

District Board of Health Meeting Minutes

Members

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

Thursday, March 26, 2026
1:00 p.m.

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

1. Roll Call and Determination of Quorum

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

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

Ms. Lawson verified a quorum was present.

2. Pledge of Allegiance.

Board Member Driscoll led the pledge to the flag.

3. Public Comment.

Sparks Mayor Ed Lawson asked the Board to bring up for next meeting reconsideration of the REMSA contract. The City of Sparks, through Mr. Lawson, has asked to investigate ambulance services for Sparks and put out a Request For Proposal to see if there is something better. They are investigating the possibility of providing better service to their constituents. They currently have a closed fire station, and largely due to the REMSA contract, cannot open it. They see this as doing a disservice to the constituents of the City of Sparks. They would like to see this reconsidered to find something that works for all. He opined that Sparks feels like they have been largely ignored in the contract process.

4. Approval of Agenda.

Chair Reese noted that item 7C will be removed from the Consent Agenda and will be heard after item 6.

Vice-Chair Andriola motioned to approve the agenda with the noted change. Steve Driscoll seconded the motion, and it was approved unanimously.

5. Recognitions.

New Hires –

Kathleen Patterson – APRN – CCHS – 2/23/2026

Christina Sheppard introduced Kathy Patterson as the new APRN for the Family Planning Sexual Health Clinic. Her arrival is coming at a critical time as the clinic has had limited APRN coverage over the past year and this will expand access to essential sexual and reproductive health services, reducing barriers for those who need care most.

Years of Service –

Heylyn Lorena Solorio – Office Specialist – CCHS TB Clinic – 30 years 2/26/1996

Sunita Monga – Registered Dietitian Nutritionist – CCHS WIC – 30 years 3/6/1996

Nicholas Florey – Environmental Health Specialist – EHS – 20 years 3/27/2006

Michael Crawford – Air Quality Specialist – AQM – 10 years 3/21/2016

Nancy Diao – Division Director Population Health Division – 5 years 2/1/2021

Erin Dixon shared congratulations for the combined more than 97 years of service among these staff members.

Health Heroes –

Ryan Rennie – EHS – Adaptability

Victoria Nicolson-Hornblower – CCHS – Adaptability

Eva Sandoval – ODHO – Compassion and Inclusivity

Dawn Edwards – CCHS – Adaptability, Compassion, Collaboration, Inclusivity, Trustworthiness

April Miller – PHD – Adaptability, Compassion, Collaboration, Inclusivity, Trustworthiness

Erin Dixon also noted the great work done by the Health Heroes being recognized this month.

6. Proclamations.

Proclaim the week of April 6-12, 2026, as National Public Health Week.

Scott Oxarart read the proclamation and noted that NNPH is partnering with the School of Public Health to promote Public Health and demonstrate the coordination and collaboration between the entities. The Board recognized April 6-12, 2026, as National Public Health Week.

Item 7.C. Accept menstrual product donation from Swoon Bridal with an estimated \$2,000 value for product distribution in the community.

Ms. Sheppard recognized Swoon Bridal, a local woman owned bridal boutique, for their generosity through the Swoon Holiday Give Initiative, where a community organization is selected to support each year. This past holiday season, they chose to support CCHS with 160 tampon kits and 65 pad kits, to expand access to menstrual health products. Brides participating in the holiday give received a discount on their gown when they purchased supplies for menstrual product kits, creating a meaningful partnership between Swoon, its customers, and the community. Access to menstrual products is a public health priority, and these items support personal hygiene, reduce infection risks, and helps remove barriers to health.

Alicia Twitchell, Swoon Bridal manager, shared that the shops are owned by Michelle Depaoli. There are two businesses that operate in the community providing gowns to local brides. They are

proud to work in the community and cannot say enough about their clients who participated in this, being so giving and gracious.

Vice-Chair Andriola moved to accept the Swoon Bridal donation and Mr. Driscoll seconded the motion, which was approved unanimously.

