

**WASHOE COUNTY
DISTRICT BOARD OF HEALTH**

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

ANNOTATED AGENDA

Meeting of the
DISTRICT BOARD OF HEALTH
Building B
South Auditorium
1001 East Ninth Street
Reno, Nevada

December 16, 2010

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 Washoe County Health District for those items denoted with a \$

1. Call to Order, Pledge of Allegiance Led by Invitation	HELD
2. Roll Call	HELD
3. Public Comment (3 minute time limit per person)	NO COMMENTS PRESENTED
4. Approval/Deletions to the Agenda for the December 16, 2010 Meeting (action)	APPROVED AS AMENDED
5. Approval/Additions/Deletions to the Minutes of the November 18, 2010 Meeting (action)	APPROVED AS AMENDED

6. Recognitions and Proclamations

INTRODUCTION OF NEW EMPLOYEES
CARLOTTA TAYLOR –
PAULA VALENTIN

YEARS-OF-SERVICE
CHRISTINI CONTI – 5 YEARS
JULIE HUNTER – 5 YEARS

APPOINTMENT – EMS COORDINATOR
STACEY AKUROSAWA

EXTRA MILE AWARDS- NCIAA
REGIONAL TRANSPORTATION
COMMISSION
ARTOWN
SILVER DOLLAR COURT
RENO ACES

US DEPT HEALTH HUMAN SERVICES
HEALTH RESOURCES – SERVICE
ADMINISTRATION (HRSA) – MATERNA;
CHILD HEALTH BUREAU
CANDY HUNTER, RN,Med

PRESIDENT'S VOLUNTER SERVICE
AWARD – PRESIDENT'S COUNCIL –
SERVICE AND CIVIC PARTICIPATION
DEBBIE CHICAGO

RETIREMENT
DR. MARY A. ANDERSON – DISTRICT
HEALTH OFFICER

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. No Cases This Month

C. Budget Amendments / Interlocal Agreements

1. No Budget Amendments or Interlocal Agreements This Month

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 October 2010 (action)
- B. Update of REMSA's Community Activities Since October 2010

ACCEPTED
PRESENTED

10.	Review and Acceptance of the Monthly Public Health Fund Revenue and Expenditure for November 2010 (action)	ACCEPTED
11.	Overview of Fiscal Year 12 Budget Process	PRESENTED
12.	Presentation and Discussion of Interim Health Officer Work Plan and Goals with Update of Progress and Possible Direction to the Interim Health Officer (action)	ACCEPTED
13.	Discussion of the Recruitment for the New District Health Officer	DIRECTION TO HUMAN RESOURCES
	A. Presentation, Discussion and Possible Approval of the Recruitment Brochure for the Washoe County District Health Officer (action)	SALARY COMPENSATION APPROVED
	B. Presentation and Review of the Salary Comparison Data from Hay and Associates for the District Health Officer Position with Possible Direction to Staff and Washoe County Human Resources Regarding Finalization of the Compensation Package (action)	
14.	Washoe County Health District – 2011 Legislative Bill Tracking with Possible Direction to Staff (action)	
	A. No Legislative Bill Tracking Report This Month	
	B. Presentation - Washoe County Government Affairs – Legislative Communication Policy	PRESENTED
15.	Update on the District Board of Health Ambulance Study Committee Meeting of November 22, 2010	PRESENTED
16.	Presentation and Possible Acceptance of the 2011 Washoe County District Board of Health Meeting Calendar (action)	APPROVED
17.	Election of New District Board of Health Chairman for 2011/2012 (action)	MR MATT SMITH – ELECTED
18.	Election of New District Board of Health Vice Chairman for 2011/2012 (action)	DR AMY KHAN – ELECTED
19.	Presentation and Possible Discussion of the Local Public Health Governance Performance Assessment Instrument - National Public Health Performance Standards Program	CONTINUED TO JANUARY 2011
20.	Staff Reports and Program Updates	PRESENTED
	A. Director, Epidemiology and Public Health Preparedness – No Report This Month	
	B. Director, Community and Clinical Health Services – Immunization Program – School Based Influenza Clinics; Prematurity in Washoe County	
	C. Director, Environmental Health Services – Food Establishments and GIS; State Food Regulations in Public Workshop	
	D. Director, Air Quality Management - Monthly Report of Air Quality: Everything Green, Monitoring/Planning Activities, Permitting Activities, Compliance/Inspection Activity, and Enforcement Activity; 2008 Period Emissions Inventory – On-Road Mobile Sources for Submission to the US EPA	
	E. Administrative Health Services Officer – No Report This Month	
	F. District Health Officer – Elements of Interim Health Officer Plan Completed as of December 8, 2010	
21.	Board Comment – Limited to Announcements or Issues for Future Agendas	COMMENTS RECEIVED
22.	Adjournment (action)	ADJOURNED

NOTE: Items on the agenda without a time designation may not necessarily be considered in the order in which they appear on the agenda.
 Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Administrative Health Services in writing at the Washoe County Health District, PO Box 11130 Reno, NV 89520-0027 or by calling (775) 328-2416.

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1:00 PM	1.	Call to Order, Pledge of Allegiance Led by Invitation	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 the December 16, 2010 Meeting (action)	Dr. Humphreys
	5.	Approval/Additions/Deletions to the Minutes of the November 18, 2010 Meeting (action)	Dr. Humphreys

6. Recognitions and Proclamations Dr. Humphreys
- A. Introduction of New Employees
 - 1. Carlotta Taylor – EPHP
 - 2. Paula Valentin – EHS
 - B. Years-of-Service
 - 1. Christina Conti – EPHP – 5 Years
 - 2. Julie Hunter – AQM – 5 Years
 - 3. Wendie Catron – CCHS – 20 Years
 - C. Appointment of the Emergency Medical Services Coordinator
 - 1. Stacey Akurosawa
 - D. Extra Mile Awards (EMA) in Commemoration of the Anniversary of the Nevada Clean Indoor Air Act (NCIAA)
 - 1. Regional Transportation Commission
 - 2. Artown
 - 3. Silver Dollar Court
 - 4. Reno Aces
 - E. US Department of Health and Human Services – Health Resources and Service Administration (HRSA), Maternal and Child Health Bureau – Champions I the Field of Maternal and Child Health within States and Jurisdictions
 - 1. Candy Hunter, RN, Med
 - F. The President's Volunteer Service Award – President's Council on Service and Civic Participation
 - 1. Debbie Chicago
 - G. Retirement
 - 1. Dr. Mary A. Anderson – 5 Years as District Health Officer
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. No Cases This Month
 - C. Budget Amendments / Interlocal Agreements
 - 1. No Budget Amendments or Interlocal Agreements This Month
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 October 2010 (action)
 B. Update of REMSA's Community Activities Since October 2010
10. Review and Acceptance of the Monthly Public Health Fund Revenue and Expenditure for November 2010 (action) Ms. Coulombe

- | | | |
|-----|--|---|
| 11. | Overview of Fiscal Year 12 Budget Process | Ms. Coulombe |
| 12. | Presentation and Discussion of Interim Health Officer Work Plan and Goals with Update of Progress and Possible Direction to the Interim Health Officer (action) | Dr. Humphreys
Ms. Brown |
| 13. | Discussion of the Recruitment for the New District Health Officer
A. Presentation, Discussion and Possible Approval of the Recruitment Brochure for the Washoe County District Health Officer (action)
B. Presentation and Review of the Salary Comparison Data from Hay and Associates for the District Health Officer Position with Possible Direction to Staff and Washoe County Human Resources Regarding Finalization of the Compensation Package (action) | Dr. Humphreys
Ms. Fox |
| 14. | Washoe County Health District – 2011 Legislative Bill Tracking with Possible Direction to Staff
A. No Legislative Bill Tracking Report This Month
B. Presentation - Washoe County Government Affairs – Legislative Communication Policy | Ms. Brown
Ms. Hadayia |
| 15. | Update on the District Board of Health Ambulance Study Committee Meeting of November 22, 2010 | Dr. Humphreys |
| 16. | Presentation and Possible Acceptance of the 2011 Washoe County District Board of Health Meeting Calendar (action) | Ms. Brown |
| 17. | Election of New District Board of Health Chairman for 2011/2012 (action) | Dr. Humphreys |
| 18. | Election of New District Board of Health Vice Chairman for 2011/2012 (action) | Dr. Humphreys |
| 19. | Presentation and Possible Discussion of the Local Public Health Governance Performance Assessment Instrument - National Public Health Performance Standards Program | Ms. Jung |
| 20. | Staff Reports and Program Updates
A. Director, Epidemiology and Public Health Preparedness – No Report This Month
B. Director, Community and Clinical Health Services – Immunization Program – School Based Influenza Clinics; Prematurity in Washoe County
C. Director, Environmental Health Services – Food Establishments and GIS; State Food Regulations in Public Workshop
D. Director, Air Quality Management - Monthly Report of Air Quality: Everything Green, Monitoring/Planning Activities, Permitting Activities, Compliance/Inspection Activity, and Enforcement Activity; 2008 Period Emissions Inventory – On-Road Mobile Sources for Submission to the US EPA
E. Administrative Health Services Officer – No Report This Month
F. District Health Officer – Elements of Interim Health Officer Plan Completed as of December 8, 2010 | Dr. Todd
Ms. Hunter
Mr. Sack
Mr. Dick
Ms. Coulombe
Ms. Brown |
| 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

December 16, 2010

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WASHOE COUNTY DISTRICTBOARD OF HEALTH MEETING

December 16, 2010

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WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING
December 16, 2010

PRESENT: Denis Humphreys, OD, Chairman; Mr. Matt Smith, Vice Chairman; George Furman, MD; Councilman Dan Gustin, Amy Khan, MD; and Councilwoman Julia Ratti (arrived at 1:25 pm)

ABSENT: Commissioner Kitty Jung

STAFF: Mary-Ann Brown, RN, MSN, Interim District Health Officer, Eileen Coulombe, Administrative Health Services Officer; Dr. Randall Todd, Director, Epidemiology and Public Health Preparedness; Kevin Dick, Director, Air Quality Management; Candy Hunter, Acting Director, Community and Clinical Health Services; Scott Monsen, Acting Director, Environmental Health Services; Patsy Buxton, Fiscal Compliance Officer; Stacey Akurosawa, EMS Coordinator; Steve Fisher, Department Computer Application Specialist; Curtis Splan, Department Computer Application Specialist; Christina Conti, Public Health Emergency Response Coordinator; Jeff Whitesides, Public Health Program Manager; Jennifer Hadayia, Public Health Program Manager; Carlotta Taylor, Public Health Emergency Response Coordinator; Duane Sikorski, Air Quality Supervisor; Julie Hunter, Air Quality Specialist II; Scott Monsen, Vector-Borne Disease Prevention Program Coordinator; Paula Valentin, Administrative Assistant; Amber English, Environmental Health Services Specialist; Erin Dixon, Tobacco Prevention and Education Coordinator; Phil Ulibarri, Public Information Officer; Janet Smith, Recording Secretary; and Leslie Admirand, Deputy District Attorney

At 1:05 pm, Chairman Humphreys called the Washoe County District Board of Health meeting to order, followed by the Pledge of Allegiance led by Mr. Phil Ulibarri, Public Information Officer.

ROLL CALL

Roll call was taken and a quorum noted. Mrs. Janet Smith, Recording Secretary advised that Ms. Jung is excused.

PUBLIC COMMENT

There was no public comment presented.

APPROVAL/DELETIONS – AGENDA – DECEMBER 16, 2010

Chairman Humphreys advised that item 19. Presentation and Possible Discussion of the Local Public Health Governance Performance Assessment Instrument – National Public Health Performance Standards Program, will be continued to allow Ms. Jung to present that item.

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

APPROVAL/ADDITIONS/CORRECTIONS – MINUTES – NOVEMBER 18, 2010

Chairman Humphreys called for any additions or corrections to the minutes of the November 18, 2010 meeting of the District Board of Health.

Dr. Furman

Stated that on page ten (10), his comment should read "...the number of Epidemiologists employed by local health departments with a population between 250,000 and 500,000 is one (1)."

In response to Dr. Furman

Regarding the presentation and discussion of the article "*When it is Right to 'Just Say No' to Grants?*", being continued to today's meeting, Chairman Humphreys advised that item will require a more comprehensive report; therefore, it was no listed on today's agenda.

**MOTION: Mr. Smith moved, seconded by Mr. Gustin, that the minutes of the District Board of Health November 18, 2010 meeting, be approved as amended.
Motion carried unanimously.**

RECOGNITIONS

Dr. Randall Todd, Director, Epidemiology and Public Health Preparedness, introduced Ms. Carlotta Taylor, advising that Ms. Taylor is a new Public Health Emergency Response Coordinator; that Ms. Taylor will be responsible for managing "mass illness outbreaks."

WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING

December 16, 2010

Page 3

Mr. Scott Monson, Acting Director, Environmental Health Services, introduced Ms. Paula Valentin, advising that Ms. Valentin is the new Administrative Assistant.

Chairman Humphreys and Ms. Mary-Ann Brown, Interim District Health Officer, presented Certificates of Recognition to Ms. Christina Conti for 5 Years-of-Service and Ms. Julie Hunter for 5 Years-of-Service.

Ms. Eileen Coulombe, Administrative Health Services Officer, introduced Ms. Stacey Akurosawa, advising that Ms. Akurosawa has been appointed at the Health District's new Emergency Medical Services Coordinator.

Chairman Humphreys and Ms. Brown presented plaques of recognition for the Extra Mile Awards (EMA) in Commemoration of the Anniversary of the Nevada Clean Indoor Air Act (NCIAA) to representatives of Artown; the Regional Transportation Commission; the Reno Aces and the Silver Dollar Court for efforts to promote non-smoking venues, protecting the public from the exposure to second-hand smoke.

Chairman Humphreys and Ms. Brown introduced Ms. Candy Hunter, advising that Ms. Hunter received the US Department of Health and Human Services – Health Resources and Service Administration (NRSA), Maternal and Child Health Bureau – Champions in the Field of Maternal and Child Health within the States and Jurisdictions, support of the mission of Title V through: 1) cultivating and strengthening partnerships and collaborations; 2) innovative efforts to expand MCH practice; 3) promoting data systems and linkages; 4) establishing promising practices for addressing health disparities in the MCH population; and 5) excellence in improving systems of care for children and youth with special health care needs and their families.

Chairman Humphreys and Ms. Brown presented a President's Volunteer Service Award – President's Council on Service and Civic Participation to Ms. Debbie Chicago, advising that this is the second year that Ms. Chicago has received this award; that she is to be commended "for serving our nation and making a difference through volunteer service."

On behalf of the Board of Health, Chairman Humphreys presented Dr. Mary A. Anderson a plaque and read a Resolution in full into the record in recognition of Dr. Mary A. Anderson in honor of her years as the Washoe County District Health Officer, serving from September 19, 2005 through December 10, 2010.

REGIONAL EMERGENCY MEDICAL SERVICES AUTHORITY

A. Review and Acceptance of the Operations and Financial Report for October 2010

Mr. Jim Gubbels, Vice President of REMSA

Advised that the Board members were provided with a copy of the October 2010 Operations and Financial Report; that the overall average emergency response times for life-threatening calls in October 2010 was 92%; that within the eight (8) minute zone it was 92%; within the fifteen (15) minute zone it was 100%; and within the twenty (20) minute zone it was at 94%. The overall average response times for non-life threatening calls in October 2010 was at 96%. The monthly average bill for air ambulance service for October was \$6,965, with a year-to-date average of \$7,289. The monthly average for ground ambulance service for October was \$990, with a year-to-date average of \$988.

MOTION: Mr. Gustin moved, seconded by Dr. Khan, that the REMSA Operations and Financial Report for the month of October 2010 be accepted as presented.

Motion carried unanimously.

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

Mr. Gubbels

Advised that REMSA's employee "Starfish" group "saves money all year for various needs within the community that come up during the year; that the annual Christmas project is a Christmas party for the seniors at Senior Bridges Program at Northern Nevada Medical Center." The group provides each senior with a lap quilt and "goodie bag with various toiletries and a stocking."

REMSA conducted the annual food drive for the Northern Nevada Food Bank, that this year the field staff conducted the "shopping spree" rather than have the "business office staff."

Last night he attended a ceremony at the Sheriff's Office, in which four (4) REMSA Paramedics were sworn in as "Sheriff's Office Reserve Deputies"; that all four (4) Paramedics are members of the "Tactical Emergency Medical Services" team, which respond to all law enforcement SWAT calls.

The Board thanked Mr. Gubbels for the report.

REVIEW – ACCEPTANCE – MONTHLY PUBLIC HEALTH FUND REVENUE AND EXPENDITURE REPORT – NOVEMBER 2010

Ms. Coulombe

Advised that the Board members have been provided with a copy of the Health Fund Revenue and Expenditure Report for the month of November 2010; that Staff recommends the Board accept the Report as presented.

In response to Mr. Gustin

Regarding the increased costs for duplication services, Ms. Coulombe advised that the Health District has received requests from attorney for duplication of files and records; that these costs "are charged back to the attorneys." These are "not normal requests; that she will "verify this and report back to the Board if is it anything different."

Regarding the overtime costs, Ms. Coulombe advised that the Health District "always attempts to manage the overtime costs"; however, there are incidences in which Staff will have to "stay late to complete work with a client; that there are a number of Staff members who are 'at capacity' on the accumulation of 240 hours allowable compensatory time and therefore the Health District is required to pay overtime costs." This is a budget line item Staff will review; that the recommendation "may be to ensure all program areas have some level of overtime budget capabilities."

Mr. Gustin

Thanked Ms. Coulombe for the update; that as Staff is aware "all governmental entities are hyper-sensitive to overtime."

MOTION: Mr. Gustin moved, seconded by Mr. Smith, that the District Health Department's Revenue and Expenditure Report for November 2010 be accepted as presented.

Motion carried unanimously.

OVERVIEW – FISCAL YEAR 12 BUDGET PROCESS

Ms. Coulombe

Advised that Staff will list this item on the agenda each month through the budgeting process. The Board members have been provided with a copy of the County's 'Fiscal Year 2011/2012 Budget Calendar' (a copy of which was placed on file); that on January 25, 2011 the Board of County Commissioners will be provided with a "status report by the Finance Department on Fiscal Year 11/12, providing an estimate of revenues and expenditures. The Departments will be provided direction regarding departmental budgets; that the Departments have not yet received direction regarding the budget process."

Advised that the Board members have been provided with a copy of the brochure "*Washoe County, Nevada – Fiscal Year 2011/12 Focus on the Future*" (a copy of which was placed on file for the record). There is a notation on the brochure "Washoe County's budget has been rolled-back to the fiscal year 2005 level"; that the Health District's "General Fund in 2005 was \$8,013,231; that currently the Health District's General Fund is approximately \$8.2 million", representing approximately "an \$180,000 difference."

Advised that Staff "will be very compressed this year; that Washoe County has requested the budget be submitted by March 7, 2011"; therefore, the Board of Health Budget meeting is scheduled for Thursday, March 3, 2011, beginning at 1:00 pm."

After conferring with Ms. Brown fiscal Staff will be forwarding "guidance to the Program Managers"; that fiscal Staff will "be meeting with the Program Managers and Division Directors in February. Between now and February the Program Managers will be working with the Division Directors to review "the staffing patterns" in anticipation of reductions and how programs may be managed differently, reviewing for efficiencies, etc.

The Board of County Commissioners has been conducting workshops and organizational effectiveness committee meetings, which Staff has been attending. There will be a recommendation presented for "a two-tiered approach – a core and a non-core versus the multiple tiers of previous years." An addition will be "programs in transition with an emphasis on services which can be transitioned." Commissioner Jung has been attending these meetings; however, all of the meetings are on-line on the County's webpage – Finance and Budget.

Dr. Furman

Stated a report last week from the National Association of State Legislators, regarding "budget gaps"; that the article indicates "the largest budget shortfalls are expected in Nevada – 32% for the 2012 budget; that the projected 2013 budget gap with the largest shortfalls expected in Nevada of 40%. The conclusion is that Nevada's fiscal situation for Fiscal Year 12 and 13 is extremely unstable." The Economic Forum recently published an article indicating the "budget shortfalls are going to be really significant"; that all of this will affect the Health District's budget.

In response to Chairman Humphreys

Regarding the "compressed time frame for the budget and any concerns", Ms. Coulombe stated she is not "overly concerned at this time; that she and Ms. Brown have discussed the issue with the Leadership Team." The Leadership Team will be meeting on January 10, 2011 to discuss the budget process. The Budget book "will be different; that the operational resources will be rolled-up to the strategic level; that the finances will be presented by program." Ms. Brown has disseminated the calendar among the Division Directors to begin scheduling meetings with Staff.

In response to Dr. Khan

Regarding the date for the Board of Health's Budget Meeting, Ms. Coulombe stated that the Budget meeting is scheduled for Thursday, March 3, 2011, beginning at 1:00 pm.

PRESENTATION – DISCUSSION – INTERIM HEALTH OFFICER WORK PLAN AND GOALS – UPDATE OF PROGRESS – POSSIBLE DIRECTION – INTERIM HEALTH OFFICER

Ms. Brown

Advised that the Board members have been provided with a copy of the "Interim Health Officer Plan"; that she would "thank the Division Directors for assisting her in this process"; that as the Interim Health Officer, this will be the document she will be utilizing as a work plan.

Advised that the Health District "has another compressed time line, which relates to budget in regard to strategic planning; that the Health District has to have a written strategic plan. This month Staff will be duplicating the template utilized by Washoe County; that in January the Leadership Team will be developing a draft of that strategic plan based on previous strategic planning activities, including the retreat. This will be presented to the Board of Health for

comments, revisions, improvement and then approval in February.” It may be necessary to present the draft to the Board at the January 27, 2011 meeting for approval of the concept as the Health District has been advised that the written strategic plan will have to be submitted to the County by February 18, 2011. She will be making a presentation to the Board of County Commissioners on February 28, 2011; that it will be of assistance that the Health District will be utilizing the format that the County is utilizing.

The upcoming 2011 Legislative Session “will be a large issue for the next several months; that a plan will be developed to ensure the Health District has participation and response; designating Lobbyist(s) should it become necessary; continuing to update the County’s Legislative Bill Tracking tool with monthly updates to the Board of Health. Staff will respond to Washoe County Bill Requests per the established system; and will communicate electronically with Board of Health members between Board meetings regarding any time sensitive legislative issues.

Regarding the budget process Staff has been reviewing the various dates on the Budget Calendar and the various requirements; that the Health District will complete the budget process as defined by the County, incorporating the specific requirements of all the jurisdictions. Staff will review the budget assumptions, which will allow for reductions retaining as many vital programs and services as possible. Staff will present the potential budget reduction strategies to the District Board of Health for comments and additional guidance prior to the Board of Health’s budget meeting.

Regarding performance improvement Staff will complete an assessment of departmental processes and programs to conduct performance improvements; that this will require a complete analysis of current grants developing priorities to assist in future grant applications. This will require “a robust discussion regarding grants including ‘when to say no and when to say yes’ and how Staff identifies “which ones” to pursue in support of the Health District’s mission and vision. Staff will identify administrative and support service improvements that increase efficiencies maintaining internal and external customer satisfaction. Staff will utilize performance improvement tools to evaluate programs and implement changes which enhance the Health District’s efficiencies and effective “across the organization.”

Regarding the District’s workforce (human resources), it will be necessary to maintain a highly engaged workforce with the necessary skills and knowledge to provide quality programs and services; that this will include conducting employee evaluations per County policy. With fewer employees “it is not a matter of doing more with less it is a matter of doing things differently and ensuring the employees have the skills and knowledge to complete this work. Analyzing all vacancies and resignations for opportunities to change staffing plans creating an ‘optimal’ organizational structure will assist to achieve efficiencies and address reductions in some areas.

According to the Structural Review Team (SRT) Organizational Chart Staff "has almost achieved this and gone beyond"; therefore, Staff will continue to review this proceed "beyond what was initially established as the direction for the organizational structure, while embracing some new staffing strategies. Presented a recent example with the resignation of a part-time Health Educator within the CCHS Chronic Disease Program, which resulted in a review of the needs of the Program and redirecting of the funding from that position. Providing employee education and training within available resources with an increased emphasis on internal experts and local opportunities; that previously Staff had the opportunity to attend "out-of-state and regional" training(s) and conferences; that it is necessary to utilize those funds "judiciously, even those which are grant supported and rely more upon internal experts and local opportunities for education and development." There is the need to support "employee-driven" programs such as the Health District's LINK (employee moral team) program; and "celebrate and acknowledge" accomplishments of the Washoe County Health District among the Divisions, the programs, leadership, and the employees. It is extremely important to recognize it "when Staff works very hard performing difficult work acknowledging it when successes are achieved."

Regarding communication the goal is to provide timely and accurate information to employees, leadership, Board members, jurisdictions, partners, and the citizens: 1) identifying strategies to communicate effectively with various stakeholders through: utilization of established communication mechanisms; meeting attendance; frequent written/electronic updates; rounds, informal discussions; an 'open door' policy; media opportunities; public speaking engagements; and 2) seeking introductions and requesting information from the three (3) jurisdictions (Washoe County; City of Reno; and City of Sparks) through the DBOH appointees, ensuring the jurisdictions "have all the information necessary. She will be discussing this with each of the DBOH elected officials."

Regarding community activities the goal is to represent the Washoe County Health District and public health on "boards, committees, taskforces, and workgroups; that Staff participate in activities and with groups/agencies requiring Health Officer representation; and to conduct an assessment and prioritize community representation by Washoe County Health District Staff. "There are so many organizations, boards, teams, taskforces, etc. "which would like Health District involvement and with limited resources that it is necessary to determine the highest priorities."

Regarding the Board of Health information and resources the goals is to provide references and resources to assist with the District Board of Health development; providing information on national, state and local public health issues and priorities; as identified by self-assessment and requested by the District Board of Health provide tools and training that enhance Board skills; and, as directed, create or update the District Board of Health members' orientation materials/manual.

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During her tenure as the Interim District Health Officer, she will ensure the Community and Clinical Health Service (CCHS) Division has a Leadership Coverage Plan.

Mr. Gustin

Commended Ms. Brown regarding the thoroughness of her Interim report, advising that "it is ambitious, as it needs to be"; that he would question "the designation of Lobbyists" during the upcoming 2011 Session.

In response to Mr. Gustin

Ms. Brown

Advised that in her Interim Health Officer's Report, she has provided an update on the Plan, which includes an update regarding the upcoming Legislature; that she has a meeting with Mr. John Slaughter of the County Legislative Team to receive guidance and information as to the County process. As a component of that discussion "it has been determined that, with the possible exception of Ms. Jennifer Hadayia, whose program is 'all about policy development', the Health District will not have a Lobbyist; that this does not preclude the appointment of a Lobbyist in the future should it be determined necessary. The Division Directors and other personnel, with an expertise on a subject matter, may provide testimony on different legislation; that this will be in accordance with Washoe County Legislative policy.

Mr. Gustin

Stated that, as a Board member, he concurs with "that approach"; that the expert testimony option provides "the foundation necessary without being a Lobbyist."

Ms. Brown

Stated that there have been discussions "regarding being a Registered Lobbyist presenting a disadvantage; that the Health District will rely on expert testimony from Staff.

Dr. Khan

Stated that during the Board's Strategic Retreat there was discussion regarding "potential legislative activity that would affect the Environmental Health Services Division"; that she would

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question if these are "being tracked." "Since the Health District is challenged in complying with the unfunded mandates, particularly those related to Environmental Health Services, "it is important that someone is monitoring these and providing testimony."

Ms. Brown

Clarified that should Ms. Hadayia be registered as a Lobbyist, it would be only "for policy issues specific to chronic disease programs, which is Ms. Hadayia's area of expertise"; that each Division Director will be monitoring any Bills specific "their own Division." Staff has received information from the County regarding the State's proposals may have an impact upon the Health District, including Emergency Medical Services (EMS). "At this point the focus is research and analysis and not a lot of conclusions as to what may take place and when"; that as Staff has more information and detail, Staff will be presenting updates to the Board.

Ms. Ratti

Commended Ms. Brown on the update; stating that during the Legislative Sessions "the Health District is closely aligned with the County"; however, it is important to remember that the Health District represents all three (3) governmental jurisdictions. She would request Staff consider "opportunities to reengage the Cities in the processes, including meeting with the City of Sparks Government Affairs staff and Lobbyist(s) 'at least once' prior to the Session."

In response to Ms. Ratti

Ms. Brown advised that she has discussed this with Mr. Gustin "regarding opening discussions with the two (2) Cities ensuring the Health District is engaged with the Cities on the various issues, including the Legislature. She will discuss this with Ms. Ratti and Mr. Gustin to determine which plans will work for each jurisdiction.

Ms. Ratti

In Ms. Brown's Report, focusing on the Strategic Plan component, she would acknowledge that this "is ambitious; that this is likely to be a significant improvement from 'where the Health District has been'; however, with the timeline indicated, it cannot possibly be what the Health District needs it be in terms of a comprehensive strategic plan"; therefore, she would suggest it be "done with the concept of building a template for a meaningful, strategic planning process in the next year. This is a step forward"; however, "it lacks a stakeholder engagement; that it is not possible to develop a

stakeholder engagement within this timeline." The plan is necessary for budget and therefore, the process "is exactly right" acknowledging this won't be the plan.

In response to Ms. Ratti

Ms. Brown advised that "strategic planning is a process that takes engagement and time and should be incorporated into budget, program service management improvements, grant applications and employee evaluations, etc., and not just a document in a binder, but rather a working tool that is used daily in decision making." To create "such a document will require more time" than indicated in her report; however, Staff has to have the initial document prepared by February 18, 2011; therefore, Staff "will take the best of the planning activities and discussions held, utilizing the format which clearly identifies how to incorporate it into the budget process." As discussed with Ms. Coulombe regarding the "budgeting process the concept is to fold those together to start so that when the planning process is developed and revised the two (2) – strategic planning and budget will be integrated. At the higher level there will be program plans which aren't necessarily reflected in the strategic plan."

Ms. Ratti

Stated her intent is to "tie the strategic plan to the budgeting process and then the budgeting process will allocate resources to meaningful planning in the next fiscal year."

In response to Ms. Ratti

Ms. Brown advised that "that would be the goal."

Chairman Humphreys

Stated that he concurs "this is a very comprehensive plan touching on all areas of importance for the Health District during this interim period. He appreciates the team effort in preparing this."

**MOTION: Ms. Ratti moved, seconded by Dr. Khan, that the Interim Health Officer Plan and Goals, be approved as presented.
Motion carried unanimously.**

The Board recessed at 2:05 pm and reconvened at 2:10 pm.

DISCUSSION – RECRUITMENT – NEW DISTRICT HEALTH OFFICER

A. Presentation, Discussion and Possible Approval of the Recruitment Brochure for the Washoe County District Health Officer

Ms. Katey Fox, Director, Washoe County Human Resources

Advised that during the last District Board of Health meeting Human Resources (HR) presented a draft outline for the brochure for the recruitment of the new Washoe County District Health Officer for the Board's consideration. There was discussion regarding "how to list the salary for the District Health Officer position; and "that the brochure may look a little different" as the recruitment proceeds. It was the determination of the Board of Health that Dr. Furman will be the liaison between the Board of Health and Human Resources for the recruitment and application process.

At this time it would be the recommendation of HR that the current salary range for the District Health Officer position be listed "as it exists within the compensation schedule as DOE (Depending on Experience). She will present the data specific to the salary compensation, "as it may be meaningful for the decision regarding the recruitment brochure."

After the determination regarding the salary compensation (item B.), the Board resumed the discussion specific to approval of the recruitment brochure.

In response to Chairman Humphreys

Regarding "advertising the salary as one range or would the brochure indicate the two-tiered salary range", Ms. Fox stated that she would recommend being specific regarding one salary range for an MD licensure, as discussed by the Board, and the other for non-medical degree applicants. The brochure can stipulate 'all candidates meeting the qualifications are encouraged to apply; that the medical license is preferred', utilizing the brochure to consider all qualified candidates." The brochure would "clearly indicate a Medical Degree would be associated with the higher level of pay.

Ms. Ratti

Stated that in previous meetings the Board had discussed listing "an MD or DO (Doctor of Osteopathy); that she would question if the brochure will list both."

In response to Ms. Ratti

Ms. Fox advised that previously the language indicated "MDs are welcome and encouraged to apply"; that HR would defer to Dr. Furman, as the "subject matter expert to provide the specificity as to the medical license language to be included in the brochure."

Chairman Humphreys

Advised Dr. Furman will work with HR on that clarification. The Board has determined "how the salary range will be listed – as the two-tiered salary range depending on experience (DOE).

MOTION: Ms. Ratti moved, seconded by Mr. Gustin, that the brochure for the recruitment of the new District Health Officer be approved as discussed. Motion carried unanimously.

In response to Ms. Ratti

Regarding when HR would anticipate it being necessary to schedule the next meeting of the District Board of Health's Personnel and Administration (P/A Committee), Ms. Fox advised that "the next step will be for HR to contact Dr. Furman regarding the specificity of the language for the recruitment brochure." After HR has discussed these issues with Dr. Furman and has a rough draft of the brochure, she would request Dr. Furman's guidance regarding scheduling the next P/A meeting. It is her intent to utilize the services of Dr. Furman as the liaison between Washoe County HR and the DBOH Personnel and Administration Committee." She anticipates having the rough draft of the brochure to Dr. Furman "by the first week of January; that HR will then provide information regarding the dates of the recruitment and how long the position needs to be posted. HR will request Dr. Furman's guidance regarding reviewing all of the applications; therefore, there will need to be a process for a review of the applicants. The shortest period of time anticipated for the recruitment is three (3) months; that it may require five (5) months for scheduling interviews by the Board."

Chairman Humphreys

Stated that when the recruitment brochure is completed he will contact Staff regarding scheduling a P/A Committee meeting; that he would anticipate some time the second week in January for the next P/A Committee meeting.

B. Presentation and Review of the Salary Compensation Data from Hay and Associates for the District Health Officer Position with Possible Direction to Staff and Washoe County Human Resources Regarding Finalization of the Compensation Package

Ms. Fox

Stated the results of the District Health Officer study by Hay and Associates "is not yet complete, as Hay and Associates are having difficulties in determining comparable jurisdictions." One of the findings referenced by HR at the Board's last meeting is specific to "in some jurisdictions the 'health department is a component of a department of health and human services or social services.'" HR will continue to work with Hay and Associates regarding the "comparables."

HR has received "some results from Hay and Associates regarding the salary schedules"; that it was determined "from a structural internal equity, not considering the licensure to practice medicine, the current District Health Officer pay range is appropriate, as it has been closely aligned with the Washoe County unclassified management salary schedule at Grade Y." The District Board of Health does determine the salary of the District Health Officer; therefore, that will be a decision for the Board of Health "to make."

The limited data from Hay and Associates indicates department head salaries, without the Medical Doctor degree, range from \$126,900 annual salary to \$130,967; however, two (2) of the positions within that survey receive a bonus of "up to \$75,000 per year." A comparison of one of the organizations, which did require a medical degree at the department head level, pays that department head in excess of \$200,000 per year.

