

Washoe County



Health District

## Washoe County District Board of Health Minutes of Special Meeting January 16, 2014

**PRESENT:** Chair Matt Smith, Vice Chair Kitty Jung, David Silverman, Dr. George Hess, Denis Humphreys and Councilperson Julia Ratti (3:35 pm)

**ABSENT:** Councilperson Sharon Zadra

**STAFF:**

Kevin Dick, Interim District Health Officer  
 Leslie Admirand, Deputy District Attorney  
 Eileen Stickney, Administrative Health Services Officer, AHS  
 Charlene Albee, Acting Division Director, AQM  
 Steve Kutz, Division Director, CCHS  
 Robert Sack, Division Director, EHS  
 Randall Todd, Dr. PH, Division Director, EPHP  
 Steve Fisher, Department Computer Application Specialist, AHS  
 Dawn Spinola, Administrative Secretary/Recording Secretary, AHS

Veronica Frenkel, Organizational Development Manager  
 Washoe County Manager's Office

Emily Brown, MPH, CPH  
 Accreditation Coordinator  
 Nevada Division of Public and Behavioral Health

TIME/ITEM	AGENDA ITEM	DISCUSSION	ACTION
1:00 PM *1.	Call to Order, Pledge of Allegiance Led by Invitation	Chair Smith called the meeting to order. Dr. George Hess led the Pledge of Allegiance.	
*2.	Roll Call	Roll call was taken and a quorum noted. Present: Chair Smith, Commissioner Jung (1:05 pm), Dr. Hess, Mr. Silverman and Mr. Humphreys. Councilperson Ratti arrived at 3:35 pm. Absent: Councilperson Zadra.	
*3.	Public Comment (3 minute time limit per person)	None.	
4.	Approval / Deletions to Agenda for the January 16, 2014, meeting.	<p>Chair Smith called for any deletions or corrections to the agenda of the January 16, 2014 DBOH Meeting.</p> <p>Chair Smith suggested first names be used during the meeting rather than titles. Board members agreed.</p>	<p><b>Mr. Humphreys</b> moved, seconded by <b>Mr. Silverman</b>, that the January 16, 2014 agenda be approved as written.</p> <p><b><u>MOTION CARRIED</u></b></p>

Washoe County District Board of Health Meeting Minutes January 16, 2014

TIME/ ITEM	AGENDA ITEM	DISCUSSION	ACTION
5.	Orientation to the National Public Health Performance Standards (NPHPS) Public Health Governing Entity Assessment Instrument Version 3.0	<p>Mr. Dick introduced Ms. Dawn Spinola, who will serve as his Administrative Secretary and Secretary to the District Board of Health (DBOH).</p> <p>Mr. Dick thanked the Board for being willing to do the self-assessment. He noted the Washoe County Health District (WCHD) was working toward improving its performance and performance management and the Board's participation sends a signal they are interested in working with staff to achieve the District's goals.</p> <p>Mr. Dick explained they would provide an overview to the assessment tool, conduct the governance self-assessment and have a dialog after reviewing the results. He noted the purpose of the meeting was to assess the Board's perspective on public health services framed around the 10 Essential Services of Public Health (ES). The exercise would help frame the Board's role in relation to the public health system. The assessment looked specifically at the Board's engagement, support and activities. Mr. Dick pointed out it was important to remember the focus was on the Board's role in working with the Health District within a larger public health system that involves numerous community partners.</p> <p>Mr. Dick stated that, from the work completed today, they will identify areas for focus and quality improvement, potentially paying more attention to service areas that have not been substantially addressed in the past. He felt the exercise would prepare them well for the Fundamental Review (FR) recommendations and to understand what the Board's perspective is on areas of importance and focus and how those align with some of the FR recommendations. He was hopeful it would be foundational for the strategic planning process. He reminded the Board Self-Assessment was suggested by the Fundamental Review Team and reiterated it would dovetail nicely with the upcoming FR report.</p> <p>Mr. Dick explained the assessment utilizes the national public health performance standards which were developed as a collaborative effort of seven national partners in the 1990s. They are based around the mission and goals of providing performance standards for public health systems and encouraging their widespread use, engaging and leveraging national, state and local partners to build a stronger foundation for public health preparedness and promoting continuous quality improvement for public health systems. Additionally, it strengthens the science base for the public health practice improvement.</p> <p>Mr. Dick went on to explain there were four concepts applied to the national public health performance standards that were based on the 10 ES. The focus is on the overall public health system for the standards at a whole. He reminded the Board the focus of the assessment is on the Board of Health. The standards describe an optimal level of performance. He noted that probably no Health District is performing optimally across all standards, but they provide a goal and are designed to support the process of quality improvement.</p>	

Washoe County District Board of Health Meeting Minutes January 16, 2014

TIME/ ITEM	AGENDA ITEM	DISCUSSION	ACTION
		<p>Mr. Dick reiterated the assessment is framed around the 10 ES, and they describe the public health activities that should be undertaken in all communities. The activities are primarily carried out by the Health District and community partners, but it is important for the Board to support the various efforts that the Health District is involved in to fulfill these essential services.</p> <p>Mr. Dick explained the assessment also uses the six functions of public health governance. The National Association of Local Boards of Health (NALBOH) worked with the Centers for Disease Control (CDC) and other partners and experts nationally to develop the six governance functions. They are policy development, resource stewardship, legal authority, partner engagement, continuous improvement and oversight. Throughout the assessment exercise, Mr. Kutz will provide information about some of the things the Health District is doing that relates to each of the 10 essential services. Within the assessment there is more information on how the public health governance functions may apply to each essential service.</p> <p>Mr. Dick pointed out what he called a “Jellybean Diagram,” which showed the WCHD at the center of a web of other organizations, entities and partners in the communities that make up the public health system. He reiterated the assessment today was focused on the Board and the Board’s engagement in support of the Health District. He requested they consider that support for the Health District as being framed in the context of the Board of Health and the Health District working together to move public health forward through the larger public health system.</p> <p>Mr. Dick noted that, within the assessment, there are model standards that present an optimal level of performance for Health Boards for each essential service. He reiterated they were goals; it was not realistic that any Health District or Health Board is actually going to be performing at that level across all of the functions, so they should just consider it to be part of a continuous improvement process. A goal of the assessment would be to identify some areas they all felt were important so they could work on some continuous improvement processes. This would guide the Board, in conjunction with the Health District, to perform as well as they can together.</p> <p>Mr. Dick addressed a slide that displayed the Health District and the Board working within the overall public health system with community partners and the workforce to build the capacity to address the health needs of the community. By investing in what the WCHD is doing, our partners and how we are working together in building that capacity, we will achieve optimal payback. The impacts of all of those different programs and the health activities that they can support will lead us to the improved health outcomes that we all want to see.</p> <p>Mr. Dick introduced Veronica Frenkel, Washoe County Organizational Development Manager and Emily Brown from the State Division of Public and Behavioral Health. Emily is with the Quality Improvement (QI) program and provided assistance in planning the assessment. He expressed his gratitude she is here to help today and thanked them both.</p>	

Washoe County District Board of Health Meeting Minutes January 16, 2014

TIME/ ITEM	AGENDA ITEM	DISCUSSION	ACTION
		<p>Ms. Frenkel thanked everyone for inviting her to participate in the process.</p> <p>Dr. Hess noted the process was a paradigm shift for him. When he thinks of essential services he thinks of vaccinations, Sexually Transmitted Diseases (STDs), epidemiology, statistics, etc. He thinks more in terms of the specialties, and traditionally the public health textbook table of contents do not contain information that mirrored the exercise they would be performing. Upon reading through the materials to be utilized for the assessment, he could see how classic public health services were integrated. It appeared to be more of a process for evaluation than of services to the community. Many of the issues addressed to lead to the service. Possibly due to his background, it is a totally unique framework. He pointed that out because it may lead to further discussion. He opined if they were going to use that type of framework they should be educated by the various Divisions that provide reports so they could put the information into the framework, which would also be a new process. Mr. Hess expounded on his thoughts, explaining he would need some redevelopment to incorporate the new framework.</p> <p>Commissioner Jung stated they all would.</p> <p>Ms. Frenkel stated her role was to provide a framework on the assessment process and the process they would be using today. She explained they would be sharing interactive dialog and making decisions collectively. She reiterated it was structured around the 10 essential services and the associated model standards for governing entities. The process will be to address each one of the 10 services individually.</p> <p>Ms. Frenkel - First they will review what the essential public health service means, specifically focusing on the governing entity's model standard. Mr. Kutz will then provide information related to the Health District's work on that particular essential service. She walked them through the pages of the manual that specifically described how each step was to be handled and descriptions of ideal activities that the public health governing entity should be undertaking to support the work of the public health agency. The next page listed the specific questions associated with that essential service or model standard. The Board members would be given the opportunity to vote on each question. The voting process would be in three steps; an initial vote, a discussion regarding items on which there was not a consensus and then a final vote. The discussions will focus on where a differentiation occurs. She hoped to hear from each of them about areas where they disagree and what they think is important in terms of improvement activities and why they voted the way they did. The goal was to achieve Board consensus, which was defined as 50 percent or more of the members voting the same way. She pointed out everyone's comments were valuable, regardless which way they voted.</p> <p>Ms. Frenkel summarized, explaining the information would be provided, they would take an initial vote, they would engage in discussion about the votes and then the final vote would be taken to establish Board consensus on the questions associated with that essential service area.</p>	

