

Washoe County



Health District

Washoe County District Board of Health Meeting Minutes August 23, 2012

PRESENT: Mr. Matt Smith, Chairman, George Furman, MD; Commissioner Kitty Jung, Vice Chair, Councilwoman Ratti, Councilman Gustin

ABSENT: Dr. Denis Humphreys is excused; Commissioner Jung left the meeting at 3:02 pm

STAFF:

Robert Sack, Director, Environmental Health Services, Acting DHO Kevin Dick, Director, Air Quality Management Bryan Tyre, Senior Licensed Engineer, EHS Candy Hunter, Acting Director, Community and Clinical Health Services Phil Ulibarri, Public Information Officer Steve Fisher, Department Computer Application Specialist Bev Bayan, WIC Program Manager, CCHS Leslie Admirand, Deputy District Attorney	Randall Todd, DrPH, Director, Epidemiology and Public Health Preparedness Eileen Stickney, Administrative Health Services Officer, AHS Kelli Seals, Health Educator II, CCHS Curtis Splan, DCAS, AHS Stacey Akurosawa, EMS Coordinator, EMS Program, EPHP Daniel Inouye, Air Quality Supervisor, AQM Sandra Maestas, Office Assistant II, CCHS Peggy F. O'Neill, Recording Secretary
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TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
1:11 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 Councilman Gustin. Roll call was taken and a quorum noted. Dr. Humphreys is excused.	
3.	Public Comment	No public comment was presented.	
4.	Approval/Deletions – Agenda –August 23, 2012	Chairman Smith called for any deletions to the Agenda of the August 23, 2012 DBOH Meeting.	Councilwoman Ratti moved, seconded by Dr. Hess, that the August 23, 2012 Agenda be approved as submitted. <u>MOTION CARRIED</u>

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5.	Approval/Deletions – Minutes – Regular Meeting of July 26, 2012 Board Comment	Chairman Smith called for any additions or corrections to the minutes of the July 26, 2012 Regular Meeting.	Commission Jung moved, seconded by Councilwoman Ratti, that the minutes of the July 26, 2012, meeting be approved as presented. <u>MOTION CARRIED</u>
6.	Recognitions and Proclamations	Mr. Sack and Chairman Smith recognized employees and made awards for years of service and promotion. A Proclamation declaring September 19, 2012, Obesity Prevention Awareness Day was presented.	Councilwoman Ratti moved, seconded by Dr. Hess, that the Proclamation be approved as presented. <u>MOTION CARRIED</u>
7.	Consent Agenda	A. <u>Air Quality Management Cases:</u> 1. Unappealed Citations to the Air Pollution Control Hearing Board: a. Mike Costello, Case No. 1091, Unappealed Citation No. 5301 – Staff reported Citation No. 5301 , was issued to Mike Costello on July 17, 2012, for failure operating a commercial auto body repair facility without a permit to operate and spray painting a vehicle without a spray booth on a properly located at 2115 Dickerson Road in Reno, Nevada, which is a major violation of Section 030.000 of the Washoe County DBOH Regulations Governing Air Quality Management. Staff recommends the citation be upheld and a fine in the amount of \$1,000.00 be levied as a negotiated fine . 2. Recommendation to Uphold Citation Appealed to the Air Pollution Control Hearing Board: None. 3. Recommendation for Variance: None. B. <u>Sewage, Wastewater & Sanitation Cases:</u> The Sewage Wastewater and Sanitation Hearing Board recommends approval of the variance request to the requirements of 040.005 Table 1 of the District Board of Health Regulations Governing Well Construction which requires a 100-foot setback from a well to a septic system leach field. The subject house was	

