NORTHERN NEVADA
Public Health
Serving Reno, Sparks & Washoe County

AGENDA ITEM NO. 6.A.

District Board of Health
Meeting Minutes

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

Thursday, September 25, 2025
1:00 p.m.

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

1. **Roll Call and Determination of Quorum**

   Chair Reese called the meeting to order at 1:00 p.m.

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

   Ms. Lawson verified a quorum was present.

2. **Pledge of Allegiance.**

   Board Member Brown led the pledge to the flag.

3. **Public Comment.**

   Aaron Abbott introduced himself as the Founder and CEO of Technical Medical, a private, for-profit emergency medical services agency based in Reno and serving Northern Nevada. He noted that the organization has been in operation for over three years, employs more than 40 EMS professionals, and provides advanced life support, critical care transport, mobile integrated health, and special event standby services. Technical Medical holds service contracts with various public and private entities, including the City of Reno, City of Sparks, Nevada Highway Patrol, the Veterans Administration, and hospital systems outside Washoe County.

   Mr. Abbott wished to formally introduce himself and his agency to the Board and advocate for the need to expand EMS provider options within Washoe County. While acknowledging the current exclusive franchise agreement administered by the Board, he expressed concern that the growing healthcare needs of the community - driven by increased call volumes, an aging population, and expanded demand for interfacility and in-home care - may exceed the capacity of a single EMS provider.

He emphasized the evolving role of EMS as a point of access to the broader healthcare system, not just in emergencies but for underserved populations seeking care. Mr. Abbott argued that allowing additional EMS providers would enhance patient and healthcare facility choice, promote competition, drive innovation, and ultimately improve quality and reduce costs.

Chair Reese asked Mr. Abbott to schedule a meeting with him for a conversation about Technical Medical.

4. **Approval of Agenda**.

   Michael Brown motioned to approve the agenda. Steve Driscoll seconded the motion, and it was approved unanimously.

5. **Recognitions.**

   Health Heroes

   i. Dianna Karlicek – EHS – Environmental Health Specialist – Compassion and Trustworthiness
   ii. Dave Kelly – EHS – Environmental Health Specialist Supervisor – Adaptability, Collaboration, and Trustworthiness
   iii. Danika Williams – PHD – Epidemiologist – Adaptability
   iv. Scott Oxarart – ODHO – Public Health Communications Program Manager – Adaptability, Collaboration, Inclusivity, and Trustworthiness

   Frenchie Rubio noted the recognitions for the August Health Heroes and congratulated them on their accomplishments.

6. **Consent Items.**

   A. Possible approval of August 28, 2025, Draft Minutes.
   B. Approve the donation of $5,000.00 from Anthem Blue Cross and Blue Shield for the purchase of Safe Sleep Survival kits.
   C. Approve the Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health for the period retroactive to July 1, 2025 through June 30, 2026 in the total amount of $290,772.00 (no match required), in support of the Northern Nevada Public Health's various health initiatives to include prevention of tobacco use in youth, providing immunizations, conducting STI surveillance and reporting, and providing continuing training to public health staff, and authorize the District Health Officer to execute the Subaward and any future amendments.
   D. Recommendation for the Board to uphold an uncontested citation issued to South Meadows RV & Boat Storage LLC, Case No. 1572, Notice of Violation No. AQMV25-0013 with a $500.00 Administrative Penalty for failing to obtain a Dust Control Permit prior to the commencement of a dust generating activity.
   E. Recommendation for the Board to uphold an uncontested violation issued to Lennar

Reno, LLC, Case No. 1577, Notice of Violation No. AQMV25-0014 with a $500.00 Administrative Penalty for failing to control fugitive dust from a dust control permitted project.

F. Acknowledge receipt of the Health Fund Financial Review for August, Fiscal Year 2026.

Paul Anderson motioned to accept the consent items, and Mr. Driscoll seconded the motion, which was approved unanimously.

7. Recognize the month of September 2025 as National Preparedness Month.

   Andrea Esp read the proclamation for National Preparedness Month.

8. Recognize the month of September 2025 as National Suicide Prevention Month.

   Joe Dibble read a proclamation recognizing National Suicide Prevention Month. He reported that in 2023, Nevada recorded 654 suicide-related deaths, including 119 in Washoe County. Nevada ranked 8th in the nation for suicide death rates in 2023, a slight improvement from its 7th-place ranking the previous year. Northern Nevada Public Health remains actively involved in suicide prevention efforts through public education, awareness campaigns, and training, in collaboration with local community partners. The agency also participates in the statewide Suicide Prevention Task Force and supports the "Light Up the State" initiative, which involves lighting buildings and landmarks in blue and teal throughout the month. Additional efforts include partnering with firearm retailers to promote safe and temporary off-site firearm storage during times of crisis and providing community education to enhance awareness and intervention related to suicide risk.

