

WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING
March 25, 2010

PRESENT: Denis Humphreys, OD, Chairman; Mr. Matt Smith, Vice Chairman; George Furman, MD; Councilman Dan Gustin; Commissioner Kitty Jung (arrived at 1:18 pm); Amy Khan, MD; and Councilwoman Julia Ratti

ABSENT: None

STAFF: Dr. Mary Anderson, District Health Officer; Eileen Coulombe, Administrative Health Services Officer; Bob Sack, Director, Environmental Health Services; Andrew Goodrich, Director, Air Quality Management; Dr. Randall Todd, Director, Epidemiology and Public Health Preparedness; Mary-Ann Brown, Director, Community and Clinical Health Services; Patsy Buxton, Fiscal Compliance Officer; Lori Cooke, Fiscal Compliance Officer; Stacey Akurosawa, Administrative Health Services Officer; Jeanne Rucker, Environmental Health Specialist Supervisor; Jennifer Hadayia, Public Health Program Manager; Jennifer Howell, Sexual Health Program Coordinator; Phil Ulibarri, Development Officer; Becky Koster, Public Health Nurse; Debra Barone, Public Health Emergency Response Coordinator; Curtis Splan, Department Computer Application Specialist; Steve Kutz, Public Health Nursing Supervisor; David McNinch, Environmental Health Specialist Supervisor; Bev Bayan, WIC Program Manager; Brenda Wilson, Environmental Health Specialist; Rick Sanchez, Environmental Health Specialist; Elizabet Munoz, ; Janet Smith, Recording Secretary and Leslie Admirand, Deputy District Attorney

At 1:05 pm, Chairman Humphreys called the Washoe County District Board of Health meeting to order, followed by the Pledge of Allegiance led by Dr. Mary Anderson, District Health Officer.

ROLL CALL

Roll call was taken and a full Board noted.

PUBLIC COMMENT

No public comment was presented.

APPROVAL/DELETIONS – AGENDA – MARCH 25, 2010

Chairman Humphreys called for approval of the agenda of the Washoe County District Board of Health meeting of March 25, 2010.

Ms. Ratti requested that agenda item 14. Presentation of and Recommendation to Adopt the Proclamation in Support of Declaring April as Child Abuse and Neglect Prevention Month, be considered after item 6. Recognitions.

MOTION: Ms. Ratti moved, seconded by Mr. Gustin, that the agenda for the District Board of Health March 25, 2010 meeting be approved as amended.

Motion carried unanimously.

APPROVAL/ADDITIONS/CORRECTIONS – MINUTES – FEBRUARY 25, 2010

Chairman Humphreys called for any additions, deletions, or corrections to the minutes of the District Board of Health meeting of February 25, 2010.

MOTION: Mr. Gustin moved, seconded by Mr. Smith, that the minutes of the District Board of Health meeting of February 25, 2010 be approved as received.

Motion carried unanimously.

RECOGNITIONS

Ms. Mary-Ann Brown, Director, Community and Clinical Health Services, introduced Ms. Liz Munoz, advising that Ms. Munoz is a per diem employee in the Community and Clinical Health Services Division.

Chairman Humphreys and Dr. Anderson presented Certificates of Recognition to Ms. Becky Koster for 10 Years-of-Service; Mr. Rick Sanchez for 10 Years-of-Service; and Ms. Brenda Wilson for 10 Years-of-Service.

Chairman Humphreys and Dr. Anderson presented a Certificate of Commendation to Ms. Debra Barone from United States Senator Harry Reid for her efforts with the Northern Nevada Immunization Coalition presented at the *12th Annual Silver Syringe Award*, receiving the

Connection Our Community Award. Dr. Anderson stated that Ms. Barone received this award in recognition of her efforts with the Medical Reserve Corps (MRC).

PRESENTATION – ADOPT – PROCLAMATION – SUPPORT OF DECLARING APRIL AS CHILD ABUSE AND NEGLECT PREVENTION MONTH

Mr. Phil Ulibarri, Development Officer, advised that he is responsible for Washoe County and the State Outreach Campaign for Child Abuse and Neglect Prevention; that the Board members have been provided with a copy of the Proclamation in Support of Declaring April as Child Abuse and Neglect Prevention Month (a copy of which was placed on file for the record). Mr. Ulibarri advised that earlier this week the Cities of Sparks, Reno and Washoe County adopted this Proclamation. Mr. Ulibarri advised that by adopting the Proclamation today, the District Board of Health "will be joining approximately twenty (20) communities statewide that are recognizing April as Child Abuse and Neglect Prevention Month in Nevada.

Mr. Ulibarri stated that Mr. Kevin Schiller, Children's Social Services, advised the Board of County Commissioners that there has been "an 8% reduction in the number of cases of reported child abuse and neglect in Washoe County during the past two (2) years." Mr. Ulibarri advised that this is due to the vigilance of the community in "calling to report suspected cases of neglect and abuse; that this has made the difference." Mr. Ulibarri stated that he would thank the Board of Health for its annual support of the Program.

Mr. Ulibarri advised that this year's theme for the Statewide Child Abuse and Neglect Prevention Program campaign is "*Fight Abuse – If You See It, Sense It or Know It – Report It*"; that the placement of one (1) telephone call can "save a child's life; or it can save a family from disintegration by ensuring the family receives the education necessary to be good parents." Mr. Ulibarri stated that should the Board members require additional information regarding "how the State Campaign is managed; how the Washoe County District Health Department assists the State of Nevada's Children's Trust Fund or the other efforts they can contact him."

Mr. Ulibarri advised that on April 3, 2010, the Crisis Call Center will be sponsoring Reno Bighorns Night; that *Pinwheel for Prevention* (each pinwheel represents a reported case of abuse in Washoe County) will be displayed on the lawn of the Washoe County Courthouse on Easter Sunday (April 4th); that the University of Nevada Reno Police Department will be sponsoring a "Stalking and Domestic Violence Seminar" on April 7th. Mr. Ulibarri advised that on April 7th the "First Candle" in conjunction with the Child Abuse and Neglect Prevention Task Force will be offering two (2) SIDS (Sudden Infant Death Syndrome) and safe sleeping trainings – one (1) at 12:00 Noon to 2:00 pm at

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Washoe County Social Services, and the other at the Washoe County Commissioners Chambers from 6:00 – 8:00 pm; that these two (2) courses will offer Continuing Education credits for pharmacists, nurses, social workers, day care employees who are required to obtain credits from the Nevada Registry; and WIC Staff. Mr. Ulibarri stated there will be second pinwheel planting at Children's Cabinet on April 16th; that the Alliance for Victim's Rights Candlelight Vigil and Award Ceremony will be held on April 21st. Mr. Ulibarri advised that the Safe Embrace Run the Bases with the Reno Aces will be held on April 24th; that Washoe County Legal Services will conduct the "Child's Voices Luncheon" on April 29th; that the culmination of all Child Abuse and Neglect Prevention activities will occur on May 1st at the High Sierra Family Kite Festival at Rancho San Rafael Park in Reno.

Mr. Gustin commended Mr. Ulibarri on this presentation and the one to the Reno City Council, during which Mr. Ulibarri presented "more detail as to where the pinwheels would be placed in the County." Mr. Gustin stated that he spoke with the City of Reno Police Chief regarding Mr. Ulibarri's reference to "more than 7,000 cases last year"; that he would question if there is a 'geographic breakdown of those cases.'

In response to Mr. Gustin, Mr. Ulibarri advised that the "more than 7,000 is the number of cases reported in Washoe County"; that he does not have specific breakdown as to city; that Statewide there were "more than 25,000 cases reported every year."

Dr. Khan questioned if there is outreach education provided to the community "as to what to do when there is an immediate situation of observing flagrant abuse; and how would people manage such a situation."

In response to Dr. Khan, Mr. Ulibarri advised that during interviews and presentations "when he is asked that question, his response is if you are convinced that a child is in danger the best thing to do is call 911." Mr. Ulibarri advised that there is a 1-800 number which is routed to the Crisis Call Center; that those individuals are trained to ask the appropriate questions, make the appropriate referrals or contact Child Protective Services (CPS) to dispatch an investigator." Mr. Ulibarri advised that this year's campaign encourages the "*Fight Abuse – If You See It, Sense It or Know It – Report It*", as not everyone is trained to "make the appropriate judgment call"; that a professional should make that determination; that "not every call to report child abuse 'goes into the legal system'." Mr. Ulibarri advised that there is a "new program called differential responses; that low-level cases of neglect are referred to parenting education classes and do not "go into the child welfare system."

Chairman Humphreys stated an 8% reduction of reported cases "affects a large number of lives in a very positive manner."

Mr. Ulibarri advised this year's theme is to educate the public "that neglect is abuse and abuse can lead to death; therefore, every time a case of child abuse is suspected you may be saving a child's life if you make a phone call." Mr. Ulibarri advised that Staff recommends the Board approve and adopt the Proclamation.

MOTION: Dr. Khan moved, seconded by Mr. Gustin, that the Proclamation in Support of Declaring April as Child Abuse and Neglect Prevention Month, be approved and adopted as presented; that the Chairman and the Recording Secretary be authorized to execute on behalf of the Board.
Motion carried unanimously.

CONSENT AGENDA – BUDGET AMENDMENTS/INTERLOCAL AGREEMENTS

The Board was advised that Staff recommends approval of the Subgrant Award from the Nevada Department of Health and Human Services, Health Division, in the amount of \$94,529 in support of the Immunization Program, IO 10028, for the period of January 1, 2010 to December 31, 2010.

MOTION: Mr. Smith moved, seconded by Mr. Gustin, that the Subgrant Award be approved as outlined and the Chairman authorized to execute on behalf of the Board.
Motion carried unanimously.

REGIONAL EMERGENCY MEDICAL SERVICES AUTHORITY

A. Review and Acceptance of the Operational and Financial Report – February 2010

Mr. Jim Gubbels, Vice President, REMSA, advised that the Board members have been provided with a copy of the February 2010 Operations and Financial Report; that the emergency response time for life-threatening calls in February was 92% and 96% for non-life threatening calls, with an overall average response time of six minutes and four seconds (6:04); and an overall average travel time of five minutes (5:00). Mr. Gubbels advised that the monthly average bill for air ambulance service in February 2010 was \$6,465, with a year-to-date average of \$6,789. Mr. Smith advised that the monthly average bill for ground ambulance service for February 2010 was \$943, with a year-to-date average of \$943.

