At 1:03pm, Chairman Smith called the Washoe County District Board of Health meeting to order, followed by the Pledge of Allegiance, led by Dr. Joseph Iser, District Health Officer.

ROLL CALL

Roll call was taken and a quorum noted. Mrs. Janet Smith, CPS/CAP, Recording Secretary, advised that Vice Chair Kitty Jung; and Councilwoman Julia Ratti are excused.

PUBLIC COMMENT

There was no public comment presented.
APPROVAL/DELETIONS – AGENDA – DECEMBER 15, 2011

Chairman Smith called for any deletions to the agenda of the December 15, 2011 District Board of Health meeting.

Dr. Isler

Advised item 6.C., the recognition of Ms. Karen Sage Rosenau, for her years of services to the Sewage, Wastewater, and Sanitation Hearing Board, will be continued to the January 26, 2012 meeting.

Advised, item 14. Presentation of Proposed Revisions to the District Board of Health Multi-Casualty Incident Plan Mutual Aid Evaluation Annex (MCIP-MAEA) will be continued.

**MOTION:** Mr. Gustin moved, seconded by Dr. Hess, that the agenda of the District Board of Health December 15, 2011 meeting be approved as amended. Motion carried unanimously.


Chairman Smith called for any additions or corrections to the minutes of the October 6, 2011 District Board of Health Strategic Planning Retreat.

**MOTION:** Dr. Humphreys moved seconded by Dr. Furman, that the minutes of the District Board of Health October 6, 2011 Strategic Planning Retreat, be approved as received. Motion carried unanimously.

Chairman Smith called for any additions or corrections to the minutes of the October 27, 2011 meeting of the Washoe County District Board of Health.

**MOTION:** Dr. Hess moved, seconded by Mr. Gustin, that the minutes of the District Board of Health October 27, 2011 meeting be approved as received. Motion carried unanimously.
RECOGNITIONS AND PROCLAMATIONS

Dr. Randall Todd, Director, Epidemiology and Public Health Preparedness

Introduced Mr. Paul Moffat, advising Mr. Moffat is a CDC Public Health Advisor who will be working at the Health District through the CDC and the State Health Division. Advised, Mr. Moffat will be assisting the EPHP Division with the Strategic National Stockpile Program.

Dr. Iser

Advised, immediately prior to today’s meeting there was a reception to recognized and honor all the individual agencies who responded to the tragedy at the Reno National Championship Air Races, which occurred on Friday, September 16, 2011.

Chairman Smith and Dr. Iser presented Certificates of Recognition to Ms. Norma Jackson for 5 Years-of-Service; and Ms. Katherine Hong for 15 Years-of-Service.

Chairman Smith, Dr. Iser and Ms. Erin Dixon, Program Coordinator, Chronic Disease Prevention, presented the Extra Mile Awards (EMA), in recognition of the anniversary of the Nevada Clean Indoor Air Act (NCIAA), to Ms. Natasha Bourlin, CommRow; and Mr. Josh Cole, Access to Health Care. Advised, CommRow and Access to Health Care provide completely smoke-free establishments throughout their facilities, and in the immediate surrounding areas.

Dr. Iser stated Staff is reviewing the feasibility of establishing a "strong non-smoking policy" for the Washoe County complex.”

Dr. Trudy Larson, Director, School of Community Health Sciences, University of Nevada Reno; and Ms. Christina Sarment, Associate Director, Development and Alumni Relations, introduced Ms. Heidi Lengdorfer, the 2011/2012 recipient of the District Board of Health Scholarship. Dr. Larson advised the scholarship is through an endowment initiated by previous Board members and the previous Health Officer. Advised the scholarship was established to assist students pursing a Masters in Public Health.
CONSENT AGENDA – AIR QUALITY MANAGEMENT CASE – CS HARVEY – UNAPPEALED NOTICE OF VIOLATION

Staff advised Citation No. 4980, Case No. 1066 was issued to CS HARVEY on August 1, 2011, for minor fugitive dust emissions, dirt and construction debris on the streets and in the street gutters, in violation of Section 040.030 (Dust Control) of the Washoe County District Board of Health Regulations Governing Air Quality Management. Staff advised CS Harvey was advised of the right to appeal; however, no appeal was filed. Staff recommends Citation No. 4980, Case No. 1066 (CS Harvey), be upheld and a fine in the amount of $1,000 be levied as a negotiated settlement.

MOTION: Mr. Gustin moved, seconded by Dr. Hess, that Citation No. 4980, Case No. 1066 (CS Harvey), be upheld and a fine in the amount of $1,000 be levied as a negotiated settlement.
Motion carried unanimously.

CONSENT AGENDA – AIR QUALITY MANAGEMENT CASE – ASTRO AUTO BODY – UNAPPEALED NOTICE OF VIOLATION

Staff advised Citation No. 4585, Case No. 1067 was issued to ASTRO AUTO BODY on September 1, 2011, for operating a spray painting (auto body) business without a Permit to Operate or a proper spray paint booth, in violation of Section 030.000 (Source Permitting and Operation), of the Washoe County District Board of Health Regulations Governing Air Quality Management. Staff advised Astro Auto Body was advised of the right to appeal; however, no appeal was filed. Staff recommends Citation No. 4585, Case No. 1067 (Astro Auto Body), be upheld and a fine in the amount of $10,000 be levied as a negotiated settlement for a major violation.

