

**WASHOE COUNTY  
DISTRICT BOARD OF HEALTH**

Matt Smith, Chairman  
Kitty Jung, Vice Chairman  
George Furman, MD  
Councilman Dan Gustin  
George Hess, MD  
Denis Humphreys, OD  
Councilwoman Julia Ratti

**STRATEGIC RETREAT  
NOTICE OF MEETING AGENDA**

DISTRICT BOARD OF HEALTH  
Building B – South Auditorium  
1001 East Ninth Street, Reno, Nevada

**October 6, 2011**

9:00 AM

**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](http://WWW.WASHOECOUNTY.US/HEALTH).

The Board of Health may take action on the items denoted as “(for possible action)”.

**Business Impact Statement** – A Business Impact Statement is available at the Washoe County Health District for those items denoted with a \$.

**NOTE:** Items on the agenda may be taken out of order; combined with other items; withdrawn from the agenda; moved to the agenda of another later meeting; moved to or from the Consent section; or may be voted on in a block.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in the Consent section of the agenda are voted on as a block and will not be read or considered separately unless withdrawn from the Consent Section.

The District Board of Health meetings are accessible to the disabled. Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Administrative Health Services in writing at the Washoe County Health District, PO Box 11130 Reno, NV 89520-0027 or by calling (775) 328-2416 24-Hours prior to the meeting.

**Time Limits.** Public comments are welcomed during the Public Comment periods for all matters, whether listed on the agenda or not, all comments are limited to three (3) minutes per person. Additionally, public comment of three (3) minutes per person may be heard during individual action items on the agenda. Persons are invited to submit comments in writing on the agenda items and/or attend and make comment on that item at the Board meeting. Persons may not allocate unused time to other speakers.

**Response to Public Comments.** The Board of Health can deliberate or take action only if a matter has been listed on an agenda properly posted prior to the meeting. During the public comment period, speakers may address matters listed or not listed on the published agenda. The *Open Meeting Law* does not expressly prohibit responses to public comments by the Board of Health. However, responses from the Board members to unlisted public comment topics could become deliberation on a matter without notice to the public. On the advice of legal counsel and to ensure the public has notice of all matters the Board of Health will consider, Board members may choose not to respond to public comments, except to correct factual inaccuracies, ask for Health District Staff action or to ask that a matter be listed on a future agenda. The Board of Health may do this either during the public comment item or during the following item: “Board Comments – Limited to Announcement or Issues for future Agendas.”

9:00 AM

1. Call to Order, Pledge of Allegiance Led by Invitation Mr. Smith
2. Roll Call Ms. Smith
3. Public Comment (3 minute time limit per person) Mr. Smith
4. Approval/Deletions to the Agenda for the October 6, 2011 Meeting (for possible action) Mr. Smith
5. Approval/Additions/Deletions to the Minutes of the October 7, 2010 Meeting (for possible action) Mr. Smith
6. Welcome, Introduction of Ms. Veronica Frenkel, Washoe County Human Resources; Facilitator and Opening Comments Mr. Smith  
Ms. Frenkel
7. Presentation and Discussion of Public Health Concepts, Including Prevention and Epidemics Dr. Iser
8. Presentations of Description/Overview of Programs; Supporting Activities; External Collaborators and Partners; and the Future Directions of the Following Programs:
  - A. Non-Communicable Disease and Chronic Disease Ms. Brown  
Mr. Dick
    1. ACHIEVE Project
  - B. Emergency Preparedness Dr. Todd  
Mr. Sack
    1. Department Emergency Management Committee (DEMC)
    2. District Health Response to Multi-Casualty Incidents (i.e., Amtrak train wreck; IHOP shooting; Reno National Championship Air Races; and Street Vibrations)
  - C. Communicable Diseases Dr. Todd  
Mr. Sack
    1. Epi Team (TB Investigation)
    2. Food-Borne Outbreaks
    3. Vaccine Preventable Diseases (case studies – emergency responses, i.e., Meningitis)
9. Discussion of Public Health Related Legislative Issues – 2012 Interim and 2013 Session (i.e., tobacco products, nutrition in schools, public health funding, etc.) Board & Staff
10. Update on the Health District's FY 12 10% Budget Reduction Presentation to the Board of County Commissioners and Preview of FY 13 Budget Dr. Iser  
Ms. Coulombe
11. Closing Comments Regarding Strategic Retreat by Board Members Ms. Frenkel  
Mr. Smith
12. Board Comments Limited to Announcements or Issues for Future Agendas Mr. Smith
13. Public Comment – (3 minute time limit per person) Mr. Smith
14. Adjournment Mr. Smith

DBOH Strategic Retreat  
Oct 28, 2011 From 7.

# Health and Public Health Concepts

DBOH Retreat  
October 2011

## Health

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- Black's Law Dictionary defines "health" as a state of being hale, sound, or whole in body, mind or soul, well-being. Freedom from pain or sickness. See Healthy.

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## Health

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- Black's Law Dictionary defines "healthy" as free from disease, injury, or bodily ailment, or any state of the system peculiarly susceptible or liable to disease or bodily ailment.

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## Health

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- World Health Organization defines "health" as a state of complete physical, mental, and social well-being, and not simply the absence of disease or infirmity.

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**Health**

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- What are some of the prerequisites for health?

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**Health**

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- Peace
- Shelter
- Education
- Food
- Income
- Stable eco-system
- Sustainable resources
- Social justice
- Equity
- Access to health care and public health programs

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**Public Health**

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- "Public Health" is the application of knowledge to the identification of society's health needs, along with government and private initiatives that address those needs.

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## Primary Prevention

- The U.S. Preventative Services Task Forces' Guide to Clinical Preventive Services defines primary prevention measures as "those provided to individuals provided to prevent the onset of a targeted condition."
- Activities that help avoid disease or problems.
- Examples include immunizations and education programs to promote use of bicycle helmets.
- Successful primary prevention helps avoid the suffering, cost and burden associated with disease, it is typically considered the most cost-effective form of health care.