7. Consent Items.

- A. Possible approval of February 26, 2026, Draft Minutes.
- B. Approve the Grant Agreement from the U.S. Environmental Protection Agency (EPA) providing partial funding in the amount of \$200,000.00 retroactive to October 1, 2025, through September 30, 2026, for the Air Quality Management, EPA Air Pollution Control Program, IO# 12586, and authorize the District Health Officer to execute the Agreement and any future amendments.
- C. Accept menstrual product donation from Swoon Bridal with an estimated \$2,000 value for product distribution in the community.
- D. Recommendation for the Board to uphold an uncontested violation issued to StoneHaven Construction & Development, Case No. 1603, Notice of Violation No. AQMV26-0002 with a \$500.0 Administrative Penalty for failing to obtain a Dust Control Permit prior to the commencement of a dust generating activity.
- E. Acknowledge receipt of the Health Fund Financial Review for January, Fiscal Year 2026.
- F. Acknowledge receipt of the Health Fund Financial Review for January, Fiscal Year 2026.

End of Consent Items.

Vice-Chair Andriola moved to accept the consent items and Board Member Anderson seconded the motion, which was approved unanimously.

8. Presentations.

- A. Presentation and discussion of Northern Nevada Public Health's Suicide Prevention Initiatives.

Joe Dibble shared that suicide is a preventable public health crisis and noted that Nevada, including Washoe County, experiences some of the highest suicide death rates in the nation, with most deaths involving firearms, which are highly lethal and often do not allow time for intervention. He explained that reducing access to lethal means during short, high-risk periods can significantly decrease suicide deaths. He described a community-based, multi-sector approach through the Washoe Suicide Prevention Alliance, which includes public health, healthcare, advocates, and firearm owners and retailers, focusing on education, outreach, and voluntary secure firearm storage options during crises. He also reported on policy efforts, including the passage of Assembly Bill 451 to address liability concerns for participating retailers, and highlighted ongoing training programs and community outreach to increase awareness and prevention capacity. Suicide prevention training is also supplied to the community through this program.

Chair Reese asked if Mr. Dibble might be able to share information from a media campaign around the safe storage of guns, along with a video he previously shared that was impactful.

Mr. Dibble will share the information requested after the meeting and noted that they are doing more multimedia work and have some videos that were developed in-house and with local media production companies, which he can also share.

Mr. Anderson thanked Mr. Dibble for the work he has been doing with suicide prevention in Washoe County and the impact being made. Back in 2019, he was working with the mayor's challenge for prevention of suicide of service members, veterans, and their families. They were working toward the same goal and had encountered some retailers wanting to take part, but were afraid of what it covered. He asked about the retailers involved.

Mr. Dibble further reported that approximately 13 firearm retailers currently participate in the secure storage network or assist in distributing suicide prevention materials, with continued growth expected. He noted that, following the recent implementation of new legislation effective October 1, efforts are underway to expand participation through the Armory Project, beginning with Reno Guns and Range and additional interested retailers. He stated that the program aims to add three to four more retailers to the secure storage network within the year. He also described a publicly accessible online map available through the Washoe Suicide Prevention Alliance website, which allows community members to locate participating retailers, view storage terms and conditions, and access contact and navigation information.

Vice-Chair Andriola noted she has seen the multimedia campaign and wondered if there was a flyer or other information they could share with other Boards in the community. She feels the more information provided could only help the community reduce the occurrences.

B. Presentation and discussion of the Chronic Disease and Injury Data Dashboard.

Nicole Alberti provided an update of a new chronic disease and injury data dashboard which began with a chronic disease data report in 2009 addressing a community need for centralized data to inform decision-making. She stated that the transition to an interactive data dashboard will allow for more timely updates, improved accessibility, and reduced production time and costs.

Taylor Gerhard stated that CDIP program information and resources, including the dashboard, are centralized on the Get Healthy Washoe website, which serves as a public resource hub for health information and tools. The dashboard is an interactive platform organized into six main sections and noted that the prevention section highlights CDIP's work across key program areas, including healthy eating and active living, tobacco- and nicotine-free living, and injury prevention, and demonstrates how these efforts are reflected in community outcomes through data and ongoing initiatives.

Stephanie Chen noted that the dashboard improves the efficiency of updating and sharing data, enhances transparency, and strengthens communication with grantors, stakeholders, and community partners by clearly demonstrating program outcomes and impact. The tool also supports internal coordination by improving data sharing practices and collaboration with statistical and informatics teams to ensure accuracy and consistency. She highlighted how the dashboard presents current program activities in an accessible format and uses data to guide interventions, including efforts to address declining fruit and vegetable consumption through partnerships with local stores and food systems, as well as injury prevention initiatives

focused on reducing falls among older adults through evidence-based programs that promote strength, balance, and overall well-being.