   Chair Reese asked Mr. Dibble to contact him for a meeting about suicide prevention.

9. Recognize the week of September 22-25, 2025, as Falls Prevention Awareness Week.

   Joe Dibble read the proclamation for Falls Prevention Awareness Week and provided an update on recent efforts focused on reducing fall risk among older adults. He highlighted that Northern Nevada Public Health (NNPH) recently hosted its first community balance screening event at Senior Services, where 44 participants were evaluated by two physical therapists and received individualized assessments and referrals based on their fall risk. Additional initiatives include the launch of a "Stepping On" fall prevention class in October, a seven-week, evidence-based program shown to reduce fall risk by approximately 35% among participants. NNPH will continue fall prevention activities throughout the season.

   Hannah and Jessica from the Sanford Center for Aging accepted the proclamation and shared that their mission is to enhance the quality of life and well-being for older adults in the community. As part of that mission, they lead fall prevention efforts across Northern Nevada, including hosting several evidence-based programs locally and statewide. They also conduct annual balance screening events. A new initiative was highlighted, funded by the National Council on Aging, which involves partnering with emergency medical services (EMS) to identify older adults at high risk for falls and connect them with community resources. They thanked the Board for their support for ongoing efforts throughout the region.

10. Recommendation to accept the REMSA Health Monthly Franchise Report for August 2025 which includes REMSA Health Accounts Receivables Summary, Compliance by Zones, Average Response Times, Incident Details Reporting, Summary Penalty Fund Reconciliation, Personnel, Ground Ambulance Operations Report, Patient Experience Report and Comments, Education Report, Public Relations Report, and Frequently Asked Questions, and provide possible Board direction.

    Barry Duplantis noted that in August 2025, REMSA responded to 8,770 priority one calls and transported 5,543 patients to area hospitals, consistent with prior months. The customer satisfaction survey yielded a score of 94.57, with the highest-rated category being the skill of REMSA's crew members. He expressed continued commitment to serving the community, emphasizing the dedication of its field providers, dispatchers, educators, and support staff. They acknowledged strong collaboration with local public safety partners, with joint responses to incidents such as the Davis fire, the GSR incident, and long-standing coordination following the Reno Air Race tragedy. An ongoing partnership with Northern Nevada Public Health was also recognized, with frequent communication and collaboration.

    The franchise includes Washoe County ground ambulance services, excluding volunteer services in Gerlach and Incline Village, accounting for approximately 50% of REMSA's business. Another 40% comes from CareFlight services, with the remaining 10% being education and ancillary services. Expenditures include personnel costs at 60%, ground and air fleet-related expenses at 21%, and administrative costs at 14%. They employ over 600 individuals, all residing in Washoe County.

    As a not-for-profit organization, REMSA reinvests all revenue locally. They dedicate more than $3 million annually toward equipment and infrastructure to ensure the highest level of emergency care. This model reinforces REMSA's commitment to quality service, local economic support, and long-term community health.

    Responding to over 97,000 requests for service annually, they transported 62,429 patients to area hospitals in the past 12 months. About 36% of total calls result in care provided without transport, estimated to exceed $7 million annually.

    NNPH recently completed the operational review, which is required by the current franchise agreement every ten years, confirming full compliance. REMSA has served the community continuously since 1986**,** with next year marking its 40th anniversary. They have evolved with population growth, using a dynamic deployment model to position personnel and equipment strategically throughout the region. REMSA continues to collaborate with partner agencies to improve service quality, reduce costs, and enhance coordination. As a 501(c)(3)**,** REMSA earns a modest margin only when patients are transported.

    The agency and regional partners have been incorporating feedback to modernize the franchise agreement. A revised draft is nearing completion and is expected to be presented to the Board for consideration soon.

    Chair Reese opened a Public Comment period for this item.

Shirley Folkins-Roberts, Chair of the REMSA Health Board of Directors, noted that the REMSA board is composed entirely of volunteers, including appointees from Northern Nevada Public Health and representatives from Renown Health, Saint Mary's Health Network, and Northern Nevada Health System. The board is comprised of individuals with diverse expertise in healthcare, law, finance, and community representation, ensuring strong fiduciary oversight and governance. Ms. Folkins-Roberts emphasized that REMSA Health is a community-based, not-for-profit organization that reinvests all revenue locally - primarily in employee wages and benefits, medical equipment, fleet, and specialized programs, and over the past eight years, more than $31.5 million in capital improvements. Unlike many healthcare organizations, REMSA is not funded by corporate or private equity interests and does not receive taxpayer funding. Instead, it is driven by a mission to serve the Washoe County community. Ms. Folkins-Roberts expressed pride in the organization's work and her role in supporting its continued success.