MOTION: Mr. Gustin moved, seconded by Dr. Hess, that Citation No. 4585, Case No. 1067 (Astro Auto Body), be upheld and a fine in the amount of $10,000 be levied as a negotiated settlement for a major violation.
Motion carried unanimously.

CONSENT AGENDA – AIR POLLUTION CONTROL HEARING BOARD – GOLDEN GATE PETROLEUM

The Board was advised Staff and the Air Pollution Control Hearing Board recommend denying the following appeal:
Appeal of GOLDEN GATE PETROLEUM, Citation No. 4849, Case No. 1065, issued on July 22, 2011, for failure to comply with a condition of the Permit to Operate, specifically the vapor recovery nozzles, in violation of Section 030.2175 (Operations Contrary to Permit) of the Washoe County District Board of Health Regulations Governing Air Quality Management. Staff advised upon a review of the testimony received, the Air Pollution Control Hearing and Advisory Board recommended **upholding** Staff's recommendation to **deny** the appeal of Golden Gate Petroleum, upholding Citation No. 4849, Case No. 1065; and levying a fine in the amount of $1,000 for a major violation.

**MOTION:** Mr. Gustin moved, seconded by Dr. Hess, that the recommendation of Staff and the Air Pollution Control Hearing Board to deny the appeal of GOLDEN GATE PETROLEUM, Citation No. 4849, Case No. 1065, be upheld and a fine in the amount of $1,000 be levied for a major violation. Motion carried unanimously.

**CONSENT AGENDA – BUDGET AMENDMENTS/INTERLOCAL AGREEMENTS**

The Board was advised Staff recommends the **retroactive approval** of the District Health Officer's acceptance of Subgrant Amendment #1 from the Nevada State Health Division, Sexually Transmitted Disease (STD) Prevention and Control Program, in the amount of $123,778, for the period of January 1, 2011 through December 31, 2011; and **approval of amendments totaling** an increase of $4,755 in both revenue and expenses to the adopted FY 12 STD Grant Program, IO 10014 to bring the adopted budget into alignment with the grant.

The Board was advised Staff recommends **approval of amendments totaling** an increase of $49,000 in both revenue and expense to the FY 12 Communities Putting Prevention to Work, CPPW-ARRA, Program Grant budget (IO 10988); and approval of donation to Sierra Vista Elementary in the amount of $1,000 to assist with the establishment of a school garden to increase school-aged children's access to healthy fruits and vegetables (grant-funded).

The Board was advised Staff recommends **ratification of Interlocal Contract** between the Washoe County Health District (WCHD) and the Washoe County School District (WCSD) to assist the Washoe County School District's Expanded Immunization and School Health Services Program at North Valleys High School for the retroactive period of October 17, 2011 through June 7, 2012, pending approval of Washoe County Risk and legal review.

The Board was advised Staff recommends **ratification of Interlocal Agreement** between the Washoe County Health District and Washoe County through its Parks Department to provide
storage and emergency operation activation of the VoiceStar CMS-T300 Series Portable Changeable Message Sign and Highway Advisory Radio equipment for the period upon ratification through June 30, 2012, unless extended by the mutual agreement of the Parties, with automatic renewal for two (2) successive one-year periods for a total of three (3) years on the same terms unless either party gives the other written notice of nonrenewal at least sixty (60) days prior to June 30 of each year.

MOTION: Mr. Gustin moved, seconded by Dr. Hess, that the retroactive approval of the District Health Officer’s acceptance of Subgrant Amendment #1, with corresponding budget amendments; amendments to the FY 12 Communities Putting Prevention to Work, CPPW-ARRA Program Grant Budget, with $1,000 donation to Sierra Vista Elementary; Interlocal Contract; and Interlocal Agreement be approved as presented, and the Chairman authorized to execute on behalf of the Board where applicable. Motion carried unanimously.

AUTHORIZING -- CREATION -- POSITIONS

The Board was advised Staff recommends approval of amendments totaling a net $0-increase/decrease to the FY 12 Chronic Disease/Injury Prevention Program Grant Budget (CC 170800); and the authorization to create an Intermittent Hourly Health Educator position (PC# TBD), as evaluated by the Job Evaluation Committee (JEC).

Ms. Mary-Ann Brown, Director, Community and Clinical Health Services

Advised, the proposed amendment includes a recommendation for approval to create an Intermittent Hourly Health Educator position within the Community and Clinical Health Services (CCHS) Division. Advised, an intermittent hourly position “is not a benefitted, full time or guaranteed position; that it is more a per diem position”, which allows for “hiring of personnel temporarily, when funds are available.”

Stated, as she has advised the Board, there are currently two (2) Staff members in the Chronic Disease/Injury Prevention Program, one (1) of which is fully grant funded position; therefore, “her duties are restricted to the Tobacco Prevention and Control Program.” Advised approval of an Intermittent Hourly Health Educator position will ensure when funding is available Staff has the authority to utilize the services of this position to complete deliverables for grant-funded activities.
In response to Chairman Smith

Regarding "the net $0-0 increase/decrease", Ms. Brown advised currently Staff will not be expending any money for this position; that funds would only be expended as received through grant-funding opportunities.

**MOTION:** Mr. Gustin moved, seconded by Dr. Humphreys, that the amendments totaling a net $0-0 increase/decrease to the FY 12 Chronic Disease/Injury Prevention Program Grant Budget (CC 170800); and the creation of an Intermittent Hourly Health Educator position (PC# TBD), as evaluated by the Job Evaluation Committee (JEC), be approved as presented. Motion carried unanimously.