Ms. Alberti reported that the percentage of middle and high school students in Washoe County who purchase electronic vape products directly from retailers has declined in recent years following the 2019 law prohibiting sales to individuals under age 21. Program efforts have focused on increasing retail awareness and compliance, including promoting participation in Nevada's tobacco merchant training program to encourage responsible sales practices and reduce youth access. She concluded that these activities demonstrate how data informs program priorities, shapes interventions, and supports responsive, community-based public health efforts.

Vice-Chair Andriola noted differences in the daily adult consumption of fruits and vegetables, with a spike in 2016/18 and wondered what happened during that time period. She also wondered if costs of fruits and vegetables could be a reason for the lack of consumption, since they tend to be more expensive.

Ms. Chen shared that there are various possible reasons for this, including the fact that this is secondary data. Community factors such as access to convenience or grocery stores could also be impactful. Cost is also be a potential factor. They really try to look for what barriers might be experienced at a local level and work to address that.

Mr. Driscoll asked what the health district was doing to interact with the places where falls occur.

Ms. Chen noted that there are various outreach opportunities, including Older Americans Month in May, where they share resources and materials, also reaching out to senior living facilities and offering workshops. They work within their capacity to inform the community, including at risk seniors, but also their family members.

Chair Reese asked where the data comes from.

Mr. Gerhard noted that much of the data comes through BRFSS or YRBS, with some surveillance systems taking data locally from other organizations. This is a large culmination of data, combining multiple sources of data to create a coherent story.

Chair Reese recommended partnering with Truckee Meadows Tomorrow for additional data.

Mr. Gerhard confirmed that they may currently be partnering with them, and if not, would take this into consideration.

C. Presentation and discussion of the 2025-2026 Pertussis Overview.

Liliana Wilbert provided an overview of pertussis (whooping cough) and current local trends. She explained that pertussis is a highly contagious respiratory infection caused by bacteria, spreading easily through respiratory droplets, with the highest risk of severe illness among infants and individuals with certain health conditions, noting that individuals are most contagious early, often before symptoms are recognized. Although vaccination has reduced cases by over 90% since its introduction, and remains the most effective prevention strategy, waning immunity and recent trends show increasing activity. Washoe County experienced a significant rise in cases in 2025 and continued elevated activity in early 2026, with early-year case counts already approaching a substantial portion of the prior year's total. She

highlighted the substantial public health, healthcare, and societal impacts of outbreaks, including costs, staffing demands, and disruptions to schools and workplaces. She also outlined the extensive multi-level response required for case investigation, contact tracing, and community notification, underscoring the importance of coordinated prevention efforts to reduce transmission and protect vulnerable populations, particularly infants.

Dr. Ituarte asked about the ages of the index cases and the age distribution of the noted cases from this year.

Ms. Wilbert noted that the cases are currently ranging in age from 0 to 95, with the highest affected being school-aged children.

9. Recommendation to accept the REMSA Health Monthly Franchise Reports for January and February 2026, which include REMSA Health Accounts Receivables Summary, Compliance by Zones, Average Response Times, Incident Details Reporting, Summary Penalty Fund Reconciliation, Personnel, Ground Ambulance Operations report, Patient Experience Report and Comments, Education Report, Public Relations Report, and Frequently Asked Questions, and provide possible Board direction.

Barry Duplantis provided an update on ambulance service performance for January and February 2026. He reported that REMSA met or exceeded franchise response compliance standards for all Priority 1 calls across all service zones for both months. Total call volume was 8,619 in January and 8,048 in February, with 5,852 and 5,379 patient transports respectively, representing just under 70 percent of responses and averaging approximately 190 transports per day. He noted a recent increase in basic life support (BLS) calls, alongside a slight decrease in advanced life support (ALS) calls and stated this may align with earlier projections regarding increased utilization as more individuals become uninsured or underinsured, though trends remain under evaluation. He reported high customer satisfaction scores of 93.85 for January and 94.93 for February, with strongest ratings in areas such as cleanliness, quality of care, professionalism, and responsiveness, exceeding national benchmark averages.

