

Washoe County



Health District

**Washoe County District Board of Health
Concurrent Meeting Minutes
June 27, 2013**

PRESENT: Chair Matt Smith, Vice Chair Kitty Jung, Dr. George Furman, Dr. Denis Humphreys, Council Member Ratti, and Council Member Zadra

ABSENT: Dr. George Hess

STAFF:

Leslie Admirand, Deputy District Attorney
 Kevin Dick, Interim District Health Officer
 Eileen Stickney, Administrative Health Services Officer, AHS
 Charlene Albee, Acting Division Director, AQM
 Daniel Inouye, Monitoring and Planning Branch Chief, AQM
 Stacy Hardie, PHN Supervisor, CCHS
 Robert Sack, Division Director, EHS
 Randall Todd, DrPH, Division Director, EPHP
 Phil Ulibarri, Public Information Officer, AHS
 Steve Fisher, Department Computer Application Specialist, AHS
 Bill Flores, Recording Secretary

Patsy Buxton, Fiscal Compliance Officer, AHS
 Lori Cooke, Fiscal Compliance Officer, AHS
 Beverly Bayan, WIC Program Manager, AHS
 Dave McNinch, Environmental Health Specialist Supervisor, EHS
 Jeff Brasel, Senior Registered Environmental Health Specialist
 Jeff Whitesides, Public Health Preparedness Manager, EPHP
 Stacey Akurosawa, EMS Coordinator, EPHP

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
1:02 pm 1, 2	Meeting Called to Order, Pledge of Allegiance and Roll Call	Chair Smith called the meeting to order, followed by the Pledge of Allegiance led by Council Member Zadra . Roll call was taken and a quorum noted.	
3.	Public Comment	None.	
4.	Approval / Deletions – Agenda – June 27, 2013	Chair Smith called for any deletions to the Agenda of the June 27, 2013 DBOH Meeting. Chair Smith noted that the agenda incorrectly stated May 23, 2013. Deputy District Attorney Leslie Admirand advised that approval of the agenda is not required within the Open Meeting Law. Therefore, the DBOH did not vote on this item.	

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5.	Approval / Additions / Deletions to the Minutes of the April 25, 2013 Regular Meeting	Chair Smith called for any additions or corrections to the minutes of the April 25, 2013 Regular Meeting.	Council Member Ratti moved, seconded by Council Member Zadra , that the minutes of the April 25, 2013 Regular Meeting be approved as presented. <u>MOTION CARRIED</u>
6.	Recognitions	Mr. Dick and Chair Smith made the following recognitions: A. Introduction of new employee(s) - William Flores – F/T Admin Sec – DHO/AHS – 6/11/13 B. Promotions – None. C. Years of Service Recognitions – None. D. Retirements – 1. Deborah Chicago – WIC – 18 years 2. Bryan Tyre – EHS – 23 years 3. Margaret Varela – WIC – 17 years	
8.	Consent Agenda	A. <u>Air Quality Management Cases:</u> 1. Recommendation to Uphold Unappealed Citations to the Air Pollution Control Hearing Board: a. Shady Grove Trailer Park – Case 1119, NOV 5269 2750 Plumas Street, Unit 115, Reno, NV b. Smart Gas & Convenience – Case 1120, NOV 5276, 4410 North Virginia Street, Reno, NV c. Rivers Edge Construction – Case 1121, NOV 5379 1195 South Rock Boulevard, Reno, NV d. Washoe Construction – Case 1122, NOV 5242 Salem Plaza Condominiums 2750 Plumas Street, Unit 115, Reno, NV 2. Recommendation of Cases Appealed to the Air Pollution Control Hearing Board. None. 3. Recommendation for Variance: None.	

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		<p>B. <u>Sewage, Wastewater & Sanitation Cases:</u> Recommendation to Approve Variance Case(s) Presented to the Sewage, Wastewater & Sanitation Hearing Board. None.</p> <p>C. <u>Budget Amendments / Interlocal Agreements:</u></p> <p>a. Ratification of Agreement between the Washoe County Health District and Life Care Center of Reno in the amount of \$1,295.00 to transfer fatality management equipment to Life Care Center of Reno; and if approved, authorize the Chairman to execute Agreement.</p> <p>b. Approval of amendments totaling an increase of \$3,000 in revenue and expense to the National Association of County and City Health Officials (NACCHO) Grant Program (IO 11052) FY 13 Budget.</p> <p>c. Ratification of Cooperative Agreement for Services to the Kid's to Senior's Korner Programs in the total amount of \$50,000 (<u>\$0 cash for Washoe County Health District</u>). The Cooperative Agreement for Services to the Kid's to Senior's Korner Program is a multi-agency agreement between Catholic Charities of Northern Nevada, the City of Reno Police Department, Washoe County Sheriff's Office, Washoe County Department of Social Services, Washoe County Health District (District), and Washoe County Department of Senior Services, for the period July 1, 2013 through June 30, 2014, with automatic annual renewal unless terminated or changed in accordance with the terms of the agreement, and, if approved, authorize the Chairman to execute the Cooperative Agreement.</p> <p>d. Authorize Travel and Travel Reimbursements for CDC-Required, Grant-Funded, Non-County Employee (Patrick Russell), in the Approximate Amount of \$1,200, in Support of the HIV Prevention Grant Program (IO 10013).</p> <p>D. <u>Possible Approval of the Washoe County Health District Department Emergency Management Plan (DEMP)</u></p> <p>Dr. Humphreys requested Item 8.D pulled from the consent calendar for discussion. He explained that due to the length and importance of the plan, he wanted to bring it up for discussion and receive a reporting from staff to determine if there are any substantial changes.</p>	<p><u>ACTION ITEMS:</u> Letters to Shady Grove Trailer Park, Smart Gas & Convenience, Rivers Edge Construction, and Washoe Construction regarding fines and due dates.</p> <p>Council Member Zadra moved, seconded by Vice Chair Jung, that the Consent Agenda, excluding Item 8.D, be approved in a single motion.</p> <p><u>MOTION CARRIED</u></p>

