



Washoe County District Board of Health Strategic Planning Meeting Minutes

Members

Kristopher Dahir, Chair
Michael Brown, Vice-Chair
Devon Reese
Alexis Hill
Dr. Reka Danko
Dr. John Novak
Dr. John Klacking

**Thursday, November 10, 2022
1:00 p.m.**

**Conference Rooms A&B
1001 East Ninth Street
Reno, NV**

1. Roll Call and Determination of Quorum.

Chair Dahir called the meeting to order at 1:00 p.m.
The following members and staff were present:

Members present: Kristopher Dahir, Chair
Michael Brown, Vice-Chair
Devon Reese
Alexis Hill (continued to be present via zoom after 3:40 p.m.)
Dr. Reka Danko (via zoom at 1:02 p.m.)
Dr. John Novak
Dr. John Klacking (arrived at 1:30 p.m.)

Mrs. Valdespin verified a quorum was present.

Staff present:

Kevin Dick, District Health Officer
Jack Zenteno, Administrative Health Services Officer
Dr. Nancy Diao, EPHP Division Director
Francisco Vega, AQM Division Director
Erin Dixon, EHS Division Director
Lisa Lottritz, CCHS, Division Director
Dania Reid, Deputy District Attorney
Heather Kerwin, Epidemiology Program Manager
Julia Ratti, Director of Programs and Projects
Rayona LaVoie, Management Analyst

2. Pledge of Allegiance.

Commissioner Alexis Hill led the pledge to the flag.

3. Introductions, Meeting Outcomes, Discussion Flow, Ground Rules, Strategic Plan Background.

Presented by: Chair Kristopher Dahir and Health Officer, Kevin Dick
Facilitated by: Julia Ratti

Chair Dahir provided a brief introduction to the Planning retreat and asked for the Board's participation. Chair Dahir invited Health Office, Kevin Dick, to address the attendees.

Health Officer, Kevin Dick opened by thanking Ms. Ratti for facilitating the retreat in Erica Olsen's absence. He continued to recognize the hard work that went into planning this retreat and acknowledged the presence of supervisors as they have been involved in working to develop the strategic plan along with other staff members. Mr. Dick highlighted the results of the Community Health Assessment will be presented at this retreat. He added that at last year's retreat there was emphasis on Workforce Capacity and as a result some positions were added; however, the team continues to explore the workforce capacity needs.

Chair Dahir noted public comment would be available at the end of the agenda and encouraged everyone to collect their thoughts and participate in public comment. He continued to introduce Ms. Ratti and thank her for her hard work.

Health Officer, Kevin Dick, requested introductions of the Health District Division Directors, Board Members, Assistant District Attorney, and Supervisors representing Division Director, Lisa Lottritz.

Ms. Ratti provided a brief background of last year's planning retreat and introduced the new objectives for the present retreat stating the first half would be about community needs and the second half about organizational capacity. Ms. Ratti continued to state that input and buy in were important factors of the meeting outcomes. She continued to explain that the ground rules related more to refining than creating. Ms. Ratti concluded by sharing the process overview, that included a work timeline and included those involved in the Strategic Planning Committee.

Chair Dahir asked if there would be an opportunity to ask questions.

Ms. Ratti confirmed.

4. Strategic Planning Presentation and Discussion: Topics presented under this agenda item will include:

- **Mission, Values, and Key Priorities**

Presented by: Strategic Planning Committee Representatives – Francisco Vega, Year Deavila, and Wes Rubio

Mr. Vega began by thanking staff for participating on the survey, as they received great feedback on how the mission, vision, and values reflect the work that is done at the Health District. Mr. Vega explained the feedback was integrated into the proposed new mission and values.

Mr. Vega continued to compare the current mission versus the proposed/new mission and explained that a vision seemed duplicative, so a new vision was not proposed.

Ms. Deavila began by sharing the proposed values for the consideration of the Board. Ms. Deavila explained that professionalism was removed from the values as the committee felt that this value is expected of employees. Ms. Deavila added that three new values were added: adaptable, inclusive, and compassionate.

Mr. Rubio presented on Strategic Priorities and reported that the same six priorities were kept; however, there was changes to two priorities: Impactful Partnerships and Financial Stability. He described that the change in Impactful Partnerships now emphasized on being collaborative. Mr. Rubio continued to share that the change

in Financial Stability was to add reliable and sustainable funding as the Health District is not attempting to gain money but rather have a sustainable mindset.

