMS Working Group meeting. He has not pushed to obtain additional months of data yet. They would like to have a 90-day set of data to look at, but he does not want to start pushing on that until they have the currently held data cleaned up and have a system to be getting that in place.</p> <p>The other item, which took up the bulk of the meeting, was continued discussion on emergency medical dispatch. There was a debate regarding whether it is a requirement to have a field-experienced staff doing the medical dispatch, and, if not required, if it is desirable to do so. This continues to be an EMS Working Group point of disagreement. He is not really sure how much point there is in continuing to discuss it month after month, because they are not really getting on to other important topics.</p> <p>Mr. Dick provided an update since the Board packet was created. Last Friday, September 20th, the City Managers and County Manager met with the REMSA Board during their Board meeting and had a discussion with them about the ongoing negotiations. He believes that it was a good opportunity for some direct communication between the REMSA Board Members and the Managers. One of the items discussed at that meeting was to do more work through an executive working group committee to be addressing issues directly across all of the parties at the upper management level. They will be having more meetings at that level to move them forward. That afternoon, Mr. Dick met with the Managers and had a good discussion regarding potential oversight</p>	

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	BOARD COMMENT	<p>structure. Dr. Todd and the Managers will be presenting that to the EMS Working Group at their next meeting on October 4th.</p> <p>Council Member Zadra addressed Dr. Todd and asked him to contact her if the City of Reno was involved with the incomplete 911 data to determine how she can assist.</p> <p>Council Member Ratti requested clarification if there was incomplete 911 data from all parties.</p> <p>Dr. Todd responded that they have not yet asked Sparks for its 911 data. They wanted to do the Reno and Washoe County combined 911 data first to determine that they could actually work with the data. He added that Sparks has been first in every instance of getting the data to them.</p>	<u>NO MOTION</u>
12.	Request and possible approval of extension of time to complete REMSA Franchise Agreement Negotiations	Mr. Dick reported that during the concurrent meeting on June 10 th , the motion was made and adopted by each of the governing bodies to work with REMSA on negotiating a renewed franchise agreement over a 120-day period. Those discussions have been occurring. A lot of work has gone into looking at the issues, how they might be resolved, and what a new agreement might look like, but they have not been able to conclude that work during the 120 days, set to end on October 2 nd . This item requests an additional 120 days to conclude that work, taking them out to January 31 st . This is being presented separately to each governing body, because there was not an opportunity for another concurrent meeting prior to the October 2 nd date. This request was presented to the Sparks City Council on Monday, the Board of County Commissioners on Tuesday, and to the Reno City Council yesterday, and the extension was granted by each of those bodies.	Council Member Zadra moved, seconded by Dr. Hess , to approve the extension as requested. <u>MOTION CARRIED</u>
13.	Review and Acceptance of the Monthly Public Health Fund Revenue and Expenditure Report for August, 2013	Eileen Stickney, Administrative Health Services Officer, presented the Monthly Public Health Fund Revenue and Expenditure Report for August, 2013, stating that Staff recommends the District Board of Health accept the attached report of revenues and expenditures for the health fund for August, 2013. Ms. Stickney pointed out that before the Board are the percentages from this year as compared in revenue and expense to last year.	Dr. Humphreys moved, seconded by Council Member Ratti , to accept the report as presented. <u>MOTION CARRIED</u>
14.	Update on Citation and Enforcement regarding Prevention of Bear Activity within Populated Areas	During agenda approval, Item 4, the Board moved Item 14 to their next regular meeting scheduled for October 24, 2013.	<u>NO MOTION</u>

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*15.	<p>Presentation on National Association of Local Boards of Health (NALBOH)</p> <p>21st Annual Conference held August 14-16, 2013 in Salt Lake City, Utah</p>	<p>Dr. Furman expressed appreciation to Administrative Health Services for assisting in putting together presentation items after learning that his CD was not loading. The theme of the NALBOH meeting was "Responsible Governments." He advised that among the different topics offered, he selected five which he felt were of some interest: Elephant in the Room, Action Agenda, Accreditation, Collective Impact, and Public Health Foundation. Local health departments are breeding grounds for conflict. Some boards have lost control. There is the money situation, diversity with different views, expectations to provide public health with limited resources, and an expectation to improve health.