

Washoe County



Health District

Washoe County District Board of Health Meeting Minutes May 26, 2012

PRESENT: Mr. Matt Smith, Chairman; Commissioner Kitty Jung, Vice Chair, George Furman, MD; George Hess, MD; Dr. Denis Humphreys, and Councilman Gustin

ABSENT:

STAFF:

Dr. Joseph Iser, District Health Officer
 Kevin Dick, Director, Air Quality Management
 Robert Sack, Director, Environmental Health Services
 Mary-Ann Brown, Director, Community and Clinical Health Services
 Lori Cooke, Fiscal Compliance Officer, AHS
 Steve Fisher, Department Computer Application Specialist
 Peg Caldwell, RN1, EMS Program, EPHP
 Phil Ulibarri, Public Information Officer
 Bev Bayan, WIC Program Manager, CCHS
 Leslie Admirand, Deputy District Attorney
 Peggy F. O'Neill, Recording Secretary

Eileen Stickney, Administrative Health Services Officer
 Randall Todd, DrPH, Director, Epidemiology and Public Health Preparedness
 Tony Macaluso, Environmental Health Specialist Supervisor, EHS
 Patsy Buxton, Fiscal Compliance Officer, AHS
 Stacey Akurosawa, EMS Coordinator, EMS Program, EPHP
 Daniel Inouye, Air Quality Supervisor, AQMD
 Charlene Albee, AQM Enforcement Branch Chief

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_____ pm 1, 2	Meeting Called to Order, Pledge of Allegiance and Roll Call	Chairman Smith called the meeting to order, followed by the Pledge of Allegiance led by _____. Roll call was taken and a quorum noted. _____ are excused.	
3.	Public Comment	No public comment was presented.	
4.	Approval/Deletions – Agenda –May 24, 2012	Chairman Smith called for any deletions to the Agenda of the May 24, 2012 DBOH Meeting. Councilwoman Ratti moved, seconded by Dr. Hess, that the DBOH Agenda be approved as presented.	<u>MOTION CARRIED:</u> The agenda for the DBOH May 24, 2012 meeting is approved _____.

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5.	Approval/Deletions – Minutes – Regular Meeting of April 26, 2012	<p>Chairman Smith called for any additions or corrections to the minutes of the April 26, 2012 Regular Meeting.</p> <p>_____ moved, seconded by _____, that the minutes of the April 26, 2012, meeting be approved as presented.</p>	<u>MOTION CARRIED:</u> , April 26, 2012 Minutes approved as presented.
6.	Recognitions and Proclamations	<p>There were no new employees, promotions, or recognitions this month.</p> <p>A Proclamation regarding National Emergency Medical Services being May 26 – 26 was presented.</p> <p>_____ moved, seconded by _____, that the Proclamation be approved as presented.</p>	<u>MOTION CARRIED:</u> , Proclamation approved as presented.
7.	Consent Agenda	<p>A. <u>Air Quality Management Cases:</u></p> <p>1. Unappealed Citations to the Air Pollution Control Hearing Board:</p> <p>a. Lennar Reno LLC, Case No. 1079, Unappealed Citation No. 5151– Staff Reported Citation No. 5151, Case No. 1079, was issued to First Centennial Title Company on January 24, 2012, for closing escrow on a property at 2558 Betsy Street in Sparks, with wood stove inspection paperwork marked “fail” in violation of Section 040.051 D 3B2 and E 3C of the Washoe County DBOH Regulations Governing Air Quality Management. Staff recommends the citation be upheld and a fine in the amount of \$500.00 be levied.</p> <p>b. First Centennial Title Company, Case No. 1073, Unappealed Citation No. 5009 – Staff Reported Citation No. 5009, Case No. 1073, was issued to First Centennial Title Company on January 24, 2012, for closing escrow on a property at 375 Wellington Way in Reno, with wood stove inspection paperwork marked “fail” in violation of Section 040.051 D 3B2 and E 3C of the Washoe County DBOH Regulations Governing Air Quality Management. Staff recommends the citation be upheld and a fine in the amount of \$500.00 be levied.</p> <p>c. Star Cleaners, Case No. 1075, Unappealed Citation No. 4590 – Staff reported Citation No. 4590 was issued to Star Cleaners on February 13, 2012, for replacement of dry cleaning equipment without</p>	<u>ACTION ITEMS:</u> (1) Letters to First

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		<p>an authority to construct, and failure to file a change of ownership notification with the Air Quality Management Division.</p> <ol style="list-style-type: none"> 2. Recommendation to Uphold Citation Appealed to the Air Pollution Control Hearing Board: None. 3. Recommendation for Variance: None. <p>B. Sewage, Wastewater & Sanitation Cases: None.</p> <p>C. Budget Amendments / Interlocal Agreements:</p> <ol style="list-style-type: none"> 1. The Board was advised Staff recommends ratification of Intrastate Contract between the Washoe County Health District and the Nevada State Health Division to provide a work location for the State Health Division's Center for Disease Control and Prevention (CDC) assignee for the purpose of providing direct and efficient assistance to the Health District for Strategic National Stockpile planning for the period upon ratification through November 27, 2012; and if approved, authorize the Chairman to execute the Intrastate Contract. 2. Approval of Subgrant Amendment #1 from the Nevada State Health Division in the amount of \$585,697 (with \$58,570 or 10% Health District match) for the period August 10, 2011 to August 9, 2012 in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness (PHP) Program; and if approved, authorize the Chairman to execute. 3. Approve donation of various obsolete equipment to Desert Research Institute (DRI) with a current market value estimated at \$ - 0 -. <p>Councilwoman Ratti moved, seconded by Commissioner Jung, that the Consent Agenda be approved as presented.</p>	<p>Centennial regarding both \$250 fines and due date; and (2) letter to Star Cleaners regarding the \$500 fine and due date.</p> <p><u>SINGLE, CONSENT AGENDA MOTION - CARRIED:</u> Citations First Centennial Title and Star Cleaners Upheld and fines levied as recommended; ratification of Intrastate Contract; Approval of; and Subgrant Amendment #1; Approval of donation by DRI; the Chairman authorized to execute on behalf of the Board where applicable.</p>
8.	Air Pollution Control Hearing Board Cases	None.	