**PRESENTATION – PILOT PROJECT – AUTHORIZING CREATION OF POSITION**

1) **Approval of Pilot Project with the Washoe County Department of Juvenile Services (WCDJS):**

2) **Approval of Budget Amendments Totaling a Net $108,000 Increase to the FY12 Wittenberg Project (CC TBD):**

3) **Approval of Authorization for the Creation of a 1.0 FTE Advanced Practitioner of Nursing (APN) Position (PC# TBD) as Evaluated by the Job Evaluation Committee (JEC)**

**Ms. Brown**

Advised for approximately eighteen (18) months she has been working in conjunction with the Jan Evans Juvenile Justice Center "to address the clinical needs for the youth who are detained there."

Advised, previously the Jan Evans Center utilized the services of a full-time Nurse Practitioner and a full-time Licensed Practical Nurse (LPN); however, both employees have left the Center.

Advised during the discussions to review "the needs regarding clinical services", it was determined the Jan Evans Center, as a correctional facility, "does not have the expertise for the provision of clinical services, which the Health District does." Stated, the possibility of "forming a joint project to address the clinical needs of the youth detained", in which the Health District would assume "management of the clinical services and assist in the development of a program with more depth and scope to address the needs of the detained youth in a more cost-effective and appropriate method."

Advised, Staff has been working with Ms. Admirand, who is also the legal counsel to the Jan Evans Center, to prepare a Memorandum of Understanding (MOU) to address the Human Resources (HR) and financial aspects of the pilot project. Advised currently the Health District provides the
pharmacy, and other routine services, including immunization, and STD clinics to the Jan Evans Center through an MOU; that this would be a similar type of agreement. Advised at one time the Health District had “previously shared a Nurse Practitioner position” with the Detention Center. Stated the proposed pilot project would be “a collaboration to utilize collective resources more efficiently.”

Advised, this project would “be net neutral to the overall budget, as it would be a transfer of resources with a reallocation of how the work is done”; that Ms. Stickney has been assisting with the financial and HR aspects of the proposed pilot project. Advised the proposed Nurse Practitioner position has been reviewed and approved by the County’s Job Evaluation Committee (JEC); that upon completion of the MOU Staff will present it to the Board for approval.

Ms. Eileen Stickney, Administrative Health Services Officer

Advised, Juvenile Services “currently has approximately $108,000, which would be reallocated to the Health District, and presented to the Board as a budget amendment; that a portion of that amount would be utilized to fund the Advanced Nurse Practitioner (APN) position. Advised, upon approval by the Board the request will be presented to the Board of County Commissioners for approval as a co-agenda item with Washoe County Department of Juvenile Services.

Dr. Furman

Stated, his concern is this MOU “will eventually cost the Health Department”; that he agrees these services to the Juvenile Detention Center are very important; however, the Juvenile Detention Center has a Nurse position; therefore, the Detention Center should hire its own Advanced Nurse Practitioner. Stated, the hiring of this position “would be more appropriately accomplished through the County rather than through the Health Department”; therefore, he “will be voting against the motion.”

In response to Dr. Furman

Ms. Brown

Advised, the MOU being developed stipulates “this position will not become a financial burden to the Health District”; that the proposal is as a pilot project to determine “how effectively this project will work both for the Health District and the Juvenile Center.”
Advised, currently Dr. O’Conner serves as the physician for Juvenile Services; that should an APN be hired “with a scope of practice in both areas”, it would be possible to utilize the services of both collaborating physicians.

In response to Dr. Humphreys

Regarding “this being a shared position; and the percentage of the sharing”, Ms. Brown advised the shared position would be 60/40; that the APN would be assigned to the Juvenile Detention Center 60 percent of the time. Stated, when at the Health Department the APN position would be utilized to provide clinician services in the Family Planning Clinic. Stated, the proposal will not cost the Health District or the Juvenile Services “any more money; that it will be a sharing of resources.” Stated, the Health District will assist in the development of a program which better addresses the provision of services to the youths in detention, “at the same time providing the [Health District] with more capacity.”

In response to Chairman Smith

Regarding the term length of the agreement, Ms. Leslie Admirand, Deputy District Attorney, advised the “term of the agreement has not yet been determined.”

In response to Chairman Smith, Ms. Brown advised, although, the length of the pilot project is for one (1) year, the intent of the agreement is for three (3) years. Advised, upon completion of the one (1) year the pilot project would be reevaluated to determine: “the outcomes of the project; and if it is working for the Jan Evans Juvenile Detention Center, the Health District and the youths detained at the Center.”

Ms. Admirand

Advised, currently there is no Memorandum of Understanding (MOU), between the Health District and the Jan Evans Juvenile Detention Center; that the MOU is only a draft. Advised, should the Board of Health approve the concept the final MOU will be developed, presented to the Board for consideration; and if approved, be presented to the Board of County Commissioners for approval on behalf of the Juvenile Detention Center.
In response to Dr. Humphreys

Regarding the Board being provided a complete update upon the completion of the one (1) year pilot project, including any financial impact and if it would be recommended the MOU be extended for the additional remaining two (2) years, Ms. Admirand advised that Staff can provide that update.

In response to Dr. Humphreys

Ms. Brown

Advised, she would provide updates within her Division Director’s Report; that Staff is presenting the proposal today for the Board’s approval of the concept to initiate the process. Stated, "as resources dwindle it is necessary to be innovative and determine methods for collaboration." Stated, “the Juvenile Detention Center is struggling and has a need for the youths being served; and the Health District has an expertise; that this provides an opportunity to share resources.”

