WASHOE COUNTY
DISTRICT BOARD OF HEALTH

Denis Humphreys, OD, Chairman
Matt Smith, Vice Chairman
George Furman, MD,
Councilman Dan Gustin
Commissioner David Humke,
Amy J Khan, MD, MPH
Councilwoman Julia Ratti

ANNOTATED AGENDA

Meeting of the
DISTRICT BOARD OF HEALTH
Health Department Building
South Auditorium
1001 East Ninth Street
Reno, Nevada
January 22, 2009
1:00 PM

NOTICE

PURSUANT TO NRS 241.020, PLEASE BE ADVISED THAT THE AGENDA FOR THE DISTRICT BOARD OF HEALTH MEETING HAS BEEN POSTED AT THE FOLLOWING LOCATIONS: WASHOE COUNTY HEALTH DISTRICT (1001 E. 9TH ST), RENO CITY HALL (1 E. 1ST ST), SPARKS CITY HALL (431 PRATER WAY), WASHOE COUNTY ADMINISTRATION BUILDING (1001 E. 9TH ST), AND ON THE WASHOE COUNTY HEALTH DISTRICT WEBSITE @ **WWW.WASHOECOUNTY.US/HEALTH**. PUBLIC COMMENT IS LIMITED TO THREE (3) MINUTES PER PERSON.

The Board of Health may take action on the items denoted as **"(action)".**

Business Impact Statement – A Business Impact Statement is available at the District Health Department for those items denoted with a $

1.	Call to Order, Pledge of Allegiance Led by Invitation and Introduction of New Board Member	**HELD**
2.	Roll Call	**HELD**
3.	Public Comment (3 minute time limit per person)	**NO COMMENTS PRESENTED**
4.	Approval/Deletions to the Agenda for January 22, 2009 **(action)**	**APPROVED AS AMENDED**
5.	Approval/Additions/Deletions to the Minutes of the District Board Meeting of December 18, 2008 **(action)**	**APPROVED**

6. Recognitions

YEARS-OF-SERVICE
CONNIE CAMPBELL – 15 YEARS
JOYCE MINTER – 15 YEARS
CHRISTINA "TINA" BURTON – 20 YEARS
JEANETTE O'BRIEN – 20 YEARS

APPOINTMENT – NACCHO – HIV/STI PREVENTION PEER TECHNICAL ADVISORY
JENNIFER HOWELL

RETIREMENT
JEANETTE O'BRIWN – 20 YEARS

7. Consent Agenda
Matters, which the District Board of Health may consider in one motion. Any item, however, may be discussed separately by Board member request. Any exceptions to the consent agenda must be stated prior to approval.

A. Air Quality Management Cases
   1. Recommendation to Uphold Citations Unappealed to the Air Pollution Control Hearing Board
      a. No Cases This Month

   2. Recommendations of Cases Appealed to the Air Pollution Control Hearing Board
      a. No Cases This Month

B. Recommendation to Approve Variance Case(s) Presented to the Sewage, Wastewater & Sanitation Hearing Board
   1. Robert Sader – Case No. 1-09S (Continuation of Case 5-06S and 1-08S) **(action)** — **APPROVED**
   2. Richard and Sharon Hadsell – Case No. 2-09S **(action)** — **APPROVED**

C. Budget Amendments / Interlocal Agreements / Authorized Position Control Numbers
   1. Ratification of Amendment #1 to the Interlocal Contract Between the State of Nevada, Department of Conservation and Natural Resources, Division of Environmental Protection (NDEP) and the Washoe County Health District on Behalf of Washoe County District Health Department, in the total Amount of $212,500 ($20,000 Increase for State Fiscal Year 2009) in Support of he Safe Drinking Water Act (SDWA) Grant Program for the Period of October 1, 2006 Through June 30, 2009 **(action)** — **APPROVED**
   2. Ratification of an Interlocal Contract Between the State of Nevada, Department of Conservation and Natural Resources, Division of Environmental Protection (NDEP) and the Washoe County Health District in the Total Amount of $150,000 in Support of the Hazardous Materials Grant Program, for the Period of July 1, 2009 Through June 30, 2011 Contingent Upon Approval of the Washoe County Risk Manager and the District Attorney **(action)** — **APPROVED**
   3. Acceptance of Subgrant Amendment #4 from the Nevada State Health Division in the Amount of $107,188 in Support of the Office of the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program, for the Period of September 1, 2007 Through August 8, 2009 **(action)** — **APPROVED**

8. Air Pollution Control Hearing Board Cases – Appealed to the District Board of Health
   A. No Cases This Month

9. Regional Emergency Medical Services Authority
   A. Review and Acceptance of the Operations and Financial Report for November and December 2008 **(action)** — **ACCEPTED**
   B. Update of REMSA's Community Activities Since December 2008 — **PRESENTED**

10. Review and Acceptance of the Monthly Public Health Fund Revenue and Expenditure for December 2008 **(action)** — **ACCEPTANCE**

11.	Washoe County Health District Vacancy Update	**PRESENTED**
12.	Update – Organizational Optimization – Plan for Restructuring of Washoe County Health District	**PRESENTED**
13.	Presentation and Approval of the FY 08/09 Mid-year Spending Reduction Plan **(action)**	**APPROVED**
14.	Public Health Nursing Update A. Public Health Nurse Assignments B. Recommendation to Consider Plan for Significant Restructuring of the Public Health Visiting Nurse Program **(action)**	**PRESENTED** **ACCEPTED WITH DIRECTION TO STAFF**
15.	Discussion and Possible Acceptance of the Review Process for All Newly Proposed Programs/Initiatives for Presentation to the District Board of Health **(action)**	**ACCEPTED**
16.	Presentation and Possible Acceptance of Robert Wood Johnson Grant Proposals **(action)**	**ACCEPTED**
17.	Presentation. Discussion and Recommendation to Accept the Washoe County Health District's First Annual Chronic Disease Report **(action)**	**ACCEPTED**
18.	Update and Possible Acceptance of Staff's January Report for the 2009 Legislative Session **(action)** A. Recommendation for the Board to Promote and Support the State Legislative Efforts (for the Expansion of the Good Samaritan Act), Which Provide Immunity for Volunteers Who Are Involved in Exercises, Preparation Activities and Responses to Local and Statewide Disasters **(action)**	**ACCEPTED** **SUPPORT WITH DIRECTION TO STAFF**
19.	Presentation and Acceptance of the Family Planning Clinic Transition Plan **(action)**	**ACCEPTED WITH DIRECTION TO STAFF**
20.	Staff Reports and Program Updates **A. Director, Epidemiology and Public Health Preparedness** – Communicable Disease; Public Health Preparedness (PHP) Activities **B. Director, Community and Clinical Health Services** – Tuberculosis (TB) Prevention and Control Program; Community and Clinical (CCHS) Required Staff Training; Vaccines for Children (VFC) Only Transition **C. Director, Environmental Health Services** – Environmental Health Programs and State Regulation Revisions; Vector-Borne Diseases Prevention Program; Public Information and Education Outreach **D. Director, Air Quality Management** - Monthly Report of Air Quality: Everything Green, Monitoring/Planning Activities, Permitting Activities, Compliance/Inspection Activity, and Enforcement Activity **E. Administrative Health Services Officer** – Saint Mary's Regional Medical Center Evacuation; IHCC (Inter-Hospital Coordinating Council) Accomplishments for Calendar Year 2008 **F. District Health Officer** – Endowment of the District Board of Health Scholarship; Volunteer License Approved by the State Board of Nursing; Reminder of the 17th Annual NALBOH Conference - July 1 – 3, 2009; Board of County Commissioners Retreat – Budget Discussion Document	**PRESENTED**
21.	Board Comment – Limited to Announcements or Issues for Future Agendas	**COMMENTS PRESENTED**
22.	Adjournment **(action)**	**ADJOURNED**

NOTE: Facilities in which this meeting is being held are accessible to the disabled. Persons with disabilities who require special accommodations or assistance at the meeting should call the Administrative Health Services Division, 328-2410, 24-hours prior to the meeting.

WASHOE COUNTY
DISTRICT BOARD OF HEALTH

Denis Humphreys, OD, Chairman
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AGENDA

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The Board of Health may take action on the items denoted as **"(action)".**

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1:00 PM	1.	Call to Order, Pledge of Allegiance Led by Invitation and Introduction of New Board Member	Dr. Humphreys
	2.	Roll Call	Ms. Smith
	3.	Public Comment (3 minute time limit per person)	Dr. Humphreys
	4.	Approval/Deletions to the Agenda for January 22, 2009 **(action)**	Dr. Humphreys
	5.	Approval/Additions/Deletions to the Minutes of the District Board Meeting of December 18, 2008 **(action)**	Dr. Humphreys

6. Recognitions — Dr. Humphreys
   A. Years-of-Service
      1. Jacqueline "Jackie" Munoz – AHS – 5 Years
      2. Connie Campbell – CCHS – 15 Years
      3. Joyce Minter – CCHS – 15 Years
      4. Christina Burton – AQM – 20 Years
      5. Jeanette O'Brien – CCHS – 20 Years
   B. Appointment as NACCHO HIV/STI Prevention Peer Technical Advisor
      1. Jennifer Howell
   C. Retirement
      1. Jeanette O'Brien – CCHS – 20 Years

7. Consent Agenda — Dr. Humphreys
   Matters, which the District Board of Health may consider in one motion. Any item, however, may be discussed separately by Board member request. Any exceptions to the consent agenda must be stated prior to approval.

   A. Air Quality Management Cases
      1. Recommendation to Uphold Citations Unappealed to the Air Pollution Control Hearing Board — Mr. Bonderson
         a. No Cases This Month

      2. Recommendations of Cases Appealed to the Air Pollution Control Hearing Board — Mr. Bonderson
         a. No Cases This Month

   B. Recommendation to Approve Variance Case(s) Presented to the Sewage, Wastewater & Sanitation Hearing Board — Mr. Coulter
      1. Robert Sader – Case No. 1-09S (Continuation of Case 5-06S and 1-08S) **(action)**
      2. Richard and Sharon Hadsell – Case No. 2-09S **(action)**

   C. Budget Amendments / Interlocal Agreements / Authorized Position Control Numbers
      1. Ratification of Amendment #1 to the Interlocal Contract Between the State of Nevada, Department of Conservation and Natural Resources, Division of Environmental Protection (NDEP) and the Washoe County Health District on Behalf of Washoe County District Health Department, in the total Amount of $212,500 ($20,000 Increase for State Fiscal Year 2009) in Support of he Safe Drinking Water Act (SDWA) Grant Program for the Period of October 1, 2006 Through June 30, 2009 **(action)**
      2. Ratification of an Interlocal Contract Between the State of Nevada, Department of Conservation and Natural Resources, Division of Environmental Protection (NDEP) and the Washoe County Health District in the Total Amount of $150,000 in Support of the Hazardous Materials Grant Program, for the Period of July 1, 2009 Through June 30, 2011 Contingent Upon Approval of the Washoe County Risk Manager and the District Attorney **(action)**
      3. Acceptance of Subgrant Amendment #4 from the Nevada State Health Division in the Amount of $107,188 in Support of the Office of the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program, for the Period of September 1, 2007 Through August 8, 2009 **(action)**

8. Air Pollution Control Hearing Board Cases – Appealed to the District Board of Health — Mr. Bonderson
   A. No Cases This Month

9. Regional Emergency Medical Services Authority — Mr. Smith
   A. Review and Acceptance of the Operations and Financial Report for November and December 2008 **(action)**
   B. Update of REMSA's Community Activities Since December 2008

10. Review and Acceptance of the Monthly Public Health Fund Revenue and Expenditure for December 2008 **(action)** — Ms. Coulombe

11.	Washoe County Health District Vacancy Update	Ms. Coulombe
12.	Update – Organizational Optimization – Plan for Restructuring of Washoe County Health District Plan	Dr. Anderson Dr. Todd
13.	Presentation and Approval of the FY 08/09 Mid-year Spending Reduction Plan **(action)**	Dr. Anderson
14.	Public Health Nursing Update A. Public Health Nurse Assignments B. Recommendation to Consider Plan for Significant Restructuring of the Public Health Visiting Nurse Program **(action)**	Dr. Anderson Ms. Brown Ms. Hunter
15.	Discussion and Possible Acceptance of the Review Process for All Newly Proposed Programs/Initiatives for Presentation to the District Board of Health **(action)**	Dr. Anderson
16.	Presentation and Possible Acceptance of Robert Wood Johnson Grant Proposals **(action)**	Ms. Stoll-Hadayia
17.	Presentation. Discussion and Recommendation to Accept the Washoe County Health District's First Annual Chronic Disease Report **(action)**	Ms. Brown
18.	Update and Possible Acceptance of Staff's January Report for the 2009 Legislative Session **(action)**	Ms. Stoll-Hadayia
	A. Recommendation for the Board to Promote and Support the State Legislative Efforts (for the Expansion of the Good Samaritan Act), Which Provide Immunity for Volunteers Who Are Involved in Exercises, Preparation Activities and Responses to Local and Statewide Disasters **(action)**	Dr. Furman Dr. Bonnet
19.	Presentation and Acceptance of the Family Planning Clinic Transition Plan **(action)**	Ms. Brown
20.	Staff Reports and Program Updates	
	A. Director, Epidemiology and Public Health Preparedness – Communicable Disease; Public Health Preparedness (PHP) Activities	Dr. Todd
	B. Director, Community and Clinical Health Services – Tuberculosis (TB) Prevention and Control Program; Community and Clinical (CCHS) Required Staff Training; Vaccines for Children (VFC) Only Transition	Ms. Brown
	C. Director, Environmental Health Services – Environmental Health Programs and State Regulation Revisions; Vector-Borne Diseases Prevention Program; Public Information and Education Outreach	Mr. Sack
	D. Director, Air Quality Management - Monthly Report of Air Quality: Everything Green, Monitoring/Planning Activities, Permitting Activities, Compliance/Inspection Activity, and Enforcement Activity	Mr. Goodrich
	E. Administrative Health Services Officer – Saint Mary's Regional Medical Center Evacuation; IHCC (Inter-Hospital Coordinating Council) Accomplishments for Calendar Year 2008	Ms. Coulombe
	F. District Health Officer – Endowment of the District Board of Health Scholarship; Volunteer License Approved by the State Board of Nursing; Reminder of the 17th Annual NALBOH Conference - July 1 – 3, 2009; Board of County Commissioners Retreat – Budget Discussion Document	Dr. Anderson
21.	Board Comment – Limited to Announcements or Issues for Future Agendas	Dr. Humphreys
22.	Adjournment **(action)**	Dr. Humphreys

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WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING
Board Room - Health Department Building
Wells Avenue at Ninth Street

January 22, 2009

WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING
January 22, 2009

PRESENT: Denis Humphreys, OD, Chairman; Mr. Matt Smith, Vice Chairman; George Furman, MD; Councilman Dan Gustin; Commissioner Kitty Jung (arrived at 1:20pm); Amy Khan, MD; and Councilwoman Julia Ratti

ABSENT: None

STAFF: Dr. Mary Anderson, District Health Officer; Eileen Coulombe, Administrative Health Services Officer; Bob Sack, Director, Environmental Health Services; Andrew Goodrich, Director, Air Quality Management; Dr. Randall Todd, Director, Epi-Public Health Preparedness; Mary-Ann Brown, Acting Director, Community and Clinical Health Services; Steve Kutz, Public Health Nursing Supervisor; Debra Barone, Medical Reserve Corps Coordinator; Doug Coulter, PE, Senior Registered Engineer; Steve Fisher, Department Computer Application Specialist; Candy Hunter, Public Health Nursing Supervisor; Joyce Minter, Public Health Nurse; Pam Carlson, Clinical Office Supervisor; Jennifer Stoll-Hadayia, Public Health Program Manager; Jennifer Howell, Sexual Health Program Coordinator; Nicole Alberti, Public Health Educator; Katie Tanner, Advanced Practitioner of Nursing; Maria Magana, Office Support Specialist; Isabel Chaidez, Community Health Aide; Kelli Seals, Health Educator; Tina Burton, Plans/Permits Application Aide; Jeff Whitesides, Public Health Preparedness Manager; Scott Monsen, Vector-Borne Diseases Coordinator; Judy Davis, Public Information Officer; Janet Smith, Recording Secretary; and Leslie Admirand, Deputy District Attorney

At 1:00p, Chairman Humphreys called the Washoe County District Board of Health meeting to order followed by the Pledge of Allegiance led by Dr. George Furman, Board of Health member. Chairman Humphreys introduced Sparks City Councilwoman Julia Ratti, advising that Ms. Ratti is the new City of Sparks elected official appointed to the District Board of Health.

Later in the meeting, Chairman Humphreys introduced Commissioner Kitty Jung, advising that Ms. Jung is the new Board of County Commissioners' elected official appointed to the District Board of Health.

ROLL CALL

Roll call was taken and a quorum noted.

PUBLIC COMMENT

No public comment was presented.

APPROVAL.ADDITIONS – AGENDA – JANUARY 22, 2009

Chairman Humphreys advised that item 18. Update and Possible Acceptance of Staff's January 2009 Legislative Session will be reviewed following item 7. Consent Agenda.

MOTION: Mr. Gustin moved, seconded by Dr. Furman, that the agenda of the January 22, 2009 District Board of Health meeting be approved as amended.
Motion carried unanimously.

APPROVAL/ADDITIONS/CORRECTIONS – MINUTES – DECEMBER 18, 2008

Chairman Humphreys called for any additions or deletions to the minutes of the District Board of Health's meeting of December 18, 2008.

MOTION: Dr. Khan moved, seconded by Mr. Smith, that the minutes of the December 18, 2008 District Board of Health meeting be approved as received.
Motion carried unanimously.

RECOGNITIONS

Chairman Humphreys and Dr. Mary Anderson, District Health Officer, presented Certificates of Recognition to Ms. Joyce Minter for **15 Years-of-Service**; and Ms. Christina "Tina" Burton for **20 Years-of-Service**. Dr. Anderson advised that a Certificate of Recognition will be presented to Ms. Connie Campbell for 15 Years-of-Service; that Ms. Jeanette O'Brien's Certificate of Recognition for **20 Years-of-Service** and her Certificate of Retirement will be mailed to her.

Dr. Anderson introduced Ms. Jennifer Howell, Sexual Health Program Coordinator, advising that Ms. Howell has been selected as a NACCHO HIV/STI Peer Technical Advisor; that Ms. Howell's name will be added to the database of advisors "matching her expertise and experiences to local health department colleagues seeking assistance and advice in HIV/STI prevention activities." Dr. Anderson stated that "there is quite a significance to Ms. Howell being chosen." Dr. Anderson

stated that Ms. Howell engaged in a competitive national selection process and was selected based upon her expertise and decade of experience, including at the District Health Department, in the "sexual health field" and HIV education. Dr. Anderson reviewed Ms. Howell's involvement in community partnerships advising that Ms. Howell is a Certified Public Health Outreach Specialist; that Ms. Howell's name will be added to the NACCHO database as a Peer Advisor for Sexual Health to be "matched with other health department colleagues for her expertise." Dr. Anderson advised that Ms. Howell "was one (1) of only seven (7) nationally chosen to serve in this role; that he appointment not only brings national recognition to Ms. Howell but to the Washoe County Health District as well."

CONSENT AGENDA – SEWAGE, WASTEWATER AND SANITATION

The Board was advised that Staff and the Sewage, Wastewater and Sanitation Hearing Board recommend **approval** of the following Sewage, Wastewater and Sanitation variance request:

Application of **ROBERT SADER, Case No. 1-09S (extension of Case No. 5-06S and 1-08S)**, for a variance request pertaining to property located at 19440 Annie Lane, Assessor's Parcel No. 017-320-23, from the requirements of Sections 110.010 and 110.020 (Holding Tanks) of the Washoe County District Board of Health Regulations Governing Sewage, Wastewater and Sanitation, **stipulating to the Findings of Fact and subject to the two (2) conditions as outlined.**

MOTION: Ms. Ratti moved, seconded by Dr. Furman, that the SWS Hearing Board recommendation to grant Variance Case No. 1-09S (extension of Case No. 5-06S and 1-08S) (Robert Sader), be approved, stipulating to the Findings of Fact and subject to the two (2) conditions as outlined. Motion carried unanimously.

CONSENT AGENDA – SEWAGE, WASTEWATER AND SANITATION

The Board was advised that Staff and the Sewage, Wastewater and Sanitation Hearing Board recommend **approval** of the following Sewage, Wastewater and Sanitation variance request:

Application of **RICHARD AND SHARON HADSELL, Case No. 2-09S**, for a variance request pertaining to property located at 315 Lincoln Highway, Wadsworth, Assessor's Parcel No. 084-220-44 from the requirements of Section 040.020 (Areas and Location of On-Site Sewage Disposal Systems), Table 1 (Minimum Lot Size According to Slope Over Disposal Area) of the Washoe

County District Board of Health Regulations Governing Sewage, Wastewater and Sanitation, **stipulating to the Findings of Fact and subject to the four (4) conditions as outlined.**

MOTION: **Ms. Ratti moved, seconded by Dr. Furman, that the SWS Hearing Board recommendation to grant Variance Case No. 2-09 (Richard and Sharon Hadsell), be approved, stipulating to the Findings of Fact and subject to the four (4) conditions as outlined.**

CONSENT AGENDA – BUDGET AMENDMENTS/INTERLOCAL AGREEMENTS

The Board was advised that Staff recommends **ratification** of **Amendment #1** to the **Interlocal Contract** between the **State of Nevada, Department of Conservation and Natural Resources, Division of Environmental Protection and the Washoe County Health District** on behalf of the **Washoe County District Health Department** in the **total amount of $212,500 ($20,000 increase for State Fiscal Year 2009)** in support of the **Safe Drinking Water Act (SDWA) Grant Program** for the period of October 1, 2006 through June 30, 2009; and **approval** of **amendments totaling an increase of $20,000** in revenue and expense to the **SDWA Grant Program (Internal Order #10017) FY 08/09 Budget**; and **authorize** the **creation** of an **on-call Licensed Engineer Intermittent Hourly position (PC #TBD)**.

The Board was advised that Staff recommends **ratification** of an **Interlocal Contract** between the **State of Nevada, Department of Conservation and Natural Resources, Division of Environmental Protection (NDEP)** and the **Washoe County Health District** in the **total amount of $150,000** in support of the **Hazardous Materials Grant Program** for the period July 1, 2009 through June 30, 2011, contingent upon the approval of the Washoe County Risk Manager and the District Attorney.

The Board was advised that Staff recommends **acceptance** of the **Subgrant Amendment #4** from the **Nevada State Health Division** in the amount of **$107,188** in support of the **Office of the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program**.

MOTION: **Ms. Ratti moved, seconded by Dr. Furman, that the Amendment #1 to the Interlocal Contract with the corresponding budget amendment and creation of an on-call Licensed Engineer Intermittent Hourly (PC #TBD); the Interlocal Contract; and the Subgrant Amendment #4 be approved as outlined and the Chairman authorized to execute on behalf of the Board where applicable.**
Motion carried unanimously.

UPDATE – POSSIBLE ACCEPTANCE – JANUARY REPORT – 2009 LEGISLATIVE SESSION

Ms. Jennifer Stoll-Hadayia, Public Health Program Manager, advised that the Board has been provided with a copy of the Health District's Legislative Team report for January 2009; that this is a status report of the priorities and process approved by the Board at the December 2008 meeting. Ms. Stoll-Hadayia advised that participating Staff members are in the process of completing his/her Lobbyist registration and Bill Tracking subscription requests; that these individuals are beginning to review pre-filed Bills. Ms. Stoll-Hadayia advised that participating Staff completed the Washoe County Government Affairs training; however, no requests to review Bills have been received; however, Staff is in the process of developing "the structure to do so." Ms. Stoll-Hadayia stated that the 2009 Session begins February 2, 2009; therefore, at the February meeting Staff will provide a review of the Bills, which are being monitored.

Ms. Ratti advised that the Human Services Network will be conducting an advocacy training on January 30, 2009, followed by a question and answer session with the Director of Health and Human Services Mr. Mike Wilden.

MOTION: Ms. Ratti moved, seconded by Chairman Furman, that Staff's January Report for the 2009 Legislative Session be accepted as presented. Motion carried unanimously.

A. Recommendation for the Board to Promote and Support the State Legislative Efforts (for the Expansion of the Good Samaritan Act), Which Provides Immunity for Volunteers Who Are Involved in Exercises, Preparation Activities and Responses to Local and Statewide Disasters

Dr. Randall Todd, Director, Epi and Public Health Preparedness, noted that last month the Board discussed a *Letter to the Editor* from Dr. Gabriel Bonnet regarding "no health care providers being available for deployment in Washoe County"; however, the District Health Department's MRC (Medical Reserve Corps) Program currently has 77 volunteers recruited. Dr. Todd stated the credentials of these individuals have been reviewed and verified, which includes a background check with the Sheriff's Office; that these individual are in "various stages of completing the required training" and are ready for deployment should an emergency occur. Dr. Todd stated currently the Health Department cannot deploy these individuals "in any type of full-scale operational exercise" due to issues related to workers' compensation and liability. Dr. Todd stated Staff "completely shares Dr. Bonnet's concerns" regarding this issue; however, that the Health Department does have "a viable MRC Program and continues to recruit new volunteers." Dr. Todd stated that, as he advised, the MRC Program currently has 77 volunteers; that per the national guidelines the Health District is "supposed to have 59", which the Department "has exceeded"; however, it is the consensus of Staff the national guideline "is much too low." Dr. Todd stated that the Health District deployed 170 non-MRC volunteers during the recent POD (Points of Dispensing) exercise for "half a shift in one (1) POD"; therefore, were it to become necessary to

deploy ten (10) PODS, which "is a real possibility" it would require 1700 volunteers for one (1) shift and it would be necessary to have a minimum of "three (3) shifts per day for two (2) days"; that this would require "in the thousands of volunteers not in the hundreds." Dr. Todd reiterated that Staff "completely share Dr. Bonnet's concerns; that Dr. Bonnet will be providing information regarding some legislative initiatives, which may eliminate "some of the barriers the Health District is facing" on expanded training of volunteers through participation in full-scale operational exercises.

Dr. Gabriel Bonnet stated that last week he shared his concerns with the Board of County Commissioners regarding the status of the Medical Reserve Corps (MRC) in Washoe County; that the MRC was established within Washoe County in 2006. Dr. Bonnet advised that President Bush established the national MCR immediately after 9-11 for the purpose of developing a "local cadre of health professionals to provide services to the community should a disaster occur or should health professionals be needed for community service at various times (i.e., immunization clinics)." Dr. Bonnet stated there have been several health professionals, who have indicated an interest in serving in the MRC; however, Washoe County Administration has mandated all volunteers execute a "Hold Harmless Agreement" (a copy of which was placed on file for the record), which stipulates that volunteers will release Washoe County of any liability should "a mishap occur as a result of their service." Dr. Bonnet stated that this has resulted in medical professionals being reluctant to volunteer his/her services; that as Dr. Todd indicated there are 77 medical professionals involved in the MRC; however, "technically none of the individuals are deployable at this time unless there is a State-declared emergency." Dr. Bonnet stated that this restriction places "all the citizens of Washoe County at risk"; that this mandate has health professionals questioning "whether or not they want to be involved at all, including participating in a major disaster, as the legal framework has cast a shadow on the participation of medical professionals."

Dr. Bonnet stated that a high percentage of the medical professionals interested in participating in the MRC are retired and therefore, no longer have mal-practice insurance; that the medical professionals could be "held liable as the result of their service to the community." Dr. Bonnet stated that medical professionals "do not want to give up their life savings because they volunteered for the Medical Reserve Corps." Dr. Bonnet stated he has been advised that, "from a legal" perspective the hold Harmless Agreement (probably) has no legitimacy, with the only result being a hesitancy by medical professionals to participate in MCR.

Dr. Bonnet stated he has been advised that currently there are five (5) physicians and seventeen (17) nurses enrolled in the Washoe County MRC with non-professional individuals comprising the majority of the MRC. Dr. Bonnet stated that five (5) physicians and seventeen (17) nurses volunteering does not equate to the number of licensed medical professionals, which would be necessary for "an active Medical Reserve Corps." Dr. Bonnet stated that under this existing requirement these volunteers have not had the "opportunity to participate in any type of hands-on

exercises", as the County has restricted volunteer participation until such time as it is determined how to address the concerns regarding the "Hold Harmless Agreement."

Dr. Bonnet stated that there is proposed legislation to expand the parameters of the Good Samaritan Act to ensure health professionals, who are participating in any type of disaster relief, including training exercises, are protected from liability, with the exception of "malicious activity." Dr. Bonnet stated he would request that the Board of Health support this legislation (NRS 45.505). Dr. Bonnet stated he has been advised that the BDR is in the process of being printed and is not yet formally available. Dr. Bonnet stated that "there is greater liability for the County should there not be an adequate cadre of health professionals" to respond and assist in emergencies due "to this Hold Harmless Agreement."

Dr. Furman stated the "Hold Harmless" agreement affects physicians, nurses, optometrists, veterinarians, etc.; that this could include "contractors, who have performed a lot of services during disasters". Dr. Furman stated that individuals who volunteer to assist should not be held liable; that volunteers for the MRC, who have been approved should not be required to execute a Hold Harmless Agreement.

Dr. Bonnet stated that last week the State Board of Nursing amended its licensing requirements to now offer a free State license for any nurse who volunteers his/her time, without compensation, to organizations such as the District's Medical Reserve Corps (MRC). Dr. Bonnet stated that the State Medical Board will be considering similar action, as the State Medical Board supports providing free licenses for those physicians who volunteer for any type of disaster relief. Dr. Bonnet stated the language will stipulate that "physicians, who are participating in a disaster relief organization (whether governmental or not-for-profit organization) he/she will be able to obtain a free license for volunteer services. Dr. Bonnet stated that this is "important, as in a disaster it will be the young retired health professional population, who will most likely come to the assistance" of the community.

Ms. Jung stated that Dr. Bonnet presented this information to the Board of County Commissioners; that she directed staff to investigate Risk Management's position on this issue and requested that the District Attorney's Office review the Hold Harmless Agreement regarding what would discourage volunteers from participating. Ms. Jung stated that the Board of County Commissioners will be reviewing this issue, also.

In response to Mr. Smith regarding federal activation of the MRC, Dr. Todd stated that the MRCs are locally organized; therefore, would not be activated by a federal "call-out as it is a local decision

to have the MRC respond. Dr. Todd stated the District's MRC works in conjunction with the State Health Division to ensure the local MRC volunteers, who may be amendable to accepting "an out of jurisdiction deployment are registered in the national Emergency System for the Advanced Registration of Volunteer Healthcare Providers (ESAR-VHP); that these individuals could then respond at a local, state, regional or national level.

Mr. Smith questioned if those individuals, who indicate an interest in out of jurisdictions are exempt from the Hold Harmless Agreement.

In response to Mr. Smith, Dr. Todd stated that Staff has recently reviewed the State of Nevada's equivalent document, which "appears to provide blanket protection for both workers' compensation and liability." Dr. Todd stated if the District's MRC volunteers were being deployed "under the auspices of the State" there wouldn't be an issue with the Hold Harmless Agreement; however, as Dr. Bonnet indicated, within the current structure of the Washoe County MRC volunteers would have to have executed a Hold Harmless Agreement. Dr. Todd stated Staff shares the concerns of Dr. Bonnet and Dr. Furman that the Hold Harmless Agreement "presents a big problem" for the District's MRC.

In response to Mr. Smith regarding whether the County amending its requirement for a Hold Harmless would address the concerns expressed, Dr. Bonnet stated Washoe County amending this requirement "would assist somewhat." Dr. Bonnet advised that Clark County and the Carson City Health Department purchased indemnification coverage for the MRC volunteers, which is the "ideal scenario to provide protection" for volunteers with the exception of the State "improving State Law" to provide protection for volunteers. Dr. Bonnet stated the State Medical Board is working in conjunction with Senators Reid and Ensign for the development of federal legislation to provide liability coverage for the MRC, as the MRC was established as a "quasi-federal organization" delegating responsibility to the local communities to develop local MRCs. Dr. Bonnet stated that should an individual be "working under the auspices of MRC there should be some type of federal umbrella" for the protection of these individuals.

In response to Dr. Khan regarding the MRC responding to a "pandemic scenario", Dr. Todd stated that a "pandemic scenario is a good example"; that, should it be necessary, the Public Health Preparedness Division is mandated to provide medication or vaccine to 100% of Washoe County's population within a forty-eight (48) hour period of time – start to finish. Dr. Todd stated that that would be a "huge task to accomplish." Dr. Todd stated that the MRC could be deployed to staff isolation and quarantine centers; alternative care sites; that "there are many potential deployments locally for this type of asset in the community."

MOTION: Dr. Khan moved, seconded by Dr. Furman, that the District Board of

Health support the effort to adopt Legislation for the expansion of the Good Samaritan Act, which provides immunity for volunteers who are involved in exercises, preparation activities and responses to local and statewide disasters.
Motion carried unanimously.

Ms. Ratti requested Staff investigate the language utilized by Clark County and the Carson City Health Department regarding the purchase of indemnification for volunteers and any associated costs for consideration by the Board.

In response to Ms. Ratti, Dr. Todd stated that Staff will review the language utilized by Clark County and the Carson City Health Department and will discuss it with legal counsel as to the acceptability; that the cost to purchase indemnification for volunteers would be "the other issue."

REGIONAL EMERGENCY MEDICAL SERVICES AUTHORITY

A. Review and Acceptance of the Operational and Financial Report – November and December 2008

Mr. Jim Gubbels, Vice President, REMSA, advised that the Board members were provided with a copy of the November 2008 Operations and Financial Report; that the emergency response time for life-threatening calls in November was 93% and 97% for non-life threatening calls, with an overall average response time of five minutes and thirty-seven seconds (5:37); and an overall average travel time of four minutes and thirty-three seconds (4:33). Mr. Gubbels advised that the monthly average bill for air ambulance service was $5,964, with a year-to-date average of $6,034. Mr. Gubbels advised that the monthly average bill for ground ambulance service was $883, with a year-to-date average of $873.

In response to Mr. Gustin regarding concerns expressed in the customer service questions specific to the placement of an Intra-venous (IV) line, Mr. Gubbels stated that all negative comments or concerns are reviewed; that when a comment is received regarding an IV the comments if forwarded to the Director of Education. Mr. Gubbels stated that she will review the comments "to ensure there are no trends with new and existing staff"; that currently REMSA does "have more students out-in-the-field"; that if an IV comment is received from a new employee the employee is "reviewed for his/her competency." Mr. Gubbels stated that IVs are an invasive procedure; that it is similar when to a blood draw in which 'sometimes you'll bruise and other times you won't." Mr. Gubbels stated that the urgency of the situation will dictate whether an IV can be inserted on-scene

or if it is necessary to immediately transport the patient and thus have to insert the IV enroute; however, as he stated, all comments are reviewed.

In response to Ms. Ratti regarding "staging ambulances" in various areas (i.e., Spanish Springs), Mr. Gubbels advised that REMSA operates on a "System Status Management Plan" in which ambulances are relocated throughout the system throughout the day. Mr. Gubbels stated this is based upon "the time of day and the status level of the system"; that if one unit is responding to a call the other units are repositioned to the areas of the highest call volume. Mr. Gubbels stated that there are some "permanent post" locations and others which are 'street side postings', which are chosen due to the location (i.e., the Costco parking lot, as it is adjacent to major arterials and the freeway). Mr. Gubbels stated that REMSA utilizes a Computer Aided Dispatch (CAD) to determine the best locations for easy access response.

Mr. Gubbels stated that he would invite Ms. Ratti to tour the system, which provides REMSA the opportunity to "explain how the high performance system works."

MOTION: Mr. Gustin moved, seconded by Dr. Khan, that the REMSA Operations and Financial Report for November 2008 be accepted as presented. Motion carried unanimously.

Mr. Gubbels advised that the Board members were provided with a copy of the December 2008 Operations and Financial Report; that the emergency response time for life-threatening calls in December 2008 was 92% and 94% for non-life threatening calls, with an overall average response time of five minutes (5:00); and an overall average travel time of three minutes fifty-two seconds (3:52). Mr. Gubbels advised that the monthly average bill for air ambulance was $5,596, with a year-to-date average of $5,956. Mr. Gubbels advised that the monthly average bill for ground ambulance service was $891, with a year-to-date average of $876.

MOTION: Mr. Gustin moved, seconded by Ms. Jung, that the REMSA Operations and Financial Report for December 2008 be accepted as presented. Motion carried unanimously.

B. Update of REMSA's Community Activities Since December 2008

Dr. Anderson advised that in her District Health Officer's Report, Item 20.F., she noted that the District Board of Health's Scholarship has reached the endowment level; that she would recognize REMSA's contribution, which, with the matching contribution, assisted in achieving that endowment level for the scholarship.

REVIEW – ACCEPTANCE – MONTHLY PUBLIC HEALTH FUND REVENUE & EXPENDITURE REPORT – DECEMBER 2008

Ms. Eileen Coulombe, Administrative Health Services Officer, advised that the Board members have been provided with a copy of the Health Fund Revenue and Expenditure Report for the month of December 2008. Ms. Coulombe reviewed the Report and advised that Staff recommends the Board accept the Report as presented. Ms. Coulombe invited Ms. Ratti and Ms. Jung to meet with her for a more in-depth orientation to the Health Fund.

MOTION: Ms. Ratti moved, seconded by Mr. Smith, that the District Health Department's Revenue and Expenditure Report for December 2008 be accepted as presented.
Motion carried unanimously.

WASHOE COUNTY HEALTH DISTRICT VACANCY UPDATE

Ms. Coulombe advised that the Board members have been provided with a Health District Vacancy Update; that the Report delineates the number of permanent full-time and permanent part-time positions; that the vacancies equates to 11% percent for the Health District. Ms. Coulombe stated that since January 2007 the Health District "has been consistently tracking at approximately 9% of authorized positions." Ms. Coulombe stated that the vacancy rate does not include the number of positions which were abolished within the Department; that the County has advised that it is "tacking consistent with the unemployment of approximately a 5.2% vacancy rate last year"; that currently the County "is tracking at an approximate 7.6% rate."

Ms. Coulombe advised that the Board will be provided with Staff's prioritization of the Department's vacant positions after "the completed results of the incentive requests which have not yet been finalized."

In response to Ms. Ratti regarding the vacant positions, which are 100% grant funded, Ms. Coulombe advised that it is determined by the grant; that an example is the Administrative Secretary Supervisor position in Air Quality Management, which is 70% local funding and 30% grant-funded; that currently "a number of duties" associated with this position "have been redeployed to other Staff." Ms. Coulombe stated that Staff "would always maximize the reimbursement of the grant as there may be other positions on a grant and save the money within local funding." Ms. Coulombe advised that should a position be 100% grant-funded there is an appeal process through the County.

In response to Ms. Ratti regarding appealing the Public Health Emergency Response Coordinator position, which is 100% grant-funded, Ms. Coulombe advised that there was discussion specific to reclassifying this position "to substitute for a position within the ASPR Grant"; that the Board of County Commissioners directed this request be resubmitted." Ms. Coulombe stated that this position will be reviewed and "probably not appealed as an Emergency Response Coordinator."

In response to Ms. Ratti, Dr. Todd advised the vacant Public Health Emergency Response Coordinator occurred due a reduction on the Federal CDC (Centers for Disease Control) Grant; therefore, for a year there were insufficient funds for the position in which the incumbent had retired. Dr. Todd stated that the position has remained vacant; however, currently there is funding through the ASPR (Assistant Secretary for Preparedness and Response) Grant; that, although ASPR Grant funding is "oriented more for hospital preparedness", the Health District received monies which would allow for the funding of a public health position, functioning "more as a liaison with the hospital community." Dr. Todd stated that a position of this type "has been badly needed for a number of years"; however, there was no funding for such a position. Dr. Todd further stated that the funding included items "needed by the Medical Examiner (ME) for surge capacity"; that currently the ME's Office is very limited in its ability to respond to a mass-fatality incident. Dr. Todd stated that the Board of Health approved acceptance of the Grant, which was forwarded to the Board of County Commissioners (BCC) for approval. Dr. Todd stated that due to the concerns of the BCC regarding "a new position", Staff is investigating the feasibility of utilizing the Emergency Response Coordinator position, for which there isn't sufficient CDC funding to fill, and in conjunction with the ASPR Grant, assist in funding a new position, who would be responsible for coordinating with "the hospital community." Dr. Todd stated that any recommendation will have to be reviewed by the County's Job Evaluation Committee (JEC); that any recommendation would subsequently have to be approved by the Board of County Commissioners.

The Board thanked Staff for the update.

UPDATE – ORGANIZATIONAL OPTIMIZATION – PLAN FOR RESTRUCTURING – WASHOE COUNTY HEALTH DISTRICT

Dr. Anderson advised that the Board members have been provided with a print-out of the Organizational Optimization – Plan for Restructuring of the Washoe County Health District presentation. Dr. Anderson stated that the Organizational Optimization is the implementation of the findings of the Structural Review Team (SRT), to address the financial 'short-fall' of the Department. Dr. Anderson advised that Dr. Todd will review the presentation delineating how the Department is currently benefiting from this review process in becoming more strategic.

Dr. Todd stated that last year the Health Department "went through" a structural review process" by the Structural Review Team (SRT), comprised of representatives the Board of Health (Dr. Furman and Dr. Khan); members of the Health Department (Dr. Anderson and the Division Directors); Washoe County and the Cities of Sparks and Reno.

Dr. Todd stated that the in 2007 the Health Department experienced a "cash flow" problem resulting in the Board of County Commissioners having to approve a $650,000 bridge loan to the Department; that the bridge loan resulted in a reduction of the District's budget authority in FY '08 by the $650,000. Dr. Todd stated in addition to the impact of the $650,000 bridge loan to the budget authority the Department was directed to further reduce the District's FY '08 budget. Dr. Todd stated that "this is difficult when 80% of the budget is personnel"; that the services offered by the Health District are personnel supported programs "which compounded the problem."

Dr. Todd stated that, as the Board members are aware, the current problems are: 1) the nationwide economic crisis; and 2) the countywide directive to further reduce expenditures; that these conditions resulted in the Board and Staff discussing departmental programs, specifically those which are man-dated versus non-mandated; and the programs which are grant-funded or fee supported as compared to those programs supported by the County general fund.

Dr. Todd reviewed the "fundamental assumptions" of the SRT (Structural Review Team): 1) minimal duplication of effort; that "optimizing" the Department required elimination of duplication of effort; 2) delineation of the duties of the District Health Officer; 3) the centralizing of administrative functions in administration; 4) direct services to be within the 'functional' division; 5) administrative support would be necessary for each functional division; and 6) Divisions should be "sized and organized" to avoid the necessity of an Assistant Division Director. Dr. Todd stated that the goal was to develop a smaller department within the "organizational optimization" as delineated. Dr. Todd stated that, to achieve optimization it was determined the Department could "obtain additional revenues", which is unlikely; or decrease the size of the organization to reduce the Department's budget.

Dr. Todd stated attaining the goal of a smaller organization will require programmatic reductions based upon: mandates; core functions and essential services of public health; and the public demand and expectation of services to determine "which programs the Department does or does not offer." Dr. Todd stated the SRT process recommended "optimizing the structure of the organization", which would be determined through the "fundamental assumptions" as reviewed; through strategic vacancy management; and "possibly through accelerated attrition (i.e., the County's offer of early retirement to employees)." Dr. Todd stated therefore, the two (2) methods

for creating a smaller organization are: 1) programmatic reductions; and 2) organizational optimization.

Dr. Todd stated that the discussion at the Board's Strategic Planning Session was the Health Department's programs should be determined by: 1) mandates; 2) core functions and essential services of public health; and 3) the public demands and expectations for services; that these three (3) items would "be the drivers for services the Health Department did or did not offer." Dr. Todd stated during the discussions of the SRT, it was determined the second method for creating a smaller organization is through "optimization of the structure of the organization." Dr. Todd stated that this would be achieved through: 1) the fundamental assumptions previously reviewed; 2) strategic vacancy management and 3) (possibly) accelerated attrition; that the County is offering incentives for early retirement, which would result in "accelerating attrition."

Dr. Todd reviewed the organizational structure of "each division" prior to the implementation of the SRT process; the goal statement "at the end of the SRT process"; the "proposed organizational structural of each division" to achieve the goal; and the current organizational structure of each division.

Dr. Anderson stated that there were two (2) positions, which were to be eliminated or "down-graded"; however, the incumbents in these positions requested authorization for incentives for early retirement. Dr. Anderson stated that the SRT process of organizational optimization made the decision about these two (2) positions "a much easier process to reconcile."

Dr. Humphreys stated, "in reviewing the Organizational Optimization" chart, it can be noted "there are real efficiencies built into the system along with the direction including cost-efficiency"; that he would commend the efforts of Staff and the SRT."

The Board thanked Staff for the update.

PRESENTATION – APPROVAL – FY 08/09 MID-YEAR SPENDING REDUCTION PLAN

Dr. Anderson stated that the Board members have been provided with a copy of the FY 08/09 Mid-Year Spending Reductions; that, as the Board was advised, the Health District was directed to reduce the Department's expenditures by 2.55% for a total of approximately $254,000; that the Board directed Staff to utilize the savings from the reduction(s) of the Community and Clinical

Health Services (CCHS) Division Home Visiting Program towards achieving the 2.55% reduction. Dr. Anderson stated that there is an Administrative Assistant 1 and a Payroll Personnel Clerk position, which are vacant within the Administrative Health Services (AHS) Division; that the savings from these vacancies will be utilized to further achieve that 2.55% reduction. Dr. Anderson stated that the reductions within the Home Visiting Nurses Program and the vacancies within CCHS prevented the Health District "from having to alter any additional positions or to layoff" any personnel. Dr. Anderson stated that this allows the Department the opportunity to review the incentive requests, which have been submitted.

MOTION: Mr. Smith moved, seconded by Ms. Ratti, that the FY 08/09 Mid-Year Spending Reduction Plan, be accepted as presented. Motion carried unanimously.

PUBLIC HEALTH NURSING UPDATE

A. Public Health Nurse Assignments

Ms. Mary-Ann Brown, Acting Division Director, Community and Clinical Health Services (CCHS), advised that per the request of the Board she has provided an outline of the current Public Health Nurses (PHN) Program Assignments within the CCHS Division. Ms. Brown reviewed the PHN assignments, advising the chart includes the number of positions within each "Budget Authority"; the "Actual" number within each Program for FY 07/08 and FY 08/09; and the projected number of PHNs in each Program as of January 2009, which is prior to any possible "reductions from the incentive packages" being offered. Ms. Brown stated that, as of January 1, 2009, the CCHS Division has a total of 16.88 FTE PHN positions for "public nurse functions."

Ms. Brown stated that there is an emphasis on "those programs which are mandated and a decrease of resource allocations to those programs which are non-mandated." Ms. Brown stated that previously the CCHS Division utilized a "decentralized approach in which PHNs would be available for a multiple of programs where the program need was greatest"; however, "this only works well if there is a pool of resources to be applied." Ms. Brown stated that when resources are reduced it becomes necessary to become "more centralized to the program"; that this "is what has been done – the Nurses will have primary assignments; that Staff will not maintain competencies in multiple programs so Nurses will be very targeted to the programs they have been assigned." Ms. Brown stated that this process would be varied should there be "some type of outbreak or an extreme need in one program or another."

Dr. Khan stated she noted the "0.61 Nurse position in the Family Planning Program for FY 07/08 and then none for FY 08/09.

In response to Dr. Khan, Ms. Brown advised the Family Planning Clinic is staffed by Advanced Practitioners of Nursing (APN); that previously a Public Health Nurse would provide "part of the care provided"; however, CCHS has completely restructured how care is provided" in Family Planning." In response to Dr. Khan regarding other nursing services, Ms. Brown stated that there are three (3) APNS in Family Planning; that noted in the organizational chart "support personnel are Staff members who are providing direct services and direct care to individual clients or populations; that not all their work is clerical in nature, as in other divisions." In response to Dr. Khan regarding the Board members "not seeing the full picture", Ms. Brown stated that the request was specific to Public Health Nurse positions; however, Staff can develop a chart delineating "all of nursing, APNs, and Disease Investigation Specialists."

Dr. Khan stated that, although the Board requested the information specific to the Public Health Nurses, it would be helpful for the Board to have an overview of the "full scope of nursing services" within the Department.

B. Recommendation to Consider Plan for Significant Restructuring of the Public Health Visiting Nurse Program

Dr. Furman read a statement into the record in full, advising that during the Structural Review Team (SRT) process, the County Budget Director requested the CCHS Division to provide information specific to "cost per client and cost per visit for the non-mandated health services." Dr. Furman stated that this request for information "went to the Board of County Commissioners in 2008"; that "to this date he has not seen the CCHS Division comply with this request."

Chairman Furman stated that Ms. Brown's report indicates "there were 2,068 activities in fiscal year 2008"; that activities "are comprised of visits and phone calls", which equates to "approximately 188 per Nurse per year for the activities (nurses and phone calls). Dr. Furman stated that this "is the equivalent of one (1) per working day"' therefore, "the Nurses in the Visitation Program see an average of approximately one (1) client per day; that the direct and indirect costs are over $700 per visit." Dr. Furman stated that the Health Department is "experiencing a short-fall in funding"; therefore, "in this point in time he is not disposed to vote for the continuance, restoration, revision, or addition of any non-mandated programs until such time as the Board sees the entire Health Department's budget proposal and better understand the effect on mandated programs and the effect on the community."

Ms. Brown stated that she is willing to review "what was presented in the past about visits and costs; that as discussed at previous Board meetings, public health nurses activities are also engaging in community capacity, working with other organizations, collaborations – a whole list of

activities the Nurses do beyond just the home visiting." Ms. Brown stated that, as she advised earlier, "those nurses are also deployed to other programs as needed to staff those programs." Ms. Brown stated that "she doesn't want to not be in compliance with the request that's been made"; therefore, she will conduct "more fiscal analysis than what was done in the past."

Ms. Brown advised that she is presenting two (2) options: the complete elimination of the Public Health Visiting Nursing Program. Ms. Brown stated that Washoe County has a record of "poor maternal and child health outcomes; that it is obvious "those health indicators are only going to decrease in this economic downturn." Ms. Brown stated that "families will continue to have severe challenges in accessing affordable health care and successfully parenting their children." Ms. Brown stated that, as Staff "anticipates the elimination of Public Health Visiting Nursing she has had many people in the community approach her regarding their grave concerns about losing this resource." Ms. Brown stated the individual expressing the most concern "is the Director of Washoe County Social Services, who clearly supports retaining some public health visiting nursing services for those most vulnerable clients, which the Health Department is a part of serving." Ms. Brown stated that "there is clearly a documented need by the evidence of the high risk health indicators: poor access to health care; high infant mortality rate, exceeded only by the Country's infant mortality rate which is 42 of all nations, which is reflective of the health care system." Ms. Brown stated that Washoe County has a high rate of premature births; that of the 806 premature births in Washoe County 10% are to teenage mothers; that Washoe County "faces challenges as it relates to teen pregnancy." Ms. Brown stated that 8.03% of all births in Washoe County are low birth weight; that "all of these (factors) contribute to costs and the mortality and morbidity of the citizens of Washoe County." Ms. Brown stated there is "no other agency in Washoe County that does public health home visiting." Ms. Brown stated that the economic downturn and the lack of resources within the community has resulted "impacted the clients the Health Department serves." Ms. Brown advised that Maxims Service for Pediatric Home Visiting recently closed; therefore, there is only one (1) home health agency which provides services to pediatric patients; however, this agency "only services patients under contract with Saint Mary's." Ms. Brown stated that "when infants are discharged to the community from the hospital there is no one to provide service or care to them at home"; therefore, "if families and infants are unable to remain in their homes they will clog-up the facilities and the acute environment, including Child Protective Services (CPS), Kids Kottage, etc.

Ms. Brown stated that "it was helpful for her to understand the scope and history of public health nursing for the Health Department. Ms. Brown advised that public health nursing has been in existence since 1938, who "have always focused on those most at risk in our community and provided a safety net." Ms. Brown advised that in 2008 with a decrease in resources assigned to public health nursing the Health Department retained two (2) elements of the Visiting Nurse Program. Ms. Brown stated that the CCHS Division receives approximately 348 new referrals; that currently the CCHS Division has 486 individual cases open for service. Ms. Brown stated that the

types of services CCHS offers are "education, assessment (i.e., assuring proper growth & development), prenatal education (issues which affect a family's ability to care for their children). Ms. Brown stated that the second element is the *Healthy Moms Healthy Babies* Program; that this Program "has grant funding associated with it"; that it is a four (4) year Program with the Pregnancy Center for early access for sustained prenatal care and follow-up for women with no health insurance. Ms. Brown stated that Staff's Home Visiting Program was for "high risk" clients, "which included all of the elements previously referenced: assessment of health, referrals and follow-up for identifying problems, particularly and including abuse and neglectful parenting, which has an entire cadre of complications associated with it." Ms. Brown stated that due to our high rates of "low birth weight there is an essential need to monitor failure to thrive infants or are at-risk, or are in the low-birth rate category."

Ms. Brown stated that one (1) option is to completely eliminate this Program, as it is not mandated; that she "clearly understands the Board's intent to focus resources on mandated programs." Ms. Brown stated that she has noted "some of the impacts of eliminating this Program, which would be an increase in fetal and infant morbidity and mortality based upon not being able to ensure that safety net access for those families in the community." Ms. Brown stated that "there is a whole list of very severe impacts to the elimination of this Program, which she hears from the community at-large routinely now that they realize the Program is to be eliminated."

Ms. Ratti stated that Dr. Todd reviewed the SRT 'optimization process' with the goal of a smaller organization and programmatic reduction specific to mandates, core functions, essentials of public health and public demands and expectations; and that she did read last month's minutes. Ms. Ratti stated she understands the emphasis on mandates; however, there are the other components of core functions and essentials of public health and public demands and expectations; that she would question "where Ms. Brown believes these services fall within that matrix." Ms. Ratti stated that her second question would be "in the SRT process, are those listed in order of priority or are all three (3) equal programmatic functions which should be considered when discussing optimization of the organization."

In response to Ms. Ratti, Ms. Brown advised that the Home Visiting Nurse Program is not a mandated service for the District Health Department to provide; that "clearly it has been demonstrated the community has a documented need for this type of service; that it is defined as a core function of public health." In response to Ms. Ratti regarding the Program being considered a "public demand or expectation", Ms. Brown stated that whether the program is "public demand or expected" is subjective; however, as she stated, comments she has received indicate "that this is viewed as an important public service." In response to Ms. Ratti regarding the SRT process, Ms. Brown stated that she did not participate in that process; however, she is aware "that weight was given to those programs which are mandated" in the scoring system.

In response to Ms. Ratti, Dr. Khan stated that, as a member of the SRT, the "functions" of the Home Visiting Nurse Program are "a core function of public health as it relates to the 'assurance role'; that in instances when the Health District is unable to assure the protection of the public or assure the delivery of services where needed that is a role where public health department does fit in." Dr. Khan stated that in "situations where the Health Department is unable to assure the protection of the public or assure the delivery of the services where needed that is a role where the public health department does fit in." Dr. Khan stated that during the discussion of the SRT "priority was definitely 'mandated items' with the understanding, relative to core functions and essential services, the consensus was the Health Department would collaborate "with partners in the community, where appropriate" to assist in "building that bridge to ensure services are delivered." Dr. Khan stated that last month the Board did discuss total elimination of the Program; however, "as evidenced in some of the data presented today there is a situation wherein the Health Department cannot completely assure that services are being delivered where needed", which does place a portion of the public at-risk."

Dr. Khan stated that she does appreciate the information from Staff regarding "what other safety net(s) are available in the community to pick-up" these services to address the need in the community should the Health Department completely eliminate that program. Dr. Khan stated that this information "was very germane; that she appreciates the emphasis on the mandated portion"; however, "there is the issue of an unmet need in which the Department cannot appropriately assure that those services are going to be delivered."

Ms. Brown stated that, as discussed, option one (1) is the complete elimination of the Program; that the second option is the recommendation to maintain "a small core function of Public Health Visiting Nursing." Ms. Brown stated that she has provided a review of the possible second option, including the program costs associated with four (4) FTE PHN positions for the Program; that this would include the grant component; however, "this would depend upon available resources and the Board's interest in providing this level of service." Ms. Brown stated that the model as delineated is the provision of home visitation services for approximately 600 families; that the information includes the salaries/incentives, and benefits and the grant component of the Healthy Moms Healthy Babies Program." Ms. Brown stated that Staff "would be providing safety net services to these vulnerable patients only" through referral sources, first from Washoe County Child Protective Services (CPS), local hospitals, WIC, the Pregnancy Center and other health clinics and community agencies which provide services to these high-risk clients. Ms. Brown reviewed the "client selection criteria for qualifying for home visiting services"; that the services are for "medically fragile infants and children" as defined (i.e., premature, congenital disorders or special health-care needs, low birth weight, etc.); that consideration is also given to "failure to thrive, acute or chronic health problems, pre-natal or parenting adults with conditions affecting their parenting capacity; that this is a huge need, where the family is lacking a medical home" being the "safety net to the family finding those resources or prior to finding those resources." Ms. Brown stated that there is a

large number of teen births in the community; that these parents and children "are the most vulnerable and at-risk." Ms. Brown stated that these services are also for those parents, who "may be developmentally delayed or there are issues of domestic violence or drug addiction" all of which "impacts their ability to be safe parents."

Ms. Brown stated that Staff has reviewed "the volume of and those services which are provided and the cost per unit of service from a business-minded perspective"; that Staff would propose "levels of intensity of service." Ms. Brown advised that the first level of service would be "consultation as sometimes it only takes one (1) or two (2) calls to direct a family to the appropriate resources." Ms. Brown stated that Staff could provide services to approximately 600 families, with 3400 basic encounters; that these would include "telephone consultations to intensive home visiting as defined." Ms. Brown stated that her report includes the "performance measures, which would be monitored to ensure that the care the clients are receiving has its intended outcome."

Ms. Brown stated that to increase the Board members' "understanding of the types of clients who receive services" she has provided the Board members with copies of "case studies" of clients who have received services from the CCHS Home Visiting Nursing Program.

Dr. Khan stated that Ms. Brown's proposal indicates "a significant improvement in the efficiency of the services offered in this Program. Dr. Khan stated that while the Board is mindful of the unmet services and the need, the Board has also been very careful in scrutinizing and supportive of the efficiencies" and has requested and promoted a more effective delivery of care. Dr. Khan stated that the proposal "is a more robust level of services for the resources invested than what has historically" occurred; that she "would like Ms. Brown to comment on that."

In response to Dr. Khan, Ms. Brown stated that in meeting with community partners (i.e., Social Services), Staff emphasized that CCHS "has a very precious, very scarce resource, which needs to be applied very targetedly"; that further, it was necessary to review Staff's "own productivity." Ms. Brown stated that Dr. Furman's comments were specific to "how many visits and costs per visit"; therefore, Staff applied "a business model to what was previously a client-centered model" to assure "this very precious resource is applied efficiently and effectively to those most vulnerable in only providing that safety net." Ms. Brown stated that Staff "will no longer follow a patient who doesn't clearly have an identified medical need in which Staff would need to intercede"; therefore, "some of the cases will be brief"; that those with a "more need will have an extended involvement" based upon the "three (3) levels."

Ms. Brown stated that, as the Division Director for these services, she "would prefer to eliminate support personnel, supervisors, management rather than these very important individuals who actually touch citizens in our community and impact their health both individually and as families and a community."

Ms. Brown reviewed the cases, which she has "defined by the level of services Staff provides and the benefit of cost savings through the provision of services and interventions performed by Staff"; that this provides an overview of the "very important work the Nurses do in the community." Ms. Brown advised that Staff's interventions have prevented the expense of hospitals visits; therefore, there is a "return on the investment in savings to the system." Ms. Brown stated that should the Program be unable to support four (4) Nurses in the Program, Staff will adjust with three (3) Nurses, providing services to "less clients who are at greater high-risk"; that "it will make a difference."

Ms. Brown advised that the two (2) options are eliminating the Program or "focusing on efficiently providing services to a high-risk population."

Chairman Humphreys stated that Ms. Brown has "demonstrated the public health need for this Program and the benefit(s) this Program has to the public"; that he would request comments from the Board.

Dr. Furman stated that the emphasis on "the safety net and taking care of high-risk patients"; that, as an obstetrician/gynecologist "he believes in nurses seeing patients"; however, "he does not believe that Public Health Nurses are fully qualified to follow patients in the home for high-risk obstetrical care." Dr. Furman stated that care should be provided by "Certified Nurse Practitioners, who have certification in obstetrics and gynecology"; that, further, this "requires supervision by an obstetrician/gynecologist, who signs-off on the charts." Dr. Furman stated that the implication is Staff "is providing high-risk obstetrical care in the home; that this cannot be done"; that he is not negating "the good the Program does"; however, what must be "emphasized is getting these patients into programs." Dr. Furman stated that low income patients should be referred to and enrolled in Medicaid; that "in all of his years of practice he was always able" to locate services for people." Dr. Furman stated that he concurs "these patients need to be seen by specialists when they are high-risk"; that there hasn't been "the emphasis on that aspect of this"; that the educational aspect of the Program has not been emphasized; that he began the "very first educational program for parents in Reno." Dr. Furman stated the individuals, to whom Staff referred, "should be attending classes and being seen by specialists"; that these individuals "need to be followed from the beginning by those able to take care of high-risk patients."

In response to Dr. Furman, Ms. Brown advised that in this context "high-risk" does not pertain to "obstetrically or clinically high-risk"; that these individuals are "at high-risk for abuse and neglect and not getting access to service and care." Ms. Brown stated that Staff is not providing "clinical obstetrical care"; that Staff is providing assistance to "accessing the type of health care" to which Dr. Furman is referring (i.e., pre-natal care, obstetrical services, Medicaid, etc.). Ms. Brown stated that the Public Health Nurses "do not work beyond the scope of practice"; that the scope of practice for Public Health Nurses is "very defined; that Staff is not doing obstetrical clinical care" during home visits. Ms. Brown stated that the role of the Public Health Nurse is "assessment, education and referral", which is the role of public health; and assuring these individuals have access to those services identified by Dr. Furman.

Ms. Ratti stated that the role of the Public Health Nurse is "case management, to connect the client(s), who are at-risk for negative outcomes, which are not necessarily medical outcomes, to the appropriate services." Ms. Ratti stated that a challenge in the community is "not enough services"; therefore, there are "case managers attempting to connect clients to services, which either don't exist or for which there are waiting lists." Ms. Ratti stated that the "challenge to providers is what happens when there are no services available which will meet the needs." Ms. Ratti stated that currently there is "a crisis with Medicaid and doctors not being willing to accept Medicaid patients anymore due to the reimbursement rates." Ms. Ratti stated that she would concur with Dr. Furman regarding the "efficiency"; that in reviewing the budget (page 4) and number of clients served (page 5), she calculated approximately $134.41 per visit.

Ms. Brown stated that she estimated $700 budgeted "per case" or approximately "$120 per encounter"; that, as she advised, some "cases would be more intense than others – a lengthy home visit as compared to a phone call. Ms. Brown stated that this "is not an inexpensive service"; that the difference is "in paying now or down the road." Ms. Brown stated that "the intent is to attempt to combat some of the health issues, which are related to education (i.e., developmental growth, nutrition, etc), which will "help prevent future (medical) complications, and not only the education as to where to obtain services." Ms. Brown stated that "so many of these patients lack a basic understanding of how to avoid health complications"; that Staff is "case managing but in a very focused way in those areas in which Staff has expertise." Ms. Brown stated that the work Public Health Nurses perform is "systems related."

Ms. Ratti stated that, too often, the "targeted clients" of resource centers are not the ones accessing the services of the resource centers; that rather "they are the ones least at risk." Ms. Ratti stated that the "ones who need services are the ones who need to be encouraged by case managers and educators to obtain that education."

Ms. Brown stated that the Public Health Nurses "learn a lot when they step through the front door versus a clinical office setting; that this helps guide" the interaction with the clients in identifying the resources which the client(s) would require.

Ms. Ratti stated she further concurs with Dr. Furman "in that at this point in time the County isn't requesting any additional reductions for this budget; that the budget process for the next fiscal year is beginning"; therefore, there is no justification in eliminating a program "when – a) the Department has not been asked to make any mid-year financial reductions at this time; and b) without reviewing it in the context of the overall budgeting process." Ms. Ratti stated she would suggest the Program "be left as is with the reduced scope, which has already been achieved."

In response to Ms. Ratti regarding achieving the reductions, Ms. Brown advised that CCHS has "not replaced nurses when they leave and reassignments"; that "when a Nurse leaves from a mandated Program she" reassigns a Nurse from a non-mandated Program to the vacancy in the mandated Program.

Dr. Khan stated that Ms. Brown's report indicates the Home Visiting Nurse Program will have approximately 600 contacts which equates to 150 contacts per Nurse; that this is a substantial increase.

In response to Dr. Khan, Ms. Candy Hunter, Public Health Nursing Supervisor, advised that she and Ms. Brown reviewed national standards for home visiting programs, which is approximately 12-15; that it was the consensus Staff could conduct a number of the consultations by telephone "and count those." Ms. Hunter advised that the telephone consultations are "more cost efficient"; that there is "a turn-over" rate among clients; therefore, the Nurses may have 150 contacts in a year; however, "at any given time it may be 50-75" clients. Ms. Hunter advised that Staff's proposal "is very ambitious"; however, it is the consensus of Staff "it can be done."

Dr. Khan stated that she commends Staff's efforts to increase the telephone consultations; however, there was a vote at last month's meeting to eliminate the Home Visiting Nursing Program by June 30, 2009. Dr. Khan stated that she would therefore, question "what the Board's action might be."

In response to Dr. Khan, Chairman Humphreys advised that last month the Board's motion was "for Staff to develop a plan for the elimination of the Program and to present that Plan to the Board should it be necessary to eliminate the Program." Chairman Humphreys stated, as discussed, it is

necessary to review the Budget in its entirety, emphasizing the mandated versus the non-mandated program; that it also necessary to review the vacancy prioritization, which of those vacant positions are critical and need to be filled, which would be a component of the budget." Chairman Humphreys stated that it will be necessary to review possible efficiencies for the mandated programs for cost-savings. Chairman Humphreys stated that the Board has discussed the "efficiencies which need to be incorporated into the (Visiting Home Nursing) Program; that he concurs with Dr. Furman that "there is a lot of efficiency that needs to be incorporated into this Program." Chairman Humphreys stated that after the budget process is completed, the mandated programs are funded, the implementation of efficiencies, and critical vacancies are filled, then the Board can review "what funding is available for this type of Program." Chairman Humphreys stated he and the Board have concurred as to the "public health priority" of this Program; that rather than make a decision at this time he would recommend the Board wait until the other issues he referenced have been determined.

In response to Chairman Humphreys, Ms. Brown stated that, as documented in her report, the CCHS Division "is in the decreasing position mode"; that she is reassigning positions from the non-mandated programs. In response to Dr. Khan regarding the proposed efficiencies in the Home Visiting Nursing Program, Staff has eliminated previous "collaborative activities (i.e., meetings and participating in community initiatives, etc.). Ms. Brown stated that the collaborative efforts/community initiatives "are important work but not a priority."

MOTION: Ms. Ratti moved, seconded by Ms. Jung, that the Home Visiting Nursing Program be maintained "as is" until such time as it can reconsidered after completion of the budget process.

Mr. Gustin stated the Board's motion in December was "to develop a plan to completely eliminate the Program by June 30, 2009 if absolutely necessary to do so"; therefore, he would question the intent of this motion based upon the Board's action in December.

In response to Mr. Gustin, Dr. Khan stated that today's motion allows for reconsideration of the elimination of the Home Visiting Nursing Program; that it may be necessary to amend or rescind last month's motion to include the possible further discussion of this Program after the budget process is completed.

Ms. Leslie Admirand, Deputy District Attorney, advised that the language for this item on today's agenda allows for reconsideration of last month's motion.

In response to Mr. Gustin regarding the budget process and when this Program may be reconsidered, Ms. Coulombe advised that the fiscal staff will be meeting with the Department's Program Managers in the next two (2) weeks to review budget proposals, estimates to complete, incentives, etc. Ms. Coulombe stated that currently the County's "budget system is not open" to Staff; therefore, Staff will be entering all the information manually; therefore, Staff may have information at a "macro-level." Ms. Coulombe stated that the District Board of Health's annual budget meeting is tentatively scheduled for March 12, 2009; that based upon reports the economy continues to decline; therefore, the expectation is there will be further reductions. Ms. Coulombe stated that she has taken notes "regarding the mandates, filling the positions, prioritizing the vacancies"; that as she stated, Staff can present an update to the Board at the February meeting. Ms. Coulombe stated that the "key budget dates are April 15th for the filing of the tentative budget; a finalized budget has to be completed by June 1st."

Mr. Smith stated that the intent of the motion last month was to address the possibility of a $1 million reduction to the Department's budget; therefore, rather than 'piece meal' reductions from each and every program any further directed budget reductions would be achieved through this Program, as it is non-mandated; that should there be funding remaining after the budget process was completed the Program would be reconsidered. Mr. Smith stated that he would question 'why the Board would want to reconsider that motion unless it is the consensus of the Board to reconsider the entire Health Department to determine if budget reductions should be made elsewhere." Mr. Smith stated that "there is a big chance the Health Department will have to take a big chunk out of the Budget next year."

Ms. Ratti stated that "she is not comfortable having one Program take the hit without considering all of the efficiencies in all programs across the board should a significant reduction be necessary." Ms. Ratti stated that she understands the prioritization of mandated programs; however, all programs should be optimized through comprehensive reviews of all programs"; therefore, she would wait on the elimination of a program before it is necessary.

Chairman Humphreys stated that last month's motion regarding elimination of the Program did specify "if absolutely necessary to do so"; that currently the Board does not have the information as to whether or not it is absolutely necessary to do so. Chairman Humphreys stated that he would request direction from Staff as to "is it necessary to do so"; that should it become necessary the Board will "know prior to June 30, 2009." Chairman Humphreys stated that prior to the Board receiving this information it is difficult to make a decision to the specifics of this Program at which time the Board can make the determination as to the necessity.

Mr. Gustin stated that he would concur with Chairman Humphreys; that Staff will "not know much more in February regarding the Budget than what is known now"; that an informed decision cannot be made about this Program until after the budget process is complete, with the acknowledgement that this Program may be eliminated or reduced. Mr. Gustin stated that he would support the motion with the acknowledgements he presented.

MOTION: Ms. Ratti moved, seconded by Ms. Jung, that the Home Visiting Nursing Program be maintained "as is" until such time as it can reconsidered after completion of the budget process.
Motion carried unanimously.

The Board recessed at 3:10pm and reconvened at 3:20pm.

DISCUSSION – ACCEPTANCE – REVIEW PROCESS – ALL NEWLY PROPOSED PROGRAMS/INITIATIVES – PRESENTATION – DISTRICT BOARD OF HEALTH

Dr. Anderson advised that the Board members have been provided with a copy of the "*District Board of Health Goals and Operational Objectives – A Checklist for New Programs or Initiatives*" (a copy of which was placed on file for the record). Dr. Anderson stated that she has presented the goals and operational objectives, which were adopted by the District Board of Health at the October 23, 2008 meeting, in a simplified format. Dr. Anderson reviewed the adopted goals of the Board of Health, advising that the goals are in the order of priority; that she has provided the "exact wording as adopted by the Board." Dr. Anderson reviewed the six (6) Operational Objectives, which were adopted by the Board; that again, she provided the exact wording of the Board of Health. Dr. Anderson stated that the Board directed Staff to "develop a method for reviewing new programs and to provide a comprehensive overview of the program prior to presentation to the Board." Dr. Anderson stated that to achieve this directive, Staff developed a "checklist" to determine the necessity of a program or proposal; that the checklist includes four questions: 1) does the Health Department need this; 2) can the Health Department do it; 3) how much will it cost; and 4) how will success be measured.

Dr. Anderson stated that to determine if 'a program is needed', Staff would review and determine 1) identify statute or regulation which mandates the program; 2) identify which of the "Ten Essential Services" will be addressed; 3) List the DBOH priority relative to the program; 4) describe the verifiable public health need; and 5) describe the impact if the program is not implemented.

Dr. Anderson stated that to determine if the Health Department 'can do this', Staff would review and determine 1) identify assets to accomplish program; 2) could other community partners

provide the service (list community partners with capability); 3) would other community partners assist (list community partners who will participate).

Dr. Anderson stated that to determine 'how much will it cost', Staff would review and provide 1) a detailed budget identifying the source of funding listing any match requirements, identify personnel assets necessary, and list proposed equipment purchases; and 2) list any associated subcontracts with the name of the entity, deliverables, period of service and cost of service.

Dr. Anderson stated that to determine 'how will success be measured", Staff will review and determine 1) an evaluation process listing performance measures used and indicating frequency of reporting to the District Board of Health; and 2) list outcomes or product5s that will result, e.g., improved statistics in a public health indicator, documenting produced or public use and scientific paper published.

Dr. Anderson stated that the Board may consider approving and adopting the checklist to aid in the review process for all newly proposed programs/initiatives presented to the District Board of Health; or may consider adopting the checklist as amended.

Ms. Jung commended Dr. Anderson on the checklist; that the checklist establishes a deliberative process in determining "if a program is worth the grant"; that she appreciates how the District Board's goals and objectives were utilized to develop a process.

Mr. Gustin stated that he would concur with Ms. Jung as to the checklist. Mr. Gustin stated that the proposed checklist provides the criteria "in a decision process"; however, "the human aspects" should also be considered.

In response to Mr. Gustin, Dr. Anderson stated the "human aspect is a gap" in the document; however, it could be addressed with the addition of 'the public expectation' of a service being provided, which is a Board of Health priority.

Mr. Gustin stated that "the measurement of success" could address that 'human aspect' to which he referred; that he, too, would commend Dr. Anderson on the checklist.

In response to Mr. Gustin, Ms. Ratti stated that his concern could be addressed on page 5 "Do We Need This?"; that "prevention is rarely quantifiable." In response to Dr. Anderson regarding additional language, Ms. Ratti stated that additional language wouldn't be necessary as "what the public expects is not always helpful in determining the appropriate course of action"; that identification as one of the 'Ten Essential Services' then it is verifiable public need based upon the data.

Mr. Gustin stated that he would support adopting the checklist and then discuss it again at a future date, as he cannot stipulate "what may or may not be relevant to add to or delete from the document."

MOTION: Ms. Jung moved, seconded by Mr. Gustin, that the "checklist" process for all newly proposed programs/initiatives for presentation to the District Board of Health be approved and adopted as presented. Motion carried unanimously.

Chairman Humphreys stated that the "benefit to public health" is what the Board would "want to consider; that the measurement of success" would include the "impact to public health."

PRESENTATION – POSSIBLE ACCEPTANCE – ROBERT WOOD JOHNSON GRANT PROPOSALS

Dr. Anderson stated that Ms. Stoll-Hadayia has requested to present a new program for the Board's consideration; that Ms. Stoll-Hadayia utilized the goals and operational objectives as adopted by the Board. Dr. Anderson stated that Ms. Stoll-Hadayia did not have the benefit of the newly approved "checklist"; therefore, not each and every question may be addressed.

Ms. Jennifer Stoll-Hadayia, Public Health Program Manager, advised the CCHS Division is requesting approval of to apply for a new revenue source for the Health District through the submission of an intent proposal to the Robert Wood Johnson Foundation for the *Healthy Kids Healthy Communities* initiative to address childhood obesity. Ms. Stoll-Hadayia advised that this would be a new foundation grant funding source for the Health District; however, "the activity would not be new, as Staff focuses on chronic disease prevention." Ms. Stoll-Hadayia stated the Health Department has a chronic disease prevention program and childhood obesity is a priority.

Ms. Stoll-Hadayia advised that the Board members have been provided with a copy of the operational objectives for the proposed program. Ms. Stoll-Hadayia advised that this would be a

four (4) year grant, in the amount of $90,000 per year with a match requirement; that Staff has delineated in the report "how the Department will meet the match" that the grant does allow for the collection of indirect costs. Ms. Stoll-Hadayia stated that the grant would not establish any new positions; however, it may "replace grant monies in chronic disease" that have the potential of being eliminated; or it could relieve local funding through a Staff reassignment should it be required due to additional budget reductions." Ms. Stoll-Hadayia stated that this is "not a direct service grant"; that the intent is to support policy and environmental changes, which are known to be "the most efficient, equitable, effective" methods for achieving "broad-based population level change in health status."

Ms. Stoll-Hadayia stated that the proposal "addresses a significant need" in the community – childhood obesity; that she provided the Board members with a copy of the Epi-News produced by Staff, which delineates the "first reliable, very accurate data on overweight and obesity among school children in Washoe County." Ms. Stoll-Hadayia stated that "there were some surprising and alarming results for those involved in chronic disease"; that Washoe County's rates for overweight and obesity among school children are "higher than that of the nation". Ms. Stoll-Hadayia stated that the chronic disease program is "at a cross-roads for childhood obesity"; and that it is important "to intervene now in ways which will have sustainable, long-term population-wide change so that it may be possible to begin reversing those trends and increase the percentage of school age children who are at a healthy weight."

Ms. Stoll-Hadayia stated that Staff is requesting the Board's authorization to "submit a proposal of interest to the Foundation"; that there is another "stage to the application process in which Staff would be invited to submit a full proposal; and that there could be another decision at that time." Ms. Stoll-Hadayia stated that, should the District be selected for funding there would be additional discussion regarding acceptance of the funding. Ms. Stoll-Hadayia stated that the proposal of interest with preliminary activities is due by February 3, 2009. In response to Chairman Humphreys regarding the process, Ms. Stoll-Hadayia stated that this is the first stage in the grant application process and includes the submission of preliminary information to the Foundation. Ms. Stoll-Hadayia stated that the Foundation will review the preliminary proposals and then select those which will eligible for the secondary process of submitting a full application. Ms. Stoll-Hadayia stated that should the Health District be selected, Staff would review the possibility of proceeding with the second phase of submittal of the application.

Ms. Jung stated that she would "fully support the proposal"; that Ms. Stoll-Hadayia has addressed the issues of the checklist. Ms. Jung stated that this could perhaps be a collaborative effort with the City of Reno *Park Pals*" Program in which a healthy lunch is provided to participants; that the City of Sparks has other programs, which could possibly be part of a collaborative effort. Ms. Jung

stated that funding from the Robert Wood Johnson Foundation "would be a big deal"; that she would urge Staff and the Board "to work diligently to secure this grant."

Dr. Furman stated obesity among school age children is a problem in the community; that Dr. Richard Carmona, the former Surgeon General conducted a site visit of the Health Department and advised that addressing obesity was his highest priority. Dr. Furman presented a copy of the Robert Wood Johnson Foundation's "*Healthy Kids, Healthy Communities*" overview (a copy of which was placed on file for the record). Dr. Furman stated he has concerns regarding the proposal; that in reviewing the information he noted "half of the money is going to fifteen (15) states; that there will be sixty (60) grants awarded and Nevada isn't one of them." Dr. Furman stated that a stipulation is to "have 50% match of the award for the entire grant period"; that the selection criteria are very specific regarding "engage leaders and influential community members" while Staff proposes "to establish an alliance with a diverse group of non-traditional policy making partners to serve as an advisory board." Dr. Furman reiterated that the criteria are very specific regarding "identifying a diverse array of partners, organizations or agencies (i.e., influential stakeholders and key decision makers), who have clearly defined roles and experience working with and on behalf of communities at high-risk for obesity." Dr. Furman stated that Staff's grant proposal "does not address this; that the information provided to the Board is not consistent with what the Robert Wood Johnson Foundation wants." Dr. Furman stated that the application, as presented, will not be successful; that the entities "providing resources for the in-kind grant match are going to have to be listed."

Dr. Furman questioned if Ms. Stoll-Hadayia would be the "project director" for this program, Ms. Stoll-Hadayia stated she would serve in that capacity as a component of the in-kind match. Ms. Stoll-Hadayia further stated that the attached budget outlines how the 50% match will be met; that the match can be a combination of in-kind Staff time, partner time, and cash; that in the first year, the match requirement would be met by the Health District through a combination of a cash amount and in-kind services. Ms. Stoll-Hadayia stated that during the bidders' workshops attended by Staff, Staff was advised it has "quite a few options as to how to meet that 50% match in future years." Ms. Stoll-Hadayia stated in the second year "it is the Foundation's expectation, that once the partners are on-board", any activities, in which they engage and the time associated with those activities can be calculated as a portion of the match. Ms. Stoll-Hadayia stated Staff does not anticipate that the full-match commitment would be necessary from the Health District in the long-term due to the ability to utilize match from partners." "it would not require a commitment from the Health District long-term because of the ability to utilize match from partners." In response to Dr. Furman regarding "guaranteeing the in-kind", Ms. Stoll-Hadayia stated that in subsequent years, Staff would have to guarantee "the in-kind from partners more extensively." Ms. Stoll-Hadayia stated that "in the extended RFP (Requests for Proposal), letters of support must indicate the partners commitment to the in-kind contribution." Ms. Stoll-Hadayia stated that obtaining those commitments would be a component of the process, in which Staff will engage pending the Board's

direction. Ms. Stoll-Hadayia stated the partners, who have been identified, are those who "have the authority to do something very key to this grant, which is to revise transportation, parks and recreation and food systems in Washoe County; those people who influence policy and environmental decisions (i.e., city and county planners, the retail association, which works with the fast food companies and where unhealthy fast foods are placed for purchase by students, the school district, which can implement 'open or closed campus' policies, which addresses students leaving campus to purchase unhealthy foods)." Ms. Stoll-Hadayia advised that she did not provide a list of potential in-kind partners; however, she can provide the list of partners with whom Staff is in contact; that the partners letters of support will "have to state, in writing, an in-kind commitment."

Mr. Smith stated that he appreciates the information provided by Dr. Furman; that it is good information for Staff and the Board to have.

MOTION: Ms. Jung moved, seconded by Mr. Smith, that Staff be directed to Initiate the process for applying for the grant proposals from the Robert Wood Johnson Foundation, as outlined.

Dr. Khan stated that she is "a tireless advocate of chronic disease prevention" and she would concur "that obesity" is one of the leading causes of chronic disease; however, "there will be issues with competition for these funds as there are areas of greater need"; that Nevada is not among the top-ranking states in which childhood obesity is at its greatest. Dr. Khan stated that when the County, the Department and the Board are discussing budget cuts and potential program elimination she has concerns regarding the proposal. Dr. Khan stated that not discounting Staff's proposal and the potential benefits, she would question "if it is enough"; that should the District be awarded funding she "is unsure if the effort would be enough to address the epidemic of obesity." Dr. Khan stated she would concur regarding the role environment and policy has in the problem of obesity; however, she would question "if this is the right time to apply for this in view of the other fiscal priorities at this time." Dr. Khan stated that "this may not be the time" for implementing a new program, which will require resources, when the Department and Board have to consider reducing resources.

In response to Ms. Ratti regarding the grant being for policy changes or for measurable outcomes, Ms. Stoll-Hadayia advised that "the short-term expectation of the grant is to develop policy changes, with the expectation that those changes do lead to improved outcomes over time;" that this is based on public health theory connecting policy change to behavior change Ms. Stoll-Hadayia advised that four (4) years (the grant cycle) "is not enough time to fully demonstrate" a measurable decline in obesity rates; that "it takes time for those policies to have that affect"; however, should the District receive grant funding, Staff will measure Body Mass Index (BMI) for the individuals impacted by the policy changes achieved through this grant in an effort to demonstrate the impact. Ms. Stoll-Hadayia stated that the School District does maintain BMI on all

school aged children, which allows for the monitoring of BMI on a community-level; that, as she stated, Staff would be "measuring BMI at specific intervention sites where Staff was able to change a policy." Ms. Stoll-Hadayia stated that these measurements would "be good for Staff's evaluation and program performance improvement."

Ms. Ratti stated that she participated in a Robert Wood Johnson Foundation grant procedure previously; that in that process there were "learning groups" to allow participants to be aware of what other States were doing; that she would question if that process is a component of this grant.

In response to Ms. Ratti, Ms. Stoll-Hadayia stated that she is not aware of a "learning groups" component of this grant, as there currently is not "a lot of information" available as "to what happens if the Department is selected." Ms. Stoll-Hadayia stated that the Robert Wood Johnson Foundation has funded similar initiatives in the past; that, as Staff was "conceptualizing the framework" of the program to provide the Board, Staff reviewed the previously funded programs within communities which are comparable in size and composition as Washoe County to determine "what worked for them and attempting to build on those best practices." Ms. Stoll-Hadayia stated she would anticipate that based upon the Foundation's "intense level of technical assistance to all of the grantees" there would be these other opportunities.

Dr. Anderson stated that there is the potential of the loss of other sources of chronic disease funding (i.e., tobacco funding); therefore, Staff is attempting to identify methods of "continuing to make an impact in the realm of chronic disease" prevention. Dr. Anderson stated that the Robert Wood Johnson Foundation grant provides a method for doing so; that the grant is "not a huge amount of money" for addressing obesity in Washoe County; however, "when approached at a policy level the chances of it making a difference are greater than if approached at a one on one level of direct effort."

MOTION: Ms. Jung moved, seconded by Mr. Smith, that Staff be directed to Initiate the process for applying for the grant proposals from the Robert Wood Johnson Foundation, as outlined.
Motion carried unanimously.