</p> <p>There are boards that have bad actors. Some are skeptics, experts that have an opinion on everything, or like to blame the health officer for everything. The presenter had put these actors in different terms. There is the "bomber" who throws out statements and watch out for what happens. There is the "white rabbit" that always comes late. "Big Daddy" steps out for important calls with comments that are not pertinent. Then there is the "historian" which includes old members who recall previous discussions rather than new ideas.</p> <p>He continued to explain what should be done by pointing out the need to begin solutions before trouble starts. There are member who quit, have members with governance skills, provide job description, require attendance, establish communication protocol, define and reinforce your norms, use a phone rather than e-mail, and when sitting in more of a discussion format, the Chair can change seats to spread our opponents. Agendas that make for an ineffective meeting have only updates, a personal agenda, no opportunity to ask questions, and not enough time for important topics. Agendas that make for an effective meeting contain an action agenda, involve personal attention statements being sent out, such as provided now within the agenda packets, provide opportunity to ask questions, time to network, appropriate time on each topic, understanding of who is responsible, and allow for communication between meetings. The most important items should go first, goals should be defined rather than having just a to do listing, each item should be reviewed to determine if the agenda accomplished the goal of the meeting, and there should be time limits, such as 5 minutes for minor items and 20 minutes for major items.</p> <p>In regards to the Public Health Accreditation Board, some people say that the accreditation is good, necessary for certain grants. The process does take time. Dr. Furman provided a link (filed as part of the presentation) to obtain Public Health Accreditation Board standards. He also referred to pages 1-16 of the handout regarding costs of accreditation. He showed flow chart (filed) titled as NALBOH's Accreditation Decision Tree for Board of Health. Even if accreditation is not achieved, many people in discussions feel that the road to doing that and getting there can be very helpful in bettering health departments. Collective impacts improve the quality, coordination, and efficiency of healthcare. This involves a collective agenda, shared measurement, mutually reinforcing activities, continuous communication, and backbone support. Workforce development plan goals include prioritizing program enforcement, cross-training, retention, students, collective bargaining, customer service focus, taxpayer knowledge of service, and staff competence.</p>	NO MOTION

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*16.	Informational Update regarding Nevada Revised Statute Requirements for District Board of Health Appointment of a District Health Officer, and the Washoe County Job Specification for the District Health Officer Position	<p>Ms. Admirand noted that at the last DBOH meeting there were some questions about the required qualifications for an applicant for District Health Officer in Washoe County. She reported that she drafted a memo to the Board Members (filed). She cited NRS 439.400 and explained that Subsection 2 is really what is at question here. That says that the District Health Officer must be appointed on the basis of his or her graduate education in public health, training, experience and interest in public health and related programs. She explained that in interpreting statutes, you look at the plain meaning of the words and respect that meaning. The question posed to her was whether the graduate education in public health requires a Master's degree in public health or any type of graduate degree. Her interpretation of the statute, using a plain language interpretation, is no, because the Nevada legislature has required Master's degrees and graduate degrees for certain positions that are listed within Nevada statute, but they did not include it here. Using rules of statutory construction, you have to interpret that as being intentional. Therefore, her conclusion is that that does not require a Master's degree or graduate degree, simply, a graduate education in public health. She advised that she included within the filed memo some of the legislative history. Basically, back before 1981, Washoe County had interpreted the qualifications for the District Health Officer as requiring a physician, and the District Board of Health had some difficulties finding a physician at the salaries offered. Therefore, they wanted a little more flexibility. What they were looking for was an administrator, and not really a physician, to administrate the programs of the Health District. That is how they got the changes to the statue. She knows that the question is going to come up regarding what does graduate education in public health mean. Ms. Admirand explained that she performed a search of all of the NRS, and the only two places that that phrase appeared are in the requirements for a county health officer and a district health officer. It is not defined anywhere else in the statute. That is what is left for this board to decide: what is graduate education in public health. That is a broad spectrum. The Board could say that it would prefer a Master in Public Health and consider certificates or licenses or accreditations or continuing education programs. That is the decision that this Board has to make. Her conclusion is that the Board is not by law required to hire someone with a Master's or graduate degree.