

**Washoe County District Board of Health  
FY18-21 Strategic Planning Retreat  
Meeting Minutes**

**Members**

Kitty Jung, Chair  
Dr. John Novak, Vice Chair  
Oscar Delgado  
Dr. George Hess  
Kristopher Dahir  
Michael D. Brown  
Tom Young

**Thursday, November 1, 2018**

**9:00 a.m.**

**(Informal mixer with Board members  
and staff: 8:30 to 9:00 a.m.)**

**Washoe County Administration Complex  
Health District Conference Rooms A & B  
1001 East Ninth Street  
Reno, NV**

**1. \*Roll Call and Determination of Quorum**

Chair Jung called the meeting to order at 9:00 a.m.  
The following members and staff were present:

Members present: Kitty Jung, Chair  
Dr. John Novak, Vice Chair  
Oscar Delgado  
Kristopher Dahir  
Tom Young

Members absent: Dr. George Hess  
Michael Brown

**Ms. Rogers verified a quorum was present**

Staff Present: Kevin Dick, District Health Officer, ODHO  
Anna Heenan, Administrative Health Services Officer, AHS  
Charlene Albee, Division Director, AQM  
Steve Kutz, Division Director, CCHS  
Dr. Randall Todd, Division Director, EPHP  
Chad Westom, Division Director, EHS  
Leslie Admirand, Deputy District Attorney  
Catrina Peters, Director of Programs and Projects - ODHO  
Heather Kerwin, Statistician, EMS  
Christina Conti, Preparedness and EMS Program Manager, EPHP

**2. \*Pledge of Allegiance**

Mr. Pitkin led the pledge to the flag.

### 3. \*Public Comment

#### **Chair Jung opened the public comment period.**

Mr. Pitkin informed that, as a patient living with HIV, it took him over fourteen years to regulate his medications. He detailed his symptoms and medications. He informed that when he moved to the area in 2016, Hopes Clinic reduced his medication for pain and that he had over thirty-seven appointments with them in a year. He informed of subsequent medications prescribed and his subsequent denial for coverage by Health Plan of Nevada Medicaid. He stated his appeal of the denial was met with many excuses and expressed his frustration.

Mr. Pitkin requested the Board to provide direction to address his issues, and stated that, otherwise, he would be seeking treatment from the emergency room going forward.

Chair Jung informed the Board that she was working with a County Social Worker to address Mr. Pitkin's issues. She encouraged Mr. Pitkin to go to the emergency room to receive necessary care if unable to be cared for otherwise. Dr. Hess opined he could be treated at Urgent Care. Chair Jung reiterated he should go to the emergency room.

#### **Chair Jung closed the public comment period.**

### 4. Approval of Agenda

November 1, 2018

**Dr. Novak moved to approve the agenda for the November 1, 2018 District Board of Health Strategic Planning Retreat. Mr. Dahir seconded the motion which was approved five in favor and none against.**

### 5. Review, Discussion, and Possible Direction to cancel the tentative Washoe County District Board of Health Meeting currently scheduled for November 15, 2018.

Staff Representative: Kevin Dick

Mr. Dick informed that the 2018 Calendar for District Board of Health Meetings had been approved with the November 15<sup>th</sup> meeting scheduled as tentative. He stated that, because there were no pressing issues to be heard, staff recommends the meeting be cancelled.

Mr. Dick informed the next scheduled DBOH Meeting is December 13<sup>th</sup>.

**Mr. Young moved to cancel the tentatively scheduled November 15<sup>th</sup>, 2018 District Board of Health Meeting. Mr. Delgado seconded the motion which was approved five in favor and none against.**

### 6. \*Strategic Planning Discussion: The purpose of the Strategic Planning Retreat is to discuss and possibly give direction regarding strategic priorities and goals of the Washoe County Health District in regards to the Outcomes listed below:

- Identify and discuss emerging issues & community stated priorities
- Refresh the FY18-21 Strategic Plan
- Identify FY20 Budget Considerations

### 7. \*Introductions, Meeting Outcomes, Discussion Flow, Planning Assumptions, Ground Rules, and Recap Core Purpose and Strategic Direction

Presented by: Chair Jung, Kevin Dick and Erica Olsen

Mr. Dick requested introductions be made around the room.

Chair Jung stated that if the Health District doesn't have strategic goals, there is nothing to guide and measure its progress. She stated that the Health District is her favorite Board because of the importance of the District's function to the community.

Chair Jung expressed how proud she is of the success of the Board, Mr. Dick, Division Directors and staff who have overcome obstacles and greatly improved the status of the Health District.

On behalf of the Health District, Mr. Dick expressed appreciation of Chair Jung's support and passion for public health and for the support of the Board and the progress made under the direction of the Board. He acknowledged the work of the staff to execute the strategic plan and prepare the proposed revisions to the plan that would be presented to the Board. He acknowledged the great work of Erica Olsen and OnStrategy who had worked with them to prepare the plan and would be guiding their discussion during the meeting.

Ms. Olsen outlined the scope of the meeting and the desired outcomes. She clarified that action is agendaized for the one-time projects, but that no action would be taken on the proposed changes to the Strategic Plan at this meeting.

Ms. Olsen inquired if the Board Members had any specific information that they wanted to cover.

Chair Jung informed of an email received from the Teamsters Union regarding Waste Management, informing that Waste Management does not have to give trash collectors five minutes to wash their hands before they go to lunch. She wanted to investigate what the Health District can do to improve these types of employee/employer relationships.

Mr. Dahir stated that there has been dialog with Ms. Albee of Air Quality Management regarding a concept for recognition for entities that excel in implementing methods of air pollution control, which would be good press for the entity and good for air quality, and could provide other benefits for members.

