

WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING
November 18, 2010

PRESENT: Denis Humphreys, OD, Chairman; Mr. Matt Smith, Vice Chairman; George Furman, MD; Councilman Dan Gustin; 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; Margot Jordan, Infection Control/Quality Management Coordinator; Mike Osborn, Air Quality Specialist; Lee Salgado, Public Health Intern; Jeff Whitesides, Public Health Program Manager; Scott Strickler, Environmental Health Services Specialist; Steve Fisher, Department Computer Application Specialist; Curtis Splan, Department Computer Application Specialist; Peg Caldwell, Registered Nurse; Heather Holmstadt, Public Health Investigator; Christina Conti, Public Health Emergency Response Coordinator; Jennifer Hadayia, Public Health Program Manager; Steve Kutz, Public Health Nursing Supervisor; Luke Franklin, Environmental Health Services Specialist; Samdi Bridges, Office Support Specialist; Bev Bayan, WIC Program Manager; Tracie Douglas, Public Information Officer; Jeanne Rucker, Environmental Health Specialist Supervisor; Tony Macaluso, Environmental Health Services Specialist; Amber English, Environmental Health Specialist; Jim English, Environmental Health Specialist; Rick Sanchez, Environmental Health Specialist; Sharon Clodfelter, Health Statistician; 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.

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PUBLIC COMMENT

No public comment was presented.

APPROVAL/DELETIONS – AGENDA – NOVEMBER 18, 2010

Chairman Humphreys advised that item 20. Update on the Washoe County ACHIEVE Community (2010-2011) & NACCHO Site Visit will be presented after item 7. Consent Agenda; that item; that item 19. Presentation/Possible Direction – Local Public Health Governance Performance Assessment Instrument – National Public Health Performance Standard Program will be presented after item 16. Update on the District Board of Health and Administration Committee Meeting of November 12, 2010.

**MOTION: Ms. Ratti moved, seconded by Mr. Smith, that the agenda for the District Board of Health meeting be approved as presented.
Motion carried unanimously.**

APPROVAL/ADDITIONS/CORRECTIONS – MINUTES – OCTOBER 28, 2010

Chairman Humphreys called for any additions, deletions or corrections to the minutes of the October 28, 2010 meeting.

**MOTION: Ms. Ratti moved, seconded by Ms. Jung, that the minutes of the District Board of Health October 28, 2010 meeting be approved as received.
Motion carried unanimously.**

RECOGNITIONS

Dr. Randall Todd, Director, Epidemiology and Public Health Preparedness (EHPH), introduced Ms. Heather Holmstadt, advising Ms. Holmstadt is a new Public Health Investigator in the Communicable Disease Program/ Epi Investigation Team.

Dr. Todd introduced Ms. Christina Conti, advising that Ms. Conti is the new Public Health Emergency Response Coordinator, who will function as the "health care systems liaison with the various health care institutions."

Chairman Humphreys and Dr. Anderson presented Certificates of Recognition to Mr. Luke Franklin for **10 Years-of-Service**; Ms. Sandi Bridges for **15 Years-of-Service**; Mr. Michael Osborn for **15 Years-of-Service**; Ms. Margot Jordan for **20 Years-of-Service**; and Ms. Cindy Mullen for **20 Years-of-Service**.

Chairman Humphreys and Dr. Anderson advised that Mr. Phil Ulibarri, Public Information Officer, will be honored tonight at the Public Relations Society of America Sierra Nevada Chapter's Silver Awards dinner receiving the *Gold Spike Community Excellence Award*, which recognizes a public relations professional who utilizes his/her professional skills in public service activities which provides a positive service in social and economic well being in the community.

Dr. Anderson advised that a letter of thanks has been received from Dr. Denise Montcalm, Interim Dean and Ms/ Christine Sarman, Associate Director of Development and Alumni Relations, University of Nevada, Reno, University of Nevada, Division of Health Services for the Board's Support of the District Board of Health Scholarship. Also received was a thank you note from Ms. Emily Wozniak for being recognized by the Board as the first recipient of the District Board of Health Scholarship.

Chairman Humphreys

Stated that he encountered Ms. Wozniak at an American Heart Association event the night after her recognition; that "she approached him to thank him again as she was still thrilled about receiving the first scholarship.

Dr. Anderson

Advised that the University of Nevada School of Human and Health Sciences is "undergoing the accreditation process"; that as a member of the Advisory Board she noted that one of the questions asked "is if there are endowments such as scholarships for this program; that she was able to respond that there is a Board of Health Scholarship supporting this Program.

CONSENT AGENDA – BUDGET AMENDMENTS/INTERLOCAL AGREEMENTS

The Board was advised that Staff recommends **approval** of the **Notice of Subgrant Award** from the **Nevada State Health Division** in the amount of **\$368,230** in support of the **Assistant Secretary of Preparedness and Response (ASPR) Hospital Preparedness Program** for the

period of July 1, 2010 to June 30, 2011; and **approval of amendments totaling a decrease of \$68,035** in both revenue and expense to the **FY 11 ASPR Hospital Preparedness Federal Grant Program, IO 10708.**

The Board was advised that Staff recommends **approval of the Notice of Grant Award**, dated October 28, 2010 from the **Department of Health and Human Services Public Health Service** in the amount of **\$943,735** in support of the **Family Planning Program** for the period of June 30, 2010 to June 29, 2011; and **approval of amendments totaling an increase of \$47,352** in both revenue and expense to the **FY 11 Family Planning Title X Federal Grant Program, IO 10025.**

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

Motion carried unanimously.

CONSENT AGENDA – DONATION – BREASTFEED TASK FORCE – WASHOE COUNTY HEALTH DISTRICT

The Board was advised that Staff recommends acknowledgement of the donation of items in the amount of \$234.96 from the Breastfeeding Taskforce of Nevada for the Washoe County Health District.

MOTION: Ms. Ratti moved, seconded by Mr. Smith, that the donation of items in the amount of \$234.96 from the Breastfeeding Taskforce of Nevada for the Washoe County Health District, be acknowledged as outlined.

Motion carried unanimously.

UPDATE – WASHOE COUNTY ACHIEVE COMMUNITY (2010-2011) & NACCHO SITE VISIT

Ms. Jennifer Hadayia, Public Health Program Manager

Advised that approximately one (1) year ago she requested the Board's approval in applying for a grant opportunity in chronic disease prevention; that this was the Action Communities for Health, Innovation, and EnVironmental changE (ACHIEVE) grant. Staff has completed year one (1) of the grant and will be beginning year two (2); that Staff "has accomplished the deliverables for year one (1)."

Introduced Mr. Kenneth Smith, National Association of County and City Health Officials (NACCHO), advising that NACCHO was the ACHIEVE grantor; that the Health District is in the process of the "year one (1) site visit." Staff "has been showing Mr. Smith the community including good examples of support for chronic disease prevention and some not so good examples, which Staff hopes to change; that Mr. Smith has met with the Chronic Disease Team and Dr. Anderson; that she invited him to the meeting to hear Staff's presentation."

ACHIEVE is a national initiative, "under the umbrella of the Center for Disease Control and Prevention (CDC) '*Healthy Communities Program*' focused on policies, systems and environmental change to prevent chronic disease." The Program focuses on the three (3) modifiable risk factors for chronic disease: physical inactivity, poor nutrition, and tobacco use and exposure." ACHIEVE has five national partners: NACCHO; National Association of Chronic Disease Directors (NACDD); National Recreation and Parks Association (NRPA); Society of Public Health Education (SOPHE), and the YMCA.