</p> <p>Chair Smith noted that this Board brought this up previously.</p> <p>Ms. Admirand commented that there is reference to that in 2005 when Barbara Hunt was a candidate with a RN and Master of Public Administration (MPA). Eileen provided an outline of former District Health Officers. The opinion at that time was that the qualifications that are weighed are the four listed in Subsection 2: graduate education in public health, training, experience, and interest in public health and related programs. You may determine that a Master's degree is preferential, but the Board really needs to look at significant experience in public health and a number of years with management experience as she reviewed from the Minutes of that meeting in 2005.</p> <p>Dr. Hess noted that Barbara Hunt did have a MPA.</p> <p>Ms. Admirand commented that it is not required, but confirmed that Ms. Hunt did have a MPA.</p>	

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		<p>Mr. Smith recalled from that meeting that based on bringing in another Health Officer, it was not necessary that it had to be a doctor.</p> <p>Dr. Humphreys commented that he believes the most important thing is to get the right person for the job, capable of doing what needs to be done today but also needs to be able to lead the Health District into the future as well. He added that he has a historical listing of the past Health Officers (filed). There are a few times that physicians sat in the position, but more often than not, it was not a physician. History does not dictate what they are going to do in the future, but he believes that it is important to take a look back to see what has been done in the past.</p> <p>Dr. Hess commented that he would interpret this as the need to look for an equivalency. One of the problems he had is that he has never seen a resumé or CV for Mr. Dick. He thinks that is critical so that they can evaluate how much training and experience an individual has in public health administration and the other areas.</p> <p>Council Member Zadra commented that she believes the project in front of them starts with defining or at least agreeing to what is public health. Is it specifically and only medical care, or is it the preventative practices that also do interfere with and makeup our health. She has heard this question over the short time she has sat on the Board in regards to whether or not all of the areas are considered as one under public health, including air quality and others.</p> <p>Dr. Hess explained that as a physician, he basically sees public health as the primary care provider for a large population of people. However, it entails mathematics in that statistics are critical. It entails epidemiology, environmental health, air quality, sewage, garbage, food, etc. It is a very broad spectrum. He explained that he is not saying that Mr. Dick does not have these qualities, he does not know, but he needs to be a general practitioner in that he has to have an understanding so that if there is an epidemic, for example, and resources need to be shifted, he is able to recognize that as it develops and make those decisions. There is an administrative component to that and a medical understanding component to that. If there is an earthquake, compounded by a flood, for example, and the sewage and water systems are destroyed, how is the Health Department going to respond to something like that, including looking at engineering, etc. It is not just medical, but it does have preventive medicine as a part of it.</p> <p>Ms. Zadra commented that that is the path she was really hoping their conversation would go down. She would lean towards defining public health broadly.</p> <p>Council Member Ratti commented that she appreciates the starting point, because she likes the big picture concept, and she thinks that they can talk about this in terms of not talking about one individual's qualifications but instead talking about whether certain backgrounds or certifications are needed to be qualified for the position. She had searched for a definition of public health and noted one that stood out, "the collective action of multiple sectors of society working to protect the public</p>	

