

WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING
November 19, 2009

PRESENT: Denis Humphreys, OD, Chairman; Mr. Matt Smith, Vice Chairman; George Furman, MD (arrived at 1:08 pm); Councilman Dan Gustin; Commissioner Kitty Jung; Amy Khan, MD; and Councilwoman Julia Ratti (arrived at 1:05 pm)

ABSENT: None

STAFF: Dr. Mary Anderson, MD; Eileen Coulombe, Administrative Health Services Officer; Andrew Goodrich, Director, Air Quality Management; Mary-Ann Brown, Director, Community and Clinical Health Services; Dr. Randall Todd, Director, Epidemiology and Public Health Preparedness; Jeanne Rucker, Acting Director, Environmental Health Services; Lori Cooke, Fiscal Compliance Officer; Stacey Akurosawa, Administrative Assistant; Noel Bonderson, Air Quality Specialist; Steve Fisher, Department Computer Application Specialist; Curtis Splan, Department Computer Application Specialist; Josie Rivera, Office Assistant II; Ana Gonzales, Office Assistant II; Jim English, Environmental Health Specialist; Jennifer Hadayia, Public Health Program Coordinator; Jennifer Howell, Sexual Health Program Coordinator; Gerold Dermid, Health Educator; Sally Fry-Woyciehowsky, Public Health Nurse II; Julie Pomi, Public Health Nurse II; Bev Bayan, WIC Program Manager; Janet Smith, Recording Secretary and Leslie Admirand, Deputy District Attorney

At 1:03 pm, Chairman Humphreys called the Washoe County District Board of Health meeting to order, followed by the Pledge of Allegiance led by Dr. Amy Khan, District Board of Health member.

ROLL CALL

Roll call was taken and a full membership of the Board noted.

PUBLIC COMMENT

No public comment was presented.

APPROVAL/ADDITIONS – AGENDA – NOVEMBER 19, 2009

Chairman Humphreys called for approval of the agenda of the Washoe County District Board of Health meeting of November 19, 2009.

MOTION: Dr. Khan moved, seconded by Mr. Smith, that the agenda for the District Board of Health November 22, 2009 meeting be approved as presented. Motion carried unanimously.

APPROVAL/ADDITIONS/CORRECTIONS – MINUTES –OCTOBER 22, 2009

Chairman Humphreys called for any additions, deletions or corrections to the minutes of the District Board of Health meeting of October 22, 2009.

MOTION: Mr. Gustin moved, seconded by Ms. Jung, that the minutes of the October 22, 2009 District Board of Health meeting be approved as received. Motion carried unanimously.

RECOGNITIONS

Ms. Eileen Coulombe, Administrative Health Services Officer, introduced Mr. Curtis Splan, advising that Mr. Splan is the new Department Computer Application Specialist in the Administration Division; that Mr. Splan will provide assistance in the implementation of the Insight Program for the Department,

Chairman Humphreys and Dr. Mary Anderson, District Health Officer, presented Certificates of Recognition to the following: Mr. Gerold Dermid for **5 Years-of-Service**; Ms. Josefina "Josie" Rivera for **10 Years-of-Service**; Ms. Ana Gonzales for **10 Years-of-Service**; Ms. Sally Fry-Woyciehowsky for **20 Years-of-Service**; and Ms. Jeanne Rucker for **30 Years-of-Service**.

Chairman Humphreys and Dr. Anderson presented Ms. Julie Pomi the Donna Legg Award from the Child Abuse and Neglect Task Force (CAN Prevent), in recognition of her long-time efforts as a children's advocate and leader in the prevention of child abuse and neglect in Nevada.

Chairman Humphreys introduced Ms. Pat Elzy, Director of Public Affairs, Planned Parenthood Mar Monte; and Ms. Laura Tellez of the Nevada Hispanic Services.

CONSENT AGENDA – UNAPPEALED NOTICE OF VIOLATION

Staff advised that **Citation No. 4953, Case No. 1045** was issued to **MONTEREY DEVELOPMENT GROUP** on September 2, 2009, for failure to have the required Dust Control Plan for property located on Stone Valley Drive, in violation of Section 040.030 (Dust Control), Subsection C. 3. of the Washoe County District Board of Health Regulations Governing Air Quality Management. Staff advised that Monterey Development Group was advised of the right to appeal; however, no appeal was filed; that Staff recommends Citation No. 4953, Case No. 1045 be **upheld** and a fine in the amount of **\$100** be levied as a **negotiated settlement**.

**MOTION: Mr. Gustin moved, seconded by Mr. Smith, that Citation No. 4953, Case No. 1045 (Monterey Development Group), be upheld and a fine in the amount of \$100 be levied as a negotiated settlement.
Motion carried unanimously.**

CONSENT AGENDA – BUDGET AMENDMENT/INTERLOCAL AGREEMENTS

In response to Ms. Jung regarding whether any of the budget amendments include (new) positions, Ms. Coulombe advised that none of the budget amendments presented today include any positions. Ms. Coulombe stated that any positions associated with budget amendments and/or grants will be presented to the Board separately to allow for deliberation.

