

WASHOE COUNTY DISTRICT BOARD OF HEALTH

August 26, 2010

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

ABSENT: None

STAFF: Dr. Mary Anderson, District Health Officer; Ms. Eileen Coulombe, Administrative Health Services Officer; Mr. Andrew Goodrich, Director, Air Quality Management; Mr. Bob Sack, Director, Environmental Health Services; Dr. Randall Todd, Director, Epidemiology and Public Health Preparedness; Ms. Mary-Ann Brown, Director, Community and Clinical Health Services; Patsy Buxton, Fiscal Compliance Officer; Stacey Akurosawa, Administrative Assistant; Jeanne Rucker, Environmental Health Specialist Supervisor; Dave McNinch, Environmental Health Specialist Supervisor; Candy Hunter, Public Health Nursing Supervisor; Peg Caldwell, RN; Tracie Douglas, Public Information Officer; Bryan Wagner, Senior Environmental Health Specialist; Wally Prichard, Air Quality Specialist; Bryan Tyre, PE, Registered Engineer; Denise Cona, Plans/Permit Application Aide; Kim Tran-Franchi, Environmental Health Specialist; Lisa Lottritz, Public Health Nurse; Melissa Peek, Epidemiologist; Charlene Albee, Environmental Engineer; Steve Fisher, Department Computer Application Specialist; Curtis Splan, Department Computer Application Specialist; Mark Dougan, Environmental Health Specialist; Betsy Hambleton, Medical Reserve Corps Coordinator; Jeff Whitesides, Public Health Program Manager; Janet Smith, Recording Secretary and Leslie Admirand, Deputy District Attorney

At 1:05pm, Chairman Humphreys called the Washoe County District Board of Health meeting to order, followed by the Pledge of Allegiance led by Mr. Andrew Goodrich, retiring Director, Air Quality Management.

ROLL CALL

Roll call was taken and a full Board noted.

PUBLIC COMMENT

No public comment was presented.

APPROVAL/DELETIONS – AGENDA – AUGUST 26, 2010

Chairman Humphrey called for any amendments to the agenda for August 26, 2010.

**MOTION: Mr. Smith moved, seconded by Mr. Gustin, that the agenda for the District Board of Health August 26, 2010 meeting be approved as presented.
Motion carried unanimously.**

APPROVAL/ADDITIONS/CORRECTIONS – MINUTES – JULY 22, 2010

Chairman Humphreys called for any additions, deletions or corrections to the minutes of the July 22, 2010 meeting.

Mr. Gustin advised he would be recusing himself as he was not present.

**MOTION: Ms. Ratti moved, seconded by Mr. Smith, that the minutes of the District Board of Health July 22, 2010 meeting be approved as received.
Motion carried with Mr. Gustin abstaining.**

RECOGNITIONS

Mr. Bob Sack, Director, Environmental Health Services, introduced Mr. Wesley Rubio, advising that Mr. Rubio is a new Registered Environmental Health Specialist in the Environmental Health Services Division.

Chairman Humphreys and Dr. Mary Anderson, District Health Officer, presented Certificates of Recognition to Ms. Melissa Peek for **5 Years-of-Service**; Mr. Wally Prichard for **10 Years-of-Service**; Ms. Charlene Albee for **15 Years-of-Service**; Ms. Lisa Lottritz for **15 Years-of-Service**; Mr. Bryan Tyre for **20 Years-of-Service** and Ms. Denise Cona for **25 Years-of-Service**.

Chairman Humphreys and Dr. Anderson presented a plaque to Mr. Andrew Goodrich, Director, Air Quality Management in recognition of his upcoming retirement and commending him for twenty-four (24) years of service from November 3, 1986 through September 3, 2010, and his dedication to the improvement of the air quality in Reno, Sparks and Washoe County.

Mr. Andrew Goodrich, Director, Air Quality

Advised that he "believes the Washoe County Health District Air Quality Division is a fantastic Division; that it is one of the top in the County, top in region and that is because of the fine employees. The Health District is a top performing Department and again because of the employees and the relationships built in the community with some of the various industries; that the District has been able to achieve some amazing things which is not only recognized regionally but nationally as well." He thanked the Board, Dr. Anderson and Staff for the great support offered him during his years of service.

Mr. Smith

Advised that he has know Mr. Goodrich for "almost all of the years he has worked in the Air Quality Division and he can tell everyone that 'from where it was to where it is' Mr. Goodrich has taken it a long, long ways; that he is absolutely thrilled with Mr. Goodrich's accomplishments."

Ms. Jung

Thanked Mr. Goodrich for "his years of terrific and noble service to the citizens of Washoe County and the Air Quality Division. Not only has he been a good public servant to Washoe County and the Air Quality Division but for his service out in the community, too, representing Washoe County."

Ms. Jung was excused at 1:20 pm.

CONSENT AGENDA – BUDGET AMENDMENTS/INTERLOCAL AGREEMENTS

The Board was advised that Staff recommends **retroactive approval** of the **District Health Officer's acceptance** of the **Notice of Subgrant Award** from the **Nevada State Health Division** to provide funding in the **total amount** of **\$113,000** for the **Tobacco Education and Prevention Program Grant, IO 10010** for the period of March 29, 2010 through March 28, 2011; and **approval** of the **budget amendments totaling a net decrease** of **\$5,614** in both revenue and expenses.

The Board was advised that Staff recommends **retroactive approval** of the **District Health Officer's acceptance** of the **Grant Agreement and Assistance Amendment #1** from the **US Environmental Protection Agency (EPA)** to provide funding in the **total amount** of **\$650,158** for

the **Air Quality Management, EPA Air Pollution Control Program, IO 10019**, for the period of October 1, 2009 through September 30, 2010.

The Board was advised that Staff recommends **ratification** of **Amendment #2** to the **Board of Regents of the Nevada System of Higher Education Interlocal Agreement** to provide community and clinical public health opportunities for **School of Medicine residents** during their preceptorship experience for the period of July 15, 2009 through June 30, 2011.

The Board was advised that Staff recommends **ratification** of the **Interlocal Contract** with the **State of Nevada, Department of Motor Vehicles**, for the **DMV Excess Reserve Grant Program (IN TBD)** in the **total amount of \$140,000** for the period of approval through June 30, 2012; and **approval of budget amendments totaling an increase of \$140,000** in both revenue and expenses.

The Board was advised that Staff recommends **approval** of **Subgrant Amendment #1** from the **Nevada State Health Division, Office of Epidemiology** for the **Epidemiology and Laboratory Capacity (ELC) Grant Program** in the **total amount of \$62,350** for the period of January 1, 2010 through December 31, 2010; and **approve amendments totaling an increase of \$2,001** in both revenue and expenses to the **adopted FY 11 ELC-General Grant Program, IO 10677**, to bring the FY 11 adopted budget into alignment with the grant.