PRESENTATION – DISCUSSION – ACCEPTANCE – FIRST ANNUAL CHRONIC DISEASE REPORT

Ms. Brown advised that the Board members have been provided with a copy of the first Washoe County Health District Chronic Disease Report (a copy of which was placed on file for the record); that the Report provides a summary of primary risk factors and select chronic health conditions.

Ms. Brown stated that it is a compilation of all the county data organized according to the leading indicators of chronic disease; that the intent is for the Report to "serve as a resource for health care providers, clinical practitioners and other organizations to use to improve the health of Washoe County residents. Ms. Brown stated she would recommend the Board member and Staff "spend time analyzing the condition of chronic disease and the major risk factors in the terms of health or lack of health within the County."

Ms. Brown stated that the development of the Chronic Disease Report was "a team effort, including Ms. Kelli Seals, the Chronic Disease Team, Ms. Sharon Clodfelter, District Health Department Statistician, with editing by Dr. Todd and Dr. Anderson. Ms. Brown stated that the Report emphasizes the impact of chronic disease in the community; that, further it "underscores the importance of some of the key initiative/programs, particularly tobacco prevention and control and the populations these programs target, and the "need to address chronic disease prevention." Ms. Brown stated that one of the functions of public health is to educate the public as to key health issues; that reports such as the Chronic Disease Report emphasize what the existing health problems are in the community. Ms. Brown stated that the Board members were provided with a copy of an article which designates Reno as the "number 1 drinking town"; that drinking is one of the leading contributors to chronic disease. Ms. Brown stated that the article provided Staff the opportunity to provide information "that chronic disease and risk factors are an issue for the community."

Ms. Brown reiterated that the Chronic Disease Report will be utilized as a guiding resource in the development of programs and the emphasis on the Chronic Disease Program; that she would recommend the Board accept the first annual Report.

Ms. Jung stated that the CDC's ranking has a lot to do with how honest people are in different regions and a willingness to be upfront about risk behaviors.

In response to Ms. Jung, Ms. Brown advised that the article did provide an opportunity for Staff to discuss chronic disease in the community; that "it is a message people read and it does fulfill the function of getting key health messages out to the public."

MOTION: Ms. Jung moved, seconded by Ms. Ratti, that the first Annual Chronic Disease in Washoe County: A Summary Report of Primary Risk Factors and Select Chronic Health Conditions, be accepted as presented. Motion carried unanimously.

Ms. Ratti stated that she would commend Staff for the concentrated effort and hard work in developing this Report.

PRESENTATION – ACCEPTANCE – FAMILY PLANNING CLINIC TRANSITION PLAN

Ms. Brown advised that per the direction of the Board, the CCHS Division has been analyzing the Family Planning Clinic and other Programs; that through these analysis Staff have identified and achieved efficiencies in several Programs. Ms. Brown stated that one of the efficiencies identified was to decrease the "reliance on local funding to support the Family Planning Clinic."

Ms. Brown stated that the Board's direction was to develop a plan to transition the Family Planning Clinic to a community provider. Ms. Brown stated that Staff has been reviewing the feasibility of transferring the Family Planning Clinic to the community; that she has provided the Board members with a copy of "a detailed report" of Staff's findings.

Ms. Brown stated that for a community agency to assume the Title X Grant funding for the provision of family planning services, it will be necessary for said agency to apply for and receive approval for the Title X Grant funding for Family Planning Services to continue within the community. Ms. Brown stated that, once the decision is made by the Health Department "to not apply for Title X Grant funding and to close the Clinic, the implication is that someone will have to apply for those funds and be successful" in receiving the Grant funding. Ms. Brown stated that it is of vital importance to Staff in determining a plan for transition that there must be the assurance of a viable candidate to apply for and receive Title X Grant funding to continue a Family Planning Services Program in the community.

Ms. Brown stated that, as delineated in her report, there is a "documented need for family planning services in the community", specifically for women living at or below the poverty level; that national statistics indicate "one-half of all pregnancies are unplanned." Ms. Brown stated that the greatest number of "unplanned pregnancies occur in women at the poverty level"; that Nevada "ranks number one in various" categories "or in the top 2, 3 or 4 as it relates to teenage pregnancy rates." Ms. Brown stated that "according to the Use Risk Behavior Survey" 44.3% of students in Washoe County high schools admit to being sexually active.

Ms. Brown reviewed the various services currently provided in the Department's Family Planning Clinic, advising that there is an educational component associated with the client visits in which information is provided regarding "being sexually responsible and encouraging individuals to seek

healthy and stable relationships, particularly young people, to delay sex and encouraging the use of contraceptives until ready and willing to be a parent." Ms. Brown stated that the Department is the recipient of Title V Grant funding for the provision of "some minor illness treatment" in the Teen Health Mall.

Ms. Brown advised that the number of clients served in the Family Planning Clinic in FY '07/08 was 4,173 for a total of 9,084 visits. Ms. Brown advised that the Health District has been providing a Family Planning Clinic since the 1960s; that the Health District has received Title X program funding for family planning services since the 1970s. Ms. Brown advised that in 1991, as a result of a community assessment, the Health District began the Teen Health Mall, which focuses on minor treatments and family planning services to adolescents.

Ms. Brown stated that Title X "is a very complex grant to administer with lengthy guidelines and very specific requirements as to how the clinic is operated in order to receive funding." Ms. Brown stated that she has provided the Board members with a complete overview of Title X funding in the attachment "Title X 101" (a copy of which was placed on file for the record). Ms. Brown advised that the purpose of Title X funding is "to remove any financial barriers to a woman receiving family planning services"; that this is an important aspect of the Program, as there are individuals and agencies willing to provide services; however, there are fees for these services as the individuals and agencies "have financial requirements;" that Title X "removes that fiscal requirement." Ms. Brown stated that Title X Grant funding further allows the "federal protection to provide family planning services to adolescents without parental consent;" that the protection of the Title X protection is the only method by which those family planning services can be offered.

Ms. Brown advised that Staff has reviewed options as to how to transition the Family Planning Clinic Program services to another agency within the community; that Staff has delineated four (4) options to complete the transition and the "implication to those options." Ms. Brown reviewed the four (4) options: 1) Relinquishment of Title X funding prior to the end of the fiscal cycle with the 30-day termination of contract notification; 2) transferring the remaining 2.5 years of the 5 year grant to another agency willing to accept the grant; 3) completion of the budget cycle with a termination of services as of July 1, 2009 and the subsequent impacts of each option; and 4) Washoe County Health District's Family Planning Clinic complete the 5-year grant cycle with termination as of June 30, 2011, which delineates the transition plan for family planning services. Ms. Brown stated that option four (4) would be Staff's recommendation to assure a continuation of Title X Family Planning Services within the community. Ms. Brown stated that option four (4) provides Staff the opportunity to work with community providers, who may be interested in assuming management of Title X Grant funding for the provision of Family Planning services, ensuring a successful application process to receive Title X funding.

Ms. Brown stated that there may be the opportunity to work in conjunction with community agencies, which have indicated an interest in assuming the Title X Grant funding, whereby the agencies would apply for Subgrant funding through the Health District, providing an overview of the requirements associated with assuming the responsibilities of the "grantee rather than a delegate responsibility." Ms. Brown stated that she has provided the Board members with a possible "Family Planning Clinic Transition Timeline" for such a transition. Ms. Brown stated that Staff have identified four (4) potential community stakeholders who have indicated an interest: 1) Health Access Washoe County (HAWC); 2) Renown; 3) University of Nevada (UNR) and 4) Planned Parenthood. Ms. Brown stated that Staff is in the process of educating these four (4) stakeholders regarding "what it means to operate a Title X Grant in its full scope"; that Staff has developed four (4) areas of education for these stakeholders including the attachment "Title X 101"; the fiscal and management responsibilities and program requirements. Ms. Brown stated that the Subgrant process would allow the chosen agency "to have the opportunity to operate the Program with the assistance and guidance of Staff, as the grantee and the agency would be the delegate." Ms. Brown stated that upon completion of this process, Staff would develop a comprehensive plan for the closure of the Health District's Family Planning Clinic and the transfer of services to the new grantee. Ms. Brown stated that Staff would provide assistance in the application process, as the Health District has been preparing the grant applications for approximately forty (40) years. Ms. Brown stated it is the consensus of Staff that the recommendation is the "preferred plan" for the transition of Family Planning Services to another stakeholder in the community; that the plan would "assure the greatest chance of success in maintaining Title X services in the community."

Dr. Furman stated that he has met with the director of the Pregnancy Center, who has Title X experience; that the director arranged a meeting between him and the Vice President of Renown; that the Pregnancy Center has indicated to him there is room capacity and a willingness to assume the Title X Grant within thirty (30) days. Dr. Furman stated that Planned Parenthood has extensive experience; that Planned Parenthood "has more experience than local health departments"; that Planned Parenthood would not require "a lot of help" in accepting Title X Grant funding. Dr. Furman stated that he conferred with Region IX; that Ms. Brown is correct in advising that Region IX "cannot guarantee that Title X Grant funds would remain in the community"; however, he did stress that it is the goal "the funds remain within the community."

Ms. Brown stated that Staff has met with representatives of Renown, HAWC, Planned Parenthood and have a meeting scheduled with UNR; that these agencies have requested additional information specific to "what the full scope of the grant" would require. Ms. Brown stated that, although Planned Parenthood has some experience with Title X Grant funding, there are fiscal issues regarding the administration of "such a large grant" and the implications to the "way in which they provide services." Ms. Brown stated that Staff "has a series of meetings" scheduled with Renown who has indicated an interest, "as has HAWC"; that Staff is attempting to ensure "that if

this is the direction of the Board Staff utilize its forty (40) years of experience and assure the community is successful in securing Title X funding for the community."

In response to Ms. Jung regarding other areas in which Family Planning Service Clinics being operated by private providers, Ms. Brown stated that Ms. Stacy Hardie, Family Planning Services Clinic Supervisor, is attending a District Region IX meeting today; that Ms. Hardie has been directed to "ask that question." Ms. Brown stated that there are different models of Family Planning Service Clinics "across the country;" that in California there are "more regional providers of Title X services", in which one entity is the grant recipient who subgrants funding to multiple providers (i.e., Planned Parenthood); however, these involve "huge dollar amounts which can be divided up." Ms. Brown advised that Washoe County's grant is approximately $700,000, which is declining; therefore, Washoe County's is a different model. Ms. Brown stated that she is unaware of a hospital managing a Title X Grant for Family Planning; that one of the issues discussed with Renown are the fiscal requirements of the Grant.

In response to Ms. Jung regarding another agency "not being ready or willing" to assume the management of the Title X Family Planning Grant funds, Ms. Brown stated that Staff would request direction from the Board. Ms. Brown stated that should it be the direction of the Board to transition the Program and not apply for the Title X Grant funding, Staff's proposal is to ensure the continuation of Title X Grant funding in the community through assisting the agency applying for the Grant with the grant writing process, review the scope of the Program to ensure the agency "is ready and that agency would be successful"; however, as she stated "there would be no guarantees."

Ms. Jung questioned if it would be possible to approve Staff's recommendation regarding the transition of the Family Planning Services Clinic Program, as outlined, with the caveat that Staff report to the Board "as to the preparedness of an agency or that an agency does not have the means or the will to do this", thus allowing the Health Department to apply. Ms. Jung stated that her concern is "losing the funding entirely"; that she has no objection "to the philosophy of getting government out of family planning when there is a Planned Parenthood or HAWC, or any agency, which can do it better;" however, "to put the region in a position of losing this funding would be dev

Ms. Brown stated that in discussing the plan to transition the services to another provider, Staff has maintained the concept of "what will assure the greatest success at retaining those services in the community." Ms. Brown stated that "that is why Staff is recommending this approach, to ensure" any agency assuming the management of the grant is fully aware of what the grant entails; that Staff would then provide assistance in writing the grant application.

Dr. Khan commended Staff for presenting the various options; that she would question if the Board would consider reviewing the model, with which she is familiar in California, which is "the central administrative recipient role which subcontracts portions of the grant." Dr. Khan stated that she is aware the District's grant is "not a lot of money"; however, she would question if this is a feasible option with the intent that no later than June 30, 2011 to fully transfer the administration of that grant to another agency. Dr. Khan stated that the obstacles and parameters of option 2 could be achieved.

In response to Dr. Khan, Ms. Brown stated that option 2 could be done; that option 2 does ensure that the grant funds would remain within the community for the remaining period of the grant cycle; however, Region IX has indicated that relinquishing the grant is a "fairly complex process." Ms. Brown stated that it would be necessary to determine "the right partner, acknowledge the assets and liability transfer; and there is a lot of legal proceedings." Ms. Brown stated that Staff can further review the parameters of option 2; that it would require "a mutual agreement." In response to Dr. Khan regarding the District's current subcontract, Ms. Brown advised that the District subcontracts with Planned Parenthood for an educational component; that the other subcontract is with Children's Cabinet Incline for the provision of clinic services. Ms. Brown stated the District functions as the grantee and Planned Parenthood and Children's Cabinet Incline are delegates of the District.

Mr. Gustin stated he would recommend that Staff continue the process with the possible partners and work in conjunction with Dr. Furman to investigate the feasibility of transitioning these services to a community agency as discussed.

Dr. Furman stated that Renown requested additional information specific to the fiscal components of the Title X Grant funding; that he is willing to work in conjunction with Staff on transitioning the Title X Grant funding for the Family Services Program.

Mr. Gustin stated he would concur with Ms. Jung "that the community cannot afford to lose this Title X Grant funding"; that should Renown have the room capacity, is willing and capable of assuming the administration of the Title X Grant funding Staff should "make that the emphasis" and achieve this "relatively soon."

In response to Mr. Gustin, Ms. Brown stated that HAWC has indicated it has "the capacity and a willingness" to assume administration of the Title X Grant; that it wouldn't be a Health District determination, rather the decision would be that of Region IX. Ms. Brown stated that the most viable candidate will be the agency "who understands the scope of the grant, is aware of all of the

responsibilities and successfully present that in a grant" and receive the award. Ms. Brown stated that Staff has scheduled a series of meetings with all interested agencies to review all of the aspects, including the fiscal impacts, of the grant; that in achieving this Staff "will have met the goal."

In response to Ms. Ratti regarding a competitive process to identify the best provider, Ms. Brown stated that the Subgrants issued by the Department is an example of that "very competitive process"; that it is an "entirely objective subgranting process."

Ms. Ratti stated that whichever agency applies for the Title X Grant funding, her concern would be that each agency had an equal opportunity.

Ms. Brown stated that she has been advised that identifying "a successor of interest" is a "complex entailed legalistic process"; that it is not defined as a competitive process as "one agency has identified another willing agency which will accept" the grant.

In response to Ms. Brown, Ms. Leslie Admirand, Deputy District Attorney, advised that she would have to review the parameters of the process for identifying "a successor of interest" should that be the Board's determination.

Ms. Ratti stated that the direction was to "explore transitioning the Family Planning Clinic"; however, "option 5" would be for the Health District to continue to provide Family Planning Services. Ms. Ratti stated that she would question the pros and cons of retaining the Clinic versus transitioning the services to another agency.

In response to Ms. Ratti, Dr. Furman stated that the Health District would save approximately $500,000 in local funding through transitioning the Family Planning Clinic to another agency. Dr. Furman stated that previously the District was receiving "a match" of funds in addition to the $700,000 from the grant; that last year the Board reduced the local funding request to approximately $400,000.

Ms. Ratti stated that "option 6" would be to continue providing the Family Planning Services Clinic with a commitment of only a 10% match of general funds. Ms. Ratti stated that she would question "why option 6" isn't being considered.

In response to Ms. Ratti, Dr. Khan stated that "option 6" would be a viable consideration; that with the recent "technical assistance" provided to Staff by Region IX for efficiencies, she would anticipate the local contribution would continue to be reduced. Dr. Khan stated an issue is, should the Department transition the Family Planning Services Program to another agency, that agency "is unlikely to contribute one-half million dollars to the Program"; therefore, there "would still be a reduction in that level of service." Dr. Khan stated that "question that remains is, given the District's experience and the definitive improvements and efficiencies, is there a reason why the District wouldn't transition?" Dr. Khan stated that the Board's direction was to "explore the option of transitioning the Program with the intent to do so"; however, "it may merit some further discussion." Dr. Khan stated she is aware there has been "some discussion of this issue by the Board of County Commissioners"; however, she would question "what their interest is in having the Program eliminated from the County."

In response to Dr. Khan, Ms. Brown stated that Mr. Humke, County Commissioner, responded on behalf of the Board of Health when this issue was discussed; that the question was specific to "transitioning this Program" and Commissioner Humke stated "there were viable partners and the District was moving forward." Ms. Brown stated that Commissioner Weber's direction was to report back to the Commission "what the plan of transition was"; that Dr. Anderson received that request; that she had advised Dr. Anderson that it would be inappropriate to present it to the Board of County Commissioners when she had not yet presented the options to the Board of Health.

Ms. Jung stated that the Board of County Commissioners has the "ministerial duty" of endorsing what the Board of Health has recommended; however, the Board of County Commissioners has been discussing this issue. Ms. Jung stated that she would support deferring any action on this item to allow for review of possible 'other options' as discussed; that she will provide an update to the Board of County Commissioners regarding the Family Planning Services Program. Ms. Jung stated that her concern is "moving too fast would have a deleterious effect on the community."

Ms. Brown stated that Staff "has worked very hard to determine what the options are with the Region and expending a lot of time reviewing capacity with the community partners." Ms. Brown stated that it is the consensus there are some "potentially viable partners in the community interested"; however, in discussion with Region IX it was noted that all of the options "present some sort of risk."

MOTION: Ms. Jung moved that a determination of an option for the transition of the Family Planning Clinic be continued to allow for a further review of the various options presented. It was further ordered that legal counsel investigate the "successor of interest" option to determine what that option would entail.
Motion carried unanimously.

In the discussion that followed, Dr. Humphreys stated that the Board has discussed mandated versus non-mandated services programs, including the Family Planning Clinic Program. Dr. Humphreys stated that the previous match on the Family Planning Grant was 50/50; that the Board directed Staff to initiate reductions in the local matching funds to achieve the more appropriate 90/10 division of funding. Dr. Humphreys stated that providing information to the Board members specific to cost-efficiencies in this Program "is critical", as after addressing the mandated programs there will be a "certain amount of funds to be utilized for the non-mandated programs. Dr. Humphreys stated that the Family Planning Clinic "would be one of the considerations for that funding."

In response to Dr. Humphreys, Ms. Brown stated should the Department no achieve the 90/10 division of funding through proposed incentive retirements, it would be necessary "to lay off Staff as it is a very distinctive skill set." Ms. Brown stated that Staff has achieved efficiencies through realigning Staff and transferring Staff to other positions; that should it be necessary Staff would investigate reassigning Staff as another option.

Ms. Coulombe stated that the funding for the Program is achieved electronically; that "it is a draw-down process"; that the District is prohibited "from having more than three (3) days Federal cash available" at any time. Ms. Coulombe stated that; therefore, as the grantee, this would be the determination of the District.

In response to Dr. Khan regarding any noted increases in revenues in the Clinic subsequent to the restructuring and pricing of the Clinic, Ms. Coulombe advised Staff has not specifically reviewed that information; however, Staff can review the revenues from the Clinic and report back to the Board.

Ms. Jung was excused at 4:35pm.

STAFF REPORTS AND PROGRAM UPDATES

A. Director – Epi and Public Health Preparedness

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

Dr. Todd advised that subsequent to his report there have been media segments specific to an outbreak of salmonella associated with peanut butter products; however, the "primary linkage has been to a commercial product, which is not sold directly to consumers; however, additional data indicates this product has been used in some peanut butter crackers that are sold directly to consumers." Dr. Todd stated that CDC's most recent update indicates this incidence of salmonella Type imirium "has accumulated 486 cases to-date, from 43 different states; that 22% of the cases have resulted in hospitalization and six (6) have died." Dr. Todd stated that to-date there are "five (5) or six (6) cases in Nevada"; that he is aware of one (1) case in Washoe County, which was diagnosed in October; that the last nationally reported case was on January 8, 2009.

B. Director – Community and Clinical Health Services

Ms. Mary-Ann Brown, Acting Director, Community and Clinical Health Services, presented her monthly Division Director's Report, a copy of which was placed on file for the record.

Ms. Brown advised that she has copies of the closing summary report on the Washoe County School District Tuberculosis (TB) investigation, should any of the Board members request a copy.

C. Director – Environmental Health Services

Mr. Bob Sack, Director, Environmental Health Services, presented his monthly Division Director's Report, a copy of which was placed on file for the record.

Mr. Sack stated that the Board members have been provided with a copy of the NALBOH booklet "*Vector Control Strategies for Local Boards of Health*" (a copy of which was placed on file for the record). Mr. Sack advised that the methodologies noted in the booklet are the control strategies of the District's Vector-Borne Diseases Control Program.

In response to Ms. Ratti regarding the reduction of plastic water bottles, Dr. Anderson stated that she, as the Health Officer, purchases the water for the Board of Health members. Dr. Anderson stated that "there are competing opinions on the use of plastic water bottles and the necessity of various detergents and water to wash other receptacles utilized to hold the water and the effect on groundwater." Dr. Anderson stated that further, there are "issues regarding the sanitary conditions of those containers, which people use and don't wash very often." Dr. Anderson stated that she "can appreciate it if individual members wish to bring their own water."

D. Director – Air Quality Management

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

E. Administrative Health Services Officer

Ms. Eileen Coulombe, Administrative Health Services Officer, presented her monthly Administrative Health Services Officer Report, a copy of which was placed on file for the record.

Ms. Coulombe advised that at the Board members have been provided with a copy of the Inter-Hospital Coordinating Council (IHCC) list of accomplishments for calendar year 2008. Ms. Coulombe advised that at the annual breakfast meeting on January 9, 2009, Dr. Furman was recognized and honored with a plaque "for his untiring championing of the Inter-Hospital Coordinating Council"; that Dr. Furman is to be commended for all of his support.

F. District Health Officer

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

Dr. Anderson stated that, as noted in her Report, the District Board of Health Scholarship has been endowed; that the endowment has been updated at the Division of Health Sciences, University of Nevada Reno (UNR).

Ms. Ratti stated that she would commend the individual who providing the matching funds allowing the District Board of Health Public Health Scholarship to become endowed.

BOARD COMMENT

Dr. Humphreys announced that the National Association of Local Board's of Health (NALBOH) Annual meeting will be July 1 – 3, 2009, in Philadelphia, Pennsylvania; that should any member be interested in attending to contact Dr. Anderson.

Dr. Humphreys stated that previously the Health Department offered immunizations five (5) days per week; that currently the Immunization (IZ) Clinic offers immunizations three (3) days per week; that he would request a report on the history of the IZ Clinic, the staffing at that time, the current staffing, a cost comparison between then and now, a comparison of the number of immunizations administered per day on the five (5) day per week cycle versus the three (3) day per week cycle.

Dr. Humphreys stated that currently the tentative date for the District Board of Health's 2010 Budget meeting is scheduled for March 12, 2009; that, if possible, he would request Staff provide a finalized date for that meeting at next month's February 26, 2009 meeting.

There being no further business to come before the Board, the meeting was adjourned at 4:50pm.

Mary A. Anderson MD MPH

MARY A. ANDERSON, MD, MPH, DISTRICT HEALTH OFFICER
SECRETARY

Janet Smith

JANET SMITH
RECORDER

DISTRICT HEALTH DEPARTMENT

CASE NO. 1-09S (Extension of Case No. 5-06S) – AS REVIEWED BY THE SEWAGE, WASTEWATER AND SANITATION HEARING BOARD

In Re: Application of Bob Sader for an extension to Variance Case No. 5-06S and Case No. 1-08S, pertaining to property located at 19440 Annie Lane, from the requirements of Sections 110.010 and110.020 (Holding Tank) of the Washoe County District Board of Health Regulations Governing Sewage, Wastewater and Sanitation.

CASE NO. 1-09S
(Extension of Case No. 5-06S & Case No. 1-08S)
ROBERT SADER

AGENDA ITEM NO. 7.B.1.

At a hearing of the Sewage, Wastewater and Sanitation Hearing Board at Wells Avenue at Ninth Street, Reno, Nevada January 8, 2009

PRESENT: Chairman Karen Sage Rosenau
Vice Chairman Ron Anderson, PE
Member George Georgeson, PE
Member Steve Brigman, PE
Member Gregory Moss, PG, Em

ABSENT: Member Michele Dennis, PE
Member Mark Simons, Esquire

STAFF: Doug Coulter, PE, Senior Registered Engineer
Janet Smith, Recording Secretary

1001 EAST NINTH STREET / P.O. BOX 11130, RENO, NEVADA 89520 (775) 328-2400 FAX (775) 328-2279
www.washoecounty.us/health

STATEMENT OF THE FACTUAL QUESTION BEFORE THE HEARING BOARD

SECTION 110 **HOLDING TANK**

SECTION 110.010 Holding tanks shall not serve more than fourteen (14) fixture units as defined in the Uniform Plumbing Code.

SECTION 110.020 Holding tanks are prohibited for residential use.

GENERAL COMMENTS

On January 8, 2009, the Hearing Board for the referenced Regulations held a public hearing to consider all evidence and testimony concerning a variance request to the above. Mr. Robert Sader, applicant was present at the aforementioned hearing.

Mr. Doug Coulter, PE, Senior Engineer, advised that this request is for an extension of Variance Case No. 5-06S, which was approved in 2006 and Case No. 1-08S, which was an extension of the approval by the Board in 2008. Mr. Coulter advised that the variance allows the applicant to temporarily utilize a holding tank on the property, for both the residence and the caretaker's quarters, until such time as community sewer is available. Mr. Coulter advised that the Hearing Board members have been provided with a copy of a letter from the Department of Water Resources, dated December 4, 2008, regarding the status of the proposed construction phase of the community sewer in this area (a copy of which was placed on file for the record).

Mr. Coulter stated that the phased construction of the sewer line has been extended every year; that the current estimate is that the sewer line will be completed by October 2009; therefore, Staff is recommending that the variance extension Case No. 1-09 be approved for an additional one (1) year – through January 2010. Mr. Coulter stated he is recommending that no extensions after January 2010 be considered; that should the sewer line not be constructed by January 2010 the applicant would have to proceed with the construction of a sand filter system. In response to Mr. Georgeson regarding any problems with this holding tank, Mr. Coulter advised that there have been no problems noted, nor have there been any complaints regarding the existing holding tank.

In response to Mr. Georgeson regarding the delays in the sewer line construction, Mr. Brigman advised that the delays have been due to "right-of-way acquisitions." Mr. Brigman provided a brief

update of the proposed phases of construction for the community sewer, advising that the initial phase "stops at the Dorothy Towne Trailer Park."

Mr. Robert Sader, applicant, stated that he has concerns regarding Staff's recommendation not to grant any further extensions to this variance as the availability of the community sewer is "not within his control", as the County is responsible for the construction of the sewer line. Mr. Sader stated that, as Staff indicated, the construction of the sewer line has been continually delayed for several years. Mr. Sader stated that he would request the Board consider utilizing the same language as stated in condition #1 last year "...unless an additional one (1) year extension is granted." Mr. Sader provided a brief review of the two (2) phases of the construction of the sewer line and the efforts to obtain the right-of-way .

It was the consensus of the Hearing Board that to prohibit consideration of any further extensions to the variance would "be unfair to the applicant, as the construction of the sewer line is beyond his control"; that the Hearing Board can review the status of the construction of the sewer line and consider whether or not to grant an additional extension.

The applicant, Mr. Robert Sader, owner of the property located at 19440 Annie Lane, Assessor's Parcel No. 017-320-23, is requesting a variance extension to the aforementioned Regulations.

The reason for the variance is:

1. To allow for the continued temporary utilization of a holding tank on a residential property until such time as community sewer is available.

FINDINGS OF FACT

The Hearing Board may recommend a variance only, if after a hearing with the due and proper notice it considers whether:

1. Would the proposed variance result in contamination of water to the extent it cannot be utilized for its existing purpose?

No contamination of the surface or ground water is expected as a result of this variance.

2. Will the proposed variance pose a threat to public health?

   Approval of the variance may result in an increased threat to public health for a brief period of time should a problem occur. Holding tanks are restricted to commercial properties because the expected sewage-hauling traffic would pose a threat to public health with the potential for a truck to overturn. As a result, a time limit was established.

3. Are there other reasonable alternatives?

   There is an alternative, construction of an approved system; however, this alternative would prevent construction to the community sewer when available, resulting in sewage disposal by an on-site system until such time as the system failed and connection to community sewer would then be required.

RECOMMENDATION

Mr. Coulter advised that Staff recommends **approval** of the proposed variance extension request subject to the following conditions:

1. If the home is not connected to community sewer by January 1, 2010, the SWS Hearing Board will review the status of the construction of the community sewer line prior to granting another extension to this variance.

2. Should the District Health Department receive complaints and confirm that sewage is over-flowing from the holding tank then the variance will become null and void and the approved sand filter system must be constructed and on-line within thirty (30) days.

MOTION

Mr. Georgeson moved that based upon testimony presented, it be recommended to the District Board of Health that Variance Case No. 1-09S (an extension of Case No. 5-06S and 1-08S) (Mr. Robert Sader), be **approved, stipulating to the Findings of Fact and subject** to the **two (2) conditions as outlined**.

The motion was seconded by Ms. Rosenau and **carried unanimously for approval**.

KAREN SAGE ROSENAU, CHAIRMAN
SWS HEARING BOARD

JANET SMITH
RECORDER

Washoe County
Department of
Water Resources
4930 Energy Way
Reno, NV 89502-4106
Tel: (775) 954-4600
Fax: (775) 954-4610

December 4, 2008

Bryan Tyre, P.E.
Washoe County Environmental Health Services Division
1001 E. Ninth Street
Reno, Nevada 89512

RE: APN Number 017-320-23 Sewer Variance Status

Dear Mr. Tyre:

This letter is to address a sewer variance application that was submitted to your office and approved two years ago and updated last year for Mr. Robert Sader. Mr. Sader would like to extend the time frame for the sewer variance for his sewer storage tank and then connect to the new sewer main proposed to be constructed next to his new home in Pleasant Valley within the next year. Per our original letter of August 24, 2006, we answered the questions that were raised for this sewer variance application and the following is an updated description of those questions.

- *The county must state that they have or will get the RofW. If they currently don't have the right of way then they need to tell us when they will get it.*

Two parties are completing this portion of the sewer interceptor. In October 2004, Washoe County entered into an agreement with World Properties to complete Phase 2 of this section of sewer main. World Properties is responsible to design and construct the sewer main and pay for any construction/design costs and Washoe County is responsible to obtain the needed easements. Phase 1 must be completed to construct Phase 2 since it is down stream and will be needed to fulfill its agreement with World Properties.

Currently, Washoe County has finished and secured the appraisals for Phase 1 (Damonte Ranch Parkway to Steamboat Hot Springs). Washoe County is currently in negotiations with the final two parcel owners and an agreement should be completed in the next few months. Property Specialists (Washoe Counties Easement Consultant) has completed the appraisals and documentation for Phase 2 (Steamboat Hot Springs to Pagni Lane). Currently, there are three parcel owners in Phase 2 that have yet to grant an easement. Great strides have been made recently with these owners and hopefully will be secure d in the coming months. The tentative time frame to have the needed easements for Phase 2 in place is scheduled to be late March of 2009.

- *The county must state that they have the funding to complete the sewer project*

Washoe County is funding the entire Phase 1 portion of this overall project and must complete it so that Phase 2 can have a connection point. Funding for Phase 2 is coming from two different sources. World Properties is funding the studies, design and construction, and Washoe County is funding the temporary and permanents easements for this phase of construction. Currently, the 95% plans have been reviewed and sent back to World Properties for corrections and final submittal. Washoe County is dedicated to funding its portion of the project since it has entered into the agreement with World Properties.

Department of
Water Resources

- *The proposed sewer construction schedule.*

Phase 1 construction is now tentatively scheduled to begin mid April of 2009, with completion of this phase of the sewer interceptor around the end of September 2009. Phase 2 will begin construction a month after Phase 1 has begun per the agreement with World Properties, and completion time should be near the end of October 2009. The main reason for the delay in this project is the time it is taking to have the final easements secured.

If this sewer interceptor fails to be constructed near this parcel, we will notify your office so alternate arrangements can be made to provide a permanent solution to Mr. Sader's sewer service. If you need further information or want to discuss this project, please contact me at (775) 954-4628.

Sincerely,

Jason Phinney

Jason Phinney, P.E.
Licensed Engineer

JP/mv

cc: Rosemary Menard, Director
Rick Warner, P.E., Acting Engineering Manager
Hal Dawson, Pezonella and Assoc.
Robert Sader

DISTRICT HEALTH DEPARTMENT

CASE NO. 2-09S – AS REVIEWED BEFORE THE SEWAGE, WASTEWATER AND SANITATION HEARING BOARD

In Re: Application of RICHARD AND SHARON HADSELL for a Variance request pertaining to Property located at 315 Lincoln Highway, Wadsworth, from the requirements of Section 040.020 (Areas and Location Requirements for Construction of On-Site Sewage Disposal Systems), Table 1 (Minimum Lot Size According to Slope Over Disposal Area) of the Washoe County District Board of Health Regulations Governing Sewage, Wastewater and Sanitation.

RICHARD AND SHARON HADSELL
CASE NO. 2-09S

AGENDA ITEM NO. 7.B.2.

At a hearing of the Sewage, Wastewater and Sanitation Hearing Board at Wells Avenue at Ninth Street, Reno, Nevada January 8, 2009

PRESENT: Chairman Karen Sage Rosenau
Vice Chairman Ron Anderson, PE
Member George Georgeson, PE
Member Steve Brigman, PE
Member Gregory Moss, PG, Em

ABSENT: Member Michele Dennis, PE
Member Mark Simons, Esquire

STAFF: Doug Coulter, PE, Senior Registered Engineer
Janet Smith, Recording Secretary

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www.washoecounty.us/health

STATEMENT OF THE FACTUAL QUESTION BEFORE THE HEARING BOARD

SECTION 040	**Areas and Location Requirements for Construction of On-Site Sewage Disposal Systems**
SECTION 040.020	Minimum lot size shall be increased to account for the average original ground slope of the disposal area according to Table 1:
TABLE 1	Minimum Lot Size According to Slope Over Disposal Area

GENERAL COMMENTS

On January 8, 2009, the Hearing Board for the referenced Regulations held a public hearing to consider all evidence and testimony concerning a variance request to the above. Mr. Chad Carnes, PE, Rimrock Construction Management was present representing the applicants, Richard and Sharon Hadsell, at the aforementioned hearing.

Mr. Doug Coulter, PE, Senior Registered Engineer, advised that the property was developed based upon the combination of four (4) lots for a total of 1.78 acres as Assessor's Parcel Number 084-220-30, located at 325 Lincoln Highway. Mr. Coulter advised that the lot is adjacent to the Truckee River with a well and a septic system, which are separated by approximately fifty (50) feet. Mr. Coulter stated that in approximately 2000, after the lot was developed, the parcel lines were reinstated, which resulted in four lots less than one (1) acre in size. Mr. Coulter advised that this parcel, 315 Lincoln Highway, as developed with an engineered system, the location of the Truckee River and the neighboring system the applicant "has enough room to construct a well and septic system on this parcel and be in compliance with all the setbacks."

Mr. Chad Carnes, PE, Rimrock Construction Management, representing the applicants, advised that the depth is two (2) feet of sand; that the depth of the rock is "six (6) inches below and four (4) inches above the pipe. In response to Mr. Georgeson regarding the percolation test pits, Mr. Carnes advised that the percolation test pits "are shown on the south end of the bed"; that two (2) percolation tests were performed. Mr. Carnes that previous percolation design rates were 40-50 minutes per inch based upon inspections by County Staff; however, Terra-Com performed a supplemental geo-tech report on the site and noted percolation rates of 1-2 minutes per inch, respectively, which did not comply with County requirements for standard systems. Mr. Carnes

stated it was recommended to the applicant that additional percolation tests be performed to develop a properly designed system; that the additional percolation tests were performed with results of 2.2 and 3.3 minutes per inch. Mr. Carnes advised that the system was designed for ten (10) minutes per inch "to be conservative in the design" due to the proximity of the Truckee River. Mr. Carnes stated that based upon the results of the percolation tests he recommended a "flush mounded" sand filter system as a standard system would not function properly. Mr. Carnes stated that "no groundwater was encountered when the percolation tests were being performed nor did he note any evidence of stain in the soil." Mr. Carnes stated that the reason for the variance is that the lot does not comply with the "one (1) acre requirement. Mr. Carnes stated that the site map correctly identifies the leach field with dimensions to the property line. Mr. Carnes stated that he has noted that inspections of the project "have to be coordinated with" the District Health Department Staff.

The applicants, Richard and Sharon Hadsell, owners of Assessor's Parcel No. 084-220-44, are requesting a variance to the aforementioned Regulations.

The reason for the variance is:

1. To allow the construction of a septic system and well on a lot less than one (1) acre in size.

FINDINGS OF FACT

The Hearing Board may recommend a variance only, if after a hearing with due and proper notice it considers whether:

1. Will the proposed variance result in contamination of water to the extent it cannot be utilized for its existing purpose?

   No, a sand filter bed system is proposed and the septic system complies with the required setbacks.

2. Will the proposed variance pose a threat to public health?

Based upon the proposal design approval of the variance will not result in an increased threat to public health.

3. Are there reasonable alternatives?

   The alternative is to deny the variance request prohibiting the owner from building.

RECOMMENDATION

Mr. Coulter advised that Staff recommends approval of this proposed variance request subject to the following four (4) conditions:

1. The property shall be developed in strict compliance with engineer's approved design, plot plan and all notes and conditions.

2. A notice shall be recorded on the Title indicating the variance conditions of approval **prior** to approval of the building permit.

3. The owner or successor shall connect when the sewer becomes available.

4. Construction of the proposed on-site sand filter system will adhere to the plan review and inspection procedures applicable to standard sand filter systems.

MOTION

Mr. Brigman moved that based upon testimony presented, it be recommended to the District Board of Health that Variance Case No. 2-09S (Richard and Sharon Hadsell), be **approved, stipulating to the Findings of Fact** and **subject** to the **four (4) conditions as outlined**.

The motion was seconded by Ms. Rosenau and **carried unanimously for approval**.

KAREN SAGE ROSENAU, CHAIRMAN
SWS HEARING BOARD

JANET SMITH
RECORDER

DISTRICT HEALTH DEPARTMENT

STAFF REPORT
BOARD MEETING DATE: 1/22/09

DATE: January 12, 2009

TO: District Board of Health

FROM: Patsy Buxton, Fiscal Compliance Officer, Washoe County Health District PB
775-328-2418, pbuxton@washoecounty.us

THROUGH: Eileen Coulombe, Administrative Health Services Officer EC

SUBJECT: Ratification of Amendment #1 to Interlocal Contract between the State of Nevada, Department of Conservation and Natural Resources, Division of Environmental Protection and the Washoe County Health District on behalf of Washoe County District Health Department for the period October 1, 2006 through June 30, 2009 in the total amount of $212.500 ($20,000 increase for State Fiscal Year 2009) in support of the Safe Drinking Water Act (SDWA) Grant Program; Approve amendments totaling an increase of $20,000 in revenue and expense to the SDWA Grant Program (internal order #10017) FY 08/09 Budget; Authorize the creation of an on call Licensed Engineer Intermittent Hourly position, (PC#TBD); and if approved, authorize the Chairman to execute.

SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Officer to execute, contracts in excess of $50,000, Interlocal Agreements and amendments to the adopted budget.

The Washoe County Health District received an Amendment to the Interlocal Contract from the State of Nevada, Division of Environmental Protection in the amount of $212,500 for the period July 1, 2007 through June 30, 2009 in support of the Safe Drinking Water Grant Program. A copy of Amendment #1 to the Interlocal Contract is attached.

District Board of Health Priority supported by this item:
Acceptance of this funding supports the District Board of Health's strategic priority: *Be assured of a reliable water supply; quantity and quality.*

1001 EAST NINTH STREET / P.O. BOX 11130, RENO, NEVADA 89520 (775) 328-2400 FAX (775) 328-2279
www.washoecounty.us/health

It also supports the Washoe County Health District Safe Drinking Water Program mission to protect ground water of Washoe County from contamination and to ensure a safe and reliable water supply for the public.

BACKGROUND

The State of Nevada has awarded the Washoe County Health District $20,000 in supplemental funding in support of the Safe Drinking Water Act (SDWA) Grant Program. The program will use these supplemental funds to contract or hire a Licensed Engineer to conduct the following activities:

1) Provide technical support to Washoe County Health District staff for data entry and report generation with the SDWIS, SWIMR and SWIFT programs.
2) Establish public water system drinking water compliance as assigned using the State of Nevada SDWIS Data Base.
3) Conduct sanitary surveys on public water systems. Compose sanitary survey letters documenting the results of the sanitary survey.
4) Conduct public water system construction plan reviews on assigned water projects.
5) Assist with the update of the public water system regulations.
6) Provide technical support to Washoe County Public Water Systems.

PREVIOUS ACTION

The Board ratified the Interlocal Contract for the period October 1, 2006 through June 30, 2009 in the total amount of $192,500 ($52,500 for year 1, $70,000 for year 2, $70,000 for year 3) on March 22, 2007.

FISCAL IMPACT

Should the Board approve these budget amendments, the adopted FY 08/09 budget will be **increased by $20,000** in the following accounts:

Account Number	Description	Amount of Increase/(Decrease)
2002-IO-10017-431100	**Federal Revenue**	**$20,000**
2002-IO-10017-701130	Pooled Positions	20,000
	Total Expenditures	**$20,000**

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health ratify Amendment #1 to Interlocal Contract between the State of Nevada, Department of Conservation and Natural Resources, Division of Environmental Protection and the Washoe County Health District on behalf of Washoe County District Health Department for the period October 1, 2006 through June 30, 2009 in the total amount of $212.500 ($20,000 increase for State Fiscal Year 2009) in support of the Safe Drinking Water Act (SDWA) Grant Program; Approve amendments totaling an increase of $20,000 in revenue and expense to the SDWA Grant Program (internal order #10017) FY 08/09 Budget; Authorize the

creation of an on call Licensed Engineer Intermittent Hourly position, (PC#TBD); and if approved, authorize the Chairman to execute.

POSSIBLE MOTION

Move to ratify Amendment #1 to Interlocal Contract between the State of Nevada, Department of Conservation and Natural Resources, Division of Environmental Protection and the Washoe County Health District on behalf of Washoe County District Health Department for the period October 1, 2006 through June 30, 2009 in the total amount of $212.500 ($20,000 increase for State Fiscal Year 2009) in support of the Safe Drinking Water Act (SDWA) Grant Program; Approve amendments totaling an increase of $20,000 in revenue and expense to the SDWA Grant Program (internal order #10017) FY 08/09 Budget; Authorize the creation of an on call Licensed Engineer Intermittent Hourly position, (PC#TBD); and if approved, authorize the Chairman to execute.

AMENDMENT # 1 TO CONTRACT
DEP 07-033

Between the State of Nevada
Acting By and Through Its

Nevada Department of Conservation and Natural Resources
Division of Environmental Protection
901 S Stewart Street, Carson City Nevada 89701-5249
Phone: 775-687-4670 Fax: 775-687-5856

And

Washoe County District Health Department
Hereinafter the "Public Agency"
1101 East Ninth Street PO Box 1130
Reno, NV 89520
Phone: 775-328-2400 Fax: 775-328-2279

1. AMENDMENTS. For and in consideration of mutual promises and/or other valuable consideration, all provisions of the original contract dated October 1, 2006 attached hereto as Exhibit C, remain in full force and effect with the exception of the following:.

a. The original contract amount of $192,500.00 is increased by $20,000.00 for a new contract amount of $212,500.00

b. The Consideration Clause (Paragraph 7) of the original contract below:

Current Contract Language:

**7 CONSIDERATION. Public Agency agrees to provide the services set forth in paragraph (7) at a cost of $70,000.00 per year with the total Contract or installments payable, all not exceeding $192,500.00. In addition, the State does not agree to reimburse contractor for expenses unless otherwise specified in the incorporated documents. Any intervening end to an annual or biennial appropriation period shall be deemed an automatic renewal (not changing the overall Contract term) or a termination as the results of legislative appropriation may require.

Amended Contract Language:

**7 CONSIDERATION. Public Agency agrees to provide the services set forth in paragraph (7) at a cost of $70,000.00 per year with an amended $20,000.00 increase for State Fiscal Year 2009, to make the total Contract or installments payable, all not exceeding $212,500.00. In addition, the State does not agree to reimburse contractor for expenses unless otherwise specified in the incorporated documents. Any intervening end to an annual or biennial appropriation period shall be deemed an automatic renewal (not changing the overall Contract term) or a termination as the results of legislative appropriation may require.

2. INCORPORATED DOCUMENTS. Exhibit A (Scope of Work for Amendment 1- Attachment A -1 Negotiated Items); Exhibit B (Attachment B – Additional Agency Terms & Conditions – Updated for amendment #1); Exhibit C (Original Contract) is attached hereto, incorporated by reference herein and made a part of this amended contract.

3. REQUIRED APPROVAL. This amendment to the original contract shall not become effective until and unless approved by the Nevada State Board of Examiners.

IN WITNESS WHEREOF, the parties hereto have caused this amendment to the original contract to be signed and intend to be legally bound thereby.

Independent Contractor's Signature	Date	1/22/09 Chairman, Wa Co District Board of Health Independent's Contractor's Title
Signature	Date	NDEP Administrator
Signature	Date	NDEP Budget Analyst
Signature - Board of Examiners		APPROVED BY BOARD OF EXAMINERS On _____ (Date)
Approved as to form by: Deputy A0ttorney General for Attorney General		On _____ (Date)

Washoe County Health District
Safe Drinking Water Act (SDWA) Program
Proposed Scope of Work
$20,000 Supplemental Budget

The Washoe County Health District will contract or hire a Licensed Engineer who has experience in the SDWA program to conduct the following activities:

1. Provide technical support to Washoe County Health District staff for data entry and report generation with the SDWIS, SWIMR and SWIFT programs.

2. Establish public water system drinking water compliance as assigned using the State of Nevada SDWIS Data Base.

3. Conduct sanitary surveys on public water systems. Compose sanitary survey letters documenting the results of the sanitary survey.

4. Conduct public water system construction plan reviews on assigned water projects.

5. Assist with the update of the public water system regulations.

6. Provide technical support to Washoe County Public Water Systems using Nevada Revised Statute, Chapter 445A for Public Water Systems and Nevada Administrative Code, Chapter 445A, Regulations Governing Public Water Systems, American Water Works Standards or any other engineering manuals for the design, construction, operations and maintenance.

Washoe County Health District
Safe Drinking Water Act (SDWA) Program
FY 09 Supplemental Application

PERSONNEL				
701130	Pooled Positions (per diem)	$	19,712	Licensed Engineer (443.36 hours @ $44.46/hr)
705230	Medicare at 1.45%	$	288	
701300	Overtime	$	-	
	Personnel Subtotal	$	20,000	
TRAVEL				
	Travel Subtotal	$	-	
EQUIPMENT				
	Equipment Subtotal	$	-	
OPERATING				
	Operating Subtotal	$	-	
OTHER				
	Other Subtotal	$	-	
	Total Supplemental Budget	**$**	**20,000**	

ATTACHMENT B:
ADDITIONAL AGENCY TERMS & CONDITIONS
TO CONTRACT FOR SERVICES OF PUBLIC AGENCY
CONTRACT CONTROL # DEP 07-033.1

1. For contracts utilizing federal funds, the Nevada Division of Environmental Protection shall pay no more compensation that the federal Executive Service Level 4 (U.S. Code) daily rate (exclusive of fringe benefits) for individual consultants retained by the Public Agency or by the Public Agency's contractors or subcontractors. This limitation applies to consultation services of designated individuals with specialized skills who are paid at a daily or hourly rate. The current Level 4 rate is $71.39 per hour.

2. ***NDEP shall only reimburse the Public Agency for actual cash disbursed.*** Original invoices (facsimiles are not acceptable) must be received by NDEP no later than forty (40) calendar days after the end of a month or quarter except at the end of the fiscal year of the State of Nevada (June 30th), at the expiration date of the grant, or the effective date of the revocation of the contract, at which times original invoices must be received by NDEP no later than thirty-five (35) calendar days after this date. Failure of the Public Agency to submit billings according to the prescribed timeframes authorizes NDEP, in its sole discretion, to collect or withhold a penalty of ten percent (10%) of the amount being requested for each week or portion of a week that the billing is late. The Public Agency shall provide with each invoice a detailed fiscal summary that includes the approved contract budget, expenditures for the current period, cumulative expenditures to date, and balance remaining for each budget category. If match is required pursuant to paragraph 3 below, a similar fiscal summary of match expenditures must accompany each invoice. The Public Agency shall obtain prior approval to transfer funds between budget categories if the funds to be transferred are greater than ten percent (10%) cumulative of the total Contract amount.

3. The Public Agency shall, as part of its approved scope of work and budget under this Contract, provide third party match funds of not less than: $N/A. If match funds are required, the Public Agency shall comply with additional record-keeping requirements as specified in 40 CFR 31.24 and Attachment N/A (Third Party Match Record-Keeping Requirements) which is attached hereto and by this reference is incorporated herein and made part of this Contract.

4. Unless otherwise provided in Attachment A (Scope of Work), the Public Agency shall submit quarterly reports or other deliverables within ten (10) calendar days after the end of each quarter.

5. All payments under this Contract are contingent upon the receipt by NDEP of sufficient funds, necessary to carry out the purposes of this Contract, from either the Nevada Legislature or an agency of the United States. NDEP shall determine if it has received the specific funding necessary for this Contract. If funds are not received from either source for the specific purposes of this Contract, NDEP is under no obligation to supply funding for this Contract. The receipt of sufficient funds as determined by NDEP is a condition precedent to NDEP's obligation to make payments under this Contract. Nothing in this Contract shall be construed to provide the Public Agency with a right of payment over any other entity. If any payments that are otherwise due to the Public Agency under this Contract are deferred because of the unavailability of sufficient funds, such payments will promptly be made to the Public Agency if sufficient funds later become available.

6. Notwithstanding the terms of paragraph 5, at the sole discretion of NDEP, payments will not be made by NDEP unless all required reports or deliverables have been submitted to and approved by NDEP within the schedule stated in Attachment A.

7. Any funds obligated by NDEP under this Contract that are not expended by the Public Agency shall automatically revert back to NDEP upon the completion, termination or cancellation of this Contract. NDEP shall not have any obligation to re-award or to provide, in any manner, such unexpended funds to the Public Agency. The Public Agency shall have no claim of any sort to such unexpended funds.

8. For contracts utilizing federal funds, the Public Agency shall ensure, to the fullest extent possible, that at least the "fair share" percentages as stated below for prime contracts for construction, services, supplies or equipment are made available to organizations owned or controlled by socially and economically disadvantaged individuals (Minority Business Enterprise (MBE) or Small Business Enterprise (SBE)), women (Women Business Enterprise (WBE)) and historically black colleges and universities.

	MBE/SBE	WBE
Construction	12%	10%
Services	07%	25%
Supplies	13%	28%
Equipment	11%	23%

The Public Agency agrees and is required to utilize the following seven affirmative steps:

a. Include in its bid documents applicable "fair share" percentages as stated above and require all of its prime contractors to include in their bid documents for subcontracts the "fair share" percentages;
b. Include qualified Small Business Enterprises (SBEs) Minority Business Enterprises (MBEs), and Women Business Enterprises (WBEs) on solicitation lists;
c. Assure that SBEs, MBEs, and WBEs are solicited whenever they are potential sources;
d. Divide total requirements, when economically feasible, into small tasks or quantities to e. permit maximum participation of SBEs, MBEs, and WBEs;
e. Establish delivery schedules, where the requirements of the work permit, which will encourage participation by SBEs, MBEs, and WBEs;
f. Use the services and assistance of the Small Business Administration and the Minority Business Development Agency, U.S. Department of commerce as appropriate; and
g. If a subcontractor awards contracts/procurements, require the subcontractor to take the affirmative steps in subparagraphs a. through e. of this condition.

9. The Public Agency shall complete and submit to NDEP a Minority Business Enterprise/Woman Business Enterprise (MBE/WBE) Utilization Report (Standard Form 334) within fifteen (15) calendar days after the end of each federal fiscal year (September 30th) for each year this Contract is in effect and within fifteen (15) calendar days after the termination date of this Contract.

10. The books, records, documents and accounting procedures and practices of the Public Agency or any subcontractor relevant to this Contract shall be subject to inspection, examination and audit by the State of Nevada, the Division of Environmental Protection, the Attorney General of Nevada, the Nevada State Legislative Auditor, the federal or other funding agency, the Comptroller General of the United States or any authorized representative of those entities.

11. All books, reports, studies, photographs, negatives, annual reports or other documents, data, materials or drawings prepared by or supplied to the Public Agency in the performance of its obligations under this Contract shall be the joint property of both parties. Such items must be retained by the Public Agency for a minimum of three years from the date of final payment by NDEP to the Public Agency, and all other pending matters are closed. If requested by NDEP at any time within the retention period, any such materials shall be remitted and delivered by the Public Agency, at the Public Agency's expense, to NDEP. NDEP does not warrant or assume any legal liability or responsibility for the accuracy, completeness, or usefulness of any information, report or product of any kind that the Public Agency may disclose or use for purposes other than the performance of the Public Agency's obligations under this Contract. For any work outside the obligations of this Contract, the Public Agency must include a disclaimer that the information, report or products are the views and opinions of the Public Agency and do not necessarily state or reflect those of NDEP nor bind NDEP.

12. Unless otherwise provided in Attachment A, when issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with funds provided under this Contract, the Public Agency shall clearly state that funding for the project or program was provided by the Nevada Division of Environmental Protection and, if applicable, the U.S. Environmental Protection Agency. The Public Agency will insure that NDEP is given credit in all official publications relative to this specific project and that the content of such publications will be coordinated with NDEP prior to being published.

13. Unless otherwise provided in Attachment A, all property purchased with funds provided pursuant to this Contract is the property of NDEP and shall, if NDEP elects within four (4) years after the completion, termination or cancellation of this Contract or after the conclusion of the use of the property for the purposes of this Contract during its term, be returned to NDEP at the Public Agency's expense.

Such property includes but is not limited to vehicles, computers, software, modems, calculators, radios, and analytical and safety equipment. The Public Agency shall use all purchased property in accordance with local, state and federal law, and shall use the property only for Contract purposes unless otherwise agreed to in writing by NDEP.

For any unauthorized use of such property by the Public Agency, NDEP may elect to terminate the Contract and to have the property immediately returned to NDEP by the Public Agency at the Public Agency's expense. To the extent authorized by law, the Public Agency shall indemnify and save and hold the State of Nevada and NDEP harmless from any and all claims, causes of action or liability arising from any use or custody of the property by the Public Agency or the Public Agency's agents or employees or any subcontractor or their agents or employees.

14. The Public Agency shall use recycled paper for all reports that are prepared as part of this Contract and delivered to NDEP. This requirement does not apply to standard forms.

15. The Public Agency, to the extent provided by Nevada law, shall indemnify and save and hold the State of Nevada, its agents and employees harmless from any and all claims, causes of action or liability arising from the performance of this Contract by the Public Agency or the Public Agency's agents or employees or any subcontractor or their agents or employees. NDEP, to the extent provided by Nevada law, shall indemnify and save and hold the Public Agency, its agents and employees harmless from any and all claims, causes of action or liability arising from the performance of this Contract by NDEP or NDEP's agents or employees.

16. The Public Agency and its subcontractors shall obtain any necessary permission needed, before entering private or public property, to conduct activities related to the work plan (Attachment A). The property owner will be informed of the program, the type of data to be gathered, and the reason for the requested access to the property.

17. This Contract shall be construed and interpreted according to the laws of the State of Nevada and conditions established in OMB Circular A-102. Nothing in this Contract shall be construed as a waiver of sovereign immunity by the State of Nevada. Any action brought to enforce this contract shall be brought in the First Judicial District Court of the State of Nevada. The Public Agency and any of its subcontractors shall comply with all applicable local, state and federal laws in carrying out the obligations of this Contract, including all federal and state accounting procedures and requirements established in OMB Circular A-87 and A-133. The Public Agency and any of its subcontractors shall also comply with the following:

a. 40 CFR Part 7 - Nondiscrimination In Programs Receiving Federal Assistance From EPA
b. 40 CFR Part 29 - Intergovernmental Review Of EPA Programs And Activities.
c. 40 CFR Part 31 - Uniform Administrative Requirements For Grants And Cooperative Agreements To State and Local Governments;
d. 40 CFR Part 32 - Governmentwide Debarment And Suspension (Nonprocurement) And Governmentwide Requirements For Drug-Free Workplace (Grants);
e. 40 CFR Part 34 - Lobbying Activities;
f. 40 CFR Part 35, Subpart O - Cooperative Agreements And Superfund State Contracts For Superfund Response Actions (Superfund Only); and
g. The Hotel And Motel Fire Safety Act of 1990.

18. The Public Agency shall neither assign, transfer nor delegate any rights, obligations or duties under this Contract without the prior written consent of NDEP.

EXHIBIT C

INTRASTATE INTERLOCAL CONTRACT BETWEEN PUBLIC AGENCIES

A Contract Between the State of Nevada
Acting By and Through Its

Department of Conservation and Natural Resources, Division of Environmental Protection
901 S. Stewart Street, Carson City, NV 89701-5249
Phone: (775) 687-4670 Fax: (775) 687-5856

and

Washoe County Health District on behalf
Washoe County Distirct Health Department
hereinafter the "Public Agency"
1101 East Ninth Street, P.O. Box 11130
Reno, NV 89520

WHEREAS, NRS 277.180 authorizes any one or more public agencies to contract with any one or more other public agencies to perform any governmental service, activity or undertaking which any of the public agencies entering into the contract is authorized by law to perform; and

WHEREAS, it is deemed that the services hereinafter set forth are both necessary and in the best interests of the State of Nevada;

NOW, THEREFORE, in consideration of the aforesaid premises, the parties mutually agree as follows:

1. REQUIRED APPROVAL. This Contract shall not become effective until and unless approved by appropriate official action of the governing body of each party.
2. DEFINITIONS. "State" means the State of Nevada and any state agency identified herein, its officers, employees and immune contractors as defined in NRS 41.0307.
3. CONTRACT TERM. This Contract shall be effective from 10/1/06 to 6/30/09, unless sooner terminated by either party as set forth in this Contract.
4. TERMINATION. This Contract may be terminated by either party prior to the date set forth in paragraph (3), provided that a termination shall not be effective until 30 days after a party has served written notice upon the other party. This Contract may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Contract shall be terminated immediately if for any reason State and/or federal funding ability to satisfy this Contract is withdrawn, limited, or impaired.
5. NOTICE. All notices or other communications required or permitted to be given under this Contract shall be in writing and shall be deemed to have been duly given if delivered personally in hand; by telephonic facsimile with simultaneous regular mail, or mailed certified mail, return receipt requested, postage prepaid on the date posted, and addressed to the other party at the address set forth above.
6. INCORPORATED DOCUMENTS. The parties agree that the services to be performed shall be specifically described; this Contract incorporates the following attachments in descending order of constructive precedence:

ATTACHMENT A: SCOPE OF WORK (consisting of 3 pages)
ATTACHMENT B: ADDITIONAL AGENCY TERMS & CONDITIONS (consisting of 3 pages)

7 CONSIDERATION. Public Agency agrees to provide the services set forth in paragraph (6) at a cost of 000 per year with the total Contract or installments payable: all not exceeding $192,500. In addition, the State does not agree to reimburse contractor for expenses unless otherwise specified in the incorporated documents. Any intervening end to an annual or biennial appropriation period shall be deemed an automatic renewal (not changing the overall Contract term) or a termination as the results of legislative appropriation may require.

8. ASSENT. The parties agree that the terms and conditions listed on incorporated attachments of this Contract are also specifically a part of this Contract and are limited only by their respective order of precedence and any limitations expressly provided.

9. INSPECTION & AUDIT.

a. Books and Records. Each party agrees to keep and maintain under general accepted accounting principles full, true and complete records, agreements, books, and documents as are necessary to fully disclose to the other party, the State or United States Government, or their authorized representatives, upon audits or reviews, sufficient information to determine compliance with any applicable regulations and statutes.

b. Inspection & Audit. Each party agrees that the relevant books, records (written, electronic, computer related or otherwise), including but not limited to relevant accounting procedures and practices of the party, financial statements and supporting documentation, and documentation related to the work product shall be subject, at any reasonable time, to inspection, examination, review, audit, and copying at any office or location where such records may be found, with or without notice by the other party, the State Auditor, Employment Security, the Department of Administration, Budget Division, the Nevada State Attorney General's Office or its Fraud Control Units, the State Legislative Auditor, and with regard to any federal funding, the relevant federal agency, the Comptroller General, the General Accounting Office, the Office of the Inspector General, or any of their authorized representatives.

c. Period of Retention. All books, records, reports, and statements relevant to this Contract must be retained by each party for a minimum of three years from the date of final payment by the State to the Public Agency, and all other pending matters are closed. Retention time shall be extended when an audit is scheduled or in progress for a period reasonably necessary to complete an audit and/or to complete any administrative and judicial litigation which may ensue.

10. BREACH; REMEDIES. Failure of either party to perform any obligation of this Contract shall be deemed a breach. Except as otherwise provided for by law or this Contract, the rights and remedies of the parties shall not be exclusive and are in addition to any other rights and remedies provided by law or equity, including but not limited to actual damages. If the court awards reasonable attorney's fees to the prevailing party, reasonable shall be deemed $125 per hour.

11. LIMITED LIABILITY. The parties will not waive and intend to assert available NRS chapter 41 liability limitations in all cases. Contract liability of both parties shall not be subject to punitive damages. To the extent applicable, actual contract damages for any breach shall be limited by NRS 353.260 and NRS 354.626.

12. FORCE MAJEURE. Neither party shall be deemed to be in violation of this Contract if it is prevented from performing any of its obligations hereunder due to strikes, failure of public transportation, civil or military authority, act of public enemy, accidents, fires, explosions, or acts of God, including, without limitation, earthquakes, floods, winds, or storms. In such an event the intervening cause must not be through the fault of the party asserting such an excuse, and the excused party is obligated to promptly perform in accordance with the terms of the Contract after the intervening cause ceases.

13. INDEMNIFICATION. Neither party waives any right or defense to indemnification that may exist in law or equity.

14. INDEPENDENT PUBLIC AGENCIES. The parties are associated with each other only for the purposes and to the extent set forth in this Contract, and in respect to performance of services pursuant to this Contract, each party is and shall be a public agency separate and distinct from the other party and, subject only to the terms of this Contract, shall have the sole right to supervise, manage, operate, control, and direct performance of the details incident to its duties under this Contract. Nothing contained in this Contract shall be deemed or construed to create a partnership or joint venture, to create relationships of an employer-employee or principal-agent, or to otherwise create any liability for one agency whatsoever with respect to the indebtedness, liabilities, and obligations of the other agency or any other party.

15. WAIVER OF BREACH. Failure to declare a breach or the actual waiver of any particular breach of the Contract or its material or nonmaterial terms by either party shall not operate as a waiver by such party of any of its rights or remedies as to any other breach

16. SEVERABILITY. If any provision contained in this Contract is held to be unenforceable by a court of law or equity, this Contract shall be construed as if such provision did not exist and the nonenforceability of such provision shall not be held to render any other provision or provisions of this Contract unenforceable.
17. ASSIGNMENT. Neither party shall assign, transfer or delegate any rights, obligations or duties under this Contract without the prior written consent of the other party.
18. OWNERSHIP OF PROPRIETARY INFORMATION. Unless otherwise provided by law or this Contract, any reports, histories, studies, tests, manuals, instructions, photographs, negatives, blue prints, plans, maps, data, system designs, computer code (which is intended to be consideration under this Contract), or any other documents or drawings, prepared or in the course of preparation by either party in performance of its obligations under this Contract shall be the joint property of both parties.
19. PUBLIC RECORDS. Pursuant to NRS 239.010, information or documents may be open to public inspection and copying. The parties will have the duty to disclose unless a particular record is made confidential by law or a common law balancing of interests.
20. CONFIDENTIALITY. Each party shall keep confidential all information, in whatever form, produced, prepared, observed or received by that party to the extent that such information is confidential by law or otherwise required by this Contract.
21. PROPER AUTHORITY. The parties hereto represent and warrant that the person executing this Contract on behalf of each party has full power and authority to enter into this Contract and that the parties are authorized by law to perform the services set forth in paragraph (6).
22. GOVERNING LAW; JURISDICTION. This Contract and the rights and obligations of the parties hereto shall be governed by, and construed according to, the laws of the State of Nevada. The parties consent to the jurisdiction of the Nevada district courts for enforcement of this Contract.
23. ENTIRE AGREEMENT AND MODIFICATION. This Contract and its integrated attachment(s) constitute the entire agreement of the parties and such are intended as a complete and exclusive statement of the promises, representations, negotiations, discussions, and other agreements that may have been made in connection with the subject matter hereof. Unless an integrated attachment to this Contract specifically displays a mutual intent to amend a particular part of this Contract, general conflicts in language between any such attachment and this Contract shall be construed consistent with the terms of this Contract. Unless otherwise expressly authorized by the terms of this Contract, no modification or amendment to this Contract shall be binding upon the parties unless the same is in writing and signed by the respective parties hereto, approved by the State of Nevada Office of the Attorney General.

IN WITNESS WHEREOF, the parties hereto have caused this Contract to be signed and intend to be legally bound thereby.

DIVISION

By: _____
Signature

Name: Leo Drozdoff

Title: Administrator Date: 3/27/07

PUBLIC AGENCY

By: _____
Signature

Name: George J. Furman

Title: Chairman, Board of Health Date: 3/22/07

DIVISION FISCAL APPROVAL

By: _____
Signature

Name: Tanya Mead

Title: Budget Analyst Date: 3/27/07

PPROVED AS TO FORM ONLY:

_____
Deputy Attorney General for Attorney General

Date: 3-27-07

APPROVED BY BOARD OF EXAMINERS

_____
Signature – Board of Examiners

Date: 4-10-07

Contract Control Number: 07-033
Grant Number: F-00910506
ivision Number: NA
rant Expiration Date: NA
CFDA Number: 66.432

INTRASTATE INTERLOCAL CONTRACT BETWEEN:
NEVADA DIVISION
OF ENVIRONMENTAL PROTECTION AND THE
WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

ATTACHMENT A: SCOPE OF WORK
Description of services, deliverables and reimbursement

Washoe County District Health Department, hereinafter referred to as Public Agency, agrees to provide the following services and reports to the Nevada Division of Environmental Protection, hereinafter referred to as State:

1. The Public Agency agrees to perform the following services for public water systems within Washoe County to assist the State with implementation of the federal Safe Drinking Water Act, for which the State is the designated primacy agency:

A. Conduct and document sanitary surveys within Washoe County as follows:
1) Annual sanitary surveys on all public water systems served by surface water sources or ground water under the direct influence of surface water;
2) Conduct and document sanitary surveys annually on at least one third of the total inventory of community and non-community public water systems served by groundwater sources;
3) Record the results of all sanitary surveys on the "Sanitary Survey Inventory" and "Public Water Sanitary Survey" forms provided by the State until the Safe Water Information Field Tool (SWIFT) is provided to the Public Agency by the State for use in Washoe County;
4) Schedule with State personnel a minimum of three joint sanitary surveys annually: and
5) Verify the status of public water system operators for community and non-transient non-community water systems at the time of the sanitary survey.

B. When available to the Public Agency, utilize the Safe Drinking Water Information System (SDWIS) for the following:
1) Review and update the inventory of public water systems within Washoe County on at least a quarterly basis;
2) Enter all monitoring results and run compliance status for all public water systems for coliform, at least monthly, and for all other constituents at least quarterly; and
3) Enter sanitary survey information and associated observations into SWIFT and provide migration files for State SDWIS updates quarterly.

C. Participate in training programs, provided at no cost by the State, for the following programs:
1) SDWIS database; and
2) SWIFT sanitary survey tool

D. Assist the State in preparing reports on variance and exemption requests to be presented by State staff to the State Environmental Commission.

E. Work cooperatively with the State to prepare for implementation of new United States Environmental Protection Agency (USEPA) rules that have not been adopted at the state level. This may include activities such as contacting and informing public water systems of new requirements, providing data to

the USEPA and assisting the USEPA with implementation of new federal rules prior to adoption by the State Environmental Commission.

F. Submit quarterly reports to the State within thirty days after the calendar quarter ends. The quarterly report will include:

1) A financial report including a summary of program expenditures during the preceding quarter and fiscal year-to-date, by category;
2) A summary of program activities during the preceding quarter including:
   a) Information pertaining to all new public water systems added to the Public Agency public water system inventory;
   b) A listing of all sanitary surveys conducted including public water system name, public water system identification number and date of the sanitary survey;
   c) A brief description of any water system emergencies;
   d) The total number of and a brief description of the reviews completed of public water system water projects;
   e) A listing of all public water system violations, grouped by type of violation, which includes the following information:
      1) The name and PWS ID# of each public water system;
      2) The type and level of violation incurred by the public water system;
      3) A list of any enforcement actions, remedial follow-up visits or violations of orders occurring during the quarter;
      4) The date and nature of the Public Agency response to violations, including where appropriate, the rational for response;
      5) The date of resolution;
      6) Method of determining resolution; and
      7) Action plans for any public water systems in significant noncompliance (SNC).

G. The Public Agency will maintain forms and applications for the Drinking Water State Revolving Fund and Grant Program, administered by the State, and will dispense information to Washoe County public water systems that may be interested in these programs. To the extent resources allow, the Public Agency will participate in meetings and workshops concerning these programs.

H. Adopt any local regulations or ordinances needed by the Public Agency to fully implement the requirements of NRS 445A.800 to 445A.955 and regulations adopted pursuant thereto. Regulations adopted by the Public Agency pursuant to this section must not conflict with regulations adopted by the State Environmental Commission.

I. The Public Agency will purchase by 6/30/08, with funds other than those provided by this contract, a notebook computer for use with SWIFT..

2. The State will, to the extent funding allows, provide the Public Agency with the following:
   A. Information on any changes or additions to NRS or NAC that pertain to public water systems;
   B. Training to Public Agency staff on federal and state laws and regulations and database systems utilized by the State;
   C. Computer software, including but not limited to, SDWIS SWIFT;
   D. Update emergency response contacts and phone numbers when changes occur and contact the Public Agency at (775) 328-3785 when necessary for emergencies; and
   E. Upon request of the Public Agency, a list of Washoe County public water system certified operators.

3. The Public Agency and State agree to meet at least twice each year during the term of this agreement to review their respective programs and discuss any changes needed to improve coordination between the programs.

4. The Public Agency agrees to utilize all contract funds for partial reimbursement of personnel costs for a Licensed Engineer.

ATTACHMENT B

Additional Agency Terms & Conditions

ATTACHMENT B: ADDITIONAL AGENCY TERMS & CONDITIONS TO CONTRACT FOR SERVICES OF PUBLIC AGENCY CONTRACT CONTROL # DEP 07-033

1. For contracts utilizing federal funds, the Nevada Division of Environmental Protection shall pay no more compensation that the federal Executive Service Level 4 (U.S. Code) daily rate (exclusive of fringe benefits) for individual consultants retained by the Public Agency or by the Public Agency's contractors or subcontractors. This limitation applies to consultation services of designated individuals with specialized skills who are paid at a daily or hourly rate. The current Level 4 rate is **$69.66** per hour.

2. ***NDEP shall only reimburse the Public Agency for actual cash disbursed.*** Original invoices (facsimiles are not acceptable) must be received by NDEP no later than forty (40) calendar days after the end of a month or quarter except at the end of the fiscal year of the State of Nevada (June 30th), at the expiration date of the grant, or the effective date of the revocation of the contract, at which times original invoices must be received by NDEP no later than thirty-five (35) calendar days after this date. Failure of the Public Agency to submit billings according to the prescribed timeframes authorizes NDEP, in its sole discretion, to collect or withhold a penalty of ten percent (10%) of the amount being requested for each week or portion of a week that the billing is late. The Public Agency shall provide with each invoice a detailed fiscal summary that includes the approved contract budget, expenditures for the current period, cumulative expenditures to date, and balance remaining for each budget category. If match is required pursuant to paragraph 3 below, a similar fiscal summary of match expenditures must accompany each invoice. The Public Agency shall obtain prior approval to transfer funds between budget categories if the funds to be transferred are greater than ten percent (10%) cumulative of the total Contract amount.

3. The Public Agency shall, as part of its approved scope of work and budget under this Contract, provide third party match funds of not less than: $N/A. If match funds are required, the Public Agency shall comply with additional record-keeping requirements as specified in 40 CFR 31.24 and Attachment N/A (Third Party Match Record-Keeping Requirements) which is attached hereto and by this reference is incorporated herein and made part of this Contract.

4. Unless otherwise provided in Attachment A (Scope of Work), the Public Agency shall submit quarterly reports or other deliverables within ten (10) calendar days after the end of each quarter.

5. All payments under this Contract are contingent upon the receipt by NDEP of sufficient funds, necessary to carry out the purposes of this Contract, from either the Nevada Legislature or an agency of the United States. NDEP shall determine if it has received the specific funding necessary for this Contract. If funds are not received from either source for the specific purposes of this Contract, NDEP is under no obligation to supply funding for this Contract. The receipt of sufficient funds as determined by NDEP is a condition precedent to NDEP's obligation to make payments under this Contract. Nothing in this Contract shall be construed to provide the Public Agency with a right of payment over any other entity. If any payments that are otherwise due to the Public Agency under this Contract are deferred because of the unavailability of sufficient funds, such payments will promptly be made to the Public Agency if sufficient funds later become available.

6. Notwithstanding the terms of paragraph 5, at the sole discretion of NDEP, payments will not be made by NDEP unless all required reports or deliverables have been submitted to and approved by NDEP within the schedule stated in Attachment A.

7. Any funds obligated by NDEP under this Contract that are not expended by the Public Agency shall automatically revert back to NDEP upon the completion, termination or cancellation of this Contract. NDEP shall not have any obligation to re-award or to provide, in any manner, such unexpended funds to the Public Agency. The Public Agency shall have no claim of any sort to such unexpended funds.

8. The Public Agency, to the fullest extent possible, shall make available a minimum of **21.79%** (consisting of **6.28%** Minority Business Enterprise (MBE) and **15.51%** Woman Business Enterprise (WBE)) of federal funds for prime contracts of subcontracts for supplies, construction, equipment or services to organizations owned or controlled by socially or economically disadvantaged individuals, women, and historically black college and universities. The Public Agency agrees and is required to utilize the following six affirmative steps:

a. Include qualified Small Business Enterprises (SBEs) Minority Business Enterprises (MBEs), and Women Business Enterprises (WBEs) on solicitation lists;
b. Assure that SBEs, MBEs, and WBEs are solicited whenever they are potential sources;
c. Divide total requirements, when economically feasible, into small tasks or quantities to permit maximum participation of SBEs, MBEs, and WBEs;
d. Establish delivery schedules, where the requirements of the work permit, which will encourage participation by SBEs, MBEs, and WBEs;
e. Use the services and assistance of the Small Business Administration and the Minority Business Development Agency, U.S. Department of commerce as appropriate; and
f. If a subcontractor awards contracts/procurements, require the subcontractor to take the affirmative steps in subparagraphs a. through e. of this condition.

9. The Public Agency shall complete and submit to NDEP a Minority Business Enterprise/Woman Business Enterprise (MBE/WBE) Utilization Report (Standard Form 334) within fifteen (15) calendar days after the end of each federal fiscal year (September 30th) for each year this Contract is in effect and within fifteen (15) calendar days after the termination date of this Contract. The Public Agency will disregard the reference to $10,000.00 in paragraph (D) of the Instructions for Standard Form 334 (see footnote at the bottom of page one of the Instructions).

10. The books, records, documents and accounting procedures and practices of the Public Agency or any subcontractor relevant to this Contract shall be subject to inspection, examination and audit by the State of Nevada, the Division of Environmental Protection, the Attorney General of Nevada, the Nevada State Legislative Auditor, the federal or other funding agency, the Comptroller General of the United States or any authorized representative of those entities.

11. All books, reports, studies, photographs, negatives, annual reports or other documents, data, materials or drawings prepared by or supplied to the Public Agency in the performance of its obligations under this Contract shall be the joint property of both parties. Such items must be retained by the Public Agency for a minimum of three years from the date of final payment by NDEP to the Public Agency, and all other pending matters are closed. If requested by NDEP at any time within the retention period, any such materials shall be remitted and delivered by the Public Agency, at the Public Agency's expense, to NDEP. NDEP does not warrant or assume any legal liability or responsibility for the accuracy, completeness, or usefulness of any information, report or product of any kind that the Public Agency may disclose or use for purposes other than the performance of the Public Agency's obligations under this Contract. For any work outside the obligations of this Contract, the Public Agency must include a disclaimer that the information, report or products are the views and opinions of the Public Agency and do not necessarily state or reflect those of NDEP nor bind NDEP.

12. Unless otherwise provided in Attachment A, when issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with funds provided under this Contract, the Public Agency shall clearly state that funding for the project or program was provided by the Nevada Division of Environmental Protection and, if applicable, the U.S. Environmental Protection Agency. The Public Agency will insure that NDEP is given credit in all official publications relative to this specific project and that the content of such publications will be coordinated with NDEP prior to being published.

13. Unless otherwise provided in Attachment A, all property purchased with funds provided pursuant to this Contract is the property of NDEP and shall, if NDEP elects within four (4) years after the completion, termination or cancellation of this Contract or after the conclusion of the use of the property for the purposes of this Contract during its term, be returned to NDEP at the Public Agency's expense. Such property includes but is not limited to vehicles, computers, software, modems, calculators, radios, and analytical and safety equipment. The Public Agency shall use all purchased property in accordance with local, state and federal law, and shall use the property only for Contract purposes unless otherwise agreed to in writing by NDEP. For any unauthorized use of such property by the Public Agency, NDEP may elect to terminate the Contract and to have the property immediately returned to NDEP by the Public Agency at the Public Agency's expense. To the extent authorized by law, the Public Agency shall indemnify and save and hold the State of Nevada and NDEP harmless from any and all claims, causes of action or liability arising from any use or custody of the property by the Public Agency or the Public Agency's agents or employees or any subcontractor or their agents or employees.

14. The Public Agency shall use recycled paper for all reports that are prepared as part of this Contract and delivered to NDEP. This requirement does not apply to standard forms.

15. The Public Agency, to the extent provided by Nevada law, shall indemnify and save and hold the State of Nevada, its agents and employees harmless from any and all claims, causes of action or liability arising from the performance of this Contract by the Public Agency or the Public Agency's agents or employees or any subcontractor or their agents or employees. NDEP, to the extent provided by Nevada law, shall indemnify and save and hold the Public Agency, its agents and employees harmless from any and all claims, causes of action or liability arising from the performance of this Contract by NDEP or NDEP's agents or employees.

16. The Public Agency and its subcontractors shall obtain any necessary permission needed, before entering private or public property, to conduct activities related to the work plan (Attachment A). The property owner will be informed of the program, the type of data to be gathered, and the reason for the requested access to the property.

17. This Contract shall be construed and interpreted according to the laws of the State of Nevada and conditions established in OMB Circular A-102. Nothing in this Contract shall be construed as a waiver of sovereign immunity by the State of Nevada. Any action brought to enforce this contract shall be brought in the First Judicial District Court of the State of Nevada. The Public Agency and any of its subcontractors shall comply with all applicable local, state and federal laws in carrying out the obligations of this Contract, including all federal and state accounting procedures and requirements established in OMB Circular A-87 and A-133. The Public Agency and any of its subcontractors shall also comply with the following:

a. 40 CFR Part 7 - Nondiscrimination In Programs Receiving Federal Assistance From EPA
b. 40 CFR Part 29 - Intergovernmental Review Of EPA Programs And Activities.
c. 40 CFR Part 31 - Uniform Administrative Requirements For Grants And Cooperative Agreements To State and Local Governments;
d. 40 CFR Part 32 - Governmentwide Debarment And Suspension (Nonprocurement) And Governmentwide Requirements For Drug-Free Workplace (Grants);
e. 40 CFR Part 34 - Lobbying Activities;
f. 40 CFR Part 35, Subpart O - Cooperative Agreements And Superfund State Contracts For Superfund Response Actions (Superfund Only); and
g. The Hotel And Motel Fire Safety Act of 1990.

18. The Public Agency shall neither assign, transfer nor delegate any rights, obligations or duties under this Contract without the prior written consent of NDEP.

Smith, Janet

From: Coulter, Doug
Sent: Wednesday, December 10, 2008 8:33 AM
To: Smith, Janet
Subject: FW: Contract Amendment
Attachments: wchd contract amendment.PDF

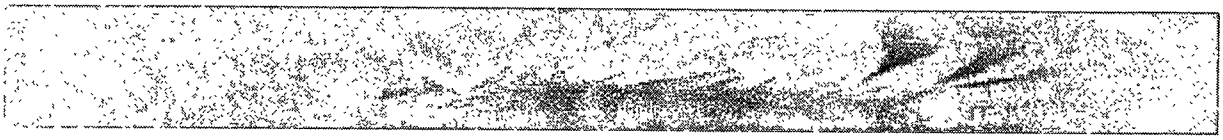
Laurie -
Please route amendment to risk / legal for approval.
PB

From: Pamela M. Glass [mailto:PGlass@ndep.nv.gov]
Sent: Tuesday, December 09, 2008 4:45 PM
To: Coulter, Doug
Subject: Contract Amendment

Hi Doug: I am attaching the contract amendment for your review and will mail the complete ckage tomorrow. Have a nice evening. Pam

---

Pamela M. Glass
Bureau of Safe Drinking Water
Nevada Division of Environmental Protection
901 S. Stewart St., Ste 4001
Carson City NV 89701
p: 775.687.9518 f: 775.687.5699
pglass@ndep.nv.gov



DISTRICT HEALTH DEPARTMENT

STAFF REPORT
BOARD MEETING DATE: 1/22/09

DATE: January 12, 2009

TO: District Board of Health

FROM: Patsy Buxton, Fiscal Compliance Officer, Washoe County Health District PB
775-328-2418, pbuxton@washoecounty.us

THROUGH: Eileen Coulombe, Administrative Health Services Officer EC

SUBJECT: Ratification of an Interlocal Contract between the State of Nevada, Department of Conservation and Natural Resources, Division of Environmental Protection and the Washoe County Health District for the period July 1, 2009 through June 30, 2011 in the total amount of $150,000 in support of the Hazardous Materials Grant Program contingent upon Washoe County's Risk Manager and District Attorney approval; and if approved, authorize the Chairman to execute.

SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Officer to execute, contracts in excess of $50,000, Interlocal Agreements and amendments to the adopted budget.

The District Health Department received an Interlocal Agreement from the State of Nevada Division of Environmental Protection in the amount of $150,000 for the period July 1, 2009 through June 30, 2011 in support of the on-going Hazardous Materials Grant Program. A copy of the Interlocal Agreement is attached.

GOAL

Acceptance of this Interlocal Agreement supports the Washoe County Health District Hazardous Materials/Waste Management Program mission to protect public health and safety and the environment by ensuring that regulated or hazardous substances are properly processed, stored, handled, transported and disposed of in Washoe County.

BACKGROUND

This Interlocal Agreement supports the on-going grant program's participation in the Biennial Report System Project and the Targeted Sector Inspection Project. Participation includes site visits, and the conducting of inspections and carrying out of enforcement actions of business entities that utilize, store, or manufacture hazardous materials.

1001 EAST NINTH STREET / P.O. BOX 11130, RENO, NEVADA 89520 (775) 328-2400 FAX (775) 328-2279
www.washoecounty.us/health

PREVIOUS ACTION
The District Board of Health approved the Interlocal Contract for the period July 1, 2007 through June 30, 2009 in the total amount of $150,000 on January 25, 2007.

FISCAL IMPACT
Should the Board approve this Interlocal Agreement, there is a fiscal impact to the program, however, this impact is planned and will be included in the FY 09/10 budget. Revenue and expenditures for this contract will be projected in the Hazardous Materials Grant Program, internal order 10022, in various salary and benefits accounts, 701110 through 705230 and revenue account 432100.

RECOMMENDATION
Staff recommends that the Washoe County District Board of Health ratify Interlocal Contract between the State of Nevada, Department of Conservation and Natural Resources, Division of Environmental Protection and the Washoe County Health District for the period July 1, 2009 through June 30, 2011 in the total amount of $150,000 in support of the Hazardous Materials Grant Program contingent upon Washoe County's Risk Manager and District Attorney approval; and if approved, authorize the Chairman to execute.

POSSIBLE MOTION
Move to ratify Interlocal Contract between the State of Nevada, Department of Conservation and Natural Resources, Division of Environmental Protection and the Washoe County Health District for the period July 1, 2009 through June 30, 2011 in the total amount of $150,000 in support of the Hazardous Materials Grant Program contingent upon Washoe County's Risk Manager and District Attorney approval; and if approved, authorize the Chairman to execute.

