WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

Public Health
Prevent. Promote. Protect.

Washoe County District Board of Health
Meeting Notice and Agenda

Members
Kitty Jung, Chair
Dr. John Novak, Vice Chair
Oscar Delgado
Dr. George Hess
Kristopher Dahir
Michael D. Brown
Tom Young

Thursday, March 22, 2018
1:00 p.m.

Washoe County Administration Complex
Commission Chambers, Building A
1001 East Ninth Street
Reno, NV

An item listed with asterisk (*) next to it is an item for which no action will be taken.
1:00 p.m.

1. ***Roll Call and Determination of Quorum**
2. ***Pledge of Allegiance**
3. ***Public Comment**

   Any person is invited to speak on any item on or off the agenda during this period. Action may not be taken on any matter raised during this public comment period until the matter is specifically listed on an agenda as an action item.

4. **Approval of Agenda – (For possible action)**
   March 22, 2018
5. ***Recognitions**

   A. Promotions
      i. Matthew Christensen, EHS Trainee to Environmental Health Specialist, 2/8/2018 - EHS
      ii. Michael Touhey, EHS Trainee to Environmental Health Specialist, 2/8/2018 - EHS

   B. Shining Star
      i. Carmen Mendoza – EPHP
6. **Proclamations - (For possible action)**
   National Stop the Bleed Day Proclamation
7. **Consent Items – (For possible action)**
   Matters which the District Board of Health may consider in one motion. Any exceptions to the Consent Agenda must be stated prior to approval.

   A. Approval of Draft Minutes – **(For possible action)**
      i. February 22, 2018

B. Budget Amendments/Interlocal Agreements – **(For possible action)**
   i. Approve a Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the total amount of $109,999 (no match required) for the period March 29, 2018 through March 28, 2019 in support of the Community and Clinical Health Services Division (CCHS) Tobacco Prevention and Control Grant Program, IO# 11238 and authorize the District Health Officer to execute the Notice of Subgrant Award.
   Staff Representative: Nancy Kerns Cummins

C. Acceptance of the 2017 Annual Report to the Truckee Meadows Regional Planning Agency by the Washoe County Health District as the Solid Waste Management Authority. – **(For possible action)**
Staff Representative: Jim English

D. Acceptance of the 2017 Annual Report to the Truckee Meadows Regional Planning Agency by the Washoe County Air Quality Management Division. – **(For possible action)**
Staff Representative: Charlene Albee

E. Approval of authorization to travel and travel reimbursements for non-County employee Dr. John Novak in the approximate amount of $1432.16, to attend the NALBOH Board Meeting in Atlanta, GA, April 17-20, 2018. – **(For possible action)**
Staff Representative: Kevin Dick

F. Recommendation for the Board to approve the commitment to support the Wildland Fire Air Quality Response Program, including training, certification, and deployment of Julie Hunter, Senior Air Quality Specialist, as an Air Resource Advisor. – **(For possible action)**
Staff Representative: Charlene Albee

G. Acceptance of 2018 Washoe County Chronic Disease Report Card. – **(For possible action)**
Presented by: Stephanie Chen

H. Acknowledge receipt of the Health Fund Financial Review for February, Fiscal Year 2018 – **(For possible action)**
Staff Representative: Anna Heenan

8. ***Presentation from REMSA Board Member Representing the Accounting Profession**
Presented by: Tim Nelson

9. **Regional Emergency Medical Services Authority**
Presented by: Dean Dow
A. Review and Acceptance of the REMSA Operations Report for February, 2018 – **(For possible action)**

10. **Review and Possible Acceptance of the 2017 Community Health Improvement Plan Annual Report – (For possible action)**
Staff Representative: Catrina Peters

11. **Review, discussion and direction to staff regarding the provisions of the Interlocal Agreement (ILA) entered into by the Cities of Reno and Sparks and Washoe County for the creation of the Health District. Take action to accept the ILA in its current form *or***

direct staff to forward any recommendations for possible amendments to Reno, Sparks and Washoe County - (For possible action)
Staff Representative: Leslie Admirand

12. *Staff Reports and Program Updates

A. Air Quality Management, Charlene Albee, Director
Program Update, Divisional Update, Program Reports

B. Community and Clinical Health Services, Steve Kutz, Director
Divisional Update – World TB, Insurance Contracts, UNR Students, 2018 Washoe County Chronic Disease Report Card, Data & Metrics; Program Reports

C. Environmental Health Services, Chad Westom, Director
EHS Division and Program Updates – Child Care, Community Development, Food, Land Development, Safe Drinking Water, Schools, Vector-Borne Disease and Waste Management

D. Epidemiology and Public Health Preparedness, Dr. Randall Todd, Director
Program Updates for Communicable Disease, Public Health Preparedness, and Emergency Medical Services

E. Office of the District Health Officer, Kevin Dick, District Health Officer
District Health Officer Report – FY19 Budget, Public Health Accreditation, Quality Improvement, 2016-2018 Community Health Improvement Plan, Truckee Meadows Healthy Communities, Workforce Development, Water Projects, Washoe Regional Behavioral Health Policy Board, Statewide Partnership on the Opioid Crisis Working Group, County Health Rankings, Other Events and Activities and Health District Media Contacts.

13. *Board Comment
Limited to announcements or issues for future agendas.

14. *Public Comment
Any person is invited to speak on any item on or off the agenda during this period. Action may not be taken on any matter raised during this public comment period until the matter is specifically listed on an agenda as an action item.

15. Adjournment – (For possible action)

Possible Changes to Agenda Order and Timing: 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 they 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 agenda.

Special Accommodations: 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 1130, Reno, NV 89520-0027, or by calling 775.328.2416, 24 hours prior to the meeting.

Public Comment: During the "Public Comment" items, anyone may speak pertaining to any matter either on or off the agenda, to include items to be heard on consent. For the remainder of the agenda, public comment will only be heard during items that are not marked with an asterisk (*). Any public comment for hearing items will be heard before action is taken on the item and must be about the specific item being considered by the Board. In order to speak during any public comment, each speaker must fill out a "Request to Speak" form and/or submit comments for the record to the Recording Secretary. Public comment and presentations for individual agenda items are limited as follows: fifteen minutes each for staff and applicant presentations, five minutes for a speaker representing a group, and three minutes for individual speakers unless extended by questions from the Board or by action of the Chair.

Response to Public Comment: 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."

Posting of Agenda; Location of Website:

Pursuant to NRS 241.020, Notice of this meeting was posted at the following locations:

Washoe County Health District, 1001 E. 9th St., Reno, NV
Reno City Hall, 1 E. 1st St., Reno, NV
Sparks City Hall, 431 Prater Way, Sparks, NV
Washoe County Administration Building, 1001 E. 9th St, Reno, NV
Downtown Reno Library, 301 S. Center St., Reno, NV
Washoe County Health District Website www.washoecounty.us/health
State of Nevada Website: https://notice.nv.gov

How to Get Copies of Agenda and Support Materials: Supporting materials are available to the public at the Washoe County Health District located at 1001 E. 9th Street, in Reno, Nevada. Ms. Laura Rogers, Administrative Secretary to the District Board of Health is the person designated by the Washoe County District Board of Health to respond to requests for supporting materials. Ms. Rogers is located at the Washoe County Health District and may be reached by telephone at (775) 328-2415 or by email at lrogers@washoecounty.us. Supporting materials are also available at the Washoe County Health District Website www.washoecounty.us/health pursuant to the requirements of NRS 241.020.

DBOH AGENDA ITEM NO. 6

WASHOE COUNTY HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

Proclamation

NATIONAL STOP THE BLEED DAY

March 31, 2018

WHEREAS, uncontrolled bleeding injuries can result from natural disasters, man-made incidents or everyday accidents; and

WHEREAS, if the bleeding is severe, it can kill an individual within minutes, potentially before trained responders can arrive; and

WHEREAS, no matter how rapid the arrival of professional emergency responders, bystanders will likely be first on the scene; and

WHEREAS, research has shown that bystanders, with little or no medical training, can become heroic lifesavers. Similar to the use of CPR or automatic defibrillators, improving public awareness about how to stop severe bleeding and expanding personal and public access to Bleeding Control Kits can be the difference between life and death for an injured person; and

WHEREAS, Stop the Bleed is intended to cultivate grassroots efforts that encourage bystanders to become trained, equipped, and empowered to help in a bleeding emergency before professional help arrives; and

WHEREAS, Washoe County intends to build resilience by empowering the general public to be aware of the steps that can be taken to stop or slow life threatening bleeding, and to promote the general public's access to Bleeding Control Kits; and

WHEREAS, it is appropriate to recognize the value of bystander responses by designating a National Stop the Bleed Day;

NOW, THEREFORE, be it resolved, that the Washoe County District Board of Health does hereby proclaim March 31, 2018, as

"NATIONAL STOP THE BLEED DAY"
In Washoe County, Nevada

ADOPTED this ___nd day of March 2018

_____

Kitty Jung, Chair
Washoe County District Board of Health

WASHOE COUNTY HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

Public Health
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Washoe County District Board of Health Meeting Minutes

Members
Kitty Jung, Chair
Dr. John Novak, Vice Chair
Oscar Delgado
Dr. George Hess
Kristopher Dahir
Michael D. Brown
Tom Young

Thursday, February 22, 2018
1:00 p.m.

Washoe County Administration Complex
Commission Chambers, Building A
1001 East Ninth Street
Reno, NV

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1. *Roll Call and Determination of Quorum

Vice Chair Novak called the meeting to order at 1:00 p.m.
The following members and staff were present:
Members present:
Dr. John Novak, Vice Chair
Michael Brown
Tom Young
Dr. George Hess
Kristopher Dahir

Members absent: Kitty Jung, Chair
Oscar Delgado

Ms. Rogers verified a quorum was present.

Staff present: Kevin Dick, District Health Officer, ODHO
Leslie Admirand, Deputy District Attorney
Charlene Albee
Steve Kutz
Chad Westom
Dr. Randall Todd
Catrina Peters

2. *Pledge of Allegiance

Dr. Hess led the pledge to the flag.

3. *Public Comment

As there was no one wishing to speak, Vice Chair Novak closed the public comment period.

4. Approval of Agenda

February 22, 2018

Mr. Brown moved to approve the agenda, for the February 22, 2018, District Board of Health regular meeting. Mr. Dahir seconded the motion which was approved five in favor and none against.

5. Recognitions

A. Years of Service

i. Genine Rosa, 5 years. Hired 2/25/2013 – AQM

Mr. Dick congratulated Ms. Rosa on her years of service and informed that she is kept quite busy as the engineer in charge of permitting in Air Quality Management.

B. New Hires

i. Sheila Juskiw, Advanced Practice Registered Nurse, 1/22/2018 – CCHS

Mr. Kutz informed that Ms. Juskiw is the new Advanced Practice Registered Nurse in the Sexual Health Program with twenty-four years of experience as a Nurse Practitioner. He informed that she comes to CCHS from the Minute Clinic at CVS, and that Ms. Juskiw is a native New Yorker who relocated to Nevada eighteen years ago. Mr. Kutz expressed they were excited to have Ms. Juskiw join their team and help implement a new clinic model in Sexual Health.

6. Consent Items

Matters which the District Board of Health may consider in one motion. Any exceptions to the Consent Agenda must be stated prior to approval.

A. Approval of Draft Minutes
i. January 25, 2018

B. Budget Amendments/Interlocal Agreements

i. Retroactive approval of Subaward Agreement from the National Association of County and City Health Officials (NACCHO) for the period December 1, 2017 through August 31, 2018 in the total amount of $8,000 in support of the Environmental Health Services Division (EHS) Food and Drug Administration (FDA) Mentorship Program for Retail Program Standards Grant, IO 11471; and if approved, authorize the District Health Officer to execute the Agreement.
Staff Representative: Patsy Buxton

C. Approve FY18 Purchase Requisition #3000034667 issued to Keep Truckee Meadows Beautiful in the amount of $100,000 in support of the Recycling and Solid Waste Management Plan program activities for the period April 1, 2018 through December 31, 2018 on behalf of the Environmental Health Services Division of the Washoe County Health District. – **(For possible action)**
Staff Representative: Jim English

D. Acknowledge receipt of the Health Fund Financial Review for January, Fiscal Year 2018 – **(For possible action)**
Staff Representative: Anna Heenan

Mr. Dahir moved to accept the Consent Agenda. Dr. Hess seconded the motion which was approved five in favor and none against.

7. *Inter-Hospital Coordinating Council (IHCC) Presentation of Accomplishments
Presented by: Brian Taylor, IHCC Chairman and Sean Applegate, Vice Chairman

Mr. Taylor introduced himself as the Chairman of Inter-Hospital Coordinating Council (IHCC) and expressed his appreciation for being allowed to present the accomplishments of the IHCC at this District Board of Health Meeting. He informed that Mr. Applegate of Northern Nevada Medical Center is Vice Chair of the IHCC and would be along shortly. Mr. Taylor also wished to recognize those present; Secretary Member, Ms. Esp from the Health District, and Drs. Hess and Todd, IHCC Board Members.

Mr. Taylor reminded the Board of his promise made a year ago of the IHCC's plans to focus on the medical needs of the community in 2017. He presented the list of goals decided upon by their Coalition for action in 2017 and informed that most had been achieved with a few due to be completed in early 2018, and that the balance had been rescheduled as goals for 2018.

Mr. Taylor presented the new IHCC logo that had been designed by Ms. Esp, and explained that it represents their medical community involvement and all of the projects that they've worked so hard to accomplish in the last year.

Mr. Taylor reviewed the fifteen exercises conducted in 2017 that ranged from tabletop to full scale, involving all of IHCC's partners working together to prepare for actual feasible incidents that could occur.

Mr. Taylor detailed the trainings that IHCC had provided with the focus on those that were the most beneficial to the local community, and informed their Federal partners had taken notice and designated many members of the IHCC Coalition as subject matter experts in many areas. These members have been consulted by other forming coalitions in the nation, and that they have been called upon to present at national conferences on coalition preparedness and response models. Mr. Taylor stated that the IHCC was featured in the Assistant Secretary for Preparedness and Response Trade Journal as a best practice.

Mr. Taylor informed that the IHCC's focus for 2018 hasn't changed, and spoke of Ms. Conti's presentation at the last DBOH Meeting for future planning guidelines utilizing the Gap Analysis Program. This Program was developed from a federal example by the IHCC who modified it and the mode of implementation in a manner specific to the needs of the community, and use it as a tool for the Coalition to strategically identify areas that require work. Mr. Taylor stated that their Federal partners have asked the IHCC about their modifications and if they could use it as a model for other communities to make the Program regionally specific.

Mr. Taylor informed that the region's Mass Casualty Incident (MCI) Plan is designed for small to medium sized disasters and is one of the best in the nation. He stated that one IHCC project for 2018 involves creating a MCI Plan for large scale and/or multiple location incidents in Washoe County to provide the resilience necessary to manage a disaster of that magnitude. He stated that Ms. Dayton of the Health District and IHCC partners had been working on this plan prior to the Las Vegas incident, and they are working hard to complete it for the approval of the District Board of Health.

Mr. Taylor expressed it is his honor to Chair for the IHCC for one more year, and thanked the District Board of Health for their support of the IHCC; assuring personnel and tools be available to conduct exercises and implement plans that create resiliency to respond to incidents within the community. He noted that Mr. Applegate had joined the meeting and would be the next Chair of the IHCC.

Mr. Dahir expressed his appreciation for the work of the IHCC, and inquired if information is available from this collaboration of hospitals that would benefit the initiative to assist the region's homeless population. Mr. Taylor replied that it was not what they usually do, but that they would do what is right for the community. He stated that this

request would be presented to the IHCC and their partners to discern if they may have information that would help with this issue. Mr. Dahir opined that any information that IHCC could provide would be valuable. Mr. Taylor requested Mr. Dahir to meet with one of the members to advise the types of information he is hoping to obtain and it would be presented in an IHCC meeting.

Dr. Hess stated his reason for involvement in this organization is that, at the time he became a member, it was the only organization of hospitals working together to benefit the community. He informed that it is an organization that works very well at achieving their goals.

Dr. Novak expressed thanks to all those involved with the IHCC for their hard work and many volunteer hours, and stated that they all have done an amazing job in preparing for mass casualty incidents, large and small.

Mr. Taylor stated that he would extend Dr. Novak's thanks to the entire group.

8. *City of Reno motel inspection program.
Presented by: Alex Woodley, Code Enforcement Manager

Mr. Woodley thanked Mr. Dick and the Health District Staff for their assistance in this presentation and their work on the ordinance designed to improve conditions in the area's motels used as long-term rentals. He informed that Washoe County Health District uses the payment of lodging taxes to determine if the property is subject to regulation by the Health District. For tenants remaining beyond twenty days, or ten days for a Nevada resident, the property is not required to collect lodging tax. Therefore, the standards for motel inspection were identified as needing revision to regulate motels used in a manner other than the current regulations for transient lodging are written for.

Mr. Woodley stated that these motels are a large part of the affordable housing inventory because there is no lease, no utilities to pay and no deposit required. Rent amounts range primarily from $150-225 per week, and motel owners estimate the percentage of senior citizens at approximately fifty percent of the long-term tenants.

Mr. Woodley noted that, while there is a need for more affordable housing, they want to assure the current inventory is safe and healthy for the tenants.

Mr. Woodley informed that the City of Reno does not currently have a classification for motels being used as long-term rentals, and an exact number of motel properties used as such is difficult to obtain because some have been demolished and units can be rented alternatively as transient or long-term. In 2017, Washoe County Human Services assisted with a count of these motel properties, and seventy-five had been identified. Although numbers from a new count in early 2018 were not available at the time of the meeting, Mr. Woodley opined it would be a smaller number due to the demolition of approximately six motels.

Mr. Woodley informed that in 2014, sixty motels rented as long-term housing were identified in the downtown area with 82% of those at sixty years or older and the remainder were forty years or older. The age of the structures along with maintenance issues contribute to poor conditions.

Mr. Woodley stated that the Washoe County Health District focuses on the public health and safety of transient lodging. The City of Reno and Health District inspect for similar criteria and work together on many occasions as a task force when conditions warrant. He related that a provision of the new ordinance would provide for annual, proactive inspection to assure compliance with existing standards, and that the City of Reno's scope of jurisdiction includes not only the housing codes and requirements, but public nuisances and zoning and building codes, as well.

The proposed ordinance would require motel owners to identify their business model and to operate as either a transient or long-term property, to obtain the appropriate business license and comply with the required annual inspection by code enforcement officers of each unit and the exterior of the property as relates to zoning, building and nuisance code requirements. Other requirements would include that clean linen be provided weekly.

Mr. Woodley informed of programs and requirements to help reduce crime and make motels safer and healthier, while minimizing the potential for increased rents to the tenants.

Mr. Dahir inquired how this plan can be implemented without impacting the motel owners to the extent that these rentals would become unavailable and thereby increasing the homeless population. Mr. Woodley informed that there would be time given for the owners to come into compliance with the new ordinance, and that leverage for compliance would range from civil citations to property liens and suspension of the business license. He stressed that, regardless of these impacts, they would work to assure no tenant is displaced for negative consequences levied on the owners.

Mr. Woodley informed that there had been six meetings with the motel owners, two of which were public workshops. He stated there had been some resistance to the proposed ordinance, with the greatest concern being a potential requirement to install kitchenettes in each unit.

Mr. Young expressed that the rents charged per week for these motel units seem to be quite high.

Mr. Dick informed that this presentation is not an action item and so the DBOH could not act on it, but wished to assure Board Members that the Health District would continue to work closely with Mr. Woodley and the City of Reno. He expressed that Mr. Woodley had been a great partner for the Health District longer than Mr. Dick had been with the Health District, and wished to acknowledge Mr. Woodley as the Truckee Meadows Healthy Communities Steering Committee Member representing the City of Reno. Mr. Dick thanked Mr. Woodley for his work and his presentation.

Mr. Dahir inquired of Mr. Dick what the Health District's role is with the City of Reno in the inspection and regulation of motels. Mr. Dick informed that the Health District works closely with the City of Reno and will form a joint task force to inspect properties as needed. He stated that the Health District would not have jurisdiction over a property that is a long-term rental, but would provide public health training support for the City of Reno inspectors.

Mr. Woodley added that neither the Health District nor the City of Reno refuses to respond to a complaint and will include the other entity in the inspection.

Mr. Dahir inquired if the new ordinance would provide the Health District with a broader range of jurisdiction. Mr. Dick informed that the ordinance would not affect the Health District's range of authorities, but would provide for a proactive program for the City of Reno to regulate the non-transient motels.

Dr. Novak stated the City of Reno, Health Department, and Fire and Police Departments comprise a task force when inspection of a property is necessary, and this ordinance will define the parameters under which the property is regulated.

9. PUBLIC HEARING: Presentation, discussion and possible adoption of the Proposed Revisions to the District Board of Health Regulations Governing Air Quality Management, Section 040.080 Gasoline Transfer and Dispensing Facilities and related 010.000 Definitions. – (<u>For possible action</u>)

Staff Representative: Charlene Albee

Ms. Albee informed that the item presented is the final step in the adoption of the proposed regulations to remove the requirement for Phase II vapor recovery on gasoline

dispensing facilities. She stated that the regulations were previously adopted by the District Board of Health in the process of submission to the EPA wherein it was discovered the item had been published only twice when three times is required. She confirmed that the item had since been published three times, had offered workshops again and received no public comment. Ms. Albee noted that the Business Impact Statement had been adopted last month by the DBOH, and that nothing had been changed since the previous adoption.

Vice Chair Novak inquired of Ms. Admirand if this item needed to be acted upon since it is the same information as previously approved. Ms. Admirand confirmed that the Board was required to act on this item.

Vice Chair Novak informed that there was Public Comment for agenda item number 9, Ms. Cathy Brandhorst.

Ms. Brandhorst expressed concern for the local air quality.

Vice Chair Novak closed the public comment period.

Mr. Brown moved to adopt the Proposed Revisions to the District Board of Health Regulations Governing Air Quality Management, Section 040.080 Gasoline Transfer and Dispensing Facilities and related 010.000 Definitions. Mr. Young seconded the motion which was approved five in favor and none against.

10. Regional Emergency Medical Services Authority

Presented by: JW Hodge

A. Review and Acceptance of the REMSA Operations Report for January, 2018 – **(<u>For possible action</u>)**

Mr. Hodge informed that an updated Accounts Receivable Summary had been provided, and was available to answer any questions.

Vice Chair Novak informed that there was Public Comment for agenda item number 10, Ms. Cathy Brandhorst.

Ms. Brandhorst spoke to the benefit of REMSA to the community.

Vice Chair Novak closed the public comment period.

Dr. Hess moved to accept the REMSA Operations Report for January, 2018. Mr. Dahir seconded the motion which was approved five in favor and none against.

B. *Update of REMSA's Public Relations during January, 2018

Mr. Hodge wished to extend thanks to the Chief Brown from REMSA and their regional partners for organizing a trip to Las Vegas to view their communications center and operation. He stated it provided a great perspective for future opportunities.

Mr. Hodge informed of scheduled meetings with Mr. Dow and the regional Fire Chiefs to work toward dispatch and communication improvements.

11. Presentation and possible acceptance of a semi-annual progress report on the 2017-2020 Strategic Plan – (<u>For possible action</u>)

Staff Representative: Christina Peters

Ms. Peters informed that the slight revisions suggested at the November Strategic Planning Retreat had been implemented in the Strategic Plan initiatives, and detailed the changes and progress made in the first half of the current fiscal year.

Regarding the Remote Area Medical (RAM) Event held in September of 2017, Mr. Dahir stressed the importance of devising improved methods of increasing the community's access

to the medical services provided.

Mr. Dick informed that this topic had just been discussed at the last Truckee Meadows Healthy Communities (TMHC) meeting. He noted that the RAM Module involves constraints around the delivery of services and the collection of patient's information which hindered the ability to provide follow up care. Therefore, TMHC's development of the Community Health Improvement Plan will consider the potential for an event similar to that of the RAM Event, but will avoid those constraints and align with the Strategic Plan Priorities.

Mr. Dahir opined that, as the population grows, the medical services provided free of charge at events such as this will be more in need. He requested that the DBOH be kept apprised of event details to allow them to inform their communities.

Mr. Young inquired of Ms. Peters which fiscal goal of the nine reported was not on track. Ms. Peters informed she didn't have the details with her, but that she believed it was around reporting a dollar amount for Quality Improvement projects. She stated that some of the items that show not on track or not achieved is due to the timing of that initiative's reporting cycle.

Mr. Young moved to accept the semi-annual progress report on the 2017-2020 Strategic Plan. Mr. Brown seconded the motion which was approved five in favor and none against.

12. Approval of the Fiscal Year 2018-2019 Budget - (<u>For possible action</u>)

Staff Representative: Kevin Dick

Mr. Dick wished to acknowledge the work of the Divisions with the Health District Fiscal Compliance Officers on budget development and Ms. Heenan's work with FCO's and Divisions to compile this information into the Health District budget. He stated that, while he would present the report, he did not want to purport that he was responsible for the great work that went into this budget that represents what they believe to make the best financial sense moving forward.

Mr. Dick informed he would begin with FY18 accomplishments, review the Health District programs supported by the budget, provide a summary of revenues and expenditures planned for FY19, detail the sources and uses of funds as will be reported to the State, the impact of these recommendations on future fund balances, and end with next steps.

Mr. Dick noted that some of the accomplishments were reviewed in Ms. Peter's report on the Strategic Plan, such as the Health District's application for Accreditation, preparation of the updated Community Health Needs Assessment, identification of priority areas for the new Community Health Improvement Plan, the substantial progress in implementing the Strategic Plan, and continuing to lead the Truckee Meadows Healthy Communities Cross-Sectoral Coalition.

Mr. Dick detailed the twenty-two Health District programs areas identified in and supported by the budget. He noted that the overall budgeted revenues are up 3.1 percent from the FY18 adopted budget and explained the components to the Board.

Mr. Dick then detailed expenditures for the Board which is an increase of approximately 5.1 percent from FY18. He noted that salaries, wages and benefits are the largest expenditures, while services and supplies have increased dramatically due to the expected cost of mosquito abatement.

Mr. Dick reported on the above base requests being made for FY19 including Vector's mosquito abatement program, and new positions including the Health Government Affairs Manager position, Medical Billing Specialist for CCHS, Office Assistant II for AQM, and

the Environmental Health Specialist that is contingent on the agreement with the City of Reno to fund that position. Also proposed is funding for an Intermittent Hourly position to be used for surge capacity across the divisions.

Mr. Dick noted that the increase in biologicals for the Immunization Program is to purchase more vaccine for immunizations, and the expense will be recouped through billing for that service.

Mr. Dick stated that the budget includes funding to support projects under the Community Health Improvement Plan. He explained the budget also includes local support for staff previously supported by grants, now that grant funding is not sufficient to support those staff members.

Mr. Dick informed that the Format of Sources and Use for Funds required to be reported to the State shows the FY18 Approved Budget with an approximate 20% ending fund balance, and that the proposed FY19 Budget includes the expenditure of a portion of that balance to align with the County's recommended end fund balance range of 10-17%. He informed on a priority of the Strategic Plan to develop an agreement with the County to rebase the Health District for the costs of increased wages and benefits that the County negotiates. Mr. Dick opined it isn't likely to be accomplished this year in light of the ending fund balance and the financial state of the County this year, and noted that this budget was calculated with a flat funding transfer from the County with the exception of the request for mosquito abatement costs. All other above base requests would be funded by the Health District.

Mr. Dick presented a financial forecast for the next three years, calculated with a flat funding transfer from the County, and noted that he was working diligently to obtain the previously mentioned agreement with them. He stated it has been his experience that the ending fund balances would be better than presented due to not fully expending the budget during each fiscal year.

Mr. Dick explained the next steps in the budget approval process, with the Board of County Commissioners set to adopt the final budget at their May 15th meeting and the County budget will then be delivered to the Board of Taxation on June 1st.

Mr. Dick stated that staff is recommending the District Board of Health approve the Fiscal Year 2018-2019 Budget, and noted that approving it at this meeting does not prevent adjustments that may be necessary as they work through the process.

Mr. Dick informed that he had been able to present the budget with Ms. Heenan to Councilman Delgado and to Chair Jung in a separate meeting, and, although they were not present at this meeting, they were both in support of the budget. He stated that he and Ms. Heenan would be happy to answer any questions.

Dr. Hess inquired if the Health District had more to do with Accreditation this year. Mr. Dick informed that there was much more to be done. Dr. Hess inquired if it was known how much this process is costing the Health District, and Mr. Dick informed that the initial Accreditation fee of $21,000 had been paid within the FY17/18 budget and there had been a position established to support initial Accreditation efforts, as well.

Dr. Hess expressed concern of the costs associated with Accreditation, and inquired if there would be a fee charged annually. Mr. Dick confirmed that the annual fee is built into the budget and that it would be the same amount paid upon renewal in five years. Dr. Hess inquired if the cost of Accreditation was worth the benefit. Mr. Dick stated that they had proceeded with approval of the Board, and while there was a cost for the Accreditation process, there was also benefit to the Health District of the Accreditation process. He opined that there had been so much invested in the attainment of Accreditation that it should be

completed.

Mr. Dick informed that it is believed there will be future requirements for Public Health Districts to become accredited to be eligible for federal funding, and noted that the state of Ohio has already passed the requirement that Health Districts be accredited into law.

Ms. Heenan stated she wished to clarify that there was not a deficit forecast for the Health District and explained the details of the expenditures within the budget. She informed that the support for the Community Health Improvement Plan (CHIP) projects was a one-time expenditure and would reduce the ending fund balance to align with the County recommended range, while giving back to the community through the CHIP projects.

Dr. Hess inquired about the forecast budget balance in 2021 being at the bottom limits of ending fund balance, and Ms. Heenan confirmed Mr. Dick's statement that these budget numbers are predicated on the entire budget being spent, which, historically, has not been the case. She informed that there is normally two percent of the budget that is not spent, that the budget is monitored annually and the forecast is projected to be better than it appears.

Mr. Dahir stated he is familiar with budget processes as they are similar to those of the City of Sparks, and understands how the forecast and actual ending fund balances can differ. He opined that Accreditation is a valuable tool in the improvement of the quality of the Health District's function.

Mr. Dahir inquired if the budget was calculated to anticipate the community's growth. Ms. Heenan informed the population is factored into the projections for the revenues. Mr. Dahir agreed with Dr. Hess that it is good to be cautious, but opined that the projected budget was a tool to show the County the result of flat funding, and inquired if Mr. Dick was in agreement.

Mr. Dick agreed that, if the County perceives that the Health District is not in need of compensation for increased wages and benefits, they would continue to expend those funds within the other County departments to the detriment of public health in the community.

Mr. Young inquired the amount budgeted for the Government Affairs Manager. Ms. Heenan informed the amount as $112,000 for salary and benefits.

Dr. Novak stated that, in regards to Accreditation, the largest sum had been paid from the current year budget and it would be approximately $8,000 per year thereafter. He informed that several more states are expected to follow Ohio in the requirement of Accreditation, and that it is expected that accredited Health Districts will be given some preferential positioning on federal funding.

Mr. Dahir moved to approve the Washoe County Health District Fiscal Year 2018-2019 Budget as presented. Mr. Brown seconded the motion which was approved five in favor and none against.

13. Authorize the District Health Officer to approve changes to the Washoe County Health District Fee Schedule, specific to the Community and Clinical Health Services (CCHS) Division, to reflect new pharmaceuticals or laboratory procedures for existing services provided. – (<u>For possible action</u>)

Staff Representative: Steve Kutz

Mr. Dick informed this item is proposed in order to streamline the ability to adjust fees charged for services provided in Health District clinics as recommended by entities such as the US Preventative Task Force, Centers for Disease Control and Prevention, etc., without the delay of bringing each adjustment for approval by the District Board of Health. He opined that this would allow the Health District to provide better public health and allow for more timely changes if the Board would allow him to make the fee adjustments. Mr. Dick

informed that the approvals could be included in his monthly report and then would be brought to the Board for approval in the three to five year schedule as previously discussed. He explained that it would also save staff resources for the preparation of a staff report for each item.

Dr. Hess stated he had thought the schedule for fee approval was more frequent than three to five years. Mr. Dick informed the proposal was for his approvals to be detailed in his monthly report to the Board, and would then be brought before the Board as the entire CCHS fee schedule for their approval.

Mr. Kutz opined that this proposal would allow for better usage of staff time as well as in the time spent by the District Board of Health in review of these fee changes. He stated that the example in the report spoke to eight fee changes brought before the Board in the past two years and expressed hope the Board would approve this proposal.

Mr. Dahir inquired why the schedule for review of the CCHS Fee Schedule is three to five years instead of annually. Mr. Dick informed that when the new CCHS Fee Schedule was adopted, it was decided that any adjustments would come back to the Board on a three to five year schedule. This time frame was decided upon because of the decision to adjust these fees for the increase in the Consumer Price Index as projected out for five years, due to the extensive process in the adjustment process.

Dr. Novak stressed that the District Health Officer's monthly report to the Board would detail any increases in fees.

Mr. Kutz confirmed that the adjustments to the fee schedule would only be in response to recommendations and reports through the ACIP and would be recommended by their medical consultant.

Mr. Dahir moved to approve the District Health Officer to approve changes to the Washoe County Health District Fee Schedule, specific to the Community and Clinical Health Services (CCHS) Division, to reflect new pharmaceuticals or laboratory procedures for existing services provided, with the provision that the DHO report on any approvals made in his monthly report to the District Board of Health. Mr. Young seconded the motion which was approved five in favor and none against.

Vice Chair Novak informed that there was Public Comment for agenda item number 13, Ms. Cathy Brandhorst.

Ms. Brandhorst spoke to the services provided by the Health District.

Vice Chair Novak closed the Public Comment Period.

14. Review, discussion and direction to staff regarding the provisions of the Interlocal Agreement (ILA) entered into by the Cities of Reno and Sparks and Washoe County for the creation of the Health District. Take action to accept the ILA in its current form *or* direct staff to forward any recommendations for possible amendments to Reno, Sparks and Washoe County - (<u>For possible action</u>)
Staff Representative: Leslie Admirand

Ms. Admirand informed that Section 7C of the Interlocal Agreement between the Cities and the County that creates the Health District requires that the Interlocal Agreement be reviewed by the Board each year. She stated that a copy of the current Interlocal Agreement that was approved in 1986 and a copy of the first amendment approved in 1993 are included in each Board Member's packet. She informed that, prior to 1959, the Cities and the County had their own Health Departments that operated independently on separate budgets. In 1959, the Legislature passed a law that would allow them to combine those services and form a

Health District. This was accomplished by the local entities in 1962 with the decision to consolidate certain services, and they entered into an informal, unwritten agreement. In approximately 1972, the parties formalized a written agreement for the Health District. That agreement was amended in 1986 and that is the copy included in the packet.

Mr. Brown informed that he had talked with the City of Reno and a change in management there has prompted them to request a delay in accepting the ILA to allow them time to review the document. He requested this item be tabled until the March District Board of Health Meeting, and Ms. Admirand informed that delay would not be an issue with the annual requirement for review.

Mr. Brown made a motion to table the Review, discussion and direction to staff regarding the provisions of the Interlocal Agreement (ILA) entered into by the Cities of Reno and Sparks and Washoe County for the creation of the Health District until the next scheduled District Board of Health Meeting. Mr. Dahir seconded the motion which was approved five in favor and none against.

15. *Staff Reports and Program Updates

A. Air Quality Management, Charlene Albee, Director
Program Update, Divisional Update, Program Reports

Ms. Albee informed that she did not have anything to add to her report but was available to answer any questions.

B. Community and Clinical Health Services, Steve Kutz, Director
Divisional Update – Health Information Exchange; Data & Metrics; Program Reports

Mr. Kutz presented a video on the Health Information Exchange that was also included in his monthly report. He stated that CCHS was excited to be part of this grant opportunity that the Division of Public and Behavioral Health is putting forward to CMS with the hopes it is funded, as joining in the Health Information Exchange can be quite costly. He opined that it would improve medical records information for their clients and to would benefit other healthcare providers by becoming part of the health information source.

Dr. Novak inquired who would this video be presented to, and Mr. Kutz informed that it was not the Health District's video, but was accessed from a HIE Town Hall Meeting for presentation to DBOH.

C. Environmental Health Services, Chad Westom, Director
EHS Division and Program Updates – Child Care, Community Development, Food, Land Development, Safe Drinking Water, Schools, Vector-Borne Disease and Waste Management

Mr. Westom informed that he had nothing to add to his report, but would be glad to answer any questions.

Vice Chair Novak noted that there had been a request to speak on this item. Ms. Admirand confirmed that staff reports are non-action items and the Board does not take public comment on non-action items.

D. Epidemiology and Public Health Preparedness, Dr. Randall Todd, Director
Program Updates for Communicable Disease, Public Health Preparedness, and Emergency Medical Services

Vice Chair Novak thanked Dr. Todd for a nice presentation to their Rotary Club.

Dr. Todd provided an update to the influenza portion of his report. He informed that for CDC Week 7, the twelve participating sentinel providers reported a percentage of persons seen with influenza like illness (ILI) of 3.1%, which is above the regional baseline of 2.4%. In CDC Week 6, the percentage of visits to U.S. participating sentinel providers due to ILI was 7.5%, above the national baseline of 2.2%. Regionally, the percentage outpatient visits for ILI ranged from 3% to 11.8%. He informed that EPHP had received seven death certificates for Week 7 that listed pneumonia or influenza as a factor contributing to the cause of death. The total number of deaths submitted for Week 7 was 105, or 6.7%. He informed that the total number of deaths registered in Washoe County for the 2017-2018 Influenza Surveillance Season is 177, which reflects an overall P&I ratio of 8.9%.

Dr. Todd informed that this has been a banner year for influenza, and laboratory confirmed cases of influenza with 4,572 total cases, 451 hospitalizations, 183 had been vaccinated, 78 were admitted to the intensive care unit and the total death count is 21. He informed that Washoe County rates of ILI began declining in December 2017 with Influenza A being the most common type, but then rose slightly again, with the type of flu being predominantly Influenza B. He noted that the western states have statistics similar to Nevada, while the ILI rates in states farther east were climbing.

E. Office of the District Health Officer, Kevin Dick, District Health Officer

District Health Officer Report – FY19 Budget, Strategic Planning Update, Public Health Accreditation, Quality Improvement, Community Health Improvement Plan, Truckee Meadows Healthy Communities, Workforce Development, Water Projects, Washoe Regional Behavioral Health Policy Board, Other Events and Activities and Health District Media Contacts.

Mr. Dick informed that Enterprise Community Partners, who is working with Truckee Meadows Healthy Communities and Truckee Meadows Regional Planning Agency (TMRPA) on a Regional Affordable Housing Roadmap, had met with local stakeholders in early February. He stated that they had provided a presentation to the TMRPA Governing Board, and a leadership team had been formed for the Roadmap Project during their visit. Mr. Dick informed the leadership team includes the City and County Managers, the EDAWN President, Nevada Housing Division Administrator, the RTC Division Executive Director, the Reno Housing Authority Executive Director, Renown Health CEO and Senator Julia Ratti. During that meeting, Mr. Dick stated that they were able to come to a consensus around a Mission Statement and Values.

Mr. Dick reported that Mr. Tony Ramirez with HUD has been one of the Project Partners in the Affordable Housing initiative, and the Regional Housing and Urban Development Administrator had come to meet with Enterprise during their visit and he had provided public comment at the TMRPA Governing Board Meeting regarding his support for the project.

Mr. Dick stated that the Washoe Regional Behavioral Health Policy Board met for the first time in February, which is a regional board created through AB366 to provide regional input on behavioral health policy to the state. He informed that the Board has a BDR provided to it and that the Legislation requires the Board to meet quarterly.

Mr. Dick informed that Mr. Duarte with Community Health Alliance had been elected as the Chair of the Committee and Ms. Leslie with Washoe County Human Services is providing support for the Board. Another meeting for the Washoe Regional Behavioral Health Policy Board is scheduled for March 12th. He opined the Board is off

to a good start and will be working aggressively to develop recommendations for the BDR.

16. *Board Comment

As related to the recent school shooting and the conversation about mental health, Mr. Dahir inquired if there were actions that could be taken to stem these tragedies. He noted that there may be some movement in Washington DC and fiscal opportunities may be present for the Health District to obtain funding to support initiatives around mental health.

17. *Public Comment

Ms. Brandhorst spoke to the critical function of the Health District in the community.

18. Adjournment

Vice Chair Novak adjourned the meeting at 3:25 p.m.

Possible Changes to Agenda Order and Timing: 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 they 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 agenda.

Special Accommodations: 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 1130, Reno, NV 89520-0027, or by calling 775.328.2416, 24 hours prior to the meeting.

Public Comment: During the "Public Comment" items, anyone may speak pertaining to any matter either on or off the agenda, to include items to be heard on consent. For the remainder of the agenda, public comment will only be heard during items that are not marked with an asterisk (*). Any public comment for hearing items will be heard before action is taken on the item and must be about the specific item being considered by the Board. In order to speak during any public comment, each speaker must fill out a "Request to Speak" form and/or submit comments for the record to the Recording Secretary. Public comment and presentations for individual agenda items are limited as follows: fifteen minutes each for staff and applicant presentations, five minutes for a speaker representing a group, and three minutes for individual speakers unless extended by questions from the Board or by action of the Chair.

Response to Public Comment: 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."

Posting of Agenda; Location of Website:

Pursuant to NRS 241.020, Notice of this meeting was posted at the following locations:

Washoe County Health District, 1001 E. 9th St., Reno, NV
Reno City Hall, 1 E. 1st St., Reno, NV
Sparks City Hall, 431 Prater Way, Sparks, NV
Washoe County Administration Building, 1001 E. 9th St, Reno, NV
Downtown Reno Library, 301 S. Center St., Reno, NV
Washoe County Health District Website www.washoecounty.us/health
State of Nevada Website: https://notice.nv.gov

How to Get Copies of Agenda and Support Materials: Supporting materials are available to the public at the Washoe County Health District located at 1001 E. 9th Street, in Reno, Nevada. Ms. Laura Rogers, Administrative Secretary to the District Board of Health is the person designated by the Washoe County District Board of Health to respond to requests for supporting materials. Ms. Rogers is located at the Washoe County Health District and may be reached by telephone at (775) 328-2415 or by email at lrogers@washoecounty.us. Supporting materials are also available at the Washoe County Health District Website www.washoecounty.us/health pursuant to the requirements of NRS 241.020.

WASHOE COUNTY HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

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Staff Report
Board Meeting Date: March 22, 2018

TO: District Board of Health

FROM: Nancy Kerns Cummins, Fiscal Compliance Officer, Washoe County Health District
775-328-2419, nkcummins@washoecounty.us

SUBJECT: Approve a Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the total amount of $109,999 (no match required) for the period March 29, 2018 through March 28, 2019 in support of the Community and Clinical Health Services Division (CCHS) Tobacco Prevention and Control Grant Program, IO# 11238 and authorize the District Health Officer to execute the Notice of Subgrant Award.

SUMMARY

The Washoe County District Board of Health must approve and execute Interlocal Agreements and amendments to the adopted budget. The District Health Officer is authorized to execute agreements on the Board of Health's behalf not to exceed a cumulative amount of $50,000 per contractor; over $50,000 up to $100,000 would require the approval of the Chair or the Board designee.

The Community and Clinical Health Services Division received a Notice of Subgrant Award from the State of Nevada on March 5, 2018 to support the Tobacco Prevention and Control Grant Program. The funding period is effective March 29, 2018 and extends through March 28, 2019. A copy of the Notice of Subgrant award is attached.

District Health Strategic Objective supported by this item:
Healthy Lives: Improve the health of our community by empowering individuals to live healthier lives.
Financial Stability: Enable the Health District to make long-term commitments in areas that will positively impact the community's health by growing reliable sources of income.

PREVIOUS ACTION

The Board of Health approved the Notice of Subgrant Award for the grant period ending March 29, 2018 in the amount of $110,000 on March 23, 2017.

Project/Program Name: Tobacco Prevention and Control Grant Program

Scope of the Project: The Subgrant scope of work includes the following strategies: educate and inform stakeholders and decision-makers about evidence-based policies and programs to reduce exposure to secondhand smoke and increase cessation; implement evidence-based, mass-reach health communication interventions to increase cessation and/or promote the Quitline; develop and maintain networked partnerships including state, local and chronic disease coordination.

The Subgrant provides funding for personnel and indirect expenditures.

Benefit to Washoe County Residents: This Award supports tobacco education and prevention activities.

On-Going Program Support: The Health District anticipates receiving continuous funding to support the Tobacco Prevention and Control Program.

Award Amount:	$109,999
Grant Period:	March 29, 20178– March 28, 2019
Funding Source:	Centers for Disease Control and Prevention (CDC)
Pass Through Entity:	State of Nevada, Department of Health and Human Services Division of Public & Behavioral Health
CFDA Number:	93.305
Grant ID Number:	HD# 16428 / Federal Grant # TBD
Match Amount and Type:	No match required

Sub-Awards and Contracts: No Sub-Awards are anticipated.

FISCAL IMPACT

There is no additional fiscal impact should the Board approve the Notice of Subgrant Award. As the FY18 budget in Internal Order# 11238 was adopted with a total of $119,623.00 in expenditure authority, no budget amendment is necessary.

RECOMMENDATION

It is recommended that the Washoe County Health District approve a Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the total amount of $109,999 (no match required) for the period March 29, 2018 through March 28, 2019 in support of the Community and Clinical Health Services Division (CCHS) Tobacco Prevention and Control Grant Program, IO# 11238 and authorize the District Health Officer to execute the Notice of Subgrant Award.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve a Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the total amount of $109,999 (no match required) for the period March 29, 2018 through March 28, 2019 in support of the Community and Clinical Health Services Division (CCHS) Tobacco Prevention and Control Grant Program, IO# 11238 and authorize the District Health Officer to execute the Notice of Subgrant Award."

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

State of Nevada
Department of Health and Human Services
Division of Public & Behavioral Health
(hereinafter referred to as the Division)

HD #:	**16428**
Budget Account:	3220
Category:	10
GL:	8516
Job Number:	9330518

NOTICE OF SUBGRANT AWARD

Program Name: Tobacco Prevention and Control Chronic Disease Prevention and Health Promotion (CDPHP) Bureau of Child, Family and Community Wellness (CFCW)	**Subgrantee Name:** Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite 210 Carson City, NV 89706-2009	**Address:** P.O. Box 11130 Reno, NV 89520
Subgrant Period: March 29, 2018 - March 28, 2019	**Subgrantee's:** **EIN: 88-6000138** **Vendor #: T40283400Q** **Dun & Bradstreet: 073-786-998**

Purpose of Award: To provide tobacco education and prevention activities and services in Washoe County.

Region(s) to be served: ☐ Statewide ☒ Specific county or counties: Washoe

Approved Budget Categories:

1. Personnel	$	**106,226**
2. Travel	$	**0**
3. Operating	$	**0**
4. Contractual	$	**0**
5. Other	$	**0**
6. Indirect	$	**3,773**
Total Cost:	**$**	**109,999**

Disbursement of funds will be as follows:
Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures *specific to this subgrant*. Total reimbursement will not exceed **$109,999.00** during the subgrant period.

Source of Funds:	% Funds:	CFDA:	FAIN:	Federal Grant #:
1. Centers for Disease Control and Prevention (CDC)	100%	93.305		

Terms and Conditions:
In accepting these grant funds, it is understood that:
1. Expenditures must comply with appropriate state and/or federal regulations;
2. This award is subject to the availability of appropriate funds; and
3. The recipient of these funds agrees to stipulations listed in the incorporated documents.

Incorporated Documents:
Section A: Assurances;
Section B: Description of Services, Scope of Work and Deliverables;
Section C: Budget and Financial Reporting Requirements;
Section D: Request for Reimbursement;
Section E: Audit Information Request; and
Section F: DPBH Business Associate Addendum
Section G: Annual Workplan
Section H: Quarterly Program Activity Tracking and Evaluation
Section I: Staff Certification

	Signature	Date
Kevin Dick, District Health Officer WCHD		
Jenni Bonk, MS Section Manager, CDPHP		
Beth Handler, MPH Bureau Chief, CFCW		
for Julie Kotchevar, PhD Administrator, Division of Public & Behavioral Health		

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

SECTION A

Assurances

As a condition of receiving sub granted funds from the Nevada State Division of Public and Behavioral Health, the Subgrantee agrees to the following conditions:

1. Grant funds may not be used for other than the awarded purpose. In the event Subgrantee expenditures do not comply with this condition, that portion not in compliance must be refunded to the Division.

2. To submit reimbursement requests only for expenditures approved in the spending plan. Any additional expenditure beyond what is allowable based on approved categorical budget amounts, without prior written approval by the Division, may result in denial of reimbursement.

3. Approval of subgrant budget by the Division constitutes prior approval for the expenditure of funds for specified purposes included in this budget. Unless otherwise stated in the Scope of Work the transfer of funds between budgeted categories without written prior approval from the Division is not allowed under the terms of this subgrant. Requests to revise approved budgeted amounts must be made in writing and provide sufficient narrative detail to determine justification.

4. Recipients of subgrants are required to maintain subgrant accounting records, identifiable by subgrant number. Such records shall be maintained in accordance with the following:

   a. Records may be destroyed not less than three years (unless otherwise stipulated) after the final report has been submitted if written approval has been requested and received from the Administrative Services Officer (ASO) of the Division. Records may be destroyed by the Subgrantee five (5) calendar years after the final financial and narrative reports have been submitted to the Division.
   b. In all cases an overriding requirement exists to retain records until resolution of any audit questions relating to individual subgrants.

   Subgrant accounting records are considered to be all records relating to the expenditure and reimbursement of funds awarded under this subgrant award. Records required for retention include all accounting records and related original and supporting documents that substantiate costs charged to the subgrant activity.

5. To disclose any existing or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The Division reserves the right to disqualify any subgrantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.

6. To comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).

7. To comply with the Americans with Disability Act of 1990, P.L. 101-136, 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 C.F.R. 26.101-36.999 inclusive and any relevant program-specific regulations

8. To comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the subgrant award includes functions or activities that involve the use or disclosure of protected health information (PHI) then the subgrantee agrees to enter into a Business Associate Agreement with the Division as required by 45 C.F.R. 164.504(e). If PHI will not be disclosed, then a Confidentiality Agreement will be entered into.

9. Subgrantee certifies, by signing this notice of subgrant award, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pr. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp. 19150-19211). This provision shall be required of every subgrantee receiving any payment in whole or in part from federal funds.

10. Sub-grantee agrees to comply with the requirements of the Title XII Public Law 103-227, the "PRO-KIDS Act of 1994," smoking may not be permitted in any portion of any indoor facility owned or regularly used for the provision of health, day care, education, or library services to children under the age of 18 if the services are funded by Federal programs either directly or through State or local governments. Federal programs include grants, cooperative agreements, loans and loan guarantees, and contracts. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug and alcohol treatment.

11. Whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:

    a. Any federal, state, county or local agency, legislature, commission, council, or board;
    b. Any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
    c. Any officer or employee of any federal, state, county or local agency, legislature, commission, council or board.

12. Division subgrants are subject to inspection and audit by representative of the Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to:

    a. Verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
    b. Ascertain whether policies, plans and procedures are being followed;
    c. Provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
    d. Determine reliability of financial aspects of the conduct of the project.

13. Any audit of Subgrantee's expenditures will be performed in accordance with generally accepted government auditing standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the Division, as well as federal requirement as specified in the Office of Management and Budget (2 CFR § 200.501(a)), revised December 26, 2013, that each grantee annually expending $750,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO:

    Nevada State Division of Public and Behavioral Health
    Attn: Contract Unit
    4150 Technology Way, Suite 300
    Carson City, NV 89706-2009

    This copy of the final audit must be sent to the Division within nine (9) months of the close of the subgrantee's fiscal year. **To acknowledge this requirement, Section E of this notice of subgrant award must be completed.**

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SECTION B

Description of Services, Scope of Work and Deliverables

Washoe County Health District (WCHD), hereinafter referred to as Subgrantee, agrees to provide the following services and reports according to the identified timeframes:

Scope of Work for Washoe County Health District (WCHD)

Chronic Disease Prevention and Health Promotion Section (CDPHP)
Tobacco Prevention and Control Program (TPCP)
Washoe County Scope of Work for March 29, 2018 - March 28, 2019
Date: 1/18/18 Version 1.0

Goal 1 is not addressed by this subgrant

Goal 2: **Eliminating nonsmokers' exposure to secondhand smoke**						
Strategy 1**: Educate and inform stakeholders and decision-makers about evidence-based policies and programs to reduce exposure to secondhand smoke**						
Objective	***Activities***	***Outputs***	***Timeline Begin/Complete***	***Target Population***	***Evaluation Measure (indicator)***	***Evaluation Tool***
2.1 By March 28, 2019, coordinate and educate community stakeholders about the benefits of strengthening or adding one (1) or more smoke-free and/or vape-free policies supporting clean indoor air at the local or state level.	2.1.1 Prioritize and identify at least three (3) Washoe County locations currently exempt from the Nevada Clean Indoor Air Act (NCIAA).	Prioritized list of identified locations	Q1	Employees at NCIAA-exempt locations	# of priority locations identified	Quarterly progress reports
	2.1.2 Coordinate and communicate with decision-makers at exempt locations to provide information, offer technical assistance, and draft model policy language that can be used to adopt clean indoor air smoke-free/vape-free policies.	Informational emails and documents Clean Indoor Air model policies	Q2-Q3	Key decision-makers at NCIAA-exempt locations	# of communications by priority location # of messages provided to each priority location	Quarterly progress reports Presentation slides or notes
	2.1.3 Implement at least one (1) new smoke-free/vape-free policy in Washoe County.	Smoke-free and/or vape-free policy implemented	Q1-Q4	Key WCHD stakeholders, policy influencers, and decision-makers	# of policies implemented	Quarterly progress reports Legislative public records

Goal 3: **Promote quitting among youth and young adults**						
***Strategy 1*: Educate and inform stakeholders and decision-makers about evidence-based policies and programs to increase cessation**						
Objective	***Activities***	***Outputs***	***Timeline Begin/Complete***	***Target Population***	***Evaluation Measure (indicator)***	***Evaluation Tool***
3.1 Through March 28, 2019, assist employers to increase the number of employer insurance plans providing comprehensive cessation services by one (1).	3.1.1 Research opportunities with local employers and associated insurance plans that need Quitline cessation services. Educate Washoe County, local employers, and insurers on the health and economic benefits of tobacco cessation.	Education information provided	Q1-Q2	Employers and employees	# of opportunities identified from research # of employers and/or insurers educated (presentation, meeting, materials, information, etc.)	Quarterly progress reports
	3.1.2 Develop contacts with appropriate representatives to refer to the State TPCP to help build a public-private partnership between referred insurers/employers and the state's Quitline vendor.	Employer or insurer contact referrals	Q2-Q4	Insured Tobacco Users	# of contacts developed # of communications on partnership building	
***Strategy 2*: Increase engagement of health care providers and systems to expand utilization of proven cessation services**						
3.2 By March 28, 2019, increase the number of referrals in Washoe County to the Nevada Tobacco Quitline (NTQ) by 20% from the previous funding period.	3.2.1 Identify and work with health care providers/clinics to identify a health system change that can occur within a clinical setting (electronic health records, discharge procedures, emergency room admittance, etc.).	Recommended health system enhancement	Q1-Q3	Health care providers for tobacco users	# of health care providers/clinics identified # of recommended enhancements for the clinical setting	Quarterly progress reports
	3.2.2 Implement health systems change(s) within at least one (1) partner clinic/health care setting that connects with the NTQ.	Documented systems change implemented	Q1-Q3	Health care providers for tobacco users	# of documented health system(s) changes implemented # of referrals from partner system to NTQ	

	3.2.3 Develop a list of priority community organizations or assess organizations that would be appropriate sources of NTQ referrals.	List of priority organizations	Q1-Q2	Organization staff and management	# of organizations on priority list	
	3.2.4 Establish and implement a community-clinical linkage with at least one (1) community organization to increase referrals to NTQ (e.g., modified intake forms, fax/web referrals, or reminder on form).	Documentation of referral mechanism	Q3-Q4	Community providers for tobacco users	# of documented community-clinical linkages # of linkages implemented # of referrals from system to NTQ	Quarterly progress reports
	3.2.5 Develop a system with the referring entity to collect and share data with TPCP for evaluation.	Shared data documentation	Q4	Community organization staff, management, and IT personnel	# of data sharing systems # of referrals to NTQ	Quarterly progress reports Monthly Quitline Reports Report data from referring entity
Section 4: **Mass Reach Communications**						
Strategy 1**: Implement evidence-based, mass-reach health communication interventions to increase cessation and/or promote the quitline**						
Objective	***Activities***	***Outputs***	***Timeline Begin/Complete***	***Target Population***	***Evaluation Measure (indicator)***	***Evaluation Tool***
4.1 By March 28, 2019, promote anti-tobacco media messaging to the Nevada Tobacco Quitline in Washoe County	4.1.1 Develop a monthly Facebook/Social Media post guided by the 2018 Communication Plan with the latest information on tobacco prevention, tobacco control, and other resources to promote the NTQ.	Social media messages	Q1-Q4	Washoe tobacco users Health care providers Service providers	# of social media messages # of persons reached via social media messages (media metrics)	Quarterly Progress Reports

with a reach of least 7,000.	4.1.2 Coordinate maintenance and updates of the tobacco information associated with the GetHealthyWashoe.com website.	Website updated	Q1-Q4	Washoe tobacco users General population Others based on leveraged grant efforts	# of hits to the tobacco pages of the "GetHealthyWashoe" website	Communications and Media Reporting Table (part of the Quarterly Progress Reports)
	4.1.3 Support maintenance of the TIPS (Tips from Former Smokers) campaign and other leveraged media efforts by submitting at least two (2) reports.	Communications and Media Report(s)	Q2, Q4	Washoe tobacco users General population	# reach using traditional media # of speaking engagements # reach using social media # of media reports submitted	

Section 5 is not addressed by this subgrant

Section 6: **Infrastructure, Administration, and Management**						
Strategy 1: **Develop and maintain responsive planning**						
Objective	***Activities***	***Outputs***	***Timeline Begin/Complete***	***Target Population***	***Evaluation Measure (indicator)***	***Evaluation Tool***
6.1 By March 28, 2019, contribute to activities in a final 5 Year State Strategic Plan to Prevent Tobacco Use to maximize the health of Nevadans.	6.1.1 Continue to participate on the steering committee to assist with finalizing the next 5-year strategic plan.	5-Year State Strategic Plan to Prevent Tobacco Use	Q1-Q2	Tobacco control stakeholders	# of meetings # of notes	Quarterly Progress Reports
	6.1.2 Continue to participate via Nevada Tobacco Prevention Coalition (NTPC) to explore areas to align the state Strategic Plan with NTPC priorities and incorporate NTPC input.	NTPC agendas and notes	Q3-Q4	Tobacco control stakeholders	# of meetings # of goals and objectives implemented # of revised strategic plan	State program records
Strategy 2*: **Provide ongoing training and technical assistance** **strategy 2 provided by Nevada TPCP for subgrantee*						
Objective	***Activities***	***Outputs***	***Timeline Begin/Complete***	***Target Population***	***Evaluation Measure (indicator)***	***Evaluation Tool***

6.2 Through March 28, 2019, participate as one (1) of eight (8) partners in a technical assistance project to improve tobacco prevention and control program activities in Nevada.	6.2.1 Participate on technical assistance (TA) calls with CDPHP/TPCP monthly (12 total) and provide regular program updates. Also attend the required* annual partner meeting which may substitute for one (1) TA call.	TA agendas TA notes & action items	First Tuesday of each month unless a group call is scheduled: 06/08/2018 09/14/2018 12/14/2018 03/09/2019	Funded tobacco partners in Nevada	# of TA agendas/calls # of partner meetings attended	State program records *Note: primary funding source for annual meeting will be FHN
	6.2.2 Provide progress reports quarterly, for a total of four (4) reports, documenting any barriers or challenges.	Quarterly Progress Reports	Quarterly Reports Due: 07/15/2018 10/15/2018 01/15/2019 04/15/2019	CDPHP	# of progress reports submitted # of progress reports submitted in a timely manner	State program records
	6.2.3 Develop and disseminate at least one (1) two-page tobacco control program success story.	Success story	Q1- Q3	Local population and stakeholders CDC	# of success stories # of dissemination channels used # of people reached (media metrics)	Quarterly progress reports
Strategy 3: **Develop and maintain networked partnerships including state, local, and chronic disease coordination**						
6.3 By March 28, 2019, partner with other agencies to organize and promote at least one (1) education initiative addressing tobacco issues in Nevada.	6.3.1 Participate in planning with partnering organizations including NTPC, Nevada Public Health Association (NPHA), Northern Nevada Action Committee (NNAC), and other local, state, and national groups driving tobacco policy.	Planning meetings and notes	Q1-Q4	Partners	# of meetings # and list of partners # of tobacco policies educated on/about	Quarterly progress reports
	6.3.2 Present information about a local or statewide tobacco policy/initiative to at least two (2) partnering organizations.	Presentation slides and notes	Q1- Q4	Partners	# of presentations # of orgs reached	Quarterly progress reports

	6.3.3 Participate by phone and/or in-person meetings in State level efforts to implement merchant training and/or tobacco retailer licensing to prepare for Tobacco 21.	Merchant training Retailer licensing strategy	Q1-Q3	SAPTA Tobacco retailers	# of calls/meetings # of materials provided for merchant training (including tobacco retail licensing and/or Tobacco 21)	Merchant training notes Quarterly progress reports

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DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

SECTION C

Budget and Financial Reporting Requirements

Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada Division of Public and Behavioral Health through Grant Number _____ from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division nor the Centers for Disease Control and Prevention."

Any activities performed under this subgrant shall acknowledge the funding was provided through the Division by Grant Number _____ from the Centers for Disease Control and Prevention (CDC).

Subgrantee agrees to adhere to the following budget:

PERSONNEL Position Title and Name	Annual Salary	Fringe	Percent of Time	Months	Amount Requested
Health Educator Coordinator - Kelli Goatley-Seals	$84,269	$46,753	45%	12	$58,960
This position directs the overall operation of projects; responsible for overseeing the implementation of project activities, coordination with other agencies, development of materials, provisions of in service and training, conducting meetings; designs and directs the gathering, tabulating and interpreting of required data, responsible for overall program evaluation and budget management; and is the responsible staff person for ensuring necessary reports/documentation are submitted to the Nevada State Tobacco Prevention Control Program. This position relates to all program objectives.					
Health Educator II - Nicole Alberti	$79,519	$38,646	40%	12	$47,266
This position will assist the Health Educator Coordinator to implement project activities, coordinate with other agencies, develop materials, participate in developing and carrying out in-service and trainings, participate in meetings, data collection and interpretation, and report progress on meeting grant deliverables on a monthly basis. This position also relates to all program objectives.					
TOTAL ANNUAL SALARIES & WAGES	**$69,729**				
	TOTAL FRINGE BENEFITS	**$36,497**			
				TOTAL PERSONNEL COSTS:	**$106,226**
INDIRECT COSTS:					
Indirect Cost rate applied 3.552% of total direct costs					
				TOTAL INDIRECT COSTS:	**$3,773**
				TOTAL DIRECT COSTS:	**$106,226**
				TOTAL BUDGET:	**$109,999**

- Division of Public and Behavioral Health policy is to allow no more than 10% flexibility within the approved Scope of Work, unless otherwise authorized.

- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.

- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/Subgrantees to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

The Subgrantee agrees:

To request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the subgrant period.

- Reimbursement may be requested monthly for expenses incurred in the implementation of the Scope of Work, within 15 days of the end of the previous month and no later than 15 days from the end of the subgrant period which is **March 28, 2019;**
- The maximum amount available under this subgrant is **$109,999;**
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Monthly invoices may not be approved for payment until the Tobacco Program Coordinator receives the appropriately timed progress report(s);
- The Division reserves the right to conduct a site visit regarding this subgrant and deliverables. If deliverables are not met for this subgrant period, then the Division is not obligated to issue continuation funding; and
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the Subgrantee agrees to provide:

- A complete financial accounting of all expenditures to the Division within 15 days of the CLOSE OF THE SUBGRANT PERIOD. Any un-obligated funds shall be returned to the Division at that time, or if not already requested, shall be deducted from the final award.

The Division agrees:

- To provide technical assistance upon request;
- To provide prior approval of reports/documents to be developed per the Scope of Work;
- To forward necessary reports to the CDC;
- The Division reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Division.

Both parties agree:

An annual site visit will be performed by the Division of Public and Behavioral Health, Bureau of Child, Family and Community Services, Chronic Disease Prevention and Health Promotion Section Tobacco Program Coordinator.

The Subgrantee will, in the performance of the Scope of Work specified in this subgrant, perform functions and/or activities that could involve confidential information; therefore, the Subgrantee is requested to fill out and sign Section F, which is specific to this subgrant, and will be in effect for the term of this subgrant.

All reports of expenditures and requests for reimbursement processed by the Division are SUBJECT TO AUDIT.

This subgrant agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subgrant Award, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

Financial Reporting Requirements

- A Request for Reimbursement is due on a monthly basis, based on the terms of the subgrant agreement, no later than 15 days after the end of the previous month.

- Reimbursement is based on actual expenditures incurred during the period being reported.
- Payment will not be processed without all reporting being current.
- Reimbursement may only be claimed for expenditures approved within the Notice of Subgrant Award.

CDPHP and Nevada Wellness Attribution Requirements:

Subgrantees are required to include two key attributions to any publication, promotional item, or media paid for using this subgrant: 1) Funding attribution, and 2) Nevada Wellness Logo.

Funding Attribution

Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada Division of Public and Behavioral Health through Grant Number _____ from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division nor Centers for Disease Control and Prevention (CDC)."

Any activities performed under this subgrant shall acknowledge the funding was provided through the Division by Grant Number _____ from the Centers for Disease Control and Prevention (CDC).

Nevada Wellness Logo

Use of this logo may not be for any other commercial purpose without permission from the Chronic Disease Prevention and Health Promotion (CDPHP) Section of the Nevada Division of Public and Behavioral Health (DPBH). User groups may not use the Nevada Wellness logo for profit and must comply with usage guidelines. Nevada Wellness is a registered trademark of the CDPHP Section of the Nevada DPBH. Derivative versions of the Nevada Wellness logo are generally prohibited, as they dilute the Nevada Wellness brand identity. Please contact Health Promotions for any questions regarding usage guidelines at cdphp@health.nv.gov.

Usage Guidelines

- **Logo Elements:** The logo consists of two figures with a background of a mountain and sun, with the words "Nevada Wellness" below. These elements cannot be used separately.
- **Size Elements:** The size specifications for the logo are as follows: 303px width x 432px height or 4.208in width x 6in height. Resolution should be set at 72 or higher.
- **Spatial Elements:** The logo should appear unaltered in every application and should not be stretched or have a drop shadow or any other effect applied. Any secondary logos or images surrounding the logo should be of sufficient contrast so that the logo is not crowded or obscured. There must be a minimum of one quarter inch (1/4) clear space around the logo. The logo should be proportional to the size of your publication, promotional item, or website.
- **Font:** Industria LT Std
- **Logo Color:** The printed logo should always appear in these colors or in black & white. When printing or placing the logo on a field that is low contrast, the logo should have a white outline.
    - **PMS Colors:**

- **CMYK Colors:**

C:75, M:0, Y:75, K:0

C:83, M:40, Y:0, K:0

C:40, M:0, Y:100, K:0

C:0, M:20, Y:85, K:0

- **RGB Colors:**

RGB Colors
Green: R: 43 G: 182 B: 115
Blue: R: 2 G: 130 B: 198
Lime Green: R: 166 G: 206 B: 57
Yellow: R: 255 G: 200 B: 67

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DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

SECTION D

Request for Reimbursement

HD #: **16428**
Budget Account: 3220
GL: 8516
Draw #: _____

Program Name: **Tobacco Prevention and Control** Chronic Disease Prevention and Health Promotion Bureau of Child, Family and Community Wellness	**Subgrantee Name:** Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite #210 Carson City, NV 89706-2009	**Address:** P.O. Box 11130 Reno, Nevada 89520
Subgrant Period: March 29, 2018 through March 28, 2019	**Subgrantee's:** **EIN: 88-6000138** **Vendor #: T40283400Q**

FINANCIAL REPORT AND REQUEST FOR FUNDS
(must be accompanied by expenditure report/back-up)

Month(s) **Calendar year**

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1. Personnel	$106,226.00	$0.00	$0.00	$0.00	$106,226.00	0.0%
2. Travel	$0.00	$0.00	$0.00	$0.00	$0.00	-
3. Operating	$0.00	$0.00	$0.00	$0.00	$0.00	-
4. Equipment	$0.00	$0.00	$0.00	$0.00	$0.00	-
5. Contractual/Consultant	$0.00	$0.00	$0.00	$0.00	$0.00	-
6. Other	$0.00	$0.00	$0.00	$0.00	$0.00	-
7. Indirect	$3,773.00	$0.00	$0.00	$0.00	$3,773.00	0.0%
Total	**$109,999.00**	**$0.00**	**$0.00**	**$0.00**	**$109,999.00**	0.0%

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

Authorized Signature Title Date

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

FOR DIVISION USE ONLY

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

Reason for contact: _____

Fiscal review/approval date: _____

Scope of Work review/approval date: _____

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

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

SECTION E

Audit Information Request

1. Non-Federal entities that **expend** $750,000.00 or more in total federal awards are required to have a single or program-specific audit conducted for that year, in accordance with 2 CFR § 200.501(a). Within nine (9) months of the close of your organization's fiscal year, you **must** submit a copy of the final audit report to:

   Nevada State Division of Public and Behavioral Health
   Attn: Contract Unit
   4150 Technology Way, Suite 300
   Carson City, NV 89706-2009

2. Did your organization expend $750,000 or more in all federal awards during your organization's most recent fiscal year?

