Northern Nevada Public Health (NNPH) Environmental Health Services (EHS) Evaluation Report

Executive Summary

This evaluation report was commissioned by Northern Nevada Public Health Environmental Health Services (NNPH EHS) division in alignment with its ongoing commitment to quality assurance and continuous quality improvement.

The report covers: (1) a comparative analysis of NNPH EHS against similar health departments, and (2) stakeholder feedback for improving NNPH EHS programs and services.

Section I: Comparative Analysis

There are two components to this section.

Component 1:   Comparing the number and variety of NNPH EHS programs and services to other EHS programs serving communities with similar profiles (Banerjee et al., 2018).

Findings:

- NNPH provides 23 out of the 34 NACCHO EH core services, whereas, nationally on average, other health departments with similar organizational characteristics provide 12 EH core services.

- For health departments serving populations like NNPH EHS (i.e.,>150,000), the average number of EH core services offered is 14.
- NNPH EHS offers 16 of the 19 most common EH core services, a level of coverage achieved by fewer than 1% of other health departments.
- Currently, NNPH EHS provides 6 out of 15 (40%) of the less common EH core services.
- NNPH has 32.61 full time equivalents (FTEs) to support its programs and services (Beitsch et al., 2024, p. 661).
- Understaffing encourages a generalist, "Jack of all Trades" approach (NNPH District Health Officer, personal communication, October 8, 2025), which contributes to inconsistencies.
- Temporary food / special events experienced a 53% increase in service volume (2021 = 766 permits to 2022 = 1174 permits) (Dick, 2023).

Recommendations:

- NNPH EHS needs to align its FTE support with the programs and services it provides, either by adding FTE positions, offloading programs and services to other agencies, or a combination of both.
- Under the current workload the recommended number of FTE positions to be added is 4.95 (Beitsch et al., 2024, p. 661).

Component 2: Comparing NNPH EHS with PHAB Environmental Health Standards.

Findings:

- NNPH is Public Health Accreditation Board (PHAB) accredited, indicating a quality program.
- NNPH fully met 10 of the 25 PHAB Environmental Health (EH) standards, which is about half compared to departments with similar organizational characteristics serving similar communities (**Executive Summary Figure 1**).
- There are challenges with PHAB EH standard scoring; confirmation of whether a standard is met relies on documentation in use, regardless of origin (PHAB 2014, p.6). This makes the degree to which NNPH EHS meets PHAB EH standards unclear.
- NNPH EHS leadership identified an additional 9 PHAB standards relevant to the quality of their programs and services.

Executive Summary Figure 1. NNPH EHS vs. Peer Accredited Departments: Comparison Across 25 PHAB EH Measures
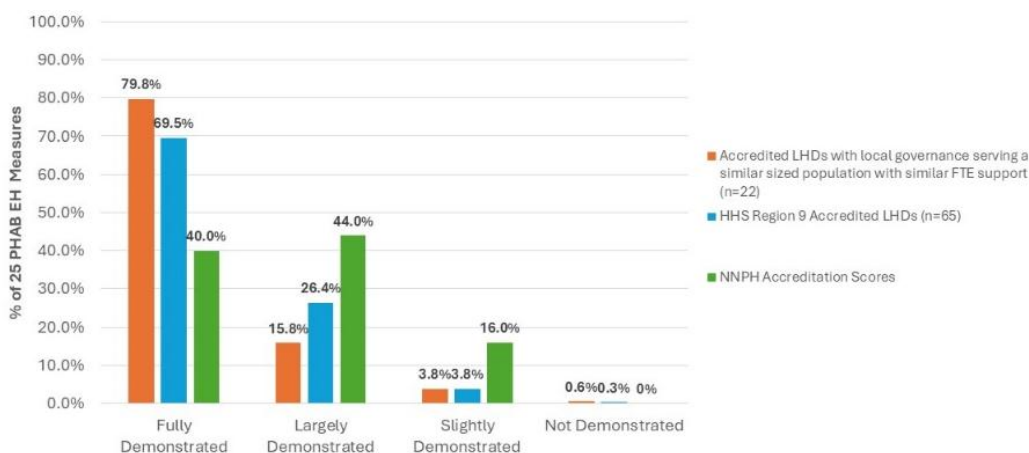
Recommendations:

- NNPH EHS should independently score the 25 PHAB EH standards and the additional 9 PHAB standards. The exercise will allow NNPH EHS to unequivocally identify areas of weakness, improve their programs, and better prepare for accreditation.
- The PHAB EH standard scoring exercise should be a division wide, all staff exercise to encourage building a cohesive culture.
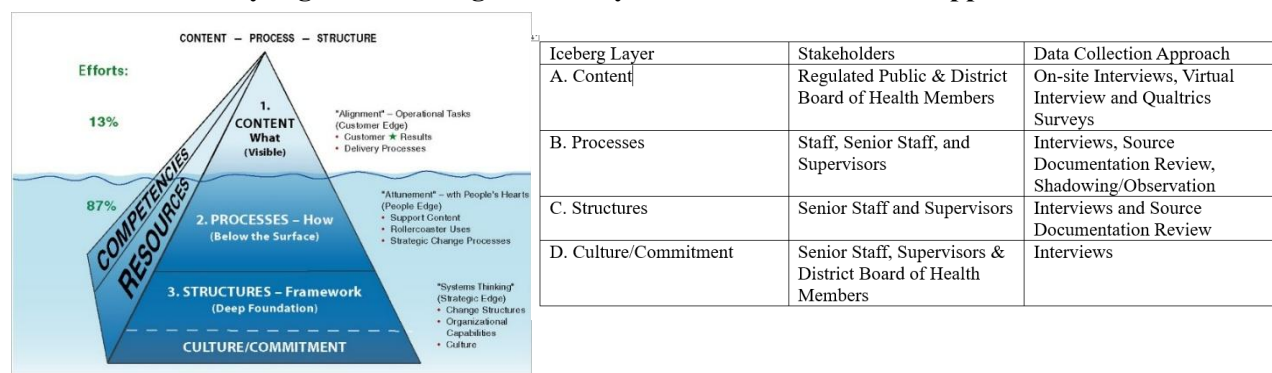
Section II: NNPH Stakeholder Perspectives

Quantitative and qualitative data were obtained from permit holders, NNPH EHS staff, and District Board of Health (DBoH) members. Permit holders were asked about the clarity of the permit application, plan review, and inspection procedures, as well as the NNPH EHS staff professionalism demonstrated during interactions. NNPH EHS staff and DBoH data collection focused on understanding NNPH EHS

processes, structures, and culture. Qualitative data was used to validate and contextualize the quantitative results.

The systems theory underpinning the data collection methodology is depicted in **Executive Summary Figure 2** below (Renger, 2022).

Executive Summary Figure 2. Iceberg Model Layers and Data Collection Approach

Iceberg Layer	Stakeholders	Data Collection Approach
A. Content	Regulated Public & District Board of Health Members	On-site Interviews, Virtual Interview and Qualtrics Surveys
B. Processes	Staff, Senior Staff, and Supervisors	Interviews, Source Documentation Review, Shadowing/Observation
C. Structures	Senior Staff and Supervisors	Interviews and Source Documentation Review
D. Culture/Commitment	Senior Staff, Supervisors & District Board of Health Members	Interviews

A total of 76 permit holders responded to a Qualtrics survey (43 annual/routine inspection permit holders and 33 one-time permit holders). The sample accurately reflected the distribution of NNPH EHS permit holders across its programs.

A total of 26 interviews were completed. A summary of interviews by NNPH EHS program type is shown in **Executive Summary Table 1**.

Executive Summary Table 1. A Summary of the Number of Interviews by NNPH EHS Program Type

NNPH EHS Programs/Services	In-Person Interviews	Virtual Interviews
Childcare		
Event Promotion	2	
Food Safety	6	
Hotels/Motels		
Invasive Body Decoration	2	
Land Development – Plan Review		2
Mobile Homes		1
Public Pools and Spas		4
Safe Drinking Water		3
Schools		
Underground Storage Tanks	1	2
Vector-Borne Disease		
Waste Management	1	2
Total	**12**	**14**

NNPH EHS Professionalism

Findings:

- Most surveyed permit holders perceive NNPH EHS staff as *professional*. Four NNPH EHS staff received unsolicited, repeated praise for their ability to foster a professional relationship that finds a balance between kindness, empathy, and the need to enforce regulations.
- All interviewed permit holders expressed appreciation and understood the need for NNPH EHS oversight.
- The general public is also appreciative of the NNPH EHS services (Elkayam, April 10, 2025).

Recommendation:

- NNPH EHS should be deliberate/intentional in developing a mentoring program using exemplary staff, or "stars".

NNPH EHS Educational Efforts

Findings:

- Most permit holders generally view the NNPH EHS *educational efforts* as ineffective.
- Numerous permit holders expressed their readiness to volunteer their facilities and time to support NNPH EHS staff training initiatives. This demonstrates a strong community interest in collaborating with NNPH EHS to enhance public health and safety. Although some NNPH EHS practice-based education occurs, it appears to be more informal, such as shadowing staff during inspections—rather than being part of a purposeful, well-structured training/onboarding program.
- The permitted public generally describes the source documentation as lacking detail and consistency.

Recommendations:

- During staff onboarding, actively partner with permit holders from various business sectors to co-design and implement training programs. Whenever possible adopt an embrace your adversaries with kindness approach by including former complainants in these efforts, with the goal of having them become advocates. Purposefully invite standout staff members from each program to work alongside permit holders in planning and presenting training activities.
- Use adult learning principles, also known as andragogy (Knowles et al., 2020), to guide NNPH EHS training initiatives. Important aspects of andragogy include helping learners see the relevance (the "why") of what they're studying for their professional lives; focusing on subjects that matter to them; applying problem-based methods like case studies to boost engagement and reflection; and highlighting approaches that deliver the benefits adults want.

- Staff training should incorporate systems thinking. Interpreting and enforcing regulations and codes, as well as resolving issues, must be considered within the broader context of overall business operations. As one interviewee pointed out: Inspectors should concentrate on "how everything fits together. For example, we deal with municipal waste via the City of Sparks, hazardous waste with NDEP, air quality through one of their divisions, and waste management." (John Powers, McLelland, personal communication, September 5, 2025).

- Training initiatives should address both program theory (i.e., the why) and implementation theory (i.e., the how). The implementation theory should be based on Adult Learning Theory (ALT; Renger et al., 2013). The "Halloween House of Horrors" tacitly employs these concepts by focusing on honing inspection skills in a fun, engaging way. However, these concepts should be explicitly incorporated into training strategies.

- All education initiatives should include an evaluation component aimed at improving efficiency and effectiveness.

- With respect to training materials:
  - Identify a single, senior level staff member to serve as a content reviewer/single point of entry for all material before passing it on to the webmaster.
  - All written materials should conform to the National Institutes of Health (2025) reading level guidelines for adults. There are numerous software packages available that can adjust the written text to the desired reading level.
  - Rewriting source documents to better manage permit holder expectations. Specifically, source documents should:
    - <u>explain why</u> having different inspectors over time is a good thing.
    - explain that "I've never been told that by an inspector" may reflect progressive nature of inspections over time (i.e., focusing on the most critical issues first, then working on those that are less critical).
    - remind readers that inspectors are human and not robots, mistakes can happen.
    - explain how NNPH EHS is related to and different from other NNPH divisions and government in general.

NNPH EHS Permit Application, Plan Review, and Inspection Processes

Findings:

- "The number of complaints (coming to the board) has reduced over time" (District Board Member, personal communication, October 7, 2025).

- The NNPH culture has shifted in a positive direction. "Before David and Latricia it (inspections) became contentious because of the unreasonableness" (Annual Permit Holder, personal communication, September 9, 2025).

- The first point of contact for many permit holders with NNPH EHS is the plan review and permit application procedure.
- Across permit holders, *inconsistency is cited as the chief complaint*.
- Permit holders who have ongoing relationships with inspectors <u>do not</u> mention consistency as a concern.
- Inconsistencies can be attributed to variations in inspector training, public misperceptions of the permit and inspection processes, a fragmented NNPH EHS structure and team culture.
- Program supervisors operate as siloed programs. As one supervisor stated "we [program areas] do our own". The NNPH EHS culture is adversarial ("food gets all the resources") rather than cooperative.
- "Announced inspections appear to be effective in supporting active managerial control and represent a promising approach to improving food safety in restaurants." (Reske et al., 2007, p. 27).
- The NNPH EHS website is managed by multiple NNPH EHS staff with varying degrees of IT capability.
- The District Board of Health (DBoH) is not actively being engaged as a resource.

<u>Recommendations</u>:

A comprehensive and coordinated strategy across multiple levels is advised to enhance consistency in permit applications, plan reviews, inspections, educational initiatives and resources.

1. Adopt best practices from across NNPH EHS programs to improve permit application, plan review and inspection consistency. Specifically:
   a. All NNPH EHS programs should announce visits. The benefits include diffusing the "gotcha" sentiment, encouraging active managerial control (AMC), faster inspections because person in charge has time to assemble require documentation and staff to address on-site corrections, person in charge can make themselves available for the inspection rather than secondary person (e.g., contractor, shift supervisor), increased NNPH EHS staff morale particularly among food inspectors, readiness to accommodate inspections during busy periods to see "authentic" operations, and to filter the operators least likely to engage in active managerial control.

      i. For the Food Safety Program, a pilot period for high-risk facilities conducting announced visits should be explored. A one-week warning to accommodate scheduling flexibility is recommended.
      ii. Evaluate the pilot study.
      iii. Publish the results to increase NNPH EHS visibility as a community and national leader.
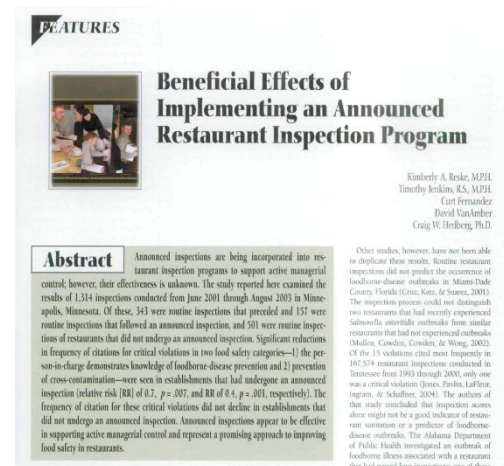
b. All NNPH EHS programs should follow the food program best practice of reviewing inspection reports on-site with person in charge.

c. All NNPH EHS programs should incorporate adult learning principles into their educational efforts and commit resources to evaluating them (Knowles et al., 2020).

2. To address the fragmented NNPH EHS structure and lack of team culture the following are recommended:

a. Monthly management meetings focused on setting division wide priorities. Examples of priorities could include commitment to:

    i. Identifying and incorporating best practices for permit application, plan review, inspections, and theory-based education (internal and external).

    ii. Data driven quality improvement.

    iii. Consistent and transparent supporting documentation (e.g., written and published SOPs for all NNPH EHS programs).

b. Hire an external facilitator whose expertise is in consensus building and developing an implementation plan for division wide priorities (e.g., Steve Driscoll).

c. Hold all-staff meetings every two months and engage staff in exercises using adult learning principles. For example:

    i. Rotating program area case study problem solving.

    ii. Engage all staff in scoring the 25 PHAB EH standards.

d. Dedicate at least a .5 FTE to overhaul website.

    i. Stop the "platform sprawl" or "access sprawl". Too many cooks spoil the broth.

    i. Consider recruiting an internal NNPH EHS staff member who has expertise and interest in information technology.

    ii. Creating a permit and plan review tracking portal.

b. Discontinue the "generalist-specialist" debate and move to an approach that balances inspection consistency with staff retention. For instance, aim for a model where inspectors become proficient in 2-3 types of inspections that interest them. This approach ensures consistency, provides needed variety to keep inspectors engaged, and fosters relationships with permit holders. Additionally, review the plan with staff during the annual performance review to try and maximize alignment between staff interests and NNPH EHS programs.

c. There is only one opportunity to make a good first impression. As plan review is often the first point of contact with NNPH EHS, consider organizational restructuring so that plan review positions become staffed with experienced NNPH-EHS staff. Consider making plan review positions contingent on inspector experience, make them higher salaried positions to encourage upward mobility and stability.

d. Review current staff exit interview template and include tailored questions that will assist NNPH EHS staffing decision-making. Exit interviews should not be conducted by NNPH EHS supervisors/seniors.

e. During NNPH EHS realignment and priority setting identify and coach supervisory staff not in alignment with the new priorities.

f. Embrace the DBoH as a resource in guiding the implementation of recommendations. The DBoH should be used proactively rather reactively.

Table of Contents

Background & Methodology

This evaluation assesses the performance of the Environmental Health Services (EHS) Division at Northern Nevada Public Health (NNPH) compared to its peers. Dr. Ralph Renger with Just Evaluation Services (JESS) was contracted to lead the evaluation based on his previous work with the Pima County Health Department's Consumer Health and Food Safety Division.

The evaluation leans on the Centers for Disease Control and Prevention (CDC) evaluation framework and Dr. Renger's published work, both of which emphasize the importance of developing an evaluation approach fit for purpose; one where the evaluation approach is aligned with the Key Evaluation Questions (KEQs) (Renger, 2022 and 2025).

In collaboration with NNPH EHS leadership, two Key Evaluation Questions (KEQs) were defined to guide evaluation efforts. KEQ 1 asks how NNPH EHS compares to other EH divisions of similar structure serving similar communities. The evaluation approach to answer KEQ1 leans on quantitative methods to compare NNPH EHS to other EH divisions on Public Health Accreditation Board (PHAB).