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		<p>built in 1920 on a small railroad lot in Verdi. The owner wants to upgrade the well to modern standards, but there is no place on the property to locate a well at least 100 feet from the septic leach field. The owner has proposed to seal the well to a depth of 130 feet to mitigate potential contamination of the well by the septic system.</p> <p>C. <u>Staff recommends Mark Simons, Esq. be re-appointed to the Sewage Wastewater, and Sanitation Hearing Board</u></p> <p>D. <u>Staff recommends Jeanne Rucker be appointed to the Sewage Wastewater, and Sanitation Hearing Board</u></p> <p>E. <u>Budget Amendments / Interlocal Agreements:</u></p> <ol style="list-style-type: none"> 1. The Board was advised that Staff recommends the approval of Notice of Subgrant Award from the Nevada State Health Division for the period July 1, 2012, to June 30, 2013, in the amount of \$404,040, in support of the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program and approval of amendments totaling an increase in \$51,313 in both revenue and expense to the FY 13 ASPR Hospital Preparedness Federal Grant Program, and if approved, authorized the Chairman to execute. 2. The Board was advised that Staff recommends the approval of Notice of Subgrant Award from the Nevada State Health Division for the period July 1, 2012, to June 30, 2013, in the amount of \$665,000, in support of the Centers for Disease Control and Prevention (CDC) Public health Preparedness (PHP) Program; and, if approved, authorize the Chairman to execute. 	<p><u>ACTION ITEMS:</u> (1) Letter to Mike Costello regarding fine and due date; (2) Letter to Vicki Smith regarding approval of variance; and (3) Letters to Mark Simons and Jeanne Rucker regarding appointments.</p> <p>Councilman Gustin moved, seconded by Councilwoman Ratti, that the entire Consent Agenda be approved as presented in a single motion.</p> <p><u>MOTION CARRIED</u></p>
8.	Air Pollution Control Hearing Board Cases	None.	
9.	Regional Emergency Medical Services Authority A. <u>Review and Acceptance of the Operations and Financial Report – July 2012</u>	<p>Mr. Jim Gubbels, Vice President, REMSA reported that the DBOH members have been provided with a copy of the July 2012 Operations and Financial Report; overall emergency response times for life-threatening calls in July 2012 was 92%, and 96% for non-life threatening calls; within the 8 minute zone, it was</p>	<p><u>Action Item:</u> Rate calculation method needs to be provided to the Board Members.</p>

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	<p>Board Comment:</p> <p>B. <u>Update of REMSA's Community Activities Since April 2012</u></p>	<p>92%; within the 15 minute zone, it was 95%; and within the 20 minute zone, it was 83%. Advised the overall average bill for air ambulance service for July 2012 was \$6,973. The overall average bill for ground ambulance services for July 2012 was \$1011.</p> <p>Dr. Hess requested information on how the rates are calculated. Councilwoman Ratti requested the same information for her constituents.</p> <p>Mr. Gubbels referred the Board Members to the articles provided for their review, and highlighted one instance where REMSA personnel were in attendance at a local marathon and were able to administer CPR when a young athlete collapsed just short of the finish line. She has since fully recovered.</p>	<p>Dr. Hess moved, seconded by Councilwoman Ratti that the Operations and Financial Reports for the Month of July 2012 be accepted as presented.</p> <p><u>MOTION CARRIED</u></p>
10.	<p>Presentation of <i>The Fitch Report</i> prepared by Fitch & Associates at the request of REMSA for the purposes of Medical Dispatch and EMS Improvement Recommendations</p> <p><u>Board Comments:</u></p>	<p>Patrick Smith, President of REMSA, gave background for the solicitation of the Fitch Report, and introduced Guillermo Fuentes of Fitch & Associates for his presentation and reviewed Mr. Fuentes expertise in EMS and dispatch.</p> <p>A copy of Mr. Fuentes' presentation was placed on file for the record, and Mr. Fuentes made his presentation.</p> <p>Dr. Furman stated that he has tried to research Fitch & Associates and has been unable to access information on its principals. Mr. Fuentes stated that information would be provided to the Board.</p> <p>Councilwoman Ratti stated that the sequencing of events is challenging for her. She has received the TriData report, but it will not be presented publicly until August 28. Since she has not yet had feedback from people she trusts to review this report, and here we are in a public forum with a response to the TriData report, she finds that troubling. She would have more questions if other stakeholders had reviewed and given their input, and then we had this response. She believes this should have happened at the next meeting. Also we seem to be missing a few pages to your presentation.</p> <p>Mr. Fuentes stated that Fitch stayed high level on this review. We did not review recommendation by recommendation. We wanted you to be informed about</p>	