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9.	<p>Regional Emergency Medical Services Authority</p> <p>A. <u>Review and Acceptance of the Operations and Financial Report – March 2012</u></p> <p>Board Comments</p> <p>B. <u>Update of REMSA's Community Activities Since March 2012</u></p>	<p>Mr. Jim Gubbels, Vice President, REMSA reported that the DBOH members have been provided with a copy of the March 2012 Operations and Financial Report; overall emergency response times for life-threatening calls in March 2012 was 93%, and 97% for non-life threatening calls; within the 8 minute zone, it was 92%; within the 15 minute zone, it was 98%; and within the 20 minute zone, it was 100%. Advised the overall average bill for air ambulance service for March 2012 was \$6,446.00, with a year-to-date average of \$7,052.00. The overall average bill for ground ambulance services for March 2012 was \$1,008.00, with a year-to-date average of \$1,004.00.</p> <p>Commissioner Jung stated that she did a "ride-along" with Reno Fire at Station 6 (Mira Loma) a couple of weeks ago, and we got a real call which was a potential extraction situation. A car full of five kids (ages 15 – 17) had a rollover accident. Two were hurt pretty badly, but all are doing well now. She wanted to remark how seamless the operations are between REMSA, the Fire Department, and the Police Department. So while at the higher level, some of us can't get along, the boots on the ground work so well together. Being at a traumatic event and watching what they do was very enlightening. I would highly recommend Board members take advantage of that opportunity. She asked that Mr. Gubbels tell his staff how impressed she was with the operation.</p> <p>Commissioner Jung moved, seconded by Dr. Hess, that the Operations and Financial Report for the Month of March 2012 be accepted as presented.</p> <p>Mr. Gubbels presented information regarding an article recently published in <i>Vertical 911</i>, which highlighted the all female CareFlight team based in Truckee, California. Mr. Gubbels stated that it is not unusual to have Flight Nurses who are female, but it is unusual to have female pilots in the industry, and this team is also exceptional as all crew members are female and are an incredible team.</p>	<p><u>MOTION CARRIED:</u> REMSA's March 2012 Operations and Financial Report accepted as presented.</p>
10.	<p>Presentation and possible approval of the Franchise Compliance</p>	<p>Ms. Stacey E. Akurosawa, Emergency Medical Services Coordinator, stated that staff recommends that the DBOH find REMSA in compliance with 31 of the 31 performance requirements for Fiscal Year 10/11. Presented to you is the Franchise Compliance Report for REMSA for the period 7/1/10 through 6/30/11. Applicable</p>	

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	<p>Report for the Regional Emergency Medical Services Authority (REMSA) 7/1/10 through 6/30/11</p> <p>Board Comments</p>	<p>excerpts from the franchise language are in italics, followed by the description of the findings in standard type. The timeframe is this way to allow time to receive the fiscal audit reports.</p> <p>Commissioner Jung had a question about Finding No. 7. If REMSA is in compliance, does that mean that they have secured a bank letter of credit in the amount \$200,000? Ms. Akurosawa deferred to Ms. Drinkwater, REMSA's counsel. Ms. Drinkwater stated that under the terms of the Franchise Agreement, REMSA has the right of offset in excess of \$200,000, which means they are allowed to offset the service performance security because of the large amount of their receivables.</p> <p>Dr. Hess moved, seconded by Commissioner Jung, that the Franchise Compliance Report be accepted as presented.</p>	<p><u>MOTION CARRIED:</u> Franchise Compliance Report for 7/1/2010 – 6/30/11 is accepted as presented.</p>
11.	<p>Review – Acceptance – Monthly Public Health Fund Revenue and Expenditure Report – March 2012</p>	<p>Ms. Eileen Stickney, Administrative Health Services Officer, reported that staff recommends that the District Board of Health accept the Report of Revenues and Expenditures for the Health Fund for March FY12.</p> <p>Staff would like to respond to the questions that were raised last month by Dr. Humphries about the difference between the appropriations for FY 11 to FY12. He noticed that in the Professional Services line item, there was an increase of about \$300,000. Staff has reviewed the appropriation levels for the different divisions. To give the Board a percentage, staff presents a compare and contrast to explain the difference.</p> <p>In FY11, Admin basically had a zero percent to this year's 1%; Air Quality had 26% last year - 21% this year; CCHS had 13% last year – 15% this year; EHS had 33% this year - 46% last year; and EPHP had 27% last year and 11% this year. The vast majority is in two areas; Air Quality and EHS. In both of those areas there are what we call deferrals. When we actually have revenues that come in for the fiscal year and then during the year end close out process if those dollars are not spent, they are carried forward into the new year.</p> <p>So the Budget is amended at the beginning of the year in the adjusted budget. So it's the Air Quality deferrals and also the Solid Waste tire dollars. So if they are not actually spent out, that process will happen again at the year end. Sometimes if you have adopted at the beginning of the year we have budget amendments that</p>	

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		<p>will increase those, and not to say applied but we kind of use that when we are balancing for deferrals. When you have these dollars and they are specifically not attached to salaries, you might put them into Professional Services, because then it allows you to use those dollars if you have special projects that you want to work on that you show the category you use it from.</p> <p>There was a question last month about Immunization Revenues and why they are down. Ms. Brown will present the actual immunization rates in her staff report, but staff also reviewed the Revenue from Immunizations to determine what is driving the low numbers. We have determined that with the present economic conditions, a lot of the clients simply don't have the money to pay for these services. They do self report their income, but also we have a project going on in collaboration with the FCOs, CCHS, and tech services looking to revise the Super Bill and making sure we are charging things in the right area in an attempt to make sure we can take advantage of the different activities we do. So right now we are not billing out, so I think that is also a reflection on a couple of areas. Staff is finalizing that now, so we should start billing again soon. We do not think we will get a lot more revenue, because we've estimated a reduction in revenue in our budget and ETCs, but Staff did want to answer those two specific questions.</p> <p>Also, I wanted to bring to your attention on page 3, under "Seasonal Temp," you will see a General Ledger account that we have not used before, 701125. Basically, the charge in there is for two seasonal temps hired by Human Resources that are charging to the Health Fund. They are assisting us with some recruiting. That expenditure of \$43.02 is correctly captured. It is a unique charge. There is a little bit more that will come before we are finalized.</p> <p>The other item I would like to bring to your attention is the Retirement Calculation line item. This line item will be addressed more fully in the FY 13 Budget update, but we did have in their \$355,282, and there is actually an expenditure of \$5,435.00 and those were for costs when we had an IT project that the county was assisting us with. We had a period of time that we had grant dollars, but IT did not meet the deliverables within those times, and of course, the charges that IT charged us during that time was disallowed, so the Health Fund had to absorb that charge. We also had a staff member that move from one grant area to another, and then took leave, and if you are taking leave before you have accrued enough time on the new grant, it is a compliance issue. If you have Grant B, it's not going to be paying you until you've earned 200 hours by working there. We had an individual that took leave before they had enough time, so we can't bill it back to the grant that is closed, and it is not an allowable charge to the new grant, so it hit the Fund. That's why we have appropriations there so you can see above that we have payouts for vacations, sick leave, and comp time of about \$147,000. So those were a couple</p>	