KEQ 2 asks how different stakeholders perceive their interactions with NNPH EHS. The evaluation approach to answering KEQ 2 uses mixed methods (i.e., surveys and interviews) to collect insights from permit holders, NNPH EHS staff and District Board of Health (DBoH) members to facilitate NNPH EHS decision-making.
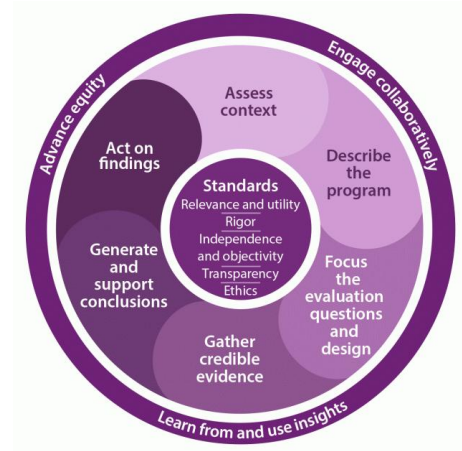
I. Comparative Analysis

A. Comparing NNPH EHS to Banerjee et al. (2018) National Environmental Health Profile Study

Banerjee et al. (2018) examined the relationship between organizational characteristics of local health departments (LHDs) and the environmental health (EH) services they provide. Using data from the National Association of County and City Health Officials (NACCHO) 2013 National Profile Study of LHDs, the authors analyzed how factors such as staffing levels, funding sources, governance and so forth are related to the number and type of EH core services provided. The authors also compared LHDs on organizational metrics such as EH full-time equivalents per 100,000. The study found that LHDs directly provided an average of 12 out of 34 EH core services, while 70% of communities received some EH core services from external organizations. Additionally, 41% of EH core services were unavailable in more than 10% of communities. The findings highlight the importance of organizational capacity in shaping EH core service availability and effectiveness.
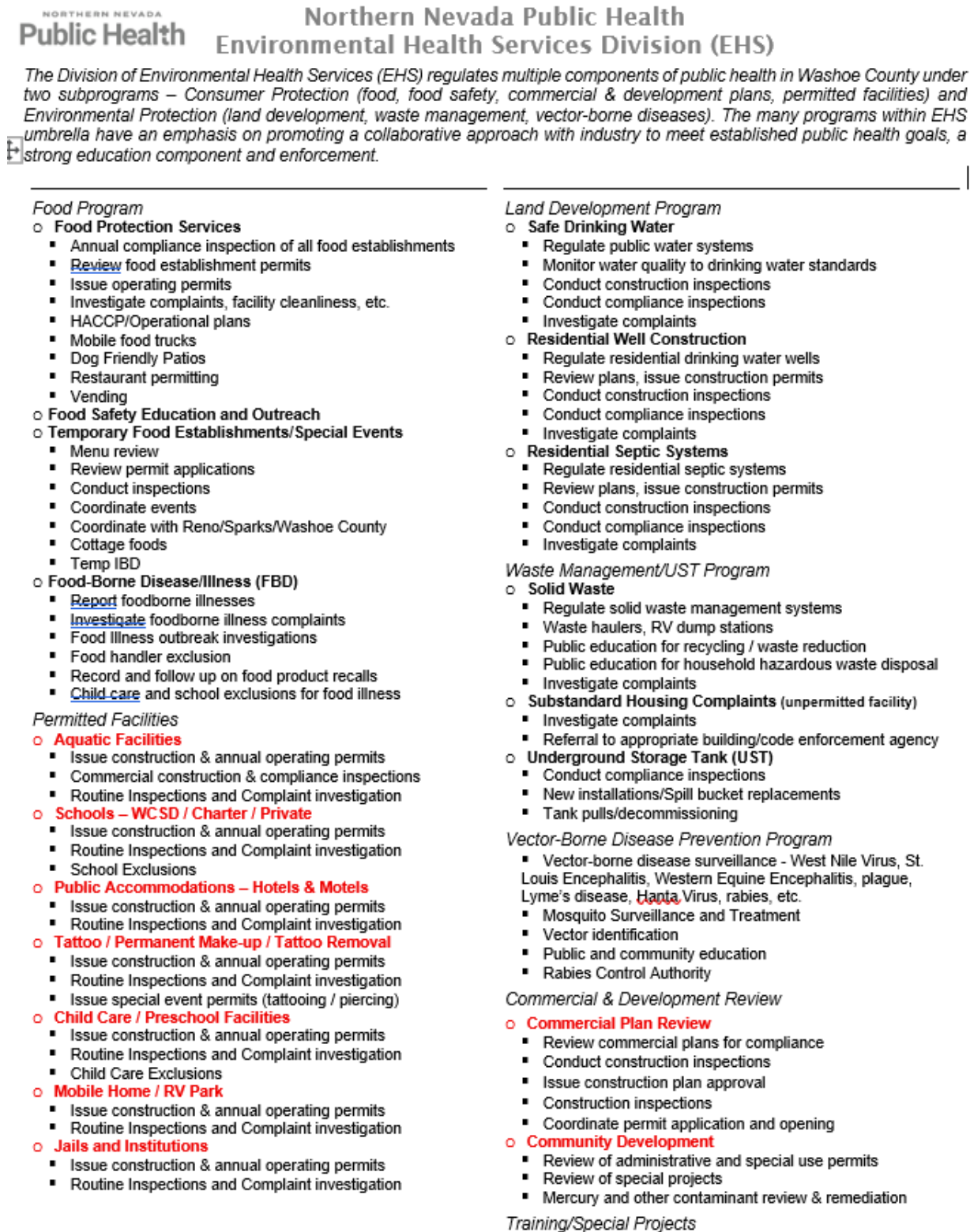
Organizational Characteristics of Local Health Departments and Environmental Health Services and Activities

Shailendra N. Banerjee, PhD
Division of Emergency and Environmental Health Services
National Center for Environmental Health Centers for Disease Control and Prevention

Justin A. Gerding, MPH, REHS
John Sarisky, MPH, REHS
Environmental Health Services Branch
Division of Emergency and Environmental Health Services
National Center for Environmental Health Centers for Disease Control and Prevention

Abstract The main objective of this research was to ascertain the association between organizational characteristics of local health departments (LHDs) and environmental health (EH) services rendered in the community. Data used for the analysis were collected from LHDs by the National Association of County and City Health Officials for its 2013 national profile study of LHDs. We analyzed the data during 2016. Apart from understanding basic characteristics of LHDs in the nation, we introduced new measures of these characteristics, including "EH full-time equivalents" per 100,000 population and "other revenue" (revenues from fees and fines) per capita.

The association of these and other organizational characteristics with EH services were measured using likelihood ratio χ^2 and t-tests. Out of 34 EH services considered, LHDs directly provided an average of 12 different services. As many as 41% of the 34 EH services were not available in more than 10% of the communities served by LHDs. About 70% of communities received some services from organizations other than LHDs. All the available organizational characteristics of LHDs had association with some of the EH services. Although we might assume an increase in per capita expenditure could result in an increase in LHDs' direct involvement in providing EH services, we found it to be true only for five (15%) of the EH services. The variation of EH services provided in communities could be explained by a combination of factors such as fee generation, community needs, type of governance, and population size.

Introduction
In 2012, the Institute of Medicine recommended a minimum package of public health services related to communicable and non-communicable disease control, emergency preparedness and disaster response, and environmental health protections, among others (Leider, et al., 2015). This minimum package is termed the "foundational public health services" framework. Environmental public health, as a part of the framework, includes the provision of critical services in cities, counties, and states to protect and promote a safe and healthy environment for the public. This provision is accomplished through an array of environment health (EH) services aimed at preventing exposure to adverse environmental media.

Adverse environmental conditions are potential causes of illness, infections, and death in communities. An example of these adverse conditions was seen in exposures to lake water contamination in Tarrant County, Texas, in 2008 (Cantey et al., 2012). Cryptosporidium in the lake water led to an outbreak of gastrointestinal illness among persons who swallowed contaminated water while playing in the lake. Another example from Texas is food source contamination that caused a Salmonella outbreak among patrons of restaurants in 2008 (Mody et al., 2011). The patrons had eaten contaminated jalapeño peppers, which resulted in Salmonella enterica serotype Saintpaul infections.

The system and delivery of EH services vary across the nation. In Maryland, for example, EH services were conducted by the Maryland Department of Health and Mental Hygiene and the Maryland Department of the Environment at the state level (Resnick, Zablotsky, Nachman, & Burke, 2008). Most EH services were provided at the local level by county-based or city-based EH divisions housed within local health departments. In contrast, depending on the county, EH services in Iowa were administered by different offices, not all of which were part of the local public health department (Ramaswamy et al., 2012).

Studies of EH service delivery systems have noted variation in services and activi-

1. Comparison 1: Total Number of Environmental Health Services

Figure 1 below details the NNPH EHS program organizational structure.[1] NNPH EHS delivers a wide range of regulatory and public health functions designed to protect community well-being. These include food safety oversight, permitting and inspection of public facilities, environmental regulation, vector surveillance, and commercial development review.

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[1] Source Wes Rubio during August 18-22 site visit.

Figure 1. NNPH EHS Division Organizational Structure

NORTHERN NEVADA
Public Health

Northern Nevada Public Health
Environmental Health Services Division (EHS)

The Division of Environmental Health Services (EHS) regulates multiple components of public health in Washoe County under two subprograms – Consumer Protection (food, food safety, commercial & development plans, permitted facilities) and Environmental Protection (land development, waste management, vector-borne diseases). The many programs within EHS umbrella have an emphasis on promoting a collaborative approach with industry to meet established public health goals, a strong education component and enforcement.

Food Program
- **Food Protection Services**
  - Annual compliance inspection of all food establishments
  - Review food establishment permits
  - Issue operating permits
  - Investigate complaints, facility cleanliness, etc.
  - HACCP/Operational plans
  - Mobile food trucks
  - Dog Friendly Patios
  - Restaurant permitting
  - Vending
- **Food Safety Education and Outreach**
- **Temporary Food Establishments/Special Events**
  - Menu review
  - Review permit applications
  - Conduct inspections
  - Coordinate events
  - Coordinate with Reno/Sparks/Washoe County
  - Cottage foods
  - Temp IBD
- **Food-Borne Disease/Illness (FBD)**
  - Report foodborne illnesses
  - Investigate foodborne illness complaints
  - Food Illness outbreak investigations
  - Food handler exclusion
  - Record and follow up on food product recalls
  - Child care and school exclusions for food illness

Permitted Facilities
- **Aquatic Facilities**
  - Issue construction & annual operating permits
  - Commercial construction & compliance inspections
  - Routine Inspections and Complaint investigation
- **Schools – WCSD / Charter / Private**
  - Issue construction & annual operating permits
  - Routine Inspections and Complaint investigation
  - School Exclusions
- **Public Accommodations – Hotels & Motels**
  - Issue construction & annual operating permits
  - Routine Inspections and Complaint investigation
- **Tattoo / Permanent Make-up / Tattoo Removal**
  - Issue construction & annual operating permits
  - Routine Inspections and Complaint investigation
  - Issue special event permits (tattooing / piercing)
- **Child Care / Preschool Facilities**
  - Issue construction & annual operating permits
  - Routine Inspections and Complaint investigation
  - Child Care Exclusions
- **Mobile Home / RV Park**
  - Issue construction & annual operating permits
  - Routine Inspections and Complaint investigation
- **Jails and Institutions**
  - Issue construction & annual operating permits
  - Routine Inspections and Complaint investigation

Land Development Program
- **Safe Drinking Water**
  - Regulate public water systems
  - Monitor water quality to drinking water standards
  - Conduct construction inspections
  - Conduct compliance inspections
  - Investigate complaints
- **Residential Well Construction**
  - Regulate residential drinking water wells
  - Review plans, issue construction permits
  - Conduct construction inspections
  - Conduct compliance inspections
  - Investigate complaints
- **Residential Septic Systems**
  - Regulate residential septic systems
  - Review plans, issue construction permits
  - Conduct construction inspections
  - Conduct compliance inspections
  - Investigate complaints

Waste Management/UST Program
- **Solid Waste**
  - Regulate solid waste management systems
  - Waste haulers, RV dump stations
  - Public education for recycling / waste reduction
  - Public education for household hazardous waste disposal
  - Investigate complaints
- **Substandard Housing Complaints** (unpermitted facility)
  - Investigate complaints
  - Referral to appropriate building/code enforcement agency
- **Underground Storage Tank (UST)**
  - Conduct compliance inspections
  - New installations/Spill bucket replacements
  - Tank pulls/decommissioning

Vector-Borne Disease Prevention Program
- Vector-borne disease surveillance - West Nile Virus, St. Louis Encephalitis, Western Equine Encephalitis, plague, Lyme's disease, Hanta Virus, rabies, etc.
- Mosquito Surveillance and Treatment
- Vector identification
- Public and community education
- Rabies Control Authority

Commercial & Development Review
- **Commercial Plan Review**
  - Review commercial plans for compliance
  - Conduct construction inspections
  - Issue construction plan approval
  - Construction inspections
  - Coordinate permit application and opening
- **Community Development**
  - Review of administrative and special use permits
  - Review of special projects
  - Mercury and other contaminant review & remediation

Training/Special Projects

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Each NNPH EHS program area offers multiple services. Some of the services are labeled differently than the Banerjee et al. (2018) 34 EH core services. For example, Banerjee et al. (2018) lists Body Art as an EH core service, while NNPH EHS labels this Invasive Body Decoration Program. Therefore, the NNPH EHS Division Director was asked to complete an exercise aligning the NNPH EHS programs and services with the 34 Banerjee et al. (2018) core EH services. The results of that exercise can be found in **Appendix A.2. Table 1**.

Comparison 1 Findings:

- NNPH provides 21/34 EH core services directly, and contracts with the state to ensure safe public drinking water.
- The NNPH Division of Air Quality provides one service that is often the responsibility of EH.
- In total NNPH covers 23 of the 34 EH core services.
- On average, Banerjee et al. (2018) found that LHDs provide 12 of the 34 EH core services.

2. Comparison 2: LHDs Serving Similar Size Populations

According to U.S. Census data, 507,208 people reside in Washoe County (U.S. Census Bureau, 2025). Approximately 96% of the population (490,596) reside in the Reno-Sparks metropolitan area.
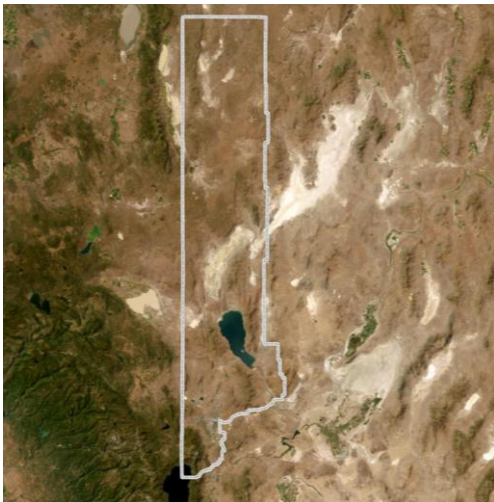
Comparison 2 Findings:

- The average number of EH core services provided by LHD serving populations >150,000 is 14.
- NNPH EHS provides 23 EH core services.

3. Comparison 3: Common EH Core Services

Banerjee et al. (2018) divided the 34 EH core services into two categories: those that are common (i.e., provided by ≥ 30% of the study LHDs) and those that are uncommon (i.e., provided by ≤ 30% of the study LHDs). A total of 19 core services exceeded the 30% threshold and were defined as common. Fifteen services did not meet the 30% threshold and were defined as less common.

The services provided by NNPH EHS were then compared in these two categories (**Table 1** and **Table 2**). For common categories, data was available to allow filtering based on some organizational characteristics. For example, it was possible to compare the number and type of common services provided by NNPH EHS to other LHDs with similar governance, similar FTE support/100,000 population, and jurisdiction. Unfortunately, comparative data on organizational characteristics for less common services was not available.[2]

Below, the NNPH EHS governance, FTE/100,000 and jurisdiction are first defined using the Banerjee et al. (2018) definitions. This is followed by a comparison of NNPH with national data on these characteristics.

a. Governance

Governance refers to the structures, policies, and decision-making processes that guide how local health departments (LHDs) operate. This includes funding mechanisms, leadership roles, regulatory enforcement, and stakeholder engagement, all of which influence the effectiveness of environmental health services.

The National Association of County and City Health Officials (NACCHO) defines governance structures for LHDs in three primary ways:

1. Local Governance – The LHD operates under the authority of a local governing entity, *such as a county board of health or city council*. This entity has policy-making authority and oversees budget decisions for the department.

2. Shared Governance – Both state and local authorities share oversight responsibilities. The LHD may receive funding, guidance, or regulatory direction from the state while maintaining local decision-making power over certain functions.

3. State Governance – The LHD is directly managed by the state health department, with limited local autonomy in decision-making.

Governance Findings:

- Using the NACCHO criteria, NNPH governance was defined as "local".
- 72% of LHDs in the Banerjee et al. (2018) study had the same governance structure.

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[2] Multiple attempts were made to contact the article's authors. The authors did not respond.

b. EH Full-Time Equivalents (FTE) / 100,000

Banerjee et al. (2018) calculated FTE specifically for EH divisions, not the entire health department. NACCHO defines a 1.0 FTE as 40 hrs/week.

Data from the Beitsch et al. (2024) workforce report was used to calculate the NNPH EHS FTE / 100,000

Calculation:

NNPH EHS FTEs / catchment area population: X / 100,000

EH Full-Time Equivalents Finding:

- 32.61/507,208 : X/100,000 = 6.4 FTE / 100,000

TABLE 1
Northern Nevada Public Health FPHS Staffing Levels—Current and Predicted Needs[a]

	Current FTE	FTE Need Predicted by Calculator	Difference (Additional FTE Need)	% of Current Need Met	Adjusted Prioritized Additional FTE Need[b]
Foundational Capabilities					
Assessment (Surveillance and Epidemiology)	7.89	10.3	2.41	77%	4.47
Emergency Preparedness (All Hazards)	4.71	7.4	2.70	64%	1.96
Communication	2.70	5.2	2.50	52%	2.45
Policy Development and Support	1.91	3.5	1.60	54%	0.98
Community Partnership Development	4.81	4.5	-0.31	107%	0.59
Organizational Competencies[c]	24.25	27.4	3.15	88%	5.90
Total Foundational Capabilities	46.25	58.3	12.05	79%	16.35
Foundational Areas					
Communicable Disease Control	5.08	9.3	4.22	55%	6.08
Chronic Disease and Injury Prevention	5.73	19.7	13.97	29%	2.15
Environmental Public Health	32.61	36.5	3.89	89%	4.95
Maternal/Child/Family Health	1.16	11.7	10.55	10%	2.12
Access/Linkage With Clinical Health Care	0.22	5.6	5.38	4%	1.01
Total Foundational Areas	44.80	82.8	38.00	54%	16.31
Total Foundational Capabilities + Foundational Areas	91.05	141.10	50.05	65%	32.66
Community-Specific Services					
Communicable Disease Control	49.96				
Chronic Disease and Injury Prevention	1.84				
Environmental Public Health	28.19				
Maternal/Child/Family Health	11.54				
Access/Linkage With Clinical Health Care	4.77				
Total Community-Specific Services	96.29				
Total WCHD FTEs	187.36				

Abbreviations: FPHS, Foundational Public Health Services; FTE, full-time equivalent; WCHD, Washoe County Health Department.
[a]Boldfaced values indicated a total values.
[b]Adjusted for the FPHS provided by other community organizations and priority for additional resources (from adjusted gap spreadsheet tab).
[c]Includes Equity and Accountability and Performance Management Foundational Capabilities.

c. Jurisdiction

Jurisdiction refers to the geographic or administrative boundaries within which a local health department (LHD) operates. This can include county, city, or regional health authorities, each responsible for enforcing environmental health regulations and delivering public health services. NNPH serves the community of Washoe County, Nevada, which includes the cities of Reno and Sparks, and any unincorporated areas.