   YES [X] NO [ ]

3. When does your organization's fiscal year end? June 30th
4. What is the official name of your organization? Washoe County Health District
5. How often is your organization audited? Annually
6. When was your last audit performed? August 2017
7. What time-period did your last audit cover? July 1, 2016 - June 30, 2017
8. Which accounting firm conducted your last audit? Eide Bailly

Signature Date

Administrative Health Services Officer
Title

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

SECTION F

Business Associate Addendum

BETWEEN

Nevada Division of Public and Behavioral Health

Hereinafter referred to as the "Covered Entity"

and

Washoe County Health District

Hereinafter referred to as the "Business Associate"

PURPOSE. In order to comply with the requirements of HIPAA and the HITECH Act, this Addendum is hereby added and made part of the agreement between the Covered Entity and the Business Associate. This Addendum establishes the obligations of the Business Associate and the Covered Entity as well as the permitted uses and disclosures by the Business Associate of protected health information it may possess by reason of the agreement. The Covered Entity and the Business Associate shall protect the privacy and provide for the security of protected health information disclosed to the Business Associate pursuant to the agreement and in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-5 ("the HITECH Act"), and regulation promulgated there under by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws.

WHEREAS, the Business Associate will provide certain services to the Covered Entity, and, pursuant to such arrangement, the Business Associate is considered a business associate of the Covered Entity as defined in HIPAA, the HITECH Act, the Privacy Rule and Security Rule; and

WHEREAS**,** Business Associate may have access to and/or receive from the Covered Entity certain protected health information, in fulfilling its responsibilities under such arrangement; and

WHEREAS, the HIPAA Regulations, the HITECH Act, the Privacy Rule and the Security Rule require the Covered Entity to enter into an agreement containing specific requirements of the Business Associate prior to the disclosure of protected health information, as set forth in, but not limited to, 45 CFR Parts 160 & 164 and Public Law 111-5.

THEREFORE**,** in consideration of the mutual obligations below and the exchange of information pursuant to this Addendum, and to protect the interests of both Parties, the Parties agree to all provisions of this Addendum.

I. DEFINITIONS. The following terms shall have the meaning ascribed to them in this Section. Other capitalized terms shall have the meaning ascribed to them in the context in which they first appear.

1. **Breach** means the unauthorized acquisition, access, use, or disclosure of protected health information which compromises the security or privacy of the protected health information. The full definition of breach can be found in 42 USC 17921 and 45 CFR 164.402.
2. **Business Associate** shall mean the name of the organization or entity listed above and shall have the meaning given to the term under the Privacy and Security Rule and the HITECH Act. For full definition refer to 45 CFR 160.103.
3. **CFR** stands for the Code of Federal Regulations.
4. **Agreement** shall refer to this Addendum and that particular agreement to which this Addendum is made a part.
5. **Covered Entity** shall mean the name of the Division listed above and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to 45 CFR 160.103.
6. **Designated Record Set** means a group of records that includes protected health information and is maintained by or for a covered entity or the Business Associate that includes, but is not limited to, medical, billing, enrollment, payment, claims adjudication, and case or medical management records. Refer to 45 CFR 164.501 for the complete definition.
7. **Disclosure** means the release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information as defined in 45 CFR 160.103.

8. **Electronic Protected Health Information** means individually identifiable health information transmitted by electronic media or maintained in electronic media as set forth under 45 CFR 160.103.
9. **Electronic Health Record** means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff. Refer to 42 USC 17921.
10. **Health Care Operations** shall have the meaning given to the term under the Privacy Rule at 45 CFR 164.501.
11. **Individual** means the person who is the subject of protected health information and is defined in 45 CFR 160.103.
12. **Individually Identifiable Health Information** means health information, in any form or medium, including demographic information collected from an individual, that is created or received by a covered entity or a business associate of the covered entity and relates to the past, present, or future care of the individual. Individually identifiable health information is information that identifies the individual directly or there is a reasonable basis to believe the information can be used to identify the individual. Refer to 45 CFR 160.103.
13. **Parties** shall mean the Business Associate and the Covered Entity.
14. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 CFR Parts 160 and 164, Subparts A, D and E.
15. **Protected Health Information** means individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium. Refer to 45 CFR 160.103 for the complete definition.
16. **Required by Law** means a mandate contained in law that compels an entity to make a use or disclosure of protected health information and that is enforceable in a court of law. This includes, but is not limited to: court orders and court-ordered warrants; subpoenas, or summons issued by a court; and statues or regulations that require the provision of information if payment is sought under a government program providing public benefits. For the complete definition refer to 45 CFR 164.103.
17. **Secretary** shall mean the Secretary of the federal Department of Health and Human Services (HHS) or the Secretary's designee.
18. **Security Rule** shall mean the HIPAA regulation that is codified at 45 CFR Parts 160 and 164 Subparts A and C.
19. **Unsecured Protected Health Information** means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in the guidance issued in Public Law 111-5. Refer to 42 USC 17932 and 45 CFR 164.402.
20. **USC** stands for the United States Code.

II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.

1. **Access to Protected Health Information.** The Business Associate will provide, as directed by the Covered Entity, an individual or the Covered Entity access to inspect or obtain a copy of protected health information about the Individual that is maintained in a designated record set by the Business Associate or, its agents or subcontractors, in order to meet the requirements of the Privacy Rule, including, but not limited to 45 CFR 164.524 and 164.504(e) (2) (ii) (E). If the Business Associate maintains an electronic health record, the Business Associate or, its agents or subcontractors shall provide such information in electronic format to enable the Covered Entity to fulfill its obligations under the HITECH Act, including, but not limited to 42 USC 17935.
2. **Access to Records.** The Business Associate shall make its internal practices, books and records relating to the use and disclosure of protected health information available to the Covered Entity and to the Secretary for purposes of determining Business Associate's compliance with the Privacy and Security Rule in accordance with 45 CFR 164.504(e)(2)(ii)(H).
3. **Accounting of Disclosures.** Promptly, upon request by the Covered Entity or individual for an accounting of disclosures, the Business Associate and its agents or subcontractors shall make available to the Covered Entity or the individual information required to provide an accounting of disclosures in accordance with 45 CFR 164.528, and the HITECH Act, including, but not limited to 42 USC 17935. The accounting of disclosures, whether electronic or other media, must include the requirements as outlined under 45 CFR 164.528(b).
4. **Agents and Subcontractors.** The Business Associate must ensure all agents and subcontractors to whom it provides protected health information agree in writing to the same restrictions and conditions that apply to the Business Associate with respect to all protected health information accessed, maintained, created, retained, modified, recorded, stored, destroyed, or otherwise held, transmitted, used or disclosed by the agent or subcontractor. The Business Associate must implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation as outlined under 45 CFR 164.530(f) and 164.530(e)(1).

5. **Amendment of Protected Health Information.** The Business Associate will make available protected health information for amendment and incorporate any amendments in the designated record set maintained by the Business Associate or, its agents or subcontractors, as directed by the Covered Entity or an individual, in order to meet the requirements of the Privacy Rule, including, but not limited to, 45 CFR 164.526.
6. **Audits, Investigations, and Enforcement.** The Business Associate must notify the Covered Entity immediately upon learning the Business Associate has become the subject of an audit, compliance review, or complaint investigation by the Office of Civil Rights or any other federal or state oversight agency. The Business Associate shall provide the Covered Entity with a copy of any protected health information that the Business Associate provides to the Secretary or other federal or state oversight agency concurrently with providing such information to the Secretary or other federal or state oversight agency. The Business Associate and individuals associated with the Business Associate are solely responsible for all civil and criminal penalties assessed as a result of an audit, breach, or violation of HIPAA or HITECH laws or regulations. Reference 42 USC 17937.
7. **Breach or Other Improper Access, Use or Disclosure Reporting.** The Business Associate must report to the Covered Entity, in writing, any access, use or disclosure of protected health information not permitted by the agreement, Addendum or the Privacy and Security Rules. The Covered Entity must be notified immediately upon discovery or the first day such breach or suspected breach is known to the Business Associate or by exercising reasonable diligence would have been known by the Business Associate in accordance with 45 CFR 164.410, 164.504(e)(2)(ii)(C) and 164.308(b) and 42 USC 17921. The Business Associate must report any improper access, use or disclosure of protected health information by; the Business Associate or its agents or subcontractors. In the event of a breach or suspected breach of protected health information, the report to the Covered Entity must be in writing and include the following: a brief description of the incident; the date of the incident; the date the incident was discovered by the Business Associate; a thorough description of the unsecured protected health information that was involved in the incident; the number of individuals whose protected health information was involved in the incident; and the steps the Business Associate is taking to investigate the incident and to protect against further incidents. The Covered Entity will determine if a breach of unsecured protected health information has occurred and will notify the Business Associate of the determination. If a breach of unsecured protected health information is determined, the Business Associate must take prompt corrective action to cure any such deficiencies and mitigate any significant harm that may have occurred to individual(s) whose information was disclosed inappropriately.
8. **Breach Notification Requirements.** If the Covered Entity determines a breach of unsecured protected health information by the Business Associate has occurred, the Business Associate will be responsible for notifying the individuals whose unsecured protected health information was breached in accordance with 42 USC 17932 and 45 CFR 164.404 through 164.406. The Business Associate must provide evidence to the Covered Entity that appropriate notifications to individuals and/or media, when necessary, as specified in 45 CFR 164.404 and 45 CFR 164.406 has occurred. The Business Associate is responsible for all costs associated with notification to individuals, the media or others as well as costs associated with mitigating future breaches. The Business Associate must notify the Secretary of all breaches in accordance with 45 CFR 164.408 and must provide the Covered Entity with a copy of all notifications made to the Secretary.
9. **Breach Pattern or Practice by Covered Entity.** Pursuant to 42 USC 17934 if the Business Associate knows of a pattern of activity or practice of the Covered Entity that constitutes a material breach or violation of the Covered Entity's obligations under the Contract or Addendum, the Business Associate must immediately report the problem to the Secretary.
10. **Data Ownership.** The Business Associate acknowledges that the Business Associate or its agents or subcontractors have no ownership rights with respect to the protected health information it accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses.
11. **Litigation or Administrative Proceedings.** The Business Associate shall make itself, any subcontractors, employees, or agents assisting the Business Associate in the performance of its obligations under the agreement or Addendum, available to the Covered Entity, at no cost to the Covered Entity, to testify as witnesses, or otherwise, in the event litigation or administrative proceedings are commenced against the Covered Entity, its administrators or workforce members upon a claimed violation of HIPAA, the Privacy and Security Rule, the HITECH Act, or other laws relating to security and privacy.
12. **Minimum Necessary.** The Business Associate and its agents and subcontractors shall request, use and disclose only the minimum amount of protected health information necessary to accomplish the purpose of the request, use or disclosure in accordance with 42 USC 17935 and 45 CFR 164.514(d)(3).
13. **Policies and Procedures.** The Business Associate must adopt written privacy and security policies and procedures and documentation standards to meet the requirements of HIPAA and the HITECH Act as described in 45 CFR 164.316 and 42 USC 17931.
14. **Privacy and Security Officer(s).** The Business Associate must appoint Privacy and Security Officer(s) whose responsibilities shall include: monitoring the Privacy and Security compliance of the Business Associate; development and implementation of the Business Associate's HIPAA Privacy and Security policies and procedures; establishment of Privacy and Security training programs; and development and implementation of

an incident risk assessment and response plan in the event the Business Associate sustains a breach or suspected breach of protected health information.

15. **Safeguards.** The Business Associate must implement safeguards as necessary to protect the confidentiality, integrity, and availability of the protected health information the Business Associate accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses on behalf of the Covered Entity. Safeguards must include administrative safeguards (e.g., risk analysis and designation of security official), physical safeguards (e.g., facility access controls and workstation security), and technical safeguards (e.g., access controls and audit controls) to the confidentiality, integrity and availability of the protected health information, in accordance with 45 CFR 164.308, 164.310, 164.312, 164.316 and 164.504(e)(2)(ii)(B). Sections 164.308, 164.310 and 164.312 of the CFR apply to the Business Associate of the Covered Entity in the same manner that such sections apply to the Covered Entity. Technical safeguards must meet the standards set forth by the guidelines of the National Institute of Standards and Technology (NIST). The Business Associate agrees to only use or disclose protected health information as provided for by the agreement and Addendum and to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate, of a use or disclosure, in violation of the requirements of this Addendum as outlined under 45 CFR 164.530(e)(2)(f).
16. **Training.** The Business Associate must train all members of its workforce on the policies and procedures associated with safeguarding protected health information. This includes, at a minimum, training that covers the technical, physical and administrative safeguards needed to prevent inappropriate uses or disclosures of protected health information; training to prevent any intentional or unintentional use or disclosure that is a violation of HIPAA regulations at 45 CFR 160 and 164 and Public Law 111-5; and training that emphasizes the criminal and civil penalties related to HIPAA breaches or inappropriate uses or disclosures of protected health information. Workforce training of new employees must be completed within 30 days of the date of hire and all employees must be trained at least annually. The Business Associate must maintain written records for a period of six years. These records must document each employee that received training and the date the training was provided or received.
17. **Use and Disclosure of Protected Health Information.** The Business Associate must not use or further disclose protected health information other than as permitted or required by the agreement or as required by law. The Business Associate must not use or further disclose protected health information in a manner that would violate the requirements of the HIPAA Privacy and Security Rule and the HITECH Act.

III. PERMITTED AND PROHIBITED USES AND DISCLOSURES BY THE BUSINESS ASSOCIATE. The Business Associate agrees to these general use and disclosure provisions:

1. **Permitted Uses and Disclosures:**
   a. Except as otherwise limited in this Addendum, the Business Associate may use or disclose protected health information to perform functions, activities, or services for, or on behalf of, the Covered Entity as specified in the agreement, provided that such use or disclosure would not violate the HIPAA Privacy and Security Rule or the HITECH Act, if done by the Covered Entity in accordance with 45 CFR 164.504(e) (2) (i) and 42 USC 17935 and 17936.
   b. Except as otherwise limited by this Addendum, the Business Associate may use or disclose protected health information received by the Business Associate in its capacity as a Business Associate of the Covered Entity, as necessary, for the proper management and administration of the Business Associate, to carry out the legal responsibilities of the Business Associate, as required by law or for data aggregation purposes in accordance with 45 CFR 164.504(e)(2)(A), 164.504(e)(4)(i)(A), and 164.504(e)(2)(i)(B).
   c. Except as otherwise limited in this Addendum, if the Business Associate discloses protected health information to a third party, the Business Associate must obtain, prior to making any such disclosure, reasonable written assurances from the third party that such protected health information will be held confidential pursuant to this Addendum and only disclosed as required by law or for the purposes for which it was disclosed to the third party. The written agreement from the third party must include requirements to immediately notify the Business Associate of any breaches of confidentiality of protected health information to the extent it has obtained knowledge of such breach. Refer to 45 CFR 164.502 and 164.504 and 42 USC 17934.
   d. The Business Associate may use or disclose protected health information to report violations of law to appropriate federal and state authorities, consistent with 45 CFR 164.502(j)(1).
2. **Prohibited Uses and Disclosures:**
   a. Except as otherwise limited in this Addendum, the Business Associate shall not disclose protected health information to a health plan for payment or health care operations purposes if the patient has required this special restriction and has paid out of pocket in full for the health care item or service to which the protected health information relates in accordance with 42 USC 17935.

b. The Business Associate shall not directly or indirectly receive remuneration in exchange for any protected health information, as specified by 42 USC 17935, unless the Covered Entity obtained a valid authorization, in accordance with 45 CFR 164.508 that includes a specification that protected health information can be exchanged for remuneration.

IV. OBLIGATIONS OF COVERED ENTITY

1. The Covered Entity will inform the Business Associate of any limitations in the Covered Entity's Notice of Privacy Practices in accordance with 45 CFR 164.520, to the extent that such limitation may affect the Business Associate's use or disclosure of protected health information.
2. The Covered Entity will inform the Business Associate of any changes in, or revocation of, permission by an individual to use or disclose protected health information, to the extent that such changes may affect the Business Associate's use or disclosure of protected health information.
3. The Covered Entity will inform the Business Associate of any restriction to the use or disclosure of protected health information that the Covered Entity has agreed to in accordance with 45 CFR 164.522 and 42 USC 17935, to the extent that such restriction may affect the Business Associate's use or disclosure of protected health information.
4. Except in the event of lawful data aggregation or management and administrative activities, the Covered Entity shall not request the Business Associate to use or disclose protected health information in any manner that would not be permissible under the HIPAA Privacy and Security Rule and the HITECH Act, if done by the Covered Entity.

V. TERM AND TERMINATION

1. **Effect of Termination**:
   a. Except as provided in paragraph (b) of this section, upon termination of this Addendum, for any reason, the Business Associate will return or destroy all protected health information received from the Covered Entity or created, maintained, or received by the Business Associate on behalf of the Covered Entity that the Business Associate still maintains in any form and the Business Associate will retain no copies of such information.
   b. If the Business Associate determines that returning or destroying the protected health information is not feasible, the Business Associate will provide to the Covered Entity notification of the conditions that make return or destruction infeasible. Upon a mutual determination that return, or destruction of protected health information is infeasible, the Business Associate shall extend the protections of this Addendum to such protected health information and limit further uses and disclosures of such protected health information to those purposes that make return or destruction infeasible, for so long as the Business Associate maintains such protected health information.
   c. These termination provisions will apply to protected health information that is in the possession of subcontractors, agents, or employees of the Business Associate.
2. **Term**. The Term of this Addendum shall commence as of the effective date of this Addendum herein and shall extend beyond the termination of the contract and shall terminate when all the protected health information provided by the Covered Entity to the Business Associate, or accessed, maintained, created, retained, modified, recorded, stored, or otherwise held, transmitted, used or disclosed by the Business Associate on behalf of the Covered Entity, is destroyed or returned to the Covered Entity, or, if it not feasible to return or destroy the protected health information, protections are extended to such information, in accordance with the termination.
3. **Termination for Breach of Agreement**. The Business Associate agrees that the Covered Entity may immediately terminate the agreement if the Covered Entity determines that the Business Associate has violated a material part of this Addendum.

VI. MISCELLANEOUS

1. **Amendment.** The parties agree to take such action as is necessary to amend this Addendum from time to time for the Covered Entity to comply with all the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law No. 104-191 and the Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009, Public Law No. 111-5.
2. **Clarification.** This Addendum references the requirements of HIPAA, the HITECH Act, the Privacy Rule and the Security Rule, as well as amendments and/or provisions that are currently in place and any that may be forthcoming.
3. **Indemnification.** Each party will indemnify and hold harmless the other party to this Addendum from and against all claims, losses, liabilities, costs and other expenses incurred as a result of, or arising directly or indirectly out of or in conjunction with:

a. Any misrepresentation, breach of warranty or non-fulfillment of any undertaking on the part of the party under this Addendum; and
b. Any claims, demands, awards, judgments, actions, and proceedings made by any person or organization arising out of or in any way connected with the party's performance under this Addendum.

4. **Interpretation.** The provisions of the Addendum shall prevail over any provisions in the agreement that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the agreement shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. The parties agree that any ambiguity in this Addendum shall be resolved to permit the Covered Entity and the Business Associate to comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.
5. **Regulatory Reference.** A reference in this Addendum to a section of the HITECH Act, HIPAA, the Privacy Rule and Security Rule means the sections as in effect or as amended.
6. **Survival**. The respective rights and obligations of Business Associate under Effect of Termination of this Addendum shall survive the termination of this Addendum.

THIS SPACE INTENTIONALLY LEFT BLANK

IN WITNESS WHEREOF, the Business Associate and the Covered Entity have agreed to the terms of the above written agreement as of the effective date set forth below.

Covered Entity	Business Associate
Division of Public and Behavioral Health **4150 Technology Way, Suite 300** **Carson City, NV 89706**	Washoe County Health District Business Name
Phone: (775) 684-4200	P.O. Box 11130 Business Address
Fax: (775) 684-4211	Reno, NV 89520 Business City, State and Zip Code
	775-328-2400 Business Phone Number
	775-328-3752 Business Fax Number
Authorized Signature	Authorized Signature
for Julie Kotchevar, PhD Print Name	Kevin Dick Print Name
Administrator, Division of Public and Behavioral Health Title	District Health Officer Title
Date	Date

SECTION G

Annual Workplan Template

ES Worksheet 3. CDPHP Tobacco Program Sub-grantee/Contractor Annual Workplan from March 29, 2018 to March 28, 2019

Date: MM/DD/YYYY Version: 0.2

Goal 1:					
Annual Objectives	***Activities***	***Outputs***	***Timeline Begin/Completion***	***Evaluation Measure (indicator)***	***Responsible Persons***

Goal 2:					
Annual Objectives	***Activities***	***Outputs***	***Timeline Begin/Completion***	***Evaluation Measure (indicator)***	***Responsible Persons***

- Subgrantee agrees to provide a work plan for State Fiscal Year 2019 outlining continuing activities and/or new activities to be conducted during the grant year, output related to the activity, timeline and responsible persons for the activity.
- Subgrantee agrees to provide their completed work plan no later than 30 days after the execution of this grant to the Tobacco Prevention and Control Program.

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

SECTION H

Quarterly Program Activity Tracking and Evaluation Template

ES Worksheet 4. CDPHP Tobacco Control Program Quarterly Program Activity Tracking/Evaluation
Washoe County Health District (WCHD) Core Progress Report

Action Plan Period:	03/29/18 - 03/28/19
Data Collection Date:	MM/DD/YY

Funding Amount:	$109,999
Reimbursement to date:	$

Goal 1 is not addressed by this subgrant

Goal 2: Eliminating nonsmokers' exposure to second smoke				
Objectives	Activities	Outputs	Quarterly Program Progress (**Outputs, When, How, Who, Barriers)**	Evaluation (**for evaluator use only)**
2.1	2.1.1		**MM/DD/YY** **MM/DD/YY** **MM/DD/YY** **MM/DD/YY**	
	2.1.2		**MM/DD/YY** **MM/DD/YY** **MM/DD/YY** **MM/DD/YY**	
	2.1.3		**MM/DD/YY** **MM/DD/YY** **MM/DD/YY** **MM/DD/YY**	
Progress:				
Successes:				
Barriers:				
TA Requests:				

Goal 3: Promoting quitting among youth and young adults				
Objectives	Activities	Outputs	Quarterly Program Progress (**Outputs, When, How, Who, Barriers)**	Evaluation (**for evaluator use only)**
3.1	3.1.1		**MM/DD/YY** **MM/DD/YY** **MM/DD/YY**	

Goal 3: Promoting quitting among youth and young adults				
Objectives	Activities	Outputs	Quarterly Program Progress (**Outputs, When, How, Who, Barriers)**	Evaluation (**for evaluator use only)**
			MM/DD/YY	
	3.1.2		**MM/DD/YY** **MM/DD/YY** **MM/DD/YY** **MM/DD/YY**	
3.2	3.2.1		**MM/DD/YY** **MM/DD/YY** **MM/DD/YY** **MM/DD/YY**	
	3.2.2		**MM/DD/YY** **MM/DD/YY** **MM/DD/YY** **MM/DD/YY**	
	3.2.3		**MM/DD/YY** **MM/DD/YY** **MM/DD/YY** **MM/DD/YY**	
	3.2.4		**MM/DD/YY** **MM/DD/YY** **MM/DD/YY** **MM/DD/YY**	
	3.2.5		**MM/DD/YY** **MM/DD/YY** **MM/DD/YY** **MM/DD/YY**	
	3.2.6		**MM/DD/YY** **MM/DD/YY** **MM/DD/YY** **MM/DD/YY**	
Progress:				
Successes:				
Barriers:				
TA Requests:				

Goal 4: Mass Reach Communications				
Objectives	Activities	Outputs	Quarterly Program Progress (**Outputs, When, How, Who, Barriers)**	Evaluation (**for evaluator use only)**
4.1	4.1.1		**MM/DD/YY** **MM/DD/YY** **MM/DD/YY** **MM/DD/YY**	
	4.1.2		**MM/DD/YY** **MM/DD/YY** **MM/DD/YY** **MM/DD/YY**	
	4.1.3		**MM/DD/YY** **MM/DD/YY** **MM/DD/YY** **MM/DD/YY**	
Progress:				
Successes:				
Barriers:				
TA Requests:				

Communications and Media Reporting					
Media Type (TV, Radio, Facebook, Blog, Twitter, YouTube, Buttons)	Earned/ Paid	Target Population	Quitline Promo (Y/N)	Reach (**if available)**	Dates Run
Example: TV	**Earned**	**Low SES**	**Y**	**14,782**	**9/1/16-10/31/16**
(add rows as needed)					
TIPS Leverage (TV, Radio, Facebook, Blog. Twitter, YouTube, Buttons)	Earned/ Paid	Target Population	Quitline Promo (Y/N)	Reach (**if available)**	Dates Run
Speaking Engagement Types (Presentation, Webinar, Expert Witness)	Location	Target Population	Quitline Promo (Y/N)	# Stake-holders **(or estimate)**	Date

Communications and Media Reporting					
Media Type (TV, Radio, Facebook, Blog, Twitter, YouTube, Buttons)	Earned/ Paid	Target Population	Quitline Promo (Y/N)	Reach (**if available)**	Dates Run
Example: TV	**Earned**	**Low SES**	**Y**	**14,782**	**9/1/16-10/31/16**
(add rows as needed)					
TIPS Leverage (TV, Radio, Facebook, Blog. Twitter, YouTube, Buttons)	Earned/ Paid	Target Population	Quitline Promo (Y/N)	Reach (**if available)**	Dates Run

Goal 5 is not addressed by this subgrant

Goal 6: Infrastructure, Administration, and Management				
Objectives	Activities	Outputs	Quarterly Program Progress (**Outputs, When, How, Who, Barriers)**	Evaluation (**for evaluator use only)**
6.1	6.1.1		**MM/DD/YY** **MM/DD/YY** **MM/DD/YY** **MM/DD/YY**	
	6.1.2		**MM/DD/YY** **MM/DD/YY** **MM/DD/YY** **MM/DD/YY**	
6.2	6.2.1		**MM/DD/YY** **MM/DD/YY** **MM/DD/YY** **MM/DD/YY**	
	6.2.2		**MM/DD/YY** **MM/DD/YY** **MM/DD/YY** **MM/DD/YY**	
	6.2.3		**MM/DD/YY** **MM/DD/YY** **MM/DD/YY** **MM/DD/YY**	

Goal 6: Infrastructure, Administration, and Management				
Objectives	Activities	Outputs	Quarterly Program Progress (**Outputs, When, How, Who, Barriers**)	Evaluation (**for evaluator use only**)
6.3	6.3.1		**MM/DD/YY** **MM/DD/YY** **MM/DD/YY** **MM/DD/YY**	
	6.3.2		**MM/DD/YY** **MM/DD/YY** **MM/DD/YY** **MM/DD/YY**	
	6.3.3		**MM/DD/YY** **MM/DD/YY** **MM/DD/YY** **MM/DD/YY**	
Progress:				
Successes:				
Barriers:				
TA Requests:				

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

SECTION I

Staff Certification

WASHOE COUNTY HEALTH DISTRICT

STAFF CERTIFICATION ATTESTING TO TIME (Level of Effort) SPENT ON DUTIES

For the Period March 29, 2018 through March 28, 2019

Employee Name	Title	% time (level of effort) spent on duties related to HD 16428	% time (level of effort) spent on _____	% time (level of effort) spent on _____	% time (level of effort) spent on _____	Total must equal 100%	I certify that the % of time (level of effort) I have stated is true and correct Employee Signature	Date Certified
Kelli Goatley-Seals	Health Educator Coordinator	45%				0.00%		
Nicole Alberti	Health Educator II	40%				0.00%		
						0.00%		

Note: The Notice of Subgrant Award received from the State of Nevada provides funding for the employees above. All duties performed by these employees support the objectives/deliverables of the federal award.

Authorized Official
Name Title Signature Date

These certification forms must be prepared at least Quarterly and signed by the employee and an authorized official having firsthand knowledge of the work performed by the employee.

Note: Add columns as needed to reflect % allocation across all funding sources.

DD CW
DHO KD
DA
Risk

Staff Report
Board Meeting Date: March 22, 2018

TO: District Board of Health

FROM: James English, Environmental Health Specialist Supervisor
775-328-2610; jenglish@washoecounty.us

SUBJECT: Acceptance of the 2017 Annual Report to the Truckee Meadows Regional Planning Agency by the Washoe County Health District as the Solid Waste Management Authority.

SUMMARY

In accordance with the Nevada Revised Statutes 278.0286, the Division of Environmental Health Services of the Washoe County Health District, acting as the Solid Waste Management Authority for Washoe County, has completed the 2017 Annual Report for the Truckee Meadows Regional Planning Agency (TMRPA). The report is due to the TMRPA by April first of each year with a reporting period of the preceding calendar year.

District Health Strategic Priority 2: Healthy Environment: Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.

PREVIOUS ACTION

The 2016 Annual Report was approved on March 23, 2017.

BACKGROUND

The Washoe County Health District, acting as the Solid Waste Management Authority, is required to submit various reports to different agencies related to solid waste activities within the Health District. The annual report submitted to the TMRPA provides an update on solid waste facilities and the implementation of the solid waste management plan for the community. Data used within the report is from 2016 as the current recycling and tonnage reports are not calculated until on or after April 1st for the previous year.

FISCAL IMPACT

There is no additional fiscal impact to the FY17 budget should the Board approve this annual report.

RECOMMENDATION

Environmental Health Services Staff recommends that the Washoe County District Board of Health (Board) accept the 2017 Annual Report to the Truckee Meadows Regional Planning Agency by the Washoe County Health District as the Solid Waste Management Authority.

POSSIBLE MOTION

Should the Board agree with staff recommendations, a possible motion would be "Move to accept the 2017 Annual Report to the Truckee Meadows Regional Planning Agency by the Washoe County Health District as the Solid Waste Management Authority."

2017 ANNUAL REPORT TO
THE REGIONAL PLANNING COMMISSION
(Reporting Period: January – December 2016)

By the Washoe County Health District (WCHD) as the Solid Waste Management Authority

C. Public Services and Facilities

3. Solid Waste Management (Appendix I, 2012 Regional Plan Version 4)

Solid waste collected in Washoe County is disposed primarily in the Lockwood Regional Landfill with a small amount of waste going to the Russel Pass and Carson City Landfills. The cities and the unincorporated areas have franchise agreements to provide for solid waste collection, transportation, disposal and recycling services. The franchised waste hauler pays franchise fees to the cities of Reno and Sparks, Washoe County and the Incline General Improvement District.

At the present rate of waste generation, the existing transfer stations are adequate. Furthermore, the franchised waste hauler has started designing the expansion of the transfer station located on East Commercial Row, which will include the addition of a materials recovery facility.

The 2016 Solid Waste Management Plan for Washoe County was adopted by the Washoe County District Board of Health in December 2016. The Nevada Division of Environmental Protection approved the plan in March 9, 2017. An implementation plan and schedule has been developed outlining goals and timelines for the next five years. The purpose of the plan is to ensure the safe and adequate management of all solid waste produced or generated in Washoe County. The secondary purpose of the plan is to explore the feasibility of alternative uses of solid waste (e.g., recycling, re-use, waste to energy, composting, etc.). Goals relevant to these potential options are outlined in the plan.

2016 Dataset Inventory:

The amount of domestic solid waste disposed at the landfill: MSW = 425,032.18 T

The amount of industrial and special waste generated: I & P = 359,538.4 T

The total amount of MSW generated in the county: 603,727.00 T

The total waste generated in the county: 1,149,739.41 T
(Note: Total waste generated is the sum of the recycled MSW and C & D, plus the quantity of MSW which was reported as generated in the county plus the I & P and special wastes disposed of in the county.)

The amount of recycled material diverted from disposal at the landfill: Recycled MSW = 178,694.82 T

The amount of construction and demolition debris diverted from disposal at the landfill: Recycled C & D = 186,474.01 T

The total recycled material collected: Recycled MSW + C&D = 365,538.4 T

MSW recycling rate = 29.6% **MSW + C & D recycling rate = 31.8%**

WASHOE COUNTY HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

DD _CA
DHO _ KD
DA _____
Risk _____

STAFF REPORT
BOARD MEETING DATE: March 22, 2018

TO: District Board of Health

FROM: Charlene Albee, Director
(775) 784-7211, calbee@washoecounty.us

SUBJECT: Acceptance of the 2017 Annual Report to the Truckee Meadows Regional Planning Agency by the Washoe County Air Quality Management Division.

SUMMARY

As a local government or affected entity, Nevada Revised Statutes (NRS) 278.0286 requires that an annual report be submitted to the Regional Planning Commission and the Regional Planning Governing Board indicating how actions in the previous year (Calendar Year 2017) have furthered or assisted in implementing the Regional Plan. This report satisfies the requirement.

Health District Strategic Priority supported by this item: Impactful Partnerships: Extend our impact by leveraging partnerships to make meaningful progress on health issues.

PREVIOUS ACTION

March 23, 2017	Accepted the AQMD portion of the Truckee Meadows Regional Plan Annual Report.
March 24, 2016	Accepted the AQMD portion of the Truckee Meadows Regional Plan Annual Report.
March 26, 2015	Accepted the AQMD portion of the Truckee Meadows Regional Plan Annual Report.
March 27, 2014	Accepted the AQMD portion of the Truckee Meadows Regional Plan Annual Report.
March 28, 2013	Accepted the AQMD portion of the Truckee Meadows Regional Plan Annual Report.

BACKGROUND

The requirements for regional plan annual reporting are drawn from NRS 278.0286. The statute requires each local planning commission responsible for the preparation of a city or county master plan and each affected entity to prepare and submit to the Regional Planning Commission and the Governing Board a complete report on progress to implement the Regional Plan by April 1 of each year.

The attached report summarizes the progress made in 2017 by the Washoe County Health District, Air Quality Management Division (AQMD) to implement the Truckee Meadows Regional Plan. It also includes a section that identifies ongoing projects or policies scheduled for completion in early 2018. Additionally, the report includes projects or policies that are planned to begin in early 2018 that further or assist in carrying out the Regional Plan.

FISCAL IMPACT

There will be no fiscal impact from the Board accepting this report.

RECOMMENDATION

Staff recommends the Board accept the Air Quality Management Division portion of the Truckee Meadows Regional Plan Annual Report.

POSSIBLE MOTION

Should the Board concur with staff's recommendation, a possible motion would be:

"Move to accept the Air Quality Management Division portion of the Truckee Meadows Regional Plan Annual Report."

2017 Regional Plan Annual Report
Washoe County Health District - Air Quality Management Division
(Reporting Period: January - December 2017)

The Clean Air Act requires the U.S. Environmental Protection Agency (EPA) to establish and review the health-based National Ambient Air Quality Standards (NAAQS) for six pollutants (ozone, particulate matter, carbon monoxide, nitrogen dioxide, sulfur dioxide, and lead). The goal of the Washoe County Health District, Air Quality Management Division (AQMD) is to develop and implement programs to meet these NAAQS. As of February 2018, all areas of Washoe County meet all NAAQS for all pollutants and averaging times.

Ozone is our local air pollutant that is closest to violating the NAAQS. The standard is 0.070 ppm and our monitoring data shows that we are at 0.070 ppm. (Note: This excludes six days in 2015 and 2016 that EPA agrees were influenced by wildfire smoke.) Washoe County could be designated "Non-Attainment" with as few as four high ozone days in 2018.

AQMD's efforts in 2017 were focused on implementing Ozone Advance, which is a collaborative effort to encourage voluntary initiatives that improve air quality. Ozone Advance's five primary goals are to:

1. Reduce ozone precursor emissions from on-road motor vehicles
2. Reduce ozone precursor emissions from non-road motor vehicles and equipment
3. Reduce impacts from heat island effects that contribute to ozone formation
4. Increase efficiency of buildings
5. Educate and empower local jurisdictions to make good long-term decisions that improve air quality

Incorporating Ozone Advance goals in the Regional Plan Update will further support these plans, policies, and priorities.

A: Regional Form and Patterns
B: Natural Resource Management
C: Public Services and Facilities

The built environment determines transportation choices in our area. On-road motor vehicles such as cars and trucks are the largest category of ozone precursors. Managing vehicle trips and vehicle miles traveled (VMT) will have the greatest impact on ozone concentrations. The AQMD has continued to collaborate with stakeholders that influence the Truckee Meadows' regional form and pattern. These stakeholders include community development departments, planning commissions, governing boards, and other organizations. The primary goals of AQMD's collaboration with stakeholders are to: 1) Emphasize the connection between the built environment, transportation, and air quality; and 2) ensure " . . . public health impacts related to land use decisions" (Policy 1.2.21) are included in the planning process.

AQMD has collaborated with local organizations to incorporate Ozone Advance goals into their master, comprehensive, and long-range plans. Implementation relied on the collective impact of including Ozone Advance's five goals into other plans, policies, and priorities such as the:

- 2040 Regional Transportation Plan
- FFY2018-2022 Regional Transportation Improvement Plan
- City of Reno Master Plan
- Bicycle and Pedestrian Master Plan
- RTC of Washoe County Sustainability Plan
- Washoe County School District Policy 7400 (Conservation and Sustainability)
- City of Reno Planning Commission Priorities

The Ozone Advance program encourages increasing transportation choices to reduce our community's dependence on the automobile. Strategically expanding the open space and greenway network provides active transportation options such as walking and biking. Strategies that address stormwater management (i.e., managing impervious surfaces) and food desert (i.e., edible landscaping) issues also support Ozone Advance's goal to reduce urban heat island impacts.

While the bottom line for Ozone Advance is to meet the federal air quality standard, solutions have co-benefits for the environment, public health, and the economy.

Topic D: General Review of 2012 Truckee Meadows Regional Plan

Historically, portions of Washoe County have not met federal air quality standards for ozone (1-hour), carbon monoxide (8-hour), and particulates (24-hour). Local control strategies implemented in the 1980's such as the smog check and woodstove programs helped improve air quality and we currently meet all air quality standards.

Motor vehicles are the largest category of air pollutants in our area. The Regional Transportation Plan (RTP) includes motor vehicle emission budgets (MVEB) for carbon monoxide and particulates. These budgets were approved by EPA and ensure that transportation related emissions do not contribute to another "non-attainment" designation. Transportation conformity must be demonstrated before the Federal Highway Administration can approve the RTP.

Budgets for ozone (1-hour) were not developed because the 1-hour standard was rescinded when the 8-hour standard was promulgated in 1997. If our area violates the 2015 ozone standard and designated as "Non-Attainment", then a MVEB for ozone will be developed. The MVEB will likely force a reduction of VMT in the RTP.

The next Regional Plan update should acknowledge the impact of VMT and transportation related emissions with respect to future growth.

Topic E: A Preview of 2018

Based on certified 2014-2016 air monitoring data, all portions of Washoe County are meeting all federal health-based NAAQS. In Summer 2018, EPA is expected to designate Washoe County as "Attainment/Unclassifiable" for the 2015 ozone standard. Although our area will be meeting the ozone standard, it will be by the narrowest of margins. The federal standard is 0.070 ppm and the 2014-2016 monitoring data is 0.0706 ppm (truncates to 0.070). A "Non-Attainment" designation could be possible with as few as four high ozone days in 2018.

The AQMD is committed to providing input to ensure region-wide, master, and long-range plans support Ozone Advance goals. The AQMD will also provide comments on land-use projects to incorporate specific Ozone Advance initiatives that improve air quality.

As Washoe County and the surrounding region rebounds from the Great Recession, it's accompanied with growth in population, vehicle trips, and VMT. New communities are being developed to meet the demand from growth. Fifteen new schools (nine elementary, three middle, and three high schools) are expected to be built by 2025. Improving active transportation infrastructure will be critical to provide safe choices for the hundreds of students attending each school. The two most significant factors determining students' likelihood of walking or cycling to school are the: 1) distance from home to school, and 2) quality of built environments between home and school. A great school location and surrounding infrastructure provides transportation choices and can reduce the need for school bus routes.

The Washoe County School District can be viewed as the largest "employer" in the county. Over 65,000 students and 8,000 staff need to travel to 100 "work" sites each school day. Bus transportation is not provided to tens of thousands of students that live within Walk Zones, which are generally one mile around elementary, two miles around middle, and three miles around high schools. Ozone Advance initiatives and programs focus on reducing the number of cars transporting students to school. Reducing home-to-school and school-to-home car trips will also have great benefits to the environment and chronic disease rates. Existing schools cannot be relocated, however there are opportunities to implement local plans (i.e., Bicycle and Pedestrian Master Plan, and Complete Streets Master Plan) and programs (i.e., Safe Routes to School) that can increase transportation choices.

WASHOE COUNTY HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

DBOH AGENDA ITEM NO. 7E

DD___ ____
DHO__ KD ____

Staff Report
Board Meeting Date: March 22, 2018

TO: District Board of Health

FROM: Kevin Dick, District Health Officer
775-328-2416, kdick@washoecounty.us

SUBJECT: Approval of authorization to travel and travel reimbursements for non-County employee Dr. John Novak in the approximate amount of $1,432.16, to attend the NALBOH Board Meeting in Atlanta, GA, April 17-20, 2018.

SUMMARY

The District Board of Health must authorize travel and travel reimbursements for non-County employees.

District Health Strategic Objective supported by this item: Strengthen WCHD as an innovative, high- performing organization.

PREVIOUS ACTION

No previous action has been taken relevant to this item.

BACKGROUND

The National Association of Local Boards of Health (NALBOH) Board Meeting will provide attendees with information, skills and resources focused on the six functions of public health governance. The meeting will also provide time for attendees to learn and share information on critical public health issues.

Dr. Novak has expressed interest in attending the conference and bringing back valuable information regarding health governance to the Washoe County Health District.

Dr. Novak is now Treasurer of the NALBOH and will need to arrive on April 17th to be in attendance for the Board Meeting.

The cost of this travel is estimated to be approximately $1,432.16 and includes airfare, lodging, per diem, ground transportation and parking.

FISCAL IMPACT

Should the Board approve this authorization to travel and travel reimbursement, there will be no additional fiscal impact to the adopted FY18 budget as travel expenses were anticipated and projected in the budget of the Office of the District Health Officer (Cost Center 170202).

RECOMMENDATION

Staff recommends the District Board of Health approve the authorization to travel and travel reimbursements for non-County employee Dr. John Novak in the approximate amount of $1,432.16 to attend the NALBOH Board Meeting in Atlanta, Georgia from April 17-20, 2018.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Approve authorization to travel and travel reimbursements for non-County employee Dr. John Novak in the approximate amount of $1,432.16 to attend the NALBOH Board Meeting in Atlanta, Georgia from April 17-20, 2018."

WASHOE COUNTY HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

DD CA
DHO KD
DA
Risk

Staff Report
Board Meeting Date: March 22, 2018

TO: District Board of Health

FROM: Charlene Albee, Director, Air Quality Management Division
(775) 784-7211, calbee@washoecounty.us

SUBJECT: Recommendation for the Board to approve the commitment to support the Wildland Fire Air Quality Response Program, including training, certification, and deployment of Julie Hunter, Senior Air Quality Specialist, as an Air Resource Advisor.

SUMMARY

The Air Quality Management Division (AQMD) is recommending the District Board of Health approve the commitment to support the U.S. Forest Service (USFS) Wildland Fire Air Quality Response Program, including training, certification, and deployment of Julie Hunter, Senior Air Quality Specialist, as an Air Resource Advisor (ARA).

Health District Strategic Objective supported by this item: Strengthen WCHD as an innovative, high-performing organization and Achieve targeted improvements in health outcomes and health equity.

PREVIOUS ACTION

No previous actions.

BACKGROUND

In recognition of the growing threat that wildfire smoke poses on public health, the USFS has launched the Wildland Fire Air Quality Response Program (WFAQRP). The program was created to directly assess, communicate, and address risks posed by wildland fire smoke to the public and fire personnel. The program depends on four primary components: 1) specially trained personnel called Air Resource Advisors, 2) air quality monitoring, 3) smoke concentration and dispersion modeling, and 4) coordination and cooperation with agency partners. Senior Air Quality Specialist (Sr. AQS) Julie Hunter is one of 22 candidates selected to attend this year's upcoming ARA Training to be held in Boise, Idaho. Final acceptance into the program requires a commitment from the candidate's employer to support the mission of the WFAQRP.

In order to be eligible to attend the initial training, Sr. AQS Hunter will be required to complete a number of on-line prerequisite courses. Deployment to a fire will also require the issuance of an annual Incident Qualification Card (Red Card) by a sponsoring fire department. Truckee Meadows Fire Protection District (TMFPD) has agreed to sponsor Sr. AQS Hunter with the understanding she will be responsible for completing the required training, submitting the training records to TMFPD, and submitting all required documentation following the completion of each assignment. She will also be responsible for providing availability for deployment on the Resource Ordering Status System (ROSS) calendar which will be determined based on her AQMD obligations.

FISCAL IMPACT

The fiscal impact associated with becoming an ARA includes the travel expenses from the initial training in Boise, Idaho. AQMD does have funds available in the approved budget to cover these expenses. Once certified, the costs associated with deployments will be reimbursed by the USFS. TMFPD will collect and process all incident time reports and travel reimbursement documentation for "Billable Incidents" and process the pass-through of funds upon receipt of the reimbursement.

RECOMMENDATION

Staff recommends the Board approve the commitment to support the Wildland Fire Air Quality Response Program, including training, certification, and deployment of Julie Hunter, Senior Air Quality Specialist, as an Air Resource Advisor.

POSSIBLE MOTION

Should the Board agree with Staff's recommendation, a possible motion would be:

"Move to approve the commitment to support the Wildland Fire Air Quality Response Program, including training, certification, and deployment of Julie Hunter, Senior Air Quality Specialist, as an Air Resource Advisor."

Charles A. Moore
Fire Chief

February 23, 2018

Ms. Charlene Albee
Director, Air Quality Management Division, Washoe County Health District
1001 E. Ninth St., Bldg. B
Reno, NV 89512

RE: ARA Sponsorship, Julie Hunter, M.S.

Dear Charlene,

The Truckee Meadows Fire Protection District (TMFPD) recognizes the importance and need for well qualified individuals as an integral part of the emergency incident workforce. TMFPD would like to offer sponsorship to Julie Hunter for the position of Technical Specialist, Air Resource Advisor (ARA).

As the sponsoring agency, TMFPD will issue an annual Incident Qualification Card (Red Card). Red Card certification will be based on Ms. Hunter obtaining the current pre-requisites for the ARA trainee and/or qualified position. TMFPD will maintain certification and training records through IQS-Web and export data to the Resource Ordering Status System (ROSS). TMFPD will collect and process all incident time reports (OF-288) and travel reimbursement documentation for "Billable Incidents".

As a sponsored employee, Ms. Hunter will be responsible to provide appropriate training and certification documents to TMFPD for initial and continuing certification. She will maintain her own availability and status in the ROSS through our local dispatch center. Ms. Hunter will also be required to turn in all time and travel documentation to the TMFPD within five (5) days of return from an assignment for billing for processing. In addition, TMFPD will require a copy of an Incident Personnel Performance Rating (ICS 225) for all assignments.

Truckee Meadows Fire Protection District will not provide any financial support as the sponsoring agency.

Best Regards,

Charles A. Moore, Fire Chief
Truckee Meadows Fire Protection District

WASHOE COUNTY HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

DBOH AGENDA ITEM NO. 7G

DD SK
DHO KD
DDA
Risk

STAFF REPORT
BOARD MEETING DATE: March 22, 2018

TO: District Board of Health

FROM: Stephanie Chen, Health Educator
775-328-2474, schen@washoecounty.us

SUBJECT: Acceptance of the 2018 Washoe County Chronic Disease Report Card

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SUMMARY

The 2018 Washoe County Chronic Disease Report Card is a compilation of data, including data on chronic disease and their leading health indicators. The data presented is the most current and available information about chronic disease for Washoe County, Nevada and the United States.

District Health Strategic Objectives:

1. **Healthy Lives**: Improve the health of our community by empowering individuals to live healthier lives.
2. **Healthy Environment:** Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.

PREVIOUS ACTION

The 2014 Washoe County Chronic Disease Report Card was presented to the District Board of Health on August 28, 2014.

BACKGROUND

The Washoe County Health District's Chronic Disease Prevention Program's seeks to empower our community to be tobacco free, live active lifestyles and eat nutritiously through education, collaboration and policy. Tobacco use and exposure, poor diet, and physical inactivity are the three primary risk factors for chronic disease. Analysis of specific chronic diseases and risk factors by demographic variables such as gender, age, or ethnicity is useful for identifying segments of the population that may be at greater risk of disease. Such information allows public health programs, including the Chronic Disease Prevention Program, to focus prevention measures in ways that will have maximum impact.

FISCAL IMPACT

There is no additional fiscal impact to the FY17 budget should the Board approve the 2018 Chronic Disease Report Card.

RECOMMENDATION

Staff recommends the DBOH accept the 2018 Washoe County Chronic Disease Report Card.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be:

"Move to accept the 2018 Washoe County Chronic Disease Report Card"

2018 Washoe County Chronic Disease Report Card

A Summary Report of Chronic Health Conditions and Primary Risk Factors

March 2018

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

Table of Contents

About the Washoe County Health District and the Chronic Disease Prevention Program

The Washoe County Health District (Health District) has jurisdiction over public health matters in Washoe County, Nevada. Its mission is to protect and enhance the well-being and quality of life for all in Washoe County. The Health District provides services through health promotion, disease prevention, public health emergency preparedness, and environmental services. The Health District receives guidance from the District Board of Health, a policy-making board comprised of seven members, which includes two representatives each from Reno, Sparks, and Washoe County, and a physician licensed to practice medicine in Nevada.

The Health District's Chronic Disease Prevention Program (CDPP) is within the Clinical and Community Health Services Division of the Health District and seeks to empower our community to be tobacco-free, live active lifestyles, and eat nutritiously though education, collaboration and policy. Tobacco use and exposure, poor diet, and physical inactivity are the three primary risk factors for chronic disease, and the CDPP works on multiple goals and activities focusing on these risk factors to help reduce the burden of chronic disease in our community.

Note from the District Health Officer

Dear Residents of Reno, Sparks and Washoe County,

Chronic disease is a major health concern for our community, affecting people of all ages and backgrounds. Unhealthy habits formed during childhood and adolescent years such as smoking, poor diet, and physical inactivity is often primary contributors to chronic disease. Such habits are detrimental, affecting individuals, families, and our entire society.

Chronic disease is the biggest health challenge of the 21st century and nationally accounts for seven out of every ten deaths. Not only is chronic disease the leading cause of death, it also accounts for most of our nation's healthcare costs and leads to the loss of productivity at home, work, and in our day to day activities.

Many risk factors for chronic disease are modifiable. For example, people can be encouraged to move more. They can consume less sugary beverages and highly processed foods with added sugar and artificial ingredients. Each person has the ability to take preventive steps. I encourage everyone living in Washoe County to practice and support healthy habits for themselves and their families.

The Health District conducts a Community Health Needs Assessment (CHNA) every three years to understand the health needs of our community. The recently completed 2018-2020 CHNA provides a comprehensive health overview of Washoe County and serves as a resource for numerous organizations, community leaders, and partners to address health in Washoe County. The CHNA includes a prioritization, which ranks the top areas of need in our community. While chronic disease itself is ranked number six; factors that contribute to chronic disease such as access to care, social determinants, physical activity, and nutrition rank even higher. The Chronic Disease Report Card delves deeper into the issues and data relating to chronic disease in our community.

The intent of this report is to provide a summary of chronic diseases and their risk factors in Washoe County and to serve as a source of currently available chronic disease data. It is also intended to provide local healthcare providers, chronic disease practitioners, and other interested persons and programs with data they may use in their work to improve the health of Washoe County. Thank you for taking the time to read this report.

Sincerely,

Kevin Dick
District Health Officer
Washoe County Health District

Introduction

A chronic disease is a long-lasting illness that can generally be controlled, but not cured completely. Examples of common chronic diseases include heart disease, cancer, and diabetes. Many chronic diseases are linked to lifestyle choices including poor nutrition, physical inactivity, and tobacco use and exposure. The majority of the leading causes of death and disability in Washoe County are due to the risk factors mentioned above. According to the Centers for Disease Control and Prevention (CDC), chronic diseases are among the most common, costly and preventable of all health problems in the United States.

Although common and costly, many chronic diseases are preventable. Eating nutritious foods, becoming more physically active and avoiding tobacco and excessive alcohol consumption can reduce the risk of developing a chronic disease. In many cases, these lifestyle changes can also help prevent additional complications for individuals already living with a chronic disease.

The 2018 Washoe County Chronic Disease Report Card is a compilation of data, including data on chronic diseases and their leading health indicators. The data presented is the most current and available information about chronic disease and their risk factors for Washoe County, Nevada and the United States. Data for the report comes from both surveillance and behavioral self-reporting sources. Therefore, some limitations to the data exist. For more details about limitations of the data please refer to the Technical Notes section. With these limitations in mind, the data contained in this report is valuable in a variety of ways. Analysis of specific chronic diseases by demographic variables such as gender, age, or ethnicity is useful for identifying segments of the population that may be at greater risk of disease. Such information allows public health programs to focus prevention measures in ways that will have maximum impact. In addition, analysis of surveillance and trend data can aid in the determination of priorities for disease prevention efforts. This enables direct resources to be focused on those diseases taking the greatest toll on residents in a community.

Technical Notes

Please use the following as a reference when reviewing data in the report.

Population Rates

- Age-adjusted rates in this report are adjusted to the 2010 U.S. standard population and are per 100,000 population
- Birth rates in this report are per 1,000 population
- Crude mortality rates in this report are per 100,000 population
- Years of potential life lost (YPLL) rate is the total number of years of potential life lost per 100,000 population

Sources of Data

Behavioral Risk Factor Surveillance System

The Behavioral Risk Factor Surveillance System (BRFSS) is the largest telephone health survey conducted annually in the U.S. The BRFSS asks adults questions regarding risk behaviors, chronic health conditions, and use of preventive screening and immunization services.

Nevada Youth Risk Behavior Surveillance System

The Youth Risk Behavior Surveillance System (YRBSS) is administered to middle and high school students on odd years in every state across the nation. The YRBSS provides an estimated prevalence of risk behaviors and protective factors among adolescents. The survey is voluntary and results include self-reported responses to questions related to the following areas: violence and violent behaviors; physical activity, nutrition, and obesity; substance use; sexual health behaviors; and home and family environment.

Nevada Division of Public and Behavioral Health

The Nevada Office of Public Health Informatics and Epidemiology (OPHIE) operates under the Nevada Division of Public and Behavioral Health (DPBH) and is largely in charge of investigations, data collection, and the compiling of statistics related to the following areas: communicable and infectious diseases; sexually transmitted diseases; BRFSS, YRBSS, and more.

Hospitalization Data

The hospitalization data for the specific chronic health conditions come from the Center for Health Information Analysis for Nevada (CHIA). CHIA collects certain billing records fields from all hospital inpatient, outpatient, and ambulatory surgical centers.

Overview of Chronic Disease in Washoe County

Age-adjusted Mortality Rates per 100,000 Population for the Leading Causes of Death among Washoe County and Nevada Residents, 2016

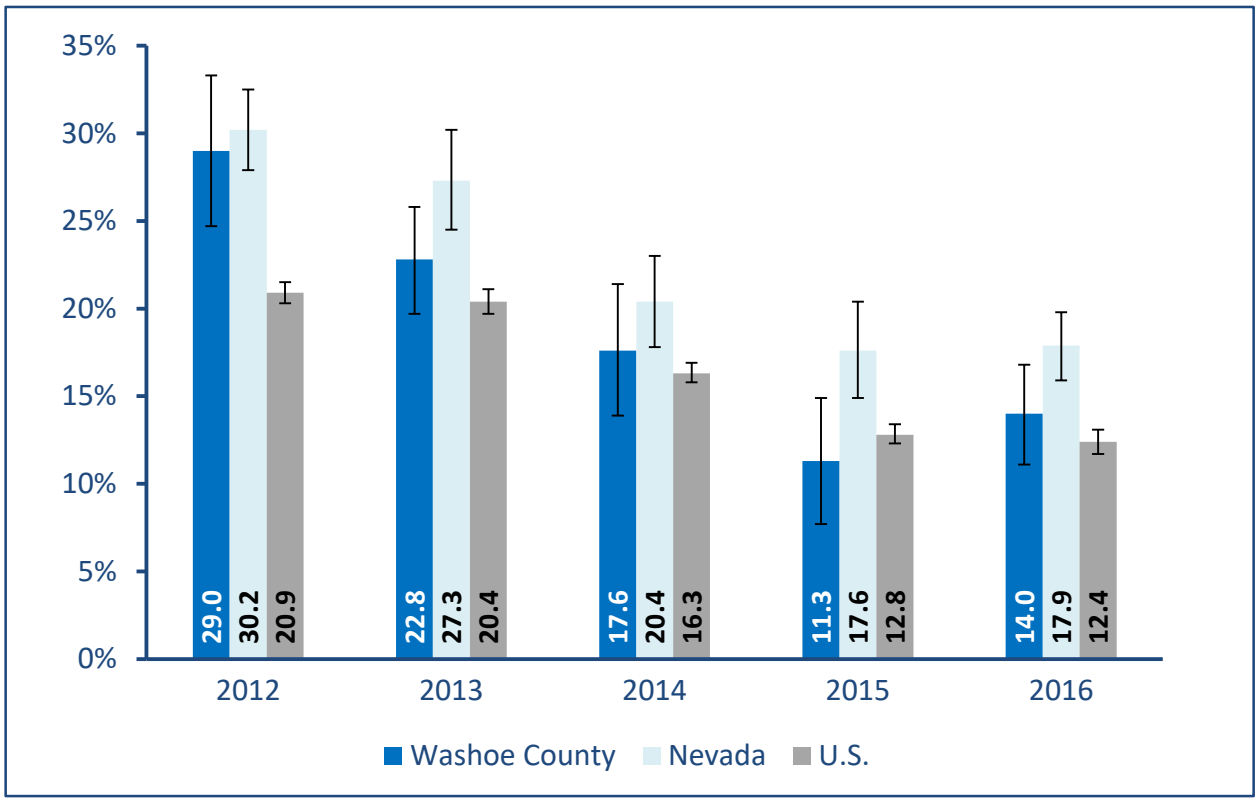
Cause of Death	2016*			Healthy People 2020 Target
	Washoe County	Nevada	Rank W/N**	
Diseases of the Heart	208.8	209.2	1/1	NA
Malignant Neoplasms (Cancer)	168.4	158.4	2/2	160.6
Chronic Lower Respiratory Diseases	59.6	58.8	3/3	NA
Accidents (Unintentional injuries)	40.3	31.1	4/5	33.8
Cerebrovascular Diseases (Stroke)	34.7	36.2	5/4	NA
Alzheimer's Disease	31.4	25.2	6/6	NA
Intentional Self-harm (Suicide)	24.8	20.0	7/7	10.2
Diabetes Mellitus	20.8	17.9	8/9	NA
Chronic Liver Disease and Cirrhosis	16.3	11.8	9/10	NA
Influenza and Pneumonia	15.2	18.3	10/8	NA
Parkinson's Disease	11.5	8.0	11/14	NA
Pneumonitis due to solids and liquids	11.1	4.4	12/19	65.8
Transport Accidents	10.6	10.8	13/11	NA
Septicemia	9.5	5.6	14/17	12.4
Other diseases of respiratory system	8.4	6.3	15/16	NA

Data Source: Vital Statistics – Death Certificates; 2010 U.S. Census; Nevada Division of Public and Behavioral Health.
*Note: *2016 Data is not final and subject to change. ** Rank for Washoe County/Nevada*
Highlighted= Significant difference between Washoe County and Nevada's rate
Clear= No difference between Washoe County and Nevada rates for specific disease for the particular year.

Heart disease, cancer, chronic respiratory disease, accidents, and stroke were the top five causes of death among Washoe County residents in 2016. Other chronic diseases that are in the top 15 causes of death include Alzheimer's disease, diabetes, and chronic liver disease. Death rates for Washoe County and Nevada are comparable for most categories, and ranking for the top 10 causes of death are consistent.

Adults without Health Insurance

Adults Age 18 – 64 without Health Insurance
Washoe County, Nevada and U.S., 2012 – 2016

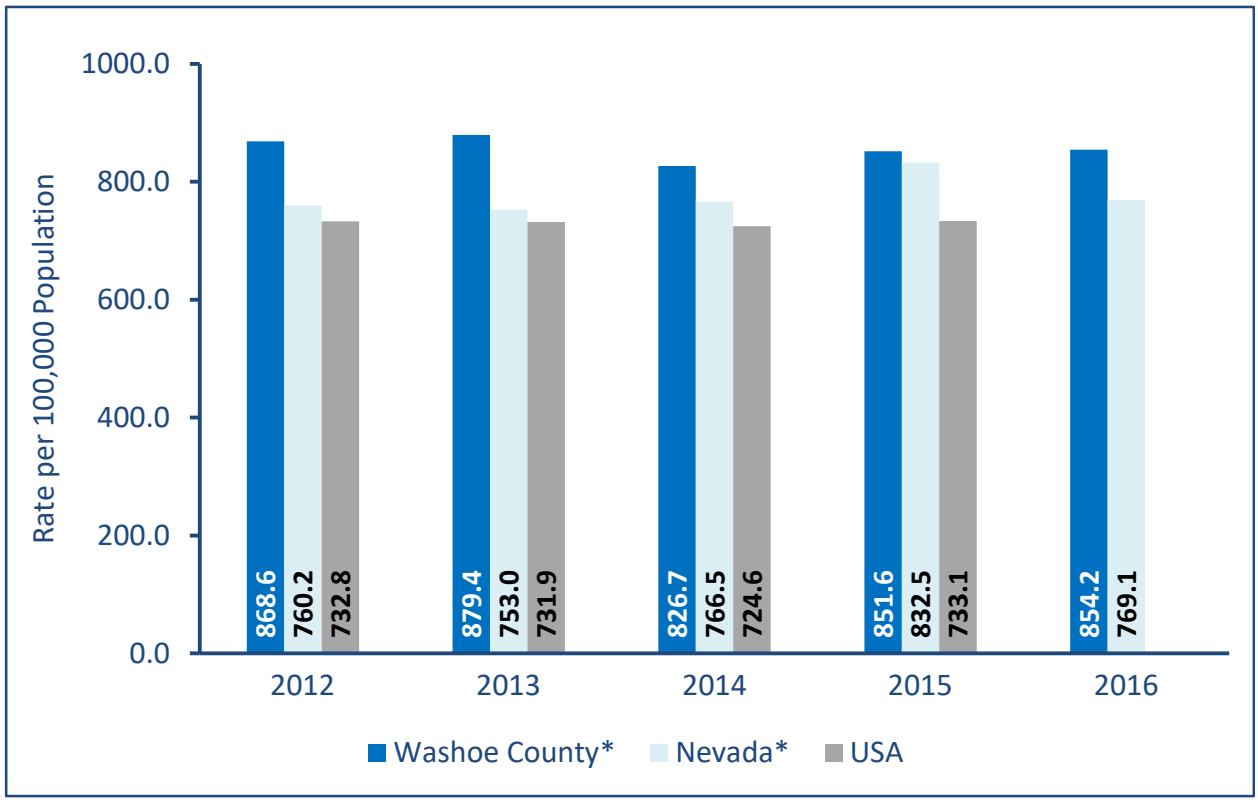


Data Source: Behavioral Risk Factor Surveillance System 2012-2016.

In 2016, 14% of Washoe County adults aged 18-64 reported having no current health insurance, a significant decrease from the 2012 reported rate of 29%. There has been a gradual decrease in the percentage of adults without health insurance across Washoe County, Nevada, and the U.S. over the four year time period.

Years of Potential Life Lost

Age-Adjusted Death Rates
Washoe County and Nevada Residents, 2012 – 2016



Data Source: Vital Statistics – Death Certificates; 2010 U.S. Census; Nevada Division of Public and Behavioral Health.
*Note: *Preliminary data used for Washoe County and Nevada. Therefore, counts are not final and are subject to change.*

Premature death is the years of potential life lost before age 75. Every death occurring before the age of 75 contributes to the total number of years of potential life lost. The age-adjusted death rates are summary measures adjusted for differences in age distributions which allow us to estimate the number of expected deaths within a given year.

Population Health Indicators

Demographics

Total Population, Washoe County 2012-2016

		2012	2013	2014	2015	2016
Total	**Total**	**427,704**	**432,324**	**436,797**	**440,938**	**446,281**
Gender	Male	215,754	217,968	220,097	222,049	224,612
	Female	211,950	214,356	216,700	218,889	221,669
Race	White, non-Hispanic	283,789	284,964	286,042	286,925	288,313
	Black, non-Hispanic	10,354	10,562	10,740	10,902	11,110
	Native American, non-Hispanic	7,100	7,140	7,181	7,222	7,265
	Asian or Pacific Islander, non-Hispanic	27,912	28,514	29,103	29,649	30,352
	Hispanic	98,548	101,145	103,730	106,241	109,241
Age group	<1	5,267	5,261	5,286	5,336	5,394
	1-4	22,465	22,028	21,777	21,614	21,875
	5-14	58,633	59,483	60,005	60,400	60,283
	15-24	57,928	57,984	58,269	58,538	59,682
	25-34	61,160	62,038	62,794	63,480	64,131
	35-44	53,268	53,463	53,879	54,523	55,329
	45-54	58,554	58,265	57,980	57,395	56,887
	55-64	54,452	55,579	56,230	56,814	57,438
	65-74	35,816	37,423	39,042	40,438	41,798
	75-84	14,437	14,985	15,591	16,360	17,353
	85+	5,723	5,814	5,943	6,040	6,110

Data Source: Office of Public Health Informatics and Epidemiology, Nevada Division of Public and Behavioral Health, April 2015.