MOTION: Ms. Ratti moved, seconded by Mr. Gustin, that the retroactive approvals of the District Health Officer's acceptance of the Notice of Subgrant Award, with the corresponding budget amendment; the Grant Agreement and Assistance Amendment #1; the ratification of Amendment #2 to the Board of Regents of the Nevada System of Higher Education Interlocal Agreement; ratification of the Interlocal Contract, with the corresponding budget amendment; and the Subgrant Amendment #1 with the corresponding budget amendment be approved as outlined.
Motion carried unanimously.

REGIONAL EMERGENCY MEDICAL SERVICES AUTHORITY

A. Review and Acceptance of the Operations and Financial Report – June and July 2010

Mr. Jim Gubbels, Vice President of REMSA

The Board members were provided with a copy of the June Operations and Financial Report; that the emergency response times for life-threatening calls in June was 93% and 96% for non-life threatening calls. The monthly average bill for air ambulance service for June was \$6,441, with a year-to-date average of \$6,433. The monthly average bill for ground ambulance service for June was \$892 with a year-to-date \$926; that the average allowable for ground ambulance service was \$922; that REMSA exceeded the allowable by an average of \$4.

The Board members were provided with a copy of the July Operations and Financial Report; that the emergency response times for life-threatening calls in July was 92% and 96% for non-life threatening calls. The monthly average bill for air ambulance service for July was \$7,316, which is the year-to-date average. The monthly average bill for ground ambulance service for July was \$984 which is the year-to-date average. The allowable ground average bill with the Consumer Price Index (CPI) increase for this fiscal year was \$970; however, due exceeding the allowable average bill for last year by \$4, the allowable average bill has been reduced by the \$4 resulting in an allowable average ground ambulance bill of \$966 for this fiscal year.

**MOTION: Mr. Gustin moved, seconded by Ms. Ratti, that the REMSA Operations and Financial Report for the month of June and July 2010 be accepted as presented.
Motion carried unanimously.**

B. Update – REMSA's Community Activities Since June 2010

Mr. Gubbels advised that attached the Operational and Financial Report for July is copy of an article featured in *Vertical 911*, "A Day in the Life of an EMS Pilot" featuring Mr. Dean Mischke, a Care Flight pilot. He would encourage everyone to read the article, which explains what Mr. Mischke "gets to do day in and day out."

REVIEW – ACCEPTANCE – MONTHLY PUBLIC HEALTH FUND REVENUE & EXPENDITURE
REPORT – JULY 2010

Ms. Eileen Coulombe, Administrative Health Services Officer

The Board members have been provided with a copy of the Health Fund Revenue and Expenditures Report for the month of June 2010 (Fiscal Year 10), advising that it provides the contrasting percentages from last year and the amount in the Environmental Oversight Account for June and July 2010. Reviewed the Report in detail advising that Staff recommends the Board accept the Report as presented.

**MOTION: Ms. Ratti moved, seconded by Mr. Gustin, that the District Health Department's Revenue and Expenditure Report for June 2010 be accepted as presented.
Motion carried unanimously.**

UPDATE – FISCAL YEAR 2011 BUDGET

Ms. Coulombe

The Board members have been provided with three (3) documents, which she would request would be inserted into the Board members' budget book; that these will be of assistance during the Strategic Planning Retreat. Reviewed each document advising that "A" is the "State Doc", which is to be inserted in Tab 2; that the last column delineates the final adopted amount; that the "variance in that change was \$15,740." When the budget book was presented the second page was presented by Divisions; however, it has been rolled-up into the Health Fund; therefore, "rather than the five (5) different Divisions it is as a Health Fund." Item 11.B. of the handouts is the "Project Accounting Sheets"; that Tab 8 of the budget book was "all the different financials with the estimates to complete for the previous year; that this is a simple tool to have all of this rolled up by Program." As an example, reviewed the "Project Accounting Sheets" of the Air Quality Management Division of all the different line items listed; that this provides a "quick overview of the Programs"; that this information is to be inserted in Tab 8 of the budget book. Item 11.C. is the Health District's Organizational Chart, which will be inserted in Tab 5 of the budget book; that the Organizational Chart will be adopted as of July 1 of each year; that the updates include the "Return on Investments" (ROI) positions, which had been abolished during the year have been deleted from the Organizational Chart. The authorized positions are those that are funded.

In response to Ms. Ratti

Regarding the date and time of the Board of Health's Strategic Planning Retreat, Ms. Coulombe advised that the meeting is scheduled for Thursday, October 7, 2010, beginning at 9:00 am; that she would recommend the Board members schedule the entire day for the Session. Staff will list the Strategic Planning Session on next month's agenda allowing for a discussion of the items for the Strategic Planning Retreat agenda.

PRESENTATION – DRAFT PROPOSED REVISIONS – WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING SOLID WASTE MANAGEMENT – ANIMAL RESISTANT CONTAINERS

Ms. Jeanne Rucker, Environmental Health Specialist Supervisor

Advised that the Board members have been provided with an updated version of the draft Regulations Governing Solid Waste Management, specifically to Section 040 (Solid Waste Storage), (a copy of which was placed on file for the record).

A request was received to have a Staff member participate in the Sierra Front Bear Working Group, which was developed to address issues as related bears and "the possible interface with residents of Washoe County; that one of the issues of greatest concern was bears feeding on garbage and other things that could attract bears into suburban and urban areas, which would pose a danger for both the bear(s) and human beings." At the July 22, 2010 District Board of Health meeting, Staff was directed to prepare a revision to the Solid Waste Regulations to address bear issues as related to solid waste storage." She had discussions with both legal counsel and the District Health Officer and it was determined that the current existing Regulations would have to be amended to address this issue, as the Regulations adopted by the District Board of Health pertain to the entire County "and not just to those areas which may have bear issues." The Health District has not received any bear complaints; that the complaints received pertain to coyotes, cats, dogs, raccoons, and other types of animals getting into the waste containers. The proposed draft is "not specific to bears; that it addresses animal resistant containers and should a chronic problem exist what the remedy would be for that." The proposed draft "allows for adjustment to the container regarding location, time of placement, and removal from the curb in an effort to preclude those containers from access by animals."

Staff recommends the Board members review the draft of the proposed revisions to Section 040 of the District Board of Health Regulations Governing Solid Waste Management. A draft of the proposed revisions was disseminated to a number of stakeholders who had indicated an interest in

the bear issue; that Staff conducted a public workshop last night; that two (2) of the members of the Working Group who provided comments; that Staff also received some comments through emails. The updated draft proposed amendments provided to the Board today are based on those comments.

The proposed amendments would not result in any "fiscal impacts to the Health District"; however, it is not possible to determine how "that could change in the future" with a potential increase in the number of complaints that will be received in the future when it is "decided" the Health District is responsible for bears. There will be a "fiscal impact to anyone who has a container that has to be changed out to an animal resistant container, which is quite costly." There may also be an ancillary fee charged by the garbage company will charge for those residents who have to have that type of container. Incline Village has an ordinance that addresses this issue and providing "the container is in a specific location there is no charge to the resident"; however, that is in accordance with Incline's Franchise Agreement. The other Franchise Agreements do not address this provision; therefore, it is "likely there will be an additional charge to the user of that type of container."