Michael Pagni, Vice Chair of the REMSA Health Board of Directors and the Board's appointed consumer representative, reaffirmed REMSA's long-standing patient-first mission. He explained REMSA's establishment as a 501(c)(3) nonprofit with an exclusive franchise to deliver regionalized emergency medical services by a committee in 1986 as a community-driven solution to the chaos and poor patient outcomes caused by competing ambulance providers. Mr. Pagni emphasized that REMSA continues to exceed performance standards while operating at no cost to taxpayers. He highlighted the organization's distinction from typical for-profit franchises, noting that REMSA is locally based, provides service regardless of payment, and reinvests in the community through education, scholarships, and critical infrastructure. He concluded by recognizing REMSA's 40-year legacy of delivering high-quality, reliable, and compassionate care, and urged the board to extend the franchise in the best interest of patients and the community.

Aaron Abbott, founder and CEO of Technical Medical EMS and former executive director of REMSA, recognized the dedication of REMSA staff and addressed system capacity challenges. He noted recent priority one exemptions in REMSA's franchise report that were attributed to system overload - an occurrence where emergency call volume exceeds available resources. While such surges are common nationwide, he emphasized the responsibility of the exclusive provider to request mutual aid during these times and advocated for exploring additional resources or alternative service models in the community while reiterating his organization's willingness to assist during such events. Citing language in the franchise agreement, Mr. Abbott noted that while REMSA holds exclusive rights, it is contingent on ensuring services are delivered and allows for subcontracting when necessary. He encouraged the board to consider strategies for addressing system capacity issues as the community continues to grow.

Katie Grimm, Chief Nursing Officer at Northern Nevada Medical Center and representative of Northern Nevada Health System on the REMSA Health Board of Directors, emphasized the organization's role in delivering life-saving care in the field and its integration with the region's three hospital systems. Speaking on behalf of all three systems, she highlighted

REMSA's value as a trusted partner in emergency medical care, noting its contributions to public health, interfacility transport, provider education, and overall healthcare coordination. She expressed concern over national EMS instability and pointed to REMSA's 40-year history of consistent, high-quality service as a unique strength for Washoe County. Grimm concluded by urging the Board to extend the franchise agreement to maintain the current level of service and collaboration in the community.

Mr. Brown confirmed that the information provided to the REMSA Board is provided by Mr. Duplantis. He then confirmed that if any entity or public member wished to approach the Board to provide information, it would have to go through him to the Board, being that it is a closed Board.

Mr. Duplantis confirmed this is the case.

Chair Reese asked how the federal cuts to healthcare and health-related policies are affecting service delivery, if at all, to the area.

Mr. Duplantis responded that, for 2026, he doesn't anticipate any direct or significant reductions with the federal budget cuts, but going into 2027, there could be changes as people may fall off Medicaid enrollment. They are looking to return to the pre-Affordable Care Act model in terms of commercial pay, Medicare, Medicaid, etc. on compensated care. They are doing what they can to ensure costs are aligned and they can manage the cost structure envisioned.

Chair Reese noted concern that, as more people find themselves uninsured, they won't understand that REMSA will arrive and transport regardless of insurance, especially as those numbers are set to increase. He asked Mr. Duplantis to address the differences between REMSA's franchise and any other typical franchise.

Mr. Duplantis responded by emphasizing the organization's commitment to universal service. Unlike a typical franchise that may discontinue services based on non-payment, REMSA responds to every call regardless of a patient's ability to pay or frequency of use. He noted that while REMSA may receive approximately 100,000 calls annually, not all require hospital transport. In cases where care is provided without transport, REMSA absorbs this as a standard cost of doing business to ensure no one in the community is denied care.

Mr. Reese expressed concern regarding the potential impacts of federal healthcare policy changes on uninsured populations and the resulting strain on REMSA Health, particularly related to the annual uncompensated care. He asked if REMSA is preparing for a possible increase in demand, based on these trends in their planning, and is considering service delivery model adjustments.

Mr. Duplantis provided an overview of the organization's capital investment strategy, noting that approximately 4% of annual revenue is typically invested in equipment and materials, which can increase in years with major purchases, and $31.5 million over the past eight years. They operate with minimal debt, paying for assets in cash to maintain long-term financial sustainability and uphold their commitment to the community. Forecasting is done

with a five-year view to plan for future needs and work with community donors to support their mission.

