

District Board of Health Meeting Minutes

Members

Devon Reese, Chair
Paul Anderson
Clara Andriola
Michael D. Brown
Dr. Reka Danko, MD
Steve Driscoll
Dr. Eloy Ituarte, MD

Monday, January 13, 2025
9:00 a.m.

Washoe County Administration Complex
Northern Nevada Public Health
Conference Room A&B, Building B
1001 East Ninth Street
Reno, NV

1. Roll Call and Determination of Quorum.

Chair, Devon Reese, called the meeting to order 9:00 a.m.
The following members and staff were present:

Members present: Devon Reese, Chair
Paul Anderson
Clara Andriola
Michael D. Brown
Dr Eloy Ituarte
Steve Driscoll

Ms. Lawson verified a quorum was present.

Staff present: Dr. Chad Kingsley
Erin Dixon
Jack Zenteno
Francisco Vega
Lisa Lottritz
Rob Fyda
Dr. Nancy Diao
Scott Oxarart
Rayona LaVoie
Joelle Gutman Dodson

2. Pledge of Allegiance.

Mr. Scott Oxarart led the pledge to the flag.

3. Approval of Agenda.

January 13, 2025

Paul Anderson motioned to approve the agenda with a second by Michael Brown. The motion was approved unanimously.

4. Public Comment.

Chair Reese opened the public comment period.

With no requests for Public Comment in person or online, the public comment period was closed.

5. 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.

December 19, 2024

B. Cancel the January 23, 2025, Regular District Board of Health Meeting.

C. Recommendation for the Board to Uphold Cases Not Contested to the Air Pollution Control Hearing Board.

1. Recommendation for the Board to uphold a settled penalty issued to 840 I Street, LLC, Case No. 1504, Notice of Violation No.'s AQMV24-0032, 0033, 0034, 0035, 0036 with a \$46,800.00 total fine, for multiple violations of 40 CFR 61 Subpart M – National Emissions Standards for Asbestos and violating a Stop Work Order issued by the Air Quality Management Division.

Clara Andriola moved to approve the consent items with a second by Steve Driscoll. The motion was approved unanimously.

6. Strategic Planning Topics and Discussion.

A. Welcome and Opening.

Presented by: Chair Reese and Health Officer Chad Kingsley

Facilitated by: Erica Olsen, OnStrategy

Chair Reese welcomed the group to the workshop and introduced the operation of the meeting.

Chair Reese asked for the Board to provide input with a focus on the services provided and collaborations required to ensure the region thrives. Building partnerships is also a big part of the customer experience. This retreat is a piece of tracking benchmarks and progress and identifying challenges toward the goals.

Dr. Kingsley noted that this will prepare the group for the next retreat and that this is an opportunity to reset and take innovation and efficiencies into account moving forward, especially considering the new makeup of the Board.

Erica Olsen mentioned that the team put a lot of time and attention into the materials being reviewed today. Some of the high points include the breadth and scope of NNPH for the new Board members with the items presented today not covering everything. Different from many other boards, NNPH has a strong strategic management practice, with this being a plan from the top of the organization to the teams within the divisions. The results show the second cycle of the 3-year plan. The next retreat will include conversation about setting priorities for the next 3-year cycle. Today will center around the impact this organization is delivering to the community.

Chair Reese introduced the two new Board members, Clara Andriola and Dr. Eloy Ituarte. If items discussed today are new, we don't expect to get into all the depth and detail required to plan on every item, but a broad overview will be given.

B. Presentation of the strategic planning and implementation process.

Presented by: Erica Olsen, OnStrategy

Facilitated by: Erica Olsen, OnStrategy

Ms. Olsen noted that today is not only showing the long-term, but also FY26. Everything is based on the Mission Statement and its six priorities – Healthy Lives, Healthy Environment, Local Culture of Health, Impactful Partnerships, Organizational Capacity, and Financial Stability. The high points and key outcomes for these areas will be considered as end goals with specific outcomes cascading to individual divisions.