She would request the Board members review the proposed draft and provide her with "feedback and direction."

In response to Ms. Ratti

Regarding how residents will be advised "they have to have an animal resistant container", Ms. Rucker advised that the Regulation stipulates "...if there is a chronic disturbance."; that initially a "chronic disturbance was defined as three (3) valid complaints in a twelve (12) month period" would be deemed a chronic disturbance and would require a change out to an approved animal-resistant container. During the review of the proposed draft amendments it was the determination to reduce this provision to "one (1) or two (2) valid complaints to be consistent with the other enforcement agencies on the Eastern Sierra Front; therefore, the new proposed draft stipulates "the first validated incident will result in a warning, with Staff explaining the options; that a second validated complaint will result in the resident being required to change out their container with ninety (90) days." This would be property owner specific and would not pertain to adjacent property owners unless those property owners are having the same problem; that "usually complaints are individual and not for an area." As she previously stated, the Health District has not received any bear complaints; therefore, it is not possible to know "if that is how complaints may be received." Regarding how other jurisdictions manage this, Ms. Rucker advised that "this is how the other jurisdictions, which she was advised to review, manage complaints – on a case-by-case basis; however, no other jurisdictions, which she reviewed, names the Health Authority as the enforcement agency." All of the other jurisdictions, which she reviewed, designate Code Enforcement as the agency managing these complaints.

Chairman Humphreys

He would recommend that any comments be presented to Ms. Rucker for the final draft for presentation and action at the Board's October 28, 2010 meeting.

In response to Mr. Gustin

As to "why is the Health District the responsible agency rather than Code Enforcement", Ms. Rucker advised that "the Health District isn't responsible; however, as the enforcement authority for solid waste management; that one of the problems reported regarding bears in urban is the bears getting into the garbage cans and eating the garbage, which relates to solid waste. Ms. Rucker stated she has been advised that once "bears begin getting into garbage cans it is not possible to retrain them not to do it; that too frequently the bears then become a problem for the citizens in the area." Ms. Rucker advised that the Health District has Regulations specific to the storage of solid waste; that this is issue "is only a piece of the problem and only a piece of the solution; that Staff can address the solid waste aspect of it; however, Staff cannot address feeding as an issue." There was a request that Staff implement an anti-feeding regulation; however, the Health District does not have that authority; that there was a recommendation to prohibit the storing of food outside; that the Health District does not have the authority to prohibit the storage of food. It would be the responsibility of the County or the Cities "to address the other elements of this problem.

Mr. Gustin

Within the City of Reno "dumpster diving for the collection of cans, etc." is a Code Enforcement issue; that although it is solid waste it is not a Health District issue."

Ms. Rucker

In response to Mr. Gustin, advised that the Health District does receive complaints regarding "dumpster diving which does become a solid waste issue."

Mr. Gustin

In the City of Reno "once the container is put out on the street for pick-up it is anybody's but while it is in the driveway or on the property other people cannot access it."

In response to Mr. Gustin

Ms. Rucker advised that "once the container is placed at the curb, on the day of collection, it becomes the property of the waste management company/the franchise hauler; that it is a fine line."

Mr. Gustin

He believes it is better suited to the authority of Code Enforcement rather than the Health District."

Mr. Smith

"If the garbage becomes the property of the garbage company once it is placed on the curb", he would question wouldn't it then become the responsibility of the garbage company to control the bears getting into the garbage."

In response to Mr. Smith

Ms. Rucker advised that "in addition to it belonging to the garbage company, within each entities ordinances and Franchise Agreement(s), there are restrictions "on how far in advance and how long a garbage container can be left at the curb. The garbage company suggests placing the container out the morning of collection; that Health District Regulations stipulate it cannot be left out more than twenty-four (24) hours after collection; that some ordinances stipulate it must be returned before; that the owner does have some responsibility. It depends upon where your residence is located; that within her area, which has not been impacted by bears, the majority of the home owners leave the garbage container on the side of the house", which would allow for animals to knock the container over. "It depends upon where a residence is located and what type of animals may be in the area; that regardless the generator of the waste has some responsibility."

In response to Ms. Ratti

Regarding the method by which these complaints are managed by Code Enforcement, Ms. Rucker advised that the complaints are enforced through the auspices of "specific to bear ordinances."

In response to Mr. Smith

Regarding how the Health District became involved in this issue, Ms. Rucker advised that a request was received for the Health District to participate in the bear working group; that during the working group discussions she advised that the Health District already had Regulations specific to solid waste containment. She further advised that, "with minor modifications, those Regulations might assist in easing this problem; that in a review of her notes, the discussions indicated a consensus among the other partnering agencies "that the Health Department would just take care of this and there would be no responsibility among the other entities. The Health District is doing their part and it is the responsibility of the other partners to do their part. The Nevada Department of Wildlife (NDOW) has done their job admirably; however, NDOW has become frustrated as Washoe County is the last County within the Eastern Sierra Front to do anything; that Carson City and Douglas County have adopted ordinances, as have other counties surrounding the Lake. The request for two (2) validated complaints provision was to be consistent with the other ordinances."

Ms. Ratti

Questioned if the Health Officer would be communicating with the County and City Managers that the Health District has "come up with part of the solution; however, there may be another County Department and the Cities may need to come up with another part of the solution."

Dr. Anderson

"Although that sounds like a reasonable proposal, she would request Ms. Rucker's expertise."

In response to Ms. Ratti

Ms. Rucker advised that she has been in communication with the Assistant County Manager, who was involved in this process; that once the District Board of Health has approved and adopted the proposed amendments, those amendments can be submitted to the County "as to this is what the Health District has done – what will the County do? The Health District's Regulations would apply within the Cities also. As Mr. Gustin indicated the City of Reno has Code Enforcement involved in addressing that City's issues which may very well relate to this. From an educational standpoint it would be beneficial for the Health Officer to contact with the City and County Managers to advise what the Health District has accomplished; however, it only goes this far and the rest would be their responsibility."

MOTION: Ms. Ratti moved, seconded by Mr. Gustin, that Staff proceed with the final draft of the proposed revisions to the District Board of Health Regulations Governing Solid Waste Management, specific to animal

**resistant garbage containers, for consideration at the Board's October 28, 2010 meeting.
Motion carried unanimously.**

DISCUSSION – RECOMMENDATION – PROCESS – UPDATE BOARD MEMBERS SPECIFIC TO REQUESTS RECEIVED FROM OTHER GOVERNMENTAL ENTITIES

Ms. Coulombe

She provided the Board members with two (2) documents; that the first one is the Board's Procedural Policies; that Section 6 (Uses of Staff), refers to request for use of Staff time. She read Section 6 in full into the record; that this provision assists in "determining where resources are met."