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		<p>Jeff Whitesides, Manager of the Public Health Preparedness Program, advised that this is a lengthy plan, but steps have been taken to streamline it to be user-friendly. They are required to update this plan annually. This plan is an overall, umbrella plan. We have other plans that are annexes to this plan which all had a different look and feel. We established a style guide that will be used for all plans in EPHP and possibly district-wide. This plan revision included the update of all referenced statutes, demographic information to match the regional emergency operations plan, emergency contact information, radio channels, satellite phone, as well as important website links. Evacuation procedures and maps were updated to include off-site locations. WIC locations and Vector Control maps were added for staff evacuation at those locations. Job action sheets or guides were updated which describe positions within the incident command structure. Other sheets were pulled and placed specifically within the Point of Dispensing (POD) plans. FEMA Levels 1, 2, and 3 were added to the plan. They have been around for awhile, but they were not previously required of public health. It is a new grant requirement to include those activation or emergency levels.</p>	<p>Dr. Humphreys moved, seconded by Council Member Zadra, that Item 8.D be approved as presented.</p> <p><u>MOTION CARRIED</u></p>
9.	Air Pollution Control Hearing Board Cases Appealed to the District Board of Health.	There were no cases for consideration this month.	
10.	<p><u>Regional Emergency Medical Services Authority:</u></p> <p>A. Review and Acceptance of the Operations and Financial Reports for May, 2013; and</p> <p>B. Update of REMSA's Community Activities Since April, 2013</p>	<p>Mr. Jim Gubbels, President of REMSA, reported that in May, 2013, Priority 1 Compliance was at 92%, and Priority 2 Compliance was at 97%. Looking at Priority 1 Compliance by zone, the 8-minute zone was at 92%, the 15-minute zone was at 98%, and the 20-minute zone was at 97%. Looking at the average bill for the month for Care Flight, the average bill was \$8,084, bringing the year-to-date total to \$7,356. On the ground side, the average bill for the month was \$1,028, bringing the year-to-date ground average to \$1,028.</p> <p>Mr. Gubbels introduced Klark Staffan, new Chief Administrative Officer of REMSA. He will be attending DBOH meetings. He has many years of experience with the ambulance service. Klark has worked with SEMSA and was asked to join the REMSA side.</p> <p>Mr. Gubbels reported on REMSA's Sidewalk CPR Training, most of which was conducted in the first part of June. He said that the public participation</p>	

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	<p>BOARD COMMENT</p>	<p>was phenomenal. This was hands-only CPR done at sites, such as Saint Mary's Health Center, Whole Foods, and the Aces game. It was a great way to get the public to participate in hands-only CPR for the third year of providing the training. They are amazed with the number of people who are willing to be trained if you provide this type of opportunity.</p> <p>He also mentioned that there is an article sponsored by Safe Kids and the Rotary about "Not Even for a Moment." This campaign has been going on for probably five or six years in our community, bringing to the attention of parents and caregivers the message to not leave your children in cars, not even for a minute. Especially during the hot days to be experienced in the region, car temperatures go up very quickly. Even to run in to get a slurpee or to run in to get your dry cleaning, they are really trying to educate the public not to do that.</p> <p>Vice Chair Jung inquired about the "Not Even for a Minute" campaign and if there is coordination with the Nevada Humane Society and SPCA as there are actual laws against leaving animals in cars as well.</p> <p>Mr. Gubbels responded that this particular campaign is for Safe Kids, specifically geared towards children 14 and under, but, when they have the opportunity, it is easy for them to explain that this is also the same thing that happens to your pets if left in the car.</p>	<p>Dr. Humphreys moved, seconded by Dr. Furman, to accept the REMSA Operations and Financial Report for May 2013 as presented.</p> <p><u>MOTION CARRIED</u></p>
11.	<p>Presentation, Discussion, and Possible Direction to Staff regarding Emergency Medical Services ("EMS"), Including Recommendations Contained in the TriData Report and Various Other EMS Studies</p>	<p>Randall Todd, DPh, reported that the EMS Working Group has met, again, after the concurrent meeting of this board and the city councils and the Board of County Commissioners to begin that 120 day process of working on the REMSA franchise agreement. It was decided that the group would begin with a line-by-line review of that agreement and start to amend it along the lines that are suggested in the TriData Report. Also discussed at that last meeting was the whole concept of EMS oversight. He believes that this board in previous action has accepted the TriData recommendation and agreed that it would accept that role should the other entities desire. Mr. Dick was appointed to lead a process whereby a subgroup would come together and begin to make some decisions around that. The subgroup just met one day ago, made some excellent progress, and will be moving forward on that. Their data project also continues. They have acquired a single month's data from each of the fire response agencies, and, of course, they have always had the REMSA response data. Their statistician has done matching on all three of those reports, and they are beginning to put together some descriptive statistics that they think will be beneficial as this board begins to look at EMS not just from a franchise standpoint, but from an EMS systems standpoint.</p>	

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	<p>BOARD COMMENT</p>	<p>There are more components to the system than just REMSA; there are the fire response agencies as well as the hospital portion. They are going to try to provide a much bigger picture of what is going on with EMS, and that should assist in making decisions about what ways does the franchise agreement need to be modified to improve the overall system functionality in our community.</p> <p>Council Member Zadra asked if the entities, including this board, have provided Dr. Todd the direction that was needed and if he has the resources to be able to continue this discussion and bring back recommendations.</p> <p>Dr. Todd responded that this Board did take action indicating that they would be open to taking on the EMS oversight role. Certainly, if we were to move ahead, operationally, with that, there would need to be some additional resources allocated. Currently, we have an EMS coordinator and a part-time nurse, and they are pretty much dedicated to the franchise oversight. If we were to take on a broader role, no, we would not have adequate resources, at this point, to do that. He advised that at this point, the Health District has not been given that broader role. Therefore, they are proceeding with the understanding that this Board has an interest; therefore, they will start to provide the Board with a broader picture of EMS as they get the data. That will be somewhat limited until someone makes a decision as to who should be the oversight body, what should that consist of, and how should it be staffed. There were specific staffing recommendations in the TriData report.</p> <p>Council Member Zadra asked if staff is getting the receptive, working behavior from each of the entities. There was some consideration that perhaps it should be taken over by one of those boards as opposed to the Health Board.</p> <p>Mr. Dick responded that as far as the Health District being the oversight agency, he does not think that there is buy-in for that amongst the EMS working group. As far as the group working with the Health District in this process to get to a point where we have negotiated changes to the franchise agreement, during the 120 day period, he thinks that everybody is working together to try to accomplish that. In response to whether or not we have the direction we need, Mr. Dick commented that one of the issue we will have as we move forward is how much different entities or individuals may want items in the franchise agreement changed beyond the recommendations that are in the TriData report. The TriData report recommendations are documented, and we understand what those are. However, it is unclear whether members of the EMS working group will be satisfied with the discussions and negotiations</p>	