The Board was advised that Staff recommends **approval** of the **Notice of Subgrant Award** from the **Nevada State Health Division, Bureau of Health Planning & Emergency Response** in the **total** amount of **\$790,401 (with \$25,604 Health District match)** in support of the **Public Health Preparedness (PHP) Program** for the period of August 10 2009 through August 9, 2010; and **approval of amendments totaling an increase of \$67,135.90** in both revenue and expense to the adopted FY 10 PHP Base Grant Program, IO 10713, to bring the FY 10 adopted budget into alignment with the grant.

The Board was advised that Staff recommends **approval** of the **Notice of Subgrant Award** from the **Nevada State Health Division, Bureau of Health Planning & Emergency Response** in the **total** amount of **\$409,525** in support of **Public Health Preparedness – Assistant Secretary for Preparedness & Response (ASPR) Grant Program** for the period of August 9, 2009 through June 30, 2010; and **approval of amendments totaling a decrease of \$7,270.69** in both revenue and expense to the adopted FY 10 PHP ASPR Grant Program, IO 10708, to bring the FY 10 adopted budget into alignment with the grant.

The Board was advised Staff recommends **ratification** of the **Notice of Subgrant Award** issued to **Planned Parenthood Mar Monte** pertaining to the **Street Smart Program** in the **total** amount of **\$190,000**, or **\$95,000 per calendar year** for the period of January 1, 2010 through December 31, 2011.

The Board was advised Staff recommends **ratification** of **Notice of Subgrant Award** issued to **Nevada Hispanic Services, Inc.**, pertaining to the **Video Opportunities for Innovative Condom Education and Safer Sex (VOCES/VOICES-in English) Program** for the period of January 1, 2010 through December 31, 2011, in the **total** amount of **\$181,665**, or **\$91,242** for calendar year 2010 and **\$90,423** for calendar year 2011

MOTION: **Mr. Gustin moved, seconded by Mr. Smith, that the Notices of Subgrant Award, with corresponding budget amendments be approved as outlined and the Chairman authorized to execute on behalf of the Board where applicable.**

Motion carried unanimously.

CONSENT AGENDA – DONATION

The Board was advised that Staff recommends approval of the donation of equipment purchased with grant funds (IO 10039) to the Truckee Meadows Community College to satisfy grant required diesel emissions reduction activities, in the amount not to exceed \$30,000.

MOTION: **Mr. Gustin moved, seconded by Mr. Smith, that the donation of equipment, purchased with grant funds (IO 10039), to Truckee Meadows Community College to satisfy grant required diesel emissions reduction activities, be approved as outlined.**

Motion carried unanimously.

REGIONAL EMERGENCY MEDICAL SERVICES AUTHORITY

A. Review and Acceptance of the Operational and Financial Report – September 2009

Mr. Patrick Smith, President, REMSA, advised that the Board members have been provided with a copy of the September 2009 Operations and Financial Report; that the emergency response time for life-threatening calls in September was 97% and 92% for non-life threatening calls, with an overall average response time of six minutes and seventeen seconds (6:17); and an overall average travel time of five minutes and eight seconds (5:08). Mr. Smith advised that the monthly average bill for air ambulance service for September 2009 was \$6,920, with a year-to-date average

of \$7,214. Mr. Smith advised that the monthly average bill for ground ambulance service for September 2009 was \$944, with a year-to-date average of \$944.

MOTION: Dr. Khan moved, seconded by Mr. Smith, that the REMSA Operations and Financial Report for September 2009 be accepted as presented. Motion carried unanimously.

B. Update of REMSA's Community Activities Since September 2009

Mr. Smith advised that the five (5) REMSA Paramedics, who serve in the National Air Guard have all returned safely to Reno/Sparks from Afghanistan. Mr. Smith advised that in utilizing REMSA's protocols "and their civilian training" this unit had the "highest save rate of all the Air Guard" units stationed in Afghanistan. Mr. Smith advised that REMSA has since been contacted by the Department of Defense (DOD) and the Pentagon regarding this; that there is discussion of developing a project in which all the Air Guard units (approximately 1,000 Guard members) will be trained by REMSA. Mr. Smith stated that this is a "huge testament to the REMSA system and its personnel training"; that REMSA has forwarded training materials to the DOD and has agreed to assist in any way possible.

Mr. Smith stated that last week Senator Reid's top advisor for appropriations from Washington, DC contacted REMSA for a site visit of the operations; that Senator Reid's office indicated the possibility of funding for REMSA regarding helicopter safety and training equipment that would be available for use throughout the region. Mr. Smith advised that REMSA is in the process of compiling information which will be forwarded to Senator Reid's office.

Mr. Smith advised that since the Mountain Life Flight helicopter crash last week, Care Flight has been assisting the City of Susanville in providing services and "critical incident stress"; that representatives of REMSA and Care Flight will be attending the memorial services for those lost in the crash.