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	BOARD COMMENTS	<p>of areas staff wanted to bring to your attention.</p> <p>Also, in Regulatory Assessments, we had expenditures where there was no appropriation. As you will recall, during the last legislative session, there were some environmental charges, and we have absorbed that cost of \$11,920 in the Fund. Staff will address a little later about how it is important that the Fund be able to absorb certain items.</p> <p>Dr. Hess questioned pg. 2 of the Revenue Sheets - Other Miscellaneous Government Revenue line item. There is appropriated \$847,100. That's a huge number just to be termed "Miscellaneous."</p> <p>Ms. Stickney stated that she had noticed that herself, but did not have sufficient time to research, but it looks like an adjustment by reduction in the Transfer. Ms. Cooke confirmed that it is a revenue and expenditure reduction. It is simply an accounting entry to balance those revenues.</p> <p>Councilwoman Ratti moved, seconded by Dr. Hess, that the Health Fund Revenue and Expenditure Report for March 2012 be accepted as presented.</p>	<u>MOTION CARRIED:</u> Health Fund Revenue and Expenditure Report for March 2012 accepted as presented.
12.	Presentation of FY 13 Budget Update	<p>Ms. Eileen Stickney, Administrative Health Services Officer, we presented our Proposed FY 13 Budget to you on March 15, 2012, and while we are in this process, we will maintain this item on the Agenda so we can give you updates and keep you informed about where we are in the process.</p> <p>At your seats was placed a handout to be added to your Budget Books under Tab 30. It is an updated copy of the Per Capita sheet which reflects the FTEs by program which was requested.</p> <p>No additional concessions have been agreed to by the employees yet, but as you recall, we imbedded that additional 4.5% reduction in our budget from the onset. Therefore, we do not have to meet additional reductions. Both reclassifications that we requested were approved, but one was only approved as a Admin Secretary rather than the requested Admin Assistant. No fiscal impacts will occur with these changes because we included them in our Proposed Budget.</p> <p>Ms. Stickney and Ms. Fine met regarding the county's recommendations and were able to come to consensus. We agreed on the final adjustments that they will make. Finance will update the State Doc, and we will present those to you, and we will also present to you the Project Accounting Sheets. That is the document that</p>	

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	<p>Board Comments</p>	<p>will reflect the final FY 13 Budget. Typically, we present that to you in your June board meeting. That is our target.</p> <p>As mentioned earlier, we have been using the Retirement Calculations line item to capture funds to use as a contingency fund to have a little bit of flux for cash flow. As we all agreed, the \$50,888 proposed Ending Fund Balance was not adequate, so the County asked us to make a shift and move these dollars from the Retirement Calculations line item and have it fall to the Fund to bolster the Ending Fund Balance. We did clarify with them that the Health District will be able to retain any salary savings and not have to participate in salary sweeps, since we have not participated in them since 2003. Since 2003, we have kept our salaries, and although we want to fill our positions, some vacancies have been artificially held in order to appeal them, but that lag creates a savings for us. That is basically what we have been somewhat living on for the last few years. If we have retirement payouts, we are fiscally very conservative, and we want to have that as appropriations, but in these very difficult times, Finance suggests that if you can reduce that line item, it will help increase the Health Fund Balance, and if there was a scenario where the Health Fund could not make the payout, then Finance made a commitment to assist.</p> <p>So, for example, we try and be good public health partners. Like the Environmental Assessment, the \$11,900, we paid for the county. We try and just balance items out. So we won't have that line item there, but we can go to the Fund or to the County since they made that commitment if there was a very significant unforeseen event such as a TB outbreak or West Nile virus outbreak, we can go back and ask for an augmentation.</p> <p>With these changes, which Staff will present to you when we receive the updated State Doc, our Ending Fund Balance went from \$50,888 to \$457,716. Not quite ideal, since we have talked about trying to get to approximately \$800,000 as a target. Only once in 19 years have we ever needed a bridge loan. It was paid back within thirty days. Finance just needs to be very transparent if they want us to take this money out of where we would ideally like it, and we will be agreeable to do that. Then if we were to come back and need a bridge loan, it would be done without prejudice.</p> <p>Councilwoman Ratti questioned what percent of the recommended budget is the recommended Ending Fund Balance. Ms. Stickney projected it between 2 and 3%, but will come to the Board with an exact number once it is finally approved. Ms. Stickney reported that is one of the benefits of being attached to the County as a special fund. We can still have the umbrella of the County and be in compliance.</p>	

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		<p>Dr. Iser provided at your seats, a copy of the COWCAP presentation that was made by Alan Rosen, Washoe County Budget Director. On page 7, that document illustrates the tentative cost per function, the allocation basis, and the total of \$2.55 Million general fund cost, with a subsidy of \$2 Million, which is a net cost of \$550,000 to the Health Fund. The COWCAP was also included in the County's FY 13 Recommend, so we don't have to come up with additional dollars now. We met with Finance and Katy Simon to have a preliminary discussion about the implementation of the COWCAP, and this was eventually treated as our appeal since our discussions went further into the implementation.</p> <p>Dr. Iser added that our main request was that we not have this cost imposed this year to allow time to come back to the DBOH and ask for an increase in our fess and permits and to give us time to put these fees into the grants as they renew or we get new ones. That request was denied. Ms. Simon said that she couldn't do that because "we can afford to pay it." Dr. Iser pointed out that this doesn't give us any extra money. We still lose \$550,000, which otherwise could go toward the Fund Balance, services, or any number of things, and this is only the first year. Ms. Simon wouldn't project how much we might be charged or subsidized for subsequent years, but the plan is to have this \$2.55 Million paid by us out of our funds and income in about three years. Ms. Simon sees this as a three year process. We have to project out, and within two more budget years, come up with the full \$2.55 Million out of our budget. The only way we can do that is by asking the DBOH to approve fee and permit increases. We would then have to incorporate overhead in the grants as they renew or in new grants.</p> <p>Dr. Iser stated that because he saw this as a significant change from what we presented to the DBOH and our partners, the cites of Reno, Sparks and the County, Dr. Iser made the decision to pull those partners in together to discuss this again so that all parties would understand that no matter how you slice it or dice it, we are giving up this year the \$553,000, and in subsequent years, we are going to have to find those dollars, and more dollars, in other places. Other places could also mean that we give up programs and save the General Fund that goes in to support those programs. Last month Dr. Iser reported that he went back and talked to Family Planning at the federal level, and he is trying to look at how can we save some of the current funds that we put in as General Fund match, and they gave us some ideas that we are looking at and trying to implement. But again, what that means is that if we are trying to cut down on the General Fund that we give to these programs, we will have to cut down on the services provided.</p> <p>We invited both Chairman Smith and Commissioner Jung to represent the Board at this meeting. We can't ask you for a vote on this, but we do have one potential last appeal, and that is directly to the BCC on May 15, and I can do that, but I would not want to go against your desires to appeal. We wish we had given you enough</p>	