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		<p>around those points or if they are also going to want other points included.</p> <p>Ms. Zadra asked if anything else was needed from this board to assist in those discussions and negotiations.</p> <p>Mr. Dick responded that he does not think anything more is needed at this time. He thinks that staff will probably return to them with some reports and may want some input in the future as they get further engaged in those discussions. As a point of reference, REMSA is going to be convening their Board to have a more in-depth discussion on the recommendations and their Board feelings. The TriData recommendations have already been shared with the DBOH, along with the Health District recommendations; therefore, he thinks that we are good at this point.</p> <p>Dr. Todd added that some elected officials at the concurrent meeting expressed frustration with this board in terms of its responsiveness and willingness to look at certain EMS-related issues. He shared with the subgroup yesterday that he has only been dealing with the EMS program for a short time, but he has been attending board meetings for eight years. One of his observations is that some of the EMS issues that have been brought to this board fell outside the purview of franchise oversight and were therefore not considered. By the action this Board took some time ago, indicating that it would be interested in looking at broader EMS issues, the door is open to be more responsive to some of the issues that may come before the Board. There may be an uphill climb to overcome some of those negative perceptions that clearly were articulated at the concurrent meeting.</p> <p>Ms. Zadra commented that it was indeed those perceptions that precipitated her questions to Dr. Todd. She verified that Health District staff is there and being treated as an equal, valuable participant in the discussions.</p> <p>Dr. Todd responded in the affirmative.</p>	
12.	<p>Public Hearing: Proposed approval and adoption of the Regulations of the Washoe County District Board of Health Governing Food Establishments Section 187, Farmers' Markets, as amended.</p>	<p>Jeff Brasel, Senior Registered Environmental Health Specialist with the Special Events Program commented that they have presented revisions to the Farmers' Markets regulations, Section 187 of the District Board of Health regulations governing food establishments. They have been regulating these farmers' markets for quite some time, evolving of the past 10 years into something that is quite a bit different than events. When the regulations were originally written, specific to farmers' markets, we had a certification process that the Department of Agriculture was very active in doing the certifications and actively communicating with us for the two famers' markets we had</p>	

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	<p>BOARD COMMENT</p>	<p>regarding those certifications. We will keep a record of certified produce. Now we have 14 farmers' markets; we have several hundred permits that are specific to farmers' markets. As far as the certification process, it is beyond the scope of what a registered environmental health specialist does. It is more pertinent to agriculture. With that aspect of the revision, it was sort of a matter of housecleaning and removing something that did not really pertain to duties in the field. The most important part of the revision had to do with permitting the farm products vendors. There is a definition in statute of farm products, and there was an ability, instead of permitting the livestock and poultry vendors as individual permit holder per event and limited to 14 days, to look at that as a farm products vendor and extend a permit to them that would essentially cover them for the duration of the season in farmers' markets. It had a two-fold effect. First, it allows for the redirection of efforts on things that are a little more risky as far as preparing food, because it is being done with the special events program without having to inspect a minimum of three times at each event. This was difficult, even causing the need to extend overtime at times to cover such events. They do understand that the farmers' markets continue to evolve. One goal is to make a distinction between special events and farmers' markets, because they are really not the same thing.</p> <p>Council Member Ratti asked when this would take effect.</p> <p>Mr. Brasel responded that it would begin as soon as it is approved by the State Board of Health, within a couple of months.</p> <p>Ms. Ratti clarified if this would then apply to next year's farmers' markets.</p> <p>Mr. Brasel responded in the affirmative but also mentioned that there are some farmers' markets that take place in the Fall and Winter.</p> <p>Vice Chair Jung thanked staff for these updated regulations. She mentioned that this came directly out of a constituent's concern. She hopes that staff is getting this out to Ms. Teri Bath of Garden Shop Nursery, because she was instrumental in bringing this to our attention. These people were going through many hurdles to try to sell their meat and eggs that were locally and organically grown. Being called a special event, they had to obtain a permit every single time. It was not staff's fault; it was just an ordinance that did not keep up with reality. Ms. Bath came here from Boise, Idaho and has really invested in this community, becoming very active. Ms. Jung believes that she is a great new voice, and it is wonderful to see that we can effect some change.</p>	<p>Vice Chair Jung moved, seconded by Council Member Ratti, to approve and adopt the Regulations of the Washoe County District Board of Health Governing Food Establishments Section 187, Farmers' Markets, as amended.</p>

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		<p>Chairman Smith opened the public hearing and asked for any public comment. There was no public comment.</p>	<p><u>MOTION CARRIED</u></p>
<p>13.</p>	<p>Presentation of Environmental Health Services Division Programs, Mandates, Fees – Food Program.</p> <p>BOARD COMMENT</p>	<p>Bob Sack, Division Director of Environmental Health Services, noted that this is an agenda item in response to the Board's request to review each of the divisions, and we are beginning with Environmental Health Services and its largest program, the Food Program. It is our largest program, also our largest staffed program, and it has evolved over the years. The program is covered under NRS Chapter 446. He advised that within the staff report he highlighted the specific section that covers the inspection mandate that we operate under, which is 446.885. That basically requires inspection of each facility at least once per year and as many other times as necessary to ensure compliance. Overall, in general, they do meet that requirement, but they do not do a whole lot more than that on a routine basis. In only about 5% of the facilities do they do a second routine inspection. That does not mean that there is not contact with all of the facilities, because of reinspections and compliance, and they do meet the mandate every year. There is actually a criminal sanction for not getting them done. This is very unique in State law, but that is at the end of the chapter.</p> <p>Ms. Ratti asked who is liable for such criminal sanction.</p> <p>Mr. Sack responded that it is wide open and left for legal counsel, but he would say it goes from the Board right on down.</p> <p>Mr. Sack continued that the Food Program staff ensures safe food supply for over 429,000 Washoe County citizens and approximately 5 million visitors annually. The number of facilities we have, because we do have such a tourist-based economy, permits for restaurants and hotels actually fits a population probably three to four times our actual resident population. Therefore, we are comparable to much larger cities as far as the number of permitted facilities we must deal with. We have 3,385 food establishment permits on an annual basis. We receive about 250 general complaints regarding facilities which we investigate each year. Temporary food establishments, special events, continue to increase as we are marketing as the special events capital of the world. We are issuing over 2,000 special events permits each year. We have our certified food protection manager program which is the only aspect that is not mandated. However, we feel that it allows staff to do less routine inspections, because we are requiring each facility that has high risk food to have an on-site manager who is knowledgeable about food safety and process. We have had that in place for probably 20 years.</p>	