Socioeconomic Status

Indicators of Washoe County, Nevada and U.S., 2016

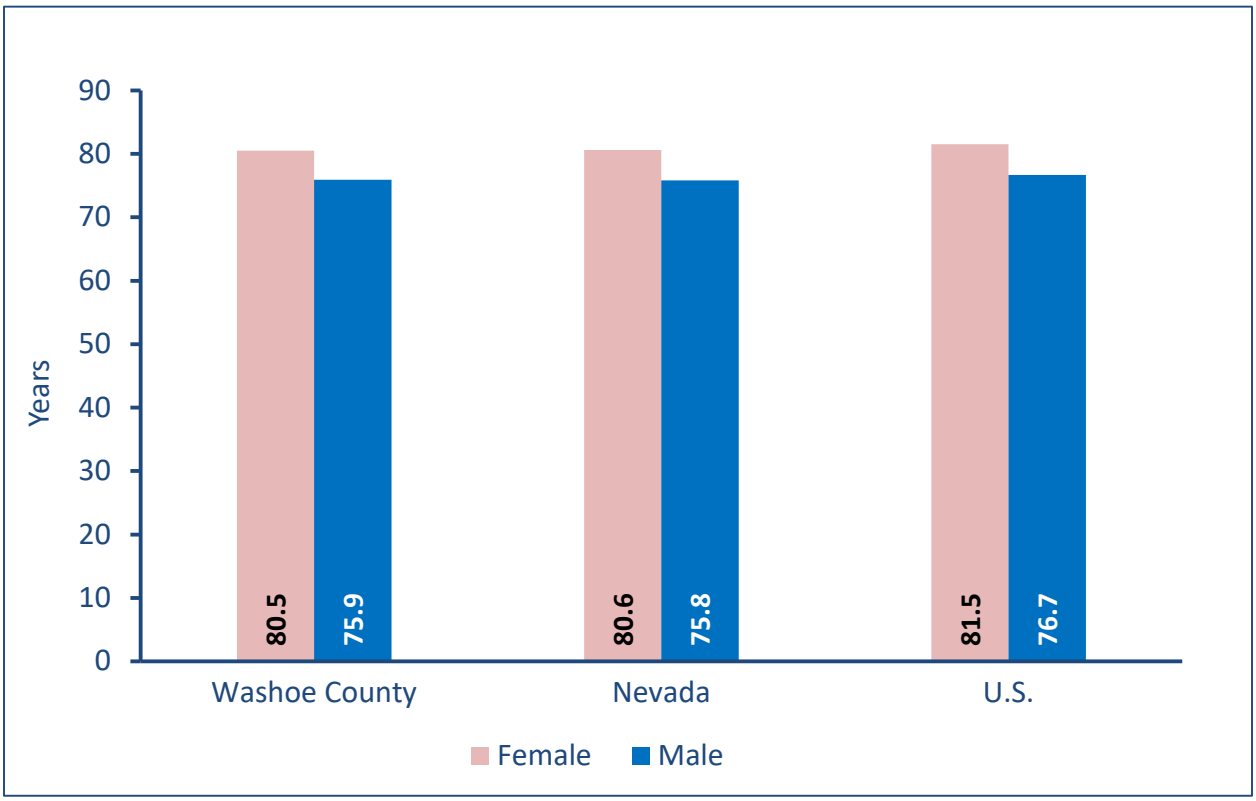
	Washoe County	Nevada	United States
Economic Indicators			
Median Household Income	$58,175	$55,180	$57,617
Poverty Rate – All individuals	12.2%	13.8%	14.0%
Average Unemployment Rate	5.8%	6.7%	5.8%
Other Indicators			
Married, age 15+	48.6%	44.3%	47.5%
Foreign Born	14.6%	20.0%	13.5%
High School Graduate, age 25+	24.5%	29.1%	27.2%
Speaking Language other than English at home, age 5+	23.0%	30.7%	21.6%

Data Source: U.S. Census Bureau, 2016 American Community Survey

According to the 2018-2020 Washoe County Community Health Needs Assessment, "Socioeconomic status (SES) can be used as predictors of health across the lifespan and overall life expectancy. Those with a higher SES are more likely to achieve higher levels of education, find employment in higher paying jobs, and have increased access to healthcare and preventive services. Conversely people with a lower SES are more likely to engage in unhealthy behaviors such as smoking and physical inactivity, and often live in low-income neighborhoods with fewer resources. Persons with a lower SES experience higher rates of poor health outcomes such as obesity, stroke, cardiovascular disease, depression, and diabetes."

Life Expectancy at Birth

Washoe County and Nevada Residents, 2014

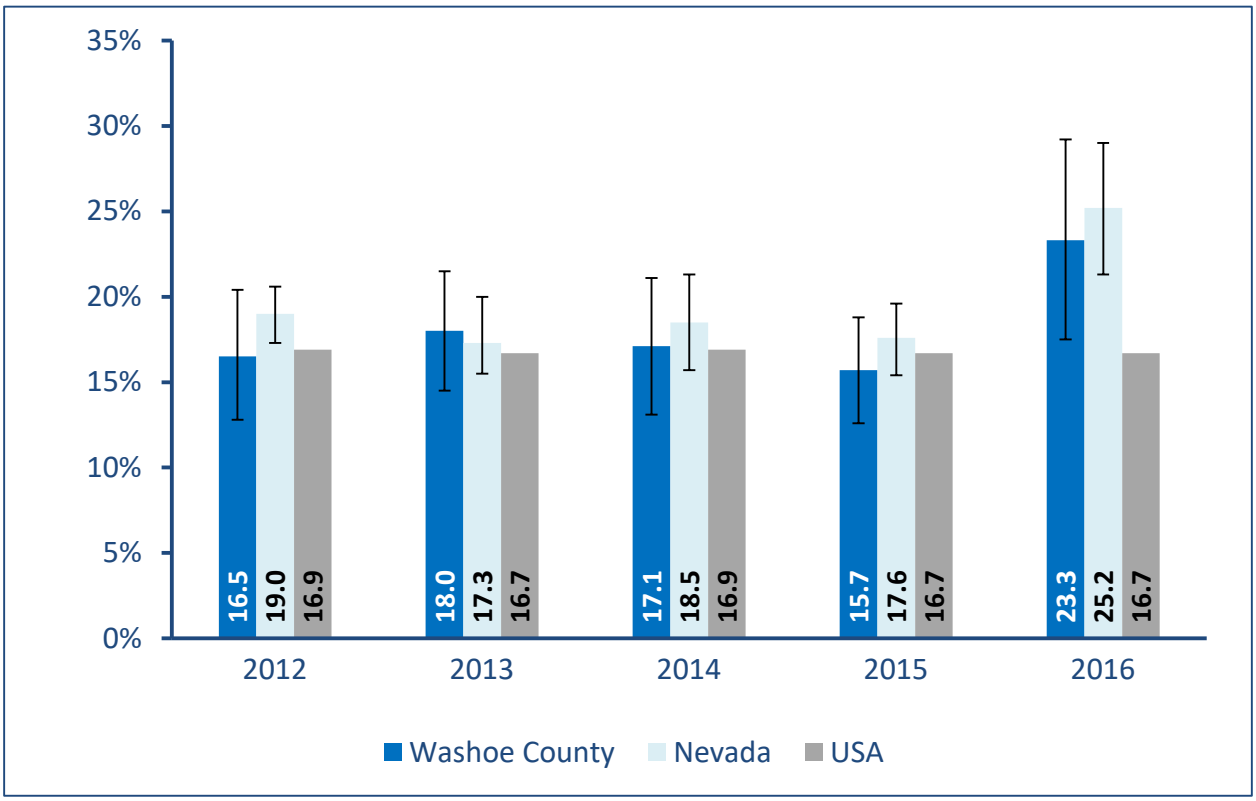


Data Source: Office of Public Health Informatics and Epidemiology, Nevada Division of Public and Behavioral Health, April 2014.

Females born in Washoe County in 2014 will have an average life expectancy of 81 years, approximately five years longer than males born in Washoe County in 2014. These rates are similar to Nevada and the U.S. life expectancy rates for both males and females.

Overall Health Status

Percentage of Adults Who Reported Fair or Poor Health Status
Washoe County, Nevada and U.S., 2012 – 2016



Data Source: Behavioral Risk Factor Surveillance System 2012-2016.
Note: 95% confidence interval not available for U.S.

The Behavioral Risk Factor Surveillance System (BRFSS) asks individuals to describe their current health status as excellent, very good, good, fair, or poor. In 2016, 23% of Washoe County adults reported having fair or poor health status, a 7% increase from the previous year. Both Washoe County and Nevada saw an increase from 2015 to 2016, while the U.S. rates remained similar over time.

Health-Related Quality of Life

Number of Bad Mental Health Days in the Past 30 Days, Washoe County and Nevada, 2015

Number of Days	Washoe County	Nevada
	% (95% CI)	% (95% CI)
0 days	60.6 (56.1-65.1)	65.1 (62.3-67.9)
0-9 days	25.2 (21.1-29.2)	21.1 (18.7-23.5)
10+ days	14.3 (11.0-17.6)	13.8 (11.8-15.9)

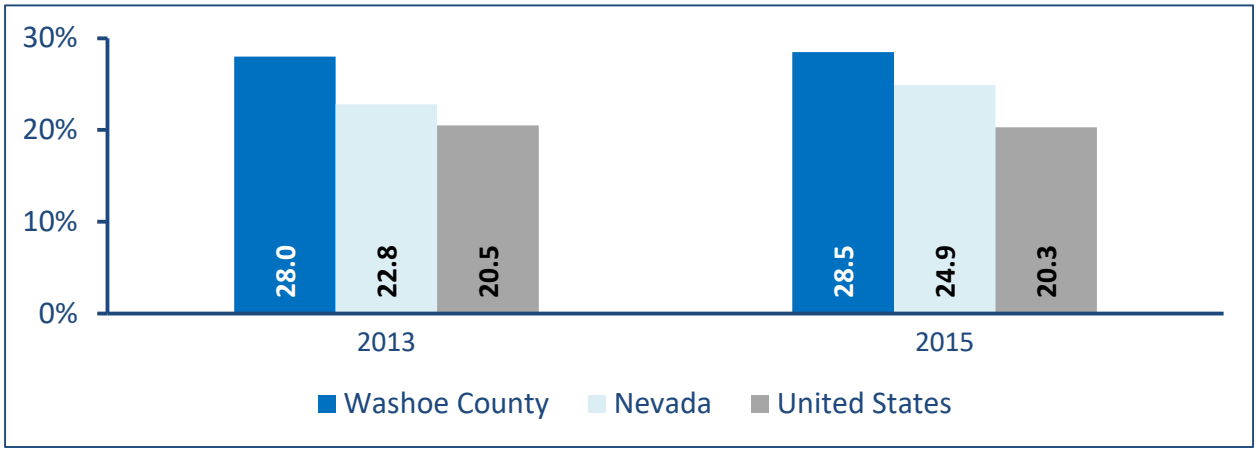
Data Source: Behavioral Risk Factor Surveillance System 2015

The BRFSS asks individuals how many days in the past 30 days their mental health was not good due to stress, depression and problems with emotions. Approximately 14% of respondents in Washoe County reported their mental health as not good for 10 or more days. Washoe County's percentage is similar to Nevada and there has not been a significant difference in data over the past five years.

Chronic Disease Risk Factors

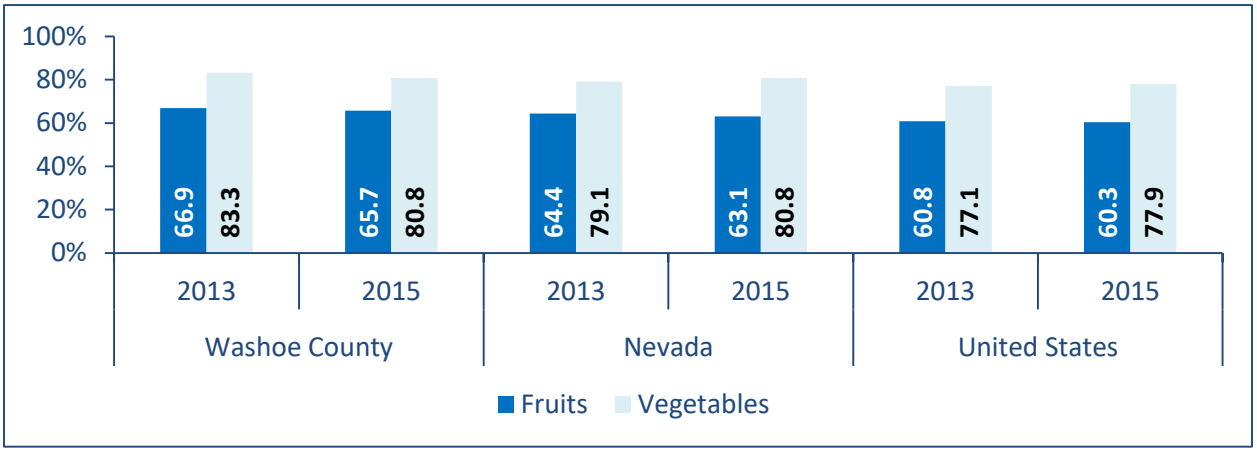
Adult Physical Activity and Nutrition

Percentage of Adults that met the Recommended Physical Activity Guidelines Washoe County, Nevada and U.S., 2013 and 2015



According to the Physical Activity Guidelines for Americans, adults (age 18-64) need at least 150 minutes of moderate-intensity physical activity and should perform muscle-strengthening exercises on two or more days each week. In 2015, the percentage of adults meeting these recommendations was higher in Washoe County (28.5%) in comparison to Nevada and the United States (24.9% and 20.3% respectively).

Percentage of Adults Who Consumed at Least One Serving of Fruit and Vegetable per day by Washoe County, Nevada and U.S., 2013 and 2015

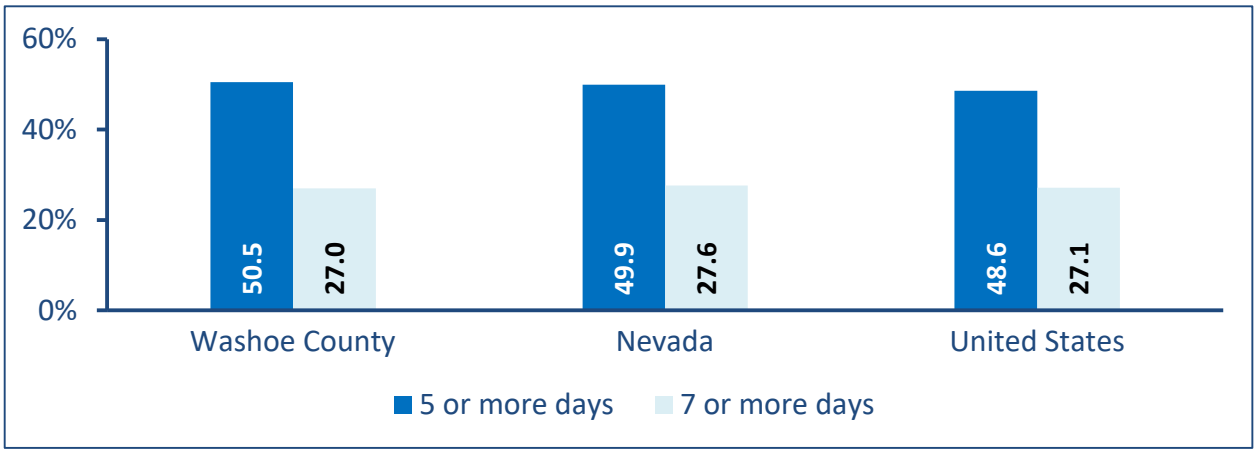


The BRFSS fruit and vegetable module provide a simple and valid way to track levels of fruit and vegetable consumption over time. This surveillance tool also provides a way to identify disparities in intake and can be used to inform state nutrition programs and initiatives.

Data source for page: Behavioral Risk Factor Surveillance System 2013-2015

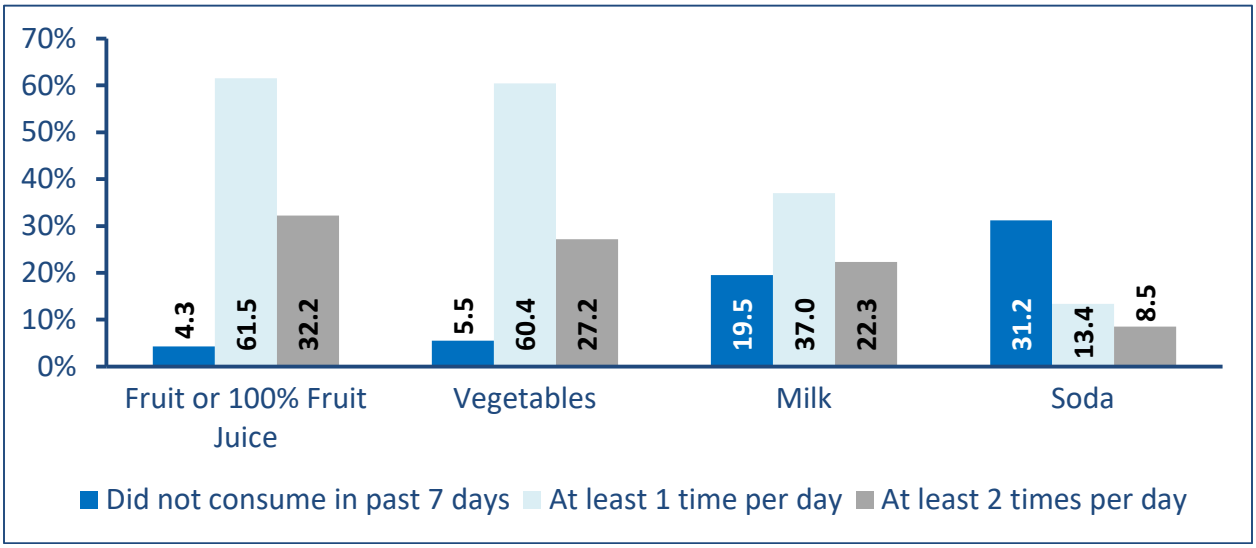
Youth Physical Activity and Nutrition

Percentage of High School Students that were physically active for 5 or more days Washoe County, Nevada and U.S., 2015



According to the Physical Activity Guidelines for Americans, youth (age 6-17) need at least 60 minutes of physical activity per day, including aerobic, muscle-strengthening, and bone-strengthening activities.

Percentage of Washoe County High School Students who reported Consumption of Fruits or Fruit Juice, Vegetables, Milk and Soda, 2015



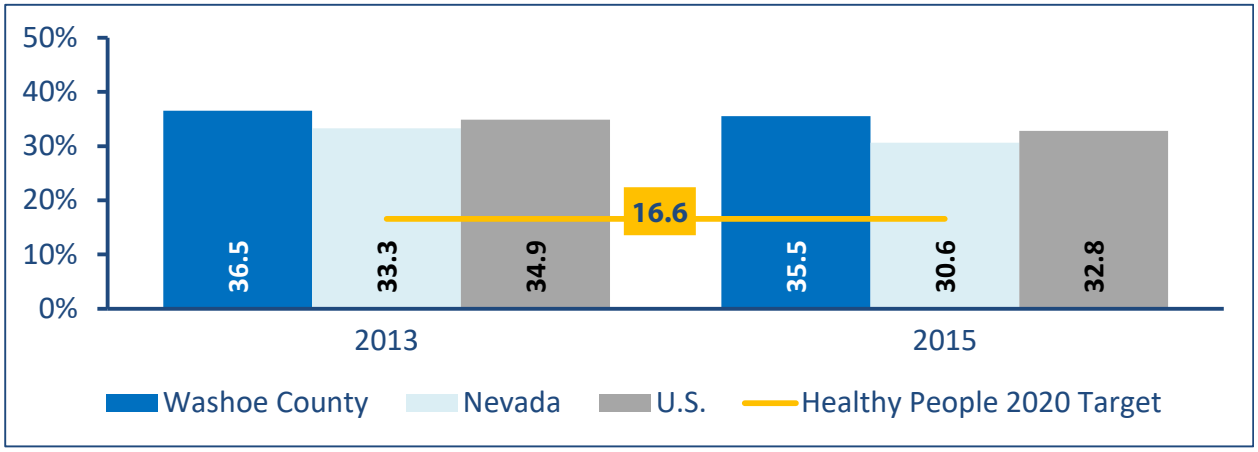
The YRBSS collects this information to measure dietary behaviors among high school students to understand dietary patterns among a population and to compare these rates with national intake objectives.

Data source for page: Washoe County Youth Risk Behavioral Surveillance System (YRBSS); high school.

Youth Alcohol Use

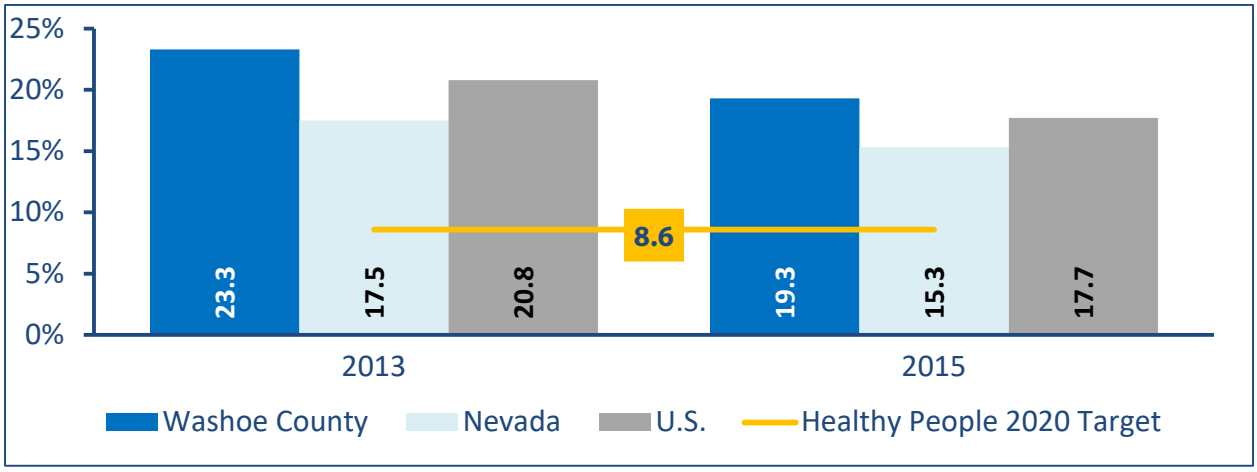
Many high school students engage in behaviors that place them at risk for the leading causes of morbidity and mortality. Youth who drink alcohol are more likely to experience negative health consequences as alcohol use and excessive drinking can lead to chronic conditions over time.

Prevalence of Alcohol Use Among High School Students in the Past 30 Days Washoe County, Nevada and U.S., 2013 and 2015



The rate of alcohol use among high school students is similar for Washoe County, Nevada and the U.S. The rates are about twice as high than the Healthy People 2020 target of 16.6%.

Prevalence of Binge Drinking Among High School Students in the Past 30 Days Washoe County, Nevada and U.S., 2013 and 2015

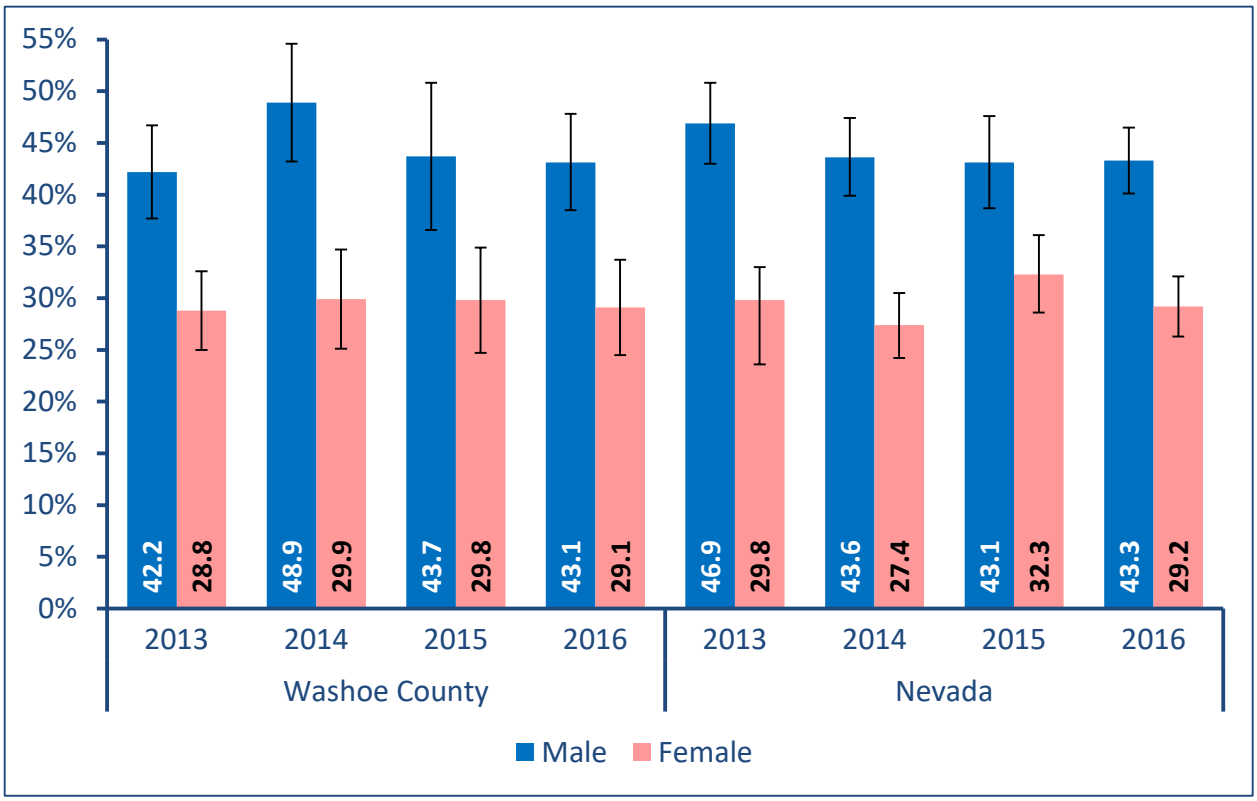


Binge drinking is defined as consuming five or more alcoholic drinks in a row. Binge drinking among Washoe County high school students have slightly declined from 2013 to 2015. The rates are about twice as high than the Healthy People 2020 target of 8.6%.

Data source for page: Washoe County Youth Risk Behavioral Surveillance System (YRBSS); high school.

Adult Overweight and Obesity

Prevalence of Overweight Adults by Gender
Washoe County and Nevada, 2013-2016

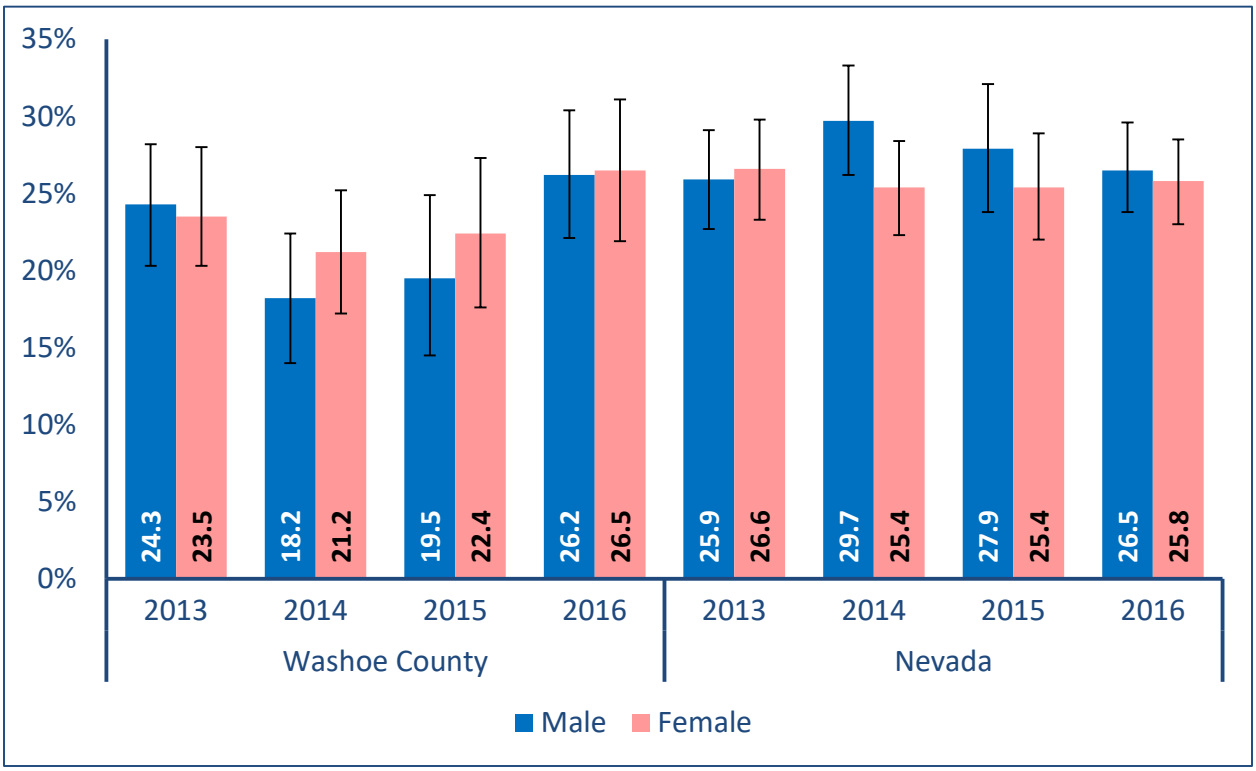


Data Source: Behavioral Risk Factor Surveillance System 2013-2016

BRFSS calculates body mass index (BMI) by using self-reported weight and height. Adult males are more likely to be overweight (BMI 25.0-29.9) than females in Washoe County every year from 2013 to 2016. The prevalence of overweight adults in Washoe County has remained consistent and is similar to Nevada's prevalence across this four-year period.

Adult Overweight and Obesity

Prevalence of Obese Adults by Gender
Washoe County and Nevada, 2013-2016



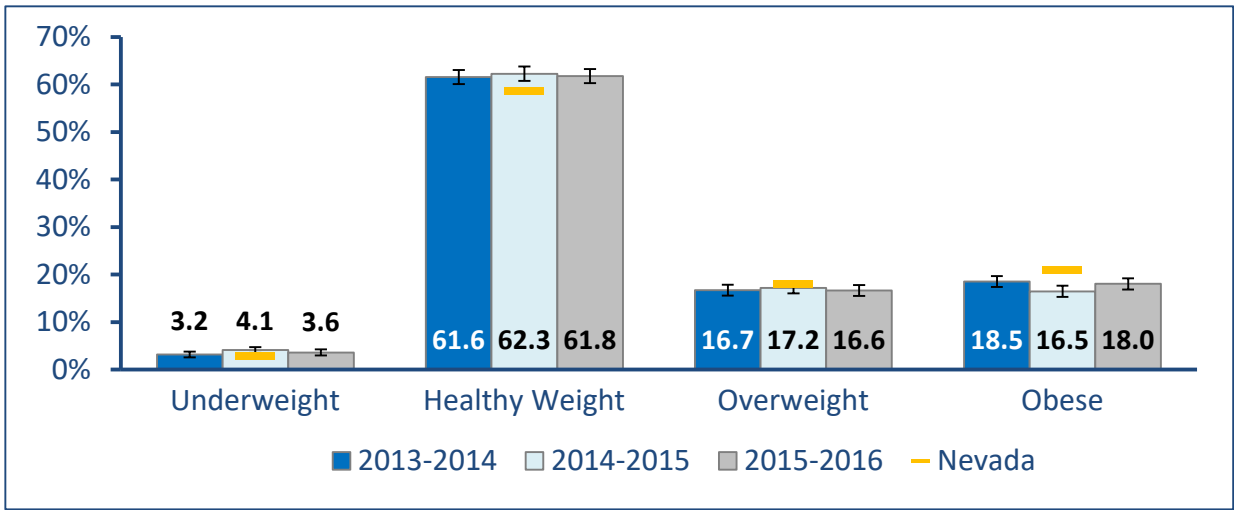
Data Source: Behavioral Risk Factor Surveillance System 2013-2016

The percentage of obese males in Washoe County declined in 2014 and 2015 to less than 20%, however increased back to 26.2% in 2016. The prevalence of obese (BMI≥30) males and females in Washoe County is similar to the prevalence of obese males and females in Nevada throughout the time frame of 2013-2016.

Youth Overweight and Obesity

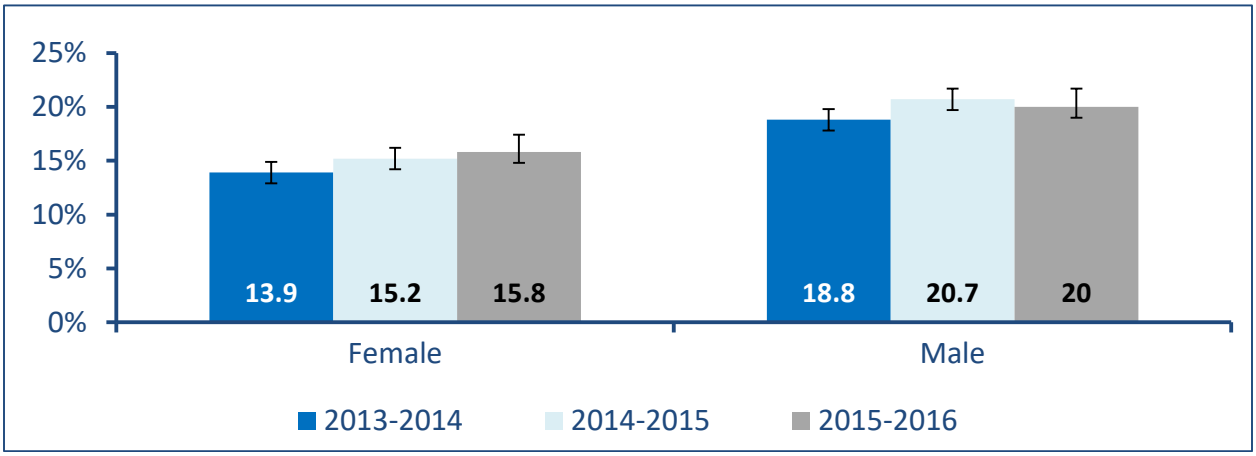
The following data on youth weight comes from height and weight data collected in the Washoe County School District (WCSD). Height and weight have been collected on samples of WCSD 4th, 7th and 10th grade students since the 2007/2008 school year.

Weight Categories of 4th, 7th, and 10th Grade Students in WCSD by School Year



Washoe County had a higher proportion of students who were at a healthy weight and a lower proportion of students who were obese than Nevada. The distribution among the weight categories has been consistent for the past three school years.

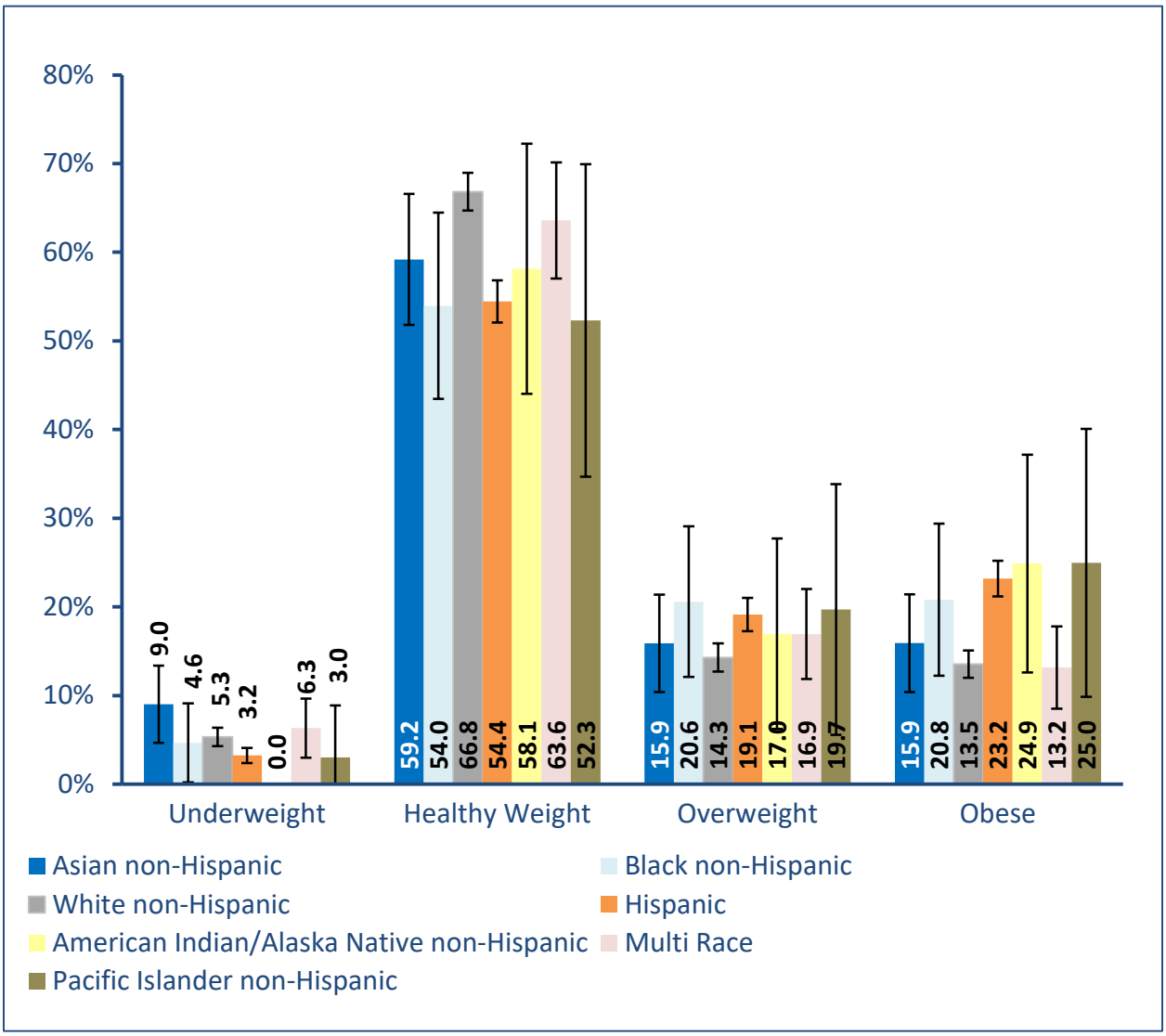
Obesity Among 4th, 7th and 10th Grade Students in WCSD by Gender for the Past Three School Years



A significantly higher proportion of male students are obese when compared to female students over the last three school years from 2013-2016.

Youth Overweight and Obesity

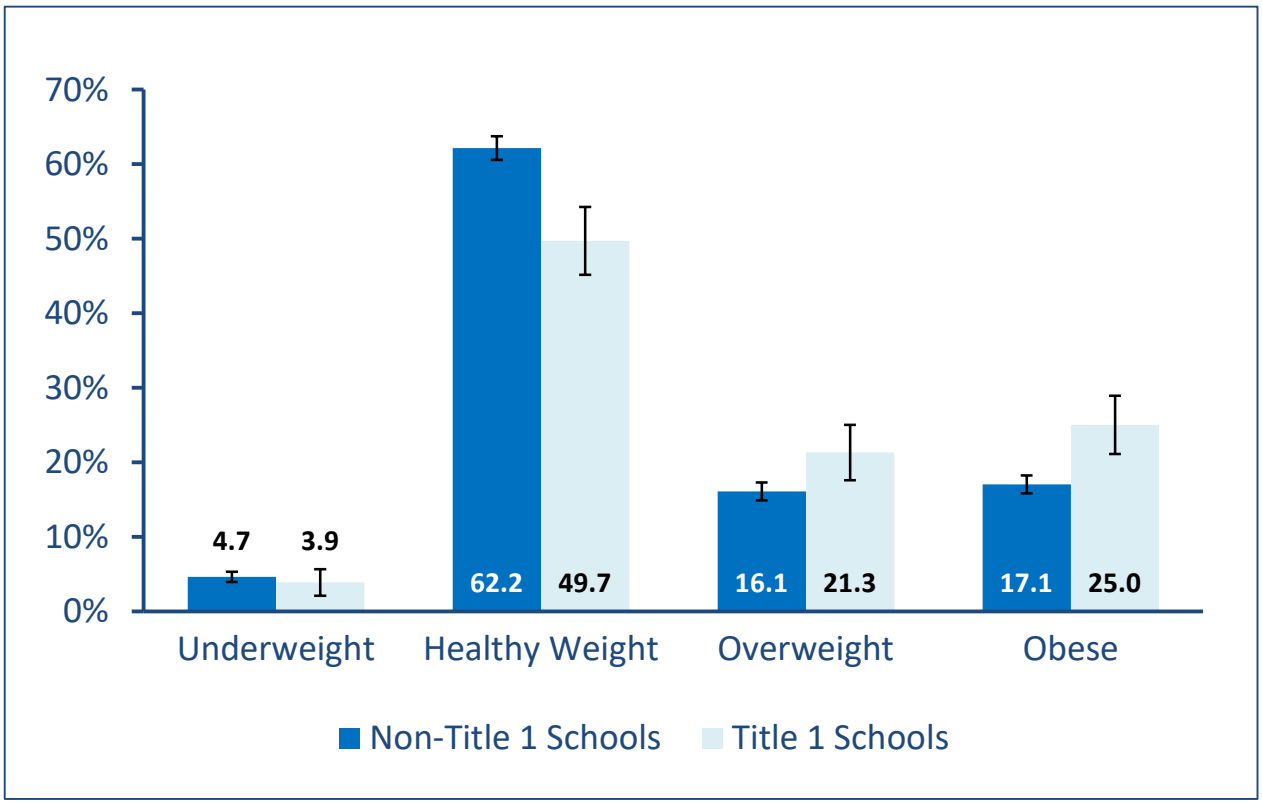
Weight Categories of 4th, 7th, and 10th Grade Students
in WCSD by Race/Ethnicity, 2015-2016



Hispanic students are significantly more likely to be obese when compared to White and Multi Race students. Hispanic students are also less likely to be underweight than White students and less likely to be at a healthy weight when compared to White and Multi Race students.

Youth Overweight and Obesity

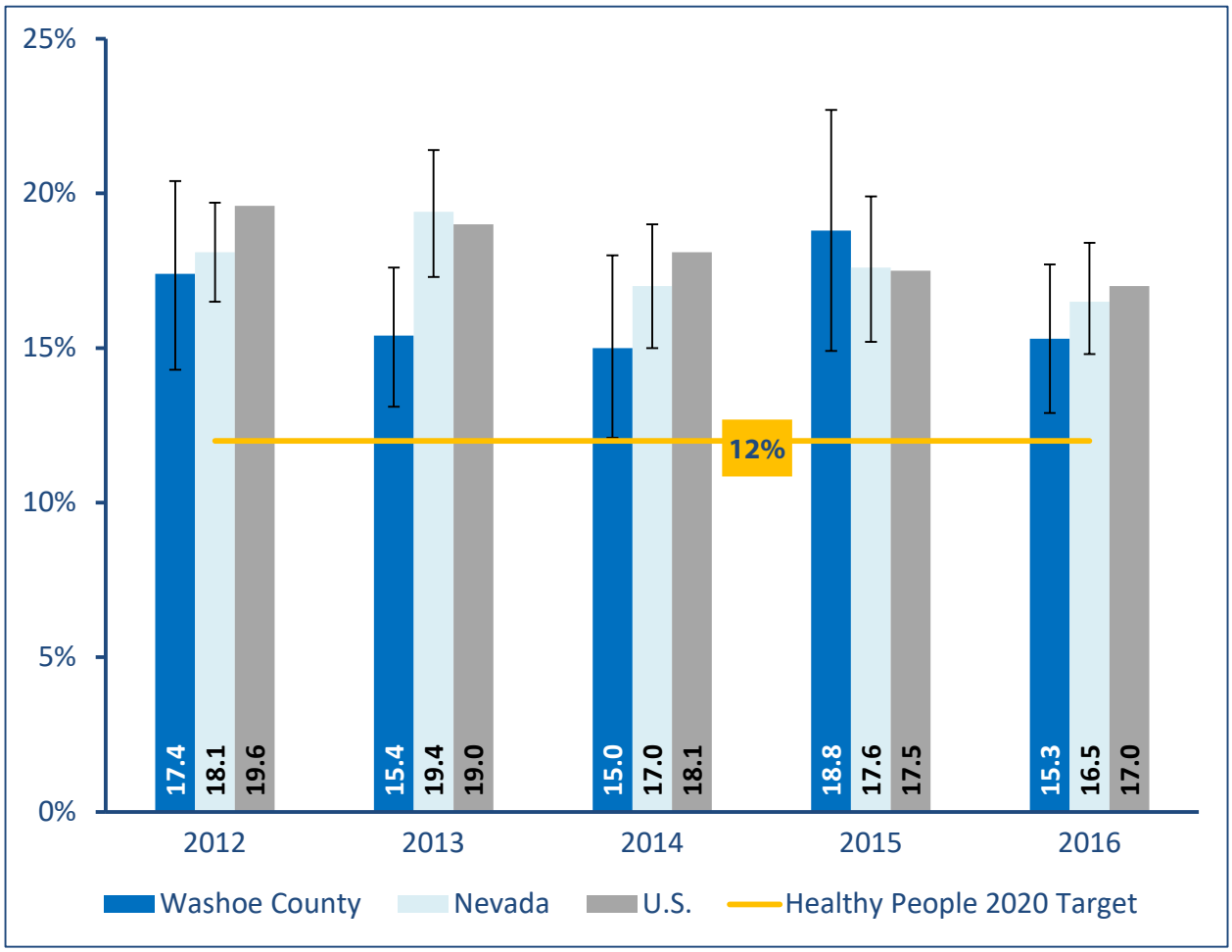
Weight Categories of 4th, 7th and 10th Grade Students in WCSD by Title 1 Status, 2015-2016



Title 1 Schools are those that receive federal funds because they serve high numbers of economically disadvantaged children. Title 1 schools have a significantly lower proportion of healthy weight students and a significantly higher proportion of obese students compared to non-Title 1 schools.

Adult Tobacco Use and Exposure

Prevalence of Current Smokers
Washoe County, Nevada and U.S. 2012-2016

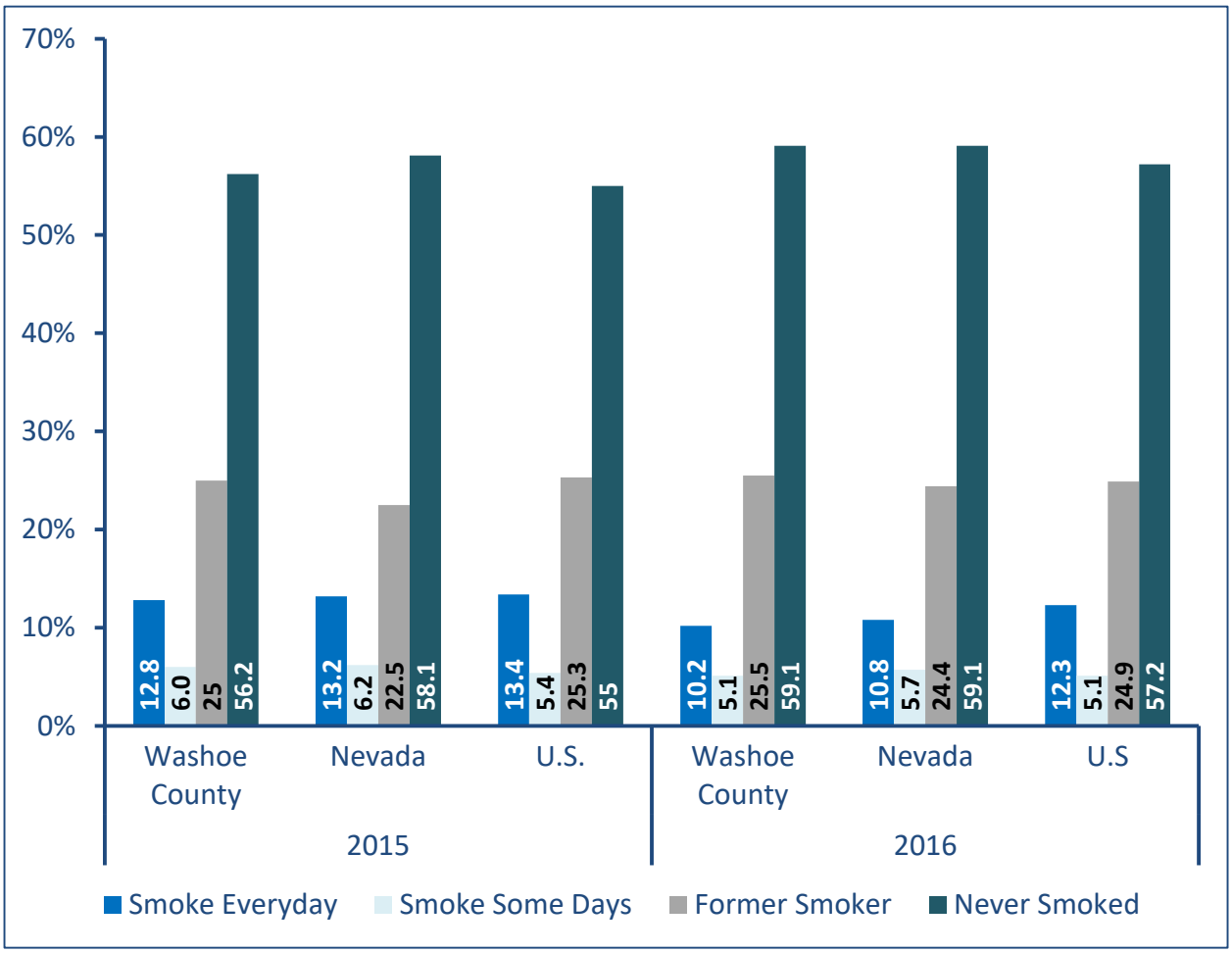


Data Source: The Behavioral Risk Factor Surveillance System 2012-2016
Note: Confidence intervals not available for U.S.

The prevalence of current smokers have remained similar from 2012 to 2016 across Washoe County, Nevada and the U.S. The Healthy People 2020 target is to reduce tobacco use by adults to 12%.

Adult Tobacco Use and Exposure

Smoking Status of Adults
Washoe County, Nevada and U.S. 2015-2016



Data Source: Behavioral Risk Factor Surveillance System 2015-2016

Rates in Washoe County are comparable to those in Nevada and the U.S. for the various smoking statuses in 2015 to 2016.

Adult Tobacco Use and Exposure

Prevalence of Adult Smokers by Population Characteristics
Washoe County and Nevada, 2016

Population Characteristics		2016 Current Smoker Prevalence			
		Washoe County		Nevada	
		%	95% CI	%	95% CI
Total	Total	15.3	(12.9-17.7)	16.5	(14.8-18.1)
Sex	Male	18.6	(14.9-22.3)	18.9	(16.3-21.5)
	Female	12	(9.0-14.9)	14.1	(12.0-16.1)
Age	18 - 24	13.9	(5.8-22.0)	12.5	(7.8-17.3)
	25 - 34	17.1	(10.5-23.6)	18.3	(13.8-22.8)
	35 - 44	23.1	(15.4-30.7)	18.4	(13.9-22.8)
	45 - 54	15.5	(9.5-21.4)	19.8	(15.5-24.1)
	55 - 64	14.8	(9.9-19.7)	19.4	(15.6-23.2)
	65+	8.7	(5.7-11.8)	10.2	(7.6-12.7)
Race	White	16.2	(13.1-19.2)	18.3	(16.1-20.5)
	Black	NA	NA	17.9	(11.6-24.1)
	Other Race	9.7	(3.8-15.7)	16.1	(10.3-21.9)
	Hispanic	14.5	(9.2-19.9)	11.4	(8.5-14.2)
Education	Less than H.S.	25.4	(15.7-35.0)	21.8	(16.5-27.2)
	H.S. or G.E.D.	18.9	(14.2-23.6)	18.9	(15.8-21.9)
	Some Post H.S.	15.2	(11.0-19.4)	17.4	(14.4-20.3)
	College Graduate	5.9	(3.4-8.3)	8.0	(5.9-10.0)
Income	Less than$ 15,000	19.5	(9.6-29.5)	23.1	(16.7-29.4)
	$15,000 - $24,999	21.6	(14.7-28.5)	21.4	(16.6-26.2)
	$25,000 - $34,999	25.5	(15.4-35.7)	24.3	(17.5-31.1)
	$35,000 - $49,999	18.7	(10.9-26.5)	20.3	(15.1-25.6)
	$50,000 - $74,999	15.7	(9.0-22.4)	11.2	(7.6-14.7)
	$75,000+	7.6	(4.2-10.9)	10.3	(7.4-13.1)
Veteran	Yes	14.6	(9.1-20.1)	16.8	(12.2-21.3)
	No	15.4	(12.8-18.1)	16.3	(14.5-18.0)

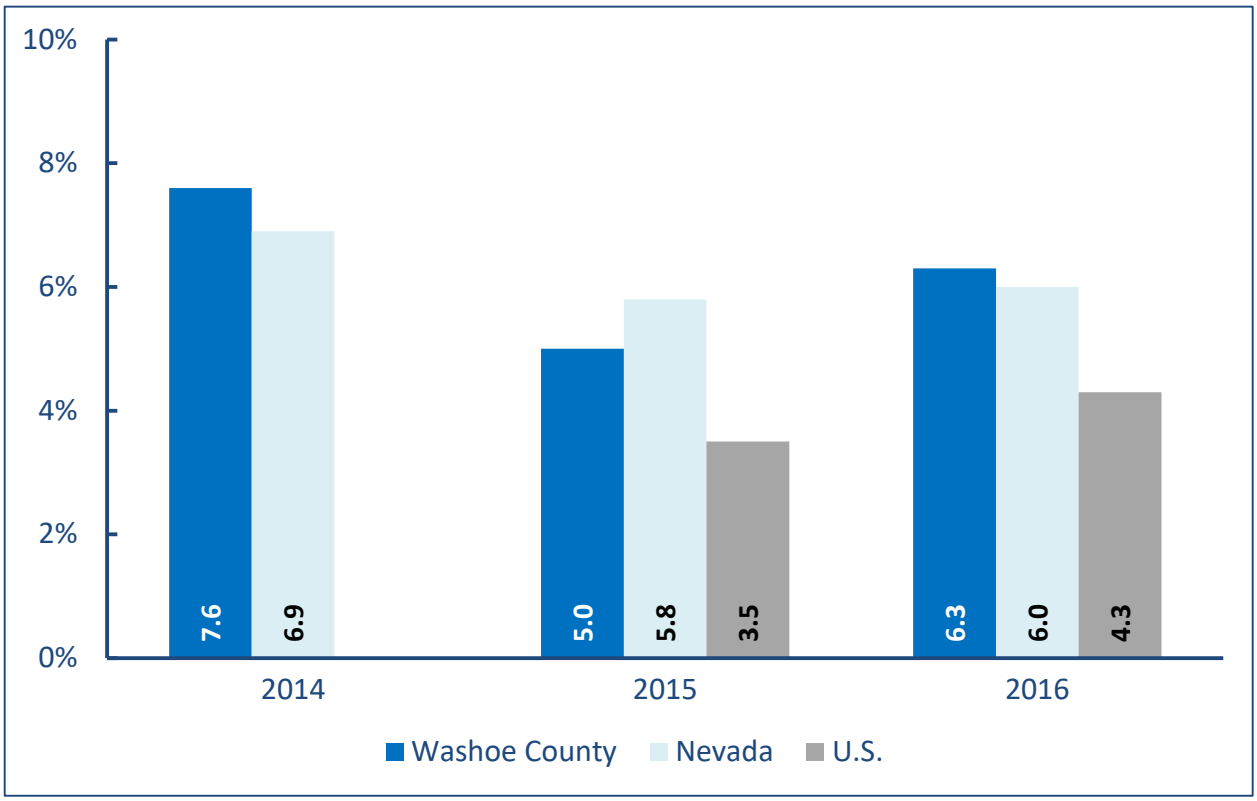
Data Source: Behavioral Risk Factor Surveillance System 2016.
Note: %=weighted, CI=confidence interval, NA=Not available, sample size too small.
Total sample size: WC=1,330 NV=4,219

Key findings in the prevalence of adult smokers by population characteristics:

The 2016 BRFSS shows an overall smoking rate of 15.3% for Washoe County. This rate is lower than Nevada's rate of 16.5%, but still higher than the Centers for Disease Control and Prevention (CDC) Healthy People 2020 target of 12%.

Adult Tobacco Use and Exposure

Electronic Cigarette Status of Adults
Washoe County and Nevada, 2014- 2016



Data Source: Behavioral Risk Factor Surveillance System 2014-2016
Note: 2014 was the first year to collect data on the usage of electronic cigarettes. U.S. data is not available for 2014.

In 2016, the prevalence of using electronic cigarettes (e-cigarette) in Washoe County was higher (6.3%) than Nevada (6.0%) and the United States (4.3%).

Adult Tobacco Use and Exposure

Prevalence of Electronic Cigarette Users by Population Characteristics Washoe County and Nevada, 2016

Population Characteristics		2016 Current E-Cigarette Prevalence			
		Washoe County		Nevada	
		%	95% CI	%	95% CI
Total	Total	6.3	(4.7-7.9)	6.0	(4.9-7)
Sex	Male	8.0	(5.3-10.6)	6.9	(5.2-8.7)
	Female	4.6	(2.8-6.4)	5.1	(3.7-6.5)
Age	18 - 24	11.6	(4.2-19.0)	12.7	(7.6-17.7)
	25 - 34	9.6	(4.9-14.4)	8.3	(4.9-11.7)
	35 - 44	8.1	(3.1-13.1)	5.8	(3.4-8.2)
	45 - 54	5.1	(1.8-8.4)	5.0	(2.7-7.4)
	55 - 64	3.3	(1.2-5.5)	4.5	(2.5-6.5)
	65+	2.2	(0.4-4.0)	2.4	(0.8-4.0)
Race	White	6.6	(4.6-8.7)	6.5	(5.0-8.0)
	Black	NA	NA	6.9	(2.2-11.5)
	Other Race	10.3	(2.9-17.6)	10.0	(5.1-14.8)
	Hispanic	4.2	(1.2-7.1)	3.0	(1.6-4.5)
Education	Less than H.S.	1.1	(0.0-3.3)	6.1	(2.7-9.6)
	H.S. or G.E.D.	10.5	(6.5-14.4)	8.1	(5.8-10.5)
	Some Post H.S.	6.9	(3.9-9.9)	6.3	(4.3-8.3)
	College Graduate	3.5	(1.5-5.5)	2.7	(1.5-3.8)
Income	Less than$ 15,000	6.2	(0.4-11.9)	10.1	(4.5-15.7)
	$15,000 - $24,999	8.4	(3.7-13.0)	6.1	(3.1-9.0)
	$25,000 - $34,999	6.9	(1.6-12.2)	6.4	(2.5-10.3)
	$35,000 - $49,999	6.9	(2.0-11.9)	5.7	(2.6-8.8)
	$50,000 - $74,999	9.4	(3.7-15.2)	7.3	(4.0-10.6)
	$75,000+	3.4	(1.1-5.8)	4.7	(2.6-6.9)
Veteran	Yes	2.0	(0.0-4.5)	4.7	(1.6-7.7)
	No	6.9	(5.1-8.8)	6.1	(4.9-7.3)

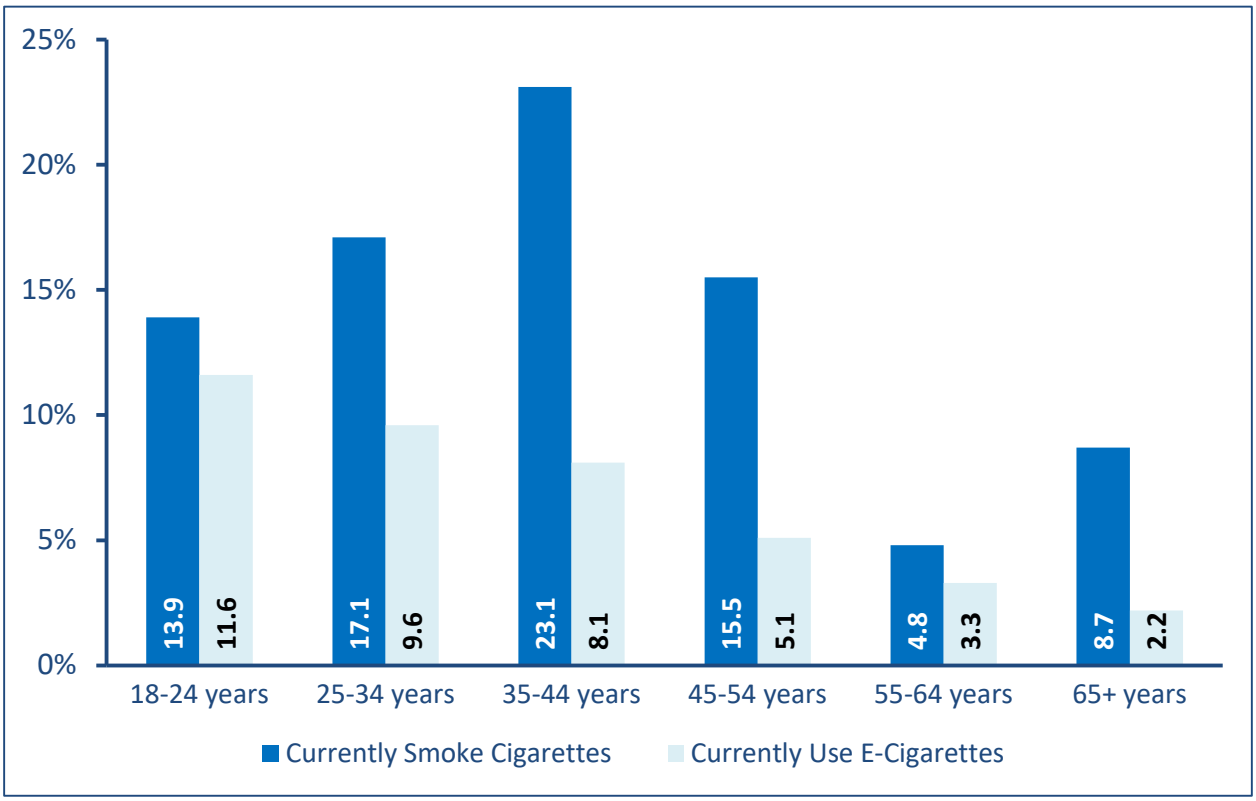
Data Source: Behavioral Risk Factor Surveillance System 2016.
Note: %=weighted, CI=confidence interval, NA=Not available, sample size too small
Total sample size: WC=1,335 NV=4,242

Key findings in the prevalence of adult e-cigarette by population characteristics:

The 2016 BRFSS shows an overall e-cigarette rate of 6.3% for Washoe County, comparable to Nevada's rate of 6.0%.

Adult Tobacco Use and Exposure

Comparison of Adult Cigarette and E-Cigarette Users by Age Group
Washoe County, 2016

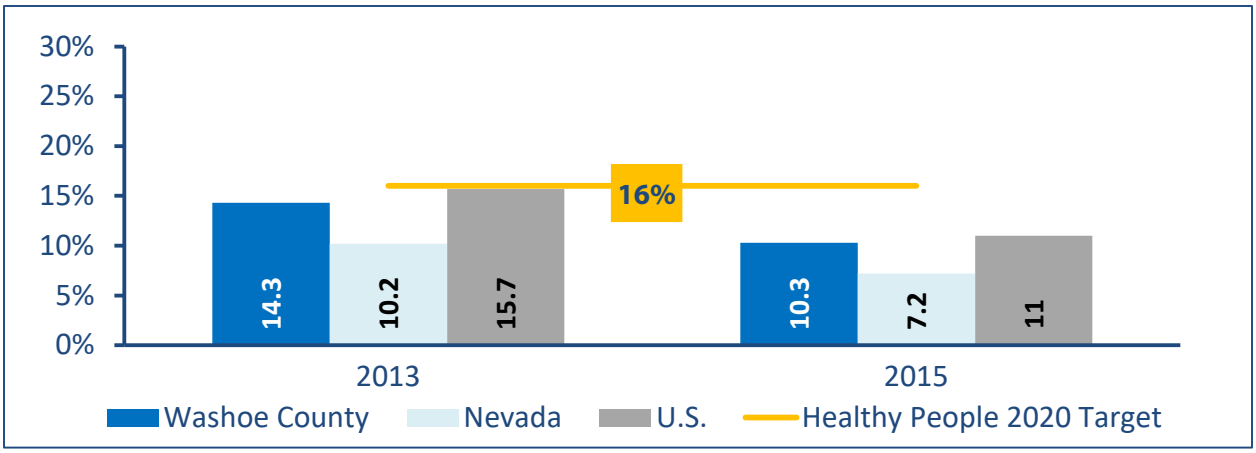


Data Source: Behavioral Risk Factor Surveillance System 2016

In 2016, the percentage of adults who smoked cigarettes was higher than those who smoked e-cigarettes across all age groups. Cigarette smoking was highest among those aged 35 to 44 years (23.1%) and the use of e-cigarettes was highest among those aged 18 to 24 years (11.6%). The reported current use of e-cigarettes decreased as age increased.

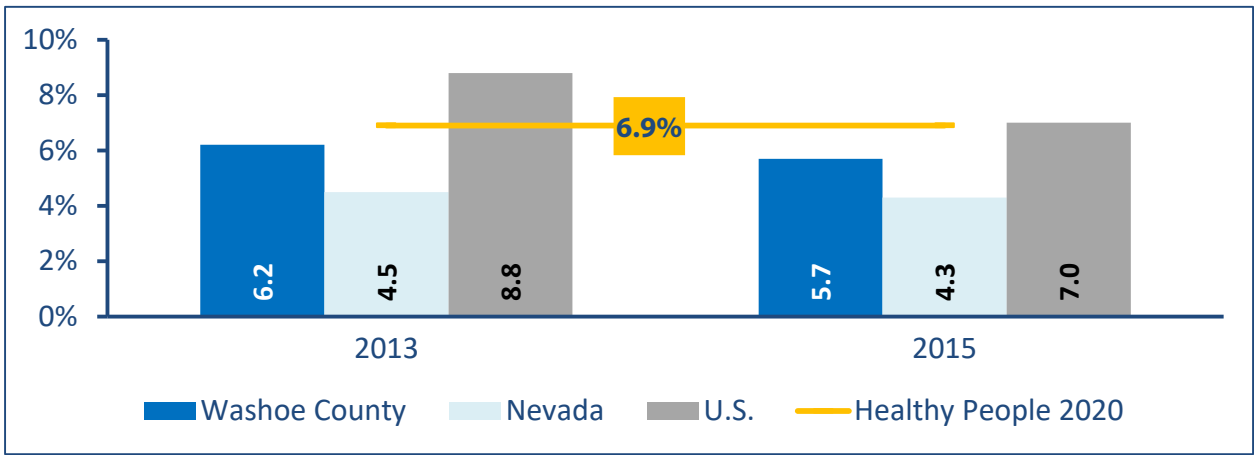
Youth Smoking Prevalence

Prevalence of Smoking Among Youth
Washoe County, Nevada and U.S., 2013 and 2015



In 2015, the prevalence of smoking among youth in Washoe County (10.3%) met and exceeded the Healthy People 2020 target (16.0%). Both Washoe County and Nevada show decreases in youth smoking from 2013.

Prevalence of Smokeless Tobacco Use Among Youth
Washoe County, Nevada and U.S., 2013 and 2015

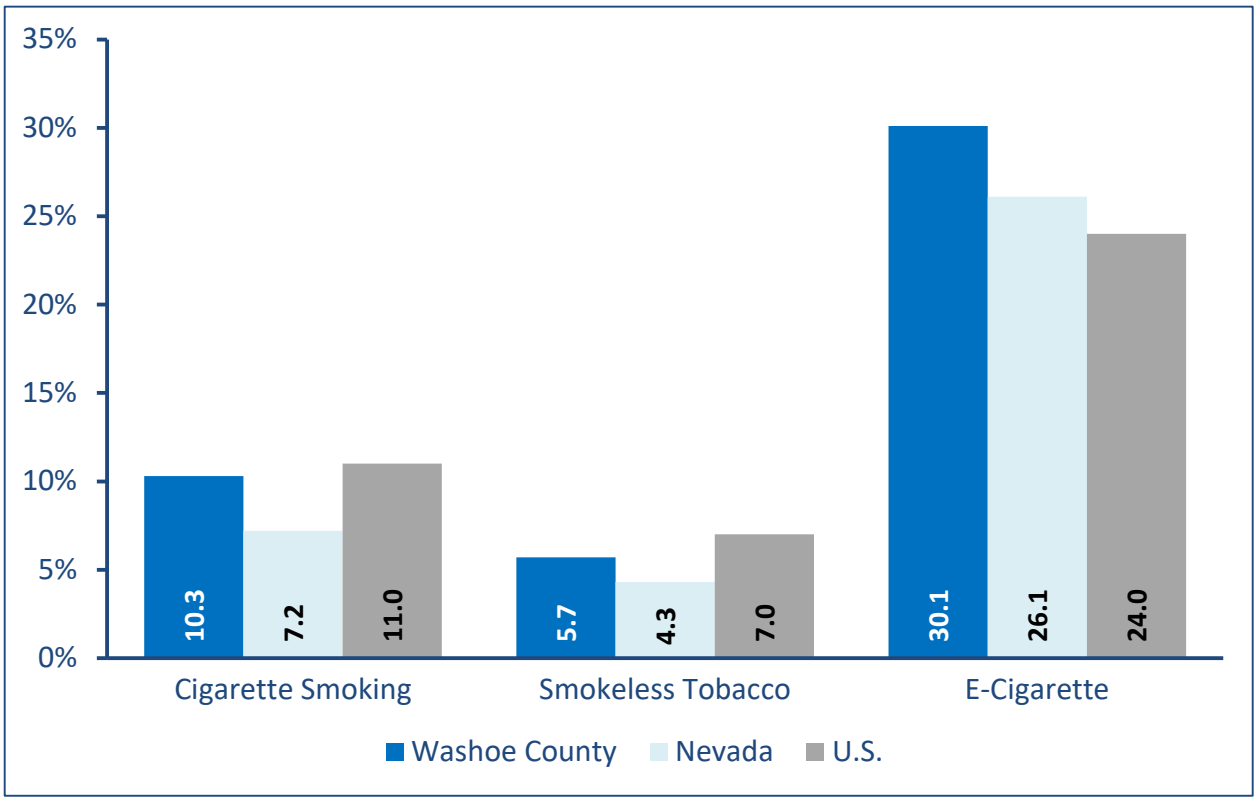


In 2015, the prevalence of smokeless tobacco use among youth in Washoe County (5.7%) met and exceeded the Healthy People 2020 target (6.9%).