Ms. Ratti opened the items for questions.

Chair Dahir expressed he like the changes proposed including the values of being compassionate and adaptable. He continued to highlight that, as Chair, his goal was to be collaborative.

Commissioner Hill expressed appreciation for the process as she has attended other strategic sessions and the team doesn't always have a voice. She stated she was impressed by the process and would like to see it in other regional boards and agreed the changes were great.

- **Community Health Assessment**

Presented by: Heather Kerwin

Ms. Kerwin began her presentation by providing a brief overview of the community health assessment. Ms. Kerwin explained these assessments are done to comply with the Public Health Accreditation Board (PHAB) to help standardize health jurisdiction from the local, state and tribal levels. Ms. Kerwin provided a contents overview which included demographics and geography, social determinant, prevention, health outcomes, and assets and gaps analyses. She emphasized that the assets and gaps analyses contains a lot of the primary data. She reported this data is collected from the community through focus groups, surveys, key informants, and agency surveys.

Ms. Kerwin went over primary data sources and secondary data. Additionally, she provided a list of the maps that are available such as population density overlaid with low-income census tracts, food swamp locations to healthy food option, and Walkability Index Score, among others. Most of these maps can be found in the built environment section.

Ms. Kerwin explained the Hanlon method was selected to score and rank and the team chose to use magnitude, the trends, and benchmarks to measure both Nevada and the United States. Ms. Kerwin warned that the built environment was not able to be scored due to data limitation and inability to apply the scoring matrix. She continued to share two graphs that depicted the Ranked Health Topics by Data Source and Rank and Score of Health Issues.

Ms. Kerwin shared a data brief that described indicators from worst to best based on cumulative score for measured criteria as well as the four areas that were selected as priorities and provided a summary of major themes from focus groups. She briefly spoke of the areas of maternal and child health, substance use, environmental health, and violence.

Ms. Kerwin continued to share four areas that were selected as focus areas or priority areas. In the area of preventive health issues, a list of 25 issues was provided including sleep quantity, screen time, high blood pressure, and routine check-ups among others. Ms. Kerwin provided details for the results of the Preventive Health Community Survey questions.

Ms. Kerwin continued to provide details about Access to Health Services including

but not limited to Medicaid enrollment and children and adults who are uninsured, and adults who are unable to seek providers due to cost. Ms. Kerwin added that the percentage in our region for children less than 19 years who are not insured is high in comparison to the national percentage.

Ms. Kerwin reported on the Survey Results for Access to Healthcare and provided results for items such as type of healthcare providers community members needed to see, barriers faced when accessing healthcare, and financial hardships. She continued to report on 12 social determinants including proficiency in English language literacy and mathematics for elementary and middle school students and rate of homeless people. She noted the percentages shared reflected a pandemic school year of 2020-2021.

Ms. Kerwin provided a report on mental health as it related to depression among high school students and adults as well suicide attempts among middle and high school students.

Ms. Kerwin transitioned into the focus group summary and stated that open ended questions were asked to encourage discussions that helped understand what the community perceived as the meaning of a healthy lifestyle and the qualities a healthy community should have. She continued to report that the three identified barriers to a healthy lifestyle were lack of access to health services, unaffordable cost of living, and lack of road safety. The report continued to list behaviors that were thought to lead to quality life, and they were social support systems, outdoor recreation is preferred for physical and mental health, and selfcare and self-fulfillment as a necessity to care for others. Ms. Kerwin reported on some of the examples and qualities of a healthy community, and they were identified as outdoor amenities, proximity to outdoor recreation, community resources and events, community contribution, and the need to feel safe.

Ms. Kerwin concluded by reporting the next steps which included working with Truckee Meadows Tomorrow to create a dashboard so that the indicators can be provided on an ongoing basis.

Ms. Valdespin noted for the record that Dr. Klacking joined the meeting at 1:30 p.m. and Vice-Chair Brown excused himself for about 20 minutes at around 1:30 p.m.

Chair Dahir asked if there was a way to determine what role COVID-19 played in determining the numbers in social determinant of health for middle and high school.

Ms. Kerwin responded that the State has changed their standardized testing three times since 2014, so the desired trend information is not available.

Chair Dahir stated he would be interested in seeing the correlation to determine the damage that has happened.