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Dr. Khan stated that the Board is provided with a "monthly average response time"; however, she was recently questioned "as to the range of response times and what the median is in that average", acknowledging some responses are "very far away and could impact the average." Dr. Khan stated that "perhaps the next Report could provide additional information regarding response times.

In response to Dr. Khan, Mr. Gubbels advised all Priority 1 calls, determined by response criteria within the 8-minute, 15-minute and 20-minute response zones are totaled with the monthly overall average being determined from "all of the total calls." Mr. Gubbels advised the majority of calls will be within the eight (8) minute zones, as that is the urban areas; that there will be fewer calls within the twenty (20) minute zones.

Dr. Khan stated that the overall average response times "are impressive to her"; however, the average does not provide a breakdown of which zones receive the majority of calls; that "this information would be of interest to her."

Mr. Gubbels advised that the overall monthly average is "the total average of all calls in all zones." Mr. Gubbels stated he would estimate 1,000 Priority 1 calls occurred in the month of February "out of approximately 2,700 transports for the month; therefore, approximately one-third (1/3) would fit into this category." In response to Dr. Khan regarding the number of calls and Priority 1 transports, Mr. Gubbels advised that without reviewing the reports more thoroughly, "that is probably typical for a month."

In response to Ms. Ratti regarding the number of calls received in a month with 1,000 Priority 1 and approximately 2700 transports, Mr. Gubbels advised that "approximately one-third (1/3) of all calls are not transported; that REMSA will always respond to all calls; that the average of total calls is approximately 4500 calls per month." Mr. Gubbels stated that "some of these responses will go with police, some with refuse medical advice and sign an AMA (against medical advice) form; some will be treated and released at the scene; and some will have family members transport them." Mr. Gubbels stated that REMSA may respond to approximately 50,000 calls in a year and transport approximately 33,000 of those individuals; that "as with the hospitals approximately 50% of those have the ability to pay." Mr. Gubbels advised that page six (6) of the monthly Report presents the "overall statistics: there were 4,594 system responses; 1,891 of which resulted in no transport; and 2,703 resulted in transports." In response to Ms. Ratti regarding "the number of these calls, which were Priority 1, Mr. Gubbels advised that he would have to further review the records to determine how many of the total transports were Priority 1 calls; that the 92% compliance rate is for all Priority 1 calls regardless of whether those calls were within the 8-minute,

15-minute or 20-minute response zones." Mr. Gubbels advised that REMSA's responsibility is "regional"; therefore, the data is reported on a "regional basis."

**MOTION: Mr. Smith moved, seconded by Mr. Gustin, that the REMSA Operations and Financial Report for March 2010 be accepted as presented.
Motion carried unanimously.**

B. Update of REMSA's Community Activities Since February 2010

In response to Mr. Smith regarding REMSA's participation and medaling in the Regional EMS Games, Mr. Gubbels advised that Paramedics Mr. Matt Dixon; Mr. Chris Watson and Mr. Adam Hines participated in this annual event sponsored by the "*Journal of Emergency Medical Services*". Mr. Gubbels advised that "this is an Olympic three (3) man competition teams; that the competition is three (3) days of different scenarios; that there were twenty (20) teams this year, including international teams." Mr. Gubbels advised that a number of these teams compete continuously throughout the east coast; that there aren't any of these competitions in the western region. Mr. Gubbels stated that this is the only competition in which REMSA's team participates; that this is the first year the team has medaled receiving the Bronze medal, which is a "huge accomplishment." Mr. Gubbels advised that the teams "do not know what the different scenarios will be until they compete; that the teams have to be successful in the trials to advance to the final competition; that REMSA is very proud of this team and their accomplishment."

Chairman Humphreys requested Mr. Gubbels congratulate the team on behalf of the Board of Health.

REVIEW – ACCEPTANCE – MONTHLY PUBLIC HEALTH FUND REVENUE & EXPENDITURE – FEBRUARY 2010

Ms. Eileen Coulombe, Administrative Health Services Officer, advised that the Board members have been provided with a copy of the Health Fund Revenue report for the month of February 2010. Ms. Coulombe reviewed the Report in detail and advised that Staff recommends the Board accept the Report as presented. Ms. Coulombe reviewed the expenses for software maintenance advising that the Report indicates an expenditure of \$17,802; that this was for software maintenance that this year the District "was able to pick-up for Tech Services, so Tech Services could balance; that next year Tech Services will pick-up that cost." Ms. Coulombe advised that Mr. Curtis Splan, Department Computer Application Specialist (DCAS) reviewed the billing and determined "some of the software applications for which the Health District was being billed were not active; that he advised the vendor and Tech Services, which resulted in a savings of \$1500." Ms. Coulombe stated that this demonstrate "why contracts should be constantly reviewed."

**MOTION: Ms. Jung moved, seconded by Ms. Ratti, that the District Health Department's Revenue and Expenditure Report for February 2010, be accepted as presented.
Motion carried unanimously.**

PRESENTATION – FISCAL YEAR 2011 BUDGET UPDATE

Ms. Coulombe advised that based upon the Board's direction during the Budget presentation to recruit for the EMS Coordinator position, she has provided the Board members with an updated spreadsheet of "FY 10 Vacant Positions – Currently in Recruitment"; "FY 11 Vacant Positions – Funded"; and "FY Vacant Positions – Held FY 11" (a copy of which was placed on file for the record). Ms. Coulombe advised that the "FY 11 Vacant Positions Funded" now lists the EMS Coordinator position, at a salary of \$91,666.92 with a targeted starting date of July 1, 2010." Ms. Coulombe stated that Staff "can prepare an advance recruitment completing the paperwork and conducting the interviews, etc. and have the individual begin July 1, 2010." Ms. Coulombe reviewed the start and adjusted start dates for the remaining positions listed in the "FY 11 Vacant Positions – Funded", advising that staggering the various positions provided the funding for the EMS Coordinator position, per the direction of the Board. Ms. Coulombe advised that "nothing else in the District's approved budget has changed at this time." Ms. Coulombe stated that Dr. Anderson will be presenting the Health District's proposed Budget to the Board of County Commissioner's as a Power Point review on Monday, April 5, 2010.

Chairman Humphreys stated that the Board provided Staff with "a challenging direction during the Budget meeting; that on behalf of the Board he would commend Ms. Coulombe and the other Division Directors for working together to accomplish the Board's directive." Chairman Humphreys advised the Board that the Health District's budget presentation has to be submitted to the County by tomorrow; therefore, he would suggest any comments or suggestions be presented to Dr. Anderson and Staff today to allow for the incorporation of such comments into the budget presentation.

A. Budget Presentation – Board of County Commissioners – Review, Comment and Possible Direction to Staff

Dr. Anderson advised that Board members have been provided with a copy of handouts of the "Budget Presentation Fiscal Year 11" (a copy of which was placed on file for the record), which will be presented to the Board of County Commissioners on Monday, April 5, 2010. Dr. Anderson stated that during her presentation to the DBOH she would request the members offer comments or suggestions as to "any specifics the Board would request be highlighted to the Board of County

Commissioners." Dr. Anderson stated that she will make her presentation in the same format in which she will present to the Board of County Commissioners.

Dr. Anderson reviewed the slides of the Health District's "Budget Presentation Fiscal Year 11", including the District Board of Health's "mission statement" as amended and adopted by the District Board of Health; the structure of the Health District, including the Washoe County District Board of Health as the governing body for the Health District; the District Health Officer and the five (5) Divisions within the Department. Dr. Anderson reviewed the "Authorized Positions/FTEs within each Division, advising that the total of 190 (in the middle column) represents a decrement to the number of authorized positions in FY 10 from 203; that there "has been a change of thirteen (13) positions since FY 10." Dr. Anderson reviewed the composition of the Washoe County District Board of Health, advising that each entity appoints one (1) elected and one (1) non-elected member; that the seventh member is appointed by the District Board of Health and must be a physician licensed in the State of Nevada. Dr. Anderson reviewed the District Board of Health's six (6) Strategic Priorities as determined during the October 2009 Strategic Planning Session. Dr. Anderson stated "a very important fact is that the Washoe County Health District intertwined with "Public Safety" through the enforcement of laws and regulations that protect health and ensure safety; that "too often the public forgets that public health and public safety are intimately related." Dr. Anderson stated that to address the needs of the citizens of Washoe County the District Health Department identifies and addresses health threats responding "24/7" to outbreaks, hazardous materials spill or other environmental threats requiring an immediate response. Dr. Anderson advised that the majority of Health District services are available Monday through Friday from 8:00am to 5:00 pm; that there are services, which due to budget reductions and personnel reassignments, have more restrictive hours. Dr. Anderson advised that the Washoe County Health District improves longevity and quality of life for all citizens; and informs, educates and empowers people about health issues, which "could include an emerging health issue relating to food recalls, vaccine alerts, etc."

Dr. Anderson reviewed the District Health Department's "major accomplishments of FY 09/10 which are: designation as an US EPA "NCore"(National Community Representative) site, being one (1) of only 52 such monitoring sites. Dr. Anderson advised that the Health District conducted the 1st Childhood Obesity Forum in Nevada evaluating the 'Body Mass Index' data from the schools; that it was determined there are issues of Washoe County school age children being overweight and obese; that Dr. Furman and Mr. Smith attended this forum as did the State Health Officer, Dr. Tracey Green. Dr. Anderson stated that "there was excellent information presented during this forum on "how to combat this issue in the future." Dr. Anderson advised that the first case of H1N1 in Nevada occurred in Washoe County; that the Health District has maintained a sustained response to H1N1 by administering in excess of 20,500 immunizations to Washoe County residents, which represents more than 50% of all the immunizations administered in Washoe County. Dr. Anderson stated "she would emphasize" that during this event Staff displayed

exceptional teamwork among all divisions, with every Division contributing personnel to accomplish this. Dr. Anderson stated the H1N1 clinics promoted and utilized extraordinary volunteerism (CERT – Certified Emergency Response Team [Sheriff's Office] and the MRC [Medical Reserve Corps]); that the success of the H1N1 clinics would not have been possible without the assistance provided by CERT and MRC volunteers and they are to be commended.