Dr. Ituarte stepped away from the meeting at 2:07 p.m. and returned at 2:11 p.m.

Board Member Brown made a motion to accept the motion. Vice-Chair Andriola seconded the motion, which passed unanimously. (Dr. Ituarte was absent for the vote).

10. Presentation, discussion, and possible approval of the Regional Emergency Medical Services Authority (REMSA) Health Franchise Compliance Report for the period of 7/1/2024 through 6/30/2025.

Andrea Esp presented the annual compliance report for REMSA Health, noting that while franchise compliance is primarily based on response time standards, a broader set of performance metrics is also evaluated. The report reflects 52 metrics fully met and 2 partially met, resulting in an overall compliance rating of 96 percent. She explained that certain franchise items were not included in the analysis because they are only assessed if specific conditions, such as noncompliance thresholds, are triggered. She also noted that required data submissions were reviewed for timeliness and completeness. The two partially met items relate to Emergency Medical Determinant (EMD) code review requirements, which were not formally reviewed and approved by regional fire agency medical directors during the reporting period, although no changes to the codes were made.

Mr. Driscoll believes item 6.1 may not be in compliance. This indicates that no requests for data or records were made by the Health Officer or the Oversight Program. On July 26, the Board requested a report related to response times and compliance under 7.1, which has not been received or discussed.

Ms. Esp clarified that this report addresses the time period from July 1, 2024, through June 30, 2025, with the data requested in July 2025 to be addressed in the next annual compliance report.

Chair Reese noted that the Board has asked for a report, which has not yet been received, and he would like to see this addressed.

Ms. Esp noted that it will be addressed in a future meeting.

Chair Reese noted the staff report effectively outlined the history of the REMSA Health franchise. He clarified that the history only included information through February 27, 2025, and does not reflect amendments or changes to the franchise made in January 2026 under the new contract. He also asked for clarification regarding the overall compliance rate of 96%, noting that it appears high and inquiring whether the remaining 4% corresponds to the two partially met metrics, as a point of understanding where compliance fell short of 100%.

Ms. Esp confirmed the staff report does not include information from January 2026 and explained that this year's approach to compliance reporting for the REMSA Health franchise was updated to provide greater clarity and transparency. In previous years, compliance was typically reported as "met" or "not met," with occasional use of terms like "partially" or "substantially." This year, a checklist was used to quantify compliance as a percentage, providing a more detailed picture beyond just response time metrics. She noted that the updated franchise, effective July 1, 2026, establishes a clearer rubric with defined metrics, which will help standardize compliance evaluation and improve transparency moving forward.

Chair Reese emphasized the importance of clarity and transparency in the reporting process. He noted that the region is fortunate to have such a capable organization and acknowledged the depth of expertise among staff and leadership, which cannot easily be replicated by the Board. He appreciated the detailed presentation, highlighting that refining compliance metrics helps the board to understand performance, identify areas for improvement, and ensure accountability of the franchise holder, ultimately supporting the delivery of high-quality care to the community.

Board Member Driscoll motioned to approve the item. With a second by Vice-Chair Andriola, the motion passed unanimously.

11. Presentation, discussion, and possible approval of the Proposed REMSA Response Zone Map for the Ambulance Franchise Service Area with a July 1, 2026, Effective Date.

Ms. Esp provided an overview of the REMSA Health franchise map review process, emphasizing transparency, methodology, and public accessibility. This year, the map was made publicly available online, allowing anyone to enter an address to see their response zone, expected response time, and call volume. While annual map review is not required by the franchise, it has become a standard practice, formalized through standard operating procedures and involving collaboration with the Joint Advisory Committee (JAC). The review process considers multiple factors, including population growth, density, geographic development, call volume, census changes, and trends from

the previous year, using heat maps and hexagon grids to identify high call volume areas and potential zone adjustments.