ACHIEVE is the result of many years of research that has culminated in a "best practice" recommendation "that the most effective way to prevent chronic diseases in the community, at a population-wide level, is to change the environment in which people live so that it promotes healthy lifestyles. To change the environment requires changing policies both at a legislative or regulatory level and on a voluntary basis." These "best practices recommendations of CDC" have recently been endorsed by the White House Task Force on Childhood Obesity.

This grant is a national designation for the Washoe County Health District for a three (3) year period with two (2) years of funding; that "it is a recognition that the community has the infrastructure and the track record for effective policy change to prevent chronic disease in the community." Staff "is very proud of receiving this designation."

Displayed a map of the participating ACHIEVE communities as of February 2010; that "there were only five (5) communities designated as ACHIEVE sites, within the western region; that "to be one (1) of the five (5) is a wonderful testament to the community and its infrastructure; and to the promise of the successful work of the Program."

Advised the components of ACHIEVE are: 1) to design a CHART Team, a leadership team comprised of influential policy-makers; 2) conduct the CHANGE Tool, a CDC-developed policy needs assessment tool measuring 65 different policies in five (5) areas (physical activity, nutrition, tobacco, Chronic Disease Self-Management (CDSM), and leadership) in four (4) sectors (Community-Based Organization (CBO), worksite, healthcare, and schools/district). The CHANGE

tool "not only measures what policies are in-place but also the readiness for new policy change."
3) Develop a written Community Action Plan (CAP), delineating policies to be changed in the community in years two (2) and three (3). In years two (2) and three (3) the process "moves into 4) Implementation of the proposed policy changes, including a minimum of one (1) Big "P" (a community-wide policy) and one little "p" (a voluntary policy at an organization site or a particular sector) related to chronic disease risk factors.

Advised the Board that "Chart Team" participants include "key Washoe County Departments; that Commissioner Jung represents the County Commission and Dr. Khan represents the District Board of Health. The CHART Team was "designed to represent all of the key sectors within the community, all of which will be assessed in terms of policy and readiness." The CHART Team had been meeting monthly; that the frequency of these meetings has been reduced "as the process moves into the implementation phase in which work groups will be developed."

Utilizing the CHANGE tool, from June through August 2010, Staff assessed fifteen (15) sites in four (4) sectors, including the community at-large (CAL) and the School District. The Methods were the review of primary and secondary data; multiple key informant interviews; observational checklists and site-visits. There were two (2) scales utilized: one (1) is there a policy in-place and the second is the environment scale, "which, refers to, if there is a policy in-place how supportive is the environment for that policy." Each module had a percentage score (0 – 100%); that Staff averaged a score within each sector. CDC established a "benchmark of 60% or more as an asset; that less than 60% demonstrates a need.

Presented a graph depicting "the Community At-Large Policy and Environmental Data", advising that the graph indicates the five (5) modules which were assessed; that the policy score is depicted in blue, which is specific to "is there a policy related to these issues?" The environmental score is depicted in yellow, which is "is the environment supportive?" This is a compilation of all the policies and all the measures which were assessed; that those areas less than 60% indicate a need within the community at-large and those in excess of 60% indicate an asset. Reviewed the results in detail, advising that nutrition was the lowest and tobacco the highest, which was attributed to the smoking ban. "Consistently in all sectors and modules environment scored greater than policy; that Staff concluded many sites and sectors have informal practices; that they are supporting their students or employees or the community in these healthy behaviors; however, there is no policy." That without a written policy, if the environment(s), which had been supportive, are no longer available at a location "then the supports go away; therefore, the environments could be eliminated" for a number of reasons (i.e., a change in leadership or in the community). Staff identified this "as an opportunity because if an environment is strong all that is necessary is to provide assistance in writing a policy."

Opportunities for change are within community-wide nutrition, adoption of model policies to codify informal practices, and engaging leadership community-wide for chronic disease prevention programs. The CHART Team was "very much involved in the process of identifying mission, vision, goals and objectives" for the Community Action Plan (CAP). The vision is "to make good health easy"; that "this is consistent with the research from CDC, which indicates when policies are adopted that creates environments that are healthy – engaging in the healthy choice becomes the easy choice."

The mission of the CAP is "to fill gaps in community-wide nutrition and physical activity policies," with the following three (3) goals: 1) increase the percentage of Washoe County adults who are at a healthy weight; 2) increase the percentage of Washoe County children who are at a healthy weight; and 3) improve the Chronic Disease Prevention infrastructure in Washoe County.

Reviewed in detail the seven (7) determined objectives, advising that these are objectives "which can be achieved during the next year of implementation."

Advised that the Community Action Plan (CAP) is available on the GetHealthyWashoe.com website for review; that the Board members have been provided with a copy of the CAP Strategic Map: 2010 – 2012, which summarizes the vision, mission, and goals and objectives (a copy of which was placed on file for the record). During the coming year Staff will be providing further updates regarding the ACHIEVE grant. The CHART Team will be working in smaller groups to develop the healthy food plan, to develop the family engagement initiative, to work with the Regional Planning Governing Board, etc. She will report on the activities and progress of those workgroups next year.

Chairman Humphreys

Stated that during the 2010 Obesity Forum he noted "one (1) out of every three (3) school age child is either overweight or obese, which translates to adult obesity and health problems such as diabetes." This is a very important program and he would thank Staff for the efforts in the Program.

The Board thanked Ms. Hadayia for the update.

NOTICE OF SUBGRANT AWARD – NEVADA STATE HEALTH DIVISION – CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) PUBLIC HEALTH PREPAREDNESS (PHP) PROGRAM

A. The Board was advised that Staff recommends **approval** of the **Notice of Subgrant Award** from the **Nevada State Health Division** in the amount of **\$744,415 (with \$74,441 or 10% Health District match)** in support of the **Centers for Disease Control and Prevention (CDC) Public Health Preparedness (PHP) Program** for the period of August 10, 2010 to August 9, 2011; **approval of amendments totaling an increase of \$71,638** in both revenue and expense to the **FY 11 CDC PHP Federal Grant Program, IO 10713**; **authorize the creation of an on-call Epidemiologist Intermittent Hourly position (PC#TBD)** as evaluated by the Job Evaluation Committee (JEC); and **authorize the creation of an on-call Public Health Investigator Intermittent Hourly position (PC#TBD)** as evaluated by the Job Evaluation Committee (JEC).

B. The Board was advised that Staff recommends **approval** of the **Notice of Subgrant Award** from the **Nevada State Health Division** in the amount of **\$116,000 (\$58,000 – FY 11; \$58,000 – FY 12)** in support of the **Maternal and Child Health (MCH) Program** for the period of January 1, 2011 to June 30, 2012; **approval of amendments totaling an increase of \$33,060** in both revenue and expensed to the **FY 11 MCH Federal Grant Program, IO 10828**; **approval of amendments totaling an increase of \$24,940** in both revenue and expense to the **MCH State Grant Program, IO 10007**; and **authorize the creation of an on-call Public Health Nurse Intermittent Hourly position (PC#TBD)** as evaluated by the Job Evaluation Committee (JEC).

Ms. Patsy Buxton, Fiscal Compliance Officer

Advised that in addition to approving both Notices of Subgrant Awards, Staff is requesting the District Board of Health to authorize the creation of three (3) new on-call intermittent hourly positions, which include a Public Health Investigator; Epidemiologist and a Public Health Nurse.