Other issues discussed pertained to a car allowance and other compensation considerations; that those organizations which responded to the car allowance inquiry, indicate the car allowance "range is \$4500 to \$5200 per year. Of the four (4) organizations, which were considered comparable, only one (1) provides longevity pay"; that to receive longevity pay in Washoe County an employee must have five (5) years of full-time service and a standard or above standard performance evaluation; that longevity pay begins at \$100 per year and *tops out* at \$3000 for thirty (30) years of service. To-date these are the findings regarding the salary; that, as she indicated, HR will continue work with Hay and Associates; that HR will present those findings initially to the Chairman of the Board of Health and would "suggest the information be considered and included in the brochure posting as HR works through the recruitment and decisions for the Board to consider."

In response to Mr. Gustin

Regarding the salary range for the District Health Officer, Ms. Fox advised that the Washoe County District Health Officer's rate of pay "as it exists currently is \$114,732 through \$149,073 annually." Department heads of comparable jurisdictions salary range is \$126,000 ~ \$130,000 annually; that it is limited data; however, the data indicates "as compared internally to this position, as a department head, and the level of responsibility HR determined that the salary recommendation as it currently exists to be comparable to other positions at schedule Y on the pay plan, which includes the Director of Social Services; Director of Public Works; Director of Water Resources and Director of Juvenile Services."

In response to Ms. Ratti

Regarding the "the span between the Health District's Division Directors and the District Health Officer", Ms. Fox advised that HR has reviewed that variance; that currently "based upon the information from Hay and Associates and the data on file", it was determined "the premium pay for the next highest level position is that of the Director of the Epidemiology and Public Health Preparedness (EPHP) Division, currently there is less than 1% difference between the top of the two (2) ranges, which is statistically insignificant/not meaningful"; therefore, the EPHP Director makes almost as much as the Health Officer." The EPHP Director "is a premium pay position recognizing the advanced qualification requirement of a doctorate degree. In most management classification structures it would not be unusual for there to be a 10% differential between the highest paid manager (a division director) and the department head; that this is a recognized compensation standard which exists in the public sector." It is the consensus of HR that "at .9% there currently is not any difference in the salary of the EPHP Director as compared to the District Health Officer." As she stated, the Director of the EPHP Division is receiving premium pay; that premium pay is specifically associated with this position as it requires an advanced PhD degree. If a position is not listed as a premium position it is classified as an M; that a position receiving premium pay is listed as MN acknowledging "there is additional special qualifications required for that specific position and is therefore, being paid at a higher compensation level." Premium pay positions were established for Washoe County "to recognize hard to fill positions which may be difficult to recruit due to special skills and qualifications required for a position."

Regarding whether the District Health Officer should be considered a "premium pay position", Ms. Fox advised it has been the determination of the District Board of Health that "at this point in time that a medical license is not required for the District Health Officer position." As HR compared the District Health Officer position to other "Y department head positions in this organization", it was determined that premium pay is not necessary.

In response to Mr. Smith

Regarding "what the salary range would be for a doctor for this position", Ms. Fox advised that "should the Board determine an MD licensed to practice medicine in Nevada is a requirement for the District Health Officer, the data received to-date indicates a premium salary of up to 10% could be applied to the position", resulting in the pay for the position "at approximately \$162,500 annual salary at the top of the range."

Dr. Khan

Stated that she will be abstaining from the vote, as she is considering applying for the position; that further, she has been advised "she would have to resign from the Board to do so." She would question the "Y classification in regard to the position of the Health Officer in comparison to the Sheriff's Office, the District Attorney's Office and the Medical Examiner."

In response to Dr. Khan

Ms. Fox advised that in regard to the Sheriff and the District Attorney, which are elected positions, the salaries are established by the Nevada State Legislature. The Medical Examiner/Coroner is a medical doctor; that although she does not have the ME's salary information, she believes that the position is paid more than the District Health Officer.

Dr. Khan

Stated that she asked, as "she believes the function of the Health District is significant for the County with the District Health Officer being the public health authority for the County and the two (2) Cities; that from the perspective of the budget and number of personnel some of the other departments are comparable to Health District."

In response to Dr. Khan

Ms. Fox stated that the "management of professional and technical staff may suggest the District Health Officer would have the same span of control as the Director of Social Services, as both Departments have approximately 200 fill-time employees."

Chairman Humphreys

Questioned if the "premium pay would be applicable to an MD candidate versus a non-MD candidate."

In response to Chairman Humphreys

Ms. Fox advised that determination would have to be presented as an action item before the Board of Health regarding the compensation level for the new District Health Officer.

In response to Ms. Ratti

Ms. Fox restated the recommendation, advising "that the limited data from Hay and Associates indicates that from a structural perspective, and not taking into consideration the licensure to practice medicine in the State of Nevada, the current pay range for the District Health Officer position is appropriate, as it closely aligned with the Washoe County unclassified management salary schedule at pay grade Y."

Dr. Furman

Stated that he strongly supports the Health District having an MD as the District Health Officer; that NACCHO supports Health Department's of this size having an MD on-staff; therefore, if the District Health Officer is not an MD then it will be necessary to employ an MD, which will be more expensive. He acknowledges that currently the Board of Health is not required to hire an individual who is an MD; however, this position "is important enough to warrant an MD. The State Health Officer is required to be an MD as is the Health Officer in Southern Nevada; that the Washoe County Medical Society presented a letter to the Board fully supporting the hiring of a physician as the new District Health Officer, indicating an MD in this position is an asset to the community. All of this should be taken into consideration, as it is the determination of the Board of Health. He fully understands the financial aspects of the funding; that the Medical Examiner does make more than the Health Officer; however, the District Health Officer position is as important as the Medical Examiner."

Ms. Ratti

Stated she "believes it is necessary to find the best candidate for this position, who meets a broad range of responsibilities; and she concurs that it is necessary to have an MD within the Department". However, it is necessary to adhere to the determination of the Board of reviewing all

of the best candidates with all the different ranges of possibility and if the best candidate is an MD the situation is addressed and if the best candidate is not then the Board discusses how to attain MD representation within the Department. Her concern is "will it be competitive, which can present a challenge in the current salary structure. Advised that Ms. Jung spoke to being 'very careful in making significant changes in the salary structure at this particular time in the County's history."

**MOTION: Ms. Ratti moved to uphold the recommendation of Washoe County Human Resources to maintain the current salary structure for the position of the District Health Officer.
Motion died for lack of a second.**

Mr. Gustin

Regarding the salary, it is his understanding the position would be listed as \$114,732 through \$149,073 annually; that he concurs the "MD may or may not be necessary"; that he is undecided; however, in an attempt to recruit the best candidate for the position, the salary range for an MD should indicate \$125,000 through \$162,500; and without an MD the salary range would be the \$114,732 through \$149,073. It is important to recruit the broadest range of candidates, as there may be an MD in the market for this type of position; that he would not want any restrictions on the recruitment.

Chairman Humphreys

Stated that HR indicated there is "typically a 10% differential in salaries between the department head and the next highest level manager; and there basically is no difference in the salary of the Director of EPHP and the District Health Officer position. That approving premium pay status to the District Health Officer position would result in that 10% pay differential."

In response to Chairman Humphreys

Ms. Fox

Stated she does not have the authority to assign premium pay status to the District Health Officer; that would require a determination by the Board of Health. Currently HR "has the established the position at schedule Y without premium pay status." The District Board of Health establishes the pay of the District Health Officer; that the Board has the authority to establish the position at premium pay; that this isn't a decision that has to be determined today.

Ms. Ratti

Stated the two-tiered approach to the pay schedule for the District Health Officer (MD as compared to a non-MD) would be different from premium pay, which, "to her understanding is a recruitment incentive to fill specific requirements and not a recognition for education or a licensure."

In response to Ms. Ratti

Ms. Fox advised "premium pay is both an incentive and the need to fill specific educational or licensure requirements."

Mr. Jim German, Washoe County Human Resources, advised the District Health Officer is currently a non-premium pay position that is not required to have the medical licensure. Requiring the position to have a medical licensure would justify providing premium pay.

Ms. Ratti

Stated the Board can approve "a hybrid approach of rewarding a specific licensure" for a physician as the District Health Officer. Although this may be different from some other County positions, "she is comfortable with the concept, as the District Board of Health does have the authority to make determinations in regard to the position."

MOTION: Mr. Gustin moved, seconded by Ms. Ratti, that the Board approve a two-tiered salary range with one for a Medical Degree and another for a non-medical degree.

Motion carried with Dr. Furman voting "no" and Dr. Khan abstaining.

In response to Mr. Gustin

Regarding the salary range for a non-medical degree candidate, Ms. Leslie Admirand, Deputy District Attorney, advised that the salary can be determined during negotiations; that discussions regarding a car allowance may also be part of the negotiation of the contract.

Chairman Humphreys

Stated that knowing "how short-staffed and busy the HR Department is; therefore, on behalf of the Board he would thank HR for making this a priority, as it is appreciated.

WASHOE COUNTY HEALTH DISTRICT – 2011 LEGISLATIVE BILL TRACKING – POSSIBLE DIRECTION TO STAFF

A. No Legislative Bill Tracking Report This Month

Ms. Brown

Advised that Staff has no updated to the Bill Tracking for the 2011 Legislative Session this month.

B. Presentation - Washoe County Government Affairs – Legislative Communication Policy

Ms. Brown

Advised that the Board members have been provided with a copy of the Washoe County Government Affairs "*Legislative Communication Policy*" (a copy of which was placed on file for the record). This provides an overview of the County's process.

UPDATE – AMBULANCE STUDY COMMITTEE

Chairman Humphreys

Advised that the Ambulance Study Committee met on November 22, 2010, and discussed the District Board of Health's inability to levy a franchise fee; Section 30 of the Franchise Agreement addressing the liability of the Health District should there be a termination of the Franchise Agreement; reporting the percentage of response compliance within each zone; that Mr. Gubbels did provide that information during REMSA's monthly report. Additionally the Committee discussed the feasibility of realigning geographic reporting zones among Washoe County and the Cities of Reno and Sparks with REMSA's zones; that representatives of REMSA will further discuss this issue with representatives of the City of Sparks and Reno; that this would be an issue for the REMSA Working Group. The Committee received an update regarding the Board of County Commissioners process to develop a community-wide Taskforce to review EMS issues.

The Committee conducted a comprehensive review of REMSA and the Franchise Agreement; that it was the consensus of the Committee that it is not necessary to schedule any additional meetings of the Committee "at this point and time"; that this does not preclude the scheduling of future meetings should it be determined to be necessary.

The DBOH Ambulance Committee is comprised of Mr. Smith, Ms. Ratti and him.

Ms. Ratti

Stated that she "has a slightly different interpretation of the Committee reviewing all of the issues pertaining to REMSA and the Franchise Agreement"; however, with the "implementation of the Washoe County communitywide process specific to EMS; and the issue of the Committee members' time, "it makes sense to suspend the Committee process at this time."

Chairman Humphreys

Stated that with the Health District's new EMS Coordinator he would anticipate a number of issues being addressed through Ms. Akurosawa.

Ms. Ratti

Requested an update from the Interim District Health Officer regarding the County's EMS Taskforce at the Board's January meeting.

PRESENTATION – ACCEPTANCE – 2011 WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING CALENDAR

Chairman Humphreys

Advised that the Board members have been provided with a copy of the proposed 2011 Washoe County District Board of Health meeting calendar (a copy of which was placed on file for the record). The calendar includes the date of Thursday, March 3, 2010 for the Board's Fiscal Year 2011/2012 Budget meeting; and Thursday, October 6, 2011, for the Board's annual Strategic Planning meeting. Staff recommends the Board approve the calendar as presented.

MOTION: Dr. Khan moved, seconded by Mr. Smith, that the Washoe County Board of Health's 2011 calendar meeting schedule, be approved as presented.

Motion carried unanimously.

ELECTION – NEW DISTRICT BOARD OF HEALTH CHAIRMAN – 2011/2012

Chairman Humphreys called for nominations for the new District Board of Health Chairman for 2011 through December 31, 2012.

Mr. Gustin

Stated that Mr. Smith has served as an excellent Vice Chairman of the Board; therefore, he would nominate Mr. Matt Smith as the new Chairman for the District Board of Health.

The nomination was seconded by Dr. Furman.

There being no further nominations, nominations were closed.

**MOTION: Mr. Gustin moved, seconded by Dr. Furman, that Mr. Matt Smith be appointed as the Chairman of the Washoe County District Board of Health for 2011 through December 31, 2012.
Motion carried unanimously.**

ELECTION – NEW DISTRICT BOARD OF HEALTH VICE CHAIRMAN – 2011/2012

Chairman Humphreys called for nominations for the new District Board of Health Vice Chairman for 2011 through December 31, 2012.

Mr. Gustin

Stated he would nominate Dr. Amy Khan as the new Vice Chairman for the District Board of Health.

The motion was seconded by Dr. Furman.

There being no further nominations, nominations were closed.

MOTION: Mr. Gustin moved, seconded by Dr. Furman, that Dr. Amy Khan be appointed as the Vice Chairman of the Washoe County District Board of Health for 2011 through December 31, 2012.

Motion carried unanimously.

PRESENTATION – POSSIBLE DIRECTION – LOCAL PUBLIC HEALTH GOVERNANCE
PERFORMANCE ASSESSMENT INSTRUMENT – NATIONAL PUBLIC HEALTH
PERFORMANCE STANDARDS PROGRAM

Chairman Humphreys advised that because Ms. Jung is excused, this item will be continued to the District Board of Health January 27, 2011 meeting.

STAFF REPORTS AND PROGRAM UPDATES

A. Director – Epidemiology and Public Health Preparedness

There was no Epidemiology and Public Health Preparedness Division Director's Report this month.

Dr. Todd, Director, Epidemiology and Public Health Preparedness

Advised that he deferred his monthly report to the January meeting as he was involved with State regulatory issues.

Dr. Khan

Advised that "she is pleased with Dr. Todd's new hire."

B. Acting Division Director – Community and Clinical Health Services

Ms. Candace Hunter, Acting Division Director, Community and Clinical Health Services, presented her monthly Acting Division Director Report, a copy of which was placed on file for the record.

Ms. Brown

Stated she would commend "Ms. Hunter for 'stepping-up' and accepting the appointment as the Acting CCHS Division Director for the month of December.

C. Director – Environmental Health Services

Mr. Scott Monsen, Acting Division Director, presented the monthly Report of the Environmental Health Services Division Director, a copy of which was placed on file for the record.

D. Director – Air Quality Management

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

Mr. Dick

Advised the Board that the US Environmental Protection Agency (EPA) has postponed implementation of the new Ozone Standard until July; that he will provide additional information at next month's meeting.

E. Administrative Health Services Officer

There was no Administrative Health Services Officer Report this month.

F. Interim District Health Officer

Ms. Mary-Ann Brown, Interim District Health Officer, presented her Interim Health Officer's report, a copy of which was placed on file for the record.

Ms. Brown

She reviewed her items during her Plan and Goals Report; that she conducted the first *Department-wide Communication Huddle*; that she disseminated the first "Friday Five" Report, which was provided to the Board members. It is her intent to provide a "Friday Five" report each week to keep the Staff and Board members apprised of activities at the Health District.

Her report includes information specific to health care reform and its role on public health; that the articles are "succinct and provide a good summary of the overlap between health care reform and public health."

To 'formalize' the CCHS Leadership Coverage Plan for the Acting Division Director, Ms. Hunter has served as the Acting Division Director for CCHS for the month of December; that there will be a monthly rotation of Program Managers serving as the Acting Division Director.

BOARD COMMENT

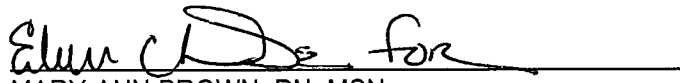
Dr. Khan

Stated she would commend Dr. Humphreys for his service as Chairman of the District Board of Health for the past two (2) years; that she would thank him for his service "it has been notable and commendable." That "she looks forward to working with Chairman-elect Smith.

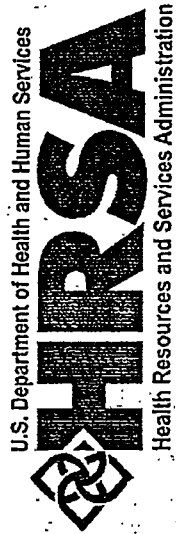
Chairman Humphreys

Stated that this "is his second Christmas as the Chairman; that with the upcoming holidays he would wish everyone a very Merry Christmas and a good healthy New Year."

There being no further business to come before the Board, the meeting was adjourned at 3:00pm.


MARY-ANN BROWN, RN, MSN
INTERIM HEALTH OFFICER/SECRETARY


JANET SMITH
RECORDER



Maternal and Child Health Bureau

*Champions in the Field of
Maternal and Child Health within States and Jurisdictions*

Presented to

Candy Hunter, R.N., M.Ed. - Nevada

In recognition of outstanding contributions to the field of
MCH through collaborations and partnerships

2010

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Maternal and Child Health

Rockville, MD 20857

OCT 20 2010

Dear Colleague,

It is my pleasure to inform you that you have been selected as a Champion in the Field of Maternal and Child Health (MCH). This selection was made by the MCH Leadership in your State or Jurisdiction for your outstanding contributions to the field of MCH at the State and local level. The contributions made by recipients of this prestigious award supported the mission of Title V through the following key areas:

- (1) Cultivating and strengthening partnerships and collaborations;
- (2) Innovative efforts to expand MCH practice;
- (3) Promoting data systems and linkages;
- (4) Establishing promising practices for addressing health disparities in the MCH Population, and
- (5) Excellence in improving systems of care for children and youth with special health care needs and their families.

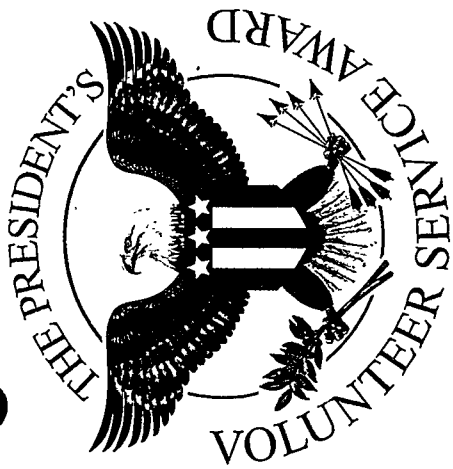
Your efforts, along with those Champions in other States and Jurisdictions, have supported the mission of Title V and improved the health of mothers and children across the Nation.

Certificate of Recognition recipients were acknowledged as a group during the Awards Ceremony at the 75th Anniversary celebration and your name was printed in the Meeting Brochure.

Again, congratulations on your accomplishments. I appreciate all that you have done to improve the health of the MCH population.

Sincerely,

Peter C. van Dyck, M.D., M.P.H.
Associate Administrator for
Maternal and Child Health



Presented by the President's Council on Service and Civic Participation to

Debbie Chicago

In recognition and appreciation of your commitment to strengthening our

Nation and for making a difference through volunteer service.

2010



Regional Emergency Medical Services Authority

REMSA

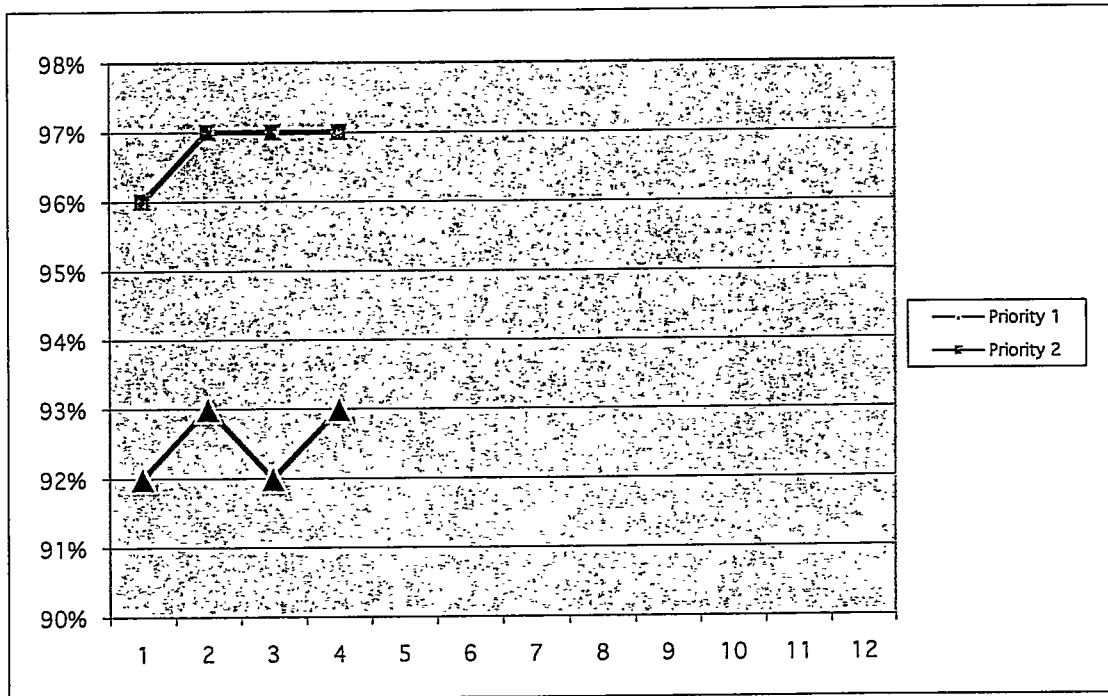
OPERATIONS REPORTS

FOR

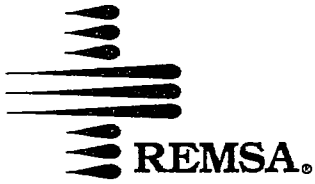
OCTOBER 2010

Fiscal 2011

Month	Avg. Response Time	Avg. Travel Time	Priority 1	Priority 2
Jul-10	6 mins. 2 secs.	4 mins. 45 secs.	92%	96%
Aug.	5 mins. 54 secs.	4 mins. 49 secs.	93%	97%
Sept.	6 mins. 5 secs.	4 mins.52 secs.	92%	97%
Oct.	5 mins. 58 secs.	4 mins. 56 secs.	93%	97%
Nov.				
Dec.				
Jan. 11				
Feb.				
Mar.				
Apr.				
May				
Jun-11				

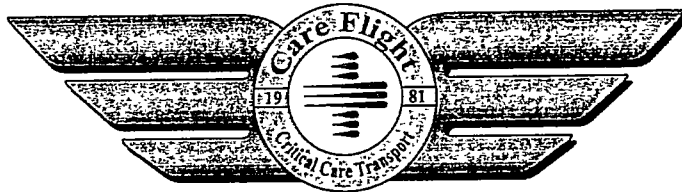


Month	#Patients	Gross Sales	Avg. Bill	YTD Avg.
Jul-10	15	\$109,746	\$7,316	\$7,316
Aug.	9	\$58,163	\$6,463	\$6,996
Sept.	17	\$134,512	\$7,912	\$7,376
Oct.	11	\$76,615	\$6,965	\$7,289
Nov.			\$0	\$7,289
Dec.			\$0	\$7,289
Jan. 2011			\$0	\$7,289
Feb.			\$0	\$7,289
Mar.			\$0	\$7,289
Apr.			\$0	\$7,289
May			\$0	\$7,289
June			\$0	\$7,289
Totals	52	\$379,036	\$7,289	\$7,289
			Adjusted Allowed Average Bill -	\$6,939.00
REMSA Ground				
Month	#Patients	Gross Sales	Avg. Bill	YTD Avg.
Jul-10	3090	\$3,040,510	\$984	\$984
Aug.	3121	\$3,079,796	\$987	\$985
Sept.	2934	\$2,905,935	\$990	\$987
Oct.	2889	\$2,859,349	\$990	\$988
Nov.			\$0	\$988
Dec.			\$0	\$988
Jan. 2011			\$0	\$988
Feb.			\$0	\$988
Mar.			\$0	\$988
Apr.			\$0	\$988
May			\$0	\$988
June			\$0	\$988
Totals	12034	\$11,885,590	\$988	\$988
			Allowed ground avg bill -	\$966.00



Regional Emergency Medical Services Authority

CARE FLIGHT
OPERATIONS REPORT
FOR
OCTOBER 2010



CARE FLIGHT OPERATIONS REPORT
OCTOBER 2010
WASHOE COUNTY

- ❖ In Town Transfer:
 - 0 ITTs were completed
- ❖ Outreach, Education, & Marketing:
 - 2 Community Education & Public Events

10/10/10	Juvenile Diabetes Research Foundation Walk	Flight Staff
10/12/10	Pyramid Lake Volunteers Safety Training	Flight Staff

❖ Statistics

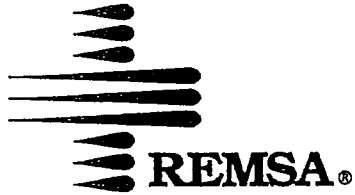
Washoe County Flights

	# patients
Total Flights:	11
Total Patients	11
Expired on Scene	0
Refused Transport (AMA)	0
Scene Flights	11
Hospital Transports	0
Trauma	7
Medical	4
High Risk OB	0
Pediatrics	0
Newborn	0
Full Arrest	0
Total	11



Regional Emergency Medical Services Authority

REMSA
GROUND OPERATIONS REPORT
FOR
OCTOBER 2010



GROUND AMBULANCE OPERATIONS REPORT

October 2010

1. OVERALL STATISTICS:

Total Number Of System Responses	5048
Total Number Of Responses In Which No Transport Resulted	2159
Total Number Of System Transports	2889

2. CALL CLASSIFICATION REPORT:

Cardiopulmonary Arrests	1%
Medical	48%
OB	1%
Psychiatric/Behavioral	5%
Transfers	14%
Trauma	26%
Trauma - MVA	6%
Trauma - Non MVA	20%
Unknown/Other	5%
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
- 100% of pediatric patients both ALS and BLS transport and non-transport patients
- 100% of advanced airways (outside cardiac arrests)
 - ETCO2 use in cardiac arrests and advanced airway
- 100% of Phase 6 Paramedic and EMT PCRs
- 100% Pain/Sedation Management
- Total of 2472 PCRs

All follow-up deemed necessary resulting from Communication CQI was completed by Will Hehn, Interim Communications Education and CQI Coordinator.

4. EDUCATION AND TRAINING REPORT:

A. Public Education

Advanced Cardiac Life Support

Date	Course Location	Students
10/5/10	REMSA Education	24
10/14/10	Sierra Army Depot	2
10/19/10	REMSA Education	2

Advanced Cardiac Life Support Recert

Date	Course Location	Students
10/1/10	REMSA Education	5
10/4/10	EMS CES 911	2
10/5/10	EMS CBS 911	1
10/7/10	REMSA Education	3
10/7/10	John Mohler & Co	4
10/8/10	John Mohler & Co	11
10/27/10	REMSA Education	23
10/27/10	John Mohler & Co	12
10/31/10	John Mohler & Co	13

Advanced Cardiac Life Support Skills

Date	Course Location	Students
10/8/10	REMSA Education	1
10/30/10	EMS CES 911	1

Health Care Provider

Date	Course Location	Students
6/30/10	Milan	1
9/22/10	Washoe County School District	7
9/24/10	Nevada Air National Guard	1
10/1/10	EMS CES 911	16
10/1/10	Sierra Nevada Job Corps	6
10/2/10	REMSA Education	4
10/2/10	NorCal EMS	3
10/2/10	Riggs Ambulance Service	7
10/4/10	Diamond Mountain Casino	1
10/4/10	Academy of Arts Career Tech	22
10/6/10	REMSA Education	10
10/6/10	EMS CES 911	4
10/6/10	Riggs Ambulance Service	9
10/7/10	REMSA Education	8
10/8/10	Elko County School District	1
10/9/10	REMSA Education	10
10/9/10	Henry Willich	1
10/9/10	Jennifer Kraushaar	1
10/12/10	REMSA Education	8
10/18/10	EMS CES 911	3
10/19/10	Regent Care	3
10/19/10	Academy of Arts Career Tech	16
10/19/10	Ralph Renteria	3
10/20/10	REMSA Education	6

10/22/10	Great Basin College	13
10/22/10	EMS CES 911	1
10/24/10	Randi Hunewill	1
10/25/10	Nampa Fire Department	1
10/25/10	EMS CES 911	1
10/27/10	Aaron Henderson	2
10/29/10	Jason Harris	1
10/30/10	NorCal EMS	8
10/30/10	Larry Szabo	1
10/30/10	Kenny Cohen	2

Health Care Provider, Employee

Date	Course Location	Students
10/4/10	REMSA Education	1
10/19/10	REMSA Education	1
10/25/10	REMSA Education	1
10/26/10	REMSA Education	1
10/27/10	REMSA Education	1
10/30/10	REMSA Education	1

Health Care Provider, Recert

Date	Course Location	Students
9/11/10	Nevada Air National Guard	1
9/21/10	Humboldt General Hospital	2
9/30/10	Humboldt General Hospital	2
10/1/10	Sierra Surgery Hospital	1

10/1/10	REMSA Education	5
10/1/10	Nevada Department of Corrections	5
10/1/10	Visual Insight	13
10/2/10	Concentra	23
10/4/10	REMSA Education	8
10/4/10	REMSA Education	1
10/6/10	Milan Institute	1
10/7/10	NorCal EMS	1
10/7/10	REMSA Education	3
10/7/10	Nevada Department of Corrections	7
10/7/10	Humboldt General Hospital	3
10/8/10	Visual Insight	17
10/11/10	EMS CES 911	1
10/11/10	Humboldt General Hospital	9
10/12/10	Tyler Teese	1
10/13/10	REMSA Education	10
10/14/10	REMSA Education	7
10/15/10	Visual Insight	11
10/19/10	Tahoe Forest Hospital	19
10/21/10	REMSA Education	6
10/22/10	REMSA Education	10
10/22/10	Casey Quinlan	15
10/23/10	REMSA Education	4
10/24/10	Great Basin College	3
10/25/10	Humboldt General Hospital	3
10/26/10	REMSA Education	2

10/27/10	Nevada Department of Corrections	1
10/28/10	Saint Mary's Hospital	1

Health Care Provider Skills

Date	Course Location	Students
9/27/10	Tahoe Forest Hospital	1
10/1/10	Tahoe Forest Hospital	1
10/6/10	REMSA Education	2
10/7/10	Riggs Ambulance Service	1
10/8/10	REMSA Education	1
10/8/10	Tahoe Forest Hospital	1
10/12/10	REMSA Education	1
10/12/10	Tahoe Forest Hospital	1
10/13/10	Paula Green	1
10/15/10	REMSA Education	4
10/19/10	REMSA Education	2
10/20/10	REMSA Education	2
10/20/10	Tahoe Forest Hospital	1
10/23/10	Tahoe Forest Hospital	1
10/25/10	REMSA Education	1
10/26/10	REMSA Education	2
10/27/10	Tahoe Forest Hospital	1
10/28/10	Tahoe Forest Hospital	1

Heart Saver AED

Date	Course Location	Students
8/16/10	Washoe County School District	3

8/18/10	Washoe County School District	5
8/23/10	Washoe County School District	8
8/26/10	Washoe County School District	2
9/8/10	Washoe County School District	6
9/9/10	Washoe County School District	7
9/11/10	Washoe County School District	3
9/13/10	Washoe County School District	6
9/14/10	Washoe County School District	7
9/15/10	Washoe County School District	5
9/18/10	Washoe County School District	6
9/20/10	Washoe County School District	8
9/21/10	Washoe County School District	7
9/22/10	Nampa Fire Department	1
9/23/10	Washoe County School District	7
9/25/10	Washoe County School District	7
9/27/10	Washoe County School District	8
9/28/10	Washoe County School District	4
9/29/10	Washoe County School District	6
9/30/10	Washoe County School District	5
10/2/10	REMSA Education	3
10/4/10	Joe Dabrowski	4
10/5/10	Joe Dabrowski	3
10/6/10	Joe Dabrowski	8
10/7/10	UNR EHS	15
10/9/10	Patrick Linstruth	8
10/11/10	Elko County School District	2

10/13/10	REMSA Education	7
10/18/10	REMSA Education	4
10/19/10	EMS CES 911	1
10/19/10	REMSA Education	3
10/25/10	UNR EHS	6

Heart Saver CPR

Date	Course Location	Students
9/23/10	Rave Family Center	15
9/30/10	Rave Family Center	14
10/5/10	Rave Family Center	17
10/6/10	Rave Family Center	18
10/7/10	Rave Family Center	18
10/15/10	REMSA Education	8
10/17/10	Visual Insight	3

Heart Saver First Aid

Date	Course Location	Students
8/23/10	Nevada Department of Corrections	24
8/25/10	Washoe County School District	4
9/15/10	Washoe County School District	1
9/22/10	Nevada Department of Corrections	23
9/28/10	Great Basin College	8
10/1/10	EMS CES 911	14
10/1/10	Sierra Nevada Job Corps	6
10/4/10	Nevada Department of Corrections	51
10/5/10	Nye County EMS	2

10/6/10	EMS CES 911	1
10/7/10	REMSA Education	22
10/7/10	Florida Canyon Mine	4
10/7/10	Ron Browning	6
10/9/10	Jennifer Kraushaar	11
10/13/10	Nevada Department of Corrections	20
10/13/10	REMSA Education	12
10/14/10	REMSA Education	4
10/16/10	REMSA Education	8
10/17/10	Randi Hunewill	14
10/18/10	Work of Heart	5
10/21/10	Sierra Nevada Job Corps	6
10/22/10	Sierra Nevada Job Corps	6
10/27/10	Sierra Safety Solutions	4

Heart Saver Pediatric First Aid

Date	Course Location	Students
10/2/10	REMSA Education	6
10/9/10	EMS CES 911	10
10/11/10	Tahoe Forest Hospital	7
10/12/10	Tahoe Forest Hospital	10
10/18/10	Tahoe Forest Hospital	5
10/25/10	REMSA Education	29

International Trauma Life Support

Date	Course Location	Students
10/27/10	REMSA Education	12

Neonatal Resuscitation

Date	Course Location	Students
10/25/10	REMSA Education	3

Pediatric Advanced Life Support

Date	Course Location	Students
3/20/10	Humboldt General Hospital	8
10/1/10	Eastern Plumas Healthcare	1
10/22/10	John Mohler & Co	3

Ongoing Courses

Date	Course Description / Location		Students
1/19/10	Paramedic Program	REMSA Education	16
7/6/10	Paramedic Program	REMSA Education	12
9/13/10	EMT Intermediate	REMSA Education	24

Total Students This Report		1298
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5. COMMUNITY RELATIONS:

Community Outreach:

Point of Impact

Date	Description	Attending
10/18-10/23/10	Nationally Certified Child Passenger Safety Technician Course, all students passed	7 students
10/21/10	Critical Care for Kids Conference Speaker	1 staff
10/23/10	Child Safety Seat Checkpoint, Frontier Financial Credit Union, Reno. 20 cars and 24 seats inspected.	3 staff, 15 volunteers

Safe Kids Washoe County

Date	Description	Attending
10/1/10	Washoe County Child Death Review Team regular meeting, Washoe County Social Services.	10 members
10/1/10	Walk This Way educational assemblies at Esther Bennett Elementary School, Sun Valley.	1 staff, 1 intern, 480 students
10/2/10	2nd Annual Safe Kids Washoe County Mini Golf Tournament fundraiser, Wild Island in Sparks.	8 volunteers, 107 golfers
10/2/10	Walk This Way educational assemblies at Elizabeth Lenz Elementary School, Reno.	10 volunteers, 600 students
10/4/10	Photojournalism Project with Esther Bennett sixth grade safety patrol; Pedestrian Education Class, Sun Valley.	1 staff, 1 intern, 2 volunteers, 20 students
10/4/10	Virginia Palmer Health and Safety Committee regular meeting, Sun Valley.	6 volunteers
10/5/10	Virginia Palmer Parent Involvement Committee meeting, Sun Valley	1 intern
10/6/10	International Walk to School Day/Walk This Way, pedestrian safety education at 11 local elementary schools.	77 volunteers, 3405 students
10/7/10	Injury Prevention Task Force Meeting	1 staff

10/12/10	Safe Kids Washoe County monthly Coalition meeting, Sparks.	15 members
10/13/10	Northern Nevada Immunization Coalition monthly meeting, Reno.	20 members
10/13/10	Truckee Meadows Bicycle Alliance monthly meeting, Reno.	7 members
10/14/10	Chronic Disease Coalition monthly meeting, Reno.	10 members
10/14/10	Photojournalism Project with Esther Bennett sixth grade safety patrol; Photography Class, Sun Valley.	1 staff, 1 intern, 2 volunteers, 20 students
10/15/10	Safe Routes to Schools monthly partner meeting, Reno	6 members
10/16/10	Nevada Committee on Emergency Medical Services presentation on behalf of Emergency Medical Services for Children and the CARES Foundation; requested support of a statewide protocol change to address medication administration for patients in adrenal crisis.	9 volunteers
10/17/10	Harvest Festival at Esther Bennett Elementary School, Sun Valley.	1 intern; 300 participants
10/20/10	Emergency Medical Services for Children conference call.	1 volunteer
10/26/10	Guest lecturer at UNR Introduction to Community Health class.	1 staff, 35 students
10/26/10	Photojournalism Project with Esther Bennett sixth grade safety patrol; Walking Field Trip, Sun Valley.	1 intern, 3 volunteers, 20 students
10/27/10	Cribs for Kids Train the Trainer class for Saint Mary's WIC staff as part of a pilot project with the State of Nevada, Reno.	5 members, 2 interns, 25 WIC Staff
10/27/10	Safe Kids USA webinar on Preventing Youth Sports Injuries.	1 staff, 1 intern
October	Halloween Safety - distribution of reflective Trick or Treat bags, reflective zipper pulls and driver information sheets at eight elementary schools and four community events.	5150 bags distributed to kids; 10 volunteers

INQUIRIES

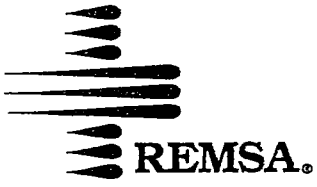
October 2010

There were no inquiries in the month of October.