Regarding Public Charge, Mr. Delgado stated he would like discussion regarding the perception by the immigrant population that a documented, legal resident who applies for Medicaid, SNAP or other public services could have difficulty becoming a citizen. He opined this perception could undermine the work that's been done to gain that community's trust, resulting in them not seeking government support but to go to ER for care. He informed the sixty day comment period is open and opined it important that the Health District show their position.

Mr. Dick informed that the National Association of County and City Health Officials has a position on this issue, and Mr. Kutz had provided him with a proposed comment in alignment that he opined would be suitable. He informed that there have already been clients visit the WIC counter to turn in their WIC cards and be removed from the data base out of fear of being compromised. He noted that WIC is not one of the services under the rule at this time.

Mr. Dick informed that, while these people may have legal status, their children may be US citizens due to their being born here, yet they are afraid to get resources to help the children citizens. He stated that NACCHO's concern is that this will have public health impacts.

Dr. Novak requested Mr. Dick to forward the NACCHO position to the Board Members.

Mr. Delgado stated he is concerned how the Health District can work with the community to sustain trust and development, knowing that administratively there are issues being presented that could undermine the work that has been done.

Mr. Young stated that those present are a diverse group of professionals. He opined if the group could direct themselves with the concepts of balance within their decisions and

empathy for the public in regards to the impact regulations will have on their lives, and their objective should be to enhance their lives.

## **8. \*Current Community Trends Briefing: Growth Forecast, Community Health Improvement Plan and Behavioral Health Data**

Staff Representatives: Kevin Dick, Catrina Peters and Heather Kerwin

Mr. Dick reminded the group that a Community Health Needs Assessment (CHNA) is done every three years, noting it was completed in December of 2017 and a briefing was provided to the Board. He stated there had been an Executive Summary of the CHNA provided to the Board in their packet, and they would be highlighting some of the information.

He displayed a population projection for the area from a study done to project the impact of the mega factory Tesla planned to build here. He informed that housing has become a major concern for the region, that housing costs are rising and explained the definition of affordable housing is when no more than thirty percent of income is spent on housing and utilities.

Another slide presented income levels against the average cost for housing, showing how many are affected by the lack of affordable housing. He explained that the median income has declined by fourteen percent since 2016 and a high percentage of Washoe County residents are cost burdened, creating an affordable housing shortage of almost 12,000 units.

Mr. Dick informed there are initiatives for affordable housing in place to address some of the areas for improvement with policy tools. He opined that, by developing a regional strategy, there are a number of benefits that will come to the Truckee Meadows to be able to address the issues.

Mr. Dick informed that these priorities, along with those to address homelessness issues, have been included in the CHIP that the Board has approved. Mr. Dick detailed the scope of the region's homelessness issue. He stressed that if people don't have housing, there is no stability to allow them to make good health decisions.

Mr. Dick informed of the growth in demand of the Health District's services, and highlighted the work in Environmental Health Services (EHS) by Mr. Westom and staff to increase efficiencies to meet the rising demand.

Dr. Novak inquired if there was more recent data available for housing. Mr. Dick informed the data is from 2016 and is the most current published data, stating it is from Enterprise Community Partners that is working on the regional strategy for housing affordability.

Ms. Albee informed the region is very close to non-attainment of the EPA's Ozone Standards, will require Air Quality Management to develop control strategies to address issues for possible reduction in Ozone levels and that these would be implemented through permitting and enforcement. She stated this will have an economic impact for businesses that consider relocating to this area due to the expense of the required additional pollution control equipment.

Ms. Albee stated non-attainment means that the air isn't healthy for the public to breathe and could eventually cause federal highway funds to be withheld.

Chair Jung directed that, for large construction projects to be more likely to adopt available measures for pollution reduction, staff should engage the appropriate Board Member in the process.

Ms. Albee informed that Mr. Inouye is working with NASA on a tool to identify heat islands. She stated that, when complete, the information will be provided to the community

for their use. She expressed hope that the planning agencies would use this tool to identify and rectify heat islands.

Ms. Peters gave an overview of the Community Health Improvement Plan (CHIP), stating that Truckee Meadows Healthy Communities Steering Committee assisted in identifying the Priorities, which are Housing and Homelessness, Behavioral Health and Nutrition and Physical Activity. She highlighted action plans under each Priority and informed the Regional Behavioral Health Policy Board (RBHPB) had decided on Crisis Stabilization Centers as the topic for their BDR.

Ms. Kerwin informed this data report on behavioral health was conducted for the RBHPB by Ms. Lauren Williams with Ms. Kerwin's guidance. She defined behavioral health as a combination of mental health and substance use and gave examples of the scope of issues under that umbrella. Ms. Kerwin provided the parameters for data collection and gave an overview of Washoe County in comparison to the state and nation.

Ms. Kerwin informed that substance use among youth is declining and gave the increase in use of personal media devices as a possible cause, while adult consumption of alcohol is higher than that of the state and nation and is increasing.

Ms. Kerwin stated that, while the statistics are high in Washoe County for high school students who felt sad or hopeless and considered and/or planned to commit suicide, the rate of attempts of suicide have dropped from 13.7% in 2013 to 8.9% in 2017.

Dr. Novak expressed concern of the data showing Washoe County as higher in negative data across the board, and inquired why that might be.

Ms. Kerwin opined that the percentage of church population is greater in Las Vegas and might influence less substance abuse. She informed her next topic might provide the answer to Dr. Novak's question, expressing that Adverse Childhood Experiences (ACEs), was the most exciting finding the past fifteen years in public health because of the clear demonstration of cause and effect, and that the behavior seen in high school students could well have been caused by earlier life events. She opined that effort to reduce ACEs would show positive results in future statistics.