Chair Reese noted that he and Dr. Kingsley are working with the Board, REMSA, and regional partners on the franchise agreement extension. Further questions regarding this should be presented to Dr. Kingsley, who will work to present a red line version of the franchise extension at an upcoming meeting.

Mr. Driscoll moved to accept the REMSA Report, and Mr. Brown provided a second. The item was approved unanimously.

11. Presentation of the 2024-2025 Influenza Hospitalizations and Deaths Dashboard and Overview.

    Dr. Danica Williams, epidemiologist, presented the annual review of influenza hospitalizations and deaths in Washoe County and introduced a new interactive public dashboard that displays real-time respiratory illness data. She reported that the 2024–2025 influenza season saw a 25% increase in hospitalizations and a 15% increase in deaths compared to the prior season, with the majority of severe outcomes occurring in adults aged 65 and older and those with underlying conditions. Vaccination rates remained low, with 75% of hospitalized patients unvaccinated. While ICU admissions slightly declined and hospital stays shortened, there was an increased need for ventilation and later-stage care. Dr. Williams emphasized the importance of early testing and treatment and highlighted the need to improve vaccination uptake, especially among high-risk populations. The new dashboard, available on the NNPH website, provides accessible, up-to-date data to support informed public health decision-making and preparedness for the upcoming respiratory season, which begins September 28.

    Mr. Driscoll asked about the confusion among the CDC and the vaccination committee about drugs not flowing or flowing again, and asked if the vaccination capability of the local pharmacies has stabilized so people can get the vaccinations they need.

    Dr. Williams deferred this question to Dr. Kingsley, who responded that as much information as possible is being shared with the community, though there are still many unknowns from the Federal Government. The local pharmacies have stabilized to a point, but he suggests a call be made ahead to ask if insurance will cover the vaccine for the specific age and what vaccine is available, if it is the most recent or another. Work is being done with State partners to determine the best way to provide vaccines to anyone.

    Chair Reese asked for clarification on the vaccines being referenced.

    Dr. Kingsley noted this is specifically for the flu and COVID vaccines. The flu vaccines are currently available at NNPH, where the COVID are not.

    Dr. Ituarte asked if there was any data to inform us as to whether the people who died from influenza had been offered antiviral therapy, and if they had received Tamiflu, if they were

outside the window of opportunity, and if the dashboard showed Washoe County-specific information.

Dr. Williams responded that the antiviral therapy can be ascertained from the dashboard hospitalizations and fatalities, along with the number treated. The window of treatment is not tracked specifically but offered in more general terms. The data shown includes only Washoe County residents.

Chair Reese asked how often the dashboard information is updated.

Dr. Williams noted that the dashboards are currently updated annually, with weekly updates anticipated, but with information not as in-depth.

Chair Reese then inquired as to what the recommendations were based on the presentation and how this would be affected by the budget environment, and where he might learn about upcoming vaccination pods, clinics, or fairs that he could share. He also inquired about how to navigate vaccine availability from a public relations standpoint.

Dr. Williams noted that NNPH vaccinations, surveillance, and disease investigation are a team effort. She shared that EPI normally sends out vaccination events to listserv subscribers, and the immunization program has a web page that lists its events. They have also partnered with the comms team to get information out in an easy-to-understand, timely manner.

Dr. Ituarte shared that the Reno Sparks Indian Colony Clinic is having a flu immunization event on October 8. They had planned to administer COVID as well, but with the current availability and qualifications, this won't be available. They will also be vaccinating for RSV. He feels that getting people, particularly the high-risk people, immunized early in the season will be beneficial to the community and emphasized the importance of early diagnosis and treatment of influenza, noting that antiviral medications like Tamiflu are most effective when administered promptly after symptom onset. Early treatment can reduce lung inflammation, prevent secondary infections, and significantly lower the risk of severe illness requiring ICU care. In addition to influenza treatment, he highlighted the importance of vaccinations, including pneumonia and RSV vaccines, as critical tools in reducing illness severity, hospitalizations, and mortality. He also stressed the need for comprehensive public messaging to promote early testing, access to treatment, and immunization against multiple respiratory illnesses.