In response to Dr. Khan regarding "the overall trend in air medical transports", Mr. Smith advised that "nationally the amount of air medical transports is decreasing"; that there is a pending legislation before Congress regarding "avoidance training – similar to what is required for commercial aircraft, and requiring the installation of specialized radar equipment." Mr. Smith advised that approximately a year ago Care Flight began retrofitting its four (4) helicopters with the specialized radar systems; that the last installation will be completed in February 2010. Mr. Smith stated that, although the number of air medical transports has decreased nationally, the number of air medical services has increased. Mr. Smith stated that in Nevada State Law requires any application for an air medical transport "to obtain a Certificate of Need"; however, in California and

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other areas "anyone can apply for a license for an air medical transport business." Mr. Smith stated that he has conferred with Senator Reid's office regarding legislation which would require "A Certificate of Need" to provide "a checks and balance" to ensure the necessity for an air ambulance system is justified.

Chairman Humphreys stated that, on behalf of the Board, he would request that Mr. Smith "welcome the five (5) Paramedics back home and thank them for a job well done"; that further, Mr. Smith extend the condolences of the Board to the families of the crew of the Mountain Life Flight helicopter.

REVIEW – ACCEPTANCE – MONTHLY PUBLIC HEALTH FUND REVENUE & EXPENDITURE – OCTOBER 2009

Ms. Coulombe advised that the Board members have been provided with a copy of the Health Fund Revenue and Expenditure Report for the month of October 2009. Ms. Coulombe reviewed the Report in detail and advised that Staff recommends the Board accept the Report as presented.

In response to Mr. Gustin regarding uncollectable bad debts for Vital Statistics, Ms. Coulombe advised that these are for the issuance of Birth or Death Certificates; that Staff does attempt to collect on these; however, "the service has been provided." Ms. Coulombe advised that "at some point the bad debt are determined to be uncollectible and are written off through the Board of County Commissioners' process"; that of the 87 bad checks written, 35 were received at the Health District. Ms. Coulombe advised that when a bad check is issued within the Environmental Division a Permit to Operate can be revoked until such time as payment is reimbursed; however, bad debts for immunizations or the issuance of Birth or Death Certificates are more difficult as the service has been provided. Ms. Coulombe advised that Staff does maintain a record of the names of individuals who have written bad checks, which were uncollectible; that should this individual request future services Staff would attempt to collect that debt.

In response to Mr. Gustin regarding "not providing the Birth or Death Certificate until such time as the check has cleared, Ms. Coulombe advised that this wouldn't be possible as the Internal Controls Manual requires all checks to be deposited daily.

In response to Mr. Gustin regarding the percentage of pay on credit or debit card transactions, Ms. Lori Cooke, Fiscal Compliance Officer, advised that the District pays a .67% discount rate for debit cards; that a credit card is at 2%. Ms. Cooke advised that the County Comptroller's Office has "a

negotiated County rate"; that she has been advised the Comptroller will attempt to have the Health District's fee reduced due to the volume of the Health District's credit card business. Ms. Cooke advised that Vital Statistics has just begun utilizing the credit card and debit machine this last week.

Mr. Gustin stated that his concern is the time and effort of Staff necessary to try to collect these bad debts.

In response to Mr. Gustin, Ms. Cooke advised that Staff does attempt to "flag those accounts"; that Staff can review the amount of revenue and determine the percentage of the amount of bad debt.

Mr. Gustin stated he would request a review of bad debt collections to determine if it is remaining "flat, decreasing or increasing."

In response to Chairman Humphreys regarding "all payments being made at the time of service", Ms. Coulombe advised that within the Environmental and Air Quality Management Division the fees are payment for services provided. Ms. Coulombe stated that with the implementation of Insight, Staff will be reviewing the possibilities of having "receivables" capabilities.

MOTION: Mr. Gustin moved, seconded by Ms. Jung, that the District Health Department's Revenue and Expenditure Report for October 2009 be accepted as presented.
Motion carried unanimously/

OBESITY PREVENTION FUNDING OPPORTUNITIES – DIRECTION TO STAFF

A. Update on Communities Putting Prevention to Work

Ms. Jennifer Hadayia, Public Health Program Manager, advised that the Washoe County Health District is participating in the State coordinated application for *Communities Putting Prevention to Work* (CPPW) grant funding through the American Recovery and Reinvestment Act (ARRA), for obesity prevention. Ms. Hadayia advised that the Health District's component (CPPW) of the application for obesity prevention has been completed and submitted to the State. Ms. Hadayia stated that a letter of support from the District Board of Health was provided by Chairman Humphreys; that letters of support were also received from the County Manager; the Mayors of Reno and Sparks; the Superintendent of the Washoe County School District; local Assemblywoman Debbie Smith; the Reno-Sparks Chamber of Commerce; Human Services

Network through the assistance of Councilwoman Ratti; Regional Parks and Open Space; Community Development and Public Works and other community agencies. Ms. Hadayia advised that the application includes a two (2) year community action plan to address obesity in Washoe County. Ms. Hadayia advised that the State has recently included Lyon County and will be submitting the coordinated application no later than December 1, 2009.