The second document was developed in response to the Board's direction that Staff advise the Board as to when requests are submitted to Staff from either a Board member or a member of another governmental entity. The tracking document would indicate the individual requesting information; a brief statement as to the information requested with the date of the request; to whom the request was assigned and the status of the request; that as an example Ms. Jung's inquiry regarding Western Equine Encephalitis was listed. The tracking document was reviewed.

In response to Chairman Humphreys

Regarding the tracking document being based upon the Fiscal Year, Ms. Coulombe stated that the requests could be easily monitored by Fiscal Year maintained on an Excel spread sheet with a tab for each year. The concept is to ensure Staff is responsive to any requests, which are received, and that the Board is aware of such requests.

Dr. Khan

Questioned if the intent of the tracking document is to monitor those requests presented during the Board of Health meeting "in addition to those received from other agencies or other governmental entities.

In response to Dr. Khan

The requests received during the Board of Health meeting are noted by Staff and those requests/inquiries being addressed at a subsequent Board of Health meeting. The tracking document presented would be for the purpose of apprising the Board of Health members when requests are received from a Board member outside the monthly Board of Health meeting or received from another governmental entity or agency as an external request. This would be "a communication document to the Board members advising that Staff has received a request or inquiry from an external agency. These types of requests should be presented to the District Health Officer initially and then delegated to the appropriate Staff for response; that should such a request be initially presented to a member of Staff it would be incumbent upon that Staff member to advise the appropriate Division Director to advise the Health Officer of such a request. Such a request would be noted on the tracking document for reference to the Board.

In response to Ms. Ratti

Regarding how Staff would disseminate this information to the Board members, Ms. Coulombe advised that it would be the determination of the Board as to how the information is disseminated. Staff could email it to the Board members or should there be an update Staff can present the tracking document with the information to the Board during a meeting; that the document provides a method for tracking various requests that may be received.

Dr. Khan

The information "seems process related to daily departmental activities – when a request is received how is it processed? It is useful to update Board members"; however, "some issues are specific to functions related to the Health District; that she would anticipate that Dr. Anderson would communicate to the Board members regarding requests received"; that these may be relayed to the Board in Dr. Anderson's Health Officer's Report." These have the potential "to be the business of the Department and she is not sure it is necessarily the business of the Board other than being updated."

Ms. Coulombe

It could possibly be an attachment to the Health Officer's report when there has been a request received, which would allow for discussion if necessary; that the handout could be utilized as a tracking document.

Mr. Smith

If a request is received by Dr. Anderson and assigned to the proper Staff member the issue should be addressed "prior to it getting to the Board, and if it is not or cannot be addressed within a couple of weeks the Board should be advised of the issue. Communication is the key; that if it is simple question that can be answered in a matter minutes it is not necessary for the Board to be advised; however, if it is regulatory then it would be necessary to advise the Board; that this does not have to be a new procedure."

In response to Mr. Smith

Ms. Coulombe stated if an issue or inquiry cannot be addressed immediately, with an update to the Board noted in a Division Director's Report, as it involves a regulatory issue or will require additional time, Staff will so note it on the tracking document to keep the Board apprised.

Mr. Smith

The intergovernmental entity, partnering agency or individual submitting the request should be advised that Staff is in the process of addressing the inquiry.

Dr. Anderson

The inquiries, which would be noted on the tracking form, would not from the public; that as Dr. Khan and Mr. Smith stated, inquiries received from other governmental agencies or entities "may need to be tracked due to potential policy changes or might have a high-level impact."

Ms. Coulombe

"It will be at the Health Officer's discretion as when to list an inquiry" on the tracking document; that the tracking document would then be provided as an attachment for the Board's appraisal.

Ms. Ratti

Recommended the Health Officer include any issues or inquiries "that could potentially be controversial or might have significant conflict prior to a Board member hearing about an issue at a public meeting."

UPDATE – NATIONAL ASSOCIATION OF LOCAL BOARDS OF HEALTH (NALBOH)

Dr. Furman

Reviewed a power point presentation (a copy of which was placed on file for the record) of the 2010 National Association of Local Boards of Health (NALBOH), advising that Dr. Kyu Rhee, Chief Public Health Officer Health Resources and Services Administration, who discussed Health Resources and Services Administration (HRSA) improving access to health care; that grant providers are subject to HRSA requirements; and that local health departments are subject to state laws and the rules of local boards of health. Dr. Rhee reported "there is a problem; that community health centers respond because it is required they submit quarterly reports and efficiency reports; that local health departments feel they are subject to the board(s) of health and there are a number which do not comply." Dr. Rhee encourages all to comply with the HRSA requirements and recommendations, which will be necessary "to receive federal funding in the future"; therefore, compliance will be "very important" to local health districts.

Dr. Hans Schmalzried and Dr. Fleming Fallon provided presentations regarding "*Who's Protecting Your Drinking Water*", advising that 87 pollutants have standards; that "Dilution is not the solution to pollution." Both Dr. Schmalzried and Dr. Fallon indicated "they filter their drinking water."

Dr. Beverly Tremain provided a presentation regarding the Council to Improve Foodborne Outbreak Response (CIFOR) guidelines to improve foodborne outbreak response, noting that "roach coaches" present problems nationwide.

Dr. Bob Lutz provided a presentation on "Aligning Boards of Health with their Local Health Jurisdiction". An important aspect was "The Board should tell the public about the Board and public health"; that the Board of Health's Marketing Committee had discussed this; however, funding to promote the Board and the Health District did not receive approval.

Reviewed the slide on "Take Action – Work Together" on how assess needs and resources, choose priorities, find programs and policies that work, implement strategies, evaluate efforts."

Reviewed "The Dynamic Four Step Strategic Planning and Deployment Process, presented by Dr. Ron Bialek, CEO and President, Public Health Foundation.

The "Strategic Planning Process Assessment":

- >Prepare for Strategic Planning
- >Developing the Strategy
- >Deploying the Strategy
- >Reviewing the Implementation Versus the Strategic Plan

Reviewed the preparation for Strategic Planning:

Data Gathering

- >Community health status data
- >Community and partnership relations
- >Economic Trends
- >Financial Analysis
- >Consumer Research
- >Employee Research
- >Legislative Trends
- >Current measures – Capacity, Process, and Outcome
- >Current strategy and goal completion rates
- >Self-assessment data
- >Demographic changes
- >SWOT Analysis
- >Accreditation data

The Board and the Health Department should ensure that preparation is really strategic and results

In prioritization; in obtaining the data it should be determined "is it relevant to strategic planning; determine 'why are we here' (avoiding presenting a list of good deeds); and determining "what are the most pressing needs? (i.e., money, accreditation, communication, etc). What does the Board and Staff want to accomplish? – list three (3); integration (the Board of Health should cross organizational boundaries); make a commitment 'to do it right'; and morale.