Mr. Dahir informed that, in his experience in growing up and pastoring youth in the Las Vegas area, he observed a greater availability of mentoring opportunities in that area as compared to Washoe County. He opined that youth in this area would benefit from an effort to create more opportunities for adult guidance in their lives, and stated that he has seen its benefit in his own life as well as those youth he's mentored in both Washoe and in Clark County.

Ms. Kerwin shared information regarding the effects of ACEs on youth from statewide data pulled from the CHIP. She detailed the areas of measurement for data collected and showed how the percentages of negative outcomes were directly correlated to the number of ACEs reported to have occurred. She expressed patterns this clear are rarely seen. She informed ACEs directly impacts the incidence of violence or victimization in youth, and continues to affect health outcomes for all the top causes of death except for accidental death.

Ms. Kerwin stated that if we do nothing else, let's pay attention to our kids, and agreed with Mr. Dahir's point about mentorship.

Ms. Kerwin informed that Washoe County would have its own ACEs report released this year and will have similar metrics for the area.

Ms. Kerwin informed that the statistics on suicide and potential self-harm are increasing and are projected to continue for the 2017 data. She informed that the incidence of suicide in the most elderly population is trending higher nationally, but that Washoe County greatly exceeds both state and national trends.

Ms. Kerwin noted that Washoe County is typically lower in the number of behavioral healthcare providers as compared to the nation.

Dr. Novak informed that ACEs were a focus of the recent NALBOH Meeting he had attended and opined it is very relevant to the work of the Health District.

Mr. Dick informed staff have reviewed the emerging priorities from the CHNA and found social determinates to be a very important factor in health outcomes, with housing and homelessness being identified by the community as a top concern. Regarding behavioral health, he informed the need for increased access to behavioral health services has influenced priorities in the CHIP.

Mr. Dick stated environmental health impacts of growth and climate change will be discussed. He informed that the cities of Reno and Sparks are the fastest warming cities in the nation, with the month of October having increased by 7.4 degrees Fahrenheit since 1970. He noted that this impacts health by the increase in Ozone and allergens, that West Nile Virus is now present in the community and the type of mosquitos that carry Zika are now present in Las Vegas.

Mr. Dick stated there are now fifty-two more days per year that mosquitos can transmit disease because of warmer weather, increasing the risk of vector borne disease transmission in our community.

Chair Jung inquired which of the elected officials on the Board serve on the RTC Board. Mr. Dahir informed that he is an alternate. She encouraged both Mr. Dahir and Mr. Delgado to ask to sit on their Board and informed she would do the same. She opined it important for the Health District to have a voice in their processes.

Mr. Delgado informed the City of Reno is focused on initiatives to mitigate the effects of climate change. He agreed with Chair Jung's point that the elected officials on the DBOH need to be informed early in the process of upcoming construction projects for approval.

## **9. \*Current Community Trends Briefing: Growth Forecast, Community Health Improvement Plan and Behavioral Health Data**

- #1: Healthy Lives (Steve & Randy)

Mr. Kutz provided an overview of CCHS priorities and informed the onetime requests include two Vista positions, \$30,000, funding for the Tobacco Prevention Coalition, \$50,000 and building modifications to allow for increased services provided, \$30,000.

He informed of the increase in STDs in the region, noting that cases of infectious Syphilis have increased from 2016 to 2018 by 230%. He stated there are no related one-time funding requests, but that there will be funding requests for increased staffing to improve sexual health services in the community included in the FY20 budget.

Dr. Todd informed that as recent as the late 1990s or early 2000s that Nevada had achieved Syphilis elimination.

Dr. Todd informed of an increase in Hepatitis C cases and informed that the focus of interest on this disease in the CHIP was determined by the initiative to address new areas for improvement. He stated Hepatitis C cases will continue to grow because those infected often don't know that they are, and informed that there are now treatments available.

Dr. Novak inquired if the one-time funding request for the Tobacco Prevention Coalition are grant funds being provided to them. Ms. Dixon informed the Chronic Disease Prevention Program has staff that are highly involved in the Tobacco Prevention

Coalition and the Coalition wrote a grant to Renown to address change in tobacco outreach and policies. Renown funded half of the request and the one-time fund request will be used to enhance some of the outreach efforts around increasing protections.

Dr. Novak opined that he would like to see some of this funding request be diverted to the building improvements for increase of services in-house. Mr. Kutz informed that the funding requested for building improvements will complete the needed projects.

Mr. Dahir inquired if this is a grant that requires a match. Ms. Dixon informed it is not, but to be effective, would require the requested funds.

Recommended language changes and items suggested for removal from the Strategic Plan were reviewed.

- #2: Healthy Environment (Chad & Christina)

Mr. Westom informed EHS has fully implemented their risk-based food establishment inspection program. He stated the frequency of inspections per year have just been increased to two inspections per year for all Risk Level III establishments and three inspections per year for the least compliant Level III restaurants and explained the fee structure.

Mr. Westom informed of the development of a risk based inspection program for child care, public pools and vector program. He informed of the inspection training program for new staff and that existing staff have gone through a federally-based standardization program in the food programs, noting that training will be expanded to the other regulatory programs.

Ms. Albee informed non-attainment of the Ozone Standard is AQM's primary concern. She stated the Ozone Advance Program is currently voluntary but will become mandatory upon non-compliance, noting that businesses are well regulated at this time and the focus will become the indirect sources of Ozone such as traffic and construction. She informed AQM will be coming to the Board for approval of regulations if Washoe County is designated as non-attainment for ozone.

Ms. Albee informed the one-time funding request for the Electric Vehicle Charging Stations will fund replacement of the current ones as is required due to their age and informed the stations can be used by the public. Charge Point informed AQM that there may be grant funding available through NV Energy by way of the Governor's Office of Energy.

Ms. Albee stated AQM is working with the County to take advantage of this funding by the County installing charging stations as well, informing that Mr. Solaro had approved the project. A grant application will be submitted for these three additional charging stations installed in Building A's parking lot.