Data source for page: Youth Risk Behavioral Surveillance System (YRBSS): High School.

Youth Smoking Prevalence

Products used among Youth
Washoe County, Nevada and U.S., 2015



Data Source: Youth Risk Behavioral Surveillance System (YRBSS): High School.

In 2015, the prevalence of using e-cigarette was higher than the prevalence of cigarette smoking and smokeless tobacco across Washoe County, Nevada and the U.S. The rate of usage for electronic vapor products for Washoe County was higher at 30.1% when compared to Nevada (26.1%) and the U.S. (24%).

Select Chronic Health Conditions

The following section contains information on

- Age-adjusted mortality rates for specific chronic health conditions from 2012-2016
- Hospitalization data for select chronic health conditions
- Percentages of adults who were told they have the specific health condition

Take caution in interpreting hospitalization data as one single hospitalization has many diagnoses and cannot be attributed to one single cause. Also, take caution in interpreting costs, as the total cost for each hospitalization is not solely due to procedures relating to the specific condition.

The data sources for this section come from the following sources:

Age-Adjusted Mortality Rate for Condition

Vital Statistics – Death Certificates; 2010 U.S. Census; Nevada Division of Public and Behavioral Health.

Hospitalization Data

Center for Health Information Analysis for Nevada; Washoe County Hospital Discharge Data, 2016.

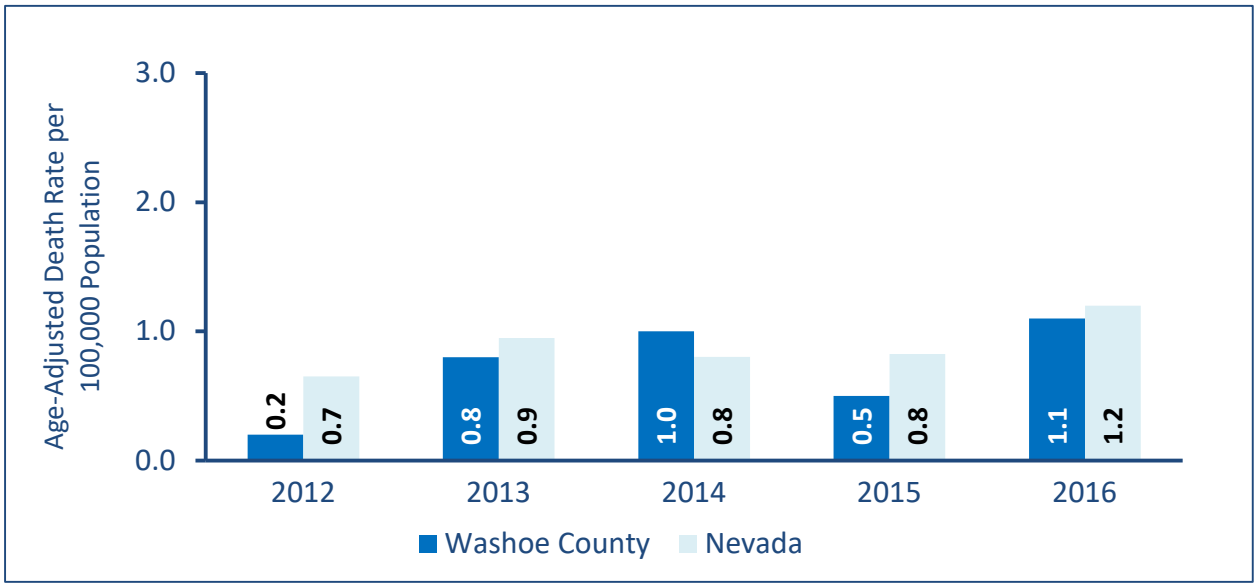
Percent of Adults who have been told they have specific health condition

Nevada and Washoe County: Nevada Department of Health and Human Services, Office of Public Health Informatics and Epidemiology. 2012-2016 Nevada BRFSS Data. Data provided upon request. Carson City, NV. United States BRFSS data: Centers for Disease Control and Prevention. BRFSS Prevalence and Trends Data query tool, Accessed https://www.cdc.gov/brfss/brfssprevalence/index.html

Asthma

Asthma is a respiratory disease that causes wheezing, shortness of breath, tightness in the chest, and coughing.

Age-Adjusted Asthma Mortality Rates
Washoe County and Nevada Residents, 2012-2016



Mortality rates due to asthma among Washoe County residents increased from 2012 to 2013 and has had a slight increase from 2013 to 2016. Washoe County's rate is similar to Nevada's rates for each year.

Asthma related hospitalizations:

Approximately 7% of 45,094 hospitalizations among Washoe County residents in 2016 were asthma-related. The average total cost of hospitalizations that included an asthma-related diagnosis per hospitalization was approximately $39,944 in 2016.

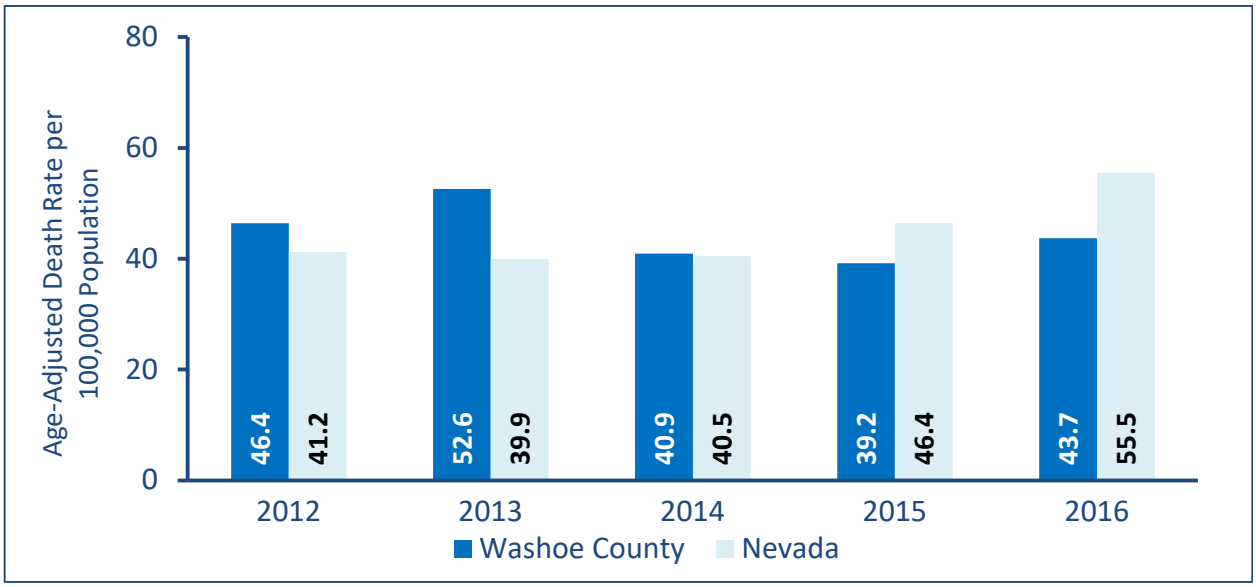
Percent of adults who currently have asthma:

In 2016, the percentage of adults in Washoe County who reported they currently have asthma (8.5%), was higher than those who reported asthma in Nevada (7.9%); however, slightly lower than the United States (8.9%).

Atherosclerotic Heart Disease

Atherosclerotic heart disease (AHD) is a condition in which there is a buildup of plaque inside the artery walls. This buildup causes the inside of the arteries to become narrow and slows down the flow of blood to the heart.

Age-Adjusted AHD Mortality Rates
Washoe County and Nevada Residents, 2012-2016



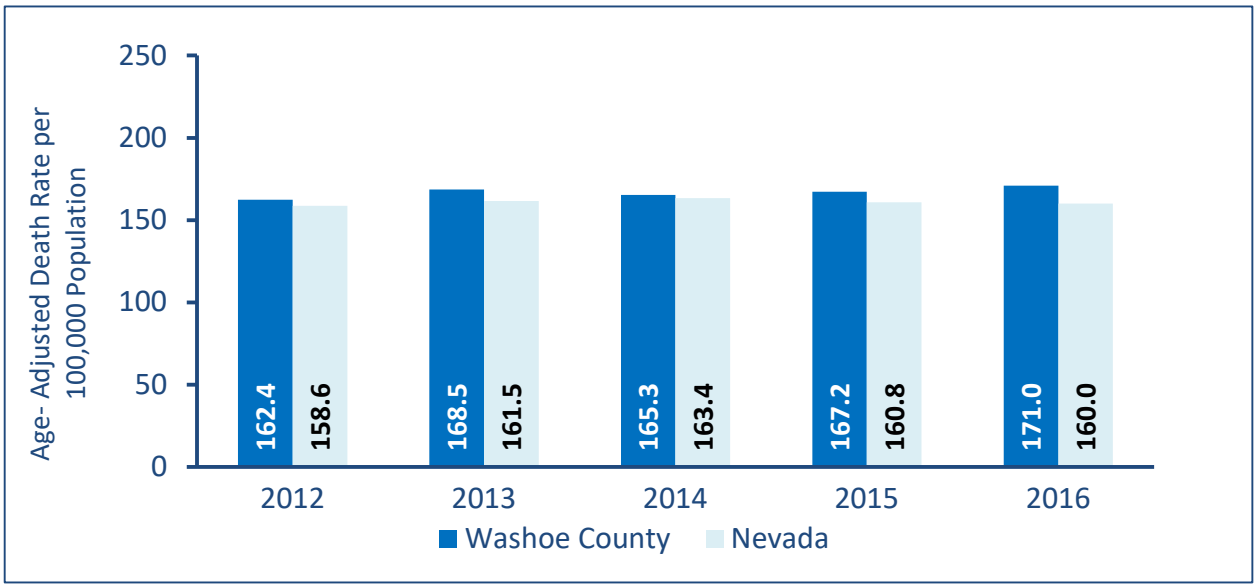
Mortality rates due to AHD among Washoe County residents decreased from 2013 to 2014 by 11% and have remained similar from 2014 to 2016. When compared to Nevada, Washoe County's rate has been lower than Nevada's for the past two years.

Atherosclerotic heart disease related hospitalizations:
Approximately 0.6% of 45,094 hospitalizations among Washoe County residents in 2016 were AHD-related. The average total cost of hospitalizations that included an AHD-related diagnosis per hospitalization was approximately $70,581 in 2016.

Cancer

Cancer is a disease where the cells of the body grow out of control, which when left undiagnosed and untreated can spread and impact other organs. The causes of cancer differ from type to type, however behavioral factors such as being obese, using tobacco products, and excessive alcohol consumption can increase the risk of many cancers.

Age-Adjusted Cancer Mortality Rates
Washoe County and Nevada Residents, 2012-2016



Age-adjusted mortality rates from cancer in Washoe County have remained similar from 2012-2016. When comparing the rates to Nevada, Washoe County rates have been slightly higher for each year.

Cancer

Age-Adjusted Cancer Mortality Rates per 100,000 Population
Washoe County and Nevada Residents, 2014-2016

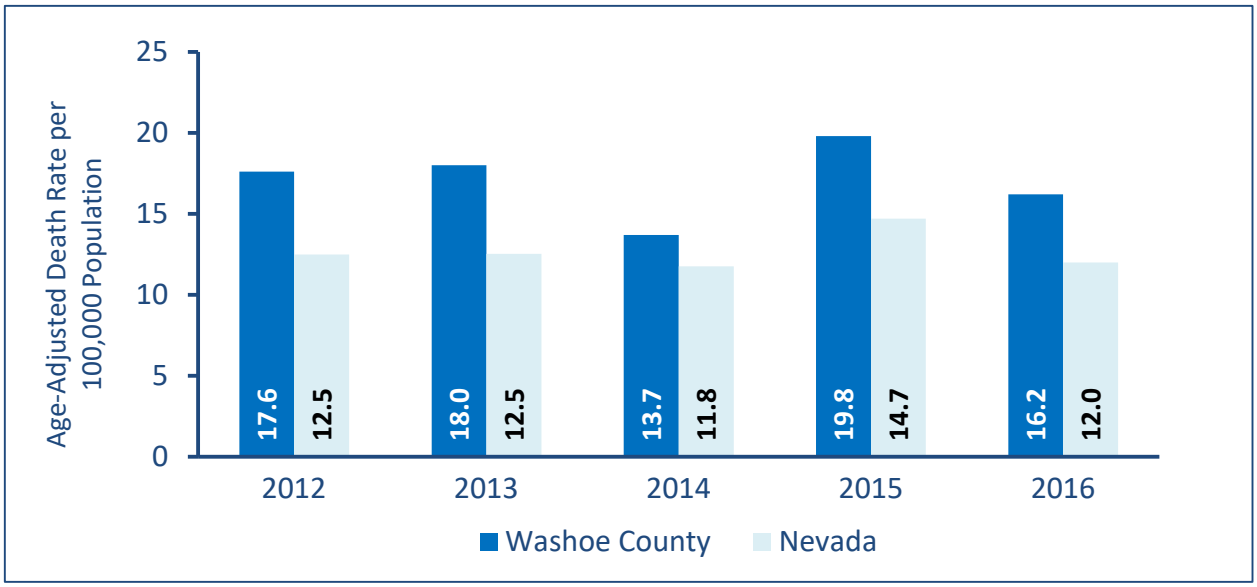
Type of Cancer	2014		2015		2016	
	Washoe County	Nevada	Washoe County	Nevada	Washoe County	Nevada
Bladder	5.3	5.6	6.6	5.4	4.2	4.8
Brain and Other Central Nervous System	5.2	4.5	3.9	4.4	4.2	4.8
Breast	23.7	21.9	27.2	21.8	26.3	21.7
Cervix Uteri	2.1	2.7	1.7	2.8	0.9	2.3
Colon, Rectum and Anus	14.8	16.3	14.9	16.1	18.7	17.3
Corpus Uteri and Uterus, Part Unspecified	3.1	2.7	2.6	4.3	5.7	5.2
Esophagus	3.3	3.7	5.7	3.9	5.2	4.2
Kidney and Renal Pelvis	4.3	3.6	3.0	3.8	3.1	3.7
Larynx	1.3	0.9	1.1	0.8	0.3	0.6
Leukemia	6.4	6.4	6.7	6.2	5.5	5.2
Lip, Oral Cavity and Pharynx	3.0	2.5	4.3	2.4	2.3	2.9
Liver and Intrahepatic Bile Ducts	5.8	5.8	6.2	6.7	7.5	6.5
Multiple Myeloma & Immunoproliferative Neoplasms	4.3	3.3	4.1	3.3	3.4	2.6
Non-Hodgkin's Lymphoma	4.3	4.5	4.5	4.6	6.3	5.3
Other and Unspecified Cancers	15.9	16.7	19.0	16.2	23.0	19.0
Ovary	7.4	7.8	5.8	7.3	7.9	7.6
Pancreas	12.6	9.9	11.0	11.0	12.0	10.1
Prostate	25.3	20.8	19.7	19.3	19.6	19.8
Skin	3.8	2.8	3.1	2.8	3.7	2.7
Stomach	4.3	2.9	1.6	2.7	3.5	2.6
Trachea, Bronchus and Lung	40.1	45.8	42.9	42.4	38.1	39.2

The highlighted cancers represent the top five types of cancer deaths among Washoe County residents from 2014 to 2016.

Chronic Liver Disease

Chronic liver disease also termed as cirrhosis is a disease in which scar tissue replaces healthy liver tissue and causes the liver to stop working normally. Scar tissue slows the flow of blood through the liver, and over time the liver does not work the way it should.

Age-Adjusted Chronic Liver Diseases and Cirrhosis Mortality Rates Washoe County and Nevada Residents, 2012-2016



Mortality rates from chronic liver diseases and cirrhosis in Washoe County are higher than Nevada rates across the five year period.

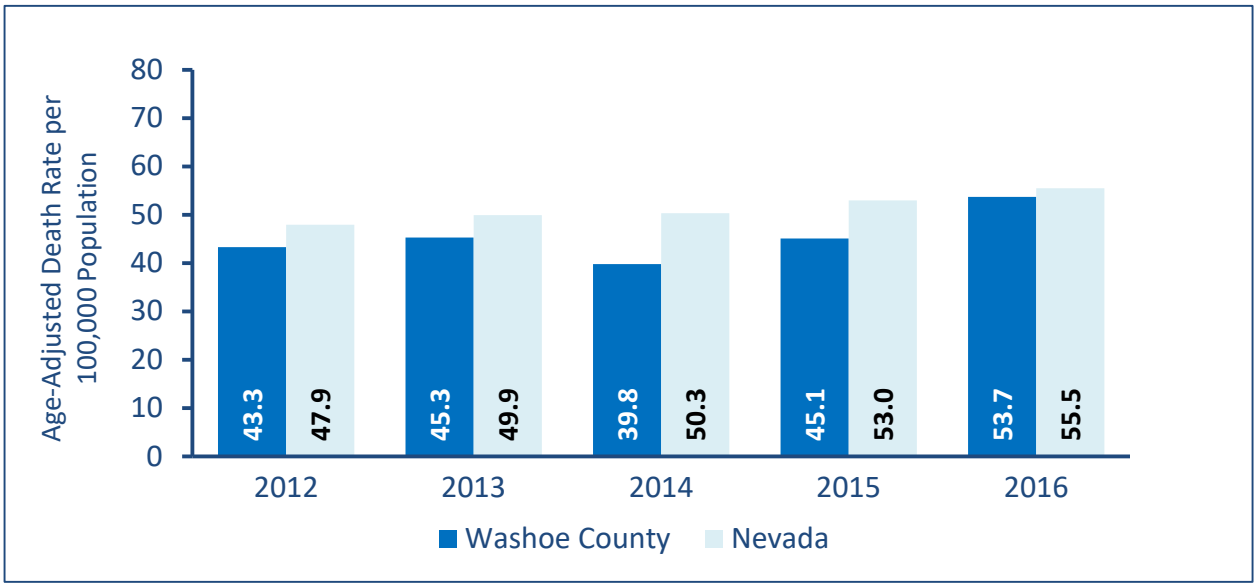
Chronic liver disease related hospitalizations:

Approximately 5% of 45,094 hospitalizations among Washoe County residents in 2016 were chronic liver disease-related. The average total cost of hospitalizations that included chronic liver disease related diagnosis per hospitalization was approximately $58,737 in 2016.

Chronic Obstructive Pulmonary Disease

Chronic obstructive pulmonary disease (COPD) refers to a group of lung diseases that block airflow and make it difficult to breathe. The two main types of breathing-related problems include emphysema and chronic bronchitis.

Age-Adjusted COPD Mortality Rates
Washoe County and Nevada Residents, 2012-2016



Mortality rates due to COPD in Washoe County increased by 8.6% from 2015 to 2016. Washoe County's rates have been similar to Nevada's rates throughout 2012 and 2016.

COPD related hospitalizations:

Approximately 14% of 45,094 hospitalizations among Washoe County residents in 2016 were COPD-related. The average total cost of hospitalizations that included COPD related diagnosis per hospitalization was approximately $49,985 in 2016.

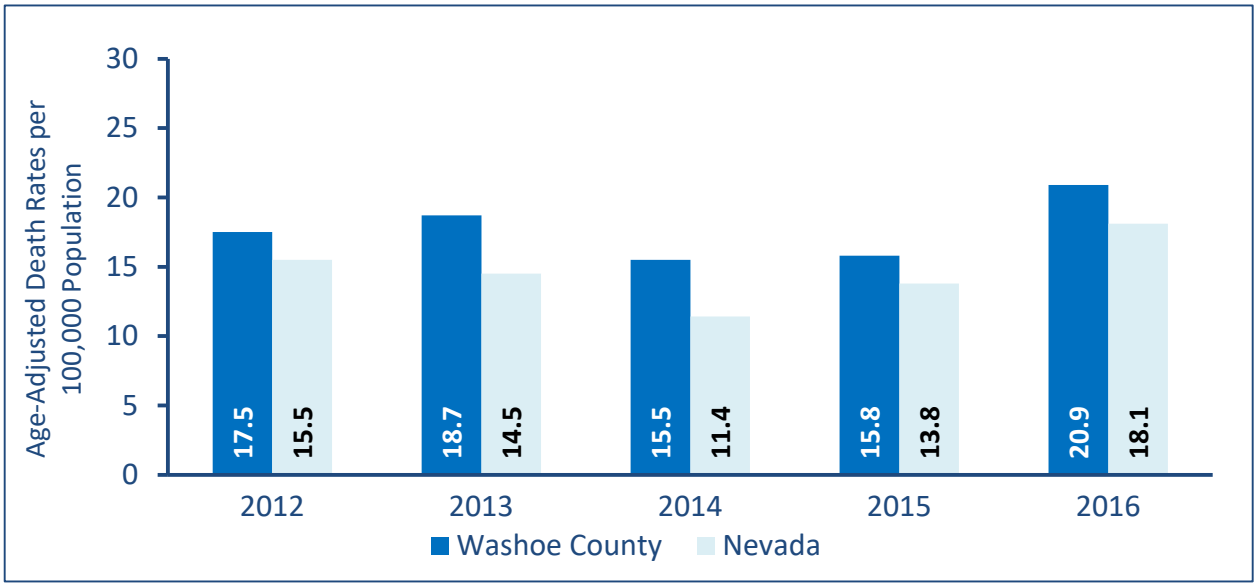
Percent of adults who have been told they have COPD:

In 2016, the percentage of adults in Washoe County who reported they have COPD (5.4%) was lower than those who reported having COPD in Nevada (6.9%) and the United States (6.5%).

Diabetes

Diabetes is a condition in which blood glucose levels are higher than normal causing the body to not properly process food for use as energy. When a person has diabetes, the pancreas either does not produce enough insulin or the body is unable to use insulin efficiently, which leads to high levels of glucose in the blood stream.

Age-Adjusted Diabetes Mortality Rates
Washoe County and Nevada Residents, 2012-2016



Mortality rates due to diabetes are higher in Washoe County compared to Nevada rates from 2012 to 2016.

Diabetes related hospitalizations:

Approximately 18% of 45,094 hospitalizations among Washoe County residents in 2016 were diabetes-related. The average total cost of hospitalizations that included diabetes-related diagnosis per hospitalization was approximately $49,831 in 2016.

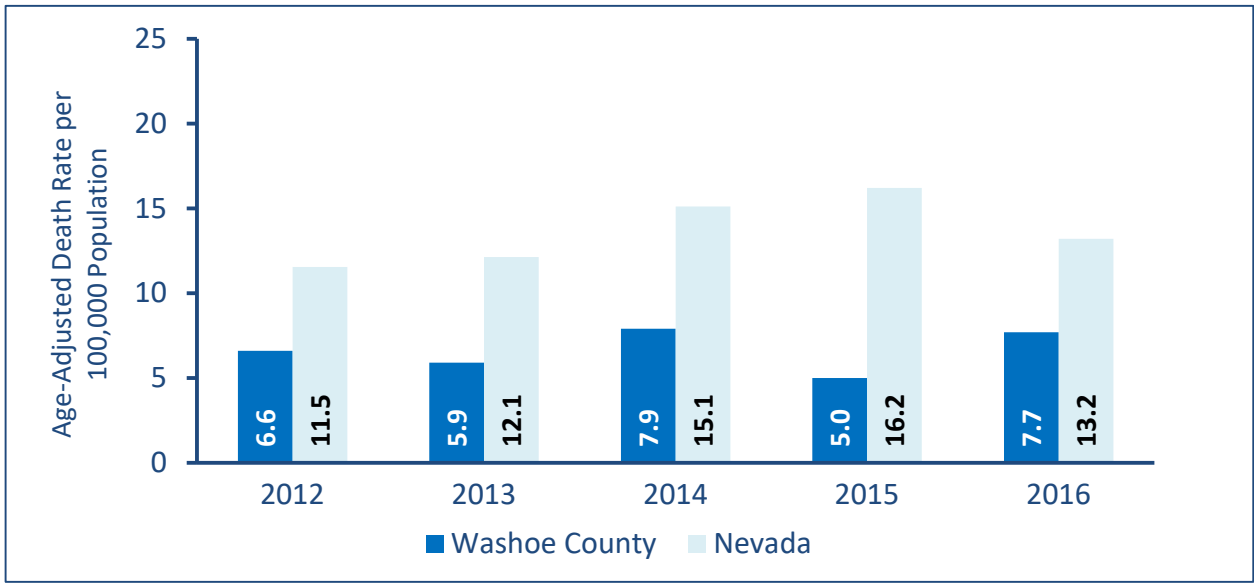
Percent of adults who have been told they have diabetes:

In 2016, the percentage of adults in Washoe County who reported having diabetes (10.4%), was lower than those who reported having diabetes in Nevada (11.9%), and slightly lower than the United States (10.8%).

Heart Failure

Heart failure is a condition in which the heart muscle is unable to pump enough blood to meet the body's needs for blood and oxygen.

Age-Adjusted Heart Failure Mortality Rates
Washoe County and Nevada Residents, 2012-2016



Mortality rates due to heart failure among Washoe County residents have remained consistent from 2012 to 2016. When compared to Nevada, Washoe County's rates are lower than Nevada's rates during the five year period.

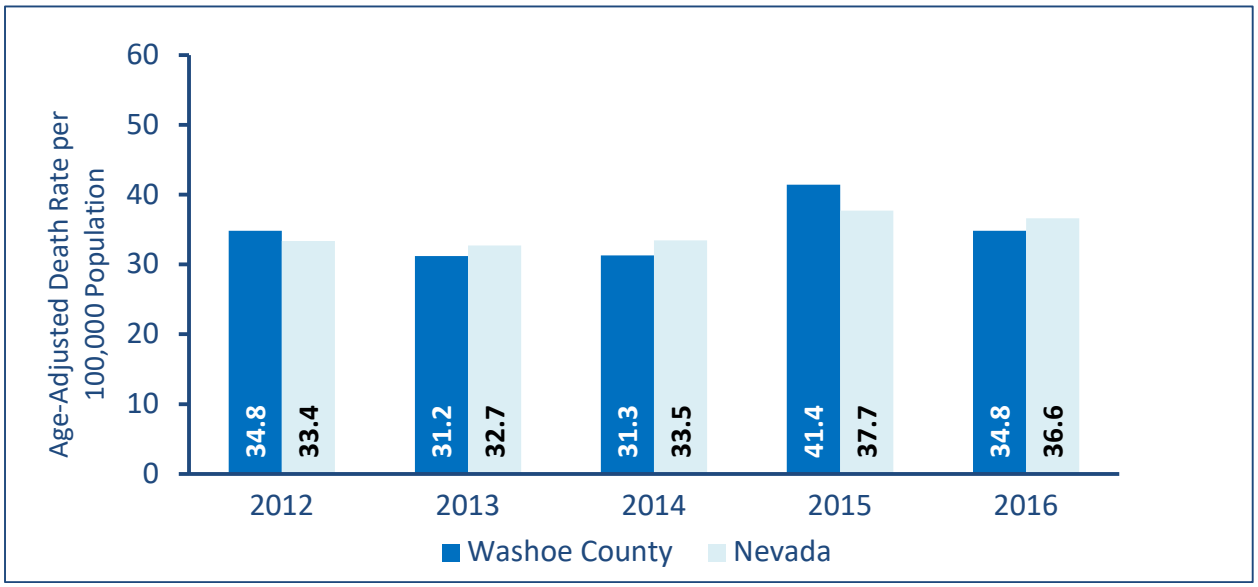
Heart failure related hospitalizations:

Approximately 11% of 45,094 hospitalizations among Washoe County residents in 2016 were heart failure-related. The average total cost of hospitalizations that included heart failure related diagnosis per hospitalization was approximately $56,663 in 2016.

Stroke

A stroke occurs when the blood supply to a part of the brain is blocked (ischemic stroke) or when a blood vessel in the brain bursts (hemorrhagic stroke). Without a regular supply of oxygen, brain death occurs, and if emergency care is not obtained quickly, permanent brain damage, long-term disability, or death may occur.

Age-Adjusted Stroke Mortality Rates
Washoe County and Nevada Residents, 2012-2016



Mortality rates due to stroke among Washoe County residents have been consistent, except for 2015 when the mortality rate increased by 10% from the previous year. When compared to Nevada, Washoe County's rates are similar to Nevada's rates for the five year period.

Stroke related hospitalizations:

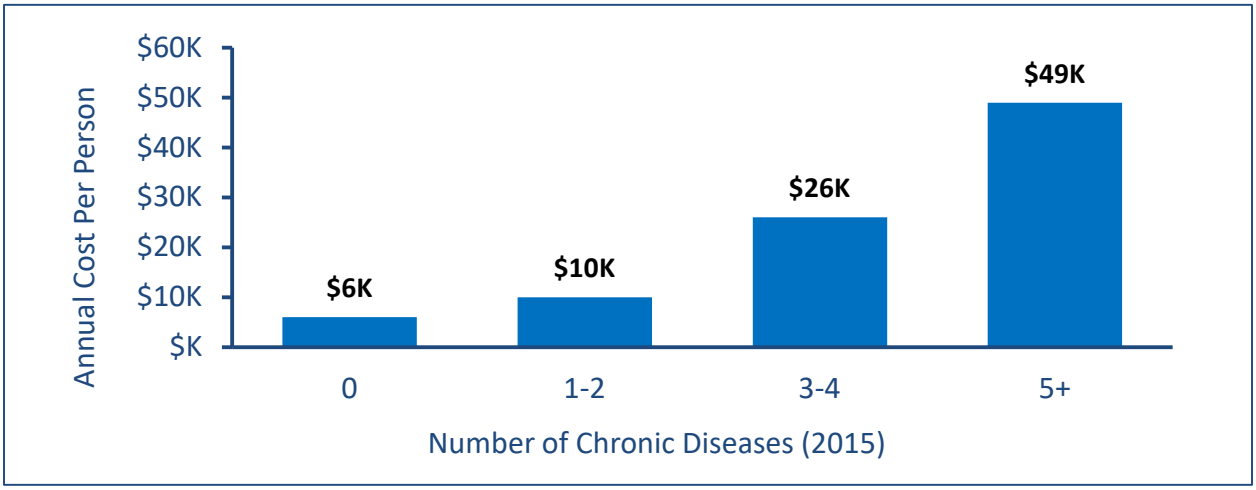
Approximately 31% of 45,094 hospitalizations among Washoe County residents in 2016 were stroke related. The average total cost of hospitalizations that included stroke related diagnosis per hospitalization was approximately $50,873 in 2016.

Percent of adults who have been told they have a stroke:

In 2016, the percentage of adults in Washoe County reporting they have had a stroke (2.7%) was lower than those in Nevada (3.3%) and the United States (3.2%).

Economics of Chronic Disease

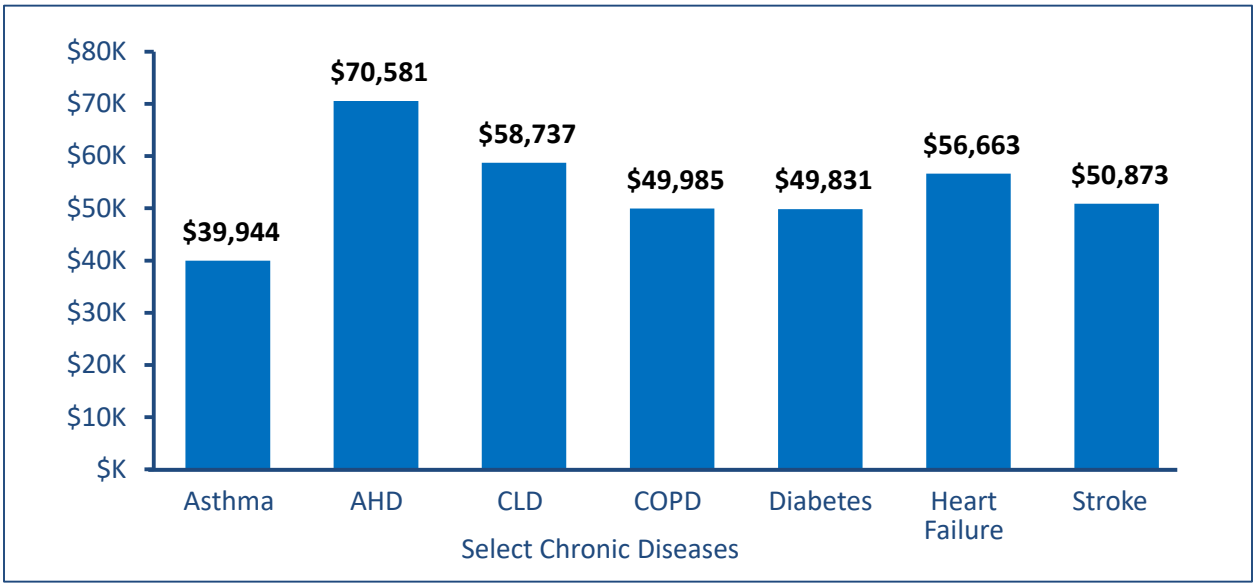
The Impact of Chronic Disease in Nevada



Projected total cost of chronic disease from 2016-2030 in Nevada is $401 billion. In 2015, 1.7 million people in Nevada had at least one chronic disease, and 693 thousand had two or more chronic diseases. Chronic disease could cost Nevada $18.7 billion in medical costs and an extra eight billion annually in lost employee productivity (average per year 2016-2030).

Data Source:
Partnership to fight chronic disease(2018). Retrieved from https://www.fightchronicdisease.org/states/nevada

Estimated Hospitalization Costs per Chronic Disease in Nevada, 2016



Data Source:
Nevada Division of Health Care Financing and Policy; Washoe County Hospital Discharge Data, 2016.
Note: AHD=Atherosclerotic Heart Disease, CLD=Chronic Liver Disease, COPD=Chronic Obstructive Pulmonary Disease

Policy, Systems, and Environmental Indicators

Policy, systems and environmental interventions promote access to healthier environments in the systems that create the structures in which we work, live and play enabling people to make healthy choices.

Policy interventions include the passing of laws, ordinances, resolutions, mandates, regulations, or rules. For example, adding a tax on unhealthy food or beverages, or implementing a work place/employee policy that meetings and events only be held at smoke-free venues.

System interventions impacts all elements of an organization. System change and policy change often work hand-in-hand. For example, a school district implementing a wellness policy would impact all students in a district, or a city deciding to make their parks tobacco-free would impact all park visitors in the city.

Environmental strategies involve physical or material changes to the economic, social, or physical environment. This can include incorporating sidewalks, bike paths and recreational areas into community designs, or posting no-smoking signs near entrances to businesses.

The following examples describe efforts in our community that impact policy, systems, and environmental strategies. This is not intended to be a complete list of community efforts.

> "It is unreasonable to expect that people will change their behavior easily when so many forces in the social, cultural, and physical environment conspire against such change."
>
> ~ Institute of Medicine, 2000

Nutrition

Indicators of community health such as diabetes, hypertension, obesity, and other chronic conditions are strongly correlated with nutrition. A comprehensive approach to improving nutrition in a community must include individual behavior change elements such as education, but it must also include improvements in the food environment, or what is commonly called the "food system." This ensures that individuals have access to the foods they need to eat healthfully. A "food system" includes all of the entities and processes used in feeding a community, from production to distribution to consumption. A healthy food system would result in all residents in a community having access to affordable and quality healthful food.[1]

The following chart outlines the contributors to the food system in Washoe County.

Data Source:

[1]Access to Healthy Food in Washoe County (2014). Retrieved from http://wcfpc.org/wp-content/uploads/2013/11/Washoe-Healthy-food-plan_pretty-version-original.pdf

Nutrition

Washoe County Food Insecurity:

According to the County Health Rankings, 13.9% of Washoe County residents or 58,930 people were food-insecure in 2017. The U.S. Department of Agriculture (USDA) defines food insecurity as a lack of consistent access to enough food for an active healthy life.

Supplemental Nutrition Assistance Program

Statewide, 14.9% of the population is participating in the Supplemental Nutrition Assistance Program (SNAP) which is approximately 438,300 average participants per month. In Washoe County, there are 26,241 households participating, with a total of 49,135 individual SNAP participants. To qualify for SNAP benefits, applicants must be at 130% of the Federal Poverty Level, which is an income of less than $2,633 a month for a family of four.

Subsidized School Meal Utilization (School Year 2016-2017)

During the 2016-2017 school year, Washoe County School District (WCSD) had 63,969 students enrolled. Among the total students, the WCSD Nutrition Services reported 51% of the students qualified for free and reduced meals. Children from families with incomes at or below 130% of the poverty level are eligible for free meals. Those with incomes between 130% and 185% of the poverty level are eligible for reduced-price meals per federal guidelines; in Washoe County Schools, these students are also eligible for free meals.

Out of the 96 schools in the district, 24 have been identified as a Provision II school in which all students at the school eat breakfast and lunch at no cost and students do not need to complete an application for free and reduced meal benefits. In order for a school to be classified as a Provision II school, the USDA recommends that at least 80% of the children be eligible for free and reduced meals.

Data source for page: 2017 County Health Ranking; Nevada Department of Health and Human Services, Division of Welfare and Supportive Services, 2018;Washoe County School District Nutrition Services.

Physical Activity

Active transportation: Active transportation refers to activities like walking, bicycling, and even taking the bus since most bus travel requires walking or biking to the bus stop. When transportation infrastructure is designed to accommodate and encourage active transportation it can have positive impacts on the health of a community. This benefit to public health can be seen in increased activity levels, decreased motor vehicle accidents, and improved air quality.

Shared use paths: Shared use paths are facilities which are placed completely separate from the roadway for non-motorized activities like walking, running, cycling, roller blading and more. These paths are important because they offer areas for physical activity and recreation, and have added value for a community. They are considered an amenity by those that live near them. There are currently 81 miles of shared use paths across Reno and Sparks.

Bicycle lanes: Bicycle lanes (bike lanes) are areas on the paved roadway that are marked for the semi-exclusive use of bicyclists. Having designated bike lanes improves safety for both cyclists and motorists. Cyclists are more likely to bike when there are bike lanes and they are a reminder to motorists that bicyclists are using the roadway. Bike lanes also provide a barrier between cars and the sidewalk, which may make for a more pleasant walking experience for pedestrians. There are currently 302 miles of bicycle lanes across Reno and Sparks. The 302 miles of bikeway facilities consist of 226 existing bike lane miles, 76 existing bike path miles, and 1.3 miles of cycle track.

Pedestrian facilities: According to the 2017 Reno Sparks Bicycle & Pedestrian Plan: "In 2016, 2.8 miles of sidewalks were added, one mile of paved multi-use path was installed, seven crosswalks were replaced, four new crosswalks were installed, four pairs of crosswalk warning devices were installed, crosswalk lighting was installed at eight locations and 44 pedestrian ramps were installed." In addition, new in the 2017 plan is a prioritized pedestrian project list in which 212 pedestrian projects were identified, totaling to 339 miles of sidewalk projects that are to be constructed. By adding and improving pedestrian facilities, safety increases and supports more active transportation.

The tables on the following two pages provide information on transportation in Washoe County.

Data Source: 2017 RTC Bicycle & Pedestrian Master Plan
Retrieved from: https://www.rtcwashoe.com/wp-content/uploads/2017/07/2017_BPMP.pdf

Physical Activity

Journey-to-Work Mode Split for Washoe County

The following table is information collected from the Census Bureau reporting data on the usual mode of traveling to work. The percentage of people bicycling and walking to work has declined over the past 20 years.

Mode (Home-Based Work Trips)	1990	2000	2015
Drive Alone	74.4%	75.3%	77.6%
Carpool	13.5%	13.8%	11.4%
Public Transit	3.7%	3.2%	2.1%
Bicycling	0.7%	0.7%	0.6%
Walking	4.2%	3.2%	2.7%
Other Means	1.1%	0.9%	1.2%
Work at Home	2.4%	2.9%	3.9%

Data Source: 1990, 2000 and 2015 U.S. Census

Physical Activity

Bicycle & Pedestrian Statistics for Reno-Sparks and Other Comparable Regions, 2015

The following table highlights various locations across the nation and the percentage of adults that biked and walked to work in 2015.

Location	Population[1]	2015 Bicycle to Work Percentage[1]	2015 Walk to Work Percentage[2]
Fresno, California	510,451	1.1%	1.6%
Redding, California	91,063	1.1%	2.0%
Sacramento, California	480,566	2.1%	3.2%
San Francisco, California	840,763	4.0%	10.4%
Boulder, Colorado	103,919	10.4%	10.6%
Denver, Colorado	649,654	2.3%	4.5%
Boise, Idaho	214,196	2.6%	2.8%
Henderson, Nevada	271,725	0.2%	1.4%
Las Vegas, Nevada	605,097	0.4%	1.8%
Reno-Sparks, Nevada	381,996	1.2%	5.5%
Portland, Oregon	612,206	6.4%	5.9%
Austin, Texas	887,061	1.5%	2.5%
Salt Lake City, Utah	190,679	2.8%	5.3%
Spokane, Washington	210,695	0.7%	3.6%

Data Source:
[1] Population based on 2015 ACS 5-Year Population Estimate

[2] The U.S. Census Bureau's American Community Survey collects population and housing information every year for a cross-section of the population. The American Community Survey data is provided annually as a single year estimate or a 5-year estimate. For example the current 5-year estimate includes survey data collected 2011, 2012, 2013, 2014 and 2015. The information is provided at www.factfinder.census.gov at the American Community Survey link.

Physical Activity

Access to parks and open spaces: Studies show that providing adequate access to safe parks increases physical activity. Those that live close to parks or with access to more parks are more likely to use them and be physically active.

The Health District recently conducted a study to collect park urban utilization in the 89502 zip code. The 89502 zip code has been found to have a high Community Needs Index (CNI) score. Communities with high CNI scores have elevated mortality rates and increased disease burden for chronic disease such as hypertension and stroke—burdens that can be reduced with increased physical activity.

Eighteen parks in the 89502 zip code were assessed and are categorized by the following: 11 neighborhood parks, two special use parks, two greenbelts, two open space regions, one community park and one regional park.

Park audits were conducted on all of the parks to monitor assets, physical features, and variables that can attract or deter park utilization. The following tables are a summary of the data collection from the audits.

Park Audits Data Summary

Transportation Attributes

Visual information related to transportation bordering the park. Marked bike lanes refer to roads surrounding the park that are maintained through road labels and signage. Existing bike lanes that were not maintained or labeled with signage were categorized as bike lanes.

Share the road sign	0.0%
Bike Racks	13.6%
Bike Lanes	22.7%
Bus Stop	40.9%
Sidewalks	72.7%
Marked Bike Lanes	80.0%

Facility Assets

Observed assets available for use to the public.

Toilet	45.0%
Drinking Fountain	45.5%
Picnic Tables	68.2%
Trash Cans	81.8%
Benches	86.4%

Physical Activity

Park Audits Data Summary Continued

Perceived Safety

Visual observation of factors that could affect one's perception of safety.

Vandalism	0.0%
Threatening Personas	0.0%
Artistic Features	9.1%
Educational Features	13.6%
Covered Graffiti	31.8%
Litter	31.8%
Transients	31.8%
Excessive Litter	31.8%
Landscaping	50.0%
Graffitti	72.7%

Posted Park Information

Visible signage related to park information.

Event Information	4.5%
Park Map	9.1%
Education Signs	18.2%
Distance Markers	36.4%
Hours	68.2%
Contact Information	68.2%
General Information	72.7%
Facility Information	77.3%
Park Rules	77.3%

Sporting Assets

Observed assets related to sports and fitness.

Volleyball Courts	1
Skate Park	1
Basketball Courts	2
Tennis Courts	3
Baseball Field	6
Fitness Stations	16
Lawn	17

Signage and transportation, sporting assets, public facility assets, and perception of safety are various factors that can contribute to park utilization.

Access to the full report can be found here: 2017 Healthy Parks Study

Tobacco

Tobacco Use and Exposure

Tobacco use and exposure is strongly linked to chronic diseases such as cancer, heart disease and many others. Tobacco use can be reduced by creating strong smoke free clean indoor air laws, controlling price, implementing policy and regulation that reduce use by children, and providing tobacco prevention, education and cessation programs.

Most of Nevada's workplaces and indoor public places are required to be 100% smoke-free by state law through the Nevada Clean Indoor Air Act (NCIAA). Among other locations, stand-alone bars and gaming areas of casinos are exempt. The state law was passed by voter initiative in November 2006 and took effect on December 8, 2006.

Adult Tobacco Survey

The purpose of the 2016 Statewide Adult Tobacco Survey (ATS) was to assess current rates of the use of tobacco products and measure the knowledge, attitudes, beliefs and perceptions of tobacco products, electronic cigarettes, and cessation behaviors among Nevada residents.

A significant percentage of our population is being exposed to second hand smoke (SHS) due to the NCIAA not being comprehensive and allowing businesses such as casinos and bars to permit smoking indoors. Of those surveyed, 12.2% reported working in a casino and of those 82.3% reported exposure to SHS. A summary of the data can be found below:

Home	
SHS infiltrates residence from outside	22.7%
SHS does not infiltrate residence	76.0%
SHS infiltrates daily	8.3%
SHS infiltrates weekly	1.8%
SHS infiltrates monthly	3.2%
SHS infiltrates less than monthly	9.4%
Don't Know	1.3%

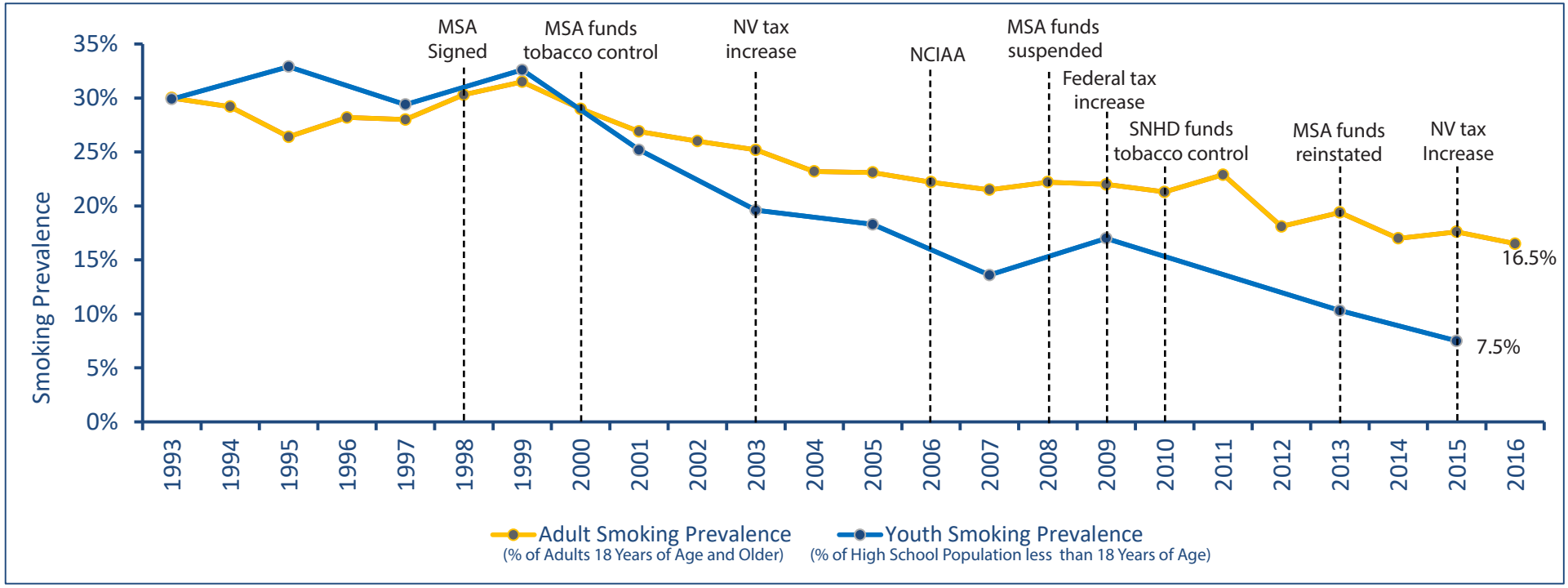
Casino Employee Exposure to SHS*	
Exposed to SHS at work in casinos	82.3%
Never exposed to SHS at work in casinos	17.7%
Exposed daily to SHS at work in casinos	50.7%
Exposed weekly to SHS at work in casinos	9.0%
Exposed monthly to SHS at work in casinos	13.9%
Exposed less than monthly to SHS at work in casinos	8.7%
Know someone smoked indoors at work in casinos	55.4%

** Only asked of those who work at a casino.*

Access to the full report can be found here: 2016 Adult Tobacco Survey

The following two pages include information about the impact of policy, pricing and access on tobacco use in Nevada.

Tobacco Use and Tobacco Control Policy in Nevada



1998 • Tobacco Master Settlement Agreement (MSA) signed between major tobacco companies and 46 US states and DC, including Nevada.

2000 • Utilization of Tobacco MSA funding for tobacco prevention/control (TP/C) initiated by the State of Nevada.

• Nevada dedicated approximately $4 million of State MSA funds yearly to TP/C. Federal CDC grant fairly consistent over time at $1 million/year for TP/C efforts statewide.

2003 • State tax on cigarettes increased from $0.35 to $0.80 per pack in Nevada.

2006 • Nevada Clean Indoor Air Act (NCIAA) passed by Nevada voters banning smoking in most workplaces. Casinos, bars, and adult establishments are exempt.

2008 • Nevada halts use of MSA funding for tobacco; Federal CDC funds are the only funds supporting TP/C in Nevada.

2009 • Federal tax on cigarettes increased from $0.39 to $1.01 per pack.

2010 • Southern Nevada Health District (SNHD) was awarded $14.6 million for TP/C through the Communities Putting Prevention to Work initiative.

2013 • Nevada re-instates MSA funds for TP/C at half the previous amount at $1 million statewide. (Note: Combining state and federal funds for TP/C in Nevada only meets 6.7% of the CDC recommended level of spending for tobacco control in Nevada).

2015 • State tax on cigarettes increased from $0.80 to $1.80 per pack in Nevada.

• Youth smoking prevalence in Nevada drops to its lowest recorded level in 2015 (7.5%).

2016 • Adult smoking prevalence in Nevada drops to its lowest recorded level in 2016 (16.5%).

2017 • MSA payments received by Nevada from tobacco companies total about $40 million annually; of this amount only $1million is allocated for TP/C.

Prepared by the Washoe County Chronic Disease Prevention Program. Data Source: BRFSS and YRBSS (1993-2016).

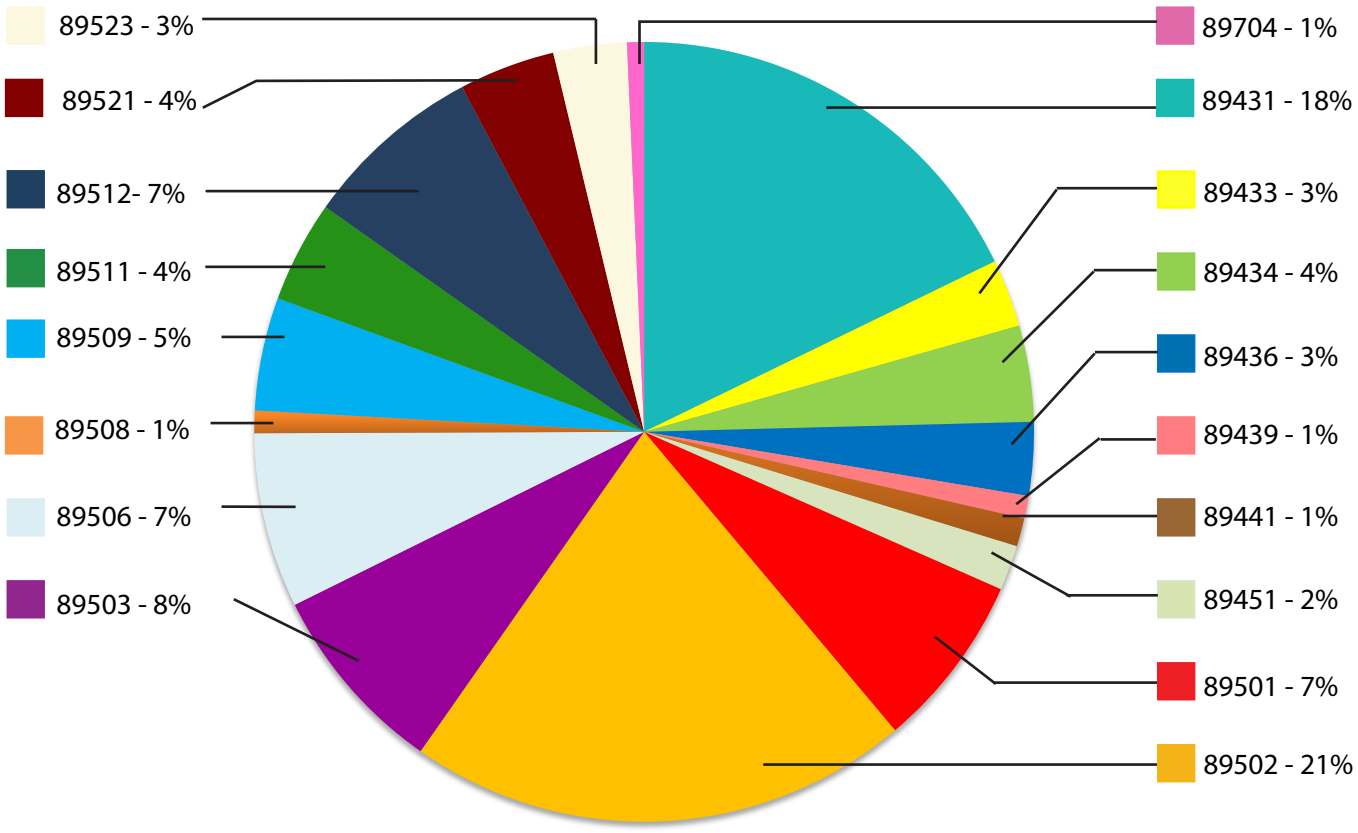
Tobacco

The graph below shows the percent of the total number of tobacco retailer stores in Washoe County by zip code. Zip codes with less than two counts of a tobacco retailer store were excluded from this graph (89402, 89412, 89506, 89510, 89519 and 89595). As of May 2017, there were 434 tobacco retail stores in Washoe County.

The zip codes with the lowest average income per household (under $35,000) are 89501, 89502, and 89512 make up 35% of the chart. The zip codes with the highest average incomes (over $80,000) are 89511, 89519, and 89704 and make up 5% of the chart.

The density and total number of tobacco retailers can be impacted by strong tobacco retail licensing, which can help to restrict establishments in certain areas (i.e. near schools, residential areas, etc.) and restrict the types of establishments that can sell tobacco products.

Percentage of Tobacco Retailer Stores per Zip Code in Washoe County



Data Source:
Adapted from data complied by Michelle May (2017). Tobacco Retailers in Washoe County—internship in partnership with the Washoe County Health District Chronic Disease Prevention Program 2017.

Acknowledgments

This report was prepared by the Washoe County Health District Chronic Disease Prevention Program.

Special thanks to the following for their additional contributions to this report:
Nicole Alberti
Stephanie Chen
Kevin Dick
Erin Dixon
Kelli Goatley-Seals
Heather Kerwin
Steve Kutz
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Suggested citation:
Washoe County Health District, *Washoe County Chronic Disease Report Card,* 2018.

For more information about local chronic disease prevention and healthy living visit:
www.GetHealthyWashoe.com

Data Sources

Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2012-2016.

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WASHOE COUNTY HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

DBOH AGENDA ITEM NO. 7H

DD__NA___
DHO____KD___
DA__NA_____
Risk_NA_____

STAFF REPORT
BOARD MEETING DATE: March 22, 2018

TO: District Board of Health

FROM: Anna Heenan, Administrative Health Services Officer
328-2417, aheenan@washoecounty.us

SUBJECT: Acknowledge receipt of the Health Fund Financial Review for February, Fiscal Year 2018

SUMMARY

The eight months of fiscal year 2018, (FY18) ended with a cash balance of $4,806,676. Total revenues of $14,998,071 were 65.6% of budget and an increase of $1,958,487 over FY17. The expenditures totaled $14,616,391 or 61.8% of budget and up $882,222 compared to FY17.

District Health Strategic Objective supported by this item: Financial Stability: Enable the Health District to make long-term commitments in areas that will positively impact the community's health by growing reliable sources of income.

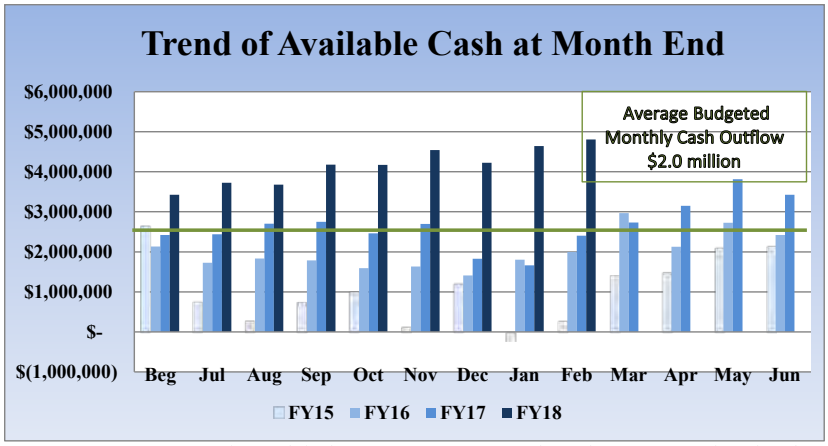
PREVIOUS ACTION

Fiscal Year 2018 Budget was adopted May 23, 2017.

BACKGROUND

Review of Cash

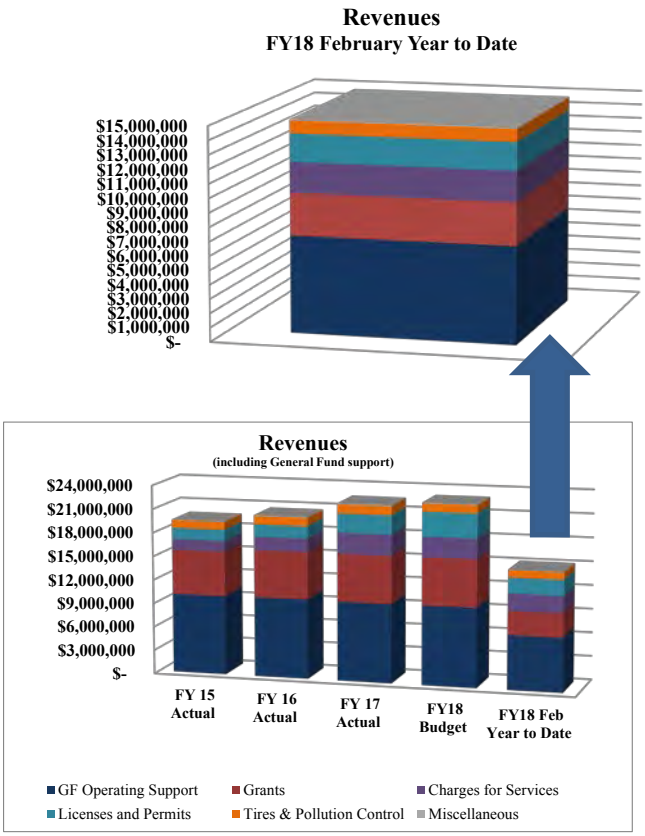
The available cash at the end of February, FY18, was $4,806,676 up 100.1% or $2,404,872 compared to the same time in FY17. The encumbrances and other liability portion of the cash balance totals $1.1 million; the portion of cash restricted as to use is approximately $1.4 million (e.g. Air Quality and the Solid Waste Management programs restricted cash); leaving a balance of approximately $2.3 million.



Note: January FY15 negative cash is due to no County General Fund support transferred to the Health Fund leading to a negative cash situation.

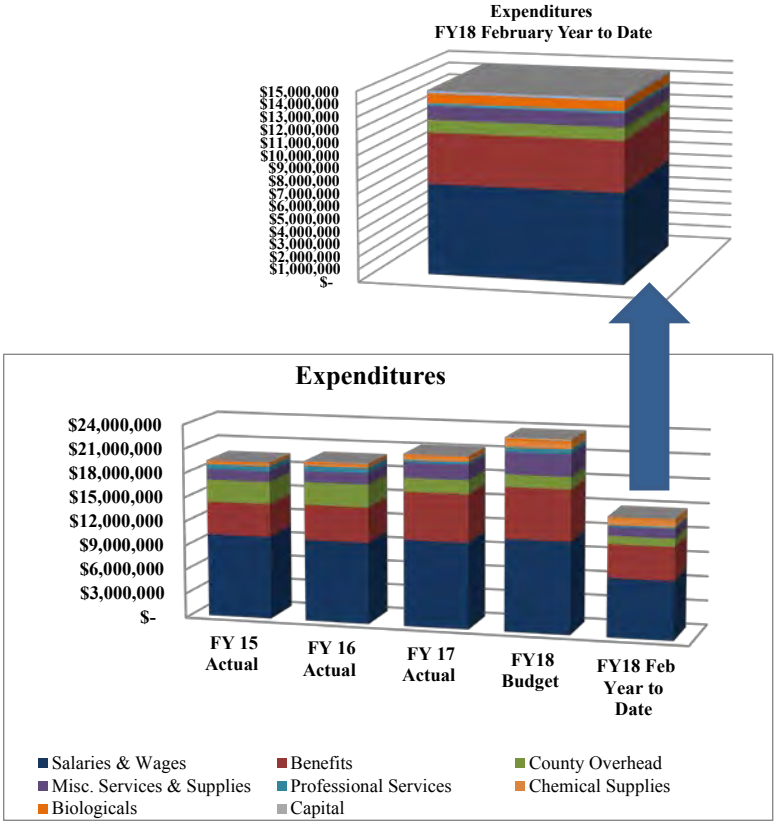
Public Health
Prevent. Promote. Protect.

***Review of Revenues** (including transfers from General Fund) and Expenditures by category*



Total year to date **revenues** of $14,998,071 were up $1,958,487 compared to February FY17; of that increase, $534,835 was due to the County General Fund transfer for the additional mosquito abatement required this fiscal year and $388,875 of Air Pollution Control funds not received until the 4th quarter last fiscal year. The revenue categories up over last fiscal year are as follows: licenses and permits of $1,983,847 were up $580,183 or 41.3% mainly due to fee increases and an increase in work load; charges for services of $2,154,450 up $594,110 or 38.1%; tire and pollution control revenues of $919,658 up $402,099 or 77.7% due to timing of receiving the air pollution control funds; federal and state grant reimbursements of $3,022,111 up $37,164 or 1.2%; and, the County General Fund transfer of $6,879,406 up $348,169 or 5.3% due to the contingency transfer for mosquito abatement. The revenue category down was the miscellaneous revenues of $38,599 down $3,239.

The total year to date **expenditures** of $14,616,391 increased by $882,222 or 6.4% compared to the same period in FY17 mainly due to the $534,816 additional chemical supplies purchased for Mosquito abatement. Salaries and benefits expenditures for the fiscal year were $11,315,628 up $333,917 or 3.0% over the prior year. The total services and supplies of $3,281,732 were up $564,614 due to the increase in chemical costs. The major expenditures included in the services and supplies are: the professional services which totaled $209,207 and were up $91,987 or 78.5% over the prior year; chemical supplies of $766,309 were up 226.1% or $531,334 over last year; the biologicals of $189,694 were up $8,667 or 4.8%; and, County overhead charges of $1,013,747 were down 10.6% or $120,117. There has been $19,031 in capital expenditures down $16,309 or 46.1% compared to FY17.



Review of Revenues and Expenditures by Division

ODHO has received grant funding of $3,365 for workforce development initiatives and spent $642,753 up $134,197 over FY17 mainly due to: $29,069 for the staff for the Community Health Needs Assessment and Public Service Interns; $21,000 for the Public Health Accreditation; and, $32,500 for the Truckee Meadows Healthy Communities project and matching funds for the Food Bank of Northern Nevada's Arnold Foundation grant, Collaborating for Communities (C4C). **AHS** has spent $767,476 up $18,640 compared to FY17 due to $7,659 paid out for accrued vacation time for an employee that left Health District employment and an increase of $4,139 in travel and seminars due to the workforce development initiative. **AQM** revenues were $2,124,004 up $734,742 compared to FY17 due to a lag in FY17 receipts of the Air Pollution Control Funds from the DMV and spent $1,875,702 down $52,778 over last fiscal year due to costs for air monitoring equipment and regional permitting software subscription fees in FY17 not spent in FY18. **CCHS** revenue was $2,391,889 up $348,193 over FY17 mainly due to additional $60,920 in Medicaid reimbursement and $77,811 additional insurance reimbursements and spent $4,934,681 or $197,714 more than FY17 due to an increase in salaries and benefits costs for FY18. **EHS** revenue of $2,513,984 is up $612,042 over FY17 mainly due to increased permitting and charges for services that were up $693,972 but the grants and tire funding were down $81,930. EHS spent $4,740,223, an increase of $592,400, over last year due to the $531,000 increase in chemical costs for the Vector program. **EPHP** revenue was $1,085,422 down $78,866 over last year mainly due to loss of grant funding and spent $1,655,555 down $7,952 over FY17.

Washoe County Health District
Summary of Revenues and Expenditures
Fiscal Year 2013/2014 through February Year to Date Fiscal Year 2017/2018 (FY18)

	Actual Fiscal Year			Fiscal Year 2016/2017		Fiscal Year 2017/2018			
	2013/2014	2014/2015	2015/2016	Actual Year End (audited)	February Year to Date	Adjusted Budget	February Year to Date	Percent of Budget	FY18 Increase over FY17
Revenues (all sources of funds)									
ODHO	-	-	15,000	51,228	**9,159**	6,639	**3,365**	50.7%	-63.3%
AHS	87,930	151	-	-	**-**	-	**-**	-	-
AQM	2,491,036	2,427,471	2,520,452	2,979,720	**1,389,262**	3,197,645	**2,124,004**	66.4%	52.9%
CCHS	3,388,099	3,520,945	3,506,968	3,872,898	**2,043,696**	3,900,065	**2,391,889**	61.3%	17.0%
EHS	1,890,192	2,008,299	2,209,259	3,436,951	**1,901,942**	3,853,077	**2,513,984**	65.2%	32.2%
EPHP	1,805,986	1,555,508	2,141,334	2,027,242	**1,164,288**	1,845,890	**1,085,422**	58.8%	-6.8%
GF support	8,603,891	10,000,192	10,076,856	10,002,381	**6,531,237**	10,051,691	**6,879,406**	68.4%	5.3%
Total Revenues	$18,267,134	$19,512,566	20,469,870	$22,370,420	**$13,039,584**	$22,855,007	**$14,998,071**	65.6%	15.0%
Expenditures (all uses of funds)									
ODHO	-	481,886	594,672	904,268	**508,556**	1,163,286	**642,753**	55.3%	26.4%
AHS	1,336,740	1,096,568	996,021	1,119,366	**748,836**	1,156,241	**767,476**	66.4%	2.5%
AQM	2,524,702	2,587,196	2,670,636	2,856,957	**1,928,480**	3,439,932	**1,875,702**	54.5%	-2.7%
CCHS	6,949,068	6,967,501	6,880,583	7,294,144	**4,736,967**	7,792,124	**4,934,681**	63.3%	4.2%
EHS	5,737,872	5,954,567	5,939,960	6,366,220	**4,147,823**	7,495,053	**4,740,223**	63.2%	14.3%
EPHP	2,374,417	2,312,142	2,688,659	2,616,411	**1,663,507**	2,590,833	**1,655,555**	63.9%	-0.5%
Total Expenditures	$18,922,800	$19,399,859	19,770,532	$21,157,367	**$13,734,169**	$23,637,469	**$14,616,391**	61.8%	6.4%
Revenues (sources of funds) **less Expenditures** (uses of funds)**:**									
ODHO	-	(481,886)	(579,672)	(853,040)	**(499,397)**	(1,156,647)	**(639,388)**		
AHS	(1,248,810)	(1,096,417)	(996,021)	(1,119,366)	**(748,836)**	(1,156,241)	**(767,476)**		
AQM	(33,666)	(159,725)	(150,184)	122,763	**(539,218)**	(242,288)	**248,302**		
CCHS	(3,560,969)	(3,446,556)	(3,373,615)	(3,421,246)	**(2,693,271)**	(3,892,059)	**(2,542,792)**		
EHS	(3,847,680)	(3,946,268)	(3,730,701)	(2,929,270)	**(2,245,881)**	(3,641,976)	**(2,226,239)**		
EPHP	(568,431)	(756,634)	(547,325)	(589,168)	**(499,219)**	(744,943)	**(570,133)**		
GF Operating	8,603,891	10,000,192	10,076,856	10,002,381	**6,531,237**	10,051,691	**6,879,406**		
Surplus (deficit)	$ (655,666)	$ 112,707	699,338	$ 1,213,053	**$ (694,585)**	$ (782,463)	**$ 381,680**		
Fund Balance (FB)	$ 2,155,799	$ 2,268,506	$ 2,967,844	$ 4,180,897		$ 3,398,434			
FB as a % of Expenditures	11%	12%	15%	20%		14%			

Note: ODHO=Office of the District Health Officer, AHS=Administrative Health Services, AQM=Air Quality Management, CCHS=Community and Clinical Health Services, EHS=Environmental Health Services, EPHP=Epidemiology and Public Health Preparedness, GF=County General Fund

FISCAL IMPACT

No fiscal impact associated with the acknowledgement of this staff report.