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		<p>notice so that this could be an action item, but this just came up over this week, in fact. Ms. Admirand stated that the matter could be discussed but no action could be taken.</p> <p>Dr. Hess questioned the net effect of the COWCAP implementation. Ms. Stickney clarified that the County is subsidizing \$2 Million of the COWCAP, so the current year General Fund Transfer will be \$8.6 Million. Ms. Stickney also stated that in the 19 years she's been with the Health District, we have never taken an appeal to the BCC. Dr. Hess questioned if she had ever been confronted with a three-year plan like this? Ms. Stickney stated that we have had to deal with reductions in the past. We have had good years, and we have had bad years.</p> <p>Dr. Iser confirmed that the County's original plan is to fully implement the COWCAP within three years. If you look back on page 5, it gives you an idea of the other entities being charged. What they are doing is increasing our General Fund Transfer by \$2 Million, but charging us \$2.55 Million for the COWCAP, so we have a net effect of a \$553,000 decrease in our budget.</p> <p>Councilwoman Jung stated that this is a double-edged sword because she asked for this. This was borne out of the request that Regional Animal Services take a 10% cut because they had an ending fund balance more than what their annual budget was. This was completely irrational to her. No one had a nexus to why we were doing that. That's where this was borne, because she wanted to have everything validated if we were going to have cuts. The county has no idea what the real cost of any of the services are since we have no real way of tracking the overhead in place. So this COWCAP was designed to go to those special funds that are property tax overrides or a fund all by itself. The Health Fund happens to be one of those funds. They are not going after the Departments that are purely funded by the General Fund because it would simply be a wash. We are going to dig down deeper and see exactly how much those accounts that are general funded actually cost us as well. We do have a cost allocation for that. This is huge sticker shock because we've never done it before. The give back from the County Manager, which she does believe is pretty generous, is that the Health Fund will be subsidized for \$2 Million.</p> <p>Ms. Jung stated that in terms of the Health District breaking out of the County over the next three years. I say hold your horses. This is a way that we are able to balance this budget and we anticipate indeed that the Department should go back and start billing for services as a true reflection of the administrative overhead costs. Ms. Jung stated she will do whatever the Board tells her to do because she's been working on this diligently. If you've watched the budget presentations, she has asked every single presenter what their COWCAP was, and why they</p>	

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		<p>were'n't included in this COWCAP. She asked that all bear in mind what the goal is behind the implementation of this policy. She does not believe that the Health District will get a bill for \$2.55 Million next year. The BCC couldn't do it with a clear conscience. That is why if you look at Senior Services, it is fully subsidized this year, because if the BCC did that to Senior Services there would be no services this year. The County has a really tight, tight, budget also. According to their calculations, the Health District is an expensive place. The Health District employees notoriously have been frequent flyers of our HR department. That's no fault of the people who work here, but some of the leadership they have had. There are some true costs that are borne that we have never ever calculated. She still believes it's the right course correction, and she does not believe the Health District is going to get hosed. We've already said that the COWCAP is already ... Ms. Stickney is that already included in our budget?</p> <p>Ms. Stickney confirmed that when she and Ms. Fine went back through the budget and tightened up the ETCs, etc. that yes it is included in the WC FY 13 Recommend, and no cuts had to be made to accomplish that end.</p> <p>Ms. Jung stated then that the house is not on fire, and Ms. Stickney said that she could agree with that statement.</p> <p>Dr. Furman stated that he agrees with what Ms. Jung said, but he believes that there will be additional cuts. So looking at greater efficiencies will be imperative.</p> <p>Dr. Iser stated according to Ms. Simon, we are not projecting additional cuts in General Fund Transfer for FY 14, so when we prepare the three-year budget which is due at the end of December, we would show at least a stable transfer of funds. The difference would be if the County decides to increase the amount that we have to pay for COWCAP, and I project that they will.</p> <p>Ms. Stickney stated that technically, we can only budget from year to year to year, but we can do some planning. We talked about when we have a Strategic Retreat, we should do it a little later, possibly at the end of October or early November, and do our cost benefit analysis, and go through each program. We will have more information by that time to really anticipate and have a plan.</p> <p>Dr. Iser stated that there are also caps on most grants as to how much overhead we can charge. For the most part it is less than what the COWCAP would be. We are not allowed to charge a federal grant that much money.</p>	

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		<p>Ms. Ratti stated that most grants only award so much. If you have to allocate more of it to the COWCAP, you will be taking more from programming. They will not be giving you more money. While she appreciates the spirit of advocacy of going before the BCC to appeal the COWCAP implementation, the downside or potential risk of going before an elected body that has sole authority over a General Fund Transfer is that it goes against you. Right now, we are one of two agencies who are getting a subsidy. So we could go for an appeal and irritate the elected officials (which would never happen, of course), but somebody could propose that we will subsidize less. We need to be cautious about that possibility. It might not be the best move at this time.</p> <p>Dr. Furman stated that it is his belief that whoever gets elected next year, whether Republican or Democrat, there will be cuts next year to grant funding, and we need to be planning for that now.</p> <p>Ms. Ratti stated that projections are really only as good as the paper they are written on, and it is low-grade, taken out of the recycle bin. It's almost impossible to project out past six months. Ms. Ratti is a big proponent of scenario planning right now, so while it is a lot of work for staff, she believes you have to run all the scenarios. You run it without the \$2.55; you run it with the \$2.55; you run it with tax projections going up and with projections going down, knowing that it will change dramatically from what we project. That is the environment in which we are living, so she would suggest scenario planning for all of it.</p> <p>Dr. Iser stated that the only program that he knows about that we will expect to see cuts in is that the state is expecting a 10% cut each year over the next 5 years for Public Health Preparedness and the corollary grant for that. We will have to put that into our planning model. Dr. Iser stated that we have been successful in getting a greater allocation in the Public Health Preparedness grant, and the corollary grant. We will be getting about \$150,000 more for the next grant year than we did this year. We may be successful in other areas, but we are discussing with Mr. Whitley how we can better allocate percentages to state vs. local health authorities. We predict that we will get a little bit more, but that may only be temporary. Our next meeting is Tuesday, and it is about a Tobacco grant. After that we will talk about the Chronic Disease grant and how to allocate that from the state to the locals.</p> <p>Chairman Smith stated that he is very concerned by the way the BCC has implemented COWCAP this at this time with the economy as it is. It is the worst possible time, especially with no assurance about what type of subsidy may be coming next year. Ms. Jung stated that it is a sign of the times.</p> <p>Ms. Stickney stated that there has also been discussion of voluntary separation</p>	