Dr. Kingsley provided additional information about the impact of funding limitations on community outreach and vaccination efforts. Due to budget constraints, the number of annual NNPH outreach events has been reduced from approximately 12 to 2. Despite these challenges, vaccination coverage has remained strong thanks to increased participation from community partners, including local pharmacies, REMSA Health, hospitals, and healthcare providers. However, concerns have been raised about access barriers, particularly for uninsured and underinsured individuals, as changes to Medicare and Medicaid may increase demand for publicly supported services. He emphasized the economic and public health benefits of prevention, noting that reducing hospitalizations could significantly ease strain on

healthcare systems and improve community-wide stability. Efforts continue to focus on increasing access to care and reducing barriers to early intervention.

Chair Reese asked if a person could walk into NNPH and get vaccinated for certain things if the vaccine is available.

Dr. Kingsley responded that children 5 and below, and some adults, are able to receive a vaccine in the clinic if they meet the criteria and it is available.

Chair Reese thanked Dr. Williams for her expertise and emphasized the importance of clear, credible public messaging about vaccines and respiratory illness prevention. He noted that current public confusion has led to different vaccines being lumped together and stressed the value of specific messaging on influenza, RSV, pneumonia, and other preventable illnesses. He suggested that trusted medical professionals could participate in public service announcements to help provide accurate information, particularly as the upcoming respiratory season begins.

12. Presentation and Possible Approval of the Supplemental Environmental Project to fund local projects that improve public health, reduce air pollution, increase environmental compliance, save energy, and/or bring public awareness to air pollution issues in place of monetary penalties.

    Brendan Schneider presented an overview of the proposed Supplemental Environmental Project (SEP) Program, which offers an alternative enforcement mechanism allowing certain air quality permit violators to fund local projects benefiting public health and air quality or by paying monetary penalties into the Washoe County School District penalty fund. Eligible projects must align with specific environmental goals such as reducing emissions, supporting sustainable transportation, mitigating urban heat island effects, or expanding public outreach. Applications will be reviewed and scored by AQMD and Health Equity Committee staff based on criteria including environmental impact, equity, feasibility, and cost-effectiveness. Approved projects will be monitored for up to three years, with violators required to provide regular progress reports. The first public solicitation is expected to begin next month, pending Board approval.

    Mr. Anderson appreciates having this program in a formal document, but asked for clarification on the accountability mechanisms, making sure a project gets completed and that violators are reporting back regularly throughout the program period.

    Mr. Schnieder noted that regular reports will be provided as part of their settlement agreement to show what's been done and who they're working with. When the project is completed, a final report will close out the violation. If reports are not coming back or the monetary penalty isn't being paid, NNPH will follow up. If neither is occurring, the agreement becomes null and void, and a review will be done.

    Mr. Anderson motioned to accept the Supplemental Environmental Project, and Mr. Driscoll seconded the motion, which was approved unanimously.

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13. Presentation and possible acceptance of the FY25 Annual Strategic Plan results.

Rayona Lavoie presented the FY25 Annual Strategic Plan Results, emphasizing that the strategic plan serves as a framework guiding the agency's work and accountability. NNPH has tracked its metrics consistently over the past four years, enabling them to identify trends, measure progress, and make data-informed decisions. For FY25, over 75% of strategic outcomes have been achieved, with 74% of division-level goals accomplished and 16% in progress. More than half of district-level goals have also been completed, with additional initiatives ongoing.

Jack Zenteno provided an update on Strategic Goal 5.5, which focuses on leveraging technology to improve services, increase efficiency, and provide access to higher-quality data. A new technology ticketing system was implemented during the fiscal year, and staff have been working with Washoe County Technology Services to refine its functionality, ensure hardware and software meet departmental needs, and align with county-wide strategic technology plans. The goal includes addressing cybersecurity risks and evaluating future opportunities presented by emerging technologies such as artificial intelligence. Goal 6.1, which involves updating the financial model to align with community needs and improve access to funding, acknowledges current challenges due to limited capabilities in the existing financial system. Much of the work remains manual and spreadsheet-based, with progress made by the addition of a contractor, backend system access, and the development of financial dashboards and visualizations to improve transparency and access to real-time budget and grant data. Efforts are ongoing to modernize processes and provide more actionable financial insights across the organization.

Craig Peterson provided an update for the division, having achieved approximately 95% data completeness of monitored criteria pollutants in FY25, surpassing the EPA's minimum requirement of 75%. The division also continued to meet or exceed full cost recovery for direct expenses, ending FY25 at 104%. Challenges included timely permit processing, with 77% of stationary source permits issued within the 180-day target, with delays often due to incomplete or unclear applications. An ongoing challenge is with efforts to modernize permitting systems. The division is implementing a new emissions inventory database to streamline permitting processes, also working to improve online application access, as the current Accela system is not fully compatible with air quality requirements.