- **Health Equity Listening Tour**
Presented by: Camarina Augusto

Ms. Ratti explained what it meant when the term equity was used. She illustrated it with a picture of the same exact bike being provided to everyone regardless of size. However, the second picture showed equity by recognizing that everyone is a little

different and have a different starting point, so they will receive a bike that works for them. She explained that when thinking of equity, one must think about how to meet different part of the community, where they are with what they have, and help them achieve the same kind of health outcomes recognizing that not everybody has the same starting point. Ms. Ratti introduce Camarina Augusto, Health Equity Coordinator.

Ms. Augusto reported on the finding of the listening tour. She began by providing a background of the listening tour and defining the purpose of the tour which was an effort that focused on building relationships and community engagement. Ms. Augusto continued to explain the tour process and emphasized that an important part of the process was to continue to carry forward the voices. She reported that 29 meetings with 59 individuals took place and shared a list of community leaders and organizations involved as well as the populations that were represented.

Ms. Augusto provided a comparison on the Community Health Assessment top health priorities vs. the Listening Tour top health priorities and noted a strong alignment between the two. She continued to share some of the key themes for top health priorities including the lack of transportation as a barrier. Ms. Augusto described the key themes for what is working well and what is not working well. Among the key theme challenges was overall access to information in various languages as wells as equitable and more access to transportation. Ms. Augusto concluded by sharing a few sentiments from the community leaders.

Mr. Reese thanked Ms. Augusto for the presentation and opined that it was helpful to understand some of the challenges the region faces. Mr. Reese noted that one of the areas that did not seem to be represented was among LGBTQ individuals and asked what groups included those individuals.

Ms. Augusto shared the slide that demonstrated individuals from that community being included in the listening tours. She did make note that those individuals that identified with the LGBTQ community may work for a specific organization, but that organization was not one that specifically served the LGBTQ population.

Mr. Reese continued to state that equity vs. equality also helps to understand the health outcome among the mentioned marginalized groups could be different and expressed his gratitude in the care and skill it took to gather the information. He opined that as new board member all these aspects of the process were very encouraging to him and thanked Ms. Augusto for the comprehensiveness of the report.

Chair Dahir reiterated that the observation to be involved from the beginning of the process, from community leaders, resonated with him as he feels it's important to make them feel as if they are a part of the process.

- **Community Health Improvement Plan**

Presented by: Rayona LaVoie

Ms. Ratti introduced Rayona LaVoie, Management Analyst, to speak about the Community Health Improvement Planning process.

Ms. LaVoie provided a background of the Community Health Improvement Plan (CHIP), which is a collaborative effort where the community is engaged in order to

address public health challenges. She continued to share a step-by-step graph that included the Listening Tour, as a new piece of the planning process. She reiterated that the CHIP is a community led process, so the community is engaged from the beginning.

Ms. LaVoie emphasized that the Community Forum focused on prioritizing the eight health topics and included questions regarding severity, equity, upstream, momentum, opportunity, and capacity. She continued to share the results of this meeting and explained that in order to address the needs the Health District must ensure that there is funding and resources to address the issues.

Ms. LaVoie highlighted the Focus Areas that were identified at the CHIP Steering Committee level, and it included mental health, preventive health behaviors, access to healthcare, and social determinants of health. She highlighted that something new that arose from the primary information was transportation and language accessibility.

Ms. LaVoie reported on a draft of CHIP goals based on the four focus areas and noted these goals are broad and high level as they are on the beginning stages of developing them. She concluded by sharing some of the next steps in the process of the CHIP.

Ms. Ratti brought attention to the recommended changes to the District and Division goals based on the Community Health Assessment, Listening Tour, and CHIP.

Chair Dahir called for a 15-minute break.

Board reconvened at 2:45 p.m.

- **Division Focus and Direction**

Presented by: Dr. Diao, Erin Dixon, Lisa Lottritz, Francisco Vega, Kevin Dick

Francisco Vega began his presentation by highlighting current trends across the country at the federal level. He continued to elaborate by reporting on a discussion surrounding environmental justice, which is an external civil right that aims to provide resources and other technical assistance on civil rights and environmental justice and engages with community with environment justice concerns and provides support for community led action.

Mr. Vega explained that AQM has been focused on the Clean Air Act; however, the recent EPA discussions were focused on cumulative impacts of air emission sources. Mr. Vega explained the focus of cumulative impacts, which translates to evaluations of facilities and sources is going to increase as AQM will not only look at the compliance of the Clean Air Act but also the cumulative impacts. He added that community monitoring and transparency were a part of this effort.

Mr. Vega continued to explain Minor New Source Review, which is a major shift at EPA as the previous focus was on major sources. Minor New Source Review means more public participation and more focus on minor source permits.