Ms. Hadayia advised that the notification deadline for the Funding Opportunity Announcement (FOA) is non-specific; therefore, it is unknown when the State and the Health District would be notified if the application was chosen for funding. Ms. Hadayia advised that the grant period begins February 2010 and is for a two (2) year period.

B. Request for Board Approval to Respond to the NACCHO ACHIEVE Request for Applications (RFA)

Ms. Hadayia stated that Staff has been advised by the National Association of County and City Health Officials (NACCHO) of "an additional chronic disease prevention funding opportunity for the ACHIEVE (Action Communities for Health, Innovation, and EnVironmental ChangE) initiative."

In response to Mr. Smith regarding the two (2) year funding and the funding for the third year, Ms. Hadayia stated there is one time funding for two (2) years, with the expectation those activities would continue into the third year. Ms. Hadayia advised that the activities/expectations of this Request for Applications (RFA) are those which Staff are currently providing; therefore, it is the consensus of Staff the District would continue to provide these services "with or without the funding." Ms. Hadayia advised that any funding received would enhance what Staff is already providing.

Ms. Hadayia advised that preparing the application for the *Communities Putting Prevention to Work* assisted Staff in the preparation of the application for the ACHIEVE grant funding, as a "number of the activities are comparable and very similar to the other funding opportunities such as the stimulus application and the Robert Wood Johnson Foundation" grant submitted earlier this year.

Ms. Hadayia advised that the ACHIEVE (Action Communities for Health, Innovation, and EnVironmental ChangE) initiative; that the emphasis is on policy systems, organizational and environmental changes in the community which "will create the opportunity for people to make healthy choices; creating the opportunity for people to eat healthier, exercise more and maintain a health weight ~ making those long term policy changes." Ms. Hadayia advised that this "is a consistent theme in the funding opportunities and the national recommendations which have been

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recently issued." Ms. Hadayia advised that "the activities of the RFA and the partners with whom the Health District would collaborate are identical to those of the request for stimulus funding."

Ms. Hadayia advised that the expectations of the NACCHO grant are: 1) to strengthen the existing Chronic Disease Coalition; 2) to develop a community action plan for chronic disease prevention; and 3) utilize an established evaluation tool to measure community readiness. Ms. Hadayia advised that the community action plan "has already been started" through the stimulus application and the evaluation tool is one that will be required by the stimulus application also. Ms. Hadayia advised that the NACCHO RFA will require Staff to identify and facilitate voluntary policy and environmental changes which will decrease the risk factors for chronic disease; that again, these are similar to the requirements of the request for stimulus funding. Ms. Hadayia stated that these concepts are all similar to the goals of the District's Chronic Disease Program.

Ms. Hadayia advised that the information provided to the Board adheres to the Operational Objectives, which were established by the Board for all new programs and initiatives. Ms. Hadayia reviewed in detail the "checklist adopted by the Board for this process" (a copy of which is attached to the minutes), as to: "Do We Need This ~ identifying the statute or regulations which mandates the program; identifying which of the 'Ten Essential Services' is addressed; listing of the Board's priorities; describe a verifiable health need; describe the impact if the program is not implemented". Ms. Hadayia reviewed in detail the checklist for "Can We Do This – identifying the assets to accomplish the program requirements; could other community partners provide the service; would other community partners assist"; and "How Much it Will Cost – providing a detailed budget; and listing any associated subcontracts."

Dr. Anderson stated that this is only the second time Staff has utilized the "checklist"; therefore, she would question if the Board members have comments or suggestions regarding the "checklist or the use of the checklist." Dr. Anderson stated that Ms. Hadayia "did an excellent and concise presentation" utilizing the checklist.

Ms. Ratti stated that she concurs Ms. Hadayia "did an excellent job on presenting the checklist and provides the Board with a very good frame work for decisions making"; however, she would the Staff time necessary to produce the checklist power point presentation in "respect to the \$40,000 grant funding." Ms. Ratti questioned if the Board should establish a "minimum dollar amount of a grant application" for requiring the checklist power point presentation.

In response to Mr. Ratti, Ms. Hadayia that "after preparing the written Staff report the power point presentation of the checklist required very minimal effort."

Ms. Jung stated that, while she concurs with Ms. Ratti's comments regarding "Staff time required" for a minimal grant amount, the more information she has for any issue that will be presented to the Board of County Commissioners "the better."

Ms. Coulombe advised that "there is a certain amount of work in preparing a grant application, regardless of the level of grant funding, as there is a process with the Board of County Commissioners. Ms. Coulombe advised the "checklist provides an orderly presentation" of information ensuring Administrative Health Services Staff can properly review the application and prepare the agenda item. Ms. Coulombe stated that administratively the checklist provides the opportunity for Staff to "present a well thought out" method for presenting all the necessary information for new programs and initiatives. Ms. Coulombe stated that, she would concur with Dr. Anderson that Ms. Hadayia did an excellent job in presenting the information. Ms. Coulombe stated that, with her experience in preparing grants, the checklist "is a very useful tool."