Dr. Anderson reviewed the "Organizational Optimization", advising that, as the Board is aware, in FY 2008 all aspects of the Health District were reviewed in a structural review process. Dr. Anderson stated the Board is to be commended for "recognizing that the financial down-turn would create significant economic issues for the District and for the implementation of the long-term restructuring process, which prioritized programs, resources, and positions. Dr. Anderson stated that, as a result, the District was able to achieve the \$253,000 reduction for FY 11, which represents 3% of the General Fund Transfer, through the savings from the structural changes which had been implemented.

Dr. Anderson reviewed the proposed FY 11 Budget; advising that the \$8,542,500, which is the General Fund Transfer, which is asterisked, as this "is the resultant amount after the \$253,000 General Fund reduction." Dr. Anderson advised that approximately 50% of the District's revenues are from grants and fees; that the Opening Fund Balance this year "is a significant amount of \$1,970,368, which is a result of savings through holding positions dark from the prior year"; that the District will be utilizing "some of the ending fund balance to hire positions to fill in those 'gaps', which had remained dark for the past year, resulting in an ending fund balance of \$715,276, which is a considerable increase from the ending fund balance of the prior year."

Dr. Anderson stated that Legislative actions have an impact upon public health funding; that the Nevada State Legislature conducted a Special Session in 2010 to address the economic downturn. Dr. Anderson stated that action taken during the Session impacts to the Fund for a Healthy Nevada specific to funding for the tobacco control and prevention programs. Dr. Anderson stated that the Fund for a Healthy Nevada was created through the Tobacco Master Settlement dollars; that the Legislature "took all of the tobacco dollars to assist in balancing the State budget." Dr. Anderson advised that in FY 09 the Health District received \$222,957 from the Fund for a Healthy Nevada for the Tobacco Control and Prevention Programs; that in FY 10 the District received \$192,883 in funding; and in FY 11 the District will not receive any monies from the Fund for a Healthy Nevada for the tobacco programs. Dr. Anderson advised that the Master Tobacco Settlement funds have been "ill used by many states; that only North Dakota has used the Master Tobacco Settlement funds as recommended by CDC." Dr. Anderson stated that "all of the remaining states have failed to use the funds in the manner that has been recommended for that purpose"; that the Board members have received the first quarter NALBOH magazine in which there is an article "*Breaking*

the Agreement: A Look at How States Are Not Properly Funding Tobacco Programs", which addresses this misuse of Master Tobacco Settlement funds."

Dr. Anderson advised that "regulatory pressures", which will impact the District are: in Air Quality Management, it is anticipated the Environment Protection Agency (EPA) may declare Washoe County as non-attainment due to the poor air quality of this past winter season; and the promulgation of National Ambient Air Quality Standards (NAAQS) which will be more stringent, resulting in further designations of non-attainment status. Dr. Anderson advised that non-attainment status would require additional and "more expensive" measures to achieve attainment; that there are economic impacts associated with both non-attainment and attainment designations. Dr. Anderson stated that the Food and Drug Administration Regulations are of concern for the Environmental Health Services Division, including the promulgation of the new Food Code and the recommended ratio of the number of food inspectors to the number of food establishments; and the recycling rates with the proposed mandated increase being discussed, which "could be mandated in the next Legislative Session." Dr. Anderson stated that the percentage discussed is "75%, which is a tremendous increase from the current 25% mandated; that this would be a very difficult target to achieve and would require a lot of extra effort by District Staff."

Dr. Anderson reviewed the challenges for public health and the services provided, advising that "with the economic downturn in the economy" there will be an increased demand for public health services with a decreased ability to provide those services due to staffing and financial reductions. Dr. Anderson stated that further impacting the provision of public health services is a loss of experienced public health specialists, which is occurring locally, regionally and nationally; that the National Association of County and City Health Officials (NACCHO) has indicated this is a national phenomenon with "a loss in excess of 10,000 public health positions during the last year." Dr. Anderson stated that should the Health District "be recruiting for the vacant positions it may be difficult to do so." Dr. Anderson stated that these circumstances "prevent the Health District from providing the amount of preventative efforts necessary to keep the public healthy." Dr. Anderson advised that there are the national issues, which are also local issues, including "the unknown behavior of H1N1 or 'new flu, which was not as severe as predicted; however, it did result in considerable morbidity, with loss of life in some instances. Dr. Anderson advised that what will occur this "coming season is unknown; that the first case of H1N1 in Washoe County occurred in April of last year with a "very unusual pattern, which was opposite of what occurs with seasonal flu resulting in a year-round flu problem." Dr. Anderson advised the incidence of outbreaks of mumps, measles and chickenpox are increasing; that there has been a "very recent outbreak of chickenpox at a local school, which required vigorous efforts by Staff to address and contain the outbreak." Dr. Anderson advised that the increasing number of foreclosures impacts public health, as the Department receives numerous complaints regarding abandoned property that is not maintained and becomes harborage for rodents and other vectors; that swimming pools or water features become overgrown with algae and pools become mosquito breeding areas; that other items "junk"

may have been left on the property affecting property values and "causing blighted neighborhoods." Dr. Anderson stated that all of these conditions "impact public health and the infrastructure."

Dr. Anderson reviewed the fiscal challenges for public health which are: the possibility of additional Special Sessions of the Legislature, which could further impact the funding for the Health District; that financial impacts, which affect the State, "have a flow-down affect upon the Health District"; that there is an instability of public health grants both at the state and federal level; there is an economic impact to the fees collected by the District and the District's ability to charge fees and "how those have to fluctuate based upon the economic circumstances." Dr. Anderson stated that the Health District has concerns regarding "the availability of the Vector Control funds should it become necessary to access those funds to be able to provide more vigorous and comprehensive vector control in the event of an outbreak." Dr. Anderson stated the other concern is the "stability of the general fund transfer at a 3% reduction; that it is uncertain if there will be further reductions to the County's General Fund, which will result in a greater reduction to the Health District's budget.

Dr. Anderson advised that currently "Nevada ranks 51st in the nation in state funding for public health; that according to the *"Trust for America's Health"* Nevada provides \$3.55 per capita in funding for public health, as of 2008/2009, which compares to the US average of \$28.92 per capita. Dr. Anderson stated that "at \$3.55 per capita Nevada is at approximately one-third of the fiftieth place which is approximately \$9 per capita." Dr. Anderson stated that this demonstrates "how last Nevada is." In response to Dr. Khan regarding "the average amount", Dr. Anderson advised that the average amount for the United States is \$28.92 per capita; that some states exceed \$100 per capita.

Dr. Khan stated that she would question "how much of the \$3.55 per capita actually gets to our community" considering Nevada has two (2) major urban regions and a number of "frontier/rural counties."

In response to Dr. Khan, Dr. Anderson stated that "she doesn't have the ability to answer that"; that the \$3.55 is "an average number published on the national site for *"Trust for America's Health"*, which may have information; that she will attempt to determine if the site has more detail.

Mr. Gustin suggested that, in regard to the number of authorized FTEs, the number of "Full Time Equivalent of 176.68 should be explained." Mr. Gustin stated that "the importance of the District to maintain/retain the \$715,276 Ending Fund Balance should be stressed." Mr. Gustin stated that

the potential of a mandated 75% recycle rate should be compared to the existing 25% mandate for a better understanding. Mr. Gustin stated that he would recommend Dr. Anderson refer to "ponds, hot tubs or water features" rather than swimming pools; that the majority of people don't have a swimming pool."

Ms. Jung stated that within "Major Accomplishments" specific to the H1N1, she would recommend "shots" be amended to "inoculations", as not everyone was immunized with a shot. Ms. Jung stated that Dr. Anderson should advise the County Commission as to "the amount of financial reduction the Health District had last year." Ms. Jung recommended the amount of savings in the Ending Fund Balance through vacancies "be broken-down providing additional detail as to how much."

Dr. Anderson stated that she will explain the \$1.9 million which is the result of an accumulation over several fiscal years – 3 years of vacancy savings and reduced operating expenditures."

In response to Ms. Jung, Ms. Coulombe advised the Ending Fund Balance of \$715,276 is needed to cover the monthly cash flow, payroll and vendor payments.

Ms. Coulombe advised that the amount of the Opening Fund Balance is "not only because of positions which were held open but it is an accumulation of savings from FY 08, 09, and 10 and the reduction of expenditures." Ms. Coulombe advised that Dr. Anderson can explain "how the number of the opening balance was derived"; and comment, as suggested by Mr. Gustin, on the "importance of retaining the Ending Fund Balance amount."

Ms. Jung concurred with Mr. Gustin as to the importance of stressing the "amount of the Ending Fund Balance for paying the vendors and payroll; that by State Law the County "cannot take out a loan to pay either employees or vendors." Ms. Jung requested additional information specific to the "environmental health regulatory pressures and the Food and Drug Administration."
In response to Ms. Jung, Mr. Bob Sack, Director, Environmental Health Services, advised there are two (2) components; that there is the Food and Drug Administration's recommendations for regulatory agencies implementing a food program, which Staff has presented to the Board and has been in the process of implementing for several years. Mr. Sack advised that this process has been delayed due to budget reductions. Mr. Sack stated that Staff is working in conjunction with the State Health Division to develop, adopt and implement a Food Code which is "uniform statewide, with minor differences"; that it is based on the USDA Food Codes. Mr. Sack stated that "this is nothing new"; that, as he stated, Staff has been unable to complete it due to financial and staffing reductions.

Ms. Jung stated that a number of departments are claiming "increased demands for services with a decreased ability to provide those services"; therefore, she would recommend Staff be ready to respond to that statement and justify it.

In response to Ms. Jung, Dr. Anderson stated the economic downturn results in "people who would not have come to the Health Department for services previously and no longer have the ability to obtain those services privately, will now come to receive those services and the other lower cost options (i.e., WIC services, immunizations, family planning, etc.). Dr. Anderson stated that the H1N1 immunizations were provided free at the Health District; however, other providers were allowed to charge an administrative fee for administering the immunization.