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		<p>health." It has a prevention and intervention component, and collective action was emphasized across several definitions. She recalled that the one from the World Health Organization said that the only way to advance public health is by working with a team of specialists. It listed medical professionals, doctors, nurses, clinicians, epidemiologist, air quality specialists, and engineers, everything that has come up today. Their premise is that you cannot accomplish public health without having a team of backgrounds and specialties which she thinks they have at the Health District. Then the question really becomes do they need to have a particular set of skills at the lead of that organization. Like any organization, whether it is a large corporation, where sometimes people are going to come up through marketing or manufacturing or finance, whoever gets to the top is not going to have all of the experience that is needed within an organization. However, they are going to have to have the ability to lead and the ability to manage people who have other expertise. That is really what is important for the head person of any organization. That leads her to evaluating more leadership, management, administration, people who can deal with process improvement, people who can deal with bringing the best out in others, people who are not afraid to have people who are equally or more talented around them. It is really more about the team dynamic more than it is about any one hard set of skills around any specific specialty.</p> <p>Dr. Furman expressed agreement.</p> <p>Ms. Zadra commented that it sounds like they have some consensus in their fundamental evaluation of what is required for the lead CEO seat. She thinks that they need to give some special attention to how they communicate that within their community. She received at least one communication from the Washoe County Medical Society very earnestly suggesting that this seat needs to be held by a MD. She is sure that as strongly as the Medical Society believes that, there are a multitude of other agencies and community representatives that have as strong of an opinion in other areas. Therefore, they need to communicate really well with those partners as they proceed so that they do not have distrust or lack of understanding of where the Board is coming from.</p> <p>Mr. Smith commented that he thinks the bottom line is that they need somebody who makes it work. If they have any background in public health and as an administrator, he has no problem with that as long as they can make this engine work. He explained that over the years they have tried different health officers. In talking with Washoe County Commissioners, they cannot believe how many times the health officers change. He would like to start something here and get someone that really administers well and has all of the tools to make those decisions, moving forward from there.</p> <p>Ms. Ratti added that she thinks that whatever they do, that person or this Board needs to then make sure that all of the specialties are in place. Coming out of a recession where many departments were "swiss-cheesed", they had to make some challenging decisions where resources went. Taking a step back, after they have a lead permanently in place, the will need to ask if they have these necessary specialties on the team, including a physician. Clearly, a physician is part of the team, whether that be in a full-time position or a contract relationship.</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>Ms. Zadra asked within the industry, regarding public health officers, what is the average or the norm for tenure in those assignments. She advised that she has always been somewhat uncomfortable with the short tenures of these individuals. She thinks that suggests to them that possibly they have not defined exactly what they need and put the policies into place to give them the tools and support they need for them to be able to do their job.</p> <p>Ms. Ratti wanted to ensure that the list would be made part of the record. She explained that interim positions are not called out on the list; therefore, the list makes it look like there were more transitions than there actually were. Four of the people on the list were holding down the fort while the Board of Health was making a decision.</p> <p>Dr. Hess commented that it is somewhat reassuring that two of the individuals served for five years.</p> <p>Mr. Dick commented that he believes the statistic he heard through NACCHO is that on average a health officer or commissioner serves for about four years. That said, there are also health officers and commissioners who have long and distinguished careers in some locations.</p> <p>Dr. Humphreys commented that as they move forward, the word "team" has been mentioned many times, and he thinks that that is one of the real positive aspects they have in that they have some tremendous people on staff. He agrees that they need to have an individual that can not only direct the team but can lead the team.</p> <p>Ms. Zadra agreed with statements made by Ms. Ratti in that she believes that the best leader is one who can find the best leaders to serve along with them and not have a hint of insecurity if they even outshine the CEO in the work that they do.