

WASHOE COUNTY DISTRICT BOARD OF HEALTH  
STRATEGIC PLANNING RETREAT  
October 7, 2010

PRESENT: Denis Humphreys, OD, Chairman; Mr. Matt Smith, Vice Chairman; George Furman, MD; Councilman Dan Gustin (arrived at 9:40 am); Commissioner Kitty Jung; 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; Dr. Randall Todd, Director, Epidemiology and Public Health Preparedness; Mary-Ann Brown, Director, Community and Clinical Health Services; Kevin Dick, Director, Air Quality Management; Patsy Buxton, Fiscal Compliance Officer; Lori Cooke, Fiscal Compliance Officer; Stacey Akurosawa, Administrative Assistant II; Jeanne Rucker, Environmental Health Specialist Supervisor; Dave McNinch, Environmental Health Specialist Supervisor; Bev Bayan, WIC Program Manager; Tracie Douglas, Public Information Officer; Steve Fisher, Department Computer Application Specialist; Janet Smith, Recording Secretary and Leslie Admirand, Deputy District Attorney

At 9:05 am, Chairman Humphreys called the Washoe County District Board of Health Strategic Planning Retreat to order, followed by the Pledge of Allegiance led by Mr. Kevin Dick, Director, Air Quality Management.

ROLL CALL

Roll call was taken and a quorum noted.

PUBLIC COMMENT

No public comment was presented.

APPROVAL/DELETIONS – AGENDA – OCTOBER 7, 2010

Chairman Humphreys called for any amendments to the agenda for the October 7, 2010 Strategic Planning Retreat agenda.

**MOTION:** Mr. Smith moved, seconded by Dr. Khan, that the agenda for the District Board of Health Strategic Planning Retreat be approved as presented.  
Motion carried unanimously.

WELCOME – OPENING REMARKS – ANNUAL DBOH STRATEGIC PLANNING RETREAT

Chairman Humphreys

Advised the intent of the Strategic Planning Retreat is to allow everyone the opportunity to discuss “where we are as a District Health Department today and where the District needs to go in the months and years ahead.” He would commend Staff for the efforts in preparing the materials provided to the Board; that there are a number of important issues as the Board and the District “moves into the next year.”

Dr. Mary Anderson, District Health Officer

She, too, appreciates the efforts of Staff in preparing for the Retreat; that an important element of the overall discussion today may be her announced resignation and the initiation of the process for the new Health Officer.

As those present are aware, the County and the Health District remain in “times of economic pressure; that this is not likely to be relieved during the upcoming 2011 Legislative Session and will probably increase. It will be necessary to determine ways to adjust to those continuing economic challenges. She appreciates everything the Division Directors and program Staff have done to adjust to changes that have had to be made as a result of the loss of positions and the pressures of the economic environment.” She “looks forward to some good ideas from the Board members to assist the District in moving forward in a constructive way.”

DISCUSSION - REVIEW – WASHOE COUNTY HEALTH DISTRICT’S VISION AND MISSION

Dr. Anderson

Read the mission statement into the record: *“The Washoe County Health District protects and enhances the physical well being and quality of life for all citizens of Washoe County through providing health promotion, disease prevention, public health emergency preparedness, and*

*environmental services."* Read the vision statement into the record: *"We are leaders in a unified community committed to optimal human and environmental health."*

Advised that the Board and Staff have discussed both the mission and vision statements in detail and amended both during the past number of years. The most recent amendment was to include "health promotion; that Staff had addressed this through events such as the Obesity Forum and other efforts specific to chronic disease. She would recommend the Board reaffirm the existing mission and vision statements.

**MOTION: Dr. Khan moved, seconded by Dr. Furman, that the Health District's current mission and vision statements be reaffirmed as presented.  
Motion carried unanimously.**

REVIEW – DISCUSS – WCHD BOARD MEMBERS' STRATEGIC ISSUES – POSSIBLE DIRECTION TO STAFF

Chairman Humphreys

Advised there are a number of issues to be discussed by the Board members; that he would recommend that each Board member introduce his/her topics and present the comments for each item with comments from Staff as appropriate.

Dr. Furman

As the Board and Staff have been discussing during the previous two (2) Strategic Planning Retreats, it has been necessary to decreasing budgets and programs. "It is now appropriate to prepare for significant decreases in government funding; that it is necessary to plan to ensure programs achieve self-sufficiency within the next five (5) years." The District "needs to prepare for a reduction of government funding by approximately 50%." It will be necessary to investigate the possibility of implementing "fees-for-service" to achieve mandated program self-sufficiency; that other governmental entities are investigating the implementation of fees-for-service for sustainability.

Chairman Humphreys

The issues presented by Dr. Furman are "all financial issues due to the current economic conditions; that these issues should be addressed during the budget items in today's discussion."

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

Advised that Social Services and Adult Services are jointly investigating the possibility of billing Medicare and third party insurance for certain services; that there has been discussion regarding the Health Department participating in this process for reimbursement for services rendered. This process would coincide with Dr. Furman's comments specific to revenues through fees-for-service.

Ms. Patsy Buxton, Fiscal Compliance Officer

In response to Chairman Humphreys regarding the percentage of allowable reimbursement from Medicare, Ms. Buxton advised that Staff has the information at the office; that she can provide it to the Board.

Chairman Humphreys

Advised all services provided for Medicare and Medicaid reimbursement have "billing procedure codes; that the Board has previously discussed this possibility.

Ms. Brown

In response to Chairman Humphreys regarding "the reimbursement process being ready", Ms. Brown advised that there has been discussion regarding utilizing the services of a consultant to advise Staff as to how to "set-up the process to receive the maximum reimbursement benefit possible, reviewing how much it costs to bill for reimbursement and the amount being received.

Chairman Humphreys

Advised that he is aware the medical coding and billing process is "different from what the Health Department has usually done; however, it is a financial issue"; that it can be a complicated process requires an individual who is familiar with the procedure for medical coding and the billing process.

Dr. Anderson

As the Health District is not "a full scope practice the coding Staff would be utilizing would be limited, as the range of what is provided at the Health District is limited."

Ms. Eileen Coulombe, Administrative Health Services Officer

Advised Staff has reviewed the billing process for Medicare and Medicaid reimbursement; that there "is quite a bit of technical challenges in lining up the technologies in this process."