Ms. Olsen commented that the District Snapshot, which is the organization's scorecard, is produced once per year. The numbers are generally the annual aggregate of all the divisions and a visual of the organization's impact to the community. The Board receives a quarterly performance report and a monthly division report, which both help manage the plan.

Ms. LaVoie added that the quarterly reports are very detailed, but the district snapshot shows metrics rolled up into the higher-level metrics shared today.

Dr. Kingsley noted that the monthly reports can be adjusted by Board request to add or remove items currently being shared.

C. Presentation and Discussion of Fiscal Health and Sustainable Funding: Staff is seeking any clarifications or additional information needed by the District Board of Health regarding the current financial state and financial outlook for the Health District as well as any recommendations the District Board of Health would like to provide as part of the FY26 budget process.

Presented by: Jack Zenteno

Facilitated by: Erica Olsen

Jack Zenteno opened the item by sharing that the Department is operated through a variety of grants and other funding mechanisms. He displayed the chart of accounts, showing the programmatic areas within each division.

Dr. Kingsley noted that this is showing all the different funding streams, with staff performing work in multiple places.

Mr. Zenteno shared the differences in funding between now and before COVID. Over this period, funding has increased about \$1.5M by reevaluating fees, etc. During that same period of time, the salaries have gone up about \$7M. In 2021, revenue spiked due to COVID funding with most of it gone by FY24. About half of current revenue is related to grants with charges for activities, licenses and permits bringing in about 13%, and the remainder coming from the County.

As for expenditures, Mr. Zenteno noted salaries and wages, benefits, and overhead showing a dramatic increase. There were large capital expenditures during COVID, and the TB clinic funding is coming through the next couple of years. Services and supplies, including contracted staff for the COVID response, biologicals for CCHS, vector items,

and training for staff, essentially day to day activities will be about 10% of total spent for FY25/26.

CCHS has the most expenditures and attempt to get as much reimbursement as possible for the activities and services provided, with much coming through Medicaid reimbursement and isn't substantial. EPHP will look very different next fiscal year, with most of the COVID funding no longer available. Other divisions are expected to remain stable.

Dr. Kingsley noted that EHS and AQM are the main cost recovery divisions, but they do not profit from their services. With CCHS, there will always be a gap, based on the low Medicare reimbursement and necessary services provided to the community.

Mr. Zenteno reviewed the number of staff supporting each division, both FTE and intermittent/hourly and the changes made or being made based on funding.

Mr. Zenteno noted there are no funding assumptions at the Federal level, COVID funding has ended, most items the department gets funded for are under the microscope and there is no guess as to what will happen. The assumption is that Federal funding will remain flat with an assumption that State funding with SB118 carrying forward for a couple more years. At the local level, everyone is struggling with budgets, and it is assumed that there will not be additional funding.

Joelle Gutman Dodson noted that the SB118 funding is the first funding the legislature ever allocated to health districts. For counties without health districts, some funding was received based on population numbers.

Mr. Driscoll asked about revenues coming and going, with staffing and benefits as the biggest piece, what happens when things get out of balance or costs increase? How are decisions made as to what services become affected? He wished to make clear that when it comes to the budget, he expects to have strong policy decisions so staff can do the work to meet the mission of the organization.

Mr. Zenteno reported that those items that are statutorily required to do are paramount first. The things that the community needs from us will be second and those things that have opportunity for discussion will come to the Board, that there is not sufficient funding for, to determine next steps. The budget needs to be in balance, so efficiencies are created to find the savings. When the fiscal cliff is hit, additional decisions will need to be made.

Dr. Kingsley shared that the county has gone through some changes causing an increase in the budget, including the Korn Ferry adjustment and a cost-of-living adjustment.

Chair Reese noted that Mr. Driscoll's question may lead to a broader discussion with the county during the next budget cycle. This isn't really governed by the Interlocal Agreement to the extent that it requires folks who think outside what the document indicates. This will help in charting future budgetary successes.