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		<p>incentives. There will be vacation, comp time, sick leave payout, retirement credit, and PERs severance pay (0-5 years – 1 month; 5-10 – 2 months; 10+ - 3 months). Dr. Iser stated we don't know yet whether that requires us to lose an FTE; we will wait to see what the BCC says. We may be in the same situation as last year and not be able to do without an FTE. We have put together a spreadsheet that reflects how cuts to the Transfer affect our grant dollars, and how that would affect FTEs in that grant.</p> <p>Ms. Jung stated that what she would do is review Grady Tarbutton's presentation to the BCC. They used a very simple chart that showed, "if we cut this, we lose this in grant funding." This agency needs to put this together. Dr. Iser stated that he had prepared a one page document that reflects how much GF dollars and grant dollars are associated with each program and department, and the number of FTEs associated with each program.</p> <p>Ms. Ratti asked to confirm if the dollars moved from the line item Retirement Calculations to the Fund level were not really restricted funds. She was concerned that it related to retirement dollars, but Ms. Stickney clarified that staff was just using that line item as a contingency line item.</p> <p>Commissioner Jung moved, seconded by Councilwoman Ratti, that the Budget Update for March 2012 be accepted as presented.</p>	<p><u>MOTION CARRIED:</u> Budget Update for March 2012 accepted as presented.</p>
13.	<p>Presentation and possible approval of Chronic Disease Prevention Program funding opportunity application for the U.S. Food and Drug Administration's (FDA) Center for Tobacco Products new "Tobacco Regulation Awareness, Communication, and Education Program" (TRACE).</p>	<p>Ms. Mary-Ann Brown, Director, Community and Clinical Health Services, presents the Chronic Disease Prevention Program funding opportunity application for the FDA's TRACE Program.</p> <p>Ms. Brown stated that staff presents this opportunity as an attempt to find additional funding. The Tobacco Program has had significant cuts (we are down to one staff member), so we would like to have the authority to seek this funding. As Dr. Iser mentioned, he has been working diligently with the state trying to obtain some of that Tobacco and Chronic Disease Funding. If he is not successful, what we would like to do is submit an application for the TRACE grant. The award would equal \$1.5 Million for the first year, and \$3 Million for years 2, 3, and 4, if awarded. There will be 12 – 15 grantees awarded throughout the United States. We believe there are approximately 100 applicants, so we believe that gives us a reasonable opportunity for success.</p> <p>While the grant process itself is not a cumbersome as it is only about 24 pages, some of the assurances required are what is cumbersome. Some of them will require work by the County Comptroller's office. They are the biggest hurdle for this cooperative agreement. Dr. Iser, administration, and our FCOs have vetted</p>	

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		<p>this opportunity, and we hope you will support it.</p> <p>The initial \$1.5 Million of funding would be used to focus on comprehensive public education and communication programs to address the tobacco regulations and public health goals for the targeted populations of young adults, 20 year olds and teens, as well as adults with children. The application is due Wednesday May 9th. Notice of award will be sent out in September 2012. Both Dr. Iser and I would be happy to answer any of your questions regarding this funding opportunity.</p> <p>Commissioner Jung stated that the recent data indicating a strong uptick in teenage smoking is alarming. The teenagers are the ones that really have the risk today. Smoking among high school students is not necessarily considered gross or uncool in their peer group, and Washoe County has some of the worst rates of underage smoking.</p> <p>Dr. Furman agrees that he's sees more and more the need to focus policy on teenage smoking. However, this grant is being pushed through by the FDA. They are asking for more of the money and that's what we need to watch. Dr. Furman is concerned about what they will expect of the District. Ms. Brown stated that we have already done a significant amount of the due diligence. She further stated that one thing that might help us is that at the moment we receive such a small amount of money even though our smoking rate is at about 19%, that that may influence our positioning.</p> <p>Dr. Furman asked what happens if the funding goes away. Ms. Brown stated that we have begun to plan for that contingency. We now have the ability to hire intermittent health educators that could work on the project and these are employees are not permanent and work only as funding is available.</p> <p>Councilwoman Ratti stated that she believes there is no perfect funding source. The Health District is one of the few organizations in our area who are prepared to even apply for a grant such as this. She would suggest we move forward and deal with any future issues as they come.</p> <p>Commissioner Jung moved, seconded by Councilwoman Ratti, to approve the application for the Chronic Disease Prevention funding opportunity for the FDA's TRACE program as submitted.</p>	<p><u>MOTION CARRIED:</u> Chronic Disease Prevention Funding opportunity application for the FDA's TRACE program is approved as submitted.</p>
14.	Presentation and possible approval of an addition to the policy for approval of	Ms. Mary-Ann Brown, Director, Community and Clinical Health Services, presents the request for approval of an addition to the policy for approval of divisional policies and protocols.	

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	<p>Divisional Policies and Protocols</p>	<p>Basically, what we are asking is for the Board to delegate to Dr. Iser the ability to approve protocols and policies for our programs, primarily in CCHS, because we operate clinics and clinical programs that have clinical protocols and policies that are required to have government approval. For example, we recently had a Family Planning audit. They want to know that our policy manuals have had appropriate governmental review. We do have them reviewed by Legal and Risk Management, but Dr. Iser is well versed and completely capable of reviewing the clinical and administrative components of these policy manuals.</p> <p>We would recommend that you make a motion that we add language to our employee manual that the Board has delegated the review and approval process of for clinical and administrative protocols and policies to the District Health Officer. We can also require that he report back to you so that you are all well versed on what has been reviewed and approved. This would save you all reviewing rather substantial volumes of clinical material.</p> <p>Dr. Hess questioned whether they are reviewed at all right now? Ms. Brown confirmed that it had not been the practice. But coming from a clinical background, she found that curious, and as oversight had gotten tighter and tighter, she just believes it to be good practice. Dr. Iser has begun to review a few, and we have medical directors reviewing them, but it is a good administrative tool to recognize the foundation of documents that run your programs and clinics.</p> <p>Chairman Smith questioned what would happen if we did not have someone as well versed as Dr. Iser as a DHO. Ms. Brown stated that she believes it would be unlikely that anyone the Board would hire as the DHO would not have the expertise to review the policies from a clinical and administrative perspective. However, the Board could always change the policy if it so desires. That's why the wording states "program," because there will be other areas that require administrative approval of some of the guiding policies or protocols. Dr. Iser added that this crosses a "T" for grantors. In the last few weeks, he has reviewed the TB Program and Lab Manual, and will still have the Family Planning and Pharmacy manuals, along with others to review. Those are the kinds of things we are talking about. It also allows us to make changes that are appropriate if something happens, like we did with TB this last year, without having to come back to the Board.</p> <p>Councilwoman Ratti stated that she believes the governing board should govern, and that staff should manage, operate, and implement policies and protocols. Councilwoman Ratti moved, seconded by Commissioner Jung, that the District Health Officer be given the authority to review and approve all divisional policies and protocols.</p>	<p><u>MOTION CARRIED:</u> District Health Officer is granted authority to review</p>