RECOMMENDATION

Staff recommends that the District Board of Health acknowledge receipt of the Health Fund Financial Review for February, Fiscal Year 2018.

POSSIBLE MOTION

Move to acknowledge receipt of the Health Fund Financial Review for February, Fiscal Year 2018.

Attachment:
Health District Fund financial system summary report

Period: 1 thru 8 2018
Accounts: GO-P-L P&L Accounts
Business Area: *

Fund: 202 Health Fund
Fund Center: 000 Default Washoe County
Functional Area: 000 Standard Functional Area Hiera

Accounts	2018 Plan	2018 Actuals	Balance	Act%	2017 Plan	2017 Actual	Balance	Act%
422503 Environmental Permits	79,990-	57,263-	22,727-	72	56,527-	49,732-	6,795-	88
422504 Pool Permits	245,334-	71,592-	173,743-	29	169,246-	44,744-	124,502-	26
422505 RV Permits	25,783-	24,422-	1,361-	95	18,590-	14,819-	3,771-	80
422507 Food Service Permits	1,263,372-	837,489-	425,883-	66	805,632-	553,604-	252,028-	69
422508 Wat Well Const Perm	146,747-	93,923-	52,824-	64	78,840-	62,065-	16,775-	79
422509 Water Company Permits	29,941-	67,957-	38,016	227	21,850-	31,884-	10,034	146
422510 Air Pollution Permits	766,406-	457,244-	309,162-	60	608,864-	369,034-	239,830-	61
422511 ISDS Permits	234,031-	191,654-	42,377-	82	165,195-	140,193-	25,002-	85
422513 Special Event Permits	208,827-	106,647-	102,180-	51	168,108-	86,161-	81,948-	51
422514 Initial Applic Fee	104,711-	75,656-	29,055-	72	55,800-	51,429-	4,372-	92
* Licenses and Permits	3,105,142-	1,983,847-	1,121,295-	64	2,148,652-	1,403,664-	744,988-	65
431100 Federal Grants	5,321,809-	2,685,914-	2,635,895-	50	5,651,096-	2,686,186-	2,964,910-	48
431105 Fed. Grants-Indirect	472,592-	263,051-	209,541-	56	461,750-	236,375-	225,375-	51
432100 State Grants	220,681-	67,291-	153,389-	30	211,364-	57,467-	153,897-	27
432105 State Grants-Indirect	17,396-	5,855-	11,541-	34	16,597-	4,919-	11,678-	30
432310 Tire Fee NRS 444A.090	450,000-	264,403-	185,597-	59	475,000-	325,455-	149,545-	69
432311 Pol Ctrl 445B.830	587,828-	655,255-	67,427	111	550,000-	192,104-	357,896-	35
* Intergovernmental	7,070,305-	3,941,769-	3,128,537-	56	7,365,806-	3,502,506-	3,863,300-	48
460162 Services O Agencies	19,000-	21,886-	2,886	115	39,417-		39,417-	
460173 Reimbursements - Reno								
460500 Other Immunizations	20,000-	43,894-	23,894	219	42,150-	21,139-	21,011-	50
460501 Medicaid Clinic Svcs	85,500-	142,991-	57,491	167	59,935-	82,071-	22,136	137
460503 Childhood Immunizations	200-		200-		13,024-	179-	12,845-	1
460507 Medicaid Admin Claiming						115	115-	
460508 Tuberculosis	6,580-	5,114-	1,466-	78	7,000-	2,590-	4,410-	37
460509 Water Quality	500-		500-		500-	710-	210	142
460510 IT Overlay	48,435-	17,550-	30,885-	36	39,025-	25,336-	13,689-	65
460511 Birth Death Certific	515,000-	351,570-	163,430-	68	490,000-	360,929-	129,071-	74
460512 Duplication Service		1,368-	1,368			8,517-	8,517	
460513 Other Health Service	75,753-	91,817-	16,064	121	60,908-	60,010-	898-	99
460514 Food Service Certifi						1,176-	1,176	
460515 Medicare Reimbursement								
460516 Pgm Inc-3rd Prty Rec	66,000-	144,249-	78,249	219	16,394-	66,438-	50,044	405
460517 Influenza Immunization								
460518 STD Fees	25,000-	25,695-	695	103	17,200-	21,751-	4,551	126
460519 Outpatient Services	500-		500-		1,200-	41-	1,159-	3
460520 Eng Serv Health	168,844-	200,435-	31,591	119	120,960-	88,440-	32,520-	73
460521 Plan Review - Pools	1,179-	12,018-	10,839	1,019	8,470-	10,121-	1,651	119
460523 Plan Review - Food S	81,584-	63,956-	17,628-	78	56,150-	27,138-	29,012-	48
460524 Family Planning	40,000-	49,454-	9,454	124	35,000-	31,957-	3,043-	91
460525 Plan Review - Vector	99,179-	66,599-	32,580-	67	82,842-	57,828-	25,014-	70
460526 Plan Review-Air Quality	122,695-	55,446-	67,249-	45	79,589-	41,413-	38,176-	52
460527 NOE-AQM	238,433-	213,002-	25,431-	89	176,103-	125,285-	50,818-	71

Period: 1 **thru** 8 2018
Accounts: GO-P-L P&L Accounts
Business Area: *

Fund: 202 Health Fund
Fund Center: 000 Default Washoe County
Functional Area: 000 Standard Functional Area Hiera

Accounts		2018 Plan	2018 Actuals	Balance	Act%	2017 Plan	2017 Actual	Balance	Act%
460528	NESHAP-AQM	225,847-	129,646-	96,201-	57	153,862-	114,962-	38,900-	75
460529	Assessments-AQM	106,866-	77,805-	29,061-	73	81,614-	54,715-	26,899-	67
460530	Inspector Registr-AQ	6,750-		6,750-		4,608-	1,656-	2,952-	36
460531	Dust Plan-Air Quality	334,771-	329,596-	5,175-	98	257,784-	281,268-	23,484	109
460532	Plan Rvw Hotel/Motel		6,279-	6,279		2,530-		2,530-	
460533	Quick Start						251-	251	
460534	Child Care Inspection	21,169-	14,954-	6,215-	71	14,904-	11,944-	2,960-	80
460535	Pub Accomod Inspectn	46,666-	28,613-	18,053-	61	33,060-	24,665-	8,395-	75
460570	Education Revenue								
460723	Other Fees	197,528-	60,515-	137,013-	31	97,142-	37,923-	59,219-	39
*	Charges for Services	2,553,979-	2,154,450-	399,529-	84	1,991,371-	1,560,340-	431,031-	78
481150	Interest-Non Pooled		1-	1			29-	29	
484000	Donations,Contributions					4,000-	4,000-		100
484050	Donation Fed Pgm Inc	16,050-	7,787-	8,263-	49	24,201-	10,637-	13,564-	44
484197	Non-Gov. Grants-Ind.	14,428-	9,413-	5,015-	65	11,367-	5,923-	5,444-	52
485100	Reimbursements	46,084-	21,195-	24,889-	46	42,576-	19,281-	23,295-	45
485300	Other Misc Govt Rev		203-	203		35,000-	1,968-	33,032-	6
*	Miscellaneous	76,562-	38,599-	37,963-	50	117,144-	41,838-	75,307-	36
**	Revenue	12,805,988-	8,118,665-	4,687,323-	63	11,622,973-	6,508,347-	5,114,626-	56
701110	Base Salaries	10,247,216	6,593,475	3,653,741	64	9,864,879	6,373,748	3,491,131	65
701120	Part Time	230,388	176,625	53,764	77	314,723	141,053	173,670	45
701130	Pooled Positions	405,054	292,356	112,699	72	475,463	242,021	233,443	51
701140	Holiday Work	4,319	1,443	2,875	33	4,319	1,465	2,854	34
701150	xcContractual Wages								
701199	Lab Cost Sav-Wages								
701200	Incentive Longevity	164,408	79,419	84,989	48	165,730	83,714	82,016	51
701300	Overtime	68,241	44,491	23,749	65	80,479	50,351	30,128	63
701403	Shift Differential	300	244	56	81	287	135	152	47
701406	Standby Pay	38,000	21,312	16,688	56	38,000	20,574	17,426	54
701408	Call Back	5,000	1,539	3,461	31	5,000	3,505	1,495	70
701410	Detective Pay								
701412	Salary Adjustment	95,498		95,498		84,557		84,557	
701413	Vac Payoff Sick Term	84,041	11,333	72,708	13	84,423	86,146	1,722-	102
701414	Vacation Denied-Payoff		1,101	1,101-			3,744	3,744-	
701417	Comp Time		3,159	3,159-		0	14,051	14,050-	*1744
701419	Comp Time - Transfer						4	4-	
701500	Merit Awards								
*	Salaries and Wages	11,342,465	7,226,497	4,115,968	64	11,117,860	7,020,509	4,097,351	63
705110	Group Insurance	1,634,991	1,031,480	603,511	63	1,755,795	1,153,492	602,303	66
705115	ER HSA Contribs	66,000	93,717	27,717-	142	529		529	
705190	OPEB Contribution	1,305,189	870,126	435,063	67	1,181,460	787,640	393,820	67
705199	Lab Cost Sav-Benef								
705210	Retirement	2,979,795	1,923,666	1,056,129	65	2,907,355	1,853,616	1,053,739	64

Period: 1 **thru** 8 2018 **Fund:** 202 Health Fund
Accounts: GO-P-L P&L Accounts **Fund Center:** 000 Default Washoe County
Business Area: * **Functional Area:** 000 Standard Functional Area Hiera

Accounts		2018 Plan	2018 Actuals	Balance	Act%	2017 Plan	2017 Actual	Balance	Act%
705215	Retirement Calculation								
705230	Medicare April 1986	147,351	99,416	47,935	67	143,403	96,325	47,078	67
705240	Insur Budgeted Incr	48,610		48,610					
705320	Workmens Comp	97,239	64,615	32,625	66	93,193	63,937	29,256	69
705330	Unemply Comp	10,224	6,113	4,111	60	13,751	6,192	7,559	45
705360	Benefit Adjustment	28,461		28,461		21,529		21,529	
*	Employee Benefits	6,317,860	4,089,131	2,228,728	65	6,117,014	3,961,202	2,155,812	65
710100	Professional Services	460,462	121,957	338,504	26	655,630	60,709	594,921	9
710101	Lab Testing Services								
710105	Medical Services	9,121	4,041	5,081	44	9,971	4,790	5,181	48
710108	MD Consultants	58,936	31,658	27,278	54	61,210	33,658	27,552	55
710110	Contracted/Temp Svcs	53,610	51,551	2,059	96	39,600	18,063	21,537	46
710119	Subrecipient Payments								
710155	Lobbying Services						300	300-	
710200	Service Contract	61,929	73,848	11,919-	119	91,731	49,634	42,097	54
710201	Laundry Services		1,191	1,191-					
710205	Repairs and Maintenance	13,645	11,560	2,085	85	14,843	8,012	6,831	54
710210	Software Maintenance	3,000	3,059	59-	102	12,319	2,942	9,378	24
710300	Operating Supplies	144,572	57,506	87,066	40	178,449	81,686	96,763	46
710302	Small Tools & Allow	1,435	36	1,399	2	1,435	1,266	169	88
710308	Animal Supplies	1,600	780	820	49	1,600	1,049	551	66
710312	Special Dept Expense		480	480-					
710319	Chemical Supplies	767,535	766,309	1,226	100	438,225	234,975	203,250	54
710325	Signs and Markers								
710334	Copy Machine Expense	26,066	12,311	13,756	47	35,875	13,716	22,160	38
710335	Copy Mach-Copies	4,044	4,473	429-	111	2,001	3,035	1,034-	152
710350	Office Supplies	36,398	22,094	14,304	61	42,667	26,267	16,400	62
710355	Books and Subscriptions	8,145	7,434	711	91	15,690	5,293	10,397	34
710360	Postage	19,260	10,617	8,643	55	21,774	9,472	12,302	44
710361	Express and Courier	100	13	87	13	370	152	218	41
710391	Fuel & Lube	125		125		125		125	
710400	Pmts to O Agencies	140,650	144,042	3,392-	102	31,500	38,420	6,920-	122
710412	Do Not Use								
710500	Other Expense	27,606	4,700	22,906	17	105,780	8,149	97,631	8
710502	Printing	29,043	5,974	23,069	21	26,573	4,538	22,035	17
710503	Licenses & Permits	8,345	4,068	4,277	49	9,245	4,343	4,902	47
710504	Registration		1,400	1,400-			504	504-	
710505	Rental Equipment		1,812	1,812-		1,800	1,800		100
710506	Dept InsDeductible		300	300-			284	284-	
710507	Network and Data Lines	9,050	4,400	4,650	49	9,662	5,442	4,220	56
710508	Telephone Land Lines	35,611	23,276	12,335	65	36,606	23,065	13,541	63
710509	Seminars and Meetings	42,628	24,910	17,718	58	47,577	18,337	29,240	39
710512	Auto Expense	9,667	3,630	6,037	38	13,109	4,678	8,430	36

Period: 1 thru 8 2018
Accounts: GO-P-L P&L Accounts
Business Area: *

Fund: 202 Health Fund
Fund Center: 000 Default Washoe County
Functional Area: 000 Standard Functional Area Hiera

Accounts		2018 Plan	2018 Actuals	Balance	Act%	2017 Plan	2017 Actual	Balance	Act%
710514	Regulatory Assessments	20,000	9,923	10,077	50	20,000	6,836	13,164	34
710519	Cellular Phone	14,341	7,683	6,659	54	14,833	7,995	6,838	54
710529	Dues	32,129	30,478	1,651	95	8,362	32,203	23,841-	385
710535	Credit Card Fees	51,157	35,608	15,549	70	52,157	16,477	35,680	32
710546	Advertising	167,119	77,052	90,067	46	149,712	100,721	48,991	67
710551	Cash Discounts Lost		6	6-			9	9-	
710563	Recruitment		771	771-					
710571	Safety Expense	57,891	25,468	32,423	44	55,000	7,866	47,134	14
710577	Uniforms & Special C	4,200	4,290	90-	102	5,657	6,720	1,063-	119
710585	Undesignated Budget	794,954		794,954		450,000		450,000	
710594	Insurance Premium	5,815	5,605	210	96	5,815	5,605	210	96
710600	LT Lease-Office Space	76,607	51,071	25,536	67	76,607	47,498	29,109	62
710620	LT Lease-Equipment								
710703	Biologicals	277,612	189,694	87,918	68	302,681	181,028	121,654	60
710714	Referral Services	6,780	3,164	3,616	47	6,780		6,780	
710721	Outpatient	114,985	49,157	65,828	43	108,555	52,312	56,243	48
710872	Food Purchases	2,744	669	2,075	24	2,994	1,039	1,955	35
711008	Combined Utilities	90,800	60,533	30,267	67	90,800	60,533	30,267	67
711010	Utilities								
711100	ESD Asset Management	40,091	28,224	11,867	70	47,382	30,975	16,407	65
711113	Equip Srv Replace	55,159	32,665	22,493	59	44,876	26,255	18,621	59
711114	Equip Srv O & M	64,486	49,001	15,485	76	66,315	38,219	28,096	58
711115	Equip Srv Motor Pool	5,000		5,000		5,000		5,000	
711116	ESD Vehicle Lease								
711117	ESD Fuel Charge	27,852	19,884	7,968	71	34,167	17,065	17,102	50
711119	Prop & Liab Billings	82,007	54,671	27,336	67	82,007	52,472	29,535	64
711210	Travel	163,712	54,387	109,325	33	183,341	46,277	137,064	25
711213	Travel-Non Cnty Pers		1,944	1,944-			2,148	2,148-	
711300	Cash Over Short		0-	0			40-	40	
711399	ProCard in Process						41	41-	
711400	Overhead - General Fund	1,520,621	1,013,747	506,874	67	1,700,797	1,133,865	566,932	67
711504	Equipment nonCapital	83,270	69,892	13,377	84	75,392	97,401	22,009-	129
711508	Computers nonCapital	20,000	1,944	18,056	10				
711509	Comp Sftw nonCap	2,631	4,770	2,139-	181		22,941	22,941-	
*	Services and Supplies	5,754,546	3,281,732	2,472,814	57	5,494,596	2,659,037	2,835,558	48
781004	Equipment Capital	100,000		100,000		40,472	35,340	5,132	87
781007	Vehicles Capital								
781009	Comp Sftw Capital	25,000	19,031	5,970	76	25,000		25,000	
*	Capital Outlay	125,000	19,031	105,970	15	65,472	35,340	30,132	54
**	Expenses	23,539,871	14,616,391	8,923,480	62	22,794,942	13,676,088	9,118,854	60
621001	Transfer From General	10,051,691-	6,879,406-	3,172,285-	68	10,002,381-	6,531,237-	3,471,144-	65
*	Transfers In	10,051,691-	6,879,406-	3,172,285-	68	10,002,381-	6,531,237-	3,471,144-	65
812230	To Reg Permits-230	100,271		100,271		58,081	58,081		100

Period: 1 **thru** 8 2018
Accounts: GO-P-L P&L Accounts
Business Area: *

Fund: 202 Health Fund
Fund Center: 000 Default Washoe County
Functional Area: 000 Standard Functional Area Hiera

Accounts	2018 Plan	2018 Actuals	Balance	Act%	2017 Plan	2017 Actual	Balance	Act%
814430 To Reg Permits Capit								
* Transfers Out	100,271		100,271		58,081	58,081		100
** Other Financing Src/Use	9,951,420-	6,879,406-	3,072,014-	69	9,944,300-	6,473,156-	3,471,144-	65
*** Total	782,463	381,680-	1,164,143	49-	1,227,669	694,585	533,085	57

Regional Emergency Medical Services Authority

A non-profit community service using no tax dollars

REMSA

FRANCHISE COMPLIANCE REPORT

FEBRUARY 2018

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

REMSA Accounts Receivable Summary
Fiscal 2018

Month	#Patients	Total Billed	Average Bill	YTD Average	Average Collected
July	3986	$4,530,081.40	$1,136.50	$1,136.50	$409.14
August	4101	$4,669,433.60	$1,138.61	$1,137.57	$409.52
September	4059	$4,631,774.80	$1,141.11	$1,138.75	$409.95
October	3812	$4,346,731.00	$1,140.28	$1,139.12	$410.08
November	4026	$4,580,696.00	$1,137.78	$1,138.85	$409.98
December	4428	$5,139,837.20	$1,160.76	$1,142.82	$411.42
January	4239	$4,948,942.20	$1,167.48	$1,146.47	$412.73
Totals	28651	$32,847,496	$1,146.47		

Allowed Ground Average Bill:	$1,161.23	$1,196.07	1/1/18 3% increase
Monthly Average Collection Rate:	36%		

Fiscal Year 2017-2018

COMPLIANCE			
Month	Priority 1 System - Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
Jul-17	5 Minutes 43 Seconds	93%	91%
Aug-17	5 Minutes 38 Seconds	93%	93%
Sep-17	5 Minutes 43 Seconds	92%	97%
Oct-17	5 Minutes 45 Seconds	92%	92%
Nov-17	5 Minutes 38 Seconds	92%	96%
Dec-17	5 Minutes 52 Seconds	91%	93%
Jan-18	5 Minutes 39 Seconds	93%	95%
Feb-18	5 Minutes 48 Seconds	92%	96%

Year to Date: July 2017 thru February 2018

Priority 1 System - Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
5 Minutes 44 Seconds	92%	94%

Year to Date: July 2017 through February 2018

AVERAGE RESPONSE TIMES BY ENTITY				
Month/Year	**Priority**	**Reno**	**Sparks**	**Washoe County**
Jul-17	**P-1**	4:56	5:49	7:48
	P-2	5:06	6:08	8:23
Aug-17	**P-1**	4:55	5:48	8:09
	P-2	5:03	6:03	7:59
Sep-17	**P-1**	5:01	5:45	8:06
	P-2	5:21	6:25	6:06
Oct-17	**P-1**	5:09	5:53	8:05
	P-2	5:22	6:14	8:01
Nov-17	**P-1**	5:09	5:39	7:34
	P-2	5:13	6:49	8:05
Dec-17	**P-1**	5:02	6:01	8:30
	P-2	5:23	6:02	8:38
Jan-18	**P-1**	5:03	5:47	7:56
	P-2	5:06	5:59	7:28
Feb-18	**P-1**	5:07	5:52	8:03
	P-2	5:24	6:27	8:14

Year to Date: July 2017 through February 2018

Priority	Reno	Sparks	Washoe County
P-1	5:05	5:50	8:04
P2	5:15	6:16	8:16

REMSA OCU INCIDENT DETAIL REPORT
PERIOD: 01/01/2018 THRU 01/31/2018

CORRECTIONS REQUESTED					
Zone	**Clock Start**	**Clock Stop**	**Unit**	**Response Time Original**	**Response Time Correct**
Zone A	2/3/2018 14:08	2/3/2018 14:11	1C30	0:02:59	0:02:59
Zone A	2/3/2018 14:33	2/3/2018 14:36	1C35	-00:04:07	0:02:25
Zone A	2/5/2018 14:04	2/5/2018 14:08	1C35	0:03:39	0:03:39
Zone A	2/6/2018 12:14	2/6/2018 12:16	1C44	0:02:38	0:02:38
Zone A	2/6/2018 13:27	2/6/2018 13:28	1C35	0:01:13	0:01:13
Zone A	2/9/2018 9:59	2/9/2018 10:03	1C41	0:03:07	0:03:07
Zone A	2/15/2018 4:02	2/15/2018 4:07	1C19	0:05:06	0:05:06
Zone A	2/15/2018 9:22	2/15/2018 9:27	1C21	0:04:22	0:04:22
Zone A	2/15/2018 12:31	2/15/2018 12:40	1W03	0:09:10	0:08:51
Zone A	2/16/2018 13:55	2/16/2018 13:58	1C17	0:03:11	0:03:11
Zone A	2/16/2018 18:53	2/16/2018 18:56	1C01	0:03:17	0:03:17
Zone A	2/18/2018 10:39	2/18/2018 10:40	1C35	-00:00:12	0:00:21
Zone A	2/19/2018 13:55	2/19/2018 13:56	1C05	-00:00:20	0:00:14
Zone A	2/21/2018 10:39	2/21/2018 10:41	1C17	-00:00:18	0:01:13
Zone A	2/21/2018 12:55	2/21/2018 12:58	1C41	0:02:35	0:02:35
Zone A	2/23/2018 19:38	2/23/2018 19:41	1C13	0:03:26	0:03:26
Zone A	2/27/2018 5:31	2/27/2018 5:41	1C19	0:10:08	0:10:08
Zone A	2/28/2018 10:04	2/28/2018 10:05	1C05	-00:00:06	0:00:39

UPGRADE REQUESTED						
Response Area	**Zone**	**Clock Start**	**Clock Stop**	**Unit**	**Threshold**	**Response Time.**
None						

EXEMPTIONS REQUESTED					
Incident Date	**Approval**	**Exemption Reason**	**Zone**	**Response Time**	**Overage**
2/12/2018	Denied	Weather	Zone A	0:12:36	0:03:37
2/12/2018	Denied	Weather	Zone A	0:16:07	0:07:08
2/12/2018	Denied	Weather	Zone A	0:10:22	0:01:23
2/12/2018	Denied	Weather	Zone A	0:13:58	0:04:59
2/12/2018	Denied	Weather	Zone A	0:09:08	0:00:09
2/18/2018	Exemption Approved	Weather	Zone A	0:09:25	0:00:26
2/18/2018	Exemption Approved	Weather	Zone A	0:10:13	0:01:14
2/18/2018	Exemption Approved	Weather	Zone A	0:09:56	0:00:57

GROUND AMBULANCE OPERATIONS REPORT
February 2018

1. **Overall Statics**
    a) Total number of system responses: 6073
    b) Total number of responses in which no transports resulted:2201
    c) Total number of System Transports (including transports to out of county): 3872
2. **Call Classification**
    a) Cardiopulmonary Arrests:1.7%
    b) Medical: 50.9%
    c) Obstetrics (OB): 0.5%
    d) Psychiatric/Behavioral: 7.7 %
    e) Transfers: 9.5%
    f) Trauma – MVA: 7.2%
    g) Trauma – Non MVA: 19.4%
    h) Unknown: 3.1%
3. **Medical Director's Report**
    a) The Clinical Director or designee reviewed:
        - 100% of cardiopulmonary arrests
        - 100% of pediatric patients (transport and non-transport)
        - 100% of advanced airways (excluding cardio pulmonary arrests)
        - 100% of STEMI alerts or STEMI rhythms
        - 100% of deliveries and neonatal resuscitation
        - 100% Advanced Airway Success rates for nasal/oral intubation and King Airway placement for adult and pediatric patients.

Total number of ALS Calls: 1796

Total number of above calls receiving QA Reviews: 420

Percentage of charts reviewed from the above transports: 23%

REMSA EDUCATION FEBRUARY COURSE AND STUDENT REPORT						
Discipline	Total Classes	Total Students	REMSA Classes	REMSA Students	Site Classes	Site Students
ACLS	4	24	3	20	1	4
ACLS EP	0	0	0	0	0	0
ACLS HC	1	1	1	1	0	0
ACLS I	0	0	0	0	0	0
ACLS P	1	0	1	0	0	0
ACLS R	21	128	4	45	17	83
ACLS S	1	8	0	0	1	8
AEMT	0	0	0	0		
-	-	-	-	-		
B-CON	2	16	1	8	1	8
BLS	79	401	18	63	61	338
BLS I	1	1	1	1	0	0
BLS R	40	278	20	161	20	117
BLS S	13	38	0	0	13	38
CE	0	0	0	0	0	0
EMAPCT	0	0	0	0	0	0
EMPACT I	0	0	0	0	0	0
EMR	2	26	2	26		
EMR R	0	0	0	0		
EMS I	0	0	0	0		
EMT	1	19	1	19		
EMT R	0	0	0	0		
FF CPR	2	40	2	40	0	0
FF CPR FA	0	0	0	0	0	0
FF FA	0	0	0	0	0	0
HS BBP	4	50	1	19	3	31
HS CPR	42	370	3	25	39	345
HS CPR FA	64	44	6	44	58	367
HS CPR FA S	4	11	1	1	3	10
HS CPR PFA	0	0	0	0	0	0
HS PFA S	0	0	0	0	0	0
HS CPR S	4	11	1	1	3	10
HS FA	14	66	3	5	11	61
HS FA S	0	0	0	0	1	1
HS PFA	0	0	0	0	0	0
HS Primeros Auxilios, RCP y DEA	0	0	0	0	0	0
HS Spanish RCP y DEA	0	0	0	0	0	0
ITLS	0	0	0	0	0	0
ITLS A	0	0	0	0	0	0
ITLS I	0	0	0	0	0	0
ITLS P	0	0	0	0	0	0
ITLS R	0	0	0	0	0	0

Discipline	Total Classes	Total Students	REMSA Classes	REMSA Students	Site Classes	Site Students
ITLS S	0	0	0	0	0	0
Kid Care	1	10	1	10	0	0
PALS	4	20	2	16	2	4
PALS I	0	0	0	0	0	0
PALS R	13	84	3	19	10	65
PALS S	2	10	1	1	1	9
PHTLS	0	0	0	0	0	0
PHTLS R	3	6	3	6	0	0
PM	1	15	1	15		
PM R	0	0	0	0		
Classes w/CPR		CPR Students		REMSA CPR Classes		REMSA CPR Student
250		1204		53		345

COMMUNITY OUTREACH FEBRUARY 2018

POINT OF IMPACT	
02/05/18	Meeting with Northern Nevada Child Passenger Safety Technician Instructors to determine 2018 Technician Course schedule
02/08/18	Participated in the Nevada Occupant Protection Assessment conducted by the National Highway Traffic Safety Administration
02/20/18	Attended Academy of Arts, Careers and Technology Child Safety workshop as Child Passenger Safety expert
02/24/18	Child car seat checkpoint hosted by Northern Nevada Medical Group Sparks office; 17 cars and 24 seats inspected.; **9 Volunteers; 2 Staff**
2/2018	Six office installation appointments; 7 cars and 9 seats inspected.
CRIBS FOR KIDS/COMMUNITY	
02/05/18	Attended POI Instructor meeting
02/08/18	C4K attended Northern Nevada Maternal Child Health Coalition.
02/13/18	With the POI program, REMSA donated four car seats to Safe Embrace.
02/14/18	Attended Hometown Health Senior Care Plus Health Fair and taught Hands Only CPR with 3 other instructors; 30+ Participants.
02/15/18	Attended Vision Zero Meeting at RTC to discuss pedestrian safety in Washoe County.
02/15/18	Meet with Marcia Gebhardt founder of Fragile Freight Babies and discuss Safe Sleep in our community.
02/20/18	C4K meet with the new Safe Kids Coordinator to discuss Safe Kids and past participation efforts along with sharing new ideas.
02/21/18	C4K attended Child Death Review Executive Committee in Carson City DCFS.
02/24/18	Attended POI Checkpoint at Northern Nevada Medical Group on Ion drive.

REMSA

Reno, NV
Client 7299

EMS SURVEY TEAM
Assess Your Vitals

1515 Center Street
Lansing, Mi 48096
1 (877) 583-3100
service@EMSSurveyTeam.com
www.EMSSurveyTeam.com

EMS System Report

February 1, 2018 to February 28, 2018

Your Score

91.82

Number of Your Patients in this Report

150

Number of Patients in this Report

6,041

Number of Transport Services in All EMS DB

145

REMSA

REMSA
February 1, 2018 to February 28, 2018

Executive Summary

This report contains data from **150 REMSA** patients who returned a questionnaire between **02/01/2018** and **02/28/2018**.

The overall mean score for the standard questions was **91.82**; this is a difference of **-1.11** points from the overall EMS database score of **92.93**.

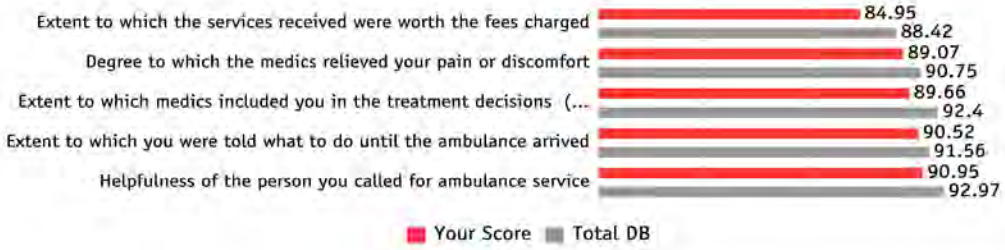
The current score of **91.82** is a change of **-3.30** points from last period's score of **95.12**. This was the **62nd** highest overall score for all companies in the database.

You are ranked **16th** for comparably sized companies in the system.

81.08% of responses to standard questions had a rating of Very Good, the highest rating. **95.96%** of all responses were positive.

5 Highest Scores

5 Lowest Scores



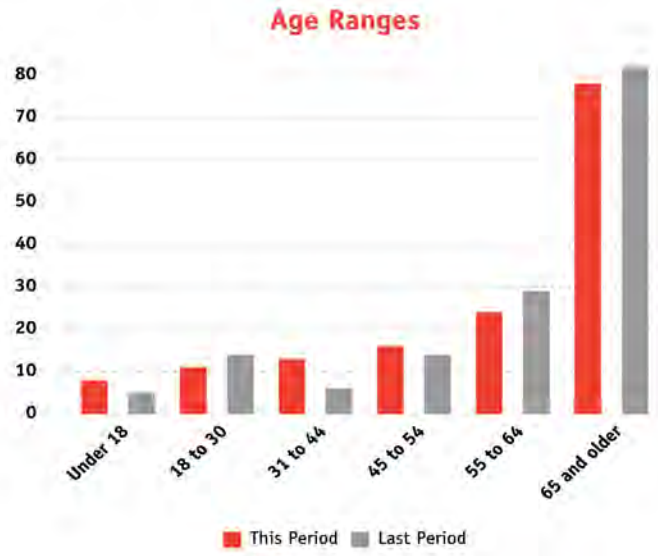
EMS SURVEY TEAM

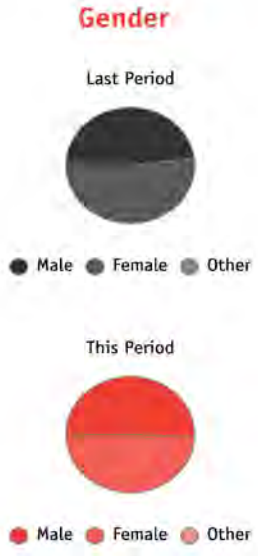
REMSA

REMSA
February 1, 2018 to February 28, 2018

Demographics — This section provides demographic information about the patients who responded to the survey for the current and the previous periods. The information comes from the data you submitted. Compare this demographic data to your eligible population. Generally, the demographic profile will approximate your service population.

	Last Period				This Period			
	Total	Male	Female	Other	Total	Male	Female	Other
Under 18	5	4	1	0	8	6	2	0
18 to 30	14	4	10	0	11	4	7	0
31 to 44	6	2	4	0	13	6	7	0
45 to 54	14	12	2	0	16	6	10	0
55 to 64	29	13	16	0	24	12	12	0
65 and older	82	37	45	0	78	42	36	0
Total	150	72	78	0	150	76	74	0





EMS SURVEY TEAM

REMSA

REMSA

February 1, 2018 to February 28, 2018

Monthly Breakdown

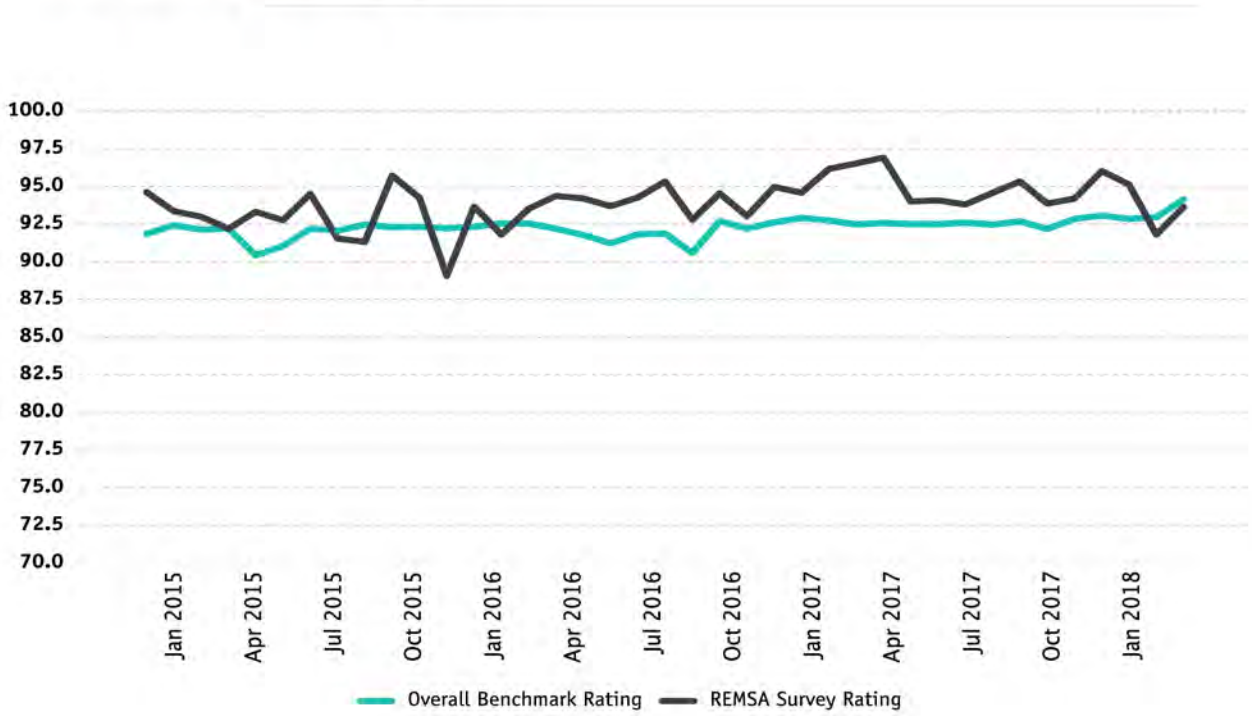
Below are the monthly responses that have been received for your service. It details the individual score for each question as well as the overall company score for that month.

	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018
Helpfulness of the person you called for ambulance service	96.25	94.32	95.45	96.59	91.69	95.21	95.21	93.13	90.58	93.13	97.56	93.55	90.95
Extent to which you were told what to do until the ambulance	95.14	89.53	94.26	94.77	92.10	91.48	96.02	89.89	92.33	94.59	95.65	93.77	90.52
Extent to which the ambulance arrived in a timely manner	96.28	94.12	95.39	92.40	93.40	92.01	95.01	95.44	92.37	92.87	95.84	95.36	92.30
Cleanliness of the ambulance	97.37	96.12	98.13	95.17	97.11	96.04	96.57	99.09	96.82	96.12	98.26	96.49	93.00
Skill of the person driving the ambulance	97.14	97.24	96.23	96.01	95.42	95.49	96.40	96.44	96.82	95.26	96.96	96.12	93.93
Care shown by the medics who arrived with the ambulance	96.83	97.55	98.08	94.47	94.74	95.12	93.90	96.19	93.68	95.49	95.45	95.78	92.94
Degree to which the medics took your problem seriously	97.16	97.45	98.19	93.99	95.88	94.73	94.70	95.90	93.59	95.21	95.93	95.61	91.99
Degree to which the medics listened to you and/or your family	96.43	97.48	97.78	94.31	93.63	93.77	94.52	96.88	94.22	94.75	96.11	95.60	92.11
Extent to which the medics kept you informed about your	95.83	96.92	95.45	91.96	92.92	91.76	92.33	92.75	92.56	93.81	94.98	94.69	91.33
Extent to which medics included you in the treatment decisions	94.29	96.52	95.36	93.77	92.86	92.01	93.16	91.71	93.93	91.47	96.68	93.34	89.66
Degree to which the medics relieved your pain or discomfort	92.86	92.60	94.74	87.89	87.94	87.43	92.54	90.17	86.22	92.90	91.13	91.12	89.07
Medics' concern for your privacy	97.23	97.39	97.44	94.31	95.39	97.16	96.00	96.73	94.72	93.45	95.85	94.40	92.26
Extent to which medics cared for you as a person	98.11	97.83	98.18	94.29	95.74	95.40	95.20	96.95	94.54	94.51	96.41	95.85	92.30
Professionalism of the staff in our ambulance service billing	100.00	100.00	92.86	90.00	95.00	81.25	93.18	96.43	100.00	87.50	97.22	96.88	94.44
Willingness of the staff in our billing office to address your	100.00	100.00	96.43	90.00	87.50	84.50	87.50	100.00	98.08	87.50	96.88	96.43	93.75
How well did our staff work together to care for you	96.51	98.20	98.54	94.99	96.22	96.25	95.72	96.68	95.92	95.98	97.79	96.46	93.02
Extent to which the services received were worth the fees	87.20	94.91	92.29	90.72	78.61	87.92	88.24	83.63	85.47	89.39	91.20	91.67	84.95
Overall rating of the care provided by our Emergency Medical	96.66	97.45	98.20	95.52	94.78	94.94	94.54	95.94	94.97	94.82	97.66	96.10	92.23
Likelihood of recommending this ambulance service to others	97.38	97.40	97.60	95.79	94.93	93.55	96.46	97.34	96.87	95.29	97.68	96.78	93.44
Your Master Score	96.16	96.52	96.91	94.00	94.07	93.80	94.57	95.33	93.86	94.19	96.02	95.12	91.82
Your Total Responses	150	150	150	150	150	144	150	150	150	150	150	150	150

REMSA

REMSA
February 1, 2018 to February 28, 2018

Monthly tracking of Overall Survey Score



GROUND AMBULANCE FEBRUARY CUSTOMER REPORT

#	Date of Service	What Did We Do Well?	What Can We Do to Serve You Better?	Description / Comments	Assigned to	Results After Follow Up
1	12/18/2017	"Over all it was a good experience."				
2	12/18/2017	"They are doing all they can. They have a great service."				
3	12/19/2017		"Don't start IV while ambulance is driving."			
4	12/19/2017	"very nice and I use them a lot. They are wonder"	"Chocolate flower"			
5	12/19/2017	"Everything was good."				
6	12/26/2017	"everything, the total care. they took care of me and belongings. went above a beyond!"				
7	12/26/2017	"they were very good to me"				
8	12/26/2017	"the care they provided was amazing"				
9	12/26/2017	"overall they were great!"				
10	12/26/2017	"they got me off the floor and into the car very quick, asked about meds b4 giving me pain meds, talked to me the whole car ride and checked on me before they left"	"ride was rough, bumps made my pain worse."			
11	12/26/2017	"did a great job"				
12	12/26/2017	"Well, I was almost dead and they did everything they could. I'm very thankful to still be alive."				
13	12/27/2017	"they came into my house and they came and helped me outside. right away they put an				

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GROUND AMBULANCE FEBRUARY CUSTOMER REPORT

#	Date of Service	What Did We Do Well?	What Can We Do to Serve You Better?	Description / Comments	Assigned to	Results After Follow Up
		iv in my arm and gave me oxygen. wheeled me out side to ambulance."				
14	12/27/2017	"everything. 911 operator told my wife to turn oxygen up. when medics got here they put me on their oxygen and helped me out to the ambulance. response time was good too. I have no complaints"				
15	12/27/2017	"everything was done well!"				
16	12/27/2017	"they did everything really good"				
17	12/27/2017	"everything"				
18	12/27/2017	"they tried to keep me as comfortable as they could and kept me informed about my blood pressure they really did a good job"				
19	12/27/2017	"it was done very well!"				
20	12/27/2017	"everything! they all took really good care of me!!"				
21	12/27/2017	"they did a really good job. they always take care of me."				
22	12/27/2017	"the care they took getting in me in and out of the ambulance was really good. I haven't had to been in an ambulance a lot, but I do feel like				

GROUND AMBULANCE FEBRUARY CUSTOMER REPORT

#	Date of Service	What Did We Do Well?	What Can We Do to Serve You Better?	Description / Comments	Assigned to	Results After Follow Up
		they took care of me very well."				
23	12/27/2017	"they did a very good job"				
24	12/27/2017	"they got here very quick, were very nice They figured out my heart rate was up, right away and they did what they could to talk me through it. made a friendly environment. they were a very good team. I'm also glad you called for the survey they deserve the recognitions!"				
25	12/28/2017	"the whole care was good. they lifted me correctly which was very helpful, because my back was hurting a lot."				
26	12/28/2017	"always been here in time and very courteous"				
27	12/28/2017	"kept me informed about where I was going the whole time and stayed with me the whole time"				
28	12/29/2017	"Tried to ease my discomfort. Listened to family. Got me out of there as fast as they could and got me to the hospital."				
29	12/29/2017			"Very competent"		

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GROUND AMBULANCE FEBRUARY CUSTOMER REPORT

#	Date of Service	What Did We Do Well?	What Can We Do to Serve You Better?	Description / Comments	Assigned to	Results After Follow Up
30	12/28/2017		"warm me up more"			
31	12/29/2017	"they were very kind and tried to keep me coherent and you could tell they really cared"				
32	12/29/2017	"The only thing I remember is getting in and getting out of the ambulance"		"Just me and the medics in the ambulance"		
33	12/29/2017	"They came and put me on the stretcher and took me out and loaded me up and made sure I was fine before they started up. They were really good. They took me out and up to the room"		"They were very nice and considerate. Just transferred me to another hospital"		
34	12/31/2017	"no ma'am, no complaints"				
35	12/30/2017	"everything was really good. they did their job."				
36	12/30/2017	"They did their best to take the best possible care for my situation considering I was basically dying from blood loss. They put 7 pints in at the hospital. Great teamwork. Kept everything under control. I'm very happy with the services provided"		"Did their best to relieve my pain, but I had 9mm in my leg"		
37	12/30/2017	"gave IV better than most"				
38	12/30/2017	"they did exceptionally well caring for me"				
39	12/31/2017		"they were keeping him there			

GROUND AMBULANCE FEBRUARY CUSTOMER REPORT

#	Date of Service	What Did We Do Well?	What Can We Do to Serve You Better?	Description / Comments	Assigned to	Results After Follow Up
			so please move a little quicker"			
40	12/31/2017	"it was all good"				
41	12/31/2017	"it was all good"				
42	01/01/2018	"no complaints"				
43	01/01/2018	"they took good care of me"				
44	01/01/2018	"girlfriend and friend told me they did a good job!"				
45	01/01/2018	"It was a good experience."				
46	01/02/2018	"It was good overall."				
47	01/02/2018	"it was really good, couldn't have been better!"				
48	01/02/2018		"can't say enough good things about them!!"			
49	01/02/2018		"was waiting for an hour in the ER was set home diagnosed w a headache, what ended up being bleed on the brain. still hasn't recovered"			
50	01/02/2018	"couldn't have been better"				
51	01/02/2018	"what I can say is that everything was really good"				
52	01/02/2018	"they were really good at answering the questions of both my daughters and talking to them on the way there"				
53	01/03/2018	"They were beautiful they made me comfortable and kept me warm. They listened to me and saved my life."				

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GROUND AMBULANCE FEBRUARY CUSTOMER REPORT

#	Date of Service	What Did We Do Well?	What Can We Do to Serve You Better?	Description / Comments	Assigned to	Results After Follow Up
54	01/03/2018	"the way that they treated her as a child to make her comfortable giving her a bear and making jokes they changed the situation away from scary"				
55	01/04/2018	"they did the best they could!"				
56	01/04/2018	"They just sent me to the hospital and I had a UTI"				
57	01/04/2018		"The service was good"	"The guy that was trainee would be a 1. He couldn't even lift me"		
58	01/04/2018	"The ride was a transfer, and it was really fine!"				
59	01/04/2018	"They were very thorough and kind and caring and when they took me to the hospital, I had to wait for a room for a while, and they stayed right with me. They asked me a lot of questions and I felt like they were exceptional"				
60	01/04/2018	"Took care of me and watched over me completely"				
61	01/04/2018	"got me there quick, and that's what I needed"				
62	01/04/2018	"Listening to what I had to say. I think they are very good at hearing what you think is wrong"	"I had a good experience"			
63	01/04/2018	"one of the first responders said the team worked really well				

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GROUND AMBULANCE FEBRUARY CUSTOMER REPORT

#	Date of Service	What Did We Do Well?	What Can We Do to Serve You Better?	Description / Comments	Assigned to	Results After Follow Up
		together and they saved the baby"				
64	01/04/2018	"They come in and take very good care of her. Are very considerate of her situation. They're very gentle"		"I didn't really talk to the medics that much"		
65	01/05/2018	"Came in and got me up. They got me out of there on a stretcher"		"I have no complaints"		
66	01/05/2018	"Their attentiveness and urgency of getting to the hospital. Talking to me about what was going on"	"Something for the pain"			
67	01/05/2018		"Better clarification of who's supposed to be billed"			
68	01/05/2018	"One of the drivers started being nice when she was getting me out of the ambulance. Not the one that was squeezing my ankle"	"Show people that you care about them. You can't say there's nothing wrong and send them home. My doctor said I may need surgery. It still hurts to walk in the boot cast. People really trust in you guys. Live up to that"	"My ankle is still messed up. The ambulance medic was telling me that I just need to go home. I fell in the street and they were starting a fight with my mom over who called for the ambulance. My ankle was broken, but she said it wasn't and started squeezing it. They told me I'd have a 3-5 hour wait"		Refer to # 68 under the section "Results After the Follow Up"

GROUND AMBULANCE FEBRUARY CUSTOMER REPORT

#	Date of Service	What Did We Do Well?	What Can We Do to Serve You Better?	Description / Comments	Assigned to	Results After Follow Up
69	01/05/2018	"They got me there very quickly. The driver was awesome. The girl in the back with me seemed more interested in paperwork or whatever she was doing versus me. It was kind of weird"	"Training. Human contact. Communication. Kind of dumped her at the front desk of the ER when they took her. Parked her in the waiting room after blackouts and hitting her head. Husband came in and found wife left in a chair"		Assigned 3.6.18 # 5418	3/8/18 0916, left the pt a message , will have crew complete an occurrence report.
70	01/06/2018	"Took very good care of my asthma attack. Assessed problem and discussed it with me"	"Absolutely excellent"			
71	01/06/2018	"Were very efficient and knew what they were doing. They put me at ease and handled the whole thing very professionally"				
72	01/06/2018	"Everything"	"Nothing"	"Really good all the way around"		
73	01/06/2018	"they were great!"				
74	01/06/2018		"have compassion, take it serious. they thought I was having a stroke and they were laughing with each other and joking around."		Assigned 3.6.18 # 5419	3/8/18 1312, I spoke to the pt, at first she told me she did not have a complaint then when I read it to her she did tell me they were joking around. I apologized to PT and told her I would talk to the crew, she thanked me.

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GROUND AMBULANCE FEBRUARY CUSTOMER REPORT

#	Date of Service	What Did We Do Well?	What Can We Do to Serve You Better?	Description / Comments	Assigned to	Results After Follow Up
						I will have the crew complete an occurrence report ASAP
75	01/06/2018	"they did an exceptional job they made her very comfortable they were very respectful and were explaining themselves extremely pleased with how they treated my mother"				
76	01/06/2018	"very kind very helpful and made great recommendations"				
77	01/06/2018	"They were quick to get here. They got me down the stairs great. They loaded me on the ambulance great. They took some time in front of my house trying to find veins, and they couldn't get a vein, so they didn't do an IV or anything and left 2 burns: one on each arm. Once they finally got going to the hospital, it was pretty quick to get there"	"Don't use the vein finder that they were using. One of the burns was really big and really deep. I just lost the scabs to that arm 2/23 and the transport was on 1/6. I'm going to have a scar there about the size of a dime"	"I don't remember them talking to me once I got in the ambulance. I was pretty out of it. The thing that they used to find the vein burned both of my arms. The couldn't get a vein"	Assigned 3.6.18 #5420	
78	01/07/2018	"everything was great, they could real good care of me. they got here quick and the				

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GROUND AMBULANCE FEBRUARY CUSTOMER REPORT

#	Date of Service	What Did We Do Well?	What Can We Do to Serve You Better?	Description / Comments	Assigned to	Results After Follow Up
		medic in the back did a good job talking to me."				
79	01/07/2018		"one of them could have shown more compassion and believed me"		Assigned 3.6.18 #5421	3/8/18 1405, left a message for the pt . I will have the crew complete an occurrence report ASAP.
80	01/01/2018		"show up faster, don't show up with 6 medics made everything really confusing and somewhere rude. it made it very uncomfortable. The two that stayed were great. they also asked me if they should take him to the ER. I feel like I should have taking him myself."		Assigned 3.6.18 #5422	
81	01/15/2018	"They helped me be more comfortable by their compassion. I am grateful for them, thank you!"				
82	01/16/2018	"everything was good"				
83	01/16/2018	"they got here quick and they work together well"				
84	01/16/2018	"no complaints!"				
85	01/16/2018	"everything was good, I have no complaints"				
86	01/16/2018	"overall they just did a really good				

GROUND AMBULANCE FEBRUARY CUSTOMER REPORT

#	Date of Service	What Did We Do Well?	What Can We Do to Serve You Better?	Description / Comments	Assigned to	Results After Follow Up
		job and new what they were doing"				
87	01/16/2018	"everything was done well"				
88	01/17/2018	"got to my house quick and the medics worked really well together"				
89	01/17/2018	"the medics got here fast kept me informed, and worked really well together"				
90	01/18/2018	"they were very kind!"				
91	01/18/2018	"nope, no complaints, they were very good to me."				
92	01/18/2018	"everything start to finish, got me to the hospital quick, made sure I was comfortable."				
93	01/18/2018	"they got me there quickly."	"maybe they need more training for people who have mental illness, Also I would like to know if the ambulance has the power to override the ER. I was in extreme pain for 3 hours in the ER and I wonder if that it because I didn't communicate well with the medics who showed up"		Assigned 3.6.18 #5423	
94	01/18/2018		"two of the medics were making fun of the situation and making while the other one was taking me seriously and tell		Assigned 3.6.18 #5424	Placed a call to patient and was told by person that answered the phone that she won't be

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GROUND AMBULANCE FEBRUARY CUSTOMER REPORT

#	Date of Service	What Did We Do Well?	What Can We Do to Serve You Better?	Description / Comments	Assigned to	Results After Follow Up
			the other two medics to stop and act right. James was really sweet while the other two were very rude. I would never give those to medics to someone I hated."			available till next week. I will call back on my next shift.
95	01/19/2018	"I appreciate RMSA a lot! Thank you!"				
96	01/19/2018	"Everything was good."				
97	01/19/2018	"I am dissatisfied."	"Better communication with dispatcher and medics with directions."		Assigned 3.6.18 #5425	Placed a call to patient, left a message and asked him to return my call.
98	01/19/2018	"They did an excellent job. Everything they did, they did perfectly."				
99	01/19/2018	"I really appreciate them taking care of my dad."	"Had nothing bad to say."			
100	01/19/2018			"Couldn't finish survey."		
101	01/19/2018	"I was very well taken care of. It was a good experience."				
102	01/21/2018		"It was perfect."			

#	RESULTS AFTER THE FOLLOW UP
68	This complaint was taken care of when it came in through the Better Business Bureau. Reference ticket # 5185. Both employees are no longer employed at REMSA.
77	3/8/18 1335, I spoke to the PT. She was very nice and she tried to explain to me what happened. PT told me they could not find her veins so they used a "vein finder" and it gave her blisters to the inside of her right forearm and outside of her left forearm elbow area. She told me she did not have blisters at her home and at the hospital the Dr. asked her what happened. She told me the hospital used the same "vein finder' at the hospital but did not receive any burns/blisters from the hospital. I apologized to PT and told her I would talk to the crew and file a report, she thanked me. I will have the crew complete an occurrence report ASAP

GROUND AMBULANCE FEBRUARY CUSTOMER REPORT

80	I spoke with the pt's wife, who was unaware that Reno Fire Department and REMSA were separate entities. I explained the reason for the fire department response, and that it's common practice on Priority 1 calls. Her description of the events in her complaint indicate that her concern was with the fire department. She said our crew was very patient and caring with her husband. She had a concern about our response time, which was 6 minutes from time call was received. She stated it felt like an eternity due to her concern for her husband. I will share her complimentary comments with the crew.
93	I spoke with the complainant at length about her concerns, which were that she had a "life threatening" illness that our paramedics failed to diagnose, and that she was placed in triage for 3 hours instead of being evaluated by a physician immediately. I explained our paramedics are unable to diagnose specific illnesses related to abdominal pain, and that we follow approved protocols to treat specific complaints. The patient insisted we should have contacted her physician prior to transport. I explained our procedures do not typically involve contacting patient's physicians, and that our focus is providing expeditious transport to a medical center where staff can make the appropriate calls and access the patient's medical history. I further explained that we do not select the placement of the patient after arrival at the facility, but that we are advised during transport, through radio communication with the ER charge RN, of where to place the patient. The complainant argued passionately about the flawed protocols we operate under, and how we should change them immediately. The patient continued to repeat her concerns and asked me whom she should contact in order to have our protocol changed. I referred her to the Washoe County Health Department, EMS division. At this point the pt. abruptly terminated our conversation.

February 2018 Public Relations + Digital Media Highlights Report

District Board of Health

PUBLIC RELATIONS

Go Red

REMSA discusses heart disease in women for American Heart Association's Go Red day with KRXI/KRNV.

Drones

REMSA continues to receive coverage on drone technology, including the expansion of the drone delivery coalition, in the Northern Nevada Business Weekly and the Reno Gazette Journal.

February 2018 Public Relations + Digital Media Highlights Report

District Board of Health

PUBLIC RELATIONS

Point of Impact

The February Free Checkpoint is posted on calendars for KOLO, This is Reno and Reno News & Review.

REMSA's Point of Impact program encourages parents to ensure their car seats are properly installed. A properly installed car seat can reduce the risk of death by as much as 71 percent. When visiting the checkpoint, parents should bring their child(ren) and car seat(s) and schedule about 30-45 minutes; longer for more than one seat. Staff and volunteers will check for obvious defects and determine whether the car seat appears on a national recall list. In addition, they will check the installation, correct any problems and provide education on the proper use and installation of the car seat.

This outreach program encourages parents to check the car seat to make sure it has all its parts, labels and instructions. It should also never have been involved in a crash. REMSA will help people register their car seat with the manufacturer if they have not done so already. Registration makes it easy for the manufacturer to contact the consumer in the event of a recall.

For additional information about this program and/or child safety seats, call 858-KIDS (858-5437) or visit our website at remsahealth.com.

This Is Reno

Drug Overdoses

Cindy Green talks with KTVN about the rise of overdoses and the use of Narcan.

February 2018 Public Relations + Digital Media Highlights Report

District Board of Health

PUBLIC RELATIONS

Por Tu Corazon

2/11/2018 at Little Flower Church

REMSA educators were on site teaching Hands-Only CPR in Spanish.

Love Your Heart Celebration

2/10/2018 at Meadowood Mall

REMSA educators were on site teaching Hands-Only CPR.

February 2018 Public Relations + Digital Media Highlights Report

District Board of Health

PUBLIC RELATIONS

Senior Care Plus Day

2/14/18 at Hometown Health

REMSA educators were on site teaching Hands-Only CPR.

CPR Awareness Friends and Family Class

2/24/18 at The Discovery Museum

The Friends and Family CPR event at The Discovery Museum welcomed 39 people, including children.

February 2018 Public Relations + Digital Media Highlights Report

District Board of Health

SOCIAL MEDIA HIGHLIGHTS

Facebook

- Followers to-date: 2,199
- February posts: 25
- February post comments: 45
- February post shares: 71
- February post reactions: 487

Top 3 Posts By Reach

1. Psychological First Aid
2/19/18

- 2,563 people reached
- 36 likes, comments shares

2. New Eurocopter AStar B3 Helicopter
2/1/18

- 2,001 people reached
- 95 likes, comments shares

February 2018 Public Relations + Digital Media Highlights Report

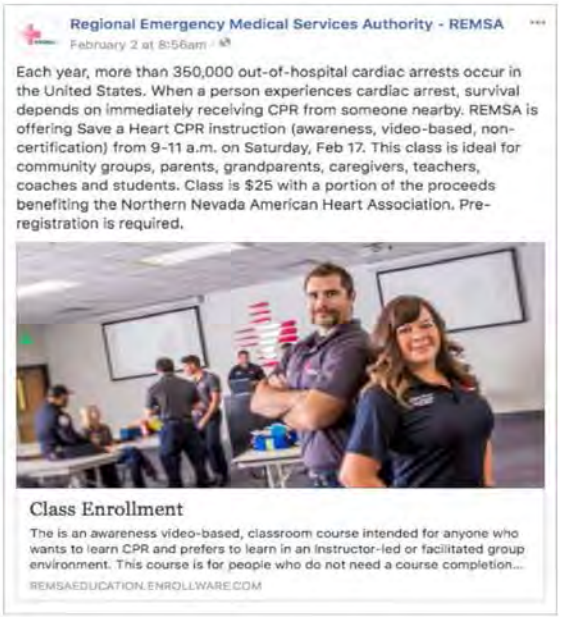
District Board of Health

SOCIAL MEDIA HIGHLIGHTS

Top 3 Posts By Reach (Continued)

3. Save a Heart CPR instruction
2/2/18

- 1,394 people reached
- 51 likes, comments shares

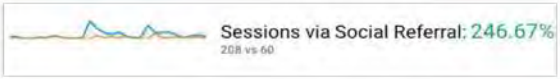


LinkedIn

- Followers to-date: 894

February Website Referral Sessions from Social Media

Website referral sessions from social media have increased 247% year over year. Increase in sessions in February can be attributed to Facebook (170 vs. 50) and YouTube (20 vs. 7).



February 2018 Public Relations + Digital Media Highlights Report

District Board of Health

GOOGLE ANALYTICS

Overall Site Sessions in February (Year over Year Comparison)

Here is the site performance for the month of February 2018:

- Users: 33% increase YOY
- New Users: 33% increase YOY
- Sessions: 22% increase YOY
- Number of Session per User: 8% decrease YOY
- Pageviews: 51% increase YOY
- Pages / Session: 23% increase YOY
- Avg. Session Duration: 10% decrease YOY
- Bounce Rate: 7% decrease YOY

The best way we can measure how public relations is driving people to the REMSA website is to evaluate referral and direct traffic. Referral traffic is Google's method of reporting visits that came to your site from sources outside of its search engine, i.e. a partner website, news website, etc. Direct traffic are users who directly type your URL or visit through a bookmarked mechanism. Direct traffic can be related to brand awareness, as well.

Both referral and direct traffic year over year in the month of February have increased - referral sessions by 3% and direct sessions by 35%. We have tracked public relations efforts in Google Analytics to see how each effort influences site data. Annotated icons represent PR efforts in addition to various website updates.

February 2018 Public Relations + Digital Media Highlights Report

District Board of Health

GOOGLE ANALYTICS

Referral Traffic:

Direct Traffic:

REMSA 2017-18 PENALTY FUND RECONCILIATION AS JANUARY 31, 2018

2017-18 Penalty Fund Dollars Accrued By Month

Month	Amount
July 2017	$6,510.60
August 2017	$6,275.80
September 2017	$9,269.04
October 2017	$7,060.72
November 2017	$6,271.88
December 2017	$8,733.88
January 2018	$7,279.84
February 2018	
March 2018	
April 2018	
May 2018	
June 2018	
Total accrued as of 1/31/2018	**$51,401.76**

2017-18 Penalty Fund Dollars Encumbered By Month

Program	Amount	Description	Submitted
Child Safety	$5,965.00	500 First Aid Kits for children's league sports	January-18
Total encumbered as of 1/31/2018	**$5,965.00**		
Penalty Fund Balance at 1/31/2018	**$45,436.76**		

REMSA INQUIRIES

FEBRUARY 2018

No inquiries for February 2018

Office of the District Health Officer
District Health Officer Staff Report
Board Meeting Date: March 22, 2018

DATE: March 12, 2018

TO: District Board of Health

FROM: Catrina Peters, Director of Programs and Projects
775-328-2401; cpeters@washoecounty.us

SUBJECT: **Review and Acceptance of the 2017 Community Health Improvement Plan Annual Report**

SUMMARY

District Health Strategic Priorities supported by this item:

1. **Healthy Lives**: Improve the health of our community by empowering individuals to live healthier lives.
2. **Local Culture of Health:** Lead a transformation in our community's awareness, understanding, and appreciation of health resulting in direct action.
3. **Impactful Partnerships:** Extend our impact by leveraging partnerships to make meaningful progress on health issues.

PREVIOUS ACTION

- The 2016-2018 Community Health Improvement Plan was accepted by the District Board of Health on January 28th, 2016.
- The 2016 Community Health Improvement Plan Annual Report was accepted by the Board on February 23, 2017.

BACKGROUND

The 2017 Community Health Improvement Plan (CHIP) Annual Report summarizes the progress of objectives included in the plan in calendar year 2017. The Annual report provides a progress review of the activities and collaborative efforts completed in 2017 by the Washoe County Health District, CHIP workgroups, and community partners and agencies associated with the Washoe County Health District CHIP. Over two years, the 2016-2018 CHIP addressed four priorities; Access to Health Care and Social Services,

Behavioral Health, Education (K-12), and Food Security. While the CHIP is a community driven and collectively owned health improvement plan, WCHD is charged with providing administrative support, tracking and collecting data, and preparing the annual report. Successes were seen across all four priorities due to the community wide engagement and collaborative work. While challenges of limited funding hampered the progress of some programs outlined in the CHIP, the successes demonstrate the evolution and progress accomplished by CHIP workgroups and community partners in 2017.

FISCAL IMPACT

- *Should the Board accept the 2017 Community Health Improvement Plan Annual Report, there will be no fiscal impact to the adopted FY18 budget.*

RECOMMENDATION

Staff recommends the DBOH review and accepts the 2017 Community Health Improvement Plan Annual Report as presented.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to accept the 2017 Community Health Improvement Plan Annual Report as presented."

WASHOE COUNTY HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

2017 Community Health Improvement Plan ANNUAL REPORT

In partnership with

TRUCKEE MEADOWS HEALTHY COMMUNITIES

2017 Community Health Improvement Plan

Annual Report

This annual report was prepared by the Washoe County Health District (WCHD). We would like to thank the following organizations in Washoe County who made contributions to this report.

ACCEPT
Big Brothers Big Sisters of Northern Nevada
Boys and Girls Club of the Truckee Meadows
Catholic Charities of Northern Nevada
Children's Cabinet
Communities in Schools
Crossroads
Community Health Alliance
Education Alliance
Food Bank of Northern Nevada
Join Together Northern Nevada (JTNN)
Nevada Department of Education Nevada Department of Health and Human Services
Northern Nevada HOPES
Northern Nevada Literacy Council
Quest Counseling
Regional Emergency Medical Services Authority (REMSA)
Regional Transportation Commission (RTC)
Reno Justice Court
Renown Child Health Institute
Renown Health
Rise Academy for Adult Achievement
Safe and Healthy Schools Commission
Sanford Center Geriatric Clinic
Social Entrepreneurs, Inc.
Think Kindness
Truckee Meadows Healthy Communities
United Way of Northern Nevada and the Sierra
University of Nevada, Reno (UNR)
UNR, School of Community Health Sciences
UNR, Reno School of Medicine, Department of Psychiatry
Washoe County School District (WCSD)
WCSD, Children in Transition
WCSD, Family Resource Centers
WCSD, Nutrition Services Department
WCSD, School Advisory Committee
Washoe County Sherriff's Office
Washoe County Human Services Agency
Washoe County Social Services

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

1001 East Ninth Street
Reno, NV 89512
(775) 328-2400
www.washoecounty.us/health

Letter from the District Health Officer

Dear Friends and Colleagues,

During 2017, we saw continued progress in the implementation of the 2016-2018 Washoe County Health District Community Health Improvement Plan (CHIP). Over the past two years, the community has seen improved access to healthcare and social services, support for student health and wellness, improved educational outcomes, and program development to increase food security in the community. As you read through this report, you will find highlights of major projects and initiatives completed by our numerous community partners.

Among our many accomplishments, the collective sense of mission and purpose within each of the CHIP workgroups is palpable and inspiring; committed individuals joining together to solve problems and think creatively about the challenges we face. It is through these collaborations that the CHIP has been able to positively impact the health and well-being of residents in Washoe County.