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		<p>how the analysis should have been done and what is lacking in the TriData report.</p> <p>Councilwoman Ratti questioned the Board about what the process will now be and if Mr. Fuentes will return to the board. Councilwoman Ratti expressed her frustration that this evidences again the disjointed process in which the stakeholders are operating and how difficult it is to come to consensus when the processes are so disjointed, an example of which is this very presentation.</p> <p>Chairman Smith stated that REMSA's concerns about the process are why Fitch is here today. It is just a different view that we should look. He also believes that we should have Mr. Fuentes present again after we have all the TriData questions answered.</p> <p>Councilwoman Ratti stated that she has lots of questions, but because of the sequencing of events, she does not feel prepared to ask them.</p> <p>Councilman Gustin stated to Mr. Fuentes that he enjoyed the presentation very much. He stated that Mr. Fuentes has reported that this was a high level review (40,000 foot level), but he has some ground level questions. First, you stated that arrival at a scene in the 4-5 minute zone for cardiac arrest is not attainable. Is that going to lead to wide dissemination of AEDs? Mr. Fuentes stated that it is his opinion that that is the best practice to address cardiac arrest.</p> <p>Councilman Gustin asked Mr. Fuentes about his comments about dispatch. Mr. Fuentes stated that the science behind the data indicates that in 85% of calls, the callers do know what their emergency is, "Fire, Police, Medical." That's how they should be dispatched. Medical should triage calls that are not first identifiable.</p> <p>Councilwoman Ratti questioned whether Mr. Fuentes observed Sparks Dispatch. He did not. Councilwoman Ratti further stated that what she is having difficulty with is that she thought with research and information provided to her that a two-tiered system is the best protocol and what we should have in effect, and why we have a two-tiered system in place. She stated to Mr. Fuentes that in his report he is stating that that is not true. She asked for an explanation of that thought process.</p> <p>Mr. Fuentes replied that 10 years ago that is what the science suggested. Today, however, we are still suggesting a two-tiered system; but, science suggest that it is only practicable to roll Fire assets when they can make an outcome difference, which is suggested in only a small percentage of calls. The continued growth of your two-tiered response is costing your community a lot of</p>	

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		<p>money, which may be what your community wants. If you have the dollars, do it. That's the decision that needs to be made.</p> <p>Commissioner Jung asked Mr. Fuentes who paid for his review. Mr. Fuentes replied that REMSA paid for the review. Commissioner Jung asked Mr. Fuentes is he knew how many stakeholders were involved when TriData was selected to do their review. He stated he had no idea since he did not participate in that process. Commissioner Jung asked if REMSA was a stakeholder, and Mr. Fuentes replied that he believes so. Commissioner Jung questioned whether REMSA agreed to the evaluation criteria of the TriData study. Patrick Smith replied in the affirmative.</p> <p>On slide 11 (Fire's Excess Capacity), there are no local analytics. Fitch was not asked to do that analysis. What he is suggesting is that is an element which he believes should have been evaluated, and it has not been. Commissioner Jung then questioned what percentage of calls are cardiac arrest, and Mr. Fuentes replied 1 – 2%; Commissioner Jung asked about Slide 25 - Dispatch Review – Co-Location is wrought with challenges. Mr. Fuentes does not recommend co-location; supervision is a challenge; different technologies; communication centers are very difficult and complex to merge. Commissioner Jung questioned Slide 28 about how calls are being monitored by specialized personnel. Mr. Fuentes stated that REMSA's personnel are either paramedics or EMTs. Commissioner Jung stated that it is her understanding that ECOMM does perform internal call review for quality assurance. Mr. Fuentes stated that he understands that, but from a QA perspective, they should be held to an external compliance QA measure for effective monitoring. That is what is required for accreditation. Commissioner Jung also questioned Mr. Fuentes about personnel mobility and how that is practiced in REMSA. Mr. Fuentes stated that the dispatch personnel are either EMTs or paramedics so they can go back to the field; they can be supervisors in the field, and then go back and be dispatch supervisors. It's a systematic approach. Commissioner Jung questioned how frequently that happens and asked for a report on personnel mobility. Mr. Smith, of REMSA, responded that they will submit the report. Commissioner Jung asked about the, "One-dispatcher-does-all practice is unrealistic, laden with liability" statement on Slide 35. She questioned whether REMSA's paramedics and EMTs go through a decision-tree matrix, and couldn't a generalist be given the same type tool so that they might respond with the same acuity as specialized personnel? Mr. Fuentes responded that absolutely that could be done, but there would still be issues. He stated that protocol covers probably 85% of all calls. It requires 18 – 24 months to go through and effectively learn those protocols because of the jargon; and it's the calls that the protocol does not recognize that require the specialized training. It's the caller who says, no</p>	<p>Action Items: (1) Provide credentials for principals of Fitch & Associates to the board members; (2) Provide data that demonstrates REMSA's response times have gotten shorter over the last ten years; (3) Provide a report on REMSA personnel mobility.</p>