Mr. Vega reported on the last trend of Climate Change as a result of a case that came in front of the Supreme Court (West Virginia vs. the EPA) as to how the EPA

displays its authority. EPA can still address climate change but must be more specific in how its regulatory authorities are applied.

Mr. Vega reported that AQM's focus areas for the next three plus years are regulation development, technology utilization and AQ data management, increase public communication, and community programs. Mr. Vega explained that when regulations are being developed transparency and value are being considered. Mr. Vega reported that in the effort of increasing public communication AQM has created an email subscription list that has 3,400 subscribers. Mr. Vega reported on Lawn Mower Exchange as an example of efforts to encourage community programs.

Ms. Goatley-Seals, Public Health Supervisor with Chronic Disease and Injury Prevention and WIC Programs, presented for Lisa Lottritz, Director of CCHS. Ms. Goatley-Seals began her presentation by reporting on current trends such as response to community challenges, health equity focus, and irregular funding. Ms. Goatley-Seals spoke about high suicide rates, especially about the senior population. Additionally, she spoke about substance use and abuse that relates to mental health. Regarding preventive health, Ms. Goatley-Seals reported that adults and youth continue to miss the mark on meeting recommended physical activity targets and continue tobacco use which includes youth vaping. Ms. Goatley-Seals continued to report that unintentional falls continue to represent the highest cause for death amongst senior citizens.

Christina Sheppard, Nurse Practitioner Supervisor in Family Planning and Sexual Health Clinic, began her presentation highlighting access to care. She reported that while they have seen a decrease in the number of uninsured people in Washoe County due to the Affordable Care Act, many of those members remain without regular health care. She attributed this to a variety of factors including but not limited to not being aware of the qualification for those affordable care act plans, uncertainty as to the type of coverage they have, and some have to wait 2-3 months for a new patient appointment. Ms. Sheppard reported that Community Health Worker have been a great asset in increasing the number of people that received health care services in the community.

Ms. Goatley-Seals continued reporting on Physical Activity/Nutrition and explained that the Health District is working towards improving this area of focus by increasing access to healthy foods and beverages by supporting programs such as the 5210 Program as well as the Healthy Corner Store Project. She continued to report on the efforts towards preventing tobacco use and exposure. Additionally, the Health District will be focusing on preventing senior falls, gun violence prevention, suicide prevention and overdose prevention.

Ms. Sheppard continued her presentation by reporting on Family Planning and Sexual Health services by providing a brief description of their efforts to overcome the challenges this poses for the clinic. These efforts included but are not limited to access to treatment, testing, prevention strategies, and education. Ms. Sheppard reported that efforts in sexual health include implementing walk-in and same day appointments, expanding clinic hours, and providing access to pre-exposure prophylaxis for HIV prevention. Ms. Sheppard stated the outlook for Family

Planning is less certain due to funding factors; however, the intention is to continue to provide high quality, safe, and affordable family planning services to underserved members of the community. Additionally, she reported they look forward to growing the Community Health Worker Program and the services they provide in their outreach.

Chair Dahir asked what was being done regarding the vaping program as it appeared as nothing could be done to curb the issue.

Ms. Goatley-Seals reported that a lot of the same strategies from the tobacco prevention are being applied to the youth vaping such as increasing the taxes on vaping products as well as the tobacco products. Additionally, she reported efforts are being set in place to prevent purchase of these products for those under 21 years of age. Ms. Goatley-Seals reported the flavoring of these products is also being restricted, nationally. Ms. Goatley-Seals also spoke of the education that is taken place in schools, talking to students, parents, and educators.

Dr. Klacking asked about the calculations on the syphilis elements and wondered if tourism is being factored in.

Jennifer Howell, Sexual Health Program Coordinator, responded that cases are attributed based on their address. However, she stated there is a lot of influence on the rate due to the transiency and the tourism.

Chair Dahir opined this is one of the most transient states and wondered if these factors are reflected on this report.

Ms. Howell responded that transiency is a factor; however, close sexual networks is what is most identified. In speaking of congenital syphilis, Ms. Howell added that the issues lie on mothers not accessing consistent or any prenatal care as well as continued use of controlled substances, specifically meth. She opined that meth use and sexual activity go hand in hand.

Dr. Klacking continued to opine that these transmittable diseases are being brought into the community from elsewhere, however, the community is being held responsible for those numbers despite the small population.