The 'Community Guide Web site' (www.thecommunityguide.org) is new and assists to determine 'what works to promote health and safety in the community'; that the site provides information regarding:

- Evidenced-based Task Force findings and recommendations
- Systematic review methods
- Interventions on 18 public health topic areas
- How to use the Community Guide

This site "only has a few topics at the present time; that many topics will be added.

Evidence-based is:

- Research tested evidence
 - Interventions tested through a research study
 - Results may have been reported in a peer review journal
- Community Guide looks at interventions

The difficult is in questioning 'what is evidenced-based'; that the Community Guide will be reviewing the various evidence-based approaches to review these for public health to determine "if they are actually evidence-based. The problem "most often is insufficient evidence."

- Insufficient Evidence means:
 - The available studies are inconsistent findings, or there are not enough studies to draw firm conclusions.

Accreditation is beginning; that by 2011 public health departments nationwide will be able to measure performance "against clear national standards to maximize their potential and improve health." The Public Health Accreditation Board (PHAB) is comprised of the various organizations – NACCHO, NALBOH, ASTHO, etc.; that the goals of the PHAB are" 1) successfully plan and deliver a national voluntary public health accreditation program by 2011; 2) incrementally increase the number of health departments that are accredited each year with the goal of 100% by 2020; 3) have 60% of the population within an area of an accredited health department by 2015.

Currently accreditation is voluntary and it is anticipated it will remain a voluntary program; however, he anticipates eventually health departments which don't have accreditation "will be left behind."

There are three (3) required components: a community health assessment, a community health improvement plan; and an agency strategic plan; that the Board has previously discussed this and a number of communities and health boards are having these performed. It will be necessary to "evaluate the community's capacity for the change."

Advising that Public Health Finance was presented by Dr. Honore; that the purpose is to provide methods to ensure agency stability' was presented by Dr. Peggy Honore, Director of Public Health System Finance and Quality Control, Department of Health and Human Services. The strategies are: 1) to reduce financial risks and minimize negative impacts during periods of economic downturns; and 2) to answer questions fiduciary leaders should ask.

Dr. Furman

Briefly reviewed the handouts included in the packets: "A" is "Public Health Finance"; that there are four (4) States currently participating in these efforts; "that the objective is self-sustainability; that the handouts have the blueprints for attaining that self-sustainability. There is no stimulus package for public health."

"B" is "Public Health Finance Applying Practice-Based Quantitative Analysis to Strengthen and Sustain Public Health Agencies"; that this introduces 'ratio trend analysis; that the Health District's Administrative Division has already done this.

"C" is "Introducing a Set of Public Health Financial Indicators", presented by Dr. Honore, "is the head of a national Task Force on ratio and trend analysis; that this information will probably be included on the NACCHO website." There are strategies included, as there are no stimulus dollars for public health "it will necessary to consider other options regarding where the money will come from; that the importance of fees for services was stressed a lot." Dr. Honore referred to "special taxes", advising that "she is surprised that school districts go to the public for money but public health does not; that one is additional taxation. The financial indicators are determined through processing the ratios and figuring out what the ratio is for a particular program and the trend over several years – is it working or not and what is the cost per capita for each program." The Health District has reviewed the cost per capita for services.

"D" is "Viewing Public Health Financial Information from a Different Perspective: Financial Ratio Analysis in Florida County Health Departments"; that a national list is being developed; however, not all those referred to will be on the list"; that once the list is developed it will be available for other agencies "to add recommendations and comments to it; that state and local boards will utilize the same information."

"E" is the financial information for "Hillside County Health Department – Local Public Health Agency (LPHA) Financial Data, delineating "where the money comes from – what are the revenue sources and what are the expenditures; that the program for this has automatic calculations once the data is entered." Staff has provided the Board members with financial information in a similar format.

"F" is the "Case Analysis in Ratio and Trend Analysis"; that he would encourage the Board members to read and review the material prior to the Board's October Strategic Planning Retreat; that the information "will explain a lot."

Dr. Furman referred back to the power point presentation

Advising that in regard to "Public Health Finance", Dr. Honore indicated:

- Concepts and techniques that should be routinely conducted to ensure sustainability while reducing the risk of financial instability

- Relevance
 - Financial risk must be routinely mitigated
 - Waiting until you are in the eye of a storm is too late

Risk Mitigation is:

- Characterized by a way of thinking and acting
- Promotes management practices where information is turned into knowledge that can be used to anticipate and respond to unexpected events

Examples for Financial Risk:

- Budget overruns
- Expenditures exceeding revenues
- Diminishing fund balances
- Limited revenue resources
- Lack of outcomes
- Programs without dedicated revenues
- Mission Creep – The expansion of a project or mission beyond its original goals "where you keep adding on to a program until it goes off the cliff; that this term is now used in economics and business"

Mr. Gustin

An increase "in the demand for services may be as much of a detriment as going beyond" the original goal; that "it isn't reaching beyond the original goal it is an increase in the demand for service. When you are doing something right and the demand keeps increasing – how is that mitigated?"

In response to Mr. Gustin

Dr. Furman stated that Dr. Honore's response was "it is necessary to review what can be gained compared to what can be lost – what is the risk assessment and decide what has to be given-up along the way; that those are very tough decisions."

Consequence of Not Reducing Risks

- NEGATIVE AUDIT FINDINGS SUCH AS:
- Lack of self-sufficiency in Fee-for-Service Programs
- Lack of internal controls
- Failure to report and collect Accounts Receivables
- Mismanagement of federal grants

Finance-Research Updates

- Education
 - Profound gaps in the application of finance theory and concepts in the field of Public Health
 - MPH programs teach hospital finance not public health finance
- Training
 - No finance professional association
- Financial Management
 - Sustainability depends on local financial health

It was Dr. Honore's recommendation that economics of public health should be taught in all public health education programs at all levels, including all programs at the university level; that finance is a vital component of public health and should be taught.

Utilizing the ratio analysis and "following the trends will allow for a determination as to which programs are more effective and which ones are not through a comparison year-to-year and the per capita costs for each program; that this is what the federal government will require of all health departments and boards."

In response to Mr. Gustin

Regarding accreditation, Dr. Furman stated that the goal is to have 100% of the public health departments accredited by 2020, with 60% of the population "covered by an accredited health department by 2015. Funding is becoming available for the accreditation process; that previously the concern was how to pay for this process.

Dr. Anderson

She just forwarded a letter, executed by the Carson City Health Department, the Southern Nevada Health District and the Washoe County Health District recommending that the Nevada State Health

Division consider "how to utilize funding dedicated towards achieving accreditation through the Public Health Accreditation Board (PHAB)." The proposal the three (3) local health authorities presented was for the Nevada State Health Division to fund an individual, with an expertise in accreditation, at the Nevada Public Health Foundation rather than attempting to have separate grant-supported individuals at the different health authorities sequentially. This would allow for a centralized approach in having one (1) individual assist all of the health authorities through the accreditation process during the five (5) year period the grant has been specified.