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		<p>I'm not having any difficulty breathing, but the paramedic hears the wheezing and rasping on the line. The protocol says don't send the ambulance, but the specialized dispatcher realizes the need for the ambulance and dispatches medical.</p> <p>Mr. Fuentes stated that all medical calls should be sent to REMSA. In some instances dispatch is triaging at emergency rather than sending straight to REMSA.</p> <p>ECOMM should have a third party review strategy for AQ. ECOMM is Sparks backup and Sparks is ECOMM backup. The higher concentration of risk personnel in one building, the higher the risk factor.</p> <p>Councilwoman Ratti stated that it is her understanding that Mr. Fuentes is recommending external quality assurance. Is that for the whole system, or just for dispatch? Mr. Fuentes stated that anything that is medical should have external quality assurance. The external quality assurance review that REMSA has would be the third party accreditation system. Third party review is what Mr. Fuentes recommends for dispatch or medical response.</p>	
11.	<p>Review and Acceptance of the Monthly Public Health Fund Revenue and Expenditure Report for July 2012</p>	<p>Eileen Stickney, Administrative Health Services Officer, presented the Monthly Public Health Fund Revenue and Expenditure Report for July 2012 of FY13, a copy of which was placed on file for the record.</p> <p>Ms. Stickney reported there is an item she will bring back to the Board at the September meeting. The FY 12 audited financials should be completed in September or October, and Staff expects to present them to the DBOH at the October meeting.</p> <p>Ms. Stickney reported that the entries for GL account numbers 432310 and 432311, being \$98,033.67 and 78,572.00, respectively, are actually the 4th Qtr FY12 revenue from the Tire Recycling Fee. The funds were received after the Department's closeout; however, a journal entry will be utilized to properly record the revenues to FY12. GL 460513 – Other Health Services - is at 34%. These are EHS revenue recorded for test holes and advisory inspections; GL 460530 – Inspector Registration AQM - is at 96%. These are AQM wood stove inspections that are certified annually in July. Moving to Expenditures on Page 4, 705320 is Worker's Compensation and 705330 is Unemployment Compensation. They are at 8% and 100% respectively. These are the charges per FTE that County staff bills to the Health Fund. We do not have control over the timing of the charges. GL 710319 – Chemical Supplies - is at 100%. This was the purchase price for the chemicals; GL 711113 – Equipment Services - is</p>	<p>Action Items: (1) Councilwoman Ratti requested a report on when and how the funding structure for the Health Fund changed; and (2) Councilman Gustin requested clarification on the Equipment Services line items.</p>