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## Secondary Prevention

- These services "identify and treat asymptomatic persons who have already developed risk factors or preclinical disease but in whom the condition is not clinically apparent."
- Focus on early case finding of asymptomatic disease that has significant risk for negative outcome without treatment.
- Screening tests are examples of secondary prevention activities, for example for hypertension and cancer.
- The goal is to alter the course of a disease to maximize well-being and minimize suffering.

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## Tertiary Prevention

- Tertiary prevention activities involve the care of established disease, with attempts made to restore to highest function, minimize the negative effects of disease, and prevent disease-related complications.
- Since the disease is now established, primary prevention activities may have been unsuccessful. Early detection through secondary prevention may have minimized the impact of the disease.

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## Epidemics

- **Epidemic** means "upon or above" and "people."
- Used when new cases of a certain disease (given population and during a given period) exceeds what is expected.
- **Outbreak** is often considered synonymous.
- An epidemic may be restricted to one location but if spreads to other countries or continents and affects a substantial number of people may be termed a **pandemic**.
- **Endemic** refers to a disease epidemic which results in a rise above baseline of disease.

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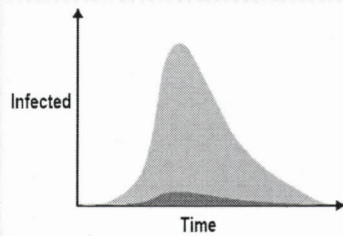
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## Generic Epidemic/ Pandemic Curve



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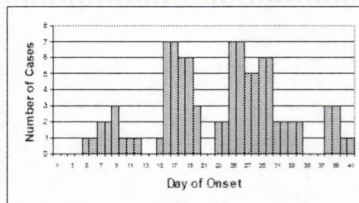
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## Epidemic Curve



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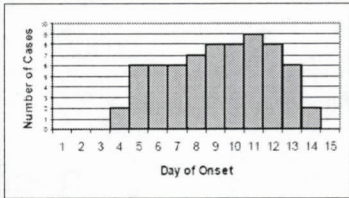
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## Epidemic Curve



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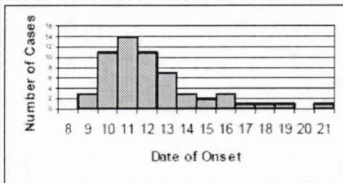
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## Endemic



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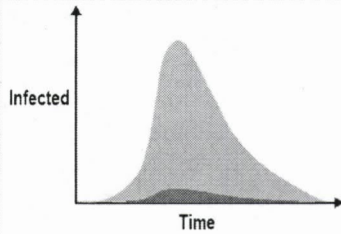
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## Generic Epidemic/ Pandemic Curve



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- ABOUT Strategic Retreat ●  
Oct. 20, 2011 Item 8.A.

# The Washoe County ACHIEVE Community (2010 – 2012)

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*“Local policies and the physical environment [they create]  
influence daily choices that affect our health.” CDC, July 2009*



*Get Healthy* Washoe.Com



Creating  
a Culture of  
Healthy Living

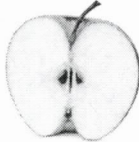
Washoe County



Health District

## What is ACHIEVE?

- ACHIEVE stands for Action Communities for Health, Innovation, and EnVironmental changE
- Part of the CDC's *Healthy Communities Program* launched in 2003
- Local implementation of the research showing that policy and environmental change most effectively and equitably improves behaviors related to chronic disease
- A national designation and two-year grant award
- Recognition that Washoe County has the infrastructure and track record for effective policy change to prevent chronic disease



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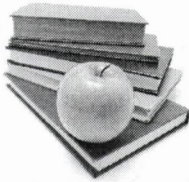
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## What is ACHIEVE?

A nationally-tested program model:

1. **CHART.** A leadership team of influential policy-makers
2. **CHANGE.** A CDC-developed policy needs assessment tool measuring ~65 different policies in areas such as physical activity, nutrition, tobacco in 4 sectors (community organizations, worksites, healthcare, schools/district)
3. **CAP.** A written Community Action Plan outlining policies to be addressed
4. **Implementation** of proposed policy changes, related to chronic disease risk factors



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## Washoe County CHANGE

- **Overall.** 15 sites assessed in 4 sectors plus Community-At-Large and School District (June – August 2010)
- **Methods.** Secondary data review & document archiving; multiple key informant interviews; observational checklists & site-visits
- **Scales.** Policy and Environment percent score per module per site (average of 0% to 100%)
- **Benchmarks.** 60% and over = asset; under 60% = need; low policy + high environment = "low hanging fruit"



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## Washoe County CHANGE Results

- Nutrition is the lowest scoring area overall, tobacco is the highest scoring area overall largely due to the NCIAA.
- Consistently across sectors and modules, environments scored greater than policy. This suggests the opportunity to put policies into place at sites where there is the presence of supportive practices.
- Within sectors, nutrition again scored lowest in policy (followed by physical activity), while leadership scored lowest in environment (followed by nutrition).
- Opportunities for change appear to be in: Community nutrition policy, adoption of model policies for use at worksites and organizations and leadership support.



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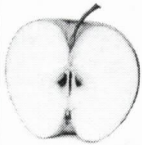
## Washoe County CAP

**Vision.** Making Good Health Easy

**Mission.** Fill gaps in community-wide nutrition and physical activity policies.

**Goals.** (2-year outcomes)

1. Increase the percentage of Washoe County adults who are at a healthy weight. (4% increase)
2. Increase the percentage of Washoe County children who are at a healthy weight. (4% increase)
3. Improve chronic disease prevention infrastructure in Washoe County



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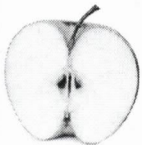
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## Washoe County CAP

**Progress to date**

1. First draft of a Healthy Food Plan for Washoe County is complete. Soliciting input from key stakeholders and the public. Aim is to establish a Food Policy Council.
2. District Board of Health committed to sponsoring a plan amendment. Partnership established with Regional Planning Agency. Will present to all entities in the fall.
3. Completing the Model Preschool Wellness Policy based on seven site-visits. Working with several pilot sites.
4. Completing an Out of School Time Wellness Policy "Menu" based on five site-visits. Partnership established with Nevada After School Network.
5. Checklists of effective family engagement strategies completed and planning for distribution developed.
6. Technical assistance and support for Chronic Disease Coalition leadership development.