Jurisdiction Findings:

- Applying the Banerjee et al. (2018) definition, NNPH EHS operates in a mixed jurisdiction.
- Only 12% of LHDs in the study were classified as mixed.

Table 1. Comparing NNPH EHS to the 19 Most Common (≥ 30%) EH Services Provided by LHDs with Similar Organizational Characteristics

19 Most Common (≥ 30%) EHS Services	LHDs Providing Service (%)	Local Governance (%)	5-7 FTE/ 100,000 (%)	Mixed Jurisdiction (%)	NNPH EHS Programs/Services
Body Art	55.2	No Data	86.0	69.4	Invasive Body Decoration Program
Campgrounds & Recreational Vehicles	39.6	62.9	68.5	65.0	Waste Management Program; Underground Storage Tanks
Children's Camps	48.5	No Data	74.5	70.1	Childcare Inspection Program (regs pending)
Food Processing	32.1	40.3	42.0	36.7	Food Safety Protection Services
Food Safety Education	72.4	79.0	91.3	NS	Food Safety Protection Services
Food Service Establishments	77.9	81.3	95.2	78.5	Food Safety Protection Services
Groundwater Protection	40.5	51.5	58.7	55.0	Underground Storage Tanks; Land Development Program
Health-Related Facilities	31.4	37.9	44.9	37.5	
Hotel/Motel	49.6	60.4	69.4	61.1	Hotel/Motel Public Accommodations Program; Public Pool and Spas Program; Underground Storage Tanks.
Indoor Air Quality	30.7	53.4	61.4	50.2	
Lead Inspection	48.6	69.1	73.5	70.6	Childhood Elevated BLL cases only – by referral through NNPH clinical staff
Private Drinking Water	55.7	68.3	80.2	No Data	Land Development Program – regulate

					private well construction
Public Drinking Water	33.0	NS	42.0	40.5	Done through contract w/ the State. SDWA Compliance - Land Development Program
School Daycare	68.7	73.6	82.4	70.8	Food Safety Protection Services; Child Care Inspection Program
Septic Systems	66.5	76.8	90.8	76.0	Land Development Program; Commercial Development;
Smoke-free Ordinances	58.8	71.7	77.5	68.3	Food Safety Protection Services
Surface Water Protection	32.9	43.5	49.6	46.6	
Swimming Pools (Public)	68.0	77.0	87.8	76.4	Public Pool and Spas Program
Vector Control	48.1	64.6	77.6	61.2	Vector-Borne Control Program – surveillance and treatment. Proposing pause on treatment for CY 2025.

Provided directly by NNPH EHS	🟩
NNPH EHS contracted by the State to provide service	🟨
Provided by other NNPH Division	🟪
State provided service	🟦
NNPH EHS does not provide service	🟧

Comparison 3 Findings:

- NNPH EHS provides 23 EH core services.
- In other LHDs with similar characteristics, many of the common EH core services are provided by agencies other than the LHDs (as much as ≥70%) (Banerjee et al., 2018, p.27).
- The likelihood that a single health department out of the 2,532 included in the study provides 16 of the 19 most common health services is beyond the 99th percentile (see **Appendix A.1** for calculation).

4. Comparison 4: Less Common Core EH Services

Table 2. Comparing NNPH EHS to the 15 Less Common (≤ 30%) EH Services Provided by LHDs

15 Less Common (≤ 30%) EH Services	LHDs Providing Service (%)	Contracted out by LHD (%)	NNPH EHS Programs/Services
Air Pollution	15.7	1.6	NNPH Air Quality
Collection of Unused Pharmaceuticals	16.5	1.2	Do offer sharps collection
Cosmetology Businesses	12.2	1.6	
Hazardous Waste Disposal	15.0	2.5	
Hazardous Materials Response	17.3	1.5	HazMat after hours – program is being stood down
Housing (inspection)	25.9	1.3	
Land Use Planning	14.1	0.8	Land Development Program; Public Pool and Spas Program; Underground Storage Tanks
Milk Processing	12.3	1.4	
Mobile Homes	27.7	1.6	Mobile Home / RV Parks Program
Noise Pollution	12.3	0.8	
Pollution Prevention	21.5	1.1	Underground Storage Tanks; Commercial Development; Land Development.
Radiation Control	12.9	1.7	
Solid Waste Disposal Sites	27.8	2.1	Waste Management Program
Solid Waste Haulers	27.7	2.1	Waste Management Program
Tobacco Retailers	25.0	2.7	

Provided directly by NNPH EHS	
Provided by other NNPH Division	
State provided service	
NNPH EHs does not provide service	

Comparison 4 Findings:

- NNPH EHS currently provides 6/15 (40%) of the less common EH core services. However, one of these services, Hazmat Response, is being stood down. Thus, NNPH will be providing 5/15 (33%) of the less common EH services.
- Organizations other than LHDs provide communities with many EH services such as hazardous materials response (73%), hazardous materials disposal (70%), collection of unused pharmaceuticals (66%), and land use planning (68%) (Banerjee 2018, p.26).
- EH services like Hazmat Response are often provided by "organizations other than LHDs…" (Banerjee 2018, p. 26). For example, nationally, the responsibility for Hazmat preparedness and response is often assumed by emergency management with support from other agencies including EH (Federal Emergency Management Agency, 2019). These data support the decision of NNPH EHS to stand down Hazmat Response responsibilities and shift focus to supporting the response with agencies such as the Washoe County Emergency Management (https://www.washoecounty.gov/em/).

B. Comparing NNPH EHS to the Public Health Accreditation Board (PHAB) Standards

1. The Importance of Accreditation Standards

Standards are essential for ensuring consistent, high-quality performance. In public health, accreditation standards provide a framework for improving the quality of services, improving management services, strengthening key partnerships, improving credibility with the public, improving the health departments reputation, and increasing collaboration with other health departments (https://phaboard.org/wp-content/uploads/Five-Year-Impact-of-Accreditation.pdf).

2. Public Health Accreditation Board (PHAB)

The Public Health Accreditation Board (PHAB) is recognized for its rigorous, evidence-based standards developed in collaboration with public health experts. PHAB accreditation is key to establishing health departments' credibility and reflects an agency's commitment to delivering effective, accountable public health services.

3. The PHAB Standards and Measures

"The national public health department accreditation program, administered by the Public Health Accreditation Board (PHAB), is designed to advance the quality and performance of the governmental public health system, and to support health departments' delivery of programs and services." (NORC 2023, p.1)

This report uses Version 1.5 (2013) of the PHAB Standards and Measures. Version 1.5 consists of 32 standards and 100 measures organized in 12 domains[3]. PHAB's Standards and Measures provide a national framework for assessing LHD and EH performance. The PHAB standards emphasize evidence-based practice, accountability, and responsiveness to public health needs. They guide departments in delivering core services efficiently and help foster a culture of quality and resilience.

The measures for each standard are behaviorally based (Smith & Kendall, 1963). For example, to meet standard 1.31 (analyze public health data) the analysis must: a) include defined timelines, b) a description of the analytic process, and c) the inclusion of comparison data. These criteria are important in that they provide the necessary direction for making improvements when a standard is not met.

4. The Foundational Public Health Services (FPHS) Framework

PHAB defines Environmental Health (EH) as a "Foundational Area" within the broader FPHS framework. Foundational Areas include core services like safe food, air, and water, while "Foundational Capabilities" (FCs) refer to the cross-cutting infrastructure (e.g., emergency preparedness, data systems, and workforce development) that supports these services.
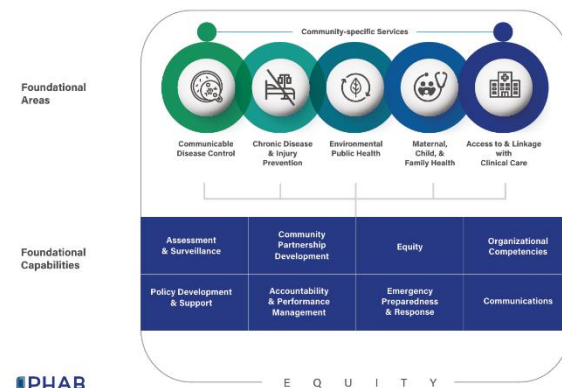
The PHAB standards assess the capabilities needed for LHDs to monitor performance across all foundational areas. The latest version of the FPHS framework (2022) strengthens the focus on health equity, social determinants, and modern practices, reinforcing EH's central role in community resilience.

5. Environmental Health Standards and Measures

Twenty-five (25) PHAB measures[4] are used to assess EH performance. The 25 measures are predominantly concentrated in Domain 2 (Investigating Health Problems and Environmental Public Health Hazards for Community Protection) and Domain 6 (Enforcement of Public Health Laws).

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[3] A revised version of the PHAB standards was published in 2022, consisting of 31 standards organized into10 Domains to better align with the 10 Essential Public Health Services. However, accreditation data needed for comparison purposes was not available at the time of this report.

[4] PHAB identifies 26 EH measures. However, measure 2.3.4 "Collaboration among Tribal, state, and local health departments to build capacity and share resources to address Tribal, state, and local efforts to provide for rapid

Table 3 lists all 25 measures along with NNPH's corresponding PHAB accreditation scores.

Table 3. The 25 PHAB Environmental Health Measures and NNPH's PHAB Accreditation Score

The 25 PHAB Environmental Health Measures		NNPH PHAB Accreditation Score
Domain 1: Conduct and Disseminate Assessments Focused on Population Health Status and Public Health Issues Facing the Community		
1.3.1	Data Analyzed and Public Health Conclusions Drawn	Largely demonstrated
1.3.2	Public health data provided to various audiences on a variety of public health issues	Fully demonstrated
Domain 2: Investigate Health Problems and Environmental Public Health Hazards to Protect the Community		
2.1.1	Protocols for investigation process	Fully demonstrated
2.1.2	Capacity to conduct an investigation of an infectious disease	Slightly demonstrated
2.1.3	Capacity to conduct investigations of non-infectious health problems, environmental, and/or occupational public health hazards	Fully demonstrated
2.1.4	Collaborative work through established governmental and community partnerships on investigations of reportable diseases, disease outbreaks, and environmental public health issues	Slightly demonstrated
2.1.5	Monitored timely reporting of notifiable/reportable diseases, lab test results, and investigation results	Fully demonstrated
2.1.6	Consultation, technical assistance, and/or information provided to Tribal and local health departments in the state regarding the management of disease outbreaks and environmental public health hazards	N/A
2.2.1	Protocols for containment/mitigation of public health problems and environmental public health hazards	Largely demonstrated
2.2.2	A process for determining when the All Hazards Emergency Operations Plan (EOP) will be implemented	Largely demonstrated
2.2.3	Complete After Action Reports (AAR)	Fully demonstrated

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detection, investigation, and containment/mitigation of public health problems and environmental public health hazards" was omitted from the analyses.

2.3.1	Provisions for the health department's 24/7 emergency access to epidemiological and environmental public health resources capable of providing rapid detection, investigation, and containment/mitigation of public health problems and environmental public health hazards	Largely demonstrated
2.3.2	24/7 access to laboratory resources capable of providing rapid detection, investigation and containment of health problems and environmental public health hazards	Fully demonstrated
2.3.3	Access to laboratory and other support personnel and infrastructure capable of providing surge capacity	Largely demonstrated
2.3.4	Collaboration among Tribal, state, and local health departments to build capacity and share resources to address Tribal, state, and local efforts to provide for rapid detection, investigation, and containment/mitigation of public health problems and environmental public health hazards	Largely demonstrated
Domain 6: Enforce Public Health Laws		
6.1.1	Laws reviewed in order to determine the need for revisions	Largely demonstrated
6.1.2	Information provided to the governing entity and/or elected/appointed officials concerning needed updates/amendments to current laws and/or proposed new laws	Fully demonstrated
6.2.1	Department knowledge maintained and public health laws applied in a consistent manner	Largely demonstrated
6.2.2	Laws and permit/license application requirements are accessible to the public	Fully demonstrated
6.2.3	Information or education provided to regulated entities regarding their responsibilities and methods to achieve full compliance with public health related laws	Fully demonstrated
6.3.1	Written procedures and protocols for conducting enforcement actions	Fully demonstrated
6.3.2	Inspection activities of regulated entities conducted and monitored according to mandated frequency and/or a risk analysis method that guides the frequency and scheduling of inspections of regulated entities	Largely demonstrated
6.3.3	Procedures and protocols followed for both routine and emergency situations requiring enforcement activities and complaint follow- up	Largely demonstrated
6.3.4	Patterns or trends identified in compliance from enforcement activities and complaints	Slightly demonstrated

6.3.5 Coordinated notification of violations to the public, when required, and coordinated sharing of information among appropriate agencies about enforcement activities, follow-up activities, and trends or patterns	Slightly demonstrated
Domain 12: Maintain Capacity to Engage the Public Health Governing Entity	
12.1.1 Mandated public health operations, programs, and services provided	Largely demonstrated

6. Adding Additional Comparative Standards: Cross-Walking the FDA Standards[5]

- NNPH EHS leadership requested that the FDA's Voluntary National Retail Food Regulatory Program Standards (also known as FDA Retail Program Standards) be included in the comparative analyses. NACCHO (2014) engaged in a crosswalk exercise, linking the FDA Retail Program Standards to the Public Health Accreditation Board (PHAB) standards. The cross-walking exercise enables NNPH EHS to integrate valuable food safety practices into all their programs.

The crosswalk highlights key connections, such as:

- Assessment & Surveillance: FDA Retail Program Standards related to foodborne illness risk factors align with PHAB's focus on community health assessments.
- Policy Development & Enforcement: Regulatory enforcement in food safety corresponds with PHAB's emphasis on public health laws.
- Workforce Development: Training requirements in food safety programs support PHAB's competency standards for public health professionals.
- Community Engagement & Education: FDA Retail Program Standards promoting consumer education align with PHAB's goals for informing and engaging the public.

This integration of the FDA Retail Program Standards with the PHAB standards helps local health departments streamline their efforts, ensuring that food safety programs contribute to broader public health objectives while maintaining compliance with accreditation requirements.

Given that the FDA Retail Program Standards support broader public health objectives, NNPH EHS sought to assess whether additional PHAB measures—beyond the EH measures identified by PHAB—could serve as valuable benchmarks for improving their programs and services. This proactive approach demonstrates NNPH's dedication to excellence, accountability, and preparedness for accreditation. **Table 4** below shows the relationship between the 25 PHAB EH measures and the 9 FDA Retail Program Standards, along with the corresponding NNPH PHAB accreditation score for selected measures.

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[5] The crosswalk exercise between the FDA Retail Program Standards and the PHAB standards was completed again in 2025. The 2025 PHAB–FDA crosswalk NNPH emphasizes streamlined integration and reduced duplication between accreditation and retail food standards, while the 2013 version focused more on identifying parallel documentation without promoting joint implementation. This report uses the 2013 version because there is no PHAB comparison data available based on the 2025 version.

Table 4. FDA Retail Program Standards to Identify Additional PHAB Measures for Possible Points of Comparison

PHAB Measures (not part of the 25 EH measures)	Corresponding FDA Retail Program Standard (s)	Add to EH comparative analysis? (yes/no)	NNPH PHAB Accreditation Score
Domain 1: Conduct and Disseminate Assessments Focused on Population Health Status and Public Health Issues Facing the Community			
1.2.1A – Maintain a surveillance system for receiving reports 24/7 in order to identify health problems, public health threats, and environmental public health hazards	Standard 5 (FBI preparedness and response)	NO	--
1.2.3 A – Collect additional primary and secondary data on population health status	Standards 3 (Inspection based on HACCP), 5 (FBI preparedness and response), & 9 (Program assessment)	NO	--
1.2.4 L – Provide reports of primary and secondary data to the state health department and Tribal health departments in the state	Standards 5 (FBI preparedness and response) & 9 (Program assessment)	NO	--
1.4.1 A – Use data to recommend and inform public health policy, processes, programs, and/or interventions	Standards 5 (FBI preparedness and response) & 9 (Program assessment)	YES	Fully demonstrated
Domain 2: Investigate Health Problems and Environmental Public Health Hazards to Protect the Community			
2.4.1 A – Maintain written protocols for urgent 24/7 communications.	Standard 5 (FBI preparedness and response)	NO	--
2.4.3 A – Provide timely communication to the general public during public health emergencies.	Standard 5 (FBI preparedness and response)	YES	Largely demonstrated
Domain 3: Inform and Educate about Public Health Issues and Functions			
3.1.1 A – Provide information to the public on protecting their health.	Standard 7 (Industry and community relations)	YES	Largely demonstrated
3.2.3 A – Maintain written risk communication plan	Standard 5 (FBI preparedness and response)	NO	--

Domain 4: Engage with the Community to Identify and Address Health Problems			
4.1.1 A – Establish and/or actively participate in partnerships and/or coalitions to address specific public health issues or populations	Standard 7 (Industry and community relations)	YES	Largely demonstrated
4.2.1 A – Engage with the community about policies and/or strategies that will promote the public's health	Standard 7 (Industry and community relations)	YES	Largely demonstrated
Domain 8: Maintain a Competent Public Health Workforce			
8.2.1 A – Maintain, implement and assess the health department workforce development plan that addresses the training needs of the staff and the development of core competencies	Standard 2 (trained regulatory staff)	YES	Largely demonstrated
Domain 10: Contribute to and Apply the Evidence Base of Public Health			
10.1.1 A – Identify and use applicable evidence-based and/or promising practices when implementing new or revised processes, programs and/or interventions	Standard 1 (Regulatory foundation)	YES	Fully demonstrated
10.2.3 A – Communicate research findings, including public health implications	Standard 3 (Inspection based on HACCP)	YES	Largely demonstrated
Domain 12: Maintain Capacity to Engage the Public Health Governing Entity			
12.1.2 A – Maintain current operational definitions and/or statements of the public health governing entity's roles and responsibilities	Standard 1 (Regulatory foundation)	NO	--
12.3.1 A – Provide the governing entity with information about important public health issues facing the health department and/or the recent actions of the health department	Standard 7 (Industry and community relations)	YES	Fully demonstrated

Cross-Walking the FDA Retail Program Standards Findings:

- Many elements of the 9 FDA Retail Program Standards are covered by the 25 PHAB EH measures.

- NNPH EHS leadership identified an additional 9 PHAB standards that they believe provide a more comprehensive view of their responsibilities
- It is notable that 6 of the 9 additional PHAB standards are from 3 domains not included by PHAB to generate its EH score: Domain 4: Engage with the Community to Identify and Address Health Problems, Domain 8: Maintain a Competent Public Health Workforce, and Domain 10: Contribute to and Apply the Evidence Base of Public Health. On its face, these three domains seem central to the work of EH and validate NNPH EHS desire to expand the set of PHAB EH measures to provide a more comprehensive assessment of EH services and programs.