Washoe County District Board of Health Meeting Minutes January 16, 2014

TIME/ ITEM	AGENDA ITEM	DISCUSSION	ACTION
		<p>Dr. Hess asked if they would be voting on their perception of how they have been doing or how they would ideally like to be doing.</p> <p>Ms. Frenkel told him they are voting on the District Board of Health's (DBOH) current activity as they perceive it. She reiterated the focus is on the governing entity's role. What they will notice from the way the questions are worded is that they use action words that describe activities that the Board would engage in in support of the essential service. The focus is not on the public health providers in the community, including WCHD; it is on the Board's role in supporting the District.</p> <p>Mr. Dick noted that the results of the exercise would provide them with an opportunity to decide where they would like to be doing more versus where they are now.</p> <p>Dr. Hess opined the process could be educational. For example, the County does a great job at Epidemiology, but noted there was not much of a collaborative process.</p> <p>Mr. Dick acknowledged it was designed to be educational.</p> <p>Mr. Humphreys noted that often the Board establishes policy but there is an extension of the Board through staff, with the District Health Officer, (DHO), Public Information Officer (PIO) and Epidemiologist. They are the faces out in the community learning what is occurring, so it may be difficult to differentiate between what the Board is doing versus what the team, meaning Board of Health and staff, are doing. He suggested Ms. Frenkel assist them with that aspect if they need to draw some fine lines between the two.</p> <p>Ms. Frenkel explained that as each different ES area is discussed, the examples that Mr. Kutz brings may illustrate that difference. Additionally, Mr. Dick, Mr. Kutz and other staff members are present to help clarify during the discussion portions of the assessment.</p> <p>Ms. Frenkel pointed out one challenge they faced was time. There are 10 ES areas, so to have a discussion at the end and finish by 5:00 p.m., each ES would be 15 minutes. Some of them have more questions than others and may take longer. The first couple of rounds may go more slowly, but as they become more familiar with the process, they should be able to move through each one more quickly.</p> <p>Ms. Frenkel discussed scoring options. Each Board member has colored cards which will be used to capture their votes. Options include No Activity, defined as no participation by the Board in the activity, but the Board has the legal authority to do so. Contrasting that is Not Applicable, to be used only when the Board does not have legal authority. Minimal Activity indicates they participate in a limited way and there is opportunity for improvement. Moderate Activity indicates</p>	

Washoe County District Board of Health Meeting Minutes January 16, 2014

TIME/ ITEM	AGENDA ITEM	DISCUSSION	ACTION
		<p>participation and opportunity for improvement. The last two categories were Significant and Optimal.</p> <p>Ms. Frenkel reiterated they should not expect to be optimal at everything. They are using optimum performance as the standard that is being offered. It would be rare for any Health Board to be optimal at everything. She pointed out the other challenge had to do with not looking at the number ranges associated with each vote category as a grade. She reiterated the assessment was informational, and was an opportunity to identify areas for improvement. It may make sense that in some areas they are at a Minimal or Moderate level of activity, because that is what is appropriate. It was important to view it not as critical or judgmental, but informational and educational.</p> <p>Ms. Frenkel explained that to vote, they would simply hold up a colored card long enough for all votes to be counted. Ms. Spinola would enter the totals on a tally sheet that would calculate the results. There will likely be consensus on some. Discussion would be focused on the questions that did not have a consensus. The next steps would be to discuss and then take a second vote.</p> <p>Ms. Frenkel – NALBOH had offered guidelines for success which included speaking one at a time, being open to new ideas, avoid repeating previous remarks and allowing facilitators to move conversation along. All perspectives are welcome, use voting cards to vote and be prepared to provide examples of why you voted the way you did.</p> <p>Ms. Brown noted that the goal of voting was getting to a consensus, but capturing the reasons behind the vote is the important part. At the end there will be consensus votes for each area that will create a score so that a report can be created.</p> <p>Ms. Brown explained she would quickly introduce each essential service and then Mr. Kutz would provide examples of how these services are provided at WCHD. She will then give examples to bring it back to the governing entity's role and then Ms. Frenkel will lead the voting process.</p>	
6.	Facilitated Board Discussion to the National Public Health Performance Standards (NPHPS) Public Health Governing Entity Assessment Instrument Version 3.0, Prioritization of Essential Activities, and Identification of Opportunities for Improvement.	<p><u>Essential Service 1</u> – Monitor health status and understand health issues facing the community, both under the core function of Assessment.</p> <p>Mr. Kutz introduced the item and provided examples for the Health District that he had compiled with the assistance of Dr. Todd. They included communicable disease surveillance, investigation of food-borne illness complaints, STD/HIV surveillance, the investigation and surveillance of vaccine-preventable diseases, monitoring and reporting school BMI data, behavioral risk factors surveillance system, youth risk behavior survey and air quality monitoring data. He noted this was not an all-inclusive list, but more of an overview of what WCHD is doing in this ES area.</p>	

Washoe County District Board of Health Meeting Minutes January 16, 2014

TIME/ ITEM	AGENDA ITEM	DISCUSSION	ACTION
		<p>Ms. Brown explained the ES is about monitoring health status to identify community health problems. She summarized by saying it was about the district and governing entity supporting the process and collecting information about the health of the community. She noted that doing a community health assessment was a key piece of the essential services, which includes gathering all data and working with community partners. One way the governing entity can support this area is to support policies and advocate for activities that guide WCHD in working in collaboration with the community to do the assessments. That may include policies around frequency or encouraging collaboration with different entities. The Internal Revenue Service (IRS) now regulates that non-profit hospitals are required to conduct community health needs assessments, so partnering with hospitals that are already doing assessments is a good role for the Board to support. Additionally, they could encourage activities, either through budget or collaboration, support interaction with other health partners in the community.</p> <p>Ms. Frenkel reiterated they would take the initial vote, discuss, and then take the second vote.</p> <p>Results of initial vote:</p> <p><u>Question 1.a. At what level does the governing entity advocate for policies that define a community health assessment process?</u> 3 Significant, 2 Moderate. Ms. Frenkel pointed out the last column in the scoring sheet, which tallied the votes. For Question 1.a, they were close to consensus.</p> <p><u>Question 1.b. At what level does the governing entity encourage the public health department to actively collaborate with all public health system stakeholder organizations on a community health assessment?</u> 4 Significant, 1 Moderate</p> <p><u>Question 1.c. At what level does the governing entity budget for public health department resources to be used for a community health assessment?</u> Ms. Brown noted resources could be funding, allowing staff time or meeting space or other types of resources. 1 Significant, 4 Moderate</p> <p><u>Question 1.d. At what level does the governing entity set priorities for community health improvement based on information from the community health assessment?</u> 1 Optimal, 2 Significant, 1 Moderate, 1 Minimal.</p> <p>Ms. Frenkel noted the results indicated they were fairly close to consensus on the first three questions, so they should start with the last question and discuss that in terms of the discrepancies among the way they voted. She asked who would like to share their perspective, experience, thoughts, what led them to select the voting option they did.</p> <p>Commissioner Jung opined she had a different perspective than anyone on the Board. At an annual NALBOH meeting, members had been informed that WCHD needed a community health assessment and did not have one at the time. She brought that up to the Board and it just so happened they County had received an ACHIEVE health and fitness grant. The ACHIEVE Grant Committee (AGC) did do a community assessment and they then used that information to decide</p>	

Washoe County District Board of Health Meeting Minutes January 16, 2014

TIME/ ITEM	AGENDA ITEM	DISCUSSION	ACTION
		<p>what area required the most focus. The AGC determined that area was childhood obesity. Because of that the AGC moved forward with setting priorities. We even went to the Regional Planning Governing Board (RPGGB) and are hoping to change the approach to residential development that encourages more walking, biking and living closer to work. Commissioner Jung noted that when she had joined the Board, none of that type of activity was happening and she had not known about community health assessments.</p> <p>Dr. Hess stated his vote was one of the other outliers and he attributed that to not clearly understanding what they were doing. He noted that during other retreats they had not identified specific areas for prioritization.</p> <p>Ms. Frenkel pointed out that not knowing was an indicator of performance that could help with the assessment. There may be questions that Dr. Hess has or information that, based on the discussion, they realize they would like to know more. That can be captured in the record and used going forward in terms of getting information directly from Health District staff.</p> <p>Mr. Humphreys opined staff does a good job of informing the Board of community health issues. The Board should take the opportunity to discuss the assessment more in detail so they can set policies that could be directing staff to be able to score higher in the area currently under consideration.</p> <p>Ms. Brown invited staff to provide their perspectives regarding where they are with the community health assessment and how active the process is.</p> <p>Commissioner Jung reiterated a major issue was childhood obesity. Adult obesity is also an issue but the thought was to start with kids because the County had more control over their environment. Also identified were food deserts, areas where people use 7-11 as their grocery store because they do not have transportation. Additionally the AGC discovered ways they could teach child care providers about healthy options. Finally, the AGC implemented a Food Security Council to make recommendations to address issues such as the food deserts and how to improve cafeteria food for children in public schools.</p> <p>Chair Smith opined the Board was very proactive. When they hear of things they can improve on, they act on them. He felt they were doing a good job and noted they had previously discussed bringing in outside sources.</p> <p>Mr. Dick, speaking from his perspective and from discussions with the Fundamental Review Team, opined that assessment work had been done in a number of different areas. WCHD does a good job with surveillance, as explained by Mr. Kutz. Commissioner Jung had provided a good example of a project that had a community health assessment component. He opined all of the work they were doing was somewhat siloed. Something to consider was how to move forward</p>	



Washoe County District Board of Health Meeting Minutes January 16, 2014

TIME/ ITEM	AGENDA ITEM	DISCUSSION	ACTION
		<p>with a more comprehensive assessment process so they are not setting priorities around specific issues from siloed assessments but looking at the entire community and setting priorities looking at all of the different information. That is one of the reasons he is working with Renown to see if they can participate with them in an ongoing project.</p> <p>Ms. Frenkel noted that the discussion regarding Item 1.d. had highlighted it is not so much the work of the staff but how the Board uses that information and the priority-setting processes that occur. She offered opportunity for discussion on Questions 1.a. through 1.c.</p> <p>Dr. Hess asked if they had actually defined a community health assessment process and if that definition was contained in the material.</p> <p>Mr. Dick noted it was most likely not within the materials but he would forward the information, called MAPP (Mobilizing Actions through Planning and Partnerships) and it outlines the community assessment process.</p> <p>Dr. Hess asked if they had ever taken the time to advocate for policies that define a community health assessment.</p> <p>Mr. Dick did not know if the Board had taken formal action, but acknowledged Councilperson Ratti had brought up wanting to do a community health assessment several times. He also acknowledged not having done a good job in educating the Board on the process.</p> <p>Dr. Todd explained there is a standard for community health assessment through the Public Health Accreditation Board. It is not something this Board has reviewed. He and Ms. Brown had reviewed the standards and considered what they may look like in Nevada if there were participation from all of the public health jurisdictions and some other system partners.</p> <p>Ms. Frenkel noted one outlier for Question 1.c and requested comment.</p> <p>Commissioner Jung requested clarification of the results displayed on the tally sheet. Ms. Frenkel explained it would read False until a the votes were entered and a consensus value is tallied.</p> <p>Results of second vote:                      Question 1.a. 3 Significant, 2 Moderate.                      Question 1.b. 4 Significant, 1 Moderate                      Question 1.c. 1 Significant, 4 Moderate                      Question 1.d. 4 Significant, 1 Moderate</p>	