INTRASTATE INTERLOCAL CONTRACT BETWEEN PUBLIC AGENCIES

A Contract Between the State of Nevada
Acting By and Through Its

Department of Conservation and Natural Resources, Division of Environmental Protection
901 S. Stewart Street, Carson City, NV 89701-5249
Phone: (775) 687-4670 Fax: (775) 687-5856

and

Washoe County Health District
hereinafter the "Public Agency"
1001 East Ninth Street
Reno, Nevada 89520

WHEREAS, NRS 277.180 authorizes any one or more public agencies to contract with any one or more other public agencies to perform any governmental service, activity or undertaking which any of the public agencies entering into the contract is authorized by law to perform; and

WHEREAS, it is deemed that the services hereinafter set forth are both necessary and in the best interests of [the State of Nevada;

NOW, THEREFORE, in consideration of the aforesaid premises, the parties mutually agree as follows:

1. REQUIRED APPROVAL. This Contract shall not become effective until and unless approved by appropriate official action of the governing body of each party.

DEFINITIONS. "State" means the State of Nevada and any state agency identified herein, its officers, mployees and immune contractors as defined in NRS 41.0307.

3. CONTRACT TERM. This Contract shall be effective from **July 1, 2009** to **June 30, 2011**, unless sooner terminated by either party as set forth in this Contract.

4. TERMINATION. This Contract may be terminated by either party prior to the date set forth in paragraph (3), provided that a termination shall not be effective until **30** days after a party has served written notice upon the other party. This Contract may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Contract shall be terminated immediately if for any reason State and/or federal funding ability to satisfy this Contract is withdrawn, limited, or impaired.

5. NOTICE. All notices or other communications required or permitted to be given under this Contract shall be in writing and shall be deemed to have been duly given if delivered personally in hand, by telephonic facsimile with simultaneous regular mail, or mailed certified mail, return receipt requested, postage prepaid on the date posted, and addressed to the other party at the address set forth above.

6. INCORPORATED DOCUMENTS. The parties agree that the services to be performed shall be specifically described; this Contract incorporates the following attachments in descending order of constructive precedence:

ATTACHMENT A: SCOPE OF WORK (consisting of 6 pages)
ATTACHMENT B: ADDITIONAL AGENCY TERMS & CONDITIONS (consisting of 3 pages)

7. CONSIDERATION. Public Agency agrees to provide the services set forth in paragraph (6) at a cost of **$250.00** per **inspection** with the total Contract or installments payable: **quarterly** not exceeding **$150,000** addition, the State does not agree to reimburse contractor for expenses unless otherwise specified in the corporated documents. Any intervening end to an annual or biennial appropriation period shall be deemed an automatic renewal (not changing the overall Contract term) or a termination as the results of legislative appropriation may require.

8. ASSENT. The parties agree that the terms and conditions listed on incorporated attachments of this Contract are also specifically a part of this Contract and are limited only by their respective order of precedence and any limitations expressly provided.

9. INSPECTION & AUDIT.

a. Books and Records. Each party agrees to keep and maintain under general accepted accounting principles full, true and complete records, agreements, books, and documents as are necessary to fully disclose to the other party, the State or United States Government, or their authorized representatives, upon audits or reviews, sufficient information to determine compliance with any applicable regulations and statutes.

b. Inspection & Audit. Each party agrees that the relevant books, records (written, electronic, computer related or otherwise), including but not limited to relevant accounting procedures and practices of the party, financial statements and supporting documentation, and documentation related to the work product shall be subject, at any reasonable time, to inspection, examination, review, audit, and copying at any office or location where such records may be found, with or without notice by the other party, the State Auditor, Employment Security, the Department of Administration, Budget Division, the Nevada State Attorney General's Office or its Fraud Control Units, the State Legislative Auditor, and with regard to any federal funding, the relevant federal agency, the Comptroller General, the General Accounting Office, the Office of the Inspector General, or any of their authorized representatives.

c. Period of Retention. All books, records, reports, and statements relevant to this Contract must be retained by each party for a minimum of three years from the date of final payment by the State to the Public Agency, and all other pending matters are closed. Retention time shall be extended when an audit is scheduled or in progress for a period reasonably necessary to complete an audit and/or to complete any administrative and judicial litigation which may ensue.

10. BREACH; REMEDIES. Failure of either party to perform any obligation of this Contract shall be deemed a breach. Except as otherwise provided for by law or this Contract, the rights and remedies of the parties shall not be exclusive and are in addition to any other rights and remedies provided by law or equity, including but not limited to actual damages. If the court awards reasonable attorney's fees to the prevailing party, reasonable shall be deemed $125 per hour.

11. LIMITED LIABILITY. The parties will not waive and intend to assert available NRS chapter 41 liability limitations in all cases. Contract liability of both parties shall not be subject to punitive damages. To the extent applicable, actual contract damages for any breach shall be limited by NRS 353.260 and NRS 354.626.

12. FORCE MAJEURE. Neither party shall be deemed to be in violation of this Contract if it is prevented from performing any of its obligations hereunder due to strikes, failure of public transportation, civil or military authority, act of public enemy, accidents, fires, explosions, or acts of God, including, without limitation, earthquakes, floods, winds, or storms. In such an event the intervening cause must not be through the fault of the party asserting such an excuse, and the excused party is obligated to promptly perform in accordance with the terms of the Contract after the intervening cause ceases.

13. INDEMNIFICATION. Neither party waives any right or defense to indemnification that may exist in law or equity.

14. INDEPENDENT PUBLIC AGENCIES. The parties are associated with each other only for the purposes and to the extent set forth in this Contract, and in respect to performance of services pursuant to this Contract, each party is and shall be a public agency separate and distinct from the other party and, subject only to the terms of this Contract, shall have the sole right to supervise, manage, operate, control, and direct performance of the details incident to its duties under this Contract. Nothing contained in this Contract shall be deemed or construed to create a partnership or joint venture, to create relationships of an employer-employee or principal-agent, or to otherwise create any liability for one agency whatsoever with respect to the indebtedness, liabilities, and obligations of the other agency or any other party.

5. WAIVER OF BREACH. Failure to declare a breach or the actual waiver of any particular breach of the Contract or its material or nonmaterial terms by either party shall not operate as a waiver by such party of any of its rights or remedies as to any other breach

16. SEVERABILITY. If any provision contained in this Contract is held to be unenforceable by a court of law or equity, this Contract shall be construed as if such provision did not exist and the nonenforceability of such provision shall not be held to render any other provision or provisions of this Contract unenforceable.
17. ASSIGNMENT. Neither party shall assign, transfer or delegate any rights, obligations or duties under this Contract without the prior written consent of the other party.
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19. PUBLIC RECORDS. Pursuant to NRS 239.010, information or documents may be open to public inspection and copying. The parties will have the duty to disclose unless a particular record is made confidential by law or a common law balancing of interests.
20. CONFIDENTIALITY. Each party shall keep confidential all information, in whatever form, produced, prepared, observed or received by that party to the extent that such information is confidential by law or otherwise required by this Contract.
21. PROPER AUTHORITY. The parties hereto represent and warrant that the person executing this Contract on behalf of each party has full power and authority to enter into this Contract and that the parties are authorized by law to perform the services set forth in paragraph (6).
22. GOVERNING LAW; JURISDICTION. This Contract and the rights and obligations of the parties hereto shall be governed by, and construed according to, the laws of the State of Nevada. The parties consent to the jurisdiction of the Nevada district courts for enforcement of this Contract.
23. ENTIRE AGREEMENT AND MODIFICATION. This Contract and its integrated attachment(s) constitute the entire agreement of the parties and such are intended as a complete and exclusive statement of the promises, representations, negotiations, discussions, and other agreements that may have been made in connection with the subject matter hereof. Unless an integrated attachment to this Contract specifically displays a mutual intent to amend a particular part of this Contract, general conflicts in language between any such attachment and this Contract shall be construed consistent with the terms of this Contract. Unless otherwise expressly authorized by the terms of this Contract, no modification or amendment to this Contract shall be binding upon the parties unless the same is in writing and signed by the respective parties hereto, approved by the State of Nevada Office of the Attorney General.

IN WITNESS WHEREOF, the parties hereto have caused this Contract to be signed and intend to be legally bound thereby.

DIVISION

By: _____
Signature

Name: Leo Drozdoff

Title: Administrator **Date:** _____

PUBLIC AGENCY

By: _____
Signature

Name: Denis Humphreys

Title: Chairman, WSDOT **Date:** 1/22/09

DIVISION FISCAL APPROVAL Pending Approval of FY10/11 Leg. Budget

By: _____
Signature

Name: Lisa Fleming

Title: Budget Analyst 2 **Date:** 1/5/09

APPROVED AS TO FORM ONLY:

_____
Deputy Attorney General for Attorney General

Date: _____

APPROVED BY BOARD OF EXAMINERS

_____
Signature – Board of Examiners

Date: _____

Contract Control Number: DEP10-004
Grant Number:
Division Number:
Grant Expiration Date:
CFDA Number:

ATTACHMENT A: To the Contract (Control No. DEP10-004) between the Nevada Department of Conservation and Natural Resources, Division of Environmental Protection (**Division**) and the Washoe County Health District (**District**).

The Division agrees to pay for the services set forth in the following Scope of Work, subject to all other terms of the contract agreement, as follows:

- $250 for each BR Project site visit and Targeted Sector Inspection (to include all required enforcement, case file documentation and RCRAInfo Data entry);
- Total amount expended in SFY10 may not exceed $75,000. All unexpended SFY10 funds will carry over to SFY11.

The **District's** hazardous waste authority remains limited to the BR Project and the CESQG/SQG Targeted Sector Inspections described in Section 1 and Section 2 below. No other hazardous waste authority is authorized or implied by this contract.

SFY 10-11 Scope of Work

The **District** agrees to perform the following projects and tasks according to the schedules and in the priority described, and in accordance with the policies and procedures provided by the **Division.**

The **District** agrees to appoint a **contract coordinator** who will assure that all **District** staff that perform work on this contract are familiar with the contract Scope of Work requirements and who will assure that all the requirements of the contract are completed in the time frames specified in the contract.

1. **Biennial Report (BR) Project:**
   a. For each handler in Washoe County identified by the **Division** as a non-reporter for the 2009 BR report year:
      1. Visit each site on the list;
      2. Issue a Warning Letter enforcement action, according to the procedures provided by the **Division,** that requires the handler to submit a properly completed BR Report to the **District** within 10 days;
      3. Review each BR Report submitted to the **District** for completeness;
      4. Submit the completed BR Report forms to the **Division** at least once every two weeks;
      5. Complete and maintain all required documentation in accordance with the procedures provided by the **Division**;

   b. **Except as noted below, once the non-reporter list has been made available to the District, the BR Report Project site visits will be conducted to the exclusion of other contract activities until all of the facilities have been contacted and all outstanding forms received.**

2. **Targeted Sector Inspection Project:** Based on the generators selected by the **Division**:
   a. Conduct a full Compliance Evaluation Inspection (CEI) at each targeted business designated by the **Division** to determine compliance with the hazardous waste regulations. If a CEI checklist is utilized, the checklist must contain all information required for CEI reports as described in the NDEP/BWM Hazardous Waste Enforcement Policy and Procedure guidance document.

b. If no businesses have been designated by the **Division**, identify (by NAICS number, SIC number or by other means) the targeted sector businesses within Washoe County. The **District** will submit a list of potential target sector businesses to the **Division**, for review, 10 working days prior to initiating the project.

c. Issue an Informal Enforcement Action (Verbal Warning or Warning Letter as specified in the guidance document referenced above) if violations are found.

d. Complete the following documentation for each inspection and maintain them in a site case file:
   1. The CEI report or site inspection checklist;
   2. Photographs and/or detailed description of all violations;
   3. Copies of all correspondence relating to the inspection and/or enforcement action;
   4. Copies of each warning letter issued or the case referral letter to the **Division**;
   5. Copies of the return-to-compliance (RTC) documentation;
   6. A case closure letter (when RTC has been determined by the **District**);
   7. Any other relevant information or documentation.

e. Notify the Division after each target generator list has been completed. The **Division** will prepare the next generator list based on current EPA-DEP grant commitments within 10 working days after notification by the **District** that the previous generator list has been completed.

3. **RCRAInfo Data Entry:**

   a. Assign one primary, and one alternate person, to enter all inspection, violation and enforcement action information into the RCRAInfo database according to the procedures provided by the **Division**;

   b. The primary or the alternate will verify that all applicable compliance and enforcement information for the quarter entered by the **District** into the RCRAInfo database is complete and accurate, within three (3) days after the end of each quarter;

   c. The **District** and the **Division** will work together to resolve any data quality questions in the RCRAInfo database.

4. **Safety Training and Personnel Protective Equipment:**

   a. Assure that each **District** contract inspector has received OSHA approved 40-hour Personal Protection and Safety Training prior to performing field inspections for this contract and that the inspector receives annual OSHA approved 8-hour refresher training.

   b. Provide each **District** contract inspector with all OSHA required personal protective equipment.

5. **Coordination and Point of Contact with Division Staff: District** staff will:

   a. Participate in inspection coordination meetings with the **Division** staff, upon request;

b. Contact the Supervisor of the Program Development Branch of the Bureau of Waste Management in the **Division's** Carson City office for all issues involving:
1. The Biennial Report Project;
2. Quarterly Reporting;
3. Number of Activities to be conducted; and
4. Filing Invoices.

c. Contact the Supervisor of the Waste Management Compliance and Enforcement Branch staff in the **Division's** Carson City Office for all compliance and enforcement issues involving:
1. The Targeted Sector Inspection Project;
2. RCRAInfo Data Entry; and
3. Safety Training and Personnel Protective Equipment.
4. All CEI inspections and/or CEI enforcement issues.

d. Participate in contract review meetings and oversight inspections with the **Division** staff, upon request. The program reviews may include a meeting with **District** representatives to discuss any issues, problems or cases; a case file review; and an oversight inspection.

6. **Quarterly Reporting:** Submit a Quarterly Report to the **Division's** Carson City office. The report must:

a. **Consist of one original and three copies;**

b. Be submitted within ten (10) calendar days after the end of each quarterly period;

c. Include a transmittal letter and information on the activities conducted under this contract in table form, as specified on page 6 of this attachment.

7. **Number of Activities to be Conducted:**

a. Conduct at least sixty (60) BR Project site contacts and/or Targeted Sector CEI Inspections (combined total) each quarter;

b. The combined total in Section 7a. shall not exceed 80 events per quarter, without prior approval of the **Division** Contract Coordinator;

c. Total billable events shall not exceed 300 per contract year.

8. **Billing Invoices:** The **Division** may withhold payment of a quarterly invoice until all required RCRAInfo data entry for the previous quarter(s) is completed. Final contract payment will not be approved until all required RCRAInfo data entry is completed for work conducted under the terms of this contract.

a. Submit an original billing invoice to the **Division's** Carson City office for each contract quarter. Each billing invoice will consist of a cover letter on the **District's** letterhead paper and will follow the format described on page 5 of this attachment;

b. Submit a written explanation for any invoice that is not submitted by the deadline date. The information must include a reasonable expected submittal date.

c. Work directly with the **District's** accounting office staff to resolve any problems or discrepancies with the quarterly billing documents. **Division** staff will return problem invoices directly to the **District's** contract coordinator.

{EXAMPLE INVOICE}

Washoe County Health District
P.O. Box 11130
Reno, NV 89520

Hazardous Waste Contract
Contract Control #: DEP10-004.

Time Period of Expenditures: Oct – Dec 2009

	Approved Budget	Quarterly Expenditures	Year to Date Expenditures	Balance Remaining
Year 1	75,000	17,500	36,250	38,750

Number of BR Activities Conducted this Quarter: 30 x $250 = $ 7,500
Number of TSI Activities Conducted this Quarter 40 x $250 = $10,000
Total # of Activities Conducted this Quarter: 70 x $250 = $17,500

AMOUNT REQUESTED: $17,500.00

AGENCY SIGNATURE: _____ DATE: _____

Year 2 invoices must include cumulative totals (year 1-2)

QUARTERLY REPORT FORMAT

Compliance Monitoring List

Site Name (list all)		Type Visit (check one)	
		BR	TSI
1.			

Compliance Monitoring Statistics

	BR	TSI
# Sites Contacted		
# In Compliance		

Enforcement Statistics

	BR	TSI	Complaints
# Out of Compliance			
# Enf Actions Taken -			
Verbal Warnings			
Warning Letters			
# RTC Within 60 Days			
# Referred to Division			

ATTACHMENT B:
ADDITIONAL AGENCY TERMS & CONDITIONS
TO CONTRACT FOR SERVICES OF PUBLIC AGENCY
CONTRACT CONTROL # DEP 10-004

1. For contracts utilizing federal funds, the Nevada Division of Environmental Protection shall pay no more compensation that the federal Executive Service Level 4 (U.S. Code) daily rate (exclusive of fringe benefits) for individual consultants retained by the Public Agency or by the Public Agency's contractors or subcontractors. This limitation applies to consultation services of designated individuals with specialized skills who are paid at a daily or hourly rate. The current Level 4 rate is $71.39 per hour.

2. ***NDEP shall only reimburse the Public Agency for actual cash disbursed.*** Original invoices (facsimiles are not acceptable) must be received by NDEP no later than forty (40) calendar days after the end of a month or quarter except at the end of the fiscal year of the State of Nevada (June 30th), at the expiration date of the grant, or the effective date of the revocation of the contract, at which times original invoices must be received by NDEP no later than thirty-five (35) calendar days after this date. Failure of the Public Agency to submit billings according to the prescribed timeframes authorizes NDEP, in its sole discretion, to collect or withhold a penalty of ten percent (10%) of the amount being requested for each week or portion of a week that the billing is late. The Public Agency shall provide with each invoice a detailed fiscal summary that includes the approved contract budget, expenditures for the current period, cumulative expenditures to date, and balance remaining for each budget category. If match is required pursuant to paragraph 3 below, a similar fiscal summary of match expenditures must accompany each invoice. The Public Agency shall obtain prior approval to transfer funds between budget categories if the funds to be transferred are greater than ten percent (10%) cumulative of the total Contract amount.

3. The Public Agency shall, as part of its approved scope of work and budget under this Contract, provide third party match funds of not less than: $N/A. If match funds are required, the Public Agency shall comply with additional record-keeping requirements as specified in 40 CFR 31.24 and Attachment N/A (Third Party Match Record-Keeping Requirements) which is attached hereto and by this reference is incorporated herein and made part of this Contract.

4. Unless otherwise provided in Attachment A (Scope of Work), the Public Agency shall submit quarterly reports or other deliverables within ten (10) calendar days after the end of each quarter.

5. All payments under this Contract are contingent upon the receipt by NDEP of sufficient funds, necessary to carry out the purposes of this Contract, from either the Nevada Legislature or an agency of the United States. NDEP shall determine if it has received the specific funding necessary for this Contract. If funds are not received from either source for the specific purposes of this Contract, NDEP is under no obligation to supply funding for this Contract. The receipt of sufficient funds as determined by NDEP is a condition precedent to NDEP's obligation to make payments under this Contract. Nothing in this Contract shall be construed to provide the Public Agency with a right of payment over any other entity. If any payments that are otherwise due to the Public Agency under this Contract are deferred because of the unavailability of sufficient funds, such payments will promptly be made to the Public Agency if sufficient funds later become available.

6. Notwithstanding the terms of paragraph 5, at the sole discretion of NDEP, payments will not be made by NDEP unless all required reports or deliverables have been submitted to and approved by NDEP within the schedule stated in Attachment A.

7. Any funds obligated by NDEP under this Contract that are not expended by the Public Agency shall automatically revert back to NDEP upon the completion, termination or cancellation of this Contract. NDEP shall not have any obligation to re-award or to provide, in any manner, such unexpended funds to the Public Agency. The Public Agency shall have no claim of any sort to such unexpended funds.

8. For contracts utilizing federal funds, the Public Agency shall ensure, to the fullest extent possible, that at least the "fair share" percentages as stated below for prime contracts for construction, services, supplies or equipment are made available to organizations owned or controlled by socially and economically disadvantaged individuals (Minority Business Enterprise (MBE) or Small Business Enterprise (SBE)), women (Women Business Enterprise (WBE)) and historically black colleges and universities.

	MBE/SBE	WBE
Construction	12%	10%
Services	7%	25%
Supplies	13%	28%
Equipment	11%	23%

The Public Agency agrees and is required to utilize the following seven affirmative steps:

a. Include in its bid documents applicable "fair share" percentages as stated above and require all of its prime contractors to include in their bid documents for subcontracts the "fair share" percentages;
b. Include qualified Small Business Enterprises (SBEs) Minority Business Enterprises (MBEs), and Women Business Enterprises (WBEs) on solicitation lists;
c. Assure that SBEs, MBEs, and WBEs are solicited whenever they are potential sources;
d. Divide total requirements, when economically feasible, into small tasks or quantities to e. permit maximum participation of SBEs, MBEs, and WBEs;
e. Establish delivery schedules, where the requirements of the work permit, which will encourage participation by SBEs, MBEs, and WBEs;
f. Use the services and assistance of the Small Business Administration and the Minority Business Development Agency, U.S. Department of commerce as appropriate; and
g. If a subcontractor awards contracts/procurements, require the subcontractor to take the affirmative steps in subparagraphs a. through e. of this condition.

9. The Public Agency shall complete and submit to NDEP a Minority Business Enterprise/Woman Business Enterprise (MBE/WBE) Utilization Report (Standard Form 334) within fifteen (15) calendar days after the end of each federal fiscal year (September 30th) for each year this Contract is in effect and within fifteen (15) calendar days after the termination date of this Contract.

10. The books, records, documents and accounting procedures and practices of the Public Agency or any subcontractor relevant to this Contract shall be subject to inspection, examination and audit by the State of Nevada, the Division of Environmental Protection, the Attorney General of Nevada, the Nevada State Legislative Auditor, the federal or other funding agency, the Comptroller General of the United States or any authorized representative of those entities.

11. All books, reports, studies, photographs, negatives, annual reports or other documents, data, materials or drawings prepared by or supplied to the Public Agency in the performance of its obligations under this Contract shall be the joint property of both parties. Such items must be retained by the Public Agency for a minimum of three years from the date of final payment by NDEP to the Public Agency, and all other pending matters are closed. If requested by NDEP at any time within the retention period, any such materials shall be remitted and delivered by the Public Agency, at the Public Agency's expense, to NDEP. NDEP does not warrant or assume any legal liability or responsibility for the accuracy, completeness, or usefulness of any information, report or product of any kind that the Public Agency may disclose or use for purposes other than the performance of the Public Agency's obligations under this Contract. For any work outside the obligations of this Contract, the Public Agency must include a disclaimer that the information, report or products are the views and opinions of the Public Agency and do not necessarily state or reflect those of NDEP nor bind NDEP.

12. Unless otherwise provided in Attachment A, when issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with funds provided under this Contract, the Public Agency shall clearly state that funding for the project or program was provided by the Nevada Division of Environmental Protection and, if applicable, the U.S. Environmental Protection Agency. The Public Agency will insure that NDEP is given credit in all official publications relative to this specific project and that the content of such publications will be coordinated with NDEP prior to being published.

13. Unless otherwise provided in Attachment A, all property purchased with funds provided pursuant to this Contract is the property of NDEP and shall, if NDEP elects within four (4) years after the completion, termination or cancellation of this Contract or after the conclusion of the use of the property for the purposes of this Contract during its term, be returned to NDEP at the Public Agency's expense.

Such property includes but is not limited to vehicles, computers, software, modems, calculators, radios, and analytical and safety equipment. The Public Agency shall use all purchased property in accordance with local, state and federal law, and shall use the property only for Contract purposes unless otherwise agreed to in writing by NDEP.

For any unauthorized use of such property by the Public Agency, NDEP may elect to terminate the Contract and to have the property immediately returned to NDEP by the Public Agency at the Public Agency's expense. To the extent authorized by law, the Public Agency shall indemnify and save and hold the State of Nevada and NDEP harmless from any and all claims, causes of action or liability arising from any use or custody of the property by the Public Agency or the Public Agency's agents or employees or any subcontractor or their agents or employees.

14. The Public Agency shall use recycled paper for all reports that are prepared as part of this Contract and delivered to NDEP. This requirement does not apply to standard forms.

15. The Public Agency, to the extent provided by Nevada law, shall indemnify and save and hold the State of Nevada, its agents and employees harmless from any and all claims, causes of action or liability arising from the performance of this Contract by the Public Agency or the Public Agency's agents or employees or any subcontractor or their agents or employees. NDEP, to the extent provided by Nevada law, shall indemnify and save and hold the Public Agency, its agents and employees harmless from any and all claims, causes of action or liability arising from the performance of this Contract by NDEP or NDEP's agents or employees.

16. The Public Agency and its subcontractors shall obtain any necessary permission needed, before entering private or public property, to conduct activities related to the work plan (Attachment A). The property owner will be informed of the program, the type of data to be gathered, and the reason for the requested access to the property.

17. This Contract shall be construed and interpreted according to the laws of the State of Nevada and conditions established in OMB Circular A-102. Nothing in this Contract shall be construed as a waiver of sovereign immunity by the State of Nevada. Any action brought to enforce this contract shall be brought in the First Judicial District Court of the State of Nevada. The Public Agency and any of its subcontractors shall comply with all applicable local, state and federal laws in carrying out the obligations of this Contract, including all federal and state accounting procedures and requirements established in OMB Circular A-87 and A-133. The Public Agency and any of its subcontractors shall also comply with the following:

a. 40 CFR Part 7 - Nondiscrimination In Programs Receiving Federal Assistance From EPA
b. 40 CFR Part 29 - Intergovernmental Review Of EPA Programs And Activities.
c. 40 CFR Part 31 - Uniform Administrative Requirements For Grants And Cooperative Agreements To State and Local Governments;
d. 40 CFR Part 32 - Governmentwide Debarment And Suspension (Nonprocurement) And Governmentwide Requirements For Drug-Free Workplace (Grants);
e. 40 CFR Part 34 - Lobbying Activities;
f. 40 CFR Part 35, Subpart O - Cooperative Agreements And Superfund State Contracts For Superfund Response Actions (Superfund Only); and
g. The Hotel And Motel Fire Safety Act of 1990.

18. The Public Agency shall neither assign, transfer nor delegate any rights, obligations or duties under this Contract without the prior written consent of NDEP.

DISTRICT HEALTH DEPARTMENT

STAFF REPORT
BOARD MEETING DATE: 1/22/09

DATE: January 12, 2009

TO: District Board of Health

FROM: Patsy Buxton, Fiscal Compliance Officer, Washoe County Health District
775-328-2418, pbuxton@washoecounty.us

THROUGH: Eileen Coulombe, Administrative Health Services Officer

SUBJECT: Acceptance of Subgrant Amendment #4 from the Nevada State Health Division for the period September 1, 2007 through August 8, 2009 in the amount of $107,188 in support of the Office of the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program; and if approved, authorize the Chairman to execute.

SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Officer to execute, contracts in excess of $50,000, Interlocal Agreements and amendments to the adopted budget. The Washoe County Health District has received an additional Subgrant Amendment from the Nevada State Health Division. A copy of Amendment #4 is attached.

District Board of Health Priority supported by this item:
Acceptance of this funding and approval of these budget amendments supports the District Board of Health's strategic priority: *Assure that the public health system operates at the highest level of integrity during an all hazards event.* It also supports the Epidemiology and Public Health Preparedness (EPHP) Division's mission to strengthen the capacity of public health infrastructure to detect, assess, and respond decisively to control the public health consequences of bioterrorism events or any public health emergency.

PREVIOUS ACTION

The District Board of Health accepted the Notice of Subgrant Award for the period September 1, 2007 through August 8, 2008 in the amount of $99,294 in support of the Office of the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program on January 24, 2008.

1001 EAST NINTH STREET / P.O. BOX 11130, RENO, NEVADA 89520 (775) 328-2400 FAX (775) 328-2279
www.washoecounty.us/health

The Board accepted Subgrant Amendment #1 on March 27, 2008. The Board retroactively approved the District Health Officer's acceptance of Amendment #2 and Amendment #3 on August 28, 2008.

BACKGROUND

There have been a number of amendments processed for this award. The State processed Amendment #4 to 1) clarify the unspent funds remaining in the 2007-2008 grant period authorized for expenditure and 2) clarify the budget and reporting requirements for the No Cost Extension funds of the previous year.

FISCAL IMPACT

The program budget is currently aligned with the Notice of Subgrant Award. As such, no budget amendment is necessary.

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health accept Subgrant Amendment #4 from the Nevada State Health Division for the period September 1, 2007 through August 8, 2009 in the amount of $107,188 in support of the Office of the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program; and if approved, authorize the Chairman to execute.

POSSIBLE MOTION

Move to accept Subgrant Amendment #4 from the Nevada State Health Division for the period September 1, 2007 through August 8, 2009 in the amount of $107,188 in support of the Office of the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program; and if approved, authorize the Chairman to execute.

Nevada Department of Health and Human Services
HEALTH DIVISION
(hereinafter referred to as the DIVISION)

HD Amendment #:	08131-4
HD Contract #:	08131
Program #:	ASPR 09-07
Budget Account #:	3218
Category #:	23
GL #:	8516

SUBGRANT AMENDMENT #4

Program Name:
Public Health Preparedness
Bureau of Health Planning & Statistics
Nevada State Health Division

Address:
4150 Technology Way, Suite 200
Carson City, Nevada 89706-2009

Original Subgrant Period:
September 1, 2007 through August 8, 2009

Subgrantee Name:
Washoe County Health District Health (WCHD)

Address:
1001 East Ninth Street/P.O. Box 11130
Reno, NV 89520

Subgrantee EIN#: 88-6000138

Subgrantee Vendor#: T40283400Q

Source of Funds:	% of Funds:	CFDA#:	Federal Grant #:
Assistant Secretary for Preparedness and Response	100%	93.889	1 U3REP070018-01-00

Amendment #4: 1) To clarify the unspent funds remaining in the 2007-2008 grant period authorized for expenditure; and 2) To clarify the budget and reporting requirements for the No Cost Extension funds of the previous year.

	Current		Amount		Change		Revised		Amount
1	Personnel	$	0	+	3,088	1	Personnel	$	3,088
2	Contractual/Consultant	$	0			2	Contractual/Consultant	$	0
3	Travel	$	0			3	Travel	$	0
4	Equipment	$	104,100			4	Equipment	$	104,100
5	Supplies	$	0			5	Supplies	$	0
6	Other	$	0			6	Other	$	0
7	Indirect	$	0			7	Indirect	$	0
	Total Cost	**$**	**104,100**		**3,088**		**Total Cost**	**$**	**107,188**

By signing this Amendment, the Authorized Subgrantee Official or their designee, Program Manager, Bureau Chief, and Health Division Administrator acknowledge the above as the new standard of practice for the above referenced Subgrant. Further, the undersigned understand this amendment does not alter, in any substantial way, the non-referenced contents of the Original Subgrant Award and all of its Attachments.

	Signature	Date
Authorized Sub-grantee Official Title		11/22/09
Christine N. Smith Health Program Manager, PHP		11/16/09
Kyle Devine, MSW Health Program Manager II, PHP		12/16/09
Richard Whitley, MS Administrator, Health Division		

The budget detail and justification revision that has been approved in a No Cost Extension by ASPR on November 5, 2008 is as follows:

1. Personnel	$	3,088	Healthcare Systems Liaison – Salary $2,029; Fringe $1,059
Total Cost	$	3,088	

---------- END OF BUDGET BREAKDOWN ---------

HEALTH DIVISION
NOTICE OF SUBGRANT AWARD

SECTION B

Description of services, scope of work, deliverables and reimbursement

- Submit a written Progress Report to the Health Division electronically in the format provided by the Office of Assistant Secretary for Preparedness and Response on or before the following:
    - Mid-Year Report due March 4, 2009 (for the period of August 9, 2008 through February 28, 2009)
    - End-of-Year Report due November 4, 2009 (for the period of March 1, 2009 through August 8, 2009)

Nevada Department of Health and Human Services

Health Division # 08131-4

Bureau Program # ASPR09-07

GL # 8516

Draw #: _____

HEALTH DIVISION

REQUEST FOR REIMBURSEMENT / ADVANCE

Program Name: Public Health Preparedness Health Planning & Emergency Response	**Subgrantee Name:** Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite 200 Carson City, NV 89706	**Address:** 1001 East Ninth Street/P.O. Box 11130 Reno, NV 89520
Subgrant Period: August 9, 2008 through August 8, 2009	**Subgrantee EIN#:** **Subgrantee Vendor#:** T40283400Q

FINANCIAL REPORT AND REQUEST FOR FUNDS

(report in dollars and cents; must be accompanied by expenditure report/back-up)

Month(s): **Calendar Year:**

	Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year To Date Total	E Budget Balance	F Percent Expended
	Personnel	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	#DIV/0!
2	Travel	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	#DIV/0!
3	Supplies	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	#DIV/0!
4	Equipment	$ 107,188.00	$ 0.00	$ 0.00	$ 0.00	$ 107,188.00	0%
5	Contract/Consultant	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	#DIV/0!
6	Other	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	#DIV/0!
7	Indirect	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	#DIV/0!
8	**Total**	$ 107,188.00	$ 0.00	$ 0.00	$ 0.00	$ 107,188.00	0%

This report is true and correct to the best of my knowledge.

Authorized Signature Title Date

Reminder: Request for Reimbursement cannot be processed without an expenditure report/backup. Reimbursement is only allowed for items contained within Subgrant Award documents. If applicable, travel claims must accompany report.

FOR HEALTH DIVISION USE ONLY

Program contact necessary? _____ Yes _____ No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____ Signed: _____

ope of Work review/approval date: _____ Signed: _____

ASO or Bureau Chief (as required): _____ Date: _____

Nevada Department of Health and Human Services
HEALTH DIVISION
(hereinafter referred to as the DIVISION)

HD Amendment #: 08131-3
HD Contract #: 08131
Program #: ASPR 09-07
Budget Account #: 3218
Category #: 23
GL #: 8516

SUBGRANT AMENDMENT #3

Program Name:
Public Health Preparedness
Bureau of Health Planning & Statistics
Nevada State Health Division

Address:
4150 Technology Way, Suite 200
Carson City, Nevada 89706-2009

Original Subgrant Period:
September 1, 2007 through August 8, 2009

Subgrantee Name:
Washoe County Health District Health (WCHD)

Address:
1001 East Ninth Street/P.O. Box 11130
Reno, NV 89520

Subgrantee EIN#: 88-6000138

Subgrantee Vendor#: T40283400Q

Source of Funds:	% of Funds:	CFDA#:	Federal Grant #:
Assistant Secretary for Preparedness and Response	100%	93.889	1 U3REP070018-01-00

Amendment #3: 1) Increase in budget in the amount of $14,238.21 due to the approval of the carry forward nds from the previous grant year to contract with ESI to install WebFUSION and provide WebEOC administrator nd user training to the State Health Division and Nevada Division of Emergency Management; and 2) To extend the grant period to August 8, 2009, with the approval of a No Cost Extension from the ASPR.

	Current		Amount		Change		Revised		Amount
1	Personnel	$	88,042			1	Personnel	$	88,042
2	Contractual/Consultant	$	0	+	14,238.21	2	Contractual/Consultant	$	14,238.21
3	Travel	$	32			3	Travel	$	32
4	Equipment	$	140,100			4	Equipment	$	104,100
5	Supplies	$	0			5	Supplies	$	0
6	Other	$	156			6	Other	$	156
7	Indirect	$	11,064			7	Indirect	$	11,064
	Total Cost	**$**	**203,394**		**14,238.21**		**Total Cost**	**$**	**217,632.21**

By signing this Amendment, the Authorized Subgrantee Official or their designee, Program Manager, Bureau Chief, and Health Division Administrator acknowledge the above as the new standard of practice for the above referenced Subgrant. Further, the undersigned understand this amendment does not alter, in any substantial way, the non-referenced contents of the Original Subgrant Award and all of its Attachments.

	Signature	Date
Authorized Sub-grantee Official Title	M.A. Anderson MD MPH	30 July 08
Christine N. Smith Health Program Manager, PHP	for CS	7/21/08
Kyle Devine, MSW Health Program Manager II, PHP		7/21/08
Richard Whitley, MS Administrator, Health Division		8-6-08

Nevada Department of Health and Human Services
HEALTH DIVISION
(hereinafter referred to as the DIVISION)

HD Amendment #: 08131-2
HD Contract #: 08131
Program #: ASPR 09-07
Budget Account #: 3218
Category #: 23
GL #: 8516

SUBGRANT AMENDMENT #2

GRANT FILE

Program Name:
Public Health Preparedness
Bureau of Health Planning & Statistics
Nevada State Health Division

Address:
4150 Technology Way, Suite 200
Carson City, Nevada 89706-2009

Original Subgrant Period:
September 1, 2007 through August 8, 2008

Subgrantee Name:
Washoe County Health District Health (WCHD)

Address:
1001 East Ninth Street/P.O. Box 11130
Reno, NV 89520

Subgrantee EIN#: 88-6000138

Subgrantee Vendor#: T40283400Q

Source of Funds:	% of Funds:	CFDA#:	Federal Grant #:
Assistant Secretary for Preparedness and Response	100%	93.889	1 U3REP070018-01-00

Amendment #1: Increase in budget in the amount of $104,100, due to the approval of the requested redirect budget of the current grant year.

	Current		Amount		Change		Revised		Amount
1	Personnel	$	88,042			1	Personnel	$	88,042
2	Contractual/Consultant	$	0			2	Contractual/Consultant	$	0
3	Travel	$	32			3	Travel	$	32
4	Equipment	$	0	+	104,100	4	Equipment	$	104,100
5	Supplies	$	0			5	Supplies	$	0
6	Other	$	156			6	Other	$	156
7	Indirect	$	11,064			7	Indirect	$	11,064
	Total Cost	$	**99,294**		**104,100**		**Total Cost**	$	**203,394**

By signing this Amendment, the Authorized Subgrantee Official or their designee, Program Manager, Bureau Chief, and Health Division Administrator acknowledge the above as the new standard of practice for the above referenced Subgrant. Further, the undersigned understand this amendment does not alter, in any substantial way, the non-referenced contents of the Original Subgrant Award and all of its Attachments.

	Signature	Date
Authorized Sub-grantee Official Title	M. A. Anderson	7/28/08
Jeff Quinn, MPH Health Program Manager, PHP		7/8/08
Kyle Devine, MSW Health Program Manager II, PHP		7/9/08
Richard Whitley, MS Administrator, Health Division	Mary C Klatt	8-12-08

Nevada Department of Health and Human Services
HEALTH DIVISION
(hereinafter referred to as the DIVISION)

HD Amendment #:	08131-1
HD Contract #:	08131
Program #:	ASPR 09-07
Budget Account #:	3218
Category #:	23
GL #:	8516

SUBGRANT AMENDMENT #1

Program Name:
Public Health Preparedness
Bureau of Health Planning & Statistics
Nevada State Health Division

Address:
4150 Technology Way, Suite 200
Carson City, Nevada 89706-2009

Original Subgrant Period:
September 1, 2007 through August 8, 2008

Subgrantee Name:
Washoe County District Health Department
IO #10576

Address:
1001 East Ninth Street/P.O. Box 11130
Reno, NV 89520

Subgrantee EIN#: 88-6000138

Subgrantee Vendor#: T40283400Q

Source of Funds:	% of Funds:	CFDA#:	Federal Grant #:
Assistant Secretary for Preparedness and Response	100%	93.889	1 U3REP070018-01-00

Amendment #1: Budget redirect of $11,064 from Contractual/Travel/Supplies/Other categories to Indirect ...gory (to allow for a portion of the Indirect Costs associated with the salary and fringe benefits of $88,042); ect activities are within the scope of work, based upon funding recipient's request.

Also, clarify reporting requirements and revise redirect language as outlined on Page 2 of this amendment.

	Current		All Program Areas		Change		Revised		All Program Areas
1	Personnel	$	88,042			1	Personnel	$	88,042
2	Contractual/Consultant	$	3,750	-	3,750	2	Contractual/Consultant	$	0
3	Travel	$	3,499	-	3,467	3	Travel	$	32
4	Equipment	$	0			4	Equipment	$	0
5	Supplies	$	2,869	-	2,869	5	Supplies	$	0
6	Other	$	1,134	-	978	6	Other	$	156
7	Indirect	$	0	+	11,064	7	Indirect	$	11,064
	Total Cost	$	**99,294**				**Total Cost**	$	**99,294**

By signing this Amendment, the Authorized Subgrantee Official or their designee, Program Manager, Bureau Chief, and Health Division Administrator acknowledge the above as the new standard of practice for the above referenced Subgrant. Further, the undersigned understand this amendment does not alter, in any substantial way, the non-referenced contents of the Original Subgrant Award and all of its Attachments.

	Signature	Date
Authorized Sub-grantee Official Title	George A Furman 3	2/27/08
Jeff Quinn, MPH ...lth Program Manager, PHP		2/28/08
...na J. Ritch, PhD Chief, BHP&S		2/29/08
Richard Whitley, MS Administrator, Health Division	Lee Ann Hollingsworth ASOII	04/09/08

Health Division #: 08131
Program #: ASPR 09-07
Budget Account #: 3218
Category #: 23
GL #: 8516

Nevada Department of Health and Human Services

HEALTH DIVISION

(hereinafter referred to as the DIVISION)

NOTICE OF SUBGRANT AWARD

Program Name: Public Health Preparedness Nevada State Health Division	**Subgrantee Name:** Washoe County District Health Department (WCDHD)
Address: 4150 Technology Way, Suite 200 Carson City, NV 89706	**Address:** 1001 East Ninth Street/P.O. Box 11130 Reno, NV 89520
Subgrant Period: September 1, 2007 through August 8, 2008	**Subgrantee EIN#:** 88-6000138 **Subgrantee Vendor#:** T40283400Q

Reason for Award: ASPR Hospital Preparedness Program FY 2007

County(ies) to be served: ( ) Statewide (X) Specific county or counties: Washoe County

Approved Budget Categories:

1. Personnel	$	88,042
2. Contractual/Consultant	$	3,750
3. Travel	$	3,499
4. Equipment	$	0
5. Supplies	$	2,869
6. Other	$	1,134
7. Indirect	$	0
Total Cost	$	99,294

Disbursement of funds will be as follows:
Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures *specific to this subgrant.* Total reimbursement will not exceed **$99,294** during the subgrant period.

Source of Funds:	**% of Funds:**	**CFDA#:**	**Federal Grant #:**
1. ASPR Hospital Preparedness Program	100%	93889	1 U3REP070018-01-00

Terms and Conditions
In accepting these grant funds, it is understood that:
1. Expenditures must comply with appropriate state and/or federal regulations.
2. This award is subject to the availability of appropriate funds.
3. Recipient of these funds agrees to stipulations listed in Sections A, B, and C of this subgrant award.

	Signature	Date
Authorized Sub-grantee Official Title		1/24/08
Sally L. Miller, MAOL Grants and Projects Analyst		12/21/2007
Heidi Sakelarios, MBA Health Program Manager II		12/26/07
Alex Haartz, MPH Administrator, Health Division	ASOT	02/05/08

REMSA

Regional Emergency Medical Services Authority

REMSA

OPERATIONS REPORTS

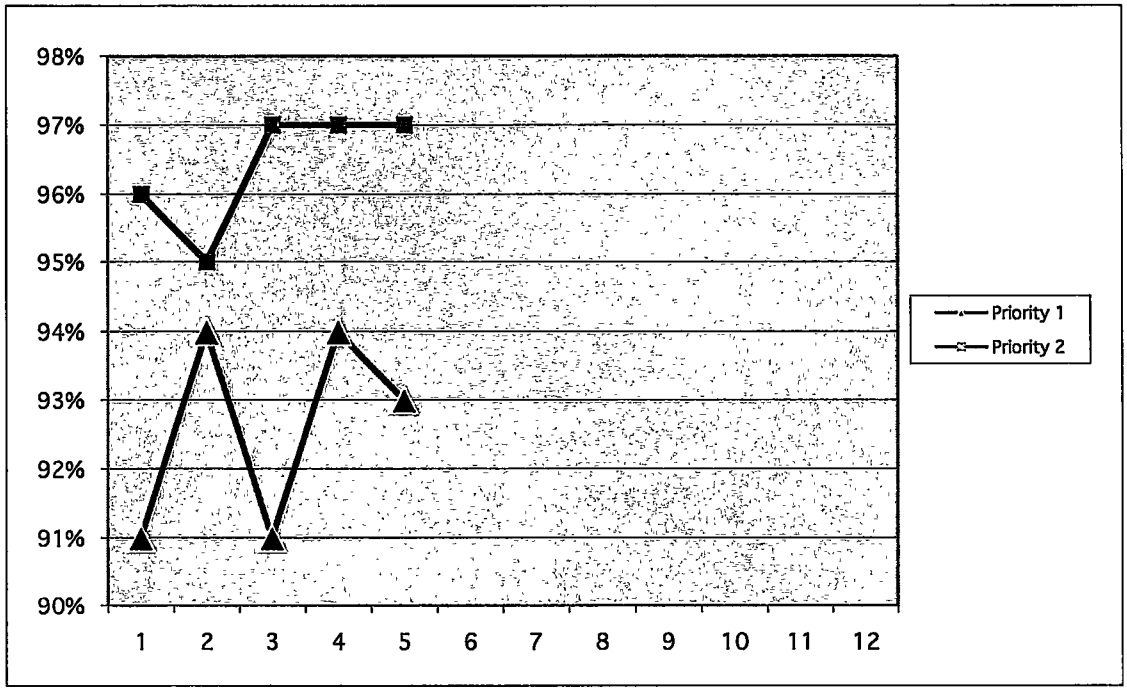
FOR

NOVEMBER 2008

450 Edison Way • Reno, NV 89502-4117
775.858.5700 • fax 775.858.5726

Fiscal 2009

Month	Avg. Response Time	Avg. Travel Time	Priority 1	Priority 2
Jul-08	4 mins. 56 secs.	3 mins. 51 secs.	**91%**	**96%**
Aug.	5 mins. 52 secs.	4 mins. 42 secs.	**94%**	**95%**
Sept.	6 mins. 15 secs.	5 mins. 4 secs.	**91%**	**97%**
Oct.	5 mins. 55 secs.	4 mins. 49 secs.	**94%**	**97%**
Nov.	5 mins. 37 secs.	4 mins. 33 secs.	**93%**	**97%**
Dec.				
Jan. 09				
Feb.				
Mar.				
Apr.				
May				
Jun-07				



08-09 Sched of Fran Avg. Bill

Care Flight				
Month	#Patients	Gross Sales	Avg. Bill	YTD Avg.
Jul-08	19	$106,108	$5,585	$5,585
Aug.	14	$83,040	$5,931	$5,732
Sept.	25	$153,215	$6,129	$5,903
Oct.	16	$104,772	$6,548	$6,042
Nov.	9	$53,679	$5,964	$6,034
Dec.			$0	$6,034
Jan. 09			$0	$6,034
Feb.			$0	$6,034
Mar.			$0	$6,034
Apr.			$0	$6,034
May			$0	$6,034
June			$0	$6,034
Totals	83	$500,814	$6,034	$6,034
		Adjusted Allowed Average Bill -		$6,341.00
REMSA Ground				
Month	#Patients	Gross Sales	Avg. Bill	YTD Avg.
Jul-08	2756	$2,364,088	$858	$858
Aug.	2876	$2,479,415	$862	$860
Sept.	2705	$2,388,051	$883	$867
Oct.	2671	$2,356,443	$882	$871
Nov.	2536	$2,238,390	$883	$873
Dec.			$0	$873
Jan. 09			$0	$873
Feb.			$0	$873
Mar.			$0	$873
Apr.			$0	$873
May			$0	$873
June			$0	$873
Totals	13544	$11,826,387	$873	$873
		Allowed ground avg bill -		$886.00

REMSA®

Regional Emergency Medical Services Authority

CARE FLIGHT

OPERATIONS REPORT

FOR

NOVEMBER 2008

450 Edison Way • Reno, NV 89502-4117
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CARE FLIGHT OPERATIONS REPORT
NOVEMBER 2008
WASHOE COUNTY

- **In Town Transfer:**
  - **2 ITTs were completed**

- **Outreach, Education, & Marketing:**
  - **4 Community Education & Public Events**

11/8/08	Girl Scout PR Event	Flight Staff
11/12/08	RTI Sports Medicine and Emergency Services Programs x2	Flight Staff
11/17/08	REMSA/RASI Orientation	Flight Staff
11/27/08	CF1 to Edison for Thanksgiving Dinner	Flight Staff

Statistics

Washoe County Flights

	# patients
Total Flights:	9
Total Patients	9
Expired on Scene	0
Refused Transport (AMA)	0
Scene Flights	7
Hospital Transports	2
Trauma	4
Medical	3
High Risk OB	0
Pediatrics	2
Newborn	0
Full Arrest	0
Total	9

REMSA

GROUND OPERATIONS REPORT

FOR

NOVEMBER 2008

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GROUND AMBULANCE OPERATIONS REPORT

November 2008

1. OVERALL STATISTICS:

Total Number Of System Responses	4397
Total Number Of Responses In Which No Transport Resulted	1850
Total Number Of System Transports	2547

2. CALL CLASSIFICATION REPORT:

Trauma		28%
Non-MVA Related	19%	
MVA Related	9%	
Medical		44%
OB		0%
Psychiatric/Behavioral		4%
Transfers		16%
Unknown/Other		6%
Cardiopulmonary Arrests		2%
Total Number of System Responses	100%	

3. MEDICAL DIRECTOR'S REPORT:

The Clinical Director reviewed:

100% Full Arrest Ground Charts
100% Pediatric ALS and BLS Ground Charts
100% All Ground Intubations

Review of the following patient care records (PCR) for accurate and complete documentation and appropriate use of protocol:

- 100% of cardiopulmonary arrests
  - 27 total

- 100% of pediatric patients both ALS and BLS transport and non-transport patients
  - Total 152
- 100% of advanced airways (outside cardiac arrests)
  - 4 total
  - ETCO2 use in cardiac arrests and advanced airway
- 100% of Phase 6 Paramedic and EMT PCRs
  - 306 Paramedic total
  - 0 EMT-I total
- 100% Pain/Sedation Management – 150

All follow-up deemed necessary resulting from Communication CQI was completed by Alan Dobrowolski, RN, Communications Manager.

4. EDUCATION AND TRAINING REPORT:

A. Public Education

Basic Life Support CPR Instructor Course

11/21/2008	REMSA	6 Students

Healthcare Provider (HCP) CPR Courses

11/5/2008	REMSA	8 Students
11/6/2008	REMSA	5 Students
11/8/2008	REMSA	9 Students
11/11/2008	REMSA	1 Student
11/11/2008	REMSA	9 Students
11/19/2008	REMSA	10 Students
11/24/2008	REMSA	9 Students
11/25/2008	REMSA	6 Students

Healthcare Provider (HCP) Recertification CPR Courses

10/28/2008	REMSA	10 Students
10/28/2008	REMSA	4 Students
11/7/2008	REMSA	1 Student
11/13/2008	REMSA	7 Students
11/18/2008	REMSA	11 Students
10/25/2008	REMSA	3 Students

Healthcare Provider (HCP) Employee Recertification Course

11/4/2008	REMSA	1 Student

11/10/2008	REMSA	1 Student
11/13/2008	REMSA	1 Student
11/17/2008	REMSA	2 Student
11/20/2008	REMSA	2 Student
11/20/2008	REMSA	1 Student

BLS CPR Skills Verification

11/14/2008	REMSA	1 Student
11/19/2008	REMSA	1 Student
11/20/2008	REMSA	1 Student
11/26/2008	REMSA	3 Students

Heartsaver First Aid (HSFA) Courses

11/1/2008	REMSA	3 Students
11/12/2008	REMSA	3 Students
11/15/2008	REMSA	1 Student
11/15/2008	REMSA	7 Students
11/20/2008	REMSA	4 Students

Heartsaver Pediatric First Aid (HSPFA) AED Courses

11/1/2008	REMSA	5 Students
11/4/2008	REMSA	11 Students
11/8/2008	REMSA	8 Students
11/17/2008	REMSA	25 Students

Heartsaver (HS) AED Courses

10/29/2008	REMSA	21 Students
11/6/2008	REMSA	18 Students
11/15/2008	REMSA	6 Students
11/16/08	REMSA	28 Students
11/20/2008	REMSA	17 Students

Heartsaver (HS) CPR Courses

11/22/2008	REMSA	7 Students

Advanced Cardiac Life Support

10/14/2008	Riggs Ambulance Service	3 Students
10/20/2008	John Mohler & Co	4 Students
10/23/2008	REMSA	13 Students

11/2/2008	REMSA	4 Students
11/3/2008	John Mohler & Co	19 Students
11/22/2008	John Mohler & Co	12 Students

Pediatric Advanced Life Support

10/1/2008	Nampa Fire Training	9 Students
10/2/2008	Nampa Fire Training	14 Students
10/25/2008	John Mohler	8 Students
10/29/2008	John Mohler	4 Students
11/14/2008	Humboldt General Hospital	4 Students
11/26/2008	REMSA	12 Students

International Trauma Life Support

10/24/2008	REMSA	15 Students

Neonatal Resuscitation Program

11/3/2008	REMSA	4 Students
11/19/2008	REMSA	13 Students

Training Site Courses - Heartsaver CPR & AED

10/20/2008	DPS Training Division	4 Students
10/28/2008	Nevada Department of Corrections	2 Students
11/9/2008	Tanya Getz	8 Students
11/26/2008	Storey County Fire Department	2 Students
11/30/2008	Tina Cotter	1 Student

Training Site Courses – Heartsaver First Aid

6/6/2008	Silver Legacy Casino	2 Students
9/2/2008	Clark Mansanares	11 Students
9/3/2008	Clark Mansanares	10 Students
9/10/2008	Majen	6 Students
9/12/2008	Majen	5 Students
9/23/2008	Majen	5 Students
9/24/2008	Majen	15 Students
10/20/2008	Joe Dabrowski	7 Students
10/20/2008	Nevada Department of Corrections	7 Students
10/21/2008	Joe Dabrowski	3 Students
10/21/2008	Majen	6 Students
10/22/2008	Joe Dabrowski	3 Students
10/23/2008	Eagle Valley Children's Home	7 Students

10/28/2008	Nevada Department of Corrections	17 Students
10/28/2008	Jennifer Kraushaar	1 Student
10/28/2008	Nevada Department of Corrections	21 Students
10/30/2008	Nevada Department of Corrections	29 Students
11/1/2008	Nevada Department of Corrections	6 Students
11/3/2008	Nevada Department of Corrections	10 Students
11/4/2008	Nevada Department of Corrections	33 Students
11/4/2008	Diane Shelly	4 Students
11/5/2008	Nevada Department of Corrections	16 Students
11/6/2008	Sierra Nevada Job Corps	6 Students
11/7/2008	Sierra Nevada Job Corps	5 Students
11/10/2008	Eagle Springs Refinery	5 Students
11/12/2008	Nevada Department of Corrections	42 Students
11/12/2008	Nevada Department of Corrections	12 Students
11/13/2008	Nevada Department of Corrections	14 Students
11/14/2008	Sierra Nevada Job Corps	7 Students
11/15/2008	Reno Fire	3 Students
11/18/2008	Nevada Department of Corrections	17 Students
11/18/2008	John Hughes	2 Students
11/25/2008	Sierra Nevada Job Corps	6 Students

Training Site Courses - Heartsaver Pediatric First Aid (HSPFA) AED Courses

11/7/2008	Great Basin College	2 Students

Training Site Courses – Healthcare Provider

10/1/2008	Sierra Nevada Job Corps	12 Students
10/20/2008	Renown	1 Student
10/23/2008	Donna Miller	3 Students
10/24/2008	Sierra Nevada Job Corps	6 Students
10/25/2008	John Hughes	25 Students
10/25/2008	Annette Cassity	6 Students
10/28/2008	Renown	1 Student
10/25/2008	Donna Miller	1 Student
10/29/2008	Milan	5 Students
10/31/2008	Wild About Smiles	16 Students
11/1/2008	Riggs Ambulance Service	3 Students
11/11/2008	Milan	17 Students
11/12/2008	Sierra Rose Dialysis Center	3 Students
11/12/2008	Humboldt General Hospital	6 Students
11/13/2008	Nevada Department of Corrections	5 Students
11/23/2008	Diamond Mountain Casino	5 Students
11/24/2008	John Hughes	1 Student

Training Site Courses – Healthcare Provider Recert

10/5/2008	Humboldt General Hospital	5 Students
10/16/2008	Mike Trevino	10 Students
10/17/2008	IGT	5 Students
10/27/2008	DPS Training Division	1 Student
10/28/2008	In House Education	8 Students
10/29/2008	Nevada Department of Corrections	2 Students
10/29/2008	Jason Harris	1 Student
11/3/2008	In House Education	3 Students
11/4/2008	In House Education	17 Students
11/6/2008	Willow Springs	9 Students
11/10/2008	In House Education	16 Students
11/12/2008	Rosewood Rehab Center	2 Students
11/13/2008	Circle of Life Hospice	7 Students
11/14/2008	Nevada Department of Corrections	2 Students
11/14/2008	Great Basin College	5 Students
11/18/2008	John Hughes	3 Students
11/20/2008	In House Education	18 Students
11/20/2008	Sierra Surgery Hospital	3 Students
11/24/2008	Jason Harris	1 Student
11/25/2008	Concentra Inc	3 Students
11/26/2008	Reno Tahoe Airport Fire	2 Students
11/29/2008	Jason Harris	3 Students

Training Site Courses – BLS CPR Skills Verification

9/24/2008	Majen	1 Student

Total Students Processed – November 2008	**1020**

Paramedic Course

Ongoing	REMSA Paramedic Program – 7/08	12 Students

EMT Course

Ongoing	EMT B – 10/11/08	21 Students

5. COMMUNITY RELATIONS:

Community Outreach Department:

Point of Impact

11/3/08-11/6/08	Nationally Certified Child Passenger Safety Technician Training Course; all students passed	9 students
11/8/08	Child Safety Seat Checkpoint, Country Financial, Reno. 27 cars and 31 seats inspected.	16 volunteers, 3 staff
11/14/08	Table/Booth at Babies 'R Us Anniversary Party	1 staff

Northern Nevada Fitting Station Project

11/5/08	Saint Mary's Prenatal Class, Reno.	24 students

Safe Kids Washoe County

11/6/08	Safe Kids Walk This Way Task Force Grant teleconference.	1 staff
11/12/08	Safe Kids Board of Director's monthly meeting, REMSA.	9 volunteers
11/13/08	EMS for Children Strategic Planning, Reno. Melissa Krall facilitated	9 volunteers
11/13/08	Safe Kids Distracted Driver Research Grant, one observation, Pine Middle School, Reno.	3 volunteers
11/14/08	Safe Kids Distracted Driver Research Grant, two observations, Pine Middle School, Reno.	2 volunteers
11/18/08	Safe Routes to Schools National Training, Sparks. Sponsored by Nevada Department of Transportation.	25 students
11/19/08	Safe Routes to Schools Advisory Committee monthly meeting, Reno.	10 volunteers
11/19/08	Safe Kids Distracted Driver Research Grant, one observation, Pine Middle School, Reno.	2 volunteers
11/24/08	Not Even For A Minute subcommittee meeting, Sparks.	3 volunteers
11/24/08	Esther Bennett Elementary School Safety Committee meeting, Sun Valley.	10 volunteers

GROUND AMBULANCE AND CARE FLIGHT

INQUIRIES

FOR

NOVEMBER 2008

450 Edison Way • Reno, NV 89502-4117
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INQUIRIES

November 2008

There were no inquiries in the month of November.

GROUND AMBULANCE

CUSTOMER SERVICE

FOR

NOVEMBER 2008

450 Edison Way • Reno, NV 89502-4117
775.858.5700 • fax 775.858.5726

GROUND AMBULANCE CUSTOMER COMMENTS NOVEMBER 2008

What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
Your homebound flu shot program is great! My mom is relatively homebound and I'm her caregiver. She could never stand in line for long.	Nothing, just keep up the good work.	Great!
Very polite employees of REMSA in ambulance.	Was supposed to receive pain meds according to Urgent Care doctor, but did not. IV was put in dominate arm in ambulance (not asked what arm to use) was very inconvient and had to be changed at the hospital.	Overall service was good.
The staff was very professional and concerned for my wife.	Keep up the good work. We have used REMSA and have always been the best.	
Prompt response, took vitals promptly, took EKG and info on meds. Very friendly and caring.	Not starting IV line while on the road.	
My transporters handled me carefully and were kind to my husband.	Better training in inserting an IV in a patients arm.	I didn't make the inital call or deal with the billing staff.
Yes you did. REMSA has been to our home four times, over the years, and your crew always does a very good job. We appreciate how prompt and efficient they are.		
Kind, efficient, speedy and careful service. Accutely aware that patient was in pain and tried to keep him comfortable.		
The peronnel showed great support during my time of great stress.	There is always room for improvement, but my time was to short for an opinion.	
They did not have a room for me at the hospital and I guess that was the case? The REMSA attendent stayed with me in the hallway for over an hour and never left me for all that time, you can't do anything to improve service as it is excellent.		
Your reply was very prompt. No time was waisted.		Everybody was nice and professional and quick to get me to the hospital.
They were very through, and answered all our questions and were very gentle putting in the IV!	Keep on sending crew's like these out!	Said it all above!

What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
My mother is 98 yrs old and very fragile, the REMSA staff on "10/13/08" was very careful and explained everything that was happening. Showed concern and compassion.	Have more staff like these two they honored our wishes by taking her to St. Mary's.	
Take me to the hospital safely.	Always be there when people need you.	I was in shock at the time and under pain pills. They took x-rays then I went home. I don't remember if it was a full body x-ray.
The paramedics were great, the gentleman who put my IV in did a great job. This was my first experience for me.	Very professional and caring.	I've had paramedics many times for my mother who has since passed. and they were very good with her.
Everything was great. Service and the ambulance were super caring.	My dad's care couldn't have been any better in my eyes.	Your staff is very professional and caring people.
Trent and Christine were wonderful, professional, helpful, caring, concerned and compasionate.	I don't know, I've had to REMSA several times and I believe you're the best.	Excellent!!
The ambulance crew was very professional and helpful.	I think you are 100% now!!!	
Came very quickly made me feel comfortable extremly polite and professional.	Need drapes or tinted windows in back of ambulance for privacy so cars driving in back on ambulance cannot see inside.	
Kept me calm during a false labor.	Get the vein the first time.	
Everything.	I cannot think of a thing.	REMSA is the best and always took good care of my father.
Calm demeanor, helpful about locking up the house and not letting pets out and reassuring.		
Very courteous. Took good control of the situation; explained what was happening.		Excellent service by both REMSA & fire department. Quick response; courteous care.
They were all kind and considerate of the patient.	What more can one do? They showed love and care for the patient.	All you people are great.
All was handled very, very well. Attandants very helpful during my time of need.	Very ill and was diagnosed with food poisoning.	Pass along my sincere thanks and appreciation to staff for their professionalism and care.
The two staff members were excellent in taking care of my mother. You should be proud of them!		

What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
The two responding paramedics went to great lengths to ensure I felt minimum pain (broken leg)	No suggestions. Great response time and service. Thank you!	The paramedics thoroughly explained all activities and procedures. They performed on me beforeactually doing them. This put my mind at
We yielded No. Bound Pyamid Hwy at McCarren and idiot behind us didn't - slammed into us. That ambulance personnel witnessed the accident and truned around and assisted and transported me.		Everyone was wonderful.
The crew was very helpful in keeping my 7 year old son calm and engaged during transport between hospitals.	Keep up the great attitude.	During this trying time, it was a very pleasant experience.
The staff members were very professional. They asked important health related questions.	On other trips I wasn't required to have a family member called. Ok for patient to decide.	If medical condition is serious of course call. Care and service fine.
You did everything well.	Nothing.	The 2 young men who came after me, treated me like I was their
		Without your service, our brother would have bled to death...thank
Take care of my baby when I could not be there.	Nothing you guys were great thank you.	
Kept us informed of what they were doing and how my mom was responding. Very polite and respectful of the patient.		We were staying at Peppermill hotel and security called dispatch.
As the patient, I was unaware, my husband said they treated me gently all the time encouraging me to breath.	I could not have got better or faster care, my lungs were filling with fluids.	Bless the young men who got me in on time, I am truly grateful.
No surprises. Crew was proactive giving advice on what was going to happen.	No complaints.	Was a simple non-emergency transport handled well.
Everything. a conversation to comfort me.	This was my first in an ambulance, everyone could not have done better.	Excellent.
The trainee did a good job starting my IV. The woman EMT was most helpful and let me know just what was going on.		
Professional, helpful, courteous all the way!	Is Silver Saver still available?	
I had severe pains in my stomach and the crew encouraged me to take deep breaths which helped me a lot.		

What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
Understood the moment and acted accordingly, thank you, job well done.		
The young man and lady were great.	Nothing, I can think of.	I think REMSA is one of the best services of their kind in Reno. Thank
Excefllent bedside manor, very polite. More folks that are in a profession as yours should follow your example.	The crew that transported myself from the VA to West Hills were excellent.	
Everyone was really great.	I don't believe anything of your service needs to be changed.	All the staff were professional, helpful and caring, very pleased.
You were very comforting and reassuring.	Nothing.	Thank you for being there for us. The in-home flu shots were a blessing
They got an IV in me which is usually not possible. They were very good.		
Everything!!		From side walk to ER above and beyond.
Everything 100%	Just do what you do best thanks!	You are heaven sent, God Bless you all.
Got me out of my home, on to the gurney and into the bus.	I really don't know.	They have always been great whenever I've needed them.
They correctly took my blood pressure, unlike the clinic personal. They were wonderful and very kind.		
Your staff explained my options and made it very easy to make a logical decision.	I can't think of anything.	
Listen to me about how to get me through the house without damage to walls.		Care and service was great. The questionair is weird, your people are doing a great job.
Very reassuring and pleasant to my husband - efficient at the same time.		
Prompt, courteous, reasurring.	Nothing, just continue what good service you are providing now!	Please give them & all your associates my thanks.
Under the circumstances, they made me feel safe and secure.		Very professional.
Everything! Everyone was polite and did their job well, and I'm alive and can't thank you enough.	Nothing	Thanks for the good care.
I don't remember, but my son who was with me said they're great.	Just be there.	My son said I was very bad and did not behave like I should have.

What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
Excellent job! Both RFD as First Responders and REMSA as Paramedics.	I feel very safe knowing I can call upon REMSA and get excellent care.	2 minute response time, excellent!
Your people saved my life.	Just keep up your great work! I may need you again with this asthma. Your the "Best".	I can't thank you enough.
The 2 EMT's were very professional and very kind.	I have no complaints. Your staff transported my late husband home from the VA Medical center. They were terrific!	
The crew was very polite and was very good to my little boy in trying to talk to him to distract him from the stress of the situation.	Not hit bumps so hard while in route .	The care and service are great. Thank you for being so kind to our family during a time of stress.
I was transported to the VA Hospital by ambulance with a back injury. The crew took excellent care of me.	Please commend this crew.	Both the care and service was excellent.
Everything. I'm writing this out for my 87 yr old mother. She can't see well and she panics easily.	Nothing. Everyone is kind and caring, which really helps an older person.	I really appreciate how well everyone took care of her.
Entire action was totally top notch. Extremly professional, competent and concerned and caring. Attendant even stopped back by after a couple of hours to check on my status. I was extremely gracious and thankful.		
	Don't say you have seizer if you don't see no symtoms what the hell.	
Everything except an itemized bill and exact location where he was picked up. Also the time of pick up.		Excellent service.
No	Never care or called treated like a dog. Never help me ever.	Waste of time, pain, care about human life!
	Never call my husband neither did the hospital I had to - not feeling will - needed HELP - law. Leave me alone.	Bad, wrong word, feell like a low live person. Sorry that my visit was so bad.

What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
Everything that were very kind and as thorough as they could be.		The EMT's had an awful time with the charge nurse at Hearthstone. I witnessed what they were up against, which was the most unprofessional behavior that is possible. The RN refused to give them the status of my father so therefore they were unable to pass on needed information reagarding my fathers care. They handled themselves professionally and unfortunately had to do the best they could with a very difficult situation. I was told by the EMT's that what I witnessed wasn't the first time this nurse behaved in this manner. You should be proud of your workers. They were wonderful. Signed Margaret Steffe
The EMT's that helped me were great. They seemed to care and took excellent care of me. They got the IV in and made sure they made me comfortable. Talked to me the entire time to keep me calm. I was picked up 10/3/08 around 5 pm. I want the EMT's that took care of me to see this or be told about this.		I have had to use your service more then once and these 2 gentelmen were the best. Please let them knoe how greatful I am for there kindness and patients. It was nice to be taken care of by someone that cared.
Quick response, courteous, explained well.	I was billed on 10/24 and again on 10/30. What a waste of time, trees and stamps. Let it go to insurance first.	
They took great care not to bump my right leg which I hurt falling down the excalator at Circus Circus.	I was on a bus trip so if a bill is to be paid for the ambulance send it to Travel Insurance Claims Department 1200-438 University Ave, Toronto, Ontario, Canada M5G2K8. My insurance # is 0810602-3.	
Nothing your driver told the ER doctor I had OD'd on Ambion. I hadn't had any of my meds that Monday.	Not diagnosed me as sucidal. When I could have had a heart attack or seizure.	Fire the responder that misdiagnosed a medical problem that landed me in Westhills. I am considering suing you!
		One crew member took upond himself to write down wrong information about my dad. He did not fall he was sitting on the floor to breathe. To many crew in the room, and I'm not his wife.

REMSA

Regional Emergency Medical Services Authority

CARE FLIGHT

CUSTOMER SERVICE

FOR

NOVEMBER 2008

450 Edison Way • Reno, NV 89502-4117
775.858.5700 • fax 775.858.5726

CARE FLIGHT CUSTOMER COMMENTS NOVEMBER 2008

What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
Everything-staff was the best		
Everything	Get a larger helicopter.	Care was excellent, professional and courteous.
All of the things we would have desired. I was treated so special		
Care of person being Care Flighted.	Everything was done.	Everyone was helpful and professional.
An excellent fight crew ad personable medic. Comfortable flight and attentive medic.		
Got me to help, thanks!		
Everything! Was a great flight and I felt I was in the very best of hands.		They explained everything in advance and in a calm
Saved my life.		
Everything!	Was great, couldn't be better.	
Explained why and how they were doing each procedure to assist me.	I can not think of any way that the nurses and pilots couls have served me better.	The professionals were very helpful and made me very comfortable in difficult surroundings.
The two young men were wonderful, very carefull and answered all our questions.		
fly safely and they paid attention to my stress level which I really appreciated.		
yes		
Most were sympathetic and helpful. Who helped putting leash on my dog? Fire dept or REMSA?		Listen to patient. Be more careful about causing more pain and also damage they could do to patient.

REMSA

Regional Emergency Medical Services Authority

REMSA

PUBLIC RELATIONS REPORT

FOR

NOVEMBER 2008

450 Edison Way • Reno, NV 89502-4117
775.858.5700 • fax 775.858.5726

PUBLIC RELATIONS

December 2008

ACTIVITY	RESULTS
Wrote and Distributed "Community Advisor" regarding power outage preparedness, holiday toy safety and hypothermia safety.	Multiple rural newspapers printed the Community Advisor verbatim with numerous references to REMSA, SEMSA and Care Flight.
Coordination of Channel 2's "Share Your Christmas" coverage with REMSA and Care Flight. Event benefited the Food Bank of Northern Nevada.	Channel 2 features REMSA shopping at Scolari's for the Food Drive on their 12/10 evening news and the morning of 12/11. REMSA was again features on 12/12 dropping off the food and presenting a check to the Food Bank.
Wrote and distributed media advisory regarding REMSA visiting the Senior Bridges program for their holiday party.	Featured in RGJ Winners column 12/27/08.

"The Ultimate Sacrifice"

OIS-BM.

NATIONAL EMS MEMORIAL SERVICE

November 28, 2008

Regional Ambulance Services
450 Edison Way
Reno, NV 89502-4117

Dear members of the Regional Ambulance Services & Air Angels:

On behalf of the entire board for the National EMS Memorial Service, I want to personally thank you for your generous contribution.

Each year, the National EMS Memorial Service honors those people who have died in the line of duty while performing rescue operations or pre-hospital medical care. These people have made "The Ultimate Sacrifice" and we are eternally grateful for their contributions to their communities. This year, we are honoring over 70 EMS providers from across the country—more than we have ever had—and your contribution is so appreciated!

Without the passion, support, and dedication of people like you, the Memorial Service would not have succeeded in honoring our fellow EMS personnel who have died in the line of duty for so many years. I hope you will be able to attend our next Memorial Service in Roanoke in May. Your continued support and passion to this service is greatly appreciated. Again, thank you so much for your generosity.

Sincerely,

Daniel Wildman
Treasurer

P.O. Box 279, Oilville, Virginia 23129-0279
(804) 749-8191 • FAX (804) 749-8910
http://nemsms.org • e-mail: nemsms@aol.com

BRIEFLY

Saint Mary's, REMSA work to cut wait time

Saint Mary's Regional Medical Center and the Regional Emergency Medical Services Authority have been working together since September to reduce the amount of time a patient with an abnormal electrocardiogram, or EKG, waits for treatment on arrival to the hospital.

When REMSA is called to a case, an EKG is done, and if it's abnormal, the hospital's emergency department is alerted. When the patient arrives, the catheterization laboratory will have already been notified, and if a balloon placement is necessary, door-to-balloon time is shortened by 10 to 15 minutes.

The national benchmark time set by the American College of Cardiologists and the American Heart Association is 90 minutes, according to Saint Mary's spokeswoman Frankie Vigil. After 90 minutes, the mortality rate increases.

For the month of October, the average time from door to balloon at Saint Mary's was just above 66 minutes, she said.

REMSA
450 Edison Way
Reno, NV 89502-4117

U.S. ARMY Freedom Team SALUTE

Dear REMSA:

SGT Kevin Basta, a Soldier in the United States Army, has submitted you for a Freedom Team Salute Commendation for your support and sacrifice as an Army Employer.

During the past several years, hundreds of thousands of Army National Guard and Army Reserve Soldiers have served in the Global War on Terrorism. They have been engaged around the world, including Iraq and Afghanistan, while also providing security here at home. Their dedicated service has been vital to our Nation's defense; protecting America does not stop at our borders. Each day Soldiers adapt to a changing enemy, and Employers help us maintain our commitments to the Nation and our way of life.

We recognize that you've invested in America's defense by supporting its Army and your Soldiers. As an Army Employer, you are a vital, valued member of the Army team. It has been encouraging to see America's Employers and communities welcome returning Soldiers back to their civilian livelihoods. Ultimately, we are confident that you will benefit from the values, experience and leadership that your citizen-Soldier and employee will bring home.

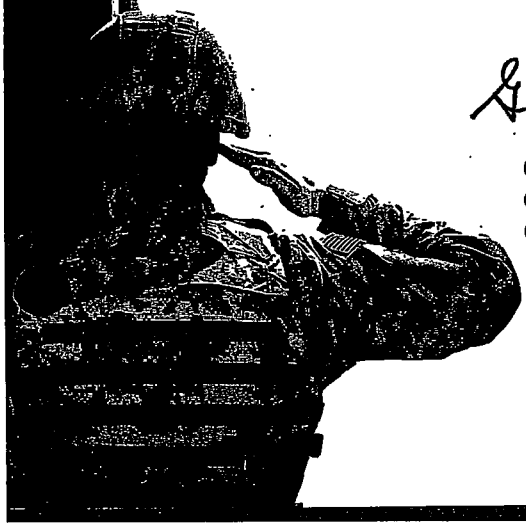
As we adjust to the situation of the world today, the Army is committed to remaining strong in leadership, trained and ready to serve, and respectful of our Soldiers and their Employers. We are working to improve both readiness and predictability of Soldiers' deployments so that you may continue to support these important standard-bearers of freedom and the American way of life.

The U.S. Army thanks you for your support to those who answer the call to duty as citizen-Soldiers.

Sincerely,

George W. Casey, Jr.
General, United States Army
Chief of Staff

Pete Geren
Secretary of the Army



U.S. ARMY

U.S. ARMY

Freedom Team SALUTE℠

Certificate of Appreciation

REMSA

For outstanding support of SGT Kevin Basta, a Soldier in the United States Army. The Army greatly appreciates your support of Soldiers fighting the Global War on Terrorism and is proud to recognize your contributions and personal sacrifices in preserving the freedom and security of our Nation.

George W. Casey, Jr.
General, United States Army
Chief of Staff

U.S. ARMY

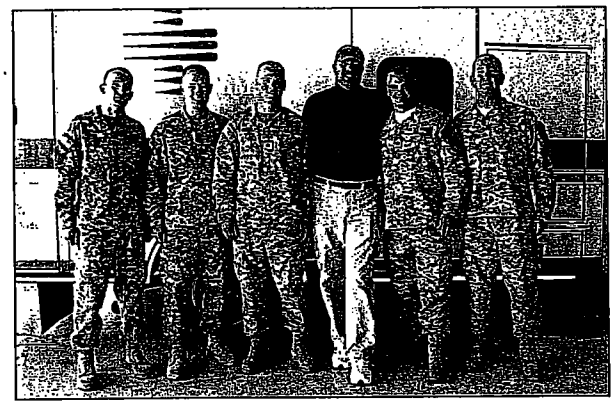
Pete Geren
Secretary of the Army

CAA Member REMSA Honored with Freedom Award

President Bush thanks Patrick Smith for REMSA's support of America's National Guard

Reno-based Regional Emergency Medical Services Authority, was one of fifteen employers nationwide to receive the 2008 Secretary of Defense Employer Support Freedom Award for their support of their employees who serve in the National Guard.

REMSA goes far beyond what is required of employers by guaranteeing to match the difference if their military pay is less than what they make in their positions with the pre-hospital care provider. In addition, REMSA keeps health benefits for their immediate families, which gives peace of mind that their family is safe while they're away serving their country.



REMSA/Care Flight Army National Guard members being deployed to Afghanistan: Mike Roen; Tyler Teese; Kevin Basta; Nick Hammond and Steve Park shown with Patrick Smith

CAA Members are committed to giving back to the communities they serve and helping those who need help both here and abroad

"Your patriotic efforts to support the citizen-soldiers of our National Guard and Reserve reflects the best of our Nation, and I am grateful for your good work."

-George W. Bush

To celebrate REMSA leadership attended a very special event in Washington, D.C. on September 18 to receive the Award. During their visit they went to Capitol Hill to meet with their Senators and took in a Nationals vs. Mets baseball game. For the finale, Patrick Smith, President and CEO of REMSA was greeted at the White House in the Oval Office by President Bush.

verihealth presents representatives of the Cabo San Lucas Bomberos with much-needed ambulance

Community involvement a commitment for verihealth ambulance

verihealth ambulance continues its commitment to community involvement both near and far. This was evident this past month when once again verihealth donated its third ambulance in as many years to the Cabo San Lucas Bomberos. With the assistance of numerous medical groups, fire stations and individuals the ambulance was filled with much needed fire fighting gear, medical supplies, toys and books.

Locally verihealth continues to provide assistance to the senior community in Petaluma by sponsoring a Meals on Wheels route. The EMT's who volunteer for this program has a chance to interact and provide any additional service to our most vulnerable citizens. Additionally, verihealth continues its ongoing commitment to providing stand- by services and first aid stations to numerous nonprofit events in the greater North Bay.

verihealth's mission is to be a market leader of safe and reliable medical solutions by a team of highly valued professionals always patient focused and community centered.

Got News?
Submit your events, happenings and milestones to be published in the next issue of the Siren.
Email stories and pictures to: Mark Corum, Chair, Industry Image Committee at: mark@corum-communications.com

Reno
Sparks
Tahoe
ECONOMIC DEVELOPMENT AUTHORITY
OF WESTERN NEVADA

Congratulations!
-Meghan

Congats!
Rae McElhaney

What a great honor!
Gail

Awsome!
Amy

Congratulations!
Donna

Congratulations!
Tracy

Great job
Patrick!

Kudos & Congratulations!
-Sarah Wiseman

Congrats!
The Things

Way to Go!
Athena

10/2/08

Patrick,
As a former member of the "Employer Support of the Guard + Reserve" I offer sincere thanks + Congratulations for your Freedom Award. We at EDAWN Salute you!

Chuck

REMSA

Regional Emergency Medical Services Authority

REMSA

OPERATIONS REPORTS

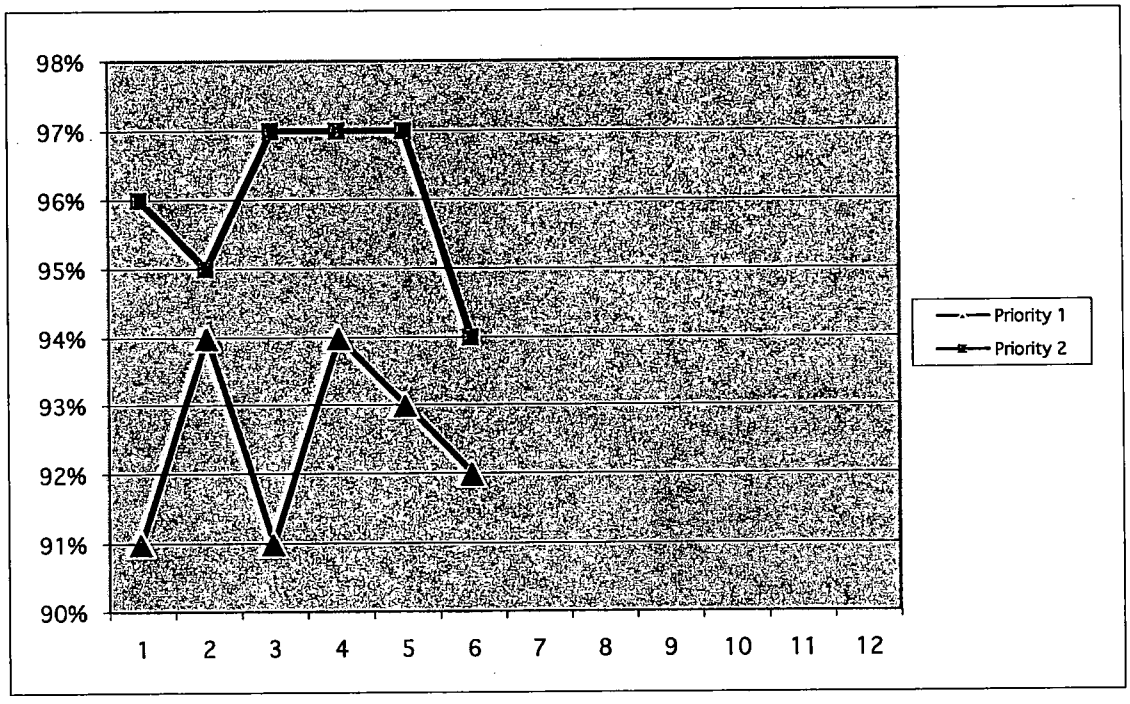
FOR

DECEMBER 2008

450 Edison Way • Reno, NV 89502-4117
775.858.5700 • fax 775.858.5726

Fiscal 2009

Month	Avg. Response Time	Avg. Travel Time	Priority 1	Priority 2
Jul-08	4 mins. 56 secs.	3 mins. 51 secs.	**91%**	**96%**
Aug.	5 mins. 52 secs.	4 mins. 42 secs.	**94%**	**95%**
Sept.	6 mins. 15 secs.	5 mins. 4 secs.	**91%**	**97%**
Oct.	5 mins. 55 secs.	4 mins. 49 secs.	**94%**	**97%**
Nov.	5 mins. 37 secs.	4 mins. 33 secs.	**93%**	**97%**
Dec.	5 mins. 0 secs.	3 mins. 52 secs.	**92%**	**94%**
Jan. 09				
Feb.				
Mar.				
Apr.				
May				
Jun-07				



08-09 Sched of Fran Avg. Bill

Care Flight				
Month	#Patients	Gross Sales	Avg. Bill	YTD Avg.
Jul-08	19	$106,108	$5,585	$5,585
Aug.	14	$83,040	$5,931	$5,732
Sept.	25	$153,215	$6,129	$5,903
Oct.	16	$104,772	$6,548	$6,042
Nov.	9	$53,679	$5,964	$6,034
Dec.	18	$100,736	$5,596	$5,956
Jan. 09			$0	$5,956
Feb.			$0	$5,956
Mar.			$0	$5,956
Apr.			$0	$5,956
May			$0	$5,956
June			$0	$5,956
Totals	101	$601,550	$5,956	$5,956
		Adjusted Allowed Average Bill -		$6,341.00
REMSA Ground				
Month	#Patients	Gross Sales	Avg. Bill	YTD Avg.
Jul-08	2756	$2,364,088	$858	$858
Aug.	2876	$2,479,415	$862	$860
Sept.	2705	$2,388,051	$883	$867
Oct.	2671	$2,356,443	$882	$871
Nov.	2536	$2,238,390	$883	$873
Dec.	2717	$2,420,685	$891	$876
Jan. 09			$0	$876
Feb.			$0	$876
Mar.			$0	$876
Apr.			$0	$876
May			$0	$876
June			$0	$876
Totals	16261	$14,247,072	$876	$876
		Allowed ground avg bill -		$886.00

REMSA

Regional Emergency Medical Services Authority

CARE FLIGHT

OPERATIONS REPORT

FOR

DECEMBER 2008

450 Edison Way • Reno, NV 89502-4117
775.858.5700 • fax 775.858.5726

CARE FLIGHT OPERATIONS REPORT
DECEMBER 2008
WASHOE COUNTY

- **In Town Transfer:**
  - **0 ITTs were completed**

- **Outreach, Education, & Marketing:**
  - **7 Community Education & Public Events**

12/4/08	Incline Paramedic Refresher	Flight Staff
12/12/08	Grand Sierra Resort Food drive	Flight Staff
12/17/08	Interagency Work Group repo to Edison	Flight Staff
12/20/08	Kids Santa Party repo to Edison	Flight Staff
12/25/08	Staff Christmas Dinner Reno repo to Edison	Flight Staff
12/25/08	Staff Christmas Dinner Truckee repo to Edison	Flight Staff
12/29/08	Camp Lots a Fun PR	Flight Staff

Statistics

Washoe County Flights

	# patients
Total Flights:	18
Total Patients	18
Expired on Scene	0
Refused Transport (AMA)	0
Scene Flights	10
Hospital Transports	8
Trauma	5
Medical	11
High Risk OB	1
Pediatrics	1
Newborn	0
Full Arrest	0
Total	18

REMSA.