Mr. Zenteno noted that the county has been a great partner, and the department is on a positive path. He shared that grants are flat at the Federal level and there are a lot of vacancies, turnover, etc., which makes information take longer to get to the state, then the state takes longer to push out, taking a larger percentage off the top to cover their shortfalls. By the time the funding arrives, it isn't what was expected and takes a new

scope of work. It is not anticipated that the \$2M mark will be hit with the new EHS and AQM fees. The Accela system is making it difficult to track some of the data in EHS. With SB118 in process, we'll have to see what the final numbers are after the session. FY 25 into FY26 appear to have relatively flat revenue, where a significant amount of COVID funding is being replaced by SB118 funding and increased fee projections.

Projections for FY25 and FY26 are looking okay, but FY27 is not sustainable at the current staffing level. This assumes SB118 carries forward to the next legislative session and adequate fees are recognized.

Around the end of 2022, the ending fund balances were increasing nicely and topped out at \$18.5M. They dropped by about \$2.8M, mostly directly tied to the Korn Ferry adjustment. As we move into FY26, there is still some fund balance available, then by FY27, adjustments will need to be made.

Dr. Kingsley noted that the City of Sparks, City of Reno and Washoe County are all in the same position. By Board policy, 7% of funds are to be retained for solvency. A future discussion point may be to increase this to 10%, to float future grants, etc.

Next steps include looking for efficiencies and opportunities for additional funding. Reevaluation of the fee structure before the scheduled timeline will be considered, along with a review of regulations to determine requirements and bringing discussion items to the state or county or determining how to reduce other activities. Spending has slowed, positions are being held vacant, efficiencies are being reviewed.

Dr. Kingsley noted that, beginning July 1, 2026, a 10% reduction has been implemented. Attrition is being used to safeguard employees and has been communicated to staff. Each vacant position is being reviewed for efficiencies but isn't affecting EHS and AQM as much.

Paul Anderson thanked staff for doing this work. The City of Sparks held a workshop on the same discussion. They are making an assurance that the employees are safe, staffing will be the last option, also putting a pause on vacant positions. Cost recovery and fees are being reevaluated, and he encourages staff continuing to look at this.

Chair Reese noted that this will be addressed in the next topic.

Chair Reese asked for clarification on the TB Clinic capital showing on the slides as revenue. He was under the understanding that all the funds are from grants.

Ms. Gutman Dodson noted that this funding was an ARPA allocation from the State.

Chair Reese commented on the FTE issue, with concerns about permitting reviews being revenue generating and complaints coming from community members. He would like to make sure the FTEs are where they need to be. Regarding EHS's review of restaurants, it is not up to the Board to recommend hiring additional employees, but they would decide that a certain pinch point is creating issues for the community. Those are areas to address if the FTEs are meeting the goals. The Board would not have a say as to where the money comes from but may recommend areas to review.

Dr. Kingsley noted that at the last strategic planning session, the board put forward several above base positions, of which most have not been filled. In addition, EHS has put into place reductions in inspections based on food excellence. They are also having

community meetings to discuss changes being made to meet the needs of the community.

Robert Fyda concurred that attempts at rewarding those who prioritize food safety makes it more efficient for staff. They are also looking for efficiencies in other places, such as reviewing plan review timelines.

Chair Reese asked how the community becomes aware of these meetings.

Mr. Fyda noted that the NNPH communications team has worked to push the word out, along with the food safety listserv and community partners.

Chair Reese opined about the end fund balance, which has generally been high, so the County has not had concerns, but is dropping and causing discussion. The County has been gracious in working with NNPH on ways to increase direct contributions based on recognition of the dropping revenue. He agrees with looking for cost recovery, though it can be worrying to be upside down. With increases in such things as the cost of medications, it might be time to reach out to our professional delegation.

Erica Olsen summarized that as this work happens and we prepare for this same process next year, decisions will need to be made in the context of what direction to take the organization, an activity perspective, and financial guidelines, with the intent to take some action and come to concessions.