Ms. Kerwin stated based on reviews, public events coming into the community are not correlating back to numbers in cases of communicable diseases; however, the rate over population numbers does demonstrate to be higher.

Erin Dixon, Director of Environmental Health Services began her presentation by speaking about current trends which included the process to create and implement regulations. Ms. Dixon reported most regulations are in need of an updates beginning with their pools and spa regulations as well as septic regulations. Additionally, Ms. Dixon spoke about community growth and the need to adapt to said growth which may include lengthier reviews and more complicated engagement. Finally, Ms. Dixon talked about workforce turnover in public health and environmental health services.

Ms. Dixon continued to report on the areas of focus for the next 3+ years. Ms. Dixon identified her division to be structured under a generalist model and the goal is to transition into a specialization model by January 1, which should lead to

improved efficiencies, staff satisfaction, and faster initial training time. Ms. Dixon reported on a project focused on improving technology for staff and the community. Ms. Dixon continued to describe their goal to balance workload to respond to community priorities. Ms. Dixon concluded by reporting on new training structures and materials to provide ongoing support for new hires as well as more experienced staff.

Dr. Klacking asked about the control on septics.

Ms. Dixon responded that regulations need to be updated to address a number of community needs.

Dr. Klacking asked if it was for commercial or private septics.

Ms. Dixon replied it was for new private septics. Ms. Dixon offered to invite Dr. Klacking to sit with the team when they discuss regulations.

Dr. Klacking reference microplastics in lungs and opined it might be something the Health District would like to take lead on.

Wes Rubio, Supervisor in Environmental Health Services, addressed Dr. Klacking's questions by stating there is a partnership within the State of Nevada, Partner for Sustainable Nevada, that is looking at these items statewide. Mr. Rubio reported that one of the limitations on this effort is that regulations are not that stringent in Nevada, thus, bringing businesses and recycle opportunities to the State is not yet sustainable.

Dr. Nancy Diao, Division Director for EPHP began her presentation by speaking about EPHP Current Trends and focus. Dr. Diao reported that there is a notable increase in global infectious disease outbreak, especially in the past 2 years. Dr. Diao reported an increase in communicable disease requiring reports and/or investigations. She added that an increase in EMS call volume has been seen which in part has initiated regionalization discussions. She added how climate change and first responder and healthcare turnover has impacted the current trends which included in increase in interest the community has displayed in public health.

Dr. Diao continued to describe the areas of focus in the next 3+ years to include improving/maximizing technology, public facing dashboard, Academic Health Department, EMS Strategic Planning, revision and exercise of community response plans, and addressing climate change as a public health preparedness function.

Kevin Dick, Health Officer opened his presentation with a brief description of current trends to include 21st Century Public Health also known as 21C, which recognizes that the Health District has to move beyond sewage and sanitation, food safety, immunizations, and infectious disease control to help improve the health of the community. He continued to recognize that going through the pandemic helped identify the glaring disparities in the community, so the Health Equity grant will be helpful in addressing such disparities. Additionally, he reported that the Health District's workforce capacity and development plan has helped recognize the need for more staff, which is the case nationwide, as well as the need to develop staff. Mr. Dick identified the future of work as including remote work, which includes dealing with hoteling and hybrid work. Health in all policies will assist in addressing the different areas that include health in the community and how other

agencies will consider the health impacts of their decision making. Mr. Dick spoke about emerging disease threats as a common trend in the community. Finally, he spoke of how the Health District was impacted by the low unemployment rates and the need to work on retaining employees.

Mr. Dick continued to discuss the areas of focus for the next 3+ years which included the name change which is scheduled to happen late 2023 summer. He added that funds are being used to obtain a satellite building to replace the TB clinic and provide more space for staff. Another focus is health equity capacity and community partnerships. The Health District is looking forward to working on fiscal accountability and updated technology which includes a fiscal plan past June 2024 as well as a computer refresh.

Ms. Ratti made note on the impacts to the plan after all the listed presentations.

- **Health Equity Organizational Capacity Assessment and Plan**

Presented by: Tiffany Young with Tiffany Young Consulting and Health

Equity Committee members: Itzayana Montoya, Zarmish Tariq, Jasmine Olvera

Tiffany Young, Consultant, began her presentation by thanking the Health District for their commitment and work to health equity.

Ms. Young provided a brief description of the process that took place to complete the health equity organizational assessment which included surveys, focus groups, and management interviews.