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## Partners and CHART Members

Washoe County Health District:	Chamber of Commerce
Board of Health, CCHS, EHS, Epi, AQM & AHS	Nevada Health Care Coalition
Library System	Join Together Northern Nevada
Parks & Open Space	Truckee Meadows Tomorrow
Public Works	Chronic Disease Coalition
Senior Services	Boys & Girls Club
County Commission	Medical Society
County Manager's Office	KNPB
Community Development	School District
	UNR
	Cooperative Extension




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## Beyond ACHIEVE

### Working Together on Chronic Disease Risk Factors



- Additional Integration of AQM, EHS, and EPHP in ACHIEVE and other Chronic Disease activities
- Expand outreach and messaging on specific key public health issues to common stakeholders such as:
  - lung and cardiovascular disease organizations
  - outdoor/conservation groups,
  - green building community,
  - transportation, and
  - regional planning.
- Shape Regional Plans to address public health issues comprehensively:
  - RTC Regional Transportation Plan,
  - TMRPA Sustainable Regional Planning Grant,
  - TRPA Regional Plan.

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DBOH 10/2/11  
Item 8.B.1.

# Public Health Preparedness



## Preparation of Community & Agency

- Community Level
  - Make a plan
  - Get a kit
  - Stay informed
- Agency Level
  - Make plans for most likely scenarios
  - Get equipment and supplies
  - Stay informed
    - Surveillance
    - Training
    - Exercises
  - Inform community

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## Preparedness Domains

- Biosurveillance
- Community Resilience
- Countermeasures and Mitigation
- Incident Management
- Information Management
- Surge Management

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## Preparedness Competencies

- Biosurveillance
  - Public Health Laboratory Testing
  - Public Health Surveillance and Epidemiological Investigation
- Community Resilience
  - Community Preparedness
  - Community Recovery
- Countermeasures and Mitigation
  - Medical Countermeasure Dispensing
  - Medical Material Management and Distribution
  - Non-pharmaceutical Interventions
  - Responder Safety and Health

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## Preparedness Competencies

- Incident Management
  - Emergency Operations Coordination
- Information Management
  - Emergency Public Information and Warning
  - Information Sharing
- Surge Management
  - Fatality Management
  - Mass Care
  - Medical Surge
  - Volunteer Management

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## Prepared Health Department



- Culture of Preparedness
- All staff:
  - Have one or more emergency assignments
  - Have been trained to perform emergency assignments
  - Have demonstrated competency in performance of emergency assignments
  - Emergency assignment competencies incorporated into performance reviews

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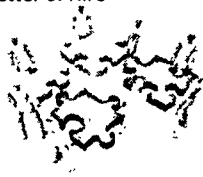
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## Internal Collaboration

- Department Emergency Management Committee
- ICS Training
- WebEOC
- Emergency Response in Class Specification
- Emergency Responsibility in Letter of Hire
- POD Response
- H1N1 Response
- IZ Refrigeration
- COOP



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## External Collaboration

- Nevada State Public Health Laboratory
- Washoe County School District
- University of Nevada, Reno
- Washoe County Emergency Management
- Washoe County Medical Examiner
- REMSA
- American Red Cross
- Amateur Radio Emergency Services
- Private Employers
- News Media



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- Decreasing Funds
- Increasing Culture of Preparedness
  - Health District
  - County as a whole
- Integration of EMS into EPHP
- Additional private sector partners
  - Dispensing
  - Alternative care sites

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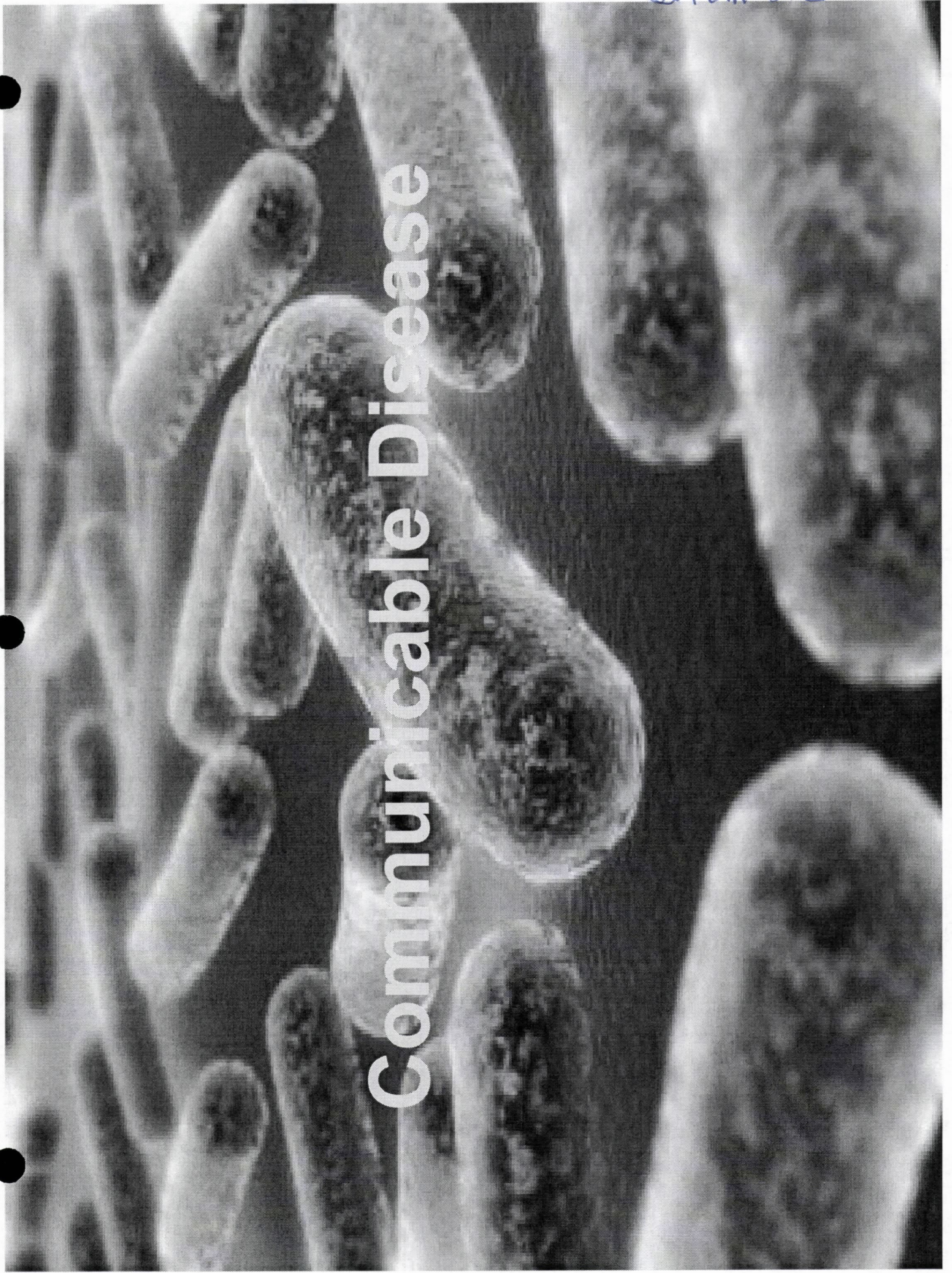
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DBOH 10/22/11  
Item 8.C.