Mr. Zenteno noted that there is faith that funding will come in the right place, and it will be flexible enough to apply where necessary. Based on the fiscal situation, he feels the State will allow some flexibility.

Dr. Kingsley mentioned this is part of local responsibility, and he'll be presenting an overview to the County to make them aware, keep discussions ongoing and working together. NNPH will begin to share presentations on essential services with the cities and will ask for advice and guidance moving forward. There will also be attendance at the NACCHO/SACCHO, NALHO and NALBOH conferences during Hill Day in February, to work on strengthening relationships.

Chair Reese called a recess at 10:20 a.m.

Meeting reconvened at 10:30 a.m.

- D. Presentation, Discussion and Possible Adoption of Northern Nevada Public Health's 2025 Legislative Principles and Priorities, provide direction as desired on legislative priorities or concerns, and direct staff to monitor bills and act on behalf of NNPH and public health.

Presented by: Joelle Gutman Dodson

Chair Reese noted that the District Board of Health has been fortunate to have representation in Carson City working to facilitate priorities for health.

Joelle Gutman Dodson provided an overview of the legislative principles and priorities. The State of Nevada only received federal pass-through money for public health, so all funds were categorical at the whim of federal grants. For the last 4 sessions, we have asked the State for non-categorical funding that can be pivoted for current priorities. After COVID, it was learned there needs to be some type of base funding formula for smaller counties.

Ms. Gutman Dodson shared major current priorities as non-categorical, ongoing sustainable funding, with an allocation for tribal partnerships; food vendors in relation to health standards; super boards, including a complete overhaul of licensing boards; tobacco, including tax on new tobacco cessation products; solid waste/safe drinking water, addressing the handling of solid waste management for smaller counties; EMS, for potentially licensing local EMS providers; congenital syphilis testing.

Mr. Anderson asked for clarification of the ‘we’ being referred to during this conversation.

Ms. Gutman Dodson noted that ‘we’ are the public health partners, including SNHD, Carson City Health and Human Services, NACCHO, among others, who are all working together and try to help each other out.

Dr. Kingsley mentioned that Ms. Gutman Dodson’s effectiveness here created a similar new position at SNHD.

Ms. Andriola enquired about NNPH having a designated bill.

Ms. Gutman Dodson responded that NNPH does not have an allocation for designated bills.

Ms. Gutman Dodson noted some of the things she will be looking out for when engaging a bill. These include unfunded mandates, loss of authority, degradation of Public Health, loss of funding and other concerns.

Ms. Gutman Dodson defined the Legislative Principles for 2025 as: collaboration across all levels of government, sustained investment in public health, local flexibility and control, equity and resilience in Public Health Systems, and preservation of Public Health Authority. The Legislative Priorities for 2025 are: sustained public health improvement fund (PHIF), environmental health protections: equal standards of safety, public health workforce development, health equity and social determinants of health, and emergency preparedness and resilience.

Chair Reese noted that, during the last session, the DHO, DDHO, Chair and Vice Chair all met with Ms. Gutman Dodson regularly to discuss bills. In an urgent situation, they can call meetings as needed.

Ms. Gutman Dodson shared that, when possible, she will attend the monthly Board meetings to give an update. When this isn’t possible, the DHO will provide the update. There is also a Nevada Public Health Association (NPHA) meeting every Friday during the Session, which includes many stakeholders.

Mr. Driscoll motioned to accept the Northern Nevada Public Health 2025 Legislative Principles and Priorities with the amended language under ‘A Vision for 2025 and Beyond’ to remove *the* from *the Northern Nevada Public Health* in the first sentence. Ms. Andriola seconded the motion, which was approved unanimously.

Chair Reese gave a brief presentation on the structure of this Board. It is currently set up as each local entity appoints an elected member and an additional appointment, with a 7th member appointed by this Board. There has been discussion whether Board composition can be changed, to include persons with a more diverse background. He noted that this has recently been a topic of conversation and there may be some discussion during this legislative cycle, which may increase the number of members.