Mr. Gustin

Stated, although he agrees with the concept of collaboration among entities and departments, he understands Dr. Furman’s concerns regarding this possibly affecting the Health District’s budget, which is a “top priority” for him. Stated, Staff has indicated this project would be “revenue and cost neutral; therefore, he can support the concept; that he concurs with Dr. Humphreys that it would be necessary to conduct a complete review at the completion of the pilot project; and report the findings to the Board. Stated, he concurs “these are services that need to be provided; however, as Dr. Furman indicated, “these may be services the County should be funding and providing.”

Ms. Brown

Stated, Staff “is very sensitive to this not adding to the financial burden” of the Health District; that “there is an understanding should the funding get cut the services will be cut.”

Dr. Iser

Stated, he will not present anything to the Board “that [the Health District] can’t afford and isn’t cost neutral, with the exception of a new grant proposal.”
Chairman Smith

Stated, with the apprehension “voiced by the Board, he would question” if Juvenile Services could contract with the Health District for the provision of these services.

Ms. Brown

Stated, various options were discussed during the meetings regarding this pilot project; that there were representatives of the Health District, the Juvenile Detention Center, legal counsel, HR; and the County Finance Division present; and the pilot project, as presented, was the recommended option. Stated, one issue is the Jan Evans Juvenile Detention Center is a component of the Court system and not the County.

In response to Chairman Smith

Ms. Brown

Stated, it would be necessary to meet with the representatives of the Finance Division and HR to present and discuss the option of the Juvenile Detention Center contracting with the Health District for these services.

Ms. Stickney

Stated, the Juvenile Detention Center receives General Fund dollars; that the concept of the pilot project would have the Juvenile Detention Center "reducing the Center's financials by $108,000, which would be redirected to the Health District." Stated, that funding would be transferred to the Health District as a budget amendment; that Staff would establish a separate Internal Order to track those funds. Stated, 60% of the funding would be to pay for the services of an APN position and 40% would be utilized to increase the clinician hours in the Clinic.

Mr. Gustin

Stated, he would request the item be continued with direction to Staff to further discuss the option of Juvenile Services contracting with the Health District for these services; and for further review of the pilot project option as presented today; and report back to the Board for a determination.

MOTION: Mr. Gustin moved, seconded by Dr. Hess, that the pilot project with the Washoe County Department of Juvenile Services (WCDJS), be continued as discussed.
Motion carried with Dr. Furman voting “no”.

REGIONAL EMERGENCY MEDICAL SERVICES AUTHORITY


Mr. Jim Gubbels, Vice President, REMSA

Advised the Board member have been provided with a copy of the October 2011 Operations and Financial Report; that the overall emergency response times for life-threatening calls in October 2011 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 100%; and within the twenty (20) minute zone it was 100%. Advised the overall average bill for air ambulance service for October was $7,852, with a year-to-date average of $7,449. The overall average bill for ground ambulance services for October was $1,005, with a year-to-date average of $998.

In response to Mr. Gustin

Regarding compliance within the time zones, Mr. Gubbels advised the Franchise mandates a 90% or greater response time compliance; that the compliance rate is a fractile number (which is not an ‘average’ as each call is counted). Advised the number of minutes in which REMSA may be late on a call varies, that REMSA is charged a fine for each minute a unit is late arriving on-scene. Advised the penalty fund is maintained as a separate account with the monies being utilized for community programs throughout the year, including the purchase of first aid kits for athletic teams; AEDs (Automatic External Defibrillators) for organizations; the provision of influenza immunizations to home-bound individuals, purchasing safety seats for the Point of Impact Program, etc. Advised, expenditure of the Penalty Funds has to be approved by the District Health Officer.

Mr. Gustin

Stated, the Reno City Council has discussed the current system between Reno Fire and REMSA; and the feasibility of “determining what areas aren’t being served in the priority zone.” Stated, he would question “if there are zones, which consistently fall-out of the range due to the circulation of the units and the geographical differences between the calls and where the units are.”
In response to Mr. Gustin

Mr. Gubbels

Advised, REMSA has an After Action Review Group (ARRG), which reviews each late call every day; that the factors of 'why' the response was late are reviewed to determine if a late response was due to units "being out of position; routed the wrong way, the call volume, etc." Stated, "upon completion of the review adjustments are made" through the Systems Status Management Plan; that the Systems Status Management Plan "is very flexible and very detailed."

Regarding "more communication between the Reno City Council and REMSA staff", Mr. Gubbels stated that he is available to respond to the Council's question. Stated, Mr. Gustin is welcome to contact him to schedule a meeting for a review of this information.

In response to Dr. Furman

Regarding the increase in the overall average of Care Flight transports, Mr. Gubbels advised the average allowable rates are adjusted at the end of the fiscal year at which time REMSA can increase based on the annual Consumer Price Index (CPI). Advised, the overall average Care Flight bill "is influenced by the number of flights and the distance of the flight transports." Advised, Care Flight is responsible for responding within "all of the 6,000 square miles of Washoe County; that the longer the flight the more expensive the cost(s)." Stated, there is the initial "base rate and the charge of $50 per-loaded mile. Advised, REMSA continually monitors the overall monthly average; that should the overall monthly average exceed the allowable average for the year, REMSA will adjust the base rate to comply with the allowable rate.

**MOTION:** Mr. Gustin moved, seconded by Dr. Hess that the Operations and Financial Report for the month of October 2011, be accepted as presented.
Motion carried unanimously.