Ms. Lori Cooke, Fiscal Compliance Officer

The Health District does bill for Medicaid and Medicare; that there are changes due to the recent Health Care Reform Bill, which was approved; that Staff is attempting to determine "how to not have three (3) permutations for one (1) pharmaceutical. There isn't necessarily one code for billing for one type of service; that there are various codings for different providers; that if the proper coding isn't entered the request will be returned. Staff is attempting to resolve the contractual issues.

Ms. Coulombe

Staff will continue to "track this to provide more detail and will keep the Board apprised; that Medicaid and Medicare reimbursement is something the Board has previously discussed."

Chairman Humphreys

Requested Staff provide the Board with "some time frames of the process", as Medicare and Medicaid reimbursements could provide revenue dollars for these programs; that there may be a "substantial amount of dollars involved." That as Dr. Furman stated, "this may be an opportunity for funding.

Ms. Brown

In response to Ms. Ratti regarding Medicaid and Medicare billing, Ms. Brown advised that the Health District does bill for those Medicaid and Medicare clients. Social Services and Adult Services have a greater number of Medicare and Medicaid clients; therefore, those Departments have a larger billing volume than the Health District. The discussion has been regarding the possibility of utilizing Social and Adult Services for the billing of Health District clients.

Ms. Coulombe

Advised utilizing Social Services billing for Health District clients may require a contractual agreement.

Chairman Humphreys

"From a financial standpoint there here are a number of billing services available; that it is important to be aware of the cost-benefit of utilizing this type of service.

Dr. Khan

Advised while she concurs with "exploring the opportunities for Medicaid and Medicare reimbursement" it is important to be aware "that reimbursement is shifting and this is a big issue right now."

Ms. Jung

Questioned if an analysis has been performed specific to the effect the Health Care Reform Bill will have on public health or if the National Association of Local Boards of Health (NALBOH) has conducted such an analysis "to assist the District in 'charting its course'." She would recommend Staff work in conjunction with Mr. Kevin Schiller, the new Director of Social Services; regarding increasing funding and financial information; that he has developed methods for raising funds and "has had a lot of opportunity in keeping his department going."

In response to Ms. Jung

Dr. Furman advised that "a lot of information is contained in the 2008 NALBOH Report and in a Report from NACCHO (National Association of County and City Health Officials); that both Reports indicated a concern regarding "a significant decline in health care, including Maternal/Child health care by local health departments."

Dr. Anderson

The Health District is currently participating in NACCHO's annual survey "for the status of health departments and will provide the national view to which Dr. Furman referred regarding the effects

of the recent decrements in funding and personnel have been. This provides a valuable overview of how public health stands in the United States; that the Health District has been a partner in this event for the last several surveys. "When the results of the survey are available (probably at the end of this year or the first of next year), Staff will share the information with the Board demonstrating how the Health Department ranks with other health departments nationwide."

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

Advised the Washoe County Health District is limited by Statute regarding the fees that can be charged for service(s) and the recovery of costs for those service(s); however, that limitation does not pertain to the State Health Division, which can recover the full programmatic costs for services. The Southern Nevada Health District "interprets the Statute differently and is able to recover more of its current costs. He "doesn't know if during the upcoming Legislative Session if there would be the opportunity to pursue Legislative action which would allow the District to charge for more than just Staff and field time, as there is a lot more that occurs in the office [administratively], which costs the District money to provide. There may be the opportunity to recover more than third-party payer costs; that being recovering costs for services."

Mr. Bob Sack, Director, Environmental Health Services

Advised Staff is reviewing proposed Legislation in which the Health District could recover more of those costs to which Dr. Todd referred; however, the Health District cannot sponsor Legislation; that the Legislature has discussed this previously; however, there hasn't been the support. It is an issue of interpretation of the Statute and the District's legal counsel has required strict interpretation of the Statute in regard to the amount the District can charge for fees. He has discussed this issue with the Legislative Counsel Bureau (LCB) and was advised that Southern Nevada Health District is not adhering to Statute.

Mr. Smith

Questioned if this is a Legislative issue in which the Health District should request the Legislature amend the Statute to allow the Southern Nevada Health District's interpretation of fee collection to be in compliance thus allowing the Washoe County Health District to utilize that method for collecting fees.

Mr. Sack

The State has different authority for the fees it charges enabling it to recover fees for service; that the State is required to develop a fee schedule every two (2) years to support the mandates of the Legislature to the State Health Division; therefore, the State Health Division can "cover the costs of its Programs. The local health districts are limited to capturing fees for the actual costs of providing a particular service and not the costs associated with providing the Program."

In response to Dr. Khan

Regarding what "would be the process to pursue an amendment which would allow the District to recover the actual costs of providing the service", Mr. Sack advised that it would require governmental entity or a Legislator to sponsor the Legislation. Currently the Cities and the County are "severely limited on the number of Bills which can be introduced."

In response to Ms. Ratti

Regarding "if this is an issue Ms. Hadayia is working on or should be discussing with the Cities", Mr. Sack advised that Staff is "not working on this; that typically individual Staff members as representatives of the Board of Health, do not pursue legislation without direction."

Ms. Ratti

Requested a quick analysis from Staff regarding the percentage of potential revenue, which could be generated, should the Health District be allowed to recover Program costs, determining if such a Legislative amendment should be pursued. Stated she believes the 2011 State Legislature will be considering legislation "allowing local governments to increase their own revenues."

Dr. Khan

Stated a number of the services of the Health District are mandated; therefore, "it would make sense to investigate strategies that would allow the District to be solvent in providing those mandated services."



Ms. Ratti

Stated there may be services which have been mandated and (perhaps) should no longer be mandated as it is no longer a community priority; that the Health District "would not be successful in requesting money"; however, "offering suggestions of allowing the District to generate revenue may work."

Mr. Sack

Stated the State Legislative Session usually results in additional and new mandates for the health districts; that funding doesn't always occur "along with those mandates."

In response to Mr. Smith

Regarding the Health District "being legally able to recover the costs of providing mandated programs", Mr. Sack advised that the services are mandated and the District can charge fees for the service; however, the Health District is not allowed to recover the overall/full costs for the programs which provide mandated services." The Health District is mandated to inspect all food establishments annually and investigate foodborne illness outbreaks; however, the Health District and other governmental entities are only allowed to charge a food establishment the fee associated with the issuance of the Permit to Operate and the inspection associated with the issuance of the Permit. The current fees "are the highest the Health District is allowed to charge for food establishments."

Mr. Smith

He would support the Health District pursuing a legislative amendment to enable the Health District to recover the costs of providing the Program services. Collection of the costs associated with the service programs will assist in sustaining those programs and services.

Chairman Humphreys

Directed Staff to investigate what the potential revenues may be from providing those services as discussed and report back to the Board.