Regional Emergency Medical Services Authority

REMSA

GROUND OPERATIONS REPORT

FOR

DECEMBER 2008

450 Edison Way • Reno, NV 89502-4117
775.858.5700 • fax 775.858.5726

REMSA®

GROUND AMBULANCE OPERATIONS REPORT

December 2008

1. OVERALL STATISTICS:

Total Number Of System Responses	4813
Total Number Of Responses In Which No Transport Resulted	2101
Total Number Of System Transports	2712

2. CALL CLASSIFICATION REPORT:

Trauma		28%
Non-MVA Related	19%	
MVA Related	9%	
Medical		47%
OB		1%
Psychiatric/Behavioral		3%
Transfers		15%
Unknown/Other		4%
Cardiopulmonary Arrests		2%
Total Number of System Responses	100%	

3. MEDICAL DIRECTOR'S REPORT:

The Clinical Director reviewed:

100% Full Arrest Ground Charts
100% Pediatric ALS and BLS Ground Charts
100% All Ground Intubations

Review of the following patient care records (PCR) for accurate and complete documentation and appropriate use of protocol:

- 100% of cardiopulmonary arrests
  - 35 total

- 100% of pediatric patients both ALS and BLS transport and non-transport patients
  - Total 142
- 100% of advanced airways (outside cardiac arrests)
  - 8 total
  - ETCO2 use in cardiac arrests and advanced airway
- 100% of Phase 6 Paramedic and EMT PCRs
  - 456 Paramedic total
  - 0 EMT-I total
- 100% Pain/Sedation Management – 214

All follow-up deemed necessary resulting from Communication CQI was completed by Alan Dobrowolski, RN, Communications Manager.

4. EDUCATION AND TRAINING REPORT:

A. Public Education

Basic Life Support CPR Instructor Course

11/21/2008	REMSA	7 Students

Healthcare Provider (HCP) CPR Courses

12/3/08	REMSA	7 Students
12/4/08	REMSA	10 Students
12/9/08	REMSA	6 Students
12/13/08	REMSA	9 Student
12/17/08	REMSA	9 Students
12/23/08	REMSA	7 Students

Healthcare Provider (HCP) Recertification CPR Courses

12/4/08	REMSA	6 Students
12/5/08	REMSA	1 Student
12/11/08	REMSA	9 Students
12/16/08	REMSA	15 Students
12/17/08	REMSA	7 Students
12/20/08	REMSA	2 Students

Healthcare Provider (HCP) Employee Recertification Course

12/1/08	REMSA	3 Student
12/2/08	REMSA	1 Student

12/3/08	REMSA	1 Student
12/9/08	REMSA	1 Student
12/11/08	REMSA	1 Student
12/15/08	REMSA	1 Student
12/16/08	REMSA	1 Student
12/17/08	REMSA	1 Student
12/18/08	REMSA	3 Students
12/22/08	REMSA	1 Student
12/23/08	REMSA	2 Students
12/29/08	REMSA	1 Student

BLS CPR Skills Verification

12/15/2008	REMSA	1 Student

Heartsaver First Aid (HSFA) Courses

12/6/08	REMSA	6 Students
12/11/08	REMSA	2 Students
12/20/08	REMSA	5 Students

Heartsaver Pediatric First Aid (HSPFA) AED Courses

12/13/2008	REMSA	10 Students

Heartsaver (HS) AED Courses

12/10/08	REMSA	4 Students
12/20/08	REMSA	4 Students
12/31/08	REMSA	1 Student

Heartsaver (HS) CPR Courses

12/27/2008	REMSA	1 Student

Advanced Cardiac Life Support

12/1/08	John Mohler & Co	21 Students
12/5/08	REMSA	15 Students
12/5/08	John Hughes	1 Student
12/17/08	John Hughes	2 Students
12/23/08	REMSA	1 Student

Pediatric Advanced Life Support

12/5/08	Humboldt General Hospital	1 Student
12/12/08	REMSA	10 Students

International Trauma Life Support

12/19/08	REMSA	5 Students

Neonatal Resuscitation Program

12/19/08	REMSA	3 Students

Training Site Courses - Heartsaver CPR

11/20/08	Majen	6 Students

Training Site Courses - Heartsaver CPR & AED

9/8/08	Majen	19 Students
9/18/08	Washoe County School District	7 Students
9/25/08	Washoe County School District	7 Students
10/7/08	Washoe County School District	7 Students
11/8/08	Washoe County School District	7 Students
11/10/08	Washoe County School District	20 Students
11/12/08	Washoe County School District	24 Students
11/13/08	Washoe County School District	6 Students
11/18/08	Washoe County School District	4 Students
11/19/08	Washoe County School District	8 Students
11/20/08	Washoe County School District	3 Students
11/22/08	Washoe County School District	3 Students
11/24/08	Washoe County School District	8 Students
11/25/08	Washoe County School District	3 Students
12/2/08	Washoe County School District	5 Students
12/2/08	Humboldt General Hospital	15 Students
12/4/08	Washoe County School District	7 Students
12/6/08	Washoe County School District	6 Students
12/10/08	John Hughes	1 Student

Training Site Courses – Heartsaver First Aid

9/8/08	Majen	21 Students
10/18/08	CPR Technologies	7 Students
10/23/08	Majen	11 Students
10/27/08	Majen	10 Students
10/30/08	Majen	14 Students

11/6/08	Majen	6 Students
11/13/08	Majen	3 Students
11/17/08	Majen	6 Students
11/18/08	Sierra Nevada Job Corp	6 Students
11/18/08	Riggs Ambulance Service	4 Students
11/19/08	Majen	9 Students
11/22/08	Majen	7 Students
11/29/08	Lisa Nelson	19 Students
12/2/08	Riggs Ambulance Service	9 Students
12/3/08	Jennifer Kraushaar	1 Student
12/4/08	Nevada Department of Corrections	13 Students
12/6/08	Nampa Fire Department	8 Students
12/8/08	Nevada Department of Corrections	5 Students
12/8/08	Sierra Nevada Job Corps	6 Students
12/9/08	Nampa Fire Department	1 Student
12/13/08	Jennifer Kraushaar	5 Students
12/15/08	Nevada Department of Corrections	4 Students
12/15/08	John Hughes	5 Students
12/15/08	Sierra Nevada Job Corps	6 Students
12/17/08	John Hughes	1 Student
12/23/08	Nevada Department of Corrections	3 Students

Training Site Courses – Healthcare Provider

11/18/08	Sierra Nevada Job Corps	6 Students
12/4/08	Concentra	5 Student
12/4/08	Nampa Fire Department	10 Students
12/5/08	Great Basin College	16 Students
12/6/08	Riggs Ambulance Service	3 Students
12/8/08	Sierra Nevada Job Corp	6 Students
12/10/08	Milan	13 Student
12/10/08	John Hughes	2 Students
12/16/08	Nampa Fire Department	16 Students
12/16/08	John Hughes	1 Student

Training Site Courses – Healthcare Provider Recert

9/18/08	Washoe County School District	6 Students
10/30/08	Storey County Fire	2 Students
12/5/08	Jason Harris	3 Students
12/6/08	Humboldt General Hospital	10 Students
12/6/08	Jason Harris	5 Students
12/13/08	Unified Emergency Training	5 Students

12/13/08	Great Basin College	2 Students
12/16/08	Nevada Department of Corrections	1 Student
12/20/08	Concentra	1 Student

Training Site Courses – BLS CPR Skills Verification

9/22/2008	Majen	5 Students
12/19/08	Orvis School of Nursing	1 Student

Total Students Processed – December 2008	**685**

Paramedic Course

Ongoing	REMSA Paramedic Program – 7/08	12 Students

EMT Course

Ongoing	EMT B – 10/11/08	21 Students

5. COMMUNITY RELATIONS:

Community Outreach Department:

Point of Impact

12/15/08	Nationally Certified Child Passenger Safety Technician Recertification class; all students passed	2 students

Public Relations

12/15/08	Child ski helmet fitting, REMSA office.	1 client
12/17/08	Annual Sparks Police Department awards ceremony.	1 staff

Northern Nevada Fitting Station Project

12/10/08	Fitting Station partners meeting, Renown.	5 volunteers
12/17/08	Saint Mary's prenatal class, Reno.	30 students

Safe Kids Washoe County

12/2/08	Virginia Palmer Bennett Elementary School Safety Committee meeting, Sun Valley.	5 volunteers
12/3/08	Safe Routes to Schools Stakeholders meeting, Washoe County Public Works, Reno.	12 volunteers
12/5/08	Washoe County Child Death Review team, Reno.	14 volunteers
12/8/08	Esther Bennett Elementary School Safety Committee meeting, Sun Valley.	4 volunteers
12/9/08	Safe Kids Washoe County monthly meeting, Sparks.	7 volunteers
12/9/08	Bike to Work Day planning meeting, Washoe County District Health Department, Reno.	7 volunteers
12/11/08	Chronic Disease Coalition presentation about Safe Routes to Schools, Washoe County District Health Department, Reno.	2 staff, 20 volunteers

GROUND AMBULANCE AND CARE FLIGHT

INQUIRIES

FOR

DECEMBER 2008

450 Edison Way • Reno, NV 89502-4117
775.858.5700 • fax 775.858.5726

INQUIRIES

December 2008

There were no inquiries in the month of December.

GROUND AMBULANCE

CUSTOMER SERVICE

FOR

DECEMBER 2008

450 Edison Way • Reno, NV 89502-4117
775.858.5700 • fax 775.858.5726

GROUND AMBULANCE CUSTOMER COMMENTS DECEMBER 2008

What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
Everything was done well.	Everything was well done, you do not need to do anything to improve the service.	Thank you. I recommend your service to all. And I tell them of your membership service.
Cheerful, up beat, professional mannerism, helpful attitude.	Stay the same.	Each time I used your services and feeling bad. Your teams make me feel better and to understand what is going on.
I am a veteran, they notifyed the VA. The VA had them take me to REnown Medical Center.		
Everything. They really care about the patient. They are just wonderful.	Thank you for caring people like them.	
We appreciate all that you do for us, you go beyond when you take care of us.	There is no doubt in my mind that you are doing a great service when you come to us.	Can't see how it could be any different.
Everything. This was my 5th or maybe more; trip this year. You are always such a comfort when one needs it most.		
Got there fast as I was within an hour or so of death.	Take insurance then so patient isn't more stressed with getting bill in mail.	On the way REMSA people asked me if I thought they should try to get an IV in before hospital. Me out more than in and they already knew my condition was critical.
Everything great.	Nothing.	Excellent, thank you very much. I am blind. Excellent service.
We have always had excellent service, much kindness.		Their attitude, your employees are very dedicated. Is always positive.
Arriving in time and very helpful.	Everything was perfect.	I thank the crew and keep the good work.
Everything, no problems experienced.	The only thing is they seemed to ask my name, DOB and to explain the accident like 10 times.	
I had a 10 year old with me, and you made sure she was ok. Thank you.		
Even though it was at 2:15 am, they came promptly. I was having difficulty breathing, was given oxygen.		At the hospital they were very helpful to my daughter.
The two men that came were so great and helpful when my husband collapsed and they kept me calm.	Nothing, I really appreciate everything!	
Arrived in a timely manner, expedited the process and were very professional.	Perhaps your services are a little over priced?	
The crew that responded were the kindest and polite.	For us there was nothing you could have done better. The patient was only 13 years old and scared, but they were great with.	Keep up the great work.
Helped with the pain, I think they did. I also don't remember if they got a IV started.	Nothing, oh lower your prices when somebody is on a fixed income and the ride is 3 blocks.	I felt you could of gotten ther faster, even the fire men kept saying where are they I think they called twice.
The compassion shown to the patient was impressive. They should be commended.		My mother can be very difficult to communicate with, but they showed such patience and concern.
The gentlemen were very friendly and caring. They seemed very concerned and knew what they were doing.	No charge me?	It was nice to know they weren't going to dump me off at the ER and leave. They stayed with me until they found a room.
Your thoughful consideration was very helpful in my time of grief and need.		
Everything.	Cheaper prices for service.	It was a good experience considering the circumstances, great care was provided.
Assessing the patients need to go to ER as a life threatening issue if delayed.		Excellent care, kindness and respect shown to the patient.
Kept me calm thru the whole ordeal. Did their job with extreme efficientcy and professionalism.	Can't think of anything.	The care was exceptional.
I appreciate the help. I needed and the great care given.	Thank you for your patience and care.	Your professional care was very helpful.
Responded in approx 4 min at the door! Staying on the phone was very calming and re-assurring, thank you!		

What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
Asked me questions. Took great care of me getting on the board.	Gotten me some ice for my eye cut and swelling sooner.	
Your staff monitored my heart and drove me to the hospital. Everyone was polite and professional.		Excellent Care.
Everything.		The 2 gentlemen were just that. They even helped take the wheels off the bed so that it wouldn't roll away anymore and it lowered the bed for easier on and off.
As the patient was mentally handicapped, they were thoughtful and manged to calm her, as she is a woman she is more like a 3 year old.	Just keep up the people that you have, they're great.	
You handled my husband with care and respect.	Service was excellent.	All Good.
Calmed us scared parents down. Talked to us about what happened and answered any questions.	Nothing we could think of.	
Calmed me to realize no one would hurt me.	Stay jocular as even especially during holidays.	I have had many different encounters with EMT's REMSA is best.
Response time was good. Your personel was friendly and immediately effective. I felt a relief the minute they arrived. They checked to make sure that my home was scarred and that my pet was taken care of when we left.		
I am the daughter to the patient, the whole team that came to the house was great and very professional. Thanks.	I hope this will never happen again, but if it does happen, I hope the same team responds to my house.	I can only say great things about how quick and the professionalism is on of a kind. Thank you again for keeping me calm.
Hauled my husband with care and got him into hospital. Really appreciated them.	Thank you again.	
The attendant was great. I didn't have much (if any) interaction with the other EMT.		
They were there within minutes and got me to hospital.	The girls were great.	Just a big thank you to the girls.
Got my wife to the hospital.	Give back all medications to patient.	
Showed empathy for my situation and always reassured me. Thank you.		
They were very kind and helpful to us.		You have very polite and really caring.
Everything was done with excellence!		Compassion was also given to me and I greatly appreciated that along with their professional care to my husband.
Took good care of me when they got here. The two women were very courteous when handling and very gentle.	Keep up the good work. Will call you again when I need you.	Everything was just perfect. Service was very good.
I have no complaints, everyone was professional and courteous.		In the past I've found your billing personnel to be rude and less than communicative.
Every bit of your service was excellent, fast and very compassionte.	I have had several trips with your service, including my wife, and every trip was excellent.	I just have to say again "excellent".
My husband was carefully evaluated. I was naturally upset and the staff comforted and reasured me. The staff appeared ready to handle whatever they found at the scene.		Mindly offended by the cost.
The lady in the ambulance was very kind and talked to me and made it easier for me to relax and know I was in good hands.		I would know from my experience that I would not hesitate to call again. Thank you for a fine service, with good ladies.
The two men spent a great deal of time with the very reluctant patient.		Very polite and great deal of patience.
Everything. Your EMT's very calming, which helped me to stay calm when all I wanted to do was break down and crawl inside myself.	Be free.	
Quick to arrive. Very helpful to tell us what they were going to do.	Excellent as is.	REMSA certainly gets high marks from us.
Everything they did was for my husband. It was excellent they really cared.	We do not live in Nevada, but if I did I would really call again for your service.	
Everything was done in an efficient and well ordered way. Nothing is to be changed.	Everything was great.	

What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
They submitted my bill to the insurance company.		The drivers were very kind and explained everything to me. They also stopped by my house to turn my crock pot down and put my dogs in the garage. I appreciated this very much as I had fallen and broken my leg. This happened at 9am and I didn't have surgery until 9pm and so I appreciated their help.
They took very good care of my mom. I am a former medic of 15 years, I thought they crew did a great job.		
Very calm; clear communication; understanding and empathic.	Everything was great.	Thank you for your service.
Prompt, necessary, help and transport w/o delay.	Keep my info on file where the ambulance staff can look at it on their way here, then act accordingly once here.	I appreciate your service greatly!
The service and people involved were all great!!! Thank you so much.		
Very prompt. Very thoughtful. Communicated very well. The entire crew, expecially the young lady, was masterful in putting us at ease.	If you don't mind me saying, I really hope we don't need to call again.	Thank you for a thoroughly professional job.
Female EMT was very calming to my mother, while the other person attended to my father. Also I felt it was very insightful to wait until I arrived as my dad refused to go. Telling them that I could take him. Not. I could not have moved him in that condition and your people waited until I got there.		As a daughter of elderly parents living on their own. I really appreciate knowing that your service is there to care for them. Hopefully he or she won't be so stubborn in the future should they need your services.
The EMT's were awesome. They did a great job calming me down.	Nothing, your service is great. Quick response time.	I was in a car accident. Rear ended. The Firemen and the EMT's were great. But since I already thanked the Firemen, I need to personally thank the EMT's for a job well done. They calmed me down and kept me calm to the hospital. And they also let my son ride in the front to the hospital. When it comes to emergency situations and saving lives, they are well trained and I thank them. I owe them my life for saving mine. The EMT's that responded that night, please tell them my deep appreciation and thank you's to them, they were awesome!
Patrick was very quick to diagnose my mother's extreme low blood sugar to keep the REMSA team moving forward.		Unfortunately, my mother passed away but REMSA was very helpful.
The paramedics were friendly, professional and helpful.	Have better people in billing. The person that I spoke to didn't have people skills.	
Staff was friendly yet sympathetic, seemed to care about the patient, were clear on what they were going to do.		
Nothing that day! The crew was very rude, and mean to patient verbally.	Teach your crew to be more simpathetic towards pateints.	I was in so much pain and agony that night leaving me paralized from the waist down due to extreme pain in RHB.
		The guy went up front of the ambulance and left me alone. They did not monitor me even though I had a low heart rate.
		My mother was in awful pain and couldn't walk. The female paramedic was very curt and inpatient with her.
Fast response and great care.	I called the billing office and was put on eternal hold. Never did get a real person.	Care and service were great - I'll call billing again when they're not so busy.

What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
		On the evening of 11/24/08 I called 911 expecting the fire dept only having told the operator my problem: It was extremely cold out, after dark 1) Adult sone, large man, outside my home, passed out, very drunk, NOT ill, NOT injured, but it was extremely cold and I needed to get him into the house and could not do alone. 2) Both fire and REMSA came with several people and they did manage to get son on his feet and into the house but he was so drunk he could not stand or walk alone or communicate well. 3) The REMSA people were very courteous but insisted upon their orders in such cases to be transported to ER. I begged them to just get him into bedroom and we could manage but I COULD NOT PREVAIL. I explained I am on Soc Sec and son not working and we had NO money for the hospital or transporting and I was sure ER was NOT necessary. Politely but firmly he was taken to ER and I followed. Now we have large bills with St Mary's and REMSA we CANNOT pay. So, in spite of gratitude for help and everyone being kind and polite we now have a large problem I begged not to be faced with. I do not believe this should be a REMSA policy as I was sure I could handle the problem anbd let son sleep it off and if necessary I feel I should have been allowed to sign a waiver or something. Son was billed but as said, not job and no money. Thank you. At this time I am supporting son on my small income, the call for helpcame from me, not my son. I HAD to get him into the warm house.
Got here quick		When stuck with IV needle, did not do right, when in ER right arm was brused where needle was stuck, ER nurse moved. It was painful. It tool a week for brusing, a week to heal, hurt for a week also.
Nothing, student could not get IV in while ambulance was moving.	Drive more carefully.	The driver went to the end of the lane turned around and backed up and hit the fence.
		The IV that was put in was done poorly and caused my arm to be badly bruised.
Arrived quikly. Were professional. Got me safely to the hospital. & locked the front door for me.	Seat belt was only over my legs. In the event of an accident, I didn't feel I would be safe. I had to ask for a blanket. The staff at the hospital redid my IV because they weren't happy with the REMSA one.	I was surprised that the dispatcher hung up prior to the crew's arrival.
The crew was very personnel.	Make the ride smoother.	Dispatcher put me on hold and never came back.
	Insisted that I go when I knew I didn't need to. Listen better to the patient.	I had to stay in the ER for about 3 1/2 hours for no reason! No injuries were found! I was not hurt. The cost of this was more than I could afford!! That is why I am so mad!

REMSA.

Regional Emergency Medical Services Authority

CARE FLIGHT

CUSTOMER SERVICE

FOR

DECEMBER 2008

450 Edison Way • Reno, NV 89502-4117
775.858.5700 • fax 775.858.5726

CARE FLIGHT CUSTOMER COMMENTS DECEMBER 2008

What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
erything.		
smooth ride		
		Have you billed my insurance company yet? Blue Cross
Listened to the patient, fast acting, very nice, excellent job done!		
kept me warm and comfortable		
got me to trauma unit quickly and kind and gentle handling.		
you were on time. Very respectful		
The flight was smooth and easy. I slept mostly due to medications.		
Very kind.		
The pilot and his staff were very respectful of my feelings. There a fine crew.	Use a little more humor.	
everything perfect	nothing	
Knocked out during flight have no comment		

Regional Emergency Medical Services Authority

REMSA

PUBLIC RELATIONS REPORT

FOR

DECEMBER 2008

450 Edison Way • Reno, NV 89502-4117
775.858.5700 • fax 775.858.5726

PUBLIC RELATIONS

December 2008

ACTIVITY	RESULTS
Wrote and Distributed "Community Advisor" regarding power outage preparedness, holiday toy safety and hypothermia safety.	Multiple rural newspapers printed the Community Advisor verbatim with numerous references to REMSA, SEMSA and Care Flight.
Coordination of Channel 2's "Share Your Christmas" coverage with REMSA and Care Flight. Event benefited the Food Bank of Northern Nevada.	Channel 2 features REMSA shopping at Scolari's for the Food Drive on their 12/10 evening news and the morning of 12/11. REMSA was again features on 12/12 dropping off the food and presenting a check to the Food Bank.
Wrote and distributed media advisory regarding REMSA visiting the Senior Bridges program for their holiday party.	Featured in RGJ Winners column 12/27/08.

DISTRICT HEALTH DEPARTMENT

January 12, 2009

To: Members District Board of Health

From: Eileen Coulombe

Subject: Public Health Fund Revenue and Expenditure Report for December 2008
Agenda Item No. -

Recommendation

Staff recommends that the District Board of Health accept the attached report of revenues and expenditures for the Public Health Fund for December of fiscal year 09.

Background

The attached reports are for the accounting period 06/09 and the percentages should approximate 50% of the year. Our total revenues and expenditures for the current year (FY09) compared to last year (FY08) are as follows:

December 2008	FY09 – REV	FY08 – REV	FY09 – EXP	FY08 – EXP
Transfer	41%	57%		
AHS	31%	43%	39%	50%
AQM	44%	44%	42%	43%
CCHS	36%	38%	48%	48%
EHS	49%	48%	48%	49%
EPHP	39%	36%	45%	42%
TOTAL	**40%**	**42%**	**45%**	**47%**

The Environmental Oversight Account for December 2008 was $162,654.62.

I will be happy to any questions of the Board during the meeting or you may contact me at 328-2417.

Administrative Health Services Officer

Enclosure

DBOH AGENDA ITEM # 10.

Washoe ty Health District
REVEN
Pds 1 - 6, FY 2009

Accounts	2009 Plan	2009 Actuals	Balance	Act%	2008 Plan	2008 Actual	Balance	Act%
422503 Environmental Permits	125,000.00-	65,165.21-	59,834.79-	52	125,000.00-	82,568.85-	42,431.15-	66
422504 Pool Permits	100,000.00-	27,006.00-	72,994.00-	27	84,000.00-	23,532.00-	60,468.00-	28
422505 RV Permits	15,000.00-	9,410.00-	5,590.00-	63	15,000.00-	9,768.00-	5,232.00-	65
422507 Food Service Permits	410,000.00-	200,091.00-	209,909.00-	49	410,000.00-	197,645.00-	212,355.00-	48
422508 Wat Well Const Perm	40,000.00-	14,498.00-	25,502.00-	36	40,000.00-	21,910.00-	18,090.00-	55
422509 Water Company Permits	25,000.00-	6,235.00-	18,765.00-	25	28,000.00-	12,041.00-	15,959.00-	43
422510 Air Pollution Permits	420,550.00-	216,351.15-	204,198.85-	51	313,845.28-	358,504.50-	44,659.22	114
422511 ISDS Permits	125,000.00-	44,062.00-	80,938.00-	35	125,000.00-	74,426.00-	50,574.00-	60
422513 Special Event Permits	80,000.00-	57,831.00-	22,169.00-	72	80,000.00-	55,058.00-	24,942.00-	69
422514 Initial Applic Fee		13,442.00-	13,442.00					
* Licenses and Permits	1,340,550.00-	654,091.36-	686,458.64-	49	1,220,845.28-	835,453.35-	385,391.93-	68
431100 Federal Grants	6,356,629.50-	1,942,479.86-	4,414,149.64-	31	6,131,026.56-	2,150,036.91-	3,980,989.65-	35
431105 Federal Grants - Indirect	11,064.00-	9,379.99-	1,684.01-	85	11,064.00-		11,064.00-	
432100 State Grants	809,529.80-	455,867.02-	353,662.78-	56	968,786.80-	490,502.09-	478,284.71-	51
432310 Tire Fee NRS 444A.090	415,000.00-	276,583.09-	138,416.91-	67	415,000.00-	223,574.56-	191,425.44-	54
432311 Pol Ctrl 455B.830	280,000.00-	161,070.00-	118,930.00-	58	277,137.86-	153,457.00-	123,680.86-	55
* Intergovernmental	7,872,223.30-	2,845,379.96-	5,026,843.34-	36	7,803,015.22-	3,017,570.56-	4,785,444.66-	39
460162 Services to Other Agencies	195,859.10-	56,496.19-	139,362.91-	29	197,796.38-	68,577.00-	129,219.38-	35
460500 Other Immunizations	165,000.00-	56,714.00-	108,286.00-	34	165,000.00-	95,826.00-	69,174.00-	58
460501 Medicaid Clinical Services	30,750.00-	28,007.86-	2,742.14-	91	20,500.00-	27,569.47-	7,069.47	134
460503 Childhood Immunizations	190,000.00-	116,225.80-	73,774.20-	61	190,000.00-	111,468.00-	78,532.00-	59
460504 Maternal Child Health						41.41-	41.41	
460505 Non Title X Revenue		2,879.00-	2,879.00					
460508 Tuberculosis	8,000.00-	9,436.96-	1,436.96	118	8,000.00-	7,508.61-	491.39-	94
460509 Water Quality		140.00-	140.00		800.00-		800.00-	
460510 IT Overlay	150,000.00-	67,575.00-	82,425.00-	45	150,000.00-	66,780.00-	83,220.00-	45
460511 Birth and Death Certificates	230,000.00-	106,446.20-	123,553.80-	46	230,000.00-	117,139.25-	112,860.75-	51
460512 Duplication Service Fees	800.00-	141.50-	658.50-	18	1,000.00-	183.75-	816.25-	18
460513 Other Healt Service Charges	23,800.00-	4,325.35-	19,474.65-	18	20,000.00-	7,907.00-	12,093.00-	40
460514 Food Service Certification	8,000.00-	3,814.00-	4,186.00-	48	8,000.00-	3,672.00-	4,328.00-	46
460515 Medicare Reimbursement	250.00-	892.07-	642.07	357	8,000.00-	117.04-	7,882.96-	1
460516 Pgm Inc-3rd Prty Rec	3,000.00-	7,640.95-	4,640.95	255	4,600.00-	4,869.76-	269.76	106
460517 Influenza Immunization	10,000.00-	6,641.00-	3,359.00-	66	30,000.00-	18,233.00-	11,767.00-	61
460518 STD Fees	60,000.00-	19,862.22-	40,137.78-	33	50,000.00-	25,378.48-	24,621.52-	51
460519 Outpatient Services	11,500.00-	5,335.00-	6,165.00-	46	11,000.00-	5,721.00-	5,279.00-	52
460520 Eng Serv Health	120,000.00-	79,570.00-	40,430.00-	66	140,000.00-	61,586.00-	78,414.00-	44
460521 Plan Review - Pools & Spas	3,000.00-	3,210.00-	210.00	107	3,000.00-	10,050.05-	7,050.05	335
460523 Plan Review - Food Services	40,000.00-	18,793.61-	21,206.39-	47	40,000.00-	24,770.46-	15,229.54-	62
460524 Family Planning	100,000.00-	50,909.45-	49,090.55-	51	125,000.00-	72,081.27-	52,918.73-	58
460525 Plan Review - Vector	75,000.00-	34,482.00-	40,518.00-	46	100,000.00-	45,401.80-	54,598.20-	45
460526 Plan Review-Air Quality	14,837.00-	18,744.00-	3,907.00	126	12,000.00-		12,000.00-	
460527 NOE-AQM	32,900.00-	28,481.30-	4,418.70-	87	121,000.00-		121,000.00-	
460528 NESHAP-AQM	167,900.00-	32,215.00-	135,685.00-	19	63,000.00-		63,000.00-	
460529 Assessments-AQM	36,630.00-	14,496.00-	22,134.00-	40	26,000.00-		26,000.00-	
460530 Inspector Registr-AQ	2,100.00-		2,100.00-		2,000.00-		2,000.00-	

Washoe / Health District
REVENU_
Pds 1 - 6, FY 2009

Accounts	2009 Plan	2009 Actuals	Balance	Act%	2008 Plan	2008 Actual	Balance	Act%
460531 Dust Plan-Air Quality	178,333.00-	153,948.00-	24,385.00-	86	395,000.00-		395,000.00-	
* Charges for Services	1,857,659.10-	927,422.46-	930,236.64-	50	2,121,696.38-	774,881.35-	1,346,815.03-	37
484000 Donation,Contri-Oper					15,000.00-		15,000.00-	
484195 Non-Govt'l Grants					6,020.00-	4,000.00-	2,020.00-	66
485300 Other Misc Govt Rev						3,134.80-	3,134.80	
* Miscellaneous					21,020.00-	7,134.80-	13,885.20-	34
** Revenue	11,070,432.40-	4,426,893.78-	6,643,538.62-	40	11,166,576.88-	4,635,040.06-	6,531,536.82-	42

Washoe / Health District
EXPENS
Pds 1 - 6, FY 2009

Accounts	2009 Plan	2009 Actuals	Balance	Act%	2008 Plan	2008 Actual	Balance	Act%
701110 Base Salaries	11,219,254.68	5,162,775.26	6,056,479.42	46	11,810,586.22	5,624,595.41	6,185,990.81	48
701120 Part Time	1,045,046.35	432,522.81	612,523.54	41	1,089,921.13	519,782.17	570,138.96	48
701130 Pooled Positions	177,135.86	74,422.31	102,713.55	42	204,971.19	91,781.35	113,189.84	45
701140 Holiday Work	1,500.00	1,341.94	158.06	89	1,750.00	716.36	1,033.64	41
701150 Contractual Wages	73,802.73	16,509.27	57,293.46	22	22,167.00	36,959.72	14,792.72-	167
701200 Incentive Longevity	169,100.50	77,842.82	91,257.68	46	204,489.80	82,207.68	122,282.12	40
701300 Overtime	69,385.91	25,518.18	43,867.73	37	83,378.85	36,291.98	47,086.87	44
701406 Standby Pay	35,000.00	16,059.29	18,940.71	46	40,000.00	23,254.64	16,745.36	58
701408 Call Back	6,000.00	2,152.29	3,847.71	36	11,000.00	3,226.94	7,773.06	29
701412 Salary Adjustment	273,978.53-		273,978.53-		832.95-		832.95-	
701413 Vac Payoff/Sick Pay-Term		151,822.71	151,822.71-			40,745.69	40,745.69-	
701417 Comp Time		22,387.37	22,387.37-			2,755.67	2,755.67-	
701419 Comp Time - Transfer		5,898.46	5,898.46-			2,083.38	2,083.38-	
701500 Merit Awards					650,000.00-		650,000.00-	
* Salaries and Wages	12,522,247.50	5,989,252.71	6,532,994.79	48	12,817,431.24	6,464,400.99	6,353,030.25	50
705110 Group Insurance	1,480,346.68	667,593.62	812,753.06	45	1,575,329.42	755,807.13	819,522.29	48
705210 Retirement	2,537,673.63	1,153,788.91	1,383,884.72	45	2,663,736.30	1,271,045.91	1,392,690.39	48
705215 Retirement Calculation	147,700.00		147,700.00					
705230 Medicare April 1986	160,223.60	77,172.79	83,050.81	48	173,003.66	82,155.47	90,848.19	47
705320 Workmens Comp	81,200.00	40,526.46	40,673.54	50	70,725.00	32,271.00	38,454.00	46
705330 Unemply Comp	13,195.00	13,268.32	73.32-	101	11,275.00	11,715.00	440.00-	104
705360 Benefit Adjustment	19,155.00		19,155.00		4,695.82		4,695.82	
* Employee Benefits	4,439,493.91	1,952,350.10	2,487,143.81	44	4,498,765.20	2,152,994.51	2,345,770.69	48
710100 Professional Services	1,013,849.75	313,541.57	700,308.18	31	1,022,606.13	253,806.35	768,799.78	25
710105 Medical Services	13,700.00	5,629.50	8,070.50	41	14,000.00	5,386.00	8,614.00	38
710108 MD Consultants	57,140.00	21,750.00	35,390.00	38	58,947.00	23,250.00	35,697.00	39
710115 Prof Eng Services		1,208.31	1,208.31-					
710119 Subrecipient Payments	304,994.00	132,043.50	172,950.50	43	303,716.49	97,431.43	206,285.06	32
710200 Service Contract	116,754.00	68,718.86	48,035.14	59	124,335.10	54,517.60	69,817.50	44
710205 Repairs and Maintenance	17,335.63	2,253.28	15,082.35	13	14,868.00	4,929.08	9,938.92	33
710210 Software Maintenance		9,000.00	9,000.00-			8,174.15	8,174.15-	
710300 Operating Supplies	169,335.39	86,874.66	82,460.73	51	133,965.75	76,343.29	57,622.46	57
710302 Small Tools & Allow	2,950.00		2,950.00		2,950.00	1,596.40	1,353.60	54
710308 Animal Supplies	2,000.00		2,000.00		2,000.00		2,000.00	
710319 Chemical Supplies	621,588.00	361,579.46	260,008.54	58	621,588.00	290,370.61	331,217.39	47
710325 Signs and Markers					150.00		150.00	
710334 Copy Machine Expense	41,242.18	15,843.08	25,399.10	38	36,022.45	18,298.12	17,724.33	51
710350 Office Supplies	55,758.55	32,717.39	23,041.16	59	69,754.43	31,978.31	37,776.12	46
710355 Books and Subscriptions	9,614.50	4,726.96	4,887.54	49	8,111.57	4,453.46	3,658.11	55
710360 Postage	6,351.57	11,330.15	4,978.58-	178	1,969.00	11,894.18	9,925.18-	604
710361 Express and Courier	18,150.00	259.32	17,890.68	1	21,180.76	300.37	20,880.39	1
710391 Fuel & Lube	100.00	108.60	8.60-	109	100.00	46.06	53.94	46
710500 Other Expense	51,068.75	24,426.29	26,642.46	48	61,475.02	12,475.76	48,999.26	20
710502 Printing	37,203.48	5,000.25	32,203.23	13	37,331.00	14,976.70	22,354.30	40
710503 Licenses & Permits	10,415.00	4,580.20	5,834.80	44	10,815.00	1,871.00	8,944.00	17
710505 Rental Equipment	10,169.00	1,800.00	8,369.00	18	10,050.00	1,800.00	8,250.00	18

Washoe / Health District
EXPENS
Pds 1 - 6, FY 2009

Accounts	2009 Plan	2009 Actuals	Balance	Act%	2008 Plan	2008 Actual	Balance	Act%
710506 Dept Insurance Deductible		263.74	263.74-			311.57	311.57-	
710507 Network and Data Lines	455.00	2,063.24	1,608.24-	453	600.00	1,274.63	674.63-	212
710508 Telephone Land Lines	74,565.48	24,852.00	49,713.48	33	92,057.00	29,315.89	62,741.11	32
710509 Seminars and Meetings	66,296.00	32,039.00	34,257.00	48	45,252.35	17,350.25	27,902.10	38
710512 Auto Expense	26,645.18	7,605.53	19,039.65	29	17,658.00	8,825.62	8,832.38	50
710519 Cellular Phone	23,725.00	9,074.65	14,650.35	38	5,765.00	14,881.05	9,116.05-	258
710529 Dues	5,280.00	2,456.00	2,824.00	47	8,661.00	7,575.00	1,086.00	87
710535 Credit Card Fees		265.98	265.98-					
710546 Advertising	63,892.00	31,512.61	32,379.39	49	84,570.00	12,059.87	72,510.13	14
710577 Uniforms & Special Clothing	3,500.00		3,500.00		3,850.00	239.93	3,610.07	6
710600 LT Lease-Office Space	256,446.13	112,385.43	144,060.70	44	196,463.00	108,791.35	87,671.65	55
710620 LT Lease-Equipment	5,940.00	2,971.00	2,969.00	50	5,940.00	4,455.00	1,485.00	75
710703 Biologicals	291,009.61	124,280.80	166,728.81	43	299,830.51	164,790.62	135,039.89	55
710714 Referral Services	8,700.00	690.00	8,010.00	8	17,190.00	280.00	16,910.00	2
710721 Outpatient	149,305.88	52,993.61	96,312.27	35	142,765.11	63,564.97	79,200.14	45
710872 Food Purchases	2,050.00	1,217.43	832.57	59	1,645.78	321.60	1,324.18	20
711113 Equip Srv Replace	104,964.00	65,506.14	39,457.86	62	142,000.29	75,519.50	66,480.79	53
711114 Equip Srv O & M	160,958.54	58,823.03	102,135.51	37	121,796.68	59,978.26	61,818.42	49
711115 Equip Srv Motor Pool	19,195.00	3,990.00	15,205.00	21	19,100.00	11,387.50	7,712.50	60
711119 Prop & Liab Billings	58,667.00	29,333.58	29,333.42	50	47,718.00	24,582.00	23,136.00	52
711210 Travel	169,514.22	29,422.53	140,091.69	17	128,125.61	37,218.03	90,907.58	29
711504 Equipment nonCapital	72,604.03	34,906.63	37,697.40	48	109,728.76	68,005.63	41,723.13	62
* Services and Supplies	4,123,432.87	1,730,044.31	2,393,388.56	42	4,046,652.79	1,624,627.14	2,422,025.65	40
781004 Equipment Capital	382,555.05	83,688.59	298,866.46	22	410,193.10	49,806.10	360,387.00	12
781007 Vehicles Capital					32,000.00		32,000.00	
* Capital Outlay	382,555.05	83,688.59	298,866.46	22	442,193.10	49,806.10	392,387.00	11
** Expenses	21,467,729.33	9,755,335.71	11,712,393.62	45	21,805,042.33	10,291,828.74	11,513,213.59	47
621001 Transfer From General	9,947,500.00-	4,098,960.00-	5,848,540.00-	41	10,271,000.00-	5,903,919.00-	4,367,081.00-	57
* Transfers In	9,947,500.00-	4,098,960.00-	5,848,540.00-	41	10,271,000.00-	5,903,919.00-	4,367,081.00-	57
** Other Financing Src/Use	9,947,500.00-	4,098,960.00-	5,848,540.00-	41	10,271,000.00-	5,903,919.00-	4,367,081.00-	57
*** Total	449,796.93	1,229,481.93	779,685.00-	273	367,465.45	247,130.32-	614,595.77	67-

Washoe y Health District
Administra..e Health Services
Pds 1 - 6, FY 2009

Accounts	2009 Plan	2009 Actuals	Balance	Act%	2008 Plan	2008 Actual	Balance	Act%
431100 Federal Grants	1,463,729.00-	459,569.28-	1,004,159.72-	31	1,041,467.00-	448,602.32-	592,864.68-	43
* Intergovernmental	1,463,729.00-	459,569.28-	1,004,159.72-	31	1,041,467.00-	448,602.32-	592,864.68-	43
460512 Duplication Service Fees	800.00-	141.50-	658.50-	18	1,000.00-	183.75-	816.25-	18
* Charges for Services	800.00-	141.50-	658.50-	18	1,000.00-	183.75-	816.25-	18
485300 Other Misc Govt Rev						481.05-	481.05	
* Miscellaneous						481.05-	481.05	
** Revenue	1,464,529.00-	459,710.78-	1,004,818.22-	31	1,042,467.00-	449,267.12-	593,199.88-	43
701110 Base Salaries	2,046,648.55	851,384.88	1,195,263.67	42	1,763,246.61	872,844.79	890,401.82	50
701120 Part Time	24,461.26	10,798.32	13,662.94	44	43,795.09	11,379.33	32,415.76	26
701130 Pooled Positions	25,580.86		25,580.86					
701150 Contractual Wages						8,446.16	8,446.16-	
701200 Incentive Longevity	29,850.00	11,251.92	18,598.08	38	64,289.80	9,950.00	54,339.80	15
701300 Overtime	4,015.00	2,794.96	1,220.04	70	3,475.75	165.18	3,310.57	5
701412 Salary Adjustment	94,369.00		94,369.00					
701413 Vac Payoff/Sick Pay-Term		33,899.31	33,899.31-					
701417 Comp Time		7,432.32	7,432.32-					
701419 Comp Time - Transfer		5,898.46	5,898.46-					
701500 Merit Awards						47,450.00-	47,450.00-	
* Salaries and Wages	2,224,924.67	923,460.17	1,301,464.50	42	1,827,357.25	902,785.46	924,571.79	49
705110 Group Insurance	245,985.18	111,147.81	134,837.37	45	244,090.48	119,116.93	124,973.55	49
705210 Retirement	425,683.31	175,553.93	250,129.38	41	372,329.49	180,126.73	192,202.76	48
705215 Retirement Calculation	147,700.00		147,700.00					
705230 Medicare April 1986	28,990.03	12,684.47	16,305.56	44	25,506.88	12,200.61	13,306.27	48
705320 Workmens Comp	14,800.00	7,399.98	7,400.02	50	10,350.00	4,747.50	5,602.50	46
705330 Unemply Comp	2,405.00	2,405.00		100	1,650.00	1,650.00		100
705360 Benefit Adjustment	19,155.00		19,155.00					
* Employee Benefits	884,718.52	309,191.19	575,527.33	35	653,926.85	317,841.77	336,085.08	49
710100 Professional Services	4,800.00	1,698.68	3,101.32	35	2,915.62	202.50	2,713.12	7
710105 Medical Services		55.00	55.00-					
710108 MD Consultants		112.50	112.50-		270.00	112.50	157.50	42
710200 Service Contract	150.00	667.38	517.38-	445	400.00		400.00	
710205 Repairs and Maintenance	800.00	48.33	751.67	6	400.00	79.88	320.12	20
710300 Operating Supplies	35,300.00	7,748.13	27,551.87	22	22,300.00	12,234.15	10,065.85	55
710334 Copy Machine Expense	11,879.00	4,920.77	6,958.23	41	9,544.19	6,218.06	3,326.13	65
710350 Office Supplies	16,185.00	6,449.34	9,735.66	40	15,185.00	7,432.67	7,752.33	49
710355 Books and Subscriptions	1,370.00	739.50	630.50	54	1,370.00	1,665.70	295.70-	122
710360 Postage		1,436.70	1,436.70-			637.92	637.92-	
710361 Express and Courier	1,700.00	30.60	1,669.40	2	1,475.00	0.58	1,474.42	0
710500 Other Expense	1,250.00	413.45	836.55	33	650.00	466.26	183.74	72
710502 Printing	9,570.00	708.62	8,861.38	7	4,525.00	2,264.97	2,260.03	50
710503 Licenses & Permits	2,500.00	216.00	2,284.00	9	2,350.00	1,251.00	1,099.00	53
710507 Network and Data Lines		150.00	150.00-					
710508 Telephone Land Lines	12,510.00	5,131.22	7,378.78	41	13,425.00	5,197.91	8,227.09	39
710509 Seminars and Meetings	5,100.00	2,188.50	2,911.50	43	4,700.00	2,469.25	2,230.75	53
710512 Auto Expense	4,550.00	794.94	3,755.06	17	3,300.00	1,549.22	1,750.78	47

Washoe ty Health District
Administ e Health Services
Pds 1 - 6, FY 2009

Accounts	2009 Plan	2009 Actuals	Balance	Act%	2008 Plan	2008 Actual	Balance	Act%
710519 Cellular Phone	383.00	218.67	164.33	57	625.00	525.26	99.74	84
710529 Dues	955.00	1,435.00	480.00-	150	946.00	2,751.00	1,805.00-	291
710546 Advertising		70.49	70.49-			76.97	76.97-	
710600 LT Lease-Office Space	141,319.12	46,361.84	94,957.28	33	77,370.00	44,851.22	32,518.78	58
710872 Food Purchases	200.00	116.86	83.14	58	145.78	145.78		100
711113 Equip Srv Replace		1,319.25	1,319.25-		4,002.00	2,001.00	2,001.00	50
711114 Equip Srv O & M	1,623.64	563.77	1,059.87	35	1,473.91	550.82	923.09	37
711115 Equip Srv Motor Pool		235.00	235.00-			100.00	100.00-	
711119 Prop & Liab Billings	10,693.00	5,346.54	5,346.46	50	7,230.00	3,615.06	3,614.94	50
711210 Travel	16,500.00	4,076.98	12,423.02	25	12,274.31	5,589.52	6,684.79	46
711504 Equipment nonCapital	1,700.00		1,700.00		1,785.00	691.64	1,093.36	39
* Services and Supplies	281,037.76	93,254.06	187,783.70	33	188,661.81	102,680.84	85,980.97	54
** Expenses	3,390,680.95	1,325,905.42	2,064,775.53	39	2,669,945.91	1,323,308.07	1,346,637.84	50
*** Total	1,926,151.95	866,194.64	1,059,957.31	45	1,627,478.91	874,040.95	753,437.96	54

Washoe y Health District
Air Quali nagement
Pds 1 - 6, FY 2009

Accounts	2009 Plan	2009 Actuals	Balance	Act%	2008 Plan	2008 Actual	Balance	Act%
422510 Air Pollution Permits	420,550.00-	216,351.15-	204,198.85-	51	313,845.28-	358,554.50-	44,709.22	114
* Licenses and Permits	420,550.00-	216,351.15-	204,198.85-	51	313,845.28-	358,554.50-	44,709.22	114
431100 Federal Grants	759,349.00-	108,366.00-	650,983.00-	14	738,622.00-	181,645.36-	556,976.64-	25
432100 State Grants	170,000.00-	170,000.00-		100	305,000.00-	305,000.00-		100
432311 Pol Ctrl 455B.830	280,000.00-	161,070.00-	118,930.00-	58	277,137.86-	153,457.00-	123,680.86-	55
* Intergovernmental	1,209,349.00-	439,436.00-	769,913.00-	36	1,320,759.86-	640,102.36-	680,657.50-	48
460513 Other Healt Service Charges	9,800.00-	363.35-	9,436.65-	4	6,000.00-		6,000.00-	
460526 Plan Review-Air Quality	14,837.00-	18,744.00-	3,907.00	126	12,000.00-		12,000.00-	
460527 NOE-AQM	32,900.00-	28,481.30-	4,418.70-	87	121,000.00-		121,000.00-	
460528 NESHAP-AQM	167,900.00-	32,215.00-	135,685.00-	19	63,000.00-		63,000.00-	
460529 Assessments-AQM	36,630.00-	14,496.00-	22,134.00-	40	26,000.00-		26,000.00-	
460530 Inspector Registr-AQ	2,100.00-		2,100.00-		2,000.00-		2,000.00-	
460531 Dust Plan-Air Quality	178,333.00-	153,948.00-	24,385.00-	86	395,000.00-		395,000.00-	
* Charges for Services	442,500.00-	248,247.65-	194,252.35-	56	625,000.00-		625,000.00-	
485300 Other Misc Govt Rev						925.49-	925.49	
* Miscellaneous						925.49-	925.49	
** Revenue	2,072,399.00-	904,034.80-	1,168,364.20-	44	2,259,605.14-	999,582.35-	1,260,022.79-	44
701110 Base Salaries	1,388,862.47	646,969.80	741,892.67	47	1,452,304.15	716,329.94	735,974.21	49
701130 Pooled Positions	8,000.00	1,687.86	6,312.14	21	26,000.00	2,625.91	23,374.09	10
701140 Holiday Work		166.02	166.02-		250.00		250.00	
701150 Contractual Wages	50,000.00		50,000.00					
701200 Incentive Longevity	23,550.00	9,488.44	14,061.56	40	22,200.00	10,500.00	11,700.00	47
701300 Overtime	4,535.34	134.48	4,400.86	3	9,000.00		9,000.00	
701408 Call Back	1,000.00		1,000.00		1,000.00	888.72	111.28	89
701412 Salary Adjustment	8,608.78		8,608.78					
701413 Vac Payoff/Sick Pay-Term		47,591.12	47,591.12-					
701417 Comp Time		8,502.93	8,502.93-					
701419 Comp Time - Transfer						1,604.64	1,604.64-	
701500 Merit Awards					74,750.00-		74,750.00-	
* Salaries and Wages	1,484,556.59	714,540.65	770,015.94	48	1,436,004.15	731,949.21	704,054.94	51
705110 Group Insurance	142,279.60	66,297.19	75,982.41	47	148,778.32	74,719.58	74,058.74	50
705210 Retirement	289,544.99	133,548.09	155,996.90	46	301,596.76	148,428.28	153,168.48	49
705230 Medicare April 1986	18,901.05	9,525.71	9,375.34	50	19,794.89	9,793.55	10,001.34	49
705320 Workmens Comp	8,000.00	4,000.02	3,999.98	50	8,280.00	3,798.00	4,482.00	46
705330 Unemply Comp	1,300.00	1,300.00		100	1,320.00	1,320.00		100
* Employee Benefits	460,025.64	214,671.01	245,354.63	47	479,769.97	238,059.41	241,710.56	50
710100 Professional Services	261,928.54	59,220.10	202,708.44	23	170,236.98	112.00	170,124.98	0
710200 Service Contract	350.00	312.84	37.16	89	310.10	310.10		100
710205 Repairs and Maintenance	8,792.63	143.00	8,649.63	2	8,250.00	3,185.96	5,064.04	39
710300 Operating Supplies	4,500.00	471.00	4,029.00	10	3,800.00	4,114.39	314.39-	108
710334 Copy Machine Expense	4,387.20	2,552.92	1,834.28	58	4,387.20	2,636.92	1,750.28	60
710350 Office Supplies	4,500.00	2,543.40	1,956.60	57	3,500.00	2,732.46	767.54	78
710355 Books and Subscriptions	224.00	212.26	11.74	95	300.00	300.48	0.48-	100
710360 Postage		1,251.93	1,251.93-			1,776.71	1,776.71-	
710361 Express and Courier	2,000.00	29.02	1,970.98	1	2,900.00	50.38	2,849.62	2

Washoe ty Health District
Air Quali., ...anagement
Pds 1 - 6, FY 2009

Accounts	2009 Plan	2009 Actuals	Balance	Act%	2008 Plan	2008 Actual	Balance	Act%
710500 Other Expense	1,000.00	864.36	135.64	86	1,000.00	534.76	465.24	53
710502 Printing	1,600.00	513.70	1,086.30	32	1,000.00	665.02	334.98	67
710503 Licenses & Permits		90.00	90.00-			90.00	90.00-	
710505 Rental Equipment	1,700.00	1,800.00	100.00-	106	1,700.00	1,800.00	100.00-	106
710508 Telephone Land Lines	12,600.00	3,834.58	8,765.42	30	20,000.00	6,317.88	13,682.12	32
710509 Seminars and Meetings	4,200.00	390.00	3,810.00	9	4,200.00	1,685.00	2,515.00	40
710512 Auto Expense	200.00	714.57	514.57-	357	200.00	61.49	138.51	31
710519 Cellular Phone	4,145.00	1,604.04	2,540.96	39	1,000.00	2,222.29	1,222.29-	222
710529 Dues	435.00		435.00		500.00		500.00	
710546 Advertising	5,700.00	459.75	5,240.25	8	6,700.00	425.93	6,274.07	6
710577 Uniforms & Special Clothing	1,100.00		1,100.00		2,000.00	184.98	1,815.02	9
710600 LT Lease-Office Space	74,490.12	43,138.80	31,351.32	58	79,809.00	40,949.00	38,860.00	51
710721 Outpatient	1,316.00		1,316.00		1,600.00		1,600.00	
711113 Equip Srv Replace	24,384.00	17,478.82	6,905.18	72	29,484.00	14,734.50	14,749.50	50
711114 Equip Srv O & M	33,132.40	13,068.39	20,064.01	39	27,986.02	14,217.20	13,768.82	51
711115 Equip Srv Motor Pool	275.00		275.00		350.00	275.00	75.00	79
711119 Prop & Liab Billings	5,780.00	2,890.02	2,889.98	50	4,338.00	2,892.00	1,446.00	67
711210 Travel	38,964.00	1,315.06	37,648.94	3	28,600.00	5,290.05	23,309.95	18
711504 Equipment nonCapital	4,000.00	8,376.20	4,376.20-	209	5,327.05	3,531.83	1,795.22	66
* Services and Supplies	501,703.89	163,274.76	338,429.13	33	409,478.35	111,096.33	298,382.02	27
781004 Equipment Capital	165,850.05		165,850.05		240,000.00	10,520.00	229,480.00	4
* Capital Outlay	165,850.05		165,850.05		240,000.00	10,520.00	229,480.00	4
** Expenses	2,612,136.17	1,092,486.42	1,519,649.75	42	2,565,252.47	1,091,624.95	1,473,627.52	43
*** Total	539,737.17	188,451.62	351,285.55	35	305,647.33	92,042.60	213,604.73	30

Washoe ty Health District
Commun d Clinical Health Services
Pds 1 - 6, FY 2009

Accounts	2009 Plan	2009 Actuals	Balance	Act%	2008 Plan	2008 Actual	Balance	Act%
431100 Federal Grants	2,318,949.20-	701,326.56-	1,617,622.64-	30	2,314,316.05-	837,986.92-	1,476,329.13-	36
432100 State Grants	564,279.80-	247,617.02-	316,662.78-	44	588,786.80-	148,502.09-	440,284.71-	25
* Intergovernmental	2,883,229.00-	948,943.58-	1,934,285.42-	33	2,903,102.85-	986,489.01-	1,916,613.84-	34
460162 Services to Other Agencies	86,494.00-	41,567.16-	44,926.84-	48	88,062.00-	34,396.17-	53,665.83-	39
460500 Other Immunizations	165,000.00-	56,714.00-	108,286.00-	34	165,000.00-	95,826.00-	69,174.00-	58
460501 Medicaid Clinical Services	30,750.00-	28,007.86-	2,742.14-	91	20,500.00-	27,569.47-	7,069.47	134
460503 Childhood Immunizations	190,000.00-	116,225.80-	73,774.20-	61	190,000.00-	111,468.00-	78,532.00-	59
460504 Maternal Child Health						41.41-	41.41	
460505 Non Title X Revenue		2,879.00-	2,879.00					
460508 Tuberculosis	8,000.00-	9,436.96-	1,436.96	118	8,000.00-	7,508.61-	491.39-	94
460513 Other Healt Service Charges						75.00-	75.00	
460515 Medicare Reimbursement	250.00-	892.07-	642.07	357	8,000.00-	117.04-	7,882.96-	1
460516 Pgm Inc-3rd Prty Rec	3,000.00-	7,640.95-	4,640.95	255	4,600.00-	4,869.76-	269.76	106
460517 Influenza Immunization	10,000.00-	6,641.00-	3,359.00-	66	30,000.00-	18,233.00-	11,767.00-	61
460518 STD Fees	60,000.00-	19,862.22-	40,137.78-	33	50,000.00-	25,378.48-	24,621.52-	51
460519 Outpatient Services	11,500.00-	5,335.00-	6,165.00-	46	11,000.00-	5,721.00-	5,279.00-	52
460524 Family Planning	100,000.00-	50,909.45-	49,090.55-	51	125,000.00-	72,081.27-	52,918.73-	58
* Charges for Services	664,994.00-	346,111.47-	318,882.53-	52	700,162.00-	403,285.21-	296,876.79-	58
484000 Donation,Contri-Oper					15,000.00-		15,000.00-	
484195 Non-Govt'l Grants					6,020.00-	4,000.00-	2,020.00-	66
* Miscellaneous					21,020.00-	4,000.00-	17,020.00-	19
** Revenue	3,548,223.00-	1,295,055.05-	2,253,167.95-	36	3,624,284.85-	1,393,774.22-	2,230,510.63-	38
701110 Base Salaries	3,350,766.90	1,569,474.46	1,781,292.44	47	3,808,943.86	1,816,798.28	1,992,145.58	48
701120 Part Time	966,243.97	392,293.54	573,950.43	41	994,193.32	481,378.57	512,814.75	48
701130 Pooled Positions	37,818.00	32,289.83	5,528.17	85	65,300.00	43,170.56	22,129.44	66
701140 Holiday Work						110.26	110.26-	
701150 Contractual Wages	17,302.73		17,302.73			4,812.97	4,812.97-	
701200 Incentive Longevity	53,890.00	30,433.29	23,456.71	56	54,700.00	33,135.54	21,564.46	61
701300 Overtime	3,835.57	980.07	2,855.50	26	11,879.10	6,207.60	5,671.50	52
701412 Salary Adjustment	403,856.66-		403,856.66-					
701413 Vac Payoff/Sick Pay-Term		51,824.41	51,824.41-			6,968.74	6,968.74-	
701417 Comp Time		5,891.97	5,891.97-			1,514.35	1,514.35-	
701419 Comp Time - Transfer						475.55	475.55-	
701500 Merit Awards					285,350.00-		285,350.00-	
* Salaries and Wages	4,026,000.51	2,083,187.57	1,942,812.94	52	4,649,666.28	2,394,572.42	2,255,093.86	51
705110 Group Insurance	558,482.31	243,846.70	314,635.61	44	627,931.21	288,903.35	339,027.86	46
705210 Retirement	896,036.24	405,127.18	490,909.06	45	993,568.23	475,432.96	518,135.27	48
705230 Medicare April 1986	53,887.66	26,027.14	27,860.52	48	61,448.67	29,726.85	31,721.82	48
705320 Workmens Comp	30,000.00	14,999.88	15,000.12	50	29,670.00	14,015.25	15,654.75	47
705330 Unemply Comp	4,875.00	4,875.00		100	4,730.00	5,170.00	440.00-	109
* Employee Benefits	1,543,281.21	694,875.90	848,405.31	45	1,717,348.11	813,248.41	904,099.70	47
710100 Professional Services	281,863.70	55,265.13	226,598.57	20	292,320.05	66,417.30	225,902.75	23
710105 Medical Services	13,350.00	5,160.50	8,189.50	39	13,500.00	5,327.00	8,173.00	39
710108 MD Consultants	45,140.00	17,637.50	27,502.50	39	46,677.00	18,137.50	28,539.50	39
710119 Subrecipient Payments	304,994.00	132,043.50	172,950.50	43	303,716.49	97,431.43	206,285.06	32

Washoe / Health District
Communi d Clinical Health Services
Pds 1 - 6, FY 2009

Accounts	2009 Plan	2009 Actuals	Balance	Act%	2008 Plan	2008 Actual	Balance	Act%
710200 Service Contract	10,954.00	5,614.24	5,339.76	51	20,825.00	8,609.72	12,215.28	41
710205 Repairs and Maintenance	5,410.00	993.50	4,416.50	18	2,885.00	1,351.25	1,533.75	47
710210 Software Maintenance						74.15	74.15-	
710300 Operating Supplies	83,891.00	46,999.02	36,891.98	56	75,093.18	48,560.78	26,532.40	65
710334 Copy Machine Expense	17,183.00	6,888.69	10,294.31	40	12,562.53	7,434.32	5,128.21	59
710350 Office Supplies	16,679.00	8,399.82	8,279.18	50	18,225.76	10,865.34	7,360.42	60
710355 Books and Subscriptions	4,595.00	1,264.19	3,330.81	28	2,050.00	1,716.54	333.46	84
710360 Postage	4,350.00	3,850.53	499.47	89	100.00	3,675.76	3,575.76-	3,676
710361 Express and Courier	3,650.00	82.11	3,567.89	2	5,285.76	166.45	5,119.31	3
710500 Other Expense	41,798.75	17,227.39	24,571.36	41	46,326.02	9,562.49	36,763.53	21
710502 Printing	16,784.00	2,195.62	14,588.38	13	19,104.00	4,374.41	14,729.59	23
710503 Licenses & Permits	4,780.00	2,094.20	2,685.80	44	5,330.00	430.00	4,900.00	8
710505 Rental Equipment	469.00		469.00		350.00		350.00	
710507 Network and Data Lines	455.00	1,216.01	761.01-	267	600.00	1,176.56	576.56-	196
710508 Telephone Land Lines	24,270.00	8,348.43	15,921.57	34	25,090.00	10,141.71	14,948.29	40
710509 Seminars and Meetings	34,897.00	25,230.50	9,666.50	72	12,380.00	6,234.00	6,146.00	50
710512 Auto Expense	20,542.00	5,600.16	14,941.84	27	9,895.00	6,705.04	3,189.96	68
710519 Cellular Phone	2,178.00	1,006.90	1,171.10	46	1,900.00	2,304.10	404.10-	121
710529 Dues	2,050.00	300.00	1,750.00	15	2,400.00	1,695.00	705.00	71
710546 Advertising	26,092.00	30,722.24	4,630.24-	118	36,443.00	10,805.15	25,637.85	30
710577 Uniforms & Special Clothing	450.00		450.00		150.00		150.00	
710703 Biologicals	282,109.61	124,280.80	157,828.81	44	290,930.51	164,790.62	126,139.89	57
710714 Referral Services	8,700.00	690.00	8,010.00	8	17,190.00	280.00	16,910.00	2
710721 Outpatient	140,067.88	52,305.36	87,762.52	37	133,243.11	61,611.97	71,631.14	46
710872 Food Purchases	1,850.00	1,100.57	749.43	59	1,500.00	175.82	1,324.18	12
711113 Equip Srv Replace	1,800.00	993.20	806.80	55	522.00	522.00		100
711114 Equip Srv O & M	3,129.54	881.70	2,247.84	28	1,515.84	1,042.77	473.07	69
711115 Equip Srv Motor Pool	320.00	555.00	235.00-	173	50.00	20.00	30.00	40
711119 Prop & Liab Billings	21,675.00	10,837.50	10,837.50	50	20,485.00	10,242.48	10,242.52	50
711210 Travel	54,991.00	12,677.43	42,313.57	23	36,061.47	11,124.64	24,936.83	31
711504 Equipment nonCapital	5,017.00	1,322.39	3,694.61	26	13,650.00	5,540.21	8,109.79	41
* Services and Supplies	1,486,485.48	583,784.13	902,701.35	39	1,468,356.72	578,546.51	889,810.21	39
** Expenses	7,055,767.20	3,361,847.60	3,693,919.60	48	7,835,371.11	3,786,367.34	4,049,003.77	48
*** Total	3,507,544.20	2,066,792.55	1,440,751.65	59	4,211,086.26	2,392,593.12	1,818,493.14	57

Washoe ty Health District
Environm l Health Services
Pds 1 - 6, FY 2009

Accounts	2009 Plan	2009 Actuals	Balance	Act%	2008 Plan	2008 Actual	Balance	Act%
422503 Environmental Permits	125,000.00-	65,165.21-	59,834.79-	52	125,000.00-	82,568.85-	42,431.15-	66
422504 Pool Permits	100,000.00-	27,006.00-	72,994.00-	27	84,000.00-	23,532.00-	60,468.00-	28
422505 RV Permits	15,000.00-	9,410.00-	5,590.00-	63	15,000.00-	9,768.00-	5,232.00-	65
422507 Food Service Permits	410,000.00-	200,091.00-	209,909.00-	49	410,000.00-	197,645.00-	212,355.00-	48
422508 Wat Well Const Perm	40,000.00-	14,498.00-	25,502.00-	36	40,000.00-	21,910.00-	18,090.00-	55
422509 Water Company Permits	25,000.00-	6,235.00-	18,765.00-	25	28,000.00-	12,041.00-	15,959.00-	43
422510 Air Pollution Permits						50.00	50.00-	
422511 ISDS Permits	125,000.00-	44,062.00-	80,938.00-	35	125,000.00-	74,426.00-	50,574.00-	60
422513 Special Event Permits	80,000.00-	57,831.00-	22,169.00-	72	80,000.00-	55,058.00-	24,942.00-	69
422514 Initial Applic Fee		13,442.00-	13,442.00					
* Licenses and Permits	920,000.00-	437,740.21-	482,259.79-	48	907,000.00-	476,898.85-	430,101.15-	53
431100 Federal Grants	257,000.00-	91,380.69-	165,619.31-	36	257,000.00-	79,316.31-	177,683.69-	31
432100 State Grants	75,250.00-	38,250.00-	37,000.00-	51	75,000.00-	37,000.00-	38,000.00-	49
432310 Tire Fee NRS 444A.090	415,000.00-	276,583.09-	138,416.91-	67	415,000.00-	223,574.56-	191,425.44-	54
* Intergovernmental	747,250.00-	406,213.78-	341,036.22-	54	747,000.00-	339,890.87-	407,109.13-	46
460162 Services to Other Agencies	109,365.10-	14,929.03-	94,436.07-	14	109,734.38-	34,180.83-	75,553.55-	31
460509 Water Quality		140.00-	140.00		800.00-		800.00-	
460510 IT Overlay	150,000.00-	67,575.00-	82,425.00-	45	150,000.00-	66,780.00-	83,220.00-	45
460513 Other Healt Service Charges	14,000.00-	3,962.00-	10,038.00-	28	14,000.00-	7,832.00-	6,168.00-	56
460514 Food Service Certification	8,000.00-	3,814.00-	4,186.00-	48	8,000.00-	3,672.00-	4,328.00-	46
460520 Eng Serv Health	120,000.00-	79,570.00-	40,430.00-	66	140,000.00-	61,586.00-	78,414.00-	44
460521 Plan Review - Pools & Spas	3,000.00-	3,210.00-	210.00	107	3,000.00-	10,050.05-	7,050.05	335
460523 Plan Review - Food Services	40,000.00-	18,793.61-	21,206.39-	47	40,000.00-	24,770.46-	15,229.54-	62
460525 Plan Review - Vector	75,000.00-	34,482.00-	40,518.00-	46	100,000.00-	45,401.80-	54,598.20-	45
* Charges for Services	519,365.10-	226,475.64-	292,889.46-	44	565,534.38-	254,273.14-	311,261.24-	45
485300 Other Misc Govt Rev						1,728.26-	1,728.26	
* Miscellaneous						1,728.26-	1,728.26	
** Revenue	2,186,615.10-	1,070,429.63-	1,116,185.47-	49	2,219,534.38-	1,072,791.12-	1,146,743.26-	48
701110 Base Salaries	3,324,778.61	1,602,578.39	1,722,200.22	48	3,602,288.90	1,719,686.50	1,882,602.40	48
701130 Pooled Positions	105,737.00	40,444.62	65,292.38	38	113,671.19	45,984.88	67,686.31	40
701140 Holiday Work	1,500.00	1,175.92	324.08	78	1,500.00	606.10	893.90	40
701150 Contractual Wages		7,113.35	7,113.35-			7,120.43	7,120.43-	
701200 Incentive Longevity	53,900.00	23,773.08	30,126.92	44	57,850.00	26,907.68	30,942.32	47
701300 Overtime	55,000.00	18,270.98	36,729.02	33	55,000.00	27,467.99	27,532.01	50
701406 Standby Pay	35,000.00	16,059.29	18,940.71	46	40,000.00	23,254.64	16,745.36	58
701408 Call Back	5,000.00	2,152.29	2,847.71	43	10,000.00	2,338.22	7,661.78	23
701412 Salary Adjustment					7,848.83		7,848.83	
701413 Vac Payoff/Sick Pay-Term		18,507.87	18,507.87-			33,776.95	33,776.95-	
701417 Comp Time		560.15	560.15-			1,241.32	1,241.32-	
701500 Merit Awards					189,150.00-		189,150.00-	
* Salaries and Wages	3,580,915.61	1,730,635.94	1,850,279.67	48	3,699,008.92	1,888,384.71	1,810,624.21	51
705110 Group Insurance	411,165.33	194,476.32	216,689.01	47	445,219.47	212,873.38	232,346.09	48
705210 Retirement	692,578.60	334,787.30	357,791.30	48	748,655.94	361,552.60	387,103.34	48
705230 Medicare April 1986	42,676.59	21,783.97	20,892.62	51	44,736.39	23,328.61	21,407.78	52
705320 Workmens Comp	20,800.00	10,326.60	10,473.40	50	17,940.00	8,229.00	9,711.00	46
705330 Unemply Comp	3,380.00	3,453.32	73.32-	102	2,860.00	2,860.00		100
705360 Benefit Adjustment					1,722.82		1,722.82	

Washoe / Health District
Environm I Health Services
Pds 1 - 6, FY 2009

Accounts	2009 Plan	2009 Actuals	Balance	Act%	2008 Plan	2008 Actual	Balance	Act%
* Employee Benefits	1,170,600.52	564,827.51	605,773.01	48	1,261,134.62	608,843.59	652,291.03	48
710100 Professional Services	131,160.62	57,676.88	73,483.74	44	90,989.48	25,089.67	65,899.81	28
710105 Medical Services	150.00	414.00	264.00-	276	500.00	59.00	441.00	12
710115 Prof Eng Services		1,208.31	1,208.31-					
710200 Service Contract	104,700.00	61,272.62	43,427.38	59	102,200.00	45,287.68	56,912.32	44
710205 Repairs and Maintenance	1,100.00	768.70	331.30	70	1,100.00	227.99	872.01	21
710300 Operating Supplies	14,392.81	9,116.39	5,276.42	63	7,150.00	3,615.21	3,534.79	51
710302 Small Tools & Allow	2,950.00		2,950.00		2,950.00	1,596.40	1,353.60	54
710308 Animal Supplies	2,000.00		2,000.00		2,000.00		2,000.00	
710319 Chemical Supplies	621,588.00	361,579.46	260,008.54	58	621,588.00	290,370.61	331,217.39	47
710325 Signs and Markers					150.00		150.00	
710334 Copy Machine Expense	4,550.00	421.18	4,128.82	9	4,909.53	644.40	4,265.13	13
710350 Office Supplies	9,075.00	5,631.49	3,443.51	62	9,018.57	4,359.36	4,659.21	48
710355 Books and Subscriptions	2,000.00	2,110.93	110.93-	106	2,225.57	540.24	1,685.33	24
710360 Postage	1,250.00	3,443.23	2,193.23-	275	750.00	3,978.51	3,228.51-	530
710361 Express and Courier	7,100.00	117.59	6,982.41	2	6,900.00	82.96	6,817.04	1
710391 Fuel & Lube	100.00	108.60	8.60-	109	100.00	46.06	53.94	46
710500 Other Expense	3,400.00	2,379.33	1,020.67	70	3,400.00	1,912.25	1,487.75	56
710502 Printing	4,060.00	907.10	3,152.90	22	4,560.00	2,838.21	1,721.79	62
710503 Licenses & Permits	3,135.00	2,180.00	955.00	70	3,135.00	100.00	3,035.00	3
710505 Rental Equipment	8,000.00		8,000.00		8,000.00		8,000.00	
710506 Dept Insurance Deductible		263.74	263.74-			311.57	311.57-	
710507 Network and Data Lines		494.02	494.02-					
710508 Telephone Land Lines	22,845.00	4,835.32	18,009.68	21	24,920.00	4,992.59	19,927.41	20
710509 Seminars and Meetings	15,850.00	3,345.00	12,505.00	21	12,430.47	5,587.00	6,843.47	45
710512 Auto Expense	350.00	55.56	294.44	16	550.00	46.08	503.92	8
710519 Cellular Phone	16,813.00	5,513.44	11,299.56	33	2,000.00	9,078.17	7,078.17-	454
710529 Dues	1,800.00	721.00	1,079.00	40	2,700.00	3,129.00	429.00-	116
710535 Credit Card Fees		265.98	265.98-					
710546 Advertising	30,500.00	260.13	30,239.87	1	16,500.00	751.82	15,748.18	5
710577 Uniforms & Special Clothing	1,950.00		1,950.00		1,700.00	54.95	1,645.05	3
710600 LT Lease-Office Space	40,636.89	22,884.79	17,752.10	56	39,284.00	22,991.13	16,292.87	59
710721 Outpatient	4,922.00		4,922.00		4,922.00	756.00	4,166.00	15
711113 Equip Srv Replace	78,780.00	45,714.87	33,065.13	58	107,992.29	58,262.00	49,730.29	54
711114 Equip Srv O & M	123,072.96	43,838.79	79,234.17	36	90,820.91	44,167.47	46,653.44	49
711115 Equip Srv Motor Pool	18,500.00	3,125.00	15,375.00	17	18,500.00	10,992.50	7,507.50	59
711119 Prop & Liab Billings	15,028.00	7,513.98	7,514.02	50	12,532.00	6,265.98	6,266.02	50
711210 Travel	44,136.62	6,588.87	37,547.75	15	27,161.83	11,280.97	15,880.86	42
711504 Equipment nonCapital	36,202.42	1,131.84	35,070.58	3	35,078.61	5,345.67	29,732.94	15
* Services and Supplies	1,372,098.32	655,888.14	716,210.18	48	1,268,718.26	564,761.45	703,956.81	45
781007 Vehicles Capital					32,000.00		32,000.00	
* Capital Outlay					32,000.00		32,000.00	
** Expenses	6,123,614.45	2,951,351.59	3,172,262.86	48	6,260,861.80	3,061,989.75	3,198,872.05	49
621001 Transfer From General	350,000.00-		350,000.00-		350,000.00-		350,000.00-	
** Other Financing Src/Use	350,000.00-		350,000.00-		350,000.00-		350,000.00-	
*** Total	3,586,999.35	1,880,921.96	1,706,077.39	52	3,691,327.42	1,989,198.63	1,702,128.79	54

Washoe y Health District
Epidemiology and Public Health Preparedness
Pds 1 - 6, FY 2009

Accounts	2009 Plan	2009 Actuals	Balance	Act%	2008 Plan	2008 Actual	Balance	Act%
431100 Federal Grants	1,557,602.30-	581,837.33-	975,764.97-	37	1,779,621.51-	602,486.00-	1,177,135.51-	34
431105 Federal Grants - Indirect	11,064.00-	9,379.99-	1,684.01-	85	11,064.00-		11,064.00-	
* Intergovernmental	1,568,666.30-	591,217.32-	977,448.98-	38	1,790,685.51-	602,486.00-	1,188,199.51-	34
460511 Birth and Death Certificates	230,000.00-	106,446.20-	123,553.80-	46	230,000.00-	117,139.25-	112,860.75-	51
* Charges for Services	230,000.00-	106,446.20-	123,553.80-	46	230,000.00-	117,139.25-	112,860.75-	51
** Revenue	1,798,666.30-	697,663.52-	1,101,002.78-	39	2,020,685.51-	719,625.25-	1,301,060.26-	36
701110 Base Salaries	1,108,198.15	492,367.73	615,830.42	44	1,183,802.70	498,935.90	684,866.80	42
701120 Part Time	54,341.12	29,430.95	24,910.17	54	51,932.72	27,024.27	24,908.45	52
701150 Contractual Wages	6,500.00	9,395.92	2,895.92-	145	22,167.00	16,580.16	5,586.84	75
701200 Incentive Longevity	7,910.50	2,896.09	5,014.41	37	5,450.00	1,714.46	3,735.54	31
701300 Overtime	2,000.00	3,337.69	1,337.69-	167	4,024.00	2,451.21	1,572.79	61
701412 Salary Adjustment	26,900.35		26,900.35		8,681.78-		8,681.78-	
701419 Comp Time - Transfer						3.19	3.19-	
701500 Merit Awards					53,300.00-		53,300.00-	
* Salaries and Wages	1,205,850.12	537,428.38	668,421.74	45	1,205,394.64	546,709.19	658,685.45	45
705110 Group Insurance	122,434.26	51,825.60	70,608.66	42	109,309.94	60,193.89	49,116.05	55
705210 Retirement	233,830.49	104,772.41	129,058.08	45	247,585.88	105,505.34	142,080.54	43
705230 Medicare April 1986	15,768.27	7,151.50	8,616.77	45	21,516.83	7,105.85	14,410.98	33
705320 Workmens Comp	7,600.00	3,799.98	3,800.02	50	4,485.00	1,481.25	3,003.75	33
705330 Unemply Comp	1,235.00	1,235.00		100	715.00	715.00		100
705360 Benefit Adjustment					2,973.00		2,973.00	
* Employee Benefits	380,868.02	168,784.49	212,083.53	44	386,585.65	175,001.33	211,584.32	45
710100 Professional Services	334,096.89	139,680.78	194,416.11	42	466,144.00	161,984.88	304,159.12	35
710105 Medical Services	200.00		200.00					
710108 MD Consultants	12,000.00	4,000.00	8,000.00	33	12,000.00	5,000.00	7,000.00	42
710200 Service Contract	600.00	851.78	251.78-	142	600.00	310.10	289.90	52
710205 Repairs and Maintenance	1,233.00	299.75	933.25	24	2,233.00	84.00	2,149.00	4
710210 Software Maintenance		9,000.00	9,000.00-			8,100.00	8,100.00-	
710300 Operating Supplies	31,251.58	22,540.12	8,711.46	72	25,622.57	7,818.76	17,803.81	31
710334 Copy Machine Expense	3,242.98	1,059.52	2,183.46	33	4,619.00	1,364.42	3,254.58	30
710350 Office Supplies	9,319.55	9,693.34	373.79-	104	23,825.10	6,588.48	17,236.62	28
710355 Books and Subscriptions	1,425.50	400.08	1,025.42	28	2,166.00	230.50	1,935.50	11
710360 Postage	751.57	1,347.76	596.19-	179	1,119.00	1,825.28	706.28-	163
710361 Express and Courier	3,700.00		3,700.00		4,620.00		4,620.00	
710500 Other Expense	3,620.00	3,541.76	78.24	98	10,099.00		10,099.00	
710502 Printing	5,189.48	675.21	4,514.27	13	8,142.00	4,834.09	3,307.91	59
710507 Network and Data Lines		203.21	203.21-			98.07	98.07-	
710508 Telephone Land Lines	2,340.48	2,702.45	361.97-	115	8,622.00	2,665.80	5,956.20	31
710509 Seminars and Meetings	6,249.00	885.00	5,364.00	14	11,541.88	1,375.00	10,166.88	12
710512 Auto Expense	1,003.18	440.30	562.88	44	3,713.00	463.79	3,249.21	12
710519 Cellular Phone	206.00	731.60	525.60-	355	240.00	751.23	511.23-	313
710529 Dues	40.00		40.00		2,115.00		2,115.00	
710546 Advertising	1,600.00		1,600.00		24,927.00		24,927.00	
710620 LT Lease-Equipment	5,940.00	2,971.00	2,969.00	50	5,940.00	4,455.00	1,485.00	75
710703 Biologicals	8,900.00		8,900.00		8,900.00		8,900.00	

Washoe ty Health District
Epidemio and Public Health Preparedness
Pds 1 - 6, FY 2009

Accounts	2009 Plan	2009 Actuals	Balance	Act%	2008 Plan	2008 Actual	Balance	Act%
710721 Outpatient	3,000.00	688.25	2,311.75	23	3,000.00	1,197.00	1,803.00	40
711114 Equip Srv O & M		470.38	470.38-					
711115 Equip Srv Motor Pool	100.00	75.00	25.00	75	200.00		200.00	
711119 Prop & Liab Billings	5,491.00	2,745.54	2,745.46	50	3,133.00	1,566.48	1,566.52	50
711210 Travel	14,922.60	4,764.19	10,158.41	32	24,028.00	3,932.85	20,095.15	16
711504 Equipment nonCapital	25,684.61	24,076.20	1,608.41	94	53,888.10	52,896.28	991.82	98
* Services and Supplies	482,107.42	233,843.22	248,264.20	49	711,437.65	267,542.01	443,895.64	38
781004 Equipment Capital	216,705.00	83,688.59	133,016.41	39	170,193.10	39,286.10	130,907.00	23
* Capital Outlay	216,705.00	83,688.59	133,016.41	39	170,193.10	39,286.10	130,907.00	23
** Expenses	2,285,530.56	1,023,744.68	1,261,785.88	45	2,473,611.04	1,028,538.63	1,445,072.41	42
*** Total	486,864.26	326,081.16	160,783.10	67	452,925.53	308,913.38	144,012.15	68

DISTRICT HEALTH DEPARTMENT

January 6, 2009

TO: Members District Board of Health

FROM: Eileen Coulombe

SUBJECT: Health District Vacancy Update

Department Vacancy Update

For fiscal year 2009 the District Health Department has 172 permanent full-time and 17 permanent part-time positions. Currently, there are 20 of these 189 authorized permanent positions vacant (11%).

Div.	Position Title	PC#	Hours/ Week	Local Funding	Grant Funding
AHS	Administrative Asst. I	2170	40	100%	
	Department Computer Application Specialist*	2187	40	100%	
	Emergency Med Svrs Coord	2289	40	100%	
	GIS Specialist*	4775	40	100%	
	Payroll/Personnel Clerk	2180	40	100%	
AQM	Admin. Secretary Supervisor	2161	40	70%	30%
	Public Information Officer*	2303	40	80%	20%
	Sr. Air Quality Specialist	2263	40	34%	66%
CCHS	Division Director*	2281	40	100%	
	Public Health Nurse II	0162	21	100%	
	Public Health Nurse II	2205	40	100%	
	Public Health Nurse II	2211	24	100%	

1001 EAST NINTH STREET / P.O. BOX 11130, RENO, NEVADA 89520 (775) 328-2400 FAX (775) 328-2279
www.washoecounty.us/health

Div.	Position Title	PC#	Hours/ Week	Local Funding	Grant Funding
EHS	Env. Health Specialist*	2238	40	100%	
	Env. Health Specialist*	2240	40	100%	
	Env. Health Specialist Sup.	2258	40	100%	
	Licensed Engineer	2298	40	45%	55%
	Vector Borne Disease Spec.*	2251	40	100%	
EPHP	Epidemiologist*	2291	40	100%	
	Public Health Emergency Response Coordinator	2292	40		100%
	Senior Epidemiologist	2294	40	100%	

Positions denoted with an asterisk were identified in the FY09 adopted budget as being held vacant until July 1, 2009.

Administrative Health Services Officer

DBOH 1/22/09
Item 12.