B. Update of REMSA's Community Activities Since October 2011

Mr. Gubbels

Advised, he and the other members of REMSA appreciated today's recognition by the Board of Health for the response to the September 16 event at the Reno National Championship Air Races.
Advised, REMSA has completed the home-bound influenza immunization program has been completed for the year; that he will provide the Board with an update regarding the number of individuals immunized.

**REVIEW – ACCEPTANCE – MONTHLY PUBLIC HEALTH FUND REVENUE AND EXPENDITURE REPORT – NOVEMBER 2011**

Ms. Stickney

Advised the Board members have been provided with a copy of the Health Fund Revenue and Expenditure Report for the month of November 2011; that the Environmental Oversight Account for November is $108,256.85. Ms. Stickney reviewed the Report in detail, advising Staff recommends the Board accept the Report as presented.

**In response to Mr. Gustin**

Regarding the “holiday work”, Ms. Stickney reviewed the amount budgeted for holiday work; and the actual expenditures, which indicates Staff was working on holidays in excess of the amount of time anticipated. Advised during the FY13 budget preparation process in January, Staff will review this occurrence to determine if it was an anomaly or if adjustments have to be incorporated into the budget to accommodate the increase.

Regarding the “the difference in the equipment non-capital budget item”, Ms. Stickney advised in an effort to maximize the WIC Program Grant, there was additional equipment purchased.

**MOTION:** Mr. Gustin moved, seconded by Dr. Hess, that the District Health Department Revenue and Expenditure Report for November 2011, be accepted as presented. Motion carried unanimously.

**DISTRICT BOARD OF HEALTH – REAPPOINTMENTS – APPOINTMENT – REMSA GOVERNING BOARD**

Ms. Stickney

Advised, Staff recommends the reappointment of Mr. Dick Barnard, CPA to a five (5) year term, ending November 18, 2016; and Mr. Louie Test, Esquire to a four (4) year term, ending November
18, 2015; and the appointment of Mr. Jim Begbie to a three (3) term, ending November 18, 2014, as the District Board of Health appointees to the REMSA Governing Board. Advised, based upon the Board’s previous determination, the terms of appointments are staggered for one (1) appointment only to ensure continuity in the functions of the Governing Board.

In response to Dr. Furman

Regarding an appointee to the REMSA Governing Board also providing contractual services to REMSA, Ms. Bonnie Drinkwater, Attorney representing REMSA, advised REMSA has a “conflict of interest policy similar to other non profit agencies.” Advised, Barnard Vogler is REMSA’s contracted accounting firm and have been since the inception of REMSA; that REMSA does have an external auditor, who is not an employee of Barnard Vogler. Advised when the accounting contract is renewed by the REMSA Governing Board, Mr. Barnard announces “his conflict and leaves the room for the discussion and vote on the contract; that although Mr. Barnard is still working at the company he is partially retired and is no longer as involved in the management of the company.” Advised, none of the members of the REMSA Governing Board receive compensation for their service as a Board member.

**MOTION:** Dr. Humphreys moved, seconded by Mr. Gustin, that Mr. Dick Barnard, CPA and Mr. Louis Test, Esquire be reappointed; and Mr. Jim Begbie be appointed as the District Board of Health appointees to the REMSA Governing Board, as outlined. Motion carried unanimously.

**PRESENTATION — PROPOSED REVISIONS — DISTRICT BOARD OF HEALTH MULTICASUALTY INCIDENT PLAN — MUTUAL AID EVALUATION ANNEX (MCIP—MAEA)**

This item was continued to a future meeting.

**PRESENTATION — ACCEPTANCE — 2012 WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING CALENDAR**

Chairman Smith

Advised the Board members have been provided with a copy of the proposed 2012 calendar of meeting dates.
In response to Dr. Humphreys

Regarding the date of the Budget meeting, Ms. Stickney advised Staff has not yet received the budget calendar from the Finance Department; therefore, Staff did not list a date for the budget meeting. Stated, Staff anticipates having the budget calendar prior to the January Board meeting; and will provide the Board members with “lead time” in scheduling the Board’s annual budget meeting.

Advised, neither did Staff provide a date for the annual Strategic Retreat meeting; that, although the Strategic Retreat has been conducted in October, as it relates to the annual budget preparation in January, consideration could be given to scheduling the Retreat in November.

In response to Mr. Gustin

Regarding a “reduction to the District Health Department Budget and the requirements of the Interlocal Agreement”, Dr. Iser advised the Health District Budget cannot be reduced during the year without the two (2) Cities being advised.

Ms. Stickney

Advised, the Interlocal Agreement requires Staff present the proposed Health District Budget to the managers of the three (3) participating entities; that Staff and the County are aware the Health District’s budget cannot be reduced within the year without notification to the Cities.

**MOTION:** Dr. Hess moved, seconded by Dr. Humphreys, that the 2012 District Board of Health meeting calendar be approved and adopted as presented. Motion carried unanimously.

UPDATE – PRESENTATION – ACCREDITATION EFFORTS – NEVADA HEALTH DIVISION THROUGH NEVADA PUBLIC HEALTH ASSOCIATION

Ms. Emily Brown, MPH, Nevada Public Health Foundation

Presented an update on “national voluntary public health accreditation”, advising she has been hired by the Nevada Public Health Foundation, as the Performance Improvement Manager, which was established through funding from the Centers of Disease (CDC) and Prevention, National Public Health Improvement Initiative (NPHII), to support accreditation efforts and provide hands-on assistance in the process. Advised, the State of Nevada was a recipient of this grant funding;
therefore, there is funding to assist the State Health Division for accreditation; and to assist the Clark, Washoe County and Carson City Health Districts in preparing for the accreditation process.