Ms. Young pointed out a few characteristics from the BARHII framework specifically hiring to address health inequities, structure that supports true community partnerships, support staff to address health inequities, and transparent and inclusive communication.

Ms. Young expanded on hiring to address health inequities which means providing individuals what they need to be successful and thrive and be healthy which includes increasing diversity hiring best practices. Ms. Young noted the Health District has proven to be compliant in this area; however, it would be beneficial to apply the same processes when promoting or hiring supervisors.

Ms. Young continued to speak about support staff to address health inequities which she opined should be viewed as a journey and not single focus training. She stated this could be accomplished by providing ongoing professional learning, evaluating professional development, and identifying designs of existing and new training.

Ms. Young highlighted the need to improve the existing appropriate culturally and linguistic messaging both in the community and internally. She added that one way to obtain creative use of categorical funds was to seek and apply grant opportunities that relate to diversity, equity, and inclusion.

Ms. Young continued to report that in looking at data it should be viewed with a health equity lens in order to identify and define communities that could benefit from specific, focused initiatives.

Ms. Young suggested expanding knowledge about the influence of race, racism, class, and classism as well as building capacity to design and implement initiatives to address these factors, in an effort to best serve the community.

Ms. Young reported that having community knowledge will help with utilizing community organizing principles by uplifting community voices, include diverse voices, meet people where they are, creating space to increase opportunities, and engage in communities at all levels. Ms. Young invited the creation of formal and informal opportunities to allow for staff to engage in dialogue as well as capitalizing on staff's willingness to engage in difficult conversations.

Ms. Young concluded by stating that the Health District is on the path forward to thread and embed the work as well as working to address population and groups most impacted in the community.

Chair Dahir commented that the work done will not be implemented unless they listen to the community and commended Ms. Young for her profound message.

Itzayana Montoya, Community Organizer, began her presentation by speaking about the next steps after the health equity assessment. She continued to describe the steps included in the health equity plan process including a disclosure of how recommendations were added to the Health Equity Plan. Ms. Montoya provided a timeline for the said plan. Ms. Montoya continued to thoroughly describe the three-year initiatives for goal 1: Build health-equity among staff through formal and informal training opportunities for dialogue and practical application.

Jasmine Olvera, Community Health Worker, continued describing the initiatives for goals 2 through 5: Integrate health equity across the health district, build partnerships with diverse communities within Washoe County, access to culturally and linguistically appropriate information for under-served communities, and collect, evaluate and leverage data and knowledge to achieve greater health outcomes and reduce disparities, respectively.

Zarmish Tariq, Health Educator, continued presenting by providing details on initiatives for goals 6 and 7: Integrate health equity into organization developments and refine and improve hiring practices to promote diversity and represent the community.

Commissioner Hill commended the team on a great job.

Ms. Ratti highlighted the impacts to the plan based off the recent presentations.

- **Foundation Public Health Service Workforce Capacity Assessment**

Presented by: Public Health Foundation Representatives: Matt Stefanak, Leslie Beitsch, and Carol Moehrle

After brief introductions of Carol Moehrle, Local North Central Idaho Public Health Officer, Leslie Beitsch, former Oklahoma State Health Administrator and Florida Deputy Secretary, and Matthew Stefanak, Kent State College of Public Health faculty member and retired Ohio County Health Commissioner.

Ms. Moehrle began with a background of the Public Health Foundation (PHF). She continued to speak about the PHF Workforce Assessment for the Health District including the development of framework for workforce investment and

recommendations for further alignment of workforce capacity.

Ms. Moehrle shared a graphic referencing foundation public health services (FPHS) and their foundational areas and capabilities. She added an explanation on how FPHS supports efforts for additional funding and workforce development planning.

Dr. Beitsch provided details on an analysis that estimated how much staff is needed to provide the FPHS across the country. He shared a graphic that showed the figures for staff needed to perform the FPHS. Additionally, he shared that for a county the size of Washoe an increase of 40-50% additional staffing is needed to provide FPHS. He continued to state that deBeamount/CDC/PHNCI developed a workforce calculator that local health departments could use to show what share of those full-time employees (FTE) needed to be in their health department for them to be adequately staff to perform the work they're doing.

Dr. Beitsch shared a graphic that described the four major sources of data that went into said model including NACCHO and PH WINS.

Mr. Stefanak echoed Ms. Moehrle's admiration for the hard work of leadership staff at the Health District. He continued to share the current and additional FPHS staffing needs to show 107.10 current FTE staff as opposed to 141.10 FTE staff needed not including community-specific services.