Organizational Optimization

Plan for Restructuring of
Washoe County Health District

22 January 2009

The Current Problem

- Nationwide economic crisis
- Countywide need to further reduce expenditures
- Programs
  - Mandated vs non-mandated
  - Grant / fee supported vs county supported

22 January 2009

The Original Problem

- Short cash flow in FY07
- Bridge loan - $650,000
- Reduced budget authority in FY08 - $650,000
- Targeted budget reductions in FY08
- WCDHD budget ~ 80% personnel
- Personnel support programs

22 January 2009

Organizational Optimization Fundamental Assumptions (1)

- Minimal duplication of effort
- District Health Officer
  - Broad Direction
  - Implementation of NRS / DBOH mandates
  - Quality Assurance – accreditation, certification, Baldrige, etc.
  - Public Information
  - Development liaison
- Administrative functions centralized in administration
  - Human Resources
  - Fiscal Management
  - Purchasing / Procurement
  - Billing
  - Facilities / Central Stores
  - IT / GIS Support
  - Franchise oversight
  - Intergovernmental relations
  - Non-aligned programs

22 January 2009

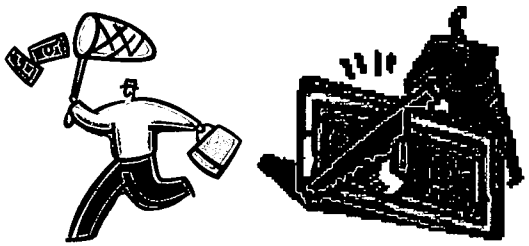
Organizational Optimization Fundamental Assumptions (2)

- Direct service programs placed in functional divisions
- Administrative Support per Functional Division – 1 FTE
  - Admin Asst OR
  - Admin Sec Sup OR
  - Admin Sec
- Divisions sized and organized to avoid need for Asst Division Director

Goal – A Smaller Organization

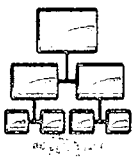
Meeting the Financial Target

- Obtain additional revenue
- Decrease size of organization



Goal – A Smaller Organization

- Programmatic reduction
  - Driven by:
    - Mandates
    - Core functions and essential services of public health
    - Public demand and expectation



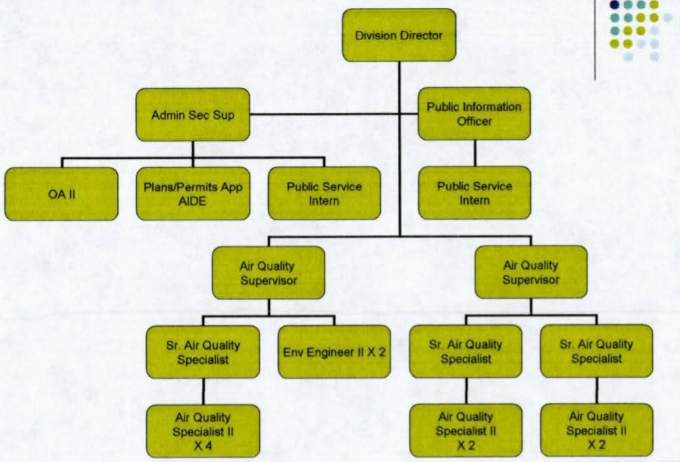
Goal – A Smaller Organization

- Programmatic reduction
  - Driven by:
    - Mandates
    - Core functions and essential services of public health
    - Public demand and expectation

- Organizational optimization
  - Driven by fundamental assumptions
  - Strategic vacancy management
  - Accelerated attrition

22 January 2009

AQM - Original



22 January 2009

Goal – A Smaller Organization

- Programmatic reduction
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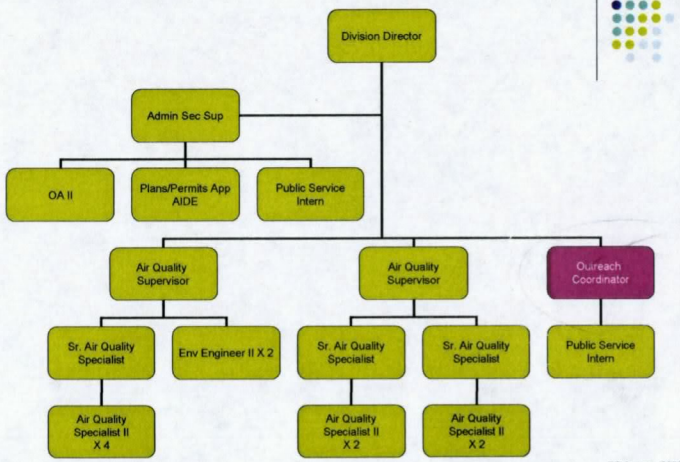
- Organizational optimization
  - Driven by fundamental assumptions
  - Strategic vacancy management
  - Accelerated attrition

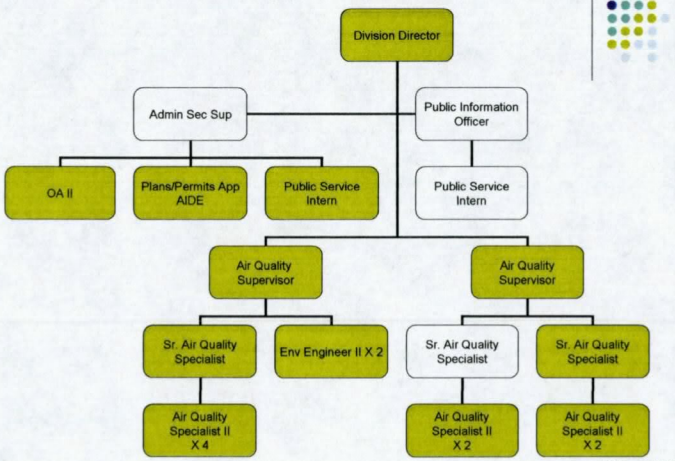
22 January 2009

AQM - Proposed



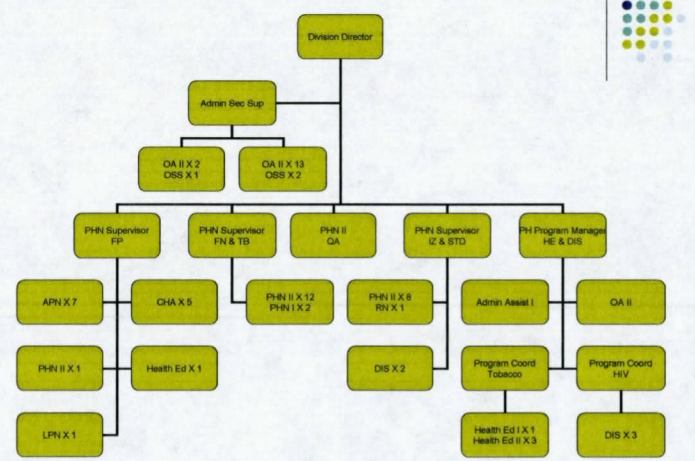
22 January 2009

AQM - Current



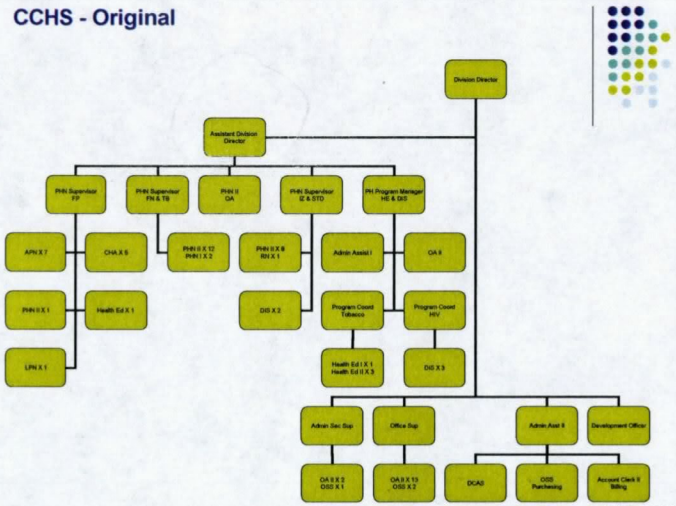
22 January 2009

CCHS - Proposed



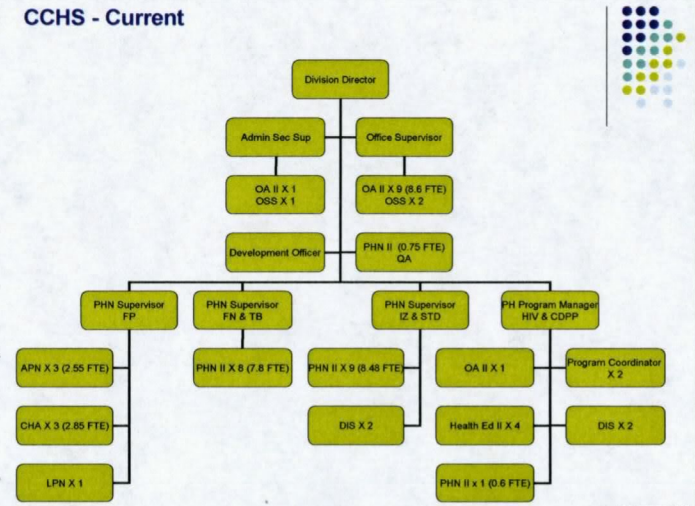
22 January 2009

CCHS - Original



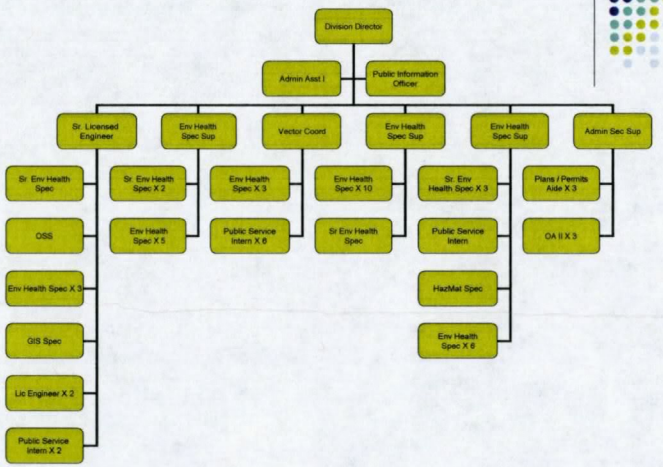
22 January 2009

CCHS - Current

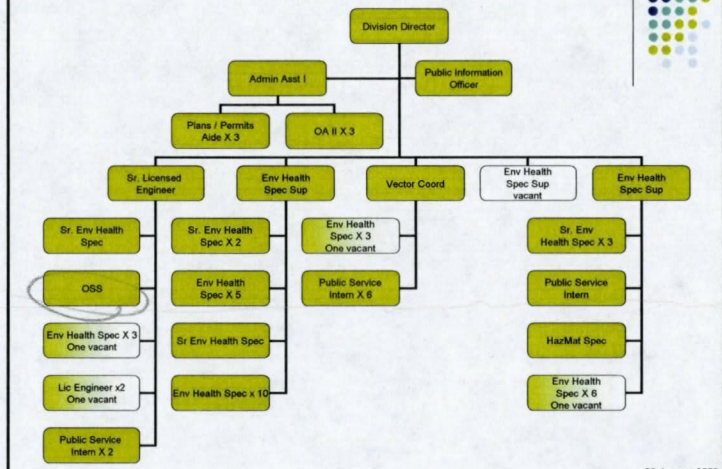


22 January 2009

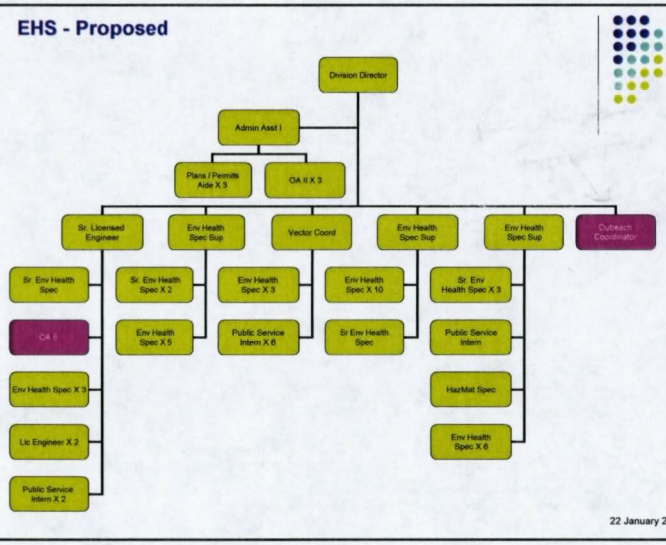
EHS - Original



EHS - Current



EHS - Proposed



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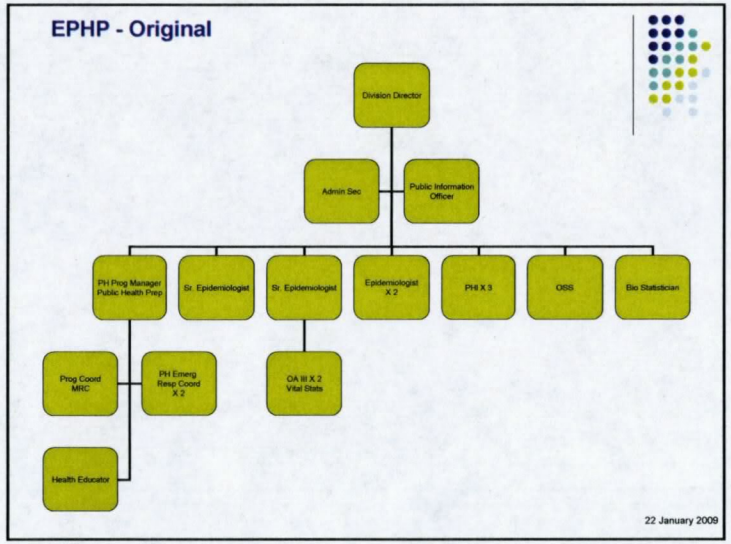
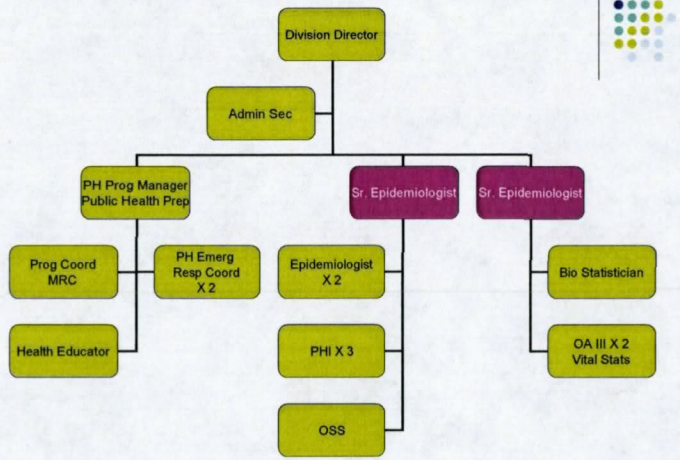
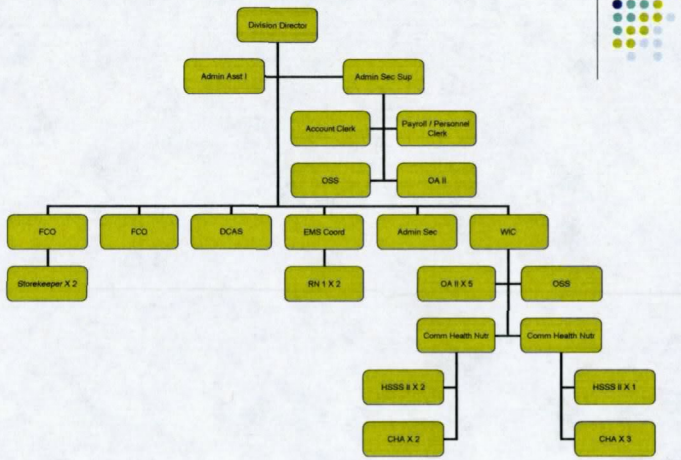


EPHP - Proposed



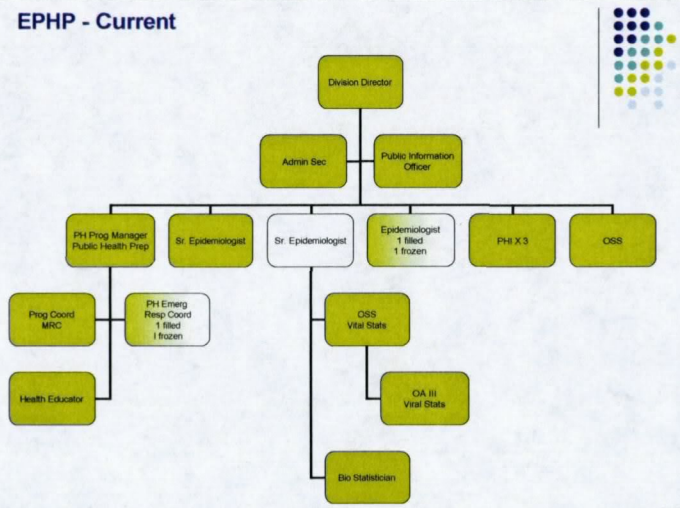
22 January 2009

AHS - Original



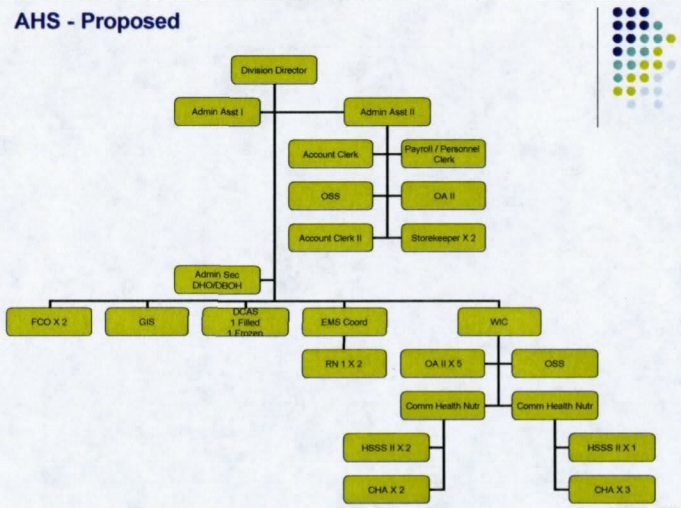
22 January 2009

EPHP - Current



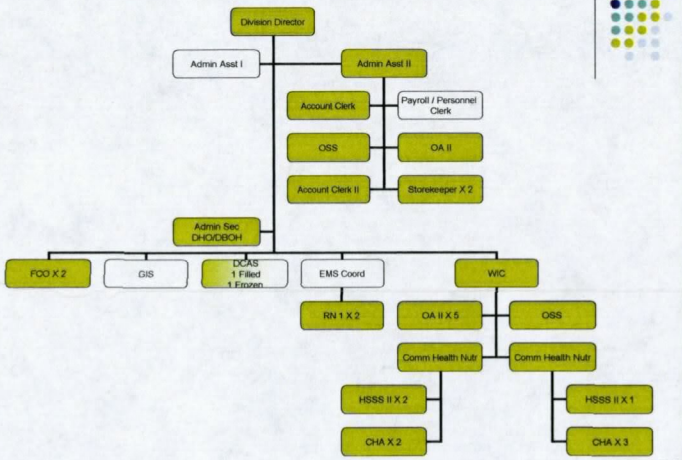
22 January 2009

AHS - Proposed



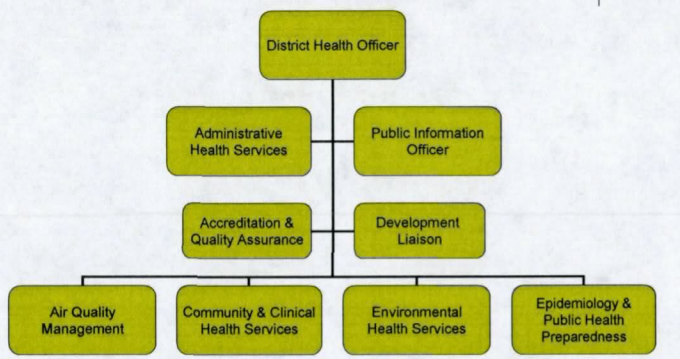
22 January 2009

AHS - Current



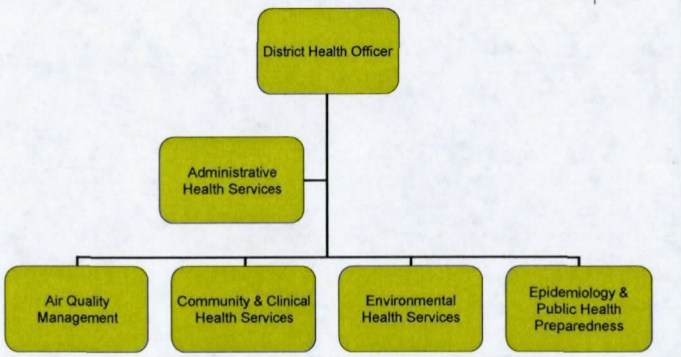
22 January 2009

DHO - Proposed



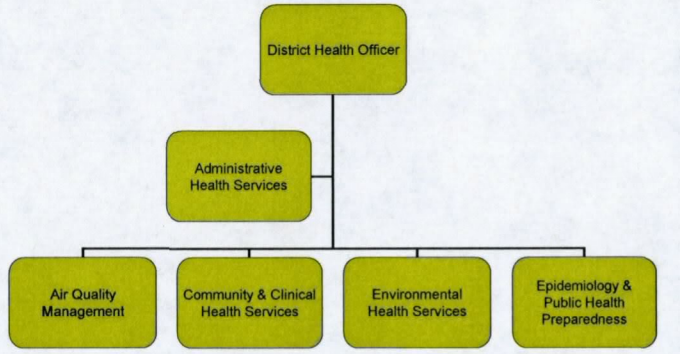
22 January 2009

DHO - Original



22 January 2009

DHO - Current



22 January 2009

DISTRICT HEALTH DEPARTMENT

MEMORANDUM

DATE: December 29, 2008

TO: Darin Conforti, Budget Manager

FROM: Patsy Buxton, Fiscal Compliance Officer PB
Lori Cooke, Fiscal Compliance Officer LC

THROUGH: Eileen Coulombe, Administrative Health Services Officer EC
M. A. Anderson, District Health Officer MAA

SUBJECT: FY08/09 Mid-Year Spending Reduction

Please find attached the FY08/09 Mid-Year Spending Reduction plan for the Washoe County Health District. The target of $254,000 will be met utilizing vacancy savings.

If you have any questions or need additional information, please do not hesitate to contact Patsy at 328-2418, Lori at 325-8068 or Eileen at 775-328-2417.

Thank you.

DBOH AGENDA ITEM NO. 13.

Department: **Washoe County Health District**
Division/Program: 1) Community and Clinical Health Services (CCHS)
2) Administrative Health Services (AHS)

Reduction plan description:

The Health Fund will meet the FY08/09 mid year spending reduction target of $254,000 by holding the following positions vacant:

PC# 70000162 Public Health Nurse II
PC# 70002205 Public Health Nurse II
PC# 70002211 Public Health Nurse II
PC# 70002170 Administrative Assistant I
PC# 70002180 Payroll/Personnel Clerk

Reduction details	Indicate Phase I or Phase II or Combined	Cost Center	Account(s)	FY 08-09 $ Partial year *calculated using FY09 budget less expenditures including payouts	FY 09-10 $ Full year
PC# 70000162 Delimit thru 6/30/09	Combined	170600	701110	$45,120	N/A
PC# 70002205 Delimit thru 6/30/09	Combined	170600	701110	$87,238	N/A
PC# 70002211 Delimit thru 6/30/09	Combined	170600	701120	$30,183	N/A
PC# 70002170 Delimit thru 6/30/09	Combined	170200	701110	$84,346	N/A
PC# 70002180 Held dark thru 12/31/08	Combined	170200	701110	$8,263	N/A
			Total Savings	**$255,150**	N/A

Describe the Impact:

- To customers-external and internal:
  CCHS- Public Health Nurse Home Visitation Program (non-mandated) – The mission of this program is to promote public health by educating and empowering individuals and families to enhance their physical, emotional, mental, and social well being; and through the development of partnerships, promote a safe and healthy community.

  Program impacts include:

  To Public Health District:

  - Potential decrease in health of Washoe County citizens through the loss of health care and prevention services.

- Potential increase in community costs for treatment of advanced health conditions due to lack of preventive services.
- Inability for the Health District to be involved or provide leadership in major community health initiatives.
- Loss of highly educated and experienced public health workforce.
- Reduction in available public health workforce impacting the ability to plan for and respond to community emergencies.

To employees:

- Emphasize and shift resources to mandated programs.

To other stakeholders:

- Increased referrals and demands for services from other county departments such as child protective services.
- Potential increase in health disparities among racial, ethnic and socioeconomic groups

AHS – Administration (mandated) – The mission of this division is to ensure administrative compliance for fiscal and operational policies as established by the District Board of Health and Board of County Commissioners; and to provide management oversight for the Women, Infants and Children (WIC) and Emergency Medical Services Program.

Program impacts include:

To Public Health District:

- Potential delay in enhancing and/or developing department policies and procedures.
- Potential increased risk for weaknesses in internal controls.
- Reduced administrative support resulting in slower response to public inquiries and assistance requests.
- Limited depth for administrative infrastructure.

To employees:

- Reduced administrative support resulting in slower response to employee inquiries and assistance requests.
- Increased workload assigned to other staff (within appropriate job classification) resulting in continued reprioritization of activities resulting in inefficiencies.
- Increased risk of noncompliance with mandated activities as workload volume exceeds staff capacity.
- Potential staff "burn out".
- Potential increased risk for employee errors.

To other stakeholders:

- Impacts not easily identified as these positions do not directly interface with external stakeholders.

Implementation steps (e.g. notice requirements, Human Resources assistance, Civil District Attorney counsel)

Finance and Human Resources to delimit the above referenced position control numbers in SAP. These positions are currently vacant. As such, there are no notice requirements.

FY 2008-2009 Mid Year Spending Reduction Targets
(Rounded $1,000)

Category	Fund	Department	FY 09 Adopted Budget	target %	$ amount	Phase 1 Reduction	Phase 2 Reduction
A	100	Fire Suppression	246,884	1.25%	3,000	2,000	1,000
A	100	Sheriff	91,856,681	1.25%	1,148,000	804,000	344,000
A Total			**92,103,565**	**1.25%**	**1,151,000**	**806,000**	**345,000**
B	100	Alternate Public Defender		2.55%			
B	100	Alternative Sentencing	751,761	2.55%	19,000	13,000	6,000
B	100	District Attorney	21,359,134	2.55%	545,000	382,000	164,000
B	100	District Court	16,543,737	2.55%	422,000	295,000	127,000
B	100	Incline Constable	232,303	2.55%	6,000	4,000	2,000
B	100	Justice Court Incline	500,636	2.55%	13,000	9,000	4,000
B	100	Justice Court Reno	4,930,747	2.55%	126,000	88,000	38,000
B	100	Justice Court Sparks	2,340,869	2.55%	60,000	42,000	18,000
B	100	Justice Court Wadsworth	240,929	2.55%	6,000	4,000	2,000
B	100	Juvenile Services	14,917,700	2.55%	380,000	266,000	114,000
B	100	Medical Examiner	1,991,043	2.55%	51,000	36,000	15,000
B	100	Public Defender		2.55%			
B	100	Registrar of Voters	2,867,577	2.55%	73,000	51,000	22,000
B	100	Social Services	1,200,129	2.55%	31,000	22,000	9,000
B	202	Health Fund	9,947,500	2.55%	254,000	178,000	76,000
B	228	Child Protective Services	1,478,722	2.55%	38,000	27,000	11,000
B Total			**79,302,787**	**2.55%**	**2,024,000**	**1,417,000**	**608,000**
C	100	Assessor	7,157,054	5.55%	397,000	278,000	119,000
C	100	BCC	614,900	5.55%	34,000	24,000	10,000
C	100	Comm Development	3,449,125	5.55%	191,000	134,000	57,000
C	100	County Clerk	1,733,715	5.55%	96,000	67,000	29,000
C	100	County Manager	5,373,678	5.55%	298,000	209,000	89,000
C	100	Finance	3,388,330	5.55%	188,000	132,000	56,000
C	100	Human Resources	2,976,321	5.55%	165,000	116,000	50,000
C	100	Public Administrator	987,446	5.55%	55,000	39,000	17,000
C	100	Public Guardian	1,781,181	5.55%	99,000	69,000	30,000
C	100	Purchasing	745,046	5.55%	41,000	29,000	12,000
C	100	PW-Admin	741,749	5.55%	41,000	29,000	12,000
C	100	PW-Capital Projects	718,002	5.55%	40,000	28,000	12,000
C	100	PW-Engineering	3,209,453	5.55%	178,000	125,000	53,000
C	100	PW-Facility Mgmt	14,726,775	5.55%	817,000	572,000	245,000
C	100	PW-General Services	2,560,537	5.55%	142,000	99,000	43,000
C	100	PW-Roads	11,857,750	5.55%	658,000	461,000	197,000
C	100	Recorder	2,693,841	5.55%	150,000	105,000	45,000
C	100	Tech Services	14,560,234	5.55%	808,000	566,000	242,000
C	100	Treasurer	2,301,518	5.55%	128,000	90,000	38,000
C	225	Senior Services	324,000	5.55%	18,000	13,000	5,000
C	566	Water Resources-Planning	1,810,191	5.55%	100,000	70,000	30,000
C	669	Equip Services	9,060,832	5.55%	503,000	352,000	151,000
C Total			**92,771,678**	**5.55%**	**5,147,000**	**3,607,000**	**1,542,000**
D	100	Law Library	919,892	7.50%	69,000	48,000	21,000
D	100	Library	11,283,650	7.50%	846,000	592,000	254,000
D	100	Reg Parks Open Space	7,218,261	7.50%	541,000	379,000	162,000
D	204	Library Expansion		7.50%			
D	264	May Foundation	358,700	7.50%	27,000	19,000	8,000
D Total			**19,780,503**	**7.50%**	**1,483,000**	**1,038,000**	**445,000**
Grand Total			**283,958,533**		**9,805,000**	**6,868,000**	**2,940,000**

NOTE:

A Public Safety
B Judicial/Health/Social Services
C Admin/Executive/Legislative/Operations
D Cultural/Educational

DISTRICT HEALTH DEPARTMENT

January 14, 2009

TO: District Board of Health

FROM: Mary-Ann Brown, R.N., M.S.N.
Acting Division Director, Community and Clinical Health Services

SUBJECT: Public Health Nurse Assignments

WASHOE COUNTY HEALTH DISTRICT
PUBLIC HEALTH NURSES
PROGRAM ASSIGNMENTS

Public Health Programs	FTEs Assigned				
	FY07/08 Budget Authority	FY07/08 Actual	FY08/09 Budget Authority	FY08/09 Actual	January 09 Projected
170600 Home Visiting	11.83	9.01	10.86	7.55	4.60
171400 TBPCP	3.25	3.60	2.80	3.32	4.00
173500 Immunizations	6.24	5.28	4.80	4.70	5.78
171300 Sexual Health*	0.00	1.54	2.02	1.74	1.90
173000 Family Planning	0.61	0.37	0.00	0.00	0.00
170800 Chronic Disease	0.00	0.00	0.00	0.00	0.60
Total	21.93	19.80	20.48	17.31	16.88

*Does not include 4 Disease Intervention Specialists (RN Licensed)

For the past several years Public Health Nurses (PHNs) have maintained clinical competencies in several programs. PHNs may have been assigned to one or more primary program but flexed to other areas when demand for services exceeded scheduled resources. PHNs would code their time cards to reflect actual activity in programs. This approach allowed for program demands to be met with existing resources. However with a decrease in staffing and the need for close monitoring of productivity, RNs are now prioritized to one program and will not flex to other programs unless a significant or emerging need is identified. Variance reports will be maintained and analyzed for productivity and future budgeting.

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www.co.washoe.nv.us/health

DISTRICT HEALTH DEPARTMENT

January 14, 2009

TO: District Board of Health

FROM: Mary-Ann Brown, R.N., M.S.N.
Acting Division Director, Community and Clinical Health Services

Candy Hunter, R.N., M.Ed.
Public Health Nursing Supervisor

SUBJECT: Plan for Significant Restructuring of Public Health Visiting Nursing Program

Introduction

Poor maternal and child health outcomes exist in Washoe County. Key health indicators are expected to deteriorate rapidly due to the economic downturn. Families will face severe challenges in accessing affordable healthcare and successfully parenting their children due to the associated loss of income and decrease in available prevention services. Kevin Schiller Director Washoe County Social Service states *"Public Health Nurses are vital to providing needed health care to the most vulnerable infants, children and families in our community. The loss of the Public Health Visiting Nurses Program will significantly impact our ability to meet the health needs of the abused and neglected children we serve."*

Documentation of Need

High risk indicators for Washoe County include:

- Access to health care is a major problem, with over 68,000 people lacking health insurance in 2006 (Truckee Meadows Tomorrow).
- The infant mortality rate in Washoe County in 2005 was 4.9/1,000 births (US rate in 2007 is estimated to be 6.37 placing the U.S. in 42nd place among all nations).
- There were 806 premature births (<37 weeks gestation) in Washoe County in 2005; 86 of these babies were born to teenage mothers.
- In Nevada in 2005, 8.3% of all births had low birth weights.
    - In 2005, there were 557 low birth weight infants in Washoe County and 72 of these babies were born to teen mothers.
    - One hundred babies were born at very low birth weight (weight less than three pounds, 4 ounces) with thirteen of those infants born to teenage mothers.
- No other agency provides public health nursing home visitation in Washoe County.

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- The recent closure of Maxim's service for pediatric patients has left the community with only one limited pediatric home health service. St. Mary's Regional Medical Center Home Health serves only patients with contracts for their service.

Brief History of Public Health Nursing (PHN) Home Visitation

PHNs have provided maternal and child health services in Washoe County since 1938 when the state assigned two nurses to the new district. During the past sixty years, large scale federal (Title V and others) and state grants (Children's Trust Account and General Fund) were secured to add to local funds to provide nursing services through home visitation for many populations:

- Abused and neglected children
- Pregnant women
- Children with identified health risks such as:
  - Failure to thrive
  - Blood lead toxicity at risk for brain damage
  - Intrauterine substance abuse exposure
- Infants discharged from Neonatal Intensive Care Nurseries (NICU)
- Children at risk of abuse and neglect
- Children with special health care needs or developmental delays

Public Health Visiting Nursing in 2008

Clients served
In FY 2008, 348 new referrals were received for Public Health Nursing and PHNs recorded 2,068 activities with families. There are currently 486 individual case files open for service.

Services Provided:

- Infant weight monitoring, nutrition and feeding assessments and parental education for infants with a diagnosis of failure to thrive, feeding problems, or other metabolic conditions.
- Growth and developmental assessments; facilitation of access to care for infants with congenital conditions, prematurity or low birth weights.
- Perinatal education addressing effects of substance use, nutrition and exercise, risk factors for preterm delivery/low birth weight, referrals to community resources and family planning/birth control
- Health assessment, education and case management to ensure access to care for parents with mental or physical impairments including drug abuse
- Education on infant nutrition, health, growth/development, parenting and environmental safety for high risk families.

Recent Home Visitation programs include:

- **Healthy Moms Healthy Babies** – a four year collaborative project with The Pregnancy Center designed to promote early access to sustained prenatal care

for women with no health insurance, and development of a medical home for the infant after delivery. Components include:

- Educational classes
- Home visits for health assessment and monitoring during each trimester of pregnancy and immediately after delivery.

Title V and Nevada State general funds support a 0.6 FTE PHN, clerical staff at The Pregnancy Center and minimal operating costs. Local Washoe County funds provide 1.5 FTE of PHNs. The program accepts 300 referrals annually with the duration of service defined as one year from entry to care (during pregnancy and three months post-partum).

- **High Risk Home Visitation** – local funds support home visitation as a safety net for the populations at high risk for infant and maternal morbidity and mortality. Nursing care includes, but is not limited to the following services
  - Assessment of all health domains including growth and development
  - Referral and follow-up for identified health problems including abusive or neglectful parenting
  - Monitoring infant weight gains and/or progress related to medical conditions such as failure to thrive
  - Ensuring access to a permanent medical home
  - Promotion of required immunizations and well child exams
  - Referral to essential community resources for basic needs such as WIC
  - Parental education about health and parenting issues, guidance for stimulating development in children with delays

Options for FY2010

Option 1: Eliminate PHN home visitation
Impact:

- Increased fetal and infant morbidity and mortality, maternal complications of pregnancy and potential increase in child abuse/neglect.
- Loss of nurse support services for the health-related problems of the families with child maltreatment reports.
- Loss of home visiting nursing services to Washoe County parents of children with special health care needs, prematurity or low birth weight and/or intrauterine drug exposure.
- Loss of PHNs for epidemiological investigations on congenital anomalies such as the 2007-08 gastroschisis study with Epi-Center.
- Loss of experienced, highly skilled PHNs for other HD programs such as communicable disease outbreaks, public health preparedness for disasters.
- Lack of back-up coverage for mandated clinical services such as immunizations, sexually-transmitted diseases investigation and treatment and tuberculosis investigation and treatment.
- Potential for increase in vaccine-preventable illnesses due to lower immunization rates in high-risk families.
- Minimal prevention and safety net services will increase use of emergency rooms and extend acute care hospitalizations and need for institutionalized care.

Option 2: Intensive Home Visitation for 600 families

Personnel: 4 FTE PHNs

Employee	Salaries (including Incentive)	Insurance	Retirement	Medicare	Total
Intensive Home Visitation Program					
PHN II #1 1.0 FTE	$78,250	$5,916	$16,041	$1,135	$101,342
PHN II #2 1.0 FTE	$77,950	$13,591	$15,980	$1,019	$108,540
PHN II #3 1.0 FTE	$77,531	$5,916	$15,894	$1,124	$100,465
PHN II #4 1.0 FTE	$78,250	$9,106	$16,041	$1,082	$104,479
Subtotal	**$311,981**	**$34,529**	**$63,956**	**$4,360**	**$414,826**
Healthy Moms Healthy Babies through June 30, 2009 **GRANT FUNDED**					
PHN II #5 .60 FTE	$36,792	$8,154	$7,542	$467	$52,955

Safety net services for vulnerable populations only. *Referrals will be primarily received from:*

- ✓ *Washoe County Child Protective Services*
- ✓ *Renown Medical Center*
- ✓ *St. Mary's Regional Medical Center*
- ✓ *WIC*
- ✓ *The Pregnancy Center*
- ✓ *Health clinics and other community agencies serving high risk populations*

CLIENT SELECTION CRITERIA:

1. Medically fragile infant or child:
    - Premature
    - Congenital disorder or special health care need (examples include infant with Down's Syndrome or gastrostomy feedings)
    - No health care provider
    - Low birth weight
    - Fetal drug exposure
    - Developmentally delayed
2. Infants with failure to thrive
3. Infants with acute or chronic health problem(s)
4. Prenatal or parenting adults with conditions affecting parenting capacity:
    - Lacking a medical home
    - Under 18 years of age

- Maternal depression
- Domestic violence
- Developmentally delayed
- Medical condition

Services: Home Visitation to Deliver Nursing Care to Three Levels

Intensity	Percentage	Cases	Encounters	Description
Level 1: Consultation	10%	60	120	Phone consultation and/or 1-2 visits
Level 2: Intermediate	50%	300	1200	Short term, 2-6 visits for specific health concern (e.g. high risk pregnancy)
Level 3: High risk	40%	240	2160	Long term, 6-12 visits for intensive services
Total	100%	600	3480	

Projected Performance measures

1. Percentage of pregnant women with a gestational weight gain within Institute of Medicine recommendations
2. Percentage of pregnant women who deliver full term infants (38-42 weeks gestation).
3. Percentage of pregnant women who deliver infants with a birth weight greater than 5.5 pounds.
4. Percentage of pregnant women who report a reduction or abstinence from use of tobacco.
5. Percentage of postpartum women who report following through with postpartum checkup.
6. Percentage of postpartum women who report having chosen a birth control method by their postpartum checkup.
7. Percentage of infants and children who have primary health care providers.
8. Percentage of caregivers who report providing a smoke free environment for their children.
9. Percentage of women who report being free of domestic violence and/or who are able to identify available resources.

Case Study

Level: <u>1 – Consultation (telephone or 1-2 visits)</u>

Brief History

A toddler, age 30 months was referred by four separate agencies for intervention (Placer County, California Children's Services, Early Head Start, Immunization Clinic and a self-referral from the stepparent). The child's diagnoses included brain damage due to shaken baby syndrome, with resultant developmental delays and dependence upon a gastrostomy tube (G-tube) for nutrition. The child was abused by her natural mother and custody was given to the father and stepmother. They were unable to access health care after a move to Nevada.

Public Health Nursing Interventions

- Baseline initial comprehensive assessment
- Referrals to local resources for medical care, food, clothing, child care, energy assistance, and housing
- Collaboration with physician and nutritionist at Nevada Early Intervention Services (NEIS) for home assessment of feeding practices and interaction patterns

Outcomes

- Prevented dehydration and electrolyte imbalances due to possible inadequate fluids based on evidence of mild dehydration: PHN worked with physician to increase G-tube fluids.
- Medical monitoring while family is Medicaid pending and on waiting list for Children with Special Health Care services
- Anticipate 1-3 additional telephone calls and/or home visits to assist family in transition to medical home in this area due to the complexity of care needs.

Estimated Cost Benefit

- Savings of infant hospitalization related to nutritional complications. Hospital expenses per patient day in Nevada average $1544 in 2006 (statehealthfacts.org)

Case Study

Level: 2 – Intermediate Plan of Care (2-6 visits)

Brief History:
Client referred by The Pregnancy Center (TPC) for entry into Healthy Moms Healthy Babies (HMHB) program. PHN found symptoms of hypertension prior to the client's first prenatal visit, and client was subsequently hospitalized for hypertension.

Public Health Nurse Interventions

- Three home visits were conducted through the HMHB program established to provide early and sustained access to prenatal care resulting in a healthy pregnancy and positive maternal and infant birth outcomes.
- Facilitation of immediate physician assessment when hypertension was noted at first PHN home visit.
- PHN obtained dangerously high blood pressure reading after hospital discharge post delivery, and arranged for immediate emergency medical evaluation.

Outcomes

- A Caesarean section was performed related to dangerously high maternal blood pressure found during PHN home visit.
- Mother and babe experienced birth outcomes within normal limits requiring no additional hospitalization. Both have continued to thrive during the postpartum period.
- Possible prevention of preterm delivery, maternal seizures and/or stroke.

Estimated Cost Benefit:

- Prevention of maternal seizures and stroke with cost per day of hospitalization. Hospital expenses per patient day in Nevada average $1544 in 2006 (statehealthfacts.org)
- Prevention of prematurity (35-36 weeks gestation). Average cost of hospitalization in Newborn Intensive Care Unit (NICU) for 2006 was $8531.33.

Case Study

Level: 3 – High Risk Plan of Care (6-12 visits) Example 1

Brief History:
Referral received from Washoe County School District's Cyesis program for a pregnant 11 year old (5th grade child). Child lives with mother and siblings; family homeless, living with relatives.

Public Health Nurse Interventions

- Home visits every 1-3 weeks to discuss pregnancy related issues
  - Ongoing health assessment; monitoring of weight and vital signs
  - Nutrition assessment and education about the importance of an adequate diet and exercise
  - Effects of medications and substance abuse
  - Review of abnormal signs and symptoms during the pregnancy
  - Education regarding birth process (individualized based on education and maturity level of pregnant teen)
  - Anticipatory guidance about expectations and care of infant
- Necessary referrals to Child Protective Services, housing, Early Head Start, and other basic services
- Education about pregnancy prevention and family planning

Outcomes

- Family established in own apartment with housing assistance
- Client remained in school throughout pregnancy; currently enrolled
- Healthy birth outcome
- No unwanted repeat pregnancy
- Infant's growth and development within normal limits
- Connected with primary care provider for infant
- Connected with child care provider

Estimated Cost Benefits

- Minimal need for WCSS Child Protective Services.

Case Study

Level: 3 – High Risk Plan of Care (6-12 visits) Example 2

Brief History

Referral received from Renown Regional Medical Center's Neonatal Intensive Care Unit. An infant was born with gastroschisis and needed nursing follow up after discharge. Parents were in transition, living in motel room with three small children. The three-year-old had evidence of developmental delays; the two- year-old in the home was found to have medical problems and no health care provider.

Public Health Nurse Interventions

- Home visit every 1-3 weeks: monitor infant's growth, development and nutrition
- Education regarding nutrition, signs and symptoms of illness and the importance of medical follow up
- Identified medical and development issues that needed follow up: infant referred to Early Intervention Services and Shriner's Hospital
- Referred family to Medicaid for assistance with medical expenses
- Identified delays in three year old and referred to the Child Find Program
- Referred two-year-old for necessary medical interventions

Outcomes

- At 13 months of age, infant growth and development is within normal limits
- Infant followed by Nevada Early Interventions and Shriner's Hospital for other medical issues, and has had no additional hospitalizations
- Family receiving Medicaid assistance and children have a primary health care provider
- Three year old attends school through the Child Find Program to address delays
- Two-year-old receiving treatment for medical issues
- No unwanted repeat pregnancy

Estimated Cost Benefits

- Savings of $320 per day for Kids Kottage shelter placement and/or foster care, WCSS intervention for each of three children
- Savings of daily costs for prevention of hospitalizations due to complications of gastroschisis surgery

Case Study

Level: 3 – High Risk Plan of Care (6-12 visits) Example 3

Brief History

A referral for a newborn infant was received from Renown Medical Center. The mother was in jail, and plans called for the father to take the baby home from the hospital. The father needed education about infant care and feeding as he had no prior experience. No family support was available. Mother used methamphetamine during pregnancy and father used methamphetamine until the day he learned of the pregnancy. Father's parents are drug addicted and non-supportive. Complications after hospital discharge included poor weight gain (often associated with intrauterine drug exposure), and febrile illnesses related to urinary tract infections from anatomical anomalies which required two hospitalizations. Mother was released from prison and became pregnant, began using meth again and delivered a 1# 10 oz baby girl at approximately 25 weeks gestation. Baby was discharged from the hospital to the care of the father with no additional complications. Mother was not involved. Father is primary care provider and is now going to Truckee Meadows Community College.

Public Health Nurse Interventions

- Home visits weekly to monthly for education on infant care, recognition of illness, developmental stimulation activities and community resources.
- Monitoring of weight (poor gain common in drug-exposed infants) and medical follow-up
- Goal setting for positive family outcomes
- Education about birth control and family planning clinics

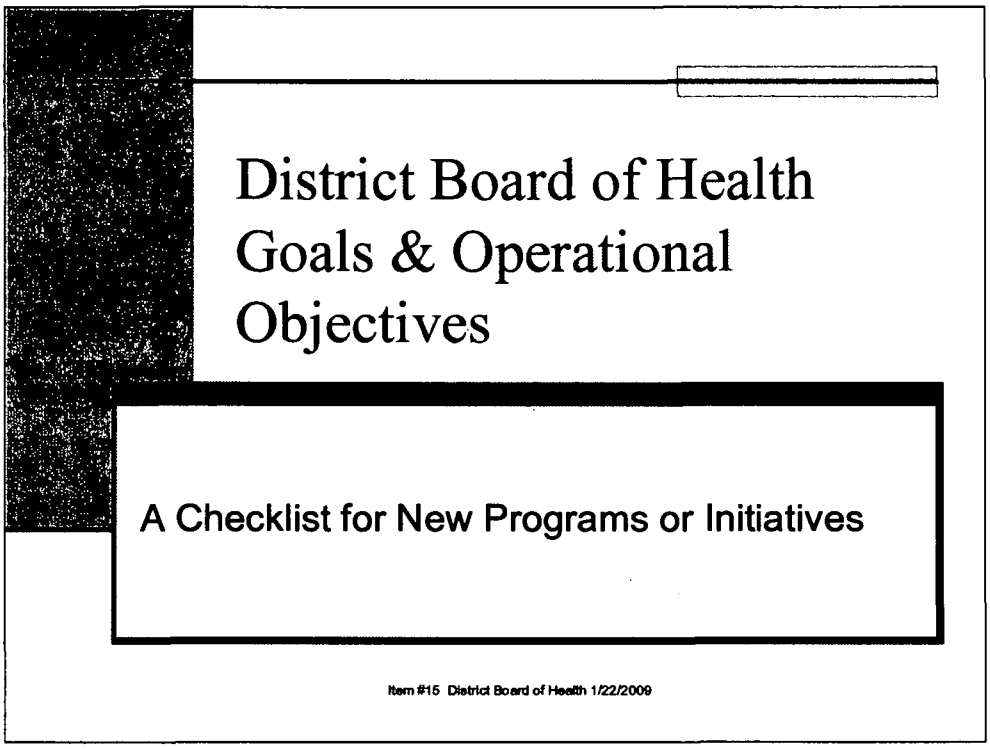
Outcomes

- Father now receives help through Early Head Start and Nevada Early Intervention Services, as well as Supplemental Security Income (SSI), Medicaid, Temporary Aid to Needy Families (TANF), Food Stamps, WIC, and childcare assistance
- Father enrolled at TMCC and has expressed a goal of increasing financial stability so that his children can someday attend college
- The boy is now almost 3 years old and is doing well developmentally
- The boy had surgical correction of urinary tract complications
- The baby girl continues to make appropriate developmental progress

Estimated Cost Benefits

- Savings of $320 per day for foster care or Kids Kottage shelter placement
- Savings of $2,431 in costs of social work through Washoe County Social Services for child maltreatment report and follow-up

DBOH Agenda Item #15
1/22/09

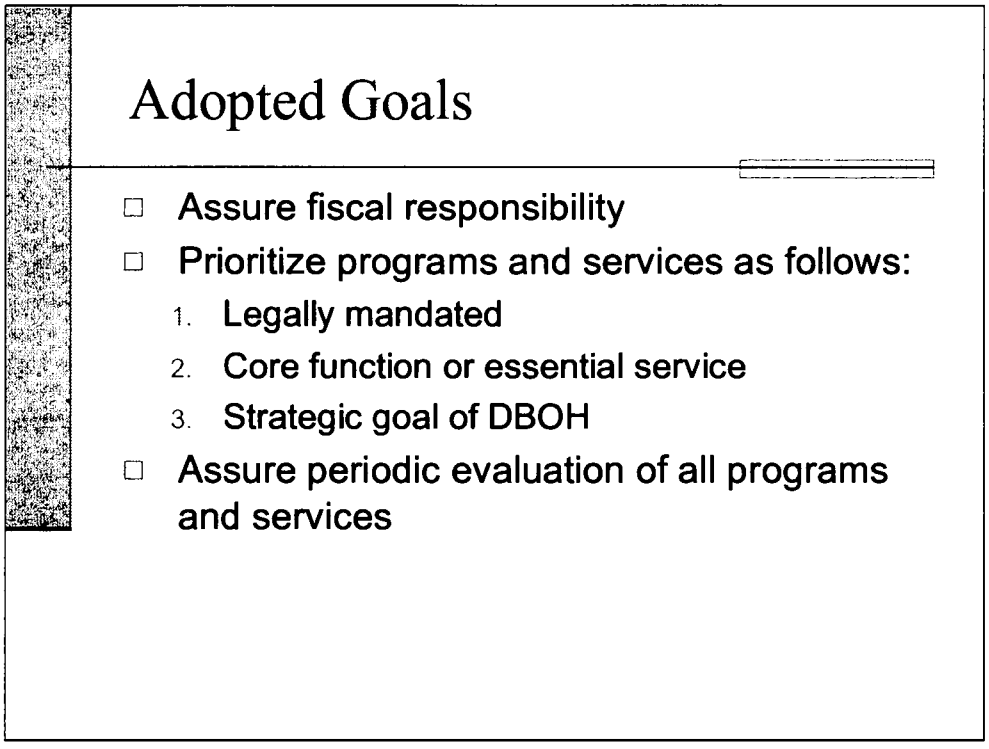


The first part of this presentation provides an overview of goals and operational objectives which were adopted by the District Board of Health on October 23, 2008. It serves as a guiding document for Washoe County District Health staff in their presentation of new programs or initiatives.

The second part of this document provides a proposed checklist for the evaluation of new programs or initiatives to assist in the decision making process.

Four key questions form the basis for the organization of the checklist:

1. Do we need this?
2. Can we do this?
3. How much will it cost?
4. How will we measure success?



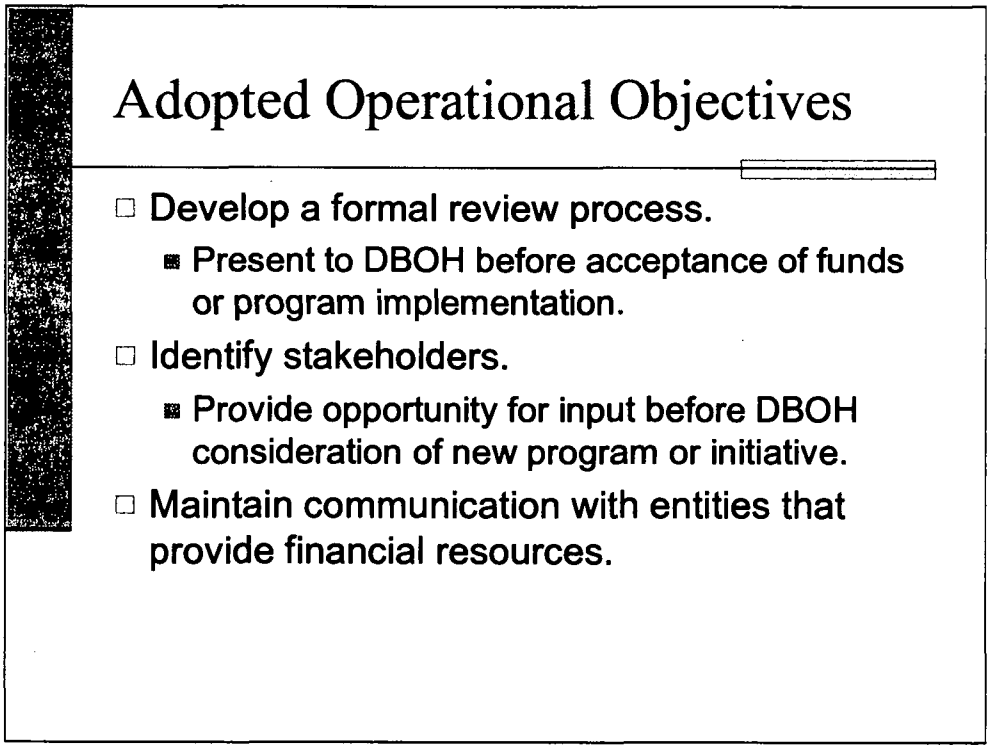
Exact wording adopted by the District Board of Health:

Adopted Goals:

1, Assuring fiscal responsibility for the Health District.

2. Prioritizing programs and services such that the greatest weight is given to those that are legally mandated, followed by those that represent a core function of public health and/or an essential public health service as defined by CDC, NACCHO, ASTHO, and others, followed by those programs and services that accomplish a strategic goal established by this Board.

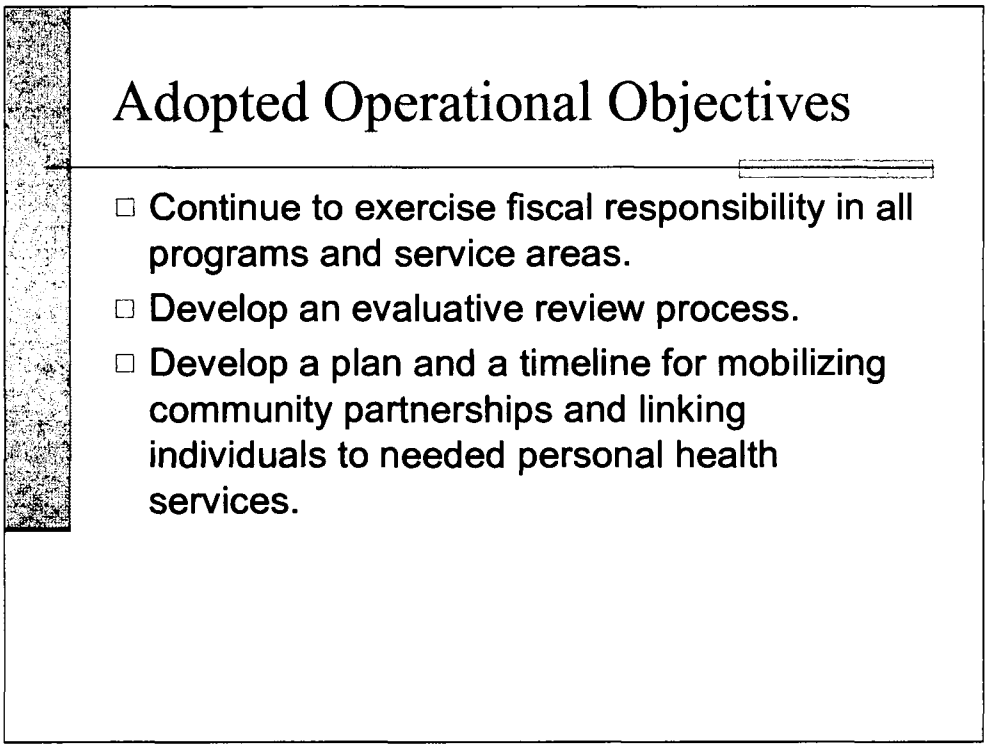
3. Assuring that all programs and/or services of the Health District are periodically evaluated.



Exact wording adopted by the District Board of Health:

Adopted Operational Objectives:

1. Develop a formal review process for all newly proposed programs/initiatives for presentation to the Board that will enable a standardized review and approval prior to acceptance of funds and program implementation.
2. Ensure that stakeholders are identified and afforded an opportunity to provide input prior to Board consideration of newly proposed programs/initiatives.
3. Continue to maintain open lines of communication with those entities that provide financial resources to the District.



Exact wording adopted by the District Board of Health:

4. Continue to exercise fiscal responsibility in all program and service areas.
5. Develop an evaluative review process for all programs and services for presentation to the Board that includes program necessity, program performance relative to stated goals and objectives, corrective action plans to address any unmet goals and objectives, and programmatic adjustments needed due to changes in funding availability.
6. Develop a plan and a timeline for mobilizing community partnerships and linking individuals to needed personal health services with community-based providers with due consideration for the imperatives of disease control and the assurance of service availability.

Checklist – Do we need this?

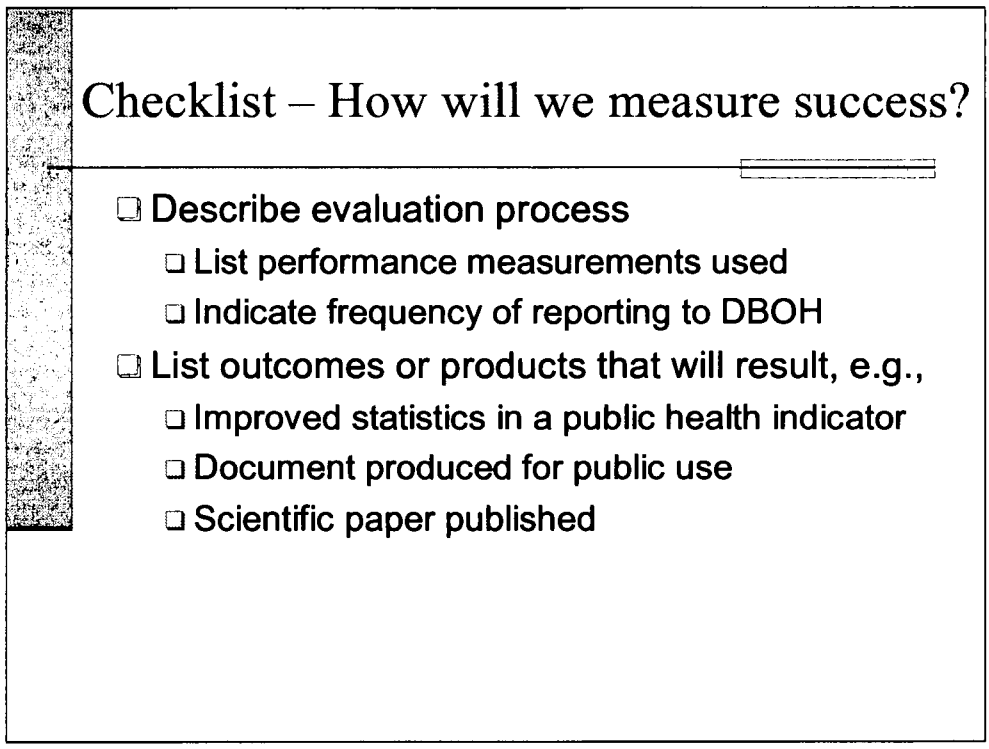
- ❑ Identify statute or regulation which mandates program
- ❑ Identify which of the "Ten Essential Services" is addressed
- ❑ List District Board of Health priority
- ❑ Describe verifiable public health need
- ❑ Describe impact if program not implemented

Checklist – Can we do this?

- ❑ Identify assets to accomplish program
- ❑ Could other community partners provide the service?
  - ❑ List community partners with capability
- ❑ Would other community partners assist?
  - ❑ List community partners who will participate

Checklist – How much will it cost?

- ❑ Provide a detailed budget
  - ❑ Identify source of funding
  - ❑ List any match requirements
  - ❑ Identify personnel assets needed
  - ❑ List proposed equipment purchases
- ❑ List any associated subcontracts
  - ❑ Name of entity
  - ❑ Deliverables
  - ❑ Period of service
  - ❑ Cost of service



Possible motions for the District Board of Health to consider:

1. Move to adopt the proposed checklist to aid in the review process for all newly proposed programs/initiatives presented to the District Board of Health.

OR

2. Move to adopt the proposed checklist AS AMENDED…

DISTRICT HEALTH DEPARTMENT

January 13, 2009

TO: District Board of Health

FROM: Jennifer Stoll-Hadayia, MPA, Public Health Program Manager

THROUGH: Mary-Ann Brown, RN, MSN, Division Director (Acting)

SUBJECT: Robert Wood Johnson Foundation Grant Proposals

SUMMARY

A grant funding opportunity to support chronic disease prevention activities at the Washoe County Health District (WCHD) has come to the attention of staff. Per direction by the District Board of Health regarding newly-proposed programs/initiatives (DBOH Goals & Operational Objectives, Adopted October 23, 2008), information on this funding opportunity is provided below in order to facilitate a (#1) *standardized review and approval prior to acceptance of funds and program implementation.* Action is needed for direction to staff in regards to this effort.

BACKGROUND

The purpose of the Robert Wood Johnson Foundation's *Healthy Kids, Healthy Communities* Call for Proposals is "to implement healthy eating and active living initiatives that can support healthier communities for children and families" (p. 4). Initiatives funded through this announcement must implement policy and environmental changes that will prevent childhood obesity using the strategy of large-scale systems changes in transportation, parks and recreation, and food systems. Grant specifications are as follows:

- Approximately 60 grants will be awarded for up to $90,000 per year for four years ($360,000 total award)
- A 50 percent match is required. This can be cash or in-kind as well as the in-kind or cash contributions of partners.
- No funding can be used for direct service programs or public awareness campaigns.
- Attendance at one national conference for two individuals ($2,700 minimum) is required.
- An indirect cost rate not to exceed 12 percent is an allowable expense.
- Brief proposals are due February 3, 2009; if selected, a full application is due May 14, 2009.
- If awarded, funding begins December 15, 2009 with applicants notified in September 2009.

Below is additional information specific to the Board guidelines for newly-proposed programs/initiatives:

1001 EAST NINTH STREET / P.O. BOX 11130, RENO, NEVADA 89520 (775) 328-2400 FAX (775) 328-2279
www.co.washoe.nv.us/health

1. *Ensure that stakeholders are identified and afforded an opportunity to provide input prior to Board consideration of newly-proposed programs/initiatives.*

   Stakeholders in this program opportunity would include agencies involved in transportation, parks and recreation, and food systems in Washoe County as well as chronic disease prevention agencies, the Washoe County School District, Safe Routes to Schools, and agencies that provide physical activity and nutrition services to children, such as after-school programs, Cooperative Extension, and WIC. Therefore, an "alliance" of stakeholders will be formed from among these agencies and groups should staff be instructed to pursue this funding opportunity. In addition, staff communicated with several of these stakeholder groups prior to completing this report regarding their interest in and support of this initiative in Washoe County, as follows:

   - December 11, 2008 and January 8, 2009. Presentation to and follow-up discussion at Washoe County Chronic Disease Coalition meetings. The Coalition is comprised of approximately 30 agencies involved in physical activity and nutrition promotion to school-aged children, including Cooperative Extension, the Washoe County School District, and WIC.
   - December 30, 2008. Conceptual approval meeting held with District Health Officer, Administrative Health Services Officer, Fiscal Compliance Officer, Division and program staff, and WIC.
   - December 2008 – January 2009. Individual conversations held between staff and key stakeholders to assess interest in the initiative and to solicit a commitment to serve on a proposed "alliance." In addition, stakeholders enlisted in a prior comparable funding opportunity (PA#: CDC-PA-DP08-813; June 24, 2008) have agreed to maintain their involvement in similar programs.

   Due primarily to the funding restrictions in this announcement, no community stakeholder has expressed interest in submitting an application for Washoe County at this time. Stakeholders are aware of staff interest in pursuing this opportunity pending Board direction.

2. *Continue to maintain open lines of communication with those entities that provide financial resources to the District.*

   This would be a newly-proposed program/initiative; as such, no entities provide financial resources to this project at this time. However, a conceptual approval meeting was held between program and fiscal staff on December 30, 2008, and a proposed budget is attached.

3. *Continue to exercise fiscal responsibility in all program and service areas.*

   This funding opportunity would provide an alternate source of funds for chronic disease prevention activities in Washoe County. Currently, $162,249 of the Health Fund is allocated to chronic disease programming. If awarded, this amount would increase by $90,000 and would support a 0.83 FTE Health Educator II, required travel ($2,700 minimum), and indirect costs (limited to 12 percent). A 50 percent match is required. However, this match

may be in-kind and may include partner activities in addition to cash. As a result of these conditions, staff put forth the following fiscal impacts:

- Staff anticipate a match in the amount of $45,000 from the WCHD through a combination of in-kind and cash in year one of the project only. Subsequent year matches will be calculated from partner activities. As a result, WCHD is not committed to providing ongoing matching funds to this program in the case that Health Fund availability is altered.
- A 12 percent indirect rate will be collected from the funder for each year of the program. This will contribute directly to the Health Fund.
- A staff assignment to this initiative would be made from among the existing Health Educator II employee pool. Therefore, the WCHD is also not committed to maintaining long-term locally-supported staffing in order to complete the program.

Program staff have worked closely with fiscal staff to prepare the program budget and match calculation in order to ensure the fiscal responsibility of this proposal.

4. *Develop an evaluative review process for all programs and services for presentation to the Board the includes program necessity, program performance relative to stated goals and objectives, corrective action plans to address any unmet goals and objectives, and programmatic adjustments needed due to changes in funding availability.*

The following is an overview of staff's evaluative review process for this new initiative:

- Program necessity. In November 2008, the WCHD released new data collected per state statute on the Body Mass Index (BMI) of a statistically-significant sample of 4th, 7th, and 10th graders. At present, BMI is the best assessment available to determine weight classifications among children; moreover, BMI data in this report were collected via direct measurement and not self-reported as has been past practice. As a result, it is the most accurate measure of childhood weight in Washoe County's history. The results of the report are critical to public health. It revealed that:

    i. The majority of Washoe County children are at a healthy weight (60.1 percent); however,
    ii. The percentage of Washoe County children who are overweight or obese is higher than the nation (37.5 compared to 31.9).

  Because these results can be generalized to the entire county, this means that nearly 40 percent of Washoe County children are overweight. In addition, minority children in Washoe County tend to be more overweight than their non-minority peers. Some explanation for these trends may come from self-reported physical activity levels and nutrition habits; for example:

    i. 17.3 percent of middle school students and 12.9 percent of high school do not participate in daily physical activity; and

ii. 12.6 percent of students have consumed no fruits or vegetables in the last week, and less than 1/3 eat fruit daily.

This report shows that Washoe County is not immune from global childhood obesity trends and provides evidence for the need for a preventative programmatic response to this issue by the WCHD as the local health authority. Moreover, efforts to reverse childhood overweight/obesity trends will prevent long-term negative health outcomes such as chronic diseases. **The prevention of chronic disease is a strategic Board priority**. (The EpiNews of these data and a related media story are attached).

- Program performance relative to stated goals and objectives. The activities put forth by staff in this new initiative focus on the priority population of:

  i. School-aged children in Washoe County
  ii. Stratified by the demographic groups with the highest BMI levels, including race/ethnicity and geographic location.

  They are consistent with the chronic disease prevention strategies contained in *Chronic Disease Prevention: A Strategic Plan for Washoe County* (2007). As referenced above, they also contribute to the advancement of the Board's strategic priority of a "healthy community where citizens will make healthy lifestyle choices that minimize chronic disease[.]" Lastly, the proposed activities have been designed to specifically respond to the expectations of the program announcement as they focus on long-term policy, environmental, and systems-level changes as well as engage a diverse array of partner organizations, leaders, and influential community members and groups. A framework for the proposed initiative and example activities are summarized in the table below:

"The Five As:" A Framework for Healthy Kids and Healthy Communities in Washoe County, Nevada

Core component	*Example policy, environmental, or systems-level change to be implemented*
• Active routes	Integrate obesity prevention into local Safe Routes to Schools initiatives
• Active days	Implement an open playground policies for Washoe County School District campuses; and increase physical activity in after-school programs
• Access to healthy foods for all	Establish a healthy vending policy at public parks; establish healthy nutrition policies at day care centers; and work with retailers to pass policies regarding placement of healthy foods

• Alliance to Eliminate Childhood Obesity in Washoe County	Establish a diverse group of "non-traditional" policy-making partners to serve as an advisory board to the program
• Assessment of success	Apply the statutorily-outlined BMI measurement methodology at all locations

- Corrective action plans to address any unmet goals and objectives. Staff will establish several internal checks of the program's ability to meet stated goals and objectives, maintain program quality, and demonstrate achievement of a positive impact on childhood obesity:

    i. The statutorily-outlined BMI measurement methodology utilized in the data report above will be applied at all intervention site locations;
    ii. Program oversight will follow Performance Management System principles; and ongoing quality improvement assessments will be made as a project of the Continuous Process Improvement Oversight Committee in CCHS;
    iii. At least 10 percent of staff time to the program will be spent on evaluation activities. This will include designing goals and objectives; designing methods to measure process, impact, and outcome of program activities; collecting quantitative and qualitative data; analyzing data as appropriate to type; and generating program reports; and
    iv. The UNR School of Public Health has been identified as a project partner. They will provide in-kind evaluation guidance to the program.

- Programmatic adjustments needed due to changes in funding availability. Please see #3 above.

ATTACHMENTS

- Proposed Year One Budget and Match Calculation
- EpiNews, "Childhood Overweight and Obesity in Washoe County - 2008" (November 14, 2008)
- J. Packham, Nevada Health Matters, "Nearly 40 percent of Washoe youths are overweight" (*Reno Gazette-Journal/RGJ.com*, December 20, 2008)

FISCAL IMPACT

Please see #3 above.

POSSIBLE MOTION

Should the Board agree with staff recommendation, a possible motion would be: "move to approve staff to pursue this new initiative by submitting an application to the Robert Wood Johnson Foundation, *Healthy Kids, Healthy Communities* Call for Proposals."

Robert Wood Johnson Foundation, Call for Proposals, "Healthy Kids, Healthy Communities"
Proposed Year One Budget and Match Calculation
Timeframe: December 15, 2009 - December 14, 2010

Health Educator II	District FTE 1.0	Grant FTE 0.83		
Base Salaries	$ 68,557	$ 56,902	salaries	
Incentive Longevity	$ 600	$ 498	salaries	
	$ 69,157	$ 57,400		
Group Insurance	$ 9,014	$ 7,482	fringe	*4% increase for FY10; HEII assignment to det. actual
Retirement	$ 14,177	$ 11,767	fringe	
Medicare	$ 1,003	$ 832	fringe	
Workman's Comp	$ 65	$ 65	fringe	
Unempl. Comp	$ 400	$ 400	fringe	
	$ 24,659	$ 20,546		
TOTAL	$ 93,816	$ 77,947		
Indirect @ 12%		$ 9,353		
Travel/Training Conference		$ 2,700		
TOTAL GRANT		$ 90,000		

Public Health Program Manager	District FTE 1.0	In-Kind FTE 0.25		
Base Salaries	$ 76,731	$ 19,183	salaries	
ntive Longevity	$ 500	$ 125	salaries	
	$ 77,231	$ 19,308		
Group Insurance	$ 6,153	$ 1,538	fringe	*includes 4% increase for FY10
Retirement	$ 15,832	$ 3,958	fringe	
Medicare	$ 1,120	$ 280	fringe	
Workman's Comp	$ 60	$ 15	fringe	
Unempl. Comp	$ 400	$ 100	fringe	
	$ 23,565	$ 5,891		
TOTAL	$ 100,796	$ 25,199		

In-Kind Supplies

710100	$ 1,000	web-site mtc. & design; info. placed on gethealthywashoe.com
710300	$ 415	operating supplies
710334	$ 166	copy machine
710350	$ 623	office supplies
710360	$ 42	postage
710500	$ 415	other
710502	$ 830	printing
710508	$ 120	phone @ $10.00/month
710509	$ -	registrations-community events, training
710512	$ 357	mileage
711504	$ 250	equipment (in case of repair to desktop/laptop, etc.)
711119	$ 289	property & liability insurance premium
TOTAL	$ 4,506	
TOTAL	$ 15,295	*without consideration of salary savings, offset for indirect

Total FY09 S & S budget = $31,420 (could meet requirement)

TOTAL CASH/IN-KIND	$ 45,000

DBOH Agenda Item 12-09

2008 Call for Proposals

Brief Proposal Deadline
February 3, 2009

Robert Wood Johnson Foundation

Healthy Kids, Healthy Communities

Purpose

Healthy Kids, Healthy Communities is a national program of the Robert Wood Johnson Foundation (RWJF) whose primary goal is to implement healthy eating and active living initiatives that can support healthier communities for children and families across the United States. The program places special emphasis on reaching children who are at highest risk for obesity on the basis of race/ethnicity, income and/or geographic location. This initiative will advance RWJF's efforts to reverse the childhood obesity epidemic by 2015.

Through this call for proposals (CFP), RWJF will award approximately 60 grants to help local community partnerships across the United States increase opportunities for physical activity and improve access to affordable healthy foods for children and families. Special consideration will be given to communities in 15 states where the incidence of or risk for childhood obesity is the greatest (Alabama, Arizona, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, New Mexico, North Carolina, Oklahoma, South Carolina, Tennessee, Texas and West Virginia.). Approximately half of the grants under this CFP will be awarded to communities in these states.

Eligibility Criteria

Complete eligibility criteria include, but are not limited to, the following:

- Healthy Kids, Healthy Communities will accept only one proposal per community.
- For purposes of this award, an eligible community is defined as a municipality, county, district or region with partners that are able to plan, advocate for and implement changes to policies, environments and systems.
- Applicants must be based in the United States or its territories. Special consideration will be given to applicants in communities where measurements of predicted risk for obesity are particularly high.
- The lead agency for the proposed project must be tax-exempt under Section 501(c)(3) of the Internal Revenue Code, a government entity, or a tribal group recognized by the U.S. federal government.
- Grantees will be expected to secure a cash and/or in-kind match equal to at least 50 percent of the RWJF award over the entire grant period.

Selection Criteria

Proposals will be reviewed and scored based on the degree to which they:

- are likely to prevent or reduce childhood obesity;
- focus on and address the needs of vulnerable populations and communities at greatest risk for childhood obesity on the basis of race/ethnicity, income and/or geographic location;
- demonstrate the ability to engage populations at greatest risk for childhood obesity in their work;
- engage leaders and influential community members with experience in and a commitment to advancing active living and healthy eating among children;
- identify a diverse array of partner organizations or entities, such as influential stakeholders and key decision-makers, who have clearly defined roles and experience working with and on behalf of communities at highest risk for childhood obesity;

Continued on back

Key Dates and Deadlines

- **December 17, 2008, and January 8, 14 and 22, 2009**
  Applicant conference calls. Details can be found on the program's Web site.
- **February 3, 2009 (3 p.m. ET)**
  Deadline for receipt of brief proposals.
- **May 14, 2009 (3 p.m. ET)**
  Deadline for receipt of full proposals.
- **Late September 2009**
  Finalists notified.
- **December 15, 2009**
  Funding initiated.

Inquiries

Please direct any technical questions related to the RWJF Grantmaking Online system to *techinfo@healthykidshealthycommunities.org*.

Please direct programmatic inquiries to:

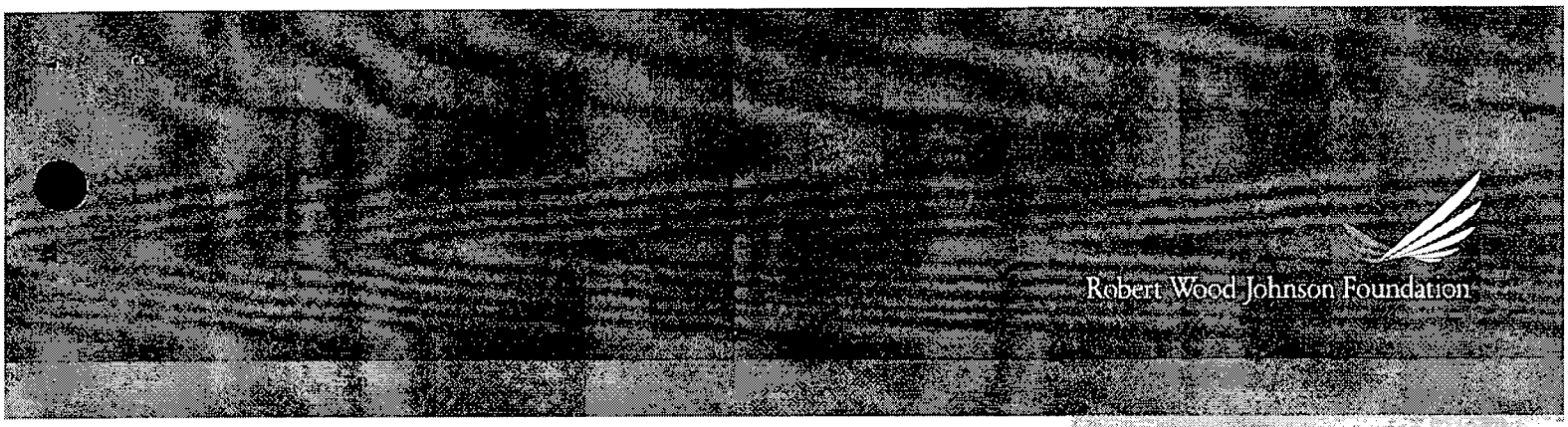
Sarah Strunk, program director
Phone: (919) 843-8430
E-mail: *info@healthykidshealthycommunities.org*

www.healthykidshealthycommunities.org

www.rwjf.org/cfp/healthykidshealthycommunities

www.rwjf.org

www.rwjf.org/services



- show evidence of capacity, readiness and available opportunities to implement policies and environmental changes that have strong potential to increase active living and healthy eating among children;
- engage elected officials and/or generate broad-based political will to support this work;
- could be replicated in a variety of other communities and settings; and
- secure cash and/or in-kind support equal to at least 50 percent of the RWJF award to help support the initiative during and sustain it beyond the grant period.

Total Awards

- Approximately 60 grants of up to $360,000 each will be awarded for four years.

How to Apply

There are three stages in the competitive proposal process: (1) submission of a brief proposal that describes the proposed initiative; (2) submission of a full proposal (if invited); and (3) a conference call, site visit or reverse site visit with the review team (if invited).

All proposals must be submitted through the RWJF Grantmaking Online system. Additional information, FAQs and access to the RWJF Grantmaking Online system are available at *http://grantmaking.rwjf.org/hkhc*.

Use of Grant Funds

Grant funds may be used for project staff salaries, consultant fees, data collection and analysis, meetings, supplies, project-related travel and other direct project expenses, including a limited amount of equipment deemed essential to the project.

Applicants are expected to commit funding sufficient to support salary and benefits equal to at least half-time support for a project director or coordinator. RWJF funds and/or matching/in-kind support may be used for these purposes. Although RWJF will consider exceptions (e.g., two individuals each dedicating 25 percent time and/or an arrangement with a long-term contractor or consultant), a strong justification will be required. It is highly recommended that the director or coordinator be paid a competitive salary, receive benefits and have experience in leading and/or coordinating similar efforts.

RWJF funds awarded under this CFP may not be used to develop or implement programs whose sole purpose is promotional or educational in nature. In addition, funds may not be used for construction costs and capital expenses related to the building of physical projects, such as sidewalks, playgrounds, trails, greenways, bike paths, community gardens or farmers' markets. In keeping with RWJF policy, grant funds may not be used to subsidize individuals for the costs of their health care, support clinical trials of unapproved drugs or devices, construct or renovate facilities, or replace funds currently being used to support similar activities.

RWJF prohibits any portion of the award to be used for direct or grassroots lobbying as defined in federal law and tax regulations. Any proposed lobbying activities must be supported with non-RWJF funds. Applicants who are invited to submit full proposals should ensure they have made provisions for complying with this restriction and should address in their full proposals how they will comply with this non-lobbying provision.

DBOH Agenda #17

DISTRICT HEALTH DEPARTMENT

December 11, 2008

TO: District Board of Health

FROM: Mary-Ann Brown, R.N., M.S.N.
Division Director, Community and Clinical Health Services

Jennifer Stoll-Hadayia, MPA
Public Health Program Manager

SUBJECT: Presentation of *Chronic Disease in Washoe County: A Summary Report of Primary Risk Factors and Select Chronic Health Conditions*

Attached is the first Washoe County Health District Chronic Disease Report entitled *Chronic Disease in Washoe County: A Summary Report of Primary Risk Factors and Select Chronic Health Conditions*. This January 2009 report is a compilation of Washoe County data organized according to the leading indicators of chronic disease. The intent of the report is to provide a summary of chronic diseases and their risk factors in Washoe County and to serve as a resource for local health care providers, clinical practitioners, and other organizations to use to improve the health of Washoe County residents.

Clearly, this report underscores the importance of several key initiatives within the Chronic Disease Prevention Program in CCHS, including:

- *Tobacco prevention and control.* As the report shows, the prevalence of smoking among adults in Washoe County has been well above the *Healthy People 2010* goal for many years. In 2007, the percentage of adults who reported smoking increased from 18.7% (2006) to 20.5%, and the rate is even higher among specific population groups, such as those of low socio-economic status (SES) (27.8%) and members of the Latino community (21.5%). Program staff currently coordinate five tobacco prevention and cessation campaigns for specific high-risk populations, including low-SES and Latinos, as well as other groups with historically high smoking rates (e.g., young adults, LGBTQ, etc.). We also run a general population media campaign each year that reaches 80% of Washoe County adult residents with information about the importance of quitting smoking and the dangers of secondhand smoke. Among specific target groups such as Washoe County's Latinos and young adults, rates of smoking have fallen since our campaigns began. However, we are concerned about this trend continuing since resources for these campaigns are steadily decreasing as well.

- *Childhood overweight/obesity prevention.* Reliable data on the levels of overweight and obesity among Washoe County children were gathered and released for the time in 2008 and are included in this report. These data show that the majority of school-aged children in Washoe County are at a healthy weight; however, when Washoe County children are overweight or obese, they are significantly more so than adults and the rest of the nation. Program staff work with the Washoe County School District and other youth-serving organizations to increase levels of physical activity and healthy nutrition among children in an effort to combat this trend. We attend youth-focused community events to educate children and their parents about obesity prevention; we integrate BMI measurement and obesity prevention activities into the work of our partners, such as the members of the Washoe County Chronic Disease Coalition and Safe Routes to Schools; and we provide technical assistance on policies that will institutionalize healthy behaviors among school children, such as the School District's nutrition policy.
- *General chronic disease prevention.* Onset of and premature death from almost all chronic diseases can be positively impacted by improving the three primary modifiable risk factors of tobacco use, physical inactivity, and poor nutrition. Program staff address these risk factors through a comprehensive approach of collaboration, community-wide education, policy development, health promotion programming, and data collection. This integrated, comprehensive strategy, which also follows national models and recommendations, is needed now more than ever before. As this report shows, the mortality rates for liver disease, diabetes, heart disease, stroke, and atherosclerosis are all higher for Washoe County than for Nevada as a whole.

In addition to these program efforts, staff also bring public attention to the key health issues facing our community today and to the Health District's important role in protecting public health. For example, staff were recently interviewed for media coverage regarding Washoe County's rate of heavy drinking, a health indicator released to the public for the first time in this report (See attached, "What's Reno's newest dubious distinction? No. 1 Drinking Town," *Reno Gazette-Journal*, January 7, 2009).

Chronic Disease in Washoe County

A Summary Report of Primary Risk Factors and Select Chronic Health Conditions

Chronic Disease Prevention Program
Washoe County Health District
Reno, Nevada
January 2009

DISTRICT HEALTH
DEPARTMENT

About the Washoe County Health District

The Washoe County Health District was established by the Nevada State Legislature in 1969 as the official local public health authority for Washoe County, including Incline Village and the cities of Reno, and Sparks. Through this mandate, the Health District is responsible for disease prevention and health promotion for all Washoe County residents, and it does so by providing air quality, environmental health, epidemiology and public health preparedness, and community and clinical health services. The Health District is governed by a seven-person policy-making District Board of Health that includes representatives of city and county government as well as local health care providers and other experts. The Health District has conducted chronic disease prevention activities for over 10 years and focuses on the primary risk factors of tobacco use and exposure, physical inactivity, and poor nutrition.

Note from the District Health Officer

Dear Residents of Reno, Sparks and Washoe County,

I am pleased to provide the following report *Chronic Disease in Washoe County* for your information. As you will see, chronic diseases are a major health concern for our community and do not begin only when you reach the age of 60. They often develop as a result of habits that we adopt as early as childhood and adolescence such as smoking, eating excessive amounts of sweets, overindulging in fatty foods, and avoiding physical activity. Such habits have a long-lasting effect on both individuals and our entire society.

The increasing cost of healthcare is a central problem that we face in our economy. In spite of spending over $2 trillion per year on healthcare, we do not enjoy being the healthiest nation. In fact, although we spend more than any other country on healthcare, we do not enjoy "top ten" ranking in any of the major health indicators. In the U.S., we spend only 3 percent of our health budget on prevention activities.

Each person holds the keys to prevention in their own hands. I strongly encourage everyone living in Washoe County to promote healthy habits in themselves and future generations. Each individual's effort can slow, if not in some cases, eliminate the development of chronic disease. Encourage everyone in your life to avoid all tobacco, eat well by including fresh fruits and vegetables in daily meals, and take part in a calorie-burning, fitness enhancing activity.