# Communicable Disease





### Description

- Reduce incidence of communicable disease in Washoe County

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    graph TD
      Education --> Prevention
      Prevention --> Detection
      Detection --> Investigation
      Investigation --> Mitigation
      Mitigation --> Education
  
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### Examples

- TB
  - Case contact investigation – CCHS/EPHP
  - Environmental assessment (as needed) - EHS
- Salmonella Rissen
  - EPHP and EHS
  - CDC and FDA
  - Multiple Western States
- Botulinum intoxication
  - EPHP and EHS
  - CDC and FDA
- Non communicable
  - Gastrochisis
    - CCHS, EPHP, Hospital, PMDs
  - Cancer clusters
    - EPHP, EHS, CCHS, AQM, AHS, and external partners
  - Anthrax
    - EPHP, EHS, CCHS, AQM, AHS, and external partners

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### Activities

EPHP	EHS	CCHS	AQM	AHS
Surveillance	Inspection Complaint investigation	Reporting	Air modeling (as needed)	\$
Epi Investigation	Environmental Investigation	Specimen collection – clinical		\$
Data Analysis	Specimen collection – environmental and clinical	Vaccination / Medication		\$
Documentation	Documentation	Investigation/ Case Management		\$
Education	Education	Education		\$

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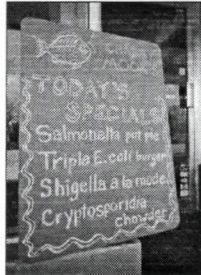
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### Outbreak Management Team

- Multi-divisional
- Meets regularly
- Coordinates interdivisional outbreak investigation and intervention



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### External Collaboration

- State Lab
- Health Division
- CDC
- FDA
- School District
- REMSA
- Hospitals
- Pharmacies
- Other states
- Other health jurisdictions within NV
- Physicians

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### Future Directions

- Electronic Laboratory Reporting
- Food Safety Act implementation
- Safe Drinking Water Act
- PHEP requirements for ICS
- Molecular epidemiology – regional & multi-state outbreaks
- Litigation

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District Board of Health  
Strategic Retreat  
October 6, 2011

Joseph P. Iser, MD, DrPH, MSc  
District Health Officer

[JIser@washoecounty.us](mailto:JIser@washoecounty.us)  
775.328.2416



Washoe County Health District

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Fiscal Year 12  
General Fund Transfer

\$8,192,500 General Fund (GF) Transfer  
(\$136,000) Initial 1.7% GF Reduction  
\$8,056,500 General Fund Transfer  
(\$805,650) 10% Reduction Plan  
\$7,250,850 BCC Approved 9/27/11



Washoe County Health District

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Historical Budgeted Expenditures  
Positions / FTEs

- FY 12 \$17,605,997 155 / 151.87  
(149 Full time & 11 Part time positions)
- FY 08 \$20,096,709 212 / 203.60
- FY 07 \$20,184,323 211 / 203.93
- FY 05 \$18,699,123 202 / 190.00
- FY 93 \$ 8,601,684 162 / 154.42



Washoe County Health District

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WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING  
STRATEGIC PLANNING RETREAT  
October 6, 2011

PRESENT: Mr. Matt Smith, Chairman; Commissioner Kitty Jung, Vice Chair; George Furman, MD; Councilman Dan Gustin; George Hess, MD (arrived at 9:05am); Denis Humphreys, OD; and Councilwoman Julia Ratti (arrived at 9:20am)

ABSENT: None

STAFF: Dr. Joseph Iser, District Health Officer; Eileen Coulombe, Administrative Health Services Officer; Bob Sack, Director, Environmental Health Services; Dr. Randall Todd, Director, Epidemiology and Public Health Preparedness; Mary-Ann Brown, Director, Community and Clinical Health Services; Kevin Dick, Director, Air Quality Management; Jeanne Rucker, Environmental Health Specialist Supervisor; Dave McNinch, Environmental Health Specialist Supervisor; Tony Macaluso, Environmental Health Specialist ; Bev Bayan, WIC Program Manager; Noel Bonderson, Air Quality Supervisor; Dan Inouye, Air Quality Supervisor; Candy Hunter, Public Health Nurse Supervisor; Scott Monsen, Vector-Borne Diseases Prevention Coordinator; Steve Kutz, Public Health Nurse Supervisor; Stacey Akurosawa, EMS Coordinator; Dave Boland, Senior Environmental Health Specialist; Patsy Buxton, Fiscal Compliance Officer; Lori Cooke, Fiscal Compliance Officer; Erin Dixon, Kelli Seals, Health Educator; Margot Jordan, Infection Control and Quality Management Coordinator; Paula Valentin, Administrative Assistant I; Stacy Hardie, Public Health Nurse Supervisor; Phil Ulibarri, Public Information Officer; Janet Piette, WIC Program Nutritionist; Janet Smith, CPS, Recording Secretary; and Leslie Admirand, Deputy District Attorney

At 9am, Chairman Smith called the Washoe County District Board of Health Strategic Retreat meeting to order followed by the Pledge of Allegiance, led by Dr. Denis Humphreys, member of the District Board of Health.