In response to Chairman Humphreys regarding the preparation of the power point, Ms. Hadayia stated that she "did not find the process time intensive." Ms. Hadayia stated that, as Ms. Coulombe indicated, answering the questions of the checklist process allows Staff the opportunity to "better articulate why the District should pursue these funding opportunities." Ms. Hadayia advised that the checklist is a programmatic benefit and was not burdensome.

Chairman Humphreys stated that, in acknowledging Ms. Ratti's comments that it is necessary to be cognizant of Staff's time and Ms. Jung's comments "as to having sufficient information for presentation to the Board of County Commissioners", he would concur the "checklist" is a vital component of the presentation.

Dr. Anderson stated that the "checklist" should be the "starting point" of the process in determining the justification of applying for a grant opportunity."

In response to Mr. Gustin regarding the commitment of Staff for the \$40,000 in grant funding, Ms. Hadayia advised that "there are some additional expectations of the grant, including Staff travel for trainings necessary to accomplish the goals of the grant." Ms. Hadayia reiterated that the goals are "in line with the District's strategic approach"; that this provides her Staff with the opportunity "to gain additional knowledge skills and abilities" to achieve what the existing program has already decided to accomplish. Ms. Hadayia stated that the completion of the "community action plan" is an expectation of the CPPW grant application; therefore, Staff has already begun preparing this draft; that Staff attempts to "do this in the Program every two (2) years in terms of Strategic Planning." Ms. Hadayia stated that Staff has begun the 2010 draft of the strategic plan for the

Chronic Disease Prevention Program; that Staff has utilized a new format for this process; that success in the grant application will provide Staff "some technical assistance and training as to how to further refine and implement the community action plan." Ms. Hadayia stated that, "as a Program Supervisor, this is an added benefit to the existing Program as Staff will be more effective and better able to accomplish what has existed in the Program's strategic plan for the past several years." Ms. Hadayia stated that the third expectation will be the "use of the evaluation tool"; that while Staff utilizes evaluation measures this evaluation tool "may have the capabilities of enhancing and improving upon" those existing evaluation measures. Ms. Hadayia advised that the \$40,000 "approximately doubles the Programs existing budget for services and supplies"; therefore, Staff will be able to accomplish more than what is currently being achieved; that "these efforts will expand the outreach rather than adding new activities."

Ms. Coulombe advised that each grant requires an internal order; that with NACCHO funding payments are "usually received" as an advance and not a reimbursement; therefore, it is less burdensome for Staff to monitor the grant. Ms. Coulombe stated that "there is workload impact to Health District Staff and the Comptroller's office"; however, as Ms. Hadayia indicated it is an opportunity to "reconstitute this Program's budget, which has been impacted over the years."

Dr. Khan stated that chronic disease prevention is a vital component of public health and nationally funding has decreased with more funding being provided to public health preparedness and currently H1N1. Dr. Khan stated that, therefore, "any efforts to improve the level of funding that can improve this very important public health concern is well worth the effort."

Chairman Humphreys stated that he would concur with Dr. Khan; that "this is an investment in the health of our future population when 35.3% of school aged children are either overweight or obese. Chairman Humphreys stated that obesity is at an epidemic proportion; therefore, any efforts to improve the Chronic Disease Prevention Program would be "very, very positive for the future population."

MOTION: Ms. Ratti moved, seconded by Mr. Smith, that Staff proceed with the NACCHO ACHIEVE (Action Communities for Health, Innovation, and EnVironmental ChangE) grant application as presented. Motion carried unanimously.

STRATEGIC PLANNING UPDATE – POSSIBLE DIRECTION TO STAFF

A. Regulatory Revisions for Recycling Efforts and MRF (Materials Recycling Facility)

Ms. Jeanne Rucker, Environmental Health Specialist Supervisor, advised that, as discussed at last month's meeting, there has been a great amount of interest expressed "in the potential of a Materials Recycling Facility (MRF) in this area." Ms. Rucker advised it is the consensus of Staff that "it is in the best interest of the community to draft regulations with the intent of attempting to improve the recycling rate, while establishing a parameter such that, if a MRF exists a minimum amount of the waste must be diverted to the MRF." Ms. Rucker stated that the draft is approximately 75% complete; that it is "the unknowns" which "make it difficult to incorporate into the draft." Ms. Rucker stated that when the draft is completed, she will present the draft to the staff of the Cities and the County who are involved with the Franchise Agreement(s) process to ensure an opportunity to provide comments and achieve a consensus. Ms. Rucker after the completion of that process Staff will schedule workshop sessions to obtain comments from other stakeholders throughout the community.