Thank you for taking the time to read this report.

Sincerely,

M. A. Anderson

Mary Anderson, MD, MPH
District Health Officer
Washoe County Health District

Introduction to the Report Card

A chronic disease is an illness that is prolonged, does not resolve spontaneously, and is rarely cured completely, such as heart disease, cancer, and diabetes. Almost all of the leading causes of death and disability in Washoe County are due to chronic diseases that relate to one or more risk factors including poor nutrition, physical inactivity, and tobacco use and exposure. According to the CDC, chronic diseases account for 70 percent of all deaths nationwide and cause major limitations in daily living for almost 1 out of 10 Americans or about 25 million people. This means that practically every American is directly or indirectly affected by chronic disease.

Although chronic diseases are among the most common and costly health problems, they are also among the most preventable. Adopting healthy behaviors such as eating healthy foods, being physically active and avoiding tobacco can significantly reduce the risk of developing a chronic illness. In many cases, these lifestyle changes can also help prevent additional complications for individuals already living with a chronic disease.

At the Washoe County Health District, chronic diseases have been a priority for over a decade. Since 1998, the Health District has been supporting initiatives that address chronic diseases and their risk factors. Today, these efforts are organized within the Chronic Disease Prevention Program, which serves as an umbrella for all of the Health District's work to improve nutrition, physical activity, and tobacco avoidance, and to ultimately reduce the burden of chronic disease in our community. Included in these efforts are activities to collect and analyze data on chronic diseases and their risk factors in Washoe County.

The 2009 *Chronic Disease in Washoe County* is a compilation of data, organized according to the leading health indicators for chronic disease. The data contained in this report represent the most current and available information about chronic diseases and their risk factors for Washoe County as well as comparable data for Nevada and the United States, where available. Data for the report come from both surveillance and behavioral self-reporting sources. Therefore, some limitations to the data exist. For example, population-wide data can often be delayed by several years, and changes in the population may have occurred in the interim. In addition, self-reported health conditions may be inaccurate as there is no opportunity to validate the answers that survey participants supply. Also, local data and national comparison data may come from different data sources. With these limitations in mind, the data contained in this report are valuable in a variety of ways. Analysis of specific chronic diseases by demographic variables such as gender, age, or ethnicity is useful for identifying segments of the population that may be at greater risk of disease. Such information allows public health programs to focus prevention measures in ways that will have maximum impact. In addition, analysis of surveillance data can aid in the determination of disease priorities, which allows communities to allocate resources to combating those illnesses that are taking the greatest toll on their members.

The intent of this report is to provide a summary of chronic diseases and their risk factors in Washoe County and to serve as a source of currently-available chronic disease data. It is also intended to provide local health care providers, chronic disease practitioners, and other interested persons and programs with data they may use in their work to improve the health of Washoe County.

Table of Contents

Highlights

Chronic diseases are of significant concern because they are the primary causes of death for Americans. The same is true for Nevadans and Washoe County residents. In fact, 8 of the top 15 leading causes of death in Washoe County are a chronic disease.

Not only are chronic diseases the leading causes of death, but they can also affect the quality of life for people living with them. In this report, indicators of chronic diseases will be examined by looking at risk factors as well as morbidity and mortality.

Washoe County is the second largest county in the state, it is growing rapidly and becomingly increasingly diverse. The most recent estimate from the Nevada State Demographer's Office places the County's current population at 418,061, compared to 341,935 in 2000, a 22.3 percent increase in seven years. In addition, the proportion of residents who identify as a racial or ethnic minority has increased, as has the proportion of low income residents and residents without health insurance.

Select demographic trends, Washoe County, NV

	2000	2007 (estimate)
Total population *	341,935	418,061
% identifying as racial/ethnic minority *	25.4	30.5
% Hispanic *	17.0	20.5
% with income below $35,001 **	27.7	44.6
% with no health insurance **	14.6	16.6

Data source: * Nevada State Demographer. Population breakdown for 2006 and 2007 are estimates done by Washoe County Health District based on the proportion of 2005 final population
** Behavioral Risk Factor Surveillance System (BRFSS)

Cardiovascular disease, stroke, cancer, and chronic respiratory disease, in particular, have been the top four causes of death in Washoe County from 2000 – 2004. Other chronic conditions, including diabetes, chronic liver disease, and chronic kidney disease, have remained in the top 15 causes of death each year as well. In the following table, causes of death related to a chronic disease are highlighted.

Age-adjusted mortality rates per 100,000 population for the leading causes of death in Washoe County and Nevada; 2000 - 2004

Causes of Death	2000		2002		2004	
	Washoe County	Nevada	Washoe County	Nevada	Washoe County	Nevada
1. Diseases of the Heart	264.0	246.41	258.2	238.22	238.54	233.82
2. Malignant Neoplasms (Cancer)	211.2	204.51	194.1	193.46	185.2	186.27
3. Chronic Lower Respiratory Disease	62.7	59.12	77.4	63.88	75.42	55.54
4. Cerebrovascular diseases (Stroke)	55.8	54.02	57.0	55.64	57.41	52.59
5. Accidents	40.5	35.67	34.2	38.77	33.26	41.88
6. Atherosclerosis	15.1	6.55	24.6	7.14	22.68	7.10
7. Intentional Self-Harm (Suicide)	19.6	19.29	19.9	18.86	18.97	18.24
8. Influenza & Pneumonia	15.3	21.21	19.2	22.02	17.31	20.86
9. Septicemia	9.3	19.57	13.9	17.82	16.43	18.73
10. Chronic Liver Disease and Cirrhosis	14.8	14.17	14.2	11.89	15.91	11.51
11. Diabetes Mellitus	12.3	14.52	22.7	17.03	15.33	13.70
12. Alzheimer's Disease	17.2	13.77	22.0	16.77	13.97	17.35
13. Nephritis, Nephrotic	10.6	20.68	13.1	20.44	12.54	21.13
14. Assault (Homicide) & Legal Intervention	3.4	6.27	3.0	7.98	4.19	7.77
15. HIV Disease	2.8	4.18	2.7	3.32	2.32	3.27

Data sources: 2000 U.S. Census; Vital Statistics – Death Certificates; Nevada State Demographer's Office ASRHO Estimates and Projections June 2004 received on November 18, 2005

Another key issue related to chronic disease is Washoe County's prevalence of overweight and obesity. Currently, the prevalence of obesity in Washoe County (defined as a body mass index or BMI > 30) is lower than in the state and the nation; however, Washoe County's prevalence of overweight (defined as a BMI between 25 and 30) is higher that the nation and comparable to the U.S.

Percent obese and overweight, Washoe County, Nevada, and U.S., 2007

	Washoe County	Nevada	U.S.
Obese	17.9	24.6	26.3
Overweight	38.6	38.4	36.7

Data source: Behavioral Risk Factor Surveillance System (BRFSS)

Population Health Indicators

Demographics

Demographics, such as age, income, race/ethnicity, and gender can influence health status, including chronic diseases. Demographic information can also be used to predict the level of chronic diseases that a population might experience and can help target prevention efforts.

Total population estimates, Washoe County; 2000-2007

		2000	2002	2,004	2006 Estimate	2007 Estimate
Total		341,935	357,776	378,790	**409,085**	**418,061**
Gender	Male	173,321	180,961	192,120	207,602	212,157
	Female	168,614	176,814	186,670	201,483	205,904
	Total	341,935	357,775	378,790	409,085	418,061
	White, non-Hispanic	255,077	259,414	268,592	284,280	290,518
	Black, non-Hispanic	6,947	7,870	8,430	8,967	9,164
	Native American, non-Hispanic	5,346	6,729	7,205	7,842	8,014
	Asian, non-Hispanic	16,280	19,242	21,357	24,200	24,731
	Hispanic	58,285	64,521	73,206	83,796	85,635
	Total	341,935	357,776	378,790	409,085	418,062
Age group	<1	4,701	5,318	4,909	6,118	6,252
	1-4	19,088	19,159	20,141	22,691	23,189
	5-14	48,085	46,384	52,258	55,815	57,040
	15-24	46,661	45,573	56,856	62,517	63,888
	25-34	49,442	52,345	53,647	57,674	58,939
	35-44	56,444	59,440	57,475	60,604	61,934
	45-54	50,239	54,043	55,404	59,170	60,468
	55-64	31,220	36,648	38,747	42,313	43,242
	65-74	20,353	21,957	22,283	23,956	24,481
	75-84	12,178	13,056	13,273	14,091	14,400
	85+	3,524	3,855	3,798	4,137	4,228
	Total	341,935	357,778	378,791	409,086	418,061

Data source: Nevada State Demographer. Population breakdown for 2006 and 2007 are estimates done by Washoe County Health District based on the proportion of 2005 final population

Socioeconomic Status

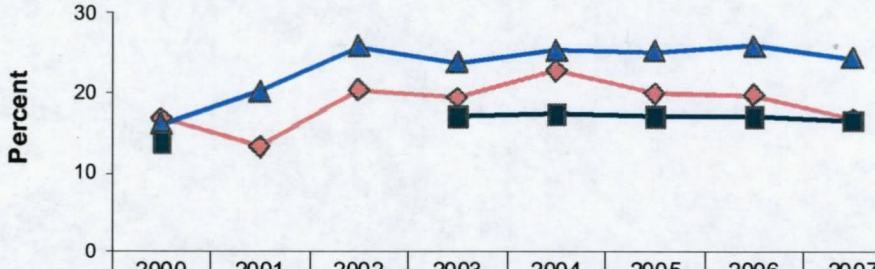
Socioeconomic status has been associated with to chronic disease and there are racial and ethnic disparities in the chronic disease data. Socioeconomic status indicators include income, education, and health insurance. According to the 2006 BRFSS, 41 percent of Washoe County residents earned less than $35,000 a year, and/or have less than a high school education, and/or do not have health insurance.

Indicators for Washoe County, Nevada and the U.S.; 2006

	Washoe County	Nevada	United States
Economic Indicators, ACS* 2006			
Median Household Income	52,297	52,998	48,451
Poverty Rate - All Individuals	11.1	10.3	13.3
Average Unemployment Rate (%)	4.6	5.2	6.4
Homeownership Rate	59.3	60.9	68.8
Other Indicators, ACS* 2006			
Percent Foreign Born	15.8	19.1	12.5
Percent High School Graduates, age 25+	26.5	31.7	30.2
Percent Speaking Language other than English at home, age 5+	21.8	26.9	19.7

Data source: American Community Survey

Prevalence of 18-64 years with no current health insurance, Washoe County, Nevada and the U.S.; 2000-2007

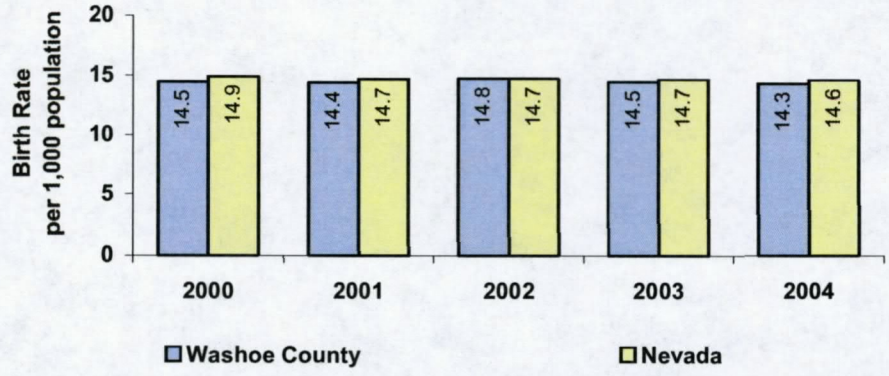


	2000	2001	2002	2003	2004	2005	2006	2007
Washoe County	16.7	13.3	20.3	19.4	22.8	19.9	19.8	16.7
Nevada	16.0	20.2	25.8	23.8	25.4	25.3	25.9	24.3
U.S.	13.9			17.0	17.3	17.1	17.0	16.6

Data source: Behavioral Risk Factor Surveillance System (BRFSS). No Nevada data available for 2001 and 2002

Birth and Death Rates

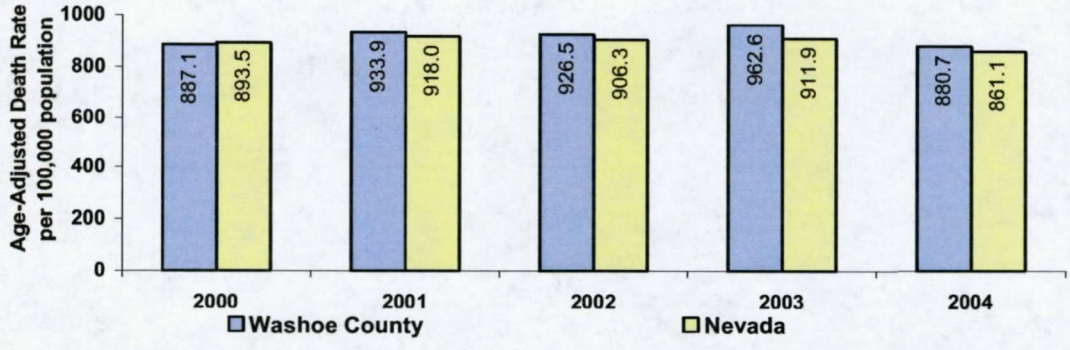
Birth rates for Washoe County and Nevada; 2000-2004



Data Source: Vital Statistics - Birth Certificates

The average birth rate for Washoe County during the four-year time period (2000-2004) was 14.5 per 1,000. The average birth rate for Washoe County is consistent with the average birth rate for the State of Nevada.

Age-adjusted death rate per 100,000 in Washoe County and Nevada; 2000 - 2004



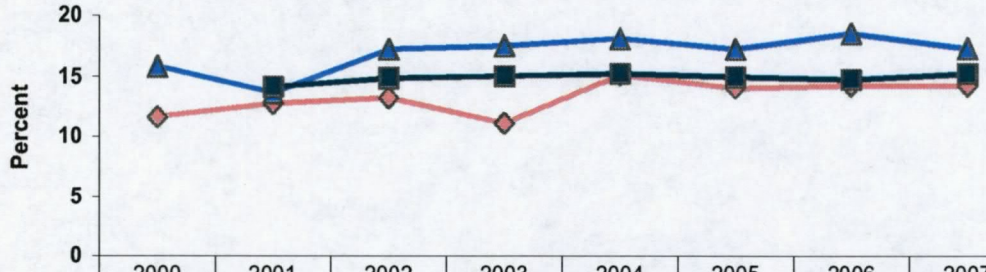
Data sources: 2000 U.S. Census; Vital Statistics – Death Certificates; Nevada State Demographer's Office ASRHO Estimates and Projections June 2004 received on November 18, 2005

After adjusting for age, the average death rate was 918.2 per 100,000 in Washoe County for the five year time period between 2000 and 2004. The average death rate for Washoe County was similar to that for the State of Nevada as a whole.

Overall Health Status

The Behavioral Risk Factor Surveillance System (BRFSS) asks individuals to describe their current health status as either excellent, very good, good, fair, or poor. The percentage of Washoe County adults age 18 and over who described their health status as only fair or poor has increased nearly three percent from 11.6 percent to 14.2 percent between 2001 and 2007. However, this has consistently remaind lower than the State of Nevada and U.S. averages.

Prevalence of adults 18 years of age or older, who self-report fair or poor health status in Washoe County, Nevada and the U.S.; 2001 - 2007



	2000	2001	2002	2003	2004	2005	2006	2007
Washoe County	11.6	12.7	13.2	11.1	15.1	14.0	14.2	14.2
Nevada	15.8	13.6	17.2	17.5	18.1	17.2	18.5	17.3
U.S.		14.1	14.8	15.0	15.2	14.9	14.7	15.2

Data Source: Behavioral Risk Factor Surveillance System (BRFSS). Data for Nevada not available for 2000

Chronic Disease Risk Factors

I. Physical Activity and Nutrition

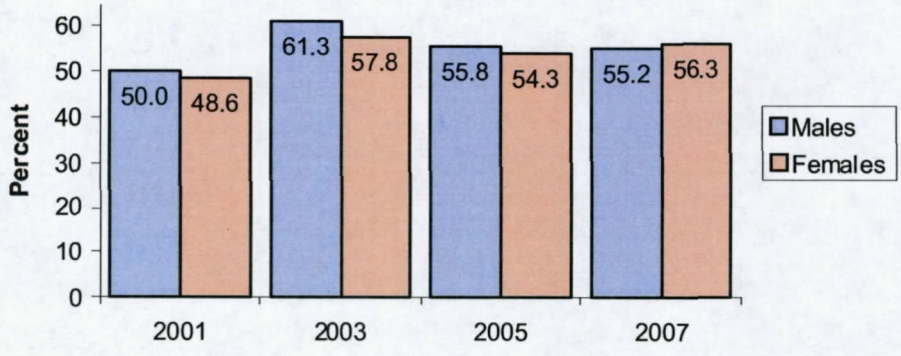
Physical Activity Among Adults

Adopting healthy behaviors such as eating nutritious foods and being physically active can prevent or control the devastating effects of chronic diseases. Physical activity for an adult includes activities that raise your heart rate, like walking quickly, and activities that increase strength, like lifting weights. There are different levels of physical activity, with moderate-intensity referring to a brisk walk, gardening or playing catch and throw with a baseball, and vigorous-intensity activity referring to jogging, jumping rope, or sports with lots of running like basketball.

The recommended amount of activity that an adult (ages 18-64) needs is two and a half hours a week of moderate-intensity, or one hour, fifteen minutes a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate and vigorous-intensity aerobic physical activity. Muscle-strengthening activities that involve all major muscle groups are recommended two or more days per week. In the following two tables, the question posed to respondents referred to moderate physical activity for 30 minutes or more 5 or more times a week or vigorous physical activity for 20 minutes or more 3 or more times a week.

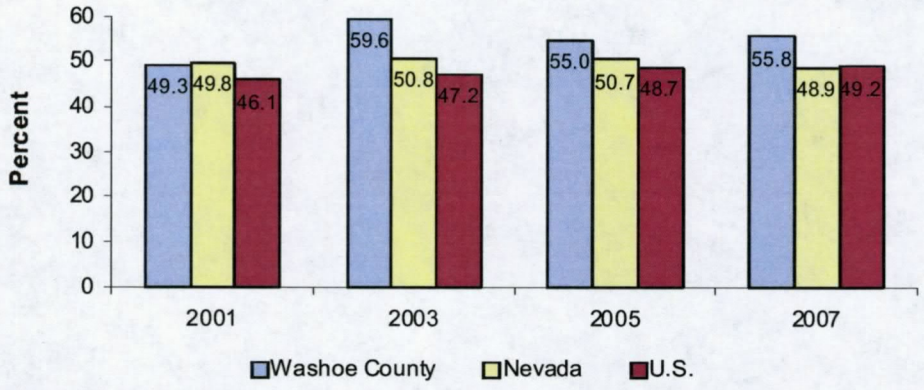
Children, seniors, those with disabilities or pregnant women may have different activity needs.

Prevalence of adults, by gender, who report regular physical activity, Washoe County; 2001-2007



Data source: Behavioral Risk Factor Surveillance System (BRFSS)
Physical activity questions asked only in odd years

Percent of adults reporting regular physical activity, Washoe County, Nevada and the U.S.; 2001 - 2007



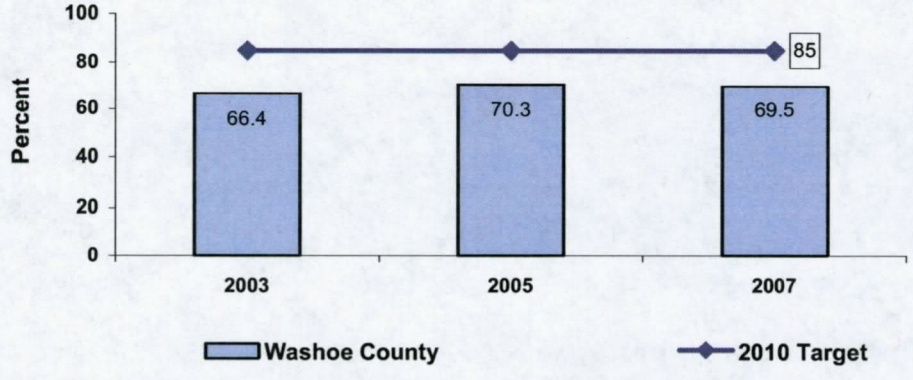
Data source: Behavioral Risk Factor Surveillance System (BRFSS)
Physical activity questions asked only in odd years

While adults in Washoe County have higher rates of physical activity than adults in Nevada and the U.S., over 40 percent of Washoe County adults are not getting the recommended amount of physical activity, which increases their risk for chronic diseases.

Physical Activity Among Youth

Physical activity for children and adolescents (ages 6-17) is important for current and future health. It is recommended that children and adolescents participate in at least 60 minutes of moderate-intensity physical activity every day, with muscle and bone strengthening activity at least three days a week.

Reported physical activity of youth in Washoe County (grades 9-12) compared to Healthy People 2010 recommended levels of vigorous physical activity for youth; 2003-2007



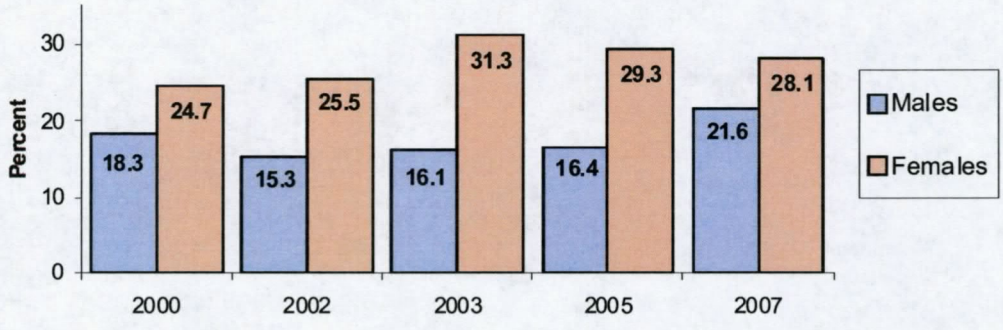
Data source: Youth Risk Behavior Survey (YRBS) High School

Fruit and Vegetable Consumption Among Adults

Eating healthfully includes consuming a variety of foods from the four food groups daily. These groups include dairy, protein, grains, and fruits/vegetables. Healthful eating also means limiting the amount of foods that are high in processed sugars and fats.

While there are many recommendations on the amount and kind of foods we eat, a standard measure of a healthy diet for both adults and youth is consuming five servings of fruits or vegetables a day.

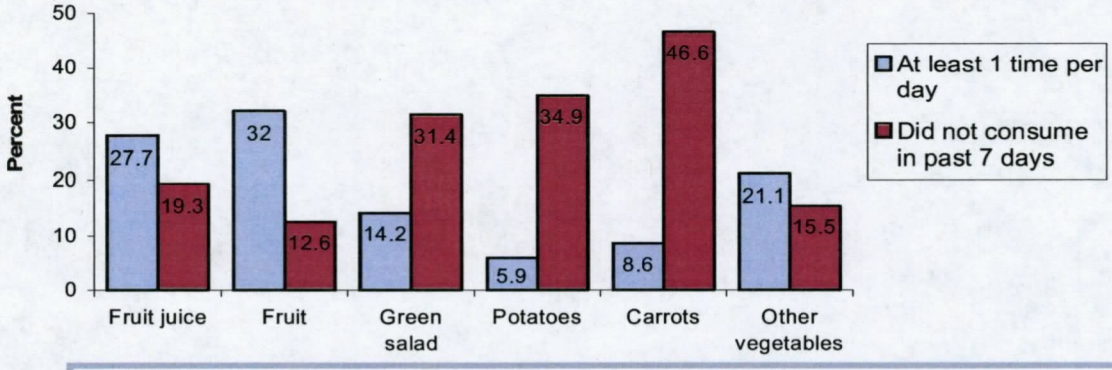
Prevalence of Washoe County adults, by gender, who report eating five or more servings of fruits and vegetables each day; 2000-2007



Data source: Behavioral Risk Factor Surveillance System (BRFSS)

Fruit and Vegetable Consumption Among Youth

Prevalence of Washoe County high school students who report consuming specific kinds of fruits and vegetables; 2007



Data source: Youth Risk Behavior Survey (YRBS) High School

II. Overweight and Obesity

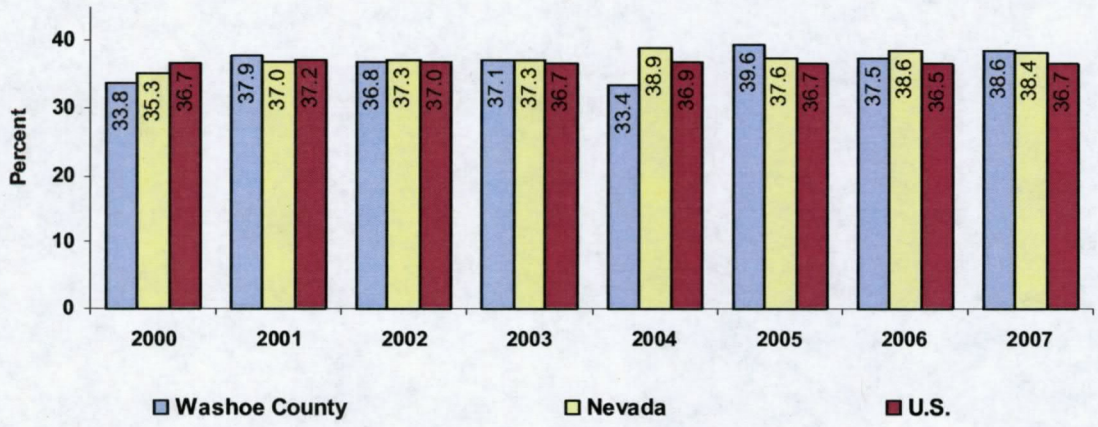
Overweight and obesity are both labels for ranges of weight that are greater than what is generally considered healthy for a given height. Body mass index (BMI) is a measure of body fat based on height and weight. BMI categories are as follows:

- Underweight = BMI under 18.5
- Normal weight = 18.5-24.9
- Overweight = 25-29.9
- Obesity = BMI of 30 or greater

The prevalence of overweight and obesity is a health concern for adults, children, and adolescents in the U.S. Obesity is of concern because of its implications for the health of Americans. Obesity increases the risk of many diseases and health conditions including high blood pressure, type II diabetes, stroke, and cancer.

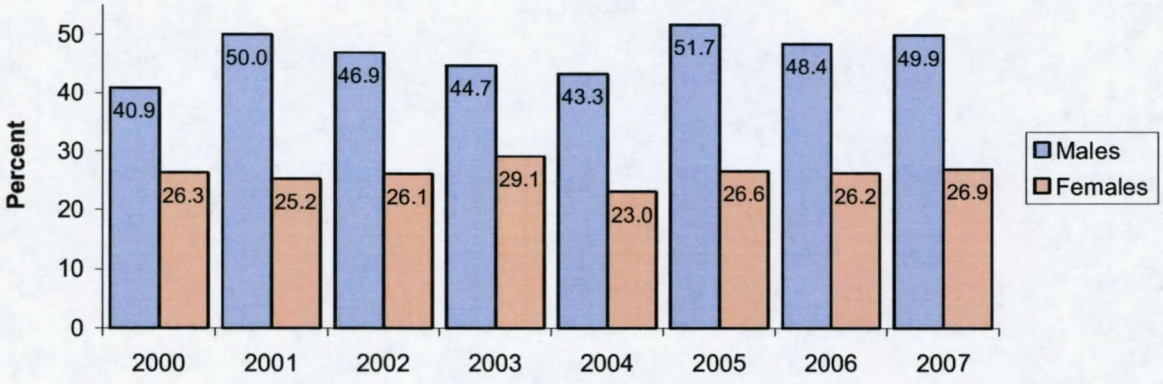
Overweight and Obesity Among Adults

Prevalence of adults reporting heights and weights that place them in the overweight category (BMI = 25-29.9) Washoe County, Nevada and the U.S.; 2001 – 2007



Data source: Behavioral Risk Factor Surveillance System (BRFSS)

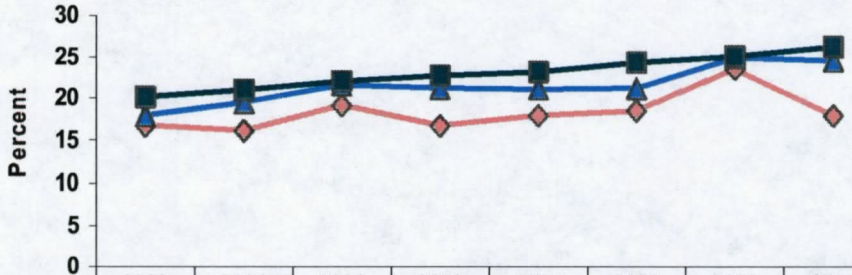
Prevalence of overweight adults, by gender, in Washoe County, as defined by a BMI = 25-29.9; 2000 – 2007



Data source: Behavioral Risk Factor Surveillance System (BRFSS)

Data collected by the BRFSS on BMI is done so by self reported weight and height. As the graphs above depict, rates of overweight adults in Washoe County and Nevada have increased from 2000 to 2007 while rates in the U.S. have remained stable. What is striking about overweight adults in Washoe County is that when looking at gender differences, males are overweight at nearly twice the rate as females.

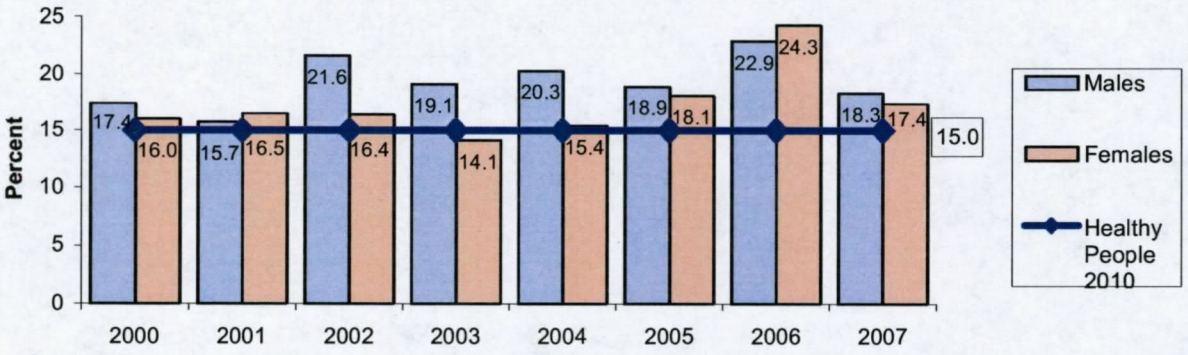
Prevalence of adults reporting heights and weights that place them in the obese category (BMI ≥ 30) Washoe County, Nevada and the U.S.; 2001 – 2007



	2000	2001	2002	2003	2004	2005	2006	2007
Washoe County	16.7	16.1	19.1	16.7	17.9	18.5	23.6	17.9
Nevada	17.9	19.5	21.6	21.2	21.1	21.2	25.0	24.6
U.S.	20.1	21.0	22.1	22.8	23.2	24.4	25.1	26.3

Data source: Behavioral Risk Factor Surveillance System (BRFSS)

Prevalence of obesity among adults, by gender, in Washoe County as defined by a BMI ≥ 30; 2000 – 2006; with comparison to Healthy People 2010 objective



Data source: Behavioral Risk Factor Surveillance System (BRFSS)

When looking at obesity, the percentage of adults who are obese has risen steadily in the U.S. from about one in five in 2000 to more than one in four in 2007. During this same period of time, Nevada and Washoe County data have also risen but have remained lower than U.S. data. An exception to this increasing rate is a drop in 2007 for Washoe County. Gender differences in obese adults in Washoe County are also not as prominent as the gender differences in overweight adults.

Overweight and Obesity Among Children

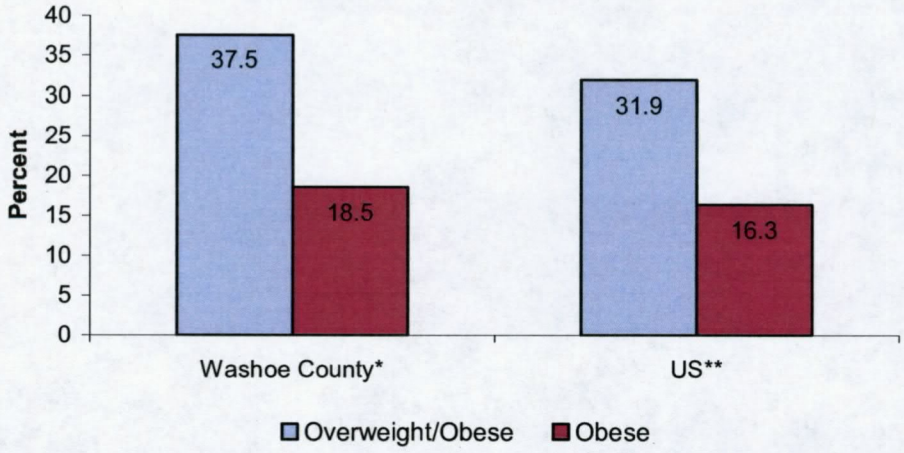
Overweight is a significant health concern for children under the age of 18, as it puts them at risk for health problems throughout their life. Overweight children are more likely to have risk factors associated with cardiovascular disease, such as high blood pressure, high cholesterol, and type 2 diabetes. Overweight children are more likely to become obese as adults, and, if overweight begins before the age of eight, obesity in adulthood is likely to be more severe.

Overweight is caused primarily by an imbalance between calories consumed and calories used. This imbalance can result from the influences of a number of factors including genetic, behavioral, and environmental conditions. Although genetics may increase an individual's susceptibility to becoming overweight, it is not considered a primary factor in the increase in childhood overweight. Behavioral and environmental factors such as increased nutritional intake and decreased physical activity levels are considered to be the primary contributing factors to increasing overweight.

As the following three graphs show, the majority of Washoe County children are considered to be at a healthy weight, although based on BMI, over one third fall into the overweight and obese categories. When Washoe County children are overweight or obese, they are significantly more so than the rest of the nation. Given that obesity among adults in Washoe County has historically lagged behind national levels it is alarming that the percentage of overweight and obese children in Washoe County is higher than national levels. Also, in Washoe County boys are more likely

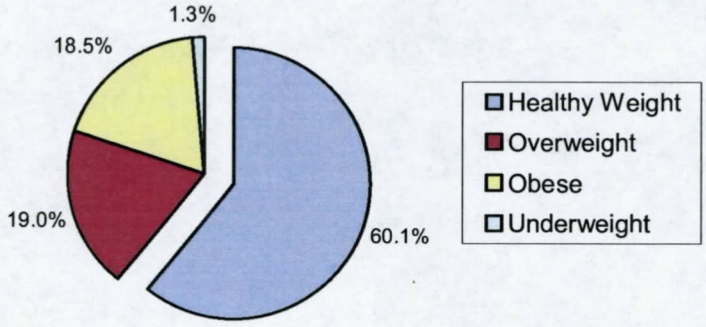
than girls to be obese and girls are more likely to be overweight. This trend was consistent among all grade levels measured.

Prevalence of overweight and obese children in Washoe County and the U.S.; 2008



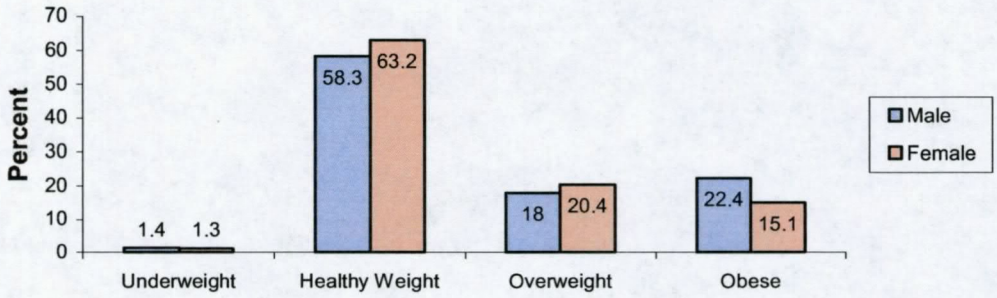
Data source: *2008 BMI collection of sample of Washoe County School District students (grades 4, 7 and 10)
** JAMA, Vol 299 No.20, May 28, 2008

Children's BMI grouping, Washoe County; 2008



Data source: 2008 BMI collection of sample of Washoe County School District students (grades 4, 7 and 10)

Children's BMI grouping, by gender, Washoe County; 2008



Data source: 2008 BMI collection of sample of Washoe County School District students (grades 4, 7 and 10)

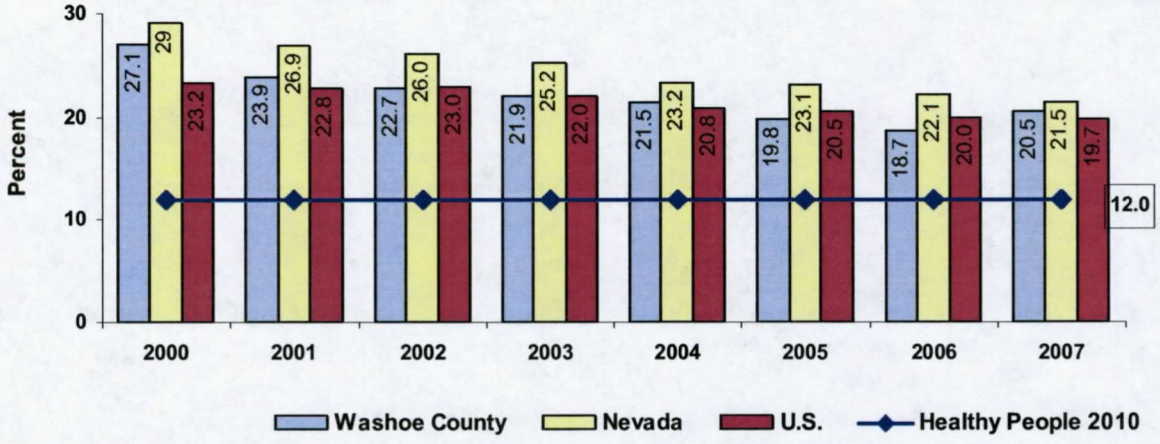
III. Tobacco Use and Exposure

Prevalence of Smoking Among Adults

Smoking is the number one leading cause of preventable death in the world and is a primary risk factor for most chronic diseases. Fortunately, smoking prevention and cessation efforts are working in Washoe County as the smoking rate has dropped almost 7 percent (from 27.1% to 20.5%) since 2000. However, Washoe County and Nevada are both far from reaching the Center for Disease Control's (CDC) 2010 goal of 12 percent.

In 2007, the smoking rate did increase slightly in Washoe County. Further research and data will need to be analyzed to determine the cause of this increase.

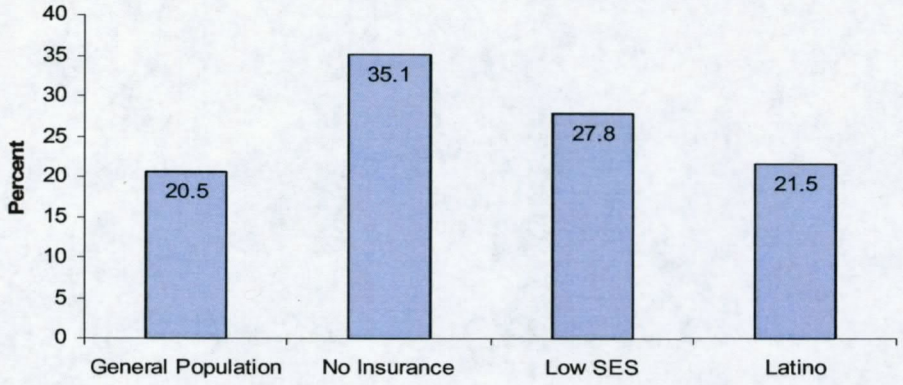
Prevalence of smoking among adults in Washoe County, Nevada and the U.S.; 2000 - 2007



Data source: Behavioral Risk Factor Surveillance System (BRFSS)

In Washoe County, smoking rates are still higher for disparate groups, including those without insurance, those classified as low socioeconomic status (SES), and Latinos.

Prevalence of smoking among disparate populations in Washoe County; 2007

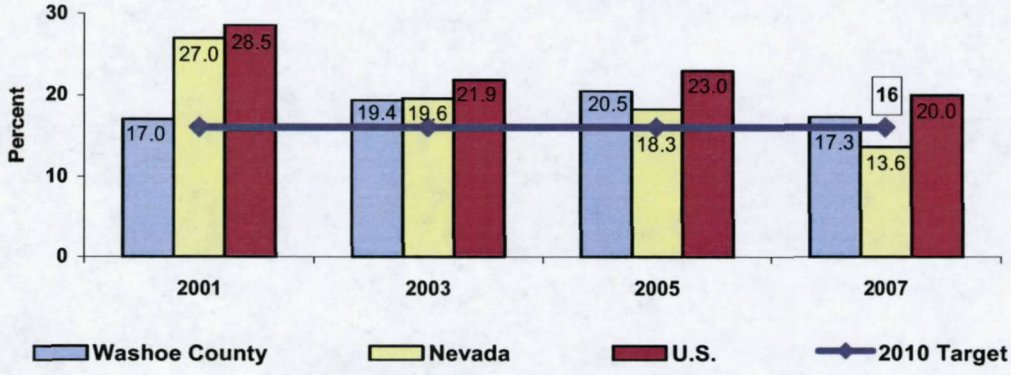


Data source: Behavioral Risk Factor Surveillance System (BRFSS)

Prevalence of Smoking Among Youth

Ninety percent of all adult smokers report starting smoking while in their teens, or earlier, and two-thirds become regular, daily smokers before they reach the age of 19. CDC estimates that one-third of all youth smokers will die from a smoking related illness. Washoe County trends just below the national average for youth smoking rates.

Prevalence of smoking among youth in Washoe County, Nevada and the U.S.; 2001 - 2007



Data source: Youth Risk Behavior Survey (YRBS) High School

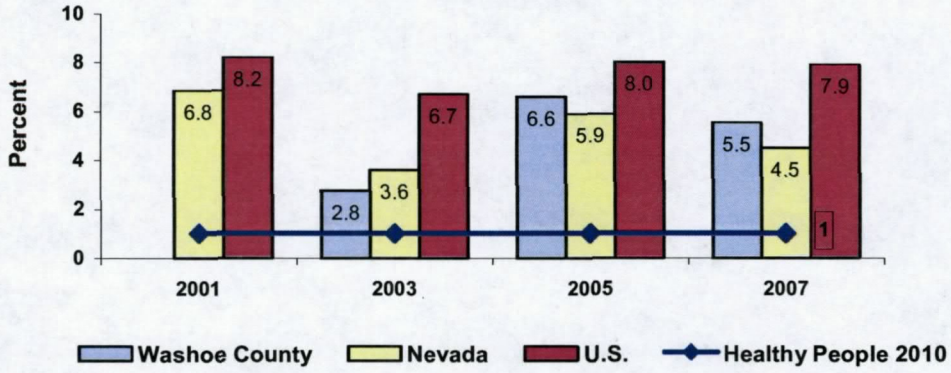
Both the U.S. and Nevada have seen a steady decline in the percentage of youth smokers based on the Youth Risk Behavior Survey (YRBS). Although Washoe County had a much lower rate in

2001, it experienced a gradual rise in reported youth smoking over much of this time period with a fall back to approximately 2001 levels in 2007.

Prevalence of Smokeless Tobacco Use Among Youth

Smokeless tobacco use (chew, spit, etc.) is on the rise nationally among adults. Fortunately, rates of smokeless tobacco use among youth in Washoe County have not yet followed the same trends as adults. Smokeless tobacco is just as harmful as cigarettes and research shows that youth who chew are more likely to smoke in the near future.

Prevalence of smokeless tobacco use among youth in Washoe County, Nevada and the U.S.; 2001 – 2007



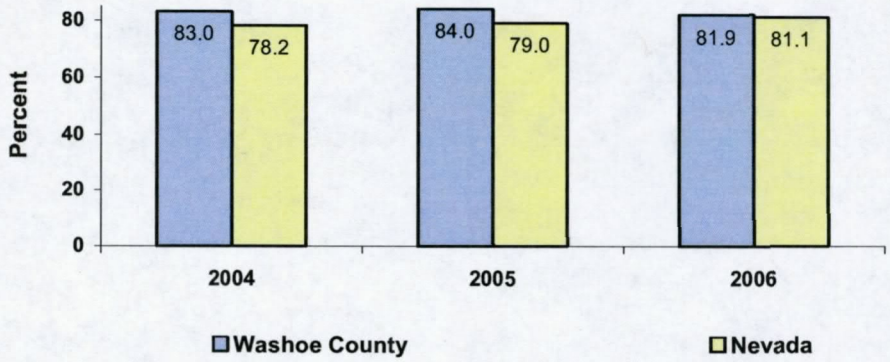
Data source: Youth Risk Behavior Survey (YRBS) High School. No Washoe County data available for 2001

Over the 2001-2007 time period, use of smokeless tobacco by Washoe County youth has risen and fallen, in similar trends to the state. Both Washoe County and Nevada rates are lower than the U.S., but all are higher than the 2010 Health People goal.

Smoke Free Workplaces and Homes

In the fall of 2006, voters passed the Nevada Clean Indoor Air Act that banned smoking in almost all indoor public places and places of employment. However, it did exempt some of the largest employers in Nevada, such as casinos. In addition, the Act did not address smoking in individual homes. According to the 2006 BRFSS the majority of Washoe County homes (81.9%) have a smoke free policy, yet, there is still room for improvement. The majority of children that are exposed to secondhand smoke are exposed in the home. Opening a window or going to another room does not eliminate the risks associated with secondhand smoke exposure.

Prevalence of homes reporting a smoke free home policy, Washoe County and Nevada; 2004 - 2006



Data source: Behavioral Risk Factor Surveillance System (BRFSS)

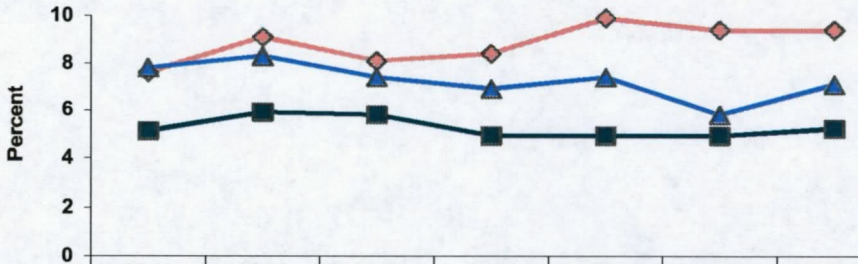
IV. Alcohol Use

Excessive alcohol use increases the risk of developing chronic diseases such as liver cirrhosis, pancreatitis, and various cancers, including liver, mouth, throat, larynx, and esophagus. It also increases the risk of high blood pressure and psychological disorders, and is associated with poor nutrition and increased prevalence of smoking.

Alcohol Use Among Adults

Heavy drinking is typically defined as consuming more than two drinks per day on average for males 18 years of age and older or more than one drink per day on average for women 18 years of age and older. The prevalence of heavy drinking among adults living in Washoe County has consistently remained higher than both state and national prevalence rates and was ranked first in the nation by the Centers for Disease Control (CDC).

Prevalence of heavy drinking among adults in Washoe County, Nevada and the U.S.; 2001 - 2007

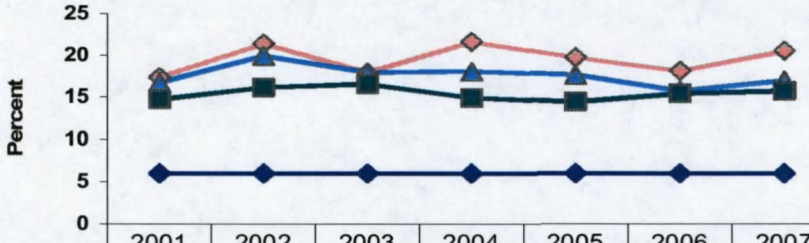


	2001	2002	2003	2004	2005	2006	2007
Washoe County	7.6	9.1	8.1	8.4	9.9	9.4	9.4
Nevada	7.8	8.3	7.4	6.9	7.4	5.8	7.1
U.S.	5.1	5.9	5.8	4.9	4.9	4.9	5.2

Data source: Behavioral Risk Factor Surveillance System (BRFSS)

Binge drinking is defined as consuming five or more drinks during a single occasion for men or four or more drinks during a single occasion for women. Washoe County's binge drinking rate among adults has consistently remained higher than both the state and national binge drinking rates. Also, the reported rate of binge drinking exceeds that for heavy drinking.

Prevalence of binge drinking among adults in Washoe County, Nevada and the U.S.; 2001 – 2007



	2001	2002	2003	2004	2005	2006	2007
Washoe County	17.3	21.4	17.9	21.6	19.7	18.1	20.5
Nevada	16.7	19.9	17.9	18.0	17.6	15.7	16.9
U.S.	14.7	16.1	16.5	14.9	14.4	15.4	15.7
Healthy People 2010	6.0	6.0	6.0	6.0	6.0	6.0	6.0

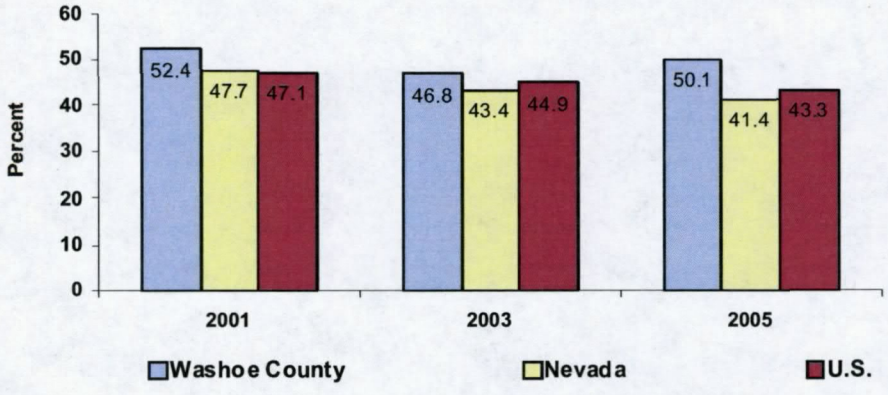
Data source: Behavioral Risk Factor Surveillance System (BRFSS)

Alcohol Use Among Youth

Research has shown that youth who use alcohol before age 15 are five times more likely to become alcohol-dependent than adults who begin drinking at age 21. Other consequences of youth alcohol use include increased risky sexual behaviors, poor school performance, and increased risk of suicide and homicide.

Youth Risk Behavior Survey (YRBS) participants in Washoe County high schools reported a higher prevalence of alcohol consumption of one or more drinks in the previous 30 days compared to state and national respondents.

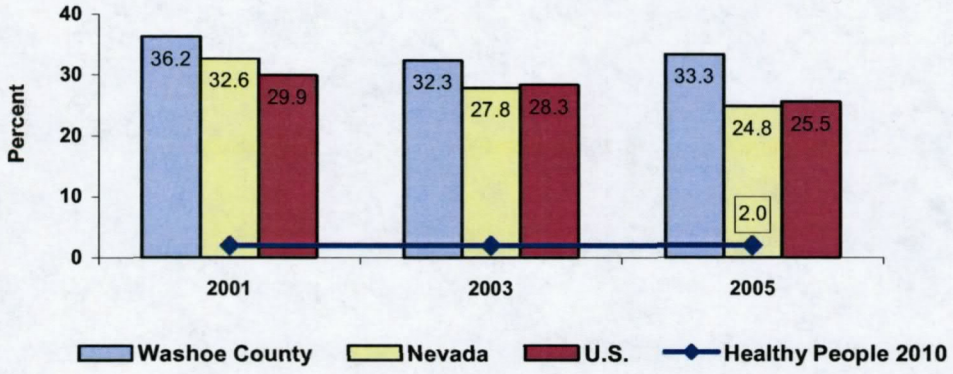
Prevalence of alcohol consumption among youth in Washoe County, Nevada and the U.S.; 2001 - 2005



Data source: Youth Risk Behavior Survey (YRBS) High School

YRBS participants in Washoe County high schools also reported a higher prevalence of binge drinking, which is defined as consumption of five or more drinks in the previous 30 days compared with state and national participants.

Prevalence of binge drinking among youth in Washoe County, Nevada and the U.S.; 2001 - 2005



Data source: Youth Risk Behavior Survey (YRBS) High School

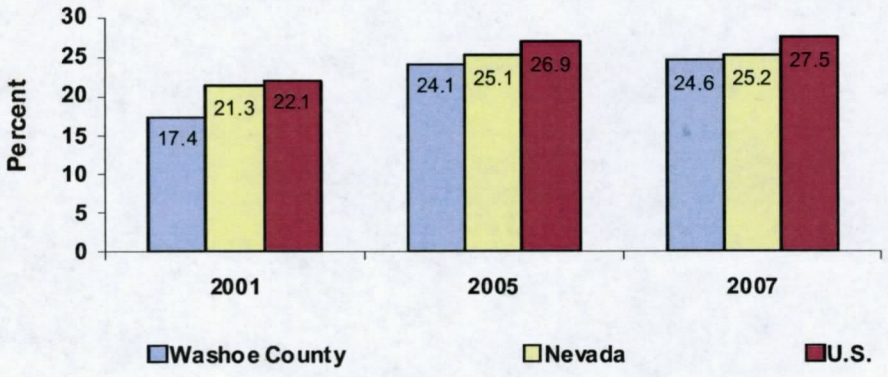
Specific Chronic Health Conditions

The following sections provide a summary of specific chronic diseases in Washoe County. These conditions can be reduced or in some cases prevented by increased positive healthy behaviors such as increased physical exercise, increased proper nutrition, and eliminating tobacco use and exposure.

I. Arthritis

Arthritis affects the joints, which is where two or more bones meet. Arthritis-related joint problems include pain, stiffness, inflammation and damage to joint cartilage and surrounding structures. There are many different forms of arthritis. While the most common form of arthritis, osteoarthritis, is most common in people over age 60, other forms of arthritis can affect all ages. The prevalence of arthritis is Washoe County has been on the rise; however it is still lower than state and national rates.

Prevalence of arthritis in adults (18 and older) in Washoe County, Nevada and the U.S.; 2001 - 2007



Data source: Behavioral Risk Factor Surveillance System (BRFSS)

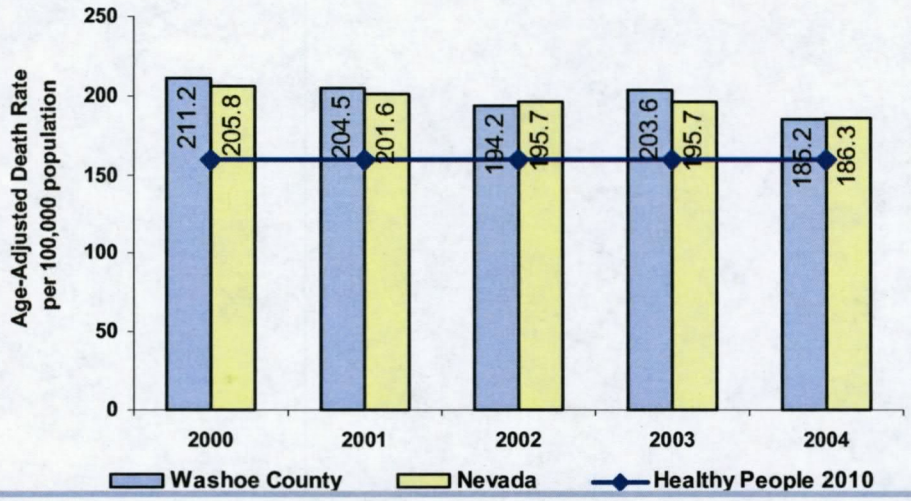
II. Cancer

Cancer is a group of diseases characterized by uncontrolled growth and spread of abnormal cells. If cancer is not controlled, it can result in death.

Cancer Incidence and Mortality

Although the overall age-adjusted mortality rate due to cancer in Washoe County appears to be decreasing, cancer remains the second leading cause of death in Washoe County.

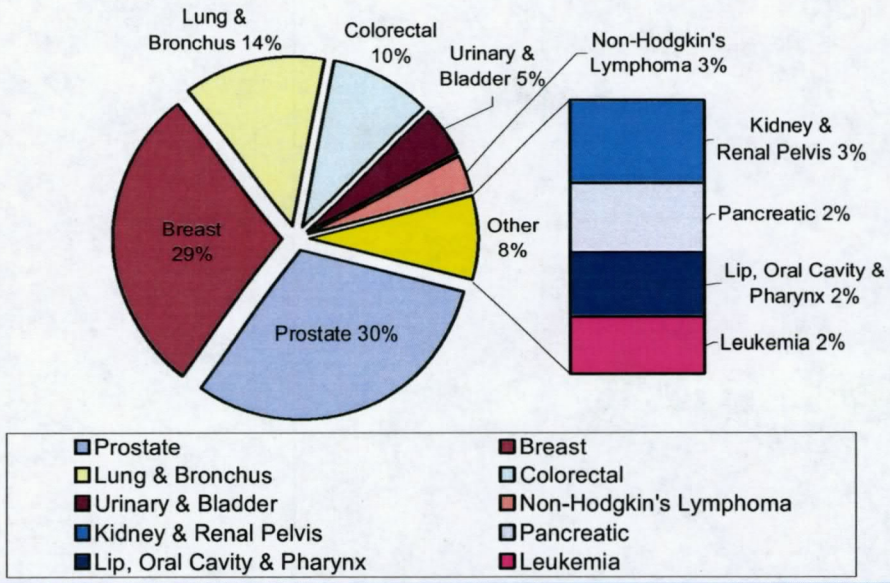
Cancer mortality rate per 100,000 population in Washoe County and Nevada; 2000 – 2005



Data source: 2000 U.S. Census; Vital Statistics – Death Certificates; Nevada State Demographer's Office ASRHO Estimates and Projections June 2004 received on November 18, 2005

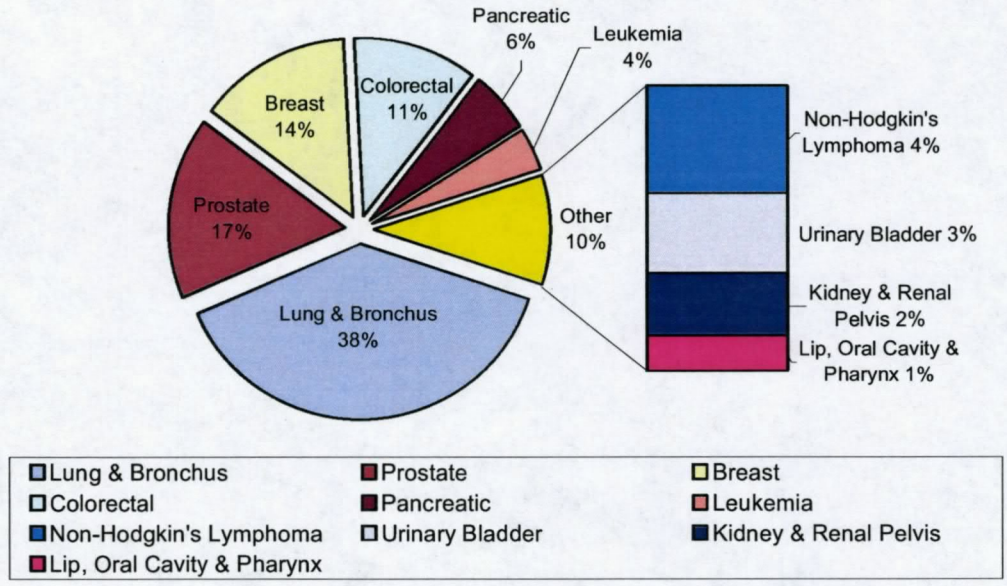
Cancer of the prostate, breast and lung/bronchus made up nearly three quarter of the newly diagnosed cancer rates between 2000 and 2004. Cancer of the lung and bronchus is the leading cause of cancer-related death.

Washoe County incidence of cancer, by site; 2000-2004



Data source: Nevada Cancer Registry

Washoe County mortality from cancer, by site; 2000-2004



Data source: Vital Statistics – Death Certificates

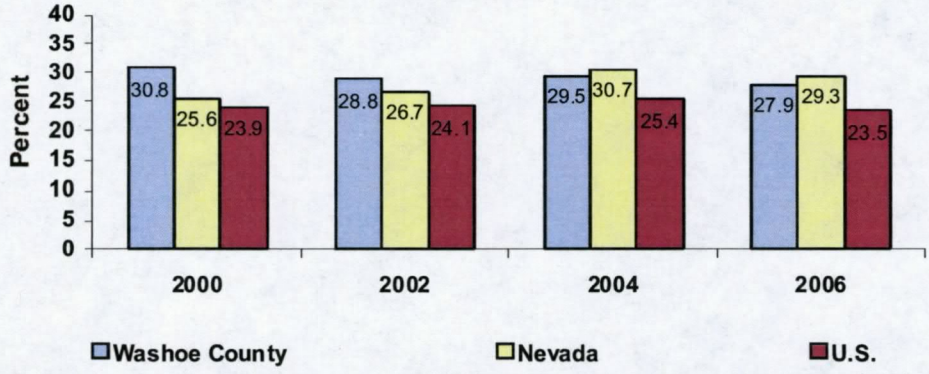
The number of new cases of cancer and cancer deaths can be reduced by increasing positive healthy behaviors such as increased physical exercise, increased nutrition, and reducing tobacco use and exposure.

Cancer screenings are effective methods for detecting cancers at early and treatable stages. Cancer screening includes: mammograms, clinical breast exams, pap smears, and a variety of tests that may indicate colon cancer (fecal occult blood, sigmoidoscopy and colonoscopy). Below are charts showing the prevalence of different cancer screenings in Washoe County.

Risk Reduction Behaviors: Recommended Screenings

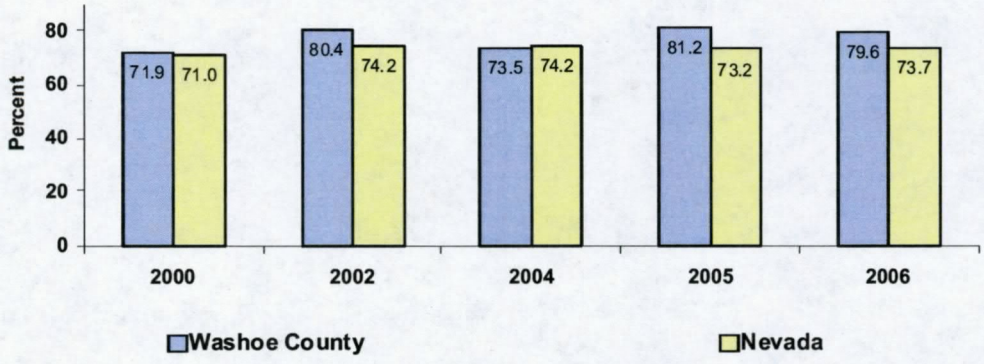
The following series of charts show the degree to which Washoe County, Nevada (and U.S. when available) residents have recommended screenings.

Prevalence of women ≥ 40 having a mamogram in Washoe County, Nevada, and the U.S.; 2000 - 2006



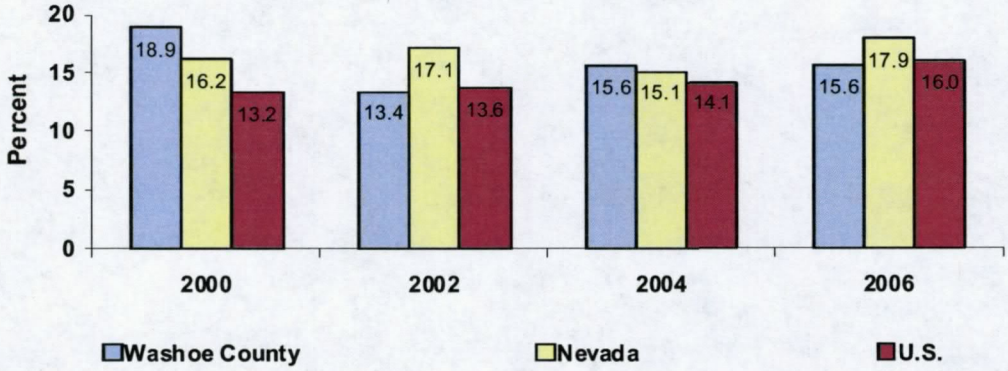
Data source: Behavioral Risk Factor Surveillance System (BRFSS)

Prevalence of women ≥ 40 having a clinical breast exam in Washoe County, Nevada, and the U.S.; 2000 - 2006



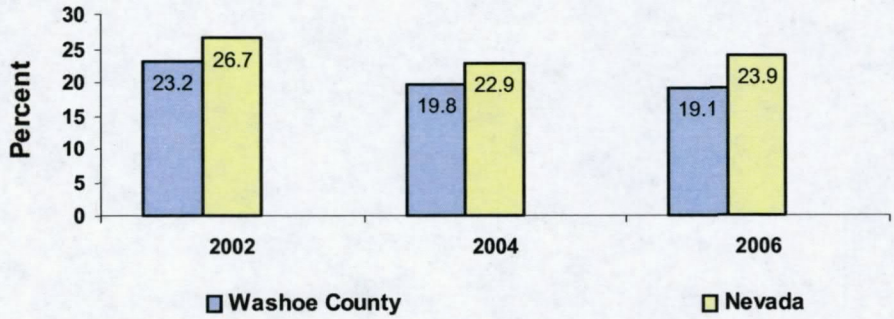
Data source: Behavioral Risk Factor Surveillance System (BRFSS)

Prevalence of women ≥ 18 having a Pap smear in Washoe County, Nevada, and the U.S.; 2000 - 2006



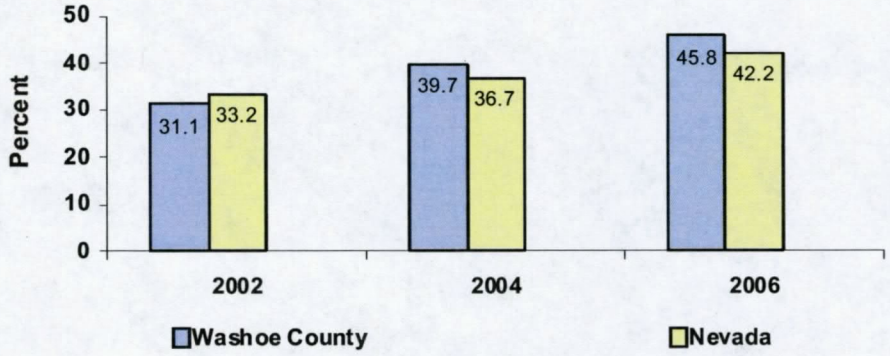
Data source: Behavioral Risk Factor Surveillance System (BRFSS)

Prevalence of adults ≥ 50 undergoing a fecal occult blood test in Washoe County, Nevada, and the U.S.; 2002 - 2006



Data source: Behavioral Risk Factor Surveillance System (BRFSS)

Prevalence of adults ≥ 50 undergoing a sigmoidoscopy/colonoscopy in Washoe County, and Nevada; 2002 - 2006



Data source: Behavioral Risk Factor Surveillance System (BRFSS)

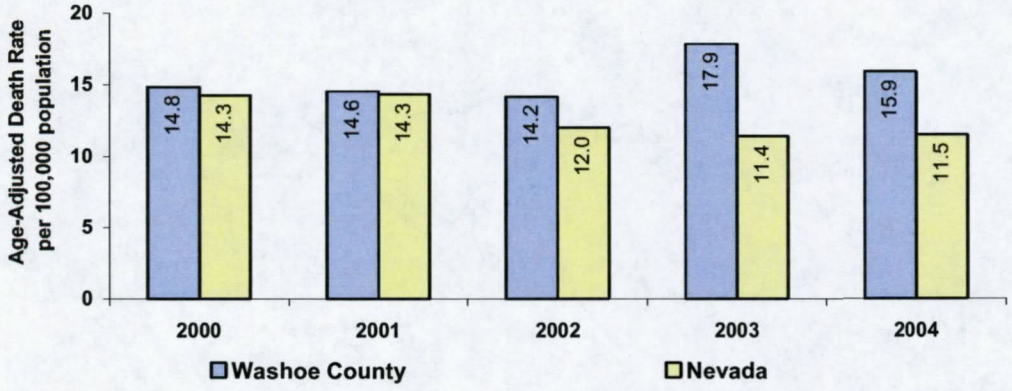
III. Chronic Liver and Kidney Diseases

Liver Disease

Liver disease refers to any disorder of the liver. There are many different types of liver disease including alcohol-induced liver disease and hepatitis. One of the most common types of liver disease is fatty liver disease, which is caused by poor nutrition and being overweight.

Whether a liver is infected with a virus, injured by chemicals, or under attack by a person's own immune system, liver disease can lead to death. Washoe County has a higher rate of death associated with liver disease in comparison to Nevada.

Mortality rate per 100,000 population due to liver disease in Washoe County and Nevada; 2000 - 2004

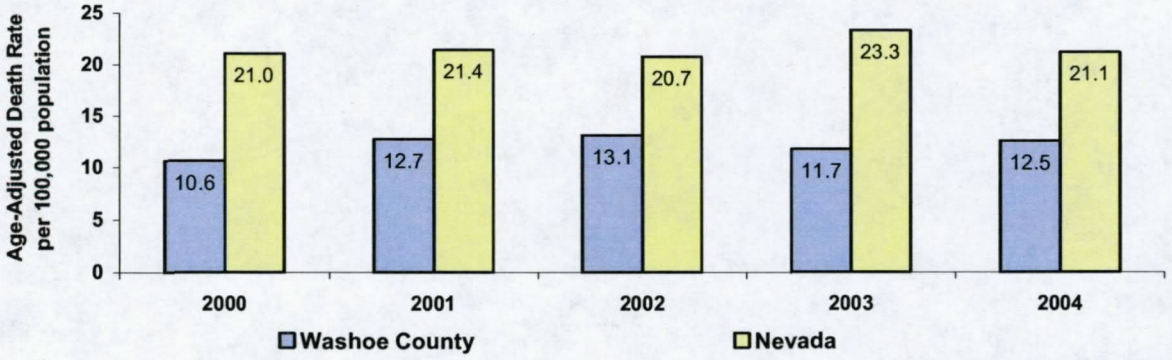


Data sources: 2000 U.S. Census; Vital Statistics – Death Certificates; Nevada State Demographer's Office ASRHO Estimates and Projections June 2004 received on November 18, 2005

Kidney Disease

Chronic kidney disease involves conditions that damage the kidneys and decrease their ability to keep the body healthy. The two main causes of chronic kidney disease are diabetes and high blood pressure. If left untreated, kidney disease will progress to kidney failure, which requires dialysis and/or a kidney transplant for survival. Washoe County's mortality rate from kidney failure is lower than Nevada's mortality rate from kidney failure.

Mortality rate per 100,000 population due to kidney disease in Washoe County and Nevada; 2000 – 2004



Data sources: 2000 U.S. Census; Vital Statistics – Death Certificates; Nevada State Demographer's Office ASRHO Estimates and Projections June 2004 received on November 18, 2005

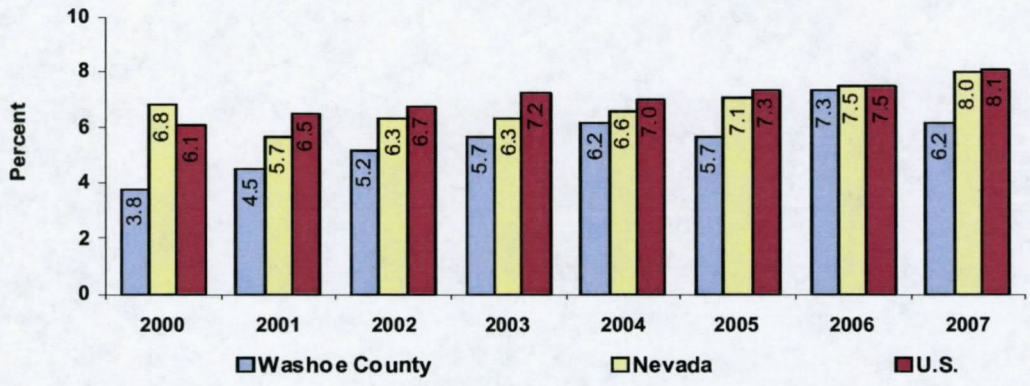
IV. Diabetes

Diabetes is a disease in which the body does not produce or properly use insulin. Insulin is a hormone that is needed to convert sugar, starches, and other food into energy necessary for daily life. Lack of exercise, poor nutrition, obesity and genetics can be risk factors for developing diabetes.

Diabetes can cause serious health complications including heart disease, blindness, kidney failure, and lower-extremity amputations. Diabetes is the sixth leading cause of death in the United States. In Washoe County, diabetes occurs less than in the state or nation overall; however, diabetes related mortality in Washoe County is higher.

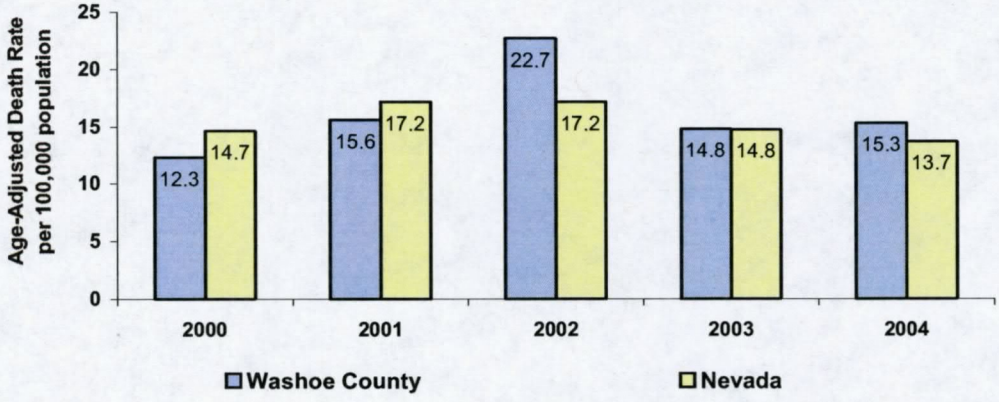
Washoe County residents have consistently reported less diabetes than the state and the nation. However, this gap has narrowed in recent years with a general increase.

Prevalence of adults reporting a diagnosis of diabetes in Washoe County, Nevada, and the U.S.; 2000 - 2007



Data source: Behavioral Risk Factor Surveillance System (BRFSS)

Mortality rate per 100,000 population for diabetes in Washoe County and Nevada; 2000 - 2004



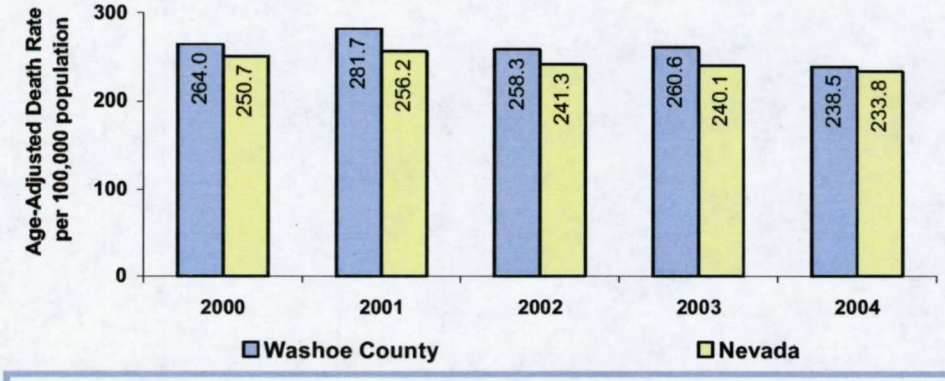
Data sources: 2000 U.S. Census; Vital Statistics – Death Certificates; Nevada State Demographer's Office ASRHO Estimates and Projections June 2004 received on November 18, 2005

V. Heart Disease and Stroke

Heart Disease

Heart disease is a term that refers to several specific heart conditions. The most common type of heart disease in the U.S. is coronary heart disease, which can lead to heart attacks. As depicted in the graph below, mortality due to heart disease has been consistently higher in Washoe County as compared to Nevada.

Mortality rate per 100,000 population for heart disease in Washoe County and Nevada; 2000 – 2004

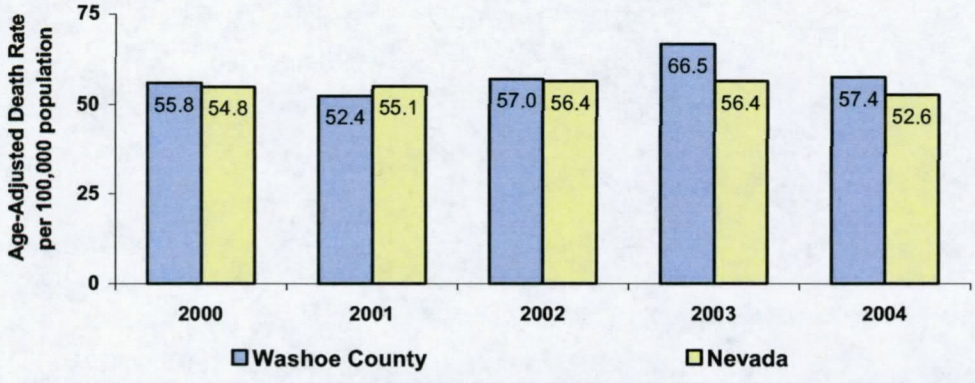


Data sources: 2000 U.S. Census; Vital Statistics – Death Certificates; Nevada State Demographer's Office ASRHO Estimates and Projections June 2004 received on November 18, 2005

Stroke

A stroke or "brain attack" occurs when a blood clot blocks an artery or a blood vessel breaks, interrupting blood flow to an area of the brain. Under either scenario, brain cells begin to die and brain damage occurs. In Washoe County the mortality rate from stroke is higher than for the state as a whole.

Mortality rate per 100,000 population for stroke in Washoe County and Nevada; 2000 - 2004

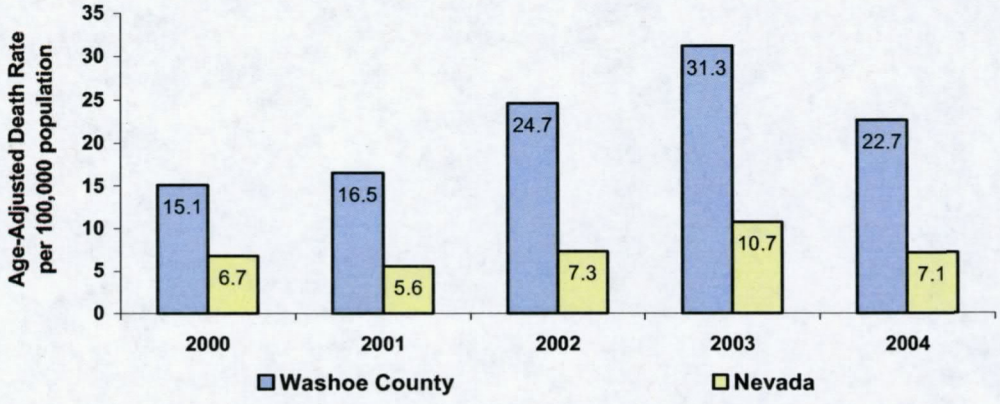


Data sources: 2000 U.S. Census; Vital Statistics – Death Certificates; Nevada State Demographer's Office ASRHO Estimates and Projections June 2004 received on November 18, 2005

Atherosclerosis

Atherosclerosis is a disorder of the arteries that occurs when fat, cholesterol, and other substances build up in the walls of arteries. This buildup is called plaque and over time the buildup can make the arteries narrow and less flexible. Plaque can build up enough to significantly reduce the blood's flow through an artery, but most of the damage occurs when pieces of plaque break apart and move through the bloodstream. This is a common cause of heart attack and stroke. If a piece of plaque blocks a blood vessel that feeds the heart, it causes a heart attack. If it blocks a blood vessel that feeds the brain, it causes a stroke. In Washoe County, the mortality rate from atherosclerosis is higher than for the state as a whole.

Mortality rate per 100,000 population for atherosclerosis in Washoe County and Nevada; 2000 - 2004

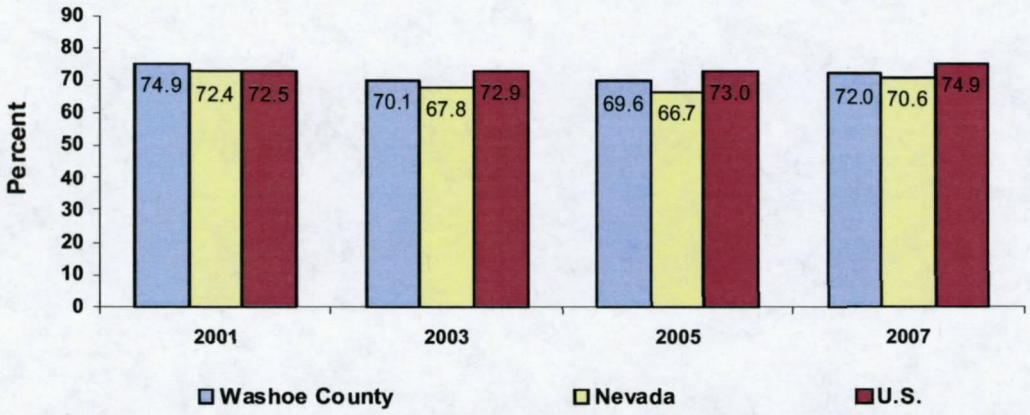


Data sources: 2000 U.S. Census; Vital Statistics – Death Certificates; Nevada State Demographer's Office ASRHO Estimates and Projections June 2004 received on November 18, 2005

Cholesterol and Blood Pressure

High blood cholesterol is a major risk factor for heart disease. Preventing and treating high blood cholesterol includes eating a diet low in saturated fat and cholesterol and high in fiber, keeping a healthy weight, and getting regular exercise. Adults should have their cholesterol levels checked once every five years. In Washoe County the percent of adults who have met this recommendation is higher than the sate but lower than the national average.

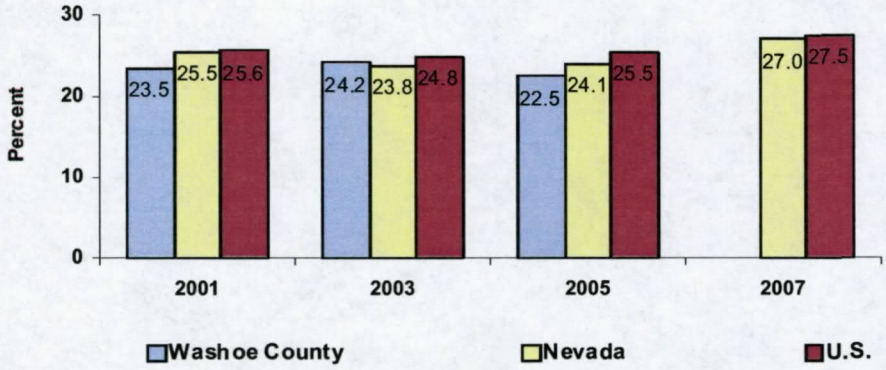
Prevalence of adults who report cholesterol screening within the previous five years in Washoe County, Nevada and the U.S.; 2001 - 2007



Data source: Behavioral Risk Factor Surveillance System (BRFSS)

"Blood pressure" is the force of blood pushing against the walls of the arteries as the heart pumps out blood. If this pressure rises and stays high over time, it can damage the body in many ways. High blood pressure is a serious condition that can lead to coronary heart disease, heart failure, stroke, kidney failure, and other health problems.

Prevalence of adults reporting that their health professional diagnosed high blood pressure in Washoe County, Nevada and the U.S.; 2001 - 2007



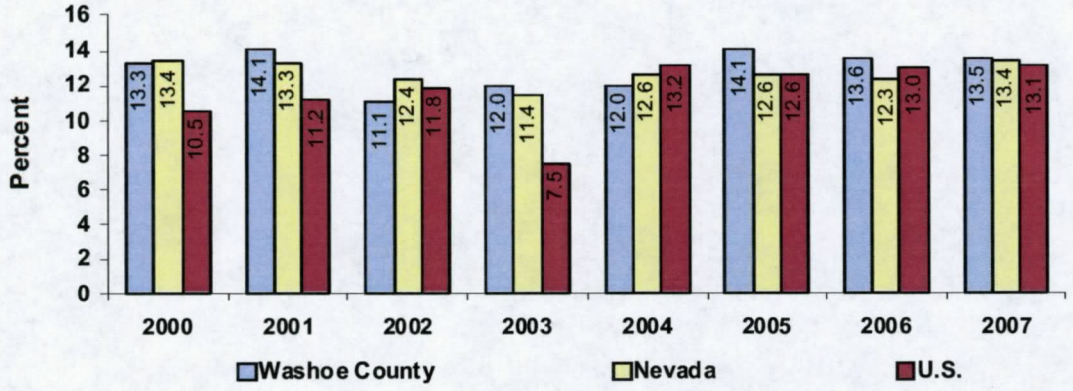
Data source: Behavioral Risk Factor Surveillance System (BRFSS). Data for U.S. not available for 2007

VI. Respiratory Diseases

Asthma

Asthma is a chronic lung disease that inflames and narrows the airways. Asthma causes recurring periods of wheezing, chest tightness, shortness of breath, and coughing. Asthma prevalence in Washoe County is slightly higher than the state and nation overall.