Ms. Jung

As she advised the Board, it is the intent of the Board of County Commissioners to "stop paying for leased property; therefore, she requested information as to the amount the Health District is paying for leased property. She would question "how the Health District parallels the County's percentage of operations in remaining lease space and does the Health District have a facilities lease analysis for the Health District."

In response to Ms. Jung

Ms. Coulombe

Advised there is an "older Facilities Master Plan for the Health District, which probably would need to be modernized"; that Staff works in conjunction with Ms. Wendy Pitts, Washoe County Facilities Manager regarding the Health District's "different spaces." The Board members have been provided with a memorandum delineating the information regarding the two (2) WIC clinic spaces and the information specific to the leased space for the Vector-Borne Disease Prevention Program. Air Quality Management has lease space which is utilized for storage of equipment; that the Health District building is a County facility and is not leased space. Regarding the various WIC Clinics, there is not enough space at the 9<sup>th</sup> and Wells Avenue location to accommodate the off-site WIC Clinic Staff and clients "unless the County identifies other space within the complex."

Ms. Jung

She stated "that it does not look like space is utilized well at all. She would ask if she can take this issue to the Board of County Commissioners for another analysis and a plan to bring those clinic and Vector locations back. If the [Health District] gets a percentage of the grant for the WIC lease space then it can return that."

In response to Ms. Jung

Dr. Anderson

Advised that "it is important to consider why the [Health District] has that lease space; that the Vector Program location includes space for equipment, storage of chemicals and items, which no one would want in the County complex because of the nature of items."

In response to Dr. Anderson

Ms. Jung

Stated an analysis may determine the County has other warehouse property the Health District may utilize; that she "does not like to see the County government paying for this space."

In response to Ms. Jung

Dr. Anderson

Stated this is something "which can be reviewed if there are comparable types of warehouse space that would protect the equipment and the people who have to work with the equipment and chemicals."

In response to Ms. Jung

Mr. Sack

Advised the County did investigate the possibility of relocating the Vector Program to the Water Resources location; however, "after a hard look at the possibility it was determined that it could not be done; that there may be something new available since that determination."

Ms. Coulombe

Advised Staff has noted her request; that several years ago there was a Board of County Commissioners Report regarding leased space; that Staff will review that information for updating the Board.

In response to Ms. Ratti

Regarding the space at the HAWC (Health Access Washoe County) Clinic, Ms. Bev Bayan, WIC Program Manager, advised that it is WIC Clinic space located within the HAWC Clinic; that WIC has an on-site clinic on Moana Lane, also. The Moana Lane Clinic is located in a highly populated low-income area in which access to the Ninth Street location may be difficult for the clients in that area.

Ms. Ratti

Stated each lease agreement should be reviewed in comparison to "the programmatic needs."

Ms. Coulombe

Stated Staff will do an analysis of "what this would look like if 100% of it was federally funded versus general fund dollars."

Chairman Humphreys

Stated there was reference to a study conducted several years ago; that he "is sure the landscape of space needs and space utilization it totally different today in comparison as to what it was a few years ago; therefore, it would be very appropriate to ensure the Health District is as cost-effective in space utilization as a few years ago."

Ms. Coulombe

Advised there was a space analysis conducted approximately three (3) years ago for Environmental the empty cubicles are due to Staff being out-in-the-field."

Dr. Khan

Stated, she understands the necessity of locating in areas of need (i.e., the WIC Clinics); however, a suggestion may be to review the fees associated with the lease space as lease prices are decreasing "with so many vacant buildings in the community."

Chairman Humphreys

Stated Mr. Gustin's item is the Materials Recovery Facilities (MRF); that he would request comments from Staff.

Mr. Sack

Stated he has not conferred with Mr. Gustin as to the specific issues to be discussed regarding MRFs; that currently there "are a couple of companies pursuing constructing a Materials Recovery Facility; that there may not be the capacity for two (2) facilities." The City of Reno and the County have had a number of meetings on this issue, "and the Health Department has been invited to only two (2) of the numerous meetings held."

Ms. Jeanne Rucker, Environmental Health Specialist Supervisor

Advised the Cities of Reno, Sparks, and Washoe County, have commissioned a study through the University of Nevada, Reno; that these are not public meetings the discussions have been through "an internal working group." She has been advised there have been discussions regarding "regionalizing the garbage franchise, as currently each entity has a separate franchise with Waste Management."

Ms. Ratti

Stated, "if Staff is not being invited to these meetings" she would suggest Staff request "someone come to the Board of Health to provide an update."

In response to Mr. Smith

Regarding "why the City isn't stating that there has to be someone there from the Health District", Ms. Ratti stated she has been advised that Staff from the Health District are invited."

Mr. Smith

Stated, "there is a problem" the internal working group "is doing something on their own without including the agency that will make decisions; that the Health District should demand to be there."

The Board discussed a formal letter requesting the Health District's participation in the process of reviewing the construction of a MRF in Washoe County.

Chairman Humphreys

Requested Mr. Sack contact the County and the Cities to determine "what they are discussing", and requesting the information "as to how they are doing it and what they are doing" regarding the concept of MRFs, and report back to the Board.

Dr. Khan

Stated it is necessary to "get beyond mandated and non-mandated services" and discuss the verification of "required and non-required services, questioning whether mandated services are necessary and required to achieve the mission of this Health District." She believes "there are programs, which are not mandated, but are critical and (probably) required"; acknowledging that to do so "may require action in a legislative session, revisions at the local level, or concern(s) of legal counsel." She is referring to "things which the Health District is unable to achieve because these are not mandated."

The Health District has developed a number of partnerships in various programs, which include "traditional and non-traditional partners"; that there "is a lot of effort" among agencies and groups "within the community with common interests. She would encourage the discussion of a strategy in which the Health District engages, integrates and collaborates with other agencies which may not be considered traditional partners.

Ms. Ratti

Stated, she supports the concept of required and non-required services and programs; that there should be an in-depth study comparing what is mandated and "what the community really needs." Stated, when a Program is mandated, "the minimal and maximum levels of what is required to be provided in that mandate should be reviewed."

Chairman Humphreys

Stated, he would concur with Ms. Ratti "required and non-required addresses the public health needs, while mandated and non-mandated address legislative demands and requirements." Stated, "legislative demands require a Level 1 or a Level 10 participation by Staff; that this needs to be reviewed very closely, as the public health needs have changed."