An intermittent hourly employee is an individual who is not employed on a 'fixed schedule' and does not work in excess of 1,039 hours in a Fiscal Year; these individuals are paid at an hourly rate and are non-benefits eligible. With the current exception of Epidemiology and Public Health Preparedness each Division in the Health District utilizes on-call intermittent hourly positions; that she has provided the Board members with a chart (a copy of which was placed on file), delineating how those positions are utilized "by program."

Staff recommends these positions be approved to provide "the needed flexibility for the Divisions to staff short-term grants and to provide surge-capacity during critical peak periods." Utilizing

intermittent hourly positions is cost-effective as compared to contracting for these positions. Creation of these positions would require approval from the Board of Washoe County Commissioners. Should the Board of Health approve the intermittent hourly positions the Board members comments will be incorporated into the Staff Report for the Board of County Commissioners. The intermittent hourly positions will be evaluated by the Job Evaluation Committee (JEC) prior to being presented to the Board of County Commissioners.

Ms. Jung

Questioned if the Job Evaluation Committee has approved these positions; and if it is approved by the JEC would "it come back to the Board of Health or be presented to the Board of County Commissioners."

In response to Ms. Jung

Ms. Buxton advised that the job classification have not yet been presented to the Job Evaluation Committee JEC for review; that should the Board of Health approve the positions Staff will submit the appropriate request to the JEC for review. Should the JEC approve the positions as submitted the request will be presented to the Board of County Commissioners for approval.

Ms. Jung

Questioned if that "is the way it is always done or does the Job Evaluation Team usually review it before being presented to the Board of Health."

In response to Ms. Jung

Ms. Buxton advised previously the Health District has had the Board of Health approve the position prior to proceeding to the Job Evaluation Committee (JEC).

Dr. Furman

Stated he would anticipate that the Job Evaluation Committee "would look at the number of Epidemiologists (at the Health District] compared to national levels."

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In response to Dr. Furman

Ms. Buxton stated that the JEC "reviews the duties and skills as identified by the Division Director to be performed and evaluates it against the current classification to ensure it is appropriately classified." She is unsure if the JEC conducts a comparison with other districts.

Dr. Furman

Stated the "median number of Epidemiologists employed by local health departments with a population between 250,000 and 500,000 is one (1)."

Ms. Buxton

Advised that the Public Health Epidemiologist and Public Health Investigator positions are grant funded in the Public Health Preparedness Grant Award; that the Health District position "has been that should the funding not be available the Health District cannot use the positions." The District does attempt "to keep the positions on record in the event that funding becomes available the District can utilize that position; that the District would not utilize a position if there was no funding to support the expense."

Dr. Khan

Questioned if there is a minimal number of hours of work that must be provided for these positions.

In response to Dr. Khan

Ms. Buxton advised that the District is not required to provide a minimum number of hours; that the handout to the Board indicates those employees who worked in excess of sixteen (16) hours between May and November of this year.

Dr. Khan

Stated that currently the Health District does not have the internal capacity in the event of an outbreak similar to the H1N1 that occurred last year, nor is there "a surplus of trained Epidemiologists or Public Health Investigators available to the District in the event of an outbreak." Approval of these positions "provides [the Health District] with a safety-net or surge capacity in the event of an outbreak such as an unusual strain of influenza, avian flu or something new.

Epidemiologists and Public Health Investigators are not commonly found. She would not "think there is a surplus of these individuals; therefore, to the extent it is possible to be able to identify an on-call Epidemiologist" would be of benefit. She would question if that has been an issue previously and how it was addressed; that further, she would question how it would be addressed should these on-call positions not be approved.

In response to Dr. Khan

Ms. Buxton advised that during the H1N1 outbreak Staff utilized the services of a retired Health District Epidemiologist; however, the District contracted with a temporary employment agency for those services "at a much higher hourly rate." Without approval of these positions by the Board of Health it would "probably be necessary to contract with a temporary agency should these services be required again."

Ms. Ratti

Advised that this "is a very strategic method to respond to funding opportunities through the development of a flexible work source that can be deployed as necessary; that it makes a lot of sense and she is completely supportive."

Mr. Smith

Questioned if these positions "are stand-by as call ins"; that he would question what happens to the money if there is no need."

In response to Mr. Smith

Ms. Buxton advised that these positions would be utilized "as programs determine the need for additional resources; that should there be no need the grant has some flexibility allowing funds to be redirected to other expenditures or other activities as identified."

In response to Chairman Humphreys

Regarding the grants "having parameters as to how those funds could be reallocated if not utilized as specified", Ms. Buxton advised that the majority of the grants "have a 10% reallocation authorization included in the grant; that Staff does an excellent job in communicating with the grantor as to how funds are expended if it is not specified in the award."

MOTION: Ms. Ratti moved, seconded by Dr. Furman, that the Notice of Subgrant Award from the Nevada State Health Division in the amount of \$744,415 (with \$74,441 or 10% Health District match), in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness (PHP) Program for the period of August 10, 2010 to August 9, 2011; approval of amendments totaling an increase of \$71,638 in both revenue and expense to the FY 11 CDC PHP Federal Grant Program, IO 10713; authorize the creation of an on-call Epidemiologist Intermittent Hourly position (PC#TBD) as evaluated by the Job Evaluation Committee (JEC); authorize the creation of an on-call Public Health Investigator Intermittent Hourly position (PC#TBD) as evaluated by the Job Evaluation Committee (JEC), be approved as presented and the Chairman authorized to execute on behalf of the Board.
Motion carried unanimously.

MOTION: Ms. Ratti moved, seconded by Dr. Furman, that the Notice of Subgrant Award from the Nevada State Health Division in the amount of \$116,000 (\$58,000 – FY11; \$58,000 – FY12), in support of the Maternal and Child Health (MCH) Program for the period of January 1, 2011 to June 30, 2012; approval of amendments totaling an increase of \$33,060 in both revenue and expenses to the FY 11 MCH Federal Grant Program, IO 10828; approval of amendments totaling an increase of \$24,940 in both revenue and expense to the MCH State Grant Program, IO 10007; and authorize the creation of an on-call Public Health Nurse Intermittent Hourly position (PC#TBD) as evaluated by the Job Evaluation Committee (JEC), be approved as presented and the Chairman authorized to execute on behalf of the Board.
Motion carried unanimously.

REGIONAL EMERGENCY MEDICAL SERVICES AUTHORITY

Chairman Humphreys advised that the Operations and Financial Report for October 2010 will be continued to the Board's December 16, 2010 meeting.

REVIEW – ACCEPTANCE – MONTHLY PUBLIC HEALTH FUND REVENUE AND EXPENDITURE – OCTOBER 2010

Ms. Eileen Coulombe, Administrative Health Services Officer

Advised the Board members have been provided with a copy of Health Fund Revenue and Expenditure Report for the month of October 2010; that Staff recommends the Board accept the Report as presented.

Advised that next month's agenda will include the Budget Calendar for FY 12.

MOTION: Mr. Smith moved, seconded by Ms. Jung, that the District Health Department's Revenue and Expenditure Report for October 2010 be accepted as presented.

PRESENTATION – DISCUSSION – ARTICLE – MS LIZ GAMBASH – FEDERAL GRANTS MANAGEMENT HANDBOOK “WHEN IS IT RIGHT TO ‘JUST SAY NO’ TO GRANTS? – POSSIBLE DIRECTION TO STAFF

Chairman Humphreys advised that this item will be continued to the Board's December 16, 2010 meeting.