Regional Emergency Medical Services Authority

**GROUND AMBULANCE AND CARE FLIGHT
INQUIRIES
FOR
OCTOBER 2010**



Regional Emergency Medical Services Authority

**GROUND AMBULANCE
CUSTOMER SERVICE
FOR
OCTOBER 2010**

GROUND AMBULANCE CUSTOMER COMMENTS OCTOBER 2010

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
1	Kept me calm & I felt safe. The gentleman in the back with me took his time & was patient. Sorry it took a year, but I miss placed this letter.		
2	Extremely professional & empathetic	nothing	
3	comforting my mother/ very polite men		
5	Everything was done well - they were professional, compassionate & worked together very well	Just be there if I should use your services in the future	I have had quite a few occasions to use your services in 2010 and when the men come into my home I feel I am in very good hands. Please forgive the delay in sending this questionnaire. Thank you
6	You did everything well	No	
7	everything!! Very efficient	keep up the good work	
8	Staff was extremely caring and knowledgeable and treated me with respect at every turn	I was left in the emergency room for a very long time after it was decided to admit me with the curtain drawn	overall, this was the best experience I have had at any hospital. Facility was gorgeous and staff is superb. Thanks for offering me an opportunity to let you know.
9	Since July 9 of this year, we have had need of REMSA a few times for my husband.	Services could not be better.	
10	Quick response; technicians very polite	services rendered were the best that I could ask for.	
11	On site team very respectful of my mother and her injury	Dispatcher needed address by only had name of restaurant & street	I was very distressed only the name of rest & street
13	This was con south Renown transport to Renown main. The crew were very nice.	very bumpy ride. Good thing I didn't need a smooth ride.	
14	As a 911 call involving Transportation of my wife to a facility requiring psychiatric evaluation - the entire team did a truly outstanding job. They exhibited the highest professional standards.		The team was polite, yet firm, and used persuasion rather than authority in a difficult situation.
15	Got John down the stairs and to the hospital safely.	When patient or family says DO NOT try to place an IV unless you can use the port already in place - don't poke the pt. multiple times even though people call you "Doctor IV". John was left with multiple wounds from needle pokes, one which became infected. There was no need to do this.	
16	Prompt, courteous, careful.		Thank you.
17	Everything	Be like you are	
18	Showed love & kindness to my family		
19	Yes, did the best care my needs and transporting me to the hospital with best care.	None the staff did the up most care there was nothing more they can do	Ambulance staff is top notch, the staff should get a raise thank you for your help
20	Everything! Your staff is awesome!		
21	Everything that you could.		
23			Always courteous and helpful
24			I see no reason for so many people to come it seems a waste of money. The purpose of an ambulance is to transport the patient to a hospital where professional help is available.
25	Great Job		Very professional and explained every detail of service
27	Very kind and efficient.		

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
28	Exceptional - I felt extremely comfortable and staff were very professional	N/A	N/A Technician Mooney was great - he made the trauma less stressful by keeping me informed of what was happening!
29	The paramedics were professional and compassionate.	Get billing info upfront. I have Kaiser and still rec'd a bill.	
30	All procedures necessary was handled professionally and with special care	Keep doing what you are doing - totally satisfied and much respect to all.	
31	Great service and personnel very satisfied		
32			Since this event, mom was diagnosed w/dementia & admitted to the Commons Renaissance Wing in Manteca, CA. She has no recollection of even driving to Reno!
33	Transferring from on e van to another explaining what was going to happen	Everything was great!	
34	10 on 10 you guys saved my lie. Let me know if I could be of any help	Keep up the good work	awesome
36	Caring of the patient in a calm & reassuring manner	Ask for billing address which is different from residence	
37	Took very good care with my husband well being.		It was excellent.
38	Everything, good job.		
39	Respectfully transported my husband from the hospital to our home thru hospice.		My husband passed away 4 days later. Care was fine.
40	Service at every level was excellent and staff was helpful & knowledgeable	nothing	
41	Was not able to talk with them to much family said they were good.		
42	good job		
43	You provide very good. Were very attentive to my deeds	Nothing. Everything was great.	
44	Prompt & very helpful		
45	Very rapid on the response call. All my EMT's were really nice along the way to the hospital.		I would like to personally thank the medic for the passion he has for his job. He came to check up on me even after his job was finished and I truly appreciated that. Thank you.
46			I was not aware till in ccu renown
47	Excellent!		
49	Everything thank you.		
50		Minor child - contact parents.	If I get the bills - why no contact when all this occurred??? If I am on the insurance why was I not contacted IMMEDIATELY!!!!
51	Apparently you all did everything perfectly. You guys eventually saved my life.	I was either unconsiece or had amnesia, because I don't remember anything	I wish I could be of more help on this questionnaire. Thanks again for everything!
52	Everything	Nothing	it was great
53	Everything was great		
54	everything! Comfort. Proffial, quidk to deliver me to hosp. and see I was settled before leaving me	Nothing	Entire staff proformed well I was pretty our of it
55	All aspects very professiona	Everything ok	
56	They were very professional & put our mother at ease	Keep up the good work	They made our mom feel special they came by and check on her. That made her day.
57	Both REMSA care givers were very kind.	Keep up the good work.	When I call REMSA as a Circus Dispatcher all is very good.
58	You are always very professional and helpful		
59	Fine service		Top nock

What Did We Do Well?		What Can We Do To Serve You Better	Description / Comments
60	Explaining what was happening & what was going to happen. Very professional & kind.		
61	You got me to the hospital. Your EMTs told my sister that they was going to not take me to hospital?	Please rewrite the bill again!	I was unconcious from the 9-9 to 9-10. I don't remember but only approx 5 mins in the back of your ambulance! My sister says your EMTs were rude! I can't remember!
62	You didn't let my husdand die.	When someone tells you which hospital they want to go to, GO THERE!	I asked five times to go the St. Mary's and they flat out refused.
63	They were very courteous and respected my privacy and told my so what was going on	Everything was done perfect	
65			I always receive good care
66	response was quick!		
67	Everything		They were helpful in explaining & answered all questions & very gental & kind to him
69	Very!		Angels from heaven!
70	Everything - Prompt response - great care to the patient	It looks like you have everyhting under complete control. Thank you very much.	
71	From start to finish the REMSA personel were wonderful and helpful to me	I cant think of anything	
74	Some tests etc. & off I went to ER room washoe med	nothing	
75	Explaining my statur during the trip	good job	
76	Everything		
77	Everything		
78	Everything went well and explained what was being done from the begining to end.		There should be more bilingual people working in the field.
79	Everyone was very courtious & helpful	Keep up the good work!	Thanks!!!
80	Wonderful	There is no any better service	Wonderful staff
81			My experance could not have been better
84	Extremely kind to my 96 year old mother	Actually they parked & then left, I panicked and caled disparch & he said there was an emergency	
85	Everything	nothing	Everything was okay
86	Saved my life. Very pleased with staff & the service they provided.		
87	Transport me to medical facility	N/A	Satisfactory
88			service was very good
90	Everything	Just be there	
92	Afer finally arriving the staff was veryhefiful & professional.	Have the dispatcher listen to directions more carefully & relay them to the team correctly.	It took an hour and a half to get to my location. If I had a more serious injury or medial problem I would not have made it.
93	The primary guy that was working with me did an ecdellent job. He really did his best to de escalate the situation thank you!!		
95	Good care!		
96	Good service was provided	Noting	well staff and polite
97	218- mile ride to walnut creek ca was made as comfortable as possible by my crew. Many thanks to them!		
98			The team was very helpful in communicating with me! I was in Salt lake at the time!
99	Scott the EMT who administered my medication and care, was extremely nice/ patient asked many questiona of the doctor and myself.		Thank you!

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
101	Everything - they were great	keep doing what you have been doing	
102	Everyone was wxcellent	they were great	
103	excellant everything		
105	Everything		
106			Passanger seats need attention, or replaced.
107	Everything	nothing	very good
108			
109	Everything. They were here very fast . They really knew what to do.	I can't think of anything they could do better.	
110	Got me to the hospital quickly	nothing	it was good
115	Everyone was very professional		
117	Everything!	Can't think of anything. Keep up the great work!	
118	Everything! I knew I was in good hands. Patrick, with me in the aambulance, was great!	Just keep doing what you are doing - no need for improvement.	In spite of what had happened to me I was relayed knowing I was in good hands.
119	Very well	Completely Satisfied	
120	REMSA saves my son's life. He was close to death from unknown kidney failure and your quick response kept him alive.		
121	Fast & curtious service	Hire guys like the two young gentleman that came here	
122	Everything, including extremely filthy work	nothing, if all your personnel are your are equally well trained.	
124	Responded fast and kept family calm	Service was excellent!	Service was performed in the most professional manner with immediate care and expertise by all. Thank you very much to all the TEAM!
125	very caring ad helpful	no idea	great
126	Got her quick, were perfect	you were excellent	
128	All of the medics were awesome very caring and treated	My mother understanding and made her feel important	I live 2 blocks from my mom. REMSA crew beat me to my moms.
129	Paramedics were wonderful. They were calming & encouraging.		
130	Gave me some glucose, my B P came up a smooth trip to the hospital	I have no suggestions	a smooth trip to the hospital
131	Remsa has served our family very very well. My husband has had ro be transported several times and always with care.	you are perfect	The staff are so kind and considerate
132	responded promptly - very kind, helpful & understanding	I was pleased with everything those nice gentlemen did for me.	
133	Friendly when I was scared & hurting	Keep up the good job	
135	polite service	n/a	n/a
136	the crew dropped him off at home from hospital I don't remember any conversations other than that I thanked them. They were here and gone.		
137	made me feel comfortable and well taken care of	keep on droing what you do great job	thank you!
138	Pt contact	n/a	
139	Good job		Good job
140	They was very polite & caring	Nothing as they did a great job. Thanks again	
142	Don't Remember	Don't Remember	
143	thank you for saving my sons life!	You all do a great job you are much appreciated!	

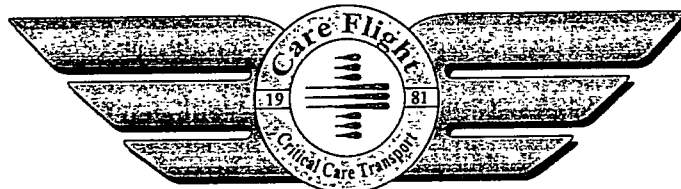
	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
145	The team was amazing the made sure everything was ok		
146	Everything!	You were great	Everything was perfect! Thank you ah!!!
148	Everything except keep her alive, she passed on after your next trip thru no actions of your service, thanks for every trip.		
149	Simply transported me to st marys hospital	Your routine is excellent	
150			Very good, response I am ok now
151	Kept me informed on every stop thru the process		
152	Yes		
153	Very, very caring young men. They were very gentle.	Keep doing what you're doing!	
154	You were on scent very quickly. Took control & delivered me to ER. I do not think it could have been handled any better.		
155	Prompt, efficient.		
156	Really quick, and efficient	It was good	The all service/ phone was very through
157	All the boys were so helpful & nice thank them all for us!		
158	The EMT crew was very competent & helpful! They made a real bad situation much better!	N/a EMTs were professional & Fantastic!	Thank you very much you guys are the best!
159	Everything	Nothing	Never talked to billing staff they were excellent
161	Everything		
162	Swift & prompt service		
163	Everything		
164	The staff took good care of me and quickly transported me to south meadows medical center	continue to come as quickly as you can and with your team working togehter you give confidence to the patient	
165	Medical history at patient is perfectly taken and accurate in adoministering medications	fast in picking up emergency patient	Personnel ate alert, polite and moral supporter to confuse and very ill patient.
166	advice, fast		
167	The experience was smooth and uneventful	My 10/14 statement has a 10/14 due date. 10 days is not enough time to get COS insurance involved. Fix that 10 day due date. The young lady at your front desk straightened this our for me. But the short date was a surprise this morning.	
168	Was professional at these jobs	keep on doing what you are doing	
169	Everything well	nothing I know of	Just keep up the good work
170	Dispatcher stayed on phone with me until hwlp arrived, kept me calm.	Sevice was excellent i wish all compainiw were this way. Many thanks to medics and dispatch.	paramedics were professional and courtesy was excellent. Assured me that husband was in good hands. way to go!
171	very efficient service	nothing	service was excellent
172	No complaine		
173			Both paramedics were very nice.
175	Everything	Excellent service	very careful when they picked me up.
176	Provided me paramedic contact info while in route to hospital		
177	I was very pleased by the care I received & the concern shown by your EMT!		The youg men who responded to our home were great! Thank you
178	Prompt & courteous service - EMT put in IV very well took very good care of me and explained everything		Good job thanks
179	Very professional, courteous, explained things clearly. Kind and considerate.		
181	Everything	Very happy service	

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
183	Arrive quick made sure the patient was stable before moving them	it was well done need no improvement at this time	
184	You've done everything well each time we've used your service	Teach me how to bring her back to life well & ready to rumble. She passed on 9/27/10 @ life care	
185	You came within 5 minutes. Mom fell and I needed help getting her in bed. She is a DNR, and you were very understanding.		
186	The dispatcher was extremely supportive. The EMT's made a very scary situation easier.	They could not have done anything better. We have told all of our friends about your wonderful care.	
187	The response time was just a few minutes, the EMT's were very calming. They were very respectful of my husband.	I don't think you could have done any better.	Unfortunately, he passed away 9/28/10 at St. Mary's.
188	Very considerate - compassionate		
189		Just keep doing a good job.	
190	Everything!	Keep up the good work	Thank you for your concern!!
191	All was done very well.		
192	Chris & nicolle immediately took control, eased my stress, administered pain relief. They are outstanding!	Also lately nothing -	This was a total hip dislocation, very painful, They helped me & comforted my wife -
193	Made my mom feel at ease	Nothing	Your staff is the greatest & response time is great
194	Handled the incident with professional skill	always be there as quickly as you were	
195	Everything. They were very considerate of letting me do what I could.		
196	The guys were just great!	I don't know - if anything	I can say nothing but good things and I thank you.
197	Everything		Very good
198	Everything	nothing	
199	Saved my life	You are doing fine	
200	This was my 2nd hip total dislocation in a week- horrible situation - cat & jeff were totally equal to the 1st view, chris & nicole - nothing!		It is such a comfort to know Remsa is so professional- Hope however to never use your service again!! You all are great.
201	Very courteous & professional	wonderful as is	Thank you very care given to me
202	Everything was wonderful		thank you
203	Everything	The service was perfect	The response time was excellent
204	Everything.	Nothing.	It was great.
206	coming here quick	Nothing they did it all	Everything was great



Regional Emergency Medical Services Authority

CARE FLIGHT
CUSTOMER SERVICE
FOR
OCTOBER 2010



CARE FLIGHT CUSTOMER COMMENTS OCTOBER 2010

	What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
1	Medics were professional and very courteous. Medic was nice and knew exactly what to do.	make the heli ride cheaper. Just kidding, you can't do anything better, you're already doing the most.	
2	Nice.		
3	Your personnel were very caring and friendly and kind to my husband. They kept him out of pain.		Thank you for your wonderful service to my husband.
4	Everything		Can't say enough good about what you do.
5	As far as I can tell you did everything exceptionally well!	Keep it up!	Truly an amazing service provided by amazing/caring folks. Thank you.
6	Arrived very fast. Explained what was going on - very calm and professional		You took time to tell us to shut doors and windows (vehicles) because helicopter would stir dust. That was very thoughtful! Thank you, my mother who was the patient is recovering from her stroke. She is 93 and can now talk and mover her left arm, thanks to the quick response!
7	Everything.	Can't think of anything.	Thanks for getting the pain meds flowing quickly.
8	Very prompt.		
9	Everything. They were great.		
10	Everything was done professionally and courteously.		It was nice that the pilot and medic both checked in on Leslie when she was in the ER and tried to help us get answers to our questions. It showed that they genuinely care.
11	As the patient, my experience as I recall, was a good one. Your staff was kind and deliberate.		Please thank all of your staff involved in my care. I am home and healing nicely.
12	The entire crew was very professional and helpful, very satisfying.		
13	All the above.	Everyone was great. Nothing could have been any better.	
14	Great crew and pilot!		
15	Treated my mom respectfully and patiently. Made her as comfortable as possible.	Pass out peanuts on the flight with an inflight movie.	The service was efficient and professional. I appreciated that my mom was comfortable leaving with the team.
16	Saving my life and the people around me.		Excellent route and transportation when seconds /minutes are of the essence.
17	Everything. The people were very nice.	The people done very very well and very nice.	
18	Everything from A to Z. Even a visit later in the hospital. Above and beyond the call of duty! Thank you!		
19	When the flight crew walked into the ER room (SLMC), they looked so professional, took over and got my wife ready to fly.		The young lady of the flight crew asked me if I was all right, "Can we do anything for you"? That was first and I thought it was



Regional Emergency Medical Services Authority

REMSA
PUBLIC RELATIONS REPORT
FOR
OCTOBER 2010

PUBLIC RELATIONS

October 2010

ACTIVITY	RESULTS
Wrote and Distributed "Community Advisor" regarding costume safety and trick or treat safety	Multiple rural newspapers printed the Community Advisor verbatim with numerous references to REMSA, SEMSA and Care Flight.
Wrote press release for International Walk To School Day that will take place in October.	Channel 2 did a story regarding the event that ran on 10/6/10.
Wrote and distributed Winners Column submission for mini-golf tournament	Story ran on 10/16/10.
Pitched story on new American Heart Association CPR guidelines.	Channel 8 interviewed REMSA and ran the story on 10/18/10.

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DAILY SPARKS TRIBUNE

Wednesday
November 3, 2010

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Trunk or Treat and Halloween safety tips

news

by Tribune Staff

sports

Oct 27, 2010 | 42 views | 0 comments | 1 photo | 0 videos

business

RENO — The Reno Police Department will join other agencies today, including REMSA, the Reno Fire Department and the city of Reno Parks and Recreation Department in the 2010 Trunk or Treat Event at Pat Baker Park. Personnel from those agencies will be handing out candy and other treats to children from 4 to 6 p.m., many of them from the trunks of their service vehicles. The event will continue on Friday at Neil Road Park from 4 to 6 p.m. During these events, the Reno Police Department stresses that children should practice safety and pay attention. Some helpful safety hints, that are always stressed during Halloween, include:

arts & ent

opinion

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your sparks

region in brief

crime beat

gangs

pets

schools

Sparks Tribune

Centennial

obituaries

Parents and children trick-or-treating should be aware of the following tips:

- Choose light-colored costumes.
- Decorate costumes with reflective materials and give children flashlights and glow sticks to carry.
- Cross the street safely at corners, using traffic signals and crosswalks. Look before crossing and walk, not run, to the other side of the street.
- Walk on sidewalks or paths. If there are no sidewalks, walk facing traffic as far to the left as possible.
- Masks can obstruct a child's view, so use non-toxic face paint, makeup and wigs instead.
- Only eat treats that are in their original and unopened wrappers.

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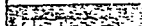
Drivers should be aware of the following tips:

- Drivers should beware of the extra pedestrian traffic throughout the evening.
- Slow down in residential neighborhoods and school zones.
- Remember that popular trick-or-treating hours are between 5:30 and 9:30 p.m. and be sure to turn on full headlights.
- Take extra time to look for kids at intersections, on medians and on curbs. Children are excited on Halloween and may move in unpredictable ways.
- Slowly and carefully enter and exit driveways and alleys.
- Reduce any distractions inside the vehicle, such as talking on the phone or eating. Stay focused on the road.

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- Sheriff's office releases Halloween safety tips
- Sheriff reminds community of Halloween safety tips
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FILED

OCT 26 2010



Oct 21, 2010

REMSA
450 Edison Way
Reno, NV 89502

Dear REMSA,

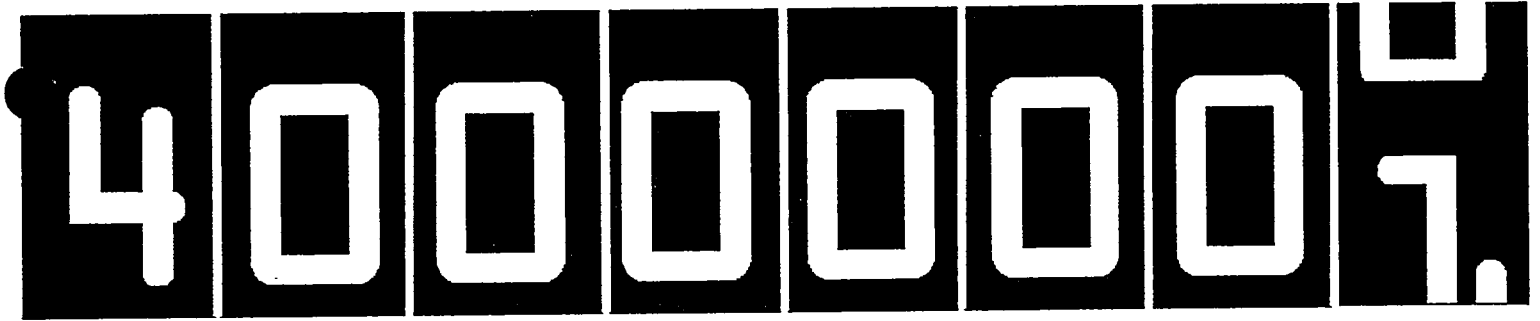
Thank you for your generous donation of the CPR classes for our annual Spaghetti Dinner Fundraiser. This year, your support will allow us to focus on replacing playground equipment, expanding vocational opportunities on campus and completing our memorial garden.

On behalf of the students and staff here at Marvin Picollo School, we thank you. Our tax ID number is 88-6000919.

Thank you,


Matt Burak, Principal
Marvin Picollo School

900 Foothill Road, Reno, NV 89511 ~ Phone (775)851-5650 ~ Fax (775)851-5652



Thanks to you, FirstWatch just processed our **Forty Millionth** customer record in real-time!

On average we monitor about 35,000 new records each day, which means we get a new record about every 2.5 seconds!

We truly appreciate the opportunity to be of service to you and your teams. We look forward to our continued partnership for years to come.



Helping customers like you makes doing business a real pleasure for us each & everyday.

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Renown Health Foundation
1300 Mill Street
Reno, NV 89502-1474

P 775-982-5545
F 775-982-5565
www.renown.org

November 1, 2010

REMSA
Mr. Jim Gubbels
450 Edison Way
Reno, NV 89502

NOV 08 2010

Dear Jim:

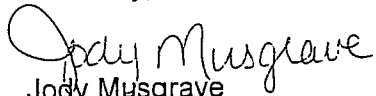
On behalf of Renown Health Foundation, I wish to express our sincere appreciation for your gift of \$1,500.00 in support of Magic 2010, Renown Health Foundation's Fundraising Gala. The event was on Saturday, October 23, 2010, at the Atlantis Casino Resort Spa, in the grand ballroom.

While Magic 2010 provided a memorable evening for all involved, it will also help generate needed support for Renown Children's Hospital. Proceeds from Magic 2010 will help fund the relocation and renovation of our children's inpatient floor and Pediatric Intensive Care Unit, which is the only PICU between Sacramento and Salt Lake City. One of our primary goals is to keep care close to home for the children and families of northern Nevada, and by building a strong Children's Hospital and attracting more children's specialists, we can do just that. Renown Children's Hospital is no illusion - we're working hard to keep kids healthy and get them back to what's most important - having fun and just being kids.

Our vision is to unify and evolve Renown Health's children's services, as well as to set a new standard for care that will bring the finest pediatric doctors, sub-specialists, services and technologies to the doorstep of our growing community.

With the support of generous gifts such as yours, Renown Children's Hospital will continue to grow and preserve the health of this region's children for generations to come. Thank you again.

Sincerely,


Jody Musgrave
Donor Relations Coordinator



SAFE EMBRACE

A Full Service Family Violence Intervention Program

11/5/2010

REMSA
450 Edison Way
Reno, NV 89502

NOV 08 2010

Staff Members:

Executive Director
Deborah Armstrong

Program Coordinator
Cindy Carroll

Shelter Advocates
Olimpia Gonzales

Therapy
Kate O'Donnell, LCSW

Housing Advocate
Vanessa Monroe

The women and children in transitional housing would just like to take the time to say thank you for the furniture that you have given them.

It can be difficult to transition and start a new life in a new home without any furniture. Your furniture donations are truly appreciated. One of our women wanted to say thank you.

We enclosed her thank you card. Again, thank you for always thinking of Safe Embrace! We are so glad to have those in the community support our cause and contribute to helping the women and children dealing with domestic violence!

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Sandi Jackson
Candice Lindsey
Julie Mason

Sincerely,

Vanessa Monroe
Housing Advocate



Remsa,

Thank you for the
blankets!

My kids will
love them!

We appreciate your support!



Love

Thank
you!

Dear Remsa & CareFlight -

Thank you so much for your support of the Red Rock Volunteer Fire Department. Giving the community the option of exploring emergency equipment can make rescue/patient transport so much easier on the patients. We truly appreciate all that you do!

Sincerely/
Red Rock, VFD



Improving the lives of children and adults affected by diabetes through prevention, education and service

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September 29, 2010

Ron Luschar

REMSA

450 Edison Way

Reno, NV 89502

Dear Mr. Luschar:

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Enclosed please find the picture of the REMSA team for the Battle of the Rattle 5K race this past Saturday- they did great, running the race in 41:25- faster than all but 3 adult teams! Thank you so much for the generous and SO IMPORTANT presence of the REMSA team at the race. I know runners and parents and coaches were so happy to see you there!

Thank you again, Ron, for REMSA's continued participation and support of the NDA. It is so GREATLY appreciated!

Sincerely,

Diana Kern

Development Director

Cell phone 287-1981

SOUTHERN NEVADA

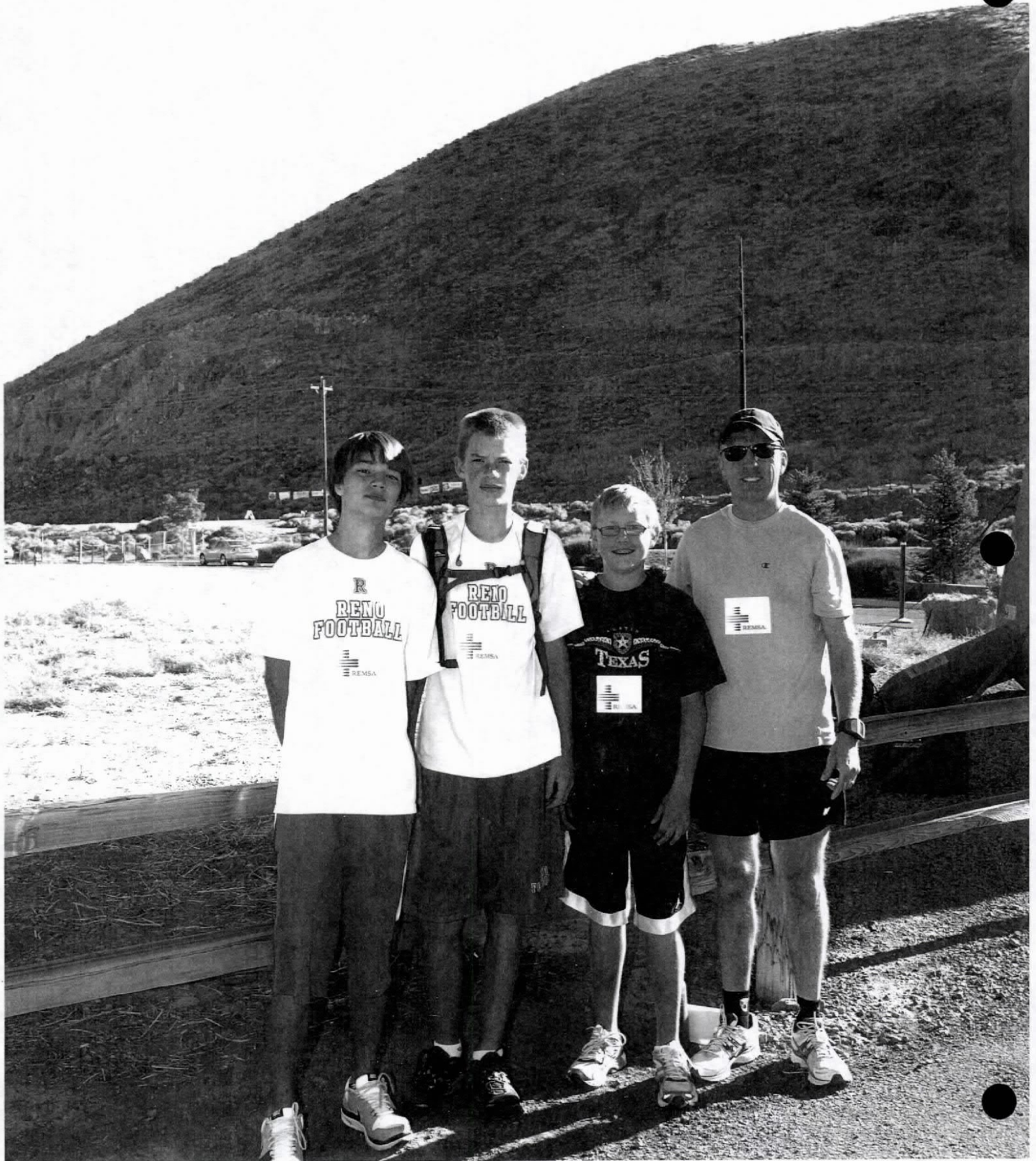
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Sherri Coffman, APN
Mark Frydman
Bret Kleber
Joyce Malaskovitz
DeShawn Shaw
Tom Smith

Until there is a cure...We are here to help

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1005 Terminal Way, Suite 170
Reno, NV 89502
(775) 856-3839
Fax (775) 348-7591

(800) 379-3839
email: ndaca@diabetesnv.org
<http://diabetesnv.org>

Southern Nevada
PO Box 750688
Las Vegas, NV 89136
(702) 364-5604



Voices

STEVE FALCONE
Opinion editor

775-788-6383 • SFALCONE@RGJ.COM

WINNERS: THE EFFORTS OF THE FOLLOWING INDIVIDUALS AND ORGANIZATIONS HAVE EARNED MENTION AS WINNERS THIS WEEK

'Have a Ball' mini-golf raises funds for kids' safety program

All of the sponsors who assisted Safe Kids Washoe County with the second annual "Have a Ball!" Mini-Golf Tournament at Wild Island. More than 30 teams participated to raise money to fund local parent and children education safety programs to keep local children safe from accidental injury. Sponsors included: Western Surgical Group, AAA, Blue Moon Promotions, KPS 13 Marketing, Maggie Tole, Jane Miller, Life Assist Inc., REMSA, Care Flight, Saint Mary's, RTC, Liberty Mutual, the Gubbels Family, Amerigroup Community Care, Drinkwater Law Offices, Nevada Motor Transport Association, Northern Nevada DUI Task Force, Northern Nevada Immunization Coalition, Safety Education and Training Services, Sparks Police Protective Association, Department of Public Safety/Office of Traffic Safety, Sparks Traffic Survival School and Washoe County Safe N' Sober Foundation.

Wells Fargo donates \$400,000 to nonprofits

Wells Fargo, for donating more than \$400,000 to 75 Northern Nevada non-profits, schools and community organizations, including: Washoe County School District, University of Nevada, Reno, United Way and Health Access Washoe County. In addition to cash contributions, Wells Fargo team members in Northern Nevada donated 4,500 hours of time during the first two quarters of the year, supporting organizations such as: the Salvation Army, American Heart Association, American Lung Association and the Nevada Humane Society.



HANDOUT

About 100 people trekked to Marlette Lake on Oct. 9 during the 11th Annual Beer Hike for Nevada Land Conservancy, sponsored by Silver Peak Restaurant and Brewery. The event raised \$1,400 for the organization.

'Beer Hike' to Marlette Lake benefits Land Conservancy

The approximately 100 people who trekked to Marlette Lake on Oct. 9 for the 11th annual Beer Hike for Nevada Land Conservancy, sponsored by Silver Peak Restaurant and Brewery. Fifteen volunteers hiked in three five-gallon kegs of Silver Peak's beer and commemorative T-shirts to raise \$1,400 for the Nevada Land Conservancy's mission to preserve and protect the special places and open spaces of Nevada for future generations.