TIME/ ITEM	AGENDA ITEM	DISCUSSION	ACTION
		<p><u>Essential Service 2 - Diagnose and Investigate Health Problems &amp; Health Hazards</u></p> <p>Ms. Brown reiterated the Board members should feel free to express why they feel the way they do, particularly if their vote is the outlier.</p> <p>Mr. Kutz provided examples that included the pandemic flu preparations, recommendations for school exclusions or closures based on monitoring and surveillance, Air Quality Management (AQM's) Know the Code and restaurant closures.</p> <p>Ms. Brown explained this service identified how ready the WCHD to respond to problems and threats, how quickly we find out about the problems and how well we are responding once we know about them. For the governing entity, a big part is to review the plans that are in place that guide how WCHD will respond during events. Reviewing the plans on a regular basis and ensuring that the Health agency has the capacity to respond is another aspect. Setting the policies and encouraging collaboration with other responders is another key piece.</p> <p>Results of initial vote:  <u>Question 2.a. At what level does the governing entity facilitate access to resources for the surveillance of public health threats?</u> 3 Optimal, 2 Significant.  <u>Question 2.b. At what level does the governing entity facilitate access to resources to respond to public health threats?</u> 1 Optimal, 4 Significant  <u>Question 2.c. At what level does the governing entity recommend policies that address the surveillance of public health threats?</u> 1 Optimal, 2 Significant, 2 Moderate  <u>Question 2.d. At what level does the governing entity encourage ongoing collaboration among public health system stakeholder organizations regarding issues of public health threats?</u> 1 Optimal, 3 Significant, 1 Moderate</p> <p>Ms. Frenkel noted there was not a consensus for 2.c.</p> <p>Mr. Humphreys commented on the voting itself, stating that when he picked up the green, indicating the Board was doing everything possible and there was no room for improvement, it would be difficult for him to vote that way on any question. He felt they rated partially green on some of the questions but not to the definition. That was why he had difficulty voting that way.</p> <p>Ms. Frenkel noted that was an important clarification. She pointed out it did say 76-100 percent. The definition had been taken straight from the material and one could argue there was room for improvement. She clarified the question was whether or not they thought they were doing a great deal or almost everything they could do.</p> <p>Commissioner Jung stated she viewed the 76-100 percent as evidence that everybody can improve, there are no completely optimal health districts. She opined the District did a great job</p>	

Washoe County District Board of Health Meeting Minutes January 16, 2014

TIME/ ITEM	AGENDA ITEM	DISCUSSION	ACTION
		<p>at providing services when considering the effects of the budget cuts. She stated she had told Chair Smith if he wants to be able to have higher scores, then taxes needed to be raised to be able to provide the services. Commissioner Jung explained she was being realistic within the boundaries, confines and guidelines and that was why she did not enjoy some aspects of the assessments. They presume the funding for public health is sufficient for the needs. That is not the reality of Washoe County. There were other programs that she would like to see in the County but the funding did not exist. She opined the national organizations were focused on a utopian view which she felt was honorable but not obtainable for Washoe County.</p> <p>Ms. Frenkel noted that voting at a lower level did not make a statement regarding the level of service provided. She reiterated that what they were assessing was their own role of participation in that. It may or may not be a priority for the department or the community. Depending on location, some of the essential services would need to be performed at a higher level based on needs. It does not make sense to be Optimal or even Significant at all of them.</p> <p>Dr. Hess agreed with Mr. Humphreys that Optimal was just too big of a statement, but it also says they are doing everything possible, which means, based on the taxes, they are doing everything they can. He could rate a lot of them at 80 or better, so sometimes green (Optimal) was just too high and he was inclined more towards the blue (Significant).</p> <p>Ms. Frenkel encouraged them to look at 2.c., which focuses on their role in recommending policies to address surveillance of public health threats. She asked if they had recommended policies that include reporting guidelines. They may or may not have; there may be good reasons why they have not. She encouraged them to discuss what the role has been in relation to that policy development.</p> <p>Mr. Humphreys stated he appreciated the comments and could overlook the statement that there was no room for improvement, because there is always room for improvement. He noted he would refocus his thoughts from this point forward on the numerical values and also keep the budget restrictions in mind. He suggested they should keep in mind that they were doing the best that they could do with the budget they have.</p> <p>Mr. Todd, speaking to Ms. Frenkel's point and looking at the spread of votes on 2.c., stated it was important to remember that the Board exists within a larger context in the State. When Ms. Frenkel asked if they had passed policies dealing with public health surveillance, he could not recall that this board ever had. It was not a bad thing, they have not had to, because the State Board of Health has passed policies that say which diseases are reportable within which time frames, etc. He felt staff did an excellent job on surveillance, and they have not had to ask the Board to pass policies, even though they have the legal authority to do so.</p> <p>Ms. Frenkel requested input regarding the results of 2.d.</p>	

Washoe County District Board of Health Meeting Minutes January 16, 2014

TIME/ ITEM	AGENDA ITEM	DISCUSSION	ACTION
		<p>Mr. Humphreys noted they had been going through leadership transitions with the various DHOs, so thoughts could be split between what they were doing a year ago and what they were doing now. This caused a bit of a conflict in his mind when considering his response to the question.</p> <p>Results of second vote:                      Question 2.a. 3 Optimal, 2 Significant                      Question 2.b. 3 Optimal, 2 Significant                      Question 2.c. 1 Optimal, 2 Significant, 2 Moderate</p> <p>Ms. Frenkel noted the absence of a consensus and said this may be one example of where it was appropriate that their activity had been minimal, or even non-existent in light of what Dr. Todd had described. It was not about the quality of the activity but the activity itself. If there has only been minimal or moderate activity it was not necessarily a reflection of a problem.</p> <p>Mr. Silverman noted that Dr. Todd had once explained to him that if he didn't hear about a problem that was a good thing. It is not as though there is a tremendous amount of activity they are responding to, that could mean they are doing a good job of responding or maybe there just is not a lot going on.</p> <p>Dr. Hess noted that the Environmental Protection Agency (EPA), Air Quality and the State, regarding infectious diseases, have set policies that the Board has accepted in the past. To his knowledge they have not had to face any specific activity requiring action, so he had a problem with the interpretation.</p> <p>Mr. Dick pointed out a number of activities associated with air quality are driven by Federal requirements. Several years ago the decision was made to move forward with an air quality station which is one of approximately 80 that monitor to that level of pollutants across the country. That was one example of a Board decision that supports the surveillance.</p> <p>Mr. Dick when on to say that when weighing Question 2 versus Question 1, he feels the scoring makes sense, as the District does a good job and the Board supports it in the surveillance area.</p> <p>Results of third vote:                      Question 2.c. 5 Significant                      Results of second vote (continued from previous discussion):                      Question 2.d. 1 Optimal, 3 Significant, 1 Moderate</p>	
		<p><u>Essential Service 3 - Inform, Educate &amp; Empower People About Health Issues</u></p>	

Washoe County District Board of Health Meeting Minutes January 16, 2014

TIME/ ITEM	AGENDA ITEM	DISCUSSION	ACTION
		<p>Mr. Kutz provided examples including the PIO who pushes out information as requested, press releases, community education, health care provider education, individual- and group-level interventions and education and health education and risk reduction for individuals and groups.</p> <p>Ms. Brown pointed out this service was about how they were keeping the community informed about health issues. It was about designing and conducting programs at the agency level, and services and policies that support preventing disease and death. It was also about having a health communication plan, to include tailoring it to appropriate audiences. Additionally, it was also about being sure WCHD is communicating in different methods, meeting the needs of the targeted audience. The governing entity's role is to encourage the WCHD to complete activities that fit the goal of the essential service. The Board may review the materials and provide feedback. The Board may also encourage individuals to interact with them so they can relay concerns back to the Health District.</p> <p>Ms. Frenkel reminded the Board the focus of the questions was on their role, not evaluating staff efforts.</p> <p>Dr. Hess asked if there was a health communications plan in place.</p> <p>Mr. Kutz stated there had been a draft a few years ago but did not know if it had been formally adopted.</p> <p>Dr. Todd indicated this may be an area that is siloed. Public Health Preparedness was required to have a public information plan in place.</p> <p>Mr. Dick stated WCHD does not have a robust communications plan. Each Division and some programs were implementing campaigns. One project being pursued was to have people get in touch with the PIO early on to achieve consistency in the communications and to have an overall understanding of all of the communication that is going on when there are reports going out.</p> <p>Dr. Hess opined the District did a good job of communication. He suggested they scratch the question because communication may or may not get better if there was a centralized plan.</p> <p>Mr. Dick noted it was fine if they scored this service as Minimal or No Activity and the Board could decide that was acceptable.</p> <p>Ms. Frenkel re-emphasized the score was not a judgment. It was informative and it may be very logical, given the circumstances. She pointed out that when the question "Do we have this from staff?" is asked it is an indicator that there is potentially some interest in gaining more awareness about what is in place.</p>	