7. Measuring the PHAB Standards

Measuring a PHAB standard relies on health departments to provide specific examples of how a measure is met. However, it is important to note that "The purpose of PHAB's review of the documentation is to confirm that materials exist and are in use in the health department being reviewed, _regardless_ of who originated the material" (PHAB 2014, p.6). Therefore, it is possible that EH measures could be satisfied with examples from other departments.

C. Comparing NNPH EHS with EHS Divisions Serving Similar Community Profiles

This section compares NNPH EHS with other environmental health divisions using data from the PHAB accreditation portal (https://www.phabdata.org/data-portal). Because the portal features only accredited LHDs, NNPH EHS is being evaluated against top-performing peers.

The portal allows filtering of 393 accredited public health departments based on organizational characteristics such as geographic region (using the HHS regional classification), population size being served, and the number of environmental health full-time equivalents (FTEs) per 100,000 residents.

1. Population, FTEs, and Jurisdiction

Figure 2 below shows the results of the filtering process. Using the population served, FTE support and jurisdiction filters narrowed the sample to 22 comparable LHDs.

Figure 2. Filtering Process Results

Comparative Analysis of PHAB EH Measures:
Accredited LHDs with local governance serving a similar sized population with similar FTE support (n=22)

Total Reviewed Health Departments		Filter by Type: Local		Filter by Population: >200,000 to 500,000		Filter by FTE: 50 - < 100
• n = 393	→	• n = 357 • Eligibility loss reduction = 36	→	• n = 66 • Eligibility loss reduction = 291	→	• n = 22 • Eligibility loss reduction = 44

2. Region: PHAB uses the HHS regional classification:

NNPH EHS is in Health and Human Services Region 9. The PHAB health services region portal filter was not working. The error was shared with the PHAB data team who then provided the HHS Region 9 PHAB EH data in a separate file. There was a total of 65 LHD's to which to compare.

HHS Region 9

American Samoa
Arizona
California
Commonwealth of the Northern Mariana Islands
Federated States of Micronesia
Guam
Hawaii
Nevada
Republic of Palau
Republic of the Marshall Islands

Comparing NNPH EHS with EHS Divisions Serving Similar Community Profiles Findings[6]:

- NNPH EHS is being compared with PHAB accredited institutions, which sets a more rigorous benchmark.
- NNPH has about half the fully demonstrated standards of their accredited peers with similar organizational characteristics serving a similar community profile (**Figure 3**).

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[6] Independent analysis of each EH measure was completed and is available upon request.

Figure 3. NNPH EHS vs. Peer Accredited Departments: Comparison Across 25 PHAB EH Measures
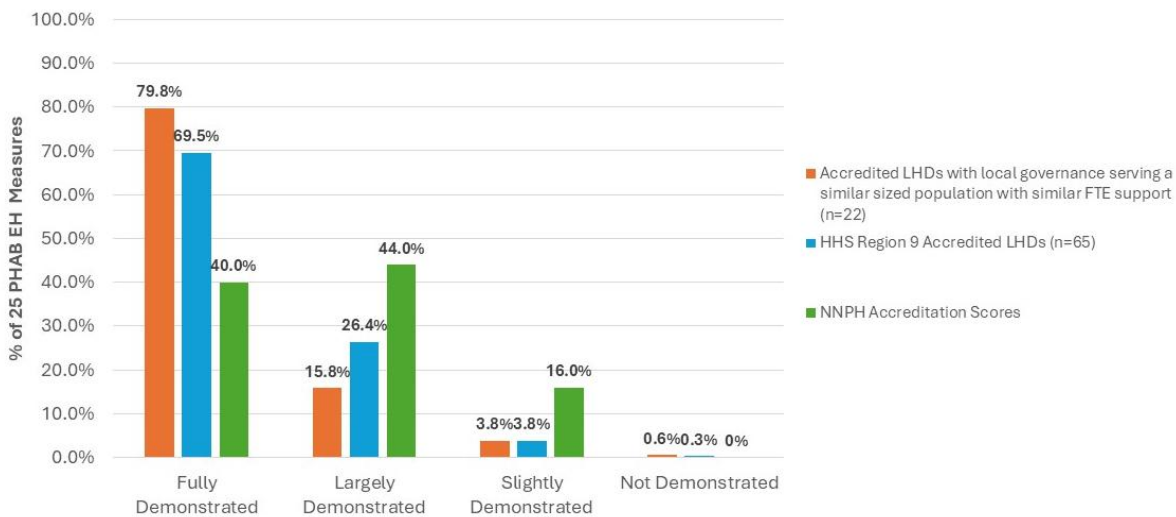
Comparative Analysis Recommendations:

- NNPH EHS needs to align its FTE support with the programs and services it provides, either by adding FTE positions, offloading programs and services to other agencies, or a combination of both.
- Under the current workload the recommended number of FTE positions to be added is 4.95 (Beitsch et al., 2024, p. 661).
- NNPH should independently score the 25 PHAB EH standards and the additional 9 PHAB standards. The exercise will allow NNPH EHS to unequivocally identify areas of weakness and better prepare for accreditation.
- The PHAB EH standard scoring exercise should be a division wide, all staff exercise to encourage building a cohesive culture.

II. NNPH Stakeholder Perspectives

Overview

Key Evaluation Question (KEQ) 2 explores how various stakeholders perceive NNPH Environmental Health Services (EHS), with the goal of informing targeted quality improvement efforts. To guide stakeholder selection, data collection methods, and inquiry design, the evaluation team applied the Iceberg Model (**Figure 4**), a systems thinking framework that distinguishes between visible outcomes and the deeper organizational dynamics that shape them.

Figure 4. Iceberg Model Layers

The model posits that the regulated public's perceptions and experiences are shaped by NNPH EHS's underlying structures, processes, and cultural commitments. This layered approach ensures that evaluation findings are not only descriptive but also diagnostic—revealing how NNPH EHS's internal systems and values shape the regulated publics' experiences.

Table 5 below describes how the model also shaped the data collection strategy, helping to understand the stakeholders and data collection approach that can best inform each layer.

Table 5. Summary of the Stakeholders and Data Collection Approaches

Iceberg Layer	Stakeholders	Data Collection Approach
A. Content	Regulated Public & District Board of Health Members	On-site Interviews, Virtual Interview and Qualtrics Surveys
B. Processes	Staff, Senior Staff, and Supervisors	Interviews, Source Documentation Review, Shadowing/Observation
C. Structures	Senior Staff and Supervisors	Interviews and Source Documentation Review
D. Culture/Commitment	Senior Staff, Supervisors & District Board of Health Members	Interviews

Quantitative data collection through surveys and qualitative data collection via interviews were employed to gather insights regarding stakeholders' perceptions of NNPH EHS.

A. Quantitative Data Collection

Two Qualtrics surveys, one for one-time permit holders and one for annual/routine inspection permit holders (**Table 6**), were developed in cooperation with NNPH EHS leadership. Surveys were drafted and subjected to beta testing. Surveys were then refined based on the beta test feedback.

Table 6. Permit Type Categories

One-Time Permit Holder Types	Annual/Routine Inspection Permit Types
Temporary Food Establishment Vendor	Food Establishment
Event Organizer/Promotor	Public Bathing Pool/Spa
Temporary Invasive Body Decoration	Public Accommodation-Hotel/Motel
Septic System	Invasive Body Decoration
Well Construction	Mobile Home/RV Park
	RV Dump Station
	Institutional Facility-Childcare/School
	Waste Facility (Recycling/Waste/Biohazardous Waste)
	Waste Hauler
	Underground Storage Tank

The one-time permit holder survey consisted of 10 questions asking about the clarity and timeliness of the permit application process, the effectiveness of educational efforts, and the professionalism of the staff. The survey also explored any challenges permit holders faced in complying with NNPH regulations and identified sources of environmental health information.

The annual permit-holder survey consisted of 11 questions asking about the benefits and clarity of annual or routine inspections, as well as any challenges faced. Permit holders requiring plan approval were also asked a few additional questions about the clarity, timeliness, and usefulness of the plan review process. As with the one-time permit holders, the survey gathered information on compliance challenges with NNPH regulations, sources of environmental health information, NNPH staff professionalism, and the effectiveness of educational efforts.

In cases where an annual permit completed the application process but has not yet completed an annual inspection (that is had their permit for less than 1 year), respondents were asked the same permitting application process questions as one-time permit holders.

Two separate mass emails were distributed to each type of permit holder to encourage survey participation. In addition, survey reminder cards with a QR code were developed and provided to NNPH staff to distribute after completing an inspection. Respondents who completed the surveys could enter a $200 gift card raffle, which was conducted independently by JESS, LLC.

A total of 76 survey responses were received (43 routine/annual inspection and 33 one-time surveys). **Figure 5** shows the breakdown of responses received by permit category and **Figure 6** lists the "other" responses provided by respondents.

Figure 5. Routine/Annual Inspection and One-Time Survey Responses by Permit Category

Routine/Annual Inspection Permit Categories	n*
Food Establishment	29
Public Bathing-Pool/Spa	4
Public Accommodation-Hotel/Motel	0
Invasive Body Decoration	1
Mobile Home/RV Park	2
RV Dump Station	0
Institutional Facility – Childcare/School	0
Waste Facility	0
Waste Hauler	2
Underground Storage Tank Other	5
Other	9

One-time Permit Categories	n*
Temporary Food Establishment Vendor	18
Event Organizer/Promotor	3
Temporary Body Invasive Body Decoration Establishment	1
Invasive Body Decoration	1
Septic System Permit	3
Well Construction Permit	1
NNPH Building Plan Review	3
Other	19

n* = Because some respondents hold multiple permits, the total number of permit types exceeds the number of individual respondents.

The 43 routine/annual permit holder respondents collectively held 52 permits, with 29 (57%) representing food establishment permits. Among the 4,300 annual or routine permit holders listed in the NNPH database, 68% are food establishment permits (Food Supervisor email, personal communication, October 9, 2025). Therefore, the demographic distribution of the annual/routine survey respondents is similar to the NNPH population of routine/annual permit holders.

The 33 one-time survey respondents held a total of 49 permits, with 18 (36%) being food permits. Among the 985 one-time permit holders in the NNPH database, 40% are categorized as one-time permit holders. Therefore, the demographic distribution of the one-time survey respondents is similar to the NNPH population of routine/annual permit holders.

Figure 6. "Other" Responses by Permit Holder Type

Routine/Annual Inspection Permit Holders "Other" Responses	n*
Food Manufacturing	2
Mobile/Food Service Pop-up	2
Grocery	1
Childcare	1
Septic	1
Prep Kitchen	1
Manufactured Home Community	1
Total	9

One-time Permit Holders "Other Responses"	n*
Food Establishment – Restaurant- Bar	14
Construction	1
Passport	1
Birth Certificate	1
County Health Permit	1
Cold Plunge	1
Total	19

B. Qualitative Data Collection

In-person and virtual interviews were conducted with NNPH permit holders and District Board of Health (DBoH) members. In-person interviews occurred after routine inspections. Virtual interviews were completed with permit holders who responded to a mass-email solicitation. **Table 7** below shows the total number of interviews completed with permit holders.

Table 7. Number of In-Person and Virtual Interviews by NNPH EHS Programs/Services

NNPH EHS Programs/Services	In-Person Interviews	Virtual Interviews
Childcare		
Event Promotion	2	
Food Safety	6	
Hotels/Motels		
Invasive Body Decoration	2	
Land Development – Plan Review		2
Mobile Homes		1
Public Pools and Spas		4
Safe Drinking Water		3
Schools		
Underground Storage Tanks	1	2
Vector-Borne Disease		
Waste Management	1	2
Total	**12**	**14**

Three members of the DBoH participated in interviews arranged by NNPH administration, which were conducted at the NNPH offices.

C. Content – NNPH Stakeholders' Perceptions

Survey and interview data analysis follows the order experienced by the regulated public: it begins with permit application or plan review, where process and information/resource clarity, and timeliness are key (**Figure 7**). After permits are issued, NNPH EHS monitors compliance using both announced and unannounced inspections.

Figure 7. Iceberg Model Approach: Content Layer

Iceberg Layer	Stakeholders	Data Collection Approach
A. Content	Regulated Public & District Board of Health Members	On-site Interviews, Virtual Interview and Qualtrics Surveys
B. Processes	Staff, Senior Staff, and Supervisors	Interviews, Source Documentation Review, Shadowing/Observation
C. Structures	Senior Staff and Supervisors	Interviews and Source Documentation Review
D. Culture/Commitment	Senior Staff, Supervisors & District Board of Health Members	Interviews

Effective inspections rely on permit holders understanding the process and inspection reports. The analysis concludes with insights into NNPH educational efforts and characteristics.

1. Permit Application Perceptions

There was only one annual/routine permit holder respondent that recently completed the permit application process. As a result, comparisons between the two permit-holder types were not possible. Therefore, analysis of experiences with the permit application process was limited to one-time permit holders, whose overall ratings are shown in **Figure 8**.

Figure 8. Permit Application Perceptions of One-Time Permit Holders
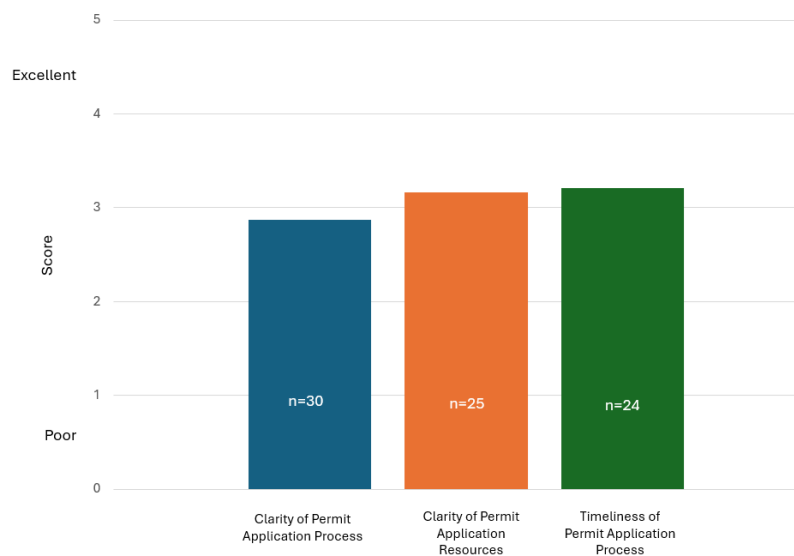
One-time permit holders were divided into food (n=18) and non-food (n=15) groups. Ratings for the clarity of the permit process, permit application resources, and timeliness were classified as negative (≤ 3) or positive (>4). Three 2 x 2 chi-square (χ^2) tests found no significant relationships between permit type and perceptions of clarity or timeliness, indicating that views on the application process did not differ by permit type. Representative examples of respondent comments are summarized below; full verbatim responses are included in **Appendix B.1**.

a. Clarity of the Permit Application Process

Comments for each aspect of the permit application process were divided based on those who rated it negatively (≤ 3) versus those who rated it positively (>4). Of the 30 respondents answering this question, 18 felt the permit application process lacked clarity while 12 felt the permit application process was clear. **Table 8** below shows the breakdown of responses by permit type.[7]

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[7] Please note that the total number of permit types listed in Tables 8-19 exceeds the total number of respondents because some respondents selected multiple permit types.

Table 8. Survey-Reported Perceptions of the Clarity of the Permit Application Process

Type of Permit	Permit Application Process Lacked Clarity #	Permit Application Process Was Clear #
Event Organizer	3	
Invasive Body Decoration		1
NNPH Building Plan Review	2	
Septic	1	
Temporary Food Establishment	10	7
Other	13	7

Clarity of the Permit Application Process Findings:

- Many respondents described the website as confusing, repetitive, and difficult to navigate—often requiring direct assistance from health department staff who themselves struggled to provide guidance.
- Respondents reported poor coordination between departments, unclear inspection rules, and inconsistent guidance which caused delays, application rejections, and obstacles for small businesses.
- While some users found the process straightforward and praised staff support, others emphasized the need for simplified forms, centralized guidance, and improved transparency across agencies.

b. Clarity of the Permit Application Resources/Materials

Of the 25 respondents answering this question, 13 felt that permit application materials lacked clarity while 12 indicated they felt the permit application resources were clear. **Table 9** features the breakdown of responses by permit type.

Table 9. Survey-Reported Perceptions of the Clarity of Permit Application Resources/Materials

Type of Permit	Permit Application Resources/Materials Lacked Clarity #	Permit Application Resources/Materials Were Clear #
Event Organizer	2	1
Invasive Body Decoration		1
NNPH Building Plan Review	1	1
Septic	1	
Temporary Food Establishment	8	8
Other	7	8

Clarity of the Permit Application Resources/Materials Findings:

- Respondents cited unclear pull-down menus, overly sensitive address fields, and excessive form types—particularly for food vendors—leading to repeated rejections and frustration.
- Variability in inspector interpretations and unclear expectations prompted frequent outreach for clarification; some felt rules should be codified more precisely.
- Attempts to seek assistance were sometimes unsuccessful, and outreach events (e.g., Neil Road) left participants more confused than informed.
- Several respondents praised office staff and licensing teams for providing step-by-step guidance, responsive communication, and helpful navigation through regulatory changes.

c. Timeliness of the Permit Application Process

Of the 24 respondents answering this question, 11 indicated that the permit application process took too long while 13 felt the permit application process was timely. **Table 10** breaks down responses by permit type.

Table 10. Survey-Reported Perceptions of the Timeliness of the Permit Application Process

Type of Permit	Permit Application Process Took Too Long #	Permit Application Process Was Timely #
Event Organizer	2	1
Invasive Body Decoration		
NNPH Building Plan Review	1	1
Septic	1	
Temporary Food Establishment	8	8
Other	6	4

Timeliness of the Permit Application Process Findings:

- Respondents described delays due to unclear instructions, slow response times, and repeated form rejections—especially for temporary permits and new businesses.
- The current system was seen as more time-consuming than previous versions, with vague field definitions and no streamlined option for recurring events.
- Stakeholders recommended adding a progress-tracking portal, instructional videos, and clearer guidance to reduce confusion and expedite approvals.
- While some respondents found the process fast and agency staff helpful, others felt timelines contributed to business delays or failures.

d. Summary of Overall Perceptions of the Permit Application Process

1. Respondents consistently described the application process and materials as confusing, with unclear menus, sensitive fields, and excessive form types—especially for food vendors
2. Respondents noted fragmented interdepartmental coordination, inconsistent inspection protocols, and variable interpretations by inspectors created delays, repeated rejections, and a perception of systemic obstacles for small businesses.
3. While some respondents praised health department staff for responsive, step-by-step guidance, others reported limited success in seeking help and found outreach events more confusing than clarifying.
4. The NNPH website was widely criticized as difficult to navigate and repetitive, often requiring staff assistance—who themselves struggled to provide consistent guidance. Stakeholders suggested adding a progress-tracking portal, clearer guidance, and instructional videos to streamline the process and reduce confusion.
5. Many respondents experienced delays due to vague instructions and slow responses, especially for temporary permits and new businesses. Others found the process efficient when staff were involved.