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			and approve all divisional policies and protocols as submitted.
15.	Waste Storage Regulation, Section 040 – Animal Proof Containers	<p>Bob Sack, Director, Environmental Health Services, stated that this item was placed on the agenda at Commissioner Jung’s request. We have no presentation, but we would be happy to respond to any questions or concerns the Board may have.</p> <p>Ms. Jung stated that she requested this be agendized because of a complaint about garbage/bear issues in the Mount Rose Estates area. She would like to be proactive rather than waiting for a negative bear/human encounter.</p> <p>Mr. Sack stated that the governor’s letter addressed to the Board Members asked that we address the feeding issue. Mr. Sack reported to the DBOH that the Health District does not have the authority to deal with feeding issues. The Health District cannot adopt regulations that target a specific area. Ms. Jung questioned whether we had done that in Incline Village, and Mr. Sack responded that that was another organization. The Waste Storage Regulation is county-wide, and we have only received two complaints. The first was in Davis Creek Park, and it was reported that a bear was pounding on and attempting to get into a bear proof container, and the second was only an inquiry, and at the end of the conversation when the caller was asked if they wanted to file a complaint, they said no, that they would try to work it through the homeowner’s association. Ms. Jung stated that she believes the things she is hearing from constituents has a lot to do with the bear hunt and that people are sensitive. She requested that the Health District keep an eye on the situation.</p> <p>Dr. Iser stated that we are also happy to meet with any Board member regarding issues or question that we can address and keep items off the Board.</p>	
16.	Presentation of Air Quality Enforcement Procedure Board Comments	<p>Charlene Albee, Bureau Chief, Permitting and Enforcement Branch, Air Quality Management Division, reported that due to the number of questions raised in last month’s DBOH Meeting regarding the Air Quality enforcement procedures, Division Director Kevin Direct directed Ms. Albee to present an outline of the enforcement policies and procedures to address any concerns the Board may have. Ms. Albee then presented the policies and procedures which are currently in place (a copy of Ms. Albee’s presentation is in the record.)</p> <p>The Board thanked Ms. Albee for her presentation. Ms. Jung questioned how the AQM Division reaches out to the entities or persons who are cited. She stated that in last month’s Board meeting, the people who were cited seemed not to know what</p>	<p><u>ACTION ITEM:</u> Ms. Jung asked that Mr. Ulibarri do a media blast</p>

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		<p>was going on. Were they reached out to as you described? Ms. Albee replied that yes they were. We specifically touched base with First Centennial Title Company about six times.</p> <p>Ms. Jung stated that she was attended the Earth Day activities, and she spoke to our Health Inspectors there, and they did an excellent job. It was seamless, and it was very hot, and our representatives were very helpful.</p> <p>Chairman Smith stated that he believes the most important lesson we learned from last month is that any time we have an appearance before this Board without going through the Hearing Control Board, we should stop right immediately, and send them back through the proper channel.</p> <p>Councilwoman Ratti thanked the team for bringing the presentation to help the Board understand the process. It is very helpful to have these type presentations on different subjects for the Board to help us understand how it all works since we are not in the field, and we don't do this every day. Ms. Ratti appreciated staff's effort to bring this information to the Board.</p> <p>Dr. Iser stated that it is the Health District's intention to make sure the Board understands the process, because during last month's meeting, one member had stated that the process did not seem fair. Both of the entities who spoke during the public comment portion of the agenda returned to the process and had their fines upheld and they have chosen not to appeal to this Board.</p> <p>Mr. Dick stated that the Board actually accepted First Centennial's settlement agreement in today's Consent Agenda, so both pieces worked. First Centennial came in for their settlement conference, and Fisher Sand and Gravel appealed to the Air Pollution Control Board, and that matter will come before you next month for approval.</p>	<p>to advise the community that all Air Quality fines do not benefit the Health District, but instead go directly to the Washoe County School District.</p> <p>Commissioner Jung left the meeting at 2:47 pm.</p>
17.	<p>Presentation and possible approval of Annual Oxygenated Fuels Program Report</p>	<p>Daniel Inouye, Air Quality Supervisor, Air Quality Management Division, presented the Oxygenated Fuels Program report and stated that the Board's packet did not include the staff report. The staff report included a recommendation to accept this annual report as required by regulations and also requested possible direction to staff to eliminate the program. The recommended elimination of this program is detailed in the Alternatives section of the OxyFuel Report.</p> <p>The Environmental Protection Agency (EPA) has established health-based National Ambient Air Quality Standards (NAAQS) for six criteria pollutants, including carbon monoxide (CO). Carbon monoxide is a colorless, odorless gas emitted from</p>	

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		<p>combustion sources such as cars and trucks, woodstoves, and fireplaces. It can cause harmful health effects by reducing oxygen delivery to the body's organs and tissues.</p> <p>The current oxygenated fuel (oxy-fuel) program in Washoe County was established in 1989 and requires a minimum of 2.7 percent oxygen content in gasoline from October to January. Before the oxy-fuel program was implemented, wintertime CO levels in the Truckee Meadows frequently exceeded the federal standard. The last exceedance of the CO standard occurred in 1991.</p> <p>Local control strategies such as oxy-fuels and woodstove regulations were the primary reason for these improvements. EPA has also implemented strategies at the national level such as tailpipe emission standards for new cars and trucks. Today's vehicles are much cleaner than those built in the 1960's, 70's, and 80's. The incremental benefits of the oxy-fuel program have been diminishing as fleet turnover leads to a newer and less polluting vehicle fleet mix.</p> <p>The result of these control strategies is reflected in very low wintertime CO levels. During the 2011-12 season, the highest monitored CO concentrations were approximately 2/3 below the federal standards.</p> <p>As an alternative to the existing program, the DBOH may direct Staff to proceed with eliminating the program. Because the oxy-fuel program is an element of the CO State Implementation Plan (SIP), any modification will require DBOH adoption and EPA approval. The program would become a contingency measure in the SIP and be reconsidered should the Truckee Meadows violate the CO NAAQS.</p> <p>If directed to eliminate the program, Staff will work in coordination with EPA as well as the local Metropolitan Planning Organization (MPO). The local MPO is the Regional Transportation Commission of Washoe County (RTC).</p> <p>For EPA to approve removing the oxy-fuel program from the SIP, three issues must be addressed.</p> <ol style="list-style-type: none"> 1. Eliminating the program must not contribute to future wintertime exceedances of the CO NAAQS. Preliminary modeling indicated CO levels in the Truckee Meadows will continue to meet the standard. The AQM will maintain a CO monitoring network in accordance with EPA requirements. 2. The Motor Vehicle Emissions Budget must be revised to reflect the change in CO tailpipe emissions from cars and trucks. These budgets are used for transportation conformity analyses in the RTC's transportation plans. Staff 	