Washoe County District Board of Health Meeting Minutes January 16, 2014

TIME/ ITEM	AGENDA ITEM	DISCUSSION	ACTION
		<p>Results of initial vote:  <u>Question 3.a. At what level does the governing entity recommend budget items for community health promotion programs?</u>                      3 Significant, 1 Moderate, 1 Minimal  <u>Question 3.b. At what level does the governing entity ensure the public health department is using a health communications plan?</u> 1 Significant, 2 Moderate, 2 Minimal  <u>Question 3.c. At what level does the governing entity recommend policies that support culturally appropriate health promotion activities?</u> 1 Significant, 3 Moderate, 1 Minimal</p> <p>Commissioner Jung opined they did a great job with the gay community but not so much with other cultures regarding outreach and education. That may be due to lack of funding availability.</p> <p>Ms. Frenkel reiterated it was not about the activities but the Board's role in recommending them and showing leadership.</p> <p><u>Question 3.d. At what level does the governing entity encourage citizens to provide input on community health issues to the public health department governing entity?</u> 2 Moderate, 2 Minimal, 1 No Activity.</p> <p>Ms. Frenkel noted a lack of consensus on Questions 3.b and 3.d and requested discussion on 3.b.</p> <p>Mr. Silverman stated he reminded himself each time to answer the question from the Board perspective, not assessing staff roles. He was asking himself two different questions. He encouraged the members to say that to themselves before they answered the questions. It is not an assessment of what staff is doing, it is an assessment of what the Board's role is.</p> <p>Ms. Frenkel pointed out that not knowing if there was a communication plan may be an indicator of lower activity, because it means that it has not been an activity that the Board has undertaken. It does not mean that you may be criticizing a communication plan that the staff may have.</p> <p>Commissioner Jung reminded the members that staff needs to hear why they vote the way they do.</p> <p>Chair Smith agreed with Dr. Hess in that they do a good job but really do not have a plan. He chose Moderate because there is opportunity for improvement.</p> <p>Ms. Frenkel then encouraged discussion regarding 3.d.</p> <p>Chair Smith noted few public comments were received during Board meetings.</p>	

Washoe County District Board of Health Meeting Minutes January 16, 2014

TIME/ ITEM	AGENDA ITEM	DISCUSSION	ACTION
		<p>Mr. Humphreys stated he had voted Moderate and he added they do not provide a lot of direction to staff to seek input from the public.</p> <p>Mr. Sack suggested they give themselves credit for receiving questions and requests from the public and forwarding them to staff for resolution.</p> <p>Commissioner Jung stated she would like to see more citizen participation with the Health District and does not believe the governing entity encourages it. She opined they did not discourage it, but the regular meeting time was not optimal for the general public to attend. She noted they did not get much public input for any of the policies they implement. She suggested the community health assessment may provide an opportunity for the public to be queried as to how they would like to participate in public health or if they would even like to. She suggested they could direct staff to agendize the issue.</p> <p>Chair Smith opined there was not much opportunity for the public to speak, three minutes at a meeting was not much.</p> <p>Ms. Brown noted there were numerous ways for people to contact the Board; they did not have to physically come to a meeting to present their comments.</p> <p>Commissioner Jung agreed with Chair Smith in that a three-minute comment period did not accomplish much. She noted that anything brought up during the comment period could be agendized at the request of a Board member.</p> <p>Mr. Dick agreed, noting the community health assessment would provide an opportunity to develop forums and focus groups, as well as other avenues for public engagement.</p> <p>Ms. Frenkel requested input regarding items 3.a. and 3.c. She noted they had both consensus and outliers on both and wanted to capture comments.</p> <p>Mr. Humphreys asked if the Board had discussed cultural diversity in the community and defined those groups. He was aware they received reports from Community &amp; Clinical Health Services (CCHS) but did not recall substantial Board discussion on the topic.</p> <p>Ms. Frenkel requested a second vote for 3.d., regarding encouragement of the citizens to provide input.</p> <p>Commissioner Jung opined the District does encourage public participation, but the public chooses not to participate.</p> <p>Dr. Hess noted people do report air pollution and contamination and he knows of many different</p>	

Washoe County District Board of Health Meeting Minutes January 16, 2014

TIME/ ITEM	AGENDA ITEM	DISCUSSION	ACTION
		<p>ways the public can contact the department.</p> <p>Commissioner Jung requested that Ms. Frenkel use "...the District Board of Health..." rather than "... the governing entity..." when reading the questions.</p> <p>Results of second vote:                      Question 3.a. 3 Significant, 1 Moderate, 1 Minimal                      Question 3.b. 3 Minimal, 2 No Activity (Second vote split - third vote taken after break upon return of Chair Smith.)                      Question 3.c. 1 Significant, 3 Moderate, 1 Minimal                      Question 3.d. 3 Moderate, 1 Minimal (Chair Smith out of the room)</p> <p>[2:32 p.m. 10-minute break. The meeting reconvened at 2:44 p.m.]</p>	
		<p><u>Essential Service 4 - Mobilize Partnerships to Identify &amp; Solve Health Problems</u></p> <p>Ms. Brown explained this question had to do with how well WCHD is getting people and other organizations engaged in health. It was about engaging and sustaining partnerships. The partnerships help support the agency and the system as a whole. It is also about utilization of resources and avoiding duplication. The entity's role is related to collaborations and incorporating elements of other agency's policies or practices and encouraging use of the Health District policies when appropriate.</p> <p>Dr. Todd noted examples of what the Health District has done include some community health assessments and compiling plans for additional ones. Programs have conducted focus groups, community immunization assessments and planned development, food inspections and regulations, fees, community meetings, PHP programs in hospitals and dispensing planning.</p> <p>Commissioner Jung stated part of the challenge for her was to remember they were discussing the Board's role when they were listing staff activities. Dr. Todd asked if it would be helpful if they did not provide those examples and Commissioner Jung opined it would be but it was up to the Board.</p> <p>Ms. Brown explained they had discussed how much information to share but had decided the examples would help the members remember what had been done.</p> <p>Mr. Dick opined the purpose of providing examples was to provide clarification about each essential service. He suggested they refrain from providing the examples unless a Board member requested clarification.</p> <p>Dr. Hess noted that because they were approving staff reports, they were essentially approving</p>	



Washoe County District Board of Health Meeting Minutes January 16, 2014

TIME/ ITEM	AGENDA ITEM	DISCUSSION	ACTION
		<p>policies. He did appreciate hearing the examples. He opined if a member knew about it and could remember taking action on it, at least in that one area, they could answer more fully. He asked if that was correct.</p> <p>Ms. Frenkel replied it was dependent on how the activity was defined and recommended they review the way the questions were worded. She reviewed Question 4.a. and noted the keys were: 1) at what level does the Board support coordination of resources that the Health District may be doing, and: 2) what was the Board's role in supporting that activity.</p> <p>Results of initial vote:  <u>Question 4.a. At what level does the District Board of Health support coordination of resources for strategic alliance building activities?</u> 3 Significant, 2 Moderate  <u>Question 4.b. At what level does the District Board of Health encourage the public health department to engage in strategic alliances with public health system stakeholder organizations to solve community health problems?</u> 5 Significant  <u>Question 4.c. At what level does the District Board of Health promote the inclusion of public health in policies developed by other governing entities?</u> 3 Significant, 2 Minimal</p> <p>Ms. Frenkel requested discussion about 4.c. regarding the difference in perspective.</p> <p>Dr. Hess stated he did not recall taking any action although it was apparent there were other members that did remember some action.</p> <p>Chair Smith explained he understood "...other governing entities." to mean State and Federally mandated policies and the Board does support those. He felt they were in agreement with activities other entities are doing.</p> <p>Ms. Brown clarified that the public health department may not be the only community group or organization with a governing entity. Other community departments, corporations, hospitals and non-profit organizations have governing boards as well and the Board could engage with them in a variety of ways. The State Board of Health could fit into that category.</p> <p>Commissioner Jung stated she did not believe they participated as much as they probably should. It was possible they were not allowed to legally. New businesses are required to obtain various approvals but they do not review DBOH policies. DBOH direct staff regarding the policies but the Regional Planning Governing Board (RPGB) governs two cities and the County and they are making policy recommendations without input from DBOH. She is concerned that the Board rubber-stamps policies recommended by staff without considering the bigger picture. The School District is not required to take their plans to RPGB for approval. She reiterated she feels like DBOH serves an important role and does not have enough say. They have valuable policies that could be used to help the school district and guide residential development. The Board learns</p>	

Washoe County District Board of Health Meeting Minutes January 16, 2014

TIME/ ITEM	AGENDA ITEM	DISCUSSION	ACTION
		<p>things through the community health assessments but they do not provide guidance to other entities on those areas of expertise.</p> <p>Results of second vote:                      Question 4.a. 3 Significant, 2 Moderate                      Question 4.b. 5 Significant                      Question 4.c. 3 Significant, 1 Moderate, 1 Minimal</p>	
		<p><u>Essential Service 5 - Develop Policies &amp; Plans That Support Individual &amp; Statewide Health Efforts</u></p> <p>Ms. Brown asked if the Board would like staff to present examples or if they would prefer to wait.</p> <p>Commissioner Jung requested they frame examples within the context of what had been done as a result of Board direction.</p> <p>Mr. Kutz noted that, based on direction, support and/or approval of the Board, staff had implemented public health preparedness plans that include fire vaccination trainings, fire hospital and business POD planning, multi-casual incident planning, mass illness plans, the communicable disease outbreak response plan, the STD outbreak response plan' Various Federal, State and local laws or mandates allow the Health District to enact policies such as communicable disease investigations, food-borne illness investigations, immunization program and policies, STD/HIV programs and policies and air quality monitoring and enforcement.</p> <p>Ms. Brown pointed out this service was about what policies are used to promote health. All the questions were related to having good governing entity practices.</p> <p>Results of initial vote:  <u>Question 5.a. At what level does the District Board of Health annually review documentation of its legal authority?</u> 3 Significant, 2 Minimal  <u>Question 5.b. At what level does the District Board of Health annually review the District Board of Health's guiding documents?</u> 2 Significant, 1 Moderate, 2 Minimal  <u>Question 5.c. At what level does the District Board of Health budget appropriate public health department resources to implement a community health improvement plan?</u> 2 Significant, 2 Moderate, 1 Minimal  <u>Question 5.d. At what level does the District Board of Health participate in the public health department's strategic planning process (every 3-5 years)?</u> 4 Significant, 1 Moderate  <u>Question 5.e. At what level does the District Board of Health develop a District Board of Health strategic plan?</u> 3 Significant, 2 Moderate  <u>Question 5.f. At what level does the District Board of Health recommend evidence-based policies to address identified health priorities?</u> 4 Significant, 1 No Activity</p>	