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		<p>driven by 71100 and 711117 and is at 92%. Ms. Stickney stated that she will follow up and advise the Board of the details next month. GL 711400 – Overhead General Fund - \$2,553,372.</p> <p>Ms. Stickney reported that there are two items she would like to address from the July meeting. The first is a report that was placed at your seats that reflects the history of the local contribution, revenues, and expenditures. Also, Dr. Hess had questioned the \$805,650 reflected in the financials, and Ms. Stickney gave the history of how those dollars are accounted for and that they represent the 10% reduction plan implemented by the Health Fund.</p> <p>Councilman Gustin requested clarification on 711113 and 71114 which are 437% and 358% respectively.</p>	<p>Dr. Hess moved, seconded by Councilman Gustin, that the Operations and Financial Reports for the Month of August 2012 be accepted as presented.</p> <p><u>MOTION CARRIED</u></p>
12.	<p>Approve the elimination of wage and benefit concessions effective July 2, 2012, and reinstitute merit increases and career incentive payments for the District Health Officer effective July 1, 2012</p>	<p>Laurie Griffey, Administrative Assistant I, presented a staff report recommending the elimination of wage and benefit concessions effective July 2, 2012, and reinstatement of merit increases and career incentive payments for the District Health Officer effective July 1, 2012, consistent with BCC action for its employees.</p> <p>Dr. Hess questioned Ms. Griffey about whether the funds are allocated for the Health Fund to do this, and she replied that these amounts were included in the proposed and final budget.</p> <p>Councilwoman Ratti questioned if this was simply to align Dr. Iser with the rest of the Washoe County Department heads, and Ms. Griffey replied that is the case.</p>	<p>Councilwoman Ratti moved, seconded by Dr. Hess, that the elimination of wage and benefit concessions be accepted as presented.</p> <p><u>MOTION CARRIED</u></p>
13.	<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. Hess questioned what happens if we have access to the large informational signs on the highway. Dr. Todd reported that we can question NDOT if that is a possibility.</p>	<p><u>Action Items:</u> Dr. Todd and Mr. Dick will contact NDOT to determine how the WCHD can access those highway signs in case of need.</p>
	<p>B. <u>Acting Director – Community and Clinical Health Services</u></p>	<p>Ms. Candy Hunter, Acting Director, Community and Clinical Health Services, presented the monthly Division Director’s Report, a copy of which was placed on file for the record.</p>	

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		<p>Dr. Furman expressed reservation in the implementation of the Nexplanon implants in the CCHS Family Planning Clinics in September. Dr. Furman stated that it has been his experience that there was a great deal of dissatisfaction with the Norplant device, and he is concerned that this implant product will have similar results, and that there will be liability and unforeseen costs borne by the Health District with the implementation of the procedure. He is specifically concerned about costs for removal if the patient so desires. He questioned: (1) what is the projected cost for implantation; and (2) at what age is this method being utilized?</p> <p>Ms. Hunter stated she understood Dr. Furman's concerns, and that although she didn't know the exact procedure fee, the implant itself costs \$375. As far as the age of consent for patients, she believes the contraceptive method will be similar to that for other methods which is based on legal requirements for FP and STD clinics. She defers to Stacy Hardie, Program Manager, for a detailed explanation.</p> <p>Dr. Hess agrees with Dr. Furman's concerns. He questions how will we budget for removal? Commissioner Jung stated that she is in full support of this initiative as long as the patients are counseled on the risks and benefits. She believes the easier it is for a woman to control her reproductive health, the better for her and society. (Councilwoman Jung was excused from the meeting at 3:02 pm)</p> <p>Ms. Hunter advised that Nexplanon is an FDA approved contraceptive method, a form of LARC – Long Acting Reproductive Contraception. LARC is viewed as a successfully approach, already implemented by many health care providers, that provides a long-term, effective method of contraception. She further advised that the FP Nurse Practitioners have undergone training and follow procedures approved by their medical consultant under contract with the Health District. She mentioned that the NP provided an inservice yesterday to HV program staff and she was able to observe the procedure in which the NP uses a device manufactured specifically for the purpose and learned that they were well-trained on the procedures.</p> <p>Dr. Furman stated that he believes it has been estimated that the cost for implantation is \$1,200. He would not be surprised if the actual costs are more. 15,000 women sued the manufacturer of the Norplant device. We can expect a considerable amount of removal. We need to be prepared. Dr. Furman asked at what age will the implants be recommended for patients?</p> <p>Ms. Hunter replied that the age question would be best answered by Ms. Hardie.</p>	