Advised, the Public Health Accreditation Board (PHAB), defines accreditation as: “The goal of the accreditation program is to improve and protect the health of every community by advancing the quality and performance of public health departments.”

Ms. Emily Brown presented a PHAB video providing an overview of accreditation. Reviewed the noted benefits of accreditation: 1) drive organizational change; 2) create a quality improvement infrastructure; 3) improved business operations; 4) improved accountability and monitoring; and 5) increased credibility. Advised, accreditation is “a brand new process”; therefore, there are no resources specifically connected with being accredited.

Advised, CDC and the Robert Woods Johnson Foundation have provided funding since 2007 specific to accreditation; that there were a number of Beta-Test sites, including the Carson City Health District, between 2009-2010. Advised, the Standards for Accreditation were published in July 2011; and the process initiated on September 14, 2011; that currently approximately fifty (50) public health departments have applied nationwide for accreditation.

Ms. Emily Brown reviewed the accreditation process: 1) Statement of intent (6-12 months prior to applying); 2) Submission of application, including the fee; 3) Documentation selection and submission (within 12 months of receiving on-line access); 4) on-site visit (2-3 days); 5) Accredited health departments must submit annual reports and receive reaccreditation every five (5) years. Advised, the fee structure for a Category 4 health district (>200,000 to 1 million population), which includes Washoe County, for 2011-2012 is approximately $31,802 ($7,950 for year 1; and $5,963 for each of the subsequent 4 years).

Stated, should the Board of Health determine accreditation cannot be pursued at this time; there are a number of prerequisites, which must be completed prior to the submission of an application; therefore, there are a number of processes which can be accomplished in advance.

Advised Southern Nevada Health District has recently received a NACCHO grant for the accreditation preparation; that Washoe County Health District agreed to function "as a connector site" in this process.
Ms. Emily Brown reviewed the various online resources available to provide information specific to the accreditation process, including an online orientation; and the various websites available for additional information.

Dr. Hess

Stated, as having participated in a number of accreditation processes, it is time consuming and expensive; however, a benefit is "it forces [an agency] to review what it is doing in a very objective way." Stated, he is very concerned regarding the projects costs, which is more than he would have anticipated; that there are the additional costs associated with Staff time and the various processes.

Dr. Iser

Stated, he has no intention of pursuing accreditation for a variety of reasons, including the process costs; and other "hidden costs." Advised, the Health District is completing a Community Health Assessment; and the Strategic Plan, which is being developed, are all components of accreditation. Stated, as Ms. Emily Brown indicated, "there maybe a time" when accreditation is required for CDC grant funding.

In response to Dr. Hess

Regarding reaccreditation, Ms. Emily Brown advised reaccreditation will be required every five (5) years as will the submission of an annual report.

Dr. Furman

Advised although he understands the concerns regarding the cost of accreditation; however, it is important and there will be benefits to being an accredited health district. Advised, there is "departmental and individual accreditation; that currently he is one (1) of only thirty (30) individuals nationwide who have taken and passed the test for individual accreditation.

The Board thanked Ms. Emily Brown for her presentation and update.
PRESENTATION – HEALTHY FOOD LABELING – GROCERY STORES

Ms. Brown

Introduced Mr. Ward Dunn, of Scolari’s Food and Drug, advising during the Strategic Retreat the Board discussed “chronic diseases, healthy food choices; and the healthy food labeling program initiated by Scolari’s Food and Drug.

Mr. Ward Dunn

Advising, Scolari’s Food and Drug Company operates fourteen (14) stores in Northern Nevada; that the implementation of the NuVal® (nutrition rating) System was in response to the general public “becoming more health oriented in food purchases.” Advised, through the efforts and association with the cooperative, TopCo, the NuVal® System program was introduced and implemented in the Scolari’s stores approximately seven (7) months ago. Advised, Scolari’s was the first on the west coast to implement the NuVal® System. Advised, there are now thirty-two (32) companies utilizing the NuVal® (rating) system.

Advised the NuVal® (nutrition rating) System is a measure of a food’s overall nutrition quality; assisting consumers in choosing more nutritious foods. Advised, it is a simplified system that scores food products from 1 – 100, with 100 as the highest score. Advised the NuVal® (rating) System was developed in response to national health trends, including the rapidly increasing rates of obesity and diabetes in both adults and children.

Presented a brief history of the NuVal® nutritional system, advising the System was developed by “a team of medical and nutritional experts, led by Dr. David Katz of the Yale-Griffin Prevention Research Center, in an effort to improve public health. Distributed handouts (a copy of which was placed on file for the record), of the NuVal® (nutrition) System brochure and an overview of “frequently asked questions”, advising the brochure provides information, including the NuVal® website, which provides additional information and an educational game.

Mr. Dunn presented an overview of “how the NuVal® System is set-up in the Scolari’s stores." Stated, currently there are approximately 1500 stores that have implemented the NuVal® System. Stated, it is the goal this Program will allow Scolari’s to become more involved in the community, with the School District; that Scolari’s has had discussions with the University of Nevada and the local Health Coalition. Stated, yesterday he met with the dieticians from St. Mary’s Regional Medical Center to review the NuVal® System; that one of the dieticians indicated the program "goes hand-in-hand with assisting customers to make the best food choices."
Dr. Furman

Stated the NuVal® System is "a good program, and on behalf of the Board, he would thank Mr. Dunn for the presentation."