Mr. Stefanak proposed that leadership staff use the gap analysis and fine tune it by considering what services other entities/community partners are providing and adjust the gap accordingly. He reiterated that this is data for advocacy to obtain the staffing resources that are needed to provide FPHS and prioritize the needs.

Dr. Beitsch commented that this Health District could potentially be a model for the rest of Nevada by participating in this project.

Mr. Dick commended this team for their work and stated the Health District learned a lot about what staffing looks like when it's sorted around FPHS. Mr. Dick stated these results are preliminary, but this information will be used to bring proposals during the budget process in the coming fiscal year. Additionally, he provided background on the tools that were used prior to the workforce calculator and reported that part of the FTEs listed under Environmental included staff from Air Quality Management.

Ms. Ratti highlighted that community specifics are no less important than foundational; however, foundational is the national model.

Mr. Dick shared that to identify the difference between a community-based services versus an FPHS he has referred to the Immunizations Program. The FPHS for Immunizations is educating the community about the importance of immunizations and working with the providers to store and administer vaccines properly. However, putting shots in arms is not an FPHS but rather a community-based need.

Mr. Dick continued to speak about what other organizations are contributing and he noted that the Health District has very little investment in access to clinical care. He continued to explain that the data dictionary for the foundational area is helping people get signed up for Medicaid, but in Nevada that is not a task that is focused on public health as there are many different entities that work in that area.

Commissioner Hill commented she was excited to see how the gaps are filled with the community organizations.

Chair Dahir asked why the Communicable Disease showed low on the assessment.

Ms. Moehrle explained that the number just show that where there is lack of State support the Health District has had to step up and take on the responsibility that requires more staff.

Ms. Ratti echoed the previous statement and highlighted that there is a need for more staffing in Communicable Disease judging by the reported trends.

Mr. Stefanak added that there are gaps in the local public health presence in Nevada. He continued to state there are a lot of factors that go into outliers that will be explored.

Mr. Dick added that the supplemental funding has allowed to add additional disease investigators for the Sexual Health Program.

Chair Dahir asked if there is national money that is following this national model.

Ms. Moehrle stated she is hopeful that here will be money to follow.

Mr. Stefanak stated that, in Washington, an increase in state funding was found after they went through a staffing needs assessment and applied to several of FPHS including Epidemiological and Environmental Health services.

Dr. Diao reiterated that they are a continued need in the area.

Ms. Kerwin added that she did believe many of the foundational areas at the Health District are not supported at the statewide level. She added that clinical and community health services programs do more clinical navigation and outreach for their clients, where the infectious/communicable disease interface mainly via phone due to the high number of cases.

5. Strategic Planning Financial Presentation and Discussion: The purpose of the Strategic Planning Retreat is to discuss the Mission, Values, Key Priorities, and Goals of the Washoe County Health District. The Strategic Plan will influence the finances of the Health District. Topics presented under this agenda item include:

- Washoe County Health District Fiscal Status and Budget Implications of the Strategic Plan
Presented by: Kevin Dick

Mr. Dick began his fiscal presentation by stating that the Health District has a healthy fund balance and shared the financial report that was provided at the October Board meeting. Mr. Dick stated he anticipates to end the year with about \$15 millions or more in the health fund, thus, leaving room for investments moving forward. Mr. Dick advised that this process needs to be approached in a sustainable way to prevent layoffs in the next year or two.

Mr. Dick reported on the federal funds through the State that include \$10 million of ARPA funding and \$3.4 million for Title X replacement to be ending in December 2026. Additionally, he reported a \$2.6 million of CDC Workforce funding that would end in September 2027 and would absorb four of the seven positions under the Health

Equity Grant. Mr. Dick noted that this funding would release some of the projected local funding for said Health Equity Grant positions and allow for further workforce capacity efforts.

Mr. Dick proceeded to describe the budget implications and stated these would be brought to the Board via the FY24 Budget that will be presented in February 2023. He added that in speaking to the congressman regarding the CDC Workforce grant, it seems like they are evaluating how this grant is implemented; therefore, the door is open for potential additional federal dollars coming forward for workforce support.

6. Board discussion and possible direction regarding the Mission, Values, Key Priorities, and Goals of the Washoe County Health District. The board will discuss and possibly provide direction to staff regarding the development of final drafts for the Strategic Plan for approval at a future meeting of the Board.

Chair Dahir opened this item for discussion.