The process also identifies high-utilizer locations and individuals, allowing REMSA and partner agencies to provide education, alternative care pathways, or facility-specific interventions to ensure appropriate EMS usage. Historical context was also highlighted, noting that older maps from FY14 were outdated and that current interactive maps have reset baseline data to FY24, enabling year-over-year comparisons. Past map errors, such as in South Meadows, Double Diamond, and Cold Springs, have informed the current methodology and help guide future considerations. Challenges remain in areas such as casinos and skilled nursing facilities due to protocol and staffing issues, as well as traffic congestion and apparatus availability, which can affect response times. After reviewing the data, no changes to the zones are being proposed this year. The emphasis of this new approach is to increase transparency, provide the public with accessible tools to understand EMS response, and proactively manage EMS resources while monitoring trends for future adjustments as population and call patterns evolve.

Board Member Brown asked for clarification of the map showing the outdated FY2014 boundaries and inquired as to the geographic boundaries on the map being corrected to reflect the current conditions and call patterns, including the exclusive operating area of the North Lake Tahoe Fire Protection District. He noted that if the correct map is not updated in the CAD system, dispatches are not accurate within the EOA (e.g. a vehicle accident where REMSA is being dispatched rather than NLTPFD).

Ms. Esp confirmed that the FY2014 map does not reflect the map as it is today but does reflect the changes that have been made to the exclusive operating area. She will follow-up on why dispatches within the EOA are not being directed to the proper agency.

Vice-Chair Andriola asked about Ms. Esp's reference of "we" in several different presentations and discussions.

Ms. Esp noted that she does nothing on her own. She has a statistician, without whose help this work could not have been done. In addition, they analyze the data initially, then flush it out to make sure it is fully understood, then present it to the JAC.

Vice-Chair Andriola asked if there were standard benchmarks in terms of the process with the statistician, then requested an offline opportunity to review the data metrics with Dr. Kingsley and Ms. Esp.

Ms. Esp explained that the JAC is not a formal decision-making body with bylaws or voting authority. Input is gathered as feedback and general consensus rather than formal votes, including whether members have concerns or request further analysis. When the item was presented in February, no concerns or requests for revisions were raised. She also clarified that analyses are data-driven, with population and service-level changes evaluated using established metrics (e.g., census classification shifts and call-volume frequency by day and year), with "minimal change" defined as approximately 25 calls within a given area. These benchmarks were developed by prior staff and a statistician and continue to be applied consistently.

Mr. Driscoll wished to clarify that there are no modifications being made to the map at this time. Then asked if REMSA and the fire partners are okay with not making current changes. By not modifying the map, he wondered if it changed any of the current response areas for the fire agency

ambulances that are working with REMSA approval. Also, he asked if the lack of change on the map causes any concerns with the MOUs or MAAs of the three other agencies.

Ms. Esp noted that there are no revisions requested that would be effective July 1, 2026, and that the partners were in consensus that no changes shall be made. She confirmed that if this was specifically in Sparks, this area is being watched and there has been no volume increase. They are already in zone A, so there would be no change in the response time. If a fire ambulance was unavailable for a call, REMSA would automatically respond, and if late, it becomes REMSA's responsibility. Ms. Esp noted that she cannot speak on behalf of the other agencies, but none have not expressed concerns regarding their agreements.

Board Member Brown motioned to approve the REMSA Response Zone Map. Board Member Driscoll provided a second, and the motion passed unanimously.

The Board recessed from 2:46 p.m. – 2:59 p.m.

Chair Reese introduced Dr. Randall Riha by recognizing his contribution to the community.

Nancy Diao recognized Dr. Riha's significant support during the region's first reported measles case on Christmas Day. She highlighted the rapid identification and response efforts at Northern Nevada Medical Center's freestanding emergency department, which helped prevent further transmission. Appreciation was also extended to healthcare partners, internal epidemiology, and CCHS staff for their prompt coordination in contact tracing and administration of post-exposure prophylaxis and vaccinations.

Dr. Riha gave an introduction to his role in northern Nevada and his identification of the measles case in a non-vaccinated middle-aged patient.

Chair Reese thanked Dr. Riha and asked for him to remind the public that, just because a person has a vaccination for the measles doesn't mean he can't get them.

Dr. Riha confirmed that measles is highly contagious and anyone can get them, but vaccinations lower this probability.

Dr. Diao shared that early detection is so important and having great partners able to identify these things early helps the jobs of the epidemiologists as well.