</p> <p>Dr. Humphreys commented that he certainly has respect for legal counsel and the direction she provided as it opens the door to allow the Board to make the decision they feel comfortable in making without regards to any educational requirement.</p> <p>Mr. Smith commented that as Chairman he has spent a lot of time with Mr. Dick, and he has been very professional, has a great rapport with the cities and County. He thinks that they have a person who is currently in the interim that would fill that seat very well. He would like to have the Board consider Mr. Dick, place this on the next month's agenda, take a look at his resumé, and start making some phone calls around town.</p> <p>Dr. Hess commented that he thinks that it is premature to do that. He explained that he has not had a chance to really even look at this, and he thinks that it would make more sense to sit down and define what it is they want in a District Health Officer. He thinks that Mr. Dick clearly has some of those qualifications, but when somebody has to decide where to put resources, they do need to</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>have knowledge in a variety of these areas. A primary care doctor is not a cardiologist, but he knows a lot about hearts. He believes the same holds true here. He would suspect in knowing air quality that he would also know some things about epidemiology, but he does not know that at this stage. He thinks that this Master's Degree idea comes from the desire to assure a certain minimum quality of knowledge. One of the Health Officers that served five years had her Master's in Public Administration, but she had plenty experience in these other areas. He thinks that they need to define what they want in a Health Officer before they start lobbying to have a particular person be the Health Officer.</p> <p>Mr. Smith commented that he is going to stick with what he is saying in that he has been on the Board for over 12 years and has not seen anybody work with the Divisions as well as Mr. Dick and have a rapport with the County and the cities. That is one thing that he has asked from the Health Officer every single time. Build the relationships, because that is who we work for. Work with these people, and they will work with us. That is the City of Reno, City of Sparks, and the County. They have not had very much success in that. To have the success that they have right now makes him elated.</p> <p>Ms. Ratti requested clarification that they will not be taking any action today on this item. She requested that the brochure from the last recruitment be distributed to the entire Board (filed), because she thinks that it is a good starting point of a conversation in what they were looking for in a District Health Officer at that time. When they have compromise, perhaps there can be an agenda item that is a discussion of what they are looking for, followed by an agenda item of whether or not to appoint the current interim into that position. She thinks that they risk damaging the morale within the organization, creating uncertainty within the community, if it looks like they are not all operating on the same page. They do not have to agree on everything, it always comes down to a vote, but they need to be moving forward on this process. She does not like leaving the lingering question of who is going to be in charge, and she does not like leaving a Division thinly staffed.</p> <p>Ms. Zadra asked if it would be helpful to put a working group together to identify what they need in a health officer.</p> <p>Ms. Ratti commented that she has a comfort level with it, because she was on the working group that helped put together the last brochure.</p> <p>Dr. Furman expressed agreement.</p> <p>Mr. Smith expressed appreciation to Ms. Admirand for her clarifications, and advised that these items can be requested later in the agenda under the Board Comment item.</p>	<u>NO MOTION</u>

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
*17.	<u>Staff Reports and Program Updates</u>	Dr. Randall Todd, Director, Epidemiology and Public Health Preparedness, presented his monthly Division Director's Report, a copy of which was placed on file for the record.	
	A. <u>Director, Epidemiology and Public Health Preparedness</u>		
	B. <u>Director, Community and Clinical Health Services</u>	Mr. Steve Kutz, Director, Community and Clinical Health Services, presented his monthly Division Director's Report, a copy of which was placed on file for the record. He commented that they had a very successful Healthy Living Week where they had the Obesity Forum, the presentation at the Boys & Girls Club, and the screening of "The Weight of the Nation". They saw about a total of 250 individuals which was very good, especially since some of those events were new. There will be more information and some information regarding the evaluations from the Obesity Forum in the October Board of Health report.	
	C. <u>Director, Environmental Health Services</u>	Mr. Dave McNinch, Acting Division Director, Environmental Health Services, presented the monthly Division Director's Report, a copy of which was placed on file for the record.	