Ms. Jung stated that Dr. Anderson should "expound upon that" as she noted "all departments are claiming the increased demand for services."

Mr. Gustin stated a similar correlation is that the Catholic Assistance previously served 300 meals per day and are now serving in excess of 700 meals per day.

Ms. Jung stated that with the loss of experienced public health professionals and based upon national data she would think the County "could hire higher credentialed individuals for less money in today's economy"; that she would encourage the County "to implement that"; that she would suggest Staff consider this concept. Ms. Jung questioned why measles, mumps and chickenpox are increasing.

In response to Ms. Jung, Dr. Anderson stated that "some of it may be the lapse of immunization coverage and it is an item where people will cut corners"; therefore, people won't pay for their children to be immunized unless there is "the absolute requirement" for school attendance." Dr. Anderson stated that some of these outbreaks will be among children who are preschool age; that it is also the result in populations who do not believe in immunizations, which results in the impetus for the development of illness. Ms. Jung stated that in regard to foreclosures and environmental issues, she receives numerous complaints regarding residences which are no longer using Waste Management collection services; that this impacts the Health District which has to respond to complaints of residential and open space illegal dumping. Ms. Jung advised that she would recommend Staff stress the concern at the "regular Session of the Legislature in addition to any possible Special Sessions."

Dr. Anderson stated that she did not mention the regular session as that is next year.

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Ms. Ratti stated that in addition to possible special sessions there are administrative level committees; therefore Staff should refer to "additional state legislative or administrative actions."

Mr. Gustin was excused at 2:15 pm.

Ms. Jung questioned Dr. Anderson's comments regarding the possible loss of Vector Control funding as the Board of County Commissioners did vote to "take that line item to close the Budget gap."

In response to Ms. Jung, Dr. Anderson stated that there is a \$350,000 fund specific to Vector Control issues; that it is her understanding the County did transfer a certain percentage of those funds; that there is approximately \$100,000 remaining, which is the approximate amount the Health District has normally expended during a "normal" season. In response to Ms. Jung regarding an unexpected event that would require additional funds, Dr. Anderson stated that the Health District would have to request funding from the Board of County Commissioners to address "an unanticipated event."

In response to Ms. Jung regarding Nevada's ranking of 51st and providing a comparison to "third world countries", Dr. Anderson advised that this wouldn't be feasible as it would be difficult to obtain comparable data and numbers; therefore, the US comparison is more accurate. Dr. Anderson stated that the information regarding Nevada's ranking "is to underscore where Nevada is as a State."

Ms. Ratti stated that in regard to the "authorized position FTEs" and Ms. Jung's comments as to the reduction from 203 FTEs last year to 190 this year, she would recommend Dr. Anderson asterisk the reduction from FY 10 to FY 11 to display it in writing.

Dr. Anderson stated that she will do that similar to the asterisked item for the FY 11 Budget.

Ms. Ratti questioned if the "number of Staff and volunteer hours expended on addressing the H1N1 efforts" could be noted, as the Board of County Commissioners are not going to grasp the impact this had on the Department. Ms. Ratti stated that "if this could be correlated to the other hours in the Department demonstrating that the Health District did this while managing to do everything else

it was supposed to get done while saving money." Ms. Ratti advised that the Health District "stepped up to the plate to ensure a crisis was managed while providing basis services all for less money."

In response to Ms. Ratti, Dr. Anderson stated that this may be possible, as the funding for H1N1 "was accounted for as a separate item."

Ms. Ratti questioned if the \$715,276 Ending Fund Balance amount can be referred to as a percentage of the overall operating budget rather than the amount. Ms. Ratti stated that "should someone ask the question, Dr. Anderson would have the response available."

In response to Ms. Ratti, Dr. Anderson stated that the Health District should "have an amount that approximates what the District has to expend on a monthly basis; that she would state both the amount and the percentage.

In response to Ms. Ratti, Ms. Coulombe advised that Staff could develop verbiage to note "what is driving that amount."

Dr. Anderson stated that she will use the Board members' comments to develop "notes pages for herself to use in her presentation to the Board of County Commissioners; that each one of the slides will have a notes page for possible questions."

Ms. Ratti stated that Dr. Anderson referred to the funding for the Tobacco Prevention and Control Program; that she referenced the Master Settlement, which is the source of the funding; that there is "the program dollars, which were all swept." Ms. Ratti questioned if it was all of the Master Settlement funds which were swept or the Tobacco Prevention and Control Programs funding.

In response to Ms. Ratti, Dr. Anderson advised that the Master Settlement has three (3) components, which were the Millennium Scholarship Program, the Trust Fund for Public Health and the Fund for a Healthy Nevada; that the Fund for a Healthy Nevada has subcomponents (i.e., the Senior RX Program and a Children's Program). Dr. Anderson stated that it was the funding "specific to tobacco prevention and control which were taken."

Ms. Ratti stated that she would suggest Dr. Anderson reference only the dollars specific to the Health District, which were swept – “all tobacco prevention program dollars were swept.”

Ms. Ratti stated that she is concerned about presenting “51st in the nation, as it may be a distraction, as it is the State’s number and not Washoe County’s.” Ms. Ratti recommended Dr. Anderson “tie this ranking to the importance of the County maintaining a sufficient public health effort because at the State level there isn’t significant funding”; that “this would make it relevant to the Health District’s budget.”

Dr. Anderson stated that this can be done, as the Health District’s Budget book contains “a per capita sheet.” Dr. Anderson stated that the County’s contribution equates to \$21.49 per capita, which is still lower than the US average of \$28.92; however, it is better than the \$3.55.

Ms. Ratti stated that the concern is policy makers are repeatedly advised that Nevada is 51st in the nation, which results in “the feeling that there is nothing which can be done about that”; therefore, correlating it “to it being critical that the County maintain the emphasis (to whatever extent possible) the efforts towards public health; otherwise the citizens of the County will not be served”; that it then has more meaning.

Ms. Jung stated that there are “the results of what occurs when the citizens aren’t served in a community and how much more that costs in the long-term in lack of prevention.”

Dr. Anderson stated that each Department has been allotted ten (10) minutes for the presentation and ten (10) minutes for questions and answers; that she will attempt to reference the Board’s comments and concerns during her presentation. Dr. Anderson stated that she would thank the Board members for the constructive comments and suggestions, as it will “make her presentation better.”

Chairman Humphreys commended Dr. Anderson on an excellent presentation.

MOTION: Ms. Jung moved, seconded by Ms. Ratti, that the Health District’s Budget Presentation for FY 11 be accepted as presented, with the Board comments and recommendation as noted.

Motion carried unanimously

PUBLIC HEARING – PRESENTATION – DISCUSSION – REVISIONS – WASHOE COUNTY
DISTRICT BOARD OF HEALTH FEE SCHEDULE

1:00 p.m. This being the time set in a Notice of Public Hearing, heretofore published in the *Reno Gazette Journal* on February 3, 5 and 8, 2010 to consider the approval and adoption to proposed revisions to the Washoe County District Board of Health Fee Schedule, specific to the Administrative Health Services Division, Community and Clinical Health Services Division, Air Quality Management Division, in accordance with the Washoe County District Board of Health Regulations Governing Air Quality Management, and the Environmental Health Services Division, in accordance with the Washoe County District Board of Health Regulations Governing Food Establishments; Washoe County District Board of Health Regulations Governing Sewage, Wastewater, and Sanitation; Washoe County District Board of Health Regulations Governing the Prevention of Vector-Borne Diseases; Washoe County District Board of Health Regulations Governing Liquid Waste; Washoe County District Board of Health Regulations Governing Invasive Body Decoration Establishments; Washoe County District Board of Health Regulations Governing Public Bathing Places; Washoe County District Board of Health Regulations Governing Public Spas; Washoe County District Board of Health Regulations Governing Mobile Home and Recreational Vehicle Parks; Washoe County District Board of Health Regulations Governing Solid Waste Management; and the Washoe County District Board of Health Regulations Governing Well Construction.

Ms. Lori Cooke, Fiscal Compliance Officer, advised that the Board members have been provided with a copy of the proposed Washoe County Health District Fiscal Year 11 Fee Schedule; that if adopted the effective date will be July 1, 2010. Ms. Cooke advised that the Washoe County Health District Fee Schedule is presented annually for the Board's review, approval, and adoption; that the Fee Schedule includes fees applicable to all Divisions and Programs.

Ms. Cooke advised that the Fee Schedule has been prepared in accordance with applicable *Nevada Revised Statutes* (NRS) and the methodology "has remained constant to prior years, with time and activities certified by Program Managers and the associated costs calculated for the fees.

Ms. Cooke advised that approximately 8,000 Notices of Public Workshops were mailed on December 14, 2009, with Public Workshops being conducted on January 8, 11 and 13, 2010; that eight (8) individuals attended the workshops. Ms. Cooke advised that Staff received an additional sixteen (16) questions via email, telephone and written correspondence, with one (1) individual coming to the office, "for a total of twenty-four (24) direct inquiries."

Ms. Cooke advised that the proposed Fee Schedules for the Environmental Health Services and Air Quality Management were posted on the internet on December 8, 2009; that the proposed Fee Schedules for Administrative Health Services; Community and Clinical Health Services; and Epidemiology and Public Health Preparedness were posted on the internet on January 7, 2010. Ms. Cooke advised that the Board members have received copies of the fiscal impact of the proposed revisions to the Fee Schedule was included in the District Board of Health Fiscal Year 11 Budget presented to the Board of Health on Thursday, March 4, 2010.

Ms. Cooke advised that Staff recommends the Board approve and adopt the proposed revisions to the District Health Department Fee Schedule for FY 11 as presented.

Chairman Humphreys declared the Public Hearing and called upon anyone wishing to speak either in favor of or in opposition to the Washoe County District Board of Health Fee Schedule for FY 11. There being no one wishing to speak, the Public Hearing was closed.