UPDATE - WOMEN, INFANTS AND CHILDREN (WIC) NUTRITION PROGRAM

Ms. Beverly Bayan, WIC Program Manager

Presented a brief history of the Women, Infants and Children (WIC) Nutrition Program, advising it was developed in response to physicians identifying a trend of pregnant women suffering "from various ailments due simply to the lack of [nutritional] foods." Advised, there was an increasing awareness of hunger and malnutrition in the country which coincided with the White House Conference on Food, Nutrition and Health. Advised a recommendation of the White House Conference was to "provide particular attention to the nutritional needs of low income pregnant women and pre-school children." Ms. Bayan provided a brief history of the first WIC Clinics which provided vouchers for nutritional food products.

Ms. Bayan read the WIC Legislation in full into the record, advising the WIC Legislation identifies the necessity of nutritional food products in the prevention of health problems "in critical times of growth and development." Advised, the correlation between WIC and other health services, including immunization, family planning, child abuse and neglect prevention; and alcohol and drug abuse counseling was also identified.

Reviewed the requirements of applying for WIC services, advising pregnant and postpartum women (up to 6 months or 1 year if the mother is nursing) and children under the age of five (5) are eligible. Reviewed the health assessment WIC Staff perform and the various risks associated with poor nutrition. Advised, WIC Staff provide nutritious foods; nutrition education, including individual counseling by a Registered Dietician; and various other referrals. Reviewed the food products pregnant women; breastfeeding mothers; non-breastfeeding mothers; and infants on formula receive in the "new individualized monthly nutrition food package." Advised, there are "food tailoring packages for mothers or children with specific needs (i.e., underweight, homeless, lack of safe drinking water, etc.)."

Advised, WIC Staff began educating clients on safe sleep practices for infants; and the WIC Clinic participated in pilot project of Cribs for Kids Program, screening all of the clients and distributed thirty-one (31) cribs to clients determined to be "at risk for unsafe sleep practices."
Advised initially WIC clients had to demonstrate "signs of physical malnutrition"; however, WIC is now considered primary prevention and holistic health care; that approximately 53% of infants born in the United States qualify for WIC Program assistance. Advised it has been demonstrated the provision of WIC services reduces risk of pre-term births by 25%; and risk of low birth weights by 44%. Advised the cost of a pregnant woman to participate in WIC is approximately $743 as compared to approximately $50,000 in costs associated with a pre-term or Low Birth Weight (LBW) infant.

Advised the Health District WIC Clinic provides services to 6,300 clients per month at the four (4) locations noted, with a Staff of sixteen (16) positions; that the WIC Clinic does utilize a per diem position.

Ms. Bayan reviewed the current WIC Funding, advising the WIC Program receives $1,071,998 in Federal Grant funding, which equates to $13.58 per client; and $163,470 in local funding, which equates to $2.07 per client for a total of $1,235,478 for the Program at a cost of approximately $15.65 per client. Advised, additionally the WIC Program receives Federal WIC Food Funds in the amount of $4,287,992, with $357,332 being paid monthly to local grocery stores that participate in the Program. Advised clients utilize Electronic Benefit Transfer (EBT) cards to purchase the food products; that the Washoe County Health District piloted the Health Passport in 2000 utilizing SmartCard Technology for all WIC clients. In 2010 the WIC Program changed to the new web-based application; that Nevada is only one of six (6) states in the US that utilizes the electronic application; that Nevada is the only State that has utilized both the SmartCard technology and the web-based application.

Ms. Bayan reviewed the list of dignitaries who have conducted on-site visits

Advised that revisions to the WIC Program in 2011 are: 1) the percentage of eligible infants has increased from 49% to 53%; the inception of on-line WIC client application and nutrition education information. Advised as of September 2011 the new WIC Program application has semi-automated the health assessment; the clinical data; calculates the BMI (Body Mass Index), including the growth charts; and has combine family members into one file.

Advised WIC Staff worked in conjunction with a medical student intern from UNR, who is receiving her Master in Public Health; that this student conducted “a needs assessment, which included a client satisfaction survey.” Advised the final report on this assessment will be available next year.
The Board thanked Ms. Bayan for her report update.

STAFF REPORTS AND PROGRAM UPDATES

A. Director – Epidemiology and Public Health Preparedness

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.

B. Director – Community and Clinical Health Preparedness

Ms. Mary-Ann Brown, Director, Community and Clinical Health Preparedness, presented her monthly Division’s Director’s Report, a copy of which was placed on file for the record.

C. Director – Environmental Health Services

Mr. Bob Sack, Director, Environmental Health Services, presented his monthly Division Director’s Report, a copy of which was placed on file for the record.

In response to Mr. Gustin

Regarding the food establishment inspection reports being on-line by the end of the year, Mr. Sack advised this process may not be on-line by the end of the year; that it will be achieved when the composition of the program is developed and tested.

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.

Advised Staff has been in the process of replacing the older manual method of PM$_{10}$ monitoring filters with the new Beta-attenuation monitors (BAMS), which provide hourly real-time data for
particulate levels. Advised, the new monitors were of vital importance the morning of the Caughlin Fire; that the new monitors will reduce labor costs, as Staff will no longer be required to manually change the filters every six (6) days. Advised, with the fire on the 18th Staff would not have had the data until the 19th; that the new equipment provided hourly readings from the PM10 monitors to Staff, which allowed Staff to assess what was occurring and allowed Staff to provide the information to the public. Advised there were two (2) episodes occurring – one from the high winds and the other from the fire.