As we wrap up the 2016-2018 CHIP, we are already working on a new health improvement planning process. The newly updated 2018-2020 Community Health Needs Assessment will be used to identify current community health needs in order to develop new strategies and engage appropriate partners to address them. I want to thank the many individuals and organizations for the efforts, expertise, time, and resources they committed to accomplish the significant public health improvements of the 2016-2018 CHIP.

Kevin Dick
Washoe County District Health Officer

Letter from the Board of Health Chair

(Reserved)

Table of Contents

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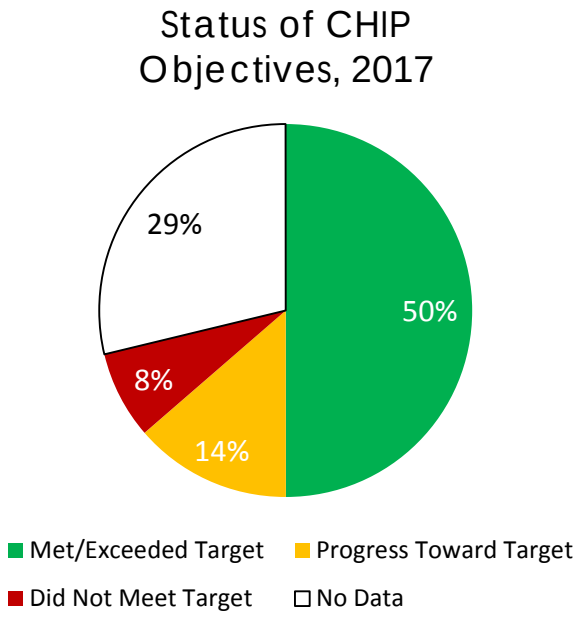
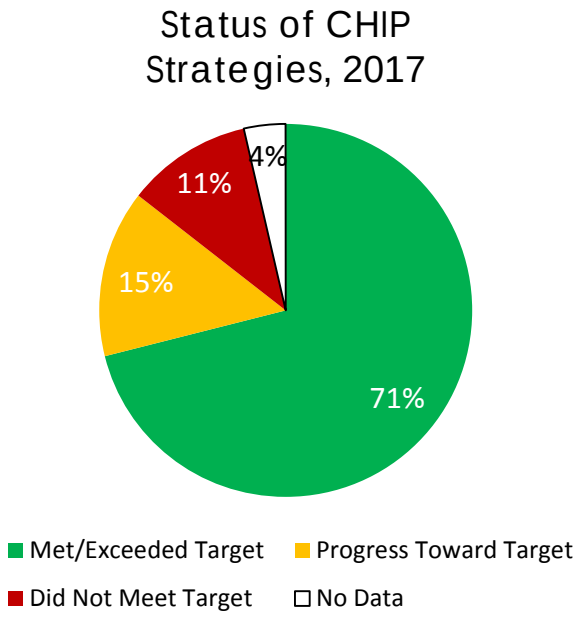
Introduction

The Washoe County Health District's (WCHD) 2017 Annual Report for the Community Health Improvement Plan (CHIP) provides a progress review of the activities and collaborative efforts completed in 2017 by the Washoe County Health District, CHIP workgroups, and community partners and agencies associated with the Washoe County Health District CHIP. This document is a companion to the Community Health Needs Assessment (2016-2018) and the Community Health Improvement Plan (2016-2018).

Washoe County's community health improvement planning process is a continuous, triennial cycle that is developed in collaboration with multiple community partners. The purpose of the CHIP process is to guide community leaders in making decisions about where to invest time and resources to make measurable differences in the health and well-being of the community. The Washoe County Health District, Truckee Meadows Health Communities, and community agencies convened in 2015 to provide guidance over the community-wide improvement process. As a result, the CHIP Steering Committee was formed.



After consideration of the assessment findings and community input, the CHIP Steering Committee identified four strategic priority health areas that were identified as requiring the greatest response in our community. In addition, subsequent goals, objectives, and strategies for these health areas were developed and included in the CHIP. Through this process, evidence-based programs and interventions to achieve improvement in each priority area were identified by strategies that cross sector organizations utilized to improve the health of the Washoe County. Infrastructure was put in place by the CHIP Steering committee to support the implementation of CHIP initiatives through workgroups. The workgroups were formed around each priority area with additional subcommittees that were tasked with specific action items. The workgroups met each month to plan,



discuss progress and identify additional areas of alignment as well as opportunities for collaboration and collective action in the community.

Evaluating implementation efforts is an important task in sustaining the efforts of the CHIP, and also helps community partners ensure what they are doing is working in the way they intended and that their collective efforts are as effective and efficient as possible. While the CHIP is a community driven and collectively owned health improvement plan, WCHD is charged with providing administrative support, tracking and collecting data, and preparing the annual report. The CHIP is designed to be a broad, strategic framework for community health and should be modified and adjusted as conditions, resources, and other external factors change.

	Priority	Goal
1	Access to Healthcare and Social Services	1. Improve access to healthcare and social services for individuals on Medicaid and Medicare, and for those who are underinsured or uninsured.
2	Behavioral Health	1. Improve access to behavioral health services for individuals on Medicaid and Medicare, and for those who are underinsured or uninsured. 2. Create a healthier environment for Washoe County youth. 3. Protect the health and safety of Washoe County youth through the reduction of substance use and abuse.
3	Education (K-12)	1. Improve health outcomes of Washoe County youth through educational attainment. 2. Support student health, wellness and achievement through nutritious eating habits and physical activity.
4	Food Security	1. Implement programs that address the immediate need for food and promote long-term health and food security in households and communities. 2. Enhance home-delivered meal programs to seniors to keep on pace with the rising senior population.

The narrative within this annual review is the second comprehensive report of the progress, successes, and challenges pertaining to each CHIP priority and subsequent strategy. In addition, revisions and lessons learned are included to reflect the 16-18 CHIP based on effectiveness of the strategies, changing objectives, resources and community assets.

How to Read this Report

Each section of this Annual Report covers a Community Health priority in detail along with objectives, strategies, performance measures, and key partners. The following pages outline related goals for the four health priority areas outlined in the CHIP with subsequent objectives in addition to organizations

responsible for implementing specific programs that were identified as strategies. Data for strategic health indicators are monitored to inform the effectiveness of an intervention and the contributions of community stakeholders. The Performance Measure and Target columns can be utilized to determine progress made. The Trend column indicates an increase or decrease of an objective by comparing the difference between 2015-2016 and 2016-2017. The Baseline column shows data included in the 2016-2018 CHIP and the Current Status shows progress made in 2017. Data for the Annual CHIP report is generally gathered from the state or national data collection registries. In some cases, data were not available in the 2016-2018 CHIP, data are not updated annually, or the objectives were not measureable were labeled "~". This document contains updates and revisions to the WCHD 2016-2018 CHIP and is noted below the supported chart at the end of each section.The color coding system indicates progress made in 2017.

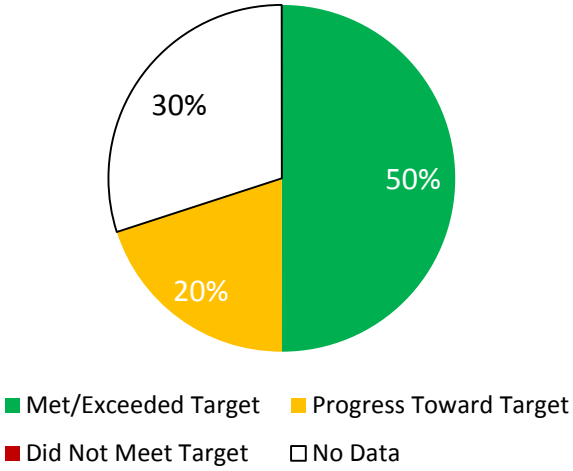
	Indicates significant progress, in that the measurement has met or surpassed the target goal.
	Indicates ongoing activities or progress toward goals.
	Indicates little to no progress has been made toward this initiative.
	No color indicates data is not available.

Access to Healthcare and Social Services

1

Improving access to care and reducing disparities in access to care across the nation are complementary goals of the Affordable Care Act (ACA). In addition to the ACA helping to increase the access that all Americans have to healthcare providers; Nevada was one of the states that opted in to expand Medicaid eligibility under the ACA. Prior to the inception of the ACA and Medicaid expansion in Nevada, about 70% of adults and children in Washoe County had a form of health coverage. Community Health Workers, Enrollment Specialists, and Navigator Organizations have focused their efforts to educate and enroll Nevada's uninsured and under-insured through Nevada Health Link and subsidy insurance. As a result, in 2016, 86.0% of Washoe County residents have a form of health insurance and fewer children are uninsured which is similar to increasing insurance coverage rates across the nation. While these improvements in insurance coverage rates show that a greater number of families now have health insurance; Washoe County continues to face access challenges due to the lack of health care providers in Nevada. In 2017, about 35.4% of residents in Washoe County are living in a primary care and dental care provider shortage area and an inability to access a provider is still a significant barrier to accessing care, even for those who have insurance coverage.

CHIP Access to Healthcare and Social Services Objective Status, 2017



In 2017, efforts were continued to improve accessibility to health care under the two goals developed at the beginning of the 2016-2018 Community Health Improvement Plan (CHIP). The CHIP Access to Healthcare and Social Services workgroup outlined strategies under the following two goals to improve healthcare access:

- **Goal 1**: Improve access to healthcare and social services for individuals on Medicaid and Medicare, as well as those who are underinsured and uninsured.
- **Goal 2:** Improve coordination of care in Washoe County across healthcare settings, social services, individual providers, and the community. Increase expansion of community health centers and health care extenders so more people have access to a primary care provider.

There are 14 strategies implemented by 10 community partner groups to make movement on 10 performance measures/objectives.

Progress: Access to Healthcare and Social Services

Washoe County's community agencies, organizations and individuals have made progress on five of the objectives and have advanced 14 strategies which are currently meeting or exceeding their targets. In 2017, RTC provided 231,438 trips to seniors, disabled and low income residents of Washoe County for medical and social service needs, which is a 93.2 percentage point increase from 2016. There are many efforts in the community to increase access to health care and social services and improve coordination of care.

Objective 1.1 and 1.2 Creating a Community Health Hub in Washoe County

Family Health Festivals

Family Health Festivals (FHF) - In partnership with Truckee Meadows Healthy Communities, a Family Health Festival steering committee was formed to address the unmet need for no- and low cost services that target prevention and education among underserved communities. In an effort to reduce disparities in accessing health information and resources in spite of barriers, community based organizations have worked to develop and sustain culturally competent health education and outreach interventions. The implementation of FHFs is one strategy that brought needed information on available health resources and some basic services to low-income and medically underserved communities through informal community settings. In 2017, three FHFs were implemented to bring community members and local organizations together to improve quality of life in the Truckee Meadows. Families were connected to local resources through information sharing and limited direct onsite services, thereby improving community health and well-being. The committee sought to bring services to other neighborhoods outside of 89502 and saw great success in expanding and meeting the further need for services. Families consistently indicated "health" as their highest priority and likely a reflection of health as a critical element related to all aspects of life.

657

Clients served

270

Clients were referred to a primary care doctor

44

Average number of vendors who participated

Objective 1.3 Increasing the Number of Washoe County Residents Who Have a Usual Primary Care Provider

Community Health Alliance

The Community Health Alliance (CHA) is a community health center that provides preventive medicine, dental services, behavioral health, women's health, immunizations, WIC and nutrition counseling. Community Health Alliance continues to expand their capacity to deliver services through two new

Community Health Centers, Center for Complex Care (CCC) and the Sparks Health Center. Not only do these Health Centers provide additional healthcare providers they are also in locations to ensure easier access to patients in surrounding neighborhoods to eliminate transportation barriers.[1]

- Over 1,600 patients are being served by the Center for Complex Care (CCC)
- 3,706 patients with hypertension have a control rate of 76%
- 58% of patients with diabetes have an A1c of 8% or less.

Women's Health Care – Community Health Alliance (CHA) provides breast and cervical cancer screenings and routine gynecological care for women. They have financial support from Susan G. Komen in Northern Nevada for breast cancer screening, diagnosis and treatment support and a partnership with the Renown Pregnancy Center for prenatal care and deliveries. CHA recently remodeled their 340B pharmacy to support the increasing caseload of patients. In addition, women who are uninsured are able to access birth control at a very low cost through their in-house pharmacy. In 2017, CHA delivered:

- 451 women screened for breast cancer
- 237 women referred for mammograms
- 1,822 women screened for cervical cancer
- 2,877 women received a pap smears

Chronic Disease Management – Practicing healthy behaviors such as eating a nutritious diet, being physically active and not smoking can prevent, mitigate and even eliminate chronic health diseases. The greatest amount of benefit and savings is achieved by preventing obesity in childhood.[2] As a result, a slice of CHA's Chronic Disease Management Program focuses on pediatric obesity prevention and treatment through the Healthy Weight Clinic (HWC) modeled after the national Let's Go! Program.

In 2017, 38% of CHA's pediatric patients 2 through 18 years of age are overweight or obese. The HWC team consists of a pediatrician, dietitian, psychologist, and a promotora (cultural mediator and assistant) working together to screen pediatric patients for chronic disease(s) such as type II diabetes, fatty liver disease, elevated cholesterol, sleep apnea, and psychological issues. Patients receive an evidence-based treatment plan, and are monitored for improvement over the course of six months. The keystone message is- **5** or more fruits and vegetables, **2** hours or less of recreational screen time, **1** hour or more of physical activity, and **0** sugary drinks, more water, on a daily basis. In the first year of operation, 2016-2017, the HWC yielded the following results:

- 5 cohorts have participated, 3 cohorts are still being analyzed
- A total of 106 patients were evaluated, of which 9 patients showed a decrease or stabilized Body Mass Index (BMI). Patients who have not met their BMI goal will be followed on a monthly basis over the next six months for a re-evaluation.

[1] Community Health Alliance. (2017). About C.H.A. Retrieved from: https://www.chanevada.org/about/
[2] Robert Wood Johnson Foundation. (2016). Childhood Obesity. Retrieved from: https://www.rwjf.org/en/our-focus-areas/topics/childhood-obesity.html

CHA is exploring future collaborations to expand chronic disease prevention efforts through the HWC Program into the community to target a broader demographic of concern. Community Health Alliance is meeting or exceeding Healthy People 2020 goals for a number of chronic disease preventive measures.

Dental Services – The Sparks Dental Center opened January of 2017 adding to the Wells Family Dental Center and the mobile dental vans that travel throughout Washoe County. A problem that threatens most people from accessing dental care is insurance coverage. As a result, private dentist offices are unable to treat the uninsured leaving CHA to close the gap. Due to the substantial demand for low cost dental services, at the beginning of 2017, Community Health Alliance was unable to accept new adult patients because of the existing six-month waiting list with immediate dental appointments and additional follow up appointments. The increasing demand for dental care is also a reflection of the lack of dental services available in Washoe County. From November 2016 to December 2017:

- 7,295 dental services provided to patients, almost 1,000 more services than in 2016
- 3,878 prophylaxis services provided to halt the progression of disease and gingivitis
- 5,580 fluoride varnishes provided to children on-site and through health education classes and mobile dental clinics

Northern Nevada HOPES

Northern Nevada HOPES (NNHOPES) is a nonprofit community health center in downtown Reno, NV that offers integrated medical care and wellness services. Their growing list of services including adult and pediatric primary care, women's health, chronic disease management, wellness and nutrition, behavioral health counseling, outreach and harm reduction, case management, and a pharmacy are offered under one roof to reduce barriers to care for medically underserved populations and increase likelihood of maintaining long-term health. The expansion of Northern Nevada HOPES' Stacie Mathewson Community Wellness Center has provided a primary care home for 9,871 patients, a 50% increase from 2016. In 2017:

- 7,362 pediatric services delivered
- 892 women received a mammogram
- 1,530 women screened for cervical cancer

Sanford Center Geriatric Clinic

Sanford Center Geriatric Specialty Clinic is expanding their capacity after successfully serving northern Nevada's aging population since 2015. Sanford Center for Aging works in collaboration with the University of Nevada, Reno (UNR) and community partners to deliver evidence-based programs and clinical care. Sanford's specialty clinic heavily focuses on care coordination through a "whole person" assessment, provided by a multidisciplinary team of geriatricians, geriatric social workers, geriatric pharmacists, medical assistants and a research assistant. A comprehensive assessment allows patients to receive all of their health care needs under one roof including a: history review, physical health assessment and activities of daily living, medication therapy management review, psychosocial risk assessment, end-of-life care planning and a personalized care plan. A unique component of personalized

care plans identifies ways to integrate seniors back into the community by eliminating barriers that cause social isolation. In 2017, the Sanford Center Geriatric Specialty Clinic (SCGC) conducted over 300 interdisciplinary comprehensive assessments, about 50 more assessments than 2016. SCGC also provided comprehensive assessments through their new program via Telemedicine and hosted monthly telehealth education programs to meet the needs of elders across rural and frontier parts of Northern Nevada. They are currently looking to expand telehealth services through broadening their community partnerships as access points for patients. In addition, Geriatric Medicine received $500,000 in funding to expand the existing geriatrics fellowship program from three to 4.5 residents per year. As a result, the funding will enhance trainee experiences by integrating community clinical training at sites such as the Sanford Center for Aging's Geriatric Specialty Clinic.

Regional Emergency Medical Services Authority

The Regional Emergency Medical Service Authority (REMSA) is a private, non-profit emergency service provider. They provide all paramedic ground ambulance services within Washoe County with the exception of the areas served by the Gerlach Volunteer Fire Department and the North Lake Tahoe Fire Protection District.[3] Since 2012, REMSA has delivered a system of community health programs to improve access to the appropriate level of healthcare throughout Washoe County. The innovative model was federally funded by a Health Care Innovation Award grant and the recently published evaluation demonstrates the programs have achieved all three goals of the Triple Aim: improved experience and quality of care, improved health of the population and lower overall cost. As a result of the model's success, these Community Health Programs continue to gain funding support and reimbursement from commercial insurers, Nevada Medicaid and other key healthcare partners.

Nurse Health Line – REMSA established the Nurse Health Line (NHL) to assist people with-non emergent conditions in navigating the healthcare system and provide them with a recommended level of care and a recommended location of care. The 911 call-takers also transfer callers to the NHL if they have low acuity complaints as determined by the Medical Priority Dispatch System. These protocols allow nurses in the communication center to follow protocols to determine the caller's needs and connect them to the resources they need, from an urgent care visit to mental health resources. In 2017:

- The NHL received over 28,100 incoming calls and provided nearly 10,700 protocol-driven care recommendations
- 2,552 urgent care recommendations to meet the needed level of care
- 2, 009 primary care visit recommended to meet the needed level of care

Alternative Destination Transports – Following an advanced assessment in the field, paramedics provide alternative pathways of care for 9-1-1 patients, including transport of 9-1-1 patients with low acuity medical conditions to urgent care centers and clinics, transport of inebriated patients directly to the detoxification center, and transport of psychiatric patients directly to a mental health hospital. There are currently 17 alternative destinations including one detoxification center, one psychiatric

[3] REMSA. (2017) About us. Retrieved from: https://www.remsahealth.com/about-us/

hospital, two federally qualified healthcare clinics, one medical group office and 12 urgent care centers. In 2017, the ratio transports by facility type is:

- 84% detoxification center
- 9% mental health hospital
- 7% urgent care center

28,100
Nurse Health Line calls
2,009
Calls directed to primary care doctor to meet level of care
17
Alternative Destinations

Success of incorporating these services into the community has inspired Renown Health to sustain programming now that grant funding for this program has ceased.

Objective 1.4 Increasing the Number of Non-High School Graduate Adults who Receive their Adult High School Diploma

Rise Academy for Adult Achievement

Educational attainment has a cascade effect on the ability to acquire resources that are important to health such as food, stable housing, transportation and access to health care. To improve educational attainment, RISE Academy for Adult Achievement assists adult learners in the attainment of Adult High School Diplomas, High School Equivalency Certificates (HSE), and Career Pathways. RISE is the only adult education organization in Washoe County who can issue an Adult High School Diploma. In 2017, RISE enrolled an additional 700 adults who are currently taking English literacy and college and career readiness courses. RISE successfully met their 2016-2017 goals to increase achieved Adult High School Diplomas and High School Equivalency Certificates by 10%.

- 331 Diplomas and Certificates were awarded
- 1,859 student enrolled in Washoe County

Objective 1.5-1.8 Increasing Transportation Services

Regional Transportation Commission

In response to the growing need to provide medical transportation, The Regional Transportation Commission (RTC) developed a 2018-2020 Short Range Transit Plan (SRTP) that will improve appropriate

use of RTC Access, increase efficiency of RTC ACCESS and expand capacity of specialized transportation to provide hard-to-serve trips.[4]

In 2017, RTC continued to oversee the Section 5310 Grant program in which funds were provided by the Federal Transit Administration in 2016. RTC partnered with human service agencies and transportation providers to deliver efficient, coordinated services to the region's senior citizens, persons with disabilities and those who are financially disadvantaged. The following social service agencies were selected to be part of RTC's Coordinated Human Services Public Transportation Plan (CTP) and were awarded 5310 funds: Access to Healthcare Network, Sierra Nevada Transportation Coalition, Seniors in Service, Senior Outreach Services and United Cerebral Palsy. It is anticipated that these community partners will provide enhanced mobility to lessen the gap in medical transportation by providing an estimated 17,740 trips to those in need from 2016-2018. The CTP has also brought attention to the mobility issues Washoe County faces and as a result has facilitated the communications process between human service agencies and public transit regarding future partnerships and opportunities to address existing gaps.[5]

Additional efforts were made in 2017 to meet the needs of Washoe County residents for ADA transportation services. Further changes were made to eligibility requirements for the Washoe Senior Ride (WSR) "Taxi Bucks" program, by decreasing booklet costs and expanding the income criteria to be more affordable for seniors and veterans. As a result, the program has grown by approximately 6% serving 5,000 eligible clients. RTC ACCESS also provided 24-hour service in all areas within three-quarters of a mile of RTC RIDE routes, providing almost 224,812 one way paratransit trips.

Objective 2.1-2.2 Improving Coordination of Care

2-1-1 Strategic Plan

Nevada 2-1-1 is part of a nationwide network of call centers that provides information and referral services to Nevada residents. The Financial Guidance Center was selected to operate the Nevada 2-1-1 System with oversight from by Nevada's Department of Health and Human Services. In the second year of moving efforts forward from the 2016-2020 Nevada 2-1-1 Strategic Plan the Financial Guidance Center has worked to improve care coordination among all Nevadans to achieve optimal self-sufficiency, health and well-being by:

- Completing Phase 2 of 3 with Accreditation for Information and Referral Services (AIRS). Accreditation will allow Nevada 2-1-1 to transform access for human services by advancing their capacity to bring people and services together. Financial Guidance Center expects Nevada 2-1-1 to complete the accreditation process in 2018.
- Hiring "Outreach workers" to expand marketing and outreach efforts to increase 2-1-1 awareness linking people to the resources they need. With the support of outreach workers the 2-1-1 website was redeveloped to ensure better functionality, easier navigation and mobile

[4] RTC Washoe. (2017). Retrieved from: https://www.rtcwashoe.com/wp-content/uploads/2017/06/SRTP17-FINAL1-EMD.pdf
[5] RTC Washoe. (2017). CTP 2016-2018 Project Summary. Retrieved from: https://www.rtcwashoe.com/wp-content/uploads/2017/04/CTP-Project-Summary.pdf

optimization. Clients now have access to receiving referral services 24-hours a day through confidential and anonymous resources such as the Telephone Helpline, Online Resource Directory, Text Response and Messaging.

- Cultivating relationships with community partners to increase service delivery. Partnerships with key stakeholders and service providers has been critical to the success of Nevada 2-1-1 because the program is reliant upon service providers to ensure that resource information contained in the database is current and accurate. In addition, relationships with emergency management entities, state departments, and medical facilities ensure that Nevada 2-1-1 can implement its services effectively.

Models of Community Engagement – Truckee Meadows Healthy Communities

The CHIP Access to Healthcare and Social Services subcommittee focused their efforts on engaging healthcare and social service organizations to explore models that would complement the strategies and resources furnished by Family Health Festivals by providing direct services. After researching models and determining a Remote Area Medical event would be of benefit to the community, TMHC's Access to Healthcare and Social Services Subcommittee formed a "Community Host Group" and hosted a Remote Area Medical (RAM) Event at the Boys and Girls Club of Truckee Meadows from September 28th-October 1st, 2017. RAM's mission is to prevent pain and alleviate suffering through the operation of mobile clinics that deliver free, high-quality dental, vison and medical services to children, individuals and families who do not have access or cannot afford to visit a doctor. These clinics do not require any qualifications and services are provided with a no-questions-asked policy. During the planning and execution phase of the clinic, RAM provides support and supplies to ensure all necessary requirements are achieved to set up a turnkey clinic in isolated, impoverished and underserved communities. In addition, they heavily rely on the Community Host Group (CHG) to provide medical and general volunteers.

During the event, in lieu of making an appointment to avoid "no shows", patients received care on a first come-first serve basis starting at midnight on the first day of the event. Recruiting medical providers to volunteer for the RAM clinic proved to be a challenge and affected the amount of patients who received care. As a result, long wait times were incurred for those needing services and many patients had to come back to the clinic the next day to receive care. Overall, 60 medical providers volunteered for RAM with the majority coming from out of state. Over 400 dental and vision services were requested by patients and were the most needed services, however, limited spots were available due to the lack of volunteer providers. Northern Nevada HOPES, Community Health Alliance, and Renown's Health Clinic generously offered appointments to accept patients with follow up needs. Patients who needed additional care for dental services were routed to resources, echoing the gap in the most needed services and the shortage of providers in Washoe County. In the future, more medical providers will be needed to ensure more patients receive the care that they need. Over the three-day clinic:

- 335 patients were treated
- 496 services were provided at a total benefit of $137,229
- $81,165 dental care services provided

- $50,570 vision care services provided
- $5,494 medical care services provided

Overall, the event was a huge success and had a significant, positive impact on the health of our community. The success of the clinic was largely due to the community's support and collaboration through general volunteer support, donated meals and hotel rooms, and sponsorships received from various organizations. Additional RAM events have been a topic for consideration and a subcommittee has been formed to determine the feasibility of such efforts.

496
Patient encounters
$137,229
Free medical services provided
1,700
Volunteer hours to facilitate event

In conclusion, access to health care is frequently cast as an issue of insurance coverage however, access to providers and availability of quality services for both the uninsured and those covered is equally important. In Washoe County, people from various income levels are challenged in accessing a provider due, in part, to the rapid population growth, increased number of those insured and the shortage of providers. This section reflects a full year in which community organizations worked collaboratively to improve access to care for individuals who are uninsured or underinsured. Many improvements have been seen; coverage gains among children and adults are likely a result of outreach efforts and awareness of the ACA, as well as Nevada's Medicaid expansion efforts. Successful models have been identified, one of which is the community health centers that have provided comprehensive, and effective family centered care for many who would otherwise not have access. A great deal has been accomplished in the community in 2017; however, this outstanding work will need to continue to fully meet the healthcare needs of all members of our community.

Access to Healthcare and Social Services: How Did We Measure Up?

Objective 1: Improve access to healthcare and social services for individuals on Medicaid and Medicare, and those who are underinsured or uninsured.

Status	CHIP Objectives	Performance Measure	Baseline 2014/2015	Result 2015/2016	Target 2018	Result 2017	Trend ↑↓
	1.1 Provide Family Health Festivals to at-risk communities in Washoe County.	# of FHFs provided to at-risk communities per year	2/year	4/year	4/year	3/year	↓1
	1.2 Develop a Family Health Festival Strategic Plan	# of Strategic Plans	0	0	1	1	↑1
	1.3 Increase the percentage of Washoe County residents who have a usual primary care provider.	% of WC residents who have a usual primary care provider[6]	68.1% (2014)	75.4% (2015)	71.5%	~	~
	1.4 Increase the number of non-high school graduate adults who receive their Adult High School Diploma.	# of non-graduate high school adults in Washoe County who receive their Adult High School Diploma	119	150	200	331	↑121%
	1.5 There will be zero ADA paratransit trip refusals in Washoe County within the Regional Transportation Commission paratransit service area.	# of ADA paratransit trip refusals w/in RTC paratransit service area	0	0	0 (2016)	~	
Recommended for Removal	**1.6** There will be zero ADA paratransit trip refusals in Washoe County outside of the Regional Transportation Commission paratransit service area.	# of ADA paratransit trip refusals outside of RTC paratransit service area	TBD	~	~	0	

[6] Nevada Division of Public and Behavioral Health (2016). Office of Public Health Informatics and Epidemiology. 2015 Nevada Behavior Risk Factor Surveillance Survey (BRFSS): Washoe County Analysis.

	1.7 Increase the number of trips provided by private/not-for-profit organizations for seniors, disabled, and low income residents for medical and social service needs.	# of trips provided	9,086 (2015)	15,708 (2016)	FFY17 = 22,564 FFY18 = 22,564 Total = 45,128	231,438 (FY17)	↑
	1.8 Increase the number of reduced-rate or other discounted transit trips provided for seniors, disabled and low income residents in Washoe County (taxi bucks, RTC ACCESS tickets, etc.).	# of reduced-rate or other discounted transit trips	2,481 (2015)	3,068 (2016)	FY17 = 3,091 FY18 = 3,709	3,369,135	↑
Objective 2: Improve coordination of care in Washoe County across healthcare settings, social services, individual providers, and the community.							
Status	**CHIP Objectives**	**Performance Measure**	**Baseline 2015**	**Result 2015/2016**	**Target 2018**	**Result 2017**	**Trend ↑↓**
	2.1 Develop a strategic plan to restructure and improve Nevada 2-1-1	# of Strategic Plans	0	1	1	1	=
	2.2 Explore models for engagement of assistance providers in underserved communities.	Exploration of models	0	1	1	1	=

~Data not available

Notes:

- **Objective 1.4** – The 2018 target has been changed from 4,000 to 200 by recommendation of RISE Academy for Adult Achievement.
- **Objective 1.6** - The Regional Transportation Commission (RTC) recommended objective to be removed.

Behavioral Health

2

The number of Americans struggling with a mental health illness is a significant concern that many people are becoming increasingly aware of. Published studies from the CDC report about 25% of all U.S. adults have a mental illness and nearly twice that number of adults will develop at least one mental illness in their lifetime.[7] Additional research shows nearly half of all lifetime cases of mental illness begin by age 14.[8] Mental illness can range in severity from mild; such as depression, to substantially interfering with day-to-day activities like schizophrenia or severe bipolar disorder.[9] The barriers to receiving effective mental health treatment are unlikely to act in isolation due to cost of care, fragmentation of services, stigma, and discrimination. As a result, about half of individuals suffering a mental illness do not receive treatment.[10] Mental disorders left untreated are likely to result in the development of other co-occurring mental illnesses and substance abuse disorders that have long-term consequences including quality of life and involvement with the criminal justice system.

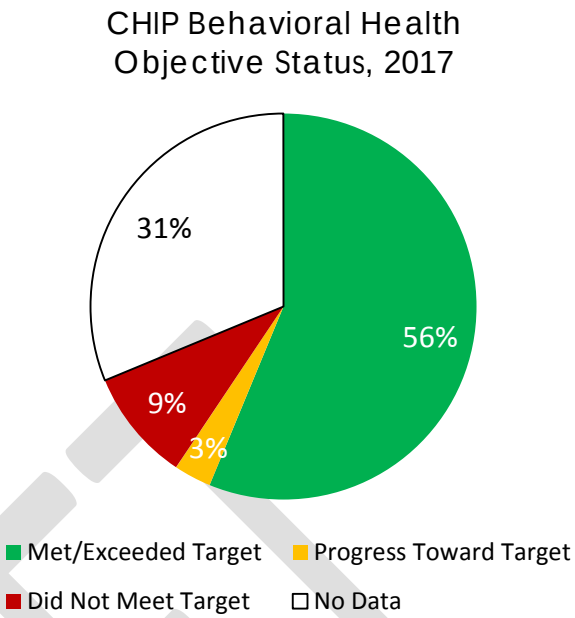
Between
2013-2015
a higher percentage of high school students in Washoe County reported considering attempting suicide

Due to the passage of the Affordable Care Act (ACA) in 2010, barriers to accessing care have been reduced by mandating psychiatric disorders are treated as an essential benefit like heart and cancer disease, which has proved to be an enormous advantage. While the ACA has provided much benefit to the mentally ill, no legislative action can erase the stigma surrounding mental illness which is a major barrier in receiving treatment. Nor can it solve the serious shortage of mental health providers and limited access to psychiatric treatment, especially in rural areas of Nevada.

In 2016, 100.0% of the population living in Washoe County was in a mental health professional shortage area. As a result, those who are mentally ill are left untreated or forced to seek treatment in emergency rooms; which causes increased health care costs and may contribute to higher suicide rates in Washoe County. Suicide rates have continued an increasing trend and are currently at 27.8 per 100,000 deaths in Washoe County; higher than the remainder of the state of Nevada. Substance use, often co-occurring with mental illness can further exacerbate these challenges. Collectively, the twin epidemics of substance use and mental health have created a daunting health concern. [11] [12]

[7] Center for Disease Control and Prevention. (2011). CDC Mental Illness Surveillance. Retrieved from: https://www.cdc.gov/mentalhealthsurveillance/fact_sheet.html
[8] Youth.gov. (2017). Prevalence. Retrieved from: https://youth.gov/youth-topics/youth-mental-health/prevalance-mental-health-disorders-among-youth
[9] National Institute of Mental Health. (2017). Health & Education. Retrieved from: https://www.nimh.nih.gov/health/statistics/mental-illness.shtml
[10] Ngyuyen T, Hellebuyck M, Halpern M, Fritze D. The State of Mental Health In America 2018.(2017) Retrieved from: http://www.mentalhealthamerica.net/sites/default/files/2018%20The%20State%20of%20MH%20in%20America%20-%20FINAL.pdf
[11] Centers for Disease Control and Prevention. (2012). CDC Grand Rounds: Prescription Drug Overdoses- a U.S. Epidemic. Retrieved from: https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6101a3.htm
[12] Palpant RG, Steimnitz R, Bornemann TH, Hawkins K. The Carter Center Mental Health Program: addressing the public health crisis in the field of mental health through policy change and stigma reduction. (2006) Retrieved from: http://www.cdc.gov/pcd/issues/ 2006/apr/05_0175.htm.

Lastly, adolescence is a critical period for mental, social and emotional wellbeing and development. Ensuring children have access to mental-health resources early in their education can play a key role in mitigating negative consequences later in life. Policies mandated by NRS 388 were established in 2015 requiring school districts to provide a safe and respectful learning environment. This change in state statute created a state-wide reporting system for incidents of bullying to be reported and investigated, a critical step in preventing or mitigating problems before they grow into larger issues.



The Community Health Needs Assessment (CHNA) reported the biggest challenges Washoe County faces in regard to mental and behavioral health are lack of resources and access to appropriate care. The Community Health Improvement Plan (CHIP) Steering Committee identified three goals for this priority:

- **Goal 3**: Improve access to behavioral health services for individuals on Medicaid and Medicare, and for those who are underinsured or uninsured.
- **Goal 4**: Create a healthier environment for Washoe County youth.
- **Goal 5**: Protect the health and safety of Washoe County youth through the reduction of substance use and abuse.

There are 21 strategies implemented by 20 community partner groups within this priority to make movement on 32 performance measures/objectives.

Progress: Behavioral Health Strategies & Objectives

In 2017, 56% of the objectives were met and 81% of the strategies met or exceeded their target. Many of the successes are likely due to the substance abuse prevention programming targeting youth and young adults, as well as anti-bullying legislation being passed in 2015. Last year, two programs lost their funding source, therefore those programs mentioned in the CHIP were not administered in 2017.

Objective 3.1-3.3 Increase the proportion of adults who receive treatment for mental illness, major depression, and/or substance abuse

Community Health Alliance

Community Health Alliance is uniquely positioned to provide integrated services by having behavioral health services delivered within a primary care setting. Most mental health related problems are apparent in primary care settings much earlier than if an individual waits to go to a normal "specialty

care" behavioral health provider. Community Health Alliance focuses on an integrated care program by providing screening, triage, brief intervention and external referrals if necessary. CHA focuses on early intervention and prevention of serious mental health/behavioral health disorders by screening and providing a brief intervention during primary care visits. CHA utilizes health and behavior codes (HABI) to address obesity, diabetes, medication non-compliance, hypertension, brief drug, nicotine, and alcohol use to name a few. These codes allow a behavioral care provider to address long term health and habit changes using empirically supported interventions that may have substantial long term benefits.

CHA addresses behavioral health issues by screening patients for a variety of issues depression, health habits, anxiety, substance use) and uses clinical judgement to solicit a "warm hand off" (WHO)- a real time intervention performed by a behavioral health provider in the exam room. Often times, CHA can intervene and follow up at the next medical appointment which means that families do not have to deal with the hassle and stigma of being referred out to see a specialty mental health professional. Research conducted by staff has found that 60% of clients referred out will not follow through on an external referral. CHA created a partnership with UNR to deliver additional behavioral health care services as needed. A clinical psychologist, 2 half time externs provided by UNR, and 2 Licensed Clinical Social Workers, work between the Center for Complex Care, the Wells Avenue Health Center and CHA's Record Street Health Center. In 2017, the following services were provided:

- Over 6,000 patient encounters
- 80 external referrals per month
- About 250 patients pre-book appointments and WHO's

Northern Nevada HOPES

Northern Nevada HOPES (NNHOPES) is a nonprofit community health center in downtown Reno, Nevada that offers integrated medical care and wellness services. Their growing behavioral health team provides services following a "Harm Reduction" philosophy and strategy empowering individuals to reduce harm to themselves by setting realistic goals and validating any positive step or change. In 2017, over 1500 established patients received behavioral health services ranging from behavioral health counseling, substance use counseling, case management, and more.[13] The Harm Reduction Center at NN HOPES, Change Point, offers additional behavioral health services for the community that includes syringe services, testing and outreach, and community building opportunities that support human rights advocacy and reduces the spread of infectious diseases like HIV and hepatitis. In 2017:

- 3,873 patients receive services from Change Point
- 906,273 used needles collected through 5 syringe disposal locations
- 1,320,036 clean needles were distributed

[13] Northern Nevada HOPES. (2016) Retrieved from https://www.nnhopes.org/about/who-we-are/.

UNR School of Medicine, Department of Psychiatry

In October 2015, the new Behavioral Health Patient Care Center opened at 5190 Neil Road in Reno, NV. They offer a full spectrum of comprehensive mental health and counseling services for children and adults. Although the center has allowed the expansion of clinic hours and faculty to increase fellowships for students pursuing the field of clinical mental health, the center expressed this organization will not be a good indicator of expanding mental health services and treatment to Washoe County residents. Barriers to increasing mental health services to adults in Washoe County include long wait lists, provider shortages, Medicaid reimbursement structure for the seriously mentally ill and the closing of Mojave Mental Health. Mojave Mental Health provides wrap around mental health services for individuals who are on Medicaid and Medicare plans.

Crossroads

Crossroads is a three tiered housing program targeting high complexity homeless clients by providing interventions to help them transition from substance abuse illnesses to a more stable and productive life. The intent of a strong partnership between the Washoe County Department of Social Services, Catholic Charities of Northern Nevada, and the Washoe County Sherriff's Department is to reduce incarceration rates by expanding services to those who suffer a substance abuse and/or mental health illness. In an attempt to reducing recidivism the partnership works in collaboration to offer alternatives to homelessness and incarceration by providing direct referrals from the jail upon release, Social Services provides social workers and eligibility certification specialists, and Catholic Charities provides property for operations. The collaborative partnership estimates saving the community an average of $15-$18 million a year in jail bookings, encounters with first responders, emergency room/hospital costs, and treatment expenses.

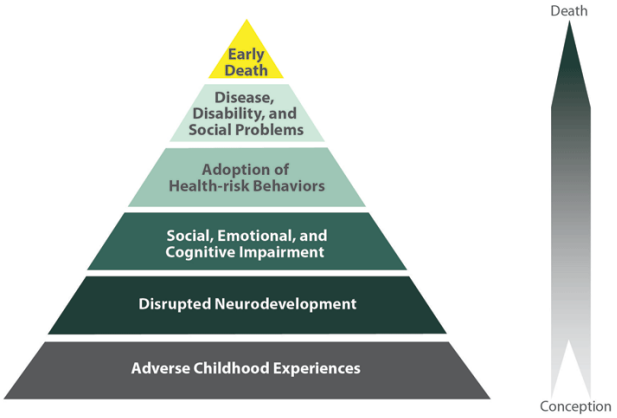
Crossroads provides a strict curriculum including drug and alcohol counseling, employment support, volunteer-work opportunities, and other tools aimed to help clients establish healthy relationships and improved life and social skills. Additional community agencies such as Alta Vista Mental Health and WestCare provide mental health services on-site to care for about 80% of clients with a co-occurring mental health disorder. Weekly alcohol and drug testing is a key component of the program and likely contributes to the success rate of clients. In 2017, over 7,000 alcohol tests were conducted, of those only 19 were positive; of the over 2,000 drug test conducted and 17 were positive. Clients are eligible to move onto the next tier of independent housing as they progress through the program. Crossroads received more referrals than the current bed capacity last year. In 2017:

- Crossroads added three additional houses to their transitional housing complex providing 6 more male beds.
- 14 crisis intervention beds are for seniors who are displaced due to elder abuse or related causes
- Crossroads operates 151 supportive transitional housing beds

Objective 4.1-4.5 Decrease bullying, suicide and depression among Washoe County youth

Adverse Childhood Experiences

Adverse childhood experiences (ACEs) are stressful and/or traumatic events that can occur in a child's life which may include physical, emotional or sexual abuse due to parental hardship or parents being involved in the criminal justice system. A growing body of research has shown that exposure to multiple ACEs are strongly related to the development of poor health conditions, adult mental health concerns, and an increased risk for depression and suicide. Collectively, these outcomes provide an indication of overall life opportunity. Evidence suggests preventing ACEs and engaging in early identification of people who have experienced ACEs can aid in treatment and/or prevention of many health conditions. The Centers for Disease Control and Prevention (CDC) and Kaiser Permanente developed an 11 question screening tool to help professionals determine an ACEs score. The higher the score, the more likely the individual will have adverse health repercussions later in life.[14]



Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

Several non-profit organizations have reported utilizing county level ACE data and indicators outlined in the Youth Risk Behavior Surveillance System (YRBS) and the Behavioral Risk Factors Risk Surveillance Systems (BRFSS) as a tool to further explore service interventions to strengthen trauma prevention efforts. The use of the ACE survey has significant benefits in improving the way supports and services are provided by understanding trauma history to inform programs and health policies that support prevention of issues and recovery.[15] In 2017:

- 18.4% of Washoe County high school students who report being electronically bullied, a 1.6% increase from 2016
- 8.9% of high school students who attempted suicide decreased by 2.8% since 2016
- 27.2% of Washoe County high school students who report they currently drink alcohol decreased by 8.3% since 2016.

In 2017, the rates of current substance use among youth in Washoe County decreased from 2016. Substance abuse prevention, screening and treatment are factors that likely contribute to improving substance use outcomes. A final report of the 2018 YRBS survey will be available in the spring of 2018.

[14] Felitti, V.J., Anda, R.F., Nordenberg, D, et al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine, 14*(4), 245-258.
[15] Substance Abuse and Mental Health Services Administration. (2017). Adverse Childhood Experiences. Retrieved from: https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/adverse-childhood-experiences

Washoe County School District

Mentioned above, policies mandated by NRS 388 are intended to create a Bully Free Zone in all schools in Washoe County. Board Policy 9205 was established by The Board of Trustees to provide a safe and respectful learning environment and to investigate accusations of bullying and discrimination.[16] During school year 2016-2017, 870 incidents of bullying were reported, slightly higher than SY 15-16. About half of those cases were determined to be incidents of bullying after investigation.[17] The increases in bullying reports are likely due to more awareness of the reporting system. Preventative measures to stop bullying will foster safe learning environments that create positive self-esteem and belonging for every child.

Since 2011, the District conducts an annual Climate and Safety Survey to capture feedback and data about school environments from students, parents and teachers. The District utilizes survey results to reformulate intervention strategies as needed to provide a supportive learning culture at school sites. Currently, the District struggles to provide necessary resources to meet every need at each schools site and would benefit from increased funding for high-quality resources, mental health services for at-risk students, and continued teacher development.

Safe and Healthy Schools Commission – Washoe County School District

The Safe and Healthy Schools Commission was created by the Board of Trustees to assist Trustees on matters concerning student safety and security of schools including, prevention and intervention, mitigation, preparedness, emergency response and recovery.[18]

The School Safety Advocacy Council, a consultant for Safe and Healthy Schools Initiative conducts evaluations across the district to identify key challenges associated with school safety. The School Safety Advocacy Council gathers data from parent forums, staff interviews, staff focus groups, school safety assessments, documents and MOU reviews, and climate survey analyses to form recommendations to enhance school safety.[19] The recommendations included in the 2016-2017 District Safety Assessment are provided to the Safe and Health Schools Commission and District leadership for review to determine action steps to increase safety measures on school campuses. School Safety rates from the Climate Survey have continued an increasing trend, indicating improvements in the District providing a safe school environment. The following safety measures and procedures were recommended to further increase a positive school climate to foster learning:

- Emergency operations plan during a crisis incident or medical emergency
- Adoption of single point entry systems
- School visitor management and lockset systems
- Evacuation locations and procedures

[16] Washoe County School District. (2017). Policy and Regulation Information. Retrieved from: https://www.washoeschools.net/site/default.aspx?PageType=3&ModuleInstanceID=1853&ViewID=7b97f7ed-8e5e-4120-848f-a8b4987d588f&RenderLoc=0&FlexDataID=1356&PageID=1189

[17] Nevada Report Card. (2017). Safety. Retrieved from: http://nevadareportcard.com/DI/nv/washoe

[18] Washoe County School District. (2017). Safe and healthy schools commission. Retrieved from: http://www.washoeschools.net/Page/6120.

[19] Washoe County School District. (2016). Executive Summary: Consultant for Safe and Healthy Schools Initiatives. School Safety Advocacy Council.

- Professional development focused on employee capacity of school safety and emergency management

Multi-Tiered Systems of Support – Washoe County School District

Multi-Tiered System of Supports (MTSS) is an initiative aimed at maximizing student achievement by providing additional academic and positive behavior services. A large body of research demonstrates the positive association between students who report increased social and emotional skills and improved school performance. MTSS encourages the implementation of Social and Emotional Learning (SEL) curriculum aimed at teaching students how to how to manage emotions, demonstrate awareness of others, and how to make responsible choices.

All schools in WCSD are equipped with a cross functional team that collaborate to analyze student data and make action plans. The integrated instruction and intervention is delivered to students in varying intensities (three tiers) based on student need. Quality assessments are utilized to ensure that district resources reach the appropriate students at the appropriate levels to accelerate the performance of all students to achieve and exceed proficiency.

In school year 2016-2017, students across the district made remarkable progress further impacting the increase in graduation rates. Since the inception of SEL in 2012, graduation rates increased by 20% points, reflecting a possible positive association between SEL and student performance. Additional highlights in 2017 include:

- The State adopted Washoe County School District's Social and Emotional Learning Curriculum Standards.
- In SY 16-17, 80% of schools reported implementing SEL curriculum compared to 43% of schools implementing SEL curriculum in SY 12-13. Implementation is encouraged but is not mandatory.

In addition to on site supports, MTSS collaborates with the District Intervention Assistance Team (DIAT) to support students and families in need of immediate resources provided by the community. DIAT is a collaboration of experts from the District and community including social services, juvenile justice, Children's Cabinet, and other human services that meet weekly to provide resources supporting the most vulnerable students and families. While this has been a huge asset to the most vulnerable students, more resources are needed to fully meet the needs of our current student population.

Bully Prevention – Family Health Festivals

In 2017, Washoe County School District (WCSD) School Counseling program offered anti-bullying prevention education at the Family Health Festivals. To ensure a safe and respectful learning environment, education was provided on various methods to report bullying. Reports can be made verbally to any WCSD staff member, online or by contacting school police by phone. In addition to the WCSD Counseling program, organizations with similar bully prevention and positive behavior efforts participated such as Safe Routes to School, Communities in School and the Children's Cabinet.

Signs of Suicide Prevention Program

The Washoe County Children's Mental Health Consortium (WCCMHC) is an association that assesses behavioral health services for children in Nevada. The WCCMHC developed a statewide improvement plan on how to improve behavioral health services for children. Early intervention of youth experiencing mental health concerns or thoughts of suicide is one of four priority areas identified in WCCMHC's ten year plan. As a result, during school year 15-16 the Washoe County School District mandated all middle schools offer the Signs of Suicide (SOS) education and screening. The SOS program is an evidence based program structured to decrease suicide and suicide attempts by increasing student knowledge and adaptive attitudes about depression.

The SOS team is comprised of school counselors, three mental health therapists and program staff from the Children's Cabinet. The SOS team traveled to every middle school to administer the SOS program during the 2017 fall semester. Last year, funding from the grant was allocated to support an additional mental health therapist to accommodate the increase in students needing immediate mental health care on school sites. The lack of mental health providers in the community to care for students needing additional follow up care is a common barrier identified by SOS program staff and parents. In addition, students are hesitant to follow through with off-site appointments out of fear of what their peers might think. To mitigate those concerns, SOS staffs follow up with every student to create a safe climate of acceptance and normalcy. The lack of resources in the community proved to be a barrier for SOS staff as they struggled to keep up with the amount of students needing mental health services. The SOS is one of five behavioral health programs implemented under a four year federal grant. In 2017:

- 374 students were identified as needing immediate follow up care.
- 15% of the families reported they were able to schedule a follow up care appointment within the community.

Objective 5.1-5.22 Decrease substance use and abuse among youth

Parenting Wisely – Washoe County School District's Family Resource Centers

Parenting Wisely is a small group workshop with a series of three classes (two hours each) that teaches parents of 6-18 year old youth important skills for combating risk factors that may contribute to youth substance use and abuse. The Parenting Wisely program uses a risk-focused approach to reduce family conflict and child behavior problems including stealing, vandalism, defiance of authority, bullying, and poor hygiene.

The Parenting Wisely program is free and available throughout schools in Washoe County. During school year 2016-2017 this program reached between 75-100 parents, slightly lower than last year but meeting their goal of a minimum of 75 parents each school year.

Big Brothers Big Sisters Mentoring Program

The Big Brothers Big Sisters Mentoring Program is a volunteer mentoring network designed to help children living in single parent homes, growing up in poverty and who might be coping with parental incarceration. Participating youth ages 6-18 ("Littles") meet with their matched 18 and older ("Big") 1-2

times a week to explore the community and participate in activities that they would not otherwise have the opportunity to do. The Youth Outcomes Survey conducted by the organization shows that these relationships maintain or improve their social acceptance, scholastic competence, improve their grades, and improve their attitudes towards risky behaviors. In 2017:

- The mentoring program served 619 youth, 458 community-based matches, 161 site-based matches, a 92% increase from 2016.
- 87% graduation rate of age eligible "Littles"
- 150 at-risk youth are currently on a waiting list to receive a "Big"

Positive Action - ACCEPT

ACCEPT, a local non-profit organization, empowers under-served individuals and families by providing public health services and resources through community partnerships. Positive Action is a systematic educational program that promotes an intrinsic interest in learning and encourages cooperation among students. The social and emotional learning program teaches understanding and management of self and how to interact with others through positive behavior. The effects of the program range from increased academic achievement to dramatic reductions in problem behaviors. ACCEPT added an incentive component to award students with gift cards for consistent attendance. In 2017, ACCEPT partnered with three after-school programs and one faith based organization to deliver the Positive Action program to a total of 75 youth, ages five to eleven.

Smart Moves and Smart Kids – The Boys and Girls Club of Truckee Meadows

Smart Moves and Smart Kids is a "risky behavior" prevention program for children ages five through twelve which is designed to engage youth through activities that teach them about self-awareness, interpersonal skills, decision-making skills, and drug and alcohol awareness. Smart Moves and Smart Kids is age specific which allows students who attend the Boys and Girls Clubs to move through each phase as they get older.

In 2017, The Boys and Girls Club of the Truckee Meadows implemented additional components of to the program, focusing on bullying and suicide prevention in response to the needs of Washoe County. Last school year, SMART programs served a total of 1,220 youth, an additional 200 youth compared to 2016. This exceeded the goal of reaching 600 youth in Washoe County.

Teen Intervene – Quest Counseling

Teen Intervene is a brief, early intervention program aimed at reducing substance use in youth who show early signs of substance abuse problems. The program incorporates the stages of change model, motivational interviewing, and cognitive based therapy to reduce or eliminate substance use. In 2017, Quest Counseling administered the Teen Intervene in seven middle schools throughout Washoe County. The program is typically administered in three parts for students, parents and/or guardians and together to debrief. The length of sessions produce highly effective results but there are a limited number of staff who are trained to administer the program which can be challenging to add additional school sites in

need. During school year 2016-2017, 80 youth participated in Teen Intervene, an 82% increase from SY 15-16.This was above the target of 50 youth in Washoe County.

Brief Alcohol Screening and Intervention for College Students – University of Nevada, Reno

The Brief Alcohol Screening & Intervention of College Students (BASICS) program is aimed at students who drink alcohol heavily and have experiences or are at risk for alcohol-related problems while attending a university. The benefits of this program increase student's awareness of the risks associated with heavy drinking, and students gain an increased awareness of the alcohol-impaired choices that can lead to both health and legal problems. The program offers two one-on-one sessions with a trained alcohol counselor/educator. In these sessions, students receive information and develop skills to assist them in making choices related to the use of alcohol that support safety and student success. In 2017, UNR reached a total of 223 UNR college students with this program. About 20 more cases were reported compared to 2016, 11 of those students were self-referrals. In addition, Quest Counseling also reached 36 college aged students from the community.

In conclusion, awareness of the number of individuals struggling with behavioral health problems is increasing. However, the community is faced with a severe shortage of resources to adequately respond to the issues arising. Among our adolescence population, efforts to provide screening and mental health services are increasing through the Washoe County School District but the capacity of resources available are not sufficient to meet the growing need. Prevention and screening programs for youth and adults in the community are not easily accessed due to similar challenges in limited capacity. While appropriate screening is a critical first step, services must be available to address issues identified as a result of such screening. The problem is compounded for those who are left untreated, potentially exacerbating the illness and possible co-occurring substance use disorder. The lack of treatment capacity is causing serious mentally ill individuals to seek intensive care treatment from the emergency rooms, at a high costs and limited effectiveness. In addition to limited availability of mental health resources and treatment facilities there is a social stigma of being branded as a substance abuser or someone with a mental illness. These challenges prove to be significant barriers to accessing treatment, resulting in poor outcomes and increased costs to the community. As more resources become available, timely and appropriate screening and treatment will improve behavioral health outcomes for our community.

Behavioral Health: How Did We Measure Up?

Objective 3: Improve access to behavioral health services for individuals on Medicaid and Medicare, and for those who are underinsured or uninsured.							
Status	**CHIP Objectives**	**Performance Measure**	**Baseline 2015**	**Result 2016**	**Target 2017**	**Result 2017**	**Trend ↑↓**
	3.1 Increase the proportion of adults aged 18 years and older with serious mental illness who receive treatment.	% of WC adults with SMI who receive treatment	TBD	TBD	72.3%	~	
	3.2 Increase the proportion of adults aged 18 years and older with major depressive episodes who receive treatment.	% of WC adults with MDEs who receive treatment	TBD	TBD	75.9%	~	
	3.3 Increase the proportion of persons with co-occurring substance abuse and mental disorders who receive treatment for both disorders.	% of WC residents who receive treatment for both substance abuse and mental disorders	TBD	TBD	3.6%	~	
*Data source not available to measure CHIP objectives 3.1-3.3.							

Objective 4: Create a healthier environment for Washoe County youth.							
Status	**CHIP Objectives**	**Performance Measure**	**Baseline 2013/2015**	**Result 2015/2016**	**Target 2017**	**Result 2017**	**Trend ↑↓**
	4.1 Decrease the number of K-12 bullying incidents within the Washoe County School District.	# of K-12 WCSD bullying incidents	450 (2015)	515	10% reduction	525	↑1.9%
	4.1. a Decrease the percentage of Washoe County high school students who are bullied on school property.	% of WC high school students who are bullied on school property	21.7% (2013)	20.8%	19.5%	19.8%	↓1.0%
	4.1.b Decrease the percentage of Washoe County high school students who are electronically bullied.	% of WC high school students who are electronically bullied	16.9% (2013)	16.8%	15.2%	18.4%	↑1.6%
	4.2 Decrease the percentage of Washoe County high school students who miss school because they feel unsafe at school or on their way to or from school.	% of WC high students missing school because they feel unsafe	14.9% (2013)	9.0%	13.4%	12.7%	↑3.7%

	4.3 Decrease the percentage of Washoe County high school students who feel sad or hopeless.	% of WC high school students feeling sad or hopeless	34.0% (2013)	33.5%	30.6%	36.6%	↑3.1%
	4.4 Decrease the percentage of high school students who seriously consider attempting suicide.	% of high school students seriously considering suicide	21.0% (2013)	18.8%	18.9%	18.6%	↓0.2%
	4.5 Decrease the percentage of high school students attempting suicide.	% of attempted suicides by high school students	14.0% (2013)	11.7%	12.6%	8.9%	↓2.8%

Objective 5: Protect the health and safety of Washoe County youth through the reduction of substance use and abuse.

Status	CHIP Objectives	Performance Measure	Baseline 2013	Result 2015	Target 2017	Result 2017	Trend ↑↓
WASHOE COUNTY HIGH SCHOOL STUDENTS							
	5.1 Decrease the percentage of Washoe County high school students who currently drink alcohol.	% WC high school students who currently drink alcohol	36.5%	35.5%	34.7%	27.2%	↓8.3%
	5.2 Decrease the percentage of Washoe County high school students who recently participated in binge drinking.	% of WC high school students participating in binge drinking	23.3%	19.3%	22.1%	*12.0%	↓
	5.3 Decrease the percentage of high school students who drank alcohol for the first time before age 13 years.	% of WC high school students who drank alcohol for the first time before age 13 years	23.2%	18.3%	22.0%	17.9%	↓0.4%
	5.7 Decrease the percentage of Washoe County high school students who ever used marijuana.	% of WC high school students who have ever used marijuana	29.2%	45.2%	46.7%	38.8%	↓6.4%
	5.8 Decrease the percentage of Washoe County high school students who tried marijuana for the first time before age 13 years.	% of WC high school students who tried marijuana for the first time before age 13 years	13.7%	13.2%	13.0%	12.5%	↓0.7%
	5.9 Decrease the percentage of Washoe County high school students who currently use marijuana.	% of WC high school students who currently use marijuana	28.2%	24.6%	26.8%	23.2%	↓1.4%

	5.11 Decrease the percentage of Washoe County high school students who ever used methamphetamines.	% of WC high school students who have ever used meth	6.7%	4.8%	6.4%	4.8%	=
	5.12 Decrease the percentage of Washoe County high school students who ever used cocaine.	% of WC high school students who have ever used cocaine	11.3%	9.2%	10.7%	7.2%	↓2.0%
	5.13 Decrease the percentage of Washoe County high school students who ever used inhalants.	% of WC high school students who have ever used inhalants	11.5%	8.0%	10.9%	9.1%	↑1.1%
	5.14 Decrease the percentage of Washoe County high school students who ever used heroin.	% of WC high school students who have ever used heroin	4.6%	3.5%	4.4%	3.2%	↓0.3%
	5.15 Decrease the percentage of Washoe County high school students who ever used ecstasy.	% of WC high school students who have ever used ecstasy	16.2%	10.5%	15.4%	8.3%	↓2.2%
	5.16 Decrease the percentage of Washoe County high school students who ever took prescription drugs without a doctor's prescription.	% of WC high school students who ever took prescription drugs w/o a Dr.'s prescription	21.9%	18.3%	20.8%	*14.8%	↓
	5.20 Decrease the percentage of Washoe County high school students who were offered, sold, or given an illegal drug by someone on school property.	% of WC high school students who were offered, sold, or given an illegal drug by someone on school property	33.1%	27.9%	31.4%	28.3%	↑0.4%
	5.21 Decrease the percentage of Washoe County high school students who drove a vehicle when they had been drinking alcohol.	% of WC high school students who drove a vehicle when they had been drinking alcohol	11.7%	8.2%	11.1%	4.9%	↓3.3%
	5.22 Decrease the percentage of Washoe County high school students who rode in a vehicle driven by someone who had been drinking alcohol.	% of WC high school students who rode in a vehicle driven by someone who had been drinking	24.6%	22.1%	23.4%	15.2%	↓6.9%
*In 2017, wording of this question changed. Comparisons should not be made to previous years.							

Status	CHIP Objectives	Performance Measure	Baseline 2012	Result 2016	Target 2017	Result 2017	Trend ↑↓
	5.4 Decrease the percentage of University of Nevada, Reno students who drank alcohol in the last 30 days.	% of UNR students who drank alcohol in the last 30 days	65.3%	59.9%	62.0%	~	
	5.5 Decrease the percentage of University of Nevada, Reno students who recently participated in binge drinking.	% of UNR students participating in binge drinking	29.7%	34.8%	30.5%	~	
	5.6 Decrease the average number of drinks consumed by University of Nevada, Reno students on last drinking occasion.	# of drinks consumed by UNR students on last drinking occasion	4.62	4.12	4.39	~	
	5.10 Decrease the percentage of University of Nevada, Reno students used marijuana in the last 30 days.	% of UNR who used marijuana in the last 30 days	18.3%	19.9%	40.0%	~	
	5.17 Decrease the percentage of University of Nevada, Reno students who took prescription painkillers without a doctor's prescription in the last 12-months.	% of UNR students who took prescription painkillers w/o Dr.'s prescription in the last 12-months	11.0%	5.6%	10.5%	~	
	5.18 Decrease the percentage of University of Nevada, Reno students who took prescription sedatives without a doctor's prescription in the last 12-months.	% of UNR students who took prescription sedatives w/o a Dr.'s prescription in the last 12-months	5.3%	2.9%	5.0%	~	
	5.19 Decrease the percentage of University of Nevada, Reno students who took prescription stimulants without a doctor's prescription in the last 12-months.	% of UNR students who took prescription stimulants w/o Dr.'s prescription in the last 12-months	6.7%	6.1%	6.4%	~	

~Data not available

Notes:

- Many substance abuse prevention programs are funded by Join Together Northern Nevada (JTNN). Programs include Parenting Wisely, Project Towards No Drug Abuse, The Big Brothers Big Sisters Mentoring Program, Positive Action, Smart Moves and Smart Kids, Promoting

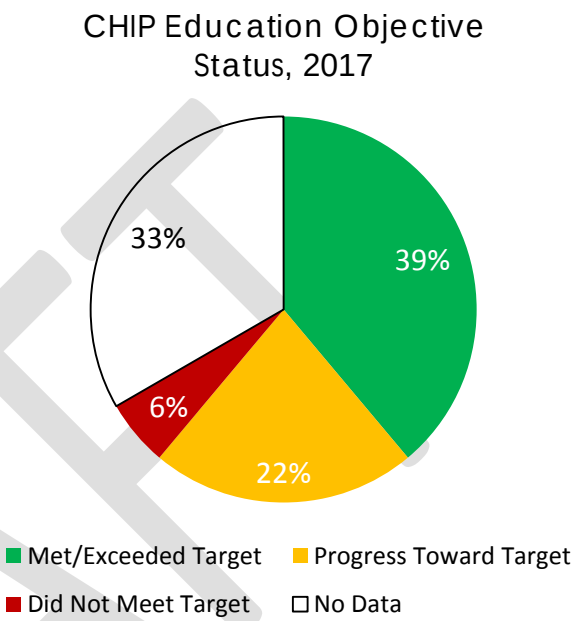
Alternative Thinking Strategies (PATHS), Teen Intervene and Alcohol-Wise. Some of these programs may not be funded in the next year due to budgetary restraints.

- **Objective 4.1** – 14.4% increase is likely due to enhanced reporting and baseline data may have been under-reported.
- **Objectives 3.1-3.3** - Adult mental health objective data is currently unavailable.
- **Objective 5.4** – Objective has been reflected to indicate the number of students who report 'any use within the last 30 days'
- **Objective 5.5** – Objective has been changed to reflect the number of students who report having five or more drinks the last time they partied. Baseline (2012) was inaccurate and has been changed from 32.1% to 29.7%.
- **Objective 5.6** – This number is the mean/average number of drinks students reported. It is lower despite the increase in five or more drinks because fewer students reported having six or more drinks.
- **Objective 5.10** - Objective has been changed to reflect the number of students who have used marijuana in the last 30-days. Changing the verbiage of this indicator to more accurately reflect marijuana use has also changed the 2012 baseline measure from 42.1% to 18.3%.
- **Objective 5.17-5.19 –** The objective narrative was changed to reflect the questions utilized in the Nevada College Health Assessment.

Education (K-12)

3

Over the past decade in the United States a number of education reforms have been enacted to measure and improve student learning outcomes. Despite these well intentioned programs including; No Child Left Behind, Race to the Top and Every Student Succeeds Act, public education in Nevada remains a troublesome problem. Nevada K.I.D.S. Read, formerly known as Nevada's Read by Grade 3 program, is a product of SB 391 (2015) which made changes to the state statues governing accountability reporting and student retention. The purpose of Nevada K.I.D.S. Read is to directly and indirectly address the dropout crisis, improve student achievement, and increase graduation rates; give more of our youngest learners access to high-quality early childhood education; and ensure all students achieve high standards that prepare them for college and the workforce. [20]



To ensure a strong opportunity for every student in our state, Nevada K.I.D.S. read required a newly revised Nevada State Literacy Plan (NSLP) that aligned curriculum for student achievement and to serve as a key foundational resource for Nevada educators. The Washoe County School District (WCSD) utilized the NSLP as a springboard for guidance to develop a local plan to improve the literacy of pupils enrolled in K-3 grades.[21] Understanding performance at the completion of third grade is important because children who fail to read proficiently by the end of third grade are more likely to drop out of high school, reducing their earning potential and chances for long term success.

In SY 2016-2017, only 44% of third grade students in Washoe County were proficient in reading; slightly lower than the previous school year proficiency rate of 47%.[22] WCSD will continue to focus their efforts on ensuring kindergarten students who are not proficient in reading have interventions in place as this will be the first class of students to be impacted by the retention component of the changes to statute. Nevada K.I.D.S. Read efforts will help Nevada's youngest learners read proficiently by grade three—a key predictor of school success and high school graduation. Increasing the high school graduation rate is both a short and long term goal, looking to the future; the Washoe County School District is striving to reach their goal of "90 by 20," which is 90% graduation rate by the year 2020. Progress is being made in

[20] State of Nevada Department of Education. (2016). Nevada's Read by Grade 3 Program. Retrieved from: http://www.doe.nv.gov/RBG3/Home/

[21] Washoe County School District. (2016). Literacy plan K-3. Retrieved from: http://tinyurl.com/j6pcona.

[22] Nevada Department of Education. (2017). Nevada Report Card. Retrieved from: http://nevadareportcard.com/DI/nv/washoe/2017

this direction; the graduation rate for Class of 2017 was 84% which is a 7% increase from the previous year.

In 2017, Washoe County agencies, community organizations, and individuals strategically worked together to ensure alignment of targeted efforts to improve educational outcomes. The Community Health Improvement Plan (CHIP) Steering Committee identified two goals for this priority:

- **Goal 6**: Improve health outcomes of Washoe County youth through educational attainment.
- **Goal 7**: Support student health, wellness and achievement through nutritious eating habits and physical activity.

There are 11 strategies implemented by eight community partner groups within this priority to make movement on 18 performance measures/objectives.

Progress: Education Strategies & Objectives

Washoe County's community agencies, organizations and individuals have made progress on eight of the objectives and have advanced seven of the strategies which are currently meeting or exceeding their targets. In 2017, 39% of the objectives were met and 64% of the strategies were met.

Objective 6.1-6.4 Increase the High School Graduation Rates and Preparation for Higher Education

Communities in Schools

Communities in Schools (CIS) continues to make great strides in removing obstacles from the path of students so they are able to learn and succeed. Their site coordinators facilitate student achievements by working with the schools to conduct a needs assessment, create school-wide plans and develop a plan for each student. To support students' learning environment outside of the classroom, CIS works to provide wraparound services through the following initiatives; hunger prevention, case management, academic tutoring, mental health and counseling, pediatric medical services and school supplies. In 2017, CIS's caseload increased by almost 10% and now serves around 3,000 students. CIS also expanded their program into Sparks Middle School, for a total of 6 programs across elementary, middle and high-schools. CIS provided 844 basic need services including school supplies, clothes and food; however, in many situations CIS also serves the student's siblings and families that are not captured into service numbers served.