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		<p>anticipates that RTC's future long and short-range transportation plans will conform to the revised budget.</p> <p>3. Eliminating the oxy-fuel program will not contribute to future exceedances or violations of any other NAAQS. Preliminary modeling indicated that the change in tailpipe emissions will not contribute to future exceedances or violations.</p> <p>Staff feels that these three issues related to eliminating the oxy-fuel program can be addressed.</p> <p>Staff recommends that the DBOH direct AQM Staff to proceed with: 1) Eliminating the oxy-fuel regulation (040.095) from the DBOH Regulations Governing Air Quality Management; and 2) removing the oxy-fuel program from the CO SIP.</p> <p>Dr. Hess stated that his understanding is that the addition of ethanol is the primary thing that allows the fuel to meet these standards. He stated that he was curious what would happen if the ethanol is pulled out of our gas, how will we be sure that five or ten years from now we are still not having a problem.</p> <p>Mr. Inouye reassured Dr. Hess that our air quality monitoring will continue, and that prior to making this recommendation, the AQMD has run scenarios using models that the EPA has provided to us where we take the Oxy-Fuel program out totally, so we assumed a zero percent oxygen content, and those emissions were to a point where it did not appear to affect the ambient concentrations.</p> <p>Mr. Inouye stated that Air Quality would always continue to monitor for carbon monoxide. The proposal to eliminate the Oxy-Fuel Program is just to eliminate the program, not the monitoring. Monitoring for carbon monoxide will continue.</p> <p>Mr. Dick reported that last year AQM presented the Oxy-Fuel report to the DBOH, and Dan Gustin noted that Reno-Sparks was one of very few metropolitan areas that still had an Oxy-Fuel program in place. We told Mr. Gustin that we would evaluate the program and come back to the DBOH this year with more information and a recommendation of what we should do.</p> <p>Mr. Dick stated that our air quality is so far below the national ambient air quality standards for CO that when we run models for what sort of impact we get for the Oxy-Fuel program, the model compares the oxygen in the fuel, the ethanol during the winter months to a baseline with no oxygen in the fuel. There is only about a 4% difference in the area wide emissions of CO that we have. The bigger impact</p>	

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		<p>that we have seen from the Oxy-Fuel Program is the evolution of the technology of the internal combustion engine used in automobiles today. In the older engines, we got a greater benefit from the oxygen content, but now we are not seeing very much benefit. The program is basically a requirement for baseline levels of oxygen during the winter months that that would remove, and it would relieve us from running around and collecting all the samples of the gas to verify that content is in it. It wouldn't affect how much ethanol people are putting in fuels because that is driven by the energy policy that we have. If the subsidies go away, the ethanol quantity would decline, but we don't anticipate any problems with CO even if it goes to zero. This is purely on the fuel side. If we do eliminate the program, we will keep it as a contingency program in case we ever have issues in the future. This would have nothing to do with monitoring air quality. We will always monitor air quality.</p> <p>Councilwoman Ratti asked for clarification is there is a staff recommendation to eliminate the program, and Mr. Inouye confirmed that staff is recommending Board direction for elimination of the program. Councilwoman Ratti stated that it sounds to her as though it has become busy work because technology has advanced to the point where the program is not necessary. And since we don't have the budget for busy work, and staff could be directed to more useful tasks, she is all for it.</p> <p>Ms. Admirand advised staff and the Board that the request by staff is beyond the scope of the agenda item as written. The Board may act on the report, but no action may be taken on elimination of the program at this time.</p> <p>Councilwoman Ratti moved, seconded by Dr. Hess, to accept the Oxygenated Fuels Program Report, as presented.</p>	<p><u>MOTION CARRIED:</u> The Oxygenated Fuels Program Report is accepted as presented.</p> <p><u>ACTION ITEM:</u> Staff will bring a recommendation to eliminate the program to next month's board meeting on the consent agenda.</p>
18.	<p>Staff Reports and Program Updates</p> <p>A. <u>Director – Epidemiology and Public Health Preparedness</u></p>	<p>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.</p> <p>Dr. Todd apologized for his informal attire. He stated that he just left an exercise with Renown Hospital where we set up and deployed our mobile medical facility. It was a good exercise. All of the television stations were present and there should be some good coverage on TV.</p> <p>As mentioned last month, we have not yet seen the last of Cocksackievirus A6. We</p>	

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	<p>Board Comments</p>	<p>have since last month now had additional outbreaks in five daycare facilities. These were daycares that did not get our written recommendations on how to control this outbreak. We have been busy trying to remedy that situation and fill the gaps in the communication. The five outbreaks total about 52 additional cases. The attack rate in these five additional daycare facilities has been about 8%. It is a lesser outbreak than what we saw in the initial facility. The control measures seem to be working.</p> <p>One of the characteristics of this particular virus is that a month or so after the disease you can see some fingernail shedding. The nail sheds from the base outwards. We have now had three reports of nail shedding. Further confirmation that it is indeed CXA6.</p> <p>We are starting to get reports of novel strains of influenza that typically circulate in animal populations, primarily swine. They do occasionally jump the species barrier. Usually, they don't sustain transmission from person to person, but we do take note when some of those human cases happen close to us. The closest one I've read about is in Utah. Formal influenza reporting to the DBOH runs through the 20th week of the year. Typically, the results of surveillance become boring after that, so we don't report it to you, unless it becomes interesting again.</p> <p>Councilwoman Ratti asked if there was a more aggressive flu going through the community. Many of her team at work was taken out for an extended period of time. Dr. Todd confirmed that a significant amount of illness went through the community, but it was not flu. Surveillance did not report it as flu. It was one of our milder flu seasons, but other viruses were making people sick.</p> <p>Dr. Iser confirmed that all the influenza reporting has been boring all year, and we like that.</p> <p>Dr. Furman questioned the California mad cow reporting. Dr. Todd stated he had heard a report on CNN. It is an interesting case because we think of cows that have been fed animal products in their feed. It appears from what I am reading and hearing not to be the case here. This is reported as an atypical bovine amyloidotic spongiform encephalopathy, not unlike the classic form of Creutzfeldt-Jakob disease in humans which arises about once in every million people or so. There is still a question mark whether that is transmissible. We don't know very much about these atypical bovine amyloidotic spongiform encephalopathies.</p>	
	<p><u>B. Director – Community and Clinical Health Preparedness</u></p>	<p>Ms. Mary-Ann Brown, Director, Community and Clinical Health Preparedness, presented her monthly Division Director's Report, a copy of which was placed on file for the record.</p>	