Christina Sheppard presented key accomplishments and challenges from CCHS, with accomplishments including the expansion of walk-in appointments in the family planning and sexual health program, leading to a 47% increase in walk-ins. Additionally, the Community Health Worker program saw a 145% increase in clients assisted from FY23 to FY25, with services successfully integrated into billable clinical operations. Challenges include a steady rise in latent TB cases - averaging a 5% annual increase, placing additional work on staff, though current funding only supports active TB case work. Another major challenge is sustaining cost recovery amid flat or reduced grant funding, increased personnel costs, and uncertainties surrounding Medicaid and federal funding.

Rob Fyda reported progress toward District Goal 2.2, to keep people safe where they work, live, and play. Key accomplishments include expanding educational outreach, such as the AMC class, a food inspection boot camp, and a new special processes class. Staff also engaged realtors in septic and well education for better-informed homebuyers. They also leveraged technology by launching an online application system for temporary food events, leading to a 350% increase in online submissions and payments, improved administrative efficiency, and easier processing of large-scale events. Challenges include limited staff capacity for quality improvement and partnership development, hindering coordination with local and state entities on solid waste and food safety efforts. Despite this, the division is working to build partnerships, including the formation of the Northern Nevada Food Safety Task Force and continued collaboration with TMCC on youth vaping prevention.

Nancy Diao reported key accomplishments, including the successful coordination of multiple emergency preparedness exercises, such as a cross-border hazardous materials deployment with California partners and a multi-day earthquake simulation with Washoe County Emergency Management. Additionally, the Vital Statistics Office saw a 6% increase in service volume, while maintaining a 100% completion rate within 96 hours and achieving 139% cost recovery. Challenges include a 17% increase in communicable disease investigations amid reductions in grant funding and staffing, as well as ongoing technical issues related to state system upgrades that have required additional staff time and support efforts. Despite these obstacles, the division met investigative timelines and continues to prioritize data integrity and interagency collaboration.

Rayona LaVoie highlighted the passage of AB451, tied to District Goal 3.3, supporting voluntary out-of-home firearm storage as a suicide prevention strategy. Additional accomplishments included securing ongoing funding for the FY26–27 biennium, achieving PHAB accreditation, and strengthening communications infrastructure through the new support ticketing system and expanded online engagement. Challenges include continued uncertainty around long-term funding, workforce retention issues, and limited capacity for communications and outreach due to staffing constraints. Ms. Lavoie emphasized three key messages being the importance of the performance management system in aligning work with community outcomes, the ability to track and respond to performance trends, and the department’s commitment to using data for strategic decision-making moving forward.

Chair Reese inquired about the length of the accreditation until the next period and what kind of celebration will be held in terms of all the hard work that’s gone into achieving this goal.

Ms. LaVoie shared that reaccreditation lasts for 5 years, with annual reports provided to demonstrate compliance. She also noted that a lunch for staff will be held to celebrate everyone’s work on the reaccreditation.

Chair Reese inquired about the current relationship between EHS and local restaurant partners, referencing community concerns from approximately two years ago. He acknowledged the Division’s efforts to address issues proactively, particularly through

increased education and improved staff stability. He questioned how the inspectors were feeling about the changes.

Mr. Fyda acknowledged that while challenges remain, the general sentiment among staff is that the environment has become more manageable and cooperative, with the Division's philosophy of education first, partnership over punishment. He highlighted recent examples, such as during recent events, where an unexpected power outage and flooding were impacting refrigeration, hot holding, and food preparation areas. Instead of defaulting to enforcement, inspectors worked with vendors to troubleshoot and salvage safe food where possible, through reheating to safe temperatures or relocating to functioning refrigeration, helping to maintain food safety, along with safe food preparation, while preserving operations for vendors. He also reflected on the emotional aspect of regulatory interactions, noting that feedback about food safety practices can feel personal to operators. Recognizing this, staff are trained to approach conversations with empathy, professionalism, and a focus on mutual goals, to reduce defensiveness and foster mutual respect, and this was a good example of problem-solving, public health protection, and partnership with the community while under pressure. He believes the industry is feeling increasingly heard and involved, which has contributed to less adversarial relationships and more productive dialogue. Mr. Fyda also noted that they have instituted office hours for people to stop by and ask questions about starting a new business.

Chair Reese commended staff, as he heard from both staff and vendors how challenging the event was. He congratulated the team, sensing a greater buy-in from the community and the important work being done.