ROLL CALL

Roll call was taken a quorum noted.

PUBLIC COMMENT

There was no public comment presented.

APPROVAL/DELETIONS – AGENDA – OCTOBER 6, 2011

Chairman Smith called for approval of the agenda of the October 6, 2011, Washoe County District Board of Health Strategic Retreat meeting.

**MOTION: Dr. Humphreys moved, seconded by Mr. Gustin, that the agenda of the District Board of Health October 6, 2011, Strategic meeting be approved. Motion carried unanimously.**

APPROVAL/ADDITIONS/CORRECTIONS – MINUTES – OCTOBER 7, 2010

Chairman Smith called for any additions or corrections to the minutes of the October 7, 2010 meeting of the Washoe County District Board of Health Strategic Retreat.

**MOTION: Mr. Gustin moved, seconded by Ms. Jung, that the minutes of the District Board of Health October 7, 2010 Strategic Retreat be approved as received. Motion carried unanimously.**

WELCOME – OPENING COMMENTS

Chairman Smith

Stated, it is his intent “for today’s meeting to be casual – first names and an open discussion among the Board members, Division Directors, and the Program Managers.

PRESENTATION – DISCUSSION – PUBLIC HEALTH CONCEPTS – PREVENTION AND EPIDEMICS

Dr. Joseph Iser, District Health Officer

Stated, he was advised Ms. Veronica Frenkel, Washoe County Human Resources, will be unable to facilitate today’s meeting; therefore, he will be serving as today’s facilitator.

Reviewed “Black’s Law Dictionary definition of health, and healthy; and the World Health Organization (WHO)’s definition of health”; and the prerequisites for health, advising public health

is the application of knowledge to the identification of society's health needs, along with government and private initiatives that address those needs."

Reviewed the definitions of "primary, secondary and tertiary prevention", advising primary is the prevention of the onset of a targeted condition. Advising secondary prevention is identifying and treating asymptomatic individuals have developed high-risk factors or are preclinical disease with no clinically apparent condition. Advising tertiary prevention is care of the established disease with the attempt to prevent disease-related complications."

Reviewed the definitions of epidemic, outbreak, pandemic and endemic, advising, "the H1N1 influenza outbreak is an example of a pandemic outbreak, as it began in Mexico and quickly spread to other countries."

Utilizing graphs, reviewed Generic Epidemic/Pandemic Curve based upon the time of onset and the rate of infection; the Epidemic Curve depicting the number of cases with the day of onset; an Endemic depicting the number of cases with the date of onset; and the Generic Epidemic/Pandemic Curve based on the time of onset and the rate of infection.

PRESENTATION – DESCRIPTION/OVERVIEW – PROGRAMS – SUPPORTING ACTIVITIES –  
EXTERNAL COLLABORATORS AND PARTNERS – FUTURE DIRECTIONS – FOLLOWING  
PROGRAMS

Dr. Iser

Stated, as Chairman Smith indicated, the concept for today's meeting is a free-flowing discussion to evaluate the Programs listed; to generate ideas; the cost/resources necessary; Staff time and the impact to addressing the problem(s) and achieving the goals and mission of public health. Stated, the discussion(s) will be utilized to determine the feasibility and impact of these Programs as to high feasibility with low impact; high feasibility with high impact (to be explored further); and low feasibility with a high impact.

A. Non-Communicable Disease and Chronic Disease

1. ACHIEVE Project

Ms. Mary-Ann Brown, Director – Community and Clinical Health Services

Provided a Power Point presentation (a copy of which was placed on file for the record), advising ACHIEVE (**A**ction **C**ommunities for **H**ealth, **I**nnovation, and **E**n**V**ironmental **ch**ang**E**), is a component of the Centers for Disease Control (CDC) and *Prevention Healthy Communities* initiated in 2003. Provided an overview of the ACHIEVE grant, advising the Health District received the two (2) year grant "recognizing that Washoe County has the infrastructure and track record for effective policy change to prevent chronic diseases."

Advised ACHIEVE is a nationally-tested program model, which requires CHART – a leadership team of influential policy makers; CHANGE – a CDC-devoted policy needs assessment tool measuring ~65 different policies in areas such as physical activity, nutrition, tobacco in 4 sectors (community organizations, worksites, healthcare, schools/district); CAP – a written Community Action Plan outlining policies to be addressed; and Implementation of the proposed policy changes, related to chronic disease factors.

Reviewed, the achievements and results of the CHANGE assessment; the vision, mission and goals of CAP; and the progress achieved to-date. Reviewed, the community partners and CHART members; and the goals "beyond ACHIEVE."

Advised, these discussions and efforts are resulting in changes in the community and the school district. Stated, the Health District has partnered with the School District for a number of years reviewing "how the school district views the foods being served." Stated, the School District "has implemented a number of changes; and is currently considering using local produced to offer more fruits and vegetables to the students. Stated, "because the school district's food program is heavily regulated both at the state and federal level, the ACHIEVE Program has chosen to focus on the out-of-school environment as it is not regulated."

Reviewed the strategies being discussed for implementation to, "engage families in healthy eating practices and physical activities for children, advising the ACHIEVE Program has developed checklists and tools to assist families." Advised, the ACHIEVE Program "has offered technical assistance and continues to support the Chronic Disease Coalition, which represents the community leadership in chronic disease prevention."



In response to Dr. Hess

Regarding the structure, Ms. Brown advised the ACHIEVE Program is discussing built environments; bike riding; safe routes to school – those areas in which children can safely walk to school; walkable neighborhoods; easy access to fruits and vegetables; farmers markets. Stated, these would “be anything in the environment which helps the access to and support of healthy choices.” Stated, “there are two (2) areas that are modifiable risk factors for chronic disease, most of which relate to what people eat and what people do,” promoting these two (2) choices “can make a dramatic impact on chronic disease.”