MOTION: Mr. Smith move, seconded by Ms. Jung that the revisions to the Board of Health Fee Schedule for FY 11, specific to the Administrative Health Services Division, Community and Clinical Health Services Division, Air Quality Management Division, in accordance with the Washoe County District Board of Health Regulations Governing Air Quality Management, and the Environmental Health Services Division, in accordance with the Washoe County District Board of Health Regulations Governing Food Establishments; Washoe County District Board of Health Regulations Governing Sewage, Wastewater, and Sanitation; Washoe County District Board of Health Regulations Governing the Prevention of Vector-Borne Diseases; Washoe County District Board of Health Regulations Governing Liquid Waste; Washoe County District Board of Health Regulations Governing Invasive Body Decoration Establishments; Washoe County District Board of Health Regulations Governing Public Bathing Places; Washoe County District Board of Health Regulations Governing Public Spas; Washoe County District Board of Health Regulations Governing Mobile Home and Recreational Vehicle Parks; Washoe County District Board of Health Regulations Governing Solid Waste Management; and the Washoe County District Board of Health Regulations Governing Well Construction, be approved and adopted as presented.

Motion carried unanimously.

DISCUSSION – WASHOE COUNTY DISTRICT BOARD OF HEALTH OVERSIGHT
RESPONSIBILITIES – AMBULANCE SERVICE

Chairman Humphreys stated that the Board receives, reviews and accepts REMSA's Operational and Financial Report each month; that one (1) of the responsibilities of the District Board of Health is to ensure the quality of ambulance services provided to the community. Chairman Humphreys stated that when a medical office or facility applies for accreditation the accrediting agency reviews the quality of care, quality of service, how services and care are provided specific to industry standards. Chairman Humphreys stated that the results of an accreditation process "tells the story of what is going on." Chairman Humphreys stated that there are three (3) accrediting agencies "which have reviewed and examined REMSA; that these types of 'examinations' are very, very thorough 'examination' of all aspects of business and care." Chairman Humphreys stated the first agency, which reviewed REMSA, is the National Academies of Emergency Dispatch (NAED); that the second is Commission on Accreditation of Medical Transport Systems (CAMTS); and the third is Commission on Accreditation of Ambulance Services (CAAS). Chairman Humphreys stated that he read and reviewed the reports of these three (3) agencies he noted "that the world class service the Board hears about from time to time really is being provided." Chairman Humphreys stated he will provide this information to the Board members.

Chairman Humphreys stated that the issue is "what are the responsibilities of the Board of Health in the oversight of the ambulance services in the community"; that Ms. Admirand will provide an overview of the oversight responsibilities.

Ms. Leslie Admirand, Deputy District Attorney, distributed a handout of the *REMSA Franchise Compliance Oversight* (a copy of which was placed on file for the record), advising that Chairman Humphreys requested she provide "some guidance" to the Board regarding "the oversight responsibilities of the District Board of Health."

Ms. Admirand advised that in 1986 the Cities of Reno and Sparks and Washoe County empowered the District Board of Health, through the Interlocal Agreement, with the statutory authority for the franchising of ambulance service. Ms. Admirand advised that "it does not provide any guidance as to what type of oversight responsibilities the Board should provide." Ms. Admirand advised that *Nevada Revised Statutes* (NRS) 266.081 and 266.083 delineates the authority "of the Cities to limit competition in ambulance services and to: 2. Grant an exclusive franchise to any person to provide those services within the boundaries of the city." Ms. Admirand advised that NRS 244.287 and 244.288 "provides the same exact authority to the County – to limit competition in ambulance services. Ms. Admirand advised that "statutorily there is no guidance as to the oversight responsibilities of the District Board of Health.

Ms. Admirand advised that the Franchise Agreement is a "binding contractual obligation for both REMSA and the District Board of Health." Ms. Admirand advised that the District Board of Health is responsible for appointing three (3) representatives to the REMSA Governing Board: 1) a representative of the legal profession; 2) a representative of the accounting profession; and 3) a consumer representative; that the Health Officer serves as a non-voting Ex-Officio representative. Ms. Admirand delineated the oversight responsibilities of the District Board of Health, advising that per the requirements of the Interlocal Agreement, the District Board of Health annually reviews the following: 1) dispatch compliance; 2) personnel orientation and participation in ambulance services and dispatch center operations compliance; 3) Emergency Medical Technician (EMT) and Emergency Medical Dispatch (EMD) training; and 4) organizational performance and operational compliance, in which "every single paragraph of the Franchise Agreement is reviewed with a Report being prepared by Health District Staff and presented by the District Health Officer to the Board of Health for approval. Ms. Admirand advised that monthly the District Board of Health reviews: 1) Operational activities including a summary of quality assurance review activities; that this entails REMSA reviewing "a sampling of 5% of the Advanced Life Support (ALS) calls and monitors for compliance. Ms. Admirand advised that "District Board of Health does review every aspect of the Franchise Agreement annually."

Ms. Admirand advised that the District Board of Health approves the maximum average patient bill for ground and rotary wing ambulance transport to be charged by REMSA; that the District Board establishes the limit for the number of times prepaid ambulance service may be used by an individual in a membership year; and approves the process managing receipts for billing.

Ms. Admirand delineated the oversight responsibilities of the District Health Officer, advising that the District Health Officer reviews: 1) recommended EMS market areas to be studied to determine if further negotiations or a competitive bid process is to be conducted for vendor contracts, per the Interlocal Agreement cannot be "any longer than seven (7) years"; that during the last two (2) years of the contract(s), REMSA and the District Health Officer determine if further negotiations should occur or if the contract(s) should be let for competitive bid. Ms. Admirand advised that the District Health Officer "is involved in that process and her approval is required." Ms. Admirand advised that further, the District Health Officer reviews: 2) recommended independent entity to collect data on market areas; 3) with REMSA, determines if competitive bid shall be conducted or further negotiations occur; 4) adjusts specific map grids and assigned response times after periodic analysis of operational and response data and presents such revisions to the District Board of Health, which are for those locations in the unincorporated area of Washoe County; 5) time exemptions monthly; 6) disputes in time exemption and renders the final binding determination on dispute(s) between REMSA and ambulance contractor(s).

Ms. Admirand advised that the District Health Officer approves use of the penalty fund for cost of operational or educational matters; informs REMSA of the CPI (Consumer Product Index) adjustment amount annually; receives REMSA's financial audit and IRS Form 990 annually; receives compliance data for organizational, performance and operational criteria; and reports REMSA's annual performance to the District Board of Health within ninety (90) days of the beginning of each calendar year.

Ms. Admirand reviewed the oversight responsibilities of the District Health Department, advising that the District Health Department monitors REMSA for compliance "on a weekly or daily basis"; that a part-time Registered Nurse conducts a review weekly of dispatch sampling for compliance. Ms. Admirand advised that this individual reviews "a random sampling of the calls for compliance." Ms. Admirand advised that currently the Emergency Medical Services Coordinator position is vacant; that the Board has provided direction to Staff regarding recruitment for that position; that this position provides "further oversight by the Health District." Ms. Admirand advised that the Health District assists and participates in CPR (cardio-pulmonary resuscitation) and public educational activities.

Ms. Admirand advised that, in summary, "these are the oversight responsibilities the District Board of Health; the District Health Officer and the Health District Staff are required to perform in accordance with the contractual agreement."

Dr. Furman stated his concern regarding the appointment of the Board of Health's three (3) representatives to the REMSA Governing Board, was that the Board of Health "wasn't provided any options regarding who to appoint." Dr. Furman stated that he has no objections to the appointees serving on the Board; however, the Board of Health "should be afforded the opportunity to review and discuss the recommended appointees.

In response to Ms. Jung regarding the Governing Board, Ms. Admirand advised that there are seven (7) members on the REMSA Governing Board; that the District Health Officer is a non-voting Ex-Officio member of that Board.

In response to Dr. Furman, Ms. Coulombe advised that Staff did "make note to provide the Board members with sufficient lead time" in presenting the information to the Board members. Ms. Coulombe advised that the District Board of Health reviewed the dates of appointment and made the determination that with the next re-appointment the terms of appointment will be staggered to ensure that not all terms will expire at the same time.

In response to Ms. Jung, Mr. Gubbels advised that the District Board of Health appointments are all three (3) year terms; that through a variety of factors all three (3) appointments were considered for re-appointment in July 2008, with "no staggered appointments." Mr. Gubbels advised that during the last appointments the Board approved provisions by which the appointments/re-appointments would be staggered to ensure the Governing Board would "not potentially lose all three (3) Board members at the same time." Mr. Gubbels advised that the staggered terms will be for three (3), four (4) and five (5) years. Mr. Gubbels advised that "it takes time to learn and understand how the system" functions.

Ms. Jung questioned if the Board of Health receives the agendas or minutes of the REMSA Governing Board.

In response to Ms. Jung, Mr. Gubbels advised that the Health District and the District Board of Health have oversight authority related to REMSA "through the Franchise and the contractual relationship with the Franchise; however, the REMSA Governing Board "is a private not for profit board." Mr. Gubbels advised that the District Health Officer attends the REMSA Governing Board as a non-voting Ex-Officio member.

Ms. Ratti stated that at the Board's Strategic Retreat she had requested the information specific to how the District Board of Health and the Health District "provide oversight to the provision of emergency medical services in the community." Ms. Ratti stated that the "method of choice since 1986 is through the powers delegated through the Interlocal Agreement and the Franchise Agreement with REMSA." Ms. Ratti stated she appreciates the information presented today; that the monthly REMSA Report provides "good information from REMSA"; however, she was attempting to "understand the Board's links with REMSA and the [REMSA Governing Board] members assigned by the Board of Health." Ms. Ratti stated that the Board of Health 'doesn't receive any feedback from those members"; that the Board of Health "also provides oversight to Staff and that the Board doesn't necessarily receive information from Staff as to the 'second-tier' oversight role and the type information coming out of that." Ms. Ratti stated that "her response is a lack of clarity of information regarding knowing that that oversight role is occurring." Ms. Ratti stated that "she is very sensitive to the issue of micro-managing and she is not suggesting the Board should assume more of an oversight role"; however, "updates from Staff on how the Staff's level of oversight role would be helpful information."