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		<p>Ms. Ratti asked if that was mandated in California.</p> <p>Mr. Sack responded that he was unsure if it was mandated, but it is very common there, and there are different versions. When we put it in place, nationally, we were one of the first programs. Now, there is a national program to provide education and certification for food managers which is one of the reasons why the program has evolved a lot. When this program first came out, we taught the program. Now, we have members of the community who teach food managers in a fashion we consider acceptable. We do plan review and construction inspection. Every time a kitchen is remodeled or a restaurant is built, we are tied into the approval process on those building permits and on the construction inspections before a Certificate of Occupancy is issued. We manage foodborne illness complaints and outbreak investigations. We conducted 317 of these investigations last year. To note, foodborne illness and general complaints vary greatly in their follow-up. They may just involve a phone call. However, especially in the area of foodborne illness, they might involve half of our staff diverted, because it becomes our highest priority. We will staff it at whatever level it takes to interdict that. We could have multiple staff involved virtually full-time for up to months at a time. Some of the things like the Hand, Foot, and Mouth Disease you heard about last summer and the recent Hepatitis A Outbreak require staff dedication to those efforts which takes them away from routine duties, such as inspections. Associated with each of these aspects, except complaints and outbreak investigations, we do have fees. There are a variety of fees generally for different types of facilities with different types of permits with different amounts really based on the amount of time it takes us for that type of facilities to perform an inspection. Our permit fees are generally low in comparison to the State and Southern Nevada. Southern Nevada's fees run two, three, four times as high as ours. We also have plan review fees for capturing our costs. All of our fees are authorized by the legislature, but it has to only capture the cost of doing the inspections and issuing a permit. We do not charge fees for complaint investigations or general complaints. The only place we have fees that are a bit discretionary would be the food protection manager program. They are going to taking a hard look at the program and the instructors to find out if it should be continued and, if so, under what conditions it should be continued. Depending on the facility and its issues, we could perform 1 to 12 inspections per year. If we are doing 12 inspections, it is either construction-related or foodborne illness-related, where we are keeping a close eye on a facility or we are looking at closing them due to continued violations. The average facility received about 1.6 inspections per year. Mr. Sack presented a series of pictures, as provided within the agenda packet,</p>	

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		<p>illustrating some of the work done by the Food Program, including being one of the originators to locate salmonella in white pepper, utilizing the knowledge of epidemiology. They are continuously dealing with illegal food vendors on the streets, putting a lot of effort into getting them permitted, if possible. Then, the permitted vendors end up assisting in calling to provide notification of those who are not permitted. One of our inspectors has law enforcement experience, and we utilize him across the whole District. This is an area where we write criminal citations. We warn them once and then we take them to court. Mr. Sack explained that over time, efficiencies have been developed, since he started here over 26 years ago, originally inspecting all restaurant facilities four times per year. These inspections involved floors, walls, and ceilings, asking if it is constructed properly, if the equipment is working, and are temperatures appropriate. Over time, the inspection for safety has evolved to truly look at the food, itself, and how it is being handled. This program over time has not grown a whole lot due to reduced staff and compared to the growth in the number of facilities. Until this last economic downturn, through all of the other economic downturns we have had, we always grew at about a 3% rate every year no matter what the economy said. We did not lose any facilities, when looking at total numbers during this last economic downturn, the increase just dropped to about 1%. On top of still having an increase, there is a lot of turnover of restaurants during an economic downturn. They are closing, but there is another one moving in. We were seeing over a 30% turnover in the number of restaurants on an annual basis. Each of those requires a new change of ownership which allows us an opportunity to require them to bring the facility up to code for construction purposes and equipment purposes. When a restaurant experiences a turnover, we do not just do a routine inspection, we do a thorough review of the facility and then do another routine inspection after it is opened.</p> <p>Dr. Furman commented that he thinks that there should be more inspections per year. The reduction from four to one, in previously and recently looking into this matter, the reality today is that most have two inspections which could be a problem. If someone is inspected, they may think that there is not going to be another inspection until the next year, causing them to possibly lower their concern for ensuring compliance.</p> <p>Mr. Sack responded that they definitely do know when they are there. When they inspect facilities within a casino, which may contain 30 or more permits, it is amazing how things will look in the first facility inspected and how each facility seems to be cleaner than the last as they go through. As soon as they walk through the door, things start happening. They are focusing their inspection on the high-risk activities, such as how is a chicken being handled,</p>	