Sponsors support 'Quest for Recovery' Golf Tournament

Sponsors of Quest Counseling and Consulting's first "Quest for Recovery" Golf Tournament, including: Benefit Resource Group, Anthem Blue Cross Blue Shield, Raley's/Robb Drive, Blue Moon Advertising, OCG Creative,

The Grape and Grain, Somerset Canyon Nine Golf Course, Saint Mary's Health Plan, GolfTEC, Hullin & Richied Insurance Group, Excelsior, ING; Port of Subs, Hometown Health, Eagle Home Mortgage, Nevada Insurance Agency Co., the Town Barbers and all of the golfers who came out in support of recovery.

Camp Solace program receives contributions

Supporters of Camp Solace at Lake Tahoe in September, including: Reno Rodeo Foundation, Sierra Professional Insurance, Washoe County School Psychologists, William G. McGowan Charitable Fund and Ebara International.

YOUR VOICE: The Reno Gazette-Journal Editorial Board invites your comments on topics we write about. Go to RGJ.com and click on the "Voices" link to share your thoughts.

STAYIN' ALIVE

New first step in CPR: Chest compressions

By Gerald Miller
gmiller@rgj.com

The American Heart Association is saying forget the ABCs of cardiopulmonary resuscitation. The association recently released rearranged 2010 guidelines for CPR.

Recognizing the importance of quickly starting chest compressions to revive someone of sudden cardiac arrest, the guidelines dropped the initial mouth-to-mouth requirement and went straight to chest compression.

Instead of the Airway-Breathing-Compressions (ABC) of CPR, the order is Compressions, Airway, Breathing (CAB).

The new guidelines, usually performed by a bystander, co-worker or loved one, provide a better chance of survival, said JW Hodge, education manager at REMSA. They also apply to every age group.

"The faster we get the patient's heart and body to produce and circulate, the higher that they are going to survive," he said. "The research across the world has shown that patients that receive chest compression are actually having a much higher return of spontaneous circulation."

The International Liaison Committee on Resuscitation (ILCOR), of which the American Heart Association is a member, is the group that reviews the science and research every five years and updates the guidelines accordingly, Hodge said.

The new science supports the belief that the heart of patients with sudden cardiac arrest is more likely to start beating on its own if chest compressions are the first step, he said.

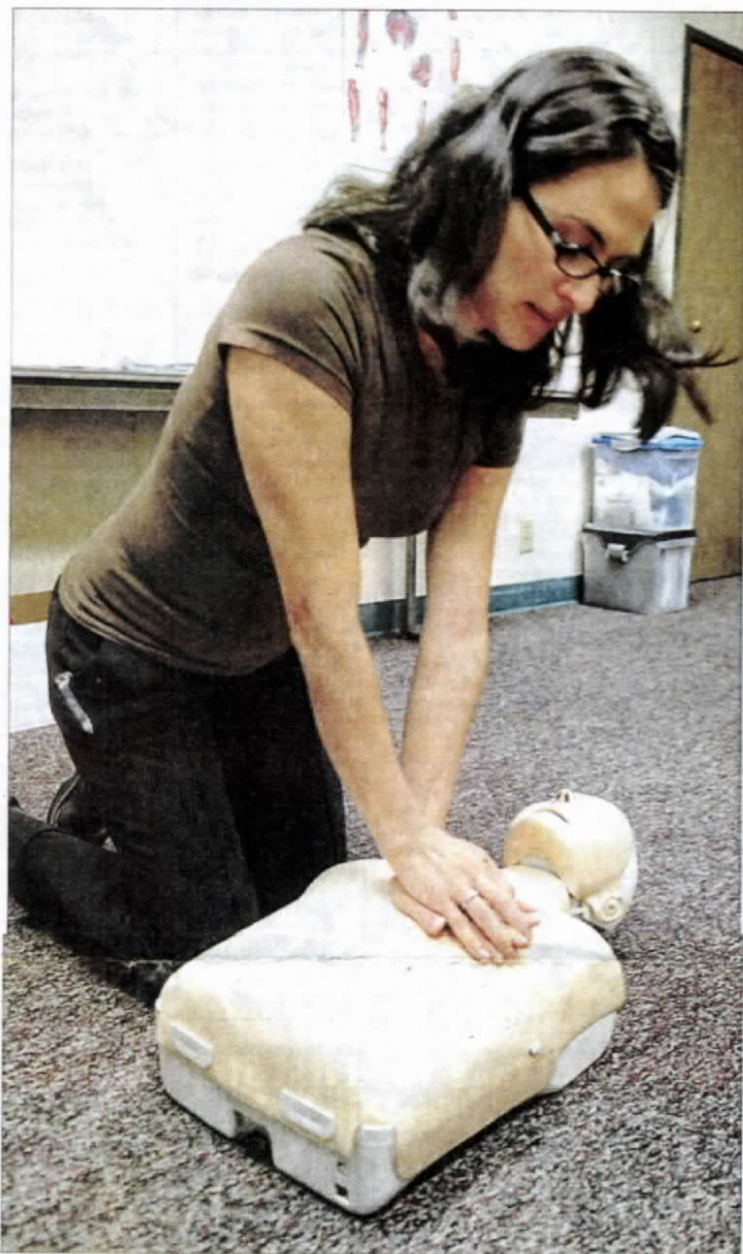
Patients are more likely to be discharged from the hospital with no deficits whatsoever, Hodge said.

"So, the new emphasis or approach is to go right into chest compressions," he said. "It gives them a chance to return to a normal life. We've actually seen a positive impact. We've seen more patients survive sudden cardiac arrest who receive high quality uninterrupted chest compression."

STROKE WARNING SIGNS (SUDDEN)

- » Numbness or weakness of the face, arm or leg, especially on one side of the body.
- » Confusion, trouble speaking or understanding
- » Trouble seeing in one or both eyes
- » Trouble walking, dizziness, loss of balance or coordination
- » Severe headache with no known cause

Source: American Heart Association



Giving chest compressions is demonstrated by Alma Marin.

PHOTOS BY MARILYN NEWTON/REG

STEP-BY-STEP GUIDE FOR THE NEW CPR

1. Recognize the emergency
2. Determine by looking as you approach if the victim is breathing — if no or irregular breathing, continue to next step.
3. Start chest compressions. Place the heel of your hand on the center of the victim's chest. Put your other hand on top of the first with your fingers interlaced.
4. Press down so you compress the chest at least 2 inches in adults and children and 1.5 inches in infants — 100 times a minute or a little faster is optimal, about the same rhythm as the beat of the Bee Gee's song "Stayin' Alive."
5. If you've been trained in CPR, you now can open the airway with a head tilt and chin lift.
6. Pinch closed the nose of the victim. Take a normal breath, cover the victim's mouth with yours to create an airtight seal, and then give two, one-second breaths as you watch for the chest to rise.
7. Continue compressions and breaths — 30 compressions, two breaths — until help arrives.

Source: WhatMD and REMSA



Alma Marin gives a subject two breaths.

FAST FACT

About 92 percent of sudden cardiac arrest victims die before reaching the hospital. If more people knew CPR, the American Heart Association said more lives could be saved.

Source: American Heart Association

SECTION

CONTACT
Megan Beck-Kentner
775.786.6556
mbeck@rgj.com

LOCAL LIFE

Tuesday, November 9, 2010 • RGJ.com/Living

RENO GAZETTE-JOURNAL

Gunman arrested after Walmart standoff

From **Janet DiGiacomo**, CNN
October 29, 2010 9:21 p.m. EDT



A company spokesman says the gunman is a Walmart employee.

(CNN) -- A gunman who opened fire on his co-workers at a Walmart in Reno, Nevada, was arrested without incident Friday after a six-hour standoff with authorities, Reno police said.

Three employees were injured and two remained hospitalized Friday night in serious to stable condition, Lt. Mohammad Rafaqat told CNN.

John Gillane, 46, will be charged with three counts of attempted murder in the shootings, Rafaqat said.

The incident began at 8:30 a.m. (11:30 a.m. ET) when Gillane walked into the store and opened fire on employees before barricading himself in an office. It ended at 2:30 p.m. (5:30 p.m. ET) after hours of police negotiations.

A possible motive for the attack was not immediately clear, Rafaqat said.

"Our thoughts and prayers are with our employees at this time," Wal-Mart spokesman Dan Fogleman said.

CNN's Sara Pratley contributed to this report.

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Zachmeister

Every time I hear a story

about a shooting in america I do not start hating on christianity because the person that committed the crime would statistically be christian 76 percent of the time. Really go up people.

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Washoe County Health District



Public Health
Prevent. Promote. Protect.

December 6, 2010

To: Members District Board of Health
 From: Eileen Coulombe, Administrative Health Services Officer
 Subject: Public Health Fund Revenue and Expenditure Report for November 2010

Recommendation

Staff recommends that the District Board of Health accept the attached report of revenues and expenditures for the Public Health Fund for November of fiscal year 11.

Background

The attached reports are for the accounting period 5/11 and the percentages should approximate 42% of the year. Our total revenues and expenditures for the current year (FY11) compared to last year (FY10) are as follows:

November 2010	FY11 – REV	FY10 – REV	FY11 – EXP	FY10 – EXP
Transfer	17%	24%		
AHS	29%	30%	32%	34%
AQM	45%	37%	38%	33%
CCHS	28%	29%	38%	33%
EHS	43%	39%	40%	39%
EPHP	15%	25%	21%	24%
TOTAL	30%	30%	35%	33%

The Environmental Oversight Account for November 2010 was \$163,165.85.

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

Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
422503 Environmental Permits	43,000.00-	19,697.00-	23,303.00-	46	69,000.00-	16,743.00-	52,257.00-	24
422504 Pool Permits	63,000.00-	10,156.00-	52,844.00-	16	33,000.00-	12,589.00-	20,411.00-	38
422505 RV Permits	10,500.00-	4,330.00-	6,170.00-	41	10,500.00-	4,032.00-	6,468.00-	38
422507 Food Service Permits	342,000.00-	144,468.00-	197,532.00-	42	355,000.00-	137,154.00-	217,846.00-	39
422508 Wat Well Const Perm	34,500.00-	13,722.00-	20,778.00-	40	44,000.00-	19,326.00-	24,674.00-	44
422509 Water Company Permits	4,000.00-	702.00-	3,298.00-	18	12,000.00-	1,687.00-	10,313.00-	14
422510 Air Pollution Permits	391,000.00-	125,942.75-	265,057.25-	32	402,399.00-	134,260.00-	268,139.00-	33
422511 ISDS Permits	47,000.00-	25,872.00-	21,128.00-	55	90,000.00-	19,516.85-	70,483.15-	22
422513 Special Event Permits	70,500.00-	39,861.00-	30,639.00-	57	75,000.00-	14,564.00-	26,374.80-	65
422514 Initial Applic Fee	35,000.00-	9,469.00-	25,531.00-	27	38,000.00-	14,564.00-	23,436.00-	38
* Licenses and Permits	1,040,500.00-	394,219.75-	646,280.25-	38	1,128,899.00-	408,497.05-	720,401.95-	36
431100 Federal Grants	6,971,321.76-	1,557,395.72-	5,413,926.04-	22	8,060,346.66-	2,089,717.96-	5,970,628.70-	26
431105 Federal Grants - Indirect	29,670.00-	23,579.57-	6,090.43-	79	31,540.00-	14,476.06-	17,063.94-	46
432100 State Grants	445,797.42-	190,470.34-	255,327.08-	43	627,556.00-	156,699.77-	470,856.23-	25
432310 Tire Fee NRS 444A.090	370,535.00-	226,129.72-	144,405.28-	61	370,534.52-	209,568.78-	160,965.74-	57
432311 Pol Ctr 455B.830	290,140.86-	159,845.00-	130,295.86-	55	280,000.00-	158,650.00-	121,350.00-	57
* Intergovernmental	8,107,465.04-	2,157,420.35-	5,950,044.69-	27	9,369,977.18-	2,629,112.57-	6,740,864.61-	28
460162 Services to Other Agencies					63,657.69-	23,909.21-	39,748.48-	38
460500 Other Immunizations	85,000.00-	39,286.44-	45,713.56-	46	110,000.00-	37,312.95-	72,687.05-	34
460501 Medicaid Clinical Services	32,000.00-	20,067.96-	11,932.04-	63	36,500.00-	9,009.07-	27,490.93-	25
460503 Childhood Immunizations	140,000.00-	29,323.50-	110,676.50-	21	190,000.00-	66,561.65-	124,438.35-	35
460505 Non Title X Revenue								
460508 Tuberculosis	7,000.00-	3,549.86-	3,450.14-	51	10,000.00-	1,369.00-	1,369.00-	28
460509 Water Quality		432.00-	432.00-			2,783.56-	7,216.44-	
460510 IT Overlay	111,000.00-	39,109.00-	71,891.00-	35	121,001.00-	46,760.00-	74,241.00-	39
460511 Birth and Death Certificates	210,000.00-	92,691.00-	117,309.00-	44	215,000.00-	87,898.00-	127,102.00-	41
460512 Duplication Service Fees	115.00-	1,126.42-	1,011.42-	979	200.00-	57.50-	142.50-	29
460513 Other Health Service Charges	2,700.00-	4,984.25-	2,284.25-	185	8,000.00-	1,525.00-	6,475.00-	19
460514 Food Service Certification	8,000.00-	5,899.00-	2,101.00-	74	8,000.00-	6,974.00-	1,026.00-	87
460515 Medicare Reimbursement	500.00-	50.00-	450.00-	10	500.00-	672.90-	172.90-	135
460516 Pgm Inc-3rd Pty Rec	6,500.00-	2,077.48-	4,422.52-	32	9,000.00-	3,359.88-	5,640.12-	37
460517 Influenza Immunization	12,000.00-	3,694.00-	8,306.00-	31	5,000.00-	15,845.06-	10,845.06-	317
460518 STD Fees	30,000.00-	12,953.23-	17,046.77-	43	30,000.00-	11,100.77-	18,899.23-	37
460519 Outpatient Services					12,500.00-	42.00-	12,458.00-	0
460520 Eng Serv Health	55,000.00-	17,924.00-	37,076.00-	33	90,500.00-	28,341.00-	62,159.00-	31
460521 Plan Review - Pools & Spas	2,500.00-	3,265.00-	765.00-	131	5,000.00-	4,653.00-	347.00-	93
460523 Plan Review - Food Services	17,000.00-	10,449.15-	6,550.85-	61	30,000.00-	7,801.15-	22,198.85-	26
460524 Family Planning	66,000.00-	18,953.85-	47,046.15-	29	100,000.00-	28,378.09-	71,621.91-	28
460525 Plan Review - Vector	24,000.00-	15,515.00-	8,485.00-	65	64,000.00-	14,870.00-	49,130.00-	23
460526 Plan Review-Air Quality	11,270.00-	12,420.00-	1,150.00-	110	15,500.00-	14,454.00-	1,046.00-	93
460527 NOE-AQM	40,000.00-	32,300.00-	7,700.00-	81	32,900.00-	35,384.00-	2,484.00-	108
460528 NESHAP-AQM	62,000.00-	28,773.00-	33,227.00-	46	62,000.00-	36,068.00-	25,932.00-	58
460529 Assessments-AQM	21,000.00-	11,718.00-	9,282.00-	56	22,000.00-	11,925.00-	10,075.00-	54
460530 Inspector Registr-AQ	1,900.00-	3,395.00-	1,495.00-	179	1,900.00-	3,735.00-	1,835.00-	197
460531 Dust Plan-Air Quality	165,000.00-	63,840.00-	101,160.00-	39	178,333.00-	71,676.00-	106,657.00-	40
460533 Quick Start		87.00-	87.00-			170.00-	170.00-	
460534 Child Care Inspection	8,300.00-	4,209.00-	4,091.00-	51	9,000.00-	4,222.00-	4,778.00-	47
460535 Pub Accomod Inspectn	17,000.00-	6,844.00-	10,156.00-	40	21,000.00-	6,360.00-	14,640.00-	30

Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
460570 Education Revenue	13,400.00-	6,415.00-	6,985.00-	48		5,620.00-	5,620.00	
* Charges for Services	1,149,185.00-	491,352.14-	657,832.86-	43	1,451,491.69-	587,837.79-	863,653.90-	40
484050 Donations Federal Pgm Income		16,803.01-	16,803.01			100.00-	100.00	
485300 Other Misc Govt Rev		16,803.01-	16,803.01		450.00-	264.00-	186.00-	59
* Miscellaneous	10,297,150.04-	3,069,795.25-	7,237,354.79-	30	450.00-	364.00-	86.00-	81
** Revenue					11,950,817.87-	3,625,811.41-	8,325,006.46-	30

Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
70110 Base Salaries	10,234,370.47	3,807,850.64	6,426,519.83	37	10,661,133.97	3,826,850.69	6,834,283.28	36
70120 Part Time	654,044.80	238,355.90	415,688.90	36	700,249.99	276,066.14	424,183.85	39
70130 Pooled Positions	344,361.88	175,413.44	168,948.44	51	325,364.33	77,194.08	248,170.25	24
70140 Holiday Work	1,200.00	1,592.87	392.87	133	1,500.00	846.49	653.51	56
70150 xcContractual Wages					255,500.00	20,624.61	234,875.39	8
701200 Incentive Longevity	162,000.00	907.72	161,092.28	1	167,094.00	2,487.73	164,606.27	1
701300 Overtime	144,685.26	61,630.07	83,055.19	43	301,520.21	77,462.50	224,057.71	26
701406 Standby Pay	30,000.00	13,832.86	16,167.14	46	30,000.00	13,732.32	16,267.68	46
701408 Call Back	3,000.00	1,197.82	1,802.18	40	3,000.00	1,524.94	1,475.06	51
701412 Salary Adjustment	130,345.57		130,345.57		185,747.75		185,747.75	
701413 Vac Payoff/Sick Pay-Term		64,650.80	64,650.80			67,371.17	67,371.17	
701417 Comp Time		16,984.33	16,984.33			25,116.72	25,116.72	
701500 Merit Awards					329,645.39		329,645.39	
* Salaries and Wages	120,175.23	4,382,416.45	120,175.23	39	12,301,464.86	4,389,277.39	7,912,187.47	36
705110 Group Insurance	11,323,141.61	587,659.44	6,940,725.16	37	1,570,574.85	584,544.17	986,030.68	37
705210 Retirement	1,594,029.03	870,807.30	1,498,408.98	37	2,467,024.18	878,323.97	1,588,700.21	36
705215 Retirement Calculation	2,369,216.28		410,797.00		200,000.00		200,000.00	
705230 Medicare April 1986	410,797.00		410,797.00		151,277.42	57,426.81	93,850.61	38
705320 Workmens Comp	148,101.06	57,928.78	90,172.28	39	64,271.45	25,555.65	38,715.80	40
705330 Unempy Comp	54,530.00	22,720.85	31,809.15	42	12,350.00		12,350.00	
705360 Benefit Adjustment	33,440.00	33,440.01	0.01	100	9,504.31		9,504.31	
* Employee Benefits	4,610,113.37	1,572,556.38	3,037,556.99	34	4,475,002.21	1,545,850.60	2,929,151.61	35
710100 Professional Services	1,757,189.94	82,209.06	1,674,980.88	5	2,031,672.72	180,949.45	1,850,723.27	9
710105 Medical Services	7,248.00	1,058.00	6,190.00	15	13,600.00	5,427.50	8,172.50	40
710108 MD Consultants	60,900.00	17,437.50	43,462.50	29	55,382.00	13,987.50	41,394.50	25
710110 Contracted/Temp Services	85,289.22	28,065.55	57,223.67	33	147,602.00	38,714.00	108,888.00	26
710119 Subcontract Payments	186,242.00	52,572.46	133,669.54	28	102,210.00	52,674.02	49,535.98	52
710200 Service Contract	72,075.00	34,186.33	37,888.67	47	15,505.00	4,692.30	10,812.70	30
710205 Repairs and Maintenance	15,086.00	5,805.45	9,280.55	38	350.00	17,802.29	17,452.29	5,086
710210 Software Maintenance	12,000.00	9,000.00	3,000.00	75	270,541.22	65,238.27	205,302.95	24
710300 Operating Supplies	179,281.14	36,854.23	142,426.91	21	1,385.00		1,385.00	
710302 Small Tools & Allow	1,685.00	325.50	1,359.50	19	2,000.00		2,000.00	
710308 Animal Supplies	2,000.00		2,000.00		560,707.00	360,413.48	200,293.52	64
710319 Chemical Supplies	360,450.00	321,290.65	39,159.35	89	36,024.50	10,746.94	25,277.56	30
710334 Copy Machine Expense	31,644.00	10,757.65	20,886.35	34	62,342.26	19,482.13	42,860.13	31
710350 Office Supplies	55,112.43	18,616.86	36,495.57	34	7,587.00	4,023.48	3,563.52	53
710355 Books and Subscriptions	7,688.00	1,051.62	6,636.38	14	26,958.44	8,393.47	18,564.97	31
710360 Postage	28,790.00	7,903.11	20,886.89	27	1,135.00	150.60	984.40	13
710361 Express and Courier	765.00	242.80	522.20	32	100.00		100.00	
710391 Fuel & Lube	100.00		100.00		94,550.30	6,391.79	88,158.51	7
710500 Other Expense	50,035.88	4,772.06	45,263.82	10	49,651.24	8,076.22	41,575.02	16
710502 Printing	31,533.72	14,095.31	17,438.41	45	8,625.00	2,977.67	5,647.33	35
710503 Licenses & Permits	7,375.00	3,330.00	4,045.00	45	900.00		900.00	
710504 Registration					2,800.00	869.00	1,931.00	31
710505 Rental Equipment	1,800.00	360.00	1,440.00	20	273.40	450.00	176.60	165
710506 Dept Insurance Deductible		156.55	156.55		4,705.00	1,652.31	3,052.69	35
710507 Network and Data Lines	5,460.00	2,461.78	2,998.22	45	60,808.05	18,935.77	41,872.28	31
710508 Telephone Land Lines	48,413.92	16,760.21	31,653.71	35				

Washoe County Health District
EXPENSE
Pds 1 - 5, FY 2010

Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
710509 Seminars and Meetings	28,250.00	13,672.18	14,577.82	48	29,770.00	5,908.00	23,862.00	20
710512 Auto Expense	15,818.00	5,428.45	10,389.55	34	20,954.14	5,317.04	15,637.10	25
710514 Regulatory Assessments		27.99	27.99					
710519 Cellular Phone	13,590.00	6,399.63	7,190.37	47	13,597.00	5,271.51	8,325.49	39
710529 Dues	6,776.00	2,713.00	4,063.00	40	4,476.00	5,437.00	961.00-	121
710535 Credit Card Fees	10,545.00	3,568.67	6,976.33	34	12,394.78	4,011.22	8,383.56	32
710546 Advertising	19,144.70	17,838.80	1,305.90	93	37,047.00	8,954.50	28,092.50	24
710577 Uniforms & Special Clothing	3,150.00	300.35	2,849.65	10	3,150.00	232.87	2,917.13	7
710585 Undesignated Budget	29,670.00		29,670.00		31,540.05		31,540.05	
710590 Bad Debt Expense						1,293.40	1,293.40-	
710600 LT Lease-Office Space	120,932.89	61,513.32	59,419.57	51	195,423.01	85,059.88	110,363.13	44
710703 Biologicals	267,146.68	39,514.96	227,631.72	15	291,252.68	64,532.59	226,720.09	22
710714 Referral Services	11,300.00		11,300.00		11,300.00		11,300.00	
710721 Outpatient	138,944.97	29,096.24	109,848.73	21	119,940.00	42,988.46	76,951.54	36
710872 Food Purchases	2,650.00	1,474.34	1,175.66	56	2,695.00	596.16	2,098.84	22
711010 Utilities	600.00	1,212.00	612.00-	202				
711100 ESD Asset Management	21,600.00	8,460.00	13,140.00	39				
711113 Equip Srv Replace	41,946.18	18,445.30	23,500.88	44	101,823.48	45,906.03	55,917.45	45
711114 Equip Srv O & M	58,538.39	22,859.25	35,679.14	39	71,986.43	22,183.69	49,802.74	31
711115 Equip Srv Motor Pool	2,325.00	4,749.70	2,424.70-	204	12,070.00	5,727.50	6,342.50	47
711117 ESD Fuel Charge	41,646.75	22,076.70	19,570.05	53	54,173.64	20,372.36	33,801.28	38
711119 Prop & Liab Billings	72,200.00	30,083.30	42,116.70	42	66,930.00	27,470.80	39,459.20	41
711210 Travel	161,819.05	34,748.91	127,070.14	21	194,849.02	16,301.53	178,547.49	8
711213 Travel-Non Cnty Pers					1,942.00		1,942.00	
711300 Cash Over Short		19.32-	19.32					
711504 Equipment nonCapital	118,719.02	26,525.64	92,193.38	22	76,536.11	128,647.79	52,111.68-	168
* Services and Supplies	4,195,476.88	1,020,002.09	3,175,474.79	24	4,909,465.47	1,318,260.52	3,591,204.95	27
781004 Equipment Capital	102,697.72	43,283.58	59,414.14	42	371,424.85	84,204.12	287,220.73	23
* Capital Outlay	102,697.72	43,283.58	59,414.14	42	371,424.85	84,204.12	287,220.73	23
** Expenses	20,231,429.58	7,018,258.50	13,213,171.08	35	22,057,357.39	7,337,592.63	14,719,764.76	33
485192 Surplus Equipment Sales						12.60-	12.60	
* Other Fin. Sources						12.60-	12.60	
621001 Transfer From General	8,192,500.00-	1,365,416.00-	6,827,084.00-	17	8,795,500.00-	2,135,000.00-	6,660,500.00-	24
* Transfers In	8,192,500.00-	1,365,416.00-	6,827,084.00-	17	8,795,500.00-	2,135,000.00-	6,660,500.00-	24
** Other Financing Src/Use	8,192,500.00-	1,365,416.00-	6,827,084.00-	17	8,795,500.00-	2,135,012.60-	6,660,487.40-	24
*** Total	1,741,779.54	2,593,047.25	851,267.71-	149	1,311,039.52	1,576,768.62	265,729.10-	120

Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
431100 Federal Grants	1,191,109.00-	342,930.21-	848,178.79-	29	1,205,291.00-	364,098.57-	841,192.43-	30
- Intergovernmental	1,191,109.00-	342,930.21-	848,178.79-	29	1,205,291.00-	364,098.57-	841,192.43-	30
460512 Duplication Service Fees	115.00-	31.38-	83.62-	27	200.00-	57.50-	142.50-	29
* Charges for Services	115.00-	31.38-	83.62-	27	200.00-	57.50-	142.50-	29
485300 Other Misc Govt Rev					450.00-	205.00-	245.00-	46
* Miscellaneous					450.00-	205.00-	245.00-	46
** Revenue					1,205,941.00-	364,361.07-	841,579.93-	30
701110 Base Salaries	1,191,224.00-	342,961.59-	848,262.41-	29	1,205,941.00-	364,361.07-	841,579.93-	30
701120 Part Time	1,806,128.35	685,307.65	1,120,820.70	38	1,748,051.93	666,733.72	1,081,318.21	38
701130 Pooled Positions	24,427.89	9,211.17	15,216.72	38	24,553.03	9,392.23	15,160.80	38
701140 Holiday Work	83,483.00	12,925.91	70,557.09	15	68,296.19		68,296.19	
701200 Incentive Longevity		171.47	171.47-					
701300 Overtime	29,800.00		29,800.00		31,000.00	603.10	30,396.90	2
701412 Salary Adjustment	1,000.00	5,643.92	4,643.92-	564	6,000.00	3,063.14	2,936.86	51
701413 Vac Payoff/Sick Pay-Term	5,347.52-		5,347.52-		7,104.00		7,104.00	
701417 Comp Time						7,335.40	7,335.40-	
* Salaries and Wages	1,939,491.72	713,260.12	1,226,231.60	37	1,885,005.15	687,153.82	1,197,851.33	36
705110 Group Insurance	288,679.65	112,253.19	176,426.46	39	268,699.06	106,535.68	162,163.38	40
705210 Retirement	394,720.53	147,254.77	247,465.76	37	381,561.51	142,669.96	238,891.55	37
705215 Retirement Calculation	410,797.00		410,797.00		200,000.00		200,000.00	
705230 Medicare April 1986	26,138.11	9,928.69	16,209.42	38	24,601.66	9,302.07	15,299.59	38
705320 Workmens Comp	10,332.00	4,304.95	6,027.05	42	11,458.00	4,774.15	6,683.85	42
705330 Unemply Comp	6,336.00	6,335.97	0.03	100	2,210.00		2,210.00	
* Employee Benefits	1,137,003.29	280,077.57	856,925.72	25	888,530.23	263,281.86	625,248.37	30
710100 Professional Services	2,300.00	1,905.00	395.00	83	3,300.00	150.00	3,150.00	5
710105 Medical Services		207.00	207.00-			74.50	74.50-	
710200 Service Contract	750.00	573.48	176.52	76	750.00	794.38	44.38-	106
710205 Repairs and Maintenance	700.00		700.00		800.00	96.22	703.78	12
710300 Operating Supplies	26,100.00	658.77	25,441.23	3	52,049.29	6,924.65	45,124.64	13
710334 Copy Machine Expense	11,594.00	2,961.79	8,632.21	26	11,594.00	2,889.38	8,704.62	25
710350 Office Supplies	16,200.00	2,616.56	13,583.44	16	16,185.00	6,314.83	9,870.17	39
710355 Books and Subscriptions	1,350.00	537.90	812.10	40	1,370.00	1,475.50	105.50-	108
710360 Postage	1,550.00	335.09	1,214.91	22	1,600.00	469.06	1,130.94	29
710361 Express and Courier	100.00	8.89	91.11	9	100.00	31.77	68.23	32
710500 Other Expense	1,100.00	429.10	670.90	39	1,100.00	395.80	704.20	36
710502 Printing	9,050.00	405.25	8,644.75	4	9,550.00	609.89	8,940.11	6
710503 Licenses & Permits	2,300.00	740.00	1,560.00	32	2,400.00	355.00	2,045.00	15
710507 Network and Data Lines	480.00	202.20	277.80	42				
710508 Telephone Land Lines	11,380.00	3,600.38	7,779.62	32	11,800.00	4,079.09	7,720.91	35
710509 Seminars and Meetings	5,300.00	2,102.18	3,197.82	40	5,100.00	1,395.00	3,705.00	27
710512 Auto Expense	3,900.00	571.05	3,328.95	15	4,350.00	618.42	3,731.58	14
710519 Cellular Phone	250.00	460.91	210.91-	184	350.00	39.58	310.42	11
710529 Dues	2,850.00	320.00	2,530.00	11	955.00	2,530.00	1,575.00-	265
710546 Advertising	150.00		150.00		150.00		150.00	
710600 LT Lease-Office Space	60,296.00	41,289.36	39,006.64	51	80,296.00	40,147.92	40,148.08	50
710872 Food Purchases	150.00		150.00		150.00		150.00	
711010 Utilities	100.00	330.00	230.00-	330				
711100 ESD Asset Management	360.00	150.00	210.00	42				

Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
711113 Equip Srv Replace	702.30	276.45	425.85	39	2,122.20	1,034.25	1,087.95	49
711114 Equip Srv O & M	1,000.00	382.50	617.50	38	1,043.60	249.12	794.48	24
711115 Equip Srv Motor Pool	509.46	234.46	275.00	46	636.64	55.00	55.00	
711117 ESD Fuel Charge	13,680.00	5,699.95	7,980.05	42	11,798.00	216.27	420.37	34
711119 Prop & Liab Billings	17,500.00	6,673.38	10,826.62	38	16,500.00	4,915.85	6,882.15	42
711210 Travel		19.32	19.32			2,832.72	13,667.28	17
711300 Cash Over Short	1,700.00	338.32	1,361.68	20	1,700.00	2,579.01	879.01	152
711504 Equipment nonCapital	213,401.76	73,990.65	139,411.11	35	237,749.73	81,273.21	156,476.52	34
* Services and Supplies	3,289,896.77	1,067,328.34	2,222,568.43	32	3,011,285.11	1,031,708.89	1,979,576.22	34
** Expenses	2,098,672.77	724,366.75	1,374,306.02	35	1,805,344.11	667,347.82	1,137,996.29	37
*** Total								

Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
42510 Air Pollution Permits	391,000.00	125,942.75	265,057.25	32	402,399.00	134,260.00	268,139.00	33
* Licenses and Permits	391,000.00	125,942.75	265,057.25	32	402,399.00	134,260.00	268,139.00	33
43110 Federal Grants	686,099.00	219,414.25	466,684.75	32	681,349.00	139,606.33	541,742.67	20
431105 Federal Grants - Indirect		7,116.75	7,116.75			6,236.67	6,236.67	
432100 State Grants	140,000.00	140,000.00		100				
432311 Pol Ctrl 455B-830	290,140.86	159,845.00	130,295.86	55	280,000.00	158,650.00	121,350.00	57
* Intergovernmental	1,116,239.86	526,376.00	589,863.86	47	961,349.00	304,493.00	656,856.00	32
460513 Other Health Service Charges		701.00	701.00			34.00	34.00	
460526 Plan Review-Air Quality	11,270.00	12,420.00	1,150.00	110	15,500.00	14,454.00	1,046.00	93
460527 NOE-AQM	40,000.00	32,300.00	7,700.00	81	32,900.00	35,384.00	2,484.00	108
460528 NESHAP-AQM	62,000.00	28,773.00	33,227.00	46	62,000.00	36,068.00	25,932.00	58
460529 Assessments-AQM	21,000.00	11,718.00	9,282.00	56	22,000.00	11,925.00	10,075.00	54
460530 Inspector Registr-AQ	1,900.00	3,395.00	1,495.00	179	1,900.00	3,735.00	1,835.00	197
460531 Dust Plan-Air Quality	165,000.00	63,840.00	101,160.00	39	178,333.00	71,676.00	106,657.00	40
* Charges for Services	301,170.00	153,147.00	148,023.00	51	312,633.00	173,276.00	139,357.00	55
** Revenue	1,808,409.86	805,465.75	1,002,944.11	45	1,676,381.00	612,029.00	1,064,352.00	37
701110 Base Salaries	1,368,978.42	532,924.82	836,053.60	39	1,311,733.43	513,574.60	798,158.83	39
701130 Pooled Positions	18,000.00	8,586.72	9,413.28	48	8,000.00	2,141.41	5,858.59	27
701150 xcContractual Wages					50,000.00		50,000.00	
701200 Incentive Longevity	23,000.00	575.02	22,424.98	3	21,150.00		21,150.00	
701300 Overtime	6,576.10	1,357.68	5,218.42	21	6,057.21		6,057.21	
701408 Call Back						203.56	203.56	
701413 Vac Payoff/Sick Pay-Term		42,911.41	42,911.41					
701417 Comp Time		11,850.01	11,850.01					
* Salaries and Wages	1,416,554.52	598,205.66	818,348.86	42	1,396,940.64	515,919.57	881,021.07	37
705110 Group Insurance	175,898.81	68,083.91	107,814.90	39	156,554.89	62,390.23	94,164.66	40
705210 Retirement	299,272.94	114,514.01	184,758.93	38	285,871.82	109,745.46	176,126.36	38
705230 Medicare April 1986	18,558.58	7,960.60	10,597.98	43	17,726.98	6,764.93	10,962.05	38
705320 Workmans Comp	5,740.00	2,391.65	3,348.35	42	6,740.00	2,808.35	3,931.65	42
705330 Unemply Comp	3,520.00	3,519.99	0.01	100	1,300.00		1,300.00	
* Employee Benefits	502,990.33	196,470.16	306,520.17	39	468,193.69	181,708.97	286,484.72	39
710100 Professional Services	205,628.23	24,269.91	181,358.32	12	176,599.41	11,599.04	165,000.37	7
710105 Medical Services		628.00	628.00					
710110 Contracted/Temp Services	40,000.00		40,000.00					
710200 Service Contract	350.00	51.62	298.38	15	350.00	363.00	13.00	104
710205 Repairs and Maintenance	7,000.00	4,097.33	2,902.67	59	7,000.00	2,175.27	4,824.73	31
710300 Operating Supplies	9,100.00	3,770.13	5,329.87	41	4,100.00	6,988.50	2,888.50	170
710334 Copy Machine Expense	4,400.00	1,751.30	2,648.70	40	4,387.20	1,926.21	2,460.99	44
710350 Office Supplies	4,000.00	3,854.69	145.31	96	3,500.00	310.41	3,189.59	9
710355 Books and Subscriptions	224.00	213.82	10.18	95	224.00	221.86	2.14	99
710360 Postage	2,200.00	1,098.88	1,101.12	50	2,200.00	1,256.55	943.45	57
710361 Express and Courier	200.00	38.47	161.53	19	200.00	6.75	193.25	3
710500 Other Expense	200.00	50.00	150.00	25	200.00	567.77	367.77	284
710502 Printing	1,000.00	413.33	586.67	41	1,000.00	239.03	760.97	24
710503 Licenses & Permits	90.00	90.00	90.00	100	90.00	2,237.67	2,147.67	2,486
710505 Rental Equipment	1,800.00	1,800.00	1,800.00		1,800.00		1,800.00	
710508 Telephone Land Lines	7,000.00	1,957.29	5,042.71	28	9,000.00	2,872.75	6,127.25	32
710509 Seminars and Meetings	5,000.00	1,195.00	3,805.00	24	4,200.00	440.00	3,760.00	10