Ms. Gutman Dodson would keep this Board apprised of these discussions. This Board currently lacks a member of the food industry.

Erin Dixon shared the documents referenced for Board makeup as NRS, the Interlocal Agreement, Bylaws, and BOH Policies and Procedures. The District Boards of Health are broken down in NRS by population. Under these guidelines, the same board makeup also applies to Central Nevada Public Health.

Dr. Kingsley added that this Board can designate or create subcommittees to review items before coming to this Board.

Dania Reid noted that these subcommittees would be an advisory board and need to follow the open meeting law.

Ms. Andriola asked that this Board be kept apprised if/when these discussions occur.

Chair Reese confirmed that anything of importance happening during the session will be shared with Board members.

- E. Presentation and Discussion of the Strategic Snapshot: Staff is seeking guidance on if the current flow of information is effective and meets the needs of the District Board of Health and the community and recommendations for any modifications.
Presented by: Chair Reese and Rayona LaVoie
Facilitated by: Erica Olsen

Ms. Olsen noted that great strategic plans deliver results, which come in the form of scorecards or dashboards. Pulling together a set of performance measures across the diversity of divisions, teams and programs is no small feat. This is the second year for the summary of performance for FY24, and the purpose of this snapshot is for the Board and public at large but is not intended to be a management tool. Specific division measures that roll into this snapshot that are meant to communicate volume and performance.

Rayona LaVoie shared that the snapshot shows the impact being made in the community, where the quarterly performance management reports show the accountability, such as clients served, inspections completed, disease cases investigated, plan & building reviews completed, among other items. For more context, Board members can review the performance management reports.

Ms. Andriola asked how a specific program instance that may have skewed the results but ended up being a positive situation is reconciled within these reports?

Ms. LaVoie noted that the performance management reports have every inspection listed by inspection type. Each division sets targets every fiscal year and there is a narrative next to the data that defines the status for each metric.

Ms. Olsen mentioned that this is why volume metrics are separate from metrics with targets or performance measures.

Mr. Driscoll asked how cause and effect are determined showing low level detail for high level performance.

Ms. LaVoie indicated that beginning in 2022, data was captured in the performance management system, in order to identify trends and give the Board context about these

things. Data is getting better over time and the point has come to be able to consider issues as trends.

Ms. Andriola gave kudos to the team, as a lot of time and effort went into this. She feels this is a great resource for everyone look at and provide discussion.

Ms. Olsen noted that this is a great story of the organization and is very understated in the complexities.

- F. Presentation and Discussion of Organizational Impact: Discussion regarding outcomes accomplished in FY24 and the impact made in the community by way of the outcomes set to achieve NNPH's mission. Board to discuss and provide recommendations for improvement or modifications.

Presented by: Rayona LaVoie, Scott Oxarart, Erin Dixon, and Division Directors

Facilitated by: Erica Olsen, OnStrategy

Ms. Olsen prefaced this with the program being in the middle of a three-year plan, and the data being shared today is Q1 for FY25. Performance management reporting starts over each fiscal year. A couple of key points are represented in this presentation.

Lisa Lottritz began with a snapshot of outcomes and priorities for Healthy Lives. The goals include promoting health behaviors and preventive health services and improving access to healthcare. Some of the highlights are 91% cases investigated within designated time frame, which are same day, next day or follow up within a week, depending on the disease reported. Staff capacity has been a challenge, along with the days results were reported. A better way to capture and account for after-hours reports would help improve this goal. Outcome highlights are an increase in the number of multi-family housing properties with smoke free policies, quarterly education messaging for seniors related to fall prevention, and an increase in the numbers of community members with navigation of resources. In addition, CCHS is now billing for Clinical Health Worker services. Attention remains to reaching residents about secondhand cannabis smoke exposure and TB cases not confirmed with a NAAT test. A focus for FY26 will be community partnerships and customer service.