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		<p>how is the food being handled through its process in addition to temperature, how are they conducting their hand-washing, what are their procedures. They are focusing more on those areas and not as much on the floors, walls, and ceilings aspect. In regards to foodborne illness complaints, as soon as they would get a complaint about food and associated with a restaurant, they would send someone into the field. Now, they conduct a thorough phone review with the complainant and determine if it is necessary to go out into the field, assessing the likelihood of the facility actually being implicated here versus the complainant having their issue originating in their house or some other facility. About seven years ago, they began developing an electronic inspections process, and it has been active for about five years where they are capturing that data. It is now available online, readily available to the public in the Washoe Eats name, and it has been very popular.</p> <p>Dave McNinch, one of two supervisors in the Food Safety Program, commented that a few years ago they had an opportunity to talk to the Board about their FDA Standards Program, a model for food programs. It is a continuous improvement process that the FDA has setup, and we committed to that process in 2004. Across the country, there are food safety programs enrolled in the program that are at various stages of meeting standards that outline what an ideal food program would look like. There are nine standards. One of those standards deals with proper resources. The FDA has established a model food program. They do not necessarily look at FTEs; they look at contacts. An appropriate level of contacts for them is roughly 280 to 320 contacts per staff per year. A contact is defined in a number of different ways. It could be a routine inspection, an education visit, etc. This is a continuous improvement project model; a lot of jurisdiction may never get to the ideals. They are always striving to get as close to these ideals as possible. They believe that an appropriate contact level in Washoe County is closer to 450; they think that is realistic and allows them to run a very efficient program. They are currently at about 600 contacts per staff per year and have been there for quite awhile. Losing or gaining staff, when you have that many contacts per person, can be significant. Currently, there are 11 inspectors who perform the routine inspections at the 3,385 facilities. If we are sitting at 600 and lose one individual, those 600 contacts have to be rolled into the workload of the other 10 inspectors. Therefore, contacts for the remaining 10 inspectors go up to 660 quickly. Currently, it is manageable, not real tolerable, but they are getting through it. In looking at whether or not the current levels are sustainable, they feel that 700 contacts is their breaking point. One year, they did experience over 700 contacts per staff member which was not manageable, was not tolerable, and certainly was not sustainable. The FDA program focuses on understanding our risk. Understanding what we are trying</p>	

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		<p>to prevent, allows us to implement strategies to that end. This allows them to be prescriptive in how they manage operators out in the field. They are expected to take control of their establishments in protecting people from potential foodborne illness. There are many good operators out there who require just one inspection per year, they are very sufficient, they do a good job, we do not get complaints, we do not get foodborne illness, everything looks in order. There are a handful of operators who do not operate that way. For those, they will go back as many times as necessary to enforce regulations and protect the public. If a facility is not being very compliant, we will go back a few times. As long as they are being progressive about getting into compliance, they will continue to work with them. Ultimately, they will not put the public at risk, and they will shut them down for awhile until they take control of their situation.</p> <p>Dr. Humphreys asked if the facility inspections are always unannounced other than when there are multiple restaurants in one facility.</p> <p>Mr. McNinch responded in the affirmative. He continued to respond that they have talked to the FDA, and there really is no reason why they could not announce them. If an inspection is announced, the standard response is to go pick the flour off the dry storage room floor, clean the walls, and do the sweeping, etc., but the focus now is more on the food. They want to know how they are managing their food types, do they understand temperature relationships, do they understand cold holding and hot holding, do they understand hand-washing, and do they understand management of ill employees, including what constitutes an ill employee. The most common things that are causing foodborne illness are not a broken bag of flour in the dry storage room.</p> <p>Dr. Furman provided a handout (filed) regarding Denver restaurant safety violations plunging as inspection fees rose. The number of critical violations that could cause food poisoning fell by 43%, and the policy was implemented last year. He recommended that the Board consider such an option. The fine schedule has brought \$732,000 into Denver or roughly \$600,000 more than the previous year. Of course, there are always complaints which have been provided. New York City has fines that were very high, \$10,000 to \$15,000, they had to cut back on the fees as Mayor Bloomberg received numerous complaints from restaurant owners. He believes it deserves some consideration.</p> <p>Council Member Ratti asked if there is correlating data to compare previous four inspections per year down to one inspection per year not on violations</p>	

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		<p>but whether people got sick. It is all about whether or not there was foodborne illness.</p> <p>Mr. McNinch responded that while a good question to ask, it is a tough one to answer. There may be historical data in hard copy form. Their records get pretty extensive, and they have to call out the old ones. Paper records have largely been called out. They are developing a history by inputting inspections in the computer system. There is a record of them, but they do have to improve on their ability to pull reports from that. It is not as easy as it sounds; it is very complex. Not everyone can have access yet, but Steve keeps them moving forward. Also, they have limited resources, such as statisticians, within the Health District to look at those things. There are small challenges that need to be overcome; ideally, they are headed that way, seeing what concentration on the high risk activities does with compliance.</p> <p>Ms. Ratti asked if we just have the data of how many incidents of foodborne illness there was caused by restaurants in a year.</p> <p>Mr. McNinch responded that they might have some. Not every complaint of foodborne illness that comes in is tied back to a restaurant. They get complaints, investigate them, and often times of that 317 that Mr. Sack mentioned from last year, they may implicate a facility, but they may not validate that it came from that facility. They may not be certain of the etiology of the foodborne illness, what is causing it. They might surmise based on the symptoms and the way that it is spreading through the community. It may be norovirus, but they may not be able to track down where it came from.</p> <p>Ms. Ratti asked roughly how many foodborne illnesses occur from any source in a given year.</p> <p>Mr. McNinch responded that through their complaint system, that number was probably accurate on the number of interviews they did last year. They might get a complaint that says that there are two or three people sick, they will interview them, and try to find out what might be the cause.</p> <p>Dr. Todd explained that they keep rather extensive data on the number of reported illnesses of virtually everything that is reportable. In regard to diseases, such as with salmonella, and e. coli, he can report the number of cases year-by-year that have been reported by Washoe County residents, and he can subset that out and report on which of those diseases are foodborne. The raw data is not, however, stored by definite cases of foodborne illness. They also keep an outbreak inventory, just an Excel</p>	

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		<p>spreadsheet, and they could go back and report at a future meeting the total number of outbreaks that they have had. He would have to go back and determine if he could single out which of those outbreaks were food establishment-associated, but not every outbreak they get is going to be food establishment-associated. Also, some outbreaks may be food establishment-associated, but they were unable to conclude that from the data they were able to acquire from the informants. It gets murky, but he believes that from all major outbreaks, there have been as high as 50 outbreaks that his staff in Epidemiology and Health Preparedness (EHPH) have had to investigate along with Environmental Health Services (EHS) and sometimes Community and Clinical Health Services (CCHS), if it is a vaccine-preventable disease.</p> <p>Ms. Ratti appreciated the presentation. She continued to explain that what she is attempting to understand is with 11 FTEs plus administrative on top of that, if that staffing level maintaining complaints at just over 300, and are these people experiencing food-like symptoms or are some dying from these diseases.</p> <p>Mr. McNinch responded that there are many aspects to this effort. There are other factors in addition to just looking at the sheer numbers and trying to compare the number of inspections to the number of complaints that come in. There could be a reduction in the number of people that are impacted from 317, but, just as importantly, there may be an impact where the cause is identified quicker, causing a truncated or shortened outbreak as opposed to one that extends out. It is almost impossible to measure how big an outbreak would get. He can say that they dropped their outbreaks from 25 to 20, looking at it from an outbreak standpoint, but those 20 outbreaks might have had 5,000 people whereas the 25 might have had 200. Some numbers will be valid while others may just be flu-like symptoms. They are trying to pull out the legitimate ones and prevent them from spreading.</p> <p>Ms. Ratti asked if we went to a system that was just complaint-based, and she pointed out that she knows that there is a State mandate to inspect each facility at least one per year, would there be any significant change in outcomes.</p> <p>Mr. McNinch responded that it is hard to say. If it was done correctly, theoretically, they should not have additional problems from those facilities that are operating properly. They have talked about that internally as the Board has mentioned that they would like to see two, three, or four inspections per year, and they have discussed how that would change the number of resources or staff necessary to complete. They fully recognize that</p>	