Dr. Anderson

Stated, "a lack of mandate does not equal a lack of need; that [public health agencies] are noting emerging needs, which are not met through current approaches. It will be necessary to have discussions regarding how to address these emerging needs, such as chronic diseases."

Mr. Smith

Stated, he concurs with the statements of the other Board members; that he is concerned some programs currently function more efficiently than others; that "in regard to the General Fund, there is a lot of money going into some [programs] and very little into others." Stated, he would concur mandated programs may no longer require a full commitment by Staff.

Ms. Ratti

Stated, there is the concern of a reduced level of staffing continuing to provide the same service levels as were previously available, as this is not sustainable. Stated, "understanding that, it is still the obligation to provide acceptable customer service", acknowledging that with a reduction of funding and staffing "customer service levels also drop." Stated, for the Health District, "customers are the Divisions; other County Departments; the Cities and other jurisdictions; and the public requesting services."

Ms. Jung

Stated, she is a member of the Job Creation Task Force, which is reviewing and discussing "ways in which to grow the economy, while retaining and sustaining the existing work force." Stated, also being discussed is addressing streamlining the governmental processes allowing for the community "to attract businesses." Stated, the approval processes of the Health District should be reviewed to ensure business applications are not delayed, while providing information as to how Staff "can be provided with the better resources to serve that population."

Dr. Furman

Stated, a concern nationally and locally is the 'aging public health workforce', who are retiring "and taking with them a wealth of knowledge; that the concern for the remaining Staff is burn-out" due to reductions in staffing and resources.

Mr. Smith

Stated, he concurs with Ms. Jung that it is necessary for the approval process "to be more user friendly; that by doing so word will get out and more people/businesses will start coming here."

Ms. Ratti

Stated, while it is important to streamline the process to encourage business to come to the area, it is necessary to not lessen the compliance standards to the various regulatory requirements to achieve that. Stated, in requesting more from fewer Staff members, it is necessary to "consider the morale levels of Staff."

In response to Ms. Ratti

Mr. Sack

Stated, the EHS Division has "been working with reduced Staff and resources for the past four (4) years; and have not reduced service levels"; however, "it is beginning to show with Staff having stress-related health issues." Stated, the levels of service, which can be provided, are being reviewed; that supervisory personnel are currently "performing field work to ensure the Division can manage programs at a sustainable level; that the workload is at the highest level it has been in the four (4) years with the highest vacancy rate in four (4) years." Stated, "reduced salaries, less Staff being asked to do more, has resulted in a lot of stress."

In response to Mr. Sack

Ms. Jung

Stated, the increased stress and correlating stress-related issues are County-wide; that it is necessary for the County to be aware when reduced staffing levels are counter-productive to efforts to encourage business growth in the community.

Stated, "for the record, unfortunately there is an anti-public employee fervor occurring; that a career in public service is one of the most noble careers one can have; that the majority of employees [in public service] started their careers at a much lower salary believing there would be longevity, a retirement and health care." Stated, "it was the financial industry and not the public service employees who got the Country into the current financial mess it is in."



Chairman Humphreys

Stated, "the Board has been discussing sustainability from a fiscal standpoint; however, it is necessary to discuss sustainability from a human resources standpoint as well, to ensure proper service levels to meet the needs of the public."

Stated, the Board has discussed "the programs currently in place, mandated versus non-mandated and the level to which those should be provided, what the level is and what level could those programs be provided."

Stated, "the Health District has operated with the same structure for many, many years"; that due to the financial crisis there are new requests for needs in programs, and there have been changes in staffing levels. Stated, "it is time to review the structure of the Health District Department – what it is and what is it going to be in the future; that it will be a real challenge for the Board and Staff to get to what the Health District needs to be. The Health District will not have the resources or staffing levels to be what it has been for years and years."

Stated, it is necessary to determine if the clinics are operating as efficiently as possible, "not just from a financial and staffing standpoint, but also from a community standpoint. Stated, the Immunization Clinic (IZ) is open three (3) days a week by appointment.

In response to Chairman Humphreys

Ms. Brown

Stated, the IZ Clinic is open Mondays, Wednesdays, and Fridays; that an appointment line was implemented providing a time certain for the public to obtain immunizations. Stated, customer surveys have been "very satisfied" regarding having an appointment time to receive immunizations; however, Staff does accept walk-ins if there is time available.

Dr. Khan

Stated, her concern regarding the customer survey, is it "surveys those who have access to come to the Health District and receive their immunizations; and does not survey those who do not have access to the Health District." Stated, there may be value in "making an appointment"; however, it

is then necessary to make an appointment on the days when the parent is available; that she is concerned there is a "broader need in the community, which isn't being served."

In response to Dr. Khan

Ms. Brown

Stated, has been conducting back-to-school immunizations; that the survey included questions specific to "from what area the customer came", which will be used to create a plan to ensure those areas are provided for in the administration of immunizations. Stated, the Health District is a partner with the Northern Nevada Immunization Coalition (NNIC), which promotes community outreach. Stated, a grant in the Immunization Program is not for the purchase of vaccine; that it is to review sustainability of immunization rates.

Chairman Humphreys

Stated, his concern is with the economic crises, there will be an increased demand for the services of the Health District; that his concern is the current structure being able to take care of the needs of the public now and in the future.

Ms. Brown

Stated, recently there has been a decrease in requests for immunizations; that it is the consensus of Staff this is due, in part, to fewer children enrolled in day care, which requires proof of immunization.

Chairman Humphreys

Stated, he "remains concerned regarding the public having difficulty in making appointments when the telephone line is busy; that this remains a "roadblock to efficiently serving the public."

Ms. Ratti

Stated, that efficiencies can be achieved in each Division within each Program; that CCHS has made tremendous efforts to achieve efficiencies in the various programs.

The Board and Staff discussed the statewide effort to collaborate with the school district for the improvement of the statewide immunization rates.

Dr. Anderson

Stated, "the problems occurring in Washoe County and other local health district flow-down from the State reductions; and funding taken from the Nevada health systems will result in additional burdens to the Health District because of losses in other sectors of the health care environment."

In response to Mr. Smith

Regarding the Immunization Clinic being "open Monday through Friday, from 8 – 5, Ms. Brown stated to provide immunizations five (5) days per week would require a reassignment of Staff; that there are grant restrictions, which prohibit some Staff from providing "direct services." Advised, the Immunization Clinic is "a safety net to assist in increasing immunization rates throughout the community by providing immunizations for children who do not have a primary care provider."