Dr. Kingsley shared that Ms. Lottritz will be leaving NNPH this spring, taking with her a wealth of knowledge. Her position is currently open for applications.

Francisco Vega shared his appreciation for the Air Quality Team, their effort and commitment to excellence helps with the success seen here. Regarding Healthy Environment, the standard is 70%, but they continuously reach more than 90%. The data provided to the community is critical for helping individuals protect their health, with a focus on making sure plan reviews are turned around in an expeditious timeframe. There is concern that not all plan reviews are getting here, since they are about 3 steps deep in the process of whether the group sees the plan review. They welcome the regional partner's help to improve the certainty of these numbers.

Robert Fyda noted that their residential inspection for septic systems and wells has a 90% successful turnaround time within 2 weeks. There have been many outreach events, including a very successful truck resource permitting fair. Items in need of attention include improved data collection and staff turnover. For FY26, there are plans to further improve customer service and increase efficiency.

Scott Oxarart shared some statistics on Local Culture of Health, which includes communications and services in EPHP. A district goal is to formulate a way to share data and information in a manner that is meaningful. 100% of vital records requests and 100% of internal and external requests for statistical analysis were processed. There was a 5% increase each in Spanish language Facebook followers and audience growth across all social media platforms. Public information campaigns are being designed to promote health equity and reduce health disparities, engaging in local policies to advocate for better equity of life in Washoe County, broadened NNPH outreach to LinkedIn and website page view data up 15%. The biggest focus for FY26 is customer service.

Nancy Diao shared goals of Impactful Partnerships as supporting behavioral health, improving health living behaviors and access to healthcare, enhancing the EMS system, engaging the community in public health improvement, improving community response to health emergencies and partnering with academia. Key highlights from the first quarter include services provided during the Family Health Festivals, increases in the number of organizations leading CHIP initiatives, limiting the community's access to lethal means for suicide prevention, implementing regional preparedness response exercises annually, as well as great strides toward Academic Health Department work. Items noted as needing attention are things that were delayed due to staff turnover or that began in quarter 1 and were accomplished in quarter 2, such as the jurisdictional risk assessment, the EMS Strategic Plan FY24-29, establishing a cross-sector health coalition, and reviewing policies or laws that disproportionately affect subpopulations. The main focus for FY26 will be community partnerships, which are necessary for addressing the interconnectedness and global nature of public health challenges

Dr. Kingsley noted that the Community Health Assessment (CHA) is typically done every three to five years. As this community partners with Renown, and all non-profit hospitals need to do an assessment every three years, the CHS is done on a three-year basis, with the Community Health Improvement Plan (CHIP) created based on the results from the CHA. NNPH is accredited by the Public Health Accreditation Board (PHAB), which streamlines public health with standards making it more likely to garner grants and the next accreditation period is in process.

Mr. Fyda began Organizational Capacity by sharing that investments in technology and outreach efforts are in effect for EHS and AQM. NNPH is a regional partner in using the Accela platform, which has been a barrier to customer service and a developer has been invested in to help streamline some of the tech and Accela issues. Items in need of attention here include the workforce development program creating a culture of engagement to help mitigate some of the turnover. For FY26, focus will be on increasing efficiency, customer service and sustainable funding.

Mr. Vega shared that they continue to provide the most valuable platform possible, though Accela is a barrier, especially where some applications cannot be accepted electronically, as it doesn't meet the Federal requirements. AQM takes pride in making data driven decisions, and continues to improve platforms, having received a \$200,000 grant from the EPA to improve data systems that will begin implementation this month.

Mr. Zenteno shared the goal for Financial Stability as updating NNPH's financial model to align with the needs of the community. 100% compliance has been met with purchasing and contract procedures, grant compliance maintained, cost recovery for AQM permitting, compliance programs and vital records services maintained. Contracts

have been generated with 12 insurance companies to provide access and revenue through billable services. The focuses for FY26 are efficiencies and sustainable funding.