Ms. Brown advised Washoe County is the only county in Nevada with a Chronic Disease Coalition; that the Coalition assists with the Obesity Forum; that members of the Coalition collectively review and discuss issues specific to chronic disease prevention.

Ms. Ratti

Stated, with the Health District “being the safety net for the provision of services”, she is concerned about the increased demands there will be on the Health District, as “the number of [partnering] agencies in the community is approximately one-half of what it was two to three (2-3) years ago.” Stated, this issue will have to be addressed.

The Board discussed the provision of services within the community. It was the consensus of the Board “whenever the Health District is involved with a partnering agency, it is important the Health District’s participation be promoted in the community.” It was further the consensus of the Board the Health District continue to pursue public/private partnerships within the community.

Dr. Todd

Stated, physicians do not always discuss the risk behaviors, which lead to chronic disease(s), with patients; that the “development of tools” to provide physicians with guidance in discussing these issues with patients would be very beneficial.

Mr. Kevin Dick, Director, Air Quality Management

Stated, there are three (3) aspects of life that can affect chronic disease: “what you eat; what you do; and what you breathe.” Stated, the ACHIEVE Program addresses “what the Health District can

do when it mobilizes to address chronic disease around specific areas;" and through collaboration with other community stakeholders to identify priorities. Reviewed "how the Health District can move beyond ACHIEVE, while utilizing the experiences of the ACHIEVE Program as a building block involving the Divisions collaborating together to address other chronic disease issues, expanding the messaging to the stakeholder groups." Stated, while the "focus of the ACHIEVE Program is nutrition and exercise" beginning with young children; however, young children are classified "as being one of the sensitive populations regarding the affects of poor air quality." Stated, improvements can be achieved through ensuring the "school district understands the air quality index on a daily basis; and would not be sending the children to play outdoors when it is unhealthy."

Advised, with "it being estimated people are indoors 90% of each day" inside closed buildings, indoor air quality is becoming more important and of concern. Stated, although, the Health District has no regulatory authority for indoor air quality Staff can provide information as "indoor air quality is very important for the health of the community." Stated, Staff can provide the ACHIEVE Program with resources and assist in understanding indoor air quality issues and how those can be addressed." Stated, "there are multiple examples of the types of engagement the Health District can build into the communications available with the variety of stakeholders in the CHART group." Stated, there are additional stakeholders that can be engaged in other areas to influence chronic disease." Stated, the Health District can continue "to build in the message of exercising with encouraging alternative modes of transportation" reducing the number of vehicles on the roadway; and the number of vehicles left idling. Stated, a national statistic is "30% of morning traffic is parents taking children to school."

Stated, certain pollutants are known to cause or exacerbate chronic diseases (i.e., asthma, COPD, heart disease, cardio-vascular disease, etc.); therefore, the Federal Environmental Protection Agency (EPA) promulgated Federal Regulations for the purpose of protecting public health and minimizing the onset of chronic disease. Stated, the Federal air quality standards (NAAQS – National Ambient Air Quality Standards) regulate the amount of source pollutants that can be emitted into the atmosphere at acceptable levels. Reviewed the standards for the larger (more known) pollutants; advising EPA is in the process of developing revisions to those Standards, which will potentially impact the District's regulatory requirements.

Stated, Staff is working in conjunction with the Regional Transportation Commission (RTC) on the regional planning process for the development of healthy communities. Stated, some municipalities are utilizing criteria for "how the budget is allocated across different projects, which focus on healthy community initiatives. Stated, there is a concern that one of the policy objectives of the transit program may be "maximizing the amount of revenue generated from the passengers";

that the Health District "can provide a strong advocacy role in developing plans that increase the communities access to public transit." Stated, as the RTC and the Tahoe Regional Planning Agency (TRPA), are both currently in the process of long-range planning efforts, this may be a good opportunity to provide input to these plans, "as there is no public transportation between Reno/Sparks and the Lake Tahoe region, nor is there public transportation in most areas of west Reno."

Mr. Gustin

Stated, the public transportation routes in Reno and Sparks are "based on the populations that would use those services."

Mr. Dick

Stated, public transportation needs to be promoted as "a good transit option regardless of socio-economic status."

Stated, there are "more and more opportunities available for multiple messaging resulting in a higher impact in getting the community involved in affecting public health decisions in the community." Stated, all of these initiatives "feed into regional planning efforts," including public transportation; and how the Health District can assist "in shaping the community and regional plans to achieve substantial benefits to living in an environment conducive to preventing chronic diseases." Briefly reviewed the concerns regarding climate change and greenhouse gases, advising climate change has the potential of increased epidemics, increased vectors resulting in increased disease transmission; reduced water availability; increased ozone levels with the higher temperatures. Stated, "there are cross-cutting public health issues associated with climate change."

The Board briefly discussed the merits of promoting public transportation; built environments; the benefits to public health and economic growth; and how to promote these concepts, including communicating/partnering with the various agencies involved in planning. Reviewed various planning projects in which the Health District is participating to promote sustainable communities and reduce chronic diseases.

Dr. Iser

Stated, during the discussion of chronic diseases, it is important to include those diseases which are acute, as there are chronic diseases which can be exacerbated by acute conditions. Stated, diseases such as cancer are classified as chronic diseases; however, there are a number of "cancers which can be caused by infectious agents." Stated, injury prevention can be considered a public health issue; that, although the Health District is not primarily involved in addressing injury prevention, some injury prevention issues can be addressed through legislative action.

The Board recessed at 10:15am; and reconvened at 10:25am.

The Board discussed public health in relation to addressing mental health issues, which include assisting employees in coping with "life's stressors so employees can be focused on work while at work"; and the options available for employees of all three (3) jurisdictions.