Dr. Khan

Stated, she has reviewed "both options; that while offering immunizations five (5) days a week at the Clinic may not necessarily be the best options, perhaps utilizing the effectiveness of the mass dispensing (i.e., the PODS for seasonal flu, H1N1) either at the schools or at a convenient location would be appropriate." Stated, this "could get the students immunized in a convenient and timely method while being an effective way to maximize the Health District resources."

Discussion – District Health Officer Recruitment

Chairman Humphreys

Stated, with the submission of Dr. Anderson's notification of retirement, he has conferred with Washoe County Human Resources requesting assistance in initiating the recruitment of a new District Health Officer. Stated, the District Health Officer is the employee of the District Board of Health; therefore, the choice of the Health Officer will be that of the Board; however, Washoe County HR has assisted in previous recruitments.

Stated, the DBOH Personnel and Administration Committee, comprised of himself, Dr. Furman and Ms. Ratti, will be meeting within the next two (2) weeks to develop a guideline and a timeline for the recruitment process. Advised, at the Board's October meeting the P/A Committee will provide an update to the Board.

Ms. Jung

Stated, she would recommend the P/A Committee present a process regarding the appointment of an Interim Health Officer; that the Board not pay traveling expenses for the applicants to travel to Reno for the interviews.

Ms. Ratti

Stated, with the "dramatic changes that are occurring so rapidly due to the economic status she would have concerns regarding a lengthy period of time with an Interim Health Officer"; that she would support initiating the recruitment process as soon as possible.

In response to Mr. Gustin

Regarding the discussions specific to Materials Resource Facilities (MRF), Chairman Humphreys stated Staff has received the Board's direction regarding contacting the Cities and Washoe County ensuring Health District Staff is "involved in the participation of discussions specific to MRFs."

Ms. Coulombe

Briefly reviewed the items discussed by the Board, and the direction provided to Staff.

**MOTION: Ms. Ratti moved, seconded by Dr. Khan, that Staff provide status reports to the Board on the issues discussed, as appropriate.  
Motion carried unanimously.**

The Board recessed at 11:05am and reconvened at 11:15am.

PRESENTATION – DISCUSSION – WASHOE COUNTY HEALTH DISTRICT STAFF –  
STRATEGIC ISSUES – POSSIBLE DIRECTION TO STAFF

Administrative Health Services

Ms. Eileen Coulombe, Administrative Health Services Officer

Reviewed the following strategic issues for the Administrative Health Services (AHS) Division in detail:

- Align Operational and Financial Performance and Integrate into the Fiscal Year 2012 Budget Process

Advised, Administrative Health Services “is the business office operation of the Health District.” Advised Administrative Health Services is responsible for “demonstration of compliance with legal restrictions for the use of resources – fiscal accountability.”

- Recruit, Retain and Develop a Competent, Diverse Public Health Workforce

Advised, as discussed and documented nationally, the “aging public health work force and retirements, turnover rate(s); inability to fill vacancies [due to budgetary restrictions], all have an adverse affect on the District’s ability to carry out the public health mission.” Stated, it will be necessary to identify “what the future needs are in conjunction with the current workforce to achieve the District’s strategic objectives.”

- Serve the Public through Enhanced Use of Technology by Optimizing the Website for Citizen Access and Creating On-Line Business Transactions

Advised, she will be providing the Board with periodic updates regarding the technology improvements being achieved within the Department “in streamlining processes.”

In response to Ms. Jung

Regarding the recruitment of the Emergency Medical Services Coordinator, Ms. Coulombe provided an update on the recruitment process.

In response to Ms. Ratti

Regarding the recruitment process, Ms. Coulombe advised the District adheres to the County Code and coordinates recruitments through Washoe County Human Resources. Ms. Coulombe and Ms. Akurosawa briefly reviewed the position recruitment process.

The Board briefly discussed the issues associated with social marketing medias.

Air Quality Management

Mr. Kevin Dick, Director, Air Quality Management

Reviewed the following strategic issues for the Air Quality Management (AQM) Division in detail:

- Address Revisions to the Ambient Air Quality Standards

Advised, approximately every five (5) years US Environmental Protection Agency (EPA) reviews the National Ambient Air Quality Standards (NAAQS) for possible revisions for hazardous pollutants considered harmful to the health of individuals. Advised, Staff anticipates new standards for various pollutants including Ozone, PM<sub>10</sub> and PM<sub>2.5</sub>; and Carbon Monoxide (CO). Stated, it is the mandate of the EPA that the health districts/air quality districts comply with these standards, or to develop implementation plans delineating how compliance will be achieved. Stated, "there can be implications to the economic development of an area when a district is not in compliance and businesses are considering locating/relocating in an area" designated as being in non-attainment. Advised EPA rulings will impact the District, as the Air Quality Management Division is "delegated with the permitting, inspections, and enforcement of the EPA air programs."

- Discuss EPA Regulation of Greenhouse Gas Emissions

Stated, due to the effects of climate change and other factors, EPA has issued the Tailoring Rule, limiting the number of facilities which will be required to obtain New Source Review and Title V operating permits based on the amount of green house emissions. Advised, these will be larger sources, including power plants, refineries, and other large industrial plants. Stated, currently there aren't any industry sources within Washoe County that would require permitting for greenhouse gas emissions. Stated, the largest emitter of greenhouse gases, which the Health District would regulate, is the University of Nevada Reno, which currently remains "well below the thresholds, and should remain so through 2016." Stated, he has provided the Board members with a briefing and a Fact Sheet regarding the tailoring rule.

In response to Mr. Smith

Regarding Ozone, Mr. Dick advised ozone is the result "of a reactive molecule composed of three (3) oxygen atoms; that the presence of the third atom results in a photochemical reaction in the atmosphere fueled by sunlight. The Ozone results from reactions of VOC (Volatile Organic Compounds) from exhaust from vehicle sources; and NOx (Nitrogen Oxide) from combustion sources; that the mix in the atmosphere results in Ozone." Stated, the prevention of Ozone is through smog checks on vehicles and regulating sources of VOCs.

The Board and Staff briefly discussed funding for the AQM Division; the impact of increased road and highway traffic due to the proposed industrial park; and regulations regarding diesel idling.

In response to Dr. Furman

Regarding highway funding and non-attainment status, Mr. Dick stated, highway funding can be reduced or withheld from those areas designated as non-attainment and not responding appropriately to come into compliance.