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		<p>there are certain facilities that need or should have more inspections per year while there are some where maybe they need to back off. For example, the prepackaged facilities, such as a grocery store that is limited to non-potentially hazardous foods, State law requires that they go and inspect that when in fact the risk is very low. They rarely have any problems with those types of facilities. He feels that they are on the verge of being able to have that discussion on a legislative level to decide how they can change the mandate from one inspection per year to something that fits the way that food programs do their business, in the way the FDA is trying to take them. Nevada is prime for that, and it is going to take a pretty significant discussion, but he thinks that it is something they see out on the horizon.</p> <p>Dr. Furman commented that in regard to the number of infections nationally, the number is said to be 62 million a year, but it does not tell us anything locally.</p> <p>Ms. Ratti responded that it also does not tell us anything about our own kitchens.</p> <p>Mr. McNinch commented that that is a hard one to overcome, because whenever someone gets sick, they are going to tie it into the last meal they ate, which is inevitably a food establishment. It is really difficult for them to explain to somebody that they ate somewhere for lunch two hours ago, and unless it is some kind of chemical poisoning, chances are whatever is causing their distress is not coming from that particular food establishment. They have had chemical exposures at restaurants, where people have ended up in the hospital; therefore, they have to really investigate those complaints.</p> <p>Vice Chair Jung suggested to Mr. Dick that Phil Ulibarri do a news release with the data about how many restaurants we have because of the tourism base and what a city of our size would actually look like. She thinks that plays into the whole rebranding of this region too. It goes back to that biggest little city feel, because she noted that there are great places to eat with a tremendous ethnic variety. She noted that she had to leave early, but she wanted to ensure that in regards to the fundamental review the question is asked if continuous improvement is part of that. She explained that she is a little bit concerned about NACCHO doing the fundamental review as the original purpose was how to get leaner and meaner and more cost effective, not what are the best standards according to the National Association of Community Health.</p> <p><i>Vice Chair Jung left at 2:25pm.</i></p>	

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		<p>Mr. Dick responded that they can definitely work with Phil and the Food program on the news release, and he is almost certain that they will be discussing continuous improvement in relation to the fundamental review.</p> <p>Mr. McNinch commented that the Food Safety Program has a very professional crew and is doing a great job, including the temporary food program that Jeff just made a presentation on farmers' markets. Over 20 years ago, it was floors, walls, and ceilings, and this group has bought into looking at things in a different way. It is a difficult one to change with some of these things being institutionalized, but they are committed to working on them with continuous improvement.</p>	
14.	Review and Acceptance of the Monthly Public Health Fund Revenue and Expenditure Report for May, 2013	<p>Eileen Stickney, Administrative Health Services Officer, presented the Monthly Public Health Fund Revenue and Expenditure Report for May 2013, stating that Staff recommends the Board accept the report. Ms. Stickney pointed out that there is one error in that the attached reports had a header of Fiscal Year 14 when in fact this is still Fiscal Year 13. Also, per Mr. Dick's request, the Report has been enhanced by including the actual dollar amount to give context to the percentages. She also pointed out that under the column under revenues, the total of revenues is \$11.8 million; that is including the Health District's revenues of about \$7.5 million and the general fund. On the expenditure side, the various reports that are divided by the divisions, when added, these are the cash discounts from the Comptroller that are reflected in the Fund Report, but they do not have specific division association.</p>	<p>Dr. Humphreys moved, seconded by Council Member Zadra, to accept the Health Fund Revenue and Expenditure Report for May, 2013.</p> <p><u>MOTION CARRIED</u></p>
15.	Presentation, Discussion, and Possible Direction to Staff Regarding a Fundamental Review including a conceptual scope for a review, and timeline and considerations for the review process and Health District management.	<p>Mr. Dick advised that within the Board packet he distributed an initial draft conceptual scope for a fundamental review from NACCHO. He asked them to get this to him by the 18th so that it could be included in the Board packet in order to have an opportunity for the Board to review the approach that NACCHO is recommending for a review and determine if that is the desired direction of the Health District. Mr. Dick explained that it is a rough draft and that he would expect NACCHO to be taking more time here for their work on-site as well in the final proposal to have more time to come back and report out on the results of the review. This is not near final on the details of how the project is going to be implemented.</p> <p><i>Chair Smith left at 2:30pm.</i></p> <p>They are proposing to take a systems approach to the review of the Health</p>	