Ms. Rucker stated "utilizing the approach that 'if it exists and is economically feasible it provides those entities, which enter into franchise agreements, it provides an opportunity "to make the choice." Ms. Rucker stated that a review of the costs will allow those entities to determine "if the citizens will accept a certain increase in fees if it is known a certain amount of the waste will be diverted, while providing the option of determining "no, it is too much." Ms. Rucker advised that she anticipates having a draft to present to the Board within the "next few months."

In response to Mr. Gustin regarding there being a distinction between a "clean MRF versus a dirty MRF and what recyclables will be suggested to the Cities to assist in making a determination", Ms. Rucker advised that the process has not yet progressed "that far." Ms. Rucker stated that first it will be necessary to develop definitions for MRF and recyclables; that the regulations "will have to be somewhat flexible." Ms. Rucker stated that the intent is to allow the policy/decision entities to "make some economic determinations." Ms. Rucker stated that it will enable businesses (private, public and non-profit) to present proposals to the various entities; that the jurisdictional entities will then have the authority specific to accepting "a clean or a dirty MRF; that it will be at that time the economic impact will be determining factors."

In response to Mr. Ratti regarding the Health Department providing options "as opposed to mandating performance", Ms. Rucker advised that Staff will be defining "what a MRF is", with the intent of increasing the recycling rates in Washoe County; that "if a facility exists there will be mandates included in the regulations stipulating "the amount of waste that will have to be diverted to that facility."

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Ms. Ratti questioned if it would be the "amount of waste or the amount of recyclables that would have to be diverted", Ms. Rucker stated that the provisions would (probably) indicate the amount of waste, as MRFs "do not focus only on recyclable materials." Ms. Rucker stated that MRFs "also focus on materials which can be utilized as an energy source; that it is a "technical term", as what may be considered "waste by the generator may not be considered waste to the end user." Ms. Rucker stated the "assumption is" that with the availability of a MRF "most of the waste would not end up in a landfill"; that the regulations would require that a percentage of waste must be diverted to a MRF; that "there will always be the need for a landfill." Ms. Rucker stated that "even the best technology available does not utilize the entire waste stream; that there will always remain a certain amount of waste which will have to be deposited in a landfill."

Ms. Ratti stated that "mandating a portion of the waste stream be diverted to a MRF does not (necessarily) result in a minimal portion of the waste stream not ending up in a landfill."

In response to Ms. Ratti, Ms. Rucker stated that "by definition a MRF only accepts certain materials"; that any proposed MRF will be "driven by the market; therefore, the MRF will be flexible according what will be diverted and what can be used, re-used or sold as a commodity." Ms. Rucker stated that it will further be based upon what can be diverted to a waste energy facility; therefore, ultimate decisions will be based on the business proposals submitted for the construction of a MRF. Ms. Rucker stated that regardless of what decisions are made a MRF facility will increase the recycling rate; that establishing a "target goal" will determine how the proposal would be developed. In response to Ms. Ratti regarding "the role of the Health Department to set the goal", Ms. Rucker stated that "the Health District can set the goal; that this will be the intent of the regulations."

Ms. Ratti stated that she would encourage the Health District's processes parallel jointly with the processes of the local jurisdictions. Ms. Ratti stated that she has requested Staff from the Health District be invited to all meetings regarding recycling, MRFs, etc.; that further, she "wants Health District Staff included on the regional level" for these issues. Ms. Ratti stated that there has been discussion regarding a site visit to a MRF facility in San Jose, California; that she would question if Staff has been advised of that visit.

In response to Ms. Ratti, Ms. Rucker stated that to her knowledge Staff has received no invitations to any meetings or discussions regarding a site visit; however, Mr. Sack may be aware of that information; however, he has not advised her of any such visit.

Ms. Ratti requested that Ms. Rucker "not wait until the next Board of Health meeting to contact her, Ms. Jung or Mr. Gustin regarding Health District Staff not being included in those meetings, as that it critically important." Ms. Ratti stated that "she does not want two (2) divergent paths at the staff level as to what is being discussed as a community."

In response to Mr. Smith regarding provisions within the regulations, which will allow for a MRF facility to expand, Ms. Rucker stated that an initial measure is to establish "a target diversion level"; that then when that is met the required amount for diversion can be increased. Ms. Rucker stated that once an enterprise is implemented, "enough competition will be generated locally the industry will take off"; therefore, it may not be necessary for the Health District to mandate the goal be increased. Ms. Rucker stated that it is the consensus this industry will increase on its own ~ it only has to get started; that it is necessary to establish an alternative to what is currently available."

Chairman Humphreys commended Ms. Rucker for the work she has been doing to-date and what Staff has accomplished; that he is aware it has been a lot of work.

MOTION: Ms. Jung moved, seconded by Mr. Smith, that Staff continue with the development of the regulatory revisions for recycling and Materials Recycling Facility (MRF), as outlined "as expeditiously as possible."
Motion carried unanimously.

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.