Washoe County District Board of Health Meeting Minutes January 16, 2014

TIME/ ITEM	AGENDA ITEM	DISCUSSION	ACTION
		<p><u>Question 5.g. At what level does the District Board of Health monitor the establishment of the public health department's all-hazards emergency response plan?</u> 4 Significant, 1 Minimal</p> <p><u>Question 5.h. At what level does the District Board of Health support aligning jurisdiction resources with state-level plans for health improvement?</u> 3 Significant, 2 Moderate</p> <p>Ms. Brown suggested it would be easier to have a broad discussion than address each question.</p> <p>Commissioner Jung stated she had never seen the Board recommend evidence-based policies. Staff makes recommendations based on evidence-based policies. She did not feel that was her role, goal or job. Dr. Furman had occasionally brought in outside research and attempted to make recommendations. Staff would review it and report back to the Board as to whether or not they felt it should be pursued. She felt the question was non-applicable, as she was not aware she was supposed to be doing policy research. Her view was that their job was to take the subject-matter expert's recommendations, ask clarifying questions and potentially recommend the evidence-based approach. She would not want a Board to take on that role.</p> <p>Mr. Humphreys agreed staff does a good job providing them with evidence-based information and he opined they could do one of two things. One was to accept what staff tells them the other is to effect what is happening. Acceptance of what staff tells the Board sends the message that the Board agrees with the policies and actions being taken. If they do not agree, they have the opportunity and responsibility to try to effect what is happening.</p> <p>Dr. Hess opined policy was that the Board expected staff to make decisions based on evidence-based material.</p> <p>Commissioner Jung suggested the question should have more to do with approving evidence-based policy recommendations, rather than actively making the recommendations.</p> <p>Ms. Frenkel noted 5.c. did not have consensus and Commissioner Jung had a decidedly different opinion than the rest of the Board about Question 5.f.</p> <p>Ms. Brown requested comments for 5.c.</p> <p>Mr. Humphreys pointed out a challenge was budget availability. The funds are very limited in a lot of areas. The Health District does a good job, and the Board does a good job directing staff, regarding using resources appropriately.</p> <p>Ms. Frenkel requested a second vote on 5.c.</p> <p>Commissioner Jung asked if there was a community health improvement plan. Mr. Dick stated there was not. Commissioner Jung asked aloud how anyone could vote Moderate if it did not</p>	

Washoe County District Board of Health Meeting Minutes January 16, 2014

TIME/ ITEM	AGENDA ITEM	DISCUSSION	ACTION
		<p>exist.</p> <p>Ms. Frenkel noted the lack of a plan would be a good reason to vote no.</p> <p>Chair Smith suggested the FR process represented activity in that area. He noted there were funds budgeted for that purpose.</p> <p>Mr. Dick opined one of the recommendations that would come out of the Fundamental Review would be that they should be doing a community health review.</p> <p>Commissioner Jung pointed out the FR was designed to look at quality assurance and if they were doing everything they could to be leaner and meaner and fundamentally changing in response to lack of money. That may be a recommendation but they cannot say they have been doing that. She noted she had no recollection of ever having reviewed documentation of their legal authority or guiding documents and asked if they had guiding documents.</p> <p>Mr. Dick replied there were By-Laws.</p> <p>Ms. Frenkel asked if they reviewed them as a Board on an annual basis and Commissioner Jung stated they did not.</p> <p>Dr. Hess noted he had reviewed the guiding documentation when he started with the Board but that had not been done annually.</p> <p>Mr. Kutz noted that as part of the public health accreditation process, a community health assessment is done and that is what drives the community health improvement plan. WCHD is on the right track.</p> <p>Results of second vote:                      Question 5.a. 1 Moderate, 4 Minimal                      Question 5.b. 5 Minimal                      Question 5.c. 1 Minimal, 4 No Activity                      Question 5.d. 4 Significant, 1 Moderate                      Question 5.e. 3 Significant, 2 Moderate                      Question 5.f. 5 Significant                      Question 5.g. 4 Significant, 1 Minimal                      Question 5.h. 3 Significant, 2 Moderate</p> <p>Ms. Brown opined the votes on 5.f. were disparate due to the fact that a few people feel that they are voting low because the governing entity should be recommending the policies and a few people feel like they are voting higher because they are recommending what staff is presenting.</p>	

Washoe County District Board of Health Meeting Minutes January 16, 2014

TIME/ ITEM	AGENDA ITEM	DISCUSSION	ACTION
		<p>If they could come to a consensus on what they were voting on perhaps that would help.</p> <p>Commissioner Jung opined the question was poorly worded. NALBOH would not want the Board to provide scientific-based evidence regarding a specific aspect of health care. She was satisfied with an interpretation that the question was asking “At what level does the Board approve staff-recommended evidence-based policies.”</p> <p>Mr. Silverman opined it was actually asking if they recommended evidence-based policies. He agreed their job was not to do the research on the policies but they could make recommendations. He did not see them making recommendations as the question was asking.</p> <p>Mr. Dick addressed the scoring. To apply it that way, they would need to presume that the Board member is recommending evidence-based practices would be optimal. He agreed with Commissioner Jung that that sounds sub-optimal, with the exception of a few highly-trained Board members potentially presenting scientific evidence.</p> <p>Ms. Frenkel wondered if the best word instead of approve or recommend would be support. The Board agreed.</p>	
		<p><u>Essential Service 6 - Enforce Laws &amp; Regulations That Protect Health &amp; Ensure Safety</u></p> <p>Mr. Kutz listed examples that included, via laws mandated via Nevada Revised Statutes or Nevada Administrative Code, exclusion of students from school for lack of immunizations, or from work related to a communicable disease. A restaurant could be closed due to violations or air quality standard violations.</p> <p>Ms. Brown explained the service was about the fact they understand existing regulations and that there are methods to prosecute if appropriate. DBOH’s role is to act as enforcement agent and to support the Health District to be sure all enforcing agents are aware of their roles and responsibilities. It was also about educating those affected by the laws to be sure they understand how the regulations affect them and letting them know of educational opportunities.</p> <p>Results of initial vote:</p> <p><u>Question 6.a. At what level does the District Board of Health confirm legal authority exists for the enforcement of public health policies?</u> 1 Optimal, 4 Significant</p> <p><u>Question 6.b. At what level does the District Board of Health annually review its legal documents to ensure that they comply with other existing statutes?</u> 1 Significant, 2 Moderate, 2 Minimal</p> <p><u>Question 6.c. At what level does the District Board of Health budget for resources to be used for enforcement activities?</u> 5 Significant</p> <p><u>Question 6.d. At what level does the District Board of Health utilize legal counsel?</u> 5 Significant</p> <p><u>Question 6.e. At what level does the District Board of Health advocate that public health policies</u></p>	

Washoe County District Board of Health Meeting Minutes January 16, 2014

TIME/ ITEM	AGENDA ITEM	DISCUSSION	ACTION
		<p><u>are appropriately enforced?</u> 4 Significant, 1 Moderate  <u>Question 6.f. At what level does the District Board of Health encourage those impacted by public health policies to participate in programs developed to improve compliance?</u> 5 Significant</p> <p>Ms. Frenkel requested discussion regarding Question 6.b.</p> <p>Mr. Dick noted a consideration when answering the question was that the Legislature convenes bi-annually. The Board is engaged in tracking bills that are introduced and staff are reviewing. The Health District may be working to influence the outcome of those bills to see statutes changed and regulations adopted. While they may not have a meeting item that reviews all of the documents to be sure they are still in compliance with statutes that have not changed, staff does watch for statutes that are changing and track them to see what impacts they may have on current requirements.</p> <p>Commissioner Jung opined the difference was, probably the best practice from the national public health standard, is that it should be done annually. This is likely derived from areas that have full-time Legislators. She acknowledged the Board participated in the bi-annual review with the goal of taking a stance on certain bills. The Board does utilize reviews from staff regarding what bills affect the Health District and what needs to be changed.</p> <p>Mr. Sack noted all mandates and legal authorities were included in the budget documents every year, along with any updated changes, which the Board reviews.</p> <p>Results of second vote:                      Question 6.a. 1 Optimal, 4 Significant                      Question 6.b. 5 Significant                      Question 6.c. 5 Significant                      Question 6.d. 5 Significant                      Question 6.e. 4 Significant, 1 Moderate                      Question 6.f. 5 Significant</p> <p><u>Essential Service 7 - Link People to Needed Personal Health Services &amp; Assure the Provision of Health Care When Otherwise Unavailable</u></p> <p>Mr. Kutz listed examples including provision of resource and referral to community services. Also the Health District may fill the gap to meet community demand to protect the health of the public through the various clinical services provided such as the Women, Infants and Children (WIC) program, immunizations, family planning, STD/HIV services and Tuberculosis (TB).</p> <p>Ms. Brown explained the service was about assuring that people were receiving the medical care</p>	

Washoe County District Board of Health Meeting Minutes January 16, 2014

TIME/ ITEM	AGENDA ITEM	DISCUSSION	ACTION
		<p>they need. It was also about providing the best services or directing people to organizations that can provide the services. The governing entity's role is about working with staff to identify if there are barriers to care, encouraging staff to partner with other agencies and assuring that staff is striving to communicate with different populations that may not be receiving care.</p> <p>Results of initial vote:  <u>Question 7.a. At what level does the District Board of Health advocate for services for all citizens in a jurisdiction?</u> 2 Significant, 3 Moderate  <u>Question 7.b. At what level does the District Board of Health encourage linkages between the public health department and other public health system stakeholder organizations to reduce barriers to care?</u> 3 Significant, 2 Moderate  <u>Question 7.c. At what level does the District Board of Health assure the implementation of policies supporting outreach to all citizens in the jurisdiction?</u> 2 Significant, 3 Moderate</p> <p>Ms. Brown suggested it would be useful for the record if the members would share a few examples of how they feel like the DBOH had achieved some of the goals.</p> <p>Commissioner Jung noted the Health District had utilized MPH interns from the University of Nevada, Reno (UNR) and the Board also provides scholarships. WCHD also partnered with Planned Parenthood to try to provide them Title 10 funds. She felt their involvement in looking for other shareholders and stakeholders was significant.</p> <p>The Board members agreed the original votes could stand.</p> <p>Question 7.a. 2 Significant, 3 Moderate            Question 7.b. 3 Significant, 2 Moderate            Question 7.c. 2 Significant, 3 Moderate</p>	
		<p><u>Essential Service 8 -Assure a Competent Public &amp; Personal Health Care Workforce</u></p> <p>Mr. Kutz noted there were several examples, including staff evaluations containing SMART goals, staff have opportunities for program-specific trainings and professional development through the Washoe County Learning Center, EPI-News is a tool used to educate staff and the medical community about public health issues, opportunities are provided for UNR students and interns to learn about public health, we provide invaluable public health experiences for future public health professionals, staff teaches at UNR and provide real-world experience to students, we also have MRC staff.</p> <p>Ms. Brown explained this service was about making sure there was a competent work health force. The Board's role is to budget for staff development and helping to be sure education and</p>	