Prevalence of adults reporting that they have ever been diagnosed with asthma in Washoe County, Nevada, and the U.S.; 2000 - 2007

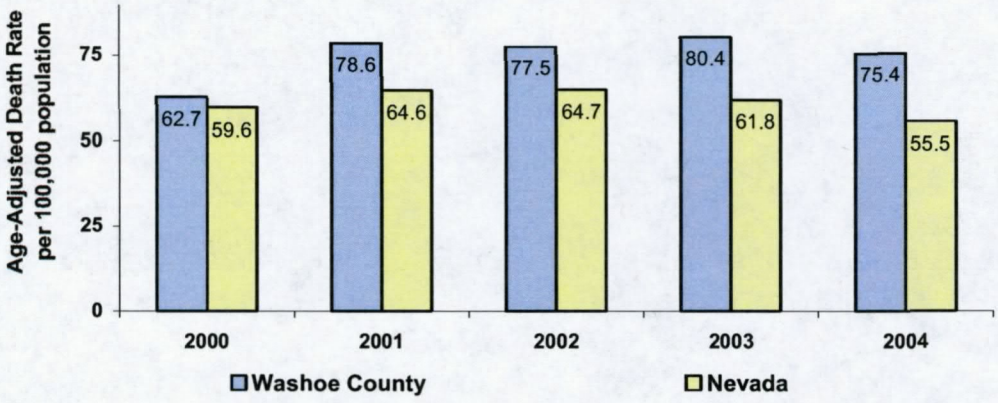


Data source: Behavioral Risk Factor Surveillance System (BRFSS)

Chronic Obstructive Pulmonary Disease

Chronic lower respiratory disease often referred to as chronic obstructive pulmonary disease (COPD) includes two lung diseases, chronic bronchitis and emphysema that obstruct airflow and make it hard to breath. Tobacco smoke is the primary cause of COPD and accounts for 80 to 90 percent of COPD deaths. Breathing in other kinds of lung irritants, like pollutants, dust, or chemicals, over a long period of time may also cause or contribute to COPD. In Washoe County the mortality rate for COPD is higher than the state as a whole.

Mortality rate per 100,000 population for COPD in Washoe County and Nevada; 2000 - 2004

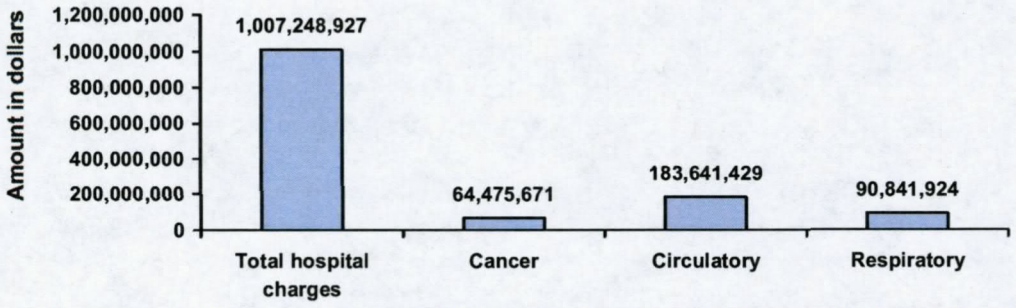


Data sources: 2000 U.S. Census; Vital Statistics – Death Certificates; Nevada State Demographer's Office ASRHO Estimates and Projections June 2004 received on November 18, 2005

Economics of Preventing Chronic Diseases

According to the Partnership to Fight Chronic Disease, about 75 percent of healthcare spending is associated with chronically ill patients. Chronic disease accounts for the largest source of spending in the healthcare economy, and it is also the fastest growing, as increasing numbers of people are living with chronic illnesses. In Washoe County 33.7 percent of per capital health care spending is due to cancer, circulatory and respiratory illnesses.

Per capita health care spending in Washoe County; 2005



Data source: Hospital Discharge Data

The Trust for America's Health found that money invested in non-medical prevention strategies to increase physical activity, improve nutrition, and decrease tobacco use and exposure had a significant return on investment. The table below represents the potential annual net savings and return on investment for Nevada with a $10 per person per year investment in strategic disease prevention programs.

Nevada			
Total Annual Intervention Costs (at $10 per person): $23,320,000			
Nevada Return on Investment of $10 Per Person			
	1-2 Years	**5 Years**	**10-20 Years**
Total State Savings	$41,200,000	$139,000,000	$152,600,000
State Net Savings (Net savings=Total savings minus intervention costs)	$17,900,000	$115,700,000	$129,300,000
Return on Investment	0.77:1	4.96:1	5.55:1
* In 2004 dollars			

Data source: Prevention for a Healthier America; Trust for America's Health

Data Sources

2008 BMI Collection, Sample of Washoe County School District Students (grades 4, 7 and 10), pursuant to Nevada Assembly Bill 354

Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (BRFSS), 2000 - 2007

Hospital Discharge Data, 2005

Journal of the American Medical Association (JAMA), Vol 299 No.20, May 28, 2008

Nevada Cancer Registry, 2000 - 2004

Nevada State Demographer, Age, Sex, Race and Hispanic Origin (ASRHO) Estimates and Projections, June 2004 received on November 18, 2005

Nevada State Demographer, Population Breakdown, 2006 and 2007. Estimates by Washoe County Health District based on the proportion of 2005 final population.

Trust for America's Health, *Prevention for a Healthier America: Investments in Disease Prevention Yield Significant Savings, Stronger Communities*, July 2008

U.S. Census; and American Community Survey, 2006

Vital Statistics, Birth Certificates and Death Certificates, 2000 - 2004

Youth Risk Behavior Survey (YRBS), 2001, 2003, 2005, and 2007

Acknowledgments

The Washoe County Health District would like to thank everyone who contributed to the development of the report *Chronic Disease in Washoe County.*

Report coordination: Kelli Seals, MPH, Health Educator II

Data coordination: Sharon Clodfelter, BS, Statistician

Narrative contribution: Nicole Alberti, MA, Health Educator I
Erin Dixon, MS, Program Coordinator
Jennifer Stoll-Hadayia, MPA, Public Health Program Manager
Michelle Washington, MPHc, Health Educator II

Special thanks to the following for their additional contributions to this report:

Mary A. Anderson, MD, MPH, District Health Officer
Mary-Ann Brown, RN, MSN, Community and Clinical Health Services Acting Division Director
Tracie Douglas, Public Information Officer
Leslie Elliott, PhD, Senior Epidemiologist
Randall L. Todd, DrPH, Epidemiology and Public Health Preparedness Division Director

Contact Information:
Kelli Seals, MPH
Washoe County Health District
P.O. Box 11130
Reno , NV 89520
(775) 325-8244
kseals@washoecounty.us

Suggested citation: Washoe County Health District, *Chronic Disease in Washoe County*, 2009.

For more information about local chronic disease prevention and healthy living visit:
GetHealthyWashoe.com

RENO GAZETTE-JOURNAL

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TODAY'S QUICK READ

OBAMA WANTS MEDICAL JOURNALIST IN CABINET
CNN chief medical correspondent Dr. Sanjay Gupta, a neurosurgeon medical school faculty member, is under consideration to become the nation's surgeon general in the Obama administration, cable network officials said.
NATION & WORLD, 1B

SPARKS LAYS OFF 34, EXPLAINS BUDGET CUTS
Officials said the layoffs, cutting some contracts, professional services and programs will save $2.7 million in the budget f--he 2009-10 fiscal year.
& REGION, 3A

STAR BONDS SOUGHT FOR DOWNTOWN PROJECTS
The Reno City Council is being asked to authorize using controversial Sales Tax Anticipation Revenue bonds for $607 million in downtown projects.
LOCAL & REGION, 2A

PENDING HOME SALES IN RENO REMAIN POSITIVE
As job losses and eroding consumer confidence dropped nationwide in December, the Reno-Sparks area managed a half-percent increase in pending sales of existing homes.
BUSINESS, 5A

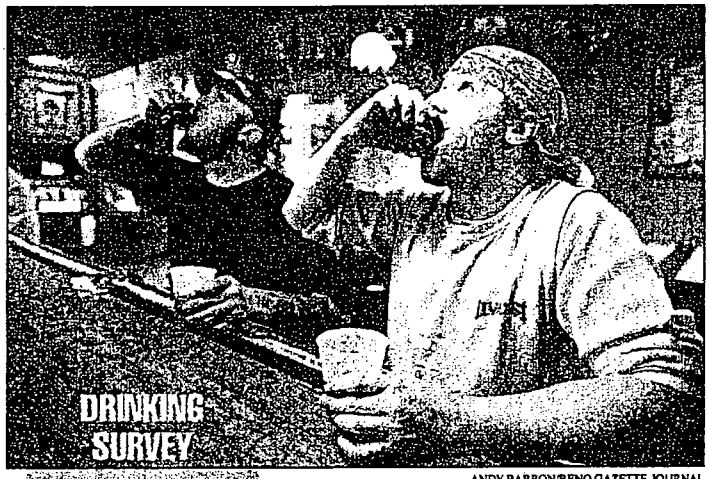
IRS AGENTS SOFTEN HEARTS FOR TAXPAYERS
The bad economy has the Internal Revenue Service offering to waive late penalties, negotiate new payment plans and postpone asset seizures for delinquent taxpayers who are financially strapped.
NATION, 2B

DAY ON RGJ.COM

Want to watch Patrick Ewing Jr. play a game of

HEALTH

What's Reno's newest dubious distinction? No. 1 DRINKING TOWN



ANDY BARRON/RENO GAZETTE-JOURNAL

Aaron Stroud, left, and Noah Manfredi have an afternoon shot of whiskey Tuesday at Ryan's Saloon on Wells Avenue. Figures from the Centers for Disease Control and Prevention show that Reno is No. 1 in the nation for heavy drinkers.

62.4%
Percentage of Reno-Sparks residents who have had at least one drink of alcohol within the past 30 days.

9.4%
Percentage of residents who reported to be heavy drinkers (adult men having more than two drinks per day and adult women having more than one drink per day)

19.9%
Percentage of residents who reported to be binge drinkers (males having five or more drinks on one occasion, females having four or more drinks on one occasion)

ON RGJ.COM
Log on to find links to the survey.

CDC: Washoe County tops nation in heavy drinking

BY FRANK X. MULLEN JR.
fmullen@rgj.com

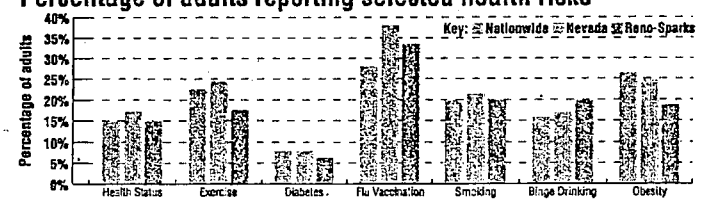
Washoe County has the highest rate of heavy drinkers in the nation, according to a Centers for Disease Control and Prevention "behavioral/risk factor" ranking of metropolitan areas.

That means, for percentage of population, that more men in the area imbibe more than two alcoholic drinks a day and more women ingest more than one drink per day than in other U.S. metro areas.

The federal report covers major U.S. metropolitan areas and is based on telephone questionnaires. Since 2002, the county has consistently ranked higher than national and state averages in the heavy drinking category and led the nation in 2007.

SEE **DRINK** ON 4A

Percentage of adults reporting selected health risks



Source: Center of Disease Control and Prevention

S. REICH/RENO GAZETTE-JOURNAL

Washoe weighs turbines

Pah Rah wind farm faces opposition

BY SUSAN VOYLES
svoyles@rgj.com

The Washoe County Planning Commission heard testimony late Tuesday before deciding whether to approve permits for a proposed wind farm that would put 44 turbines on the ridges of the Pah Rah Range east of Warm Springs Valley.

The $190 million project proposed by Nevada Wind is opposed by nearby residents. About 125 people were at the hearing, with 35 registered to testify.

"These things are huge," said Dan Herman, a Quaking Aspen Road resident who said he will be nearest to the turbines.

"I am going to be looking directly at them. I will hear the whoop, whoop, whoop of the blades."

Developers said the wind farm would produce up to 85 megawatts, providing power for up to

SEE **WIND** ON 4A

WHAT'S NEXT

The losing side can appeal the decision to the Washoe County Commission, which could review it in February. Adding a new transmission line to the utility corridor plan would require Regional Planning Governing Board approval, and a vote is likely in March.

As a project of regional significance, the wind farm then would undergo a review of the Regional Planning Commission and the Regional Planning Governing Board in April.

BCS CHAMPIONSHIP
5 p.m. Thursday on KRXI

Football fans get closer to action with 3-D effects

rink/Bartender questions CDC definitions

From 1A

State and local health officials said it's no surprise that Nevada, with its 24-hour lifestyle, scores high in bad habits.

But patrons at Ryan's Saloon in Reno said Tuesday that they were puzzled that Washoe beat out Clark County/Las Vegas and other cities where booze also runs freely.

"I'm skeptical about that; I'd have to question that," said Ron Hizen, who was having a beer with lunch at Ryan's. "We've got drinkers in Reno; every city has them. But I don't think we'd be outstanding."

Noah Manfredi, having a soda with his lunch, ordered a shot of whiskey to celebrate Reno's No. 1 status.

"Oh hell yeah, I'm down with that," he said. "In Vegas, the tourists drink to have fun. Here, the locals drink to drink."

Bartender Malcolm Franks said the CDC's definition of heavy drinking, more than tw drinks for a man and m one for a woman, d make sense.

"That's very low," he said. "It's way out of line. Who dreamed up that sorry definition?"

ANDY BARRON/RENO GAZETTE-JOURNAL

Ron Hizen, front, enjoys a glass of beer Wednesday as he sits next to a man named Tim at Ryan's Saloon on Wells Avenue.

The study criteria comes from the CDC and is used by the 50 states and U.S. territories.

Washoe County, Clark County and the Silver State as a whole also scored high in percentages of binge drinking, obesity and smoking, according to the CDC annual Behavioral Risk Factor Surveillance System report.

But Reno-Sparks topped the nation in heavy drinkers, with a score of 9.4 percent, as compared to second-place Palm Bay, Fla. (9.1); Boulder, Colo. (9.0); and Austin, Texas (8.8).

The Las Vegas metro area was in the middle of the national pack with a heavy-drinker score of 6.1 percent. Provo-Orem, Utah, was the most "sober city" with a 0.6 percent score for heavy drinking.

Alicia Hansen, the health biostatistician who coordinates the Nevada survey, said the state has been providing data to the CDC since 1992.

She said about 4,000 households participate through a random system, and the survey is balanced among Washoe and Clark counties and the rest of the state.

"It's a fairly common outcome that Nevada ranks high in risky behaviors," Hansen said.

Jennifer Stoll-Hadayia, public health program manager at the Washoe District Health Department, said the CDC survey has reported for five years that Washoe County has a greater percentage of heavy drinkers than the state or the nation.

"It tells us what's happening in the community, but it doesn't tell us why," she said. "What we do know is that risky behaviors like heavy drinking and smoking go hand-in-hand, and those behaviors lead to chronic diseases, including liver disease and some cancers.

"Additional research needs to be done. It would be good to know what makes us unique."

DISTRICT HEALTH DEPARTMENT

January 13, 2009

TO: District Board of Health

FROM: Jennifer Stoll-Hadayia, MPA, Chair
Washoe County Health District (WCHD) Legislative Team

THROUGH: Mary-Ann Brown, RN, MSN, Division Director (Acting)

SUBJECT: Update on 2009 State Legislative Session Activities

SUMMARY

On December 18, 2008, the Board approved the priorities, process, and roles for 2009 State Legislative Session activities by the Washoe County Health District (WCHD) and its staff. Per the approved protocol, a written bill status update and an oral presentation of legislative activity is to be provided at Board meetings on a monthly basis as a discussion or action item, as needed. Below is the update for January 22, 2009.

BILL STATUS UPDATE

As staff are in the process of establishing bill tracking systems, no bills have been identified for WCHD monitoring at this time. Also, no requests to review bills have been received from Washoe County Government Affairs. The Legislative Session begins on February 2, 2009; therefore, a bill status update and presentation of legislative activity will occur after that time.

DISCUSSION AND/OR ACTION ITEMS

None at this time

OTHER UPDATES

The following activities related to the 2009 State Legislative Session have occurred since the prior Board report:

- Bill tracking system subscriptions have been established for each Division representative, as outlined in the prior report. Staff have also completed paperwork for lobbyist registrations, also as outlined in the prior report.
- An updated contact list for bill tracking and subject matter experts has been provided to Washoe County Government Affairs. The County's Legislative Training has been scheduled for January 20th.

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- The Legislative Team held its regularly-scheduled January meeting; and members have continued to monitor legislative trends. The Chair has been invited to give presentations to two local public health coalitions on the topic of the state legislative process and the WCHD's priorities; she is also providing technical assistance to coalitions and groups in how to develop their own legislative priorities. The legislative position statements of other relevant organizations are also being compiled and reviewed.

ATTACHMENTS

- None at this time

POSSIBLE MOTION

Should the Board agree with staff recommendation, a possible motion would be: "move to approve the January WCHD Legislative Team report."

DBOH Item 18.4

Indemnity and Hold Harmless Agreement

Volunteer Service or Maintenance – Washoe County

Release of all Claims and of Liability

The undersigned does hereby certify that I am over 18 years of age and in good physical condition and capable of performing the required tasks as described below, and hereby, for myself, my heirs, executors and assigns or any person for whom I have or may have legal authority to represent, release, and forever discharge Washoe County, its respective officers, employees, and agents from any and all liability, claims, demands, damages, actions or causes of action arising from or by reason of any injury to or death to me or any person or any damage to or destruction of property resulting from or with the Volunteer Service or Maintenance described below, or any other activity of the undersigned at the direction of Washoe County, whether or not such injury, death, or damage is caused or alleged to be caused by the negligence, active or passive, of Washoe County, its officers, agents, and/or employees.

This Release, Indemnity and Hold Harmless Agreement, is given in consideration of, and as a condition to Washoe County, its officers, agents, and employees permitting the undersigned to perform said Volunteer Service or Maintenance.

This Release includes, but is not limited to, any claim, demand, or cause of action which might be caused by any act or failure to act of Washoe County, its officers, agents, and/or employees.

I expressly agree to be responsible for defending and paying or otherwise resolving any claims against Washoe County, its officers, agents, and/or employees where such claims are based on or alleged to be based on actions of or the failure to act on the part of myself, at no cost to Washoe County.

I, the undersigned, have read this Release, Indemnity and Hold Harmless Agreement, and understand all its terms. I hereby execute it voluntarily and with full knowledge of its significance.

THIS IS A COMPLETE RELEASE. READ IT BEFORE SIGNING.

Signature: _____ Date: _____

Description of work to be performed: _____

_____

_____

If the Volunteer is less than 18 years of age, the parent or guardian must execute the following waiver:

PARENT GUARDIAN WAIVER FOR MINORS

The undersigned parent and natural guardian or legal guardian does thereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever may be imposed upon said parties because of any defect in or lack or such capacity to so act and release said parties on behalf of both the minor and the parent or legal guardian.

PARENT OR LEGAL GUARDIAN: _____

Signature: _____ Date: _____

ignature: _____ Date: _____

DISTRICT HEALTH DEPARTMENT

January 12, 2009

TO: District Board of Health Members

FROM: Mary-Ann Brown, R.N., M.S.N.
Division Director, Community and Clinical Health Services

Stacy Hardie, R.N., B.S.N.
Public Health Nursing Supervisor

SUBJECT: Family Planning Clinic Transition Plan

Introduction

Upon receiving direction from the Board of Health to explore transition of the Family Planning Clinic, Community and Clinical Health Services (CCHS) leadership staff performed a comprehensive assessment of community capacity. Highlighted below are the options for Family Planning Clinic service transfer and the associated impacts. Transition of Title X Family Planning services to another provider organization can only occur if the organization applies for the Title X Grant. If an applying organization is unsuccessful, no Title X funds will be available in Washoe County.

Documentation of Need

- In Nevada, 251,290 women are in need of contraceptive services and supplies. Of these, 122,200 women need publicly supported contraceptive services because:
  - 92,000 have incomes below 250% of the federal poverty level
  - 30,200 are sexually active teenagers
- Family planning clinics in Nevada serve 39% of all women in need of publicly supported contraceptive services and 33% of teenagers in need.
- On the National level, almost ½ of all pregnancies are unplanned (No state data collected).
- The highest unplanned pregnancy rates occur among women with incomes less than 100% of poverty level.
- Nevada ranks #1 in the nation for 15-19 year old teen pregnancy rates (2004 most recent year of ranking).
- According to the Youth Risk Behavior Survey 44.3% of Washoe County High School students have had sex.

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Comprehensive Services Provided by (WCHD)Family Planning Clinic

- Health Screening: Routine gynecological exams, Pap smears, breast cancer detection screenings, Sexually Transmitted Infection screening and treatment, information and methods of contraception and pregnancy testing.
- Education: Providing individuals the education they need to be sexually responsible, encouraging individuals to seek loving, stable relationships, counseling young people to delay having sex, encouraging all clients to use of contraception until ready and willing to be responsible parents.
- Minor illness treatment (adolescents only) as a part of a Title V grant provided by Nevada State Health Division.
- Number of Clients Served Fiscal Year 07-08: 4,173 clients for a total of 9,084 visits.

WCHD's Family Planning Clinic History

- Family Planning Clinical services have been provided by the Washoe County Health District since the mid 1960s.
- The federal Title X program was initiated late in 1970.
- In 1988 colposcopy and cryosurgery services were added to the program due to the lack of community resources for abnormal Pap smear follow up.
- In 1991, as a result of a community adolescent medical needs assessment, a clinic for adolescents (Teen Health Mall) was initiated and funded with assistance from the Nevada State Health Division.

Title X Overview

Grantees providing Title X services are mandated to comply with Title X Guidelines, which were developed by the Office of Population Affairs (OPA) and the U.S. Department of Health and Human Services (DHHS). The more complex requirements of a Title X Program are detailed in the attached "Title X 101" Presentation.

Transition of Family Planning Services Options

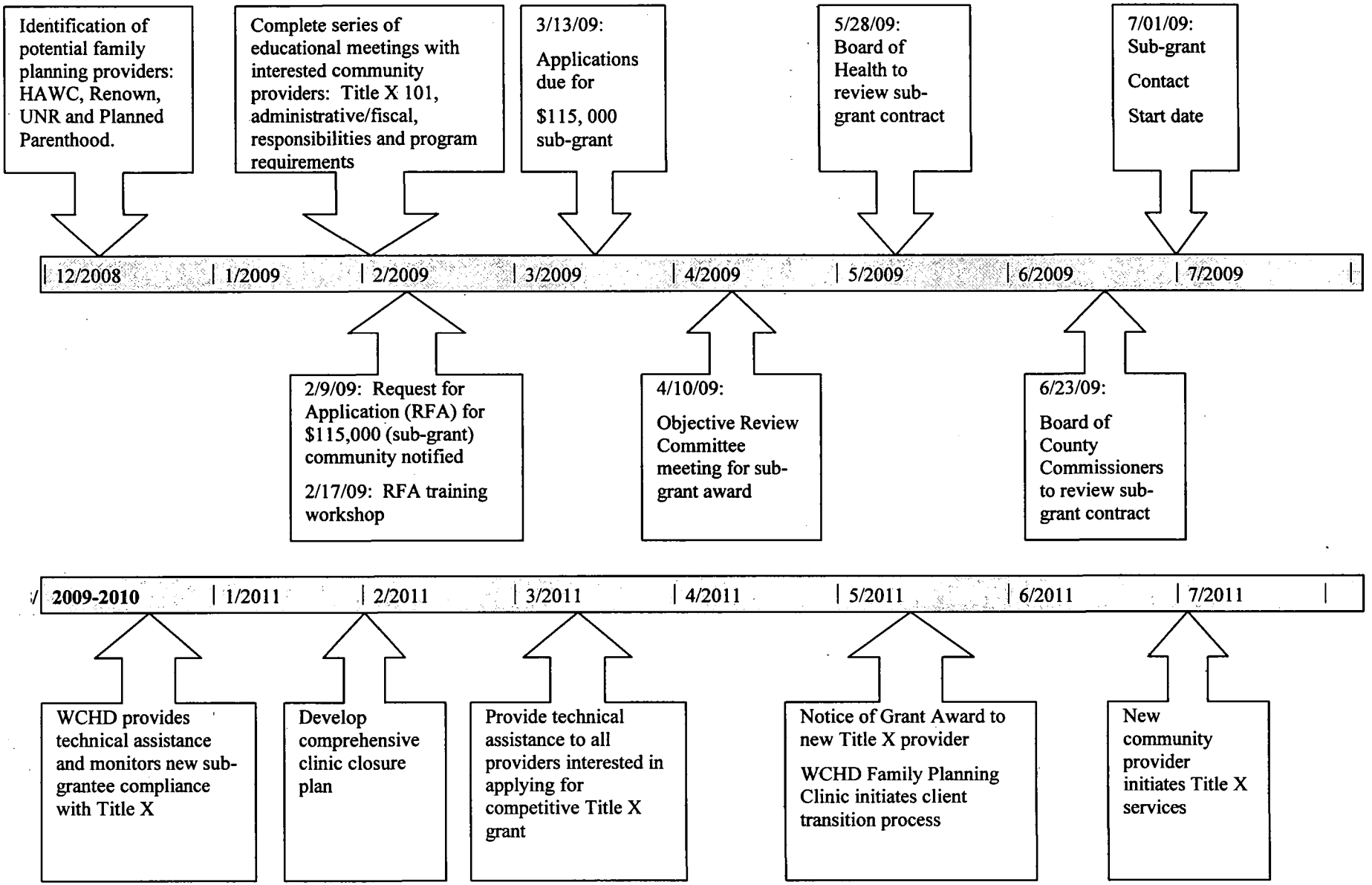
1. **Relinquishment of Title X funding before the end of the fiscal cycle** (with 30-day termination of contract).
   Impacts:
   - Unexpended funds would have to return to the Federal Treasury.
   - Funds may be lost to Washoe County and to Region IX.
   - Interruption of services to clients.
   - Professional abandonment of patients.
   - Potential for no Title X Family Planning services in Washoe County.
   - Inability to meet clinic closure responsibilities including client notification and disposition of medical records.
2. **Transfer of the remaining 2.5 years of 5 year grant to another agency willing to accept the grant** (Successor in Interest).
   Impacts:
   - Requires legal proceedings between relinquishing and receiving organizations.
   - Receiving entity assumes organizational responsibilities including all assets and liabilities.
   - Successor must complete the original scope of work.

3. **Completion of budget cycle with a termination of services on 7/1/09.**
   Impacts:
   - Title X funds return to Region IX.
   - The Regional Health Administrator has authority to allocate funds based on the needs within the Region.
   - Potential interruption in services to clients.
   - Potential for no Title X Family Planning services in Washoe County.

4. **Recommendation**
   Washoe County Health District's Family Planning clinic completes 5-year grant with termination date 6/30/11.
   Transition Plan:
   - Region IX submits 5 year competitive Title X Request for Application (RFA) January 2011 with 5-year contract to be initiated July 1, 2011.
   - WCHD staff works with community providers to prepare all interested agencies for successful application for the Title X federal grant.
   - Subcontract $115,000 in Title X funding for contract period FY 2010-2011 to a local agency through a competitive process to allow agency to begin services with a smaller scope prior to applying for the full program competitive grant in 2011.

Attachments:
A. Family Planning Clinic Transition Timeline
B. Title X 101 Presentation Summary

Family Planning Clinic Transition Timeline



Washoe County

Health District

Title X 101

Title X Overview:

Grantees providing Title X services are mandated to comply with Title X Guidelines, which were developed by the Office of Population Affairs (OPA) and the U.S. Department of Health and Human Services (DHHS) to assist current and prospective grantees in their provision of Title X services of the Public Health Service Act, 42, USC 300, et seq. These guidelines are divided into administrative, clinical, educational and financial sections. Many of the guidelines are standard clinical practices; however, others are not typical of an ordinary medical practice. In fact, most agencies consider Title X funding administratively burdensome. Below is a brief overview of the more unusual requirements of the Title X program.

Administrative Guidelines:

Proof of Voluntary Participation in the Program: A bill of family planning client rights must be posted in every room within the clinic. In addition, clients must sign consent for treatment indicating that they are voluntarily requesting services and may refuse at any time.

Staff Signed Anti-Coercion Statement: All program staff must sign a document indicating that they will not coerce clients into sterilization or abortion procedures.

Non-Profit Agencies: Very specific bylaws, minutes and orientation for board members.

Programmatic Goals and Objectives: Very specific goals and objectives related to Title X objectives.

Anti-Discrimination: Must be indicated in writing and by a facility-layout that is accessible to all.

Disaster Plans: On file as well as escape routes posted and proof of staff training relating to all aspects of this issue.

Limited English Proficiency (LEP): Plan in place for provision of services to any client with LEP in any language needed, including sign language. Cost is born by the agency.

Clinic Management Standards: Organizational charts, job descriptions, staff grievance procedure, professional licensure current and verified. Written personnel policies are in place regarding recruitment, orientation, ongoing training, evaluation, discipline and promotion.

Family Planning Annual Reports (FPAR): A mechanism is in place to collect all data elements related to the FPAR (an 11 table statistical document that includes such items as client demographics, birth control methods utilized, Sexually Transmitted Disease/Pap testing completed, clinical breast exams and referrals for abnormal exams).

Child Abuse and Neglect, Statutory Sexual Seduction Reporting: Policies in place and staff training mandatory.

Financial Guidelines:

Financial management system: Compliant with budgetary control procedures, accounting systems and reports, charges, billing and collection procedures, purchasing procedures, *separate budget applicable to Title X*, budget for Title X mirrors the approved Title X notice of grant award, budget revisions requested with revised scope of work, changes in personnel, and appropriate cost centers to track and validate costs associate with the Notice of Grant Award.

Indirect Cost Rate: Calculated on actual or utilization of the federally approved rate.

Time and Attendance Record: Documents are available to validate staff utilized by Title X program.

Grantee (WCHD) Oversight: Grantee monitors delegate agencies to ensure compliance with Federal laws, regulations and grant policy-if applicable.

Maintenance of Internal Controls: Separation of fiscal duties, authorization and approval procedures in place.

Fiscal Reports: Formal reports are due 90 days after budget cycle completed.

Charges: Based on cost analysis and a Schedule of Discounts (SOD) in place with proportional incremental increases that ensure income is not a barrier to service. The SOD is evident for family incomes between 101%-250% of poverty level. Fees for minors based on the minor's income alone. Clients at or below 100% of poverty level or

below are not charged for services. Client income is re-evaluated annually, and there must be no evidence that clients are denied services or quality of services based on inability to pay.

Billing: Clients must be provided a bill at the time of service, which indicates the cost of services less any allowable discount. Third parties are billed at the full cost of service provision.

Collections: Reasonable efforts to collect charges without endangering client confidentiality should be made, a method for aging outstanding accounts must be in place, and there can be no evidence that clients are pressured to make donations.

Procurement Policies: Written policy/procedure in place, utilizing a purchase requisition practice, proper segregation of duties between requisition, procuring, receiving and payment functions. A property maintenance system is in place and a physical inventory every two years.

Clinical:

Service Plan: A written service plan should indicate the type of services that will be provided in addition to a broad range of birth control methods. A clinical and educational protocol must be in place and signed by a collaborating physician.

Initial Visit: Education, method counseling (as appropriate), signed informed consent, history (personal, family and social), physical examination, laboratory testing appropriate to the visit type, follow-up and referrals.

Return Visits: An updated history (personal, family and social), examination and laboratory testing, follow-up and referral.

Emergency Procedures: A written plan with very specific requirements (Several examples include vasovagal reactions, anaphylaxis, syncope, shock, hemorrhage) Proof of staff orientation and annual updates/training.

Mandated Client Educational Requirements to Assist Clients to:

- Make informed decisions about family planning, use specific methods of contraception, perform breast/testicular self examination, and reduce the risk of Sexually Transmitted Diseases (STD) and Human Immunodeficiency Virus (HIV), understand the range of available services and sequence of clinic procedures, understand the importance of recommended screening tests and other procedures involved in a family planning visit.
- Method Specific Informed Consent forms that include an outline benefits, risks, effectiveness, potential side effects, and how to discontinue the method.

Physical Examination Requirements: Blood pressure, breast exam pelvic exam, STD screening and HIV assessment/counseling.

Laboratory Testing: The following is required if needed for the safe provision of various methods of birth control: anemia screening, chlamydia/gonorrhea testing, vaginal wet mount, diabetes, lipids/cholesterol testing, urinalysis, syphilis testing, rubella testing and hepatitis B testing.

Revisits: Must be scheduled for clients with a new method to ensure appropriate use of method, screen for side effects and allow for a method change if necessary.

Level I Infertility Services: Physical examination, history, education and referral if appropriate must be offered.

Pregnancy Testing: A highly sensitive pregnancy test must be utilized. A brief history must be obtained and an examination if needed. Clients must be presented with non-directive options counseling: prenatal care/delivery, adoption or pregnancy termination. Referral information is provided based on the client's choice. Specific educational requirements are in place for clients planning to maintain the pregnancy and the following are a few examples: risk reduction, prenatal vitamins and the importance of prompt prenatal care.

Diethylstilbestrol Screening: For clients born between 1940 and 1970.

Adolescent Services: This is unique to Title X. Any Title X provider must provide services to adolescents. Adolescents may receive any of the outlined services (pregnancy and STD testing/treatment and birth control) without parental consent. However, all teens must be screened for sexual coercion, counseled regarding how to avoid sexual coercion and encouraged to involve their parents.

Infection Control Policy: Must be in place and compliant with state/federal laws.

Pharmaceuticals: Inventory, supply and provision of pharmaceuticals must be managed in accordance with state pharmacy laws and professional practice regulations. The facility must maintain a satisfactory variety and supply of drugs and devices to effectively manage the contraceptive needs of their clients.

Medical Records: Must be established for all clients that obtain services at the clinic and they must be legible, current, signed by the provider, systematically organized, readily accessible, confidential secured by lock when not in use, and protected against loss or unauthorized use.

Client Confidentiality: Health Insurance Portability and Accountability Act (HIPAA) policy in place and in compliance with Federal Guidelines.

Quality Assurance: A comprehensive quality assurance plan is in place and documentation of activities evident.

Community Outreach and Information:

Information and Educational (I & E) Material Review Committee: Must be 5-9 members, representative of the community served, reviews educational materials developed or purchased by agency to ensure consistency with Title X requirements, materials must be appropriate to community standards, culturally diverse, technically accurate and written records of determinations must be maintained and available for audit.

Community Participation: A community participation committee must meet at least annually and provide an opportunity for community input into project development, implementation and evaluation. Members must be knowledgeable regarding community needs. The I & E committee may serve this capacity.

Community Education: Based on a needs assessment, contains an implementation and evaluation program. The education program should enhance community understanding of the project; inform potential clients of availability of services, a range of strategies are utilized to inform the community about the project.

DISTRICT HEALTH DEPARTMENT

January 12, 2009

MEMORANDUM

To: Members, Washoe County District Board of Health

From: Randall L. Todd, DrPH
Epidemiology and Public Health Preparedness (EPHP) Director

Subject: Report to the District Board of Health, January 2009

Communicable Disease –
Seasonal Influenza - For the week ending January 3 (week 53) six of six participating sentinel healthcare providers in Washoe County saw 27 patients presenting with an influenza-like-illness (ILI) out of 3,432 total patients. This yields a total ILI percentage of 0.8%. By comparison the ILI percentage for U.S. sentinel providers during the previous week (52) was 1.8%. This is well below the national baseline of 2.4%.

The ratio of deaths with pneumonia or influenza to all deaths (P & I) is temporarily suspended due to staffing shortages in the vital statistics office. The national P & I for week 52 was 6.8% which is below the epidemic threshold of 7.5% set by CDC.

Meningitis Fatality – Communicable Disease staff responded to a weekend call concerning an individual who became ill while traveling to Reno by bus. The patient was taken to a hospital in Utah where a probable diagnosis of Meningococcal Meningitis was made. The remaining passengers received prophylactic treatment in Battle Mountain. Communicable Disease staff received the initial call through our after-hours exchange from the hospital in Utah. Staff notified the State Epidemiologist and the Centers for Disease Control and Prevention (CDC). Environmental Health and Communicable Disease staff responded to questions from the bus company regarding the need for disinfection of their equipment. The index patient did not survive.

Public Health Preparedness (PHP) Activities –
Training and Education - Three PHP Program staff members (HE II, MRC Coordinator and Mass Illness Coordinator) have completed the mandated on-line RITS training. RITS is warehouse management

software the State of Nevada will be utilizing to receive, store and ship items within the Strategic National Stockpile (SNS) and push packs to respond to public health emergencies, some of which may require the use of PODs.

The PHP program provided the opportunity for staff and regional partners to participate in the January 8, 2009, COCA Conference Call: Antiviral Resistance Among Influenza A Viruses and Interim Guidance for Antivirals. Six staff attended.

Real World Response - The WCHD PHP team assisted in the response for St. Mary's Regional Medical Center's power outage on Dec. 16, 2008. St. Mary's lost power and needed to evacuate patients to other Washoe County hospitals. The PHP Health Educator acted as Planning Chief for WCHD Incident Commander, Eileen Coulombe. The Mutual Aid Evacuation Annex of the WC Multi-Casualty Incident Plan was activated in response to St. Mary's request to transfer 13 patients. An Incident Action Plan was developed and implemented for theWCHD response to this event. WCHD held a debriefing on January 7, 2009 and an After Action Report/Improvement Plan will be developed and distributed by St. Mary's.

As a result of this incident, the IHCC identified three training priorities for 2009. These are:

- Training on the patient tracking forms that were provided to all hospitals last fall by the WCHD PHP Program;
- WebEOC and HAvBED training;
- Train to the Mutual Aid Evacuation Annex of the WC Multi-Casualty Incident Plan by utilizing a full scale or functional exercise for all the IHCC hospitals.

The WCHD PHP Health Educator will provide WebEOC training and will assist IHCC in developing the exercise.

Randall L. Todd

Randall L. Todd, DrPH, Epidemiology and Public Health Preparedness Director

DISTRICT HEALTH DEPARTMENT

January 14, 2009

TO: District Board of Health Members

FROM: Mary-Ann Brown, R.N., M.S.N.
Division Director, Community and Clinical Health Services

SUBJECT: Report for January 2009 District Board of Health Meeting

Tuberculosis Prevention and Control Program
The Tuberculosis (TB) clinic team prepared a closing summary and recommendations related to the Washoe County School District TB investigation initiated on June 5 2008. Copies of the report have been distributed to interested stakeholders. Board of Health members may request a copy of the report. The report format will serve as a template for future TB investigation reports.

Community and Clinical (CCHS) Required Staff Trainings
CCHS will conduct the first annual Education Fair as a creative and cost effective method to provide the majority of annual training requirements to staff. A format of lecture and short interactive group sessions will be used to cover fourteen (14) subjects including Child Abuse and Neglect Reporting, Blood Borne Pathogens, Respiratory Hygiene, HIPAA and various Policy and Procedure updates.

Vaccines For Children (VFC) Only Transition
The state of Nevada changed from universal coverage of vaccines to Vaccines For Children (VFC) only on January 1st 2009. During the first 14 days an estimated 3-5 clients (approximately 4% of daily clients) are declining to make appointments after receiving information about costs. These clients instead are planning to check with their private provider. In Washoe County 25% (15 out of 60) State vaccine providers have signed the delegation of authority that allows these medical practices to receive state purchased vaccine and provide immunizations for qualified children. Additionally Saint Mary's Health Plans have announced they are now purchasing vaccine to fully immunize children covered by their health plans. Additional information and updates will be provided as available.

Mary-Ann Brown, R.N., M.S.N.
Division Director
Community and Clinical Health Services

1001 EAST NINTH STREET / P.O. BOX 11130, RENO, NEVADA 89520 (775) 328-2400 FAX (775) 328-2279
www.co.washoe.nv.us/health

Washoe County Health District

ENVIRONMENTAL HEALTH SERVICES DIVISION

DATE: January 14, 2009

TO: District Board of Health Members

FROM: Robert Sack, Division Director of E.H.S.

SUBJECT: Division Director's Report – Environmental Health Services
AGENDA ITEM NO. 20.C.

ENVIRONMENTAL HEALTH PROGRAMS AND STATE REGULATION CHANGES

EHS staff is working in conjunction with the environmental health staff of the Nevada State Health Department to develop revisions to a number of State regulations, which are required to be enforced at the local level. These revisions will ensure consistent interpretation statewide. These include adopting a Uniform Food Code, changes in swimming pool codes that require the use of safe covers on all drains, and adoption of regulations to clarify parts of the Indoor Smoking Act which currently make enforcement of the Act difficult.

VECTOR-BORNE DISEASES PREVENTION PROGRAM

The publication, "Vector Control Strategies for Local Boards of Health", has been ordered and will be distributed to the Board when received.

PUBLIC INFORMATION AND EDUCATION OUTREACH

Staff is working on a new campaign under REDUCE, REUSE, RECYCLE. Every day throughout the United States, approximately 60 million plastic, disposable water bottles are used with less than 25 percent being recycled. Staff is developing a program which encourages the use of reusable water bottles made from safe products, such as the Nalgene bottles which are BPA free, or steel water bottles. Staff is currently partnering with the corporate offices of REI Sporting Goods, which is working to purchase water bottles to support the program, allowing us to buy at their corporate discount pricing.

Staff will be conducting education and public outreach throughout Washoe County and will also be partnering with Truckee Meadows Water Authority to present information on the high quality of water available to our citizens.

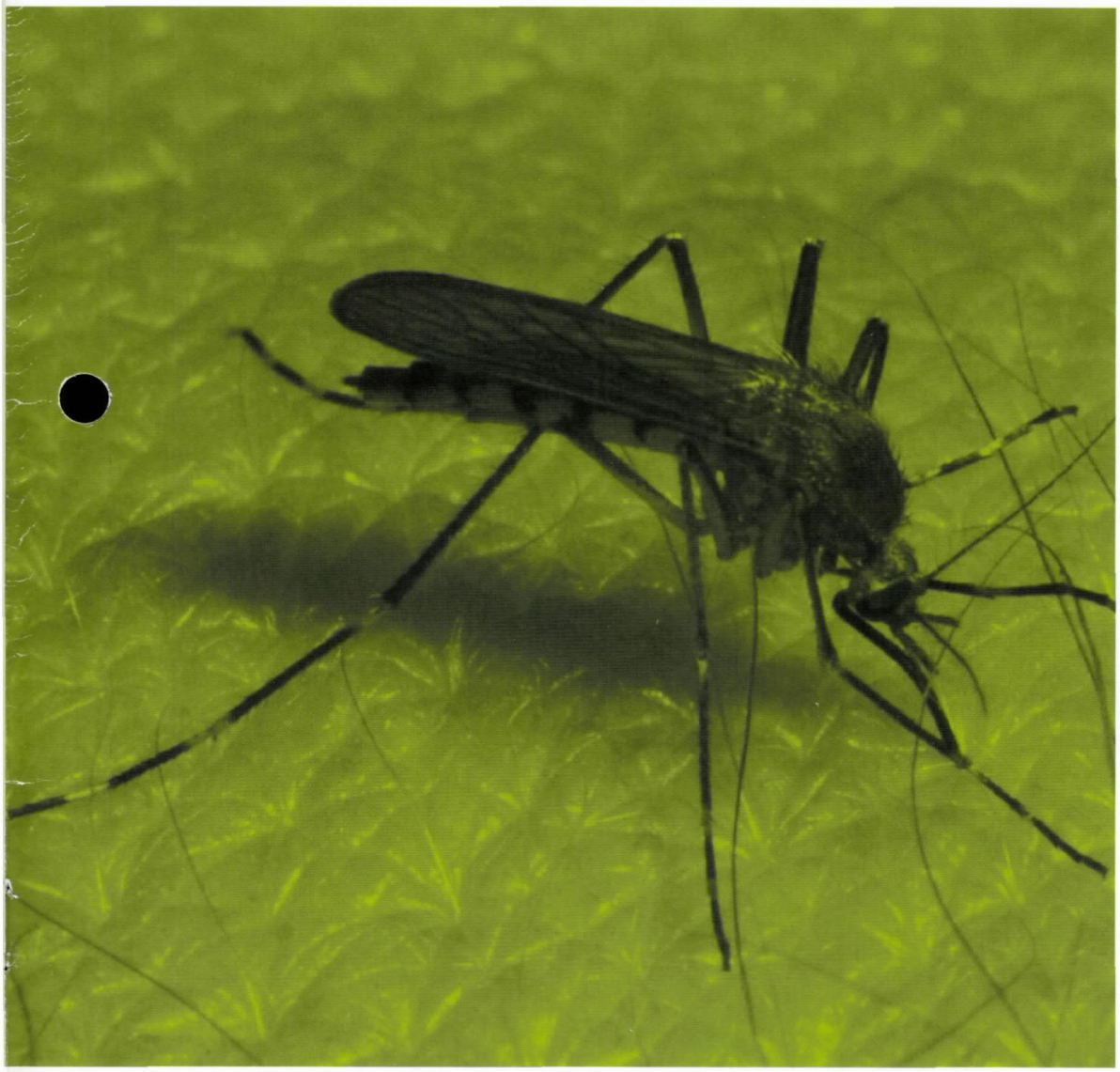
Robert O. Sack
Division Director
Environmental Health Services Division
ROS:sn

1001 EAST NINTH STREET / P.O. BOX 11130; RENO, NEVADA 89520 (775) 328-2434 FAX (775) 328-6176
www.washoecounty.us

DBOH Item 20.C.
1/22/09

ENVIRONMENTAL HEALTH

Vector Control Strategies for Local Boards of Health



NALBOH
National Association of Local Boards of Health

Vector Control Strategies for Local Boards of Health

Author
Sarah E. Henry, MPH
Project Coordinator, Education & Training
National Association of Local Boards of Health

Editors
Jeffrey Neistadt, MS, RS
Director of Education and Training
National Association of Local Boards of Health

Mark Schultz, MEd
Grants Administrator/Technical Writer
National Association of Local Boards of Health

1840 East Gypsy Lane Road
Bowling Green, Ohio 43402
www.nalboh.org

Foreword

The National Association of Local Boards of Health (NALBOH) is pleased to provide Vector Control Strategies for Local Boards of Health to assist boards of health in establishing an effective vector control program within their jurisdiction. The Environmental Health Services Branch of the Centers for Disease Control and Prevention (CDC), National Center for Environmental Health (NCEH) encouraged the development of this product and provided technical oversight and financial support.

The mission of NALBOH is to strengthen boards of health, enabling them to promote and protect the health of their communities, through education, technical assistance, and advocacy. Boards of health are responsible for fulfilling three public health core functions: assessment, policy development, and assurance. For a health agency, this includes overseeing and ensuring that there are sufficient resources, effective policies and procedures, partnerships with other organizations, and regular evaluation of an agency's programs and services. In addition, local boards of health are responsible for assuring the provision of adequate public health services in their communities, including protecting constituents and volunteers during times of community need.

NALBOH is confident that Vector Control Strategies for Local Boards of Health will help local board of health members understand their roles in developing and sustaining an effective vector control program. We trust that the information provided in this guide will enable board of health members to develop appropriate guidelines, effective policies, and strong partnerships to assure adequate personal protection for the health and well-being of communities everywhere.

This guide was made possible with the help of several public health professionals. A special thanks to Paul Baumann (Environmental Health Specialist, Toledo-Lucas County Health Department) and Jeffrey Neistadt (NALBOH's Director of Education and Training) for their contributions, encouragement, and support.

Notes

Table of Contents

Introduction

Vectors are rodents or insects that actively transmit pathogens from one host to another through bites, fecal deposition, or body contact. Hantavirus, plague, yellow fever, and West Nile virus are all examples of vector-borne diseases that have influenced, or currently influence, the entire population of the world, burdening communities with significant economic impact and threatening the public's health. Other potentially serious vector-borne illnesses, such as malaria and dengue fever, have generated international concern, causing major economic damage and human suffering. In an age of new possibilities and advances in technology and medicine, modern science struggles to find the solution to this ever-growing crisis.

Insects, in particular, have the ability to detrimentally impact the environment in a number of ways. Pest activity is responsible for significant crop depletion and has a considerably damaging affect on global corn and cotton harvests annually. Termites cause severe damage to structures every year. Other types of insects cause areas to be virtually inhabitable by provoking extreme annoyance. Cockroaches and other disease-carrying insects cause economic damage every year by contaminating food and water in grocery stores and restaurants. Clearly, it is necessary to combat the problem of environmental damage and resource depletion in an effort to best protect human interests.

Boards of health are responsible for ensuring that effective vector control services are available within their jurisdiction. Boards must continuously assess their community's ability to reduce, control, and manage vector populations by developing effective partnerships within the community. Boards must also develop approaches to control or prevent the spread of vector-borne diseases by developing emergency strategies nd public education programs that teach citizens about personal protection and the elimination of vector habitats. Finally, board members must assure that the local health agency is adequately equipped to accomplish the mission and goals outlined by a vector control program.

The purpose of this guide is to assist local board of health members in developing guidelines, procedures, and policies necessary for effective vector control activities in their communities. It will identify the resources necessary to fulfill the need for funding and address the importance of engaging community individuals and stakeholders who are interested in, or may be impacted by, vector control activities. Further, this guide will address the need for developing effective partnerships for the purpose of surveillance and response to vector-borne disease outbreaks. It will also describe the legalities of providing vector control activities and conclude by illustrating how the three core public health functions (assessment, policy development, and assurance) are critical in developing an effective vector control program.

Role of the Local Board of Health

Boards of health are responsible for fulfilling the three public health core functions: assessment, policy development, and assurance. Each function is critical for the development and implementation of effective vector control policies. The core functions and how they work for local public health agencies are detailed below.

Assessment

ocal public health agencies assume a critical role in the prevention of the spread of disease and are herefore responsible for ensuring that appropriate steps are taken to prepare for a vector-related threat. Because there are several key duties with which local boards of health should assist, it is crucial for

agencies to ensure that assessment efforts are coordinated appropriately. These include: learning from past mistakes, conducting a community profile, monitoring and detecting disease through surveillance efforts, and identifying resources within the community. Assessment is vitally important to the health and protection of the community, and therefore, must be integrated into a vector control plan to best assure a well-coordinated response.

Breaking the Cycle: Using History to Change the Future

Organized vector control programs, particularly those designed to control mosquito populations, have existed in this country for over a century. Unfortunately, some vector control activities, especially the use of chemical insecticides, have proved to be harmful to humans, wildlife, and the environment, and have even had an adverse affect on beneficial insect populations. Chlorinated hydrocarbons, the building blocks of numerous pesticides, break down very slowly, allowing chemicals to travel long distances and pollute nontarget areas. Groundwater runoff can contaminate lakes, streams, and rivers, and tainted soil can absorb chemicals as they percolate downward, adversely affecting food sources. Certain species of small mammals, fish, and birds, as well as beneficial varieties of insects, are killed upon coming in direct contact with certain types of chemical pesticides. Pesticides also accumulate in food chains adversely affecting animals that feed off of contaminated plants and carnivorous animals higher in the food chain.

The frequent and widespread use of Dichloro-Diphenyl-Trichloroethane (DDT) in the 1950s proved to be successful for controlling insects in the beginning. However, it was not taken into consideration that insect populations are able to sustain, often remarkably, rapidly changing environmental and evolutionary conditions. Thus, those insect populations unaffected by DDT were able to reproduce a population of insects resistant to the chemical. This prompted the use of harsher, more powerful chemicals, and a cycle of events that was repeated throughout the next few decades.

As a result of pesticide resistance, crop losses have doubled since DDT was first brought onto the market, in spite of the tremendous increase in pesticide use that has occurred over the last 50 years. The single cell organisms (protozoans) that cause malaria have become more virulent, developing a strong resistance to vaccines and therapeutic drugs. The worldwide incidence of malaria is now on a sharp upswing as approximately 64 species of mosquitoes have become resistant to insecticides. This, coupled with an overall decline in public health financial support, has led to inadequate surveillance, reporting, and control, and has ultimately contributed to the excess spread of disease. Furthermore, a global increase in urbanization, trade, and international travel elevates the risk for the rapid spread of disease and the vectors that cause illness. In the face of a threat to our national and global health security, it is crucial to have a comprehensive understanding of disease-carrying insects and rodents. This will help us to meet challenges head on and properly anticipate future potential crises.

Committing to the Community: Linking Citizens to Health Agencies

Using history as a guide, public health professionals have become more actively involved in conducting community profiles. A community profile, or "needs assessment," is a process used for identifying gaps between "what is" and "what should be" within a given population. Results can be used to design, modify, or establish objectives for programs. Assessments can also be used to evaluate progress, and should therefore be conducted on a regular basis to assure that goals are being met. Overall, the process of conducting a community profile creates a dialogue among staff within health agencies, clarifies community and agency needs, and encourages the development of additional goals to meet these needs.

Once program goals and objectives have been established, public health agencies should develop an evaluation protocol to determine the effectiveness of the community's vector control plan. This evaluation may take the form of mailings, phone surveys, or face-to-face meetings. Objectives may include:

- Determining the effectiveness of educational materials, public service announcements, and other marketing strategies in an effort to discern whether or not messages are being conveyed properly and through the correct outlets. This will also help to determine how often citizens are actively participating in vector control activities.
- Gauging public opinion in relation to citizen involvement in decisions made about the vector control program.
- Surveying partner agencies to evaluate their perception of their relationship with the local health agency. Determine whether or not partners feel well-equipped with resources, staff and support, and feedback from the health agency. This survey will also allow for partner agencies to voice concerns and perceived potential barriers.
- Investigating other public health agencies to determine the effectiveness of their vector control strategies. This may serve as the perfect opportunity to build upon existing policies and to form coalitions with neighboring jurisdictions.

A successful evaluation will also quantify both process and outcome measures. Process measures include determining how effective community partnerships have been in achieving program goals; determining how much money has been spent; determining effectiveness of resource allocation; determining what equipment was purchased and used (e.g., mosquito traps); and evaluating qualitative data, including citizen omplaints, along with the aforementioned survey data. Outcome measures are a bit more difficult to quantify, because results may not be as definite or as immediate. This may involve determining reduction in vector populations and reproductive rates, a decrease in the reporting of disease, and a reduction in numbers of insect and rodent-related community complaints.

Surveillance: The "MORE" Approach

Surveillance is a dynamic process that involves monitoring and detecting disease transmission within a given population. Methods of surveillance include:

Monitoring insect and rodent population growth and habitats

Observing changes in weather or environmental conditions that may cause an increase in breeding and disease transmission

Reviewing past data to determine potential risks within the area

Examining levels of disease activity and reports of infection

Because surveillance must be tailored according to the probability of vector activity within a given jurisdiction, a universally applicable system does not exist. It is imperative for local health departments to partner with other agencies when performing both active and passive surveillance activities to communicate and exchange pertinent information, share resources in the event of a vector-related threat, and determine what control strategies, if any, need to be taken.

ctive surveillance involves activities related to vectors that are endemic within a given jurisdiction. hese activities should be outlined in a vector-control plan approved by the board of health, and may vary depending on the specifics of the activity. Boards of health are responsible for the following activities:

- Ensuring that there is follow-up for new cases of specific diseases to prevent or control the spread of infection.
- Partnering with community organizations that are active in monitoring and identifying vector activity and the presence of pathogens. This may include trapping wild birds and rodents for the purpose of blood sampling, acquisitioning mosquito traps for adult population counts, and surveying breeding grounds for increased activity.

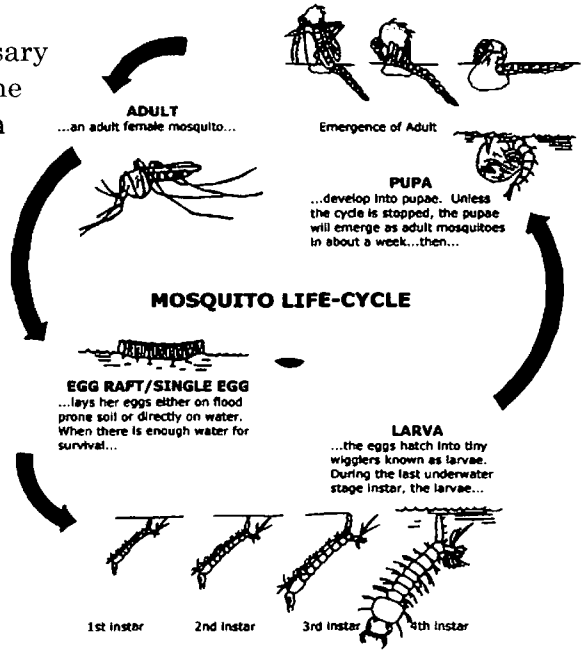
Boards of health are also responsible for ensuring that **passive surveillance** activities are done, which may include the following:

- Ensuring the reporting of all human cases and vector-borne illnesses to state departments of health and local hospitals and clinics, as well as participating in state and national disease reporting networks. From this information, it will be determined whether or not there are reoccurrences within any particular geographic regions.
- Receiving updates from wildlife personnel and others who collect and submit samples to public health laboratories for analysis.
- Reviewing past data and meteorological statistics to prepare for potential risks (e.g., a growth in insect populations or an increase in the risk for disease during the summer months).
- Analyzing maps of high-risk populations using local census or other community data.

"It Takes a Community": Obtaining Local Resources

The recent emergence of West Nile Virus in our country demonstrated how important it is to the health of a community for local public health officials to have an established infrastructure to deal with emerging vector-borne threats. Preparation begins with the establishment of relationships and partnerships with pertinent agencies or organizations throughout an involved community. The particular vector threat and its associated transmission cycle will determine which agencies, groups, and associations will need to be included in planning and subsequent control or prevention efforts.

However, boards of health, county commissioners, mayors, city councils, township trustees, and other authoritative political officials need to be involved in planning for all vector-related threats. Boards of health and political leaders will also likely be involved with the approval of any allocation of resources, monetary or human, necessary to maintain and protect the health of the community and control the epidemic. Officials need to have established lines of communication with all local media outlets, allowing for the efficient and accurate distribution of information to the general public. They should also assist in coordination efforts that may extend beyond the primary jurisdiction of the event (e.g., across city/county/state lines).



Communicating with Agencies

In preparation for a potential vector-related threat, various types of agencies will need to be involved in planning for, and assisting with, the control, reduction, and/or elimination of vectors. The following is a list of potential agencies, associations, and groups that could be useful in the event of a vector-borne outbreak or to

reduce or manage existing vector populations who should be consulted in preparation and action stages. This list is not comprehensive, but it is meant to be used as a tool to stimulate ideas and assure the formulation of the most complete and comprehensive community cooperation plan possible.

- Vector control agencies – These agencies provide a great deal of specialized vector knowledge, trained and licensed pesticide and trap applicators, and a large supply of pesticides and rodenticides that can be used in the event of an emergency. Boards of health are encouraged to work closely with vector control agencies when developing a plan to discuss available resources and to assist in formulating a plan of action.
- Department of Natural Resources (DNR) – Most vector-borne disease transmission cycles involve animals in some capacity. This department can be useful in monitoring wild animal populations for unusual amounts of death or disease. When developing best practices for surveillance measures, boards of health are encouraged to partner with DNR to have the most up-to-date information pertaining to vector activity.
- Colleges and universities – Knowledgeable faculty and staff members can provide background information and knowledge about the most recent research discoveries in a variety of different fields. Additionally, students can serve as valuable resources. Students are often in need of internships, co-ops, independent studies, and other resume-building experiences. This makes for affordable, responsible, and motivated labor. Boards of health should encourage student internship opportunities within local jurisdictions in an effort to educate and inform other students about the many duties of local public health agencies.
- Parks and recreation departments – These departments and organizations can also assist in monitoring wild animal populations, as well as keep people most at risk for vector-borne disease (i.e., those who regularly use the outdoors for recreational purposes) safe and informed of any immediate risks. Boards of health are encouraged to maintain a close relationship with these entities, providing a role for park and recreation specialists within the surveillance portion of the vector control plan.
- Senior centers and departments of aging – These organizations serve as a good way to reach the elderly populations of an at-risk community. Some vector-borne diseases target a specific age population. Informing those at risk as quickly as possible can go far in protecting the health of the community. Boards of health are also encouraged to provide these agencies with free educational literature regarding safe practices for elderly individuals.
- Libraries, schools, and daycares – These facilities are an excellent way to quickly reach children and their parents in the event of an age-specific vector-borne epidemic. By providing these entities with educational brochures and other resources, parents will be made aware of the many duties of their local board of health, and will know where to turn for education if a vector-borne threat should occur.
- Healthcare providers – These professionals should always be involved in all aspects of a vector-borne disease outbreak. It is important that all local health care providers be informed of symptoms to look for in order to properly diagnose, treat, and report initial cases of a vector-borne epidemic in a timely manner. Local healthcare providers should be invited to attend local board of health meetings. Boards are also encouraged to develop and invite healthcare providers to an educational session on the topic of vector-related risks.
- Private pest management companies – Should a large-scale pesticide application become necessary during a vector-borne epidemic, these professionals can assist in training and supervising staff. A pest management company will be a knowledgeable resource for the biology and ecology of many

vectors. Once a vector plan has been established, boards of health should contact reputable private pest management companies to discuss their role in the event of a vector-related threat.

- Animal control officers – These professionals are often the first people contacted by the public in the event of strange or unusual animal behavior. They can provide excellent sentinel services and knowledge, particularly in the event of a disease outbreak. For this reason, boards of health are encouraged to actively recruit animal specialists to serve as local board of health members, or as points of contact for consultation purposes.
- Block watch groups and neighborhood associations – These groups are an excellent way to obtain and disseminate information to a targeted geographic area. Members of these groups are enthusiastic and motivated citizens who are often very knowledgeable about the neighborhoods and surrounding areas in which they reside. Local board of health members are encouraged to take part in block watch groups as well as recruit health professionals to join local neighborhood associations.
- Various state departments and neighboring community agencies – In an effort to coordinate a team approach to prevent a vector-borne epidemic, it is always beneficial for boards of health to pool resources and establish good lines of communication with neighboring municipalities, as well as any applicable state departments.

With continuing reductions in federal public health funding, it is crucial for state and local health agencies to decide how much funding they are willing to annually allocate for vector control activities. Funds may be used for training and education, staff, and supplies, all of which are necessary for an effective vector control program. A local board of health should annually outline the appropriate resources needed for a successful program.

In some jurisdictions, vector control programs may be initiated either by resolution of the board of county commissioners or by petition of voters. A hearing informs the public about the necessity of allocating resources for the purpose of vector control. Elections are then held to vote on the formation of a tax levy for the upcoming year. State, county, and municipal general funds may also be used to help fund a vector control program, either directly by local health agencies or indirectly through partners conducting control services. In the event of a vector-related disease outbreak, emergency disaster funds may be used for additional support. Governmental agencies and private grantors may also offer monetary support, particularly when special resources are at risk.

In short, there are numerous resources within any given community that can assist in the prevention and control of a potential vector-borne disease outbreak. To minimize risk and improve control of vector-borne epidemics, a comprehensive community partnership plan is essential. Planning ahead and preparing for multiple scenarios, while enlisting all community resources, can be invaluable when attempting to maximize efficiency and effectiveness for the control of a vector-borne threat.

Implementation of Control Strategies and Policy Development

Local public health agencies are required to play a key role in the implementation of control strategies, particularly during a vector-borne disease threat or in preparation for a potential outbreak. This involves developing a comprehensive community action plan that incorporates preventative measures with emergency response tactics, as well as making community members aware of steps that have been taken in an effort to protect the population's safety and well-being.

An 'Integrated' Approach to Pest Management

Because of a general concern and the awareness we now possess for environmental health issues caused by the broad scale application of chemical pesticides, a safer method of vector control is essential. For this reason, it is crucial for communities to incorporate the advancement and application of **Integrated Pest Management** (IPM) practices. IPM is an environmentally-aware approach to pest management, combining an array of common-sense practices that ultimately have the potential to reduce the need for pesticides and avoid unnecessary economic and environmental damage. The five basic steps involved in this process are inspection, identification, establishment of threshold levels, employment of two or more appropriate control levels, and evaluation of effectiveness.

Inspection involves determining both the location and extent of the infestation. This requires the person inspecting the premises to note damages to the structure or to commodities, determine the conditions conducive to the infestation, identify harborage areas and sanitation deficiencies, and locate avenues of possible entry. Regular observation of insect and rodent populations is crucial. Traps, visual inspections, and record keeping are all effective methods for inspecting insect and rodent populations.

Identification requires having baseline knowledge of pests that are common to the area, including their habits, habitats, life cycles, breeding grounds, and biology. In particular, it is helpful to know which pests are harmful versus those that are harmless or even beneficial. This knowledge enables the inspector to determine which control measures to employ.

Establishment of threshold levels involves estimating the amount of damage the pest population could ause and the cost associated with implementing particular control measures, and comparing these values to the estimated market value. Other factors must be considered, including the health and safety risk created by the pest, legal restrictions on pest infestation, and the level of pest tolerance exhibited by the community.

Employment of two or more appropriate control measures, the fourth step of the Integrated Pest Management approach, requires the design of a program that uses more than one strategy or control measure. Many types of control measures are available to the pest management professional. These measures fall into the five major pest control types listed below:

- Sanitation – This measure requires the elimination of pest harborages, water, and food sources in an effort to inhibit the survival of pests. This non-chemical control can prove to be quite beneficial when community cooperation is achieved.
- Mechanical – Mechanical control involves the use of traps (sticky, electric, light, snap, multiple catch), barriers (screens, nets, seals, caulk), and other manual methods (snares, vacuums, heat and cold) to prevent pests from entering an undesired location.
- Cultural – Cultural control, or habitat modification, requires manipulating a pest's environment to make it less favorable for establishment and spreading.
- Biological – This option involves the use of parasites, predators, or pathogens to control or manage pests. Examples include mosquito-eating fish, fungus, and parasitic wasps.
- Chemical – Chemical controls are used as a last resort when other methods are deemed ineffective. The targeted spraying of synthetic pesticides is the preferred, more economically-sound choice compared to broadcast spraying of non-specific pesticides. This approach is only effective for adult mosquitoes that are active at the time of chemical application. An important aspect of chemical

application is the continued monitoring of the mosquito population for resistance, to assure responsible pesticide application practices.

Evaluation of effectiveness is the final step of the Integrated Pest Management (IPM) process. Follow-up inspections enable the pest management professional to assess and adjust control measures that have been employed in an effort to exercise best proven practices.

Ultimately, if done properly, Integrated Pest Management is a much more effective approach to vector control, but it does involve a comprehensive understanding of the biology and ecology of the targeted vector species. IPM techniques, while extremely effective, do require a great deal of employee and staff training within local public health agencies. IPM may also be more costly initially, but the payback in reduced pesticide/rodenticide and labor costs can be substantial over time. The benefits to human health and the environment may be even more impressive. To properly implement an IPM program, public health officials must become knowledgeable about the biology of the vector involved in the given epidemic, obtain the required pesticide licensing, and effectively educate the public through the use of well-developed communication skills. Therefore, implementing IPM control strategies requires a strong commitment from local public health agencies. Those local public health agencies willing to make this commitment will find less objections from environmentalists opposed to the use of chemicals and will be able to go forward with all control efforts, confident that they are protecting and preserving the health of the community in the most responsible and effective way possible.

Emergency Strategies: Quarantine, Isolation, and Containment

Vector-borne diseases cannot always be controlled or restricted through vaccination or public health efforts, particularly when a vaccination is not readily available or does not exist, or if the spread of disease is too rapid to be contained. For this reason, quarantine and isolation measures are common health care practices for controlling the spread of disease, and should be part of a complete vector emergency response plan. Individuals may be quarantined if the risk for exposure is great, but the chance of becoming ill is not certain. Isolation, on the other hand, applies to persons who are known to be ill and contagious. The duration and scope of quarantine and isolation is dependent upon what is known about the disease-causing agent, and may range from a few hours for assessment to the duration of the incubation period. Quarantined individuals are often the first to receive medical attention and available treatment, and are usually housed in a hospital, a designated emergency facility, or in the comfort of their own home.

To date, seven states (Arkansas, Delaware, Georgia, Idaho, Illinois, Montana, and Nevada) have language in their statutes giving their boards of health the legal authority to quarantine persons, households, or institutions, and twelve additional state's statutes contain language giving boards of health legal authority for the abatement of nuisances. States and local jurisdictions have primary responsibility for isolation and quarantine within their jurisdictions. Under the Commerce Clause of the U.S. Constitution, the federal government has residual authority to prevent the interstate spread of disease. Further, states vary depending on existing, individual statutes, and are responsible for their own intrastate quarantine and isolation practices. In some cases, local health departments are governed by the provisions of state law. In other settings, local health authorities may be responsible for enforcing more stringent local measures. Public health officials at all levels may also rely on law enforcement to assist in implementing a quarantine and isolation effort.

For example, the Emerald Ash Borer (EAB) has had a tremendous economic and environmental impact on a national level within the past few years. Despite the fact that EAB can fly up to one-half of a mile, most

nfestations are caused by humans moving infested firewood or ash nursery trees into uninfested areas. As a result, many counties within Midwestern states have become quarantine zones, meaning firewood and ash trees cannot be removed from the area. In 2002, upon discovery of EAB in Southeast Michigan, the Michigan Department of Agriculture issued a quarantine for six southeastern counties, making it unlawful to move ash trees, branches, and firewood from affected areas. In contrast, Ohio, Indiana, and Illinois are operating under a federal quarantine issued by the USDA-APHIS' Plant Protection and Quarantine (PPQ) program which restricts the interstate movement of regulated articles. This quarantine affects any industry, business, or individual that deals with or handles hardwood firewood, ash wood, or ash nursery stock. APHIS has the jurisdiction to penalize anyone who violates the conditions of the quarantine. The Plant Protection Act of 2000 stipulates that violators of a domestic quarantine may face up to $250,000 in fines and imprisonment.

Containment, much like quarantine and isolation, is a strategy employed to manage and control of the spread of disease. It is a heterogeneous term that encompasses a wide variety of prophylactic measures, as well as quarantine and isolation. If a vector-related outbreak would occur, an example of federal- or state-regulated containment measures may include closing businesses or schools to prevent the spread of disease. Containment also includes personal avoidance steps, such as staying home from work when others are ill. For more information on quarantine, isolation, and containment, please refer to NALBOH's *All Hazards Preparedness Guide.*

Educating the Community

It is essential for boards of health to communicate risk to the community in the event of a public health oncern. A vector-related emergency requires officials to convey risk to the public in an effort to encourage community members to take action, whether proactive or reactive. Risk of exposure to a pathogen should also be communicated for educational purposes so that community members may make better-informed decisions. Effective community outreach promotes a sense of trust between leaders and key decision-makers and the population in which they serve. Moreover, the public will feel that they are an equal partner in regards to decisions that directly affect them.

In the event of a vector-related emergency or outbreak, the public needs to be viewed as a key stakeholder; their concerns necessitate appropriate attention and response. A population directly affected by an emergency has concerns for personal well-being, as well as for family and pet safety. If an outbreak of West Nile Virus occurred, for example, the affected population would have the right to know how to protect their families with tight-fitting screens on windows and the importance of removing stagnant water from their properties.

There are two other, often forgotten, key stakeholders that need to be addressed in the event of an outbreak. The first is the public immediately outside of the affected area. Though action messages and warnings may not be directly intended for this group, there may be fear and questions from this population associated with an outbreak or emergency. The second group is the media. If an outbreak occurs, an established community plan also needs to outline how agencies plan to work with the media in an effort to effectively communicate risk to the community. A good working relationship with the media will ensure a fair representation of the risk that must be conveyed.

Protection against vector-borne disease is important year round, but even more so during the summer onths. Federal agencies, such as the Centers for Disease Control and Prevention (CDC), the Occupational Safety and Health Administration (OSHA), the Food and Drug Administration (FDA), and the United States Department of Agriculture (USDA), should work with local governing bodies and boards of health to

produce informational materials and guides that can be made available to the public during this time. The media will also be able to assist in conveying proper safety measures to the masses. Personal protective measures that aid in preventing the spread of vector-borne disease should, over time, become second nature to the public. For example, protection from mosquitoes may include:

- Covering skin with long-sleeve shirts, pants, and socks whenever possible
- Avoiding the use of perfumes, hairsprays, and other fragrances that may attract mosquitoes and other vectors
- Covering and storing any receptacles that may collect standing water
- Filling potholes and any other areas where water may accumulate
- Monitoring ponds, birdbaths, animal troughs, and pools for insect population growth
- Using repellents products that contain 20% DEET (for 4 hours of protection)
- Covering doors and windows with tight-fitting screens

Source reduction, which is an attempt to decrease pest populations by eliminating breeding sites, can also involve physically modifying geographic areas of a community that are known to produce rodents and insects. This would include areas known to flood or hold standing water for mosquitoes, or open dumps or debris piles for rodents. Boards of health should work with locally elected officials to properly address these potential problem areas within their jurisdiction.

Public information strategies in relation to vector-borne diseases are more complex, and may vary depending on the objective that needs to be achieved, as well as the agencies striving to accomplish the goal. Typically a Public Information Officer (PIO), health authority, or other familiar, respected community official will take the lead in communicating the issue at hand to the public. This requires frank communication with the press in an effort to answer any questions the public may have, including those that relate to precautionary measures, morbidity and mortality associated with the vector-related disease, and specific details regarding the risk of acquiring the illness. This individual will also work with a designated committee or agency prior to emergency outbreaks to develop educational materials and to remain updated and informed on related emerging issues.

Assurance

Assurance requires boards of health to be part of a comprehensive approach of continuous and ongoing vector control activities. Because public health data, abnormal vector activity, and early warnings of potential threats are often gleaned from surveillance activities, it is crucial for public health agencies to continuously form and maintain alliances and partnerships for the purpose of ongoing surveillance. Evaluation of program and control measures, ongoing educational opportunities, and continuous enforcement of the established vector control plan are also ways in which boards of health and public health agencies can assure that their jurisdiction is prepared for a threat of any kind. Vector control efforts cannot be abandoned simply because there is an absence of a threat. Rather, vector control activities must be uninterrupted to assure that communities are well-prepared to face a threat of any kind to ensure the well-being of the community.

Evaluating Program and Control Measures

Community profiles, as previously discussed, are an important way to assure that progress is being made and goals are being accomplished, and should therefore be conducted on a regular basis. Policies should

e regularly reviewed by boards of health to ensure that intended objectives are being met. Internal procedures need to be adopted for reviewing policies or developing timetables. Boards need to be kept well informed of vector-related risks throughout their jurisdiction in an effort to be well-prepared for emergency situations, as well as for the purpose of keeping policies up-to-date and aligned to the overall mission of the vector control program.

It is also imperative to have vector surveillance data available for review. Boards should review this data annually to determine the effectiveness of the current vector control program. If there is an increase in vector-borne disease transmission or community complaints regarding vectors, changes must be made to the current program.

Conclusion

In the United States, there is often a false sense of security when it comes to vector-borne threats. Many public health officials believe that vector-borne diseases are only a concern for the socioeconomically challenged tropical countries of the world. It is a common misconception that the United States is "protected" from large vector-borne epidemics because of our sanitation standards, fairly temperate climate, good housing conditions, and excellent medical care. However, the West Nile Virus epidemic taught us that, in spite of these "protections," the United States is still susceptible to the spread of vector-borne diseases.

Boards of health and public health officials have a duty to protect and promote the safety of their respective communities. To accept the false feeling of the United States' immunity and ignore what West Nile irus taught us about vector-borne diseases would be irresponsible. As detailed in Appendix A, there are numerous diseases from various vectors that currently attack communities within our country every day. Any one of these diseases has the potential to become a large epidemic: the vector is present, the pathogen is present, and the potential hosts are numerous. Public health officials must plan for the possibility of an epidemic and be prepared to act quickly if one occurs.

In addition to preparing for vector-borne diseases that currently exist in the United States, public health officials must also be ready for the emergence of new diseases. As global travel increases, the potential for the introduction of exotic vector-borne diseases, previously unseen in the United States, increases. New pathogens can be introduced to insects and rodents that currently reside here, or newly introduced insects and rodents can prove to be more suitable vectors for a disease than their indigenous counterparts. Either scenario presents the possibility for the emergence of an epidemic. Additionally, as global warming becomes more pronounced, vectors that are limited geographically based on temperature will be able to expand their habitats and further spread disease that may have been previously contained by climatic conditions. A second result of global warming is the increase of weather-related natural disasters. The environmental conditions that result from natural disasters are often ideal for vectors: sanitation standards are poor, people are forced to live in close association with one another, insect and rodent breeding sites are plentiful, and temperatures are often ideal for insect and rodent population increases.

As trusted voices in the community, boards of health are essential to the protection of the public's health, and therefore must fulfill the three public health core functions: assessment, policy development, and ssurance. Boards must ensure that sufficient resources are available, develop solid policies and procedures o support vector-control activities, facilitate collaboration between all public entities within their jurisdiction, and continuously evaluate the effectiveness of the established vector control program.

Appendix A: Vectors of Public Health Concern

In the United States today there are numerous vectors responsible for the spread of various diseases. Listed below are some of the rodents, insects, and related arthropods involved in the transmission of some of the more common vector-borne diseases that currently threaten the public's health.

Rats and Mice

Rats and mice are destructive pests found in both urban and suburban neighborhoods. These vectors eat and contaminate food, damage buildings and other property through gnawing and burrowing, and are capable of spreading deadly diseases. The three most common species include the *Norway rat*, the *roof rat*, and the *house mouse*.

Norway rats (or "brown" rats) are brownish-gray rodents with a body about 25 cm long and a tail about as long as their body. They live in close association with humans, burrowing under sidewalks or buildings, lurking in basements and other dark places, and also dwelling in a natural state where vegetation is tall and affords adequate protection. As one of the largest and most common rats in the world, the Norway rat is present in all continents of the world except Antarctica, and is the dominant rat of Europe and most of North America. Foraging behavior is population-specific; the Norway rat will feed on a variety of items, including a wide range of plant and animal materials as well as human waste, and is capable of causing considerable damage to crops and building structures with its strong teeth.

Roof rats (or "black" rats) originated in tropical Asia and spread throughout Europe during the 6th century. Today, they are largely confined to warmer climates, though some roof rats do exist along the western coast of the United States. Despite the name "black rat," roof rats are actually a range of colors, from light brown to black. Shorter in length than the Norway rat, the roof rat is typically 15-20 cm long with a tail just longer than its body. Though they accept a wide variety of food items, roof rats prefer to feed on grains, and for this reason can often be found in barns, feed stores, and grocery stores. They are more agile climbers than Norway rats. As the name implies, roof rats do not usually live near the ground. Instead, they typically dwell along pipes, beams, and wires, in attics, or along horizontal ceiling joints.

The *house mouse* is also originally native to Asia, but has been spread over time to all parts of the globe by humans. Much smaller than a rat, the house mouse has an adult body length of 7.5-10 cm, with a tail length of 5-10 cm. They have short hair that varies in colors from black to light brown. House mice usually live in close proximity to humans, dwelling in or around houses or fields. They primarily feed on plants, but will also consume meat and dairy products. The house mouse, though small in size, causes substantial damage when feeding on grain, and is often the culprit of damaged food and food packaging.

Direct Contamination

Direct contamination occurs when the source of bacteria or disease comes in actual contact with a potential host. In the case of rodent vectors, direct contamination can occur if a disease-carrying vector bites a human or contaminates a food or water source. The latter can occur in many ways. Food and water sources may be contaminated by the saliva, fur, urine, or feces of a feeding, disease-carrying rodent. The disease can be transmitted by consuming contaminated food and water, or by handling the polluted goods. Bacteria

rom a contaminated source can enter an open sore, wound, or mucous membranes, thus causing infection. Direct contact can also be airborne, occurring when the vector's fur, or particles from its feces, are inhaled. Discussed below are some of the more common vector-borne illnesses spread by direct contamination from rodent sources.

Rat-bite fever is an acute, feverish bacterial illness transmitted directly from rodents to humans from the rodent's urine or mucous secretions from the rat's bite. After an incubation period of about 10 days, a person with rat-bite fever will begin to experience high fevers, rigors, headaches, and arthritis of the large joints. Rat-bite fever responds well to penicillin. Persons presenting symptoms should seek medical attention immediately because this disease can be fatal if left untreated; 10% of cases end in death due to endocarditis, meningoencephalitis, or septic shock.

Salmonellosis in an infection caused by *Salmonella* bacteria. Humans can contract Salmonellosis in a variety of ways, including consuming infected or undercooked poultry, pork, or cattle; consuming infected eggs or milk that have not been prepared, handled, or refrigerated properly; or by coming in direct contact with rodents or reptiles that carry the bacteria. Most infected persons develop fever, vomiting, diarrhea, and abdominal cramps 12-72 hours after infection. Recovery time usually takes 3-7 days without treatment. However, in extreme cases, persons may become extremely dehydrated and must be hospitalized to replenish fluids. Cases of reactive arthritis have been known to occur, which can have long-lasting, disabling effects.

Leptospirosis is a bacterial zoonotic disease that affects humans, as well as mammals, birds, amphibians, nd reptiles. The infection is commonly transmitted to humans when fresh water that has been ontaminated by infected animal urine, semen, or blood comes in contact with unhealed breaks in the skin, eyes, or mucous membranes. Humans can also contract the disease by consuming contaminated food or water. Though rats, mice, and voles are most commonly the host of Leptospirosis, other mammals, including dogs, rabbits, cows, raccoons, possums, and even certain marine mammals have been known to transmit and carry the disease as secondary hosts. Leptospirosis remains contagious as long as it remains moist, and is therefore common among watersport enthusiasts. Symptoms appear after a 4-14 day incubation period with flu-like symptoms that quickly become more severe, characterized by meningitis, liver damage, and renal failure. Leptospirosis can be fatal, as treatment is a relatively complicated process requiring the consumption of a number of aetiotropic drugs.

Hantavirus is a rodent-borne virus, first recognized in the 1950s during the Korean War. Regions particularly affected by Hantavirus include China, the Korean Peninsula, Russia, and northern and western Europe, but incidences of the virus have been known to occur throughout the world. Hantavirus is spread through direct contact with a disease-carrying rodent. The infected vector remains generally nonsymptomatic, but can shed the virus in its urine, feces, and saliva throughout its lifetime. Hantavirus has an incubation time of 2-4 weeks before symptoms occur. These symptoms can be divided into five phases, including a Febrile phase (characterized by fever, chills, headache, muscle aches); a Hypotensive phase (characterized by a drop in blood platelet levels, ultimately leading to tachycardia or hypoxemia); the Oliguric phase (characterized by an onset of kidney failure and protein in the urine); the Diuretic phase (characterized by an increased production of urine); and the Convalescent phase, when recovery begins to occur. Each of the first four phases can last up to 1 week.

Four different strains of Hantavirus common to the United States and Canada are known to cause Hantavirus Pulmonary Syndrome (HPS). Symptoms of HPS include fever, chills, headache, cough, and muscle aches, which quickly become quite severe, causing the lungs to fill with fluids. This ultimately leads to acute respiratory failure; half of those stricken die of respiratory failure.

Lymphocytic Choriomeningitis is a viral disease commonly spread by the house mouse. It is passed to humans by inhaling aerosolized particles from urine, feces, or saliva; by consuming contaminated food or water; or by coming in direct contact with contaminated bodily fluids. Lymphocytic Choriomeningitis has little effect on a healthy immune system, but can be deadly for a person whose immune system has been weakened.

Indirect Contamination

Indirect contamination occurs when bacteria or disease-causing agents are passed from the source to a potential carrier, which then infects a human host through direct contact. Indirect contamination is common in food-borne illness; for example, bacteria on a knife coming in contact with a working surface from which food is prepared, thus inadvertently contaminating food, is a common instance of indirect contamination. Rodents are key players in cases of vector-borne illnesses caused by indirect contamination. Disease-carrying fleas, ticks, and mites infect rodents, which in turn can potentially infect humans through bites, body fluids, or by contaminating food and water sources. Some of the most common rodent vector-borne illnesses spread by indirect contamination are discussed below.

Plague has had an enormous impact on the history of the world. There have been at least three major documented pandemics throughout history: during the 5th and 6th centuries in the Middle East and Mediterranean killing half the population within that region of the world, between the 8th and 14th century in Europe killing 40% of that population, and in China in 1855 resulting in the spread of plague to all continents of the world. In 2003, nine countries reported 2,118 cases of plague and 182 deaths. The United States has averaged 18 cases of plague every year for the last several decades. Plague in humans is caused by the bacterium *Yersinia pestis*, which is generally transmitted through the bite of an infected oriental rat flea (*Xenopsylla cheopis*). This flea is commonly found on small mammals (squirrels, chipmunks, prairie dogs, etc.) in rural settings, and on the roof rat in urban settings. The close proximity of humans to the fleas' hosts is the catalyst for ongoing cases, as well as new infections that occur on a regular basis. Symptoms of plague can include fever, headaches, chills, nausea, diarrhea, bruise-like hemorrhages under the skin, inflammation of lymph nodes, and death.