In the discussion of Non-Communicable Diseases and Chronic Disease the Board and Staff developed the following consensus:

Identified as High Feasibility/High Impact

- Link between poverty and obesity (food deserts)
- Urban Agriculture ACHIEVE Program (e.g., chickens in Sparks residential areas).  
Work on advocacy with BCC/City Councils. Regulating new food sources could affect the workload for EHS Staff
- Work w/casinos regarding nutrition
- Sponsor identification (marketing) of the Washoe County Health District
- Reno Gazette Journal/WCHD weekly Editorial column
- Volunteers: EAP access
- Legislative Advocacy for helmet laws (bicycle and skiing) education for children and adults
- Closed school campuses (work with School District)
- Impact fees for outlying development advocacy; incentive infill development
- Clinical/Medical Safety Net; partnering with private health care/medical
- WebSite Links (w/Washoe County, Reno, Sparks)
- Mental Health

Identified as Work in Progress

- Bike lanes transit
- Mental health outreach for Cities and WC employees (EAP – ACI)
- Inter-Agency Staff communication
- Staff partnership (e.g., divisional collaboration)
- What can be accomplished and eliminated?
- What are the Health District priorities?

Identified as Currently Being Addressed

- Menu labeling
- Farm to school
- Food deserts (identify and establish standards)
- Health counseling guidelines for medical/clinical
- Community presentations by WCHD
- GIS mapping food establishments
- Partnering with grocery stores
- Food ranking (currently working with Scolari's)
- Health District Bi-Annual Report
- Recycling (Solid Waste Management Plan)
- Development/planning influence
- Built environment (Dr. Iser to give City Council presentations)
- Transportation planning and bus routes
- Outreach for air quality (have all employees involved – no PIO position in AQM)

The Board recessed at 12:12pm; and reconvened at 12:48pm.

B. Emergency Preparedness

1. Department Emergency Management Committee (DEMC)

Dr. Randall Todd, Director, Epidemiology and Public Health Preparedness

Stated, in October 2001, the “anthrax attacks demonstrated how the nation's public health infrastructure had been allowed to decay, with the nation's public health departments being

ill prepared to respond to these types of attacks." Advised, as a result, in 2002 there was an increase in federal funding for public health preparedness for the purpose of assisting "public health departments with the everyday infrastructure. Stated, the funding "served a dual purpose" – increasing the epidemiological capabilities to be able to identify biological attacks the same capabilities would be utilized to identify everyday outbreaks of communicable disease(s). Stated, the goal was to address everyday public health problems to ensure the ability to respond to public health emergency events, regardless of whether manmade or naturally occurring.

Reviewed how the public health preparedness funding was utilized to address the potential for smallpox threats and to respond to the H1N1 (Avian influenza) outbreak. Stated, "it has been difficult to achieve some of the broad based public health preparedness objectives due to these changes in the mission."

Reviewed the Power Point presentation (a copy of which was placed on file for the record), delineating the aspects of the "community level of public health preparedness; and the agency [Health District] level. Advised, the focus is again "the dual purpose", reviewing the preparedness domains of biosurveillance; community resilience; countermeasures and mitigation; incident management; information management; and surge management; and the expected competencies within each of these six (6) domains.

Reviewed the "culture of preparedness through both internal and external collaborations," advising funding for public health preparedness has decreased. Advised, although Staff anticipates a continued decrease in funding, Staff is attempting to promote "an increased culture of preparedness through the Health District and the County as a whole." Stated, preparedness "is every Staff member knowing what his/her assignment would be in an emergency; being properly trained for that assignment; having demonstrated competency in performing that assignment; and having that competency incorporated in the annual performance evaluations." Stated, Staff is working "on increasing that culture of awareness"; and is discussing increasing that culture throughout the County.

Mr. Robert Sack, Director, Environmental Health Services

Advised, prior to 9/11 there was no specific funding for when an emergency occurred; that various agencies worked together to manage the emergency. Stated, after 9/11 grant funding became available; and all [emergency response] agencies were applying for and receiving individual grant funding; therefore, the various agencies "no longer had to work together." Stated, with a reduction

in funding and staffing, the various agencies "are being forced to collaborate once again across agency boundaries."

The Board members and Staff discussed collaboration among public/private agencies and companies in the community in the event of an emergency; and the multi-agency response to the recent emergencies.

Dr. Iser

Stated, specific to collaborative efforts he has met with Mr. Aaron Kenneston, Director, Washoe County Emergency Management; that he, Mr. Sack and Mr. Kenneston will be meeting with representatives of Carson City; Placer County; Sierra County; Nevada County and Washoe County to discuss emergency responses "along the borders" between Nevada and California.

In response to Dr. Furman

Regarding the National Association of County and City Health Officials (NACCHO) determination "that a public health department the size of the Health District should have a minimum of 300 volunteers", Dr. Todd advised currently the Health District's Medical Reserve Corps (MRC) "has over 200 volunteers."

Ms. Ratti

Stated, at a recent meeting, Mr. Jim Gubbels, Vice President of REMSA, presented the Washoe County Health District Emergency Planning binder; and stated, "the community-wide planning led by the Health District makes such a significant difference in responding to events." Stated, these discussions "help the public partners understand the community-wide effort and planning in which the Health District is involved."

The Board members and Staff discussed the community-wide planning for emergency events; the various agencies and committees involved in conducting exercises and planning responses, including volunteer training; and the various mass gathering guidelines and plans. Board members and Staff discussed the importance of public health preparedness and the public expectation that "public agencies will respond in crises and emergencies."

The Board discussed mass gathering special events; the potential use of MRC volunteers on a more frequent basis; and the County's Volunteer Agreement, specific to MRC volunteers. The Board and Staff discussed the continued decrease to grant funding.

Ms. Ratti

Stated, it is important for the three (3) entities to be aware "an anomaly at a special event" does impact the Health District Staff from "accomplishing day-to-day objectives."

In the discussion of Emergency Preparedness the Board and Staff developed the following consensus:

Identified as High Feasibility/High Impact

- Volunteers
- ICS Training (100, 200, and 700) for all WC/Reno/Sparks employees (not just Health District)
- Provision of ICS Training for Volunteers of Community Events (minimum size requirement)
- Utilize WC/Reno/Sparks employees from all departments
- Maintenance of what [the Health District] is currently doing. Is there a danger of falling behind?
- Collaboration with other agencies
- Promotion of Health District as "value added"

The Board recessed at 1:40pm and reconvened at 1:50pm.



C. Communicable Diseases

1. Epi Team (TB Investigations)

Dr. Randy Todd

Stated, the function of the Communicable Disease Program "is to reduce the incidence of communicable disease in Washoe County", through education, prevention, detection, investigation, and mitigation.