CONSIDERATION – PREVENTIVE MEDICINE RESIDENCY AND FELLOWSHIP (PMR/F) APPLICATION – CENTERS FOR DISEASE CONTROL (CDC) AND PREVENTION

Dr. Anderson

Advised that she has provided the Board members with a copy of the template that is required for completing the application for a Preventive Medicine Residence and Fellowship with the Centers for Disease Control and Prevention (CDC). This is an opportunity to potentially obtain the services of a residence for an eleven (11) month period from CDC; working in conjunction with Staff “at a high level to obtain leadership experience.” Advised that Dr. Khan is “a former CDC resident who came to Nevada through this Program; that “whether or not Washoe County Health District would be considered will be determined on the number of applications competing for a small pool of residents.” The template she provided is a draft as Staff is in the process of identifying projects in which this individual would provide assistance; that “these are sample projects.” She would request direction from the Board in submitting the application.

In response to Chairman Humphreys

Regarding any fiscal impact to the Health District should the application be successful, Dr. Anderson advised that the resident is an employee of the CDC; that the CDC pays the salary and benefits of the resident; that additionally CDC pays for moving expenses and travel. The Health District would be required to provide office space, a computer, parking and financial support for local and [Health District] assignment-related to travel. The benefit compared to the costs is "very small."

Chairman Humphreys

This type of program is very beneficial for the resident; that it would be very beneficial to the Health Department; that there would be a fiscal benefit "in having another individual available to support work in various projects." He is very supportive of the application.

Ms. Ratti

Advised that she also supports the application.

MOTION: Ms. Ratti moved, seconded by Mr. Gustin, that Staff complete the application process with the Centers for Disease and Prevention (CDC) for the services of a Preventive Medicine Residency and Fellowship (PMR/F), as discussed.

Motion carried unanimously.

WASHOE COUNTY – 2011 LEGISLATIVE BILL TRACKING – POSSIBLE DIRECTION TO STAFF

Chairman Humphreys

Advised that the Board members have been provided with an update to the Bill Draft Requests (BDRs) the Community and Clinical Health Services Division) is monitoring; that there are no further updates. Staff would recommend the Board accept the Report.

Dr. Khan

Questioned if the Health District "traditionally registers any Staff as a Lobbyist during the Legislative Session. Further questioned if Staff identifies who will be registered as a Lobbyist."

In response to Dr. Khan

Dr. Anderson

Advised that "registering Staff as Lobbyists is the traditional approach."

Ms. Coulombe

Advised that during previous Sessions Ms. Hadayia has served as the liaison; that traditionally the Health Officer serves as the Health District's Registered Lobbyist. Ms. Hadayia will continue to coordinate as the liaison and Mrs. Smith will coordinate the reports presented to the Board.

Dr. Khan

In reviewing this month's list of BDRs there are two (2) categories, with one relating to communicable/infectious diseases and the other to chronic disease; that with Dr. Anderson's departure her concern is that "consideration has been given to identifying those individuals with the appropriate level of expertise available to provide testimony" at the Legislature should it be necessary."

In response to Dr. Khan

Ms. Coulombe

Advised that during previous Sessions each one of the Division Directors, or the "subject matter experts" within the Divisions has been available to provide testimony as necessary. The Health District participates in the County-wide tracking system. This issue was discussed during the Leadership Team meeting with the consensus that each Division Director "would be tracking within each of the Division and assign the BDRs to the appropriate Staff member and coordinating it at the Leadership Team."

Dr. Khan

Stated that "this is critical; that the Board may want to consider having the Division Directors register anticipating there may be the need to provide testimony."

In response to Dr. Khan

Dr. Anderson

Advised that there "are challenges for some grant-funded employees with restrictions prohibiting such an individual from testifying"; that Health Department Staff with the appropriate expertise have provided testimony without being Registered Lobbyists.

Ms. Jung

Stated she would request the Health District coordinates its efforts with the County's Legislative Team and the County's Lobbyist.

In response to Ms. Jung

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

Advised that the format being utilized by the Health District is "what the County has requested"; therefore, "all of the information will go to the County in regard to Staff or the Board's position, the Health District's level of involvement, if Staff will be presenting testimony, etc." The last column on the BDR Tracking form is more specific "as to the preferred method of communicating with Mr. John Slaughter of the County Legislative Team; therefore, there is the coordination." The Board of Health, when accepting the monthly Report will be approving Staff's recommendation unless otherwise directed; that all of it "is in conjunction with the County's lobbying efforts."

Dr. Furman

As Chairman of the Board he was a Registered Lobbyist for the Board; that "he doesn't believe it made much difference; that he has provided more testimony when he wasn't a Lobbyist."

**MOTION: Mr. Smith moved, seconded by Ms. Jung, that the 2011 Legislative Bill Tracking Report be accepted as presented.
Motion carried unanimously.**

DISCUSSION – POSSIBLE APPOINTMENT – INTERIM HEALTH OFFICER – POTENTIAL DATE OF SUCH APPOINTMENT – DISCUSSION – OVERLAP – INTERIM HEALTH OFFICER – POSSIBLE DETERMINATION – LAST DATE OF EMPLOYMENT – EXISTING HEALTH OFFICER'

Chairman Humphreys

- Advised that the Board has three (3) actions to determine: 1) the appointment of an Interim Health Officer; 2) to confirm the effective starting date of the Interim Health Officer; that previously the Board discussed "December 1, 2010, as that starting date"; and 3) determine a "last date of employment for Dr. Anderson, allowing one to two weeks of overlap between Dr. Anderson and the newly appointed interim. Should the Board determine to appoint the Interim Health Officer, effective December 1, 2010, he would recommend Dr. Anderson's final date of employment as December 10, 2010, providing an eight (8) day overlap.

These are important decisions for the Board acknowledging "what the needs of the Health Department are at this time, ensuring the critical functions of the Health District are maintained without distractions." The Health District and Board will work in conjunction with Washoe County Human Resources (HR) during this process; that Division Directors, who were interested in serving as the Interim Health Officer submitted letters of interest to HR; that the HR received four (4) letters of interest from Ms. Mary-Ann Brown; Ms. Eileen Coulombe; Mr. Bob Sack and Dr. Randall Todd. He will ask those four (4) individuals to leave the auditorium; that he will ask each to return individually in alphabetical order to respond to a question from the Board.

As discussed the recruitment period for the new District Health Officer will "take three (3) to five (5) months to complete; therefore, the Board "should select an individual who is able to lead the team, build a bridge from December 1, 2010 through a permanent District Health Officer is appointed." There are "critical issues that will need to be addressed with specific detail; therefore, it will be necessary for proper staffing in those positions to ensure those functions are continued without concerns."

Mr. Gustin

Stated he would recommend the other two (2) determinations be made prior to interviewing the candidates. He would support a December 1, 2010 date of appointment for the Interim Health Officer and the date of December 10, 2010, as Dr. Anderson's last day as the District Health Officer.

MOTION: Mr. Gustin moved, seconded by Ms. Jung, that the appointment of the Interim Health Officer become effective Wednesday, December 1, 2010. It was further ordered that Dr. Anderson's last date of employment as the

District Health Officer, will be Friday, December 10, 2010.

Motion carried unanimously.