2. Plan Review Perceptions

The plan review analysis was limited to annual/routine permit holder respondents. A breakdown of permit types for the 12 respondents needing a plan review is displayed in **Table 11**.

Table 11. Number of Respondents Needing a Plan Review by Annual/Routine Permit Type

Type of Permit	# of Respondents
Food Establishment	10
Underground Storage Tanks (UST)	1
UST and Waste Hauler	1

The sample size was too small to allow for analysis of scoring differences as a function of permit type. Scores on the clarity and ease of the plan review process, clarity of the plan review resources/materials and timeliness of the plan review were grouped into negative (≤3) and positive (>3). Full respondent comments related to plan review experiences are available in **Appendix B.2**.

Figure 9. Annual/Routine Permit Holder Perceptions of NNPH Plan Review Service
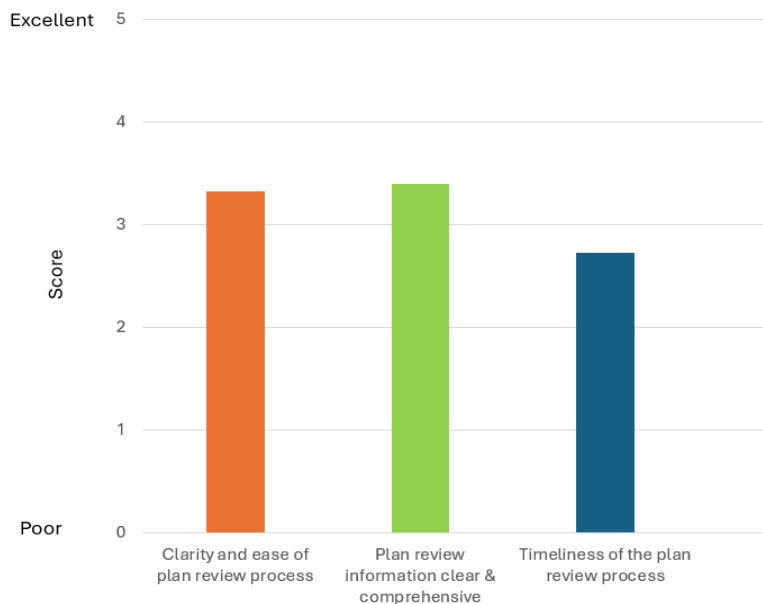
a. Clarity of the Plan Review Process

Five respondents felt that the plan review process was unclear while 7 found it clear (**Table 12**).

Table 12. Survey-Reported Perceptions of the Clarity of Plan Review Resources

Type of Permit	Plan Review Process Was Unclear #	Plan Review Process Was Clear #
Food Establishment	4	6
Underground Storage Tanks (UST)	1	
Waste Hauler		
Food Establishment, UST, and Waste Hauler		1

Clarity of the Plan Review Process Findings:

- Some respondents questioned the rationale behind high plan review fees, especially when the same inspectors are involved, suggesting the process may burden startups unnecessarily.
- While several respondents found the process straightforward, others struggled with knowing what details to include and felt approval timelines were lengthy.
- Those indicating that the plan review was clear qualified their statements by noting that "it was over a year ago", "the paperwork was easy but wasn't exactly sure what details to include" and "just takes forever to get approval".

b. Clarity of the Plan Review Resources

Two respondents indicating they had a plan review did not respond to this question. **Table 13** shows the breakdown of the 10 responses which were received.

Table 13. Survey-Reported Perceptions of the Clarity of Plan Review Resources

Type of Permit	Plan Review Information/Resources Were Unclear #	Plan Review Information/Resources Were Clear #
Food Establishment	4	5
Underground Storage Tanks (UST)		
Waste Hauler		
UST and Waste Hauler		1

Clarity of the Plan Review Resources Findings:

- Some respondents reported major changes to the application model over time with little explanation, leading to confusion and costly errors during plan submission.
- Variability in interpretation and enforcement of requirements created uncertainty, even after initial plan approvals, resulting in unexpected on-site changes and financial strain.
- Stakeholders emphasized the need for more upfront, unambiguous instructions throughout the review process.
- Some respondents found the materials straightforward, especially for plumbing-related corrections, and did not recall significant stress during the process.
- Respondents indicating the plan review resources were clear also added "the guidelines for what needed to be corrected for our plumbing project were clear" and "health is typically that last one to sign off…"

c. Plan Review Process Timeliness

Table 14 displays responses by permit type related to the perceived timeliness of the plan review process.

Table 14. Survey-Reported Perceptions of the Timeliness of the Plan Review Process

Type of Permit	Plan Review Process Took Too Long #	Plan Review Process Was Timely #
Food Establishment	6	3
Underground Storage Tanks (UST)	1	
Waste Hauler		
UST and Waste Hauler		1

Timeliness of the Plan Review Process Findings:

- Several respondents felt the process took too long, with one citing aggressive inspector behavior and others urging adherence to established review timelines.
- Respondents suggested setting specific, visible timelines and offering in-person support for first-time applicants unfamiliar with technical terms.
- While some found the process slow and unpredictable, others reported receiving timely responses and found the overall experience manageable.

d. Summary of Overall Perceptions of the Plan Review Process

1. Respondents questioned the rationale behind high plan review fees, especially when the same inspectors are involved, suggesting the process may disproportionately burden startups.
2. A single application type for diverse establishments (e.g., bars vs. restaurants) created confusion, and the lack of formal written approvals contributed to uncertainty.
3. Variability in inspector interpretations led to unexpected on-site changes and financial strain, even after initial approvals—highlighting a need for standardized expectations.
4. While some respondents found the process manageable and praised plumbing-related materials, others reported confusion due to unexplained changes in the application model and vague instructions.
5. Delays, unpredictable review timelines, and enforcement tone were cited as barriers; some respondents received timely support, but others felt the process lacked structure.
6. *Respondents interpreted these inconsistencies as evidence of a departmental culture lacking shared expectations* or accountability for consistent interpretation of code. Stakeholders called for clearer instructions, differentiated application types, visible timelines, and in-person support to improve transparency, efficiency, and applicant confidence.

3. Challenges Meeting NNPH Regulations/Code Requirements

Both one-time and annual/routine permit holders were asked to share any challenges they experienced in meeting NNPH regulations/code requirements. Full comments are shown in **Appendix B.3**.

a. Summary of Challenges Meeting NNPH Regulations/Code Requirements

1. Permit holders frequently cited variability in inspections, with different inspectors applying rules differently or introducing new requirements without warning. This inconsistency undermines trust and creates confusion across both one-time and routine permit holders.
2. Many respondents expressed frustration with unclear expectations, lack of consultative dialogue, and insufficient explanation of code rationale. Requests were made for clearer guidance, sample policies, and more educational support rather than punitive enforcement.
3. Several businesses described code-related upgrades—especially for plumbing and grease interceptors—as prohibitively expensive and sometimes unnecessary. Fees were also noted as disproportionately high for small businesses and temporary events.
4. Challenges cited by permit holders included short submission windows, confusing or malfunctioning online systems, and inconsistent clerical feedback. Childcare providers noted conflicts between NNPH requirements and existing state regulations.
5. Findings suggest that NNPH EHS operates more as a collection of specialized units than a single coordinated division, resulting in uneven application of regulations and differing understandings of customer service expectations.

6. Respondents emphasized the need for inspectors to be realistic, knowledgeable, and respectful. Suggestions included standardized inspections, scheduling flexibility, and town hall-style engagements to rebuild mutual respect and shared public health goals.

4. Inspections

Data about inspection challenges, benefits of the inspection process and clarity of the inspection reports was collected from annual/routine permit holders (**Figure 10**).

Of the 43 annual-routine survey respondents, 8 indicated having experienced a problem during the inspection. Of these, 7 held a Food Establishment permit and one held both a food establishment and UST permit.

Figure 10. Perceptions of Routine/Annual Inspections

Annual/Routine permit holders rated the inspection process as beneficial ($\bar{x}$ =3.63). Similarly, respondents rated the clarity of the inspection report high ($\bar{x}$ = 4.09).

Annual/routine permit holders were divided into food (n=29) and non-food (n=15) groups. Ratings for the perceived inspection benefits and inspection report clarity were classified as negative (≤ 3) or positive (>4). Two 2 x 2 chi-square (χ^2) tests were conducted. Results indicated that significantly more food permit holders than expected found the inspection not to be of benefit $\chi^2 (1) = 9.1$, p<.05. Similarly, more food permit holders than expected found the inspection report lacked clarity, $\chi^2 (1) = 4.76$, p<.05.

a. Perceived Benefits of Inspections

Of the 38 respondents answering this question, 12 (all food establishment permit holders; 12 of 29 food respondents) indicated that they gained little benefit from the inspection process. The remaining 26 respondents, including both food and non-food permit holders, described inspections as helpful, informative, and professionally conducted.

Perceived Benefits of Inspections Findings:

- Negative feedback emphasized arbitrary rulings, inspector variability, and a lack of standardized enforcement. Several respondents described inspections as adversarial, overly punitive, or disconnected from real-world operations.
- Supportive comments praised inspectors for being kind, thorough, and solution-oriented. Respondents valued clear communication, pre-inspection notifications, and constructive feedback that helped improve compliance and operations.
- Themes suggest need for greater inspector consistency, transparency in standards, and enhanced stakeholder engagement. These concerns appeared across programs but were most frequently raised by food establishments, likely because they experience the highest inspection volume and more frequent interactions.

b. Perceptions of Inspection Report Clarity

Of the 33 respondents answering this question, six indicated that the inspection report lacked clarity while 27 indicated that the inspection report was clear. **Table 15** below shows the breakdown of responses by permit type.

Table 15. Survey-Reported Perceptions of Inspection Report Clarity

Type of Permit	Inspection Report Lacked Clarity #	Inspection Report Was Clear #
Food Establishment	6	14
Invasive Body Decoration (IBD)		1
Pool/Spa		4
Underground Storage Tanks (UST)		4
Waste Hauler		1
Other (e.g., SDW)		9

Clarity of Inspection Report Findings:

- Overall, 27 of 33 respondents (82%) felt inspection reports were clear and understandable. Positive feedback emphasized verbal explanations, written notes, and consistency across inspections.
- Six respondents—all with Food Establishment permits—reported that reports were vague, overly complex, or inconsistent across inspectors and inspection types.
- Respondents who found reports clear often noted that inspectors explained findings during or before report issuance, reinforcing transparency and understanding.
- Feedback suggests that clarity concerns were concentrated among a subset of food establishment respondents, indicating an opportunity to further standardize and streamline food inspection reports.
- SDW permit holders felt the state-based NNPH EHS branded inspection report was excellent.

c. Summary of Overall Perceptions of Inspections

1. Some respondents described variability in inspector interpretations and enforcement, leading to perceptions of inconsistency. These concerns appeared more frequently among food establishments, reflecting their higher volume of inspections and greater exposure to regulatory judgment calls.
2. Respondents noted that inspections during peak business hours disrupted operations, while delayed or unclear follow-up (e.g., year-late requirements) raised concerns about procedural reliability and transparency.
3. While a subset of food permit holders reported limited benefit from inspections, respondents across multiple permit types described inspections as informative, professionally conducted, and supportive.
4. Constructive feedback highlighted inspectors who provided clear communication, pre-inspection notifications, and solution-oriented guidance that improved compliance and operations.
5. Most respondents found reports understandable, especially when paired with verbal explanations and consistent formatting; however, food establishments noted occasional vagueness and inconsistency.
6. Perceptions that inspection outcomes depend on who conducts them reinforce the view that NNPH EHS lacks a unified culture of consistency and shared service values. Stakeholders recommended standardizing enforcement criteria, improving report clarity, and enhancing inspector training and stakeholder engagement to build trust and reduce perceived burdens.

5. Common Program Elements

Both one-time and annual/routine permit holders were asked to rate NNPH's educational effort and staff professionalism (**Figure 11**).

Figure 11. One-Time and Annual Permit Holder Perceptions of NNPH Services and Staff
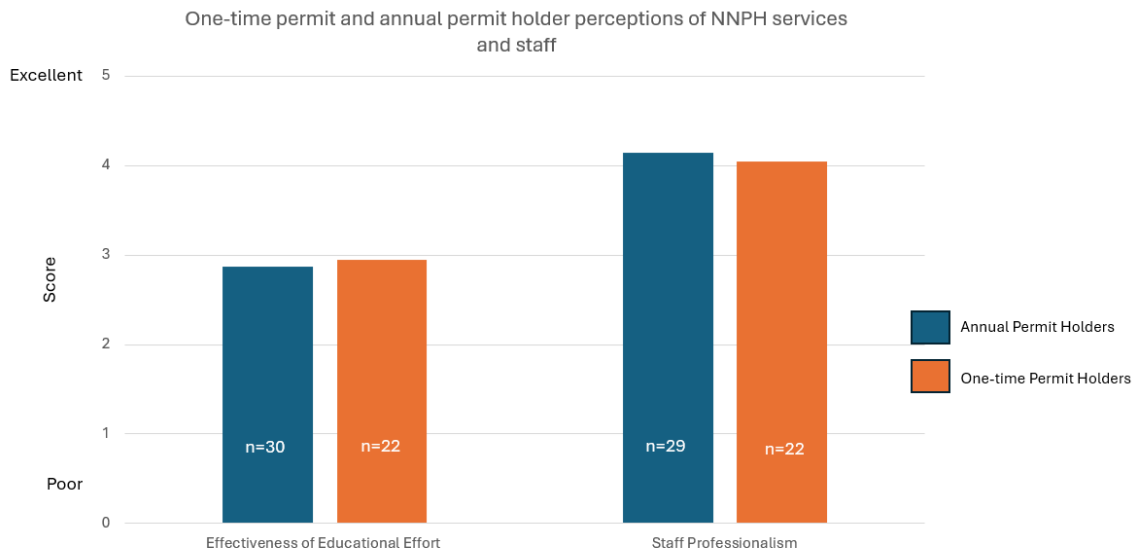
One time permit holders and annual permit holders tended to score the effectiveness of NNPH EHS educational efforts and staff professionalism similarly. Notably, NNPH's educational effort was scored below average while NNPH staff professionalism was rated very high.

a. Effectiveness of Education Effort

Of the 30 annual/routine respondents, 19 scored NNPH educational effort as ineffective while 11 valued the NNPH educational effort. **Table 16** breaks down responses by annual/routine permit type related to the perceived effectiveness of the NNPH educational effort.

Table 16. Survey-Reported Perceptions of the Effectiveness of NNPH Educational Effort Among Annual/Routine Permit Holders

Type of Permit	NNPH Educational Effort is Ineffective #	NNPH Educational Effort is Effective #
Food Establishment	12	6
Invasive Body Decoration (IBD)		1
Mobile Home/RV Parks	2	
Pool/Spa	1	2
Underground Storage Tanks (UST)	3	1
Waste Hauler		1
Other	4	4

Of the 22 one-time permit respondents, 16 scored NNPH educational effort as ineffective while 6 scored the NNPH educational effort as effective. **Table 17** shows these responses broken down by permit type.

Table 17. Survey-Reported Perceptions of the Effectiveness of NNPH Educational Effort Among One-Time Permit Holders

Type of Permit	NNPH Educational Effort is Ineffective #	NNPH Educational Effort is Effective #
Event Organizer	2	
NNPH Building Plan Review	1	
Septic	1	
Temporary Food Establishment	11	4
Other	11	2

Effectiveness of Education Effort Findings:

- Overall, 63% of annual/routine permit holders and 73% of one-time permit holders rated NNPH's educational efforts as ineffective.
- Respondents cited inconsistent rule enforcement, lack of clear guidance, and difficulty navigating NNPH resources emphasized arbitrary rulings, inspector variability, and a lack of standardized enforcement.
- Confusion over jurisdictional authority (NNPH vs. county vs. city) and code changes without notification were recurring concerns.
- Respondents wanted centralized guides, clearer inspection criteria, updated websites, and cost transparency for new establishments.

- Several respondents requested ongoing boot camps, town halls, and inspector-led sessions.
- Some materials were described as amateurish or condescending, particularly by small business owners.
- Others expressed frustration over inspection timing, burdensome fees, and lack of support for new operators.
- 11 annual and 6 one-time permit holders found NNPH efforts helpful, citing newsletters, direct inspector support, and recent improvements.
- Boot camps, town halls, and hands-on guidance were appreciated when available.
- Respondents emphasized the need for consistent messaging, proactive education on rule changes, and better digital tools.
- Continuing education for both inspectors and permit holders was recommended to build mutual understanding and trust.

b. NNPH EHS Staff Professionalism

Of the 29 annual/routine respondents, 7 rated NNPH EHS staff professionalism as low while 22 rated NNPH EHS staff professionalism as high. **Table 18** shows a breakdown of NNPH EHS staff professionalism ratings by annual/routine permit type.

Table 18. Survey-Reported Perceptions of NNPH EHS Staff Professionalism Among Annual/Routine Permit Holders

Type of Permit	NNPH EHS Staff Professionalism Rated as Low #	NNPH EHS Staff Professionalism Rated as High #
Food Establishment	4	13
Invasive Body Decoration (IBD)		1
Mobile Home/RV Parks		2
Pool/Spa		3
Underground Storage Tanks (UST)	1	3
Waste Hauler		1
Other	2	6

Of the 22 one-time permit respondents, 6 rated NNPH EHS staff professionalism as low while 16 rated NNPH EHS staff professionalism as high. **Table 19** shows these responses broken down by permit type.

Table 19. Survey-Reported Perceptions of NNPH EHS Staff Professionalism Among One-Time Permit Holders

Type of Permit	NNPH EHS Staff Professionalism Rated as Low #	NNPH EHS Staff Professionalism Rated as High #
Event Organizer	2	
NNPH Building Plan Review	1	
Septic	1	
Temporary Food Establishment	3	12
Other	4	9

NNPH EHS Staff Professionalism Findings:

- Most respondents rated NNPH staff professionalism as high—22 of 29 annual permit holders and 16 of 22 one-time permit holders. However, 13 respondents (7 annual, 6 one-time) rated professionalism as low, indicating room for improvement.
- Low ratings came from a mix of permit holders, including Food Establishment, Temporary Food, Event Organizer, Septic System, and Building Plan Review. This suggests that concerns span across multiple service areas.
- Respondents cited inconsistent professionalism, lack of collaboration, fragmented communication, and a perceived adversarial approach by some inspectors. Several called for more common sense, empathy, and consistency in enforcement.
- High ratings highlighted inspectors and staff who were described as professional, educational, consultative, and supportive. Specific individuals were praised for their clarity, fairness, and helpfulness in navigating complex processes.
- Feedback points to a need for enhanced training, consistency across staff interactions, and a stronger culture of customer service—particularly in inspection conduct and front-office responsiveness.

c. Summary of Common Program Elements Findings

1. Across permit applications, plan reviews, and inspections, respondents described processes as confusing, inconsistent, and difficult to navigate—particularly for food vendors and new businesses. Unclear menus, vague instructions, and fragmented communication were recurring themes.
2. Stakeholders reported structural issues including inconsistent enforcement, lack of standardized guidance, and jurisdictional confusion. These barriers contributed to delays, repeated rejections, and financial strain—especially for small businesses and startups.
3. While many respondents praised individual staff members for professionalism and helpfulness, others encountered adversarial conduct, limited responsiveness, and

ineffective outreach events. The permitting website and educational materials were often described as outdated or inaccessible.