Dr. Todd presented graphs of the Department's vaccination efforts to-date for H1N1; advising that during the first clinic Staff administered approximately 1,100 immunizations; however, the first clinic had long waiting lines "with people standing in line for several hours." Dr. Todd stated that in Staff's review of the H1N1 POD operation various changes were made to the process, specifically reducing the amount of time individuals would have to wait in line. Dr. Todd stated that Staff implemented a color-coded wrist band process in which individuals pick-up a wrist band in the morning and the color-code of the wrist band indicates the hour time frame in which the individual(s) return; that this ensures the individual will receive a vaccination and at what time the individual needs to return to the Health District. Dr. Todd stated that with the new process, Staff has received "approximately 100 positive comments for possible every one (1) negative comment

received. Dr. Todd presented the graph of the second and third clinics conducted, advising that approximately 2,000 individuals during this week; that the next graph indicates a week in which one (1) clinic was conducted and again approximately 2,000 individuals were vaccinated. Dr. Todd stated that Staff has improved upon the process with each successive clinic. Dr. Todd stated that Staff conducted a clinic this past Tuesday and one (1) is scheduled for this Saturday; that after Saturday's clinic, Staff will have administered in excess of 10,000 doses. Dr. Todd displayed a graph depicting the percentages within the five (5) various "target groups", which have received the H1N1 immunizations; however, it is possible for an individual to "be within more than one (1) target group (i.e., pregnant and a health care worker; pregnant and less than 22 years of age, etc/). Dr. Todd stated that all applicable target group counts are noted in the monitoring data.

Dr. Todd stated that the State has begun providing assistance in entering the data in WebIZ; that currently the data for approximately 1,000 has not yet been entered into WebIZ. Dr. Todd presented a graph of the target groups by age; advising that per the CDC guidelines, Staff has not been administering the immunization to those age 65> as this is not an "at risk population, unless an individual 65> is a health care worker or "takes care of a child less than 6 months of age." Dr. Todd stated that there have been a few issues regarding physicians writing notes for elderly patients they consider high risk requesting the District administer the H1N1; however, Staff has been adhering to the CDC guidelines for the specific categories. Dr. Todd stated that the District has "received some negative press" regarding not offering the immunizations to the elderly; that there were also protestors "against the vaccine" outside last Saturday's clinic.

Dr. Todd stated that based on CDC guidelines there are approximately 418,000 in Washoe County with approximately 52% of the population within the targeted groups; that as he stated, after this Saturday's clinic, there will be approximately 10,000 residents of Washoe County who will have been immunized. Dr. Todd presented a graph depicting the 10,000 doses, which have been administered by the Health District and the approximate 10,000 administered by other health care providers.

In response to Dr. Khan regarding any link between obesity and the morbidity/mortality of H1N1 cases in Washoe County, Dr. Todd stated that "the fatal cases and those who have been hospitalized have had underlying conditions that increase their risk, including high BMI (Body Mass Index). Dr. Todd speculated that a possible mechanism for the association of high BMI and influenza risk may be the association with elevated BMI and diabetes, a known risk factor for influenza complications.

Dr. Khan stated that she participated in last Saturday's event, as a health care worker and bringing her three (3) year old son; that she would commend Dr. Todd and Staff for how well managed the clinic was. Dr. Khan stated that "she was in and out within twenty (20) minutes."

Dr. Furman stated at the last Inter-Hospital Coordinating Council meeting, Dr. Hess advised that volunteers for the Southern Nevada Health District (SNHD) are considered employees for emergencies; that this does not occur in Washoe County. Dr. Furman stated that the Medical Reserve Corps (MRC) volunteers are not considered employees.

In response to Dr. Furman, Dr. Todd stated that the current agreement for MRC volunteers does "contain language which indicates 'they are deemed as if they were an employee'"; that it is "his understanding this language is specific to workman compensation coverage." Dr. Todd stated that for worker's compensation it is necessary to "deem a wage to establish a premium, which is why the attorneys included the language 'to deem' to ensure volunteers would have coverage should "there be an accident while volunteering under workman compensation as though they were an employee." Dr. Todd stated that there are additional protections from the Volunteer Protection Act of 1997; that those protections are "quite comprehensive"; that he has been advised that the possible things for which a physician would not receive coverage are the "same things a physician's malpractice insurance would not provide coverage for either." Dr. Todd stated that he is aware Dr. Hess and some others "still have concerns; that Staff will continue to listen to and address those concerns."

Dr. Furman stated that he would commend Dr. Todd and his Staff for their recent paper on gastrochisis and the number of infants with this condition; that determining a cause of this was very important. Dr. Furman stated that a majority of health care providers and the CDC are not aware that vaso-constrictors, ephedrine and methamphetamines are causes of this condition. Dr. Furman stated that this is a very important in terms of health and health care costs.

In response to Dr. Furman, Dr. Todd stated that this study "was ground breaking in that regard; that his role was 'somewhat' in the background, supporting Dr. Elliott, formerly of the EPHP Staff of the Health District; that a number of Ms. Brown's nursing Staff were instrumental in bringing this to Staff's attention and assisting in the data collection. Dr. Todd stated that there have been conversations with CDC regarding "the need for some on-going research;" that CDC is "now more aware of these recreational drugs as risk factors."