Chair Jung opined Tesla should be approached to provide charging stations. Mr. Wolf of AQM informed Tesla chargers cannot be used on any other type of car due to their incompatibility.

Mr. Westom informed of reduction in plan review times and of the efforts to develop a mobile inspection system through Accela Mobile Office (AMO) to replace the hand written report method. He informed that those reports written in the field had to be entered into the system.

Mr. Westom stated that AMO is now operable on tablet computers, and EHS has received the first order of Microsoft Surface tablets for staff to use in the field after months of testing and resolving issues. He expressed it is a much more efficient and professional process, allowing staff to use their time saved on other projects. Mr.

Westom informed the related one-time request will fund the MiFi technology to support the tablets.

Mr. Westom informed of the undertaking to scan all EHS documents for time savings in processing public records requests and that the project will take between one and two years.

Recommended language changes and items suggested for removal from the Strategic Plan were reviewed.

- #3: Local Culture of Health (Kevin)

Mr. Dick informed on activities around communicating health information with the community, such as the Healthy Outlook Newsletter compiled by Mr. Ulibarri, who repackages highlights from the DBOH monthly reports, emails it to staff and posts it on the Health District website.

Mr. Dick informed of the priority to improve the quality of the Health District website and information that is communicated, noting the Health District intends to work more with the County and independent professional services to improve communications.

Regarding policy improvement, Mr. Dick highlighted the Smoke-Free Parks ordinances that will be going before the Board of County Commissioners for approval and spoke of the opportunity presented by the upcoming 2019 Legislative Session.

Mr. Dick stated that, with the Board's direction, the Health District has moved forward to fill the Government Affairs Liaison position and have received a good selection of candidates to interview.

Mr. Dick stressed the importance the Health District to be the source for good data around public health in Washoe County, continue to publish data reports and improve Health District messaging around public health data to make it more meaningful and impactful for the community. He stressed it important to address the problem of the invisibility of public health, which is a national problem.

Mr. Dick informed of the adjustments to language in related items in the Strategic Plan. Regarding one-time funding requests, he stated the Health District is requesting \$7,500 for support of the Family Health Festivals that are organized in conjunction with TMHC and Northern Nevada Food Bank as part of the communication capacity, particularly to the disadvantaged communities. He informed of the \$100,000 one-time funding request to enhance Health District communications. He stated that amount will provide professional services around the website design, appearance and social media to draw more attention and improve the user experience with the public. Other expenditures would include professional consulting services to improve messaging to the public.

Dr. Novak inquired if there had been investigation into some of the national advertising firms that have messaging packaged, leaving only minor changes to adapt them for use. Mr. Dick stated that if there were those packaged for public health use, he would be interested in looking into their services.

Chair Jung informed that the Health District does use similar services, but opined that the work Mr. Dick was speaking of was a total refresh of the Health District website.

Mr. Dahir inquired if there will be links available for the jurisdictions to attach to their websites to easily access the Health District site. He also suggested the possibility of having a contest on the new site to draw the public in to then be more informed of the work of the Health District.

- #4: Impactful Partnerships (Catrina & Christina)

Mr. Peters informed the objective under this Priority was to remove older items and revise the remaining initiatives to support implementation of the CHIP. She detailed the proposed revisions.

Mr. Dahir opined that the verbiage of the Strategic Plan could be more focused on support of the family unit, and stated that one of the most impactful partnerships the Health District has is with parents, especially in regards to ACEs. Chair Jung and Ms. Peters informed of some of the activities the Health District is involved in that focus on the parent-child relationship. Mr. Dahir opined that some of these efforts address the relationship after issues have arisen, and would like to see more language in the Strategic Plan and efforts to support the family before negative impacts occur.

Mr. Kutz informed of the information for resources given to WIC, Family Planning and STD clients to be as healthy and high functioning as possible.

Ms. Conti informed that the change regarding the removal of the EMS Strategic Plan, with the exception of its maintenance as required by the interlocal agreement, is recommended because the County does not have purview over the EMS Strategic Plan. She stated the Strategic Planning Objective would be written to include the maintenance and facilitation and provide status reports on a quarterly basis to the Board.

Mr. Driscoll informed that, while the Health District is not responsible for the management of the EMS Strategic Plan, it is required for the EMS Advisory Board to bring certain decision and policy issues to the DBOH. He opined that, to extract the EMS Strategic Plan from the Health District's Strategic Plan and to mandate that it continues through the authorities granted the EMS Oversight Committee is the correct action to take.

Dr. Novak expressed his support for this proposed action.

Mr. Delgado inquired when the DBOH would be involved. Ms. Conti stated that the DBOH would be informed within the quarterly EMS Advisory Board Update report. She informed the EMS Advisory Committee is currently updating the EMS Strategic Plan and will bring forward the 2019 version for review by the EMS Advisory Board and then the DBOH for approval. She stated that would be the opportunity for the DBOH to make any changes deemed necessary. Also, she informed the Fire and Dispatch Representatives on the Board are the DBOH contacts for any initiatives that are important to be addressed, and that before work is begun on any project, it is brought to the DBOH for approval.

Ms. Peters informed the one-time projects include increased support for Immunize Nevada, \$25,000, support for Truckee Meadows Healthy Communities, \$45,000, and support for the 5210 Initiative at \$83,000. She informed the 5210 funding includes staff time to support that program as well as three school gardens through Urban Roots.

Dr. Novak inquired of Dr. Todd where the increased funding for Immunize Nevada would be directed. Mr. Kutz informed that both he and Mr. Dick have been in communication with Ms. Parker, Executive Director of Immunize Nevada, who presented a number of options that would support programming and services to the community. Dr. Novak inquired if mitigating the increased incidence of measles might come within the funded initiatives. Mr. Kutz informed it could be addressed within this funding, although there are no active cases of measles at this time. Dr. Novak stressed there are active cases nationally and it will come as it is a highly contagious disease, and that funding may need to be increased to mitigate it.