Community and Clinical Health Services

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

Reviewed the following strategic issues for the Community and Clinical Health Services (CCHS) Division in detail:

- Respond to Critical Public Health Needs Created by a Lack of Prevention Activities and Decreases in Available Clinical Services by Expanding or Enhancing Services with Available Resources

Reviewed the issues, which Staff considers to be critical public health needs, which are the result of a "lack of prevention activities and the decrease of available clinical services due to lack of funding." Stated, the continued reduction of federal, state and local funding will increase these needs for the public and will prevent the ability to expand or enhance resources, which are currently available. Stated, the concern is Staff anticipates a continued decreasing of funding for these programs for a minimum of five (5) years while the demand for critical public health services will continue to increase. Stated, "each day Staff has the challenge of providing services with less available resources."

- Assure Essential Family Planning Services for Washoe County are Maintained through the Submission of an Application for the Next Competitive Five-Year Title X Family Planning Grant

Reviewed the Family Planning Program, advising, as the Board is aware, the operating budget for the District's Family Planning Program has been reduced, and the Program reorganized for more efficiencies. Advised, the Health District's Family Planning Program "is the only family planning program within Washoe County that does not refuse services for inability to pay.

Stated, clients of the Nevada Health Center (NHC) Clinics in Gerlach and Incline were notified on Monday that these Clinics will be closing at the end of October; that the clients receiving family planning services at the Incline Clinic will no longer be receiving those services at that location.

Stated, there will be discussions among Staff, representatives of the County, and the communities regarding the loss of these services to the residents of Gerlach and Incline.

Ms. Coulombe

Stated, there has been some concern that with the closure of the NHC Clinic in Incline WIC Clinic services would no longer be available to the clients in Incline. Stated, Staff will be participating in the discussion process of the Clinic closures; however, Staff is "very committed to ensuring the continuation of WIC Clinic services for the residents of Incline."

Advised, Staff has discussed the Title X Family Planning Grant with community and partnering agencies. Stated, the Health District will submit an application for the next competitive five (4) year Title X Family Planning Grant cycle.

In response to Mr. Smith

Regarding the HAWC (Health Access Washoe County) Clinic or a similar organization assuming the Family Planning Program, Ms. Brown advised the Health District has provided the Family Planning Program for approximately forty (40) years; and Program Staff are "very familiar with the requirements of the Grant." Stated, due to the complexity of managing the Title X Family Planning Grant, and the current economic conditions requiring most agencies to reduce services, the timing is not conducive to other agencies assuming the Title X Grant. Stated, the Health District Staff have developed and managed the Family Planning Grant Program for a lengthy period of time, and



are aware of how it functions; that another agency assuming the grant would have to develop and implement an entire new program.

The Board briefly reviewed issues of grant funding, including "all grants have specific requirements which have to be met", including Staff time, administrative functions, personnel and payroll functions, etc."

- Maintain Public Health Home Visiting Services to Assure a Safety Net for High Risk Families, Working Actively with Community Stakeholders to Enhance the Program Based on the Results of a Comprehensive Needs Assessment and Available Funding

Advised, as the Board is aware, the resources for the Public Health Home Visiting Services Program have greatly been reduced; that this Program provides a safety net for families who are considered high risk. As the Board has been advised the Home Visiting Services Program provides greatly reduces the incidence of child abuse and neglect through the provision of educational guidance for high risk families. Due to the importance of this Program to the community, Staff is actively working with community stakeholders to enhance the Program based on the results of a recent Comprehensive Needs Assessment and the available resources.

The Board recessed at 12:45pm and reconvened at 1:20pm.

#### Environmental Health Services

##### Mr. Bob Sack, Director, Environmental Health Services

Reviewed the following strategic issues for the Environmental Health Services Division (EHS) in detail:

- Reconcile Service Levels with Existing Staff Levels

Stated, attempting to provide existing service levels with existing staffing levels is not sustainable on a long-term basis. Stated, there are a number of issues, including the new Federal Food Safety Act; recycling issues; the possibility of the State Health Division "pushing down regulatory enforcement requirements to the District to save the State money", which will further impact Staff's ability to provide services.

- Respond to Emergencies and Emerging Public Health Threats

Stated, in addition to service levels and enforcement requirements, "more and more of EHS issues will be determined by risk-assessment, which are science-based as to the threat to public health." Stated, these requirements "will require more Staff time; more training as it will be more technically involved in determining the risk assessment." Stated, Staff is involved in "more litigation issues than ever before; that the Health District isn't the agency being sued"; however, as the majority of the lawsuits pertain to foodborne or communicable disease outbreaks, Staff is subpoenaed to provide testimony; and/or provide documentation, "some of which are exhaustive."

In response to Dr. Khan

Regarding being able to charge a fee for the request for copies of records, Mr. Sack advised, "Staff cannot charge a fee for a 'reasonable records request'; however, Staff can charge a 'reasonable fee' for those requests, which will require hours of Staff's time to process (i.e., a year of records data). Stated, for the larger requests, Staff can charge; however, it impacts Staff time in the everyday operations; that previously Staff would receive "perhaps one such request per year; that Staff now receives approximately one (1) per month."

Ms. Leslie Admirand, Deputy District Attorney

Stated, the Law stipulates, "if there is an extraordinary amount of Staff time required the actual costs can be charged back to whomever requested the records; that there isn't a clear definition; therefore, the determination is on a case-by-case basis."

Stated, "prevention of outbreaks is a #1 priority"; that while it is known outbreaks will occur; and Staff is prepared to respond, the severity and necessary response to an outbreak cannot be planned. Stated, response to emergencies and emerging health threats (i.e., and outbreak), does greatly impact Staff time and the ability to complete day-to-day duties; that Staff's response to emergencies and emerging health threats does "cross Divisions and becomes a multi-divisional response, including Environmental Health Services; Epidemiology and Public Health Preparedness; and can include Community and Clinical Health Services."

Stated, the EHS Division "has a number of existing vacancies; that there is authorization to fill those vacancies; however, there has not been the opportunity to do so; that the reduced Staff places more pressure on existing Staff." Stated, "Staff will not be able to maintain current service levels with the existing Staff."

Ms. Jung was excused at 1:45pm.

Mr. Sack

Stated, nuisance complaints have been and continue to dramatically increase; that there is the constant question of "whether an issue is a public health issue, a nuisance, or both." Stated, an example of the "growing problems with bed bugs; that bed bugs are a nuisance; however, there is no evidence bed bugs transmit any disease." Stated, Staff responds to bed bug complaints at permitted facilities (i.e., hotels, motels); that "those issues with the *icky* factor (i.e., mold, beg bugs), and doesn't seem to fit anywhere else, but people want them address, seem to be directed to the Health District (i.e., Environmental Health Services)." Stated, "these issues are not a big public health issues; however, there is a need to respond; that again, these issues take a lot of Staff time." Stated, although, "the Health District does not regulate these issues, Staff's time is expended in an advisory capacity, as there is the public expectation."