	D. <u>Acting Director, Air Quality Management</u>	<p>Ms. Charlene Albee, Acting Division Director, Air Quality Management, presented the monthly Division Director's Report, a copy of which was placed on file for the record.</p> <p>Council Member Ratti commented that during the worst of the air quality during the multiple fires, she had some questions come to her regarding whether or not the cities, and perhaps that County, should be doing more to make safe facilities available for vulnerable populations. She knows that the schools were very active in making some decisions about outdoor recreational activities, She did not see any direction from the Health District saying that certain outdoor activities, such as an outdoor concert in Sparks at Bartley Ranch that attracted many senior citizens, should be cancelled. Normally, it is a one or two day thing, but this went on for quite some time.</p> <p>Mr. Dick responded that they focused on providing information, during the smoke episodes, to help people make decisions. He thinks that they did a very good job of doing that. The school district was terrific in consulting with them. They were also working very closely with the Interscholastic Athletic Council at that time. They were reluctant to tell people that they had to cancel events. As bad as it was over an extended period, they were only into the Very Unhealthy Air Quality Index range for a few hours during the whole episode. He has asked Dr. Todd and Mr. Whitesides of Public Health Preparedness and Mr. Inouye of Air Quality Management to work with Aaron Kenniston and the jurisdictions through the Regional Emergency Operations Center to develop a</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>plan for response to these kinds of situations. They were fortunate that they only got into the Very Unhealthy range for a few hours. Beyond that, it goes to Hazardous air quality conditions. He does not believe certain sedentary activities required shut down, such as the event at Bartley Ranch, but if they had gotten to higher levels, it would have been good to have a plan in place as to how they were going to respond to that. Therefore, they are working to develop that and have some agreement as to what the response should be. As he has discussed with Dr. Todd, if they are providing shelter for people to have air conditioning and get out of poor air quality for a few hours, but the poor air quality is remaining for days, perhaps they even need to be looking at triggering the shelters for people to be able to stay if they cannot shelter in place in an air conditioned environment. It fits well with some of the resiliency planning efforts that have begun to be taking account of the types of impacts that they could be seeing with warmer temperatures and more wild fires.</p> <p>Ms. Ratti commented that she sees it as layers of complexity. There is certainly the education piece, then there is making decisions on public activities and an additional layer of complexity where member of the private sector have to be told that they cannot have their activities. She would like to see that work. As a governing member of another body, she did not feel like she had a great answer to the question. She had faith that the Health District would be telling them if they had to do something, but some more process would be great.</p> <p>Council Member Zadra commented that she had the very same concerns. For her, it was illustrated on that Friday when they did hit the extreme level. As she was driving out of town to get away from it, she passed by at least three United States Postal Service (USPS) mail trucks, and they all had masks on. She thought, clearly, the [federal] government or at least the USPS has a policy. Therefore, she placed calls to the Reno City Manager as well as to Mr. Dick to see what policies are in place. Just yesterday, she received agreement from the Reno City Council that they will pursue a policy. They actually learned that they already have an emergency response committee identified but has not been activated at any time that staff can remember. However, they at least already have it on their books. It includes the City Manager, the Mayor, Police, Fire, and Public Works Directors. They are going to be putting together a draft policy in the next several weeks. She is certain that they will be working with the Health District as well.</p> <p>Ms. Albee confirmed that they did work with the private groups in town, and they had a tremendous response from the community. They are hoping to build on those partnerships to come up with some plans in the future.</p> <p>Mr. Dick mentioned that since the problem with smoke was not from locally created sources, such as with the Winter inversion with fireplaces, crematoriums, etc., the impact of shutting down an event, such as the Rib Cook-off, would have been negligible. That is not the message that they wanted to put out; they wanted to really put out the message of how people could protect themselves given the conditions that they had.</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>Chair Smith commented that Ms. Zadra had called and left a message on his phone to determine whether or not they were going to call a state of emergency. He spoke with Mr. Dick who explained that they were not even close to that. Carson City was even worse than Reno, and they may be causing a stampede if they start talking too soon. He believes that they have a great idea to put a plan together in order to be even more prepared for future incidents.</p>	
	E. <u>Administrative Health Services Officer</u>	The Administrative Health Services Officer's Reports for this month were addressed in other agenda items.	