4. Many respondents cited delays in application approvals, plan reviews, and inspection follow-ups. Respondents emphasized the need for visible timelines, clearer expectations, and more proactive communication—particularly around rule changes and inspection criteria.

5. Boot camps, town halls, and hands-on inspector guidance were well received. Clear verbal explanations and consistent formatting in inspection reports also contributed to improved understanding and compliance.

6. Respondents called for centralized guidance tools, streamlined digital platforms, differentiated application types, enhanced inspector training, and ongoing education for both staff and permit holders to foster transparency, trust, and operational efficiency.

D. Processes – NNPH EHS

The survey and interview data show that the regulated public are frustrated by perceived inconsistencies in applying for permits, reviewing plans, and inspections. Staff interviews, shadowing, and review of source documentation were conducted to assess whether these inconsistencies might be linked to NNPH EHS processes (**Figure 12**).

Figure 12. Iceberg Model Approach: Processes Layer

Iceberg Layer	Stakeholders	Data Collection Approach
A. Content	Regulated Public & District Board of Health Members	On-site Interviews, Virtual Interview and Qualtrics Surveys
B. Processes	Staff, Senior Staff, and Supervisors	Interviews, Source Documentation Review, Shadowing/Observation
C. Structures	Senior Staff and Supervisors	Interviews and Source Documentation Review
D. Culture/Commitment	Senior Staff, Supervisors & District Board of Health Members	Interviews

1. NNPH EHS Processes Findings

- Staff are currently tasked with conducting a wide range of inspection types, which limits their ability to develop deep expertise in any one area. As a result, they may struggle to fully understand the nuances of relevant codes and regulations, leading to errors and inconsistent enforcement. This broad assignment model also hinders relationship-building with permit holders, weakening trust and continuity. Additionally, even though seniors recognize that "SOPs are the foundation for success" different staff members often apply procedures for the same inspection type in varying ways, contributing to confusion and a lack of standardization across the system.

- Staff appear divided on the role of education within the inspection process. One inspector noted "people don't understand the need for inspections". This sentiment was shared by other inspectors who emphasized the importance of helping the public understand why inspections matter, taking time to explain procedures and build rapport. On the other hand, one inspector stated that "the educational effort takes away from "completing more inspections". Other staff also expressed concern that educational efforts detract from their ability to complete a higher volume of inspections, leading them to deprioritize client engagement. This internal tension— coupled with the absence of a clearly stated organizational priority around permit holder education—has resulted in inconsistent practices across teams.

- These inconsistencies are further amplified across program types. Survey data revealed that many respondents hold multiple permits, and when they encounter different procedures—such as announced versus unannounced inspections, or receiving reports on-site versus by email—they perceive the system as fragmented and unpredictable. This lack of standardization not only undermines trust but also contributes to frustration among regulated entities who expect a coherent and equitable experience across NNPH services.

- An expert in Food Safety was interviewed to help understand other sources of inconsistencies. "The food code isn't always black and white. There are areas that allow for inspector discretion, which can sometimes create the appearance of inconsistency. For example, during an inspection at Facility X, you might find that most of the food requiring date marking in the walk-in cooler is properly labeled, but a few containers are missing dates. You might interpret that as noncompliance—believing that all items must be marked to meet the requirement. I, on the other hand, might view it as a facility making a genuine effort to follow the rules, with a few oversights. In that case, I wouldn't mark them out of compliance, even though technically they are. Our former FDA regional food safety specialist often referred to this as evaluating based on the "intention of the code." Some parts of the code are clear-cut, but others benefit from a more nuanced approach" (Cochise County EHS Director, 10/04/25).

- "The risk-based methodology taught in the FDA [Retail Program Standards] can also contribute to perceived inconsistency. This approach emphasizes focusing on the highest risks present at the time of inspection. Depending on what's happening during the visit, the findings can vary significantly from one inspector to another. For instance, during your inspection, you might observe multiple handwashing violations, cold-holding units not maintaining proper temperatures, and a visibly ill food service worker. These would be your primary focus and would appear on your report. Months later, I might inspect the same facility and find those risk factors under control. That allows me to shift attention to good retail practices, where I notice a gap under the back door that could let pests in, and a residential freezer unit that isn't ANSI certified—a surprisingly common issue. These would be the focus of my report. Naturally, the operator might respond with, "Ralph didn't say anything about the freezer or the door, and now you're telling me I need to fix them." (Cochise County EHS Director, 10/04/25).

- "It's also important to remember that inspectors are human. One might miss something during an inspection that another catches later. Mistakes happen. This might be more common in newer staff who are still trying to learn and memorize code." (Cochise County EHS Director, 10/04/25).

- "One of my personal favorites is when an operator claims we're being inconsistent and requiring things they've never been asked to do before—only for us to find, upon reviewing their file, that those exact issues have been documented in multiple prior reports." (Cochise County EHS Director, Personal Communication, October 4, 2025).

E. Structures – NNPH Organization

Interviews were conducted with several NNPH EHS staff, seniors and supervisors (**Figure 13**).

1. Structures – NNPH Organization Findings

Figure 13. Iceberg Model Approach: Structures Layer

Iceberg Layer	Stakeholders	Data Collection Approach
A. Content	Regulated Public & District Board of Health Members	On-site Interviews, Virtual Interview and Qualtrics Surveys
B. Processes	Staff, Senior Staff, and Supervisors	Interviews, Source Documentation Review, Shadowing/Observation
C. Structures	Senior Staff and Supervisors	Interviews and Source Documentation Review
D. Culture/Commitment	Senior Staff, Supervisors & District Board of Health Members	Interviews

- The inconsistent ways in which NNPH staff—including senior leadership—describe the organization's structure reveal a deeper fragmentation that permeates both internal operations and public-facing systems. While some staff refer to three distinct programs (Solid Waste & Water, Generally Commercial Plan Review and Non-Food Programs, and Food Safety), others rely on documentation that presents an alternate structure, leading to confusion and a lack of shared identity. These discrepancies may appear minor, but they undermine the department's ability to communicate clearly with the public.

- This fragmentation is mirrored in the NNPH website, where fee structures are difficult to locate and navigation lacks coherence. Qualitative feedback from customers reinforces this disconnect, with many expressing frustrations over the website's complexity and the absence of clear, centralized information. The root of this issue lies in the decentralized approach to website management, where individual staff across different programs make changes based on their immediate needs rather than a unified vision of NNPH. As a result, the website itself becomes a reflection of the organization's structural disunity, amplifying confusion and eroding public trust.

- Multiple NNPH EHS staff within and across programs make web-site changes. Survey respondents and interviewees express repeated frustration with the web-site. A common sentiment is that things are "…impossible to find on the web-site".

F. NNPH Culture and Organization

Interviews were conducted with several NNPH EHS staff, seniors, supervisors as well as with DBoH members (**Figure 14**).

1. NNPH Culture and Commitment Findings

Figure 14. Iceberg Model Approach: Culture and Commitment Layer

Iceberg Layer	Stakeholders	Data Collection Approach
A. Content	Regulated Public & District Board of Health Members	On-site Interviews, Virtual Interview and Qualtrics Surveys
B. Processes	Staff, Senior Staff, and Supervisors	Interviews, Source Documentation Review, Shadowing/Observation
C. Structures	Senior Staff and Supervisors	Interviews and Source Documentation Review
D. Culture/Commitment	Senior Staff, Supervisors & District Board of Health Members	Interviews

- NNPH's fragmented organizational culture is reflected in the inconsistent application of processes, siloed program structures, and a lack of cohesive identity across the

division. The prevailing "do your own" philosophy fosters individual autonomy at the expense of coordination, with staff operating in isolation and expressing that their work feels disconnected or undervalued. The absence of EH-wide meetings further limits opportunities for synergy, shared learning, and strategic alignment. Attempts to unify through a generalist model were abandoned after six years, reverting to a specialist approach that deepened program silos. High staff turnover and emotional fatigue are compounded by these structural gaps, reinforcing a culture where collaboration is rare and organizational clarity remains elusive.

- The tension between generalist and specialist approaches in environmental health can inadvertently foster perceptions of inconsistency among the regulated public, particularly in plan review and inspection procedures. Generalists, often tasked with a broad array of responsibilities across multiple program areas, may apply standards with variable depth depending on their familiarity or workload, leading to uneven interpretations of regulations. Specialists, by contrast, tend to enforce narrowly defined protocols with greater technical precision, but may lack flexibility or contextual awareness across overlapping domains. When businesses or facilities encounter differing expectations or enforcement styles—especially between jurisdictions or staff members—they may perceive the system as arbitrary or unfair, even if each practitioner is operating within their scope. This perceived inconsistency can erode trust and complicate compliance, underscoring the need for clear SOPs, cross-training, and transparent communication strategies that bridge both models.
- Supervisors abide by the "do your own" philosophy.
- NNPH EHS division wide staff meetings are rare.
- Staff turnover remains high, however there is no deliberate exit interview strategy to understand the antecedent conditions of staff turnover and possible solutions.
- Some staff believe "..their job makes no difference".

NNPH Stakeholder Perspectives Recommendations:

A comprehensive and coordinated strategy across multiple levels is advised to enhance consistency in permit applications, plan reviews, inspections, educational initiatives and resources.

1. Improve Consistency Through Improved Training

NNPH EHS should build on the goodwill and generally positive relationship it has with its stakeholders to improve its training initiatives. Specifically, NNPH EHS should consider:

- During staff onboarding, actively partner with permit holders from various business sectors to co-design and implement training programs. Whenever possible adopt an embrace your adversaries with kindness approach by including former complainants in these efforts, with the goal of having them become advocates. Purposefully invite standout staff members from each program to work alongside permit holders in planning and presenting training activities.
- Use adult learning principles, also known as andragogy (Knowles et al., 2020), to guide NNPH EHS training initiatives. Important aspects of andragogy include helping learners see the relevance (the "why") of what they're studying for their professional lives; focusing on subjects that matter to

them; applying problem-based methods like case studies to boost engagement and reflection; and highlighting approaches that deliver the benefits adults want.

- Staff training should incorporate systems thinking. Interpreting and enforcing regulations and codes, as well as resolving issues, must be considered within the broader context of overall business operations. As one interviewee pointed out: Inspectors should concentrate on "how everything fits together. For example, we deal with municipal waste via the City of Sparks, hazardous waste with NDEP, air quality through one of their divisions, and waste management." (John Powers, McLelland, personal communication, September 5, 2025).

- Training initiatives should address both program theory (i.e., the why) and implementation theory (i.e., the how). The implementation theory should be based on Adult Learning Theory (ALT; Renger et al., 2013). The "Halloween House of Horrors" tacitly employs these concepts by focusing on honing inspection skills in an engaging, fun, way. As one DBoH member stated training "should be fun" (Andrioloa, personal communication, October 6, 2025). However, these concepts should be explicitly incorporated into training and education outreach strategies.

- All training initiatives should include an evaluation component aimed at improving efficiency and effectiveness of educational efforts.

2. Improve Consistency by Overhauling the NNPH EHS website.

- Stop the "platform sprawl" or "access sprawl". Too many cooks spoil the broth.
- For many the website is the first point of contact with NNPH EHS. It is important this leaves a good impression. Dedicate at least a .5fte position to a webmaster. Consider recruiting an internal NNPH EHS staff member who has expertise and interest in information technology.
- Create a permit and plan review application tracking portal.

3. Improve Consistency by Having a Uniform Approach to Written Documentation.

- Rewriting source documents to better manage permit holder expectations. Specifically, source documents should:
  - explain why having different inspectors over time is a good thing.
  - explain that "I've never been told that by an inspector" may reflect progressive nature of inspections over time (i.e., focusing on the most critical issues first, then working on those that are less critical).
  - remind readers that inspectors are human and not robots, mistakes can happen;
  - explain how NNPH EHS is related to and different from other NNPH divisions and government in general.
- Identifying a single, senior level staff member to serve as a content reviewer/single point of entry for all material before passing it on to the webmaster.
- All written materials should conform to the National Institutes of Health (NIH; 2025) reading level guidelines for adults. There are numerous software packages available that can adjust the written text to the desired reading level.

4. Improve Structural Consistency by Adopting Best practices from across NNPH EHS programs.
   - All NNPH programs should announce visits. "Announced inspections appear to be effective in supporting active managerial control and represent a promising approach to improving food safety in restaurants." (Reske et al., 2007, p. 27). The benefits include diffusing the "gotcha" sentiment, faster inspections because person in charge has time to assemble require documentation and staff to address on-site corrections, person in charge can make themselves available for the inspection rather than secondary person (e.g., contractor, shift supervisor), increased NNPH staff morale particularly among food inspectors, readiness to accommodate inspections during busy periods to see "authentic" operations, and to filter the operators least likely to engage in active managerial control.
     - o For the Food Safety Program, a pilot period for high-risk facilities conducting announced visits should be explored. A one-week warning to accommodate scheduling flexibility is recommended.
     - o Evaluate the pilot study.
     - o Publish the results to increase NNPH EHS visibility as a national leader.
   - All NNPH programs should follow the food program best practice of reviewing inspection reports on-site with person in charge.
   - All NNPH programs should incorporate adult learning principles into their educational efforts and commit resources to evaluating them.

FEATURES

Beneficial Effects of Implementing an Announced Restaurant Inspection Program

Kimberly A. Reske, M.P.H.
Timothy Jenkins, R.S., M.P.H.
Curt Fernandez
David VanAmber
Craig W. Hedberg, Ph.D.

5. Improve Consistency by addressing the fragmented NNPH EHS structure and lack of team culture:
   - Monthly management meetings focused on setting division wide priorities. Examples of priorities could include commitment to:
     i. Identifying and incorporating best practices for permit application, plan review, inspections, and theory-based education (internal and external).
     ii. Data driven quality improvement.
     iii. Consistent and transparent supporting documentation (see 3 above).
   - Hire an external facilitator whose expertise is in consensus building and developing implementation plan for division wide priorities.
   - Hold all-staff meetings every two months and engage staff in exercises using adult learning principles. For example:
     i. Rotating (programs) case study problem solving.
     ii. Engage all staff in scoring the 25 PHAB EH and 9 FDA Retail Program Standards.
   - Discontinue the "generalist-specialist" debate and move to a plan that balances inspection consistency with staff retention. For instance, aim for a model where inspectors become proficient in 2-3 types of inspections that interest them. This approach ensures consistency, provides needed variety to keep inspectors engaged, and fosters relationships with permit holders.

Additionally, review the plan with staff during the annual performance review to try and maximize alignment between staff interests and NNPH EHS programs.

- Focus on creating staff stability at first point of contact with the NNPH EHS. For example, consider organizational restructuring so that plan review positions become staffed with dedicated NNPH EHS staff. Consider making plan review position contingent on inspector experience, make them higher salaried positions to encourage upward mobility and stability.

- Review current staff exit interview template and include tailored questions that will assist NNPH EHS staffing decision-making. Exit interviews should not be conducted by NNPH EHS supervisors/seniors.

- During NNPH EHS realignment and priority setting, identify and coach supervisory staff not in alignment with the new priorities.

- Embrace the DBoH as a resource in guiding the implementation of recommendations. The DBoH should be used proactively rather reactively.

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Appendix A: Comparative Analysis

Key Evaluation Question 1: How does NNPH EHS compare to other EHS divisions serving a similar community profile?

A.1. Summary of Statistical Calculation

1   Overview

This appendix provides the detailed statistical computations and logical framework underpinning the analysis of core services offered by health departments. It defines the binomial model, its assumptions, and how it is applied to compare observed service counts against expected values under a random distribution hypothesis.

Breakdown of Service Coverage

1. Context and Definitions

- **Total sample size:** 2 532 health departments were surveyed.

- **Core services identified:** There are 34 core services in total.

Common vs. uncommon services:

- "Common" services are defined as those that at least 30% of departments offer.

- Numerically, 30% of 2532 is
$$0.30 \times 2532 = 759.6 \approx 760.$$
  In other words, any service that at least 760 departments provide is "common."

- Conversely, an "uncommon" service is offered by fewer than 760 departments (i.e., by less than 30% of the sample).

Result from the study:

- Out of the 34 total core services, 19 services met the threshold of being offered by at least 30% (i.e., 760 departments).

- Your department offers 16 of those 19 "common" services.

2. Raw Coverage of Common Services

1. **Count of "common" services:** 19 services are each provided by at least 760 departments.

2. **Your department's coverage:** You provide 16 out of those 19.

3. **Percentage coverage of common services:**

16

$$\frac{}{19} \times 100\% = 84.21\%.$$

Thus, your department offers about 84.2% of the services that are common among at least 30% of peers.

.3. Comparing to a "Typical" Department

Suppose a randomly chosen health department was equally likely to offer each of those 19 services with probability $p = 0.30$. Then:

- **Expected number of those 19 services offered:** The count of "common" services offered by a random department follows approximately a Binomial ($n = 19, p = 0.30$).

$$\mu = n \times p = 19 \times 0.30 = 5.7$$

$$\sigma^2 = n \times p \times (1 - p) = 19 \times 0.30 \times 0.70 = 3.99$$

$$\sigma = \sqrt{3.99} \approx 2.00$$

Your department's actual count: 16

$$\text{Difference from the mean: } 16 - 5.7 = 10.3$$

$$z = \frac{16 - 5.7}{2.00} \approx 5.15$$

A z-score of 5.15 implies that—under an independence assumption—fewer than one in a million departments would reach or exceed 16 of 19.

Interpretation:

- A "typical" department (with each service offered at $p = 0.30$) would on average offer about 5.7 of these 19 services.

- Your department offers 16, nearly three times that average. Statistically, if offerings were independent, hitting 16/19 is an extreme outlier ($z \approx 5.15$).

4. Framing in Competitive Terms

- **Peer comparison:** If you randomly choose one of those 19 "common" services, a competitor has at most a 30% chance of offering it. Your department offers 84.2% of them, meaning that for almost every commonly provided service, you are in the minority of health departments that actually deliver it.