She will provide a letter to the Board of Health at next month's meeting delineating what the health districts "are attempting to achieve; that this morning she received an email response from Mr. Richard Whitely, Administrator of the State Health Division, indicating he thought the idea was a good one." She believes "they may be able to make some joint progress simultaneously on accreditation rather than sequentially, with all districts moving forward to achieve accreditation during the next several years. The size of the organization will dictate how long the process will take as there is a parallel to the complexity of the accreditation process and the size of the organization. This will be an issue of considerable discussion at the Strategic Planning Retreat."

Chairman Humphreys

Thanked Dr. Furman for representing the Washoe County District Board of Health at the NALBOH Conference and for the informative presentation.

RECOMMENDATION – APPROVE AND ADOPT – PROCLAMATION – SEPTEMBER 25, 2010 –
PRESCRIPTION DRUG ROUND-UP DAY

Ms. Betsy Hambleton, Program Coordinator for the Medical Reserve Corps (MRC)

Introduced Mr. Kevin Quint, Director, Join Together Northern Nevada (JTNN); and Stacy Shambolin, Coordinator, Drug Abuse Prevention Regional Street Enforcement Team.

The Board members have been provided with a copy of the Proclamation declaring September 25, 2010 as *Prescription Round-Up Day*; that the event will be conducted at five (5) different locations; that bill stuffers were included in approximately 28,000 local utility bills. The Health District is partnering with a number of other agencies and organizations, including the Health District's Solid Waste Management Program; Water Resources Department; JTNN; Reno and Sparks Police Departments; the Attorney General; the Drug Enforcement Agency (DEA); and the Federal Bureau

of Investigation (FBI). The MRC volunteers will be assisting through "manning the round-up stations."

Dr. Furman referenced water quality and 'what is in the water'; that the purpose of the Prescription Drug Round-Up Day is to ensure prescription and over-the-counter drugs are not disposed of in the community water system to protect water quality.

Staff recommends the Board approve and adopt the Proclamation as presented.

Mr. Kevin Quint, Director, Join Together Northern Nevada

Presented a copy of the *Prescription Round-Up – National Take Back Day* flyer and thanked the Board for considering the Proclamation to promote the *Prescription Round-Up Day* efforts; that the sponsors listed on the bottom of the flyer represent "people and organizations who really care about this issue. There is a community outpouring of retail groups, law enforcement, education, public health, etc., who are willing to be involved this way. It is hoped that this effort will keep hundreds of thousands of medications, both over-the-counter and controlled substances out of the water system but out of the hands of those who may use them illicitly. During the first Round-Up the effort resulted in a collection of 39,000 pills and the second resulted in a collection of 93,000; that this did not include the over-the-counter medications that were turned-in." He thanked the Board and all of the other community partners for the support in these efforts.

Ms. Stacy Shamoblin, Reno Police Department, thanked the Board for considering the Proclamation; that as Mr. Quint stated "it is encouraging to have these community partners; that each event increases the number of participating partners, with the community seeing the importance of an event such as this. There previously wasn't an avenue for people to dispose of prescription drugs when the drugs are no longer needed or have expired; that people have been 'hanging on to them', which can result in children/teenagers having access to them, or the drugs are being flushed down the toilet into the water system." Currently prescription drug abuse is the fastest increasing drug use trend both in Washoe County and nationwide; that approximately 1 in 5 teenager has already abused a prescription drug, with a vast majority of them obtaining them from parents or other relatives "by just taking them out of the medicine cabinet." The Reno Police Department "is happy to participate in an event like this providing people an easy way of disposing of these medications.

Chairman Humphreys

The list of sponsors is quite amazing with some very recognizable participants. Read the Proclamation in full into the record.

**MOTION: Dr. Furman moved, seconded by Dr. Khan, that the Proclamation designating September 25, 2010, as Prescription Round-Up Day, be approved and adopted as presented.
Motion carried unanimously.**

RECOMMENDATION – APPROVE AND ADOPT – PROCLAMATION – DECLARING
SEPTEMBER – “CLEAN HANDS MONTH”

Mr. Mark Dougan, Environmental Health Specialist

The Board members have been provided with a copy of the Proclamation to declare September 'Clean Hands Month'; that as Staff emphasized last year 'clean hands' is an effective method of preventing the spread of diseases and infections in protecting the health of the community, the county and the global community.

The Proclamation will remind all citizens and visitors of the importance that hand washing has in preventing illnesses; that "Hand washing is the First Line of Defense in preventing illness and the single most important means of preventing the spread of infection", as determined by the Centers for Disease Control (CDC). The "risk minimization strategies" for improving the number of people washing their hands is through education; public outreach and special events; "that communication is the key." Educational efforts through public outreach focus on the children in the community as a child easily forms new habits and every habit is the result of repetitions accompanied with positive reinforcement; that the focus is on children as they are in the process of developing early habits. During school presentations he discusses "what is the right way to wash your hands"; that he utilizes posters of animals (i.e., the raccoon washing its paws) to encourage hand washing at level to which the children relate.

Seasonal influenza outbreaks continue to increase annually resulting in a 10% or greater incidence of absenteeism in the schools; that the schools funding is based upon the daily count of the number of students in school each day. Both influenza and norovirus are frequently transmitted by individuals who fail to properly wash their hands.

Reviewed current statistics of District Health Department investigations of confirmed and suspected outbreaks of influenza and norovirus:

- 2007 24 Outbreaks – 654 people affected
- 2008 29 Outbreaks – 544 people affected
- 2009 37 Outbreaks – 1,016 people affected
- 2010 (through August 10th) 12 Outbreaks – 306 people affected

These are reported cases only as the vast majority of cases go unreported. The majority of unreported cases are parents who don't take their children to a doctor; those who work and don't have the time to take off work so they go to work sick; or they don't have time to take off to take their children to the doctor or they don't have health insurance.

Ms. Kim Tran Franchi, Environmental Health Specialist

As Mr. Dougan advised, the focus for 'Clean Hands Month' this year is children; that research demonstrates that children and adults "are more likely to learn when the information is of interest to us." For children this helps children "connect what they know with new information; that further it assists in helping them put that new information into a meaningful context"; therefore, it was the determination of the Clean Hands Month Committee to conduct "an outreach activity for children in the interest of children." The Committee members designed a coloring contest with a separate page for girls and boys so that children would identify themselves with the image; that the coloring page will also be available in Spanish. The coloring sheets include animals as a number of households have pets and the slogan is "Wash your hands after playing with friends." A poster design contest was developed for older school age children for grades 1st through 8th grade; that the theme for the contest is "What does hand washing awareness mean to you?" Presented an example of a poster design and sang a 'sing-song' promoting hand washing.