The Board asked each candidate the following question: "What do you think will be the main challenges for, or the needs of the Interim Health Officer over the next three (3) to five (5) months? And how do you feel you would address or take care of these needs and challenges?"

Chairman Humphreys

Reiterated that "it is important for the Board to determine what is needed for the Health District at this point in time, and make a decision as to who could accomplish those needs." He would "applaud the four (4) individuals who stepped-forward; that this demonstrates good leadership"; that further it indicates the "strength that the Leadership Team has." As discussed, he believes what this individual needs "is leadership skills, the ability to team-build for collaboration; morale-builder for forward movement of the team; communicator and someone able to manage change. This individual will need to bridge the Health Department from where it is in this point in time to when the permanent Health Officer is appointed." There are critical functions which will be necessary, and "all four (4) individuals spoke to these: 1) budget negotiations; 2) legislative concerns; 3) Emergency Medical Services (EMS); that it is necessary for the Board "to have the appropriate Staff n place to attend to those critical functions to allow the Health District to move forward taking care of those critical functions without distraction of any dilution of effort from Staff."

Requested comments from the Board.

Dr. Khan

All of the Division Directors would be very capable in serving as the Interim Health Officer; that the Board has appreciated the skills each "brings to their positions and in the support of public health." A component of the Board's deliberation "may require the Board to consider 'what is the capacity in regard to backfilling in any one of these Division Director positions and what that would mean for the operations for the rest of that Division.'" The Board "would not expect any major/substantial changes in the direction of the Department but would expect an on-going stewardship and support to assist navigating the unknown." The Board "appreciates the interest in serving in this role, acknowledging that in each Division there is more and more effort being made by each individual in doing more with a limited budget."

Mr. Smith

Thanked the four (4) Division Directors for applying for the interim position, as "he appreciate it; that he knows each of these individuals could do this job." He does have concerns regarding "where the Health District is and what is ahead; that there is a lot of work ahead" for the District and the Board. He is "very concerned that if issues such as the budget, EMS, etc., are not monitored very closely it could hurt the Health District. The most important thing for the Board to recognize there is big job ahead that needs to be done"; therefore, it is necessary to choose an individual whose appointment "will not interfere with the major issues facing the Health District."

Ms. Ratti

Stated she concurs "it is impressive that all four (4) candidates have stepped up and that all four (4) candidates could do the job and do it well." The Chairman of the Board has worked more with the Health Officer in a one-on-one capacity; that as it is necessary to retain a continuity in that partnership between the Board Chairman and the Interim Health Officer she would support appointing "whomever the Board of Health Chairman is most comfortable."

Chairman Humphreys

Stated he completes his terms as Chairman December 31, 2010; therefore, it is the determination of the Board.

Ms. Jung

Stated she "would applaud the Staff members who have applied to fill in this bridge in leading the team until the appointment of the permanent Health Officer." She, too, has concerns regarding retaining those people who are critical to the positions they have. "These individuals are not her top candidates because of how well they perform in the jobs they hold as they do those so well. She believes Ms. Mary-Ann Brown has what [the Board] is looking for regarding being able to continue the team building, being able to, communicating well, and has already done quite a bit of change-management." The Board has already been required to greatly reduce her budget and has "brought programs into range of what Title X should be; that she also has tremendous credibility with the Board of County Commissioners", as she has had to respond to the BCC's questions repeatedly.

Ms. Coulombe is too valuable to have anywhere "away from the budget"; that with the upcoming 2011 Legislative Session, it is too critical not to have Mr. Sack available for any of those issues.

Dr. Todd was invaluable during the "H1N1 outbreak and she doesn't believe those days are over; therefore, he is too valuable to that Division."

MOTION: Ms. Jung moved, seconded by Ms. Ratti, that Ms. Mary-Ann Brown, be appointed as the Interim District Health Officer, beginning December 1, 2010.

Dr. Furman

Stated Ms. Jung "has made some excellent points"; however, there are programs which are going to require further review; that the individual "who has the best and longest experience and is the best equipped to review those programs, is Ms. Coulombe the Administrative Health Services Officer. She is the best suited for the job because of her experience and background in Administration."

Mr. Gustin

As the other Board members have stated, he applauds all four (4) of the individuals who applied; that it does demonstrate leadership, as all four (4) are more than capable of doing the job. All of the candidates "were put on the spot and expected to answer a question of great depth, with all demonstrating an understanding of the problems of fiscal responsibility, good stewardship, outreach to the community, etc." The most important issue is communication; that nothing "can be achieved in the private or public sector without adequate communication and understanding with the people you work with or for." He reviewed and was impressed with all of the resumes; that it wasn't possible to prepare "a structured response; that he heard from all the candidates 'how important the job is, what they could do, and an understanding of the importance of the job'. After listening to everyone's responses he would be in support of the appointment of Ms. Brown."

Dr. Khan

Among the Division Directors who applied there is approximately "100 years of public health service"; that she appreciates Mr. Gustin's comment regarding the importance of communication; that "Ms. Brown did express that very clearly. Ms. Brown is the one with the least amount of amount of public health experience"; however, "that does not mean she doesn't have other critical experience working in the health care sector, which is also very important, particularly in the community sector. During the interim it is critically important that with the Interim Health Officer there is no resistance or reluctance of 'tapping-into' the wealth of experience and expertise among the group; that the Board of Health members would expect that. As no one has all the answers"; therefore, "the willingness to collaborate, be convivial is going to be critical. Based on all things

considered she believes Ms. Brown could do an excellent job in the role, with the caveat she has a broad-breath of experience at her disposal of which she should take advantage.”

MOTION: Ms. Jung moved, seconded by Ms. Ratti, that Ms. Mary-Ann Brown, be appointed as the Interim District Health Officer, beginning December 1, 2010.

Motion carried with Dr. Furman voting “no”.

Chairman Humphreys

Congratulated Ms. Brown, advising her that her effective date as Interim Health Officer will be December 1, 2010; that there will be the eight (8) days of overlap with Dr. Anderson; that Dr. Anderson’s last day will be Friday, December 10, 2010.

UPDATE – PERSONNEL AND ADMINISTRATION COMMITTEE MEETING – NOVEMBER 12, 2010

A. Presentation of Information from the Washoe County Human Resources (HR) and the Discussion of the P/A Committee Specific to the Compensation Package for the New District Health Officer with Possible Direction to Staff

Chairman Humphreys

There were two (2) items discussed by the Personnel and Administration Committee during the meeting of November 12, 2010, including the continuing recruitment process for the new permanent District Health Officer. He and Staff have been working with Ms. Katey Fox, Director, Washoe County Human Resource (HR). Dr. Furman worked closely with HR during the last recruitment; that Dr. Furman has agreed to serve as the contact individual for the District Board of Health with HR during this process.

Ms. Katey Fox, Director, Washoe County Human Resources

At the P/A Committee meeting Ms. Ratti requested more specific information as to salary comparisons with what may be perceived as comparable health district organizations in the western United States; and information specific to the salary comparison of the Washoe County District Health Officer and the Division Directors.

Provided the Board members with a copy of a "district Health Officer Comparison) (a copy of which was placed on file for the record). Ms. Akurosawa provided HR with information regarding the district health officer salary comparisons conducted in 2005; that HR has provided this information with additional salary comparison information. Reviewed the information provided in detail, advising that this "was a fairly quick study conducted by Human Resources."