Ms. Ratti stated that, as a Sparks City Councilwoman and a Board of Health member, "she is interested as this a 2-tiered system which interacts with fire service; that in her position as a Councilwoman she is the governance authority over fire service; and as a Board of Health member she is a governance authority over emergency medical service; therefore, she is interested in the

interaction between those two (2) agencies and ensuring it is the best interaction it can possibly be from both sides of that equation." Ms. Ratti stated that, as a governance member of both, "she is interested in the most appropriate method for receiving a response when she has a question as to how 'it's working'." Ms. Ratti stated that "there are six (6) issues that she has outlined to Chairman Humphreys, which she would like to delve into at some depth to ensure the County has the best possible system and that the oversight is the best possible oversight for this system." Ms. Ratti stated that she is interested "in how to move forward as partners, as she fully believes that this is a partner relationship with a qualified charitable non-profit to ensure emergency medical services are delivered with a high quality throughout the region."

In response to Ms. Ratti, Chairman Humphreys advised that "emergency response is a 2-tiered; however, the District Board of Health's oversight responsibility is only for the ambulance service component"; therefore, the District Board of Health's discussions "have to be contained to what those responsibilities are, which is the ambulance service." Chairman Humphreys stated "he agrees that cooperation between 'who ever is doing the job is a critical issue'; therefore, it would be appropriate for the Board to receive information as to what is occurring." Chairman Humphreys stated Ms. Ratti's "request for information from Dr. Anderson or Staff as to what is occurring on the REMSA Governing Board, without getting into what is proprietary information, is appropriate."

In response to Chairman Humphreys, Ms. Ratti stated that she respects "the private nature of a non-profitable charitable Board"; however, the Board of Health "has appointees and those appointees serve the Board of Health"; therefore, she is interested in that "from their level." Ms. Ratti stated that "what she is also interested in is the Board's oversight of Staff fulfilling their role."

In response to Ms. Ratti, Chairman Humphreys stated that, due in-part to the questions asked by Ms. Ratti, "is the reason the EMS Coordinator position needs to be filled as soon as possible." Chairman Humphreys stated that "fortunately Dr. Anderson and the Division Directors worked to achieve this." Chairman Humphreys stated that "the filling of that position will address a lot of Ms. Ratti's questions."

Ms. Ratti stated that "with all due respect, the concerns existed before the position was vacant." Ms. Ratti stated that "she believes overall the system is working; that there are 'some minor tweaks' which need to be made." Ms. Ratti stated that "there needs to be forum for discussing those minor tweaks in a meaningful way with the partner that is respectful of everyone's wishes." Ms. Ratti stated she "would like some conclusion on how those conversations can occur in a way that is appropriate from a governance level to ensure the area has the best system for everyone in the community."

Dr. Khan stated she concurs it would be beneficial for the Board to receive reports from Staff (i.e., from the RN position) in the Program; that although the position has remained vacant "the responsibilities of that position have not gone away." Dr. Khan stated that she is aware Ms. Coulombe has been "filling that position and is wearing a number of hats"; however, it is essential for the Board members to receive information. Dr. Khan stated that "an item from the Health Officer may be appropriate due to her unique position" as the Ex-Officio member on the REMSA Governing Board. Dr. Khan stated that, she, too, has reviewed the Franchise Agreement; that the Board reviews it on an annual basis and has approved minor amendments "over the years"; that she would question "how much has the Franchise changed in the twenty (20) plus years it has been in effect." Dr. Khan stated that specifically she would question the "changes to the oversight" if there has been any; and possible revisions to the report during the same period of time. Dr. Khan stated that "understanding what has evolved and what has changed, including the issue of growth and development in various locations and "how that has affected the needs regarding ambulance service." Dr. Khan questioned if the Health District conducts "some type of external assessment as to the costs for services and the provision of comparable services in other communities."

In response to Dr. Khan, Ms. Admirand advised that that information is provided in the "market study" that is conducted.

Dr. Khan stated that she would request the opportunity to review that "and see how it has changed during the years; that technology has changed as have the abilities "to what can be done in-the-field; therefore, it may be of assistance to receive a more historical perspective of those as opposed to data points."

In response to Dr. Khan, Ms. Admirand advised that the Franchise Agreement has been amended approximately fourteen (14) times; that she does have copies of the amendments and can prepare a summary for the Board.

Chairman Humphreys stated that, "in recognition of Ms. Ratti's comments and questions he will be appointing an "Ambulance Services Committee", comprised of him, Mr. Smith and Ms. Ratti to work with Staff to best determine how to address the issues presented by Ms. Ratti. Chairman Humphreys advised that "some of those questions are within the purview of what the oversight responsibilities are for the Board of Health." Chairman Humphreys stated that as there will not be an individual in this position "until July 1, 2010, this would provide a good transition in assisting that individual."

Ms. Ratti stated that she is aware other Board members have questions, including Dr. Khan's question specific to response times; that there "are layers and depths to that question, which she has"; therefore, she would request that all of the Board members have the opportunity to present any questions or concerns. Ms. Ratti requested that "REMSA be fully included in the participatory process, as she wants this to be a dialogue as to what is the best approach to everyone involved, and those meetings be made available to anyone who has an interest."

Chairman Humphreys stated that he will take Ms. Ratti's recommendation "under advisement and will work with Staff to determine the best" method for these meetings and what the legal requirements are.

Ms. Ratti stated the requirements of NRS 268 stipulate "on an exclusive basis or by ordinance"; that she would question "if there have been any ordinance adopted by any bodies to do this; or if there is a 'regulatory scheme'."

In response to Ms. Ratti, Ms. Admirand advised that there are not any ordinances which have been adopted for ambulance services; that she is not aware of any 'regulatory scheme'; however, she is "not specifically aware of the Municipal Codes for Reno or Sparks "

Ms. Ratti stated that she will be conferring with officials from the City of Sparks to determine whether the City of Sparks has any ordinances or regulatory schemes as it relates to ambulance service. Ms. Ratti stated that "it is unusual for there to be such little guidance on 'terms of authority'."

Ms. Admirand stated that the District Board of Health By-Laws do not allow for the appointment of a new Committee without a formal action of the Board. Ms. Admirand advised that that would have to be agendized.

PROGRAM UPDATE – 2009 SEXUAL HEALTH REPORT

Ms. Jennifer Hadayia, Public Health Program Manager, advised that she is the Co-Manager of the Department's Sexual Health Program, which is an integrated Program for the prevention and control of Sexually Transmitted Diseases (STDs) and HIV. Ms. Hadayia introduced Mr. Steve Kutz, Nursing Supervisor, as the Co-Manager and Ms. Jennifer Howell, Sexual Health Program Coordinator. Ms. Hadayia advised that last month the Board had questions regarding the

Department's HIV Prevention Subgrant Award; the Program activities; and the Program's social marketing products. Ms. Hadayia advised that she will be providing information regarding the "most recent Sexual Health Program Report" and the 2010 social marketing advertisement campaign, which was "released by the Kaiser Family Foundation, MTV and the Centers for Disease Control (CDC) and Prevention after the Board members had received the packets." Ms. Hadayia advised that the advertisements "will be tailored to the District Health Departments website and submitted to the District Health Officer for review and approval."

Ms. Hadayia advised that the mandates for the Sexual Health Program are delineated in *Nevada Revised Statute* (NRS) 441.a; that the annual budget is approximately \$1.3 million, a majority of which is grant funding (CDC) "passed through the State Health Division." Ms. Hadayia advised that the Program does receive "some local funding; that the on-site STD Clinic does generate revenues; that the HIV activities are 100% grant-funded." Ms. Hadayia stated that there are 10.25 FTEs in the Program, per the adopted FY 10 Budget, which includes Public Health Nurses, Disease Investigators; Health Educator; Program Coordinator; clerical Staff and management. Ms. Hadayia advised that in the latest edition of the *Morbidity and Mortality Weekly Report* (MMWR) CDC released the most recent 'national trends' in HIV/AIDS noting there has been a 15% increase in the national HIV rate, which "is primarily due to better surveillance and better reporting." Ms. Hadayia advised an estimated 1.1 million adolescents/adults are HIV positive in the United States; that "more than 50% are men who have sex with men." Ms. Hadayia advised that this statistic "has generated a lot of national level attention and prompted leaders from CDC, National Association of State and Territorial AIDS Directors (NASTAD); National Council of STD Directors, etc., to announce that prevention among gay and bi-sexual men must be 'the top' priority for HIV and STD prevention efforts in the Country. Ms. Hadayia stated that the President has committed to allocate additional resources to this effort; that the amount of that increase or "how it might benefit Washoe County is unknown. Ms. Hadayia stated that a recent press release indicates "men who have sex with men have a 40-fold higher risk for HIV and Syphilis than other risk categories." Ms. Hadayia advised that 32% (of the 1.1 million cases nationally) are high-risk heterosexuals; and 51% are Black/African Americans. Ms. Hadayia advised that the CDC estimates that approximately 20% of the people with HIV are unaware of their status, "which underscores the importance of HIV testing, which is a core component of the Health District's Program"; and 36% of individuals diagnosed with HIV progress to AIDS within twelve (12) months.

In response to Ms. Ratti regarding the percentages exceeding 100%, Ms. Hadayia advised that "the surveillance data are 'broken-down' into several categories (i.e., sex, age, race, risk-behaviors); that "these are the percentages within each category", which results in an "overlapping" within the categories and the totals exceeding 100%.

Ms. Hadayia advised that within Washoe County there are approximately 837 people living with HIV/AIDS; that 54% are men who have sex with men (MSM) as compared to the national rate of 53%; that 10% are from heterosexual contact compared to the national rate of 32%. Ms. Hadayia stated that 10% are young adults (aged 13 - 24), which is a category that has increased in recent years; and in Washoe County 13% are Black/African American as compared to the national rate of 51%. Ms. Hadayia advised that in Washoe County there were 49 new cases of HIV and AIDS reported in 2009; that of those new cases 72% are men who have sex with men (MSM); 28% are high-risk heterosexuals or those having contact with an individual who is known to be HIV positive; 28% are young adults (aged 19 - 24); with 8% in Black/African Americans. Ms. Hadayia advised that "while the percentages in some risk categories increased this year the Black/African American percentage decreased."