- 1,183 hours of One-On-One case management
- 1,405 academic sessions provided
- 5,182 case management and behavioral interventions provided, a 142% increase compared to 2016
- 51 family engagement/life and social skills provided

[23] Washoe County School District. (2015). Envision WCSD 2020: Investing in our future. Strategic plan. Retrieved from: http://www.washoeschools.net/domain/633.

- 76% graduation rate among CIS students in Washoe County, 23% higher than WCSD's Children in Transition graduation rate.

Nevada Literacy Plan – Washoe County School District

As mandated by Nevada K.I.D.S Read, the Washoe County School District Literacy Plan was designed to address PreK-3rd grade literacy achievement, in which preschool and early elementary grade educators work closely together to study teaching and learning through alignment of curricula, methodology, and assessments. Learning Strategists (LS) were identified to assist the Instruction and Curriculum team in overseeing the WCSD's literacy plan within each school, provide teachers with the required professional development trainings and provide intensive instruction to students who have been identified as deficient in literacy. In school year 16-17, WCSD's literacy plan and NSLP's assessment tools were fully implemented to track data for release next school year. This information helps schools analyze academic progress and if resource allocation is needed to ensure all students succeed. LSs are finding the workload of implementing the literacy plan and teaching a full caseload of students a challenge. As a result, the Instruction and Curriculum team developed The Tier 1 Framework for Literacy to provide daily literacy instruction for teachers to supplement the WCSD's literacy plan.[24] Instruction and Curriculum is also exploring strategies to partner with community agencies to provide students and families with additional resources outside of the classroom thereby improving literacy achievement. In addition to the implementation of a literacy plan, another major component of Nevada K.I.D.S. Read is parent engagement. Factors that influence school readiness include family and community supports and environments, as well as children's early development opportunities and experiences. A strong predictor of student's proficiency level begins prior to kindergarten when parents serve as their child's first teacher.

United Way of Northern Nevada and the Sierra

In October of 2017, United Way of Northern Nevada and the Sierra (UWNNS) presented their Community Solutions Action Plan (CSAP), "Literacy is the Cure" to address Third Grade Reading proficiency in Northern Nevada. The CSAP is led by a coalition of businesses, individuals, government agencies and other non-profits working in collaboration to ensure that more children in low-income families succeed in school; graduate prepared for college and a career, and aspire for active citizenship. The strategies identified in the CSAP support Nevada's Read by Grade Three initiative and will be measured by the statewide common assessment tools to accurately track children's literacy progress and baseline. This will allow children's proficiency to be tracked consistently providing a core measure on which to focus all efforts and pinpointing areas of greatest need.

UWNNS is nearing the end of a three-year grant cycle with partners who have created movement over the past year in three key program areas. 1.) Early Learning and Development 2.) Kindergarten Readiness and Early Literacy 3.) Early Grade Success. The following programs worked in support of these three key program areas:

[24] WCSD Curriculum & Instruction. (2017). Retrieved from: https://www.washoeschools.net/Page/1044

Nature's Transformers led by Sierra Nevada Journeys—Nature's Transformers' focuses on the advancement of STEM through field study experiences that stimulate cognitive and linguistic learning to promote early literacy development.

- Parent engagement increased by 6% from last year, totaling 2,448 parents and children in 2017.
- 1,406 books were distributed to children to start at home libraries.
- Pre- and post- test scores gauging science-based literacy went up from 32% to 78% upon completion of the program.

Building Blocks to Literacy led by Wells Family Resource Center—Building Blocks to Literacy incorporates a three pronged approach to prepare children with the basic fundamentals to be Kindergarten ready, provides professional development to pre-K teachers to enhance social-emotional classroom skills using the TACSEI model (Technical Assistance Center on Social Emotional Intervention, and library usage.

- Over 90% more teachers attended TACSEI training than anticipated reaching a total of 295 teachers.
- 236 new library cards were issued to increase parent engagement, a total of 1008 parents and children participated in the program.

Boys and Girls Club Reads led by Boys and Girls Club of the Truckee Meadows—The Boys and Girls Club Reads focuses on preventing "summer learning loss" through library partnerships, parental engagement, and academic tutoring.

- 1,463 parents and children were engaged in summer learning across the region, a 60% increase compared to last school year.
- 53% of children were reading at grade level before entering the program, after completing the program 78% were reading at grade level.

Family Reading Program led by the Northern Nevada Literacy Council—The Family Reading program teaches parents techniques to extend the literacy value of a book by reading with their children to support emerging language and literacy skills.

- Parent and children participation increased by 17% in 2017.
- 1042 families completed family literacy trainings.
- 968 books and activities were distributed to families to increase time reading with children.

Education Alliance

The Education Alliance of Washoe County is a community partnership that fosters educational excellence and student achievement. Through leadership, advocacy and resource development Educational Alliance is bridging the private sector and community to support college and career readiness. The impact from their partnerships have played a significant role in bringing necessary resources and expertise to the learning environment by helping to create relevant pathways for Washoe County's future graduates.

Education Alliance and Higher Education entities are working together through the P-16 Advisory Council to help all students achieve their career and life goals. In 2017, the council created a new survey

focused on identifying student's interests and aligning them with high schools that had relevant programs. The purpose of this endeavor is to increase high school graduation rates by connecting students to studies of interest and allow them to gain workforce experience. In addition, the P-16 Advisory Council has compiled data to produce the 2017 Data Profile in spring of 2018. This report includes data on key indicators of high school performance, college enrollment, college success of WCSD students, and workforce development needs of Nevada.[25]

Lastly, Education Alliance supports college and career readiness through the Run for Education Passport Program. They are strong advocates for physical education as it strongly correlates to improved body function, increased brain function and improves academic outcomes.[26] Last year, the Run for Education raised funds for 91 schools in Washoe County. To date, $1.77 million dollars have been raised for schools and students.

Objective 7.1-7.3 Increase Physical Activity, Proper Nutrition and Wellness Among Washoe County Youth

Wellness Advisory Committee - Washoe County School District

The Student Wellness Advisory Committee has been established to serve in an advisory capacity to the Washoe County School District (WCSD) Board of Trustees in areas of student health and wellness. The committee has facilitated the implementation of the Student Wellness Policy to provide a foundation of health and wellness knowledge, and skills to aid students in making informed choices on nutrition, activity level and physical environment. The Washoe County School District's 2016-2017 Student Wellness Goals align with state and federal laws and regulations.[27]

Wellness Goal 1— Nutrition Promotion and Education
Wellness Goal 2— Physical Activity-participate in thirty (30) minutes of daily, moderate to vigorous physical activity
Wellness Goal 3— School Based Activities that Promote Student Wellness

In school year 2016-2017, schools made significant progress toward meeting the three wellness goals

- 75 schools educated school sites and the community on "Smart Snack Standards" to increase understanding among teachers, students, and parents, an increase from 57 schools in 2016.
- 73 schools formalized P.E. and wellness instruction compared to 47 schools in 2016.
- Wellness coordinators have been established at 57 school sites, an increase from 35 schools sites last year.

As the Wellness Committee moves forward they will continue to work with schools on the following efforts to achieve 100% compliance with state and federal policies:

- Identify Wellness Champions to implement the Interactive Health Technologies (IHT) Program in elementary, middle and high schools to meet the physical activity federal mandate. The IHT

[25] Education Alliance of Washoe County (2017). About us. Retrieved from: https://ed-alliance.org/about/.
[26] Centers for Disease Control and Prevention. (2017) Healthy Schools. Retrieved from: https://www.cdc.gov/healthyschools/physicalactivity/facts.htm
[27] Washoe County School District. Student Wellness Advisory Committee. Retrieved from: https://www.washoeschools.net/Page/5752

program shows heart-rate based physical education improves student fitness and academic performance in Math and English. Student's fitness improvements are assessed in conjunction with their Measure of Academic Progress (MAP) scores. Washoe leadership will look at applying for grants that will enable the district to purchase the accompanying software to expand the program throughout the 64,000-student district.

- Explore recommendations to keep District vending machines compliant with the Smart Snack standards. Possible recommendations include: actions to remove vending machines on school campuses and staff and faculty area, limiting hours of machine operation within student access, and consider products being sold.

Nutrition Services Department – Washoe County School District

The Washoe County School District Nutrition Services Department's (NSD) mission is to utilize exceptional customer service to provide access to nutritious, appealing, high quality meals to every student in a healthy and safe environment, while maintaining fiscal responsibility. This department administers child nutrition programs in 95 sites throughout Washoe County School District. The department runs a central Production Facility, and a food warehouse and distribution facility. The department provides breakfast and/or lunch in all school cafeterias as well as some charter schools.[28]

Increasing meal participation has consistently been a goal of the NSD and in pursuit of that goal; many schools in Washoe County utilize an option known as Provision 2. Provision 2 requires that the participating schools serve meals to all children at no charge and reduces the burden of collecting meal benefit applications to once every four years. Since all kids eat for free, the stigma of getting a school meal is reduced and meal participation typically increases.

During the 2016-2017 school year, there were a total of 43 Title 1 schools; 24 of those schools participated in Provision 2, the same number as the previous year. Looking towards the future, NSD will be utilizing a variety of means to improve school meal participation such as adding new chef inspired items to the menu, serving meals from the "Washoe Noshery" food truck, and continuing to serve breakfast the start of the school day at high needs schools.

Girls on the Run Sierras - Renown Health

Girls on the Run (GOTR) drives transformative and lasting change in the lives of third to fifth grade girls by providing safe and structured spaces where children learn skills to be physically active. Girls on the Run Sierras were generously awarded a $225,000 Community Impact grant through Renown Health's 2015-2017 Community Benefits Plan. The funds were used to expand Girls on the Run programs into third through eighth grades of the Washoe County School District. GOTR programs are now in 10 Title 1 schools, an increase from 4 schools in the previous year. Girls on the Run Sierras achieved their 2016-2017 goals:

- 377 Washoe County girls have successfully completed GOTR programs, a 71% increase in participation from SY 2015-2016.

[28] Washoe County School District. (2016). Welcome to nutrition services. Retrieved from: http://www.washoeschools.net/Domain/69.

Wolf Pack Coaches Challenge – Washoe County Health District

The Wolf Pack Coaches Challenge was a one year pilot program implemented in 2017 by the Chronic Disease Prevention Program at the Washoe County Health District in partnership with Washoe County School District and Nevada Athletics. The efforts of this program target elementary school classrooms encouraging students to eat healthy and be physically active. In 2017, pre and post assessments measured student's consumption of fruits, vegetables, and level of physical activity. Students used a weekly tracker to record their "points" that was turned in for prizes at the end of the program. Students received 1 point for each fruit and vegetable eaten and 1 point for 15 minutes of physical activity. To increase physical activity in Washoe County schools, the program coordinator will be working with teachers to incorporate one-minute "brain-breaks" during class time and involving combined learning activities that align with Common Core Curriculum. In SY 2016-2017, 11 classrooms participated from four different schools.

- 229 students participated in the Wolfpack Coaches Challenge
- About 8% of students who completed a pre and post program assessment increased their physical activity
- A limited number of students reported an increase in fruit and vegetable consumption compared to pre-program assessment

In conclusion, educational attainment is critical as it provides the foundation for future employability and increased earnings. According to the Annie E. Casey Foundation's annual Kids Count report, Nevada ranks second-to-last for its overall education outcomes and among the bottom-performing states for children's economic well-being. Education in our state has some substantial challenges however, improvements are being seen; in part due to the legislative changes and increased funding that has occurred at the state level. In addition to increased funding for school districts, we've also seen community organizations making substantial progress to improve educational outcomes. Although there is still much left to be done, this is encouraging progress and further collaboration will likely lead to even greater positive change.

Education (K-12): How Did We Measure Up?

Objective 6: Improve the health outcomes of Washoe County youth through educational attainment.							
Status	**CHIP Objectives**	**Performance Measure**	**Baseline 2014-2015**	**Result 2015-2016**	**Target 2017**	**Result 2017**	**Trend ↑↓**
	6.1 Increase the Washoe County School District graduation rate.	High school graduation rate	75.0%	77.0%	76.9%	84.0%	↑7.0%
	6.1a Increase the Washoe County School District graduation rate for Black/African American students.	High school graduation rate for B/AA students	66.0%	57.0%	67.7%	75.0%	↑18.0%
	6.1b Increase the Washoe County School District graduation rate for Hispanic/Latino students.	High school graduation rate for H/L students	67.0%	68.0%	68.7%	80.0%	↑12.0%
	6.1c Increase the Washoe County School District graduate rate for Native American/American Indian students.	High school graduation rate for NA/AI students	52.0%	66.0%	53.3%	71.0%	↑5.0%
	6.1d Increase the Washoe County School District graduation rate for Children in Transition.	High school graduation rate for Children in Transition	53.0%	42.0%	54.3%	53.0%	↑11.0%
	6.1e Increase the Washoe County School District graduation rate for children living in poverty.	High school graduation rate for children living in poverty	65.0%	66.0%	66.5%	77.0%	↑11.0%
	6.1f Increase the Washoe County School District graduation rate for students enrolled in Special Education classes**.**	High school graduation rate for children enrolled in special education classes	30.0%	31.0%	45.0%	59.0%	↑28.0%
	6.2 Decrease the percentage of Washoe County School District graduates attending Truckee Meadows Community College who require remedial math courses.	% of WCSD graduated requiring remedial math courses through TMCC	77.7%	~	47.5%	~	
	6.3 Decrease the percentage of Washoe County School District graduates attending Truckee Meadows Community College who require remedial English courses.	% of WCSD graduated requiring remedial English courses through TMCC	50.0%	~	34.2%	~	
	6.4 Decrease the percentage of Washoe County School District graduates attending UNR who require remedial math courses.	% of WCSD graduates requiring remedial math courses through UNR	36.0%	~	13.3%	~	

	6.5 Decrease the percentage of Washoe County School District graduates attending UNR who require remedial English courses.	% of WCSD graduates requiring remedial English courses through UNR	14.0%	~	13.3%	~	~

Objective 7: Support student health, wellness and achievement through nutritious eating habits and physical activity.							
Status	**CHIP Objectives**	**Performance Measure**	**Baseline 2014-2015**	**Result 2015-2016**	**Target 2017**	**Result 2017**	**Trend ↑↓**
	7.1 The Washoe County School District will adopt a Student Wellness Policy that meets state and federal requirements for nutrition and physical activity.	Adoption/Implementation of School Wellness Policy	0	1 adopted	1 adopted	1 adopted	=
	7.2 Increase the percentage of Title 1 schools with Provision 2 or Community Eligibility status.	% of Title 1 schools with Provision 2 or community eligible status	58.5%	55.8%	100% (2020)	55.8%	=
	7.3 Increase the number of Title 1 schools with Girls on the Run programming**.**	# of Title 1 schools with Girls on the Run programming	4	12	14	10	↓
	7.3.a Provide the Girls on the Run program to 500 adolescent girls in Washoe County.	# of WC adolescent girls participating in the Girls on the Run program	218	381	400	377	↓
	7.4 Pilot the UNR Coaches Challenge program in at least 20 elementary school classrooms within Washoe County.	# of WC elementary classrooms piloting Coaches Challenge	0	37	20	11	↓
	7.4.a Washoe County elementary students who complete Coaches Challenge will report an increase in physical activity.	% increase in physical activity	-	-	20% increase	~	
	7.4.b Washoe County elementary students who complete Coaches Challenge will report an increase in nutritious eating.	% increase in nutritious eating	-	-	20% increase	~	

~Data not available

Notes:

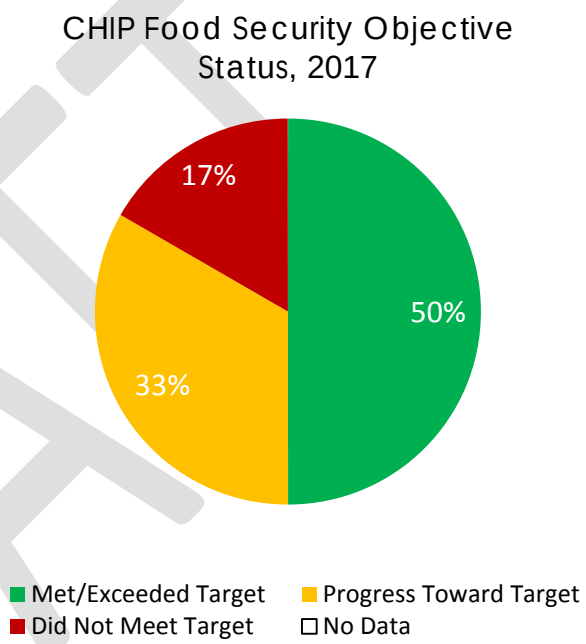
- **Objective 6.2-6.5** – Data not available until mid-2018.
- **Objective 7.4a-7.4b** – Data not available until mid-2018.
- Since third grade literacy can be an indicator of graduation rates, it was recommended that a third grade literacy measure be added into future CHIPs.

Food Security

4

A household that is food insecure has limited or uncertain access to enough food to support a healthy life.[29] During the recession, USDA's Economic Research Service reported 14.6% of households in America were food insecure. In 2015, about 13.7% of households in Nevada were food insecure. Similar to the state, in 2015, about 12.7% of residents living in Washoe County were food insecure.[30] Additionally, the relationship between food insecurity and health is substantial. Food insecurity over an extended period of time may present long-term health challenges and reduce quality of life further increasing health costs.

The rate of food insecurity has declined from its peak levels; several factors have contributed such as benefits from the economic recovery, the Affordable Care Act, and federal food assistance programs like the Supplemental Nutrition Assistance Program (SNAP), formerly known as food stamps. SNAP has allowed the working poor, struggling families and seniors to allocate more of their resources to purchase basic needs other than food. Participation rates amongst eligible households in Nevada has remained low and SNAP participation did not decline as economic conditions in Nevada improved post-recession. Today, nearly 60,000 persons are enrolled in SNAP and the increase in participation is likely a reflection of substantial outreach efforts by various entities such as Food Bank of Northern Nevada.



The decrease in food insecurity is encouraging but much work remains to further reduce the number of people who are food insecure and at risk for long-term health consequences. In an effort to meet that need, the steering committee established two goals for this priority:

- **Goal 8**: Implement programs that address the immediate need for food and promote long-term health and food security in households and communities.
- **Goal 9**: Enhance home-delivered meal programs to seniors to keep on pace with the rising senior population.

[29] Feeding America. (2017) Hunger and Poverty Facts. Retrieved from: http://www.feedingamerica.org/hunger-in-america/hunger-and-poverty-facts.html

[30] Kerwin, H. (2018). Washoe County Community Health Needs Assessment. Washoe County Health District, Renown Health, and Truckee Meadows Healthy Communities. Retrieved from: https://www.washoecounty.us/health/files/data-publications-reports/2018-2020%20CHNA_FINAL.pdf

There are six strategies implemented by five community partner groups within this priority to make movement on 10 performance measures/objectives.

Progress: Food Security Strategies & Objectives

For this priority 50% of the objectives have been met for this priority and 60% of the strategies have been met. In addition, this priority has aligned itself with the Collaborating for Communities (C4C) Food Security Community Action Network (CAN).

Objective 8.1-8.5 Implement programs to reduce the food insecure in Washoe County

PhotoVoice Project

The PhotoVoice project was a tool utilized to inform the C4C CANs about the needs and experiences of those living in neighborhoods within the 89502 zip code. PhotoVoice is a process in which people with limited power due to poverty, language barriers, race, class, ethnicity, gender, culture, or other circumstances can use video and/or photo images to capture their environments and experiences to tell a story.[31]

A documentation of the PhotoVoice project can be viewed on YouTube: https://www.youtube.com/watch?v=3wK6IdPwQGk. Pictures can also be viewed on the walls of Washoe County Health District, Building B.

As a result of the project in 2015, cross sector partners determined food security, health access, education, financial stability, and housing were community outcomes they wanted to address through the development of three CANs: C4C Housing CAN, Economic Stability CAN, and Food Security CAN.

Collaborating for Communities Food Security Community Action Network

In December of 2017, the three year grant cycle from the Annie E Casey Foundation concluded. The C4C Leadership team presented the final products from the C4C Housing CAN, Economic Stability CAN, and Food Security CAN in Baltimore among other selected grantee recipients. The purpose of their presentation demonstrated a structured approach to achieve community-based outcomes that improved family stability. Dedicated partners comprised of various community stakeholders ranging from the healthcare sector, to non-profit community organizations developed a Food Security Action Plan outlining collaborative initiatives that focused on increasing; SNAP and WIC utilization, Mobile pantry outreach through schools, and food insecurity screening protocols.

In 2017, a significant two-year pilot project was developed and implemented, the Prescription Pantry. Through support from the State of Nevada, Fund for Healthy Nevada and the Food Bank of Northern Nevada a grant will support project efforts from July 1, 2017- June 30, 2019. Healthcare providers from Renown Health, Community Health Alliance and Northern Nevada HOPES will screen patients for food insecurity. When it is determined that a patient is food insecure, the patient is provided a “prescription”

[31] Community Tool Box. (2016). Implementing photovoice in your community. Retrieved from: http://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/photovoice/main.

to access food at one of the seven community healthy food pantries, or the clinic based pantry at Community Health Alliance. After the patient redeems their "prescription for food", they are referred to a Community Health Worker and are connected to other federal nutrition programs that they may be eligible for such as, SNAP, WIC, school breakfast and lunch, and other federal commodities. During the first six months of launching Prescription Pantry, 104 households have redeemed a prescription.

Community Garden Plan

The Community Garden CHIP subcommittee started to draft an action plan to include the initiatives of the CHIP Food Security focus area. After two successful small projects were implemented at the Truckee Meadows Healthy Communities Family Health Festivals; the subcommittee recognized existing food security and sustainability efforts underway in the community and determined the need to broaden their focus area to impact a greater number of families.

As a result, the Community Garden CHIP subcommittee's action plan was folded into the C4C Food Security Action Plan. In addition to merging efforts with the C4C Food Security CAN, the Washoe County Health District utilized a Master's in Public Health intern to conduct a local food system assessment. The results of the assessment identified health effects of food insecurity in Washoe County, common barriers to food insecurity and recent legislation efforts around community gardens. Following the assessment, a comprehensive map of recommendations to address food sustainability was developed and utilized by the C4C Food Security CAN.

Objective 9.1 Enhance home-delivered meal programs to seniors to keep on pace with the rising senior population.

Washoe County Senior Services

Washoe County Senior Services works collaboratively with the community to provide a higher quality of life for all residents, regardless of age. Senior Centers throughout Washoe County are available to provide direct and indirect services such as "Meals on Wheels", case management, legal services, and adult day health programs. Washoe County Senior Services offers two senior nutrition programs:

Congregate Meal Program – This program offers lunch to seniors who are 60 years of age or older. Meals are offered at 10 senior meal locations. The Older American Act provides funding for this program.

Home Delivered Meals – A meal delivery service is offered to seniors who are 60 years of age, at a high nutritional risk and who cannot participate in the Washoe County Senior Services Congregate Meal program due to an illness or disability. [32]

In FY 2016-2017, the Washoe County Human Services Agency received over $1M in federal funding to support the senior nutrition program. Washoe County served 381,913 meals to seniors participating in the Congregate and Home Delivered meal programs. In addition, Meals on Wheels received a $82,000 increase in funding for FY18 as a result of the 2017 legislative session.

In conclusion, food insecurity has declined from peaking during the recession but the rates have not decreased to pre-recession levels. Considerations of economic indicators likely reflect this trend as more households have jobs that reduce financial challenges however; in some cases the total household income is not enough to keep families consistently fed without assistance due to many competing financial strains. Increased outreach efforts to connect eligible participants to federal food assistance programs have significantly improved utilization rates and have increased access to food through SNAP, School Breakfast and Lunch programs and other nutrition assistance programs. To ensure the health and well-being of those living in Washoe County, community organizations will need to continue working together to reduce household food insecurity by expanding opportunities for families, improving participation in federal nutrition programs, and ensuring families have access to reasonable prices and healthy food.

[32] Washoe County. (2017). Nutrition programs: The Senior nutrition programs. Retrieved from: https://www.washoecounty.us/seniorsrv/nutrition/.

Food Security: How Did We Measure Up?

Objective 8: Implement programs that address the immediate need for food and promote long-term health and food security in households and communities.							
Status	**CHIP Objectives**	**Performance Measure**	**Baseline 2015**	**Result 2016**	**Target 2016**	**Result 2017**	**Trend ↑↓**
	8.1 Conduct a community needs assessment in the 89502 zip code with the goal of better understanding the role of food banks and their partners in a structured approach to achieve community-based outcomes that improve family stability.	Food Security Needs Assessment	0	1	1	1	=
	8.2 Design a plan for improving outcomes identified through the community needs assessment process (identified in Objective 8.1), including the identification of interventions that draw from the best available evidence base.	Plan for improving outcomes	0	0	1	1	↑
	8.3 Design an evaluation and data collection plan for those interventions identified in Objective 8.2.	Evaluation and data plan	0	0	1	0	
	8.4 Implement interventions identified in Objective 8.2 and assess outcomes utilizing the evaluation plan in Objective 8.3.	Interventions implemented	0	0	1	0	
	8.5 Develop a Washoe County Community Garden Plan to identify goals, objectives and strategies for Community Gardens in low-income neighborhoods.	Develop/Implement Strategic Plan	0	0	1	~	
Objective 9: Enhance home-delivered meal programs to seniors to keep on pace with the rising senior population.							
Status	**CHIP Objectives**	**Performance Measure**	**Baseline 2015**	**Result 2016**	**Target 2016**	**Result 2017**	**Trend ↑↓**
	9.1 Reduce the gap in the number of meals served to seniors residing in Washoe County.	# of meals needed to meet the needs of the WC senior population	114,000	234,092	81,000	381,913	↑38.7%

~Data not available

Conclusion

The Washoe County Health District's (WCHD) 2017 Annual Report for the Community Health Improvement Plan (CHIP) provides an annual review of the activities and collaborative efforts completed by the Washoe County Health District, CHIP workgroups, and community partners and agencies associated with the CHIP. The purpose of the CHIP is to provide the community with a roadmap to address health problems, and the planning process guided community leaders in making decisions about where to focus resources to make a measurable impact to improve the health of Washoe County. Through the four identified health priorities; **Access to Healthcare and Social Services, Behavioral Health, Education (K-12), and Food Security**, specific goals, objectives and strategies were identified and significant progress was reached in each priority through the efforts of the workgroups. While the CHIP is a community driven and collectively owned health improvement plan, WCHD was charged with providing administrative support, tracking and collecting data, and preparing the annual report. The collective progress made by organizations across the community reflects a commitment to the collaborative work to support improved health outcomes.

Many great achievements occurred during the second year of CHIP implementation as highlighted below, which would not have been possible without the great support of the community. While strides were made, some valuable lessons were also learned that will help guide subsequent CHIP development.

Achievements

- Since the initial CHIP publication in 2015, there has been documented progress in implementing or achieving 43 of 66 objectives and 43 of 56 strategies.
- In partnership with Truckee Meadows Healthy Communities and various community organizations, the WCHD created a health hub of direct and social services through Family Health Festivals and a Remote Area Medical Clinic.
- With the increased awareness of the prevalence of mental health challenges across all ages, efforts to improve prevention, treatment and recovery systems among youth and adults have been initiated.
- Supportive efforts have furthered student performance, increasing the Washoe County graduation rates to 84%, a 7% increase from SY 15-16.
- Prescription Pantry, a two year pilot project designed to reduce food insecurity in Washoe County by screening patients for insecurity during primary care visits was implemented. The collaborative effort is supported by the State of Nevada, Fund for Healthy Nevada, the Food Bank of Northern Nevada, in partnership with Renown Health, Community Health Alliance, Northern Nevada HOPES and seven community food pantries and Urban Roots.
- CHIP workgroups demonstrated a great deal of enthusiasm for engaging with the Washoe County Health District. This enthusiasm relates not only to the important goals outlined in the CHIP, but also to the spirit of partnership that is required to work together across sectors to improve the health and well-being of Washoe County's residents.

- The CHIP workgroups met and shared information about community assets and resources, health initiatives and interventions, and other opportunities and programs to address the top four priorities. CHIP workgroups actively identified programs with which they were most familiar, provided and collected baseline data, and developed objectives and strategies addressing nine overall goals for each priority area.

Lessons Learned

- *Educate the broader community about the purpose of the Community Health Improvement Plan*. Further education about the purpose of the CHIP provides a common vision and shared approach for local partners working towards a healthy community, and could mitigate working in silos, duplication of efforts or competing efforts among organizations.
- *Lack of consistently identified data sources to measure baseline and subsequent CHIP progress*. Identifying a reliable source for baseline data with a reporting frequency that matches the timeline for targets and annual reporting of progress was a consistent challenge. Additionally, in some cases the outcomes reported were measured by individual organizations which resulted in some variability. Going forward, identifying consistent data sources and considering the timing of the reporting of that data may result in a clearer and more consistent determination of progress towards achieving objectives.
- *The amount of strategies and measures*. Inclusion of 55 strategies and 63 objectives is an extensive list of challenges to attempt to make meaningful progress on. Narrowing the scope of the subsequent plan may assist in ensuring meaningful progress occurs going forward given the limited resources available.
- *Availability of resources*. A continued effort to identify community assets, feasibility, and opportunities to leverage resources to achieve CHIP goals must be taken into consideration for greater efficiency and measurable impact.

As the second year of CHIP implementation has come to a close, the accomplishments to date give cause for celebration and underscore the continued need for a community wide, collaborative plan to aid in the focusing of efforts and resources as we collectively move towards a healthier community. While many lessons were learned in this first tri-anneal CHIP, most notably around utilization of consistent measures and identification of appropriate data sources, the achievements of our community are notable. With the continued momentum of the inaugural CHIP, we look to the 2018-2020 CHIP to reshape the roadmap towards improved health in cooperation with our community partners, agencies and non-profits working to make a healthy community a reality for all.

DBOH AGENDA ITEM NO. 11

Christopher J. Hicks
District Attorney

P.O. Box 11130
Reno, NV 89520

775.328.3200
Washoe county.us/da

STAFF REPORT
BOARD MEETING DATE: March 22, 2018

TO: District Board of Health

FROM: Leslie H. Admirand, Deputy District Attorney
775-337-5714, Ladmirand@da.washoecounty.us

SUBJECT: Review, discussion and direction to staff regarding the provisions of the Interlocal Agreement (ILA) entered into by the Cities of Reno and Sparks and Washoe County for the creation of the Health District. Take action to accept the ILA in its current form *or* direct staff to forward any recommendations for possible amendments to Reno, Sparks and Washoe County.

SUMMARY

Section 7(c) of the Interlocal Agreement requires annual review of the Agreement by the Board and that recommendations for possible amendments may be made to Reno, Sparks and Washoe County.

District Health Strategic Objective supported by this item: # 4 – Impactful Partnerships: Extend our impact by leveraging partnerships to make meaningful progress on health issues.

BACKGROUND

On November 27, 1972, the governing bodies of the Cities of Reno and Sparks and the County of Washoe formed the Washoe County Health District by adopting an Interlocal Agreement in conformance with the provisions of NRS 439.

The Interlocal Agreement was amended in August of 1986 to delegate to the Health District the powers granted to the Cities and County to displace or limit competition in the grant of any franchise for ambulance services.

The Interlocal Agreement was further amended in August of 1993 after a legislative revision to the composition of the Board of Health pursuant to NRS 439.390. The revision required the seventh member of the board, the member appointed by the other six, to be a physician.

There have been no further amendments to the Agreement.

This item will be calendared for review annually.

FISCAL IMPACT

There are no fiscal impacts for the Board's review of the Interlocal Agreement.

RECOMMENDATION

Staff recommends the District Board of Health review, discuss and provide direction to staff regarding the provisions of the Interlocal Agreement entered into by the Cities of Reno and Sparks and Washoe County for the creation of the Health District. Staff further recommends the Board take action to accept the ILA in its current form *or* direct staff to forward any recommendations as discussed for possible amendments to Reno, Sparks and Washoe County.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to accept the ILA in its current form *or* direct staff to forward any recommendations as discussed for possible amendments to Reno, Sparks and Washoe County."

AMENDMENT OF INTERLOCAL AGREEMENT
CONCERNING THE WASHOE COUNTY HEALTH DISTRICT

WHEREAS, the Washoe County Health District has heretofore been established with a District Health Department including a District Health Officer and a District Board of Health, composed of representatives appointed by the governing bodies of the cities of Reno and Sparks and Washoe County, together with one member appointed by the members of the Board of Health, all in accordance with Chapter 439 of Nevada Revised Statutes and an Interlocal Agreement adopted as of November 27, 1972, by those governing bodies; and

WHEREAS, the District Board of Health of the Washoe County Health District has exercised, since its creation, all the powers, duties and authority of a District Board of Health pursuant to Chapter 439 of the Nevada Revised Statutes; and

WHEREAS, it is the desire of the District Board of Health that certain revisions be made to the Interlocal Agreement by which the Board and the Department were created;

NOW, THEREFORE, the Interlocal Agreement Concerning the Washoe County Health District is hereby amended to read as follows:

INTERLOCAL AGREEMENT CONCERNING THE
WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

SECTION 1. Definitions.

A. As used in this agreement, unless the context otherwise requires:

1. "Board" means the Washoe County District Board of Health.

2. "Chairman" means the chairman of the Board.

3. "County" means Washoe County, a political subdivision of the State of Nevada.

4. "Department" means the Washoe County District Health Department.

5. "Health Officer" means the health officer of the Washoe County Health District.

6. "Reno" means the City of Reno, Nevada.

7. "Sparks" means the City of Sparks, Nevada.

B. Except as otherwise expressly provided in this agreement or required by the context:

1. The masculine gender includes the feminine and neuter genders.

2. The singular number includes the plural number, and the plural includes the singular.

3. The present tense includes the future tense.

The use of a masculine noun or pronoun in conferring a benefit or imposing a duty does not exclude a female person from that benefit or duty. The use of a feminine noun or pronoun in conferring a benefit or imposing a duty does not exclude a male person from that benefit or duty.

SECTION 2. District Board of Health; Creation; composition.

A. The Washoe County District Board of Health, consisting of seven members appointed by Reno, Sparks and the County is hereby created.

B. Two members of the Board shall be appointed by the Reno Council only one of whom shall be an elected member of the governing body.

C. Two members of the Board shall be appointed by the Sparks Council only one of whom shall be an elected member of the governing body.

D. Two members of the Board shall be appointed by the Board of County Commissioners. One of those members shall be a physician licensed to practice medicine in this State and the other shall be an elected member of the governing body.

E. The remaining member of the Board shall be appointed by the other members of the Board at their organizational meeting. If the members of the Board appointed by Reno, Sparks and the County fail to choose the additional member within 30 days after January 1, 1979 or within 30 days after the term of the additional member becomes vacant or expires, that member shall be appointed by the State Health Officer.

F. Except as provided in subsection J, below, members of the Board shall serve four year terms commencing January 1, 1979. Each member may be reappointed in the same manner as their original appointment to serve not more than two additional terms. Upon the expiration of this term of office, a member shall continue to serve until his successor is appointed and qualifies.

G. Not later than January 31, 1979, the Board shall meet and conduct an organizational meeting. At that meeting, the Board shall select a chairman and vice-chairman from among its members and may appoint such officers from among its members as it deems necessary to assist it in carrying out its prescribed duties. The chairman and vice-chairman shall serve two years and until their successors are appointed by the Board and qualify.

H. Except as otherwise provided in this Agreement or by law, a majority of the Board constitutes a quorum for the conduct of business and a majority vote of the quorum is necessary to act on any matter.

I. If a vacancy occurs on the Board, the entity which appointed the member whose position is vacated shall appoint a person to fill the remainder of that member's unexpired term. At the end of that term, the appointee may be reappointed to serve not more than two additional terms.

J. When a person appointed to the Board as a member of the governing body of Reno, Sparks or the County no longer qualifies to serve as a member of that governing body, his term of office on the Board expires and a vacancy automatically occurs. That vacancy shall be filled in the same manner specified in subsection I, above.

K. If the boundaries of the Health District are enlarged to include any additional political subdivision of the State of Nevada, or if any additional political subdivison is created within the District's boundaries, the political subdivision, upon request, may become a party to this agreement. In that event, the number of members on the Board shall be increased by appointment of two persons by the political subdivision, only one of whom shall be an elected member of the governing body of that political subdivision, and this agreement shall apply in all particulars to the new party thereto.

L. The Board may adopt procedural rules for the organization of its meetings and may adopt any other operational or procedural rules and guidelines to carry out their assigned functions and duties in an efficient and orderly manner. Such operational or procedural rules and guidelines must be consistent with the other terms of this agreement.

SECTION 3. Board of Health; Jurisdiction; powers; duties.

A. The Board, through the Department, has jurisdiction over all public health matters in the Health District. As used

in this subsection, "Health District" means the Washoe County Health District with boundaries conterminous with the boundaries of the County and as those boundaries may be amended from time to time.

B. The Board may exercise all powers conferred on such boards by the Nevada Revised Statues, regulations and other laws.

C. The Board shall perform, or cause to be performed through the Department, all duties prescribed by Nevada Revised Statutes, regulations and other laws.

D. The Board of Health may exercise the power granted to the cities of Reno and Sparks regarding ambulance services specifically set forth in NRS 268.081 and NRS 268.083 and may exercise the power granted to Washoe County regarding ambulance services specifically set forth in NRS 244.187 and NRS 244.188. In that regard, the District Board of Health may displace or limit competition in the grant of any franchise for ambulance service.

E. The Board of County Commissioners shall assist the Board by providing the administrative procedures by which the Board, through the Department, shall exercise the powers and perform the duties specified in Subsections B, C and D of this section. However, the Councils of Reno and Sparks and the Board of County Commissioners recognize and agree that ultimate responsibility for establishing policies and procedures relating to public health programs rests solely with the Board.

SECTION 4. Preparation of annual budget; accounting for funds of District Health Department; supervision of District Health Department.

A. A proposed annual budget for the Department including estimates of revenues to be derived from service

charges, permits, donations, contracts, grants and any other sources other than local tax resources for the budget period as well as planned operating expenditures shall be prepared by the Health Officer or his designee prior to the start of the fiscal year for which that budget is prepared and in accordance with the budget preparation time frame established by the County. Copies of the proposed budget shall be transmitted to the City Managers of Reno and Sparks and to the County Manager for their review or a review by their designated representatives.

B. Prior to the adoption of a final budget by the Board of County Commissioners, the Board shall review the proposed annual budget for the Department. Comments received from the City Managers of Reno and Sparks and the County Manager shall be presented to the Board for consideration as part of that budget review. The Board will approve a tentative budget for the Department and transmit that budget, in a format designated by the County, to the County for action by the Board of County Commissioners and inclusion within the County budget documents, being separately designated a special revenue fund known as the Health Fund in accordance with the Local Government Budget Act.

C. The Board of County Commissioners shall allocate the local tax resources and approve a final budget for the Department using the same policies and procedures that are used to allocate and approve budgets for County Departments. However, the allocation shall not be determined on the basis of the public health policies, procedures or programs established by the Board pursuant to Subsection E of Section 3 of this Agreement. The Board of County Commissioners shall notify the Board of the total amount of the allocation for each fiscal year. The Board shall be responsible for carrying out the public health goals, objectives and priorities established for the Department within the limits of that final budget as approved by the Board of County Commissioners.

D. Once the budget for the Department has been included within the final approved budget for the County and filed with the State in accordance with applicable law, it cannot be reduced, increased or otherwise altered by the County without the approval of the Councils of Reno and Sparks except under the circumstances hereinafter described. 1) Should it become necessary to increase the budget as a result of salary and/or benefit increases negotiated with recognized employee associations of the County in effect now and in the future, the budget for the Department will be increased by that necessary amount through appropriation of local tax resources by the County in the same manner as County Department budgets are increased as a result of those negotiations and in accordance with the provisions of the Local Government Budget Act. 2) Any nonlocal funds made available to the Department from such sources as the State or Federal government, foundations or through donations may be added to the final approved budget upon approval by the Board and through action of the Board of County Commissioners in accordance with the provisions of the Local Government Budget Act and consistent with County policy or ordinance on budget amendments. Any proposed decrease by the County in the unappropriated fund balance of the Health Fund will be brought to the notice of the Board who may make comment to the County regarding the proposed action.

E. The Health Officer or his designee shall keep a proper accounting for all expenses incurred and revenues received in the operation of the Department.

F. No obligation may be incurred or payment made in the operation of the Department except by the approval of the Health Officer or his designee. Approved claims shall be submitted to the Office of the County Comptroller who shall execute payment of such approved claims.

G. The County Treasurer's Office is hereby designated as the office to and from which funds of the Department shall be deposited or disbursed.

H. The County Purchasing Department is hereby designated as the office through which the Board shall exercise its authority under the Local Government Purchasing Act.

I. The Board shall establish a policy for supervision of all public health programs of the Department.

J. The Board may authorize new public health programs upon the recommendation of the Health Officer or his designee provided sufficient funds are available to carry out such programs at the time they are authorized.

K. In the event that grant, donation, contract or foundation funds for a specific program are terminated, that program will also be terminated, including its personnel, unless it is determined by the Board that continuation of the program is necessary and sufficient local tax resources are appropriated by the Board of County Commissioners for the program.

L. If insufficient funds are available to maintain a program and it becomes necessary to restrict or eliminate the program, the Board shall notify the City Managers of Reno and Sparks and the County Manager of the proposed restriction or elimination.

M. If an external fiscal audit of a grant or contract funded program requires a fiscal adjustment in the benefit of the contractor or grantor, such fiscal adjustment will be made within the existing appropriations of the Department.

SECTION 5. Health Officer; position created; appointment; qualifications; powers; duties and authority.

A. There is hereby created the position of Health Officer of the Washoe County Health District.

B. The Health Officer shall be appointed, and may only be removed, by a majority vote of the total membership of the Board. The Health Officer shall hold his position and serve at the pleasure of the Board. He shall reside within the boundaries of the Washoe County Health District.

C. The Board may only appoint as Health Officer a person who possesses the qualifications set forth by law for that position.

D. The salary of the Health Officer shall be established and approved in the manner specified in Chapter 439 of the Nevada Revised Statutes.

B2409PU443

E. The Health Officer is empowered to appoint such deputies and delegate such authority as he deems necessary to carry out the authorized health programs of the Washoe County Health District and those deputies shall receive such compensation for the classification designated as provided in the approved salary schedule of the County and as adopted by the Board of County Commissioners; provided sufficient funds are available in the approved annual budget of the Department. In addition, the Health Officer shall comply with the provisions of Section 6 below in making any such appointment to the staff of the Department.

F. The Health Officer shall be responsible to the Board for the proper administration of the Department in areas not directly subject to the supervision and control of the Board as set forth above.

G. The Health Officer and his deputies shall maintain complete records concerning public health programs provided by the Department.

H. The Health Officer, upon request, shall provide to the City Managers of Reno and Sparks, the County Manager and to any member of the Board a copy of any report or record of any activity of the Department.

I. The Health Officer shall cooperate with the State Board of Health, State Health Division and Federal agencies in all matters affecting public health. He shall make such reports and provide such information as the State Board, State Health Division and Federal agencies require.

J. The Health Officer shall designate a person to act in his stead during his temporary absence from the District or during his temporary disability. The Health Officer shall make such designation by letter to the Chairman of the Board, to the staff of the Department, to the City Managers of Reno and Sparks and the County Manager. The person so designated shall occupy the position of "Acting Health Officer" during the Health Officer's absence or disability. If necessary, the Health Officer shall also designate a physician licensed to practice medicine in this state to act as a consultant on all medical matters with which the Department is involved. If the Health Officer fails to make the designation or designations required by this subsection, the Board may do so by resolution.

K. If the position of Health Officer becomes vacant, an Acting Health Officer shall be appointed by the Board to fill the position until the Board appoints a new Health Officer.

L. No member of the Board may be appointed as Health Officer or Acting Health Officer.

SECTION 6. District Health Department of Washoe County Health District.

There is hereby established a District Health Department of the Washoe County Health District, subject to the following provisions:

A. The Department shall be organized in the same manner as divisions, departments, agencies, offices, etc. of the County are organized for the purpose of providing a structure for the day-to-day execution of the public affairs of the Department.

B. The Department has jurisdiction over all public health matters arising within the Washoe County Health District and shall carry out all public health programs approved by the Board.

C. All personnel matters in the Department shall be regulated by those ordinances applicable to County employees, except as otherwise provided herein.

D. The Health Officer or his designee shall employ qualified persons under the County's Merit Personnel Ordinance. Those persons shall receive the compensation specified for the classification designated in the approved salary schedule adopted by the Board of County Commissioners provided sufficient funds are available in the approved budget of the Department. The Health Officer or his designee may only select persons to fill authorized vacancies within the Department.

E. The Health Officer or his designee may take disciplinary action against any employee, including suspension or termination of any employee of the Department in accordance with any applicable provisions of County ordinances in effect now and in the future and any negotiated contracts with recognized employee associations in effect now and in the future.

F. The Department shall cooperate with the State Health Division and State Board of Health in carrying out all public health programs within the Washoe County Health District as permitted or required by the Nevada Revised Statutes and other laws.

SECTION 7. Term of agreement.

A. Except as provided in subsection D, this agreement shall be in effect for a period of one year from January 1, 1979.

B. After the initial one-year term has expired, this agreement shall automatically be renewed for a one-year period on each anniversary date after December 31, 1979, unless either Reno, Sparks, or the County serves by certified mail on the other parties to this agreement a written notice of termination 15 days prior to the date of expiration (which shall coincide with each anniversary date of this agreement), in which event this agreement shall terminate on the day of expiration. As used herein, "the expiration date" or "day of expiration" means the last day of this agreement or the last day of any extended one-year period under the terms of this agreement. If no written notice of termination has been received by any party to this agreement from any other party to this agreement at the end of its initial term or at the end of any one-year renewal period after the initial term of this agreement has expired, it shall automatically be renewed for another one-year period and will continue in full force and effect during such renewal.

C. This agreement shall be reviewed annually by the Board, and recommendations for possible amendments may be made to Reno, Sparks and the County.

D. This agreement may be amended by mutual consent of the parties hereto not later than 90 days before its annual renewal date. Oct 1

E. Reno, Sparks or the County may terminate this agreement for cause, including the breach of any provision thereof, upon written notice to the other parties to this agreement. In that event, the agreement shall terminate 60 days after the parties have received the written notice of termination for cause.

SECTION 8. Property acquired by District Health Department.

A. All property acquired by the Department during the term of this agreement shall be subject to the jurisdiction and control of the Board through the Health Officer and the Department.

B. Upon termination of this agreement, all property acquired by or held in the name of the Department shall become the property of the County, except that any property purchased with Federal funds must be disposed of in accordance with Federal Grants Administration policies.

IN WITNESS WHEREOF, the parties hereto have executed this amended agreement on the day and in the year appearing by the signatures below.

WASHOE COUNTY, by and through its Board of County Commissioners

By _____ Chairman

Date August 26, 1986

SEAL

ATTEST

_____ County Clerk

B2409PU448

CITY OF RENO, by and through its City Council

By _____ Mayor

Date 8/25/86

SEAL

ATTEST

_____ City Clerk

CITY OF SPARKS, by and through its City Council

By _____ Mayor

Date 8/25/86

1101865

The City of Sparks

ATTEST

_____ City Clerk

WASHOE COUNTY DA
86 SEP 19 P1:12

COUNTY RECORDER
FEE NONE REF

A-2029
A.I. 5.12
8/9/93

AMENDMENT TO THE INTERLOCAL AGREEMENT CONCERNING THE WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

WHEREAS, the Washoe County Health District has been established with a District Health Department including a District Health Officer and a District Board of Health, composed of representatives appointed by the governing bodies of the cities of Reno and Sparks and Washoe County, together with one member appointed by the members of the Board of Health, all in accordance with Chapter 439 of the Nevada Revised Statutes, and pursuant to an Interlocal Agreement adopted as of November 27, 1972, by those governing bodies and amended from time to time; and

WHEREAS, the District Board of Health of the Washoe County Health District has exercised, since its creation, all the powers, duties and authority of a District Board of Health purusant to Chapter 439 of the Nevada Revised Statutes; and

WHEREAS, it is the desire of the District Board of Health and of the governing bodies of the cities of Reno and Sparks and Washoe County that certain revisions be made to the Interlocal Agreement by which the Board and the Department were created in order to comply with legislative amendments to Chapter 439 of the Nevada Revised Statutes;

NOW THEREFORE, Sections 2.D. and E. of the Interlocal Agreement Concerning the Washoe County Health District are hereby amended to read as follows:

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2. D. Two members of the Board shall be appointed by the Board of County Commissioners only one of whom shall be an elected member of the governing body.

2. E. The remaining member of the Board shall be appointed by the other members of the Board at their organizational meeting. This member must be a physician licensed to practice medicine in this state. If the members of the Board appointed by Reno, Sparks and the County fail to choose the additional member within 30 days after January 1, 1979 or within 30 days after the term of the additional member becomes vacant or expires, that member shall be appointed by the State Health Officer.

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IN WITNESS WHEREOF, the parties hereto have executed this Amendment on the day and in the year appearing by the signatures below.

WASHOE COUNTY, by and through its Board of County Commissioners

By _____
Chairman

Date July 20, 1993

ATTEST:

_____
County Clerk

CITY OF RENO, by and through its City Council

_____
Mayor

Date 8/24/93

ATTEST:

_____
City Clerk

CITY OF SPARKS, by and through its City Council

By _____
Mayor

Date August 9, 1993

ATTEST:

_____
City Clerk

APPROVED AS TO FORM:

_____
STEVEN P. ELLIOTT, City Attorney

WASHOE COUNTY HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

DBOH AGENDA ITEM NO 12A

DD_CA_
DHO____ KD

AIR QUALITY MANAGEMENT DIVISION DIRECTOR STAFF REPORT
BOARD MEETING DATE: March 22, 2018

DATE: March 9, 2018

TO: District Board of Health

FROM: Charlene Albee, Director
775-784-7211, calbee@washoecounty.us

SUBJECT: Program Update, Divisional Update, Program Reports

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1. Program Update

a. Keep It Clean Program Transition

As winter comes to an end, the AQM is transitioning the Keep It Clean campaign to focus on spring and summertime pollution control programs which include Rack Em Up (active transportation) and Be Idle Free (emission reductions from idling vehicles). Bike Week will be the first community-wide event supporting Rack Em Up. The event will be held May 13th through 19th at various locations around town. Bike Week supports the Rack Em Up program by promoting healthy living and physical fitness through active transportation. Since vehicles contribute up to 67% of the ozone precursors in Washoe County, providing education and outreach about alternative forms of transportation, like cycling, may lead to behavior changes which can positively impact our air quality and an overall healthy community. Bike Week also supports the Ozone Advance Resolution adopted by the District Board of Health through the reduction of vehicle miles traveled and encouraging active transportation.

For details on all Bike Week events, please visit the Truckee Meadows Bicycle Alliance Facebook page.

b. Marijuana Regulations in Washoe County

AQM staff has been actively participating in the Washoe County Marijuana Code Working Group since Fall 2013 in preparation for the legalization of medical marijuana. With the legalization of recreational marijuana effective January 2018, the workgroup has

been under a tight timeline to amend the codes to accommodate the changes in the Nevada Revised Statutes 453A and 453D. The proposed amendments to Chapters 25, 53, and 110 were presented at a public workshop on February 7, 2018. The Board of County Commissioners (BCC) will begin the process to consider adoption of the amendments on March 27, 2018.

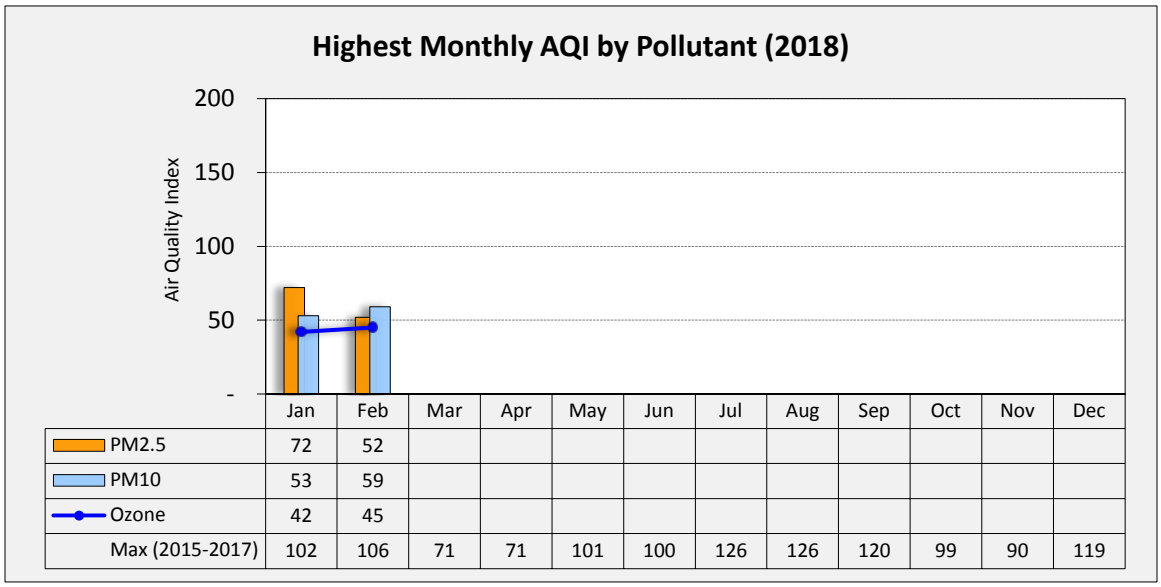
The volatile organic compound (VOC) emissions from the cultivation, production, and testing labs have been controlled through the standard AQM permitting process. The concern with the legalization of recreational marijuana was the potential for outdoor cultivation. After contacting air agencies in other states, it became very evident that odor complaints from outdoor cultivation result in a tremendous burden on the agency and community. In order to avoid the situation, AQM staff strongly encouraged the working group to have a prohibition on outdoor cultivation included in the Washoe County Codes. The BCC supported the prohibition and directed staff to include the prohibition in the code amendments. Washoe County staff then carried this message to the regional working group which resulted in all jurisdictions prohibiting outdoor cultivation.

The successful implementation of the prohibition on outdoor cultivation not only helps to avoid odor complaints but also ensures emissions from all commercial cultivation will be controlled, thus enhancing the quality of life for all.

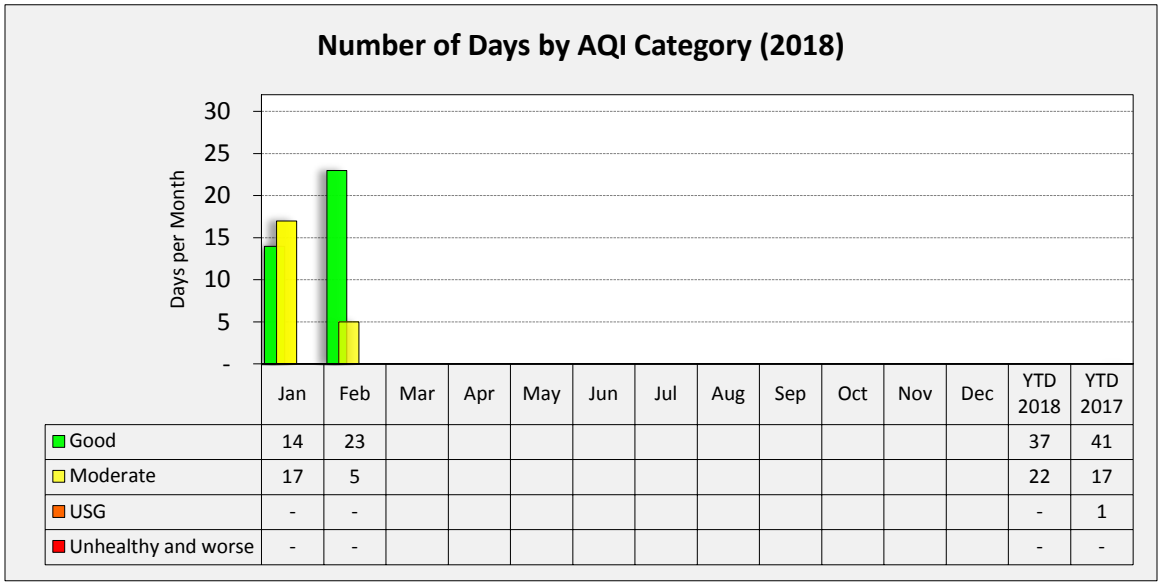
Charlene Albee, Director
Air Quality Management Division

2. Divisional Update

a. Below are two charts detailing the most recent ambient air monitoring data. The first chart indicates the highest AQI by pollutant and includes the highest AQI from the previous three years in the data table for comparison. The second chart indicates the number of days by AQI category and includes the previous year to date for comparison.



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
PM2.5	72	52										
PM10	53	59										
Ozone	42	45										
Max (2015-2017)	102	106	71	71	101	100	126	126	120	99	90	119



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD 2018	YTD 2017
Good	14	23											37	41
Moderate	17	5											22	17
USG	-	-											-	1
Unhealthy and worse	-	-											-	-

Please note the ambient air monitoring data are neither fully verified nor validated and should be considered PRELIMARY. As such, the data should not be used to formulate or support regulation, guidance, or any other governmental or public decision. For a daily depiction of the most recent ambient air monitoring data, visit OurCleanAir.com.

3. Program Reports

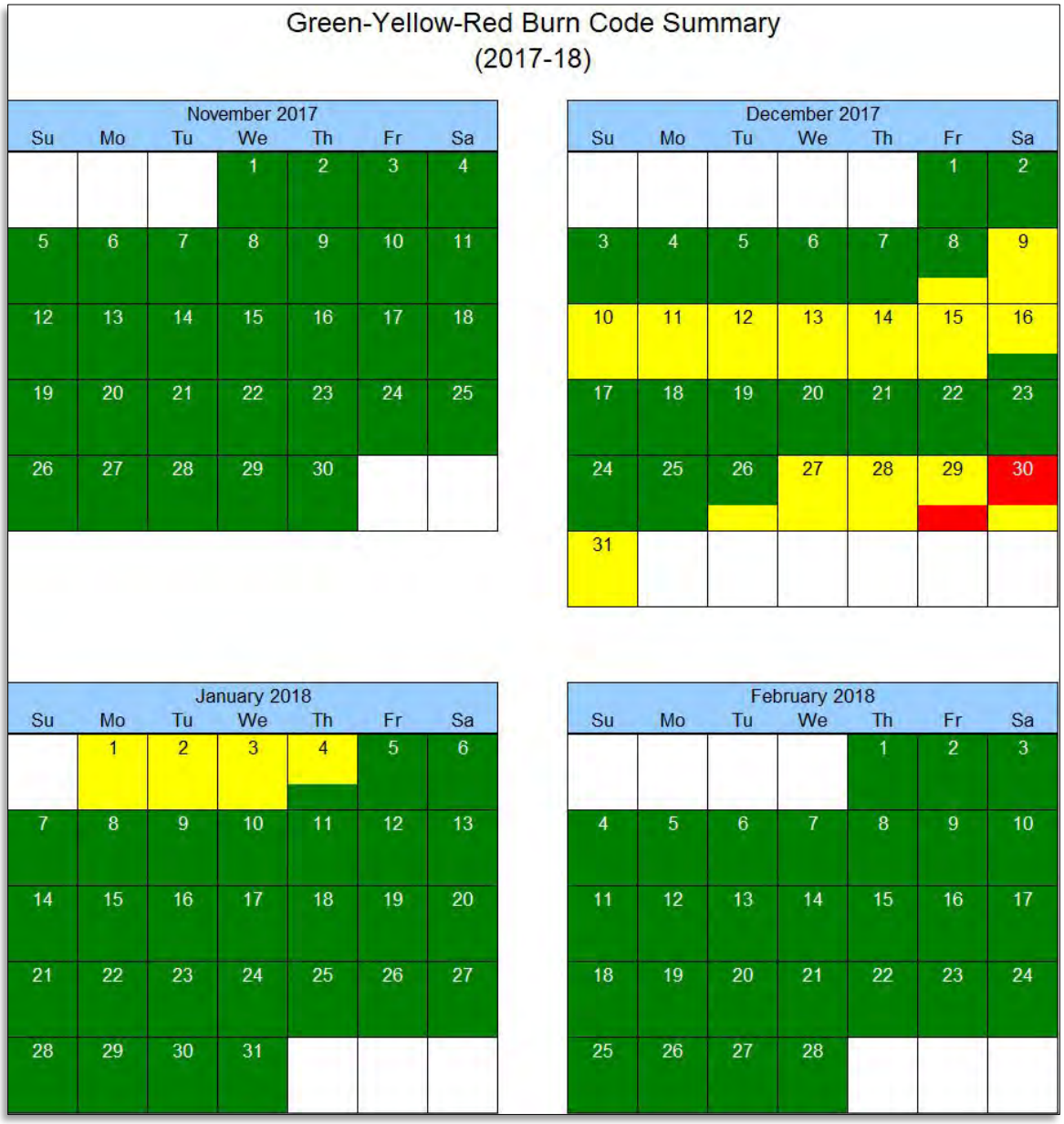
a. Monitoring & Planning

February Air Quality and Know the Code: There were no exceedances of any National Ambient Air Quality Standard (NAAQS) during the month of February. The AQMD issued 28 Green, 0 Yellow, and 0 Red burn codes in February.

2017-18 Know the Code: The AQMD has been implementing a wintertime burn code program since the late 1980's. Yellow and Red burn codes were not uncommon through the 1990's. Weather is the most important factor when AQMD determines the burn code each day. Storm systems keep temperature inversions from trapping pollution in the valley. The most important statistic is the number of $PM_{2.5}$ exceedances. Today's cleaner woodstoves and the public's support of Know the Code are two reasons wintertime air pollution has improved in the Truckee Meadows. Below is a summary of the 2017-18 Know the Code season compared to the last four seasons. A calendar depicting the burn codes for the 2017-18 season is on the next page.

Know the Code Summary
(most recent 5 seasons)

Code	Number of Days				
	2017-18	2016-17	2015-16	2014-15	2013-14
Green	103	109	111	102	75
Yellow	16	10	8	11	30
Red	1	1	2	7	15
Exceedances	0	0	0	0	0



Daniel K. Inouye
Chief, Monitoring and Planning

b. Permitting and Enforcement

Type of Permit	2018		2017	
	February	YTD	February	Annual Total
Renewal of Existing Air Permits	94	176	76	1055
New Authorities to Construct	8	10	3	60
Dust Control Permits	18 (268 acres)	43 (789 acres)	11 (150 acres)	173 (2653 acres)
Wood Stove (WS) Certificates	31	66	31	474
WS Dealers Affidavit of Sale	27 (23 replacements)	32 (24 replacements)	4 (4 replacements)	54 (40 replacements)
WS Notice of Exemptions	467 (5 stoves removed)	1051 (13 stoves removed)	615 (7 stoves removed)	9722 (88 stoves removed)
Asbestos Assessments	66	184	71	1029
Asbestos Demo and Removal (NESHAP)	20	42	25	241

In February

Staff reviewed fifty five (55) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

- Permitting staff is working closely with Apple staff on the preparation of the Title V (major stationary source) permit application. The project is currently permitted under a minor source permit, but with the next expansion will exceed the threshold for a major source. This Title V permit when issued will be the third within the Washoe County AQMD jurisdiction.

- Enforcement staff is working with Reno Code Enforcement and local asbestos consultants to ensure all the proper precautions are being implemented for the clean out and demolition of the 3 hotels and 2 commercial structures west of downtown.

Staff conducted fifty five (55) stationary source inspections, thirteen (13) gasoline stations and nine (9) initial compliance inspections in February 2018. Staff was also assigned eleven (11) new asbestos related projects and five (5) new demolition projects. There were also seventeen (17) new construction/dust projects to monitor. A total of fifty five (55) dust control inspections were documented. Enforcement staff continues to monitor each asbestos, demolition and construction project until the project is complete and the permit is closed.

COMPLAINTS	2018		2017	
	February	YTD	February	Annual Total
Asbestos	1	2	2	13
Burning	0	0	5	10
Construction Dust	3	5	0	42
Dust Control Permit	0	0	0	2
General Dust	1	6	1	54
Diesel Idling	0	2	0	0
Odor	2	7	3	15
Spray Painting	0	0	0	11
Permit to Operate	1	3	0	3
Woodstove	1	2	0	7
TOTAL	**9**	**27**	**11**	**157**
NOV's	**February**	**YTD**	**February**	**Annual Total**
Warnings	1	1	1	10
Citations	0	0	0	7
TOTAL	**1**	**1**	**1**	**17**

*Discrepancies in totals between monthly reports can occur due to data entry delays.

Mike Wolf
Chief, Permitting and Enforcement

Community and Clinical Health Services
Director Staff Report
Board Meeting Date: March 22, 2018

DATE:	March 9, 2018
TO:	District Board of Health
FROM:	Steve Kutz, RN, MPH 775-328-6159; skutz@washoecounty.us
SUBJECT:	Divisional Update – World TB, Insurance Contracts, UNR Students, 2018 Washoe County Chronic Disease Report Card, Data & Metrics; Program Reports

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1. Divisional Update

a. 2018 World TB Day - Washoe County Tuberculosis and Control Program Report

One hundred and thirty-six years ago on March 24, 1882, Dr. Robert Koch announced his discovery of the TB bacillus, the cause of tuberculosis.

World TB Day is an opportunity to raise awareness of this disease that claims more than 4,500 lives every day around the world. Despite significant progress over the past century TB is still one of the top ten causes of death around the world and is the number one cause of death among infectious disease.
This year's theme "**Wanted: Leaders for a TB-free World…"** is an appeal for all people to become aware of this disease and take action whether immense or slight, to end TB.

Washoe County's TB Prevention and Control Program staff is working hard to make TB elimination a reality. The TBPCP utilizes a set of objective targets from the **N**ational **T**uberculosis **I**ndicators **P**roject (NTIP) to highlight TB care and treatment provided to Washoe County residents diagnosed with TB. The NTIP objectives were created as a monitoring system for tracking the progress of U.S. tuberculosis control programs toward achieving the national TB program objectives.

Goals for Reducing TB Incidence:

Data are expressed as percentages when there is no denominator available.