Mr. Dahir inquired if there is a way to assure the funding is spent to benefit Northern Nevada. Mr. Kutz informed they can, and that Ms. Parker can give full accountability of the expenditures.

Mr. Delgado inquired if the Family Health Festivals funding request for \$7,500 was separate from the \$45,000 request for TMHC. Ms. Heenan informed it is separate. Mr. Dick informed the \$7,500 will go to the Northern Nevada Food Bank who will take the lead in organizing the Family Health Festivals.

Of the \$45,000 funding request, Mr. Dick informed \$25,000 is intended for website and communications for TMHC. He stated the website is not professionally maintained and the goal is to expand the website to provide a greater amount of information to the community regarding the activities of the TMHC partners. He stated the balance of the funds is to support the administrative services of the Director of TMHC, Ms. Zadra.

Mr. Delgado inquired if the ask will be for the other partners to contribute support in kind and that requested a report of the support given by them. He inquired if the mission and vision of the work could be sustained if this funding was used within the Health District.

Mr. Dick informed the initial Strategic Planning Meeting was held and another is scheduled in December in which finances for the organization will be discussed. He stated the only consistent support for TMHC has been through the Health District and Renown, with Renown providing \$20,000 per year.

Mr. Dick opined that there was great progress made in the initial Strategic Planning Meeting in September around the mission and function of TMHC to provide convening for subject matter experts around key priorities areas in the community, to advocate for policy changes around those areas with the idea the advocacy will allow the enlistment of organizations that participated in the steering committee and other partners to lobby to move policy forward in the three identified priority areas. Mr. Dick stated these Priorities of Housing and Homelessness, Behavioral Health and Physical Activity and Nutrition align with the Priorities in the Community Health Improvement Plan.

Mr. Delgado named other organizations involved in the Priorities, and inquired of the sustainability of the Health District's support of TMHC. He requested they be monitored.

Mr. Dick stated the Enterprise Project would not have happened without TMHC as funding was raised by TMHC's efforts. He informed of plans to transition the housing project from TMHC to another entity for implementation after the Enterprise plan is complete around June 2019.

Mr. Driscoll informed he sits on one of the boards that are working with Enterprise Community Partners, and that Enterprise's primary focus is land use and the potential for funding to support housing subsidies. He inquired how these objectives are under the purview of the Health District. He stated that these are policies that would be approved by the big boards as far as land use and potential fee structures. He inquired why the Health District Board is involved with this part of the study. He stated he understands the Health District's involvement in homelessness, medical services and social services, but inquired why the Health District is involved with and providing subsidy monies for an issue that should be at the big board level.

Chair Jung inquired who the "big board" is.

Mr. Driscoll replied they are the Washoe County Commission and City of Reno and City of Sparks Councils, because those are the Boards that make decisions about land use

and funding mechanisms that are attached to land use which is the focus of the Enterprise study.

Mr. Dick stated the answer is simply that those decisions impact public health in our community and that the Health District is working through partnerships to improve and increase policies in the community that improve health. He reminded of the discussion regarding the rent burden of housing in the community that impacts health outcomes. He opined it completely appropriate that the Health District is concerned about these factors in our community that impact health outcomes. He informed that Health Districts across the country are likewise involved.

Chair Jung agreed with Mr. Dick's statements.

Mr. Delgado expressed his agreement and stressed it is to the community's benefit that housing is a focus for improvement; it is a best practice and policy and the focus of the in-depth analysis that Enterprise is conducting to provide this community direction for improvement.

Mr. Delgado opined the basis for the argument for the Health District's involvement goes back the appreciation of the work Truckee Meadows Healthy Communities has done to fund raise and engage Enterprise Community Partners to define a direction for improvement in our area. He stated that his questions are around if the need has been met by TMHC and what future steps should be.

Ms. Olsen suggested continuing this conversation within the Strategic Planning Process as she believed it would clarify some of the questions around this issue.

Mr. Delgado agreed.

Mr. Dahir noted that part of the \$45,000 funding request was for development of a website for TMHC. He stated he was impressed with a feature on Washoe County's website that is a list of links for information. He expressed he didn't want to provide funding for a service that is already in place.

Mr. Dick stated the plans for the TMHC website would not be duplicative. He informed information provided would be regarding current project activities and events, as well expanding awareness of what the group of organizations is doing. He stated that TMHC doesn't currently have the capacity to present this vital information.

- #6: Organizational Capacity (Kevin & Catrina)  
Presented by: Goal Champions

Mr. Dick outlined the Goals under this Priority. He informed of progress under the Strategic Plan, noting annual reviews are being completed on time and the approach to Workforce Development Plan is being strengthened, assuring each employee has a professional development goal and opportunity as identified within their performance review.

Mr. Dick complemented Ms. Heenan for her work on security improvements, informing this is an ongoing project.

Mr. Dick stated there is an emphasis on becoming a learning organization, and informed of the proposed language changes in the Strategic Plan that will align with PHAB conformance.

Mr. Dick informed that the Health District has developed plans to formalize succession planning, as well as providing leadership development opportunities for staff.

Chair Jung informed the County had implemented Legacy Planning to position the County to address the expected wave of retirees.

Mr. Dick informed the Health District is now seeking to expand the relationship with UNR School of Community Health Sciences to become an academic Health Department.

Mr. Dick informed that Quality Improvement will be moved from Priority #5 to #6 due to cost savings being difficult to quantify and it being more in line with Organizational Capacity. He detailed other language adjustments in #6.