- **Equivalent statement:** On average, a competitor would be expected to offer about 5 or 6 of these

19 services. Your department offers 16—over two and a half times that expectation.

- **Practical takeaway:** Offering 16 of these 19 services places your department well above the 99th percentile of performance (if one treats each service as an independent 0/1 event with $p = 0.30$). In actual practice, service offerings may be correlated, but even accounting for correlation, 16 out of 19 is so far above the 30% baseline that it remains a compelling outlier.

5. Sample Narrative

Summary of Findings:

Out of 2 532 health departments surveyed, 19 of the 34 core services are each offered by at least 30% (i.e., ≥ 760) of the departments. Your department provides 16 of those 19, which is roughly 84.2% coverage of the most "commonly" offered services.

Why This Matters:

- A typical department would, on average, provide only about 5.7 of these 19 (since each has a 30% prevalence). Your 16 equates to nearly three times that performance.

- In statistical terms, if offerings were independent with $p = 0.30$, the chance of a department hitting 16/19 is less than one in a million ($z \approx 5.15$).

- Practically, competitors are missing an average of 13 of these "common" services; your department is missing only 3.

6. Key Numbers at a Glance

Appendix A.1. Table 1. Key Numbers Summarizing the Comparison to Peers

Statistic	Value
Total departments sampled	2532
"Common" core services (each $\geq$ 30%)	19
Your department's count of those 19 services	16
Percentage coverage of those 19 services	$\frac{16}{19} \times 100\% = 84.21\%$
Average number a typical department would offer (19×0.30)	5.7
Standard deviation (Binomial ($n = 19, p = 0.30$))	≈ 2.00
z-score of your count versus expectation	$\frac{16 - 5.7}{2.00} \approx 5.15$
Approximate p-value under independence model	$< 10^{-6}$

Why We Used the Binomial Model

Whenever you have exactly these three ingredients—(i) a fixed number n of "trials," (ii) each trial has two outcomes (offer vs. not-offer), and (iii) each trial has the same, constant probability of "success" p, independently—the number of successes follows a Binomial(n, p) law.

How it applies here

- **Trials:** Each one of the 19 "common" services.

- **Success ("offered"):** A department does indeed offer that service.

- **Failure ("not offered"):** A department does not offer that service.

- **Probability of success:** Because each of those nineteen services is, by definition, offered by at least 30% of all departments, we treat $p = 0.30$ as the typical chance that a randomly chosen department offers any one of them.

Thus, if we let $X =$ "number of the 19 services that a given department provides," then

$$X \sim \text{Binomial}(n = 19, \, p = 0.30).$$

In particular:

- The expected number is
$$\mu = np = 19 \times 0.30 = 5.7,$$

- The variance is
$$\sigma^2 = np(1 - p) = 19 \times 0.30 \times 0.70 = 3.99,$$

- And the probability of observing k services is
$$P(X = k) = \binom{19}{k}(0.30)^k(0.70)^{19-k}.$$

Because your department actually provides 16 out of 19, we then compute

$$Z = \frac{16 - 5.7}{\sqrt{3.99}} \approx 5.15,$$

showing that 16 is an extreme outlier (the probability of $X \geq 16$ under Binomial$(19, 0.30)$ is effectively zero).

Summary

We "use Binomial" precisely because:

1. We have a fixed number of dichotomous questions ($n = 19$).

2. Each question is modeled as "success" with probability $p = 0.30$.

3. We assume (for the sake of a first-order assessment) that these events are independent.

A.2. Alignment of NNPH EHS Programs/Services with 34 EH Services from Banerjee et al. study

Appendix A.2. Table 1. NNPH EHS Programs/Services and Core EH Services Alignment

Core EH Services	LHDs Providing Service (%)	Contracted Out by LHD	NNPH EHS Programs/Services
Air Pollution	15.7	1.6	NNPH Air Quality
Body Art	55.2	2.1	Invasive Body Decoration Program
Campgrounds & Recreational Vehicles	39.6	2.1	Waste Management Program; Underground Storage Tanks
Children's Camps	48.5	2.2	Childcare Inspection Program (regs pending)
Collection of Unused Pharmaceuticals	16.5	1.2	Do offer sharps collection
Cosmetology Businesses	12.2	1.6	
Food Processing	32.1	2.0	Food Safety Protection Services
Food Safety Education	72.4	2.2	Food Safety Protection Services
Food Service Establishments	77.9	2.8	Food Safety Protection Services
Groundwater Protection	40.5	1.7	Underground Storage Tanks; Land Development Program
Hazardous Waste Disposal	15.0	2.5	
Hazardous Materials Response	17.3	1.5	HazMat after hours – program is being stood down
Health-Related Facilities	31.4	1.7	
Hotel/Motel	49.6	2.3	Hotel/Motel Public Accommodations Program; Public Pool and Spas Program; Underground Storage Tanks.
Housing (inspection)	25.9	1.3	
Indoor Air Quality	30.7	2.4	

Land Use Planning	14.1	0.8	Land Development Program; Public Pool and Spas Program; Underground Storage Tanks
Lead Inspection	48.6	5.7	Childhood Elevated BLL cases only – by referral through NNPH clinical staff
Milk Processing	12.3	1.4	
Mobile Homes	27.7	1.6	Mobile Home / RV Parks Program
Noise Pollution	12.3	0.8	
Pollution Prevention	21.5	1.1	Underground Storage Tanks; Commercial Development; Land Development.
Private Drinking Water	55.7	2.6	Land Development Program – regulate private well construction
Public Drinking Water	33.0	2.3	Done through contract w/ the State. SDWA Compliance - Land Development Program
Radiation Control	12.9	1.7	
School Daycare	68.7	2.9	Food Safety Protection Services; Child Care Inspection Program
Septic Systems	66.5	3.1	Land Development Program; Commercial Development;
Smoke-free Ordinances	58.8	2.1	Food Safety Protection Services
Solid Waste Disposal Sites	27.8	2.1	Waste Management Program
Solid Waste Haulers	27.7	2.1	Waste Management Program
Surface Water Protection	32.9	1.3	
Swimming Pools (Public)	68.0	2.4	Public Pool and Spas Program
Tobacco Retailers	25.0	2.7	
Vector Control	48.1	2.3	Vector-Borne Control Program – surveillance and treatment. Proposing pause on treatment for CY 2025.

Provided directly by NNPH EHS	NNPH EHS Program
Provided through NNPH EHS Contractor	Contractor
Provided by other NNPH Division	NNPH EHS Division
State Provided Service	
Service not provided	

Appendix B: NNPH Stakeholder Perspectives

Key Evaluation Question 2: How do key stakeholders (e.g., regulated public, government partners) perceive NNPH EHS?

B.1. Regulated Public – One-Time Permit Holder Survey: Full Comments[8]

Permit Application Process Clarity

Comments from respondents those feeling the permit application process lacked clarity.

- website is difficult to navigate and asks questions multiple times
- The website is not user friendly and every time we fill out an application we have to email for help/advice to the health department and they also have difficulty helping us navigate through the site. And we have filled out several different permits in the past several years and always seem to run into issues.
- You've got some questions that can be answered in multiple ways. My application gets kicked back half the time because I've answered incorrectly. I think, you need to look at the reasons you keep sending applications back and maybe reword the questions.
- Permit process requires multiple user profiles to be created (personal info, billing address, business address, location address, etc.. For the Temporary process, the application asks you to select the DATE(s) of the event with beginning date and ending date, only to be kicked back several times because there is a technical disclaimer that states to list each date individually. Then, if there is a type because you can't copy, paste, or duplicate the fields, the form gets kicked back several more times. It's almost like it's a game. It's just wasting everyone's time, including yours. The form types are also very confusing. Permanent, Temporary, Vendor, Itinerant, etc. are very confusing.
- To confusing need to simplify. Make them yearly
- As a new business owner, there was no clear sense of direction or guidance on the NNPH website. I went to speak to someone in person, but they referred me to the website. We applied for our license for food permit, but once our inspector showed up we were informed that we were actually undergoing an opening inspection. That was the first I had ever heard of the term 'opening inspection' despite my research online and going to speak to someone at public health, as well as calling to ask for information regarding the process, fees, etc. It goes without saying that we were not prepared for any type of opening inspection. Furthermore, we were also not aware of the criteria and code to which we would be judged against. I was then told by the inspector that I could have asked for a pre-inspection walk through. Again, I was dumbfounded because she made it seem like it was common knowledge, when in fact, nobody had ever bothered to bring this up to me despite my best - and multiple - inquiries. This resulted in having to make tens of thousands of dollars in repairs and equipment replacement, despite it operating and passing inspection for the 4 years prior with the exact same setup, equipment, etc by the prior owner. We then filed for an extension because all of the renovations were costly and took a lot of time to get done. Initially, I was told that as long as we kept the inspector abreast of the progress, we would be fine.

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[8] Comments are unedited, therefore may be incomplete and have grammatical mistakes

Imagine my utter dismay and frustration when we were then contacted by NNPH saying that we needed to pay an extension fee. In summary, there is no centralized process nor directory to help guide business owners throughout the permitting and application process and timeline. It is like NNPH WANTS small businesses to fail. It also doesn't help that NNPH, WCHD, City of Reno etc don't communicate or have a small business portal/centralized application so you can see the status of things.

- Honestly, it has been a bit annoying dealing with all the changes lately as well as the increased fees. (rebranding, moving online, etc.) Small food based businesses like mine have been hit with so many challenges in the past few years, seems like we don't need our oversight department complicating things more by trying to change a bunch of things and making all permits more expensive seemingly to cover the cost of these changes.
- Doing all online is difficult
- Coordination between departments in the County at a minimum. Many items that are required by health are contingent/related to business/planning/building/etc licensing/approval processes. Currently each of those items (generally) have to run sequentially vs concurrently - there is also very little to no communication/cross coordination between the requirements of the various departments even with businessess that are 100% in the county - when dealing with county health + a city entity requirements it gets even more complicated + timelines run sequentially. ie if each department on the opening checklist takes 4-6 weeks to give requirements and then another 4-6 weeks to complete various requirements you end up with a 1+year process to get open vs coordination with requirements so it can run concurrently and open in a reasonable amount of time. Alternatively simply not blocking application processes while awaiting other department sign-offs would be helpful as then some items could be done concurrently rather than stacking timelines into infinity. The new business opening (or even taking over an existing business) process is drastically more complicated + costly vs other jurisdictions I have businesses in, such as Carson City or Douglas County. Additionally changing requirements are a huge obstacle. ie if there is a first walkthrough for opening requirements, the list gets bigger + items are commonly added on the next inspection - then at the next etc etc. So rather than being able to have a set list of requirements to fix/meet those are met and then others are added on top later - this is a massive cost + adds significant time to being able to open an establishment.
- The website is hard to navigate needs to be simplified.

Comments from respondents feeling the permit application process was clear.

- Short questions and answer. Check box and initial of understanding the regulations.
- I did have to call to ask for help. Office staff was amazing
- Application is fine the fees are outrageous for bars when you have multiple of the same thing at an event. Makes it very restrictive. Sometimes we have to set up 2 bars but the event does very little in sales.
- not that hard. Go online. Fill it out...
- Birth Certificate papers were ready to navigate without having to ask for help. Didn't wait too long.
- Apply online not that hard

- We had no problems getting our passports the lady that helped us was great

Permit Application Resource Clarity

Comments from respondents feeling the permit application resources lacked clarity.

- The pull down menus were confusing and asked questions multiple times
- We usually have to reach out and ask questions for clarification so we know what is expected of us.
- The rules change depending on the inspector. Do I need one hand wash per 600 sq feet as per the code, or do I need 2 as per the inspector? If the answer is 2 put it in the code.
- The form (type) of fields is very confusing. I recall over 24 different forms. For Food, there are six or seven different forms. Then you have Food, Food Vendor, and Temporary, although there is no temporary form to initially fill out. So, if I am a Food Vendor, meaning a vendor that sells food, and I want to sell at the Balloon Races, that's actually the wrong permit and will get kicked back 6-7 times before you finally figure out that you need a Food Permit and then have to select the application type. It doesn't end there, though. The ADDRESS fields are super sensitive and have you don't type the address EXACTLY like it is in the public record, it won't work (not google friendly. You have to learn through many falled attempts how to massage the form in order to get the addresses to work.
- Simplify
- I called for assistance and no one helped
- An event was held on Neil road to help new food vending business with licenses and permits. The event confused this group.
- Subject to how rules and regulations are interoperated. Everyone has their own opinion as to how it should go and leaves operators unclean on what is wanted/needed.

Comments from respondents feeling the permit application resources were clear.

- Step by step and the important of complying with the Health Department.
- Office staff very helpful
- I have been provided a lot of help recently by the food establishment licensing/construction team as I've been working on finding and building a new location. They've done their best to provide all the information and to respond to questions promptly and completely.
- you are trying to help us all navigate the changes
- Very straight to the point questions that were on paper application
- We just went for passports she was very helpful and fast she did a great job helping us
- Calls to the nnph office

Permit Application Process Timeliness

Comments from respondents feeling the permit application process took too long.

- It took a while to figure out I had to call and have someone in your office walk me through the application
- Like I said we usually have to reach out to the health department for advice which takes several days to get the answers so the permit process generally takes us longer than expected.
- The old process took half of the time
- We know your staff isn't stupid. Some are very helpful and can read between the lines. They understand from experience what events are common and the dates. Others want to punish you and kick the form back 6,7,10,15 times. Because the forms are so ridiculously cumbersome that you can't copy and paste common data, and if you miss a colon or apostrophe, they will kick it back. I refer to the date requirements. Also, from a Temporary perspective, the very first part asks you for the Business Address. What is this? Is it the location of the event (Event Location Address), the physical address of the business (store), the commissary (physical location), or the billing address? It's pretty vague.
- To confusing
- Portal to show progress and checklist of what needs to be done, sort of like silver flume Maybe a youtube or other video to instruct business owners on what the process is.
- I've had numerous different permits for different locations/events/etc. and the variation in the last few years has been drastic. Very hard for me to comment on the timeframe honestly.
- Need an option to repeat events so that we don't have do reinvent the wheel each time.
- It is a miracle if somene is able to open within 1 year of trying to start the applicaiton process for a new business - less than 6mos for buying an existing business is also a miracle - I feel many businesses fail to start and/or go out of business shortly after opening due to the onerous requirements + timelines.

Comments from respondents feeling the permit application process was timely.

- Some questions not pertain for certain permit holder.
- once submitted communication is clear
- None
- Didn't wait too long
- Thanks
- Fast and efficient
- representatives of the agency were knowledgeable and helped in a pomp manner.
- Was fine

B.2. Regulated Public – Annual/Routine Permit Holder Survey: Full Comments[9]

Plan Review Process Clarity

Comments from respondents feeling the plan review process was difficult and lacked clarity.

- Why, are we paying for a "plan review" for the same County paid inspectors that are reviewing. Should be a small permit fee of $30-40. And that's it. Why pay $800 for a plan review when the same people are ALREADY getting paid to do the work. Seems like a way to get more $$$ out of start ups. If you're an employee for the County/NNPH and getting paid to be there, then what is the extra cost going to paid to? Same with the annual refile of $350 or so? For what?
- There are a multitude of licenses that run through the health department but there is currently only one type of application whether you're a full restaurant or just a bar. This could be streamlined amd your online resources could be updated. Bars and restaurants are not the same and should not have the same application
- The communication process needs to be clearer. There is nothing formal in writing that indicates your plans are accepted and/or approved. You end up finding the information more by happenstance.

Comments from respondents indicating the plan review process was clear and easy to complete.

Seven respondents felt that the plan review process was clear. Of these 6 had a Food Establishment permit and one permit holder had both a UST permit and Waste Hauler permit.

- Don't remember as it was over a year ago but I remember it was straight forward
- Just takes forever to get approval.
- The paperwork was easy but wasn't completely sure what exact details to include.
- Good.

Clarity of Plan Review Resources

Comments from respondents feeling the plan review resources were unclear.

- From the first plan review I did several years ago to a new plan and new application model was WAY different. And no real assistance in explaining the changes. Just here's the form fill it out, bring money. Then when you get there, you're told you forgot all these things or they're wrong.
- Application process is difficult for certain establishments, outdated, and inconsistent from each inspector making the review process difficult and often costly even after plans reviewed by the

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[9] Comments are unedited, therefore may be incomplete and have grammatical mistakes

health department approved and then changed on site costing businesses, enormous amounts of money

- Be more upfront in your communications. It's a little ambiguous at best.

Comments from respondents feeling the plan review resources were clear.

- Don't remember being stressful at all
- Health is typically the last ones to sign off........
- The guidelines for what needed to be corrected were clear for our plumbing project.

Plan Review Process Timeliness

Comments from respondents feeling the plan review process took too long to complete.

- Inspector berated manager and owners with threats of closure before even opening
- Review them within the timelines Washoe County has established.

Comments from respondents feeling the time it took to complete the plan review process was reasonable.

- Again it was over a year ago but don't remember it as being bad at all
- We were told to expect a response within a week and we got one.
- I would suggest you be more specific and allow first time applicants to do the application process in person since they are not familiar with many of the terms that are common place for those of us that have already opened a business before.
- Once the first step is completed in the application process, set specific time-lines for the applicant so the process is more fluid and a finish line more palpable.

B.3. Cross-Cutting Regulated Public Perceptions – One-Time and Annual/Routine Permit Holder Surveys: Full Comments[10]

Challenges Meeting NNPH Regulations/Code Requirements

Comments from one time permit holders.

- For the operating policies you require it would be helpful if you had samples instead of having go back and forth multiple times - saying no you still have more work to contribute on the policy
- We have met challenges in not knowing what is expected of us a business owners & operators. We feel we've lost the sense of getting to work together with health department employees and administrators and instead feel as if it's a one way street with what they say goes. Sometimes we think we are doing what is right because in the past it has been fine then with no warning something changes or is perceived differently by someone in the health department and we are unaware and left to navigate something new with no noticed. Communication has been lost and the ability to work together to get to a common goal has been lost. Now if feels like us (business owners and operators) against them, we used to be able to work better together and have a mutual respect for one another. Being reasonable and working with us would be more helpful. We all want the same things and we definitely want to keep the public save.
- It is not about meeting the code requirements, but more likely about application process. Some vendors has very short time frame to submit their application to the Health Department. And the Health Department will not make a exception of process the application.
- My main problem is that there is no consistency. Each new inspector brings me rules new ways to interrupt the rules.
- You know that it has been incredibly frustrating for food establishments. I think the biggest problem is the target being constantly moved. What I love about other communities' Health Departments is that they are consultative and educational. It doesn't feel like PASS or FAIL with them. They take the time to educate, instruct, and help small businesses thrive. The assess the attitudes of the business owners and staff. If there is humility and a willingness to learn, they will help you. If you are an asshole, they will help you close (LOL!!). No business owner wants to get their customers sick, nor can they stay open if they get their customers sick. Having a store close because a hand sink needs to be installed 5 feet from another hand sink is stupid. These stores have been open 5-10-15 years, and things have been turned on their head. It's incredibly stressful. Here's a story. The owner of the restaurant in Carson City, called Red's 365, had 20 items that had to be day-dated. The health inspector in Carson City observed that 17 of the 20 containers had day dots; however, three were missing. The inspector kindly let the manager know that three items were missing, yet still passed the store. Fast forward to Washoe Health. Washoe inspectors will look at each line on the inspection as PASS / FAIL. No empathy, logical understanding that the business isn't stupid, or seeing a bigger picture. Then they will take that score and punish the owners by making them go to a retraining class. Talk about pissing people off. To make things simpler, I would look at the space and the time that location has been

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[10] Comments are unedited, therefore may be incomplete and have grammatical mistakes

permitted as a food establishment. Based on that, I would assess what needs to be upgraded. I bought a business this past year and didn't think much of getting open. Washoe Health through the book at me. I had to tear out plumbing, floor drains, piping, and get permits. It was a total disaster.