It is important to remember that *Nevada Revised Statute* (NRS) stipulates the District Health Officer's salary is determined by the Board of Health; that other County employees' salary is determined by an established classification methodology. Utilizing the classification methodology Washoe County establishes the "top of the range to the salary comparison mid-point; that the highest a job class is paid at is at the market average"; therefore, the Board may "want to consider the mid-point salary information. The top of the range for the Washoe County District Health Officer is \$149,073.60; that the average mid-point salary range from the data collected is \$155,978."

Advised the second page provides an overview of comparable health districts in which the health officer may or may not also function as a department head; that in the salary comparison there wasn't that much of a distinction in the mid-point range.

Advised the third page provides an overview of district health officer positions in which the health officer is a medical doctor; that again, there wasn't that much of a distinction in the mid-point salary range from other jurisdictions to what the Board established as the Health Officer's salary.

The Committee did discuss that the Health Officer's current compensation does represent an approximate salary reduction of 2.84%, which "all employees of Washoe County were requested to share in a salary reduction for the current Fiscal Year." As the Health Officer's salary is determined by the Board of Health there was discussion regarding requesting Hay and Associates, the County contractor, to conduct a salary evaluation for this position.

Chairman Humphreys

Advised that the information provided today was prepared in a "very brief period of time" as requesting a review by Hay and Associates to provide a salary comparison will require approximately two (2) to three (3) weeks. He would question if the Board is confident of the data provided today or would make the determination to have Hay and Associates conduct a salary comparison.

Ms. Fox

Reviewed the last page of the handout, advising that it provides the comparison of the Washoe County District Health Officer with the Division Directors. The Epidemiology and Public Health Preparedness (EPHP) Director's salary is approximately 99.79% of that of the District Health Officer's salary. The salary of two (2) of the other Division Directors are approximately 20% less than that of the District Health Officer, "which is a recognized methodology regarding compensation levels, with division directors being compensated between 10-20% less than the department head/director."

In response to Ms. Ratti

Regarding the salaries of the Division Directors, Ms. Fox advised that those salaries were reviewed by Hay and Associates; that all of the positions in Washoe County were reviewed with classifications being determined and salary levels being established. "It is a best practices to have a 10% distinction between a division director and a department; however, the Director of the EPHP Division is required to have a Doctorate or a medical license; therefore, specific requirements in a job description can result in a difference in compensation."

Dr. Furman

Commended Ms. Fox and her staff for "doing an excellent job." Stated it is expected the District Health Officer will be available 24/7 to respond to any type of event. Further, the District Health Officer's position is 'at-will' or a temporary position as he/she serves at the pleasure of the Board "on a year-to-year" contract; and therefore, does not have the security of other positions, including other health officers." These are issues which should be taken into consideration when discussing compensation for the position; that the compensation for this position "needs to be higher."

Ms. Jung

Stated she "understands Dr. Furman's comments"; however, she disagrees regarding increasing the compensation. Due to the current economic conditions there is the "ability to garner an excellent candidate for the permanent position with the existing salary." Ms. Fox stated the comparison indicates the Health District is exactly where it should be in terms of the [salary] range. Most high level executives only get a year-to-year contract; that this allows the Board to make changes if necessary; that there shouldn't be a tremendous amount of permanency in that position." The salary range should remain "as it is"; that she acknowledges "best practices" is for the department head to receive 10% more than the next highest paid staff member; however, "she is not willing to increase the proposed salary for the District Health Officer position." To increase

the salary would "be a poor position considering what the County is facing with the upcoming Legislative Session and the inevitability that the State will 'sweep' more of the County's funds and there will be more reductions in the next Fiscal Year, with more being asked of the employees. She will not support a proposed salary increase."

Ms. Ratti

Stated "Dr. Furman makes an excellent point"; however, "that point is offset by the current economy; that [the Board] is not in the position of increasing the salary, particularly when it has been demonstrated the salary is in the ball-park." She would support maintaining the compensation package.

Dr. Khan

Stated there is mix of responsibilities and duties within each health district across the country; that "there is a broader scope of practice in the Washoe County Health District than in many other districts across the country." She would question if Ms. Fox and HR reviewed "the scope of practice in the other health districts; that although it is much larger, a comparison may be the Southern Nevada Health District as it functions under the same authority as Washoe County. She is aware that across the country there is great variability in the scope of practice" in local and regional health departments/districts.

In response to Dr. Khan

Ms. Jung stated it is necessary "to be mindful in comparing the Washoe County Health District with Southern Nevada that the cost of living in Southern Nevada is quite a bit more than Washoe County"; therefore, she does not want to compare the two (2).

In response to Dr. Khan

Ms. Fox stated that HR did not compare the Washoe County Health District; therefore, she does not have information regarding the Southern Nevada Health District. Hay and Associates has the expertise "as to what are true market comparables for Washoe County; that she would "want to leave the comparable to those who do it day-in and day-out."

Mr. Smith

Stated in reviewing the comparisons provided, his concern is "there won't be too many individuals interested in applying and coming here." Some areas are "paying a lot more than what is being paid here without being at the maximum salary."

Dr. Anderson

Stated she would suggest the Board of Health consider not only the compensation being offered but "some of the additional benefits provided to the Health Officer through the contract, which she has considered very valuable", including the payment of her medical license, the opportunity to attend approved CME training courses. A suggestion that was discussed was to provide a vehicle allowance rather than claiming mileage "as a mechanism for additional compensation."

In response to Dr. Anderson

Ms. Jung stated that "she disagrees – she does not believe the position needs a vehicle allowance. Rather than anticipate what may be necessary she would suggest the Board wait to determine what the market will bear." There are "plenty of people with the qualifications the Board set to get a quality individual at the best market rate possible so that the individual and the Health District can be sustainable." Reiterated "she is vehemently opposed to that"; that she does not support increasing the salary range; nor does she support having Hay and Associates review the salary range.

Ms. Jung was excused at 2:53 pm.

Chairman Humphreys

Advised that the individual for the position "has to have some special experience and special education; that it is not known what will occur until the announcement is disseminated." As Mr. Smith stated, "if the offered salary is too low it will not entice individuals" to apply; that a subsequent announcement with a salary revision there is a concern "as to how that would be perceived in a human resources arena. He shares this concern."

Ms. Fox

Stated Ms. Jung did present valid concerns of conditions which exist in Northern Nevada regarding pay and public employees; that Ms. Jung is "being mindful of the balance between finding a highly qualified individual and being responsible to employees within the County and the surrounding cities." The County recently conducted a recruitment for a high-level position which was not successful. The Personnel Committee did discuss that "in today's economic environment highly qualified individuals are reticent to leave an existing position because of the risk – the risk of coming for a year-to-year employment contract, the rate of unemployment and foreclosures, etc." The Board has the difficult decision of "balancing all of those competing interests

Mr. Smith

Stated he would support requesting that HR have Hay and Associates conduct a salary comparison, as his concern is "otherwise there will not be enough applicants interested in applying for the position." It would be worth the time and effort to have the comparison performed; that Hay and Associates "are the professionals."

MOTION: Mr. Smith moved, seconded by Ms. Ratti, that Washoe County Human Resources request Hay and Associates to conduct a salary comparison of health officers from comparable areas.

Dr. Furman

Stated that the District has to be able to compete with what other jurisdictions are paying for "a very important position" in Washoe County; that he appreciates the Board's discussion on this and the transparency of the issue."