Washoe County District Board of Health Meeting Minutes January 16, 2014

TIME/ ITEM	AGENDA ITEM	DISCUSSION	ACTION
		<p>training opportunities are available to staff. They should be appraising the performance of the public health executive. Do they have input about how staff are evaluated? Are they doing self-assessments or are there opportunities for them to become more educated regarding public health?</p> <p>[Councilperson Ratti arrived at 3:35 p.m.]</p> <p>Dr. Hess asked if funds were available for continuing education.</p> <p>Mr. Dick replied there was grant funding available for professional development dependent upon what program people may be in. Funds are not available to support tuition reimbursement for someone seeking an advanced degree. Any funds available are targeted to course-specific expenditures such as registration and associated travel.</p> <p>Results of initial vote:  <u>Question 8.a. At what level does the District Board of Health conduct an annual self-assessment?</u> 2 Moderate, 4 No Activity  <u>Question 8.b. At what level does the District Board of Health participate in board development opportunities (e.g., orientation, conference trainings, webinars, National Association of Local Boards of Health, etc.)?</u> 3 Moderate, 3 Minimal  <u>Question 8.c. At what level does the District Board of Health establish policies designed to ensure public health department job classification requirements are based on core competencies for public health professionals?</u> 1 Moderate, 2 Minimal, 3 No Activity  <u>Question 8.d. At what level does the District Board of Health review public health department job classifications?</u> 3 Minimal, 3 No Activity  <u>Question 8.e. At what level does the District Board of Health conduct annual performance review of the public health department executive?</u> 2 Significant, 4 Moderate</p> <p>Ms. Frenkel requested input regarding 8.b. in an attempt to achieve consensus.</p> <p>Commissioner Jung stated she had voted Moderate, because the only opportunity she had been made aware of was a NALBOH meeting and the Board sends one member. They have not been offered conference trainings, webinars or any other type of training. There is opportunity for improvement but it is another constraint based on lack of funds. She opined there were other, creative methods that could be shared with the Board to help them understand the different areas they are governing.</p> <p>Councilperson Ratti stated that was exactly her assessment of the facts, but she voted Minimal. There are free resources the Board members can take advantage of and they could be doing more individually.</p>	



Washoe County District Board of Health Meeting Minutes January 16, 2014

TIME/ ITEM	AGENDA ITEM	DISCUSSION	ACTION
		<p>Mr. Humphreys noted times that Mr. Dick had sent informational opportunities for their review. He agreed there was room for improvement</p> <p>Results of second vote for: Question 8.b. 2 Moderate, 4 Minimal</p> <p>Ms. Frenkel noted a lack of consensus regarding 8.c.</p> <p>Dr. Hess stated he did not believe they had ever discussed the topic.</p> <p>Mr. Dick opined that with 150 full-time employees in the District, it might not be a role the Board should be involved with. He reiterated the assessment was designed for all Boards of Health across the country and there are some local Boards that have minimal staff and may have the ability to be much more engaged.</p> <p>Ms. Brown asked if job classifications could be edited to be specific to public health within the County framework.</p> <p>Mr. Dick pointed out a number of positions within the District were not specific to public health and some that are. The classifications can be re-opened and edited from time to time but the District does not have full control over that process.</p> <p>Ms. Stickney noted that the different classifications and number of employees with the classifications had been presented to the Board in the past.</p> <p>Ms. Frenkel suggested they discuss 8.d. as it was a related topic.</p> <p>Councilperson Ratti asked if the organization published core competencies for public health professionals. She opined it should be at a policy level that they align their job classifications as much as possible with national standards for core competencies. She opined reviewing job classifications is not an applicable function for the Board to be conducting, but setting the policy stating they should be based on core competencies is.</p> <p>Mr. Dick noted national core competencies exist and are available for use. He felt there are some places where they would fit in well and others they would not, based on the specific type of position. He has not been involved in trying to apply them. He opined there may be alignments within the class specifications but they have not been designed around the core competencies.</p> <p>Dr. Todd agreed with Mr. Dick's comments. He noted they have been using some core competencies because they are a grant requirement, but that is not exactly what the question is talking about.</p>	

Washoe County District Board of Health Meeting Minutes January 16, 2014

TIME/ ITEM	AGENDA ITEM	DISCUSSION	ACTION
		<p>Ms. Brown said the guiding question was “What policies has the Board of Health developed for the District to ensure that all staff are held to certain levels of public health competency?” To clarify, it was asking if there are policies in place to assure that there are levels of competency, not so much a review of class specifications.</p> <p>Mr. Dick noted there were positions that were established at different levels but they are not classified by the generic core competency levels that are in the standards.</p> <p>Ms. Frenkel requested discussion regarding 8.a.</p> <p>Mr. Humphreys noted he was one of the outliers on this vote. He felt the Board did do that, but has not created a formal plan. He changed his vote to No Activity.</p> <p>Results of second vote for:                      Question 8.a. 1 Moderate, 5 No Activity                      Question 8.c. 6 No Activity                      Question 8.d. 2 Minimal, 4 No Activity                      Question 8.e. 2 Significant, 4 Moderate</p>	
		<p><u>Essential Service 9 -Evaluate Effectiveness, Accessibility &amp; Quality of Personal &amp; Population-Based Health Services</u></p> <p>Mr. Kutz described examples including programs that have both formal and informal evaluation processes, some mandated by Grantors, many programs conduct ongoing evaluations to include surveys, website feedback, etc., qualitative and quantitative data is analyzed and used to improve programs and services, example: when conducting public health drills and exercises, after-action reports, improvement plans, AARIPs are written up to determine both strengths and areas for improvement.</p> <p>Ms. Brown elaborated by explaining the service was about making sure that, as the entity that is governing, but also as the Heath District, they are doing the best job they can and are working on any areas that need improvement. The Board should provide access to resources that will allow staff to conduct evaluations. It is also the Board’s role to encourage anyone who uses the evaluations to provide feedback and to use the evaluations to make improvements.</p> <p>Results of initial vote:  <u>Question 9.a. At what level does the District Board of Health establish policies supporting a quality improvement plan for public health services?</u> 1 Moderate, 4 Minimal, 1 No Activity  <u>Question 9.b. At what level does the District Board of Health advocate for appropriate resources</u></p>	

Washoe County District Board of Health Meeting Minutes January 16, 2014

TIME/ ITEM	AGENDA ITEM	DISCUSSION	ACTION
		<p>to support quality improvement activities? 5 Moderate, 1 Minimal</p> <p><u>Question 9.c. At what level does the District Board of Health encourage public health system stakeholder organizations to contribute to the quality improvement process?</u> 1 Moderate, 3 Minimal, 2 No Activity</p> <p><u>Question 9.d. At what level does the District Board of Health use evaluation findings to allocate resources to effective programs?</u> 1 Moderate, 1 Minimal, 4 No Activity</p> <p><u>Question 9.e. At what level does the District Board of Health encourage evaluation on the impact of public health policies?</u> 2 Moderate, 4 Minimal</p> <p>Ms. Frenkel requested discussion on 9.c.</p> <p>Commissioner Jung stated that during her tenure there had never been a QI process until the one they were undergoing right now, which was the Fundamental Review. She had no knowledge of the Board directing that other stakeholders be evaluated by the Fundamental Review Team.</p> <p>Councilperson Ratti opined what was missing was a comprehensive QI process. She realized there was QI but it was all driven at staff and program level. She provided the example of emergency preparedness planning. There is rigorous, regular evaluation and improvement and staff invites stakeholders to be involved in that. Since it was a governance question, she could not say that, as a governing member, she has ever been asked or thought to get more members of the community involved in QI. There is not an absence of QI, just no governance participation.</p> <p>Mr. Humphreys noted they do receive, accept and approve staff reports and by doing so he feels they have somewhat participated in their QI work with the other organizations.</p> <p>Ms. Frenkel requested comment on 9.c.</p> <p>Mr. Dick noted the Board was pushing for the Health District to do the Fundamental Review and felt that was a significant QI activity.</p> <p>Results of second vote:                      Question 9.a. 1 Moderate, 4 Minimal, 1 No Activity                      Question 9.b. 5 Moderate, 1 Minimal                      Question 9.c. 6 Minimal                      Question 9.d. 1 Moderate, 1 Minimal, 4 No Activity                      Question 9.e. 2 Moderate, 4 Minimal</p>	
		<p><u>Essential Service 10 - Research for New Insights &amp; Innovative Solutions to Health Problems</u></p> <p>Mr. Kutz provided examples to include programs that partner with UNR, the EPI program which</p>	

Washoe County District Board of Health Meeting Minutes January 16, 2014

TIME/ ITEM	AGENDA ITEM	DISCUSSION	ACTION
		<p>routinely contributes to the body of knowledge of Epidemiology with Communicable Disease investigations and occasionally submits to peer-reviewed literature and/or CDC MMWR.</p> <p>Ms. Brown explained the research impacted the other nine services so this refers to research that is done for the workforce addressing monitoring, informing and educating. It is about discovering and using new ways to get the job done. The Board role is to be aware of benefits and the importance of public health research and advocate for it.</p> <p>Results of initial vote:  <u>Question 10.a. At what level does the District Board of Health ensure the public health department implements evidence-based policies to support practices in its jurisdiction?</u> 1 Significant, 4 Moderate, 1 Minimal  <u>Question 10.b. At what level does the District Board of Health encourage collaboration between the public health department and academic institutions for community-based research?</u> 3 Significant, 3 Moderate  <u>Question 10.c. At what level does the District Board of Health facilitate access to resources for research?</u> 2 Moderate, 4 Minimal</p> <p>Ms. Frenkel requested comment on 10.b.</p> <p>Ms. Brown stated the guiding questions included asking what kinds of collaborations has the entity encouraged with educational facilities and how is the governing entity contributing to this. Also, do any of the members of the governing entity have connections to the institutions, i.e. are there any staff members from UNR on the Board.</p> <p>Commissioner Jung opined the vote should be Moderate, if not Minimal, because the Board has no relationship with UNR. The Health District does interact with them, using interns and assisting with scholarships. She agreed they should recruit someone from UNR for the Board when there was an opening. That would help them with some of the questions regarding whether they are ensuring that they are recommending research-based solutions to public health issues.</p> <p>Mr. Dick noted that an individual from the UNR School of Medicine would be speaking at the February DBOH meeting regarding the Board's public health scholarship. Scholarship recipients will also attend and the Board will be invited to tour the Medical School.</p> <p>Mr. Humphreys opined staff and the Health District was doing a significant job and the Board had not done much encouragement to enhance what is already being done.</p> <p>Commissioner Jung asked if CCHS had any theories about why the teenage pregnancy rate was declining. She referred to research conducted in correlation with a reality-based show about teenage pregnancy that indicated the show may be having a positive influence.</p>	