Washoe County Health District
 Air Quality Management
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Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
710512 Auto Expense	1,200.00	99.50	1,100.50	8	1,200.00	271.43	928.57	23
710519 Cellular Phone	3,800.00	1,914.36	1,885.64	50	3,800.00	1,295.59	2,504.41	34
710529 Dues	435.00		435.00		435.00	1,750.00	1,315.00	402
710535 Credit Card Fees	1,500.00	345.63	1,154.37	23	1,500.00	627.55	872.45	42
710546 Advertising	1,000.00	165.33	834.67	17	5,700.00	420.18	5,279.82	7
710577 Uniforms & Special Clothing	1,100.00		1,100.00		1,100.00		1,100.00	
710600 LT Lease-Office Space			74,490.12		74,490.12	24,688.00	49,802.12	33
710721 Outpatient	1,316.00		1,316.00		1,316.00		1,316.00	
711100 ESD Asset Management	2,880.00	1,380.00	1,500.00	48				
711113 Equip Srv Replace	7,677.51	5,777.49	1,900.02	75	30,340.92	8,069.99	22,270.93	27
711114 Equip Srv O & M	13,966.50	4,145.41	9,821.09	30	13,520.37	4,519.86	9,000.51	33
711115 Equip Srv Motor Pool		325.00	325.00					
711117 ESD Fuel Charge	11,125.62	4,535.99	6,589.63	41	12,187.68	5,259.79	6,927.89	43
711119 Prop & Liab Billings	7,600.00	3,166.65	4,433.35	42	7,940.00	2,891.65	5,048.35	36
711210 Travel	28,500.00	4,230.97	24,269.03	15	40,227.52	3,309.39	36,918.13	8
711504 Equipment nonCapital	14,000.00	12,296.37	1,703.63	88	4,000.00	6,752.16	2,752.16	169
* Services and Supplies	384,292.86	81,772.47	302,520.39	21	412,608.22	91,060.40	321,547.82	22
781004 Equipment Capital	92,697.72	43,283.58	49,414.14	47	91,708.35	91,708.35	91,708.35	
* Capital Outlay	92,697.72	43,283.58	49,414.14	47	91,708.35	91,708.35	91,708.35	
** Expenses	2,396,535.43	919,731.87	1,476,803.56	38	2,369,450.90	788,688.94	1,580,761.96	33
485192 Surplus Equipment Sales						12.60	12.60	
** Other Financing Src/Use						12.60	12.60	
*** Total	588,125.57	114,266.12	473,859.45	19	693,069.90	176,647.34	516,422.56	25

Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
431100 Federal Grants	2,242,003.70-	606,721.52-	1,635,282.18-	27	2,482,580.00-	693,116.74-	1,789,463.26-	28
431105 Federal Grants - Indirect		7,336.71-	7,336.71					
432100 State Grants	230,797.42-	32,470.34-	198,327.08-	14	552,556.00-	137,449.77-	415,106.23-	25
* Intergovernmental	2,472,801.12-	646,528.57-	1,826,272.55-	26	3,035,136.00-	830,566.51-	2,204,569.49-	27
460162 Services to Other Agencies					63,657.69-	23,909.21-	39,748.48-	38
460500 Other Immunizations	85,000.00-	39,286.44-	45,713.56-	46	110,000.00-	37,312.95-	72,687.05-	34
460501 Medicaid Clinical Services	32,000.00-	20,067.96-	11,932.04-	63	36,500.00-	9,009.07-	27,490.93-	25
460503 Childhood Immunizations	140,000.00-	29,323.50-	110,676.50-	21	190,000.00-	65,561.65-	124,438.35-	35
460505 Non Title X Revenue						1,369.00-	1,369.00	
460508 Tuberculosis	7,000.00-	3,549.86-	3,450.14-	51	10,000.00-	2,783.56-	7,216.44-	28
460515 Medicare Reimbursement	500.00-	50.00-	450.00-	10	500.00-	672.90-	172.90	135
460516 Pgm Inc-3rd Prty Rec	6,500.00-	2,077.48-	4,422.52-	32	9,000.00-	3,359.88-	5,640.12-	37
460517 Influenza Immunization	12,000.00-	3,694.00-	8,306.00-	31	5,000.00-	15,845.06-	10,845.06	317
460518 STD Fees	30,000.00-	12,953.23-	17,046.77-	43	30,000.00-	11,100.77-	18,899.23-	37
460519 Outpatient Services					12,500.00-	42.00-	12,458.00-	0
460524 Family Planning	66,000.00-	18,953.85-	47,046.15-	29	100,000.00-	28,378.09-	71,621.91-	28
460570 Education Revenue	11,000.00-	5,255.00-	5,745.00-	48		5,211.00-	5,211.00	
* Charges for Services	390,000.00-	135,211.32-	254,788.68-	35	567,157.69-	204,555.14-	362,602.55-	36
484050 Donations Federal Pgm Income		16,803.01-	16,803.01			100.00-	100.00	
485300 Other Misc Govt Rev						6.00-	6.00	
* Miscellaneous		16,803.01-	16,803.01			106.00-	106.00	
** Revenue	2,862,801.12-	798,542.90-	2,064,258.22-	28	3,602,293.69-	1,035,227.65-	2,567,066.04-	29
701110 Base Salaries	2,575,357.20	999,677.07	1,575,680.13	39	3,078,262.37	1,034,612.21	2,043,650.16	34
701120 Part Time	573,266.06	224,063.59	349,202.47	39	640,119.02	233,671.25	406,447.77	37
701130 Pooled Positions	147,197.03	80,410.42	66,786.61	55	120,571.14	17,856.14	102,715.00	15
701200 Incentive Longevity	52,628.00	182.70	52,445.30	0	54,703.00	338.46	54,364.54	1
701300 Overtime	300.00	4,577.48	4,277.48-	1,526	2,175.00	1,971.28	203.72	91
701412 Salary Adjustment	175,244.98-	1,424.06	175,244.98-		114,541.03	34,498.59	114,541.03	
701413 Vac Payoff/Sick Pay-Term		176.13	1,424.06-			7,921.65	34,498.59-	
701417 Comp Time			176.13-				7,921.65-	
701500 Merit Awards	53,002.53		53,002.53		329,645.39-		329,645.39-	
* Salaries and Wages	3,226,505.84	1,310,511.45	1,915,994.39	41	3,680,726.17	1,330,869.58	2,349,856.59	36
705110 Group Insurance	468,983.59	167,461.83	301,521.76	36	524,221.04	183,934.46	340,286.58	35
705210 Retirement	688,920.38	263,962.45	422,957.93	38	808,950.04	279,308.48	529,641.56	35
705230 Medicare April 1986	42,358.94	16,975.73	25,383.21	40	49,212.59	17,510.46	31,702.13	36
705320 Workmens Comp	17,220.00	7,175.05	10,044.95	42	21,231.00	8,846.15	12,384.85	42
705330 Unemply Comp	10,560.00	10,560.03	0.03-	100	4,095.00		4,095.00	
705360 Benefit Adjustment					1,505.00-		1,505.00-	
* Employee Benefits	1,226,042.91	466,135.09	759,907.82	38	1,406,204.67	489,599.55	916,605.12	35
710100 Professional Services	79,586.00	31,607.82	47,978.18	40	305,393.00	42,841.73	262,551.27	14
710105 Medical Services	600.00	75.50	524.50	13	13,000.00	4,228.50	8,771.50	33
710108 MD Consultants	48,900.00	15,437.50	33,462.50	32	43,382.00	10,987.50	32,394.50	25
710119 Subrecipient Payments	186,242.00	52,572.46	133,669.54	28	147,602.00	38,714.00	108,888.00	26
710200 Service Contract	2,055.00	3,628.12	1,573.12-	177	12,200.00	5,630.48	6,569.52	46
710205 Repairs and Maintenance	5,786.00	557.63	5,228.37	10	6,105.00	1,270.88	4,834.12	21
710210 Software Maintenance					350.00		350.00	
710300 Operating Supplies	51,400.00	18,620.35	32,779.65	36	97,132.00	37,527.77	59,604.23	39
710334 Copy Machine Expense	12,310.00	4,653.35	7,656.65	38	16,463.00	4,607.75	11,855.25	28

Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
710350 Office Supplies	10,445.01	4,821.12	5,623.89	46	14,405.00	2,877.29	11,527.71	20
710355 Books and Subscriptions	1,300.00	174.90	1,125.10	13	1,730.00	642.39	1,087.61	37
710360 Postage	5,440.00	2,097.56	3,342.44	39	4,858.00	2,458.11	2,399.89	51
710361 Express and Courier	290.00	92.42	197.58	32	535.00	65.09	469.91	12
710500 Other Expense	12,581.67	3,502.69	9,078.98	28	60,624.30	5,428.22	55,196.08	9
710502 Printing	6,150.00	2,755.36	3,394.64	45	11,303.24	2,252.62	9,050.62	20
710503 Licenses & Permits	2,650.00	2,225.00	425.00	84	3,800.00	305.00	3,495.00	8
710504 Registration			900.00-		900.00-		900.00-	
710506 Dept Insurance Deductible			273.40		273.40		273.40	
710507 Network and Data Lines	2,280.00	1,011.00	1,269.00	44	1,505.00	751.05	753.95	50
710508 Telephone Land Lines	14,360.00	5,631.05	8,728.95	39	18,459.00	6,164.51	12,294.49	33
710509 Seminars and Meetings	6,850.00	5,480.00	1,370.00	80	8,050.00	1,920.00	6,130.00	24
710512 Auto Expense	10,418.00	4,482.39	5,935.61	43	14,793.00	3,925.95	10,867.05	27
710519 Cellular Phone	505.00	285.31	219.69	56	462.00	369.43	92.57	80
710529 Dues	1,300.00	1,050.00	250.00	81	1,550.00	550.00	1,000.00	35
710535 Credit Card Fees	4,245.00	1,232.13	3,012.87	29	5,935.00	1,625.18	4,309.82	27
710546 Advertising	16,124.70	17,122.75	998.05-	106	29,997.00	7,509.32	22,487.68	25
710577 Uniforms & Special Clothing	350.00		350.00		350.00		350.00	
710590 Bad Debt Expense						459.00	459.00-	
710703 Biologicals	263,000.00	39,514.96	223,485.04	15	286,952.00	64,532.59	222,419.41	22
710714 Referral Services	11,300.00		11,300.00		11,300.00		11,300.00	
710721 Outpatient	134,628.97	28,931.40	105,697.57	21	109,576.00	42,722.38	66,853.62	39
710872 Food Purchases	2,500.00	1,077.40	1,422.60	43	2,545.00	596.16	1,948.84	23
711010 Utilities	500.00	702.00	202.00-	140				
711100 ESD Asset Management	360.00	30.00	330.00	8				
711113 Equip Srv Replace	1,047.46	28.65	1,018.81	3	1,397.28	733.95	663.33	53
711114 Equip Srv O & M	472.80		472.80		904.60	252.16	652.44	28
711115 Equip Srv Motor Pool	1,125.00	375.00	750.00	33	4,870.00	420.00	4,450.00	9
711117 ESD Fuel Charge		282.24	282.24-		538.69		538.69	
711119 Prop & Liab Billings	22,800.00	9,500.00	13,300.00	42	21,861.00	9,108.70	12,752.30	42
711210 Travel	29,360.53	8,809.32	20,551.21	30	48,190.50	2,843.56	45,346.94	6
711213 Travel-Non Cnty Pers					1,942.00		1,942.00	
711504 Equipment nonCapital	3,850.00	587.65	3,262.35	15	6,828.00	2,839.15	3,988.85	42
* Services and Supplies	953,113.14	268,955.03	684,158.11	28	1,316,262.01	307,160.42	1,009,101.59	23
** Expenses	5,405,661.89	2,045,601.57	3,360,060.32	38	6,403,192.85	2,127,629.55	4,275,563.30	33
*** Total	2,542,860.77	1,247,058.67	1,295,802.10	49	2,800,899.16	1,092,401.90	1,708,497.26	39

Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
422503 Environmental Permits	43,000.00-	19,697.00-	23,303.00-	46	69,000.00-	16,743.00-	52,257.00-	24
422504 Pool Permits	63,000.00-	10,156.00-	52,844.00-	16	33,000.00-	12,589.00-	20,411.00-	38
422505 RV Permits	10,500.00-	4,330.00-	6,170.00-	41	10,500.00-	4,032.00-	6,468.00-	38
422507 Food Service Permits	342,000.00-	144,468.00-	197,532.00-	42	355,000.00-	137,154.00-	217,846.00-	39
422508 Wat Well Const Perm	34,500.00-	13,722.00-	20,778.00-	40	44,000.00-	19,326.00-	24,674.00-	44
422509 Water Company Permits	4,000.00-	702.00-	3,298.00-	18	12,000.00-	1,687.00-	10,313.00-	14
422511 ISDS Permits	47,000.00-	25,872.00-	21,128.00-	55	90,000.00-	19,516.85-	70,483.15-	22
422513 Special Event Permits	70,500.00-	39,861.00-	30,639.00-	57	75,000.00-	48,625.20-	26,374.80-	65
422514 Initial Applic Fee	35,000.00-	9,469.00-	25,531.00-	27	38,000.00-	14,564.00-	23,436.00-	38
* Licenses and Permits	649,500.00-	268,277.00-	381,223.00-	41	726,500.00-	274,237.05-	452,262.95-	38
431100 Federal Grants	277,000.00-	71,100.72-	205,899.28-	26	277,000.00-	72,852.54-	204,147.46-	26
432100 State Grants	75,000.00-	18,000.00-	57,000.00-	24	75,000.00-	19,250.00-	55,750.00-	26
432310 Tire Fee NRS 444A.090	370,535.00-	226,129.72-	144,405.28-	61	370,534.52-	209,568.78-	160,965.74-	57
* Intergovernmental	722,535.00-	315,230.44-	407,304.56-	44	722,534.52-	301,671.32-	420,863.20-	42
460509 Water Quality		432.00-	432.00-					
460510 IT Overlay	111,000.00-	39,109.00-	71,891.00-	35	121,001.00-	46,760.00-	74,241.00-	39
460512 Duplication Service Fees		548.83-	548.83-					
460513 Other Health Service Charges	2,700.00-	4,283.25-	1,583.25-	159	8,000.00-	1,491.00-	6,509.00-	19
460514 Food Service Certification	8,000.00-	5,899.00-	2,101.00-	74	8,000.00-	6,974.00-	1,026.00-	87
460520 Eng Serv Health	55,000.00-	17,924.00-	37,076.00-	33	90,500.00-	28,341.00-	62,159.00-	31
460521 Plan Review - Pools & Spas	2,500.00-	3,265.00-	765.00-	131	5,000.00-	4,653.00-	347.00-	93
460523 Plan Review - Food Services	17,000.00-	10,449.15-	6,550.85-	61	30,000.00-	7,801.15-	22,198.85-	26
460525 Plan Review - Vector	24,000.00-	15,515.00-	8,485.00-	65	64,000.00-	14,870.00-	49,130.00-	23
460533 Quick Start		87.00-	87.00-			170.00-	170.00-	
460534 Child Care Inspection	8,300.00-	4,209.00-	4,091.00-	51	9,000.00-	4,222.00-	4,778.00-	47
460535 Pub Accomod Inspectn	17,000.00-	6,844.00-	10,156.00-	40	21,000.00-	6,360.00-	14,640.00-	30
460570 Education Revenue	2,400.00-	1,160.00-	1,240.00-	48		409.00-	409.00-	
* Charges for Services	247,900.00-	109,725.23-	138,174.77-	44	356,501.00-	122,051.15-	234,449.85-	34
485300 Other Misc Govt Rev						53.00-	53.00-	
* Miscellaneous						53.00-	53.00-	
** Revenue								
701110 Base Salaries	1,619,935.00-	693,232.67-	926,702.33-	43	1,805,535.52-	698,012.52-	1,107,523.00-	39
701130 Pooled Positions	3,318,749.95	1,185,285.55	2,133,464.40	36	3,399,403.84	1,192,983.84	2,206,440.00	36
701140 Holiday Work	92,377.86	70,262.00	22,115.86	76	90,097.00	48,682.99	41,414.01	54
701150 xcContractual Wages	1,200.00	671.28	528.72	56	1,500.00	846.49	653.51	56
701200 Incentive Longevity	48,750.00				9,500.00	6,121.44	3,378.56	64
701300 Overtime	33,788.00	24,945.67	48,750.00	74	52,100.00	1,546.17	50,553.83	3
701406 Standby Pay	30,000.00	13,832.86	8,842.33	46	34,288.00	16,524.50	17,763.50	48
701408 Call Back	3,000.00	1,197.82	1,802.18	40	3,000.00	13,732.32	16,267.68	46
701412 Salary Adjustment					3,000.00	1,321.38	1,678.62	44
701413 Vac Payoff/Sick Pay-Term					304.20-		304.20-	
701417 Comp Time						20,000.43	20,000.43-	
701500 Merit Awards	173,177.76-		173,177.76-			9,631.33	9,631.33-	
* Salaries and Wages	3,354,688.05	1,296,195.18	2,058,492.87	39	3,619,584.64	1,311,370.89	2,308,213.75	36
705110 Group Insurance	496,011.19	182,835.18	313,176.01	37	480,654.08	173,342.62	307,311.46	36
705210 Retirement	724,004.28	257,594.58	466,409.70	36	740,272.62	258,520.83	481,751.79	35
705230 Medicare April 1986	43,660.48	16,576.62	27,083.86	38	43,911.91	16,422.19	27,489.72	37
705320 Workmens Comp	16,072.00	6,696.70	9,375.30	42	18,535.00	7,722.85	10,812.15	42

Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
705330 Unemploy Comp	9,856.00	9,856.02	0.02-	100	3,575.00	3,575.00	3,575.00	
* Employee Benefits	1,289,603.95	473,559.10	816,044.85	37	1,286,948.61	456,008.49	830,940.12	36
710100 Professional Services	257,890.90	5,088.00	252,802.90	2	179,930.29	75,871.00	104,059.29	42
710105 Medical Services	6,548.00	147.50	6,400.50	2	500.00	959.50	459.50-	192
710110 Contracted/Temp Services		11,191.73	11,191.73-					
710200 Service Contract	67,300.00	27,752.06	39,547.94	41	87,300.00	44,270.16	43,029.84	51
710205 Repairs and Maintenance	1,000.00	1,055.54	55.54-	106	1,000.00	878.48	121.52	88
710210 Software Maintenance						17,802.29	17,802.29-	
710300 Operating Supplies	20,900.00	3,381.70	17,518.30	16	23,593.05	2,710.71	20,882.34	11
710302 Small Tools & Allow	1,685.00	325.50	1,359.50	19	1,385.00		1,385.00	
710308 Animal Supplies	2,000.00		2,000.00		2,000.00		2,000.00	
710319 Chemical Supplies	360,450.00	321,290.65	39,159.35	89	560,707.00	360,413.48	200,293.52	64
710334 Copy Machine Expense	920.00	227.70	692.30	25	1,280.00	244.08	1,035.92	19
710350 Office Supplies	9,900.00	3,607.57	6,292.43	36	9,150.00	5,305.58	3,844.42	58
710355 Books and Subscriptions	2,400.00	125.00	2,275.00	5	1,600.00	325.24	1,274.76	20
710360 Postage	7,300.00	3,420.53	3,879.47	47	5,900.00	3,247.74	2,652.26	55
710361 Express and Courier	175.00	70.58	104.42	40	300.00	46.99	253.01	16
710391 Fuel & Lube	100.00		100.00		100.00		100.00	
710500 Other Expense	5,800.00	749.27	5,050.73	13	800.00		800.00	
710502 Printing	3,825.00	1,391.91	2,433.09	36	3,225.00	939.01	2,285.99	29
710503 Licenses & Permits	2,335.00	365.00	1,970.00	16	2,335.00	80.00	2,255.00	3
710506 Dept Insurance Deductible		156.55	156.55-			450.00-	450.00-	
710507 Network and Data Lines	2,700.00	1,011.00	1,689.00	37	3,200.00	751.05	2,448.95	23
710508 Telephone Land Lines	10,500.00	3,789.06	6,710.94	36	11,425.00	4,028.07	7,396.93	35
710509 Seminars and Meetings	9,400.00	4,300.00	5,100.00	46	11,200.00	2,103.00	9,097.00	19
710512 Auto Expense	200.00		200.00		375.00	60.78	314.22	16
710514 Regulatory Assessments		27.99	27.99-					
710519 Cellular Phone	8,455.00	2,998.12	5,456.88	35	8,405.00	2,822.52	5,582.48	34
710529 Dues	1,611.00	798.00	813.00	50	896.00	607.00	289.00	68
710535 Credit Card Fees	4,000.00	1,499.98	2,500.02	37	4,959.78	1,267.99	3,691.79	26
710546 Advertising	1,050.00	300.72	749.28	29	500.00	25.00	475.00	5
710577 Uniforms & Special Clothing	1,700.00	300.35	1,399.65	18	1,700.00	232.87	1,467.13	14
710590 Bad Debt Expense						444.40	444.40-	
710600 LT Lease-Office Space	40,636.89	20,223.96	20,412.93	50	40,636.89	20,223.96	20,412.93	50
710721 Outpatient					6,048.00		6,048.00	
711100 ESD Asset Management	18,000.00	5,880.00	12,120.00	33	67,963.08	36,067.84	31,895.24	53
711113 Equip Srv Replace	33,221.21	12,472.09	20,749.12	38	56,517.86	16,657.80	39,860.06	29
711114 Equip Srv O & M	43,396.79	18,211.91	25,184.88	42	7,000.00	5,240.00	1,760.00	75
711115 Equip Srv Motor Pool	30,011.67	16,945.43	13,066.24	56	39,610.63	14,896.30	24,714.33	38
711117 ESD Fuel Charge	21,280.00	8,866.70	12,413.30	42	19,085.00	7,952.10	11,132.90	42
711119 Prop & Liab Billings	36,395.16	13,289.06	23,106.10	37	35,650.00	5,410.94	30,239.06	15
711210 Travel	9,152.00	2,438.99	6,713.01	27	2,643.97		2,643.97	
711504 Equipment nonCapital	1,022,238.62	497,237.35	525,001.27	49	1,198,921.55	632,335.88	566,585.67	53
* Services and Supplies	5,666,530.62	2,266,991.63	3,399,538.99	40	6,105,454.80	2,399,715.26	3,705,739.54	39
** Expenses					350,000.00-		350,000.00-	
621001 Transfer From General					350,000.00-		350,000.00-	
*** Total	4,046,595.62	1,573,758.96	2,472,836.66	39	3,949,919.28	1,701,702.74	2,248,216.54	43

Washoe County Health District
 Epidemiology and Public Health Preparedness
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Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
431100 Federal Grants	2,575,110.06-	317,229.02-	2,257,881.04-	12	3,414,126.66-	820,043.78-	2,594,082.88-	24
431105 Federal Grants - Indirect	29,670.00-	9,126.11-	20,543.89-	31	31,540.00-	8,239.39-	23,300.61-	26
* Intergovernmental	2,604,780.06-	326,355.13-	2,278,424.93-	13	3,445,666.66-	828,283.17-	2,617,383.49-	24
460511 Birth and Death Certificates	210,000.00-	92,691.00-	117,309.00-	44	215,000.00-	87,898.00-	127,102.00-	41
460512 Duplication Service Fees		546.21-	546.21-					
* Charges for Services	210,000.00-	93,237.21-	116,762.79-	44	215,000.00-	87,898.00-	127,102.00-	41
** Revenue	2,814,780.06-	419,592.34-	2,395,187.72-	15	3,660,666.66-	916,181.17-	2,744,485.49-	25
701110 Base Salaries	1,165,156.55	404,655.55	760,501.00	35	1,123,682.40	418,966.32	704,716.08	37
701120 Part Time	56,350.85	5,081.14	51,269.71	9	35,577.94	33,002.66	2,575.28	93
701130 Pooled Positions	3,303.99	3,228.39	75.60	98	38,400.00	8,513.54	29,886.46	22
701140 Holiday Work		750.12	750.12-					
701150 xcContractual Wages		150.00	7,672.00	2	196,000.00	14,503.17	181,496.83	7
701200 Incentive Longevity	7,822.00		7,822.00		8,141.00		8,141.00	
701300 Overtime	103,021.16	25,105.32	77,915.84	24	253,000.00	55,903.58	197,096.42	22
701412 Salary Adjustment	50,246.93		50,246.93		64,406.92		64,406.92	
701413 Vac Payoff/Sick Pay-Term		20,315.33	20,315.33-			5,536.75	5,536.75-	
701417 Comp Time		4,958.19	4,958.19-			7,537.51	7,537.51-	
* Salaries and Wages	1,385,901.48	464,244.04	921,657.44	33	1,719,208.26	543,963.53	1,175,244.73	32
705110 Group Insurance	164,455.79	57,025.33	107,430.46	35	140,445.78	58,341.18	82,104.60	42
705210 Retirement	264,298.15	87,481.49	176,816.66	33	250,368.19	88,079.24	162,288.95	35
705230 Medicare April 1986	17,384.95	6,487.14	10,897.81	37	15,824.28	7,427.16	8,397.12	47
705320 Workmens Comp	5,166.00	2,152.50	3,013.50	42	6,307.45	1,404.15	4,903.30	22
705330 Unemply Comp	3,168.00	3,168.00		100	1,170.00		1,170.00	
705360 Benefit Adjustment					11,009.31		11,009.31	
* Employee Benefits	454,472.89	156,314.46	298,158.43	34	425,125.01	155,251.73	269,873.28	37
710100 Professional Services	1,211,784.81	19,338.33	1,192,446.48	2	1,366,450.02	50,487.68	1,315,962.34	4
710105 Medical Services	100.00		100.00		100.00	165.00	65.00-	165
710108 MD Consultants	12,000.00	2,000.00	10,000.00	17	12,000.00	3,000.00	9,000.00	25
710110 Contracted/Temp Services	45,289.22	16,873.82	28,415.40	37				
710200 Service Contract	1,620.00	2,181.05	561.05-	135	1,610.00	1,616.00	6.00-	100
710205 Repairs and Maintenance	600.00	94.95	505.05	16	600.00	271.45	328.55	45
710210 Software Maintenance	12,000.00	9,000.00	3,000.00	75				
710300 Operating Supplies	71,781.14	10,423.28	61,357.86	15	93,666.88	11,086.64	82,580.24	12
710334 Copy Machine Expense	2,420.00	1,163.51	1,256.49	48	2,300.30	1,079.52	1,220.78	47
710350 Office Supplies	14,567.42	3,716.92	10,850.50	26	19,102.26	4,674.02	14,428.24	24
710355 Books and Subscriptions	2,414.00		2,414.00		2,663.00	1,358.49	1,304.51	51
710360 Postage	12,300.00	951.05	11,348.95	8	12,400.44	982.01	11,418.43	8
710361 Express and Courier		32.44	32.44-					
710500 Other Expense	30,354.21	41.00	30,313.21	0	31,826.00		31,826.00	16
710502 Printing	11,508.72	9,129.46	2,379.26	79	24,573.00	4,035.67	20,537.33	16
710505 Rental Equipment		360.00	360.00-		1,000.00	869.00	131.00	87
710507 Network and Data Lines		237.58	237.58-			150.21	150.21-	
710508 Telephone Land Lines	5,173.92	1,782.43	3,391.49	34	10,124.05	1,791.35	8,332.70	18
710509 Seminars and Meetings	1,700.00	595.00	1,105.00	35	1,220.00	50.00	1,170.00	4
710512 Auto Expense	100.00	275.51	175.51-	276	236.14	440.46	204.32-	187
710519 Cellular Phone	580.00	740.93	160.93-	128	580.00	744.39	164.39-	128
710529 Dues	580.00	545.00	35.00	94	640.00		640.00	
710535 Credit Card Fees	800.00	490.93	309.07	61		490.50	490.50-	

Washoe County Health District
 Epidemiology and Public Health Preparedness
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Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
710546 Advertising	820.00	250.00	570.00	30	700.00	1,000.00	300.00	143
710585 Undesignated Budget	29,670.00		29,670.00		31,540.05		31,540.05	
710590 Bad Debt Expense						390.00	390.00-	
710703 Biologicals	4,146.68	164.84	4,146.68	5	4,300.68		4,300.68	9
710721 Outpatient	3,000.00	396.94	2,835.16		3,000.00		2,733.92	
710872 Food Purchases		180.00	396.94-					
711010 Utilities		1,020.00	180.00-					
711100 ESD Asset Management		167.07	1,020.00-					
711113 Equip Srv Replace		225.48	167.07-					
711114 Equip Srv O & M		130.00	225.48-					
711115 Equip Srv Motor Pool	200.00	78.58	70.00	65	200.00	504.75	504.75-	6
711117 ESD Fuel Charge			78.58-		1,200.00	12.50	187.50	
711119 Prop & Liab Billings	6,840.00	2,850.00	3,990.00	42	6,246.00	2,602.50	1,200.00	42
711210 Travel	50,063.36	1,746.18	48,317.18	3	54,281.00	1,904.92	3,643.50	4
711504 Equipment nonCapital	90,017.02	10,864.31	79,152.71	12	61,364.14	116,477.47	52,376.08	4
* Services and Supplies	1,622,430.50	98,046.59	1,524,383.91	6	1,743,923.96	206,430.61	55,113.33-	190
781004 Equipment Capital	10,000.00		10,000.00		279,716.50	84,204.12	1,537,493.35	12
* Capital Outlay	10,000.00		10,000.00		279,716.50	84,204.12	195,512.38	30
** Expenses	3,472,804.87	718,605.09	2,754,199.78	21	4,167,973.73	989,849.99	195,512.38	30
*** Total	658,024.81	299,012.75	359,012.06	45	507,307.07	73,668.82	3,178,123.74	24
							433,638.25	15

FISCAL YEAR 2011/2012 BUDGET CALENDAR <i>(italics indicates a Report to Board)</i>	
OCTOBER	
10/26 (Tues)	• <i>BCC: 1st Quarter Financial Status Report</i>
10/27 (Wed)	• Meeting with Labor Associations on Budget Calendar • Budget Calendar distributed to Departments
10/28 (Thurs)	• Budget Calendar distributed and posted to web
Oct – Nov	• Begin CIP Planning Process
NOVEMBER	
11/09 (Tues) 9:00-10:00	• <i>BCC Workshop Series: The Future of County Government Series 1- Employee Pay and Benefits Workshop with BCC</i>
10:00	• <i>BCC meeting: CAFR to BCC</i>
11/10 (Wed)	• Department Head Meeting
11/16 (Tues) 7:30- 9:00 am	• Organizational Effectiveness Committee - Prioritized Budget Choices (initial overview/orientation) • Employee Budget Meeting (Live Internal Broadcast)
11/23 (Tues) 7:30- 9:00 am	• Organizational Effectiveness Committee - Prioritized Budget Choices (review prioritization criteria)
TBD	• Insurance Negotiating Committee
TBD	• Budget Status Meeting with Labor Associations
DECEMBER	
12/01 (Wed) 7:30- 9:00 am	• Organizational Effectiveness Committee - Prioritized Budget Choices (review prioritization criteria)
12/8 (Wed)	• Department Head Meeting
Week of 12/13	• Budget Book: Request updated Descriptions, Goals, and Performance Measures from departments
12/14 (Tues) 8:30 -10:00	• <i>BCC Workshop Series: The Future of County Government Series 2- Organizational and Financial Sustainability (including FTMS and Outline of Budget Strategy for FY 2011-2012</i>
TBD	• Insurance Negotiating Committee
TBD	• Budget Status Meeting with Labor Associations
Dec-Jan	• Budget staff works with Departments to make adjustments to initial funding levels for contractual or BCC approved agreements as well as to realign existing budget with account line items
JANUARY	
1/5 (Wed)	• Budget Update with Organizational Effectiveness Committee
1/11 (Tues) 8:30- 10:00	• <i>BCC Workshop Series: The Future of County Government Series 3- The Relationships: Government to Citizens and Government to Government (State/Local Roles and Services)</i>
1/12 (Wed)	• Department Head Meeting - Budget Status Report

FISCAL YEAR 2011/12 BUDGET CALENDAR: VERSION 1
SUBJECT TO CHANGE AND BOARD DIRECTION.
AN UPDATED CALENDAR WILL BE RELEASED FOR CHANGES

FISCAL YEAR 2011/2012 BUDGET CALENDAR

(italics indicates a Report to Board)