In response to Ms. Ratti

Regarding the cost of utilizing the services of Hay and Associates, Ms. Fox advised that it will be approximately \$2500 - \$3,000 to conduct the study.

Ms. Ratti

Stated "she is comfortable with the amount and that it would be well worth the money", acknowledging when the information is presented to the District Board there may remain "some philosophical questions remaining." The P/A Committee did discuss this issue regarding the timing of the recruitment and the study; however, she concurs with Dr. Furman regarding the importance

of the position. She would question if it would be the intent of the Board to delay the implementation of the recruitment until such as the study is received or would it be the intent of the Board to initiate the process without listing a salary.

In response to Ms. Ratti

Ms. Fox

As discussed during the P/A Committee a study by Hay and Associates will "take two (2) to three (3) weeks to complete the analysis and present a report, which will "be a little more detailed allowing the Board to make a more meaningful conclusions based upon those comparisons. She would encourage the use of the services of Hay and Associates as they are the experts who do this daily." She would anticipate having the information for the Board for by the December 16, 2010 meeting. The end of November and December are not "a good time to post and attempt to conduct a recruitment; therefore, it would be more productive to wait until HR has the information from Hay and Associates and the recruitment brochure from the recruiting firm for the Board's review. As discussed at the P/A Committee meeting, she would have concerns regarding listing the position without noting a salary as some candidates may opt out of applying if a salary is not listed.

Ms. Ratti

Stated she would support the motion; that she concurs the holidays would not be a good time to initiate the recruitment; that she would support the motion as the Board "would not be losing ground by requesting the data and delaying the implementation of the process."

Chairman Humphreys

Stated it has always been his intent that the Board "not rush the process; have the best process possible in-place; and ensure the Board has the opportunity to select the best candidate possible for the position; therefore, this is an appropriate action by the Board."

**MOTION: Mr. Smith moved, seconded by Ms. Ratti, that Washoe County Human Resources request Hay and Associates to conduct a salary comparison of health officers from comparable areas.
Motion carried with Dr. Khan abstaining.**

Chairman Humphreys

Requested that Ms. Fox contract with Hay and Associates to perform a salary comparison to present to the Board of Health. Ms. Fox did present a draft of a recruitment brochure for the Board's review; that Ms. Akurosawa has advised that there will be some corrections to the brochure. This is a "work in progress and he would request the Board members review the draft."

Ms. Fox

Advised that HR will work in conjunction with Dr. Furman, as HR is "very interested in learning the issues the new District Health Officer may have to address and resolve, the vision of the Health District, competencies which the Board wants in a District Health Officer."

Chairman Humphreys

Advised that Dr. Furman is a member of the P/A Committee; that "Dr. Furman is very good about communicating." Questioned Ms. Fox regarding the salary for the Interim District Health Officer.

In response to Chairman Humphreys

Ms. Fox

Advised that in accordance with Washoe County Code, Chapter 5, when an individual is expected to assume the duties of a higher class that individual is paid a 10% difference out-of-class salary; that for Ms. Brown it would increase her salary by \$5.70 an hour.

Ms. Ratti

Stated that her support of the Board requesting a review by Hay and Associates "is not a reflection on either Staff's efforts or those of the staff of HR; that HR has provided excellent information providing the resources and time that was available. She respects that the Board is "doing due diligence in ensuring there is the best possible data" to make its determination.

Chairman Humphreys

Stated he, too, appreciates the time HR has put into these efforts; that the Board is aware of the staffing shortages in HR; therefore, the Board acknowledges it has been a challenge for HR and that it is appreciated.

Ms. Fox

Stated she would thank the Board "for acknowledging the work of HR staff; that the comments are truly appreciated by HR staff." HR is committed to providing the analysis and information the Board requires to make a good decision in choosing the next District Health Officer.

Chairman Humphreys

Requested that as HR works with Hay and Associates, that he be provided updates as to the status of the analysis, should it be necessary to present the information to the P/A Committee.

B. Discussion and Acceptance of Dr. Anderson's Self-Evaluation

Chairman Humphreys

Advised that the Board members have received a copy of Dr. Anderson's self-evaluation; that he would request the Board members review it and provide comments to Mrs. Smith no later than Wednesday, December 1, 2010. Those comments will be forwarded to Ms. Fox at HR for a synopsis to be reviewed with Dr. Anderson in her exit interview.

Ms. Ratti

Questioned "if there would be any value to conducting an evaluation or reviewing Dr. Anderson's self-evaluation taking into consideration HR's limited staff."

Chairman Humphreys

Advised that this would be "a very informal process and would be incorporated into the exit interview and would not require any additional time by HR staff."

PRESENTATION – OVERVIEW – 2010 ANNUAL ROTARY FAMILY FLU POD (POINTS OF
DISEPENSING)

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

Advised that Saturday, October 16, 2010, was the Health District's Annual Rotary Family Flu POD (Points of Dispensing) event, which "has become an annual exercise of the District's ability to mass dispense. The mission being 'shots in arm or pills in mouths' to the entire population within a forty-eight (48) hour period of time from the decision to go." The Federal partners have indicated "the first twelve hours of this time period should be discounted, as it will require up to twelve (12) hours to receive whatever will be dispensed; therefore, there would essentially only be thirty-six (36) hours to achieve this. It would have to be performed safely through medical screening, planned education, in some instances social distancing to prevent the spread of a potentially contagious disease, and site and asset security."

The demand for seasonal flu shots is sufficient enough to provide the Health District "an opportunity to stress the mass dispensing designs. It is more realistic of an actual event with "real shots being dispensed to real people with real medical consequences should something go wrong."

This year's event was conducted as "a drive-through POD, which provides social distancing, which would be important if "there was a need to keep people from being in close contact; the logistics of drive-throughs are somewhat easier; people with disabilities do not have to get out of their vehicles; participants with children indicated it was easier as the children were more comfortable remaining in the car; and one participant drove through with the family pet in the vehicle."

Last year's POD event had both a walk-in and drive-through location with the Health District and volunteer staff dispensing 1500 immunizations at the drive-through location in approximately 4.5 hours. Last year's drive-through resulted in long waiting lines and subsequent traffic congestion, with the average wait time of 2 ~ 2.5 hours with Staff exposure to vehicle exhaust, resulting from vehicle idling. There were traffic flow problems as there was not a method for cars "to get around another car if one car was done and another wasn't." Staff applied "lessons learned" from last year's POD and the subsequent H1N1 clinics when planning this year's event.

Dr. Todd displayed pictures providing an overview of the drive-through event, advising that through cooperation with the University of Nevada Reno, the event was located in the west stadium parking garage at UNR. To prevent traffic congestion, long waiting lines and staff exposure to vehicle exhaust and Air Quality Management's concerns regarding vehicle idling wrist bands were distributed to 2,500 individuals with staggered 'appointment' times for arrival. Individual paperwork

was completed in a staging area with "engines turned-off. Groups of twenty-six (26) vehicles were then caravanned from the parking lot, to the garage where the immunizations were administered. Dr. Todd advised that there were 1,818 immunizations administered; that initially "Staff felt this was a high no-show rate; however, the wristbands were distributed one week prior to the event and were free; therefore, people had not invested a lot in obtaining the wristbands." Even so, there were 300 more immunizations administered at this year's event than last year's in the same amount of time with no traffic issues and no air quality issues. Staff was able to monitor the entire event from the "Department Operations Center utilizing WebEOC while simulating an internet outage and utilizing amateur radios to transmit web pages over the airwaves, which could occur in an actual event. This was a statewide exercise with Carson City conducting a drive-through and walk-through POD event.