In response to Ms. Ratti regarding the amount of vaccine the Health District has, Dr. Todd stated that currently the Health District has approximately 3,000 at this time; that approximately 2,000 will be administered this Saturday. Dr. Todd stated that the Health District has been utilizing "as quickly as it has been received." Dr. Todd stated that he has less information regarding the amount of vaccine private physicians currently have; that approximately two (2) weeks ago the State began providing information as to the amount of vaccine other enrolled providers are requesting and are administering. Dr. Todd stated that "that data is always a week old; that his

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best guesstimate would be that in all of Washoe County there may be approximately 7,000 doses that have not yet been administered." Dr. Todd stated that this amount can be utilized "fairly quickly, as Staff can administer approximately 2,000 doses in a day; that Southern Nevada Health District has had tens of thousand of doses available and continue to order more." Dr. Todd stated that the difference in "what was reported received in Southern Nevada and the amount administered was approximately 79,000 doses; however, he "cannot 'second guess' Southern Nevada's strategy; that there is a "much larger population in Southern Nevada and he would assume that SNHD has probably administered approximately 10,000+ doses than what has currently been reported. Dr. Todd stated that Staff will be issuing wrist bands tomorrow for Saturday's clinic.

In response to Ms. Ratti regarding private providers receiving allotments from the State and not the Health District, Dr. Todd stated that the vast majority of the initial 4400 doses received by the Health District were distributed to the area hospitals. Dr. Todd stated that currently the hospitals and private providers are receiving shipments directly from the State; that the Health District is not involved in the distribution; however, the Health District has been "involved in the vaccine allocation recommendation business." Dr. Todd stated Staff has been advised that the State will no longer request recommendations from the local health authorities; that the Health District will only have to request the amount of vaccine it will require for the clinics.

In response to Ms. Ratti regarding the "live virus and the dead virus", Dr. Todd advised that the nasal spray/mist is the "live attenuated virus" and the "shot is the killed virus." In response to Ms. Ratti regarding the private providers adhering to the CDC guidelines, Dr. Todd advised that private providers are "supposed to be adhering to the CDC guidelines; however, the Health District has no method of knowing if those guidelines are being followed. Dr. Todd stated that the Health District does have to submit a report each week to the State as to the number of doses that have been administered within each of the target populations, including those doses "which were administered to individuals outside of the target populations." Dr. Todd stated that directive from the CDC have been received that health districts "are not to go beyond those target populations; that it is very difficult to deny people, who come in at great physical effort and/or with a not from a physician." Dr. Todd stated that Staff has "done an excellent job in screening the targeted populations"; that further, Staff has advised those not in the target populations "that they are not being denied they are being deferred at this time."

Dr. Anderson advised that to-date there have been in excess of 168 hours provided by MRC volunteers at the various clinics, with 271 hours from the Sheriff's CERT (Community Emergency Response Team) volunteers. Dr. Anderson stated that she spoke with Sheriff Haley regarding providing recognition to these CERT volunteers and the other MRC volunteers "at a certain point in time" at the Board of Health and the Board of County Commissioners

Dr. Todd stated that the volunteers "have been tremendous; that the Health District could not have accomplished what has been accomplished without the assistance of these volunteers." Dr. Todd stated that in addition to the volunteers, there has been Staff from every Division who have assisted in the H1N1 clinics; that this has been a tremendous effort by everyone. Dr. Todd stated that these H1N1 clinics have been the first opportunity to deploy the MRC volunteers.

Chairman Humphreys stated that, as the Board is aware, H1N1 has required a tremendous amount of Staff time for the past several months; that he would commend everyone involved in the success of the H1N1 clinics. Chairman Humphreys stated that, as Dr. Todd mentioned, the first clinic was a learning experience and he would commend Staff for the vast improvements that have occurred with the implementation of the wrist bands.

B. Director – Community and Clinical Health Services

There was no monthly Community and Clinical Health Services Report.

C. Director – Environmental Health Services

There was no monthly Environmental Health Services Report.

D. Director – Air Quality Management

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

E. Administrative Health Services Officer

There was no monthly Administrative Health Services Officer Report.

F. District Health Officer

Dr. Mary Anderson, District Health Officer, presented her monthly District Health Officer's Report, a copy of which was placed on file for the record.


BOARD COMMENT

In response to Ms. Ratti regarding a review of the Regional Emergency Medical Services Authority and delivery of emergency medical services, Chairman Humphreys stated that this is in process; that he will discuss that with her.

Dr. Furman stated that he would request an agenda item for next month's meeting, regarding "vulgarity, obscenities, pornography ~ IT and the Health Department."

Chairman Humphreys wished everyone a "*Happy Thanksgiving.*"

There being no further business to come before the Board, the meeting was adjourned at 2:45 pm.



MARY A. ANDERSON, MD, MPH, FACPM, DISTRICT HEALTH OFFICER
SECRETARY



JANET SMITH
RECORDER