During 'Clean Hands Month' Staff will promote these types of activities to promote awareness that children and their families would understand the importance of hand washing, emphasizing that the CDC states "hand washing is the single most important act one can do to prevent the spread of illness." On September 10th, 11th and 12th Staff will have a booth at the Great Reno Balloon Air Races providing a clean hands washing demonstration utilizing a product "GloGerm", which is a product that completely washes off if the individual properly washes their hands; that any product remaining on the hands is visible with a black light. Staff will have the Clean Hands Month props (Mr. Water Drop; Ms. Clean Hands and Mr. Bubble Burst) to shake hands with the children to help promote the event; that there will be prizes for "all the graduate who perform good hand washing that day; that they will get a ribbon "*I Washed my Hands in Washoe County*" and finger puppets that can represent the germs that cause illnesses.

Mr. Dougan

Stated that "actions speak louder than words"; that it is good they see others washing their hands and that there is positive reinforcement encouraging them to wash their hands. Global hand washing day, which is a worldwide event; that information is being translated into 64 different languages showing children how they can wash their hands. Staff recommends the Board approve and adopt the Proclamation.

Mr. Gustin

He would suggest that the use of soap be included in the proper method of hand washing, as too often people believe "running water over their hands equates to washing their hands."

Dr. Anderson and Mr. Gustin read the Proclamation in full into the record.

MOTION: Mr. Gustin moved, seconded by Mr. Smith, that the Proclamation declaring September 2010 as "*Clean Hands Month*" be approved and adopted as presented.

Motion carried unanimously.

NEVADA STATE HEALTH DIVISION – PREGNANCY CONNECTION PROGRAM REPORT

Ms. Candy Hunter, Public Health Nursing Supervisor

Last December the Board authorized the Pregnancy Connection Program for a six (6) month period; that the Program was funded by a Subgrant from the State Health Division (NSHD) utilizing federal funds to conduct Public Health Nurse (PHN) outreach to pregnant women for the purpose of connecting them with prenatal care. Staff provided case management worked to support local and state Maternal Child Health priorities; that there was "a lengthy list of activities to be conducted in this five to six (5-6) month grant period."

A primary goal was to locate 100 pregnant women and connect them to prenatal care and assuring access to prenatal care as soon as possible within the first trimester. The Program educated these women regarding the avoidance of tobacco, alcohol and other substances during their pregnancy; assessed the home for domestic violence; assess the women for depression, and to teach healthy practices for healthy outcomes for the babies.

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The Program Services was a population-based campaign designed to conduct preconception health training for health care providers in the community; that secondly Staff was attempting to locate mothers who weren't bringing the babies in for the second metabolic screening as required by the State. This test diagnosis potential serious metabolic disorders; therefore, the State requested Staff follow-up with these families. In this Program Staff promoted breastfeeding and to implement strategies to improve cultural and linguistic competency, "which is something Staff attempts to do in all of their programs."

Reviewed the findings of the Program:

Staff received 103 referrals in "a very short period of time", which involved outreach to in excess of 120 agencies within the community; that Staff contacted WIC, Family Planning agencies, clinics, hospitals, Emergency Rooms; that a referral was received for a resident of the Tent City homeless shelter.

The Program's clients are "generally those with no insurance, teenagers with substance abuse issues and/or mentally ill." Staff was able to get 63 of the 103 clients into care with the first sixteen (16) weeks of gestation or less; that Staff was able to get 34 of the 103 clients into care with sixteen (16) weeks or more of gestation. Ms. Lisa Lottritz, Public Health Nurse took the initiative to determine reasons these women weren't getting into care; that there were a number of challenges for these women: lack of knowledge as to when to begin prenatal care; the initial \$80 fee for entering care at the Pregnancy Center; that cost at the Pregnancy Center is approximately \$1200; fears regarding telling their parents about the pregnancy; women suffering from depression or mental illness; and fears about the consequences due to their drug and alcohol use. Three (3) of the 103 women refused services.

There are health care providers who accept Medicaid; however, a woman who is three (3) months pregnant with no resources and applies for Medicaid "it will take a minimum of three (3) months to be approved for Medicaid, providing every component of the 12 page application is filled out completely." This issue is one which Staff is studying for the Advisory Board meeting for the State as "to how do women get into care earlier and on Medicaid sooner because private physicians will take Medicaid patients but not until they have their card." The State is in the process of piloting an on-line application; however, completing the application can present a real challenge for these women.

Staff implemented an initiative, which "was a cross-divisional effort, with the objective being preconception health education; that she would commend Mr. Steve Fisher, Department Computer Application Specialist, for developing an on-line ordering application and the Epidemiology Division

for producing an Epi-Newsletter on preconception health. The CDC had a select panel that recommended interventions, which were evidence-based, specific to the use of Acutane and pregnancy and discontinuing the use of it because of the potential of birth defects; investigating chronic diseases and attempting "to get them under control before becoming pregnant." Displayed a copy of the Epi-Newsletter that was disseminated; that this information was developed in partnership with Ms. Sharon Clodfelter, Health Department Statistician and Dr. Lei Chen, Epidemiologist, to review the Department's chronic disease data and to determine what was occurring in other communities. Reviewed the data, advising that "data that informs the public health need for preconception care indicated that approximately 40% of the women of reproductive age are overweight or obese; that this results in a risk factor of gestational diabetes prior to conception; that this is a concern. Ms. Clodfelter is to be commended for obtaining local data specific to birth outcomes in Washoe County, "as low birth weight is an area where problems are noted; that Staff would like to continue with this; however, it will depend upon the availability of resources. All care providers receive the Epi-Newsletter; that it is important to inform those care givers that this is a significant problem; that the webpage link offers materials for patient education."

Two (2) other projects were a component of this Program; that Ms. Stacy Hardie through Title X facilitated "provider trainer through an audio conference to present the information on preconception health"; that the audio conference was a cost-effective method to provide this training. She had the services of nursing graduate student who disseminated information to health care providers, conducted a survey of existing practices regarding preconception health.

Staff did receive a referral regarding an infant who was diagnosed with glutaric academia Type I, which is a metabolic disorder that can result in brain damage; that through Ms. Lottritz's efforts the family was located and get them into care. The infant's father had lost his job and was worried regarding payments; that Ms. Lottritz was able to arrange for care and provided the mother with information regarding breast feeding.

Reviewed "a typical referral" received by Staff from the Department's Teen Health Mall: a 15 year old whose parents were unaware of the pregnancy; there was knowledge deficit as to how to access prenatal care; healthy prenatal behaviors; Medicaid/WIC and other community resources; and educational opportunities for pregnant teens. Staff was able to convince the girl to talk to her parents; that she then received prenatal care; she went back to school and is a client in the WIC Program. Staff has received referrals from the homeless shelters and for women with sex and drug abuse problems and mental health disorders. Staff received a referral regarding a 42 year old woman with a brain-stem injury, who was 7½ months pregnant; had been to ER twice and had received no prenatal care; that after being advised this woman's appointment was "after her due date" Ms. Lottritz contacted the Pregnancy Center and was able to receive care; that the baby was

healthy and Staff received a thank you from the father commending Ms. Lottritz for her "outstanding service."