An exit survey was conducted prior to vehicles exiting the garage. According to the survey the "throughput time was fourteen to thirty-three (14-33) minutes (from the time the vehicle entered the parking lot until exiting the garage), with an average time of twenty-five (25) minutes. The survey also indicated that 96.7% of the participants indicated "they were very happy or happy with the throughput time experienced." Those participating indicated the convenience of the UNR garage location "was fine." Obtaining a wristband required the additional "inconvenience of coming to the Health District to obtain a wristband prior to the event; however, the vast majority of participants indicated "they were happy or very happy" with that process." Dr. Todd presented a charts providing an overview of the demographics of the "race of the participants; and the insurance status of participants."

Dr. Todd reviewed the "lessons learned", advising that there is a "need for more space for volunteer staging; that space used in Legacy Hall was a little small; there should be better coordination for the 'just-in-time' training; better directions for how to pull into the shot stations, as the intent is for a vehicle to never have to back-up; and spreading out the arrivals and eliminating the two-step process of having to obtain a wristband then getting the immunization at a separate time. Staff is discussing with IT the possibility of an on-line appointment process.

Dr. Todd indicated that although staff and volunteers administered only 1,818 doses 2,500 does could have been administered with the same time frame. He would anticipate being able to administer 50,000 in a forty-eight (48) hour period utilizing this structure operating 24/7.

Comments received were: "awesome job, well organized, easiest, great job, etc." This was "one of the smoothest POD events to-date."

Chairman Humphreys

Stated that he has been impressed with the improvements to the POD exercises after each year's event – improving the wait-times, long lines, and the stream-lining of the process. Staff and the volunteers are to be commended for “job well done; that he has comfort in knowing an actual event could be operated in a very, very positive way.”

In response to Mr. Smith

Regarding utilizing the Livestock Event Center, Dr. Todd advised that the POD event was originally scheduled for the Livestock Event Center; however, “due to a paying customer requesting that date, Staff was required to find a second location.” Staff “needs to site-assess locations such as the Livestock Event Center, the Reno/Sparks Convention Center and other locations.” It is difficult to proceed beyond the site-assessment and an actual exercise as planning these events occurs months in advance and Staff is aware these types of venues “have to take paying customers when possible; however, it can cause problems with conducting the event.” It is important to have the site-assessments as in a real emergency these venues would probably be available.

Ms. Ratti

Advised that in assisting in the electronics recycling event which was held at the Reno Livestock Event Center, which resulted in traffic backing-up on the freeway and ultimately the Highway Patrol “shutting the event down.”

Dr. Todd

Staff did have concerns regarding traffic backing-up as the freeway is in close proximity to the UNR parking lot that was used as the staging area; that this did not become an issue for this event. There is the concern regarding how patient people would be in an actual emergency; that wristbanding would probably not be utilized in a actual event; however, there are other methods which would be implemented to spread the arrival times for the dispensing of immunizations or medications. The wristbanding “is a means to test theories for an actual exercise.”

Ms. Ratti

As a Board member she is impressed with “is the process improvement and continual learning; how dedicated Staff is to critiquing each event, learning from each one and implementing the appropriate adjustments.” She would commend the Staff and the volunteers.

The Board thanked Dr. Todd for the update.

CLARIFICATION – DISTRICT BOARD OF HEALTH ITEMS WHICH DO NOT HAVE TO BE PRESENTED TO THE BOARD OF COUNTY COMMISSIONERS

Chairman Humphreys

Advised that during the joint meeting of the Board of Health with the Board of County Commissioners (BCC) there was discussion regarding the BCC receiving "a lot of information from the Health District and how that amount of information could be reduced."

Ms. Leslie Admirand, Deputy District Attorney

Advised that the Board members have been provided with a handout (a copy of which was placed on file), indicating those Board of Health items which would have to be and those which do not have to be presented to the Board of County Commissioners. "Based upon language within the Interlocal Agreement there are Health District items were are placed on the Board of County Commissioners' agenda for the Board of County Commissioners' approval. However, the Board of County Commissioner approval is administerial in which there is no discussion; the BCC's duty is 'just to approve' the item." Commissioner Larkin had requested a decrease in the number of Items placed on the BCC agenda.

The handout items 1-16 are those items which are currently listed on the Board of County Commissioners' agenda; that both she and Ms. Foster, counsel to the Board of County Commissioners, presented the list to Commissioner Larkin for his recommendation "as to what items he would like to see deleted" from what is presented to the BCC. The right-hand side of the spreadsheet now indicates which items will continue to require BCC approval; which items the BCC will delegate the authority to the Board of Health and thus only require Board of Health approval; and those items which the BCC will delegate authority to the County Manager for review. Ms. Foster will present the recommendation to the Board of County Commissioners at the December meeting, delegating such authority to the Board of Health or the County Manager for final approval.

Chairman Humphreys

Thanked Ms. Admirand for the update, advising that "this will answer questions for Health District and County Staff; that upon acceptance by both Boards it can be disseminated to Staff; that this should assist in clarifying issues of concern.

Ms. Admirand

Advised that Ms. Jung had questioned the status of this report; that she reviewed the spreadsheet with Ms. Jung prior to the meeting. The only item she and Ms. Foster "declined to include in delegation to the Board of Health was item 14. out-of-state disinterments as *Nevada Revised Statute* (NRS) stipulates the Board of County Commissioners must make that decision."

In response to Dr. Khan

Regarding those Board of Health items requiring Board of County Commissioner approval, Ms. Admirand advised that those items "are similar to the 'consent agenda' items on the Board of Health agenda.

Ms. Brown advised that, as the Board of Health members can, these items on the Board of County Commissioners' agenda can be considered separately to allow for discussion.

The Board thanked Ms. Admirand for the update.

PRESENTATION – POSSIBLE DISCUSSION OF THE LOCAL PUBLIC HEALTH GOVERNANCE
PERFORMANCE ASSESSMENT INSTRUMENT – NATIONAL PUBLIC HEALTH
PERFORMANCE STANDARDS PROGRAM

Chairman Humphreys

Advised that as Ms. Jung was excused earlier, this item will be continued to the Board's December 16, 2010 meeting.

IMMUNIZATION PROGRAM UPDATE

Ms. Brown

Advised that due to the lateness of the meeting, Staff will continue this Program update.

STAFF REPORTS AND PROGRAM UPDATES

A. Director – Epidemiology and Public Health Preparedness

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

B. Director – Community and Clinical Health Services

There was no Community and Clinical Health Services Division Director's Report this month.

C. Director – Environmental Health Services

Mr. Bob Sack, Director, Environmental Health Services

Advised that EHS Staff will be issuing the "annual holiday advisory of food safety tips for the holidays."

D. Director – Air Quality Management

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

E. Administrative Health Services Officer

There was no Administrative Health Services Officer report this month.

F. District Health Officer's Report

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

BOARD COMMENT

Chairman Humphreys

Advised that he will request that Dr. Anderson be present at the Board's December 16, 2010 meeting to be recognized by the Board of Health for her years as the District Health Officer.

Ms. Ratti

Requested a report at the Board's December 16, 2010 meeting, from the newly appointed Interim Health Officer present "a plan as to how she will approach the Legislature as timeliness is of the essence. She would request information regarding who may be a Registered Lobbyist and who of Staff may be providing expert testimony, etc.

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