Mr. Dick informed the one-time projects include \$30,000 for training for staff and funding for intermittent hourly staffing to allow those full time employees to take advantage of trainings. Under Increase Utilization of Technology, \$90,102, Mr. Dick informed the Health District is considering a new performance management software platform. He stated the OnStrategy platform has been used to manage the Strategic Plan and it has worked well, but that it doesn't have the capacity to manage the ongoing operations and program delivery or support the management of the Community Health Improvement Plan. Mr. Dick informed the company they've determined that can support all of these aspects is Insightformation, Inc., who has developed a software platform specifically for Health Districts to support performance management under the PHAB Accreditation standards, and that it can be used to support operational and Strategic Plan performance management as well as the CHIP. Under this request is also funding for the scanning of EHS documents for public access as mentioned by Mr. Westom and the MiFi units to provide connectivity for the tablets used in EHS inspections. Mr. Dick stated the funding for infrastructure to meet staffing needs, \$27,000, will be used in part for facility enhancement.

## **10. Board Discussion on Strategic Priorities & Budget Considerations**

### **i. Priority #5 Financial Stability**

Ms. Heenan informed the focus for the next 12-24 months is to update the Health District's financial model to align with the needs of the community. She informed of Mr. Dick's efforts to work with other local health authorities to increase State funding, comparing the 1% funding of total revenues provided to Washoe County by the State of Nevada to the national average of 26%.

Ms. Heenan informed of the effort to increase the County's annual transfer to the Health District to include funding for the cost of living and increased insurance expenses they negotiate.

Chair Jung inquired if Mr. Dick was invited to meetings regarding the labor negotiations. Mr. Dick informed that he had not been. Chair Jung requested it be a priority that he attend for the Health District to have a voice.

Ms. Heenan informed of efforts to identify efficiencies in operations to provide cost savings and reduce dependency on the County's General Fund Transfer and to mitigate effects from reduced grant fund revenue.

### **ii. Current Financial Position**

Ms. Heenan stated the ending FY18 fund balance is incredibly healthy and detailed the distribution of those funds, resulting in \$1.1 million dollars available for one-time fund requests.

### **iii. Priority Discussion**

- Specific focus areas or initiatives
- Verify Initiatives are complete and on target to achieve Priorities

- Assess Goals to determine target areas for the greatest progress or those at greatest risk of regression
- Direction on one-time funding request

In consideration of the Summary of One-Time Projects document included in the packet, Chair Jung directed the Board to identify any one-time project they wished to discuss.

Mr. Dahir requested the \$45,000 item for Support to Truckee Meadows Healthy Communities for social media, operating and other contractor support to be discussed.

**Chair Jung called for a motion to approve the one-time project funding other than support for Truckee Meadows Healthy Communities (TMHC). Mr. Dahir moved to approve the one-time funding requests. Dr. Novak seconded the motion which was approved five in favor and none against.**

Mr. Dahir requested clarification on what the \$45,000 in funding for TMHC would be used for. He expressed his support for initiatives to improve the community's health, but noted there are committees in place for homelessness and housing and inquired how this funding would further the attainment of these goals.

Mr. Dick reminded the Board of the presentation he gave on the evolution of Public Health and what is being called Public Health 3.0. He informed Public Health 3.0 is a recognition that the most important factor in one's health is their zip code and not their genetic code; it is the social determinates of health that have the biggest impact on the health in our community.

Mr. Dick informed Public Health 3.0 calls for Health Districts to move outside of their previously defined areas to engage the community in cross sectoral collaborations to affect social determinate issues that they cannot impact directly. He stressed that it is often beyond what any one entity can impact directly, so the effort requires a coalition to work together to make a change in policies and systems to work to address issues.

Mr. Dick explained the objective of TMHC and informed his reason for being engaged in contributing time and proposing funding for this entity is to provide a cross sectoral coalition platform for the Health District to work with other organizations within our community and engage them in work to address the needs identified in the Community Health Needs Assessment (CHNA).

Mr. Dick opined the housing project is a success of TMHC thus far, noting that there had not been a regional approach to housing and homelessness prior to this effort. He stated that in early 2017, TMHC had begun to hold forums around issues for affordable housing, seeking cross sectoral input, which led to Enterprise Community Partners being invited to discuss their work with other communities to develop plans for affordable and workforce housing. He informed those community meetings developed a group consensus for TMHC to act as the lead convener, engaging Enterprise in work on a regional strategy for a more organized approach to meeting community housing needs.

Mr. Dick stated it has been a challenge to work regionally in our community with the jurisdictions of the Cities and the County. He informed that TMHC and Enterprise approached Truckee Meadows Regional Planning Authority (TMRPA) who was in the process of developing the new regional plan to propose the entities work together to include housing needs in that plan.

Mr. Dick opined the importance of a regional approach to affordable housing is that the development of a comprehensive regional plan can attract investment dollars to the community, noting that Enterprise is positioned to bring investment dollars to the area. He stressed these are funds the community would not get with the one-off type projects. He opined the progress that has been made with entities investing in a regional strategy for housing affordability and bringing other partners in our community together to invest in Enterprise working on the development of the housing plan speaks to the advantages of the cross sectoral approach.

Mr. Dick opined that, if we can continue on this path, the coalition can continue to build capacity to work collectively around the problems identified as priorities to move the needle toward improvement.

Mr. Dahir agreed that the regional approach is beneficial and that there have been solutions found within the work of the coalition that the jurisdictions had not yet discovered. He stated his concern was that TMHC cannot make policy for the jurisdictions. Concerning the homeless issue, he stated there is a regional board in place and an organizational plan being developed to provide direction.

Mr. Dahir stated he wanted to assure that funding is not provided for a duplicative effort. He stated he is not informed on all that TMHC does, but his concern regarding the regional plan for housing and homelessness is how supporting them without their ability to make policy and without the jurisdiction's participation is beneficial.