Chair Reese expressed appreciation for the sexual health clinic’s expansion from walk-in Wednesdays to daily walk-in appointments. He noted concern about the high prevalence of sexually transmitted diseases in the community and asked for information on whether the clinic’s outreach efforts have led to measurable decreases in infection rates and if the department tracks the age groups coming in.

Ms. Sheppard responded that testing and treatment have increased, particularly with the implementation of point-of-care testing for chlamydia, gonorrhea, syphilis, and HIV, allowing for same-day results and treatment. The shift to daily walk-in appointments has further improved accessibility, enabling patients to bring partners for simultaneous testing and treatment, an important strategy for reducing the spread of sexually transmitted infections. They do track age groups, as it is part of the grant reporting for the state and for Title X, with the majority in the 20-35 age range.

Mr. Anderson noted that Goals 5.5 and 5.5.1 were listed as both accomplishments and challenges across different divisions. He inquired whether this variation was primarily related to the Accela platform and whether certain divisions were experiencing more success in implementing it than others.

Mr. Fyda responded by explaining that the varied success in implementing technological improvements is largely due to the Accela platform, which presents challenges, including

limited functionality for specific needs like air quality permitting, along with a difficult customer interface. Efforts are underway to improve usability through system enhancements such as online invoicing and permit management.

Mr. Petersen noted that the Division is working with tech services to attempt to make Accela more usable for Air Quality. They are also implementing new software to streamline permitting processes, though Accela will still be used for functions such as billing.

Mr. Driscoll asked if partnerships are being maintained as they align with Goal 4.

Mr. Fyda commented on the challenges of building and maintaining partnerships with community organizations and industry stakeholders, noting that limited funding and inconsistent participation can be barriers. They highlighted a longstanding partnership with KTMB and shared that work with NNPH provides additional funding in recognition of their continued support. Efforts to engage new partners, such as through the Northern Nevada Food Safety Task Force, have encountered varying levels of participation.

Chad noted a developing trend of nonprofit partners closing due to recent federal funding cuts. These closures impact the community's capacity to deliver certain services, with an increasing assumption that the health district will fill those gaps despite limited capacity. The importance of monitoring this trend, pursuing future grant opportunities, and continuing efforts to build and invest in community partnerships through initiatives like the CHA and CHIP was stressed.

Ms. LaVoie also noted that the Community Health Assessment is being conducted now and includes many high-profile stakeholders on the CHW steering committee. She also stated that with everything currently going on in public health, a lot of energy has been put into collaborating more because of the all-around funding uncertainty and trying to leverage resources and meet the community's needs.

Mr. Brown motioned to accept the FY25 Annual Strategic Plan results, and Mr. Anderson seconded the motion, which was approved unanimously.

14. Staff Reports and Program Updates

    A. Air Quality Management - Study Finds $1.6 Billion in Benefits with Transition to Electric Buses, July 2025 EPA Small Business Newsletter Divisional Update, Program Reports, Monitoring and Planning, Permitting and Compliance.

    Mr. Peterson highlighted a recent article noting the public health and financial benefits of transitioning from diesel to electric school buses. He expressed concern about proposed federal budget cuts to Diesel Emissions Reduction Act grants, which may impact Nevada's ability to fund such conversions. He also reported that there were no exceedances of national air quality standards in August, with 17 days in the good and 14 in the moderate air quality index range. Slight PM2.5 increases were attributed to the Garnet Fire near Mammoth Lakes. Program activity included 52 plan

reviews, of which 98% were on time, 41 inspections, and monitoring of 22 dust and asbestos projects.

B. Community and Clinical Health Services - Community Health Worker Appreciation Week; Data & Metrics; Immunizations, Tuberculosis Prevention and Control Program, Reproductive and Sexual Health Services, Maternal Child and Adolescent Health, Women, Infants and Children, and Community Health Workers.

Ms. Sheppard provided an update highlighting the contributions of community health workers, including their roles in food distribution, safe sleep education, and HIV prevention services. She also reported that starting October 1, the immunization clinic will offer flu and RSV vaccines, with updated COVID-19 vaccines pending federal guidance. The clinic prioritizes vaccine access for underserved populations, including children under 5, those enrolled in the Vaccines for Children program, and uninsured or underinsured adults through the 317 program. High-dose flu vaccines for seniors are not offered, but individuals are counseled on where to access them.

C. Environmental Health Services Program - Consumer Protection (Food Safety Plan Review & Operations, Commercial Plan Review, Foodborne Illness, Special Events, Permitted Facilities); Environmental Protection (Land Development, Safe Drinking Water, Vector-borne Disease Surveillance, Waste Management / Underground Storage Tanks).