Washoe County District Board of Health Meeting Minutes January 16, 2014

TIME/ ITEM	AGENDA ITEM	DISCUSSION	ACTION
		<p>Results of second vote:                      Question 10.a. 1 Significant, 4 Moderate, 1 Minimal                      Question 10.b. 1 Significant, 5 Moderate                      Question 10.c. 2 Moderate, 4 Minimal</p> <p>[4:07 p.m. break - reconvene at 4:15 p.m.]</p> <p>Ms. Frenkel initiated a discussion regarding what the Board perceives to be their priorities among the ten essential services. From the dialog worksheet, she asked them to reflect on and identify which essential services are most important to them for the DBOH to do a good job on and why they think they are the most important. She indicated a poster on the wall with the wheel representing the 10 essential services and asked them to place sticky dots on the four that they thought were the top priorities. She encouraged them to consider their own priorities and not go with those of the other Board members.</p> <p>The number of dots on each of the essential services is as follows:                      #1, Monitor Health – 5                      #2, Diagnose &amp; Investigate – 1                      #3, Inform, Educate, Empower – 4                      #4, Mobilize Community Partnerships – 3                      #5, Develop Policies – 5                      #6, Enforce Laws – 2                      #7, Link to/Provide Care – 1                      #8, Assure Competent Workforce – 2                      #9, Evaluate – 1                      #10, Research – 0</p> <p>Commissioner Jung noted the top realms selected were Assessment and Policy Development, not Assurance.</p> <p>Ms. Frenkel reiterated these seemed to be the most important priorities to the Board.</p> <p>The audience viewed the composite results of the voting. Ms. Frenkel noted the essential services in which the Board scored the highest were Diagnose &amp; Investigate, Mobilize Community Partnerships and Enforce Laws. The lowest scores included Assure Competent Workforce, Evaluate and Research.</p> <p>Ms. Frenkel asked what they noticed regarding their prioritization and their scoring. At least a few of the Board members opined they were doing well.</p>	

Washoe County District Board of Health Meeting Minutes January 16, 2014

TIME/ ITEM	AGENDA ITEM	DISCUSSION	ACTION
		<p>Commissioner Jung stated they were honest with themselves and the assessment, there was validity.</p> <p>Councilperson Ratti noted a gap with #3, Inform, Educate and Empower. It was one of the highest priorities but the vote only reflected 50 percent. Same with #5, Develop Policies.</p> <p>Ms. Frenkel suggested #3 and #5 might be opportunities for the Board to explore as they move forward. She asked for initial ideas about how some of the areas could be improved and how they could support the essential service.</p> <p>Ms. Brown suggested that categories the Board had indicated were low priorities may not have been chosen as high priorities because the Board was already doing them well.</p> <p>Commissioner Jung opined it had to do with learning how to do the test.</p> <p>Dr. Hess noted some things had been artificially separated that were actually very closely related.</p> <p>Ms. Frenkel noted that during the first two rounds of the assessment some of the members were focusing more on evaluating staff than the Board.</p> <p>Chair Smith pointed out they regularly receive status reports, they do not diagnose or investigate as a Board.</p> <p>Ms. Frenkel refreshed them regarding the language of the standard, which is that they facilitate access to appropriate resources for public health surveillance also for public health response, and recommend policies to ensure diagnosis and investigation of health threats and emergencies. It notes they encourage collaboration between the Health District and stakeholder organizations to diagnose and investigate public health threats and emergencies.</p> <p>Mr. Humphreys stated they realize staff is doing a great job and the Board has accepted what they are doing because they haven't seen the need to make any change.</p> <p>Councilperson Ratti, referring to the Diagnose &amp; Investigate topic, opined that currently the way the Board is influential is by what it pays the most attention to. If the Board is paying attention the staff knows they need to pay attention. Her experience was that there was something related to Diagnose &amp; Investigate on almost every agenda. They spend a lot of time on it, even if they are not necessarily doing anything. She noted they were doing some things well, but did not think they were a high priority. Regarding Enforcement - they were subject to mandates that influenced how they did certain things, so the likelihood of them losing sight of those mandated items is less.</p>	

Washoe County District Board of Health Meeting Minutes January 16, 2014

TIME/ ITEM	AGENDA ITEM	DISCUSSION	ACTION
		<p>Councilperson Ratti went on to say a big piece for her was Monitoring, which comes along with a community-wide health assessment that turns into a strategic plan that turns into a certain evaluation that tells them how they are doing on the strategic plan. It is easier to let that go than the more critical pieces. They are so busy doing important work sometimes that they don't take the time to step back, evaluate, plan, monitor and do the strategic thinking that she thinks is important.</p> <p>Chari Smith opined results of Question 2 indicated that the members in general were comfortable with what they are doing.</p> <p>Ms. Frenkel noted it was not uncommon to think in terms of what they needed to work harder on. She suggested the ones they might look at more closely would be Questions 1, 3 and 5. They were not high-scoring but did get a lot of votes in terms of priorities.</p> <p>Chair Smith noted Monitoring was an ongoing item that was discussed at every meeting. He opined that was why it received a high number of votes.</p> <p>Ms. Brown reiterated the Monitoring section was about the health assessment and Policies was about the health improvement plan and the strategic plan. She noted the Board had ranked Strategic Processes as a high priority.</p> <p>Commissioner Jung stated the realization was that DBOH needs a fully robust community health assessment so that they can target what areas should be addressed while keeping the limited resources in mind. After they have the community health assessment, it goes right into Policies, #5, which results in a community health improvement program. She opined they were rated the way they were was because everyone was on the same Board now and sees the bigger picture of what is really lacking and why they have not been able to demonstrate how effective they have or have not been in terms of where they allocate resources and making the justification of how the budget looks. It has never been attached to an assessment that never really happened. They had the ACHIEVE grant but that wasn't attached to budget creation. She felt it would help them make a plan and put their priorities and resources and then measuring that after the fact to see if Washoe County has become a healthier, safer and stronger community.</p> <p>Mr. Humphreys opined what the Board could do to help improve the process would be to give direction to staff to help them determine what an assessment plan should in fact be. They are the experts on what happens with a policy so the Board should seek advice from staff so they can set the policy.</p> <p>Councilperson Ratti admitted to an initial defeatist thought that, if every Board and Commission went through this type of process and expected this level of performance, it would be impossible. After she put that behind her she realized it would be incredibly important for them to prioritize the</p>	

Washoe County District Board of Health Meeting Minutes January 16, 2014

TIME/ ITEM	AGENDA ITEM	DISCUSSION	ACTION
		<p>things that are most important and will make the most impact in terms of making WCHD and community stronger. At different phases within an organization, different facets of the 10 pieces will be more important. We are coming out of a period of three DHOs and a recession. Putting aside individual opinions about which pieces are important, which ones are most important for them to focus on at this point in the HDs history? She had been through the recession and had been in the position to feel as though she did not have the tools to make the decisions about where the money should go. The Board needs to get to a place where they have better information about what the overall health of the community is, what the overall strategy of the HD is to effect the health of the community, how it relates to other partners and what they are doing in the community and how they can get meaningful, regular evaluation of outcomes so that when they do have to make decisions they have the information they need. She opined they were doing a good job of upholding the law. She felt the partnerships with UNR and those types of things can be handled by staff. She felt she needed more information as a tool to really govern. The FR should be more a routine process. Assess, strategize, implement, evaluate and repeat.</p> <p>Mr. Humphreys noted the discussions they had had regarding the responsibilities and actions of the Board versus what staff is doing. Sometimes it is a fine line and it can be challenging to make the separation. He felt it was important for them as a Board to realize what their responsibility is and that is to set policy.</p> <p>Ms. Frenkel explained the information would be put into a report that summarizes the work done and the voting results chart. It would include the comments, ideas and suggestions that came out of the discussion.</p> <p>Ms. Frenkel commended the Board and staff for agreeing to go through the process. She noted it can be overwhelming but the prioritizing piece will continue as a part of important conversations for the Board to have.</p> <p>Ms. Brown felt it was well done and it spoke highly of DBOH to be willing to take on the process, because it is something a lot of national organizations are doing and now it can be said that WCHD is doing it too. It is a big achievement.</p> <p>Mr. Dick thanked Ms. Frenkel and Ms. Brown for guiding the Board through the process, it was very helpful and they had done an excellent job. He stated he was grateful for that and everybody's participation and engagement and was delighted that it turned out to be a valuable exercise for everyone. Based on the comments he had heard from the Board members and looking at the results and priorities he felt they had made good progress towards determining priorities and establishing a foundation for future success. Starting in 2008 the question of what programs should be cut had come up repeatedly. He had promised he would read the minutes from the meetings and what he saw were comments that they needed to conduct a community health assessment. The mentality was that the resources did not exist to do that at the time. He</p>	



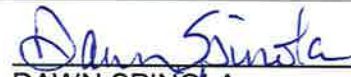
Washoe County District Board of Health Meeting Minutes January 16, 2014