Ms. Hadayia reviewed the District's Program, advising that there are three (3) components of the Program: 1) Clinical Services; 2) Planning and Evaluation; and 3) Health Education. Ms. Hadayia advised that in Clinical Services for FY 09 1,525 clients received services in the STD Clinic for 1,703 visits; that 2,721 HIV tests were provided, "which is one of the highest numbers of testing noted in a one (1) year period"; that the District "had an incredible response to the social marketing campaign, which promoted testing"; that 1% of those tested by the STD Clinic were positive, which has remained consistent in recent years, with Washoe County remaining "a low prevalence community for HIV/AIDS." Ms. Hadayia stated that, in addition to the HIV/AIDS testing, the Health District has provided 12,703 tests for Chlamydia, gonorrhea and syphilis; that "of all negative HIV tests provided 68% received an HIV test result." Ms. Hadayia advised that "100% of the HIV positive clients received test results, post-testing counseling and referrals." Ms. Hadayia stated that "there has been no national bench mark for the percentage of negative test results received"; however, "research indicates that when clients 'know their status' they make changes in their behavior(s)." Ms. Hadayia advised that the Department has implemented "a centralized results line, which allows clients to obtain test results through the telephone; that this has increased the percentage of negative HIV results returned to clients during the past year." In response to Ms. Jung regarding only 68% receiving their negative test result, Ms. Hadayia confirmed that approximately 32% of individuals who test negative never contact Staff for the results. Ms. Hadayia reiterated that "100% of those positive HIV results are returned to clients"; that there is a high percentage of results returned to those clients testing positive for Chlamydia, gonorrhea and syphilis.

Dr. Furman stated that he is aware that testing is performed at locations other than the Health Department' and he would question how many tests are administered at the Health District; how many are performed off-site and what are the fees charged for those at the Health District and what are the fees for those performed off-site. Dr. Furman stated that Ms. Hadayia reported a Program budget of \$1.3 million; that it is important to be aware "this isn't the whole budget for HIV; that

Northern Nevada *HOPES* (HIV Outpatient and Education Services) receives approximately \$7.3 million."

In response to Dr. Furman, Ms. Hadayia advised that the budget amount she stated is the funding for the Health District's "Sexual Health Program, which includes the HIV and STD on-site clinics. Ms. Hadayia stated there are other community providers for HIV prevention and control services."

Dr. Furman stated that "that is a substantial amount of money in comparison to the amount expended on other things in the Health Department."

Ms. Hadayia advised that she does have a copy of the full report available for review upon request. Ms. Hadayia advised page thirteen (13) of the report provides a listing of "all sites where HIV tests are provided"; that in 2009 1,369 HIV tests were provided at the Health District's on-site clinic; that 1,175 tests were provided at off-site locations; that 177 tests were provided at detention facilities unrelated to the Washoe County Health District. Ms. Hadayia advised that Staff maintains "an extensive off-site testing calendar; that there are regular sites including the homeless shelter, Northern Nevada Adult Mental Health Services; the local bath house; some local bars; and special events (i.e., World AIDS Day, Gay Pride, etc.). Ms. Hadayia advised that the Health District partners with Nevada Hispanic Services and Planned Parenthood Mar Monte to provide testing services at events for their clientele. Ms. Hadayia stated that the Board adopted the revisions to the Fee Schedule today; that the Fee Schedule incorporated a new category of "express visits"; that these are those visits in which a client is only receiving testing; that he/she is not receiving an examination, as would occur for an STD. Ms. Hadayia advised that "express visits" are ten (10) minutes with a five (5) minute follow-up; that it reduces the time for the client and the provider and the cost; that there is a 'range' of fees for various other clinic visits. Ms. Hadayia advised "there are the ten (10) minute express visits up to a forty-five (45) minute comprehensive visit for a female client."

In response to Ms. Ratti regarding the "budget numbers presented", Ms. Hadayia advised that she is presenting information on "only the Health District's funding." Ms. Hadayia advised it is not a requirement within Washoe County that other agencies providing HIV testing report the results to the Health District; however, there is a statewide web-based data base developed by CDC, which "encourages agencies to do so." Ms. Hadayia stated that the Health District has only the data from the tests the Health District provides and "all positive cases as HIV is a reportable communicable disease." Ms. Hadayia advised that she has provided the Board with the number of tests provided by the Health District; however, the numbers of cases in the 'surveillance report' are those which are community-wide.

In response to Dr. Furman comments regarding the HIV tests being free, Ms. Hadayia advised that the Health District's provision of out-reach STD testing services are free, including the HIV testing, which is consistent with all out-reach services provided in the CCHS Division.

Ms. Hadayia advised that the Health District conducts follow-up with partners/contacts of positive cases; that last year the Health District followed-up with 78 contacts "to the new HIV/AIDS cases identified; that of those 78 contacts 29% were also positive" for HIV/AIDS. Ms. Hadayia reiterated that "there was a 1% positivity rate for the Health District's targeted tested community-wide"; however, "among those contacts to those positive contact HIV/AIDS cases there was a 29% positivity rate." Ms. Hadayia advised that Staff identified in excess of 1500 contacts to those clients diagnosed with Chlamydia, gonorrhea, and syphilis cases.

Ms. Hadayia stated that the second component of the Program is *Planning and Evaluation*; that all communities which receive HIV prevention and control funding are required to have a local planning committee, which is responsible for identifying the priorities for that funding. Ms. Hadayia advised that the committee includes "those who are infected and affected by HIV/AIDS." Ms. Hadayia advised the Health District "is tasked through the Subgrant to administer that community planning committee; that locally this committee is the Northern Nevada Planning Council (NNPC)." Ms. Hadayia advised that a Health District Staff member "usually serves as Co-Chair on the Council in coordinating that effort." Ms. Hadayia advised that one of the primary activities of the Council is to participate in the comprehensive HIV/AIDS Prevention Plan development; that "this process was completed at the end of last year"; that the newly identified priorities in the 2009 – 2011 HIV Prevention Plan are: 1) Men Who Have Sex with Men (MSM); 2) HIV+; 3) Young Adults (25 years and younger); and 4) Intravenous Drug Users (IDU); that this is "based upon the same epidemiological data being reviewed today at a State and local level." Ms. Hadayia advised that the Health District implements these priorities when allocating resources as Washoe County Fiscal Agent" designated through an Interlocal Agreement with the State Health Division. Ms. Hadayia advised that the District's Subrecipients are determined through a competitive Request for Applications (RFA) process; that the District is required to ensure the interventions implemented adhere to these priorities delineated in the Plan. Ms. Hadayia advised that within the "evaluation activities"; that the Health District is required to coordinate the web-based statewide testing data base identified as PEMS (Program Evaluation and Monitoring System). Ms. Hadayia advised that Ms. Jennifer Howell, Sexual Health Program Coordinator, is responsible for managing the Washoe County "version of PEMS, which collects a lot of data about the community, including the HIV testing data." Ms. Hadayia advised that in January Staff completed "the first electronic 'error free' upload between the District's clinic data base to PEMS, which is a wonderful accomplishment as it reduces duplication, increases the efficiency of the services, and ensures the District data is timely."

Ms. Hadayia advised that the third component of the Program is *Health Education*; that the two (2) Community Based Organizations (CBOs) selected through the RFA will be implementing the evidenced based intervention programs (i.e., DEBIs Diffusion of Effective Behavioral Interventions). Ms. Hadayia advised that the two (2) organizations are Planned Parenthood Mar Monte implementing the *Street Smart Program* for high-risk youth and Nevada Hispanic Services implementing VOCES/VOICES for high-risk Hispanics (men who have sex with men and high-risk heterosexuals). Ms. Hadayia advised that last year the Health District implemented one (1) of the most successful social marketing campaigns, as evidenced by the high volume of testing provided, "called the *GYT (Get You Test) Campaign*." Ms. Hadayia advised that "through GYT branded activities and routine HIV testing advertising in 2009 there were 43 print ads with 4,166,700 duplicate impressions; six (6) online ads with 5,794,921 duplicate impressions; and two (2) television ads with 387,234 duplicate impressions." Ms. Hadayia stated that research indicates "it takes exposure to an ad three (3) to five (5) times to retain the content of the message"; that "the gold standard and the standard by which productivity benchmarks is measured is eight (8) times frequency, which is why Staff lists the number of duplicate impressions."

Ms. Hadayia advised that she provided the Board members with 'samples' of the 2009 campaign; that in the interim of the packets being delivered and today's meeting Staff has received the new 2010 campaign materials. Ms. Hadayia advised that due to reductions in funding the Health District will not have the ability to "run the GYT campaign as extensively as in 2009; however, the District Health Department will be able to replicate the 2010 campaign as the primary social marketing effort, with print ads, and some television ads; that the District has been "running some online ads during the first quarter of this year on the District website for 'Reno Passport', which is a local site, which allows the public to "find out what is occurring in the community; that the Health District's ad is one of several that rotate on that homepage." Ms. Hadayia advised that Staff is in the process of "developing a localized website"; that currently "all products refer the public to a national site"; that the intent is "keep viewers using a local web resource to learn about local services rather than visiting a national site and perhaps navigating away from the District as a community." Ms. Hadayia advised that the District will continue "to run the routine HIV testing ads, which are not branded by *GYT*."

Ms. Hadayia advised that the *GYT* campaign "has been expanded upon" in 2010; that it is not "just *Get Your Test (GYT)* but is now 'an encouragement campaign' towards communication and testing; therefore, GYT also is *Get Yourself Talking*." Ms. Hadayia presented the national *GYT* site, advising that "this will be how the local version will be modeled." Ms. Hadayia presented the new campaign advertisements for the Board's viewing, advising that the emphasis on the new campaign is "communication ~ *Get Your Test* and *Get Yourself Talking*." Ms. Hadayia stated that the three (3) print ads "will have to be tailored to the Health District, as it does not list the Health District's telephone number; that it all the ads will be submitted for the review and approval process." Ms. Hadayia presented the television advertisement, which was "run in 2009 and Staff

anticipates running it in 2010." Ms. Hadayia stated that the District has received less supplemental funding from the State and will less campaign funding; however, "Staff is excited about being able to retain the very recognizable GYT brand here in the community."