12. Recommendation to uphold the decision of the Sewage, Wastewater & Sanitation (SWS) Hearing Board to approve Variance Case # H26-0001 VARI, a variance to Section 040.030 to allow a reduced lot size for a second parcel map on a lot created after October 23, 2001, Parcel 038-280-67, 430 River Pines, Washoe County, NV.

Chair Reese motioned to accept the item without a presentation, based on the information provided on the Staff Report. Vice-Chair Andriola provided a second and the motion passed unanimously.

13. Review, discussion, and possible adoption of the Business Impact Statement regarding proposed revisions to the District Board of Health Regulations Governing Air Quality Management Part 040.033 (Food Establishments) with a finding that the revised regulation does not impose a direct and significant economic burden on a business; nor does the revised regulation directly restrict the formation, operation, or expansion of a business.

Vice-Chair Andriola motioned to adopt the BIS without a presentation, with the information provided on the Staff Report. Board Member Driscoll provided a second, and the motion passed unanimously.

14. Presentation, discussion, and possible acceptance of Northern Nevada Public Health’s 2026 Bay Area Regional Health Inequities Initiative (BARHII) Assessment and Results.

Eva Sandoval presented the Bay Area Regional Health Inequities Initiative (BARHII) assessment, which was conducted in 2022 and again in 2025, which used nationally recognized methods and incorporated input from staff, partners, focus groups, and leadership to evaluate system performance and identify gaps. Four primary themes emerged: strengthening data-driven decision-making; addressing broader social factors influencing health (e.g., transportation and language access); modernizing hiring practices to align workforce skills with community needs; and building workforce capacity through training and partnerships. She highlighted progress in each area, including community surveys, outreach efforts, and pilot hiring initiatives, while noting opportunities for improvement such as enhanced data infrastructure, expanded recruitment strategies, and targeted staff development. The assessment informed a three-year action plan with defined priorities, strategies, and performance measures to ensure accountability, guide resource alignment, and support continuous improvement in community health outcomes.

Chair Reese asked about the overlap between this and the PH WINS survey.

Rayona LaVoie noted they are trying hard with all plans throughout the organization to make sure they are interwoven to uplift the strategic plan. The BARHII assessment is integrated into the strategic plan, with the recognition of an opportunity to strengthen training in viewing health disparities being worked into the workforce development plan. The PH WINS survey is slightly different, though with a thread between many of the presentations.

Board Member Brown moved to accept the item. With a second by Board Member Anderson, the item passed unanimously.

15. Presentation, discussion, and possible acceptance of the 2025 PH WINS Survey Results and Workforce Insights.

Ms. LaVoie presented that the Public Health Workforce Interests and Needs Survey (PH WINS), a nationally recognized tool used to inform workforce development strategy achieved a sufficient response rate to ensure representative and comparable data across similar local health departments nationwide. Results indicate a stable workforce structure, with over 90% full-time staff and strong overall job satisfaction, particularly in areas such as supervisory support, mentoring, and work-life balance. However, the data also shows that a significant portion of staff are early in tenure, while institutional knowledge is concentrated among more experienced supervisors, creating potential succession and continuity risks. Key challenges included higher levels of workload strain, stress, and burnout among supervisory staff, which may impact morale and retention if not addressed.

Organizational engagement and anticipated turnover were generally consistent with national benchmarks. Additionally, training needs were identified in cross-cutting skill areas such as financial management, policy engagement, systems thinking, and cross-sector collaboration rather than technical competencies. These findings will inform the development of a workforce development plan focused on strengthening staff capacity, addressing burnout risks, supporting leadership development, and ensuring continued delivery of effective public health services.

Chair Reese noted that a recent external consultant evaluating Environmental Health Services (EHS) produced recommendations similar to the survey findings, particularly around strengthening organizational culture, cross-divisional collaboration, and leadership competencies. He inquired how staff plan to integrate and align those consultant recommendations with the current workforce survey results to ensure a coordinated approach to implementation and organizational improvement.

Ms. LaVoie responded that she is coordinating with the EHS Director to align efforts by incorporating Public Health Accreditation Board competencies into performance metrics. In addition, staff are initiating program-level workshops that will address both program metrics and the development of culture action plans. These efforts are intended to operationalize prior assessment and consultant findings, ensuring that improvements in organizational culture, collaboration, and performance are implemented in a coordinated and measurable way across divisions.