Reviewed examples of communicable diseases for which Health District Staff would investigate. Presented an overview of the cross-divisional activities, advising each Division is involved in a communicable disease event. Provided an overview of the function of the Outbreak Management Team; advising the Health District relies on external partner collaboration during an event.

Mr. Sack

Stated, the Legislative mandates, "under which the Health District operates", are for the prevention of communicable diseases.

Dr. Todd

Advised, "the future direction(s)" will be enhanced by electronic laboratory reporting; PHEP (federal grant) requirements for ICS; and molecular epidemiology, which is a national data base utilized in identifying regional and multi-state outbreaks. Stated, outbreaks have the potential in resulting in lawsuits, which impact the Health District Staff either through the request for records or providing expert testimony.

Mr. Sack

Advised, the Federal Food and Drug Administration is in the process of developing the Food Safety Act; that the Food Safety Act will affect the Health District, and "will potentially take a full decade to implement."

Advised the litigation associated with outbreaks greatly impacts Staff time; that due to privacy issues each page of records have to be reviewed and redacted; that Staff is receiving more and more requests for records "some of which are quite voluminous."

In response to Dr. Hess

Regarding charging a fee for the documents, Mr. Sack advised the Health District "legally has a responsibility to provide with very minimal charge." Dr. Todd advised the Health District can charge a minimal fee for the copying of records; however, the County is not reimbursed for depositions or Staff's time in Court. Mr. Dick advised that the Air Quality Management Division can charge "an expert witness fee for depositions."

The Board and Staff discussed "the link between care and primary prevention." The Board and Staff discussed mandates and the relevance of existing mandates. The Board and Staff discussed funding reductions at the local, state, and federal level impacting the provision of services.

In the discussion of Communicable Diseases the Board and Staff developed the following consensus:

Identified as High Feasibility/High Impact

- Litigation response fee
- Continuing Grants

Mr. Gustin was excused at 2:30pm.

DISCUSSION – PUBLIC HEALTH RELATED LEGISLATIVE ISSUES – 2012 INTERIM – 2013 SESSION (i.e., tobacco products, nutrition in schools, public health funding, etc.)

Dr. Iser

Stated, during the 2011 Legislative Session the Board discussed revisions to smog check requirements; lessening of the restrictions for smoking in restaurant/bar facilities; reductions in public health funding; modernization of Vital Records; etc. Stated, the Board and Staff briefly commented on possible legislative future issues (i.e., bicycle helmet laws; school-based health centers and nutrition programs; Nevada Clean Indoor Air Act and control of tobacco products; childcare training on health and development, etc.).

The Board and Staff discussed legislative mandates; and methods of advocacy for promoting important public health issues through partnering agencies; and national organizations.

UPDATE – HEALTH DISTRICT'S FY 12 10% BUDGET REDUCTION PRESENTATION – BOARD OF COUNTY COMMISSIONERS – PREVIEW – FY 13 BUDGET

Dr. Iser

Stated, Staff presented the Health District's FY 12 10% budget reduction to the Board of County Commissioners. Presented an overview of the FY 12 General Fund Transfer; noting the General Fund Transfer both prior to and after the initial 1.7% General Fund reduction; and after the 10% reduction. Advised, on September 27, 2011, the Board of County Commissioners approved the Health District General Fund transfer in the amount of \$7,250,850.

Presented an overview of the 'Historical Budget Expenditures and FTE positions, advising the Health District has 144 FTEs, with the loss of the five (5) positions, as previously discussed; and 11 part-time positions. Advised the total Health District FY 12 budget of \$17,605,997 was approved by the Board of County Commissioners on September 27, 2011.

Ms. Ratti

Recommended the budgeted expenditures document include a column listing per capita expenses.

Dr. Iser

Stated, Staff anticipates the \$314,000 General Fund transfer reduction for FY 13. Advised, Staff will be presenting the Health District's Fee Schedule to the Board at the October 27, 2011 meeting. Stated, approval of the Fee Schedule, as will be recommended by Staff, to adjust the fees to "reflect the cost of the services the Health District provides", will assist in off-setting the anticipated reduction in the General Fund transfer.

Ms. Coulombe

Stated, Staff prepared a two-page statement delineating the "indirect cost process", which was distributed to the stakeholders.

The Board and Staff briefly discussed the Health District's proposed Fee Schedule, as reviewed in February and March; and the rationale for postponing the implementation of the Fee Schedule in March.

Ms. Coulombe

Stated, the County is "planning a \$6.9 million in future fiscal years, which will provide stability for [budget] pre-planning in January 2012, prior to Board's March 2012 budget meeting.

Advised, the Health District "has been very diligent and fiscally prudent"; however, the budget reductions "do have a cumulative affect" to the provision of services. Advised the Board as to the percentage reductions the Health District has implemented between FY 09 through FY 12. Stated, the Finance and Management Teams, and Staff, are to be commended for all the efforts in controlling costs.

CLOSING COMMENTS – STRATEGIC RETREAT – BOARD MEMBERS – STAFF

Dr. Iser

Stated, today's meeting is "a beginning of the strategic planning process; that the strategic planning will be a long-term process", which the Health District will be doing with the community obtaining "as much input as possible for the next six (6) months to one (1) year."

BOARD COMMENTS

In response to Ms. Jung

Regarding regulations banning Perchloroethylene (PCE), Chairman Smith stated he would provide her an update on that issue.

Stated, she conferred with Ms. Simon regarding the County's Lobbyist Contract; and was advised, the contract does not specifically address monitoring for public health issues; however, "if there are systemic issues he will" monitor for those. Stated, should a Board or Staff member have a concern she can be contacted to notify the Lobbyist.

Dr. Humphreys

Stated, he appreciates the "contacts and outreach efforts Dr. Iser has made throughout the community and to the community partners; that this is very important in building foundations for the future."

PUBLIC COMMENT

There was no public comment presented.

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



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JOSEPH P. ISER, MD, DrPH, MSc  
DISTRICT HEALTH OFFICER/SECRETARY



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JANET SMITH, CPS  
RECORDER