Ms. Ratti provided a brief explanation of the next steps and the potential direction that was needed to move forward with this item.

Vice-Chair Brown moved to approve the draft Strategic Plan for approval at a future meeting of the Board. Dr. John Novak seconded the motion which was approved unanimously with Dr. Danko being absent.

7. Board Comment.

Chair Dahir expressed his appreciation for this process and commended the team for a great job.

Chair Dahir reminded all Board members to take on a division and get involved.

Having no more Board comments, Chair Dahir closed this item.

8. Public Comment.

Chair Dahir opened the public comment period and having no registered public comment, Chair Dahir closed the public comment period.

ADJOURNMENT.

Chair Dahir adjourned the meeting at 4:59 p.m.

Possible Changes to Agenda Order and Timing: Items on the agenda may be taken out of order, combined with other items, withdrawn from the agenda, moved to the agenda of another later meeting; moved to or from the Consent section, or they may be voted on in a block. Items with a specific time designation will not be heard prior to the stated time, but may be heard later. Items listed in the Consent section of the agenda are voted on as a block and will not be read or considered separately unless withdrawn from the Consent agenda.

Special Accommodations: The District Board of Health Meetings are accessible to the disabled. Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Administrative Health Services in writing at the Washoe County Health District, 1001 E. 9th Street, Building B, Reno, NV 89512, or by calling 775.328.2416, 24 hours prior to the meeting.

Public Comment: During the "Public Comment" items, anyone may speak pertaining to any matter either on or off the agenda, to include items to be heard on consent, by filling out a "Request to Speak" form and/or submit comments for the record to the Recording Secretary. For the remainder of the agenda, public comment will only be heard during items that are marked FOR POSSIBLE ACTION. All public comment should be addressed to the Board of Health and not an individual member. The Board asks that your comments are expressed in a courteous manner. Any public comment for hearing items will be heard before action is taken on the item and must be about the specific item being considered by the Board. Public comment and presentations for individual agenda items are limited as follows: fifteen minutes each for staff and applicant presentations, five minutes for a speaker representing a group, and three minutes for individual speakers unless extended by questions from the Board or by action of the Chair. Reasonable efforts will be made to hear all public comment during the meeting.

All public comment is limited to three minutes per person. Unused time may not be reserved by the speaker nor allocated to another speaker.

Members of the public that wish to attend via zoom may make public comment by submitting an email comment to svaldespin@washoecounty.gov before the scheduled meeting, which includes the name of the commenter and the agenda item number for which the comment is submitted.

Response to Public Comment: The Board of Health can deliberate or take action only if a matter has been listed on an agenda properly posted prior to the meeting. During the public comment period, speakers may address matters listed or not listed on the published agenda. The Open Meeting Law does not expressly prohibit responses to public comments by the Board of Health. However, responses from the Board members to unlisted public comment topics could become deliberation on a matter without notice to the public. On the advice of legal counsel and to ensure the public has notice of all matters the Board of Health will consider, Board members may choose not to respond to public comments, except to correct factual inaccuracies, ask for Health District staff action or to ask that a matter be listed on a future agenda. The Board of Health may do this either during the public comment item or during the following item: “Board Comments – District Board of Health Member’s announcements, reports and updates, request for information or topics for future agendas. (No discussion among Board Members will take place on the item)”

Posting of Agenda; Location of Website:

Pursuant to NRS 241.020, Notice of this meeting was posted electronically at the following locations:

Washoe County Health District, 1001 E. 9th St., Reno, NV

Reno City Hall, 1 E. 1st St., Reno, NV

Sparks City Hall, 431 Prater Way, Sparks, NV

Washoe County Administration Building, 1001 E. 9th St, Reno, NV

Downtown Reno Library, 301 S. Center St., Reno, NV

Washoe County Health District Website <https://www.washoecounty.gov/health>

State of Nevada Website: <https://notice.nv.gov>

How to Get Copies of Agenda and Support Materials: Supporting materials are available to the public at the Washoe County Health District located at 1001 E. 9th Street, in Reno, Nevada. Ms. Susy Valdespin, Recording Secretary to the District Board of Health is the person designated by the Washoe County District Board of Health to respond to requests for supporting materials. Ms. Valdespin is located at the Washoe County Health District and may be reached by telephone at (775) 328 -2415 or by email at svaldespin@washoecounty.gov. Supporting materials are also available at the Washoe County Health District Website <https://www.washoecounty.gov/health> pursuant to the requirements of NRS 241.020.