There are three clinical forms of plague. *Bubonic plague* is the name given to plague infections that manifest themselves in painful lumps on the body that result from areas of lymph nodes inundated by bacteria. This form is treatable with antibiotics. Fatality results in about 40-60% of untreated victims. *Septicemic plague* is the name given to plague infections that have progressed past bubonic plague when bacteria have infected the bloodstream. If untreated, this form of plague is almost always fatal. The final form is *pneumonic plague.* This form of plague occurs when the bacteria infect the lungs. At this point the disease can be transmitted from person to person through aerosol droplets and is extremely contagious. The fatality rate for pneumonic plague cases is virtually 100% if it is not treated within 24 hours. Most cases of plague seen in the United States today are bubonic plague that has been contracted by those who participate in outdoor wilderness activities and are in close contact with small rodents and fleas.

Endemic (Murine) Typhus is spread through the feces of the flea *Xenopsylla cheopis.* After a flea defecates near the location of a new bite, the irritated host rubs or scratches the feces into the fresh wound,

troducing the bacteria (*Rickettsia typhi or Rickettsia felis*) into the body. Rodent vectors are common carriers of this bacterium-carrying flea. More information can be found under "Fleas."

Tularemia is also known as rabbit fever, and is caused by the bacterium *Francisella tularensis*. It is spread by the bite of infected ticks such as *Dermacentor* spp. and *Amblyomma americanum*. Rodent vectors are common carriers of these ticks. Refer to "Ticks" for more information about Tularemia.

Mosquitoes

Mosquitoes are the number one medically important insects in the world today. During their life cycle, mosquitoes are completely dependent on water until the adult stage of development. Only female adult mosquitoes feed on the blood of various animals. Each particular species of mosquito displays a preference toward which type of animal it will choose as a suitable host for a blood meal, meaning some mosquitoes display preferences for birds, reptiles, mammals, or amphibians. This fact is of extreme importance when examining various transmission cycles of mosquito-borne diseases. Discussed below are several diseases spread by mosquitoes that threaten the health of communities in our country today.

Dengue Fever is a viral disease with an extreme global distribution, growing exponentially worldwide, with case numbers in the millions. It is commonly spread by the mosquitoes *Aedes aegypti* (commonly found in southern states) and *Aedes albopictus* (commonly found in northern states). Dengue Fever is characterized by acute, non-fatal symptoms that often include severe backache pain. There have been recent epidemics in Puerto Rico, the Caribbean, and Texas. This disease is a concern to the United States because the vector mosquitoes are common here and Dengue epidemics are often explosive, involving large numbers of people.

Malaria is a disease caused by single cell organisms (protozoans) from the *Plasmodium* spp. The only mosquitoes responsible for the transmission of this disease to humans are *Anopheles* spp. Worldwide, there are 16 known species of *Anopheles* mosquitoes capable of transmitting *Plasmodium* spp. to humans. Two of the species are commonly found in the United States: *Anopheles quadrimaculatis* in the eastern states and *Anopheles freeborni* in the western states. Malaria causes more illnesses and deaths than any other disease in the world. According to the Centers for Disease Control and Prevention, each year worldwide there are between 350 million and 500 million clinical cases of malaria, resulting in approximately 1 million deaths. Malaria is characterized by cyclical acute onsets of fever, chills, and sweats. Severe cases lead to liver and kidney failure, nervous symptom problems, coma, and death. The fatality rate for malaria, if untreated, is about 10%. The disease remains a threat to citizens of the United States because of increased global travel, the commonality of suitable mosquito vectors, the ability of infected individuals to harbor the parasite after all active symptoms have ceased, and the possibility for relapses of acute infections.

Western Equine Encephalitis (WEE) is an infection characterized by inflammation in the brain, affecting central nervous system function. It is primarily transmitted in western states by *Culex tarsalis* mosquitoes. Symptoms include high fever, stiff neck, headaches, drowsiness, tremors, convulsions, paralysis, and death. Fatality rates are in the 3-4% range. People who recover are often left with lifelong ailments such as mental impairment and motor skill deterioration. This disease is endemic in the western United States, where cases are regularly seen on an annual basis.

Eastern Equine Encephalitis (EEE) is another infection with similar symptoms to WEE, but much more severe. This is the most severe arboviral infection inflicting people in the United States today, with a case fatality rate as high as 50%. An individual can die within 3-5 days of infection. EEE is fairly uncommon

in the United States, but a small number of cases occur on a regular basis. The primary mosquito vector among humans and horses is *Coquilletidia perturbans*. *Culiseta melanura* is an important mosquito involved in the amplification of the disease in wild bird populations.

St. Louis Encephalitis (SLE) is a disease that was, prior to the emergence of West Nile Virus, the most widespread mosquito-borne disease in the United States. Infected individuals display classic arboviral symptoms, with a case fatality rate ranging from 2-20%. The major mosquito vectors are *Culex pipiens* in eastern states and *Culex tarsalis* in western states.

California or LaCrosse Encephalitis (CE) is another disease similar to WEE, EEE, and SLE in its transmission and symptoms. However, this disease primarily affects children below the age of 16 years old. Adults who become infected are typically asymptomatic. The primary mosquito vector is *Ochlerotatus triseriatus*. Infected individuals often survive infection but can be left with crippling neurological side effects. The highest numbers of CE cases have traditionally come from the Midwestern states, such as Ohio and Wisconsin, but recently infections have become more prominent in southeastern Atlantic states.

West Nile Virus (WNV) is a virus that first emerged in the United States in 1999 in New York City. The rapid movement of this vector-borne epidemic has been well documented, spreading to all 48 contiguous states within 6 years of its arrival in the United States. This has become a classic example of how quickly an emerging vector-borne disease can spread through our population and how important it is that public health officials be prepared. It is believed that *Culex* spp. are primarily responsible for the transmission of WNV throughout different parts of the country. It is characterized by symptoms classic to all arboviral infections, so much so that when it first emerged in New York City it was misdiagnosed as St. Louis Encephalitis. Since its emergence in the United States in 1999 through 2007, there have been 27,605 human cases of WNV, resulting in 1,087 deaths.

Yellow Fever is a viral disease commonly found today in Africa, South America, and Central America. The last epidemic in the United States occurred in New Orleans in 1905; however, the commonality of global travel makes future epidemics in the United States a possibility. The primary mosquito vector of this disease is *Aedes aegypti*, a mosquito generally found in southern states. Yellow fever is a particularly harsh disease characterized with flu-like symptoms, mouth bleeding, and jaundice from liver complications. It has a potential fatality rate as high as 50%.

Ticks

Ticks are not insects, but are instead members of the class Arachnida and are closely related to spiders, mites, and scorpions. The tick lifecycle is one that can require 1 or more years to complete, and consists of egg, larva, nymph, and adult. Most arachnids do not actually vector any diseases to humans; however, ticks are the major exception. Ticks are involved in the transmission of several diseases in the United States, which are discussed below.

Lyme Disease was first diagnosed in Old Lyme, Connecticut in 1975 when an abnormal amount of children began developing chronic arthritis. Today, it is the most commonly transmitted tick disease in the United States. From 2003 to 2005 there were 64,382 cases of Lyme disease reported from 46 states and the District of Columbia. The causative agent of the disease is *Borrelia burgdorferi*, which is transmitted through the bite of an infected deer tick (*Ixodes scapularis* or *Ixodes pacificus*). The endemic foci for this disease are the New England area, the Midwest (Michigan, Minnesota, and Wisconsin), and the Pacific Northwest (Oregon and northern California). Infection is often diagnosed by the presence of a red bulls eye-shaped rash, called

rythema migrans, in the area of the body where the tick was feeding. Long-term symptoms include severe arthritis, migraine-like headaches, dizziness, and irregular heartbeats. Lyme disease is treatable, with antibiotics, if caught early.

Tick Paralysis is a progressive motor weakness caused by a neurotoxin transmitted to the bloodstream by feeding American dog ticks (*Dermacentor variabilis*) or Rocky Mountain wood ticks (*Dermacentor andersoni*). Transmission of the neurotoxin requires several days of feeding by the female tick. If the tick is removed from the host prior to paralysis, all symptoms will eventually subside; however, extended feeding periods may result in full paralysis and eventual death from respiratory failure.

Rocky Mountain Spotted Fever (RMSF), also known as tick-borne typhus, is a bacterial infection of *Rickettsia rickettsii*. It is spread through the feeding of infected American dog ticks (*Dermacentor variabilis*), brown dog ticks (*Rhipicephalus sanguineus*), Rocky Mountain wood ticks (*Dermacentor andersoni*), or Lone Star ticks (*Amblyomma americanum*). RMSF is characterized by chills, fever, headaches, bloodshot eyes, and a full body rash of red spots (even found on the palms of hands). The disease is treatable with antibiotics, but if untreated, the fatality rate is about 20%.

Tularemia is also known as rabbit fever, and is caused by the bacterium *Francisella tularensis*. It is spread by the bite of infected ticks such as *Dermacentor* spp. and *Amblyomma americanum*. Tularemia spread by the bite of an infected tick usually presents itself in the lymphatic system, where swollen, painful nodules develop. An ulcer at the location of the feeding may also be present. Once infected, individuals may experience symptoms similar to plague, causing the frequent misdiagnosis of tularemia. Common symptoms include fever, chills, headache, muscle and joint pain, muscle weakness, difficulty with breathing, and a dry cough. From 1990 to 2000, there were 1,368 cases of tularemia reported in 44 states.

Relapsing Fever is an infection spread through the bite or feces of infected soft ticks *Ornithodoros hermsi* and *Ornithodoros turicata*. This ailment is characterized by periods of fever for 2-9 days followed by a period of no fever for 2-4 days. The disease is treatable with antibiotics, but if untreated, case fatality ranges from 2-10%. Isolated human cases regularly occur in the western United States.

Fleas

Fleas are wingless, parasitic insects designed for feeding on the blood of their hosts. They are laterally compressed, making it difficult to "squeeze" them to death if removed from a host. This "skinny" form also allows for quick movement through the hair of a host. The flea lifecycle consists of eggs, larvae, pupae, and adults. The entire lifecycle can be completed in as little as 2 weeks or up to several months, depending on environmental conditions. Adult fleas are completely dependent on the blood of mammals and birds for nutrition, making them a biting nuisance and a threat to spread disease throughout a community. Several diseases spread by fleas are discussed below.

Plague, as previously discussed, is caused by the bacterium *Yersinia pestis*, which is generally transmitted through the bite of an infected oriental rat flea (*Xenopsylla cheopis*). This flea is commonly found on small mammals (squirrels, chipmunks, prairie dogs, etc.) in rural settings, and on the roof rat in urban settings. The close proximity of humans to the fleas' hosts is the catalyst for ongoing cases, as well as new infections that occur on a regular basis. Symptoms of plague can include fever, headaches, chills, nausea, diarrhea, bruise-like hemorrhages under the skin, inflammation of lymph nodes, and death.

Endemic (Murine) Typhus is spread through the feces of the flea *Xenopsylla cheopis*. After a flea defecates near the location of a new bite, the irritated host rubs or scratches the feces into the fresh wound, introducing the bacteria (*Rickettsia typhi* or *Rickettsia felis*) into the body. The bacteria can also be inhaled by the host into the body. Infection produces symptoms such as headache, fever, chills, myalgia, and a rash throughout the body with the exception of the palms of hands and soles of feet. The symptoms usually subside within a couple of weeks. In the United States there are typically less than 50 reported cases per year of endemic typhus. Most cases have occurred in California, Hawaii, and Texas.

Dog tapeworm (*Dipylidium caninum*) can infect children if they ingest adult or larval fleas. As part of the dog tapeworm lifecycle, fleas ingest eggs of the tapeworm that are passed through the feces of an infected animal. Accidental ingestion of fleas that have been infected is the only way that children can acquire a dog tapeworm infection. Children with dog tapeworm infections may experience diarrhea, cramping, abdominal pain, and rectal itching. This condition is very treatable with medications such as niclosamide.

Lice

Lice are small, grayish insects that do not jump or fly. The lifecycle consists of eggs, nymphs, and adults. The egg to egg lifecycle can be completed in as little as 1 month. Lice rely exclusively on blood feeding for nutrition. Lice are known to be the cause, and aid in the transmission of, several diseases that can threaten the health of a community.

Pediculosis is the scientific term for an infestation of lice. There are three basic types of lice infestations: head lice (*Pediculus humanus capitis*), pubic lice (*Phthiris pubis*), and body lice (*Pediculus humanus corporis*). Head lice and pubic lice are not considered to be vectors of disease; however, if untreated, an uncontrolled infestation can lead to secondary infections at bite locations. The body louse is a known vector of several diseases which are discussed on the following page. Lice are spread by direct contact or through the sharing of hats, combs, hairbrushes, bedding, etc. Lice infestations can be treated through the use of insecticide-treated shampoos and improved hygienic practices.

Epidemic typhus is a disease caused by the bacteria *Rickettsia prowazeki*, and spread through the feces or crushed body parts of an infected body louse. It has similar symptoms to the previously discussed endemic typhus, which is spread by fleas. Epidemic typhus is characterized by headache, fever, chills, myalgia, and a rash throughout the body, with the exception of the palms of hands and soles of feet. Historically, this has been a significant disease through times of war and poor economic conditions. As people, or soldiers, live in close association with poor hygienic practices, the incidence of body louse infections increases. Routine epidemics in the United States were normal in the past; however, the last reported endemic cases of epidemic typhus were in the 1920s.

Relapsing fever is the same ailment that was previously discussed in the tick section of this guide. The causative agents of the infection are transmitted via the introduction of crushed body parts of an infected body louse to the bite location. This ailment is characterized by periods of fever that last for 2-9 days, followed by a period of no fever for 2-4 days. The disease is treatable with antibiotics, but if untreated, case fatality ranges from 2-10%.

Trench fever is a disease caused by an infection of *Bartonella quintana*, introduced to the body via the feces or crushed body parts of an infected body louse. This is a typically nonfatal disease that is characterized by headaches, as well as pain and tenderness, especially in the shins and lower legs. The symptoms typically

nly last a few days, but relapses may occur years after the initial infection as bacteria continue to circulate through the blood. Cases of trench fever have been diagnosed in the United States as recently as the 1990s.

Mechanical Vectors

Mechanical vectors are insects or related arthropods that transport disease causing organisms on their bodies. Mechanical vectors do not need to introduce a disease causing organism directly into the host body to cause illness, nor does the disease causing creature require any assistance from the vector to survive or reproduce. Diseases are spread by mechanical vectors via direct contact and close association with hosts. These are the truly "dirty" insects, as they are often found to be covered in disease causing organisms waiting to be carried and transmitted to potential hosts.

Cockroaches are resilient insects that have been around, and have remained relatively unchanged, for some 250 million years. They are hardy and resourceful. Designed for quick running movement, most cockroaches do not fly. Those species that are found to live in close association with people are extremely dirty, and have been documented as transporting numerous pathogens known to cause illnesses such as polio, diphtheria, cholera, tuberculosis, tetanus, pneumonia, meningitis, toxoplasmosis, leprosy, and food-borne illnesses. Cockroaches are exposed to these disease-causing organisms through their living habits. Cockroaches live in close association with one another and will feed on anything organic such as excrement, blood, saliva, hair, and carcasses. Their sticky legs and hair-covered bodies acquire disease causing organisms when feeding, walking on, and living with other roaches that have been exposed to these aforementioned food sources. Control of cockroaches is dependant upon cleanliness; without a food and water source, roaches will either move on to another location or die. The application of chemical pesticides is also useful, but correct application has led to a build-up of resistance in some roach populations. Another important aspect of cockroach control is building construction; tight windows, doors, and floor-wall junctions can help prevent the potential entry of the pests and eliminate hiding locations.

Domestic flies There are many species of flies and most live in close association with people. Primarily breeding in feces and decaying organic matter (garbage), flies are exposed to many pathogens from the moment they are born. Flies have extremely hairy bodies that are proficient at catching, holding, and transporting pathogens to people. They have been documented to carry hundreds of different pathogens on their bodies. Control of flies is primarily accomplished through the elimination of potential breeding grounds and the use of tight-fitting, fast-closing doors and screened windows.

Nuisance Blood-feeders

There are several other insects that do not normally cause vector-borne illnesses in the United States, but are nuisances to communities because of their blood-feeding habits. These insects can become very costly to a community through the loss of recreation time/tourism and in the money spent on control efforts.

Stable flies are usually found in stables or communities where livestock are present. They require organic matter such as hay, fermenting grass and weeds, feces, or garbage for reproduction. The bite of a stable fly can be painful.

Horse flies and Deer flies lay eggs in moist, damp areas. They are ferocious and painful biters. Bites from rse flies can bleed for some period of time after the initial occurrence.

Black flies require clean, fast-moving water with high levels of oxygen for reproduction, making them prevalent in recreational areas in the north. They are painful biters that can reproduce in such abundance that during the height of their season, outdoor areas can be rendered intolerable.

Bedbugs are small (4-5mm long), reddish-brown insects that are extremely flat, assisting in their ability to effectively hide in mattress seams and furniture crevices. These insects are nocturnal and require blood meals for egg production. Bedbug bites often occur at night while the host is sleeping. (The bedbug will usually feed for 3-10 minutes at a time.) The resulting bites are usually very irritating and display a great deal of swelling. During the day these insects hide in mattress seams, openings in furniture, behind headboards, behind wallpaper, behind baseboards, and in small cracks in walls. An infestation is extremely difficult to treat because their daytime hiding capabilities are so efficient, pesticide chemicals cannot often reach them. Bedbugs are transported by people, but can also be moved via old furniture and beds. Currently in the United States, bedbugs are becoming more and more prevalent. Infestations have been documented across the country in hotels, motels, and resorts.

ppendix B: Resources for Additional Information

American Red Cross Quarantine and Isolation Information:
www.redcross.org/preparedness/cdc_english/IsoQuar.asp

Association of State and Territorial Health Officials (2004). *Public Health Confronts the Mosquito: Developing Sustainable State and Local Mosquito Control Programs.* Washington, DC.
www.astho.org/pubs/MosquitoControlInterim7804.pdf

Centers for Disease Control and Prevention's Division of Parasitic Diseases:
www.cdc.gov/ncidod/dpd/

Centers for Disease Control and Prevention's Division of Vector-Borne Infectious Diseases:
www.cdc.gov/ncidod/dvbid/index.htm

Centers for Disease Control and Prevention's Division of Viral and Rickettsial Diseases:
www.cdc.gov/ncidod/dvrd/disinfo/disease.htm

Centers for Disease Control and Prevention's Special Pathogens Branch:
www.cdc.gov/ncidod/dvrd/spb/index.htm

Lundgren, R., & McMakin, A. (2004). *Risk Communication: A Handbook for Communicating Environmental, Safety, and Health Risks (3rd ed.).* Columbus, Ohio: Battelle Press.

Nadakavukaren, A. (2000). *Our Global Environment: A Health Perspective (5th ed.).* Prospect Heights, Illinois: Waveland Press, Inc.

National Association of Local Boards of Health:
www.nalboh.org

Neistadt, J. (2005). In L. F. Fallon, Jr., & J. M. O'Brien (Eds.), *Emergency Preparedness Including Bioterrorism: An All Hazards Approach for Local Boards of Health.* Bowling Green, Ohio: National Association of Local Boards of Health.

New York City Department of Health and Mental Hygiene's West Nile Virus Information:
www.nyc.gov/html/doh/html/wnv/wnvhome.shtml

United States Department of Agriculture's Animal and Plant Health Inspection Service:
www.aphis.usda.gov

United States Department of Agriculture – Animal Health:
www.aphis.usda.gov/animal_health/animal_diseases/

United States Department of Agriculture – Plant Health: Emerald Ash Borer:
www.aphis.usda.gov/plant_health/plant_pest_info/emerald_ash_b/background.shtml

World Health Organization – DDT Action Plan:
www.who.int/docstore/water_sanitation_health/vector/ddt.htm

World Health Organization – Global Malaria Programme:
http://malaria.who.int/?ts=3230447274&service=rbm&com=gen&lang=en

World Health Organization – Water Sanitation and Health:
www.who.int/water_sanitation_health/resources/envmanagement/en/

The National Association of Local Boards of Health has publications available in the following public health programs:


BOARD GOVERNANCE


ENVIRONMENTAL HEALTH


COMMUNITY HEALTH


EMERGENCY PREPAREDNESS

For a complete listing of all available NALBOH publications, please visit www.nalboh.org.

N A L B O H
National Association of Local Boards of Health

1840 East Gypsy Lane Rd., Bowling Green, OH 43402 Phone: (419) 353-7714 Fax: (419) 352-6278 www.nalboh.org

DISTRICT HEALTH DEPARTMENT

AIR QUALITY MANAGEMENT DIVISION

Public Health
Prevent. Promote. Protect.

Date: January 22, 2008

To: District Board of Health

From: Andrew Goodrich, Director, Air Quality Management

Re: Monthly Report for Air Quality Management

Agenda Item: 20.D.

The enclosed Air Quality Management Division Report is for the month of December 2008 and includes the following sections:

Air Quality
Monitoring Activity
Planning Activity
Permitting Activity
Compliance/Inspection Activity
Enforcement Activity

P.O. BOX 11130 Reno, NV 89520-0027 • 401 Ryland Street, Ste. 331 • (775) 784-7200 • FAX (775) 784-7225
www.washoecounty.us

Director's Report December 2008

Looking back at 2008

- Received final approval and publication from the US EPA for the Carbon Monoxide Redesignation Request and Maintenance Plan and the Washoe County 8-Hour Ozone Maintenance Plan.

- Attended and/or presented at several workshops/conferences hosted by: Nevada Motor Transport Association, Associated General Contractors, Junior Achievement, Western States Petroleum Association, City of Reno Environmental Fair, Earth Day, American Lung Association, Reno Green Summit, Truckee Meadows Tomorrow, Bike to Work, California Air Resources Board, National Association of Clean Air Agencies, and the US EPA.

- Hosted the bi-annual Street Sanding and Sweeping working group meeting attended by all state and municipal public works and transportation agencies. Hosted a statewide ambient air monitoring meeting attended by Clark County, NDEP, EPA, and several tribal agencies.

- Declared Stage I and Stage II air pollution episodes for the Truckee Meadows due to smoke impacts from wildfires in Northern California. The Division measured pollution levels not seen in over twenty years; highest AQI levels reached the "Very Unhealthful" range.

- The AQMD was instrumental in the formation of the Washoe County Green Team and continues to serve in a leadership role on that team. Governor Gibbons received the final report from the Nevada Climate Change Advisory Committee.

- Incurred and maintaining three critical staff vacancies.

Looking forward to clean air and an improved economy in 2009,

Andy Goodrich, Director

AIR QUALITY COMPARISON FOR SEPT

Air Quality Index Range		# OF DAYS DEC 2008	# OF DAYS DEC 2007
GOOD	0 to 50	15	25
MODERATE	51 to 100	16	6
UNHEALTHY FOR SENSITIVE GROUPS	101 to 150	0	0
UNHEALTHY	151 to 200	0	0
VERY UNHEALTHY	201 to 300	0	0
TOTAL		31	31

Air Quality Management Division

District Board of Health District Health Department

Air Quality

HIGHEST AQI NUMBER BY POLLUTANT

POLLUTANT		DEC 2008	Highest for 2008	DEC 2007	Highest for 2007
CARBON MONOXIDE	(CO)	32	29	32	41
OZONE 8 hour	(O3)	36	140	38	74
PARTICULATES	($PM_{2.5}$)	77	211	82	96
PARTICULATES	(PM_{10})	85	167	63	68

For the month of December, there were no exceedances of Carbon Monoxide, Particulate Matter, or Ozone standards at any of the monitoring stations. The highest Air Quality Index (AQI) value reported for the month of December was eighty-five (85) for PM_{10}. There were fifteen (15) days in the month of December where the Air Quality was in the good range, and sixteen (16) days the Air Quality fell into the moderate range.

Duane Sikorski, Air Quality Supervisor

Monitoring Activity

Daily monitoring operational, quality assurance, data submission and network upgrade activities continued throughout the month with no major issues.

Plans are moving forward for the siting of an EPA funded real-time radiation monitor in the Reno area and the installation of Nc0ore trace level gas monitoring at the downtown Reno 3 site.

Duane Sikorski, Air Quality Supervisor

Planning Activity

Work is continuing on the preparation of the 24-hour PM_{10} Redesignation Request and Maintenance Plan.

Duane Sikorski, Air Quality Supervisor

Permitting Activity

TYPE OF PERMIT	2008		2007	
	DECEMBER	YTD	DECEMBER	ANNUAL TOTAL
Renewal of Existing Air Permits	103	1302	102	1287
New Authorities to Construct	2	81	8	68
Dust Control Permits	11 (61 acres)	195 (3012 acres)	9 (56 acres)	225 (3459 acres)
Wood Stove Certificates	10	170	12	252
WS Dealers Affidavit of Sale	46 (26 replacements)	249 (145 replacements)	23 (14 replacements)	164 (87 replacements)
WS Notice of Exemptions	282 (13 replacements)	3729 (139 replacements)	355 (20 replacements)	4654 (207 replacements)
Asbestos Assessments	56	856	70	1086
Asbestos Removal Notifications	14	322	13	285

Compliance/Inspection Activity

Staff reviewed thirty-one (31) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

Staff conducted fifty-four (54) stationary source renewal inspections and sixty-two (62) gas station inspections in December. Staff also conducted inspections on asbestos removal and construction/dust projects.

Permitting/Enforcement Activity

Staff is beginning to get dust complaints again from the Sierra Canyon project in Mogul. As a result, we will be meeting with representatives of Pulte Homes this month to determine if another dust palliative application will be necessary. Dust palliatives generally last approximately 6 months depending upon the weather and topographic conditions.

Foreclosure activities continue to impact staff's ability to have "active" contact persons for dust control. In many instances, local land development offices have closed and we have to deal with out of state representatives who are unfamiliar with the local site(s) and weather conditions. Most developers have been willing to cooperate with staff to date.

Asbestos notifications and dust permit applications have been very minimal over the last month. Staff continues to pick up a few new stationary sources via area surveys and business license reviews. Approximately 20 businesses that have air quality permits have closed over the last quarter with other companies experiencing significant slowdowns based upon the "throughput" information provided to the AQMD.

Noel Bonderson, Air Quality Supervisor

Enforcement Activity

COMPLAINTS	2008*		2007		
	December	YTD	December	YTD	Annual Total
Asbestos	1	21	2	20	20
Burning/Smoke	2	12	2	12	13
Dust	7	229	4	262	262
Gas Station/Oxy Fuel	0	1	2	3	3
Miscellaneous	1	12	0	14	14
Odor	2	31	5	43	43
Painting (spray painting)	0	8	0	24	24
Permit Violation	0	20	1	1	7
TOTAL	**13**	**334**	**16**	**386**	**386**
DEC'S	**December**	**YTD**	**December**	**YTD**	**Annual Total**
Warnings	0	16	3	31	31
Citations	0	27	0	27	27
TOTAL	**0**	**43**	**3**	**58**	**58**

* Discrepancies in Totals between Monthly Reports can occur because of data entry delays.

Notices of Violation (NOVs):

There were no NOV Warnings or Citations issued in December 2008.

DISTRICT HEALTH DEPARTMENT

January 13, 2009

TO: Members District Board of Health

FROM: Eileen Coulombe

SUBJECT: Report for January 2009 Administrative Health Services Division

Health District Emergency Medical Services (EMS) Program Activities:

On Tuesday December 16, 2008, Saint Mary's Regional Medical Center lost two main transformers and three back up generators forcing an evacuation of 12 critical care patients. An MCI (multi-casualty incident) was declared at approximately 10:30 AM and the hospital evacuation process was initiated. REMSA responded, helped evacuate, and transported the 12 critical care patients. The District Board of Health Multi-Casualty Incident Plan (MCIP) Mutual Aid Evacuation Annex was activated. Renown Medical Center and Northern Nevada Medical Center both went to Code Triage prepared to accept patients if needed. Incoming patients and ambulances were diverted to other hospitals. RENOWN Regional Medical Center received all 12 patients, plus 1 Emergency Department to Emergency Department transport. All patients were transported safely and without incident. The Washoe County Health District staff monitored the situation and stayed in communication with the hospitals, REMSA, Washoe County Emergency Manager, and Nevada State Health Division throughout the incident. The main transformer and heating units were restored at approximately 2:30 pm. The MCI was discontinued and Saint Mary's Regional Medical Center began receiving patients at 3:35 pm. The Administrative Health Services Officer continued follow-up with Saint Mary's Regional Medical Center until 8:00 pm offering assistance if needed. The MCIP requires that District Health staff arrange a debriefing for MCI incidents that exceed 10 patients, and this applies to the Mutual Aid Evacuation Annex. The debriefing was held on January 7, 2009 and discussion centered on what worked well and should be sustained, and to identify gaps in the plan and lessons to be taught.

The Interhospital Coordinating Council (IHCC) held its annual breakfast meeting on January 9, 2008 to review IHCC's accomplishments for Calendar Year 2008. The core hospital members of the IHCC meet monthly along with District Health staff, REMSA, the area emergency managers, the fire departments, and other agencies to prepare for medical impacts of disasters. Their impressive list of accomplishments is attached. The IHCC will be finalizing their goals for 2009 at their February meetings.

Eileen Coulombe
Administrative Health Services Officer

Enclosure

1001 EAST NINTH STREET / P.O. BOX 11130, RENO, NEVADA 89520 (775) 328-2400 FAX (775) 328-2279
www.co.washoe.nv.us/health

DISTRICT HEALTH

DEPARTMENT

January 3, 2009

TO: IHCC Members

FROM: Michelle Pagel, RN, IHCC Chairman

SUBJECT: IHCC Accomplishments for Calendar Year 2008

In preparation for our January 2009 meeting, Laurie Griffey and I reviewed the IHCC minutes for the last year. Enclosed is a summary of some of your major accomplishments and a chronological list of highpoints. Rarely do we take the time to recognize the strides the group has made. The District Health Officer and the Administrative Health Service Officer appreciate your hard work in making our community better prepared to provide the best health care possible during times of disaster.

I. MAJOR ACCOMPLISHMENTS

EVACUATION OF SAINT MARY'S HOSPITAL DECEMBER 16, 2008

A power failure forced the evacuation of 12 critical care patients from Saint Mary's Regional Medical Center on Tuesday, December 16, 2008. An MCI was declared and the hospital evacuation process was initiated. Renown Regional Medical Center received all 12 patients, plus 1 ED to ED transport. All ambulances were diverted to Renown, Renown So. Meadows and Northern Nevada Medical Center. The incident began at 6 a.m. when the transformer went down. Critical Care Patients were transported shortly after 10:00 a.m. Heating was restored by 2:30p.m. and the power back to operational levels by 3:30 p.m. The MCI was discontinued and Saint Mary's started accepting patients again at 3:35 p.m. REMSA provided ambulances and staff to assist with the evacuation; Renown Regional Medical Center and Northern Nevada Medical Center both went to Code Triage, patients were transported to the closest hospital which was Renown. Health District staff monitored the situation and stayed in communication with the hospital and REMSA throughout the event.

AIRPORT AUTHORITY COMMUNITY-WIDE EXERCISE "BROKEN WING" MAY 15, 2008

To meet FAA requirements, the Airport Authority of Washoe County (AAWC) held a community-wide full scale exercise on May 15, 2005; which involved participation from law enforcement, fire, AAWC, National Guard, local hospitals, REMSA and the Health District. The scenario involved a plane crash causing a large number of simulated trauma patients and multiple deaths. The Regional Emergency Operations Center (EOC) was incorporated as well as field personnel. Community goals were developed; in addition, each agency developed its own internal goals and objectives for the exercise. The hospitals that participated were: St. Mary's Medical Center, Renown Medical Center, Northern Nevada Medical Center, VA Hospital, Renown South Meadows along with Health District staff. An exercise debriefing was held during the June IHCC meeting to review the hospital objectives. All three of the IHCC objectives were met: 1) Implement alternate communication system and test Ham radios for information sharing; 2) Access hospital's capability to handle large influx of patients; identify unconscious patients and get medical history; 3) Assess facilities capability to track patients throughout the hospital. Most hospitals received all of their patients at one time which stressed their system successfully. Several ideas to improve medical preparedness resulted from the exercise.

VIGILANT GUARD MULTIJURISDICTIONAL COMMUNITY EXERCISES June 12th - 19th - Vigilant Guard was a joint venture among six counties in Nevada, cities of Reno, Sparks and Las Vegas; UNR, NV Div of Emergency Management, two counties in California, Fed Bureau of Reclamation, FEMA and the Nat'l Guard units from Nevada, Idaho, Utah, Arizona, Hawaii and California. The eight day events consisted of exercises to evaluate the ability of local, regional, state and federal jurisdictions to work collaboratively on the response and recovery caused by a massive widespread disaster. Several IHCC members participated in the Vigilant Guard Exercises; some worked in their regular medical capacity, some participated in the communication portion, some were evaluators, while others responded to the REOC to staff the medical unit. The events started on June 12th with an Earthquake scenario; the National Guard staged at Stead on June 13th and behind the public safety training building on June 14th; the Incline Rubble Pile Disaster Exercise took place on June 16th; Reno Rubble Pile Exercise June 17th, Stampede Dam Back-up EOC Tabletop Exercise on June 18th, and the EOC Recovery Functional Exercise on June 19th. The Incline Village Hospital participated in the Incline Rubble Pile exercise utilizing it as their annual hospital emergency test. Carson Tahoe Hospital (CTH) tested med surge during the events to help meet their Joint Commission stress test requirements. The State deployed their mobile hospital to Carson Tahoe Hospital parking lot for use during the Vigilant Guard Earthquake on June 12th; the Carson City portable Hospital was also set up and was used for triage. Incline Village and Reno Rubble Pile events assessed the ability of Fire, HazMat and Hospital personnel to effectively manage an incident that involved a collapsed building, a hazardous material release, mass casualties and an urban search and rescue operation. 60 people participated in the June 18th Stampede Dam Back-up EOC Tabletop Exercise, which addressed the physical relocation of the REOC and tackled the questions of how to evacuate the Truckee Meadows in 2-4 hours before 20-40 feet of water flooded the area.

GOLDEN GUARDIAN EXERCISE NOVEMBER 6TH - Barton participated in the Golden Guardian California Emergency Preparedness Full Scale Exercise on November 6, 2008 in collaboration with the California Governor's Office of Homeland Security, along with local fire, law enforcement, utilities, public health and environmental management agencies. Several agencies from Washoe County participated: Washoe County Health District, REMSA, Renown Medical Center, and Northern Nevada Medical Center. The scenario was a 6.8 subterranean earthquake in the vicinity of Mt. Rose in Northern California. The earthquake initiated an underwater landfall in the Lake Tahoe Crystal Basin area, which caused a two (2) meter wave on the lake. As the wave approached the southern shore it became a six (6) meter wave before it struck the City of South Lake Tahoe. The second wave struck exactly 3 minutes later, a third wave hit 12 minutes later and the fourth wave sixteen minutes after that causing wide spread damage, injuries and fatalities. Barton had their own set of objectives for the full scale exercise at their facility. They tested medical surge, collaboration and staff's ability to use the Hospital Incident Command System (HICS) for response to a catastrophic event. They met their objectives and were able to test corrective actions that were completed due to the Angora Fire event. The IHCC Group developed goals and objectives to allow the community to test the Out-of-County portion of the Washoe County Multi-Causality Incident Plan and the Mutual Aid Evacuation Annex. The exercise was a success and most of the goals and objectives were met.

HOSPTIAL EVACUATION EXERCISE - Mutual Aid Evacuation Annex (MAEA) Training - Grant funding was secured and a vendor hired to conduct hospital and first responder training in accordance with the Washoe County Mutual Aid Evacuation Annex (MAEA). Training was offered on April 3rd, 24th and 28th and was attended by a total of 98 people from 29 agencies (hospitals and 1st responders) from both Northern Nevada and Northern California. A two hour seminar covering the major components of the MAEA, including the duties of the new Hospital Representative and Technical Specialist positions, preceded a two hour hospital evacuation tabletop exercise. Hospital evacuations are different than regular evacuations since patients are already diagnosed and the red, yellow, green MCI triage status does not apply. Patient acuities are already known; and the priority for evacuation depends on the type of incident and resources available, i.e. "the

greatest good". This was an excellent opportunity for the hospitals and 1st responders to interact on the unique aspects of hospital evacuation.

ATSDR course "Toxic Industrial Chemical and Toxic Industrial Materials Training" April 29th - IHCC in coordination with the Regional Public Safety Training Center, the Agency for Toxic Substances and Disease Registry's San Francisco Regional Office offered a FREE training class concerning medical and public health effects of toxic industrial chemicals and materials.

Medical Surge Survey - The Northern Nevada hospitals participated in the Hospital Bed Surge Capacity Plan Conceptual Framework survey distributed by Nevada State Health Representative at the January 2008 meeting. This statewide hospital survey was conducted to identify both similarities and differences across the state concerning equipment, staff and pharmaceuticals. The information was presented to the Homeland Security Council in March. The baseline information was distributed to the hospitals.

Universal Badging System - Northern Nevada, Renown Regional and Renown So. Meadows Medical Centers are all participating in the Nevada Hospital Associations statewide initiative for universal badging. Some equipment was installed; additional equipment and training will be provided when grant funding is available.

HAVBed Tracking - IHCC members participated in a daily HAVBed tracking process with the Health District for earthquake readiness May 2nd - 16th, 2008; at which time minor earthquakes were occurring in the Mogul area. EMSystems implemented HAVBed screens in late May so hospitals could post bed availability data daily and it could be viewed by authorized agencies at any time. IHCC members continue to encourage their hospitals to use this system on a regular basis. EMSystem HAVBed was utilized by Renown Regional Medical Center, Northern Nevada Medical Centers, Barton Memorial Hospital and the Health District during the recent Golden Guardian Exercise; it was also utilized during St. Mary's real evacuation in December. As of October 2008, EMSystems can now be viewed across state lines. California Region IV and Nevada can now see each other hospital status and HAVBed data. This is useful for boarder hospitals such as Tahoe Forest and Barton Memorial Hospital who routinely transfer patients to Washoe County Hospitals.

800MHz Radios - The hospitals participated in monthly testing of the 800MHz radio system. Testing allowed staff at each location the opportunity to utilize the radios; it also tested the operability of the equipment and redundant communication systems between the hospitals, REMSA and the Health District. Overall yearly participation was 92% (56% participated in the scheduled testing, 36% participated in 1-on-1 testing). The 800MHz hand held Radios are scheduled for a free upgrade in 2009 from Sprint to accommodate the change in radio frequency availability.

Disease Exposure - IHCC members met with Sparks Risk Management and Fire Department Staff to explore ways to expedite testing and release of information when public safety officers are exposed to contagious disease (HIV, etc.). Consent forms, "Ouch" packets, and electronic data base protocol are being considered.

Hot August Nights Pre-Planning - The IHCC group met with representatives from Reno Police Department to discuss contingency plans for Hot August Nights; including type of weapons and chemicals that might be used if civil unrest occurred and how hospitals would be notified. The event August 2nd - 10th drew crowds of approximately 800,000 people. The list of Urgent Care Centers was updated for distribution during the event.

HAM Radio Support Activities - The Hospitals worked with ARES during multiple exercises throughout the year, including the Airport Authority Community-wide Exercise "Broken Wing" May 15, 2008, Vigilant Guard Multi-Jurisdictional Community Exercises June 12th - 19th, Rotary/Health District Flu Shot POD Exercise Oct 25th and the Golden Guardian Multi-Jurisdictional Exercise November 6th. ARES hosted HAM Link Digital

Service training for IHCC members; the digital service is a form of back up communication that works when land lines and cell phones don't. ARES is working with NHA on digital communication equipment for the hospitals.

Hospital Hazard Vulnerability Analysis (HVA) - The Hazard Vulnerability Analysis forms were review and discussed in December 2007 then distributed to IHCC Hospital Representatives in January 2008. The HVA forms were sent to the group via e-mail in November 2008 and reviewed during the December 2008 meeting. The revised 2008 Hazard Vulnerability Analysis was sent to the hospital via e-mail in December.

Training:

PAPR Training February 26th, NIMS 300 Jan 29-31 & NIMS 400 Feb 7 & 8 offered by DEM ICS 300 & ICS 400 Mar 10-14 offered by Health District, ICS 300 & ICS 400 Sept. 22-26 offered by Nevada Dept of Public Safety, MAEA Evacuation Training April 3, 24th & 28th; ATSDR course "Toxic Industrial Chemical and Toxic Industrial Materials Training" April 29th; Interoperable Communications Workshop May 22nd at Public Safety Training Center, HICS Training - Renown, St. Mary's and Northern Nevada Medical Centers provided HICS training during 2008, EMSystem Training July 31st, HAM Radio Training August 8, Exercise Design Training offered by the State Sep 28th (Cari Long attended), Hazmat Explo Nov 3-6th four members attended; ARES Digital Communication training offered Nov 14th - 13 attended. Earthquake Structural and Non-Structural Mitigation for Hospitals Dec 4th, PIO National Press Training in July (6 attended) and Robin Albrandt will attend HICS Train-the-Trainer course in 2009.

Grant Activities: Grant funding was obtained for three MAEA training classes in April. Cots were purchased with grant funds and distributed in May to Renown So. Meadows, Saint Mary's and Carson Tahoe Hospital. Grant funds covered the cost to print MAEA Patient Tracking forms for all hospitals. LEPC grant covered the cost for four IHCC members to attend the Hazmat Explo in Las Vegas on Nov 3-6th. Grant funding was used to install the Universal Badging (UB) system in 12 hospitals in Nevada - more training and equipment will be provided as funding becomes available.

Other Activities - Members of IHCC participated as evaluators or participants in multiple events: Incline Village Evacuation Exercise May 11, 2008; Airport Authority Community-wide Exercise "Broken Wing" May 15, 2008; Vigilant Guard Multi-Jurisdictional Community Exercises June 12th - 19th; Rotary/Health District Flu Shot POD Exercise Oct 25th and the Golden Guardian Multi-jurisdictional Exercise November 6th along with several smaller exercises.

II. CHRONOLOGICAL LIST OF HIGHPOINTS

DATE	TOPIC
1/11/08	Hazard Vulnerability Analysis (HVA) distributed
1/24/08	Board of Health approved IHCC's recommendation to replaced current Triage Tags with Smart Triage Tags; and Delete Pediatric Triage Criteria in the Multi-Causality Incident Plan
2/8/08	Began working on Broken Wing, Golden Guardian and Vigilant Guard exercise planning
1/11/08	Hospital received Bed Surge Capacity Plan Survey from State Health
2/8/08	Vendor chosen for MAEA Training Exercise in April
2/8/08	ATSDR Course "Toxic Industrial Chemical and Toxic Industrial Materials" planning
3/14/08	Develop IHCC (hospital) goals for Broken Wing
3/14/08	MAEA Training Exercise planning
3/14/08	IHCC group reviewed med surge survey results

3/14/08	Distribution of Grant purchased cots
4/08	Hospital Grant wish list and communication needs submitted to NHA
3/14/08	Dr. Hess - Medical Society distributed a list assigning physicians to specific hospitals during disasters.
4/1 & 4/2	Stephanie attends Med Surge Conference for Healthcare in Sacramento
4/3, 4/24 & 4/28	MAEA Hospital Evacuation Training Exercise at REOC - 92 attendees
4/4/08	Barton Exercise - tested alternative care sites, hosp evac, pan flu, public hlth & amateur radios
4/29/08	ASTDR Course hosted at Regional Public Safety Training Center
5/5 - 5/16	Hospitals participated in daily Hospital Bed Availability tracking with Health Department during minor earthquakes in Mogul area.
5/7/08	Renown Regional Hospital full scale earthquake exercise - 264 staff participated
5/8/08	Final review of Hospital Objectives for Broken Wing Full Scale Exercise
5/9/08	Met with Sparks Fire on Disease Exposure and information release process
5/9/08	Presentation from Pollution Prevention Projects Manager Nevada Small Business Development Center on environmental issues hospitals face.
5/11/08	Members participated in the Incline Village Evacuation Exercise
5/15/08	Broken Wing Airport Exercise - Hospitals, REMSA & Health participated
5/22/08	Interoperable Communications workshop
5/29/08	Tahoe Forest participated in NV County Exercise to test pan flu and communications
5/31/08	Steve Matles, Chairman taught Personal Protective Equipment Class for doctors
6/19/08	VA participated in National Pandemic Flu exercise
6/13/08	IHCC reviewed Broken Wing Objectives
6/13/08	IHCC reviewed After Action Report for MAEA Hospital Evacuation Exercise
6/13/08	Elections held for Chairman and Vice Chair (Steve and Stephanie both leaving) Michelle Pagel new Chairman, Darci Carpenter & Pete Peterson Co- Vice Chair
6/12 - 6/19	Vigilant Guard Exercises (7 exercises over 8 day period)
6/26/08	Mass Care and Sheltering Tabletop at Embassy Suites.
6/23 - 6/27	VA participated in National Exercise covering ICS, fatality management and infection control.
7/11/08	Hot August Night Contingency Planning with law enforcement
7/9 -7/11	EMSystem web training
7/11/08	Appointed Representatives to LEPC
7/11/08	Group approved changes to MAEA Patient Tracking Forms
7/11/08	Discussed Vigilant Guard Lessons Learned
7/29 & 7/30	Grant Funded Shelter Exercise in Elko - Eileen Coulombe attended
7/31/08	EMSystem Hospital Bed Availability Training
8/8/08	Barton Memorial's MOU to be a participant in the Washoe County Mutual Aid Evacuation Annex completed

8/8/08	New MAEA Patient Tracking (3pg NCR) Forms distributed to hospitals
9/12/08	Tahoe Forest Hospital MOU to be participant in the Washoe County Mutual Aid Evacuation Annex completed.
9/08	Members are working with Legislative Sub Committee Evacuation Task Force on clarification of NRS 414.110 section 3 to ensure all volunteers and hospital staff is protected under law when providing aid during a disaster/emergency.
9/12/08	NHA was approved for grant funds from Homeland Security Medical Surge grant. Funds will pay for two (2) temporary hospital planner positions to help hospitals with emergency plans
9/12/08	NHA approved for PSIC grant to help hospitals with communication needs
9/12/08	Hospital Decon Trailer operability and future location discussed
10/13/08	IHCC receives debriefing on Vigilant Guard After Action Report
10/13/08	Sub-Committee formed to research specifics of Hospital Decon Trailer Grant
10/13/08	Final planning for Nov 6th Golden Guardian Exercise - Hospital objectives redistributed
10/13-10/15	California Hospital Association Conference in Sacramento attended by Sister Roselli Tria
10/25/08	Rotary/Health District Flu Shot POD Exercise Oct 25th - several IHCC members participated
11/8/08	HAM Cram class
11/4/08	IHCC received debriefing on Hurricane Ike - Dee Grimm participated in recovery efforts
11/14/08	Hazard Vulnerability Analysis distributed to members via e-mail
11/14/08	Health & NHA working on purchase of some evacuation equipment for hospitals
11/14/08	IHCC received debriefing on Golden Guardian Nov 6th Exercise
11/14/08	IHCC received debriefing on Oct 25th Rotary POD Flu Shot Exercise
11/14/08	ARES HAM Link Service (Digital Communication) training
12/4/08	Earthquake Structural and Non-Structural Mitigation for Hospitals Workshop
12/12/08	Debriefing on Golden Guardian Exercise Goals & Objectives
12/12/08	Reviewed and Revised the Hazard and Vulnerability Assessment for 2008
12/12/08	IHCC members participated in the Emergency Services Sector Pandemic Influenza Webinar
12/12/08	ICS 300 & 400 classes planned for February 2009
12/12/08	Request for grant funded hospital evacuation equipment submitted to CDC by Health PHP
12/16/08	St. Mary's Hospital Evacuation -several members & facilities participated in this real evacuation.

DISTRICT HEALTH DEPARTMENT

January 15, 2009

TO: Members, District Board of Health

FROM: Mary A. Anderson, MD, MPH

SUBJECT: District Health Officer's Report

Endowment of the District Board of Health Scholarship

I am pleased to report that the District Board of Health Scholarship reached the level of contributions necessary for endowment as a result of the end-of-the-year campaign. Contributions from Board of Health members and from REMSA made use of the entire amount of the available matching funds. The first scholarship will be awarded in the fall of 2010 after sufficient interest is generated to make an award.

Volunteer License Approved by the Nevada State Board of Nursing

On January 14, 2009, Ms. Debra Barone, our Medical Reserve Corps Program Manager, presented the attached letter (Enclosure 1) to the Nevada State Board of Nursing. The letter reiterated our support for the establishment of a license category for Volunteer Nurses. We supported the proposal put forward by the American Red Cross, Northern Nevada Chapter, to make such a license available at no cost for nurses who would like to volunteer their talents to organizations such as the American Red Cross or the Medical Reserve Corps. I am pleased to report that the Nevada State Board of Nursing unanimously approved creation of a volunteer license.

National Association of Local Boards of Health (NALBOH) Meeting Reminder

The 17th Annual NALBOH Conference will be held from July 1-3, 2009 in Philadelphia, PA. I encourage board members to consider this opportunity to improve your education on nationwide public health issues, public health policy, and mechanisms for empowering local boards of health. If you would like to attend, please make your wishes known so that our administrative staff can assist in making arrangements. The availability of rooms at the conference rate does not usually meet the demand, so an early decision on travel plans will help to keep the costs down.

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www.washoecounty.us/health

Board of County Commissioners (BCC) Retreat – Budget Discussion Document

On Monday, January 12th, I attended the BCC Retreat during which an important summary document on Washoe County's budget trends was presented by Mr. John Sherman, Finance Director. He provided a useful summary document to the BCC members which I have attached as Enclosure 2.

Mary A. Anderson, MD, MPH

Mary A. Anderson, MD, MPH
District Health Officer

DBOH AGENDA ITEM # 20.F

DISTRICT HEALTH DEPARTMENT

January 14, 2009

Nevada State Board of Nursing
5011 Meadowood Mall Way, #300
Reno, Nevada 89502-6547

Dear Madam President and Members of the Board:

As a medical professional concerned about our community's ability to respond to and recover from disasters and public health emergencies, I am requesting the assistance of the Nevada State Board of Nursing through the approval of your Agenda Item A-9, the establishment of a "Volunteer" Nursing License.

The Washoe County Medical Reserve Corps (MRC) was established by the Washoe County Health District to augment existing resources and to assist our community in being more resilient in the event of a public health emergency. The Medical Reserve Corps consists of a dedicated group of local healthcare professionals, including nurses, who contribute their skills and expertise as volunteers who can be called upon to quickly respond in times of need.

Nurses are a critical asset to emergency response. They are necessary for both anticipated and unforeseen medical conditions and emergent situations. In the event of natural or man-made disasters, nurses will provide invaluable services in areas such as triage or mobile hospitals. Should a pandemic or bioterrorism event occur, many nurses will be needed to help staff Points of Distribution (PODs) to assist in protecting the public.

In the event of a public health emergency, most licensed nurses will be required to report to their places of employment, and will not be available to respond to the call for volunteers. By offering a special, no-cost license to retired or inactive nurses who are willing to volunteer their services, you will expand the pool of available licensed nurses for crisis response.

I urge you to help us protect the people of the State of Nevada, by improving our ability to respond to disasters and public health emergencies.

Respectfully,

M. A. Anderson, MD, MPH

M. A. Anderson, MD, MPH
District Health Officer

db

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WASHOE COUNTY

"Dedicated To Excellence in Public Service"

www.washoecounty.us

DATE: January 9, 2009

TO: Board of County Commissioners

FROM: John Sherman, Finance Director

THROUGH: Katy Simon, County Manager

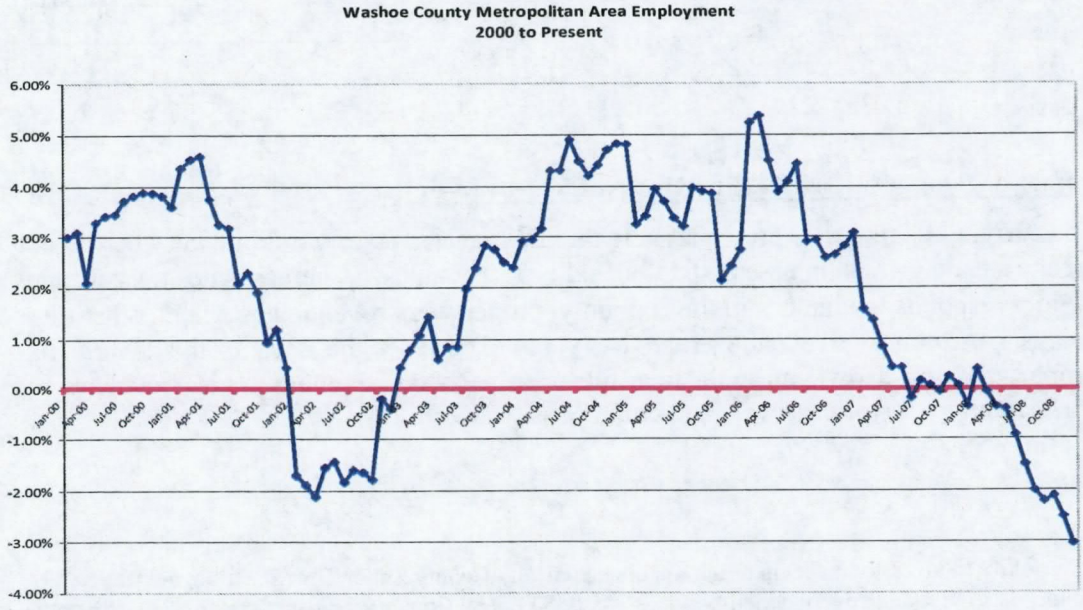
SUBJECT: BCC Retreat- Budget Discussion

Overview:

Washoe County, like the nation is facing an economic restructuring the proportion of which is unprecedented since the Great Depression. The pressures of a housing market collapse, job loss, and equity and credit market declines have severely constrained consumer spending, and redefined the local tax base causing a structural gap in the County's finances. Current revenues are not keeping pace with the expenditures necessary to support existing programs and service levels. The County needs to evaluate its cost and program structure, and strategically resize expenses to realign them with revenues.

Washoe County Job Base Has Deteriorated

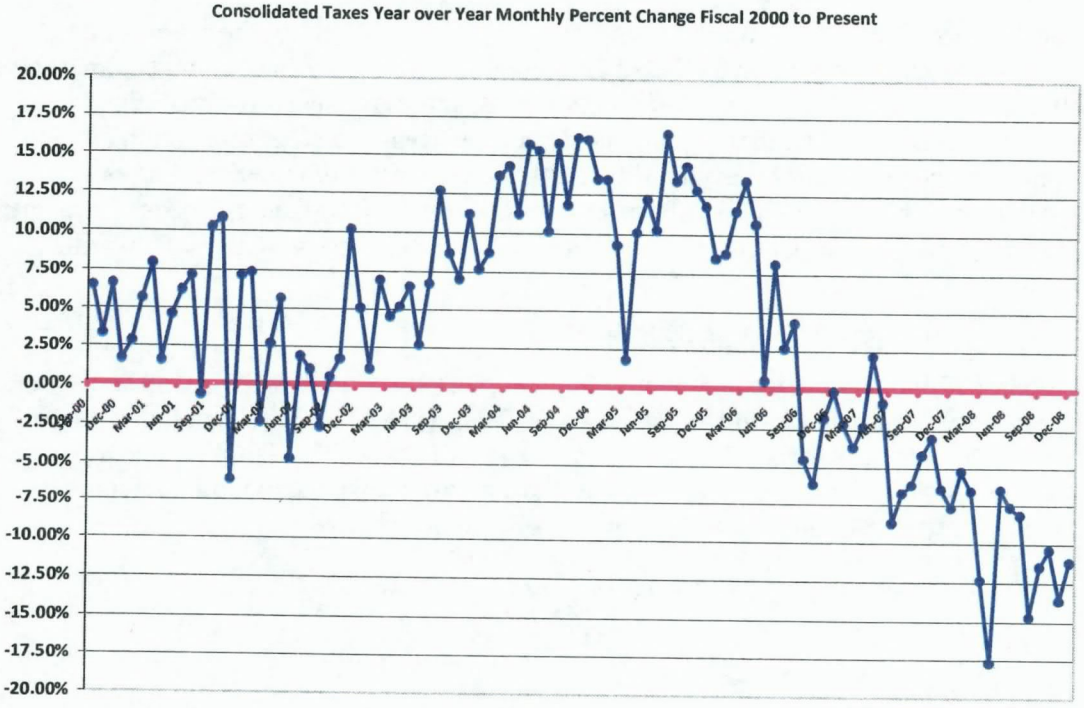
In the last 12 months the local economy has lost more than 7,500 jobs. According to the Bureau of Labor Statistics, in December 2007, there were 227,300 jobs in the Washoe County Metropolitan Area. The preliminary report for November 2008 reports the number of jobs has fallen to 219,800. The chart below shows the monthly percent change in jobs illustrating the deterioration in the job market.



Consequently, the unemployment rate has increased dramatically from 4.7 percent in November 2007 to 7.8 percent for November 2008.

Consolidated Taxes

Consolidated taxes, a bundle of six taxes[1] primarily driven by sales tax have fallen dramatically in the last two years. Approximately 31 percent of the County's General Fund Revenue depends on consolidated tax. The County has experience monthly declines in sales taxes in the past as market corrections are a normal part of the economic cycle. Most recently this occurred following the events of September 11, 2001. This time though, the circumstances are fundamentally different. In 27 of the last 28 months, consolidated taxes have declined year over year. For this fiscal year, consolidated tax is on pace to decline by 12 percent.



Affect of Property Tax Decline Has Not Yet Been Felt

The current budget crisis precipitated by the fall in sales taxes would be far worse if not for the steady growth in assessed value and property taxes. Whereas, sales tax revenue rapidly responds to changes in the economy, property tax revenue has a lag. What this means is the county's revenue stream has yet to experience the affect of the decline of property values. However, in the near future property tax revenues are expected to perform under historical levels and could possibly decline.

---

[1] Consolidated taxes are made up of the Supplemental City County Relief Tax (SCCRT), the Basic Cty County Tax (BCCT), Governmental Services Tax (GST), Real Property Transfer Tax (RPPT), Cigarette Tax, and Liquor Tax.

Current Expenditures are Exceeding Current Revenues

Beginning in fiscal year 2006, growth in expenditures began exceeding the growth in revenues. This trend steepened in the current fiscal year and projects to steepen further due to labor cost increases in:

- PERS contribution rates,
- Merit raises,
- Longevity pay,
- Employee health benefit costs, and
- Pre-funded retiree medical cost liability.
-

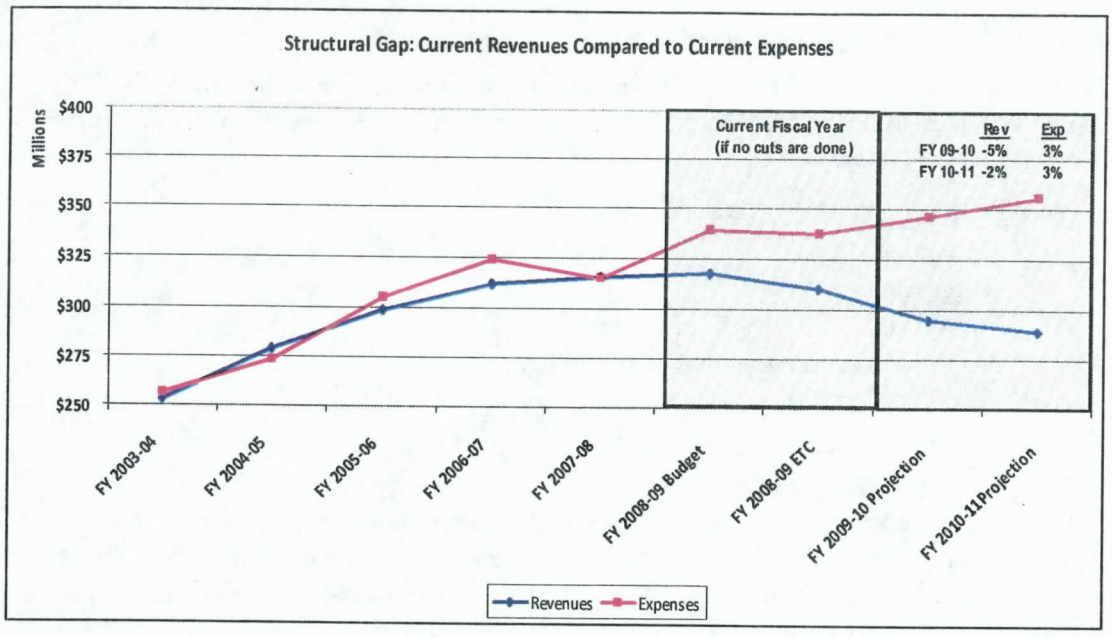
Projection Scenarios Through 2011

The fundamental changes in the sales tax base and property values coupled with the volatility of the local economy make it difficult to accurately project future revenues based on past experience. Consequently, the Finance Department is modeling changes in revenues based on three scenarios. We do know that labor cost increases will result in a relatively constant growth in expenditures.

Scenario Assumptions

Scenarios	Variables	FY 08/09 ETC	FY 09/10 Projected	FY 10/11 Projected
Scenario 1 Baseline Assumes Current Economic Conditions	Property Tax	5.8%	3.0%	0.0%
	Consolidated/AB 104 Taxes	-10.0%	-6.0%	-3.0%
	All Other Revenue	3.5%	-1.0%	0.0%
	Salaries/Wages	1.9%	2.0%	2.0%
	Benefits	2.1%	4.0%	4.0%
	Services/Supplies	10.0%	2.0%	2.0%
	Capital	-31.0%	0.0%	0.0%
	Transfers Out - except debt	5.9%	0.0%	0.0%
	Debt			
Scenario 2 Assumes an Escalation in Economic Decline	Property Tax	4.5%	1.5%	-2.5%
	Consolidated/AB 104 Taxes	-15.0%	-8.0%	-4.0%
	All Other Revenue	1.5%	-3.0%	-1.0%
	Salaries/Wages	1.9%	2.0%	2.0%
	Benefits	2.1%	4.0%	4.0%
	Services/Supplies	10.0%	2.0%	2.0%
	Capital	-31.0%	0.0%	0.0%
	Transfers Out - except debt	5.9%	0.0%	0.0%
	Debt			
Scenario 3 Assumes Full-Scale Economic Deterioration	Property Tax	4.0%	0.0%	-5.0%
	Consolidated/AB 104 Taxes	-20.0%	-10.0%	-5.0%
	All Other Revenue	0.0%	-5.0%	-2.0%
	Salaries/Wages	1.9%	2.0%	2.0%
	Benefits	2.1%	4.0%	4.0%
	Services/Supplies	10.0%	2.0%	2.0%
	Capital	-31.0%	0.0%	0.0%
	Transfers Out - except debt	5.9%	0.0%	0.0%
	Debt			

The outcome of each scenario only differs in magnitude. Without a significant correction in the trajectory of expenses, the County faces a substantial and widening structural gap.



Budget Balancing Strategies

In past years, the County has been able to balance the budget using incremental cost reductions and applying fund reserves accrued in boom years. These strategies are no longer effective solutions to a longer term problem. Incremental reductions are limited because departments cannot continuously provide the same level of services with less funding and less staff. The current vacancy freeze leaves departments short staffed by 221 positions.

Fund reserves, prudently built up during boom years, have helped the County to balance the budget the last two years. In this respect, reserves have helped to "by time" and maintain service levels while waiting for the economic turnaround. However, the economic turnaround has not materialized and remaining fund reserves need to be strategically managed.

The fundamental and historic change in the local economy requires the County to take a more broad based and structural approach to balancing the budget. To that end, three broad budget balancing strategies are being used:

- Evaluating programs for cost reductions by:
  - Eliminating programs
  - Reducing service levels
  - Outsourcing
  - Line item reductions

- Restructuring labor costs by:
  - Creating incentives for employees to separate, thus reducing the size of the labor force:
    - Accelerated sick leave pay out

- Purchase of PERS service credit
- Severance
- Retiree medical service credit up to 5 years

Incentives need to be strategically used to facilitate program and cost structure changes.

- Reducing the cost per employee by negotiating with the bargaining associations for labor cost concessions, such as:
  - Health benefit cost sharing
  - Reduced hours/wages
  - Longevity pay waivers
  - Step increase freezes

➢ Strategically using available fund reserves to bridge the transition and brace against economic uncertainty

Budget Timelines

2008

• November 17	Board direction to develop $9.8 million in reduction plans
• November 21	Existing incentives re-offered to employees
• December 9	Board direction to work with bargaining units on new incentives
• December 29	Department's submitted reduction plans

2009

• January 9	Meeting with Associations on additional incentives
• January 16	Employee deadline to request additional incentives
• January 23	Department amended plans due
• January 27	Presentation to BCC

Washoe County Health District

EPI - NEWS

Page 1 of 2

In This Issue:

- Overview of Syndromic Surveillance in Washoe County

January 9, 2009
Vol. 29, No. 1
Telephone (775) 328-2447
Fax (775) 328-3764
epicenter@washoecounty.us

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Overview of Syndromic Surveillance in Washoe County

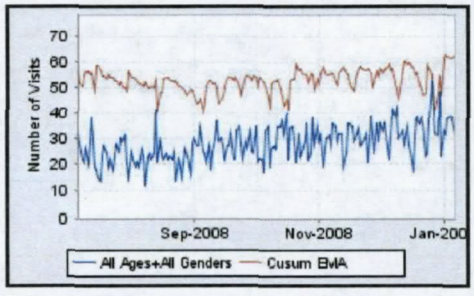
Introduction

Historically, public health responses combating infectious diseases have been primarily based on traditional surveillance which relies on reporting from laboratories and healthcare providers. Beginning in the 21st century, particularly after the 2001 anthrax attacks, public health agencies began exploring the use of pre-existing pre-diagnosis health related data in outbreak detection and disease prevention and control in a more timely fashion. This type of activity was called *Syndromic Surveillance*. Syndromic Surveillance applies to surveillance using health-related data that precedes diagnosis and signals sufficient probability of a case or an outbreak to warrant further public health response (CDC, 2003).

Figure 1 on page 2 shows the natural history of infectious diseases. During the progression of a disease from infection to pre-diagnosis, traditional surveillance makes public health intervention possible after disease diagnosis is made. In comparison to traditional surveillance, Syndromic Surveillance provides an opportunity for early detection of naturally occurring disease outbreaks and/or potential bioterrorism events by monitoring pre-diagnosis data. Examples of such data are outpatient office visits, emergency room visits, laboratory test ordering, etc. Some syndromic surveillance systems monitor non-syndrome data such as overall school absenteeism rates, nursing hotline calls, etc. Thses surveillance systems are preferably called *advanced surveillance systems*. The advantages of advanced surveillance are 1) pre-existing data, 2) available in an electronic format, and 3) real-time or nearly real-time. The purpose of this article is to provide an overview of syndromic surveillance in the Washoe County Health District (WCHD).

EpiCenter™

EpiCenter™, formerly known as Real-time Outbreak and Disease Surveillance (RODS), is a secured and authorized web-based system WCHD has been using since July 1, 2005. This system monitors real-time emergency room (ER) visits at four local hospitals: Renown Regional Medical Center, Renown South Meadows Medical Center, Saint Mary's Regional Medical Center, and Northern Nevada Medical Center. EpiCenter™ classifies de-identified chief complaint data into different categories such as gastrointestinal syndrome (diarrhea, vomiting, abdominal cramping, etc.), respiratory syndrome (cough, shortness of breath, etc.), and others. EpiCenter™ applies statistical models to compare current observed counts with expected counts. EpiCenter™ alerts authorized users in hospitals and WCHD when the observed count exceeds a pre-defined threshold. The graph below is an example of ER visits for respiratory syndrome during the six month period between 7/6/08-1/6/09. The blue line represents an observed count and the orange line represents the threshold.



Preliminary evaluation of the usefulness of EpiCenter™ demonstrated a very good correlation with laboratory confirmed influenza reporting (correlation coefficient=70%, $P<0.01$) and reporting of influenza-like-illness (ILI) by sentinel flu providers (correlation coefficient=84%, $P<0.01$). During the 2007-08 influenza season, the peak of ER visits for respiratory illness was one week ahead of the peak of laboratory reporting on confirmed influenza cases.

WCHD is now expanding EpiCenter to all urgent care facilities in Washoe County. There is NO CHARGE for urgent care facilities to participate. Please call us at 775-328-2447 for details if you are interested in this project.

National Retail Data Monitor (NRDM)

The National Retail Data Monitor (NRDM), a system developed by University of Pittsburgh, monitors anonymous sales of over-the-counter (OTC) healthcare products to identify disease outbreaks. Since December 2002, the number of retail pharmacy, grocery, and mass merchandise operations that participate in the NRDM has grown to more than 27,000 stores, from among the nation's top thirteen chains. WCHD began using NRDM in November 2003. A total of 18 OTC medication categories were monitored in a nearly real-time fashion (1-2 day lag) in NRDM. Retail store coverage in Washoe County in NRDM doubled to 43% in December 2008 from the previous coverage rate of 21% in prior years.

WCHD has been monitoring anti-diarrhea and anti-cough/cold medications on a daily basis. Preliminary evaluation of NRDM in Washoe County demonstrated value in reassurance of the presence

Please share this document with all physicians & staff in your facility/office.

or absence of naturally occurring disease outbreaks therefore assisting the outbreak response team's preparedness. Since coverage recently doubled, further evaluation will be conducted when data is adequate.

FirstWatch®

On August 1, 2005, WCHD began using FirstWatch®, a system which monitors real-time 911 calls to REMSA. WCHD monitors the reasons for 911 calls. FirstWatch® classifies call reasons into several categories such as gastrointestinal, respiratory, severe illness or death, neurological, etc., applies a statistical detection algorithm, and alerts users if the observed value exceeds a pre-defined threshold. The goal of FirstWatch® is to provide early detection of bioterrorism events as well as naturally occurring disease outbreaks. During the past three years, FirstWatch® demonstrated a unique value in reassurance of the presence or absence of disease outbreaks associated with extended care facilities.

School Absenteeism

School-aged children are at high risk for communicable disease transmission such as influenza due to the nature of frequent and close contact with one another in the school setting. Therefore, school absence can be an early indicator of possible disease outbreaks (influenza, gastroenteritis). WCHD has been working closely with Washoe County School District (WCSD) to utilize de-identified school absence data and monitor the overall school absenteeism rate since the 2007 school year. Daily school absences for all reasons and daily absences due to medical reasons (illness, healthcare provider's appointment, etc.) in all elementary schools in WCSD were monitored. A statistical model was applied to detect aberration(s). Since implementation, this system demonstrated value in monitoring the magnitude and trend of several disease outbreaks (ILI and viral gastroenteritis outbreaks), which saved WCHD's personnel resources from calling schools during outbreak investigations.

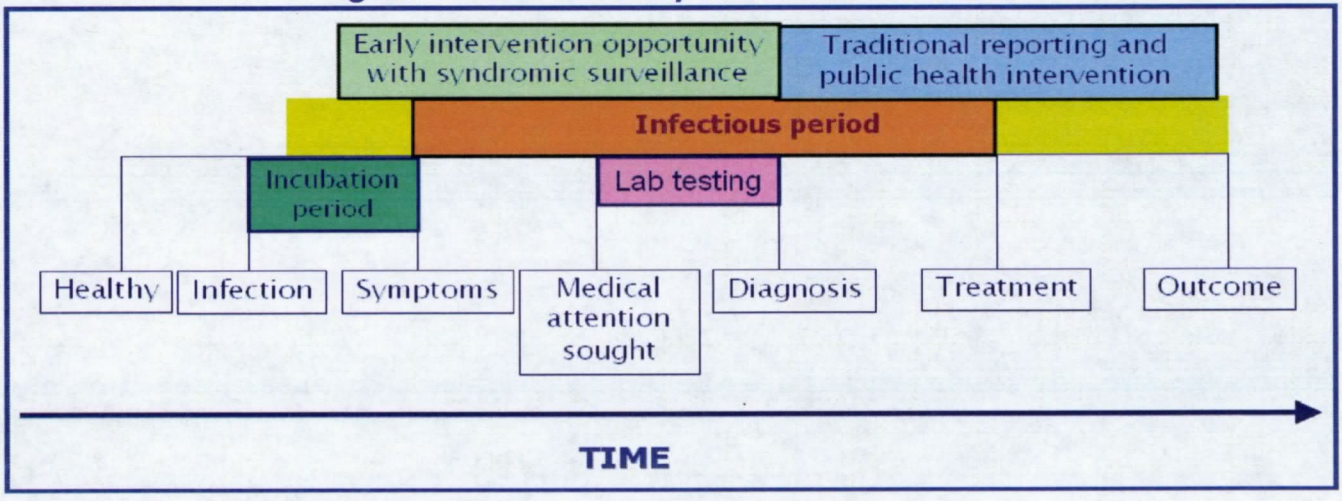
Take Home Message

Syndromic surveillance can only be used as a supplemental surveillance tool to improve public health surveillance capacity, it CANNOT replace traditional surveillance systems because syndromic surveillance primarily focuses on aggregated level data due to the use of de-identified data. While traditional surveillance can be seen as doors or windows to your house which are essential components to protect your safety, syndromic surveillance can be seen as your "home security system" for enhanced protection of your safety. Although such a system may rarely be triggered or used, once an emergency takes place, a house with a "home security system" will have better protection, less damage and ultimately better protect human safety.

We would like to thank the following agencies for sharing their data and supporting these systems to improve the overall public health surveillance capacity in our community:

- ***Renown Health System***
- ***Saint Mary's Regional Medical Center***
- ***Northern Nevada Medical Center***
- ***REMSA***
- ***Washoe County School District***

Figure 1. Natural History of Infectious Diseases



Washoe County Health District

EPI - NEWS

Page 1 of 2

In This Issue:

December 19, 2008
Vol. 28, No. 20

Telephone (775) 328-2447
Fax (775) 328-3764
epicenter@washoecounty.us

WASHOE COUNTY HEALTH DISTRICT • P.O. BOX 11130 • RENO, NEVADA • 89520-0027 • (775) 328-2447

PCR-CONFIRMED SEASONAL INFLUENZA TYPE A (H1) IDENTIFIED IN WASHOE COUNTY

The Health District's Communicable Disease Program has received the first report of PCR-confirmed seasonal influenza in Washoe County for this season. The specimen was collected on December 11, 2008 by a local family practice office and was positive by reverse transcriptase polymerase chain reaction (RT-PCR) for influenza A (H1). Testing was performed by the Nevada State Health Laboratory. Culture results are pending. Although this is the first PCR-confirmed case, an additional 13 cases with rapid test-positives have been reported since October 23, 2008, bringing the total to date to 14 (see table 1). Age range of reported cases is 1 -46 years with a mean of 21 years. For up-to-date influenza surveillance data for Washoe County, please see the weekly influenza report at: http://www.washoecounty.us/health/cdpp/is.html.

Table 1 Influenza cases reported, Washoe County, 2008-09

# reported	Influenza Type	Subtype	Test
1	A	H1	PCR
8	A	Unknown	Rapid
3	B	N/A	Rapid
2	Unknown	N/A	Rapid

Influenza is a reportable disease as defined in Nevada Administrative Code 441.A. **Health care providers must report influenza cases with a positive laboratory test (including rapid tests performed in the office or lab) by faxing reports to (775) 328-3764 or by calling the Communicable Disease Program at (775) 328-2447.**

CDC ISSUES INTERIM RECOMMENDATIONS FOR THE USE OF INFLUENZA ANTIVIRAL MEDICATIONS IN THE SETTING OF OSELTAMIVIR RESISTANCE AMONG CIRCULATING INFLUENZA A (H1N1) VIRUSES, 2008-09 INFLUENZA SEASON *(Adapted from the CDC Health Advisory distributed via Health Alert Network December 19, 2008)*

Although influenza activity is low in the U.S. to date, preliminary data from a limited number of states indicate that the prevalence of influenza A (H1N1) virus strains resistant to the antiviral medication oseltamivir is high. Therefore, CDC is issuing interim recommendations for antiviral treatment and chemoprophylaxis of influenza during the 2008-09 influenza season. When influenza A (H1N1) virus infection or exposure is suspected, zanamivir or a combination of oseltamivir and rimantadine are more appropriate options than oseltamivir alone. Local influenza surveillance data and laboratory testing can help with physician decision-making regarding the choice of antiviral agents for their patients. The 2008-09 influenza vaccine is expected to be effective in preventing or reducing the severity of illness with currently circulating influenza viruses, including oseltamivir-resistant influenza A (H1N1) virus strains. Since influenza activity remains low and is expected to increase in the weeks and months to come, CDC recommends that influenza vaccination efforts continue. **Vaccination remains the cornerstone of influenza prevention efforts.** Influenza vaccine is still available at the Health District and other locations throughout the community. For more information call 775-328-3724 or visit: http://www.washoecounty.us/health/cchs/flu.html.

Background

Influenza A viruses, including two subtypes (H1N1) and (H3N2), and influenza B viruses currently circulate worldwide, but the prevalence of each can vary among communities and within a single community over the course of an influenza season. In the U.S., four prescription antiviral medications (oseltamivir, zanamivir, amantadine and rimantadine) are approved for treatment and chemoprophylaxis of influenza. Since January 2006, the neuraminidase inhibitors (oseltamivir, zanamivir) have been the only recommended influenza antiviral drugs because of widespread resistance to the adamantanes (amantadine, rimantadine) among influenza A (H3N2) virus strains. The neuraminidase inhibitors have activity against influenza A and B viruses while the adamantanes have activity only against influenza A viruses. In 2007-08, a significant increase in the prevalence of oseltamivir resistance was reported among influenza A (H1N1) viruses worldwide. During the 2007-08 influenza season, 10.9% of H1N1 viruses tested in the U.S. were resistant to oseltamivir.

Influenza activity has been low thus far this season in the United States. As of December 19, 2008, a limited number of influenza viruses isolated in the U.S. since October 1 have been available for antiviral resistance testing at CDC. Of the 50 H1N1 viruses tested to date from 12 states, 98% were resistant to oseltamivir, and all were susceptible to zanamivir, amantadine and rimantadine. Preliminary data indicate that oseltamivir-resistant influenza A (H1N1) viruses do not cause different or more severe symptoms compared to oseltamivir-sensitive influenza A (H1N1) viruses. Influenza A (H3N2) and B viruses remain susceptible to oseltamivir. The proportion of influenza A (H1N1) viruses among all influenza A and B viruses that will circulate during the 2008-09 season cannot be predicted, and will likely vary over the course of the season and among communities. Oseltamivir-resistant influenza A (H1N1) viruses are antigenically similar to the influenza A (H1N1) virus strain represented in 2008-09 influenza vaccine, and CDC recommends that influenza vaccination efforts continue as the primary method to prevent influenza.

Oseltamivir resistance among circulating influenza A (H1N1) virus strains presents challenges for the selection of antiviral medications for treatment and chemoprophylaxis of influenza, and provides additional reasons for clinicians to test patients for influenza virus infection and to consult surveillance data when evaluating persons with acute respiratory illnesses during influenza season. These interim guidelines provide options for treatment or chemoprophylaxis of influenza in the U.S. if oseltamivir-resistant H1N1 viruses are circulating widely in a community or if the prevalence of oseltamivir resistant H1N1 viruses is uncertain.

Please share this document with all physicians & staff in your facility/office.

Interim Recommendations

Health care providers seeing patients with suspected influenza or patients who are candidates for chemoprophylaxis against influenza should consider the following guidance for assessing and treating patients during the 2008-09 influenza season:

1) Review local or state influenza virus surveillance data weekly during influenza season, to determine which types (A or B) and subtypes of influenza A virus (H3N2 or H1N1) are currently circulating in the area. For Washoe County data, please see the weekly influenza report at: http://www.washoecounty.us/health/cdpp/is.html or call the Communicable Disease Program at 775-328-2447.
2) Consider use of influenza tests that can distinguish influenza A from influenza B.
   a. Patients testing positive for influenza B may be given either oseltamivir or zanamivir (no preference) if treatment is indicated.
   b. At this time, if a patient tests positive for influenza A, use of zanamivir should be considered if treatment is indicated. Oseltamivir should be used alone only if recent local surveillance data indicate that circulating viruses are likely to be influenza A (H3N2) or influenza B viruses. Combination treatment with oseltamivir and rimantadine is an acceptable alternative, and might be necessary for patients that cannot receive zanamivir, (e.g., patient is <7 years old, has chronic underlying airway disease, or cannot use the zanamivir inhalation device), or zanamivir is unavailable. Amantadine can be substituted for rimantadine if rimantadine is unavailable.
   c. If a patient tests negative for influenza, consider treatment options based on local influenza activity and clinical impression of the likelihood of influenza. Because rapid antigen tests may have low sensitivity, treatment should still be considered during periods of high influenza activity for persons with respiratory symptoms consistent with influenza who test negative and have no alternative diagnosis. Use of zanamivir should be considered if treatment is indicated. Combination treatment with oseltamivir and rimantadine (substitute amantadine if rimantadine unavailable) is an acceptable alternative. Oseltamivir should be used alone only if recent local surveillance data indicates that circulating viruses are likely to be influenza A (H3N2) or influenza B viruses.
   d. If available, confirmatory testing with a diagnostic test capable of distinguishing influenza caused by influenza A (H1N1) virus from influenza caused by influenza A (H3N2) or influenza B virus can also be used to guide treatment. When treatment is indicated, influenza A (H3N2) and influenza B virus infections should be treated with oseltamivir or zanamivir (no preference). Influenza A (H1N1) virus infections should be treated with zanamivir or combination treatment with oseltamivir and rimantadine is an acceptable alternative.
3) Persons who are candidates for chemoprophylaxis (e.g., residents in an assisted living facility during an influenza outbreak, or persons who are at higher risk for influenza-related complications and have had recent household or other close contact with a person with laboratory-confirmed influenza) should be provided with medications most likely to be effective against the influenza virus that is the cause of the outbreak, if known. Respiratory specimens from ill persons during institutional outbreaks should be obtained and sent for testing to determine the type and subtype of influenza A viruses associated with the outbreak and to guide antiviral therapy decisions. Persons whose need for chemoprophylaxis is due to potential exposure to a person with laboratory-confirmed influenza A (H3N2) or influenza B should receive oseltamivir or zanamivir (no preference). Zanamivir should be used when persons require chemoprophylaxis due to exposure to influenza A (H1N1) virus. Rimantadine can be used if zanamivir use is contraindicated.

Enhanced surveillance for influenza antiviral resistance is ongoing at CDC in collaboration with local and state health departments. Clinicians should remain alert for additional changes in recommendations that might occur as the 2008-09 influenza season progresses. Oseltamivir-resistant influenza A (H1N1) viruses are antigenically similar to the influenza A (H1N1) viruses represented in the vaccine, and **influenza vaccination should continue to be considered the primary prevention strategy regardless of oseltamivir sensitivity.** Information on antiviral resistance will be updated in weekly surveillance reports (available at http://www.cdc.gov/flu/weekly/fluactivity.htm).

For more information on antiviral medications and additional considerations related to antiviral use during the 2008-09 influenza season, visit http://www.cdc.gov/flu/professionals/antivirals/index.htm

Table 2 Interim recommendations for the selection of antiviral treatment using laboratory test results and viral surveillance data, United States, 2008-09 influenza season†

Rapid antigen or other laboratory test	Predominant virus(es) in community	Preferred medication(s)	Alternative (combination antiviral treatment)
Not done or negative, but clinical suspicion for influenza	H1N1 or unknown	Zanamivir	Oseltamivir + Rimantadine*
Not done or negative, but clinical suspicion for influenza	H3N2 or B	Oseltamivir or Zanamivir	None
Positive A	H1N1 or unknown	Zanamivir	Oseltamivir + Rimantadine*
Positive A	H3N2 or B	Oseltamivir or Zanamivir	None
Positive B	Any	Oseltamivir or Zanamivir	None
Positive, unknown A or B	H1N1 or unknown	Zanamivir	Oseltamivir + Rimantadine*
Positive, unknown A or B	H3N2 or B	Oseltamivir or Zanamivir	None

† Influenza antiviral medications used for treatment are most beneficial when initiated within the first two days of illness. Clinicians should consult the package insert of each antiviral medication for specific dosing information, approved indications and ages, contraindications/warnings/precautions, and adverse effects.

* Amantadine can be substituted for rimantadine but has increased risk of adverse events. Human data are lacking to support the benefits of combination antiviral treatment of influenza; however, these interim recommendations are intended to assist clinicians treating patients who might be infected with oseltamivir-resistant influenza A (H1N1) virus.

DISTRICT HEALTH DEPARTMENT

February 20, 2009

TO: District Board of Health Members

FROM: Janet Smith, Recording Secretary

RE: DBOH Packet Numbering and Minutes

I would like to call to your attention that your item numbers on your back-up materials, after item 13., will be off by one number; that what was numbered item 15. is now number 14. on the agenda, etc. This was the result of combining of two (2) agenda items after the back-up materials had been numbered Rather than delay the delivery of the packets by renumbering each document, please note the numbering changes in your materials. Thank you for your understanding.

The January 22, 2009 minutes were not completed in time to be included in the packets; and will, therefore, be continued to the Board's March 26, 2009 meeting for consideration.

Respectfully,

Janet

Janet Smith. Recording Secretary

1001 EAST NINTH STREET / P.O. BOX 11130, RENO, NEVADA 89520 (775) 328-2400 FAX (775) 328-2279
www.washoecounty.us/health