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		<p>We have a widening TB contact investigation ourselves and have had to call in some additional resources ourselves. We will give a full report of what that investigation reveals next month when we have a better sense of the scope of the investigation.</p> <p>Out of a 100 or 110 proposals for the NNPHI QI Award, we were selected. It is a small cash award (\$5,000), but there will be lots and lots of technical assistance to work on a particular QI project which was identified to help develop what we would do for search capacity in our Sexual Health and STD programs if we were to have a significant outbreak. It's a win/win for us. We get a lot of technical assistance, and it helps us meet a deliverable for our sexual health programs for us to identify a plan if we were to have an outbreak larger than what we currently have capacity for. We were assigned an expert as a QI Couch from Washington.</p>	
	<p>C. <u>Director – Environmental Health Services</u></p>	<p>Mr. Robert Sack, Director, Environmental Health Services, presented his monthly Division Director's Report, a copy of which was placed on file for the record.</p> <p>Our pool reservation online system is working well. The spring like weather is prompting lots of calls and the system is working really well.</p> <p>Councilwoman Ratti commented on the growing problem of dog manure in parks in Mr. Sack's report. Mr. Sack stated that the division is highlighting that they are a part of the discussion. Dr. Iser stated that the article included in Mr. Sack's report is very interesting. <i>Toxoplasma gondii</i>, which is found in cat feces, is a significant human problem, especially for pregnant woman. You may have heard of all the sea otters dying off the coast of California. It is likely due to the same parasite or the litter box being thrown out and ending up in the ocean and infecting the otters.</p>	
	<p>D. <u>Director – Air Quality Management</u></p>	<p>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.</p> <p>Mr. Dick updated the Board regarding news reports about Washoe County receiving a "D" grade for air quality from the American Lung Association (ALA). Mr. Dick stated that the ALA are very tough graders. We received the "D" grade because for particulates and ozone. The ALA looked at air quality data which AQMD reported to the EPA during the period 2008, 2009, and 2010. At that time, our air was being impacted by wild fires in California. The data set also contained the exceedances that we had for PM 2.5 that were during the winter of 2009 and 2010 (In December of 2009, we experienced record breaking snow levels and inversions, and other extraordinary events in January). We had less than three days each year that we exceed "Unhealthy for Sensitive Groups." On each of</p>	

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		<p>those occasions, we informed the public what to do to for protection.</p> <p>The RGJ will be running a front page article tomorrow morning. We are trying to make lemonade out of lemons in promoting Air Quality Awareness Week next week, so press releases will be in the paper. Fortunately, Channel 8 did a good job of getting the information out there and letting people know that the “D” may not really represent the true air quality of our region.</p> <p>We included in our report that we received the EPA grant funding for electric vehicles, and earlier this week, we took possession of a Nissan Leaf. We will arrange for any of you to drive that around after a Board meeting if you haven’t been in a Nissan Leaf before.</p>	
	E. <u>Administrative Health Services Officer</u>	The Administrative Health Services Officer’s Reports were delivered in Agenda Item Nos. 11 and 12.	
	F. <u>District Health Officer</u>	<p>Dr. Joseph Iser, District Health Officer, presented his monthly District Health Officer Report, a copy of which was placed on file for the record.</p> <p>Dr. Iser reported that the TriData report that the County commissioned with that firm is not yet back, but it is supposed to be coming out soon. REMSA confirmed that also.</p> <p>Councilwoman Ratti questioned Dr. Iser about what the process will be when it is final. Dr. Iser reported that he believes Dr. Cohen will present his findings to the BCC. Dr. Iser will attend the presentation and would then present those findings to the DBOH. He does not believe that Dr. Cohen will present directly to the DBOH since he does not live in Nevada. Councilwoman Ratti requested that the DBOH members be notified when Dr. Cohen will make his presentation to the BCC so they may watch remotely or attend if schedules permit.</p> <p>Dr. Iser stated that he has begun a discussion with a not-for-profit organization that has a program called “NeedyMeds,” which provides discount drug cards for free. The card can be used to get discounts on pharmaceuticals or over the counter drugs if they have a prescription written for the drug. The discount would vary from drug to drug and whether generic or non-generic. NeedyMeds stated that they could provide the Health District with about \$20,000 in funding for personnel and \$10,000 for incidentals, if we decide to adopt this program, which would allow us to promote this service at the other local health care facilities. NeedyMeds has contracts with national pharmacies, so coverage should be good. Dr. Iser will update the DBOH periodically as this possibility evolves.</p>	<p><u>ACTION ITEM:</u> Notify DBOH members when TriData report is presented to the BCC.</p>

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		<p>We did include the CXA6 MMWR. This augments the information presented at last month's DBOH meeting. Dr. Chen, who works for Dr. Todd, is writing another article that is more inclusive of our cases, but does refer to the other cases, for submission to other medical journals.</p> <p>Dr. Iser directed the Board to the Boardroom screen to view two websites. The first is the County Health Rankings and Roadmaps site, which first came out a few years ago.</p> <p>http://www.countyhealthrankings.org/#app/nevada/2012/rankings/outcomes/1</p> <p>and http://www.healthylivingmap.com/zipmap.php</p> <p>Both websites are interactive. The County Health Rankings and Roadmaps site reflects data about Washoe County and the State of Nevada. As the Board is aware, we have been working on our Health Assessment, and it will be out soon. St. Mary's also prepares a Community Health Assessment every three years, and Staff is working with them on their Community Health Assessment for this year. St. Mary's has contracted with Dr. Packham from the UNR School of Medicine and Dr. Wei Yang from the UNR School of Community Health Services. The second website, www.healthylivingmap.com, is the kind of model that they would like to develop for Washoe County.</p> <p>This website depicts the Sacramento area. If you move your cursor over the map, difference things will pop up. We wanted you to see the model they are going to try to develop for our community if they have the funds. We would then have more community level data to access.</p> <p>Dr. Iser stated that in his discussions with St. Mary's representatives, they have made it clear that even in light of the pending sale, they will complete this year's Community Health Assessment, and that the foundation will complete the task in future years on a three year rotation.</p> <p>Dr. Iser has been trying to contact Renown also since, as a non-profit, they are required to complete a health assessment. He is hopeful that they will contribute dollars to the project. And hopefully we could then develop a website such as this.</p> <p>In the future, we would hope to contract and work with the both entities to complete the Health District Health Assessment every three years. This will also enable the Health District to meet this criteria for accreditation.</p>	

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19.	Board Comment	No Board comment was presented.	
20.	Public Comment	No public comment was presented.	
21.	Motion to Adjourn	<p>There being no further business to come before the Board, the meeting was adjourned.</p> <p>Dr. Hess moved, seconded by Councilwoman Ratti, that the meeting be adjourned.</p>	<p><u>MOTION CARRIED:</u> The meeting was adjourned at 3:15 p.m.</p>

JOSEPH P. ISER, MD, DrPH, MSc
DISTRICT HEALTH OFFICER

PEGGY F. O'NEILL,
RECORDING SECRETARY