The Board and Staff briefly discussed permitting fees, and the increasing number of food establishments and temporary food permits at special events. The Board briefly discussed reductions in the funding of vector control and the effect to vector control prevention.

- Strategize on 2011 Legislative Session Impacts on Environmental Health Mandates and Services

Stated, there was discussion regarding the current mandates and fulfilling those mandates; however, the Legislature has implemented those mandates, and regardless of the relevance of the mandate, the Health District is legally required to comply. Stated, as discussed, the impacts of the 2011 Legislative Session to the Environmental Health Services Division and Programs is not known; however, there have been discussions regarding transferring mandated services, currently performed by the State to the local health districts.

Epidemiology and Public Health Preparedness

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

Reviewed the following strategic issues for the Epidemiology and Public Health Preparedness (EPHP) Division in detail:

- Respond to an Increasing Number of Communicable Disease Outbreak Investigations

Stated, not only is Staff responding to an ever increasing number of communicable disease outbreaks, the complexity of the communicable disease outbreaks is increasing. Stated, in 2005, Staff responded to and investigated eight (8) outbreaks; that in 2009, Staff responded to and investigated forty; that the improved surveillance capabilities may have contributed to the documented increase. Stated, there has been an increase in "nationwide outbreaks, which impacts Staff capabilities in responding to these incidents, as the response and investigation is very labor intensive."

Stated, recently Staff responded to simultaneous outbreaks of salmonella and Giardiasis outbreak. Dr. Todd briefly reviewed the investigative process for responding to and investigating outbreaks.

- Mitigate the Effects of Emerging and Re-emerging Infectious Diseases

Stated, Staff recently was involved in the investigation of a suspected case of a rare drug-resistant infection at an area hospital; that Staff worked in conjunction with the State Epidemiology Division in this investigation. Stated had the suspect infection been positive, the investigation would have involved the Centers for Disease Control (CDC) and Prevention. Advised, as the Board is aware, there have been outbreaks of infectious diseases, which have involved the CDC to assist in the investigation.

Dr. Todd reviewed the process for addressing the effects of emerging and re-emerging diseases, advising the concern is how to mitigate these diseases and infections when a number of these are becoming more and more drug-resistant.

- Address Mass Illness Response – Facilities and Staffing

Stated, as the Board is aware, Staff has been practicing the ability to respond to a mass illness outbreak to determine the proper availability of facilities and staffing through the annual Rotary Flu Day Points of Dispensing (PODs) exercises. Stated, Health District Staff, Medical Reserve Corps volunteers; and Community Emergency Response Team (CERT) volunteers have been utilized to prepare for and conduct the POD exercises. Stated, a mass illness response is the ability to respond and establish a mass dispensing site of medications; or the ability to isolate or quarantine a large number of people.

Stated, being a tourist destination there is more concern regarding staffing a response to a mass illness outbreak or disaster than there is concern regarding available facilities. Stated, this concern

"stresses the need to develop the Medical Reserve Corp, not just recruiting individuals, but also getting them trained, and keep them invested in the process."

Advised, the Emergency System for the Advanced Registration of Volunteer Health Professionals is the national data base of volunteers, which would allow Staff to access other registered volunteers from other areas should a need ever arise. Stated, Staff has designated twenty (20) locations for mass dispensing site; however, at today's current level it would not be able to staff twenty (20) locations.

District Health Officer

Dr. Mary Anderson, District Health Officer

Reviewed the following strategic issues for the District Health Officer in detail:

Presented the national public logo, and the motto of "Prevent, Promote, and Protect"; therefore, these are the framework of her strategic issues.

- Prevent Chronic Disease through Support of Programs and Policies

Stated, as the Board and Staff members are aware, chronic diseases have a tremendous impact on the health of the American population. Dr. Anderson briefly reviewed the effects of various chronic diseases and the preventable causes of a majority of chronic diseases; and the ways in which public health can participate in ways of preventing chronic diseases. Advised, the recently approved "small ACHIEVE grant addresses some chronic disease issues." Stated, too often chronic disease issues are ignored as the "immediate threat cannot be seen"; however, "everything done in public health will be affected by chronic diseases (i.e., obesity has been identified as an epidemic." Stated, "as Dr. Khan indicated, 'just because an issue is not mandated does not mean it shouldn't to be addressed or required'."

- Promote High Performance and Continuous Quality Improvement through Accreditation

Stated, the Board has discussed the feasibility of accreditation for the Health District; that the Public Health Accreditation Board Beta recently completed testing thirty (30) health districts, including Carson City's Health District. Stated, she will invite Ms. Marena Works, Director, Carson City Health District to provide a presentation regarding the information gleaned from being a Beta test site. Stated, the formal accreditation process will be implemented in 2011. Stated, the State Health Division has agreed to utilize funding for accreditation having all health districts working

simultaneously rather than sequentially to achieve accreditation. Stated, she would anticipate "although accreditation is currently voluntary it will become a requirement when applying for grants and other funding."

- Protect the Public's Health through Providing an Optimal Mix of Essential Services

Stated, Dr. Todd and Ms. Brown will present information specific to the ten (10) core essential public health services. Stated, the Board and Staff have discussed the issues of: 1) what does the population require; 2) what does the Board support; and 3) what does the budget allow.

#### DISCUSSION – POSSIBLE DIRECTION TO STAFF – OUTCOMES & PERFORMANCE MEASUREMENT

##### A. Update on the Status of the "Dashboard" Measures for Performance Review Being Reviewed by Washoe County

The Board and Staff briefly reviewed the Health District "dashboard" measures for performance review of the status and quality of programs as directed by the County.

**MOTION: Mr. Smith moved, seconded by Ms. Ratti, Staff continue with the efforts of the "dashboard" performance measures as discussed.**

##### B. Division Directors' Reports on Program Outcomes and Operational Performance for Each Division

Division Directors individually presented the updates on divisional program outcomes and operational performance measures within each Division.

**MOTION: Mr. Gustin moved, seconded by Ms. Ratti, that the Division Directors' Reports on program outcomes and operational performance measures be accepted, as presented.  
Motion carried unanimously.**

#### Ms. Ratti

Stated, acknowledging each Division Director has multiple varied programs, it would be of assistance to her, as a Board member, if all of the Division Directors utilized the same format for the outcome and performance measures, it would allow for a comparison of similar issues.