Ms. Hadayia advised that she has provided the Board members with a copy of the "Washoe County Health District Public Information Review and Approval Algorithms, which has been used since last December"; therefore, all of the social marketing products presented have or will be submitted for review utilizing those algorithms at all levels, including the District's Department Computer Application Specialist (DCAS) and County IT staff.

In response to Ms. Jung regarding "sharing this information with other agencies", Ms. Hadayia advised that Ms. Howell provides a presentation to the Northern Nevada Planning Council (NNPC); that Northern Nevada HOPES is a member of the NNPC. Ms. Hadayia advised that all reports are available on the District's website; that "one of the goals of the Subgrant is to provide this data 'back to the community'; that every six (6) months this report is provided in that presentation to NNPC." Ms. Hadayia advised that the primary providers ~ Planned Parenthood, Northern Nevada HOPES; ACCEPT; State Health Division, University of Nevada Reno, etc.; that all agencies "involved in this work very regularly attended NNPC." Ms. Hadayia advised that in addition to the Health District's complete report, she has copies of the *CDC Surveillance Report* and the *State Epi Profile*, should anyone request to review those.

In response to Dr. Khan regarding the "28% of the cases last year that were heterosexuals who had had sex with an HIV positive individual"; Ms. Hadayia advised that in the Health District's surveillance there are two (2) categories: 1) high-risk heterosexual contact; and 2) heterosexual contact with 'a known' HIV positive individual. Ms. Hadayia advised that the 28%, to which she referred "combines those two (2) categories." Ms. Hadayia stated that Staff concurs with Dr. Khan "that the rate seemed high; however, it has never been tracked before; therefore, it is not known if it has always been this large of a percentage." Ms. Hadayia advised that research and anecdotal knowledge of the community indicates "a trend in the past year for individuals to knowingly become infected for a variety of reasons"; that this new category will allow the District to monitor that trend locally. Ms. Hadayia advised that there is the perception "of HIV as a chronic illness now and not hard so hard to live with; that access to social services can become greatly improved when a person is HIV positive."

Ms. Ratti stated that the "increase among young people is startling"; that "targeting all groups of young people is nearly impossible"; that she would question if there are "sub-segments among the young person market being targeted."

In response to Ms. Ratti, Ms. Hadayia advised that Staff is "identifying testing opportunities in locations where young people among a certain risk factor may be known to congregate"; however, the "marketing is very general as all young people are at risk." Ms. Hadayia stated that during off-site testing in the community Staff attempts to "bring testing to those of higher risk among young people (i.e., those in detention system, homeless, etc.) in the same way Staff targets other known high-risk groups (i.e., African American, Hispanics, and men having sex with men). Ms. Hadayia advised that Planned Parenthood Mar Monte's *Street Smart Program* was selected as a subgrantee as it "also targets high-risk youth."

The Board thanked Ms. Hadayia for the update.

UPDATE – WASHOE COUNTY SCHOLARSHIP ENDOWMENT

Dr. Anderson advised that through the efforts of Dr. Robert Myles, a former member of the District Board of Health, there is an Endowment Scholarship established by the Board of Health at the University of Nevada Reno (UNR). Dr. Anderson stated that Dr. and Mrs. Myles provided the initial donation for the scholarship; that through the donations of other members and entities the Scholarship is now endowed. Dr. Anderson stated that "unfortunately the value of the endowment was affected by the financial downturn"; therefore, "there currently isn't as much as money available in the endowment to provide the amount of a scholarship as was originally hoped." Dr. Anderson stated that according to the report the market value was \$13,553; that the required amount for endowment was \$12,000. Dr. Anderson stated that the Board "will have to rely on the University to provide a suggestion as to whether or not a scholarship can be awarded in September 2010, which was the original date intended for awarding the first scholarship." Dr. Anderson stated that the goal was to have the recipient "would be someone attending a public health program in 2010 at the School of Health Sciences."

STAFF REPORTS AND PROGRAM UPDATES

A. Director – Epidemiology and Public Health Preparedness

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

B. Director – Community and Clinical Health Services

There was no Community and Clinical Health Services Report this month.

C. Director – Environmental Health Services

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

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.

Mr. Goodrich stated that, as the Board is aware, the Air Quality Management Division was relocated to the Ninth Street County complex and has been in the process of "getting settled in"; that he would invite the Board members to Air Quality's "open house" next month at the conclusion of the Board meeting.

E. Administrative Health Services Officer

There was no Administrative Health Services Officer Report this month.

F. District Health Officer

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

Dr. Anderson stated that February 17 – 20, 2010, she attended the American College of Preventive Medicine Annual Conference, in Washington DC.; that "one (1) of the more significant events during the meeting was "Advocacy Day." Dr. Anderson stated during this event there were scheduled meetings with the various Senators and Representatives "to educate them as to need(s)

for preventive medicine funding to train residents in preventive medicine and public health, as a result of the declining number of physicians who choose to go into these specialties." Dr. Anderson stated that "clinical residency funding for preventive medicine is not provided through Medicare or Medicaid dollars"; therefore, the goal was to obtain additional funding from Health Resources and Services Administration (HRSA) into the budget for preventive medicine residencies"; however, "the effort has not been very successful and she is discouraged to report that it is unlikely there will be any additional funding for preventive medicine residencies in the coming year."

BOARD COMMENT

Chairman Humphreys stated that the possible development of a District Board of Health Committee to review of ambulance services will be agendaized for next month.

Ms. Jung stated that a recent survey indicated the Reno and Sparks area "is the 6th most active city"; that she believes this is "in large credit due to the fine work of the District Board of Health." Ms. Jung questioned if the District Board of Health "provides advice to the Tax Commission"; and "if the Board could take a position on the taxing of consumer products as 'sin taxes' (i.e., sodas, etc).

Ms. Admirand advised that the District Board of Health does not provide advice; that the Tax Commission is a State agency; that advice received would be through the auspices of the Attorney General's Office. Ms. Admirand advised that "there is nothing to prevent the Board from taking a position and forwarding it on to the Tax Commission."

Ms. Jung stated that when the Tax Commission "is ready to consider this, she would request a Board item for consideration and action."

Ms. Jung requested an update on "the new electronic cigarette, which she observed last year in Nashville"; that she would question if the Health District is providing any public education in regard to these or can take any enforcement action."

Ms. Jung questioned if the Board of Health has requested Regional Planning to conduct a "health impact assessment for planning", similar to the assessment for "transit oriented districts and corridors" specific to those area in which people "walk and work." Ms. Jung this "is another way to

review the obesity epidemic and healthful living." Ms. Jung stated that she recently attended a session regarding this issue at the National Association of County Officials (NACO) Conference in Washington, DC. Ms. Jung stated that Humboldt County in California expended approximately \$60,000 to conduct such a study; that the Board of Health assisted in "guiding the planning of the region in which the healthfulness of the citizen and the opportunity to decrease vehicle miles traveled per day; that it is land based living environment rather than a development based environment." Ms. Jung stated that she would question if this is possible and if there are grants available for this type of assessment or if the District Board would request Regional Planning to assess this "as part of its Master Plan Development."

Chairman Humphreys stated that "these are good ideas and suggestions for the Board's consideration for future agendas as appropriate."

Dr. Khan stated that approximately three (3) years ago, she and Dr. Anderson conducted "a number of forums related to public health impact; that a couple of representatives from California spoke to this issue. Dr. Khan stated that it was presented to the Regional Planning Committee; that "they did what they could to raise awareness to engage the community in identifying some of these resources." Dr. Khan stated that "to her knowledge the State Health Division doesn't have any funding per se; however, there may potentially be some developmental funding available to the Cities or County that may be worthwhile pursuing." Dr. Khan stated the Health District and the District Board of Health have recognized that this is an issue, specifically within the Environmental Health and Air Quality Management Divisions. Dr. Khan stated that it is known "there is a huge value to this in the overall health of the community, including air quality issues and the impact to chronic diseases." Dr. Khan stated that she "is excited to hear someone else talking about it"; that she is willing to do what is possible "to further support these efforts; that she would be happy to be involved."

Dr. Anderson stated that, as Dr. Khan referenced, she and Dr. Khan presented "a poster at the Annual Conference of the American College of Preventive Medicine"; that she has a copy of that poster in her office. Dr. Anderson stated that the poster indicated "how three (3) different planned communities in the Reno/Sparks area did not take walkability, accessibility to grocery stores, children walking to school, etc. into consideration during development." Dr. Anderson stated that she can display the poster for the Board. Dr. Anderson stated that "the concept did not receive the support it deserved to get."

Ms. Jung stated that "she believes the Board of Health for Humboldt County conducted their own study through grant funding; that perhaps the Department's Staff knowledgeable in grants could review potential funding sources." Ms. Jung stated that should Staff determine there are no

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potential grants for this project, the District Board's elected officials could be directed to present the concept to the governing entities to advocate for funding. Ms. Jung stated that "this would be a good opportunity in which to do it, as there is not a great amount of development underway."

Ms. Ratti advised that the five (5) year time frame for the update to the Master Plan is this year for the Regional Governing Board; that this would "be a good time" to pursue this concept.

Ms. Hadayia advised that the recently awarded Action Communities for Health, Innovation, and EnVironmental ChangE (ACHIEVE) includes an assessment, "which may be similar to what the Board is discussing – assessing policy, system(s) and environmental readiness for improvements specific to chronic disease"; however, as Dr. Khan acknowledged could be adapted for use to achieve a healthier community. Ms. Hadayia advised that the process is identified as "the change tool assessment" for the purpose of assessing "the key sectors of the community – health care, schools, work sites, etc. on eight (8) different modules related to policy systems for environmental change, which includes access to fresh foods, walkability, bikeability, planning, investment, leadership, etc." Ms. Hadayia extended an invitation to any Board member who would be interested in participating. Ms. Hadayia advised that "conducting the change tool assessment is a component of the expectation in being selected as an ACHIEVE community"; that the "expectation of NACCHO is 'by September 2010'.

Ms. Jung stated that she is interested in participating.

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



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



JANET SMITH
RECORDER