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	<p>BOARD COMMENT</p>	<p>District, utilizing the framework of the public health accreditation for the elements that they would be reviewing. He became a bit nervous when they began talking public health accreditation as we are not close to becoming accredited; that is not our goal to get to accreditation through this review. However, they explained that they understood that but felt that the systems approach, in looking at how we are doing, our programs, and our business, was going to provide us the most benefits from an assessment that would be forward looking as to what we needed to do to improve and to move forward. Mr. Dick advised that he had Mr. Flores e-mail to the Board the standards under the public health accreditation which was also provided at the dais as a handout (filed).</p> <p><i>Chair Smith returned at 2:32pm.</i></p> <p>The handout identifies the different elements and the domains and standards that they would be looking at under those. Ms. Jung mentioned that she wanted to make sure that we were talking about continuous improvement, and Domain 9, Quality Improvement, says to evaluate and continuously improve processes, programs, and interventions. Mr. Dick reported that he met with Veronica Frankel, who is in the County Manager's Office, and is leading the County's process improvement initiative and implementation of the recommendations that the County received from their fundamental review process. He discussed with her the scope that we had received from NACCHO and the type of systems assessment that they are proposing to do, and she was very supportive and he believes excited about that type of review. He commented that he is looking for feedback from the Board regarding if this looks like the approach that we should be pursuing, does the Board believe that it will meet their goals of the review process. If not, he asked the Board to identify what those goals are so that staff can determine how to accommodate them.</p> <p>Council Member Zadra commented that she thinks that it will accommodate but wanted to make sure that Mr. Dick heard in prior discussions what she is most concerned about. It really is oversimplified that she wants the Health District to assess what are we required to perform by NRS, what, if there is anything beyond that which exists within the interlocal agreements, are we required to perform, what are we doing beyond, and what may be a duplication and what could potentially be performed by another entity.</p> <p>Dr. Furman commented that he agrees with Ms. Zadra in that we need to emphasize that this needs to be a fundamental review.</p>	

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		<p>Dr. Humphreys agreed with Ms. Zadra's comments as well. He thinks it is critical to take a look at the structural aspects of the Health District, the functional elements which really contain the mandated programs, etc., but it also says that we will do a financial review. Although it is a rough draft at this time, he does see those elements being covered in the proposal.</p> <p>Council Member Ratti commented that she shares Commissioner Jung's concern if she understands it. She thinks that the risk with going with an organization like NACCHO, whose entire mission is aligned with our mission in how do you protect the public health, but really looks at it from a best practices standpoint, what is the ideal that you are looking to achieve. She believes that with their standards and with accreditation, there is a minimum standard and then there are standards that you can achieve about that. It feels a little disconnected with our current state and the resources that we have available. She thinks that we know that we are deficient in where we would like to be on a number of areas of public health. She believes we will know that once we do some assessment that we are really focusing primarily on mandates and doing a handful of things that are more preventive or progress in nature than just the minimum necessary. Therefore, she does have a little bit of concern with the vendor, because she thinks it is going to be within their nature to be striving for an ideal that we may be nowhere near being able to achieve. If we just get back a list that says that Nevada and/or Washoe County is 50th in the nation in whatever, we will not have learned anything new. She pointed out that her second concern, if you go back to the draft, regards part of the challenge dealing with whomever is going to do a fundamental review is that typically when you review an organization, you are going to review them based on what they said they wanted to do, and when you are lacking a strategic plan, the first thing an assessor comes in and asks about is what are your priorities. Then, they are going to assess you on how you are meeting your priorities. Since we have not been clear about identifying our priorities, perhaps as we should be, they will be able to come in and say that you do not have a strategic plan. How well are they going to be able to review against all of the rest, because all of the rest are means to an end, and we have not defined the end. As she thought more about this since the last Board meeting, she questioned should we be doing a strategic plan before we do a fundamental review, because your review really should be about how well you are positioned to meet that plan, or should we be doing fundamental review to get enough information to be able to do a plan. She advised that this is the part the troubles her that we are going to spend a bunch of money to find out things that we already know and not necessarily moving the dial at all. She wonders if a month's more time to come up with a proposal, especially since we are losing some critical members of our board</p>	

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		<p>today, would be helpful. She wants to make sure that what we are doing is going to get us where we want to go. There are those very narrowly focused pieces that Ms. Zadra brought out, which are very practical in the things we need to deal with in the next budget cycle, but there is this bigger vision of how do we make sure that we are protecting the public health and where those two balance in a fundamental review and/or planning process.</p> <p><i>Council Member Zadra left at 2:38pm.</i></p> <p>Chair Smith commented that he thinks they should just hold off for a month and give it a little more fine tuning.</p> <p>Dr. Furman mentioned that they have prioritized previously, and it may not be a bad idea to bring that back by staff.</p> <p>Ms. Ratti commented that she has been on the Board for five year, and there have been a handful of planning activities. However, even if we had a prioritized list, if it is before the impacts of the recession, she is not sure how valid it is. She asked Mr. Dick is he sees a path forward.</p> <p>Mr. Dick responded that he appreciates the Board's comments and discussed over lunch with Chair Smith that we think we know that we need to do a better strategic plan that what we have now, cobbled together from year to year, and not really something that has used the needs assessment process and really had some work to identify what is the overarching goal and how we are going to get there, aligning our priorities. The proposal that we have outlines a schedule that would deliver us a report at the end of December. We may be able to expedite that a little bit. He thinks there will be good information within the report, but he also thinks it will be information that we already know, including that we need a strategic plan, and we need to have the needs assessment to feed into the strategic plan. He thinks that that is something that needs to be considered whether we want to spend money with somebody doing the review to tell us that, or do we want to spend some money to embark on that process now so we are better positioned in December with budget season looming on us again, having the strategic plan in place and a direction to go from. Mr. Dick added that he is wondering if maybe he should be talking with NACCHO about whether we can focus the assessment on some of the areas under the accreditation for quality improvement, administrative, management, etc., and can we take a dual track where we are also working on developing a needs assessment and a strategic plan with them or another organization during that process.</p>	

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		<p>Ms. Ratti inquired if Mr. Dick thinks NACCHO could be well-positioned to answer the questions that Ms. Zadra raised or if that is going to take somebody local.</p> <p>Mr. Dick responded that he thinks that it will be a challenge for anybody. He does not believe anybody is ready to walk in and say that they have researched NRS and know exactly what a local health district in Nevada is supposed to do. Anybody is going to have to get up to speed on that; he does not think that there is a business in that for anybody right now that would be walking in. This might be accomplished through some discussions with stakeholders in the process, but obviously they are not going to be on the ground here to know what all of the other entities are. No matter who we get, there is going to be a lot of engagement and work done by Health District staff to pull together information for them in a number of these areas. Mr. Dick commented that he has received some concerns and ideas, and he will work with NACCHO and try to resolve whether they can deliver what we are looking for in these areas, what their thoughts are about assessing everything versus working on some of the things, and bring back a proposal or determine that they are not going to be able to deliver and hopefully have somebody else to bring to the Board.</p> <p>Ms. Ratti asked if Mr. Dick could talk a little bit more about the enthusiasm he received from the County and what he thinks he will be able to accomplish there.</p> <p>Mr. Dick responded that he thinks that the value of the systems-type approach is if we can get the information that says what we need to work on to improve the performance of the Health District in delivery our programs and services, that is going to give us a path forward that is going to allow us to be able to effectively and efficiently deliver services. He explained that they talked with NACCHO about some of the comments that had been made regarding whether the Health District is a Cadillac or a Chevy or a broken down Volkswagen. They did not feel that that was really the proper question to answer; they felt like benchmarking, in some respects, is like looking in the rearview mirror. You get a picture of where you have been. At this point, we have the vehicle we have, and the systems approach is more about how we get another couple hundred thousand miles out of it and best mileage from that vehicle as we drive it forward.</p> <p>Ms. Ratti requested one other clarification that they would report to the Board.</p>	<p>Council Member Ratti moved, seconded by Dr. Humphreys, to direct DHO to work with NACCHO or bring back another proposal to address concerns heard today.</p>