The successes of the Program are: 100 women were connect to prenatal care; the community was educated on preconception health; newborn screening completed for infant with metabolic disease; screening, education and referral on conditions preventing poor birth outcomes; and the data obtained as to the reasons for delaying or receiving no prenatal care.

The challenges revealed by the Program are: inadequate number of health care providers who accept Medicaid or provide indigent care; birth outcome data not yet available for analysis; the 5-6 month grant period presented staffing challenges; the outreach and identification of clients requires intensive sustained efforts. Another challenge for Staff "is the stopping and starting programs"; that this Program funded by the State was completed; however, through approval of Ms. Brown, Staff did continue program services through the existing Home Visitation Program; that Staff is receiving two to three (2-3) referrals a week. Should the State Health Division again provide funding for this type of Program Staff will request approval from the Board to participate in such a program. Staff has "shared its findings with the State as to the challenges identified, including the Statewide problems associated with applying for Medicaid; that the Advisory Board will be meeting with Legislative representatives to provide an update on these findings.

The goals achieved were "good healthy babies with good outcome, reduction of expenditures for children with special health care needs and poor birth outcomes.

In response to Dr. Khan

In regard to requesting law enforcement involvement in instances of drug or alcohol abuse, Ms. Hunter advised that prior to the child being born it is not considered child neglect or abuse; that Staff adheres to the Statewide program of "assessing drug and alcohol use during pregnancy to obtain the answers" without threat to encourage the women to answer the questions.

Ms. Ratti

The outcomes of this project "are fabulous"; that the challenges Staff presented "are dead-on; that Dr. Furman referred to 'mission creep' and Mr. Gustin stated that sometimes the increased demand is when we do well and then responding to opportunities and the pros and challenges those present. When there is a Strategic Plan and we do an assessment of the need and the resources available to meet that need; however, some of the resource sources are inconsistent,

have short planning windows and are erratic Staff still has to be have flexibility within the planning process to take advantage of opportunities that are going to increase positive outcomes for the community. This is an example of that and she would congratulate Staff on a job well done.”

Chairman Humphreys

Thanked Ms. Hunter for her report.

STAFF REPORTS AND PROGRAM UPDATES

A. Director – Epidemiology and Public Health Preparedness

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

Dr. Todd

Staff has been investigating a couple of outbreaks; that Staff in both the EPHP Division and Mr. Sack's Environmental Health Services Division “have been doing some extraordinary work; that there is the concern Staff may be getting burned-out, as with communicable disease Staff cannot control the workflow. The outbreaks as well as the routine diseases come along whether Staff wants them to or not. Again, Staff is doing some outstanding work; that the goal is to work on the outbreaks in an effort to determine the cause but more importantly to prevent a continuation or a recurrence of the same problem.”

Staff will be utilizing the services of Medical Reserve Corps (MRC) volunteers during the upcoming POD (Points of Dispensing); that Ms. Hambleton mentioned utilizing MRC volunteers to man the Prescription Round-Up sites; that as previously discussed, one issue for the volunteers was the lack of Workers Compensation insurance. Staff had received a response from Washoe County Risk Management and the State Division of Industrial Relations has approved the County's application for coverage for the non-statutory volunteers for Workers Compensation. He conferred with Risk Management staff this morning to determine what additional administrative measures were necessary; that these measures “are not particularly onerous and Staff is rapidly implementing those; that Staff expects to utilize the services of the MRC volunteers and should one become injured being able to offer them Workers Compensation protection.”

The issue of liability coverage remains an issue, as Dr. Furman is aware, has been a barrier to having physician participation in the MRC; that this is not an issue of covering the volunteers liability; that it is the County's concern and insistence that the volunteers "place their personal assets at-risk to protect the County from its liability." This can be addressed either through an "additional insurance policy or through recognition that the deployment of volunteers in a high risk situations would most likely be accompanied by NRS 414 Emergency Declaration which would serve to protect the County's interests that the indemnification language will hopefully be deleted from the Volunteer Agreement, which he hopes will result in more physicians involvement in the Medical Reserve Corp." Currently there are more than 150 MRC volunteers; that all have signed the Agreement with the indemnification clause; however, very few of these are physicians; that there is the perception that physicians have 'deeper pockets' so it is of greater concern for them to have that language in the Agreement."

Dr. Furman

While attending the NALBOH Conference he was asked by Ms. Marie Fallon, Executive Director of NALBOH "what she could do for him" and he mentioned the issue of indemnification; that Ms. Fallon had him discuss this issue with the Program Director; that the Program Director will be reviewing the issue on a federal level and advised that "she will get back to him"; that he will advise the Board and Staff should he receive any information.

Dr. Todd

Thanked Dr. Furman for his advocacy on behalf of the MRC.

Dr. Kan

The Epi-News the Board members received referred to strep-pneumonia; that the infection in younger children is low while the number of seniors with invasive disease; that she has noted the CDC is promoting the new pneumococcal conjugate vaccine that has additional strains; that additionally the issue of immunization of adults who are individuals with chronic illness or tobacco users are encouraged to receive the pneumococcal vaccine in addition to the flu shot; however, the information in the Epi-News "didn't seem to suggest the focus on the senior." She would question the use of pneumovax for adults.

In response to Dr. Khan

Dr. Todd stated that he is not aware "of what the coverage is for the pneumococcal vaccine"; however, Staff can review some of the immunization data to determine what that is; that the data in the Epi-News would support the concept "that we are getting coverage of that vaccine in younger age groups resulting in the lower rates of disease in children and higher rates of disease in the older population. There was a brief time "that in every Staff meeting there would be a report of strep-pneumo; however, that has decreased.

B. Director – Community and Clinical Health Services

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

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.

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.

Mr. Goodrich

Thanked the Board and Staff for their support during his years as Division Director,

E. Administrative Health Services Officer

There was no Administrative Health Services Officer's Report for this month.

F. District Health Officer's Report

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

Dr. Anderson

As of the Board of County Commissioners meeting of August 24, 2010, no Bill Draft Requests "went forward."

BOARD COMMENT

Dr. Humphreys

He will be in attendance at the 2nd Washoe County Childhood Obesity Forum scheduled for September 15, 2010, at the Boys and Girls Club on East 9th Street, beginning at 8:30 am; that if any of the other Board members plan to attend please let Ms. Brown know.

The Board had a number of audio/visual presentations today; that "that effort takes a lot of work and Mr. Steve Fisher, Department Computer Application Specialist is to be commended for his efforts in ensuring all those presentations go smoothly."

Ms. Ratti

Recommended that Proclamations be presented at the beginning of the meetings rather than at the end, to allow those present for the Proclamations to leave and not have to remain throughout the meeting.

Chairman Humphreys

He would concur with Ms. Ratti and directed Mrs. Smith to so note that on future agendas.

Advised that the Board of Health's Ambulance Study Committee met yesterday; that an update will be provided at next month's meeting.

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There being no further business to come before the Board, the meeting was adjourned at 3:30 pm.



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



JANET SMITH
RECORDER