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		<p>Dr. Furman stated that believes that it could cause liability issues for the county especially for underage patients who receive the implant without parental notification.</p> <p>Chairman Smith questioned whose idea it was to implement this procedure, and Ms. Hunter replied that the FDA has approved this product for use, and it will be implemented utilizing funding through the Title X Family Planning grant.</p> <p>Candy replied that she's been reviewing HV program charts this afternoon on services for teenage parents and noted that the PHNs were interested in whether Nexplanon might prevent these teen pregnancies. She pointed out that half of all pregnancies were unintended for a variety of reasons, including forgetting to take a pill.</p> <p>Councilwoman Ratti stated that the question was whether it would be paid for like any other contraceptive device. If the answer is yes, then it is paid 90% through the grant and 10% match. If anything goes wrong, if anyone gets sued, everyone will be sued. Chairman Smith asked Councilwoman Ratti if that was (i.e., implantation) something the Health District should be utilizing, and Councilwoman Ratti replied that it is an FDA approved medical procedure that has pros and cons just like every other FDA approved medical procedure and drug. So unless we are going to second guess the FDA, she believes the benefits far outweigh any liability. She assumes Dr. Iser has approved the implementation of this procedure. We've all had negative medical experiences. She does not believe the Board of Health should be dictating medical processes.</p> <p>Mr. Sack interjected that he believes it would be most appropriate for Ms. Hardie to report more fully on this issue at the September meeting of the DBOH.</p> <p>Ms. Hunter compared Nexplanon to the new Rifapentine drug regime for treatment of latent TB infection – a routine that may ultimately have side effects that also require discontinuation. However, the regime is FDA approved and holds promise for a quicker, effective treatment over the 9 months required for INH. As is the case in FP, the medical consultants – Pulmonary Medicine Associates -provide medical orders for the PHNs to administer the drug safely.</p> <p>Dr. Hess stated that he believes the new treatment option reflects a higher rate of patients who have stopped the program. He questioned the denominator rate for the program. Ms. Hunter replied that approximately 60% stayed on the treatment and she could and would provide further data.</p>	<p>Action Items: (1) Ms. Hardie will bring back a report for the DBOH to address its concerns regarding the Naplofen implant at the October meeting of the DBOH; and (2) Ms. Hunter will supply data on the new TB treatment to the DBOH.</p>

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	C. <u>Director – Environmental Health Services</u>	<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>Dr. Furman asked Mr. Sack to report on West Nile Virus. Mr. Sack stated that we have no evidence from our surveillance that we have any issue in our area. Historically, it has appeared in our area in mid-August.</p> <p>Councilman Gustin asked Mr. Sack to report the number of visits to WashoeEats.com. Mr. Sack reported that we do track that information, and we will bring that number to you next month.</p>	<p>Action Items: Report on the number of visits to WashoeEats.com.</p>
	D. <u>Director – Air Quality Management</u>	<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 reported that the thick smoke we are experiencing still places us in the moderate AQI range. Northern Washoe County is being the most dramatically impacted. So far this month, we have not exceeded the range of unhealthy for sensitive groups. AQI is based on 24 hour exposure.</p>	
	E. <u>Administrative Health Services Officer</u>	<p>There was no Administrative Health Services Officer’s Report for this month.</p>	
	F. <u>District Health Officer</u>	<p>Mr. Sack, Acting District Health Officer, presented the monthly District Health Officer Report, a copy of which was placed on file for the record.</p>	
14.	Board Comment	<p>Councilwoman Ratti requested an electronic copy of Mr. Fuentes’ presentation, and that at some point in the future Mr. Fuentes return for additional question and answer. Councilwoman Ratti questioned the deadline for agenda items, and was told the deadline is two weeks prior to the meeting date is the deadline.</p>	<p>Action Item: Provide electronic version of the Fitch presentation to the Board Members.</p>
15.	Public Comment	<p>No public comment was presented.</p>	

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16.	Motion to Adjourn	There being no further business to come before the Board, the meeting was adjourned.	Dr. Hess moved, seconded by Councilwoman Ratti, that the meeting be adjourned. <u>MOTION CARRIED</u> The meeting was adjourned at 3:22 p.m.

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

PEGGY F. O'NEILL,
RECORDING SECRETARY