1/14 (Fri)	<ul style="list-style-type: none"> Rates from departments to Budget Division (health benefits, P&L, w/c, unemployment, equipment services)
1/25 (Tues)	<ul style="list-style-type: none"> <i>BCC: Status Report on FY 10/11 and FY 11/12 Budget with Estimates of Revenues and Expenses for FY 10/11 and Direction on Budget Plans meeting</i>
1/26 (Wed)	<ul style="list-style-type: none"> Special Department Head Meeting Budget Message from the County Manager Budget Instructions distributed to departments Existing Service Level budgets and authorized positions confirmed by Department Heads. This will define existing approved positions and initial levels of funding. Sign-off by the department indicates agreement with the position list as now constituted and acknowledgment of the initial funding level
TBD	<ul style="list-style-type: none"> <i>BCC Strategic Planning Summary Workshop on Future of County Government</i>
TBD	<ul style="list-style-type: none"> Insurance Negotiating Committee
TBD	<ul style="list-style-type: none"> Budget Status Meeting with Labor Associations
FEBRUARY	
2/2 (Wed)	<ul style="list-style-type: none"> Budget Update with Organizational Effectiveness Committee
2/8 (Tues)	<ul style="list-style-type: none"> <i>BCC Meeting: Possible Status Report and Direction to Staff on FY 11/12 Budget Development</i>
2/9 (Wed)	<ul style="list-style-type: none"> Department Head Meeting - Budget Status Report
2/15 (Tues)	<ul style="list-style-type: none"> Preliminary Revenue Estimates from the Department of Taxation
2/18 (Fri)	<ul style="list-style-type: none"> Deadline for Departments to submit current strategic plans, goals, and performance measures to Strategic Planning Committee (to be scheduled by Management Services)
2/22 (Tues)	<ul style="list-style-type: none"> <i>BCC Meeting: Possible Status Report and Direction to Staff on FY 11/12 Budget Development</i>
Week of 2/28	<ul style="list-style-type: none"> Department meetings with Strategic Planning Committee to review departments' current strategic plans, goals, and performance measures (to be scheduled by Management Services)
TBD	<ul style="list-style-type: none"> Insurance Negotiating Committee
TBD	<ul style="list-style-type: none"> Budget Status Meeting with Labor Associations
MARCH	
3/2 (Wed)	<ul style="list-style-type: none"> Budget Update with Organizational Effectiveness Committee
3/7 (Mon)	<ul style="list-style-type: none"> Deadline for Departments to submit FY 11/12 Budget Plans including priorities to Budget Division Department requests for position reclassifications DUE to Human Resources with copy to Budget Division Budget Book: Updated Descriptions, Goals, Performance Measures, etc. DUE from Departments

FISCAL YEAR 2011/12 BUDGET CALENDAR, VERSION 1
 SUBJECT TO CHANGE AND BOARD DIRECTION.
 AN UPDATED CALENDAR WILL BE RELEASED FOR CHANGES

FISCAL YEAR 2011/2012 BUDGET CALENDAR

(italics indicates a Report to Board)

3/8 (Tues)	• <i>BCC: Possible Status Report and Direction to Staff on FY 11/12 Budget Development</i>
3/9 (Wed)	• Department Head Meeting - Budget Status Report
3/15 (Tues)	• Final Tax rates and revenue projections from Department of Taxation
Week of 3/21	• Budget Division recommendations presented to County Manager
3/22 (Tues)	• <i>BCC Meeting: Possible Status Report and Direction to Staff on FY 11/12 Budget Development</i>
TBD	• Insurance Negotiating Committee
TBD	• Budget Status Meeting with Labor Associations
APRIL	
4/4 (Mon)	• <i>Department presentations to BCC/Budget Workshop</i>
4/6 (Wed)	• Budget Update with Organizational Effectiveness Committee
4/11 (Mon)	• <i>Department presentations to BCC/Budget Workshop</i>
4/12 (Tues)	• <i>BCC: Possible Status Report and Direction to Staff on FY 11/12 Budget Development</i>
4/13 (Wed)	• Department Head Meeting - Budget Status Report
4/15 (Fri)	• Tentative Budget submitted to State
4/18 (Mon)	• <i>Department presentations to BCC/Budget Workshop</i>
4/26 (Tues)	• <i>BCC: Possible Status Report and Direction to Staff on FY 11/12 Budget Development</i>
TBD	• <i>BCC: Employee Town Hall Meeting</i>
TBD	• Budget Status Meeting with Labor Associations
TBD	• Department appeals to County Manager
MAY	
5/4 (Wed)	• Budget Update with Organizational Effectiveness Committee
5/6 (Fri)	• Publish Public Hearing Notices for FY10/11 Budget
5/10 (Tues)	• <i>BCC: Possible Status Report and Direction to Staff on FY 11/12 Budget Development</i>
5/11 (Wed)	• Department Head Meeting- Budget Status Report
5/16 (Mon)	<ul style="list-style-type: none"> • <i>BCC Meeting- Public Hearing on Budget required by NRS 354.596 on proposed final budget; Final budget adopted at this hearing or any time and place to which the public hearing from time to time adjourned</i> • <i>BCC Meeting: Recommended changes to authorized positions for FY11/12 and reclassification requests</i> • <i>BCC Meeting: Adopt current Washoe County strategic plan and annual goals</i>
5/24 (Tues)	• <i>BCC Meeting- Adoption of Final Budget (hearing may be continued from May 16)</i>

FISCAL YEAR 2011/12 BUDGET CALENDAR, VERSION 1
 SUBJECT TO CHANGE AND BOARD DIRECTION.
 AN UPDATED CALENDAR WILL BE RELEASED FOR CHANGES

FISCAL YEAR 2011/2012 BUDGET CALENDAR

(italics indicates a Report to Board)

JUNE	
6/1 (Wed)	<ul style="list-style-type: none">Final Budget filed with Department of TaxationBudget Update with Organizational Effectiveness Committee
6/28 (Tues)	<ul style="list-style-type: none"><i>BCC: Amended Final Budget (filed 30 days after close of Legislative Session)</i>
JULY	
7/1 (Fri)	<ul style="list-style-type: none">Publish Annual Fiscal Summary Report (NRS 354.6015)
7/12 (Tues)	<ul style="list-style-type: none"><i>BCC: Approve and Execute Resolution Levying Tax Rates</i>
AUGUST	
8/27 (Fri)	<ul style="list-style-type: none">Budget Book Published (90 days after Amended Budget approved)

FISCAL YEAR 2011-12 BUDGET CALENDAR: VERSION 1
SUBJECT TO CHANGE AND BOARD DIRECTION.
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Many Communities. One County.

Working together to provide a safe, secure, and healthy community.

WASHOE COUNTY NEVADA

By the Numbers

FY 2007-08 to FY 2010-11

- \$123 Million
(budget cuts in 4 years)
- 725 and 434
(positions and FTEs cut)
- \$7.3 million and 8.7%
(public safety cuts)
- \$7.9 million and 10.5%
(judicial/health and social service cuts)
- \$30.4 million and 50%
(general government cuts)
- \$8.9 million and 63%
(fire & recreation cuts)
- \$40.5 Million
(Sales tax revenue lost since 2006 peak)
- 8.8% and 21%
(property tax revenue and assessed value declines)
- 30%
(health insurance cost growth 2007 to 2010)
- 9¢ and \$25.3 million
(property tax rate and revenue lost to State)
- 12.8% and 30,000
(Unemployment rate and number of unemployed)
- 39,800
(Sales tax revenue lost since 2006 peak)
- 6,977
(Home foreclosures 2008-10)



Fiscal Year 2011-12 Focus on the Future

Creating Organizational and Financial Sustainability

For Fiscal Year 2011-12, the Board of County Commissioners has set its "Focus on the Future" with a goal of ensuring organizational and financial sustainability. Sustainability requires a focus on mission and maintaining balance. Washoe County's enduring mission is clear. It is a "contract" with the public that in return for the taxes they pay the County delivers the services they need; and the mix of services the County provides will contribute to creating a safe, secure, healthy community where people desire to live.

A sustainable organization continually adjusts to changing conditions in order to ensure that it main-

A sustainable organization has the capacity to fulfill the Board's mission and objectives to provide necessary public services in the present and future.

As Washoe County prepares for Fiscal Year 2011-12, the economy remains depressed causing further declines in property tax revenue; the State is looking to address a multi-billion dollar deficit through shifts to local government; and labor costs continue to rise

faster than revenues can support. All of these changes will impact Washoe County's organizational sustainability.

For the Fiscal Year 2011-12 budget, the County has conducted a sustainability analysis. The analysis has measured where the organization is and where it should be in order to continue to meet its public service mission. Moreover, the risks and threats to sustainability have been reviewed and proposed actions to address those risks have been developed.

The proposed sustainability actions for Fiscal Year 2011-12 focus on five strategic action points:

- CORE SERVICE FUNDING
- BALANCED INVESTMENT
- EMPLOYEE DEVELOPMENT
- STRUCTURAL COST CHANGE
- INVEST IN LONG-TERM CHANGE

Details of the plan are provided on the inside pages of this document along with metrics that help gauge the County's sustainability.

Organizational Sustainability is not an end. It is a business process that emphasizes balance between the present and future in a dynamic and constantly changing world in order to fulfill the mission of Washoe County.

FY 2011-12 ACTION PLAN

Core Service Funding

Focus on funding core services.

Balanced Investment

Focus on a balanced investment in the costs to deliver core services (personnel/services and supplies/ capital outlay).

Employee Development

Focus on investing in employee development. Employees are the largest and most valuable investment to provide quality services to the public.

Structural Cost Change

Focus on bringing labor costs into balance with revenues.

Invest in Long-Term Change

Strategically invest in opportunities for innovation and continuous improvement such as technology, service delivery alternatives, and regional job creation in the private sector.



Providing today's services to the public without compromising the delivery of tomorrow's.

Fiscal Year 2011-12 Action Plan

The Balanced Plan used by the County Commission in 2010-11 remains a sound framework to guide the County toward sustainably delivering quality services to the public. Last year's Plan had three main strategies to balance the budget:

- Prioritize Service Reductions;
- Control Labor Costs; and
- Prudently Use Reserves

For Fiscal Year 2011-12, the plan should be updated and recalibrated for changing conditions and its ability to promote organizational and financial sustainability.

The steepness and duration of the decline in property taxes continues to be greater than originally forecasted, which means this main revenue source for services will not keep up with costs for the near future. With this understanding, the organization's ability to weather the continued storm has to be evaluated and adjusted based on risks to maintaining service delivery to the public.

Five action points are proposed to refine the basic three-point strategy of the Balanced Plan toward achieving sustainability beginning Fiscal Year 2011-12.

Sustainability Balancing the Present with the Future.

Core Service Funding: Focus on defining and funding core services. Repeated use of the same service prioritization reductions has greatly diminished many departments' ability to maintain services causing elevated risks of service failure and reduced service quality to the public. In addition, the signs of employee overwork and burnout are present in increased sick leave usage and performance issues requiring Human Resources intervention.

For organizational sustainability, the resource allocation choices for the next fiscal year should focus on core services. Core services are not just the services mandated by law, but the mix of direct services and organizational support services that together fulfill the mission of making a safe, secure, and healthy community.

2) Balanced Investment: Four years of reductions to infrastructure maintenance and capital outlay have left technology and building infrastructure at risk.

Focus on a balanced investment in the costs to deliver core services sustainably (personnel/services and supplies/ capital outlay). It is not sustainable to fund noncore services and cut capital outlay in the short-run to escape making difficult choices. In addition, the cost of replacing

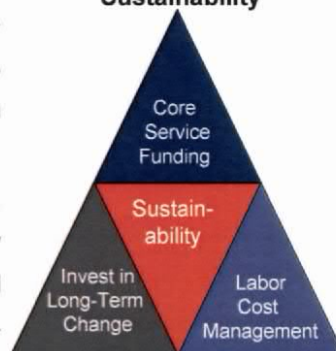
infrastructure is more expensive than the maintenance of infrastructure.

3) Employee Development: Focus on investing in employee development. Investment in employee development has suffered from budget cuts. A sustainable organization defines as part of its core services those investments to enhance employee capacity and performance. Moreover, it invests in employee development to ensure the delivery of high quality services to the public, through training, efficient organizational structure, and the health of the workforce.

4) Structural Cost Change: Focus on aligning the organizational structure with the revenue structure. Choosing to temporarily reduce costs is inefficient because the same dollars have to be cut more than once. Therefore, the growth rate in employee compensation and other costs needs to be brought into alignment with the available revenues that support those investments.

5) Invest in Long-Term Change: Balancing current revenues with current expenses includes prudent funding of contingency and fund balance. Additionally, the Board should strategically invest in opportunities for long-term change through innovation and continuous improvement. For example, investments could include technology to increase efficiency, alternative service delivery approaches, or investing in regional job creation in the private sector.

Balanced Plan for Sustainability

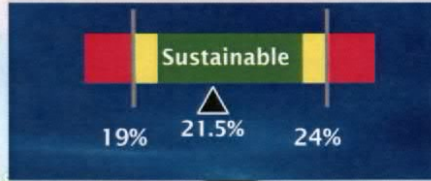


Financial **GPS** Sustainability

Percent of General Fund Budget for Salaries and Benefits



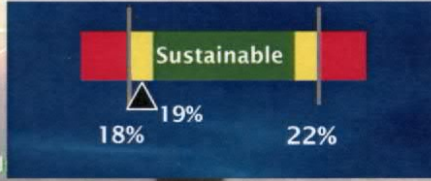
Percent of General Fund Budget for Services and Supplies



Percent of General Fund Budget for Capital & Infrastructure



Support Service Cost as a Percent of Direct Service Cost



Fund Balance as a Percent of Expenses



Ratio of Projected Revenues to Projected Expenses



The metrics gauge the balance and the sustainability of resources use. The grey bars represent a "sustainability range." The values under each bar are based on a 20-year analysis of expenditure and revenue trends. (Percentages for the ranges are not meant to add to 100%.) The black triangle indicates where the General Fund use level is as of Fiscal Year 2010-11 (these percentages add to 100%). The ratio of projected revenues to expenses is a forwarding looking metric. The red areas represent potentially unsustainable use. The GPS is much like a dashboard in a car. Each of the metrics is interrelated but not necessarily dependent and can be read individually, like looking at the fuel gauge and speedometer at the same time.

EYE ON THE TRENDS

Washoe County Actual Taxable Sales Per Capita (Nominal \$\$)



General Fund Budgeted Revenues FY 2000 to FY 2011 Annual Percent Change



Washoe County General Fund Budgeted Expenditures & Transfers per Capita (Nominal \$\$)



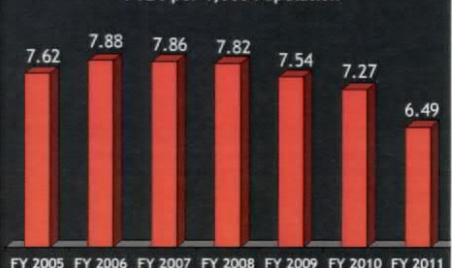
Comparison of Adopted Budgets General Fund FY 2005 to FY 2011 (Nominal \$\$ in Millions)



Total Authorized Full Time Equivalent Positions (FTE) for Washoe County



Washoe County General Fund FTE's per 1,000 Population



Sources: Washoe County Annual Adopted Budgets (FY 2005 to FY 2011), State Demographer Population Estimates, and Department of Taxation Taxable Sales Reports.

Financial Sustainability Assessment

Washoe County's financial sustainability (GPS) metrics indicate short-term stability with clear signs of increased risk in the area of capacity to respond to changes in revenues or expenses without service disruption and decline:

- As budgets have been cut necessary investments in capital outlay and infrastructure maintenance have been reduced at a greater percentage than salaries and benefits leaving assets and services at risk of disrepair and disruption.
- The imbalance in reductions have placed the budget more at-risk to the imbedded cost-growth pressure of labor costs because personnel costs tend to grow faster than capital and service and supply costs.
- The reduction trend for investment in organizational support has contributed to a higher risk that service outcomes will deteriorate and a higher likelihood that significant financial damage will occur.
- The ratio of projected revenues to projected expenditures reveals an imbalance that will negatively impact the ongoing delivery of services, because current revenue growth is being outpaced by current expenditure growth.
- On the fund balance side, there are adequate short-term balances, but they will be depleted if the relationship between the ratio of projected expenses is not brought into alignment with projected revenues.

Financial Sustainability is using resources in the present to provide services that the public supports without creating a future public burden in the form of increased taxes or cutting service levels to maintain services.

Washoe County Strategic Plan

Vision

Washoe County is home to Lake Tahoe, one of the most beautiful places on earth; to the majestic Sierra Nevada Mountains; to the life-giving Truckee River; to the vast open ranges and blue sky; to pastoral ranches and to friendly, vibrant communities including Reno and Sparks.

Our vision is that Washoe County is the best place in the country to live, work, recreate, visit and invest.

Mission

Working together to provide a safe, secure, and healthy community.

Values

Many Communities. One County
Quality Public Service
Teamwork
People
Communication
Accountability
Transparency
Professionalism
Progressive Thought

Strategic Objectives and Strategic Outcomes

1. Safe, Secure and Healthy Communities

Strategic Outcomes:

- 1.1 Clean and safe neighborhoods and parks
- 1.2 Healthy communities
- 1.3 Diverse and secure housing opportunities
- 1.4 Community confidence in public/government institutions

2. High Quality of Life

Strategic Outcomes:

- 2.1 Vibrant cultural, business, and natural environment
- 2.2 Balanced land use and positive community character
- 2.3 Citizen satisfaction with Washoe County Government

3. Regional Collaboration

Strategic Outcomes:

- 3.1 Agreement on roles and responsibilities of governmental entities
- 3.2 Increase intergovernmental trust and cooperation

4. Sustainable Economic, Natural, Organizational, and Social Resources

Strategic Outcomes:

- 4.1 Sustainable relationship between resources and obligations
- 4.2 Clear public expectation of the purpose and core functions of County government
- 4.3 Sustainable resources linked to the needs of the public (public safety, security, health, cultural, recreational).
- 4.4 Engaged, skilled employees

5. Regional Prosperity

Strategic Outcomes:

- 5.1 Improved financial security of citizens, businesses, and the community
- 5.2 Washoe County identified as an easy and desirable place to do business

FY 2010-2011 BCC Annual Goals

1. Improve Fire Services: implement approved Fire Services Master Plan recommendations by June 30, 2011.
2. Improve land use planning: Implement the "Two-Map Land Use System."
3. Improve management of solid waste and reduce illegal dumping in County.
4. Increase efficient use of water by improving the management of reclaimed water and wastewater in the region.
5. Expand formal and informal partnerships among governmental and non-governmental entities that improve service and/or improve efficiency or reduce cost.
6. Implement a sustainable organizational structure.



Washoe County

Prepared by
Washoe County
Budget Division

PO Box 11130
1001 E. Ninth Street
Reno, Nevada 89520



DISTRICT HEALTH DEPARTMENT

December 8, 2010

TO: District Board of Health Members

FROM: Mary-Ann Brown, R.N., M.S.N.
Interim Health Officer Washoe County Health District

SUBJECT: Interim Health Officer Plan

Strategic Planning

Goal: Formulate a written strategic plan for the Washoe County Health District (WCHD).

- Identify a strategic plan template (December 2010)
- WCHD leadership and staff to create a draft strategic plan incorporating previous planning (January 2011)
- WCHD Strategic Plan will align with Washoe County strategic planning efforts including outcomes and County goals
- Present draft strategic plan seeking feedback, changes, improvements and approval by DBOH (February, 2011)
- Utilize WCHD Strategic Plan in:
 - Budget Process
 - Program and Services Management and Improvements
 - Grant Applications
 - Employee Evaluations

2010-2011 Legislative Session

Goal: Create a plan to assure appropriate participation and response by the WCHD in the 2010-2011 Legislative Session.

- Designate lobbyist(s)
- Continue to update the Legislative Bill Tracking tool and present monthly at the DBOH meeting for approval of staff activities
- Respond to Washoe Bill Requests per established system
- Communicate electronically with DBOH members between Board meetings regarding legislative issues that are time sensitive

Budget

Goal: Develop a FY-2012 Budget that balances revenues from the general fund transfer with expenditures.

- Complete budget process as defined by Washoe County incorporating the specific requirements of all jurisdictions
- Identify budget assumptions that will allow for reductions retaining as many vital programs and services as possible
- Present potential budget reduction strategies to DBOH for feedback and additional guidance before DBOH budget meeting

Performance Improvement

Goal: Complete an assessment of departmental processes and programs and conduct performance improvement.

1. Complete an analysis of current grants and develop priorities to assist in future grant applications
2. Identify administrative and support service improvements that increase efficiencies maintaining internal and external customer satisfaction
3. Utilize performance improvement tools to evaluate programs and implement changes that enhance productivity

Human Resources

Goal: Maintain a highly engaged workforce with the needed skills and knowledge to provide quality programs and services.

- Employee evaluations to be conducted per County policy
- Employee developmental plans to be utilized to assure high performance
- Analyze all vacancies and resignations for opportunities to change staffing plans and achieve efficiencies, creating an “optimal” organizational structure
- Provide employee education and training within available resources with an increased emphasis on internal experts and local opportunities
- Support employee driven programs such as LINK
- Celebrate and acknowledge accomplishments of the WCHD, divisions, programs, leadership and employees

Communication

Goal: Provide timely and accurate information to employees, leadership, Board members, jurisdictions, partners, and citizens.

1. Identify strategies to communicate effectively with various stakeholders
 - Utilization of established communication mechanisms
 - Meeting attendance
 - Frequent written/electronic updates
 - Rounds, informal discussions
 - “Open Door” policy

- Media opportunities
 - Public speaking engagements
2. Seek introduction and information needs from all three jurisdictions (Washoe County, City of Reno, and City of Sparks) through DBOH member appointees.

Community Activities

Goal: Represent WCHD on boards, committees, taskforces, and workgroups.

1. Continue membership on, Health District, County, community and state groups
2. Participate in activities and with groups requiring Health Officer representation
3. Conduct assessment and prioritize community representation by WCHD staff

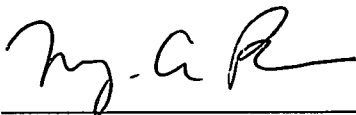
Board of Health Information and Resources

Goal: Provide references and resources to assist with DBOH development.

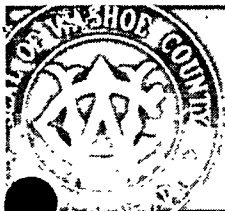
1. Provide information on national, state and local public health issues and priorities
2. As identified by self-assessment and requested by DBOH provide tools and training that enhance Board skills
3. As directed create or update DBOH orientation materials/manual

Community and Clinical Health Services (CCHS) Division Leadership Coverage

Goal: Create a plan to provide coverage for CCHS Division Director during Interim Health Officer assignment.



Mary-Ann Brown RN MSN
Interim Health Officer
Washoe County Health District



Washoe County Government Affairs

Legislative Communication Policy

The legislative process is inherently dependant upon communication that is clear, direct and consistent. The following Legislative Communication Policy adopted by the Washoe County Commission guides all communications from Washoe County staff, lobbyists and elected officials during the legislative process.

Legislative Updates

When the Nevada Legislature is convened, Washoe County staff (including, as appropriate, the County's contract lobbyists) shall communicate at each regular Commission meeting, pursuant to a standing agenda item, to provide information and obtain direction on various legislative issues. It is understood that staff will communicate the majority position and/or direction of the Commission when talking with legislators and when making presentations at the Legislature.

Board Direction

Direction will be sought from the Commission regarding the objectives and intent of proposed legislation as opposed to specific bill language. This is necessary because of the fluidity of the legislative process. It also allows meaningful input by County lobbyists in drafting proposed bill language.

Adopting Board Legislative Position

When a legislative issue comes before the Commission for direction or action, the majority vote will be the official position of the Commission. The Commissioners and staff agree not to communicate minority positions or opinions to legislators or the Legislature. Lobby staff (including the County's contract lobbyists) may indicate, when asked, the identity of Commission dissenter(s). Lobby staff (including contract lobbyists) shall not present any opinion or position of a single Commissioner on any issue if there is any question as to whether the Commission as a whole shares the opinion or position.

Lobbyist Authority

Lobby staff (including the County's contract lobbyist) shall have authority to make decisions on matters known to be in the best interest of the policy making/management position of the County. Direction on issues shall be sought from and/or approved by the County Manager or, in her discretion, an Assistant County Manager, or department head or division manager. If there is a question regarding the impact of an issue, the County Manager shall, if there is time to do so, direct that the issue be brought to the next Commission meeting for direction from the Commission. However, when the above procedure is unavailable due to the need for immediate decision-making, it is understood that lobby staff (including the County's contract lobbyists) shall confer and collectively decide the appropriate position on behalf of the County. Staff shall report such actions at the next available meeting of the Board.

Legislative Communication Policy--continued

Commission Participation

Commissioners may be called upon to appear before Legislative committees and/or meet with individual legislators, as necessary, when major issues are developing. Commissioners are requested to notify the County Manager (or Assistant County Manager in her absence) of all contacts with legislators on behalf of County issues, in order to provide a cohesive and well-organized lobbying effort. It is important that Commissioners not be seen on a regular basis at the legislature so as to preserve the impact of their presence to issues of major importance to the County. More frequent involvement will dilute the impact/importance of Commissioner's presence.

Appointed Boards: Authorization to Represent Washoe County

Members of a board, commission or task force appointed by the Washoe County Board of County Commissioners may appear before the Nevada State Legislature, Committees of the Legislature, and/or meet with individual Legislators, as representing the interests of Washoe County only if specifically authorized to do so by the Washoe County Board of County Commissioners or the Washoe County Manager.

Special Meetings

When the Nevada Legislature is in session, the Board of County Commissioners may hold special meetings scheduled on the off weeks between regular meetings to allow for legislative updates and to provide direction to staff.



Washoe County Health District



Public Health
Prevent. Promote. Protect

DBOH AGENDA ITEM NO. 16

December 6, 2010

To: District Board of Health Members
From: Mary-Ann Brown, RN, MSN, Interim District Health Officer
Subject: District Board of Health Calendar Meeting Schedule - 2011

JANUARY 27, 2011	1:00 p.m.	DISTRICT BOARD OF HEALTH MEETING
FEBRUARY 24, 2011	1:00 p.m.	DISTRICT BOARD OF HEALTH MEETING
MARCH 3, 2011	1:00 pm	FY 2011/2012 HEALTH DEPARTMENT BUDGET MEETING
MARCH 24, 2011	1:00 p.m.	DISTRICT BOARD OF HEALTH MEETING
APRIL 28, 2011	1:00 p.m.	DISTRICT BOARD OF HEALTH MEETING
MAY 26, 2011	1:00 p.m.	DISTRICT BOARD OF HEALTH MEETING
JUNE 23, 2011	1:00 p.m.	DISTRICT BOARD OF HEALTH MEETING
JULY 28, 2011	1:00 p.m.	DISTRICT BOARD OF HEALTH MEETING
AUGUST 25, 2011	1:00 p.m.	DISTRICT BOARD OF HEALTH MEETING
SEPTEMBER 22, 2011	1:00 p.m.	DISTRICT BOARD OF HEALTH MEETING
OCTOBER 6, 2011	9:00 a.m.	DBOH STRATEGIC PLANNING SESSION
OCTOBER 27, 2011	1:00 p.m.	DISTRICT BOARD OF HEALTH MEETING
NOVEMBER 17, 2011 ****	1:00 p.m.	DISTRICT BOARD OF HEALTH MEETING
DECEMBER 15, 2011 *****	1:00 p.m.	DISTRICT BOARD OF HEALTH MEETING

**** Please Note Date Change Due to Thanksgiving

***** Please Note Date Change Due to Christmas

* THIS DOES NOT INCLUDE ANY SPECIAL MEETINGS WHICH MAY BE SCHEDULED

DBOH AGENDA ITEM # 16

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

www.washoecounty.us/health
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Washoe County Health District



Public Health
Prevent. Promote. Protect.

December 6, 2010

TO: District Board of Health Members

FROM: Candace Hunter, RN, M.Ed.,
Acting Division Director, Community and Clinical Health Services

SUBJECT: Report for December 2010 District Board of Health Meeting
1. School Based Immunization Clinics
2. Prematurity in Washoe County

1. Immunization Program Update – School Based Influenza Clinics

At the Statewide Immunization Meeting this past summer, Dr. Tracey Green, Nevada State Health Officer, discussed her vision to establish School Based Immunization Clinics throughout Nevada. This model was successful in Carson City during the past H1N1 flu season, and is a model used elsewhere in the United States with good results in improving student immunization compliance. While the ideal is for children to receive their immunizations at their physician's office (a "medical home"), this is often not possible when families are underinsured, lack insurance, or have competing priorities for essential resources. School Based Immunization Clinics are another option for parents to keep their children protected from vaccine preventable diseases.

This fall, Dr. Green began working with members of the Northern Nevada Immunization Coalition (NNIC), including the Washoe County School District (WCSD) and Health District, to test the school based model in Washoe County. Ultimately the goal is to have schools receive insurance reimbursements which could fund immunization activities by school nurses in school based clinics.

In November and December, Health District immunization program staff partnered with NNIC and WCSD student health services staff to immunize 908 students and staff in four Title I schools against seasonal influenza. Ongoing discussion and planning is underway to promote collaboration between WCSD, WCHD and the community to assure school aged children are immunized.

The Health District's involvement in this endeavor is two-fold – service delivery, and more importantly, training the school nursing staff.

2. Prematurity in Washoe County

The March of Dimes released the 2010 Premature Birth Report Card* in November in which Nevada received an F grade for a rate of 13.5% of babies born before 37 weeks gestation. The rate improved from 2009's report of 14.3%. For the United States, a D grade was given for a preterm birth rate of 12.3%, representing more than half a million babies born each year. Washoe County's rate of 10.1% is an improvement over the previous year of 10.8% and would earn a C grade.

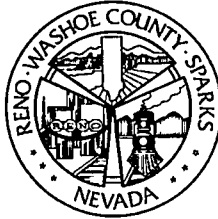
The Healthy People objective is a 7.6% rate of premature birth to combat this leading cause of newborn death in the United States which can cause lifelong health problems and disabilities. The estimated cost to society for medical, educational and lost productivity associated with prematurity was at least \$26.2 billion in 2005. The March of Dimes is focusing efforts to prevent premature deaths on three contributing factors:

Selected contributing factor	United States	Washoe County
Uninsured women	20.7%	23.4%
Women smoking	19.6%	15.9%
Late preterm births due to early induction of labor and c-sections	8.8%	N.A.

The Washoe County Home Visitation Program PHN staff disseminates information about preconception health to ensure women are healthy before becoming pregnant. Tobacco cessation referrals and nutrition education are part of the nursing standards of care used by the PHN staff, and the Pregnancy Connections Program works to help women enroll in prenatal care in the first trimester, increasing the chances of a full term delivery. Policy work on tobacco cessation programs and health care access are an emphasis for the chronic disease program which supports addressing this critical public health issue.

*Source based on 2008 preliminary data from the National Center for Health Statistics (NCHS); NCHS 2008 preliminary and 2007 final birth data, U.S. Census Bureau, Current Population Survey, 2008-2010 and 2007-2009; and CDC BRFSS 2009 and 2008 data

Candace Hunter
Acting Division Director
Community and Clinical Health Services



Washoe County Health District

ENVIRONMENTAL HEALTH SERVICES DIVISION

DATE: December 9, 2010
TO: District Board of Health Members
FROM: Robert O. Sack, Division Director of E.H.S.
SUBJECT: Division Director's Report – Environmental Health Services
AGENDA ITEM NO. 20.C.

Food Establishments and GIS Program

As part of his participating in the Great Basin Leadership Institute, Tony Macaluso, an EHS Supervisor in the Food Program, is coordinating with County IT and GIS staff to develop a mechanism that will allow permitted facilities to be tied to GIS information. This mechanism will allow us to draw lines on a map in GIS and then be able to have GIS display all of the permitted facilities within those boundaries. This in turn will allow us to adjust inspector areas with the computer in minutes instead of the days it takes now. The program will also be instrumental during emergency situations, such as floods, in determining the number and location of facilities in a set area. We are hoping to have it up and running in the next few weeks in order to establish the areas for next year's inspections.

State Food Regulations in Public Workshop

The State of Nevada has held the first public workshop on a new food regulation which has been in development for several years. We have worked in conjunction with State Health Division staff to develop the regulation. Our version of the regulation will be presented for community review and comment in the next few months. The workshop went well with several comments and not much controversy.

Robert O. Sack
Division Director
Environmental Health Services Division

ROS:sn

DBOH AGENDA ITEM # 20.C.



WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION



Public Health
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Date: December 16, 2010

To: District Board of Health

From: Kevin Dick, Director, Air Quality Management *END FOR KD*

Re: Monthly Report for Air Quality Management

Agenda Item: 20.D.

The enclosed Air Quality Management Division Report is for the month of November, 2010 and includes the following sections:

- Air Quality**
- Monitoring Activity**
- Planning Activity**
- Permitting Activity**
- Compliance/Inspection Activity**
- Enforcement Activity**



Director's Report November 2010

Climate Protection Milestone

We recently received word from ICLEI – Local Governments for Sustainability that they have recognized Washoe County's achievement of "Milestone One" of their Climate Protection Campaign. This first milestone was accomplished through work led by my predecessor, Andrew Goodrich and Yann Ling-Barnes of the Air Quality Management Division to conduct a greenhouse gas emissions analysis for the County. This greenhouse gas inventory identified and quantified the global warming pollution produced by both government operations and the community at large.

With this milestone accomplished, the Air Quality Management Division will now provide support to the County Green Team to assist in establishing a County greenhouse gas reduction target and developing a climate action plan which will identify the policies, programs and projects the County will use to achieve the reduction targets.

Reducing greenhouse gas emissions from combustion sources can provide direct air quality benefits from the reduction of other associated criteria and hazardous air pollutants. However, taking action to reduce greenhouse gas emissions is perhaps more important from other public health perspectives due to concerns of potential injuries and fatalities related to severe weather events and heat waves, infectious diseases related to expansion of the tropical disease zone, allergic symptoms related to increased allergen production, and stresses from drought and disruption of food production. I am proud that Washoe County is taking action to address climate change, and the Air Quality Management Division will continue to contribute to these efforts.

Kevin Dick, Director

AIR QUALITY COMPARISON FOR NOVEMBER

Air Quality Index Range		# OF DAYS NOVEMBER 2010	# OF DAYS NOVEMBER 2009
GOOD	0 to 50	28	20
MODERATE	51 to 100	2	7
UNHEALTHY FOR SENSITIVE GROUPS	101 to 150	0	0
UNHEALTHY	151 to 200	0	0
VERY UNHEALTHY	201 to 300	0	0
TOTAL		30	27 *

- Real-Time data was unavailable for three days due to phone line issues and the Air Quality relocation to the main Washoe County Complex at 1001 East Ninth Street.

HIGHEST AQI NUMBER BY POLLUTANT

Air Quality

POLLUTANT	NOV 2010	YTD for 2010	NOV 2009	Highest for 2009
CARBON MONOXIDE (CO)	21	29	25	37
OZONE 8 hour (O3)	44	104	42	100
PARTICULATES (PM _{2.5})	N/A	112	79	149
PARTICULATES (PM ₁₀)	57	83	66	94

For the month of November, there were no exceedances of Carbon Monoxide, Particulate Matter or 8-Hour Ozone standards at any of the monitoring stations. The highest Air Quality Index (AQI) value reported for the month of November was fifty-seven (57) for PM¹⁰. There were twenty-eight (28) days in the month of November where the Air Quality was in the good range, and two (2) days the Air Quality fell into the moderate range.