In response to Ms. Ratti

Dr. Anderson stated, "reconciling everyone report into the same format may present a challenge; however, it may be possible to utilize common denominators to provide the data may achieve a consistency."

The Board and Staff discussed achieving a similar format for the divisional outcome and performance measures documentation.

Dr. Anderson

Stated, in previous years, as a method of promoting the Health District to the community, an Annual Report was presented providing status reports for each Division and the District. Stated, due to the costs associated with the amount of Staff time to prepare, the costs for printing and distribution the Annual Reports have been discontinued. Stated, "taking all of the information presented and providing it to the community in a meaningful method is an issue that can be discussed by the Board in the future."

DISCUSSION – "WHAT IS PUBLIC HEALTH?"

A. Current Programs in Each Division and How Those Programs Fulfill the Definition of Public Health

Chairman Humphreys

Stated, it is important for the Board members and Staff to consider the definition of public health; reviewing the divisional programs; and determining how those programs fulfill the public health definition. Stated, the Board and Staff discussed mandated versus no-mandated and "required versus non-required." Stated the issue is "what are the public health issues that are present in the community; and how is the District Health Department going to address those issues."

Dr. Anderson

Stated, a function of public health is to prolong life through educational outreach regarding how that prolonged life can be improved through healthier choices; a reduction of risk behaviors; elimination

of chronic (preventable diseases); and the elimination of disparities and obstacles to achieve those. Stated, what Staff and the Board are "attempting to accomplish is listed in each bullet point on the agenda; that the Institute of Medicine Report defines public health as "We as a society collectively assure the conditions for people to be healthy."

Advised the core functions of public health are: assessment; assurance; and policy development; that the core functions of public health "bridge to the ten (10) essential public health services."

Ms. Brown

Stated, the National Association of County and City Health Officials (NACCHO) report on public health department nationwide "notes a lot of diversity on what health departments provide." Reviewed what the determining factors of the core functions of a public health district are, including the specific health needs of the community; the professional expertise within each individual health department; the political environment as to the perception and expectations of what public health should provide; and budgetary resources. Stated, according to the NACCHO report, the Health District's programs "are 50-90 percent within the general definition of a public health department; and all fit into the ten (10) essentials of public health."

B. What Should the Washoe County Health District Do to Improve Public Health?" with Possible Direction to Staff

Dr. Todd

Reviewed "public health and its appropriate functions; and the fundamental level of public health services", advising the concept of public health services being "those health services which the individual couldn't necessarily provide by themselves (i.e., regulating septic systems, immunizations)." Stated, fundamental public health services have expanded to include "clean drinking water; and clean water for recreation; improved air quality and prevention of polluting the air; prevention of foodborne illness and disease outbreaks; prevention of chronic diseases; treatment of Tuberculosis and sexually transmitted diseases; vector-borne disease prevention, public health preparedness, etc."

Stated, other aspects of public health, such as the dangers of smoking and of exposure to second-hand smoke; obesity prevention high-risk behaviors, etc. the issue isn't necessarily one of intervention, but one of "does public health have the responsibility to educate the public as to the dangers of such activities?"



Stated, as the Board is aware, public health accreditation is an emerging issue, which will affect the perception and provision of public health services to the community.

Ms. Brown

Stated, as discussed, the focus of the provision of public health services has changed; that community agencies have determined public health departments cannot provide all of the necessary services in the community without collaboration and partnerships. Stated, public health departments should provide a safety-net for those who either do not have access to care or cannot afford the care. Stated, the Health District currently collaborates or partners with numerous other agencies to ensure services are available to those who need them.

Advised, with continued budgetary reductions public health departments will have to “adopt more rigorous methods of quality improvement in the operating, which will be more data-driven.”

Dr. Todd

Stated, assurance is a core function of public health; however, public health assurance “can be through providing or by networking.”

**MOTION: Mr. Gustin moved, seconded by Mr. Smith, that Staff be directed to continue with the processes as discussed.  
Motion carried unanimously.**

CLOSING COMMENTS – STRATEGIC RETREAT – BOARD MEMBERS – STAFF

In response to Ms. Ratti

Regarding a “Health District Strategic Plan” document, Dr. Anderson advised the Health District does not have a written strategic plan; that the annual budget document presents the “year-to-year overview of the Health District activities.”

Dr. Anderson

Stated, the color-coded document presented "could be refined to provide the basis for a strategic document; reviewing "where the Health District's efforts are focused; and what programs does the District have that match within those noted areas." Stated, "this information has to be incorporated with the programmatic efforts and formulate a strategic plan in a coherent document for a guide for proceeding. This information could possibly be utilized in the accreditation process."

Ms. Ratti

Requested, a presentation by the Carson City Health Department regarding the Beta test site accreditation process recently completed.

Chairman Humphreys

Stated, he would commend Staff for the excellent job in preparing for and presenting the information for the District Board of Health Strategic Planning Session; that the Board is aware "it takes an extreme amount of effort." Stated, he would "thank the Board members for attending the lengthy meeting; that the discussion of the various challenges facing the Health District will drive the changes discussed. All would agree the Health Department of today is not the Health Department of ten (10) or even five (5) years ago, as all of the Health District Programs are budget driven."

DISCUSSION – PROCESS – APPRAISAL FORM – DISTRICT HEALTH OFFICER'S ANNUAL REVIEW – DIRECTION TO STAFF

Chairman Humphreys

Stated, previously the District Health Officer's appraisal process has been conducted through a questionnaire forwarded to the Board members, the Division Directors, a peer group; and community partners. Stated, the forms were then reviewed and processed by Washoe County Human Resources. Stated, with the announcement of Dr. Anderson's retirement there is not "a need for this type of review, as reviews are to address future performance; however, he would recommend "some type of review; that he would recommend a very abbreviated review." Advised, he will confer with Ms. Katey Fox, Director, Washoe County Human Services, regarding a possible process.

Dr. Furman

Stated, he would agree with Chairman Humphreys.

Ms. Ratti

Stated, with Dr. Anderson's retirement and considering the time involved, she does not believe an annual review is necessary.

BOARD COMMENT

The Board members had no comments.

There being no further business to come before the Board, the meeting was adjourned at 3:55pm.

*Mary A Anderson by JBS*  
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MARY A. ANDERSON, MD, MPH, FACPM  
DISTRICT HEALTH OFFICER/SECRETARY

*Janet Smith*  
\_\_\_\_\_  
JANET SMITH  
RECORDER