Chair Reese clarified that the working groups and program workshops are intended to be collaborative and inclusive of employees at multiple levels. He emphasized input is a key component of the process and noted that this approach is designed to avoid a top-down implementation and instead foster engagement, ownership, and alignment across divisions while the Board maintains its appropriate policy-level oversight role.

Ms. LaVoie explained that the working groups will involve meetings with each program, its supervisors, and division directors to co-develop program-level strategic plans and culture action plans, with employees actively driving the work and setting performance metrics, with efforts rolling into the strategic priorities. Additionally, staff are considering adopting a model used in another County Department, where selected staff act as liaisons, gathering feedback from colleagues about departmental culture to further ensure employee voices are integrated into organizational improvement efforts.

Vice-Chair Andriola moved to accept the item, which was seconded by Board Member Anderson and passed unanimously.

16. Review and approval of Annual 360 Feedback Survey Questions, Process, List of Participants, and Adjustments (addition of a second rating calculating to include a fourth (4th) group of participants) for utilizing the Microsoft Forms Survey Program.

Laurie Griffey requested the Board's approval to launch the 2026 District Health Officer 360 feedback survey, which will inform the Health Officer's evaluation at the April meeting. The survey process will follow the same methodology used in 2025 to allow for comparable data, with one modification: the addition of a fourth respondent group consisting of NNPH supervisory staff, in response to Vice Chair Andriola's recommendation. Microsoft Forms will be used to administer the survey anonymously, with participants given 10 days to respond. Survey ratings will map numeric values to descriptive guidance to clarify interpretation. The Board will have the opportunity to review results and provide feedback and minor adjustments to participants or questions can be accommodated prior to launch, while major changes would require returning for further approval. The survey, if approved, will go out tomorrow morning, with results available roughly a week after the closing date.

Mr. Driscoll asked if, since this is an analytical survey dealing with data points, with an area for comments, how do the comments make their way to the Board, and will the Board see all the comments or just from their section?

Ms. Griffey responded that she provides all the comments together in random order and the Board will receive all comments.

Vice-Chair Andriola asked the Board to review the list of participants and take the opportunity to add any members they feel are missing, to ensure the community is represented fully.

Vice-Chair Andriola moved to approve the item and Board Member Driscoll provided a second. The motion passed unanimously.

17. Staff Reports and Program Updates.

- A. Air Quality Management – States/Groups Urge DC circuit to Deny EPA’s Motion to Vacate 2024 PM2.5 NAAQS, September 2025 EPA Small Business Newsletter, Divisional Update, Program Reports, Monitoring and Planning, Permitting and Compliance.
- B. Community and Clinical Health Services – 2026 World TB Day; Data & Metrics; Immunizations, Tuberculosis Prevention and Control Program, Reproductive and Sexual Health Services, Maternal Child and Adolescent Health, Women Infants and Children, and Community Health Workers.
- C. Environmental Health Services Program – Consumer Protection (Food Safety Plan Review & Operations, Commercial Plan Review, Foodborne Illness, Special Events, Permitted Facilities); Environmental Protection (Land Development, Safe drinking Water, Vector-borne Disease Surveillance, Waste Management/Underground Storage Tanks).
- D. Population Health – Epidemiology, Statistics and Informatics, Public Health Preparedness, Emergency Medical Services, Vital Statistics, Sexual Health Investigations and Outreach, Chronic Disease and Injury Prevention.
- E. Office of the District Health Officer – Northern Nevada Public Health Communications Update, Accreditation, Quality Improvement, Workforce Development, Community Health Improvement Program, Equity Projects / Collaborations, Community Events, and Public Communications and Outreach.

The staff reports were all accepted with information provided in the staff reports and without presentations by Division Directors.

18. Public Comment.

Having no requests for public comment, the public comment period was closed.

19. Board Comment.

Mr. Driscoll would like the next agenda to reflect the reconsideration process for the REMSA agreement approved in January.

Chair Reese shared that he would take that under advisement and will address with legal counsel.

With no additional comments by the Board, this comment period was closed.

Adjournment.

The meeting adjourned at 3:42 p.m.