Goal	2020 Target	National 2016	Nevada 2016	WCHD 2016
Reduce the incidence of TB disease.	1.4 cases/ 100,000	2.9 cases/ 100,000	1.9 cases/ 100,000	1.3 cases/ 100,000
Decrease the incidence of TB disease among U. S born persons.	0.4 cases/ 100,000	1.1 cases/ 100,000	28.6% (16/56)	33% (2/6)
Decrease the incidence of TB disease among foreign born persons.	11.1cases/ 100,000	14.6 cases/ 100,000	71.4% (40/56)	67% (4/6)
Decrease the incidence of TB disease among U. S born non-Hispanic blacks or African Americans.	1.5 cases/ 100,000	3.0 cases/ 100,000	6.5 cases/ 100,000	16% (1/6)
Decrease the incidence of TB disease among children younger than 5 years of age.	0.3 cases/ 100,000	1.2 cases/ 100,000	1.7 cases/ 100,000 (3 cases)	0 cases

Objectives on Case Management and Treatment

Goal	2020 Target	WCHD 2014	WCHD 2015	WCHD 2016
Increase the proportion of TB patients who have a HIV test result reported.	98%	100%	91%	100%
For TB patients with positive AFB sputum smear results, increase the proportion who initiated treatment within 7 days of specimen collection.	97%	100% (2/2)	100% (4/4)	100% (3/3)
For patients whose diagnosis is likely to be TB disease, increase the proportion who are started on the recommended initial 4 drug regimen.	97%	50% (1/2)	75% (6/8)	67% (2/3)*
For TB patients ages 12 years or older with a pleural or respiratory site of disease, increase the proportion who have a sputum culture result reported.	98%	100% (4/4)	100% (10/10)	100%
For TB patients with positive sputum culture results, increase the proportion who have documented conversion to negative results within 60 days of treatment initiation.	73%	100% (3/3)	100% (4/4)	100%
For patients with newly diagnosed TB disease for whom 12 months or less of treatment is indicated, increase the proportion who complete treatment within 12 months.	95%	71% (5/7)	90% (9/10)	100%

* Client with prior tx in 2013 – difficult to locate to re-start tx

Objectives on Contact Investigations

Goal	2020 Target	WCHD 2014	WCHD 2015	WCHD 2016
For TB patients w/positive AFB sputum spear results, increase the proportion who have contacts elicited	100 %	71% (5/7)	100% (4/4)	100% (3/3)
For contacts to sputum AFB smear positive TB cases, increase the proportion who are examined for infection and disease.	93%	100% (26/26)	100% (35/35)	100% (3/3)
For contacts to sputum AFB smear positive TB cases diagnosed with LTBI, increase the proportion who start treatment.	91%	100% (3/3)	67% (2/3)	67% (2**/3) **1 w/ active TB - txd.
For contacts to sputum AFB smear positive TB cases who have started treatment for LTBI, increase the proportion who complete treatment.	81%	67% (2/3)*	100% (2/2)	100% (2**/3) **1 w/ active TB - txd.
*Reason treatment not completed		Adverse event=1		

Objectives on Laboratory Reporting

Goal	2020 Target	WCHD 2014	WCHD 2015	WCHD 2016
For TB patients w/positive culture result, increase the proportion who have a M.tbc genotyping result reported.	100%	100%	100%	100%
For TB patients w/positive culture results, increase the proportion who have initial drug susceptibility results reported.	100%	100%	100%	100%
For TB patients w/cultures of respiratory specimens identified w/M.tbc, increase the proportion reported by the lab w/in 25 days from the date the specimen was collected.	78%	N/A	100%	100%
For TB patients w/respiratory specimens positive for M.tbc by NAA, increase the proportion reported by the laboratory w/in 6 days from the date the specimen was collected.	92%	N/A	100%	100%

Objectives on Examination of Immigrants

Goal	2020 Target	WCHD 2014	WCHD 2015	WCHD 2016
For immigrants w/abnormal chest x-rays read overseas as consistent w/TB, increase the proportion who **initiate** a medical examination w/in 30 days of notification.	84%	92% (25/27)	100% (39/39)	92% (24/26)
For immigrants w/abnormal CXR read overseas as consistent w/TB, increase the proportion who **complete** a medical examination w/in 90 days of notification.	76%	88% (24/27)	100% (39/39)	92% (24/26)
For immigrants with abnormal CXR… diagnosed w/ LTBI or have radiographic findings consistent w/prior pulmonary TB… increase the proportion who start tx.	93%	50% (5/10)*	64% (9/14)*	90% (9/10)*
For immigrants w/ abnormal CXR… who have started tx, increase the proportion who complete treatment.	83%	100% (5/5)	89% (8/9)**	89% (8/9)**
*Reasons for not starting tx		Moved=3 Declined=2	Declined=4 Lost=1	Moved=1
** Reason for not completing tx			Lost=1	Non-adherent=1

Challenges to meeting NTIP goals include:

- Eliciting cooperation from contacts for evaluation and any needed treatment
- Eliciting cooperation of immigrants for latent TB treatment
- Ensuring treatment is completed for persons moving out of Washoe County
- Ensuring treatment is completed for persons being treated by their own medical provider
- Smaller sample groups affect statistical rates/percentages

Successes:

- Overall DOT (directly observed therapy) and COT (completion of therapy) success rate is high
- Consistently obtain HIV status for our clients with TB disease
- Continue to be below the national and state incidence rate

New items:

- A new QuantiFERON ®TB Plus (QFT) will be available in June 2018. This is an updated version of a blood test for the presence of tuberculosis. The TBPCP utilizes QFT for testing newly arrived immigrants who have received BCG (bacillus Calmette-Guerin) vaccination. QFT will not produce a false positive result in persons who have received BCG.
- T-Spot is another type of blood test for tuberculosis that is also available. Studies have demonstrated that this test performs superiorly to QFT in persons with immune-comprising conditions. The TBPCP is considering the use of this test in addition to QFT and the tuberculin skin test (TST) to provide the best diagnostic accuracy to our clients.

- The Nevada Division of Public and Behavioral Health is pursuing legislature to make latent tuberculosis a reportable condition for all persons newly diagnosed. In 2015 NAC 441A.350 was amended to make any child less than 5 years of age with a positive tuberculosis screening test reportable. Multiple other states have already passed such legislation. Many providers in Washoe County voluntarily report persons newly diagnosed with LTBI. This is important information for TB Programs to aid in their TB elimination efforts. In 2017, the TBPCP was able to identify two persons early on in the disease process who had active disease following voluntary reports of positive QFT results. This early identification provided prompt treatment initiation helped prevent additional persons becoming infected.

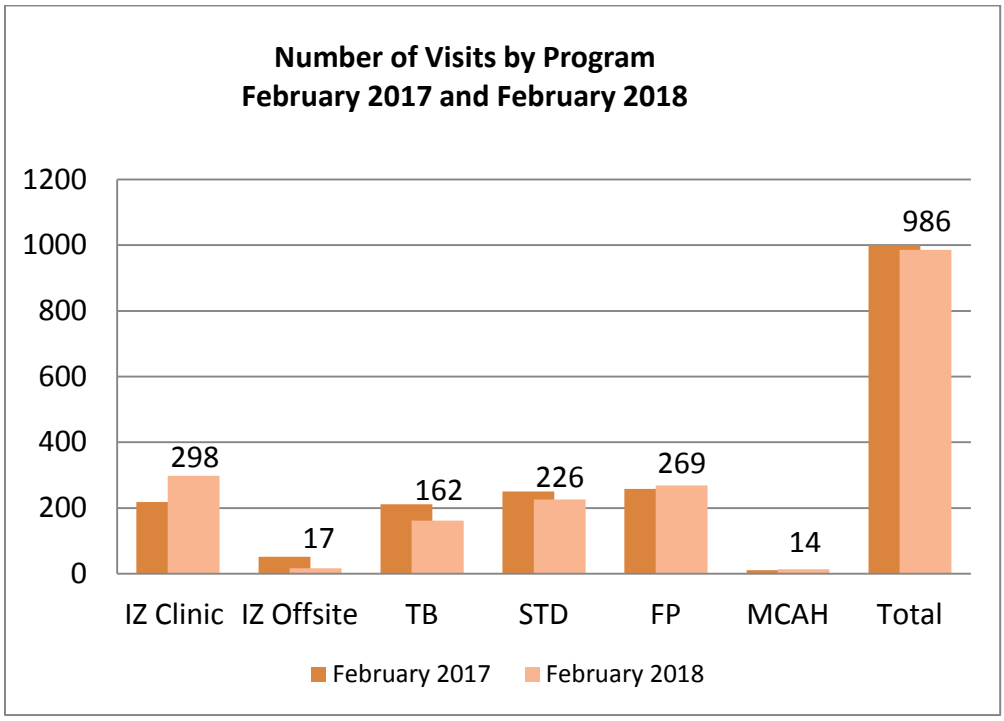
b. **Insurance Contracts** – We are submitting a final contract to Aetna, and have submitted Prominence and SilverSummit Healthplans to their respective corporate offices for approval.

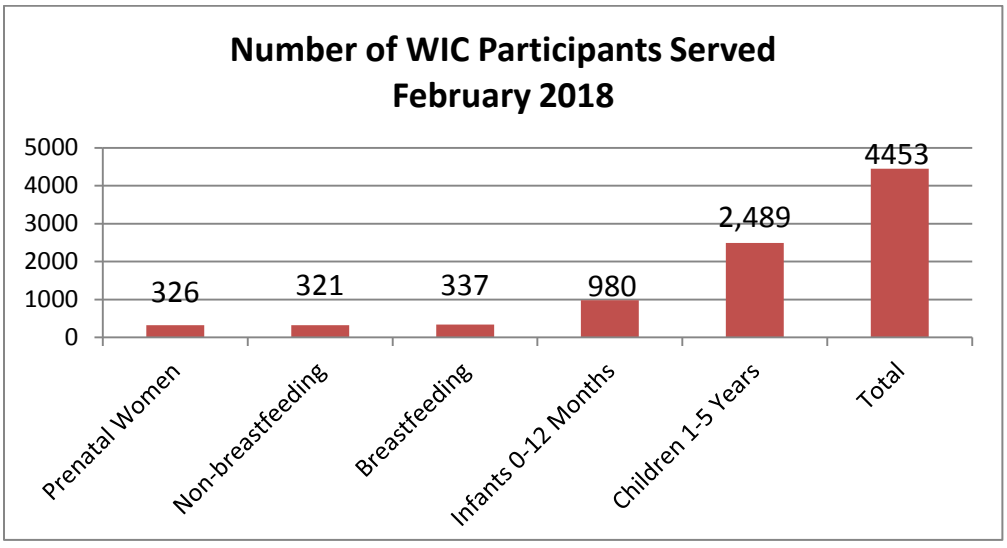
c. **UNR Students** – CCHS routinely hosts undergraduate and graduate program level nursing, community health science, and medical students and residents in a number of our programs. We also regularly connect these students with our Epidemiology program. While it can be challenging to match up these individuals' areas of interest to the respective programs, we remain committed to providing valuable public health experiences to the next generation of health care and public health professionals. For fiscal year 2017, CCHS had over 1,400 hours of student time in its various programs. More information on current UNR student activities are in the program reports below.

d. **2018 Washoe County Chronic Disease Report Card** - The 2018 Washoe County Chronic Disease Report Card is a compilation of data, including data on chronic disease and their leading health indicators. The data presented is the most current and available information about chronic disease for Washoe County, Nevada and the United States.

   The Washoe County Health District's Chronic Disease Prevention Program's seeks to empower our community to be tobacco free, live active lifestyles and eat nutritiously through education, collaboration and policy. Tobacco use and exposure, poor diet, and physical inactivity are the three primary risk factors for chronic disease. Analysis of specific chronic diseases and risk factors by demographic variables such as gender, age, or ethnicity is useful for identifying segments of the population that may be at greater risk of disease. Such information allows public health programs, including the Chronic Disease Prevention Program, to focus prevention measures in ways that will have maximum impact.

e. **Data/Metrics**





Changes in data can be attributed to a number of factors – fluctuations in community demand, changes in staffing and changes in scope of work/grant deliverables, all which may affect the availability of services.

2. Program Reports – Outcomes and Activities

a. **Sexual Health** – Staff have been mentoring several University of Nevada Reno medical residents in the last month; this is in addition to Dr. Zell's weekly residents. Interns from the School of Community Health Sciences are working on projects that will further the Sexual

Health Program's ability to meet grant objectives. Nathan Militante is conducting the first project of engaging in the planning portion of implementing additional testing to communities of color through Ryan White Part B, Early Intervention Service funds. A community survey, information from representatives of the HIV Prevention Planning Group, epidemiological and community health assessment data are being compiled to determine stakeholders, possible testing sites and other program components. For the second project, Orion Vick is conducting the CDC required STD Gap Analysis. He is conducting interviews with community providers that are a sampling of those reporting a majority of STDs. Information from the interviews will be compiled into a report and inform provider education efforts. Additionally high school intern McKaylynn Ott from Innovations High School, is working with the Northern Nevada Outreach Team (NNOT) to put final touches on implementing a condom distribution program via the mail to increase the access that community members have to condoms and other safer sex supplies. Community members can request certain types of condoms to be mailed discreetly to their home.

CCHS is pleased to welcome Doctorate of Nursing student Sarah Robison as an intern. Sarah is completing a quality improvement project for her degree within our Sexual Health Program, specifically she will be completing a protocol for our Disease Intervention Specialists. Sarah will be working closely with Sexual Health DIS staff throughout the project which will be completed this May.

The Sexual Health Program is implementing a new rapid HIV test, the Alere Determine Combo HIV 1/2 Antibody Antigen test. This test is able to detect components of the virus earlier, thus decreasing the "window period" or time after an exposure that it takes for an HIV test to have an accurate result. The standard window period is three months. While that information will still be communicated to clients because of the vast array of HIV test technologies available to community members, this test is able to detect components of the virus 15 days following an exposure of unprotected sex or sharing needles, i.e., blood or body fluid exposure.

Staff met with Dr. Steve Zell, Program Medical Consultant, to discuss Pre-Exposure Prophylaxis (PrEP). While the Health District does not have the funding or staff to implement a PrEP program at this time, program staff do routinely educate clients on the advantages of PrEP, and refer clients to community providers accordingly.

Staff successfully completed a lab audit with the Nevada Division of Public and Behavioral Health on February 20, 2018. There were no deficiencies found in our laboratory procedures or practices.

b. **Immunizations** – On February 1, 2018 Lynnie Shore, Immunization Program Coordinator, presented a Flu Update at the Immunize Nevada Community Meeting. Sophie Banspach, CDC

Public Health Associate, presented information on our Community and School Located Vaccination Clinics at the March 1, 2018 Immunize Nevada Community Meeting.

The Nevada State Immunization Program issued a Technical Bulletin on January 30, 2018 requiring verification of varicella immunity for school and child care entry, beginning at 12 months of age, in line with the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practice (ACIP). Our Immunization Program has been following these CDC ACIP guidelines since the Summer of 2016. This will facilitate better alignment of immunization requirements for school and child care entry across the state.

c. **Tuberculosis Prevention and Control Program** – Please see the World TB Day section above.

d. **Family Planning/Teen Health Mall** – Staff completed the Long Acting Reversible Contraceptives (LARCs) Epi-News, encouraging healthcare providers to consider these highly effective family planning methods for their patients. Please see the article below.

e. **Chronic Disease Prevention Program (CDPP)** – Staff kicked off the Wolf Pack Coaches Challenge program and successfully recruited close to 70 elementary classroom teachers in Title I schools within the Washoe County School District. Students in participating classrooms will strive to eat nutritious foods and be physically active for four weeks while tracking their progress.

Staff provided WIC staff at Community Health Alliance with information on the Baby and Me Tobacco Free program which staff is implementing to help pregnant and post-partum women quit smoking and stay quit. WCHD WIC has been referring clients to the program and a WCHD nurse is assisting CDPP staff with providing education to participating women.

CDPP staff began first steps on a healthy living mural project located on a retaining wall on East 10th Street, which is owned by the Reno Housing Authority. The mural will highlight smoke-free housing, healthy eating, and physical activity and will be completed this Spring.

f. **Maternal, Child and Adolescent Health (MCAH)** – Linda Gabor, MCAH Program Supervisor, attended the Association of Maternal and Child Health Programs (AMCHP) Conference February 10-13, 2018 and participated on the Infant Mortality Collaborative Improvement Innovation Network (IM CoIIN) Social Determinants of Health Nevada State Team on February 13-14, 2018 in Arlington, Virginia.

Staff presented information about the FIMR program at the Saint Mary's Perinatal Loss Committee Meeting on February 28, 2018.

g. **Women, Infants and Children (WIC)** – Staff continue to make breastfeeding support a priority for clients. Clients current have access to Pacify, a breastfeeding support app, and breast pumps are available free of charge to qualifying clients, and those that are high risk can be issued a pump at Renown Regional Medical Center before discharge after delivery. Now, in addition to scheduled appointments, a Certified Lactation Consultant will be available at both Reno clinics on a weekly basis to provide support and consultation to interested clients.

WASHOE COUNTY HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

February 9, 2018, Vol. 38, No. 03
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EPI-NEWS

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IN THIS ISSUE: Long Acting Reversible Contraceptives (LARCs)

Background

The average American woman will spend about three decades, or more than three-quarters of her reproductive life, trying to prevent an unintended pregnancy. An unintended pregnancy is defined as a pregnancy that is mistimed (did not desire pregnancy at the time pregnancy occurred but desires pregnancy in the future) or a pregnancy that is unwanted (woman did not desire pregnancy at time it occurred or any time in the future). It is estimated that 45% of pregnancies in the United States are unintended. Unintended pregnancy rates are highest among low-income women, minority women, and sexually active women aged 15-19.

Although the unintended pregnancy rate remains at 45%, there has been an 18% reduction between 2008 and 2011 in the unintended pregnancy rate (this is the most recent data available). The reduction of unintended pregnancies is multifactorial; however, the increased use of long acting reversible contraceptives (LARCs) has likely contributed[1]. LARC use in women has increased from 2.4% in 2002 to 11.6% in 2012 and studies have shown that a key strategy in reducing unintended pregnancy rates for teens and women of childbearing age is an increase in awareness, availability, and access to LARCS[1].

In the United States there are two types of LARCs available: the contraceptive implant and the intrauterine device (IUD). The contraceptive implant is a single-rod implant containing etonogestrel and is currently approved for 3 years of use. There are 5 types of IUDs available: four that contain levonorgestrel and one that contains copper. The levonorgestrel containing IUDs are marketed under the brand names Mirena and Kyleena (approved for 5 years of use), Liletta (approved for 4 years of use), and Skyla (approved for 3 years of use). The copper containing IUD is currently approved for 10 years of use. Recent studies indicate that many of the LARCs provide effective pregnancy prevention for several years beyond their approved use.

Highlights

- LARCs are among the most effective family planning methods with a pregnancy rate of less than one pregnancy per 100 women in the first year.
- LARCs should be offered as a first-line contraceptive method for women as most are eligible for the implant or IUD.
- LARCS are a safe and effective contraceptive option for nulliparous women and adolescents.
- An IUD or an implant may be inserted at any point during the menstrual cycle as long as pregnancy may be reasonably excluded.

Effectiveness of LARCs:

The Centers for Disease Control and Prevention (CDC) considers LARCs to be one of the most effective methods of contraception with less than one pregnancy per 100 women in a year (See Figure 1). Reversible contraception is as effective or more effective than female sterilization when comparing the percentage of women experiencing an unintended pregnancy within the first year of use (See Figure 2). The CDC also recommends that women who are seeking reversible contraception be counseled using a tiered approach with the most effective method discussed before less effective methods.

LARCs are more effective than other methods of contraception because after insertion of an IUD or implant the woman has little to remember or do to maintain continuing protection against pregnancy. It is estimated that 41% of unintended pregnancies are the result of contraceptives that are used incorrectly or inconsistently. Thus, increased access and awareness to LARCs may effectively reduce the unintended pregnancy rate.

Figure 1

Check out below to download an enlarged picture.
https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6304a1.htm?s_cid=rr6304a1_w

Figure 2

Appropriate candidates for LARC Use:

LARCs should be offered as a first-line contraceptive method for women as most are eligible for the implant or IUD. The *U.S. Medical Eligibility Criteria (MEC) for Contraceptive Use* is evidence-based guidance published by the CDC that provides medical eligibility criteria for contraceptive methods based on level of risk for an array of medical conditions and health characteristics (available at https://www.cdc.gov/reproductivehealth/contraception/usmec.htm). Additionally the CDC has also published guidance for the initiation, continuation and follow-up of contraceptive methods including LARCs (available at https://www.cdc.gov/reproductivehealth/contraception/usspr.htm).

Despite evidence-based information demonstrating LARCs to be a safe and effective method of contraception for most women, misinformation regarding LARC use remains a barrier.

Myth: IUDs and implants cannot be used by nulliparous women or adolescents.
Fact: Both nulliparous women and adolescents can safely use the implant or IUD. The US MEC classifies IUD use in this group as a Category 2 (benefits outweigh risks) and classifies the implant as a Category 1 (no restrictions).

Myth: A LARC can only be placed when a women is on her menses.
Fact: LARCs can be placed at any time in the menstrual cycle as long as pregnancy can be reasonably excluded. Additionally, the American College of Obstetricians and Gynecologists supports immediate postpartum and post-abortion (first trimester and second trimester) insertion of LARCs to reduce repeat, unintended pregnancies.
Myth: LARCs are too expensive.
Fact: When compared to short-acting methods such as oral contraceptives, LARC use has been shown to become cost neutral within 3 years of initiation.

Conclusion

The goal of The Washoe County Health District (WCHD) Family Planning Clinic, and all publicly funded family planning services, is to help women and their partners avoid pregnancies they do not desire and plan for the pregnancies they do desire. We strive to increase the awareness, availability, and access to LARCs for women in Washoe County.

WCHD helps clients identify birth control methods that are safe and effective and provides counseling to help the client choose an appropriate method that they will use correctly and consistently. A variety of contraceptive methods are provided in the Family Planning Clinic including the contraceptive implant, copper IUD and levonorgestrel IUD. As a Title X clinic we provide confidential services, including LARC placement, to adolescents. Title X is the only federal grant program dedicated solely to providing individuals with comprehensive family planning and related preventive health services. We believe that by offering comprehensive care and promoting access to contraceptive methods of choice, we can effectively support the health of women in Washoe County and prevent unintended pregnancies at the local, state and national level. Please contact the **Family Planning program at 775-328-2468** with any questions related to this Epi News.

This publication was made possible by grant number CFDA 93.217 from Title X, and its contents are solely the responsibility of the authors and do not necessarily represent the official views of the office of population affairs.

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

2018 Washoe County Chronic Disease Report Card

Stephanie Chen, MPH
Health Educator
Chronic Disease Prevention Program

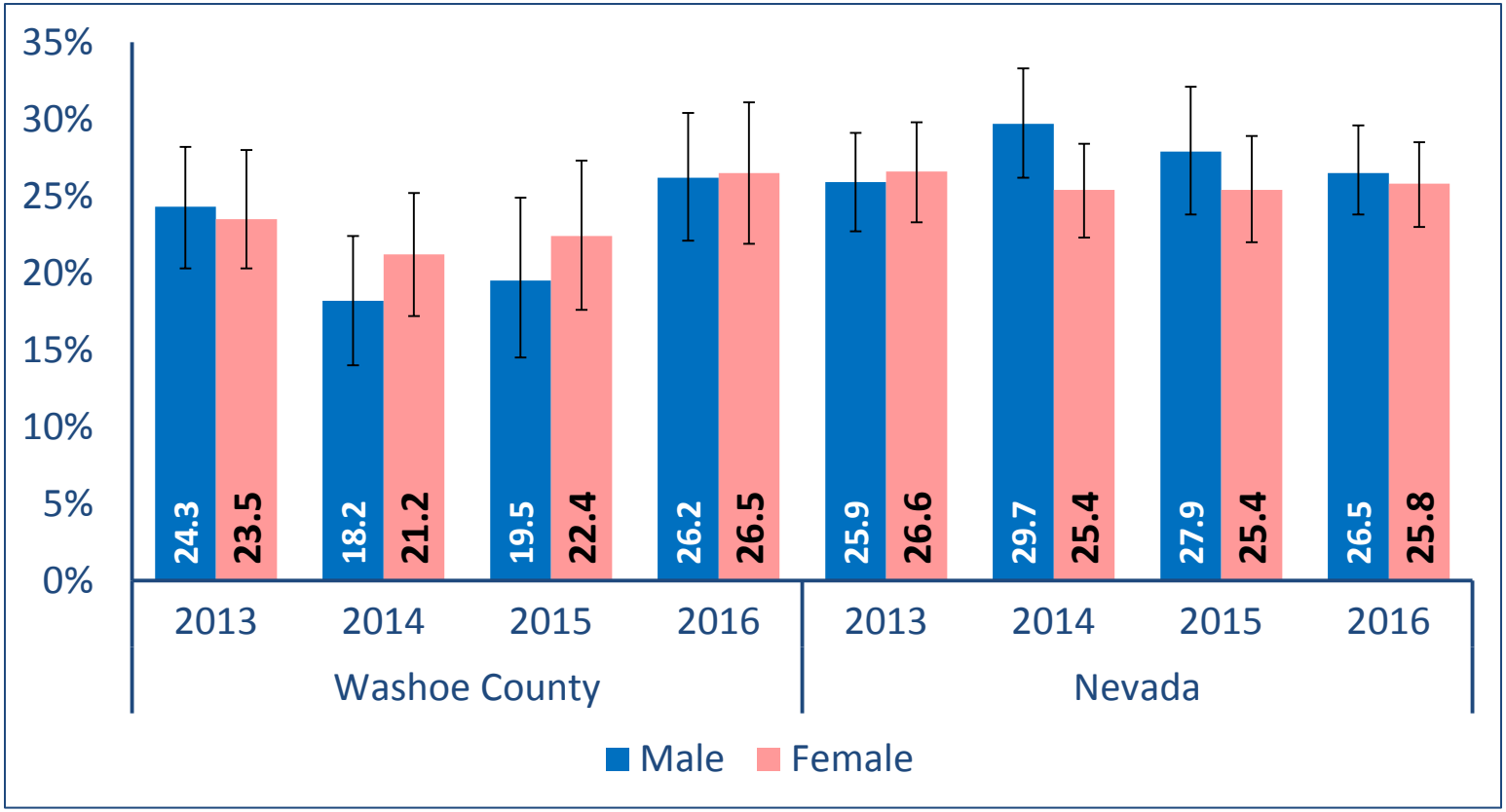
Overview of Chronic Disease in Washoe County

Age-adjusted Mortality Rates per 100,000 Population for the Leading Causes of Death among Washoe County and Nevada Residents, 2016

Cause of Death	2016		
	Washoe County	Nevada	Rank W/N**
Diseases of the Heart	208.8	209.2	1/1
Malignant Neoplasms (Cancer)	168.4	158.4	2/2
Chronic Lower Respiratory Diseases	59.6	58.8	3/3
Accidents (Unintentional injuries)	40.3	31.1	4/5
Cerebrovascular Diseases (Stroke)	34.7	36.2	5/4
Alzheimer's Disease	31.4	25.2	6/6
Intentional Self-harm (Suicide)	24.8	20.0	7/7
Diabetes Mellitus	20.8	17.9	8/9
Chronic Liver Disease and Cirrhosis	16.3	11.8	9/10
Influenza and Pneumonia	15.2	18.3	10/8
Parkinson's Disease	11.5	8.0	11/14
Pneumonitis due to solids and liquids	11.1	4.4	12/19
Transport Accidents	10.6	10.8	13/11
Septicemia	9.5	5.6	14/17
Other diseases of respiratory system	8.4	6.3	15/16

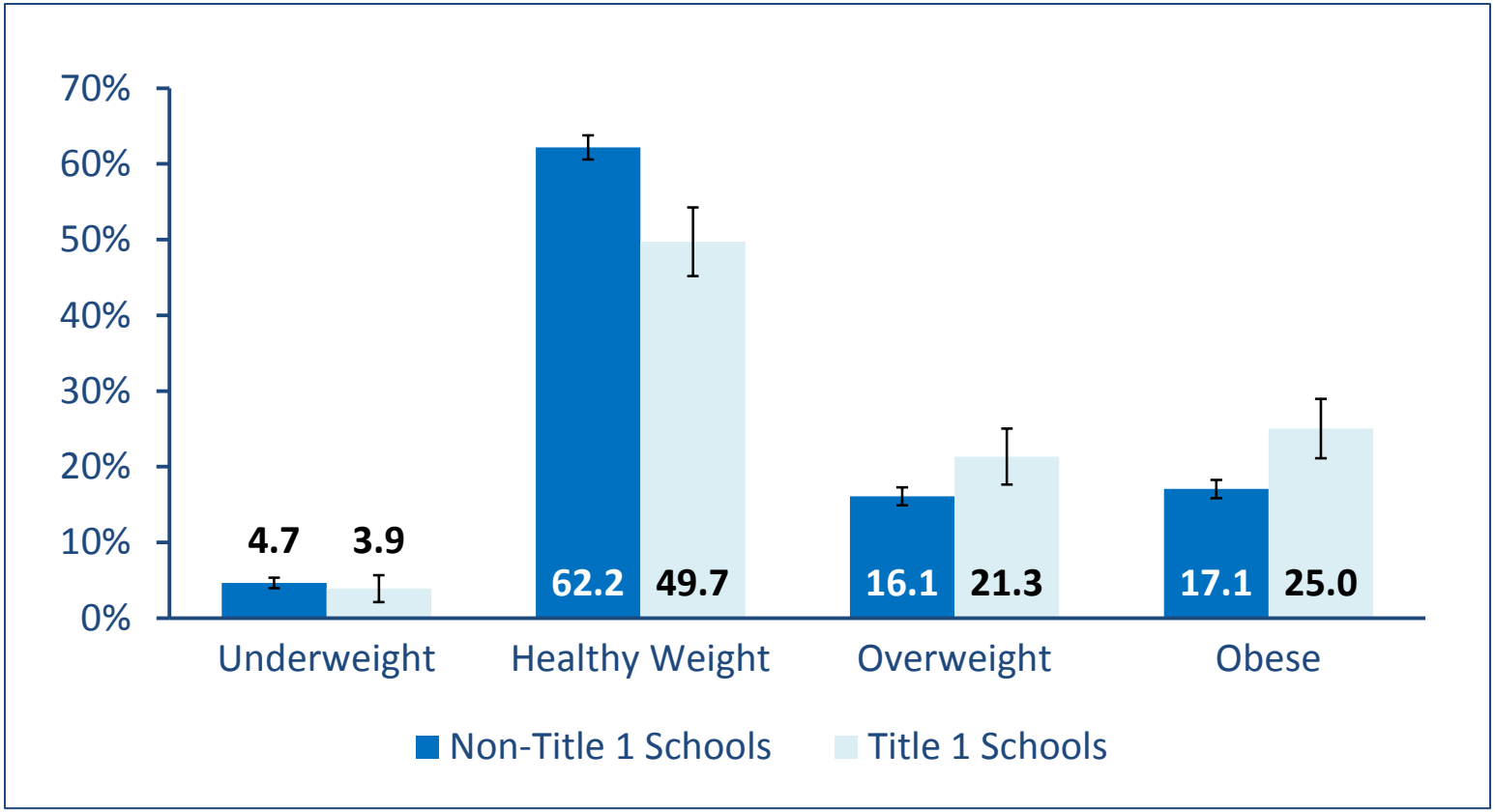
Adult Obesity

Prevalence of Obese Adults by Gender
Washoe County and Nevada, 2013-2016



Youth Obesity

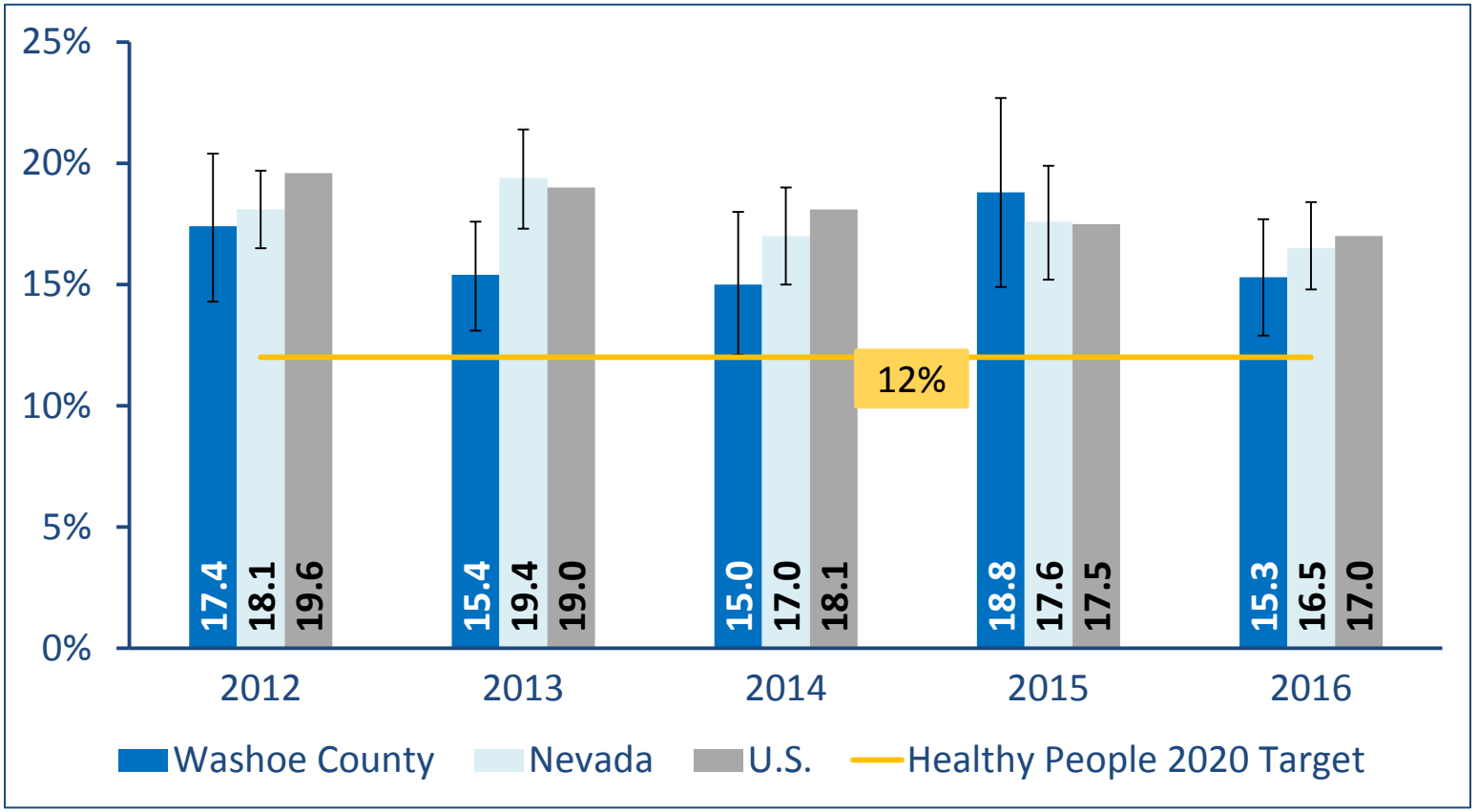
Weight Categories of 4th, 7th and 10th Grade Students in WCSD by Title 1 Status, 2015-2016



Adult Tobacco Use and Exposure

Prevalence of Current Smokers

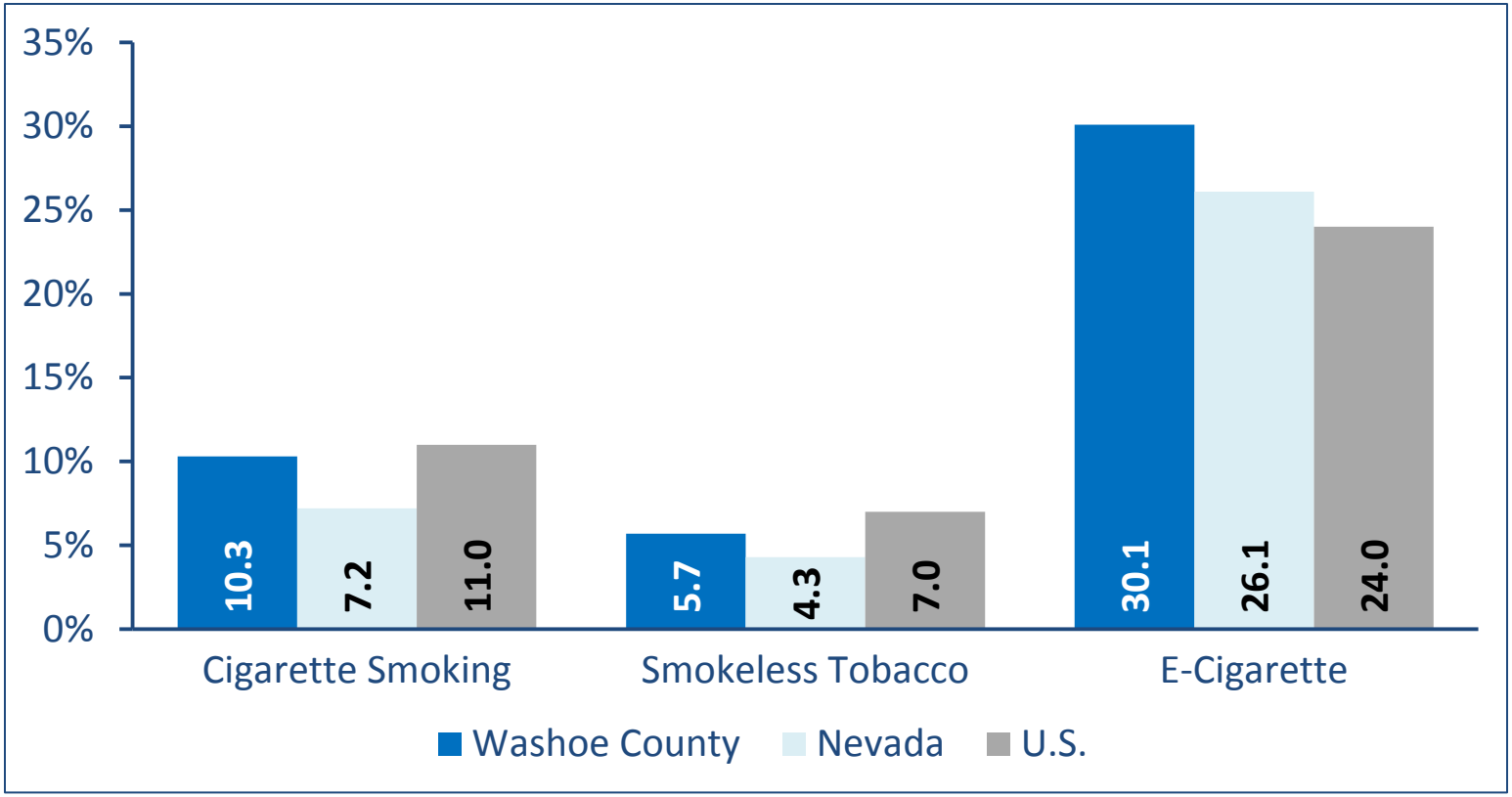
Washoe County, Nevada and U.S. 2012-2016



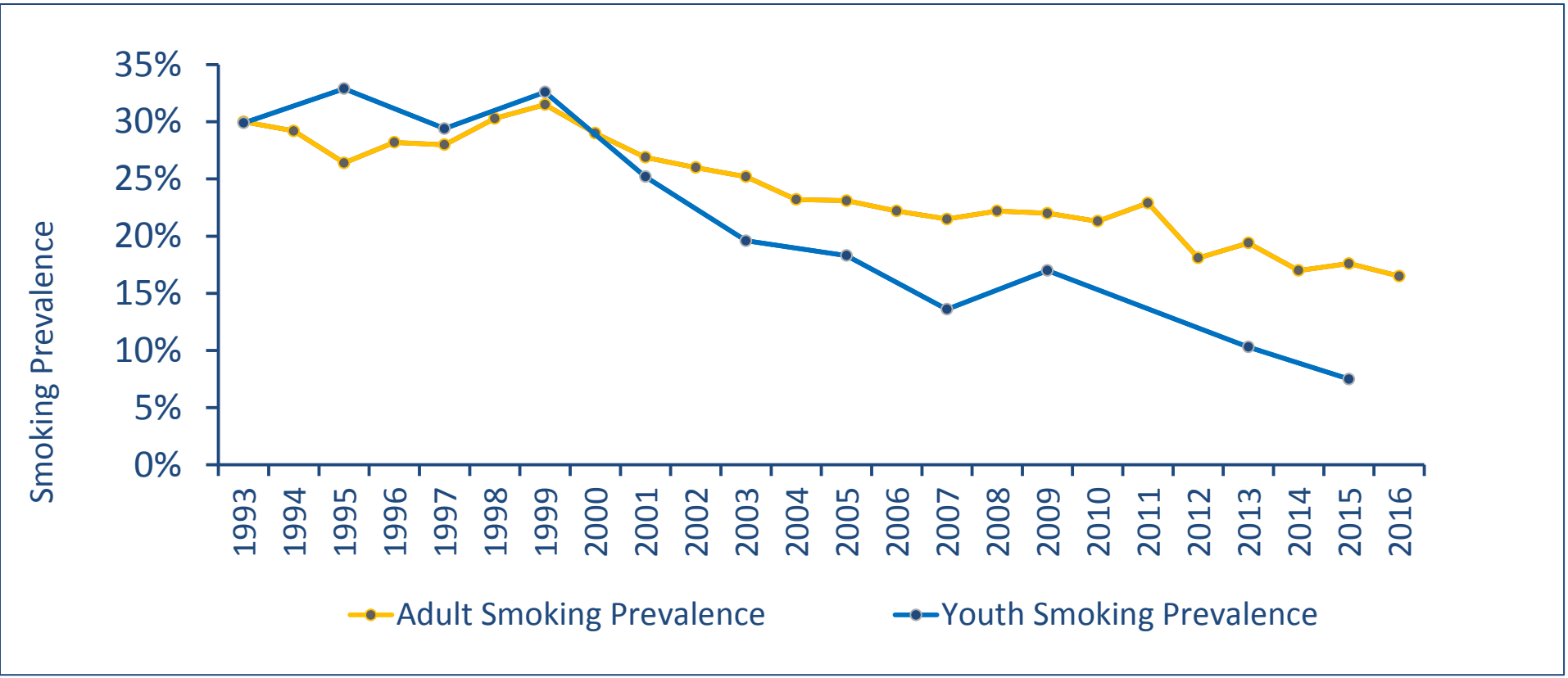
Youth Smoking Prevalence

Products used among Youth

Washoe County, Nevada and U.S. 2015



Policy, Systems, and Environmental Change



Policy, Systems, and Environmental Change

- Smoke-free efforts
  - Smoke-free housing units
  - Smoke-free events
  - Work places
  - Parks
- Tobacco Retailers
  - Tobacco 21
- Access to parks and open spaces
  - Healthy Parks Survey 89502

Thank you!

Stephanie Chen, MPH

schen@washoecounty.us

Washoe County Health District

Chronic Disease Prevention Program

WASHOE COUNTY HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

DBOH AGENDA ITEM NO. 12C

DD_CW_
DHO_____ KD

Environmental Health Services
Division Director Staff Report
Board Meeting Date: March 22, 2018

DATE: March 9, 2018

TO: District Board of Health

FROM: Chad Warren Westom, Director
775-328-2644; cwestom@washoecounty.us

SUBJECT: EHS Division and Program Updates – Child Care, Community Development, Food, Land Development, Safe Drinking Water, Schools, Vector-Borne Disease and Waste Management

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Division Updates

- **Environmental Health Services Training Program** – Training continued for Area Inspectors on Schools, with a focus on the high schools and middles schools. By the end of February, 12 out of 19 field staff had completed inspection training for schools. Additionally, field guides are being developed with the intent of training all 19 field staff for childcare inspections.
- **Environmental Health Services Epidemiology Program** – Environmental Health Services (EHS) Epidemiology program staff investigated an outbreak of gastrointestinal illness at High Desert Montessori School. The outbreak started on January 31, 2018, and EHS staff started calling students households on February 2 as the numbers increased. Unfortunately, two of the four households contacted did not return calls and the other two were not willing to provide stool samples for testing. The school was required by WCHD to implement exclusion protocols of 48-hour symptom free for affected individuals and to implement enhanced sanitation with 1,000 parts per million chlorine bleach solution. The outbreak dwindled in numbers by mid-February and with very few cases remaining, the outbreak was closed at the end of the month.

Program Updates

Child Care

- Three new childcare facilities were opened in February. Staff is now working on establishing guidelines for childcare facilities so they can meet Social Services Quality Assurance criteria while still meeting the requirements in the health regulations.

Community Development

- There is a 177% increase in commercial building plan submittals for 2018, compared to the same time in 2017.
- There is a 600% increase in the number of Community Development plans for 2018 compared to the same time in 2017.
- Commercial plan review is averaging 16.6 calendar days for all initial submittals.
- Water project review is averaging 15 calendar days for all new submittals, with a total of 29 projects submitted during February and 696 lots/units approved commercial plans for February 2018.
- Additional Division resources are now being invested in to the review of Development and Commercial Plans to bring the turnaround time down.
- Please see the table below for the specific number of plans per program, inspections and the number of lots or units that were approved for construction within Washoe County:

Community Development	JAN 2018	FEB 2018	YTD
Development Reviews	44	48	92
Commercial Plans Received	75	76	151
Commercial Plan Inspections	23	16	39
Water Projects Received	27	29	56
Lots/Units Approved for Construction	58	696	754

Food

- Staff will be holding three food safety workshops on March 26, 27 and 28, 2018. The workshops will focus on the results of the 2107 Foodborne Illness Risk Factor Survey and will provide an opportunity for food establishment operators, consumers, and regulators to develop intervention strategies to improve food handling practices and behaviors identified in the study. Click here for the full Report on the occurrence of Foodborne Illness Risk Factors in Washoe County. Participation in workshops for consumers and the food service industry meets the criteria of Standard 7 – Industry and Community Relations. The development of targeted intervention strategies designed to address the occurrence of the risk factors identified in the study meets the criteria of Standard 9 – Program Assessment.
- On March 13 and 14, staff hosted a site visit for representatives from the National Association of County and City Health Officials (NACCHO) Mentorship Program mentee agency, Mahoning County Board of Health, Ohio. During the site visit, Food Safety Program staff provided guidance and assistance on strategies to achieve conformance with the Retail Program Standards and helped Mahoning County staff develop a food inspection quality assurance program.
- The "Dog Access Approved" signs were designed and printed using funding from a Retail Food Program Standards grant. The signs will be provided to food establishment operators that have been approved to allow dogs on outdoor patio areas and will alert patrons that the establishment has been approved by the WCHD to allow pet dogs in designated outdoor dining

areas. Participation in consumer outreach activities meets the criteria of Standard 7 – Industry and Community Relations.

- Two staff members completed the Food Safety Program field training process. The training program included joint field training inspections of both Trainee observed and Trainee led inspections which includes written documentation that the Trainee has demonstrated all performance elements and competencies required to conduct independent inspections of retail food establishments. Completion of staff field training using a training program consistent with the Conference for Food Protection Training Plan meets the criteria of Standard 2 – Trained Regulatory Staff.
- **Special Events –** Staff continues to assist various other programs with completing required routine inspections. Staff has also attended several preliminary planning meetings for the upcoming event season. The Lady Luck Tattoo Expo and Earth Day will be the first major events of the season, which will occur in April.

Land Development

- Plan intake slowed slightly in February from 2017 levels. For the full year, plan review numbers are staying approximately equal. Inspection counts were up dramatically in February, with a brief slowdown due to the storm activity.
- The scanning project of old records is continuing. The last drawers are being worked on and the next project will be the scanning of old subdivision files. It is hoped that within a couple of months, old records can be disposed of and searches done digitally. This will also free up space in the cabinets to accommodate the busy season ahead.

Land Development	JAN 2018	FEB 2018	YTD
Plan Reviews or Plans Received	75	52	127
Residential Septic/Well Inspections	65	57	122
Well Permits	7	7	14

Safe Drinking Water

- Staff met with the State to discuss a variety of issues surrounding workload and specific water systems. A goal was set by WCHD to provide the State with electronic signatures along with letterhead to improve the efficiency of the current process.
- Staff conducted a Level II assessment for a water system that had multiple coliform hits. The working theory is that construction in the area caused electrical disruptions to the chlorinator.
- Staff responded to a loss of pressure for another water system to ensure that the proper notification to customers was put in place. Safe Drinking Water staff also worked with the Food Program to make sure that the associated restaurant was instructed on proper procedures to protect public health.

Schools

- School inspections for spring 2018 continued through February and the school inspections for the semester as well as the school kitchens are about 25% complete. This includes over 60% of

the large high schools and middle schools, leaving mostly smaller elementary and private school inspections to close out the semester.

Vector-Borne Diseases

- The Nevada Vector Control Association will be having their annual meeting March 15 hosted by the Nevada Department of Agriculture. Southern Nevada Health District will be presenting the discovery of Aedes aegypti and their attempt to prevent the spread of this species in the Las Vegas area. In addition, their staff will discuss the outbreak of positive mosquito collections for Saint Louis encephalitis. The seriousness of this mosquito-borne virus carries the fatality rate is 15%. Will Lumpkin will present the Hanta virus cases that occurred in southern Washoe County. The Vector Districts of Nevada will discuss their surveillance activities and control efforts for this year's mosquito season.
- The new Vector staff has been learning the Vector Program elements including the area they will be assigned to work in. Staff has begun to participate in field activities concerning the sources of water bodies they will be performing inspections on within their perspective areas. The new Vector staff will be taking the restricted use pesticide license test March 20 to apply pesticides when larvae and adults are detected in their assigned areas.
- Staff will be meeting this week with the Director of Washoe County Regional Animal Services of proposed changes to their code concerning rabies and the Health Districts role in this mandated program element. Currently, dog/cat bites and non-bites that are not current on their rabies shots are quarantined. Regional Animal Services is proposing to remove the non-bites such as animal scratches from code. Staff is not supporting this change and Dr. Keith Forbes from the Nevada Department of Agriculture agrees with staff.
- Staff reviewed 17 building plans in the Truckee Meadows Community with one certificate of occupancy (C of O) issued.
- Vector Responses to Public Requests:

Vector Responses	JAN 2018	FEB 2018	YTD
Mosquito	0	0	0
Mosquito Fish – Gambusia	0	0	0
Gambusia Delivered	0	0	0
Hantavirus	7	0	7
Plague	0	0	0
Rabies	3	4	7
Planning Calls	8	14	22
Lyme Disease/Ticks	1	0	1
Media	0	0	0
Outreach / Education / Misc.	9	11	20
Cockroach / Bedbug	3	7	10
West Nile Virus	0	0	0
Zika	0	0	0
TOTAL	**31**	**36**	**67**
Planning Projects	**6**	**15**	**21**

Waste Management

- Staff rolled out the 20269 Tire Fund Education and Awareness initiative, and conducted staff training.

EHS 2018 Inspections

	JAN 2018	FEB 2018	YTD
Child Care	11	11	22
Complaints	70	57	127
Food	650	724	1,374
General*	120	100	220
Temporary Foods/Special Events	17	19	36
Temporary IBD Events	2	0	2
Waste Management	6	29	35
TOTAL	**876**	**940**	**1,816**

* **General Inspections Include:** Invasive Body Decorations; Mobile Homes/RVs; Public Accommodations; Pools; Spas; RV Dump Stations; and Sewage/Wastewater Pumping.

WASHOE COUNTY HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

DBOH AGENDA ITEM NO. 12D

DD RT
DHO KD
DA
Risk

EPIDEMIOLOGY AND PUBLIC HEALTH PREPAREDNESS
DIVISON DIRECTOR STAFF REPORT
BOARD MEETING DATE: MARCH 22, 2018

DATE: March 13, 2018

TO: District Board of Health

FROM: Randall Todd, DrPH, EPHP Director
775-328-2443, rtodd@washoecounty.us

Subject: Program Updates for Communicable Disease, Public Health Preparedness, and Emergency Medical Services

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Communicable Disease (CD)

Outbreaks – Since the last District Board of Health meeting in February, the CD Program has opened three outbreak investigations. Of these outbreaks, one was viral gastroenteritis in a school, one was Pink Eye in a child care, and one was influenza like illness (ILI) in a school. As of March 12, five outbreak investigations are still open.

Extraordinary occurrence of illness – On March 9, 2018, the CD Program was notified of a CPO (Carbapenemase producing organism) case. The patient had an international travel history and was hospitalized during his stay due to a medical problem. As of March 9, Nevada State, California State, and CDC were notified per the CDC's guidance. California State was notified because the roommate of the patient was a California resident and it was suggested to have a screening for this roommate due to the exposure to the case. The investigation is still ongoing.

Seasonal Influenza Surveillance – For the week ending March 3, 2018, (CDC Week 9) 12 participating sentinel providers reported a total of 161 patients with influenza-like-illness (ILI). The percentage of persons seen with ILI by the 12 providers was 2.3% (161/7072) which is below the regional baseline of 2.4%. During the previous week (CDC Week 8), the percentage of visits to U.S. sentinel providers due to ILI was 5.0%. This percentage is above the national baseline of 2.2%. On a regional level, the percentage of outpatient visits for ILI ranged from 2.8% to 7.5%.

Six death certificates were received for week 9 listing pneumonia (P) or influenza (I) as a factor contributing to the cause of death. The total number of deaths submitted for week 9 was 97. This reflects a P&I ratio of 6.2%. The total P&I deaths registered to date in Washoe County for the 2017-2018 influenza surveillance season is 189. This reflects an overall P&I ratio of 8.7% (189/2164).

Public Health Preparedness (PHP)

On February 28, 2018 PHP staff participated in a Chemical, Biological, Radiological, Nuclear, and Explosive (CBRNE) tabletop with the Regional Transportation Commission. A wide variety of community responders were present at the tabletop which focused on response roles in a terrorist nerve agent scenario. PHP staff discussed how the CHEMPACK program fits into EMS

nerve agent response. The Health District is responsible for the local release of these assets in an emergency.

On March 8, 2018 PHP staff held the initial planning meeting for a summer full scale exercise (FSE). The exercise, named Black Rain, is modeled on the detonation of a nuclear weapon in California and the resulting requirements in dealing with radiologically contaminated civilian evacuees in the I-80 corridor. The exercise will be working with a wide variety of community first responders and will be testing multiple planning assumptions. Of primary focus is to test a newly created Community Response Center Plan, which has been established to provide radiological detection, decontamination, registration and referral.

Emergency Medical Services (EMS)

EMS staff continues to facilitate WebEOC trainings for our healthcare partners. The individuals trained are those that would be responsible for inputting patient information during an MCI or healthcare evacuation. The attendees are given the opportunity to practice logging-in, inputting records, editing information and printing the associated Hospital Incident Command System (HICS) forms.

The EMS Program Manager participated in a two-day symposium in Las Vegas on February 1 and 2 about the October 1 incident. The symposium was for information sharing as it relates to large scale mass casualty events. The EMS Program Manager brought back information to the region so that plans can be improved upon based on lessons learned.

The EMS Coordinator and REMSA met to review the compliance checklist on February 12. It was determined that compliance checklist is working well and there are no revisions needed during this fiscal year review period.

The low acuity priority 3 working group met on February 13 to continue discussions about card 33 facilities and alpha calls. (Card 33 facilities have medical professionals on-staff during all hours of operation and have access to an AED or crash cart.) It was determined there needs to be further discussion between the Chiefs before finalizing the changes to responses to card 33 facilities. The group also reviewed the list of alpha determinants to select the ones they are willing to review and consider possible alterative responses. At the next meeting the EMS Oversight Program will provide data on each determinate approved for discussion.

EMS Program staff continues to work on the deliverables for the Nevada Governor's Council on Developmental Disabilities (NGCDD) grant. Staff met with the selected contractor on February 16 to discuss formatting, graphic design, etc. of the two training video. The Contractor started working on the short 5-10 minute shift change video which is scheduled to be completed by the end of March.

The EMS Program Manager and EMS Coordinator attended the EMS Today Conference February 20-23. There were more than 85 sessions available in six different tracks. The conference tracks included advanced clinical practice, foundations of clinical practice, operations, dynamic and active threats, and special topics. The EMS staff intend to bring some lessons learned back to our region for implementation.

The Multi-Casualty Incident Plan (MCIP) was activated on February 22 during a car accident on Interstate 80 that involved approximately 20 vehicles. The EMS Program has scheduled an after-action review of the incident and will be writing a formal after action report/ improvement plan (AAR/IP).

EMS Program staff continue to work on initiative 2.2.5.1 of the Washoe County Strategic Plan. Staff and the graphic design contractor are working to finalize campaign materials by mid-March and will be collaborating with REMSA to coordinate and purchase advertising mediums for the Spring/Summer.

The EMS Program Manager and EMS Coordinator met with personnel from Reno and Washoe County Dispatch on March 8 about the technological components of Automatic Vehicle Locators (AVL). The EMS Program also has a meeting scheduled with Sparks Dispatch on March 14 to discuss the same topic. This information will be used to write a report for the EMS Advisory Board and presented at the April meeting.

REMSA Percentage of Compliant Responses
FY 2017 -2018

Month	Zone A	Zone B	Zone C	Zone D	Zones B, C and D	All Zones
July 2017	93%	88%	100%	100%	91%	93%
August 2017	93%	94%	91%	100%	93%	93%
September 2017	92%	96%	100%	100%	97%	92%
October 2017	92%	92%	91%	100%	92%	92%
November 2017	92%	93%	100%	100%	96%	92%
December 2017	92%	95%	87%	100%	93%	92%
January 2018	93%	94%	96%	100%	95%	93%
February 2018	92%	96%	97%	100%	96%	92%
YTD	**92%**	**93%**	**95%**	**100%**	**94%**	**92%**

REMSA 90th Percentile Responses

Month	Zone A 8:59	Zone B 15:59	Zone C 20:59	Zone D 30:59
July 2017	8:18	16:56	18:14	N/A*
August 2017	8:29	14:51	15:28	N/A*
September 2017	8:32	13:06	18:30	N/A*
October 2017	8:31	14:15	19:32	N/A*
November 2017	8:33	13:01	17:42	N/A*
December 2017	8:41	14:06	21:43	N/A*
January 2018	8:31	14:51	16:02	N/A*
February 2018	8:39	14:37	15:28	N/A*

*There were 5 or less calls per month in Zone D, therefore a statistically meaningful 90th percentile analysis cannot be conducted. However, no calls in Zone D exceeded the 30:59 time requirement.

WASHOE COUNTY HEALTH DISTRICT
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DBOH AGENDA ITEM NO. 12E

DHO__ KD ___

District Health Officer Staff Report
Board Meeting Date: March, 2018

TO: District Board of Health

FROM: Kevin Dick, District Health Officer
(775) 328-2416, kdick@washoecounty.us

SUBJECT: District Health Officer Report – FY19 Budget, Public Health Accreditation, Quality Improvement, 2016-2018 Community Health Improvement Plan, Truckee Meadows Healthy Communities, Workforce Development, Water Projects, Washoe Regional Behavioral Health Policy Board, Statewide Partnership on the Opioid Crisis Working Group, County Health Rankings, Other Events and Activities and Health District Media Contacts.

FY19 Budget

On March 1, 2018, as required by the Interlocal Agreement, I met with the City and County Managers to present the FY 19 Health District Budget as approved by DBOH at the February 22, 2018 meeting. In attendance were Reno City Manager Newby, Sparks City Manager Driscoll, Washoe County Assistant City Manager Solaro, the Health District Division Directors, Administrative Services Officer, and Fiscal Compliance Officers. The budget was well received by the Managers. They are pleased with the financial condition of the Health District and the Health Fund balance. No adjustments were suggested.

Manager Driscoll inquired about why we had decided to apply for Accreditation. Manager Newby inquired regarding the number of additional FTEs included in the budget and Manager Newby acknowledged that the City of Reno was working on an agreement to provide revenue to support the additional Environmental Health Specialist position included in the budget. Manager Newby inquired regarding the level of the base budget for mosquito abatement in comparison to the above base request for County General Fund transfer to support that service. Mr. Solaro asked that I explain further the issue with mosquitos and the potential impact on the public if we did not receive that funding. Manager Driscoll inquired regarding the level of the cost of living increase incorporated in the budget and the funds budgeted for OPEB.

Mr. Kutz provided additional information to the Managers regarding cost recovery from billing 3rd party payers and Manager Driscoll inquired about what we would do if the County did not approve the above base request for the Billing Specialist position. Mr. Solaro explained that the County considers the fact that the revenue is built into the budget to cover the costs, rather than based on an increase in the General Fund transfer. We discussed the Ozone Advance Program and Washoe County's upcoming ozone attainment designation and the benefits to Washoe County provided by Ms. Albee's participation on the NACAA Board.

A meeting to present and discuss the FY19 Budget with the County Budget Team and Assistant County Manager Vuletich is scheduled for March 15, 2018.

Public Health Accreditation

The PHAB team continues to meet monthly to review current progress and discuss challenges. Further documents have been submitted and we now have about 100 of the required documents gathered of the needed 213 and the Accreditation Coordinator and OSS are working to review all documents submitted by PHAB team to ensure they meet all requirements.

Quality Improvement

The QI team continues to meet every two months and will be meeting on 3/27 to discuss potential projects and opportunities to further motivate staff to pursue Quality Improvement. The QI survey was distributed to all staff and analysis has been conducted. There was no statistically significant difference between the average response score to questions between this year and last.

2016-2018 Community Health Improvement Plan

The 2017 CHIP Annual Progress Report is complete and has been included in the meeting agenda for acceptance.

Truckee Meadows Healthy Communities

2018-2020 CHIP: The TMHC meeting on March 7th included the addition of a third CHIP focus area of Nutrition and Physical Activity in addition to the two focus areas already selected (Housing and Behavioral Health). The Housing CHIP committee has met twice to develop goals and objectives and will be meeting on 3/16 to further determine strategies and tactics to accomplish the goals and objectives identified. Renown has declined to continue leading the CHIP Behavioral Health Committee and alternatives for committee leadership are being explored.

Workforce Development

Washoe County scheduled a "facilitated leadership" training with Alliance for Innovation conducted on March 2 that was well attended by WCDH staff. Information on personality profiles and communication strategies were shared as well as strategies for facilitating collaborative meetings.

Water Projects

Staff continues to participate in the NDEP NAC revisions working group. A coordination meeting with TMWA management was held on March 12 to discuss increasing numbers of water project submittals, and maintenance of review quality to allow for initial plan submittals to be approved by the Health District. A meeting is scheduled with AGC on March 20 during which an update on water projects and the NAC revisions workgroup will be provided.

Washoe Regional Behavioral Health Policy Board

A second meeting of the Washoe Regional Behavioral Health Policy Board was held on March 12, 2018. A meeting agenda is attached. The meeting provided additional information on mental health and

substance abuse needs, limited availability of providers and funding to meet those needs, housing first approaches, and potential Medicaid funding opportunities for necessary supportive services.

Statewide Partnership on the Opioid Crisis Working Group

The initial meeting of the Working Group was convened by the Attorney General on March 8. A number of presentations were provided. The intent of the working group appears to be to connect overdose and overdose death information from the healthcare system and medical examiners to law enforcement and emergency responders, using authorities provided for public health under HIPPA, to allow for response to increased occurrences of overdoses and /or overdose deaths.

County Health Rankings

The Robert Wood Johnson Foundation County Health Rankings were released on March 14. The report ranked Washoe County ninth in Nevada for Health Outcomes, and Washoe County remained third in Nevada for Health Factors. The decline in Washoe County Health outcomes ranking is due to an increase poor physical and mental health days self-reported by Washoe County residents and by improvements in these factors and length of life reported in other Counties compared to the 2017 report. The Health District coordinated with a number of other organizations in an effort led by the Nevada Public Health Institute to present the results and local and State actions to address public health data during a forum at the County Chambers on March 14th.

Other Events and Activities

2/23/18	REMSA Board Meeting
2/23/18	Sustainability & Climate Initiative Meeting
2/26/18	TMHC Board Meeting
2/26/18	EPHP-DHO/DD/Board Member Meeting
3/1/18	Health District Budget Presentation to Managers
3/5/18	Health Officer/Assistant County Manager Monthly Meeting
3/5/18	Renown CHNA Community Partners Event
3/6/18	NALHO Conference Call
3/7/18	TMHC Steering Committee Meeting
3/7/18	County Crisis Action Team Meeting
3/8/18	Statewide Opioid Abuse Workgroup
3/8/18	NV Health Authority Conference Call
3/12/18	Washoe Regional Behavioral Health Policy Board Meeting
3/12/18	Water Projects Meeting with TMWA
3/14/18	County Health Rankings Forum
3/14/18	Monthly Meeting with DBOH Chair
3/15/18	FY19 Budget to Presentation to County Budget Team
3/20/18	AGC Environmental Affairs Meeting

Health District Media Contacts: Februray 2018

DATE	MEDIA	REPORTER	STORY
2/16/2018	Reno Gazette-Journal	Ben Spillman	Ozone (2) - Inouye
2/16/2018	Reno Gazette-Journal	Ben Spillman	Ozone (1) - Inouye
2/14/2018	KRNV CH4 - NBC Reno	Joe Hart	Ponderosa - Ulibarri
2/13/2018	Reno Gazette-Journal	Brian Duggan	Food Safety - A. English
2/13/2018	KRNV CH4 - NBC Reno	Joe Hart	Ponderosa - Ulibarri
2/12/2018	KTVN CH2 - CBS Reno	Paul Nelson	Flu - Todd
2/9/2018	Reno Gazette-Journal	Marcella Corona	Flu - Todd/Chalkley
2/8/2018	KRNV CH4 - NBC Reno	Joe Hart	Ponderosa - Westom
2/8/2018	KTVN CH2 - CBS Reno	Angela Schilling	AQM - Inouye
2/7/2018	KRNV CH4 - NBC Reno	Melissa Metheney	Flu - Todd
2/7/2018	One Tribe TV / BBC	Emily Goldblatt	NDM-CRE - Chen

Press Releases/Media Advisories/Editorials/Talking Points

No press releases were distributed this month

Social Media Postings

Facebook	AQMD/CCHS/ODHO EHS	100 (CCHS 23 EHS 11 ODHO 1 AQM 65)
Twitter	AQMD/CCHS	63 (AQM 62 CCHS 1)

NOTICE AND AGENDA OF PUBLIC MEETING

DIVISON OF PUBLIC AND BEHAVIORAL HEALTH

WASHOE REGIONAL BEHAVIORAL HEALTH POLICY BOARD

March 12, 2018

9:00 a.m to Adjournment

Board Members: Henry Sotelo, Sharon Chamberlain, Jennifer Delett-Snyder, Jeremy Matuszak, Charmaane Buehrle, Charles Duarte, Kevin Dick, Dr. Saide Altinsan, Monique Harris, Sandy Stamates, J. W. Hodges, Sgt. Wade Clark, Senator Julia Ratti

THIS MEETING WILL BE HELD AT THE WASHOE COUNTY COMPLEX, CENTRAL CONFERENCE ROOM, Building C, 1001 East 9th Street, Reno, NV 89512

9:00 AM	1.	Call to Order	Chuck Duarte, Chair
	2.	Public Comments *Public comment and discussion. No action may be taken on a matter raised under this item of the agenda until the matter itself has been included specifically on an agenda as an item upon which action will be taken.*	
	3.	Informational Structure of the Provision of Behavioral Health Services in Nevada a. Executive Summary from Mental Health Governance: A Review of State Models & Guide for NV Decision Makers – Guinn Center for Policy Priorities b. Executive Summary from LCB Bulletin No. 17-6: Regionalizing the Mental Health System in Nevada: Considerations and Options	Sheila Leslie, Behavioral Health Program Coordinator
	4.	Informational State Funding of Mental Health Services in Washoe County	Julia Peek, Deputy Administrator, Community Services, Division of Public and Behavioral Health
	5.	Informational Medicaid Behavioral Health Data – Washoe County	Kyra Morgan, State Biostatistician, Department of Health and Human Services, Office of Analytics
	6.	Informational Presentation on NGA Report “Housing as Health Care”	Chuck Duarte, CEO, Community Health Alliance
	7.	Informational Overview of 2018-2020 Washoe County Community Health Needs Assessment	Heather Kerwin, MPH, CPH, CHNA Coordinator, Washoe County Health Department
	8.	Discussion Legal 2000 Process and Current Issues	Jennifer Rains, Chief Deputy Public Defender, Washoe County and DuAne Young, Deputy Administrator, Division of Public and Behavioral Health

	9.	Informational Update on Mobile Outreach Safety Team (MOST) in Washoe County	Sheila Leslie, Behavioral Health Program Coordinator, Washoe County and Christy Butler, MOST Supervisor, Washoe County
	10.	Possible Action Discussion and decision of date for public hearings on gaps in services	Board Members
	11.	Possible Action Discussion and decision of dates and topics of future meetings of Washoe Regional Behavioral Health Policy Board meetings	Board Members
	12.	Discussion *Public comment and discussion. No action may be taken on a matter raised under this item of the agenda until the matter itself has been included specifically on an agenda as an item upon which action will be taken.*	
	13.	For Possible Action Adjournment	Chuck Duarte, Chair

NOTICE: Agenda items may be taken out of order; two or more items may be combined; items may be removed from agenda or delayed at any time; public comments will be restricted to a five (5) minute time limit on the time the individuals may address the Board. The Chair may elect to allow public comment on a specific agenda item when that item is being considered.

Members of the public who are disabled and require special accommodations or assistance at the meeting are requested to notify in writing Lynn Conway, Management Analyst II, 480 Galletti Way, Sparks, NV 89431, or by calling 775-688-0426 no later than three (3) working days prior to the meeting date.

Supporting material is available from Lynn Conway at Northern Nevada Adult Mental Health Services, 480 Galletti Way, Sparks, NV 89431. Anyone desiring supporting documentation or additional information is invited to call 775-688-0426 or email lconway@health.nv.gov.

This notice and agenda has been posted on or before 9:00 AM on the third working day before the meeting at Washoe County Complex, 1001 East 9th Street, Reno, NV, and at the following locations:

Division of Public and Behavioral Health, 4150 Technology Way, 1st Floor, Carson City, NV
Division of Public and Behavioral Health, 4126 Technology Way, 1st Floor, Carson City, NV
Northern Nevada Adult Mental Health Services, 480 Galletti Way, Sparks, NV
Division of Public and Behavioral Health website: http://dpbh.nv.gov/
Nevada Public Notice Website: https://notice.nv.gov/