Mr. Vega noted that opportunities and risks continue to be evaluated to attain cost recovery with organizational assessments being done to evaluate where resources are being utilized and to confirm they are being used in the most valuable way possible.

Mr. Driscoll enquired as to changing fees being an 18-month window. As this is being done, is there a build in for inflators over time, so this doesn't need to be redone so frequently once active?

Mr. Zenteno noted that a fundamental re-evaluation of fees is done every 5 years, then on an annual basis, they are automatically adjusted with CPI.

- G. Presentation and Discussion of Community Partnerships: Staff is seeking guidance regarding the Health District's commitment to maximizing community partnerships and any recommendations for improvements or modifications.

Presented by: Rayona LaVoie

Facilitated by: Erica Olsen, OnStrategy

Ms. Olsen noted that this item was meant to be a deeper discussion regarding community partnerships in relation to where the organization might strengthen its partnerships. It will be bypassed today due to time constraints and presented at an upcoming DBOH meeting.

- H. Presentation and Discussion FY26 Focus: Staff is seeking guidance about the Health District's FY26 priorities and any recommendations for improvements or modifications.

Presented by: Chad Kingsley

Facilitated by: Erica Olsen, OnStrategy

Ms. Olsen noted that Dr. Kingsley stepped into an existing strategic plan, and this is putting his perspective on the focus for FY26, with a vision toward the outcomes, metrics, etc., that are already in place.

Dr. Kingsley recognized that even with the challenges ahead, NNPH is at a great spot based on the work that has been done. The focus areas for the next year include increasing efficiency and optimizing internal operations; communication, collaboration, and listening to the community; training and staff development; reviewing staff and workforce platforms; filling community gaps and addressing root causes for health inequities. Building toward a future of resilient services that can weather economic and social disruptions while maintaining excellence in public health, embedding flexibility, equity and innovation into our practices to ensure a safe, healthy work environment that balances work and life for public health employees and safeguards the health and wellbeing of our residents, position NNPH as the leader in forward thinking for public health strategies, and responsive service delivery. He thanked everyone for their time and looks forward to the years working together.

7. **Board Comment.**

Chair Reese concluded with thanks to staff for the work that goes into these presentations and Ms. Olsen for her facilitation in making this meaningful to the Board.

Mr. Driscoll shared that he is very impressed and overwhelmed by seeing this and understanding the detail of what has been done, the intricacies of leadership and taking the time

to create measurements then measure them. This background allows the members to share the information with the public and is appreciated. The excellence of the health department will continue based on the level of detail and work done.

Ms. Olsen noted that the goal is to make sure the department is on the right track and thanked everyone for the illustration of the hard work being done.

Chair Reese reminded the Board that there will be no additional January meeting, with the next being February 27.

Having no further comments from the Board, Chair Reese closed this item.

Adjournment.

Chair Reese adjourned the meeting at 12:01 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 Northern Nevada Public Health, 1001 E. 9th Street, Building B, Reno, NV 89512, or by calling 775.328.2416, 24 hours prior to the meeting.

Public Comment: Members of the public may make public comment by submitting an email comment to jlawson@nnph.org before the scheduled meeting, which includes the name of the commenter and the agenda item number for which the comment is submitted. Reasonable efforts will be made to hear all public comment during the meeting. During the “Public Comment” items, emails may be submitted 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 emails will only be heard during items that are not marked FOR POSSIBLE ACTION. All public comment should be addressed to the Board of Health and not an individual member. The Board asks that your comments are expressed in a courteous manner. All public comment is limited to three minutes per person. Unused time may not be reserved by the speaker nor allocated to another speaker.

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 – District Board of Health Member’s announcements, reports and updates, request for information or topics for future agendas. (No discussion among Board Members will take place on the item)”

Posting of Agenda; Location of Website:

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

Northern Nevada Public Health, 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

Northern Nevada Public Health Website <https://www.NNPH.org>

State of Nevada Website: <https://notice.nv.gov>

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