Duane Sikorski, Air Quality Supervisor

Monitoring Activity

Daily monitoring operational, quality assurance and data submission activities continued throughout the month along with continued training of the new AQ Specialist I. Implementation of the NCore monitoring site continues moving forward towards its January 1, 2011, start-up date.

Half of the eight Standard Operating Procedures in the internal final review queue had their review completed with the rest expected to be completed and all eight delivered to EPA by the end of the year.

Duane Sikorski, Air Quality Supervisor

Planning Activity

Your Board received a summary presentation of the most recent Residential Wood Combustion Survey at its November meeting.

Washoe County's 2008 Periodic Emissions Inventory was submitted to NDEP on November 24th for review, approval and forwarding to EPA.

The delayed announcement (originally scheduled for November 21st and then by November 1st) of the new 8-hour ozone NAAQS of ≤ 70 but ≥ 60 ppb (currently 75 ppb) is still on track to be announced by the end of the year.

With the Planning Section as the lead, the AQMD continues the process of revising its Emergency Episode Policies given the forthcoming reductions of the NAAQS.

Duane Sikorski, Air Quality Supervisor

Permitting Activity

TYPE OF PERMIT	2010		2009	
	NOVEMBER	YTD	NOVEMBER	ANNUAL TOTAL
Renewal of Existing Air Permits	99	1202	104	1320
New Authorities to Construct	7	37	10	80
Dust Control Permits	12 (233 acres)	120 (2634 acres)	5 (49 acres)	128 (1498 acres)
Wood Stove Certificates	27	235	15	170
WS Dealers Affidavit of Sale	12 (7 replacements)	70 (38 replacements)	14 (9 replacements)	250 (145 replacements)
WS Notice of Exemptions	135 (0 stoves removed)	4978 (33 stoves removed)	349 (3 stoves removed)	5358 (145 stoves removed)
Asbestos Assessments and Asbestos Removal Notifications (NESHAP)	79	932	42	1003

Compliance &
Inspection Activity

Staff reviewed twenty (20) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

Staff conducted forty-eight (48) stationary source renewal inspections and fifty-six (56) gas station inspections in November. Staff also conducted inspections on asbestos removal and construction/dust projects.

Permitting &
Enforcement Activity

The "Golden Road" motel (adjacent to the Atlantis) demolition was completed as of November 23rd. Staff was on site everyday to verify compliance. We understand that the old "Red Lobster" restaurant on South Virginia will be converted into offices for the Atlantis administrative staff. Appropriate asbestos abatement will be performed as needed.

The old "Rocketdyne" facility north of Winnemucca Ranch Road on the Pyramid Highway is being converted into the "Springwood Ranch Equestrian Center". All of the asbestos was abated last month, and staff just received a dust permit application for the proposed facility. Information in the dust application indicates that construction will be completed by August, 2012.

Lastly, staff is working on a formal wood smoke enforcement procedure for possible "Stage I" air pollution alerts this winter. Improvements include a more comprehensive patrol of known wood stove concentration areas, better communication efforts to inform citizens of the current situation, and the production of a "sole source declaration form" to grant an exemption for those residents with wood as their only source of heat.

Noel Bonderson, Air Quality Supervisor

Enforcement Activity

COMPLAINTS	2010*		2009		
	NOVEMBER	YTD	NOVEMBER	YTD	Annual Total
Asbestos	3	21	1	20	21
Burning/Smoke	0	6	1	10	16
Dust	2	52	13	134	134
Gas Station/Oxy Fuel	0	0	0	0	0
Miscellaneous	1	5	1	7	7
Odor	4	21	2	28	30
Painting (spray painting)	0	10	0	6	6
Permit Violation	0	11	1	12	12
TOTAL	10	126	19	217	226
NOV'S	NOVEMBER	YTD	NOVEMBER	YTD	Annual Total
Warnings	1	5	1	13	13
Citations	3	12	0	10	10
TOTAL	4	17	1	23	23

* Discrepancies in totals between Monthly Reports can occur because of data entry delays.

Notices of Violation (NOVs):

There were four (4) Notice of Violations (NOVs) issued in November 2010. There was one (1) NOV Warning issued for Nuisance Odor. There were three (3) NOV Citations issued; one (1) for Asbestos Sampling & Notification, Unacceptable Asbestos Work Practices, and Asbestos Contamination & Abatement; one (1) for Failure to Control Dust and Expired Dust Control Permit; and one (1) for Nuisance Odor.



DISTRICT HEALTH DEPARTMENT

December 8th, 2010

TO: District Board of Health Members

FROM: Mary-Ann Brown, R.N., M.S.N.
Interim Health Officer Washoe County Health District

SUBJECT: Interim Health Officer Report

Elements of Interim Health Officer Plan Completed as of December 8th, 2010.

Strategic Planning

1. Strategic plan template identified
2. Actively participating on the Washoe County Strategic Plan Tactical Advisory Committee

2010-2011 Legislative Session

1. Meeting held with County Legislative staff (John Slaughter) updated information and guidance on County process identified
2. Primary Lobbyist identified (Jen Hadayia) Interim Health Officer and Division Directors to provide expert testimony as needed and will register as lobbyists if needed
3. BOH Bill Tracking and reporting continues
4. Procedure identified and staff assigned for Washoe Bill tracking

Budget

1. County budget process with key dates reviewed
2. Division Directors and leadership working on identifying cost saving ideas and program efficiencies in preparation for budget development

Human Resources

1. Review initiated on employee evaluation compliance
2. LINK Holiday Luncheon held December 7th

DBOH AGENDA ITEM NO. 20.F.

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Communication

1. Press release on Interim Health Officer appointment distributed to media outlets
2. Key stakeholders notified about leadership change
3. First WCHD "Communication Huddle" held December 1st
4. Individual meetings conducted with all Division Directors
5. First Interim Health Officer "Friday Five" to be distributed December 10th

Community Activities

Attendance and introduction of Interim Health Officer at key community meetings

- BOH Ambulance Committee
- Washoe County Department Head Meeting
- State Board of Health Meeting

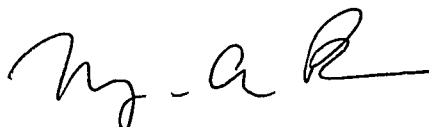
Board of Health Information and Resources

Interim Health Officer attended the American Public Health Association (APHA) Summit on Health Reform. The one day summit was intended to provide information on the impact of health reform law on public health. Attached are three documents that provide summary information.

- *Koh HK, Sebelius KG. Promoting prevention through the Affordable Care Act. The New England Journal of Medicine 363:14:1296-1299*
- 2010 Annual Status Report from the National Prevention, Health Promotion and Public Health Council July 1st, 2010 (Nationally mandated council created to bring prevention and wellness to the forefront of the nations efforts to improve health)
- Resource list on Health Reform

Community and Clinical Health Services (CCHS) Division Leadership Coverage

A plan has been created with CCHS leadership for Division Director coverage during the Interim Health Officer appointment. Each Program Manager will rotate as Acting Division Director for one month. The plan supports the CCHS team approach and allows Program Managers the opportunity for leadership development while providing appropriate coverage for programs and staff. Candy Hunter will be Acting CCHS Division for December.



Mary-Ann Brown RN MSN
Interim Health Officer
Washoe County Health District

sence of obvious amyloid plaques. Laboratory modeling of traumatic brain injury should facilitate the elucidation of the underlying cellular and molecular changes. Better modeling is required, since the configurations of the brain, skull, and spine in species that are used to study traumatic brain injury in the laboratory (rodents and swine) are imperfect models for human disease. Nevertheless, genetically modified rodent models hold promise for delineating pathogenesis in post-traumatic neurodegeneration, as they have done in idiopathic diseases.

Data from helmet concussion monitors that are used on soldiers and football players can aid in predicting the character and location of lesions from an impact of a given force at given coordinates while improving the accuracy of diaries of people at risk for traumatic brain injury. Accurate diaries, in turn, should help in determining more accurately

the number and severity of head injuries, allowing estimation of athletes' cumulative risk. Individual differences in trauma tolerance and genetic influences must also be elucidated. These data can inform prospective studies of the cognitive, neuropsychiatric, and motor performance of soldiers, athletes, and other exposed populations, as well as informing the design of behavioral and pharmacologic interventions for prophylaxis or therapy. A challenge will be translating our improved understanding of the pathogenesis of traumatic brain injury into rational, evidence-based changes in public and sports policy that will minimize exposure to such injuries and their chronic neurodegenerative sequelae.

Disclosure forms provided by the authors are available with the full text of this article at NEJM.org.

From the Office of the Dean and the Department of Neurology, University of Virginia School of Medicine, Charlottesville (S.T.D.); the Departments of Neurology and

Psychiatry, University of Pittsburgh School of Medicine, and the Geriatric Research Educational and Clinical Center, VA Pittsburgh Healthcare System — both in Pittsburgh (M.D.I.); and the Departments of Neurology and Psychiatry and the Alzheimer's Disease Research Center, Mount Sinai School of Medicine and the James J. Peters VA Medical Center — both in New York (S.G.).

This article (10.1056/NEJMp1007051) was published on September 22, 2010, at NEJM.org.

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Promoting Prevention through the Affordable Care Act

Howard K. Koh, M.D., M.P.H., and Kathleen G. Sebelius, M.P.A.

Too many people in our country are not reaching their full potential for health because of preventable conditions. Moreover, Americans receive only about half of the preventive services that are recommended¹ — a finding that highlights the national need for improved health promotion. The 2010 Affordable Care Act² responds to this need with a vibrant emphasis on disease prevention. Many of the 10 major titles in the law, especially Title IV, Prevention of Chronic Diseases and Improving Public Health, advance a prevention theme through a wide array of new initiatives and funding. As

a result, we believe that the Act will reinvigorate public health on behalf of individuals, worksites, communities, and the nation at large (see table) — and will usher in a revitalized era for prevention at every level of society.

First, the Act provides individuals with improved access to clinical preventive services. A major strategy is to remove cost as a barrier to these services, potentially opening new avenues toward health. For example, new private health plans and insurance policies (for plans or policy years beginning on or after September 23, 2010) are required to cover a range of recommended

preventive services with no cost sharing by the beneficiary. These services include those rated as "A" (strongly recommended) or "B" (recommended) by the U.S. Preventive Services Task Force (USPSTF), vaccinations recommended by the Advisory Committee on Immunization Practices (ACIP), and preventive care and screening included both in existing health guidelines for children and adolescents and in future guidelines to be developed for women through the U.S. Health Resources and Services Administration (HRSA). Examples of covered services include screening for breast cancer, cer-

vical cancer, and colorectal cancer; screening for human immunodeficiency virus (HIV) for persons at high risk; alcohol-misuse counseling; depression screening (when systems are in place to ensure accurate diagnosis, effective treatment, and follow-up); and immunizations.

The prevention theme also affects individuals covered by public insurance programs. A number of policy changes will be phased in over time. For example, starting January 1, 2011, Medicare will cover, without cost sharing, an annual wellness visit that includes a health risk assessment and a customized prevention plan. Full coverage of many USPSTF-recommended services will also be available under Medicare with no cost sharing. Similarly, in 2013 and beyond, state Medicaid programs that eliminate cost sharing for preventive services recommended by the USPSTF or ACIP may be eligible for enhanced federal matching funds for providing those services.

Second, the law promotes wellness in the workplace, providing new health promotion opportunities for employers and employees. For example, the Act authorizes funds for grants for small businesses to provide comprehensive workplace wellness programs. The law also requires the secretary of health and human services to assess existing federal health and wellness initiatives and directs the Centers for Disease Control and Prevention (CDC) to survey worksite health policies and programs nationally.

Third, the Act strengthens the vital role of communities in promoting prevention. New initiative opportunities are designed to strengthen partnerships between local or state governments and

community groups. For example, new Community Transformation Grants promise to improve nutrition, increase physical activity, promote smoking cessation and social and emotional wellness, and prioritize strategies to reduce health care disparities. Also, in further recognition that immunization is a foundation for public health, the Act authorizes states to use their funds to purchase vaccines for adults at federally negotiated prices. Grants for states will also support demonstration projects to improve vaccination rates.

Fourth, the Act elevates prevention as a national priority, providing unprecedented opportunities for promoting health through all policies. For example, a newly established National Prevention, Health Promotion, and Public Health Council, involving more than a dozen federal agencies, will develop a prevention and health promotion strategy for the country. The council will build on the foundation of preceding prevention initiatives, such as Healthy People (which has set the country's health promotion and disease prevention agenda for the past 30 years),³ as well as efforts of expert groups such as the USPSTF, the Community Preventive Services Task Force, and the ACIP. A new Prevention and Public Health Fund, with an annual appropriation that begins at \$500 million in fiscal year 2010 and increases to \$2 billion in fiscal year 2015 and beyond, will invest in a range of prevention and wellness programs administered by the Department of Health and Human Services. Initial funds have already been invested in strengthening public health infrastructure, prevention research, surveillance, integration of primary care into community-based

behavioral health programs, HIV prevention, obesity prevention, and tobacco control. Reinvigorated planning will also involve a national strategy to improve the quality of health care, improved data collection on health disparities,⁴ and authorization of a host of other new programs. Most newly authorized programs await appropriations and future funding as available through the annual budget process (exceptions are noted in the table).

The Act authorizes heavy investment in bolstering a primary care workforce that can promote prevention. For example, the law appropriates up to \$1.5 billion for the National Health Service Corps between fiscal years 2011 and 2015 to place health care professionals in underserved areas, complementing other new investments for community health centers administered through HRSA. To guide future placements of health care professionals, a new National Health Care Workforce Commission will analyze needs.

Since tobacco dependence and obesity represent substantial health threats, the Act addresses these specific challenges in a number of ways. For example, the directives for the new health plans established after September 23, 2010, also include coverage, with no cost sharing, of tobacco-use counseling and evidence-based tobacco-cessation interventions, as well as obesity screening and counseling for adults and children. Starting this year, pregnant women on Medicaid will receive coverage, without cost sharing, for evidence-based tobacco-dependence treatments; in 2014, states will be forbidden from excluding from Medicaid drug coverage any pharmaceutical agents for smoking cessation, including over-the-counter medications, that have been

Major Sections Related to Prevention in the 2010 Affordable Care Act.³⁷

Section Number	Section Name	Summary
For individuals		
§ 2502	<i>Medicaid and Tobacco Pharmaceutical Coverage</i>	Prevents states from excluding coverage for tobacco-cessation drugs from their Medicaid programs.
§ 2713	<i>Coverage of Preventive Health Services</i>	Requires new employer-sponsored group health plans and private health insurance policies to provide coverage, without cost sharing, for preventive services rated A or B by the USPSTF; immunizations recommended by ACIP; preventive care and screening for infants, children, and adolescents and additional preventive services for women that are recommended by HRSA.
§ 4103	<i>Medicare Coverage of Annual Wellness Visit Providing a Personalized Prevention Program</i>	Eliminates copayments for Medicare enrollees who receive an annual wellness exam that includes a health risk assessment and personalized prevention plan.
§ 4104	<i>Removal of Barriers to Preventive Services in Medicare</i>	Eliminates copayments for Medicare preventive services that are rated A or B by the USPSTF.
§ 4106	<i>Improving Access to Preventive Services for Eligible Adults in Medicaid</i>	Federal medical assistance percentage increased by 1% for preventive services in states that eliminate cost sharing for services rated A or B by the USPSTF and immunizations recommended by ACIP.
§ 4107	<i>Coverage of Comprehensive Tobacco Cessation Services for Pregnant Women in Medicaid</i>	Provides coverage without cost sharing for evidence-based tobacco-dependence treatments for all pregnant women covered by Medicaid.
§ 4206	<i>Demonstration Project Concerning Individualized Wellness Plans</i>	Creates a pilot program to determine the effectiveness of individualized wellness plans at federally qualified community health centers.
For businesses and workplaces		
§ 4207	<i>Reasonable Break Time for Nursing Mothers</i>	Requires employers to provide sufficient break time and appropriate facilities for nursing mothers.
§ 4303	<i>CDC and Employer-Based Wellness Plans</i>	Requires the CDC to provide technical assistance in evaluating employer-based wellness programs, as well as to conduct a survey of existing programs.
§ 4402	<i>Effectiveness of Federal Health and Wellness Initiatives</i>	Requires the secretary of health and human services to evaluate the effectiveness of existing federal health and wellness initiatives and requires a report to Congress.
§ 10408	<i>Grants for Small Businesses to Provide Comprehensive Workplace Wellness Grants</i>	Authorizes a grant program for small businesses to establish workplace wellness programs.
For communities and states		
§ 4108	<i>Incentives for Prevention of Chronic Diseases in Medicaid</i>	Provides grants to states to provide incentives to Medicaid enrollees who adopt and maintain healthy behaviors. Appropriates up to \$100 million that becomes available in FY 2011.
§ 4201	<i>Community Transformation Grants</i>	Authorizes competitive grants for state and local government agencies and community-based organizations for the implementation, evaluation, and dissemination of evidence-based programs to reduce the rates of chronic conditions, improve prevention, reduce disparities, and decrease rates of disease.
§ 5313	<i>Grants to Promote the Community Health Workforce</i>	Authorizes grants to improve health care in medically underserved areas through the use of community health workers.
National		
§ 3011	<i>National Strategy to Improve Healthcare Quality</i>	Requires the secretary of health and human services to establish a national strategy to improve the delivery of health care services, patient health outcomes, and population health.
§ 4001	<i>National Prevention, Health Promotion, and Public Health Council</i>	Creates a council to provide coordination and leadership of prevention and wellness and health promotion practices at the federal level, and directs the council to develop a national strategy on prevention.

§ 4002	Prevention and Public Health Fund	Expands and sustains national investment in prevention and public health programs. Appropriates up to \$500 million for FY 2010, \$750 million for FY 2011, \$1 billion for FY 2012, \$1.25 billion for FY 2013, \$1.5 billion for FY 2014, and \$2 billion for FY 2015 and beyond.
§ 4003	Clinical and Community Preventive Services	Promotes expanded coordination among the USPSTF, Community Preventive Services Task Force, and ACIP.
§ 4004	Education and Outreach Campaign Regarding Preventive Benefits	Requires the planning and implementation of a national public-private partnership for a prevention and health promotion outreach and education campaign to raise public awareness of health improvement across the life span.
§ 4102	Oral Healthcare Prevention Activities	Creates education, surveillance, and research demonstration grants.
§ 4205	Nutrition Labeling of Standard Menu Items at Chain Restaurants	Requires the disclosure of specified nutritional information for food sold in certain chain restaurants and vending machines.
§ 4301	Research on Optimizing the Delivery of Public Health Services	Supports research in the area of public health services and systems.
§ 4302	Understanding Health Disparities: Data Collection and Analysis	Requires any federally conducted and supported public health programs to report appropriate data for analysis.
§ 5101	National Health Care Workforce Commission	Establishes a national commission to provide comprehensive information on workforce needs.
§ 5207	Funding for National Health Service Corps	Expands and reauthorizes the National Health Service Corps.
§ 10413	Young Women's Breast Health Awareness and Support of Young Women Diagnosed with Breast Cancer	Authorizes a program to support awareness, knowledge, research, and support for breast cancer in young women.
§ 10501	National Diabetes Prevention Program	Authorizes a national program focused on reducing preventable diabetes in at-risk adult populations.
§ 10503	Community Health Centers and the National Health Service Corps	Provides for expanded and sustained investment in community health centers. Appropriates up to \$9.5 billion for Community Health Center Initiative between FY 2011 and FY 2015. Appropriates up to \$1.5 billion for National Health Service Corps between FY 2011 and FY 2015. Appropriates up to \$1.5 billion for the construction and renovation of community health centers between FY 2011 and FY 2015.

* Unless specifically noted, newly authorized programs await appropriations and future funding as available through the annual budget process. ACIP denotes Advisory Committee on Immunization Practices, CDC Centers for Disease Control and Prevention, FY fiscal year, GAO Government Accountability Office, HRSA Health Resources and Services Administration, and USPSTF U.S. Preventive Services Task Force.

approved by the Food and Drug Administration. To promote healthy weight for populations, the Act appropriates funds for fiscal years 2010 through 2014 for demonstration projects to develop model programs for reducing childhood obesity. And on the policy front, menu-labeling provisions require the disclosure of specified nutrient information for food sold in certain chain restaurants and vending machines. Collectively, these complementary actions in the clinic and the community will benefit individuals as well as populations.

In short, to prevent disease and promote health and wellness, the Act breaks new ground. We believe the law reaffirms the principle that “the health of the individual is almost inseparable from the health of the larger community. And the health of each community and territory determines the overall health status of the Nation.”³ Moving prevention toward the mainstream of health may well be one of the most lasting legacies of this landmark legislation.

Disclosure forms provided by the authors are available with the full text of this article at NEJM.org.

Dr. Koh is Assistant Secretary for Health, and Ms. Sebelius is the Secretary for Health and Human Services, Department of Health and Human Services, Washington, DC.

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2010 Annual Status Report

**National Prevention,
Health Promotion
and Public Health
Council**

July 1, 2010

**National Prevention, Health Promotion and Public Health
Council**

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Introduction

The Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act (known together as the Affordable Care Act) mandate the creation of the National Prevention, Health Promotion and Public Health Council (Council) and the development of the National Prevention and Health Promotion Strategy (Strategy) (See *Appendix 1*). This presents a historic opportunity to bring prevention and wellness to the forefront of the nation's efforts to improve health. The Strategy's impact will be significant because it will take a community health approach to prevention and wellness — identifying and prioritizing actions across many sectors to reduce the incidence and burden of the leading causes of death and disability.

Especially important are requirements that the Strategy establish actions within and across federal departments and agencies relating to prevention, health promotion, and public health. These actions should be grounded in science-based prevention recommendations and guidelines. The Strategy's value will be determined, in part, by its ability to generate, align, and focus collaboration among governmental and nongovernmental partners in the development and implementation of prevention and wellness initiatives and programs.

The Strategy will prioritize evidence-based policy and program interventions intended to meet measurable goals related to the leading causes of death and disability and the factors that underlie these causes, including tobacco use, obesity, poor nutrition, physical inactivity, and excessive alcohol use. These priorities will align with specific *Healthy People 2020* objectives and the overarching goals of increasing quality of life (including years of healthy life) for Americans; eliminating health disparities; promoting healthy development and healthy behaviors across life stages; and creating social and physical environments that promote good health. Interventions will not be limited to the health and public health sectors, but will also include activities that influence health in such other areas as housing, transportation, in-school and outdoor education, the workplace, and the environment. The Strategy will include actions that help bring greater focus and attention to the role of prevention, health promotion, and wellness through the federal policies and programs that support and promote the well-being of individuals and communities.

The Strategy is being developed within the context of the Affordable Care Act. Both new and existing prevention, health promotion, and wellness activities will be examined. The Strategy will complement the *National Strategy for Quality Improvement in Health Care*, which is also mandated by the Affordable Care Act and will emphasize the link between prevention, wellness, and quality improvement.

The Strategy will provide new focus and energy and build on federal initiatives, including but not limited to the following:

- *Healthy People 2020*, which establishes national health objectives and serves as the basis for the development of state and community plans.
- *The First Lady's "Let's Move!"* initiative, which raises awareness about the problem of childhood obesity and how the nation can work together to solve it.

- *Solving the Problem of Childhood Obesity Within a Generation*, which aims to return the nation's childhood obesity rate to just 5 percent by 2030, the rate before childhood obesity first began to rise in the late 1970s.
- *The Surgeon General's Vision for a Healthy and Fit Nation 2010*, which expands and strengthens earlier efforts and outlines opportunities for prevention.
- *Communities Putting Prevention to Work*, which includes grants funded by the American Recovery and Reinvestment Act that expand the use of evidence-based prevention strategies and programs, mobilize local resources at the community level, and strengthen public health action by the states.
- *Ending the Tobacco Epidemic: A Tobacco Control Strategic Action Plan for the United States*, which aims to reduce tobacco use to a level at which it is no longer a public health problem.
- *Toward Zero Deaths: A National Strategy on Highway Safety*, which seeks to improve motor vehicle safety and includes the Presidential Executive Order prohibiting federal employees who are on official duty or using government equipment from text messaging while driving.
- *The Safe Routes to School Program*, which works to make walking and bicycling to school a safe and appealing form of transportation.
- *President's Food Safety Working Group*, which establishes a new, public health-focused approach to food safety based on three core principles: prioritizing prevention, strengthening surveillance and enforcement, and improving response and recovery.

This 2010 Annual Status Report outlines the preliminary work carried out from March to June 2010. The report includes an overview of the Strategy development process, proposed guiding principles, plans to convene the Advisory Group, a work plan and timeline, and a list of Council activities to date.

Developing the National Prevention and Health Promotion Strategy

The Strategy is being developed under the auspices of the National Prevention, Health Promotion and Public Health Council. Input will be provided by the Advisory Group and various stakeholders. The Assistant Secretary for Health will coordinate with the Department of Health and Human Services agencies and other federal departments; the Centers for Disease Control and Prevention (CDC) will conduct analysis and provide technical support in the development of the Strategy.

The Council is structured and organized as follows:

- The Surgeon General serves as Chair.
- Members include Cabinet Secretaries, Chairs, Directors, or Administrators of federal departments, as identified in the Affordable Care Act or as deemed necessary by the Surgeon General as Chair.
- The Council will meet periodically to review progress and input from the public and other relevant stakeholders, provide direction and input on the draft Strategy, and monitor implementation.

As required by the Affordable Care Act, the President will establish an Advisory Group on Prevention, Health Promotion, and Integrative and Public Health (Advisory Group). The Advisory Group will be structured and organized as follows:

- The Advisory Group will reside within the Department of Health and Human Services (HHS) and report to the Surgeon General.
- Members will be appointed by the President and provide guidance to the Council.
- The Advisory Group will have not more than 25 non-federal members.

The Council will engage various stakeholders for input in developing the Strategy. Stakeholders will include the public; community-based organizations, practitioners and experts in the public and private sectors who are engaged in prevention and wellness programs and activities; federal, state, regional, and local officials engaged in work related to public health; Indian tribes and tribal organizations; voluntary health organizations; and others in various sectors that have an impact on the public's health.

Principles to Guide the Strategy

The development of the Strategy will be based on a set of guiding principles and grounded in evidence-based interventions. These core principles will help ensure that the maximum sustainable health impact is achieved. The Council will finalize the principles set forth below to ensure that they incorporate elements needed for success.

1. **Prioritize prevention and wellness.** Initiatives that promote health and wellness are critical to the long-term success of the Strategy. These initiatives must be supported by evidence that they help people live longer, healthier, and more productive lives. Crucial elements of the plan will be policies, programs, and environmental and systems changes (including the health care system) that support individuals, families, and communities in developing and maintaining life-long good health, rather than waiting to treat diseases or conditions.
2. **Establish a cohesive federal response.** Ownership of the Strategy by the Cabinet and federal agency heads can ensure that it produces significant, measurable results. Federal departments and agencies bring unique missions and assets that, when aligned, can accelerate progress on the Strategy's specific priorities. The result will be a rich array of policy initiatives poised to deliver on the promise of community health and wellness.
3. **Focus on preventing the leading causes of death, and the factors that underlie these causes.** A well-defined and limited focus is essential to the success of the Strategy. Addressing the five leading causes of death and their chief underlying risk factors will provide the necessary focus for the prevention efforts established by the Strategy. Effective prevention efforts will be needed to reduce tobacco use and obesity; increase healthy behaviors such as physical activity, good nutrition, and seatbelt use; and create sustainable occupational, environmental, and community change that supports individual and community well-being (e.g., healthy housing, transportation, education, and workplaces).
4. **Prioritize high-impact interventions.** All interventions set out in the Strategy should reach a high bar for effectiveness, impact, and sustainability. Interventions with the greatest impact will often prove to be policy, environmental, and systems changes

- that are affordable, long-lasting, and have significant reach. Interventions must be grounded in science, be scalable, and be able to generate significant positive impact in supporting wellness and health. New evidence-based strategies from ongoing research must be readily incorporated into current and future priority setting.
5. **Promote high-value preventive care practices.** Relatively simple preventive care actions such as appropriate use of low-dose aspirin therapy according to recognized guidelines for people at high risk, control of high blood pressure and high cholesterol, tobacco cessation and screening, and brief intervention for depression and alcohol abuse would save tens of thousands of lives each year. Unfortunately, too few people—and especially too few low-income, underserved populations—receive preventive services even when they are available. The Affordable Care Act’s requirement that new insurance plans fully cover proven prevention without cost sharing offers a new opportunity to increase utilization.
 6. **Promote health equity.** There are vast inequities in the structures and systems that support health and well-being among subgroups of Americans as defined by race/ethnicity, age, sex, gender, sexual orientation, geography, socioeconomic status, and disability status. While striving to ensure that effective prevention is available to all Americans, the Strategy should include specific actions and metrics to monitor and eliminate disparities.
 7. **Promote alignment between the public and private sectors.** Federal efforts will be best augmented if they leverage state and local government action. Likewise, positive health outcomes can be best achieved by collaborating with private and nonprofit entities, including, among others, businesses, health care organizations, faith-based organizations, community groups, private and nonprofit service providers, and labor organizations.
 8. **Ensure accountability.** The Strategy should specify goals, metrics, and methods to evaluate its effectiveness.

Council Engagement and Federal Program Coordination and Alignment

The Affordable Care Act specifies that the Strategy should promote alignment of federal programs to ensure that they are efficient and grounded in science-based prevention recommendations. The Council’s leadership in developing the Strategy will ensure that it increases adherence to evidence-based practices, promotes collaboration, and addresses duplication.

The Council will develop an approach to focus priority initiatives for prevention across the federal government. Examples of current departmental initiatives that support health include the following:

Department	Examples of Current Programs/Initiatives
Agriculture	<ul style="list-style-type: none"> • The Dietary Guidelines for Americans, 2010 provides science-based dietary guidance to help Americans age 2 years and older improve their health and reduce risk of major chronic diseases through optimal diet and regular physical activity. • Healthy Food Financing Initiative will bring full-service grocery stores and other healthy food retailers to underserved urban and rural communities across America.
Education	<ul style="list-style-type: none"> • In response to the White House Task Force Report on Childhood Obesity the Department works to support policies and programs that increase learning time, expand the school day and high-quality after school programs, and enhance physical activity opportunities in these programs. • Initiatives of the U.S. Department of Education Office of Safe and Drug-Free Schools that work to ensure the health and well-being of students.
Environmental Protection Agency	<ul style="list-style-type: none"> • National Asthma Program, a national, multifaceted asthma education and outreach program, shares information about environmental factors found both indoors and outdoors that trigger asthma. • AIRNow reports the Air Quality Index (AQI), which focuses on health effects that may arise among the public within a few hours or days after breathing polluted air.
Federal Trade Commission	<ul style="list-style-type: none"> • Using its authority under the Federal Trade Commission (FTC) Act, the FTC has stopped the marketing of unproven cures or treatments for a variety of health conditions, including diabetes, heart disease, and cancer. • Food Marketing to Children examined food and beverage companies' marketing activities that target children and adolescents.
Health and Human Services	<ul style="list-style-type: none"> • The 2008 Physical Activity Guidelines for Americans provide science-based guidance to help Americans age 6 and older improve their health through appropriate physical activity. • Heart Truth raises awareness about heart disease in women.
Labor	<ul style="list-style-type: none"> • The Employment and Training Administration (ETA) makes investments to help meet the demand for a growing health care workforce through Workforce Investment Act dollars, competitive grants, and registered apprenticeships. • The Occupational Safety and Health Administration (OSHA) works to ensure safe and healthful working conditions for workers and seeks to prevent workplace injuries and illnesses.

Department	Examples of Current Programs/Initiatives
Office of National Drug Control Policy	<ul style="list-style-type: none"> • Drug-Free Communities Program funds the operation of small local community coalitions focused on preventing drug abuse. • The goal of the National Youth Anti-Drug Media Campaign is to prevent and reduce youth drug use through a combination of paid advertising, news media outreach and a new emphasis on supporting community-based efforts.
Transportation	<ul style="list-style-type: none"> • Livability Initiative encourages communities to create and maintain safe, reliable, integrated and accessible transportation networks that promote bicycling and walking and provide easy access to employment opportunities, housing, and other destinations while protecting the environment. • Modal Safety Programs reduce crashes, fatalities, and injuries to motor vehicle occupants, pedestrians, and bicyclists.

The Five Leading Causes of Death

Five leading causes of death contribute to reduced quality of life and account for nearly two-thirds of all deaths in the United States. Preventing these causes will result in significant cost savings to the U.S. health care system and public budgets. The five leading causes of death are:¹

Heart Disease

- More than 616,000 people die of heart disease each year in the United States, representing more than one in every four deaths.
- In 2010, heart disease will cost an estimated \$316 billion, which includes the cost of health care services, medications, and lost productivity.

Cancers

- Each year more than 560,000 people in the United States die from cancer.
- The annual cost of cancer in 2010 is estimated to be \$264 billion. This includes \$103 billion for direct medical costs and \$161 billion for indirect costs due to illness and premature death.

Stroke

- Each year, more than 700,000 Americans suffer a stroke, and nearly 136,000 of them die as a result.
- In 2010, stroke will cost \$74 billion, which includes the cost of health care services, medications, and lost productivity.

Chronic Lower Respiratory Disease

- Chronic lower respiratory disease—including chronic bronchitis, emphysema, asthma, and chronic obstructive pulmonary disease (COPD)—account for more than 127,000 U.S. deaths annually.

¹ Jiaquan Xu, M.D.; Kenneth D. Kochanek, M.A.; Sherry L. Murphy, B.S.; Betzaida Tejada-Vera, B.S.; Division of Vital Statistics. *Deaths: Final data for 2007*. National Vital Statistics Reports. 2010;58(19). Hyattsville, MD: National Center for Health Statistics.

- The 2010 projected direct cost of health care expenditures for COPD is \$29.5 billion, including \$13.2 billion for hospital care. For asthma, the projected direct cost is \$15.6 billion, including \$5.5 billion for hospital care.

Unintentional Injuries

- Unintentional injury accounts for more than 123,000 deaths each year, including approximately 42,000 from motor vehicle crashes, 30,000 from unintentional poisoning and almost 23,000 from unintentional falls.
- Although unintentional injuries cause roughly 5 percent of all deaths, they account for nearly 16 percent of all years of life lost (due to premature death) since they occur at younger ages than other causes.
- Unintentional injuries result in more than 27 million hospital emergency department visits each year.²
- Injuries cost the nation \$406 billion in medical expenses and lost productivity annually.

The Affordable Care Act also specifies that the Council will address mental and behavioral health, substance abuse, and domestic violence screenings. For example, it is anticipated that the Strategy will address depression, a common and debilitating mental health condition experienced by nearly 19 million Americans.

Health Promoting Behaviors—Prevention Measures to Address the Underlying Causes of Death

The most effective approach to address the leading causes of death is to reduce and prevent underlying risk factors, including physical inactivity, poor nutrition, tobacco use, and underage and excessive alcohol use.