Advised in July Staff installed a PM2.5 BAM at the Sparks Post Office monitoring site (behind the Post Office in Sparks); that he has provided the Board members with a chart of the data collected in November for PM2.5. Advised, Staff has determined, at that location, the levels of PM2.5 are "twice as high" as those being collected at the Reno Station (located in the proximity of Bertha Miranda's). Advised based on this information there is the possibility it will necessary to issue more "red and yellow alerts" should that monitor continue to track at the higher levels.

Advised Staff has met with representatives from the Desert Research Institute to utilize available grant funding to conduct a study "of the spatial extent of the higher PM2.5 levels being recorded in Sparks to determine the scope of those elevated levels."

Advised, the increases may be due in part "to the very still weather the area has been experiencing without any rain or storms; there have been inversions; therefore, as the air pollutants are trapped in at the ground level [those pollutants] settle in at the low points." Advised, the Sparks monitor is in an area with older homes, which may be utilizing fire places, which may be an immediate local contribution to what is occurring. Advised windy weather conditions could result in "carrying other emissions in the atmosphere to that area.

In response to Dr. Humphreys

Regarding determining the "Burn Code" issued, Mr. Dick advised it is determined on "the highest [Air Quality Index] number not an average." Advised each day in reviewing the data, Staff reviews "the highest number for any monitored pollutants from any of the monitoring sites from which data is collected to determine the AQI. Advised this is the information provided to the public for

In response to Mr. Gustin

Regarding increased complaints specific to wood burning stoves and people burning trash in the fireplace, Mr. Dick advised there has been an increase in complaints "based on odors" from wood
burning devices; that Staff have responded and conferred with the owners regarding the complaints and what can and cannot be burned in a wood burning device. Advised, he is not aware of any coal burning devices in Washoe County; that coal burning devices are "not approved certified stoves." Stated, he would like being advised if there are coal burning devices being utilized.

Mr. Gustin

Stated, he "was sorry to note Mr. Noel Bonderson had retired from the District."

Dr. Furman

Stated, he too, was sorry to note Mr. Bonderson had retired.

In response to Dr. Furman

Regarding "land that had been cleared for construction and then left vacant", Mr. Dick advised there are a number of sites, in which a developer applied and received a Dust Control Permit; that when the economy declined construction at these locations ceased. Advised, "when those Permits lapse the Air Quality Management Division requires the Dust Control Permit be renewed and the developer continue to provide the appropriate dust control measures. Advised, there have been "some difficulties with Staff expending significant time attempting to locate the developer(s) or the owner(s) of these properties"; which can be out-of-state banks." Advised, Staff is working in conjunction with the development community in those instances in which the Permit was issued for a specific amount of acreage; however, as the lands have remained vacant for extended periods of time vegetation is again growing. Advised, on these sites Staff is reviewing the Dust Control Permit to determine the amount of acreage that would now require a Dust Control Permit, providing "some relief on the total acreage for which a Dust Control Permit is required taking into consideration the change of the situation."

Chairman Smith

Reviewed, process in which acreage is "cleared in land development; and obtaining an approved Dust Control Permit for that specific amount of acreage."
E. Administrative Health Services Officer

There was no Administrative Health Services Officer Report this month.

F. District Health Officer

Dr. Joseph Iser, District Health Officer presented his monthly District Health Officer Report, a copy of which was placed on file for the record.

Dr. Iser

Advised, he has provided the Board members with the status of the Health District Employee Evaluations that have been completed; that the District has achieved the 85% level; therefore, the Board members will no longer receive this chart.

Advised Mr. Scott Monsen, Vector-Borne Diseases Prevention Coordinator, will be retiring at the end of December; that Staff will be recruiting for this position.

Advised, Tri-Data, the company contracted by the County to conduct an EMS study, recently conducted five (5) meetings to discuss this issue; that all meetings were attended by a Staff member of the Health District. Advised he does not anticipate the recommendations of Tri-Data being unfavorable to the Health District and its role in REMSA.

Advised, the Health District’s Status Report “should be completed eminently.”

Advised, he attended “a large meeting that involved the environmental health directors from five (5) different counties; the health officers or equivalents; and emergency preparedness coordinators from those five (5) counties” to discuss responses across state and county lines specific to hazardous spills. Advised, currently “all have agreed (by handshake) to respond for the other; that additional meetings will be scheduled. Advised, he has agreed to “get the US Coast Guard involved in meeting” with the group, as the Coast Guard “would have a huge response especially in Lake Tahoe.”
Advised, he is in the process of "a couple of Program and personnel transfers; that the EMS Program is being transferred from Administrative Health Services (AHS) to EPHP, effective December 31, 2011." Advised Mr. Phil Ulibarri, Public Health Information Officer, will be transferred from EPHP to Administration and will be reporting to him, as of the end of the month, as the District Health Officer; that with one (1) PIO for the Department. Advised a meeting has been scheduled with he and Mr. Ulibarri to "discuss the expectations." Advised, "there may be more of these; that his personal approach is as an incrementalist as opposed to a total revamp of everything; that this works best in terms of employee morale; that he doesn't foresee anything in the near future."

Dr. Iser wished everyone a "Happy Holiday."

BOARD COMMENT

Chairman Smith requested a "Happy Holidays" greeting be extended to Staff on behalf of the Board.

PUBLIC COMMENT

There was no public comment presented.

There being no further business to come before the Board, the meeting was adjourned at 3:25pm.