TIME/ ITEM	AGENDA ITEM	DISCUSSION	ACTION
		<p>opined had the assessment been done then, the HD would be much better off now. He did not think they could afford not to do a community health assessment with whatever resources they could scrape together. He noted that was reflected as a high priority to the Board. He reiterated the Community Health Improvement Plan will be built on that, which was also something that the Board scored highly. From there, a Strategic Plan is developed which is instrumental for how they decide to allocate resources. From the Strategic Planning process, they can decide how to inform, educate and empower and how to mobilize other organizations in the community to work with HD. If they are working from the community health assessment on improvement planning processes with other community organizations, that begins to build relationships that can be used to engage the folks in the local public health system. He was pleased that his views aligned with how the Board was thinking. The FR report will arrive in February. Mr. Dick anticipated it will contain recommendations that dovetail with the Board's priorities so that they can use both tools to determine which ones are important and they feel they should move forward with.</p> <p>Chair Smith noted that the exercise had been very enlightening and they had gotten more out of it than many of the other strategic retreats the Board had convened during the 12 years he had been on the Board. He thanked Mr. Dick, Ms. Frenkel and Ms. Brown for putting it together and reiterated it had been refreshing. With the fundamental review coming up they had some exciting times coming. He felt they had a bright future with real direction. He thanked staff for doing a great job.</p>	
7.	Closing Comments Regarding District Board of Health Retreat by Board Members and Staff.	None.	Mr. Smith
*8.	Limited to Announcements or Issues for Future Agendas.	Commissioner Jung requested an update on the Tribal Health issue regarding intervention of exposure to blood borne disease. She requested that any GIS data being used be included in their meeting packets. She requested more information about behavior/risk studies being conducted. She stated she would like to see a composite of the results of the surveys for service that is provided to customers. Commissioner Jung went on to say she felt the DBOH had a role to encourage and enlighten Physician's offices that they should be more of a one-stop-shop, encouraging patients to get needed services like flu shots while they were in the office and delivering it to them.	
*9.	Public Comment – (3 minute time limit per person)	None.	
10.	Adjournment		<b>Commissioner Jung</b> moved, seconded by <b>Mr. Humphreys</b> , that the

Washoe County District Board of Health Meeting Minutes January 16, 2014

TIME/ ITEM	AGENDA ITEM	DISCUSSION	ACTION
			seconded by <b>Mr. Humphreys</b> , that the meeting be adjourned.  <b><u>MOTION CARRIED</u></b> The meeting was adjourned at 4:50 p.m.

  
 \_\_\_\_\_  
 KEVIN DICK  
 DISTRICT HEALTH OFFICER

  
 \_\_\_\_\_  
 DAWN SPINOLA  
 ADMINISTRATIVE SECRETARY/RECORDING SECRETARY

Approved by the Washoe County District Board of Health in session on \_\_\_\_\_, 2014

## District Board of Health Public Health Governing Entity Assessment Results

ESSENTIAL SERVICE 1		Optimal	Significant	Moderate	Minimal	No Activity	Not Applicable	OVERALL
1.a	At what level does the governing entity advocate for policies that define a community health assessment process?		3	2				Significant
			3	2				Significant
1.b	At what level does the governing entity encourage the public health department to actively collaborate with all public health system stakeholder organizations on a community health assessment?		4	1				Significant
			4	1				Significant
1.c	At what level does the governing entity budget for public health department resources to be used for a community health assessment?		1	4				Moderate
			1	4				Moderate
1.d	At what level does the governing entity set priorities for community health improvement based on information from the community health assessment?	1	2	1	1			FALSE
			4	1				Significant
ESSENTIAL SERVICE 2		Optimal	Significant	Moderate	Minimal	No Activity	Not Applicable	OVERALL
2.a	At what level does the governing entity facilitate access to resources for the surveillance of public health threats?	3	2					Optimal
		3	2					Optimal
2.b	At what level does the governing entity facilitate access to resources to respond to public health threats?	1	4					Significant
		3	2					Optimal
2.c	At what level does the governing entity recommend policies that address the surveillance of public health threats?	1	2	2				FALSE
			5					Significant
2.d	At what level does the governing entity encourage ongoing collaboration among public health system stakeholder organizations regarding issues of public health threats?	1	3	1				Significant
		1	3	1				Significant
ESSENTIAL SERVICE 3		Optimal	Significant	Moderate	Minimal	No Activity	Not Applicable	OVERALL
3.a	At what level does the governing entity recommend budget items for community health promotion programs?		3	1	1			Significant
			3	1	1			Significant
3.b	At what level does the governing entity ensure the public health department is using a health communications plan?		1	2	2			FALSE
					3	2		Minimal
3.c	At what level does the governing entity recommend policies that support culturally appropriate health promotion activities?		1	3	1			Moderate
			1	3	1			Moderate
3.d	At what level does the governing entity encourage citizens to provide input on community health issues to the public health department governing entity?			2	2	1		FALSE
				3	1			Moderate

## District Board of Health Public Health Governing Entity Assessment Results

ESSENTIAL SERVICE 4		Optimal	Significant	Moderate	Minimal	No Activity	Not Applicable	OVERALL
4.a	At what level does the governing entity support coordination of resources for strategic alliance building activities?		3	2				Significant
			3	2				Significant
4.b	At what level does the governing entity encourage the public health department to engage in strategic alliances with public health system stakeholder organizations to solve community health problems?		5					Significant
			5					Significant
4.c	At what level does the governing entity promote the inclusion of public health in policies developed by other governing entities?		3		2			Significant
			3	1	1			Significant
ESSENTIAL SERVICE 5		Optimal	Significant	Moderate	Minimal	No Activity	Not Applicable	OVERALL
5.a	At what level does the governing entity annually review documentation of its legal authority?		3		2			Significant
				1	4			Minimal
5.b	At what level does the governing entity annually review the governing entity's guiding documents?		2	1	2			Minimal
					5			Minimal
5.c	At what level does the governing entity budget appropriate public health department resources to implement a community health improvement plan?		2	2	1			FALSE
					1	4		No Activity
5.d	At what level does the governing entity participate in the public health department's strategic planning process (every 3-5 years)?		4	1				Significant
			4	1				Significant
5.e	At what level does the governing entity develop a governing entity strategic plan?		3	2				Significant
			3	2				Significant
5.f	At what level does the governing entity recommend evidence-based policies to address identified health priorities?		4			1		Significant
			5					Significant
5.g	At what level does the governing entity monitor the establishment of the public health department's all-hazards emergency response plan?		4		1			Significant
			4		1			Significant
5.h	At what level does the governing entity support aligning jurisdiction resources with state-level plans for health improvement?		3	2				Significant
			3	2				Significant

## District Board of Health Public Health Governing Entity Assessment Results

ESSENTIAL SERVICE 6		Optimal	Significant	Moderate	Minimal	No Activity	Not Applicable	OVERALL
6.a	At what level does the governing entity confirm legal authority exists for the enforcement of public health policies?	1	4					Significant
		1	4					Significant
6.b	At what level does the governing entity annually review its legal documents to ensure that they comply with other existing statutes?		1	2	2			FALSE
			5					Significant
6.c	At what level does the governing entity budget for resources to be used for enforcement activities?		5					Significant
			5					Significant
6.d	At what level does the governing entity utilize legal counsel?		5					Significant
			5					Significant
6.e	At what level does the governing entity advocate that public health policies are appropriately enforced?		4	1				Significant
			4	1				Significant
6.f	At what level does the governing entity encourage those impacted by public health policies to participate in programs developed to improve compliance?		5					Significant
			5					Significant
ESSENTIAL SERVICE 7		Optimal	Significant	Moderate	Minimal	No Activity	Not Applicable	OVERALL
7.a	At what level does the governing entity advocate for services for all citizens in a jurisdiction?		2	3				Moderate
			2	3				Moderate
7.b	At what level does the governing entity encourage linkages between the public health department and other public health system stakeholder organizations to reduce barriers to care?		3	2				Significant
			3	2				Significant
7.c	At what level does the governing entity assure the implementation of policies supporting outreach to all citizens in the jurisdiction?		2	3				Moderate
			2	3				Moderate
ESSENTIAL SERVICE 8		Optimal	Significant	Moderate	Minimal	No Activity	Not Applicable	OVERALL
8.a	At what level does the governing entity conduct an annual self-assessment?			2		4		No Activity
				1		5		No Activity
8.b	At what level does the governing entity participate in board development opportunities (e.g., orientation, conference trainings, webinars, National Association of Local Boards of Health, etc.)?			3	3			FALSE
				2	4			Minimal
8.c	At what level does the governing entity establish policies designed to ensure public health department job classification requirements are based on core competencies for public health professionals?			1	2	3		FALSE
						6		No Activity
8.d	At what level does the governing entity review public health department job classifications?				3	3		FALSE
					2	4		No Activity
8.e	At what level does the governing entity conduct annual performance review of the public health department executive?		2	4				Moderate
			2	4				Moderate

## District Board of Health Public Health Governing Entity Assessment Results

ESSENTIAL SERVICE 9		Optimal	Significant	Moderate	Minimal	No Activity	Not Applicable	OVERALL
9.a	At what level does the governing entity establish policies supporting a quality improvement plan for public health services?			1	4	1		Minimal
				1	4	1		Minimal
9.b	At what level does the governing entity advocate for appropriate resources to support quality improvement activities?			5	1			Moderate
				5	1			Moderate
9.c	At what level does the governing entity encourage public health system stakeholder organizations to contribute to the quality improvement process?			1	3	2		FALSE
					6			Minimal
9.d	At what level does the governing entity use evaluation findings to allocate resources to effective programs?			1	1	4		No Activity
				1	1	4		No Activity
9.e	At what level does the governing entity encourage evaluation on the impact of public health policies?			2	4			Minimal
				2	4			Minimal
ESSENTIAL SERVICE 10		Optimal	Significant	Moderate	Minimal	No Activity	Not Applicable	OVERALL
10.a	At what level does the governing entity ensure the public health department implements evidence-based policies to support practices in its jurisdiction?		1	4	1			Moderate
			1	4	1			Moderate
10.b	At what level does the governing entity encourage collaboration between the public health department and academic institutions for community-based research?		3	3				FALSE
			1	5				Moderate
10.c	At what level does the governing entity facilitate access to resources for research?			2	4			Minimal
				2	4			Minimal

## Essential Service Chart: Your score for each essential service, and your overall score