Tobacco Use

- Approximately 46 million adults smoke in the United States, with 6,600 new smokers starting each day.³
- Cigarette smoking and exposure to second-hand tobacco smoke kills an estimated 443,000 people each year.

Nutrition

- Good nutrition can help lower risk for many diseases, including heart disease, stroke, diabetes, some cancers, and osteoporosis.
- Only 23 percent of U.S. adults eat five or more servings of fruits and vegetables per day.
- The average daily sodium intake for Americans age 2 years and older is 3,436 mg, and most people consume twice the recommended maximum.

Physical Activity

- Physical activity can increase a person's life expectancy; control weight and reduce obesity; reduce risks for cardiovascular disease, type 2 diabetes, metabolic

² National Hospital Ambulatory Medical Care Survey: 2006 Emergency Department Summary, Table 13.

³ Data are from the 2008 National Health Interview Survey and 2008 National Survey on Drug Use and Health. These 2008 data do not reflect changes that may have occurred as a result of the increase in federal excise tax on cigarettes as authorized by the Children's Health Insurance Program Reauthorization Act (Public Law 111-3, Sec. 701) in 2009.

syndrome, and some cancers; strengthen bones and muscles; improve mental health and mood; and among older adults can improve ability to perform daily activities and prevent falls.

- The vast majority of adults do not meet the recommendations for levels of aerobic physical activity that produce health benefits.

Underage and Excessive Alcohol Use

- Excessive alcohol use is associated with a wide range of health problems, including chronic diseases, suicide, and motor vehicle and other intentional and unintentional injuries.
- There are an estimated 79,000 alcohol-related deaths each year.

Effective Interventions

The Strategy will include specific, evidence-based interventions that will be needed to effectively put prevention into action. Interventions will be drawn from the *Guide to Community Preventive Services*, the *Guide to Clinical Preventive Services*, and other credible sources that provide evidence of effectiveness in improving health. The Council will work on specific plans to ensure that all federal prevention programs are consistent with available standards and evidence. *Healthy People 2020* provides a growing constituency among federal departments and agencies that will inform the prevention strategies, including the adoption and integration of evidence-based clinical and community prevention interventions.

The current evidence base for preventive services is strong, and when effectively implemented drives significant improvement in the public's health. However, there are areas where additional and more effective strategies are needed to address our nation's leading health problems. Ongoing and future research that builds the evidence base is critical to addressing the unmet prevention and wellness needs of individuals and communities. New evidence should be reviewed and adopted over time. Where the evidence base is not sufficiently robust, the Strategy may propose pilot interventions, which should be implemented and evaluated for impact.

Interventions must also be scalable in order to reach substantial portions of the population and thus improve the nation's health status.

Interventions can only be as effective as the systems that implement them. Quality state, local, and federal public health infrastructure is critical to success. This includes data collection, analysis, policy, epidemiology, and performance management capacity. Our nation's health infrastructure also needs a strong, diverse, integrated primary care and public health workforce that is trained to promote prevention and advance the public's health. Furthermore, improved linkages between the public health and health care systems will increase impact and better address challenges such as increased utilization of high-value clinical preventive services and coordination of care. Finally, broad public, nonprofit, and private sector initiatives in areas such as, but not limited to, education, housing, transportation, and the environment will improve outcomes.

Effective interventions are anticipated to fall into five major categories: (1) policy, (2) systems change, (3) environment, (4) communications and media, and (5) program and service delivery. Federal agencies have many tools and assets in each category at their disposal. Focusing on a shared set of goals and implementation of the highest-priority interventions will guide cross-government engagement and dramatically increase impact.

These examples illustrate the five strategies:

1. **Policy:** Establish and enforce evidence-based laws, regulations, and standard institutional practices that promote prevention, create healthy environments, and foster healthy behaviors.

Example: Support transportation policy that removes barriers to safe and convenient walking and bicycling, resulting in increased physical activity.

2. **Systems Change:** Establish procedures and protocols within institutions and networks that support healthy behaviors.

Example: Increase the control of high blood pressure and high cholesterol through the use of patient registries, appointment and medication reminder systems, and incentives for providers who meet targets for keeping patients healthy.

3. **Environment:** Create social and physical environments and protect the ecological environment in ways that support people leading healthy lives and ensure that they can easily make healthy choices.

Example: Increase the availability of and access to healthy and affordable food options, such as fresh fruits and vegetables, by increasing consumer choice and eliminating “food deserts,” particularly in at-risk urban and underserved communities.

4. **Communications and Media:** Raise health awareness, especially among those who currently experience health disparities and limited health literacy. Strengthen social norms in support of healthy choices through interactive, social, and mass media.

Example: Inform consumers about options for accessing and preparing healthy and affordable foods.

5. **Program and Service Delivery:** Design prevention programs and services to support healthy choices and contribute to wellness, offering them in a variety of clinical and community settings (e.g., schools, community recreation centers, and workplaces).

Example: Provide safe and affordable opportunities for physical activity in schools, parks and other public lands, and communities.

Work Plan and Timeline

The Council has developed a work plan and timeline for its efforts. This information is provided in Appendix 2.

Activities to Date

Activities to date include:

- Executive Order establishing the National Prevention, Health Promotion and Public Health Council and appointing the Surgeon General as Chair of the Council, signed by the President on June 10, 2010.
- Preliminary analyses:
 - Review data on the leading and underlying causes of death.
 - Identification and preliminary review of existing national prevention plans and strategies (U.S. and international).
- 2010 Annual Status Report prepared.
- Preliminary consideration of additional Council members.
- Council teleconference held on June 25, 2010.
 - The full Council, including the Department of Health and Human Services, Department of Agriculture, Department of Education, Federal Trade Commission, Department of Transportation, Department of Labor, Department of Homeland Security, Environmental Protection Agency, Office of National Drug Control Policy, Domestic Policy Council, Department of the Interior-Indian Affairs, and Corporation for National and Community Service, was represented.
 - The Council approved the 2010 Annual Status Report.

Conclusion

This Annual Status Report presents guiding principles, data on the leading and underlying causes of death, examples of current federal programs, and brief descriptions of types of interventions that will form the basis of the National Prevention and Health Promotion Strategy. The critical work of developing the Strategy is taking shape under the direction of the Council. The Council's work, however, will extend beyond the development of the Strategy. As directed by the Affordable Care Act, the Council will provide coordination and leadership for federal prevention and wellness efforts on an ongoing basis. The work of the Council will be focused and guided by input from the Advisory Group and a broad array of stakeholders, ongoing reviews of existing scientific data and evidence, and identification of opportunities to strengthen and expand current efforts.

ADDITIONAL RESOURCES ON HEALTH REFORM

COMMUNITY HEALTH CENTERS	
Community Health Centers: Opportunities and Challenges of Health Reform	http://kff.org/uninsured/8098.cfm
Measuring Health Centers against Standards Indicators of High Quality Performance: Early Results from a Multi-Site Demonstration Project	http://www.fachc.org/pdf/cd_measuring%20CHCs%20against%20standard%20quality%20indicators.pdf
Recommended Community Strategies and Measurements to Prevent Obesity in the United States	www.cdc.gov
Strengthening Primary Care to Bend the Cost Curve: The Expansion of Community Health Centers through Health Reform	Recommendations and Reports, July 24, 2009/Vol 58/N0. RR-7 http://www.gwumc.edu/newsevents/nbsp
The Effectiveness of Urban Design and Land Use and Transport Policies and Practices to Increase Physical Activity: A Systemic Review	http://www.aapca3.org/resources/archival/060306/jpah.pdf
HEALTH DISPARITIES	
Cancer Facts & Figures for African Americans 2009-2010	http://www.cancer.org/acs/groups/content/@nhho/documents/document/cfcaa20092010.pdf.pdf
Health Disparities and the Affordable Care Act	http://www.healthcare.gov/law/infocus/disparities/index.html
Health Equity Provision in the Health Reform Law	http://healthyamericans.org/assets/files/HE%20Provisions%20in%20HR%20Law.pdf
Improving the Health of Low-Income and Minority Communities	http://healthyamericans.org/assets/files/TFAH%202010Top10PrioritiesLowIncome.pdf
Patient Protection and Affordable Care Act of 2010: Advancing Health Equity for Racially and Ethnically Diverse Populations	http://www.jointcenter.org/index.php/publications_recent_publications
PAYMENT AND SYSTEM REFORM ON ACA	
Public Health Funding in Final Health Reform Bill	http://www.naccho.org/advocacy/upload/PH-priorities.pdf
Starting on the Path to a High Performance Health System: Analysis of the Payment and System Reform Provisions in the Patient Protection and Affordable Care Act of 2010	www.commonwealthfund.org
POPULATION and PUBLIC HEALTH PROVISIONS IN THE AFFORDABLE CARE ACT	
High Hopes: Public Health Approaches to Reducing the Need for Health Care	http://www.nhpf.org/library/details.cfm/2821
Implementing Health Insurance Exchanges: A Guide to State Activities and Choices	This publication is available online at www.familiesusa.org

Laying the Foundation for Prevention	http://www.healthcare.gov/news/factsheets/
Promoting Disease Prevention	http://healthyamericans.org/assets/files/TFAH%202010Top10PrioritiesDiseasePrevention.pdf
Public Health, Workforce, Quality, and Related Provisions in PPACA: Summary and Timeline	http://healthyamericans.org/assets/files/CRS%20Report%209-2.pdf
The Role of Community-Based Public Health Programs in Ensuring Access to Care under Universal Coverage	http://www.apha.org/advocacy/reports/reports/
Understanding the Affordable Care Act: What's Changing and When	http://www.healthcare.gov/law/timeline/index.html
STATE IMPLEMENTATION ISSUES	
Creating a Better State of Health: The Statewide Health Improvement Program	http://www.health.state.mn.us/healthreform/ship/about/legislativereport.html
Explaining Health Reform: Building Enrollment Systems that Meet the Expectations of the Affordable Care Act	This publication (#8108) is available on the Kaiser Family Foundation's website at www.kff.org
Health Reform is a Good Deal for States	http://www.cbpp.org/files/4-26-10health.pdf
Hoping for Economic Recovery, Preparing for Health Reform: A Look at Medicaid Spending, Coverage and Policy Trends	http://www.kff.org/medicaid/upload/8105.pdf
How will the Patient Protection and Affordable Care Act of 2010 Affect Children	http://www.urban.org/health_policy/url.cfm?ID=412129
Patient Protection and Affordable Care Act Implementation: Consumer Recommendations for Regulators and Lawmakers	http://www.nationalpartnership.org/site/PageServer?pagename=issues_health
State Implementation of National Health Reform: Harnessing Federal Resources to Meet State Policy Goals	http://www.rwf.org/files/research/66488.pdf
What is the Evidence on Health Reform in Massachusetts and How Might the Lessons from Massachusetts Apply to National Health Reform? <i>Timely Analysis of Immediate Health Policy Issues</i>	The full paper is available in PDF format at http://www.urban.org/url.cfm?ID=412118
What is the Impact of the Patient Protection and Affordable Care Act (PPACA) on the States?	http://www.urban.org/UploadedPDF/412117-impact-patient-protection.pdf
Medical Care Reform Requires Public Health Reform: Expanded Role for Public Health Agencies in Improving Health	http://prevent.org/data/files/initiatives/medicalcarereformrequirespublichealthreform.pdf
The Economic Argument for Disease Prevention: Distinguishing between Value and Savings	http://prevent.org/data/files/initiatives/economicargumentfordiseaseprevention.pdf
SUMMARY OF AFFORDABLE CARE ACT (ACA)	

Explaining Health Reform: Building Enrollment Systems that Meet the Expectations of the Affordable Care Act	This publication (#8108) is available on the Kaiser Family Foundation's website at www.kff.org
Provisions of the Affordable Care Act, By Year	http://www.healthcare.gov/law/about/order/byyear.html

ORGANIZATIONAL RESOURCES	
American Public Health Association Health Reform Resources	http://www.apha.org/advocacy/healthiestnation/
Families USA Health Reform Central	http://www.familiesusa.org/health-reform-central/
Healthcare for America NOW!	http://healthcareforamericanow.org/
Kaiser Health Reform Gateway	http://healthreform.kff.org/
Urban Institute Health Policy Center	http://www.urban.org/health_policy/
Your Health Care, Explained	http://www.healthcare.gov/



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PCR-CONFIRMED INFLUENZA TYPE A IDENTIFIED IN WASHOE COUNTY

The Health District's Communicable Disease Program has received the first reports of PCR-confirmed influenza in Washoe County for this season. Three specimens submitted to the Nevada State Public Health Laboratory were positive for influenza type A by reverse transcriptase polymerase chain reaction (RT-PCR). One was identified as 2009 H1N1 and two were identified as seasonal influenza A (H3). All three specimens were collected by local emergency departments during CDC week 45 (week ending November 13, 2010) and were collected from children less than two years of age. Although these are the first PCR-

confirmed cases, an additional four cases that were rapid test positive for influenza type B had been reported previously; however no PCR-confirmed influenza type B has been reported as yet this season (Table 1).

Influenza is a reportable disease as defined in Nevada Administrative Code 441A. Washoe County 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.

Table 1 Lab-confirmed influenza cases reported by type and subtype, Washoe County, 2010-11 Influenza Season

Influenza A (2009 H1N1)	Influenza A (Seasonal H1)	Influenza A (Seasonal H3)	Influenza A Unsubtyped	Influenza B	Influenza Type Unknown	Total
1	0	2	1	4	0	8

WASHOE COUNTY INFLUENZA SURVEILLANCE PROGRAM

The Washoe County Health District (WCHD) continued limited influenza surveillance from June through September with four local emergency departments reporting on a weekly basis. Enhanced influenza surveillance resumed on October 3, 2010, and will continue through May, 2011.

Goals of the program are to:

- ♦ Characterize the prevailing strains of influenza in the community,
- ♦ Measure the impact of the disease in the community, and
- ♦ Obtain and disseminate information regarding influenza activity to health care providers, the public and those concerned with control measures.

The influenza surveillance program consists of five major components:

- 1) Weekly reports of influenza-like illness (ILI) to the Communicable Disease Program by selected sentinel health care providers. Eight sentinel providers have agreed to participate this season. They include four hospital emergency departments, two family practice offices, one student health service, and one pediatric office:
 - ♦ Dr. Emily Smith
 - ♦ Family Medicine Associates
 - ♦ Northern Nevada Medical Center
 - ♦ Renown Medical Group Pediatrics
 - ♦ Renown Regional Medical Center
 - ♦ Renown South Meadows Medical Center
 - ♦ Saint Mary's Regional Medical Center
 - ♦ UNR Student Health Center

Each site sends weekly reports tallying the numbers of patients who meet the case definition of ILI and the total numbers of patients seen at that site for any reason. The case definition for ILI is fever ($\geq 100^{\circ}\text{F}$ [37.8°C], oral or equivalent) AND cough and/or sore

throat (in the absence of a KNOWN cause other than influenza). Patients who meet the case definition but have diagnostic tests to confirm another cause (e.g., a positive strep or RSV test) are not counted as ILI.

- 2) The collection of a limited number of specimens by sentinel health care providers from persons with ILI. The purpose of the laboratory component is to monitor when influenza arrives in the community and verify which type of influenza viruses are circulating.
- 3) Monitoring of influenza/pneumonia mortality through death certificates. Deaths due to pneumonia and influenza (P&I deaths) are reported weekly as a proportion of all deaths recorded in Washoe County. The number of P&I deaths each week are compared to national levels, as well as to the number that would be expected in the absence of an influenza epidemic.
- 4) Health care providers, school nurses and extended care facilities who see an unusually high incidence of ILI in their setting are encouraged to report to the Health District by calling (775) 328-2447.
- 5) Syndromic surveillance systems which monitor real-time visits for respiratory illnesses as their chief complaints at five emergency departments, near real-time over-the-counter sales for cough &/or cold remedies, and real-time REMSA calls for respiratory illnesses.

The information collected is reported weekly and can be accessed at the following website:

<http://www.washoecounty.us/health/cdpp/is.html>. For additional information, please contact Denise Stokich at (775) 328-6188. Multiple, ready-to-print influenza patient education materials are available on the following website:
<http://www.cdc.gov/flu/freeresources/index.htm>.

Please share this information with all physicians/staff in your facility/office.

- ◆ World AIDS Day: Updates from the HIV/AIDS Program

WORLD AIDS DAY – DECEMBER 1ST: Updates from the HIV/AIDS program

December 1st is World AIDS Day. In commemoration of this day, this volume of the Washoe County Health District's Epi-News focuses on updates from the Health District's HIV Prevention Program.

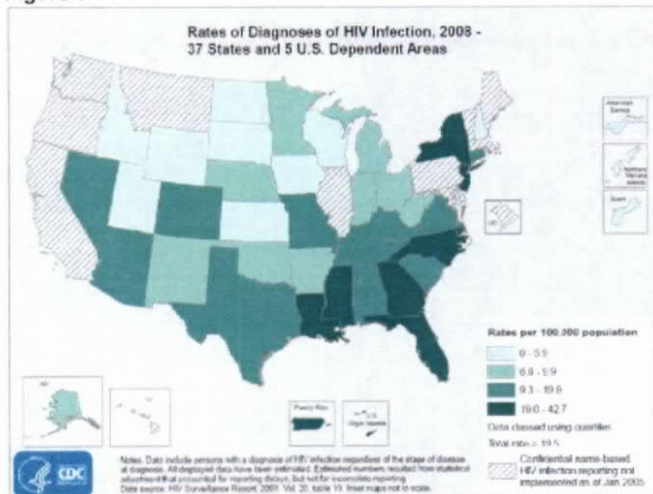
For more information about the topics presented below, please contact the Program at (775) 328-2671 or sexualhealth@washoecounty.us

PREVALENCE OF HIV/AIDS

The Centers for Disease Control and Prevention (CDC) estimates that more than one million people are living with HIV in the U.S. and that, of those, one in five (21%) is unaware of their infection. Though the annual number of new HIV infections has remained stable, an estimated 56,300 Americans become newly infected with HIV each year, and over 18,000 people with AIDS die annually in the U.S.

According to the Henry J. Kaiser Family Foundation (2010), Nevada ranks 24th in the nation for the number of new AIDS cases and, according to the CDC (2008), 33rd for the number of new HIV cases (1=High, 51=Low). Overall, Nevada is considered a moderate-prevalence state (see Figure 1).

Figure 1



According to the Nevada HIV/AIDS Epidemiological Profile (Nevada State Health Division, 2010), 805 persons were living with HIV or AIDS in Washoe County as of 2008. Of those, 45% are HIV (not AIDS) while 55% were confirmed AIDS. The number of persons living with HIV/AIDS identified has increased in Washoe

County, from 604 persons in 2004 to 805 persons in 2008. The prevalence rate of persons living with HIV or AIDS in Washoe County is 193 per 100,000 population (Washoe County Health District, 2008).

Year-end data reported in the 2008 Annual Sexual Health Report for Washoe County (Washoe County Health District, 2009) describes all new HIV/AIDS infections reported in Washoe County cumulatively:

- 85% are males and 15% are females
- 75% are white, 12% are black, 10% are Hispanic, and 2% are all other races combined
- 50% are among 25-39 year-olds, 25% are 40 years and over, and 15% are among 19-24 year-olds. However, in the most recent year of data (2009), the 19-24 year-old group accounted for 28% of all new cases.
- Male to male sexual contact (MSM) is the most prevalent primary risk factor, accounting for 53% of new cases, followed by IV-drug use (11%), a combination of MSM and IV-drug use (9%), and heterosexual contact (12%). 18% of cases have no reported risk (NRR) or unknown risk.

HIV/AIDS REPORTING

Physicians, laboratories, and other health care providers are required to report suspected and confirmed diagnoses of certain diseases and conditions to their local health jurisdiction, pursuant to Nevada Administrative Code (NAC) Chapter 441A. This includes any abnormal laboratory test for HIV/AIDS such as a positive antibody test for HIV, a detectable viral load test for HIV, or CD4 T-Lymphocyte count less than 500/ μ L.

Per NAC 441A, reporting is also required for Coccidioidomycosis, Cryptosporidiosis, Salmonellosis, and Tuberculosis. In addition to being reportable conditions, these diseases are opportunistic infections that could be indicative of an AIDS diagnosis. Other infections that are considered opportunistic infections in an AIDS diagnosis, but are **not** reportable, include:

- Candidiasis of bronchi, esophagus, trachea, or lungs
- Cervical cancer, invasive
- Encephalopathy
- Herpes simplex: chronic ulcer(s) (greater than 1 month's duration); bronchitis, pneumonitis, or esophagitis
- Histoplasmosis, disseminated or extrapulmonary

Please share this information with all physicians/staff in your facility/office.

- Isosporiasis, chronic intestinal (greater than 1 month's duration)
- Kaposi's sarcoma
- Lymphoma: Burkitt's (or equivalent term), immunoblastic (or equivalent term), or primary, of brain
- Mycobacterium avium complex or M. kansasii, disseminated or extrapulmonary
- Pneumocystis carinii pneumonia
- Pneumonia, recurrent
- Progressive multifocal leukoencephalopathy
- Toxoplasmosis of brain
- Wasting syndrome

The presence of one or more of these opportunistic infections could indicate the need for further evaluation for HIV. Knowing these infections are occurring in conjunction with a positive HIV/AIDS test is also helpful in evaluating a patient with HIV infection.

The **Confidential Case Report (CCR) form** for all reportable diseases and conditions can be found on the Health District's website at: www.washoecounty.us/health/cdpp/reporting.html.

The form should be filled out as completely as possible and faxed to the Washoe County Health District at (775) 328-3764. This FAX is a dedicated line for all communicable disease reporting and is confidential.

A positive HIV/AIDS test or opportunistic infection can also be reported via telephone. Please contact Bill Mullen at (775) 328-2504 or Cory Sobrio at (775) 328-6107. Staff are available to provide technical assistance on testing, counseling, and education to clients regarding their HIV status.

RAPID HIV TESTING

Rapid HIV Testing (RHT) is a quick and easy way to conduct HIV testing in both clinical and non-clinical settings. In Nevada's 2009 Legislative Session, NRS 652.123, Section 2 was amended to exempt RHT from the more stringent regulations required by the State Board of Health that are required for other laboratory tests (Nevada State Health Division Technical Bulletin). This means that most clinics, physician's offices, community-based organizations, and HIV/AIDS service organizations are now able to conduct RHT. The availability of widespread RHT in the community could result in more HIV-positive persons being identified and linked into care.

RHT is a screening test that uses oral fluid or whole blood serum to detect HIV antibodies. The advantage of a rapid test is that results are usually available within 20 minutes, thereby eliminating the need for a follow-up visit for test results. RHT can be done in both clinical and non-clinical settings and can be administered by licensed or non-licensed staff. One limitation of RHT is

that this test is a screening test only. A follow-up, confirmatory blood specimen or oral fluid standard test must be administered following a positive result. Additionally, RHT does have the potential to provide false positives (3 - 4 of every 1000 tests). The advantages and limitations should be discussed with every patient prior to testing.

Current RHT Locations in Washoe County:

Washoe County Health District
1001 East 9th St., Building B
775-328-2470
Sliding fee scale

Planned Parenthood Mar Monte
455 West 5th St.
775-688-5555
Sliding fee scale

Northern Nevada HOPES
580 West 5th St.
775-786-4673
FREE

HEALTH DISTRICT LAUNCHES NEW "ONE STOP SHOP" CAMPAIGN

The Washoe County Health District has launched the "One Stop Shop" campaign to encourage clients to obtain Hepatitis A & B vaccination, HIV testing, and testing for other STDs (e.g., Chlamydia, gonorrhea, and syphilis) in a single clinic visit. Research shows that reducing the occurrence of non-HIV STD infections reduces HIV transmission risk. Providers are encouraged to offer the "One Stop Shop" option in their practices and/or to refer patients to the Health District. Interested patients can call the confidential HIV/STD Testing and Results Line at (775) 328-2671 for a "One Stop Shop" appointment.



- Overweight and Obesity in Washoe County Youth (aged 2-21 years) – 2010

OVERWEIGHT AND OBESITY IN WASHOE COUNTY YOUTH (AGED 2-21 YEARS) – 2010

Childhood obesity continues to be a prominent concern across the nation. Overweight and obese children are more likely to become obese adults and are at greater risk for chronic illnesses such as type 2 diabetes, heart disease, stroke, and several types of cancer. Among children who are overweight or obese, research has shown that one in five have high cholesterol.¹

Experts agree that the problem may begin as early as 2 years old and may even be dependent on a mother's health when she becomes pregnant promoting a new focus in chronic disease on "preconception health." A national study conducted by the National Center on Educational Statistics showed that one in five preschool children is overweight or obese.² These figures are alarming as children are being diagnosed with chronic diseases at younger ages.

METHODS

For the past three school years height and weight were collected on samples of Washoe County School District (WCSD) 4th, 7th, and 10th graders. The Office of Health Statistics and Surveillance with the Nevada State Health Division randomly selected the schools using school enrollment for the 2005-06 school year. The process randomly selected 16 elementary schools, four middle schools, and four high schools. These schools remained consistent from the 2007-08 to the 2009-10 school year, and these data can be generalized to all Washoe County school-age children. For the first time, preliminary data for 151 preschoolers from Washoe County School District early childhood education (ECE) programs were available for this report.

Height and weight were collected from University of Nevada, Reno students through a survey of students in 2007 and in 2009.

The Body Mass Index (BMI) and BMI percentile were calculated using the CDC-provided children's BMI tool for schools. See the table below for how weight status categories are defined.

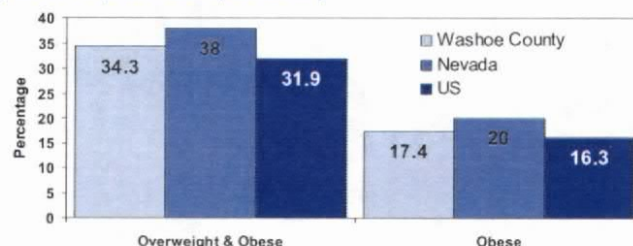
Weight Status	Percentile Range
Underweight	<5 th percentile
Healthy Weight	5 th to <85 th percentile
Overweight	85 th to <95 th percentile
Obese	≥ 95 th percentile

Although BMI is used only as a screening tool to identify possible weight problems for children and is not a diagnostic tool, it is currently the best assessment available to determine weight classifications.

RESULTS & DISCUSSION

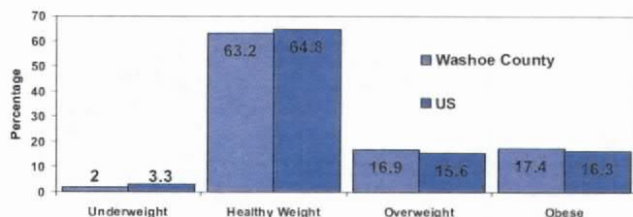
For the simplicity of graphs, the following reported values are point estimates. The 95% confidence intervals are not presented in this report.

Figure 1. Washoe County School-Age Children (2008-10 school years combined) compared to NV (2007-08) and US (2003-06)³



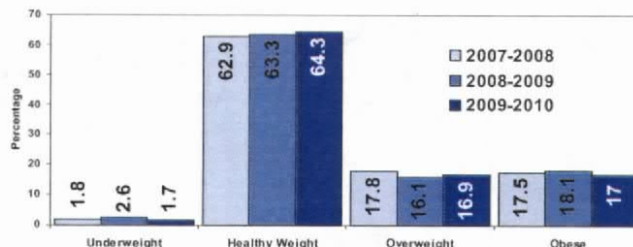
Washoe County's rate for childhood overweight and obesity (34.3%) is higher than the US (31.9%) but lower than the most recent data available for Nevada (38%).

Figure 2. Washoe County School-Age BMI (2008-10 school years combined) compared to the US (2003-06).³



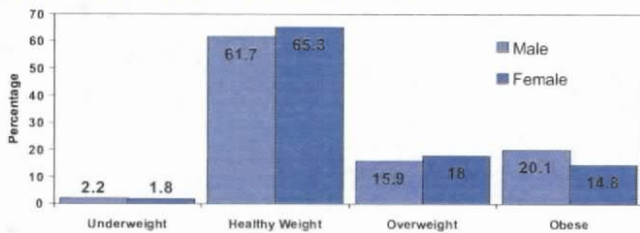
The percent of Washoe County children at a healthy weight (63.2%) is less than the US rate of 64.8%.

Figure 3. Washoe County BMI Grouping by School Year.



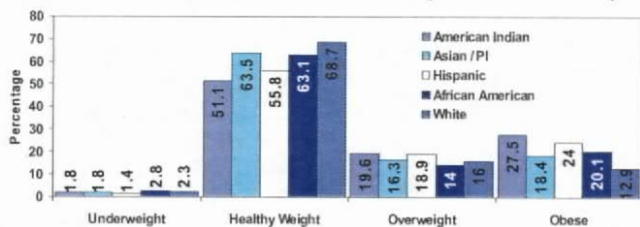
Over the past three school years the percent of healthy weight in Washoe County children has improved in relation to the US. Overweight and obesity have decreased commensurately but are still above US rates.

Figure 4. Washoe County BMI Grouping by Gender, (2008-10 school years combined).



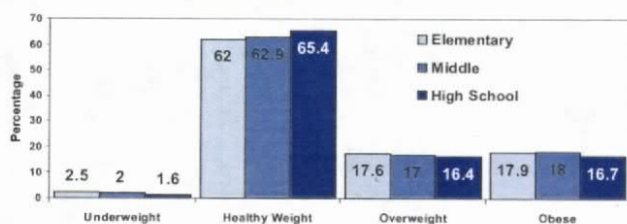
Boys tend to have a higher percentage of underweight and obesity than girls in Washoe County, whereas girls have a higher percentage of healthy weight and overweight. This difference is statistically significant (p=0.0000).

Figure 5. Washoe County Childhood BMI Grouping by Race/Ethnicity, (2008-10 school year combined).



African American children have the highest percentage of underweight followed by white children. American Indian and Hispanic children have the lowest percentages of children at a healthy weight while white children have the highest percentage. American Indian and Hispanic children have a significantly higher percentage of overweight and obese with one in five children overweight and one in four obese in both groups.

Figure 6. Washoe County Childhood BMI Grouping by Grade Level (2008-10).



The percentage of underweight decreases as children get older and the percentage of healthy weight increases, peaking in high school (65.4%) at above the US rate of 64.8%.

Washoe County high school students have the lowest percentage of overweight (16.4%) and elementary students have the highest (17.6%).

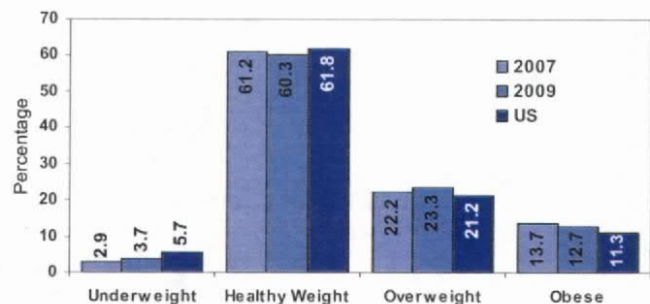
Washoe County Preschoolers Ages 3-5 (2010) Compared to US Ages 2-5 (2009)

In 2010 15.9% of children in WCSD Early Childhood Education (ECE) programs were obese, which is higher than the US rate (ages 2-5 years) in 2009 of 14.7% (Data source for US rate: 2009 Pediatric Nutrition Surveillance). In WCSD ECE 10.6% of the children were overweight versus 16.4% of preschoolers nationwide. When looking at the combined rates of overweight and obesity, WCSD ECE children rates are lower at 26.5% compared to the national average of 31.1%.⁴

There are a high percentage of underweight preschool children in WCSD programs at 12.6%. Underweight can be indicative of underlying health conditions, disordered eating, or food access issues.⁴ National data for the same age group was not available.

Due to the small sample size of only 151 children, future data collection and analysis is needed for more accurate comparison and generalizations. It is also important to note that the US rate was for the 2-5 years age group, which is slightly different than the local age group which was the 3-5 years age group.

Figure 7. BMI for University of Nevada, Reno Students (2007, 2009), Compared to US (2009).⁵



College student survey data in 2007 and 2009 provided by University of Nevada, Reno (UNR) indicated that the percentage of underweight and healthy weight were slightly lower than the US average. The percentage of overweight and obese was slightly above the US average. National data was from the American College Health Association.⁵

RECOMMENDATIONS

These data show overall high rates of overweight and obesity among Washoe County youth. Many factors contribute to this trend in Washoe County and the US such as physical inactivity, poor nutrition, and lack of access to healthy foods, among others.

Medical visits are opportunities for healthcare professionals to assess, educate, and intervene with overweight and obesity in families. The American

Academy of Pediatrics (AAP) is part of the national "Let's Move Initiative" and has two primary goals:

- Body Mass Index (BMI) is calculated for every child at every well-child visit beginning at the 24 month visit in accordance with AAP recommendations. Information is provided to parents about how to help their child achieve a healthy weight.
- Prescriptions for healthy active living (good nutrition and physical activity) are provided at every well-child visit, along with information for families about the impact of healthy eating habits and regular physical activity on overall health.⁶

Data gained from screening children can assist with development of population based public health programs when shared with local health departments for analysis. A recent longitudinal study of individuals aged 12-21 years found that nearly one in 12 teenagers became severely obese. Many were 100 pounds above their ideal weight as they entered adulthood. Non-Hispanic African American girls were most likely to become severely obese adults if they were overweight as teenagers. It is estimated that a 20 year old man with a BMI of 45 will lose 13 years of life due to obesity related issues.⁷

High cholesterol, and therefore an increased risk of heart disease is just one consequence of obesity. According to a recent study by the CDC, "twenty percent of U.S. children and teens have abnormal lipid levels, an indication of too much bad cholesterol, too little good cholesterol or high triglycerides."¹

Health care providers should be aware of lipid screening guidelines and treatments, especially for obese and overweight youth. The AAP recommends screening for young people with:

- Family history of high cholesterol or premature cardiovascular disease (CVD).
- Unknown family history of high blood cholesterol or premature CVD.
- At least one major risk factor for heart disease, such as smoking, high blood pressure, diabetes, or being overweight or obese.¹

All overweight or obese youths with abnormal lipid levels are candidates for therapeutic lifestyle counseling. Once identified, an individual approach should be used to refer youths to nutritional counseling, community fitness programs, and school-based lifestyle programs. Obesity is a public health epidemic that can be prevented through the combined efforts of healthcare providers, public health professionals, children, and their families.

For more information about the AAP goals and recommendations, please visit: www.aap.org/obesity. For local statistics on obesity, please check out WCHD's website for previous EpiNews on obesity at <http://www.washoecounty.us/health/cdpp/epinews.html>.

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The Washoe County Health District would like to give special thanks and recognition to the Washoe County School District for school age and preschool data, UNR Student Health Services for college-age data. Further efforts to collect data from the preschool group are underway.

If you are interested in sharing BMI data for children 2-5 years old in your medical practice, please contact us at 775-328-2627.