Mr. Delgado stated when Renown established the initial CHNA and community needs were identified, they introduced the concept of working regionally to address these needs and this was the initial concept for TMHC. He opined THMC's strength is the involvement of large stakeholders in the community who collaboratively focus on resolving issues around public health. He inquired of Mr. Dahir if his question was, has the need been met and has the community come together to plan for the resolution of housing and homelessness. He stated that he believes the jurisdictions are supportive of the Enterprise Community Partners involvement to evaluate policies in the region through the Regional Planning Governing Board.

Mr. Delgado inquired what role TMHC will play in housing and homelessness and what new initiatives will they promote moving forward. He acknowledged Mr. Dick's work with TMHC. He opined that the cost of his and other staff member's time is a large investment in this non-profit, and inquired what the long-term goal of TMHC is.

Mr. Dick informed that TMHC would continue to work around policy issues and advocacy and stated while TMHC does not create policy, policies aren't created without advocacy. He stressed that the housing and homelessness issues are far from solved which will require continued advocacy and support for tough decisions that the policy making bodies will have to make. He stated that TMHC will continue to advocate behind the decisions to establish the policy that will help resolve the housing and homelessness problems.

Mr. Dick stated it is not only the Health District that is invested in time and funding in TMHC; he highlighted the efforts and financial commitment of Ms. Nancy Brown and Schwab Bank, as well as other community partners. He opined that there is need to continue to support this platform for convening the organizations and advocacy for improvement.

Chair Jung stated the involved organizations are highly influential in the community, aren't restricted by the open meeting laws and have the time, the money

and the community responsibility, such as Renown being responsible for indigent care, to effect change and work through bureaucracy. She stated that Sparks hasn't the staff to address social work, behavioral health, etc., and that is what the County does through its General Fund.

Chair Jung stated she does not agree with the Board having an issue with funding TMHC as an entity that has just begun and is showing promise. She opined that \$45,000 is a reasonable amount for funding its work and inquired what the total Health District budget is. Ms. Heenan informed it is \$22 million.

Mr. Dahir stated that he was not insulting the work of TMHC, but opined that all funding decisions are important. He stated that he appreciated Mr. Dick's explanation of the work being done by TMHC, the coalition and stakeholders, and the importance of continued advocacy.

Mr. Dick stated an issue identified in their work with Ms. Kruse of KPS3 around the Strategic Plan is that there isn't a good understanding in the community of exactly what TMHC does and what their goals are. He informed there has been progress made in informing the community that TMHC does not implement programs or provide a service, but that they are an advocacy organization that brings together the people that understand an issue to put forward the policy ideas and possible solutions for consideration.

Mr. Dick informed Mr. Delgado of TMHC's discussion that they should attend the Reno City Council meetings to provide a voice in support of affordable housing to counter the "Not in My Back Yard" citizens that speak against it.

Mr. Dahir agreed that advocacy is necessary for housing and homelessness, and that Mr. Dick's explanation makes sense.

Dr. Novak noted that social media and development of a website are included under the \$45,000 funding ask for TMHC. He inquired why a website is needed for TMHC when there is \$100,000 in funding requested for a Health District website. He opined the Health District is heavily supportive of TMHC and inquired if the other stakeholders are being asked to contribute in kind.

Mr. Dick informed they are working on it, and that recently, TMHC has expended its energies and time in fund raising on the housing project in which several hundred thousand dollars were raised. He stated the funds have come from banks, realtors, and other stakeholders, and opined that the Health District has responsibility to provide a significant amount of support for this group whose function is to promote public health. He informed that some of the involved organizations are non-profit and do not have a large budget to contribute.

Mr. Delgado stated that he would support the \$45,000 funding request for TMHC, but that he would be monitoring their overall outcomes to determine how he would vote for support at the next Strategic Planning Retreat. He opined that the Health District is carrying a disproportionate share of funding in comparison to the other partners.

Chair Jung suggested the Board postpone decision on this funding request pending the December District Board of Health Meeting in which she requested TMHC provide a presentation.

Mr. Dick expressed concern in the delay of approval of the one-time funding requests. He explained the request for budget augmentation had to be presented to the Board of County Commissioners for these funds to be categorized as expenditures in this calendar year.

Ms. Heenan stated that an option would be to proceed with an augmentation for the \$45,000 TMHC funding request contingent upon approval by the Board, noting that if the Board does not approve that funding, it can be pulled from consideration.

Chair Jung agreed, stating the TMHC presentation could be heard at the December DBOH Meeting to provide information for final consideration of approval for the funding request. She noted it would also provide the community information on the function of TMHC via the meeting being televised. She inquired of Ms. Admirand if a motion was required; Ms. Admirand confirmed that it was.

Chair Jung stated a possible motion would be move to approve the entire group of one-time requests contingent on the December DBOH Meeting approval of the TMHC \$45,000 one-time expense.

Dr. Novak inquired if the Revised Strategic Plan would be ready for presentation in December; Mr. Dick informed that it would be.

Mr. Dick requested clarification on the proposed motion. He stated it sounded as though the entire list of one-time requests was contingent on the \$45,000 TMHC funding request being approved. Chair Jung and Dr. Novak confirmed that it is only the \$45,000 amount that may be pulled if not approved by the Board, that the remainder of the items are approved.

**Chair Jung moved to approve the entire group of one-time requests contingent on approval of the TMHC \$45,000 one-time request at the December DBOH Meeting. If not approved, that item will be pulled from consideration and the balance of the list will be approved. Mr. Delgado seconded the motion which was approved five in favor and none against.**

#### **iv. Budget Discussion**

- Determine the best investment of Public Health Resources
- Initial thoughts on FY19 Budget Considerations

Ms. Heenan informed staff will be working on an FY20 budget in the next few months for the Board's review at the February DBOH Meeting. She stated the plan is to continue to support the community programs that support public health in this budget, continue to fund current programs, and informed of potential considerations for funding; substance abuse and injury prevention.