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		Mr. Dick responded that he would expect someone here to spend some time with us to discuss the results of the review.	<u>MOTION CARRIED</u>
*16.	<u>Staff Reports and Program Updates</u> A. <u>Director, Epidemiology and Public Health Preparedness</u>	Dr. Randall Todd, Director, Epidemiology and Public Health Preparedness, presented his monthly Division Director's Report, a copy of which was placed on file for the record.	
	B. <u>Director, Community and Clinical Health Services</u>	Ms. Stacy Hardie, PHN Supervisor, on behalf of Mr. Steve Kutz, Director, Community and Clinical Health Services, presented his monthly Division Director's Report, a copy of which was placed on file for the record.	
	C. <u>Director, Environmental Health Services</u>	Mr. Robert Sack, Director, Environmental Health Services, presented his monthly Division Director's Report, a copy of which was placed on file for the record.	
	D. <u>Acting Director, Air Quality Management</u>	<p>Ms. Charlene Albee, Interim Division Director, Air Quality Management, presented the monthly Division Director's Report, a copy of which was placed on file for the record.</p> <p>Ms. Albee added to the report by reporting that regarding the unique infrastructure group project out of the Sparks Energy Park, the Data Center out at the Apple Project, east of Sparks, the Air Quality Division has responded to comments that were received by EPA on the air quality impact analysis statement of basis and the draft Title 5 PSD Review. That is actually out to public notice right now and will be out for public notice until the end of July. EPA will have until the August 7th to give us a final approval for issuance of that permit. If anybody is interested in looking at that, it is available on the Health District's front page under Announcements.</p> <p>Dr. Humphreys requested clarification to ensure that this does not mean there is a concern but just a matter of process.</p> <p>Ms. Albee responded that it is being re-noticed. We processed the application following guidance from San Francisco EPA Region 9. The Greenhouse Gas Rules are very new, and we are one of the frontrunners, trying to get this project pushed through. We had followed their guidance when it was sent back to Washington, DC for review; they made some significant changes in what was required to be analyzed. Therefore, we have addressed all of the</p>	

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		<p>comments. Our preliminary indications are from EPA that they will not be making any more detrimental comments.</p>	
	<p>E. <u>Administrative Health Services Officer</u></p>	<p>The Administrative Health Services Officer's Reports for this month were addressed in other agenda items.</p>	
	<p>F. <u>Interim District Health Officer and Health District Updates</u></p>	<p>Mr. Kevin Dick, Interim District Health Officer, presented the monthly District Health Officer Report, a copy of which was placed on file for the record.</p> <p>Mr. Dick reported that he has changed around the format of the monthly report a little bit, trying to make the Board aware of things that he and the Health District are working on. He thinks everybody probably saw on the news that we have been going through a Hepatitis A Multi-State Outbreak, and we have been fortunate in that as the outbreak was discovered and unrolled, we had two cases of Hepatitis A confirmed in Washoe County, and we have remained with two cases. He wanted to commend staff; they have done an excellent job in responding to the outbreak, and we have had quite a lot of activity. People were working over the weekend as the event was unfolding, and there was a phone bank that was staffed to respond to phone calls from the public. The outbreak was in regard to Townsend Farms Antioxidant Berry Blend. It was frozen berries sold through Costco. We have responded to 305 calls to date; of these, we have had 279 people exposed to eating the berries. We have administered the Hepatitis A vaccine to 94 people through the Washoe County Health District. The 305 calls represent people who have contacted the Health District, but there are often numerous calls back and forth in monitoring those people via telephone and following up with them. We are fortunate that we only have two cases that were what we started with. However, the outbreak is not over; there are frozen berries that could still be in freezers that still may be eaten. The CDC has this as an ongoing outbreak still at this point. Mr. Dick also wanted to take an opportunity to wave around his notebook; Bill Flores, Administrative Secretary, is bringing some new ideas and wanted me to show you the tabbed notebook that he has provided with the agenda in it. If anybody would prefer to receive the Board packet in a notebook, we can change out the contents on a monthly basis. Please let Bill know, if you would prefer to be organized that way. Lastly, Mr. Dick wanted to highlight as part of his report and Employee Engagement Survey that was conducted with help from Veronica Frankel from the County Manager's Office. One of the things that we are really fortunate with our workforce is that we have a workforce that strongly understands what is expected of them and believes in the mission of the Health District. What we are also seeing from the results of the survey are that we need to work more with staff on their</p>	

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		professional development and that we also need to work to make sure we are giving that positive feedback on performance to staff so that they know they are appreciated and recognized when they do a good job. He thinks that these are things that are common that come up where we need to do more; therefore, he was not surprised to see those results. We will be discussing the survey results with staff during our General Staff Meeting on July 2 nd .	
*17.	Board Comment – Limited to Announcements or Issues for Future Agendas	None.	
18.	Emergency Items	None.	
*19.	Public Comment (limited to three (3) minutes per person). No action may be taken.	None.	
20.	Adjournment	There being no further business to come before the Board, the meeting was adjourned.	<p>Dr. Humphreys moved, seconded by Council Member Ratti, that the meeting be adjourned.</p> <p><u>MOTION CARRIED</u> The meeting was adjourned at 2:54 p.m.</p>



KEVIN DICK,
INTERIM DISTRICT HEALTH OFFICER



WILLIAM FLORES,
RECORDING SECRETARY