	F. <u>Interim District Health Officer and Health District Updates</u>	<p>Mr. Kevin Dick, Interim District Health Officer, presented the monthly District Health Officer Report, a copy of which was placed on file for the record.</p> <p>Mr. Dick commented that earlier in today's actions, the Board approved the agreement for the fundamental review, as Dr. Furman had noted. The team that will be conducting the review, from the Public Health Foundation, as well as Matt Stefanak, from the financial management side of things, will be doing a site visit on October 17th and 18th. Unfortunately, he has not had a chance to get that all planned out yet, they have a conference call to them on Monday morning to do so, but they will be working with them to schedule times for Board Members to be able to meet with them and provide input and perceptions that they can consider in conducting their review. They will also be organizing some external stakeholder sessions for other organizations in the community to be able to provide their input. He has already scheduled a time slot for the City Managers and the County Manager to be able to meet with them. He hopes that they can find times that are workable for Board Members during that two-day period.</p> <p>Mr. Dick commented that he also wanted to talk about the Quality Improvement Initiative that they have been working on to roll out to the Health Department. They have had several meetings now with the Division Directors and the Supervisors to discuss quality improvement and approaches that they want to be taking and moving toward a culture within the Health Department where it is really part of what they are doing on a daily basis. As part of this effort, he wants to thank Washoe County for allowing them to utilize the services of their Organizational Development Manager, Veronica Frenkel. He added that she has been of great assistance to them in working on this initiative and helped them with putting together a survey to assess staff attitudes and perceptions regarding quality improvement. There is a set of bar charts that was not included in the packet (but provided by email to the Board as an attachment, filed) that will be discussed at the general staff meeting on October 1st. He was able to conclude from the results that staff understands and believes that quality improvement can be very beneficial for the Health District. They are a little bit uncertain as to whether they will be provided the time that will be necessary to work on quality improvement initiatives. They also show that they are a little less certain whether management will embrace and support this and be consistent as how they incorporate quality improvement in their actions. As he told the leadership when he met with the Supervisors and Division Directors, he</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		could not be happier with these results, because they show that the staff is willing and ready to be engaged and seize the value in this. It puts them in a position where they can really control success or failure. They will be moving forward with this initiative. He believes that it will be foundational, as they go through the fundamental review process and then get the results from that review, to be able to be acting on those results and making the changes that they may be recommending. They will be working on some quality improvement initiatives as they get to the report recommendations. They have staff who will be working as teams and gaining some experience in those types of approaches.	
*18.	Board Comment – Limited to Announcements or Issues for Future Agendas	None.	
19.	Emergency Items	None.	
*20.	Public Comment (limited to three (3) minutes per person). No action may be taken.	<p>Public Information Officer Phil Ulibarri commented that he distributed a press kit to the Board (filed) that is going to be distributed next Tuesday for media that will be attending a grand opening ceremony and a press conference across the parking lot at the Senior Center as they roll out the new Veterans In Need of Services Project. This is one of the number of different collaborative efforts that the Health District has done with the Senior Center, going back as far as he can remember since he has been at the Health District, in 1999 / 2000 with free fly shots at the Senior Center. Another program was the Elder Abuse Prevention Program. They helped Aging and Disability Resources Center rollout at the Senior Center three years ago. He was asked to assist the Senior Center last year by Dr. Iser. The artwork provided in the packet was developed by his office. In particular, he wanted to draw the Board's attention to the provided bookmark which has the project theme, "Every Day is Veterans Day." That paper is actually a piece of combat paper. Veterans take their uniforms, grind them up, and make them into paper. It is a great physical and mental release for some of our veterans that need services from this type of project. The grand opening will be next Tuesday at 10:00am. They are expecting Caleb Cage, the State of Nevada's new Veterans Officer, as well as representatives from Senator Reid's and Senator Heller's offices. The Nevada Honor Guard will also be there, and he hopes Board Members can attend. The radio ad campaign started a couple weeks ago; they were given \$10,000 by the Senior Center to produce that radio ad for them.</p> <p>Mr. Dick clarified that Phil has been charging a portion of his time to Senior Services for his efforts to support them.</p> <p>Chair Smith acknowledged his efforts.</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
21.	Adjournment	There being no further business to come before the Board, the meeting was adjourned.	<p>Council Member Zadra moved, seconded by Dr. Hess, that the meeting be adjourned.</p> <p>MOTION CARRIED The meeting was adjourned at 2:41 p.m.</p>



KEVIN DICK,
INTERIM DISTRICT HEALTH OFFICER



WILLIAM FLORES,
RECORDING SECRETARY