Ms. Heenan stated that, after the DBOH consideration and approval of the proposed budget, it will be provided to the City and County Managers and to the Board of County Commissioners for final approval.

Chair Jung inquired if the substance abuse and injury prevention items for possible funding came from the Trauma Data Report presented by Ms. Conti at a prior DBOH Meeting. Ms. Heenan stated was related more with data reported by Ms. Kerwin in the CHNA. Chair Jung opined issues related to gun control may have to be a local response, and Family Planning and Sexual Health would require funding due to reduced grant funding. She stated the Health District would have to monitor the State's stance on Substance Abuse in regards to excise taxes.

Mr. Dahir stated increased traffic and accidents was his a focus for concern under injury prevention.

Mr. Delgado inquired if federal grants received in relation to Family Planning can be used to inform clients of abortion services. Mr. Kutz informed that Title X funds do not support abortion services, but that staff does inform clients of their options.

Chair Jung inquired if emergency contraception was available at the Health District; Mr. Kutz confirmed that it is.

Mr. Kutz spoke to the website enhancement Mr. Dick proposed, opining social media an efficient way to get this health message to the public, especially for the younger population.

Chair Jung stated there would be additional funding needed for air quality.

Mr. Young opined that growth is not sustainable at this level and stated that other funding sources may need to be developed.

Mr. Dahir inquired if the transfer from the County was adjusted for the area's growth. Ms. Heenan informed that it has not been, but that certain fees are structured to be adjusted for the CPI and will help cover some of the increased expenses. Mr. Dahir stated the County not adjusting the transfer for increased population will create a strain on the Health District to fund necessary services. He inquired how the transfer is calculated. Chair Jung informed she would provide that information to the group, and would champion an increase of the transfer to the BCC. She requested it to be agendized for the December DBOH Meeting to discuss possible policy change in this matter.

Dr. Todd informed that with the increase in population comes increase in communicable disease.

Mr. Dick informed the County transfer has been reduced to 42% of the Health District budget, due in part to the Board's decision to allow the Health District to recover the costs for permitting and other services which increased revenue levels.

Mr. Dick informed of the BDR through the Healthcare Committee to increase per capita funding from the State by \$5/per person with the funds transferred to the Health District.

## **11. \*Board Comment**

Dr. Novak opined it necessary to provide Board Member education to involve a quarterly meeting for that purpose. He proposed to bring in community representatives from organizations involved with the Health District to learn more about their function.

Dr. Novak informed of the purchase through the University of Michigan of a Board Training Program. He suggested a segment of the training be reviewed during these meetings.

Ms. Admirand informed if a quorum was present, the meeting would need to be noticed as a workshop.

Mr. Delgado inquired if there are funds allocated for Board trainings. Mr. Dick informed there is. He stated Board has to approve non-county employee travel during a meeting in order to reimburse costs, so it is a benefit to notice the request for training and/or travel as early as possible.

## **12. \*Public Comment**

### **Chair Jung opened the public comment period.**

Mr. Pitkin stated he advocates for medical care based on medical science, yet his experience has been morality based treatment. He stated he knows of instances where addicts are refused treatment until they change their behavior, and detailed examples. He challenged the DBOH to develop a medically supported program that law enforcement will support, and opined no progress can be made for health care in this instance without such a program.

## Chair Jung closed the public comment period.

### 13. Adjournment

#### Chair Jung adjourned the meeting at 1:13 p.m.

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

**Special Accommodations.** The District Board of Health Meetings are accessible to the disabled. Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Administrative Health Services in writing at the Washoe County Health District, 1001 East Ninth Street, Building B, Reno, NV 89512, or by calling 775.328.2416, 24 hours prior to the meeting.

**Public Comment.** During the “Public Comment” items, anyone may speak pertaining to any matter either on or off the agenda, to include items to be heard on consent. For the remainder of the agenda, public comment will only be heard during items that are not marked with an asterisk (\*). Any public comment for hearing items will be heard before action is taken on the item and must be about the specific item being considered by the Board. In order to speak during any public comment, each speaker must fill out a “Request to Speak” form and/or submit comments for the record to the Recording Secretary. Public comment and presentations for individual agenda items are limited as follows: fifteen minutes each for staff and applicant presentations, five minutes for a speaker representing a group, and three minutes for individual speakers unless extended by questions from the Board or by action of the Chair.

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

#### **Posting of Agenda; Location of Website.**

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

Washoe County Health District, 1001 E. 9th St., Reno, NV  
Reno City Hall, 1 E. 1st St., Reno, NV  
Sparks City Hall, 431 Prater Way, Sparks, NV  
Washoe County Administration Building, 1001 E. 9th St, Reno, NV  
Downtown Reno Library, 301 S. Center St., Reno, NV  
Washoe County Health District Website [www.washoecounty.us/health](http://www.washoecounty.us/health)  
State of Nevada Website: <https://notice.nv.gov>

**How to Get Copies of Agenda and Support Materials.** Supporting materials are available to the public at the Washoe County Health District located at 1001 E. 9<sup>th</sup> Street, in Reno, Nevada. Ms. Laura Rogers, Administrative Secretary to the District Board of Health is the person designated by the Washoe County District Board of Health to respond to requests for supporting materials. Ms. Rogers is located at the Washoe County Health District and may be reached by telephone at (775) 328-2415 or by email at [lrogers@washoecounty.us](mailto:lrogers@washoecounty.us). Supporting materials are also available at the Washoe County Health District Website [www.washoecounty.us/health](http://www.washoecounty.us/health) pursuant to the requirements of NRS 241.020.