Mr. Fyda shared that senior staff member Olivia Alexander-Leeder was nominated as co-lead for a Council for Food Protection (CFP) committee, a national organization that advises on food code development. Plan review staff are working with a nonprofit to launch a new food commissary to support mobile food vendors. During the 2025 Rib Cook-Off, staff conducted over 400 inspections across 880 vendors, dedicating approximately 250 staff hours. Vector surveillance continues due to warm weather. Staff are also working on permitting a short-term rental operation within a condominium building. Lastly, new septic system regulations are being developed and may come before the Board by the end of the calendar year.

Mr. Driscoll asked for clarification regarding the Food Safety Program’s standardization progress. What is the current number of inspectors in the program, and how many have completed the standardization process?

Mr. Fyda noted that standardization follows a top-down approach in alignment with FDA protocols, where the FDA certifies individuals as a standard, who then conduct inspections and standardize staff members beneath them. Currently, there are five or six standards, including program supervisors and senior inspectors, who have standardized 11 staff to date. Of the remaining staff, approximately five are new trainees who have not yet met the minimum inspection requirements necessary for standardization but are expected to qualify within the next one to two years.

Mr. Anderson shared his thanks on behalf of the City of Sparks for the work the teams did for the rib cookoff during the flooding that occurred just before the event. They did a great job of helping to work around that event for the City of Sparks.

D. Population Health - Epidemiology, Statistics and Informatics, Public Health Preparedness, Emergency Medical Services, Vital Statistics, Sexual Health Investigations and Outreach, Chronic Disease and Injury Prevention.

Nancy Diao reported that September activities included Fall Prevention Month outreach, with balance screening events and publication of an *EPI News* issue on fall-related injuries. CDIP partnered with local organizations and the RTC to host the Wheels, Walks, and Wellness Fair at Paradise Park, offering health resources and safety education to underserved families. In recognition of Sexual Health Awareness Month, the Sexual Health team participated in the Reno Pride Parade, distributing educational materials and resources. Staff member Jennifer Howell was honored as the parade's Grand Marshal. The 2024 Communicable Disease Annual Report was released, showing increased influenza hospitalizations and RSV cases. Syphilis has slightly decreased, gonorrhea has increased, and chlamydia rates remain stable. Outbreak reports remain elevated and primarily respiratory-related, including 20 pertussis cases to date, mostly among unvaccinated or under-vaccinated individuals. She also recognized applied epidemiology fellow Caitlin Farrell for her contributions across several program areas; her fellowship concludes in October as she transitions to a full-time position with another agency.

Caitlin Farrell thanked everyone who had been a mentor to her at NNPH, where she worked with a variety of departments on different initiatives and programs. She also shared her appreciation of everyone who took the time to teach her things.

Chair Reese asked about some of the questions around disease numbers regarding syphilis, gonorrhea, and chlamydia, and if vaccines are accessible in the clinic via injectable or pill forms.

Ms. Sheppard noted that preventative services are offered for HIV prevention, with the oral prep on site, and they will also help with prep navigation and insurance. They are partnering with Walgreens to start offering injectable prep in the clinic.

With these being pre-exposure, Chair Reese asked about post-exposure prophylaxis and prep or pep for gonorrhea and syphilis.

Ms. Sheppard shared that post-exposure prophylaxis needs to begin within 72 hours of exposure. This is also available at NNPH and is basically 28 days of HIV medication to prevent someone from acquiring HIV. They also offer doxycycline if used within 72 hours of condomless sex, which shows good prevention for chlamydia and syphilis, but not gonorrhea, since it is resistant to doxycycline.

Chair Reese asked for a standalone item on a future agenda with an overarching understanding of what is available to the community and how we make sure people know what's available at a future meeting.

E. Office of the District Health Officer Report - Northern Nevada Public Health Communications Update, Accreditation, Quality Improvement, Workforce Development, Community Health Improvement Program, Equity Projects/Collaborations, Community Events, and Public Communications and Outreach.

Chad Kingsley presented his report, and there were no questions or comments.

15. Public Comment.

There were no requests for public comment, so the item was closed.

16. Board Comment.

Chair Reese reiterated his request for a global update on sexual health-related issues in the region as a future agenda item.

He would also like to see information regarding interstate compacts such as that between California, Oregon, Washington, and Hawaii, as the West Coast Health Alliance, which sent out a press release regarding the CDC vaccine guidance, especially given the availability of different vaccines, and whatever relevance these other organizations might have.

As a third request, Chair Reese would like to see something on an upcoming agenda regarding the REMSA Franchise.

Meeting adjourned at 3:37 p.m.