- Common sense and knowledgeable inspection
- Let the code requirements be CLEAR and unambiguous of what is required, what is preferred, what is permissible, including examples. Explain the WHY of the code to help us understand because some of the codes seem antiquated.
- Codes for new construction are extremely cumbersome and costly. For example, in numerous buildings here the sewer runs underneath the middle of the building yet since we aren't allowed to put a grease interceptor indoors under the floor we have to sawcut, trench, backfill, and re-floor over way more distance and square footage and sometimes install additional pumps and other equipment in order to install the mandated grease interceptor. I've worked in plenty of places where GIs were located indoors in other areas so it just really seems like added cost for no reason. This is just one example of cumbersome regulations but I do believe things like this are seriously hindering the growth of the food scene in Reno/Sparks by making the barrier to entry higher than necessary.
- Onsite they change things. You get one inspector that says one thing then the next time they come there is a whole new punch list. The things they expect an operator to do is cost perhibititve and unreasonable.
- Fees to high
- Just not consistent. We have been operating for years without a three compartment sink in our brewery and then one year a new inspector comes in and requests it. Then we all have to have a meeting and viola, we don't need one. Then the next year a new inspector comes in and we repeat the process. Just inconsistent.
- tough job and have gotten some bad press, but continue to reach out to improve
- There is not enough room in this survey to detail them. I'd suggest having a town hall to continue the discussion + detailing the issues that have already been brought up by several people in a businesss owner driven engagement. The chair and Dr. King need to attend and address issues with us.
- We haven't had to do anything with this so not really sure

Inspection Challenges

Comments from annual/routine permit holders.

- Please stop the illegal ice cream trucks with no names and no license from operating on our streets
- I feel it's a little expensive and not very cost effective for what I do as a very small business. But otherwise I've had no problems with the regulations myself.
- I don't feel that we have had any challenges and when ever we call for clarity our inspector very quickly answers the questions we have.

- No challenges..
- I don't have the time to list all the challenges of working with this department.
- No Challenges but not happy with increase of fees since you change your name to NNPH
- Filing out the application and finding out something i completed was wrong or not the way the clerk wants it at the desk.
- See previous answers. Standardize inspections. Schedule inspections so managers can be onsite to answer any questions. Schedule inspections for appropriate time periods when restaurants aren't at their absolute busiest. Create a system that tries to help restaurants and bars to be their best instead of a system designed around the personal preferences of one particular inspector on one particular day.
- At some point, you have to allow businesses that were already approved to exist without trying to update them to the new code which can be costly and isn't protecting community. Inspectors should be able to be realistic about the code without jeopardizing small businesses.
- I believe that the personnel that work for NNPH are truly dedicated and care about what they do. However, there are sometimes noted inconsistencies when applying regulations. This can be easily addressed.
- None (no challenges)
- no challenges
- The fees are so high for a small business owners. 2.the office should have some free classes to up date the codes etc
- It seems like the inspectors are book smart, but don't have any real world experience in the industry that they are inspecting.
- A new facility permit has been a nightmare because the inspectors are confused with what to do, they act like we are stupid and do t know anything and talk condescending to you, lose paperwork, don't answer phone calls or emails and when they do finally call you they act like they never have spoke. To you before. The new permitting system is not on the website even though you're told to go there to apply for a permit, it also doesn't work. It just seems like no one is on the same page for new child care permits. Plus some items "required" go against state regs for child care licensing. There are already NACs and NRS for childcare at the state level so stop trying to reinvent the wheel and contradict those regs with lessor requirements.
- I don't understand why if you have an annual health permit that you still have to pay extra for a temp. health permit when doing events overnight. It seems like it's all about the money.
- New regulations every single time we talk to them.
- If codes change during the years, not having it marked off as a fail point the first inspection. As we don't usually know of small changes. Give it as a warning then a 2-3 month reinspection to confirm following then.
- Everything is working well as is.
- We had our facility built 8 years ago and our contractor filed for all the licenses and permits to make sure we were in compliance. 3 years ago a new group of inspectors and managers came in with hostile agendas stating that those before them did NOT follow the rules already in existence and that they would now enforce all of them. There was a hostile, arrogant attitude from the moment we met them. They seemed to be only caring about strict code enforcement as if they needed to make up for all prior inspectors 'failing' to do their job. This confrontational behavior

was awful and unnecessary. We have not had one health complaint yet, 8 years in. But these inspectors made us feel as if we were ignorant, dangerous to the public health, and uneducated. Hopefully this power hungry demeanor has been removed.

- Streamlined , consistent. Effective . Not overkill.
- No challenges faced yet.

Comments from respondents experiencing inspection challenges.

- Again, a health inspection should not be based on the personal preferences of the inspector but rather on the actual written rules of the health inspection.
- Not very many technicians in town to perform tests
- Inspectors show up during peak of the lunch rush to do inspections. They expect us to drop everything because they are on site. This is unrealistic and costs the location money. They also are asking questions to the staff who are trying to work either taking care of customers or cooking orders for customers. This indudtry is hard enough to make money in. Lets do inspections at a more reasonable time. Also some of these inspectors are on site for several hours... It does not take that long to inspect a bar area and a small kitchen. Its bordering on harassment..
- Check my first answer.
- While the inspectors are "specialists" now, this helps, but too many times the inspectors have different interpretations on the same item inspected.
- Changing code for existing businesses. Each inspector understanding code differently and always adversarial
- Told us after a year that we needed more hand washing sinks. Difficult to understand why it wasn't noted the first time.

Inspection Benefits

Comments from respondents feeling they gained little benefit from the inspection process.

- Arbitrary rulings, requests and decisions. Different inspectors site different things. A restaurant or bar can follow the inspection sheet to the finest detail and the inspector will still site personal opinions.
- Inspectors are capricious and often inconsistent. Rules have become overbearing , unnecessary, and add unnecessary costs to a business. Health Dept has become a giant beast that really exists to make money and waste it on too much payroll for themselves and other needless expenses. Changing the name to Northern Nevada was a waste of money and misleading to the public.
- I don't think there is enough room here for a real answer. Every inspection, every year is completely different, something that one inspector cares about, another inspector could care less about. an 'opening inspection' is different from a 'standard inspection'. The things they fail you for are just crazy. Once was because a tiny part of the paint chipped off the wall, and I mean literally the size of a thumbnail, and that was going to fail our inspection (we had paint on hand and

painted it). We have asked for a book of rules every time, and never received one. There is no common sense, things that have worked great for years, are now a 'problem' because they say so. These people clearly have never worked in a restaurant. They just want to go through a checklist, find things to fine you for, then move on to the next one. There is so much more, but I don't have all day to talk about how horrible this department is to work with. The fact that the lobby of your office on 9th is covered in signs saying that it is a crime to talk back to anyone on staff just shows how angry every single person who goes in there must be. This place is a joke with no accountability.

- The inspection sheet is ok and the attached document that NNPH provided at their "boot camp". This issue is the inspectors come in looking for something wrong. They will disagree but if you were to ask this specific question, such as - :do you think the inspectors are impartial?" The question would be No.
- Inspections inconsistent from inspector to inspector. Feels adversarial instead of beneficial.
- These audits are geared towards restaurants and the like. Although they are not intrusive they offer little benefit to the company or its constituents.
- The most challenging part to me and the business that I share space with is that every time someone different came out to inspect, they would each tell us something new that needed to be addressed. Not much uniformity across the board.

Comments from respondents feeling they benefitted from the inspection process.

- We keep our truck clean and only sell package ice cream. This makes the inspection easy
- The inspector was kind and informative, making helpful suggestions that would benefit my business.
- Understanding any issues and the reasons why behind the issues, so they can be mitigated in the future. Positive interactions with staff and inspectors.
- It has almost been a year, but our inspections are always great. I run a child center that has a kitchen.
- The inspector was very accomodating and easy to work with
- everything was explained
- Some officers recently inform you for the upcoming inspection which prepare us to be ready and update. Also if there is any thing needed to be addressed they let you know. So we stay updated. I think all offices should inform before inspection
- Staff was willing to work with you and actually explain things that you didn't know
- It's pretty self explanatory
- Lauren was very kind, helpful and educational. Unlike 2 of the prior 3 year inspections where we had an inspector with a hostile agenda who came in with an attitude of aggression to look for things to punish us for. They were needlessly nit picky. Lauren was calm and gentle. She answered all our questions nicely and came in with an attitude of serving and helpfulness.
- Health inspector showed professionalism and assisted us in getting our pool opened this year. Even though we didn't pass our first inspection, we were educated and informed on what exactly

we needed to do to pass re-inspection. We were given tips and pointers to ensure we wouldn't have any issues figuring out what we need for operating.

- easy online system and bill pay system. New permit issued quickly
- The inspector was very thorough and informative.
- Inspectors have been very nice and explain any issues they find pretty good. There is a little difference between inspections though that causes a little confusion. An example was I have 2 locations, one location got marked off for an item. When we had next inspection at 2nd location we were asked why we were doing a certain process as it wasn't needed, but it's what the first location got marked for.
- The inspector reached out via text. We scheduled the inspection and was very accommodating. He was very helpful and complimented my area and my organization of having everything up to date.
- Expertise of the inspector and friendly nature
- I was able to use the checklist to keep make sure I had everything down to standards. However some of the requirements I wasn't aware of such as the water heater.
- Inspector worked with our schedule to have all trucks inspected at once

Perceptions of Inspection Report Clarity

Comments from respondents feeling the inspection report lacked clarity.

- See the last explanation.
- Overly. Complicated and includes too much unnecessary items.
- Check my first answer.
- Each inspectors makes different determination and each type pass is vague

Comments from respondents who felt the inspection report was clear.

- Besides printed report they explain us too
- Hand written notes in particular
- we asked all our questions prior to the report, so the report was just confirmation of our discussion.
- Report was explanatory and made it easy to understand what was needed.
- not really, easy to understand
- This is my fourth or fifth inspection. Each year gets easier and easier. Rules aren't constantly changing and when something is changed it is communicated effectively.
- The inspector when over everything with me as she was filling it out.
- good

Educational Efforts

Comments from annual and one-time permit holders indicating the NNPH educational effort needed improvement.

- There wasn't an answer for N/A - I haven't needed to look into new one for a while.
- See previous answers.
- I'm not aware of any training efforts.
- They do not educate us for that
- There is zero educational effort on this
- It is difficult to search NRS and other codes on the website to determine requirements. We have talked with many businesses in our industry and the main complaints have been about differing rules being enforced or disclosed determined by each different NNPH staff member. Sometimes we can not get an answer to our question over the phone or via email. And, some responses have been confusing about who has authority to make a decision: county, NNPH, city.
- Some lee way in code changes as we are willing to follow guidelines but don't always know when they change and get hit with failures for something unknown. Could be something that was done perfectly for years then a change happens and we get marked for it and didn't even know.
- Rules are inconsistent, takes too long to understand
- Put together a book or website or video or anything about what things a restaurant will be judged on, that way everyone is on the same page.
- The boot camps help, but need to keep having them and change subjects. Also, the two meetings with NNPH officials (the one I attended was at Pinocchios) helped let many business owners vent their frustration and problems encountered. Need to do those more.
- The poster boards of how certain inspections and cleaning operations should be done. Could've been better done better from middle schoolers. It's very amateur and not helpful. It was insulting to small business owners and feels like business owners are being treated like children.
- Not really aware of them.
- Not too concerned about those efforts it's over burdening fees that I'm most concerned about
- The meetings seem to be about opening food establishments not the new rules or reviewing all the rules.
- There is still a good amount of things open to interpretation of the inspectors or specific people with no black and white answers or guidelines for us to follow.
- Experience Vendors has a lot of experiences and new Health Inspectors are in experience. Both the Health Department and Vendor need to work together.
- I encourage people to avoid opening a restaurant or food establishment at all costs. It's not just the codes, it's the total cost of ownership. You can see the disasters on the OneNV page. Qargo Coffee is not open, Mochi Nut, etc. When I opened my first store, I was blindsided. It's like going to a grocery store with no prices on the shelf; you just have to pray for Jesus to be easy on you. Here's what you need to do: 1) Have a website called "So You Want to Open a Restaurant" 2) List a step-by-step guide to opening. Have sessions called, listing each step in the process. 3) After each step, list the total cost for that line item. For example: a) Architecture Plans: $5000-$25,000 b) Application Fees: $500-2000 c) Permit Fees: Health d) Permit Fees: Building c)

Permit Fees: Fire d) Permit Fees: Environmental 4) Construction: Ranches between $100-$400 per square foot. 5) Equipment: NSP, UL, and ANSI-certified equipment can be 50%-100% more expensive. Do your research. Construction Process: Many landlords want a 3-month period to open when you sign the lease. We estimate 6 months to 1 year. People are having to pay dark rent and are going broke before they are open.   People need to be educated on the total cost. I've walked away from at least five lease deals because the landlords had their heads up their asses and were unrealistic on timing and cost. I then see unsuspecting people go into the places only to go bankrupt.

- Most independent restaurants don't have the time and money to go through your website to find out what we need to comply. Inspections are way to long and done at our busiest times
- Assessor meeting was slightly helpful
- Sometimes it is not clear when inspections will or won't occur (times per year, etc.). Additionally, the new inspection placard that you've been considering and trying to get passed is not beneficial to anyone. It's your responsibility to close down unsafe establishments and the assumption should be that if an establishment is open and permitted, it is safe to eat at. Additionally, the Washoe Eats app is terrible, does not function properly, and was a total waste of time and money.
- Again, the changing requirements based on inspectors is so frustrating.
- That is for you to judge, not me. What educational efforts have you taken? I went to the restaurant meeting where you said you were understaffed but I am not sure I took anything away from it.
- there has been reach out, but restaurant folks are not the best with all online. We are simple people
- None
- Continuing education should be in place to end users as well as inspectors.
- Haven't seen promotions

Comments from annual *and* one-time *permit holders scoring the NNPH educational effort high.*

- When they say name on 2 side of truck and nnph sticker on the back of truck
- Newsletters and website info
- the inspection
- Knowing what is needed and required for pool operation. Being able to find answers by contacting a health inspector directly and online also.
- Access to information
- The hands on efforts of the inspectors and the information I get from the people in office
- Your public notices and town hall meetings.
- There's been more education this year than previous years
- good
- I like the boot camps and informational sessions you are holding now. Gives me a chance to talk to staff on questions I have about the policies
- Information boards located around the area
- Thanks
- I've never had to do anything with Schooling or anything

Staff Professionalism

Comments from annual and one-time permit holders scoring the NNPH staff professionalism as low.

- Inspectors should care about the bars and restaurants they are inspecting and work with them to solve any and all problems instead of making it their mission to seek out and find problems if not wholesale create ones.
- Front office is great and my inspector for the current permit was great however those that I have dealt with for a new facility permit have been less than professional and I have had to get the state involved to work through the process.
- The fact that you have the NRS codes about yelling at a public official plastered all over the walls should tell you all you need to know about the effectiveness of this department.
- There are some people we feel made a good effort to work with the community of owners/operators but there are some people that dig their heels to make sure everyone knows they are in charge.
- Minor issues and major issues when a food facility to be shut down for major issue and to remain open for minor issue that can be easily corrected.
- Have some common sense and work with us. Instead of being like a police officer
- See prior statement. Brianna from 2 years ago was awful to work with. Generally speaking, when I call the NNPH office, I get transferred person to person and get fragmented answers.
- They don't really acknowledge you. You have to wait for a bit.
- Some of the staff are very good and some are very very poor. This is where consistency, training and education would come in handy.

Comments from annual and one-time permit holders scoring the NNPH staff professionalism as high.

- My last inspector was gracious and friendly. I'm sorry, I don't remember his name.
- Brittany Lucier, Jasmine Olvera
- Jessie is great. friendly, educational, and fair
- In particular Jessie helped guide me through the process and was always there to help
- Lauren Clapham is the one I praised in prior comments in this survey: very professional, educational, helpful, kind, clear & concise.
- Diana Karlicek was very helpful and professional. She educated us on what we needed to open and operate the pool for passing. She showed us knowledgeable skills also.
- Sorry, I wish I got their name
- My inspector Nick
- Mia Zgeb, Julissa Pulido and Byron Collins are awesome and very professional. They are always willing to help and clarify any questions you may have regarding the process of opening a business. Also, the front desk staff are very helpful and courteous too.

- Staff is good but always seem to be behind.
- Jessie Latchaw
- Not sure about names but I haven't had a bad experience with speaking to someone.
- Some individuals are very short and impatient at the main office.
- Great
- Very nice and very professional
- Everyone I have talked too is very helpful and knowledgeable and will follow up if I have more questions
- I've gotten to know most of you. You're all pretty cool, and I love to talk shop. Enrique did a few of our inspections. He was very smart and knew the code. There were a few things that he questioned and called a supervisor to clear up the confusion. His decision could have gone either way; however, he chose to support the business. Byron is also pretty amazing and is incredibly consultative in ensuring that you don't step on a landmine when taking over a space. I have saved hundreds of thousands of dollars by telling a landlord to get screwed because I would have been the responsible party to update their space. Kristen is tough as nails, however, kind and compassionate at the same time. She and I have gone back and forth on things; however, I get where she is coming from. She hasn't closed me yet. LOL!
- Giavonna Bethea, Byron Collins, and the staff that work with them have been great assets to the department. They have made every effort to clarify points of confusion and assist me through questions and processes that were unclear or complicated and have answered countless questions for me.
- James English is the best
- Brenda and Byron are rad. David is condescending.
- they show up and are working with us to improve
- Brenda was helpful and informative
- We just went in for our applications for passports and she was very helpful and very time efficient and she was friendly, so it was pleasant for us to go there and not have any problems. She was great.
- Always answered questions