

## 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, February 27, 2025  
 1:00 p.m.

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

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

Chair, Devon Reese, called the meeting to order at 1:00 p.m.  
 The following members and staff were present:

Members present:     Devon Reese (virtual until 1:10 p.m.)  
                                  Clara Andriola  
                                  Paul Anderson  
                                  Michael D. Brown  
                                  Dr. Eloy Ituarte  
                                  Steve Driscoll  
                                  Dr. Reka Danko (arrived at 1:05 p.m.)

**Ms. Lawson verified a quorum was present.**

### 2. Pledge of Allegiance.

Ms. Clara Andriola led the pledge to the flag.

### 3. Election of District Board of Health Vice Chair for the period 2/17/25-12/31/2026.

Candidates include Clara Andriola, Paul Anderson, Steve Driscoll, Michael Brown, Dr. Eloy Ituarte, and Dr. Reka Danko. (FOR POSSIBLE ACTION)

**Chair Reese nominated Clara Andriola for the Vice Chair position. With no opposition to this or other nominations, Paul Anderson seconded the motion, which was approved unanimously.**

Chair Reese turned the meeting over to Vice Chair Andriola.

### 4. Approval of Agenda. (FOR POSSIBLE ACTION)

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

## 5. **Recognitions.**

### New Hires

- i. Caitlin Farrell – University of Nevada Las Vegas Epidemiology Fellow – 12/9/24
- ii. Enrique Llamas – EHS Trainee – EHS – 12/30/24
- iii. Nadia Noel – EHS Trainee – EHS – 1/13/25
- iv. Lauren Staffen – EHS Trainee – EHS – 1/13/25
- v. Sarah Velto – EHS Trainee – EHS – 1/13/25

Dr. Nancy Diao introduced Caitlin Farrell as the UNLV Epidemiology Fellow through the new applied Fellowship Program, which offers a stipend for MPH students or graduates across the US to gain real life experience. Three positions were made available in Nevada for the 2024 to 2025 cohort and NNPH formed a liaison with UNLV to be one of the host sites. An education affiliate agreement was established, which allows interns and fellows to enhance goals for the future workforce and public health collaboration. Caitlin is originally from Florida, earning her bachelor's degree in public health from the University of South Florida and her MPH from George Washington University. She will be working on multiple projects supporting several divisions in NNPH on areas related to statistics and epidemiology.

District Health Officer Dr. Chad Kingsley recognized Enrique Llamas, Nadia Noel, Lauren Staffen and Sarah Velto as the other new hires.

### Years of Service

- i. Maria Magana – Office Specialist – CCHS – 30 years 2/13/1995
- ii. Jessica Cabrales – Office Specialist – AQM – 20 years 1/3/2005
- iii. Karley Crane – Office Specialist – CCHS – 5 years 1/2/2020
- iv. Narcisa Perez-Zapata – Office Specialist – EHS – 5 years 1/21/2020
- v. Joshua Philpott – Environmental Health Specialist – EHS – 5 years 1/21/2020
- vi. Anastasia Gunawan – Statistician – EPHP – 5 years 2/3/2020
- vii. Maricrus Schaefer – Sr. Public Health Nurse – 5 years 2/18/2020

Dr. Kingsley congratulated these employees on their years of service and continued dedication to the community.

### Health Heroes

- |   |                                 |
|---|---------------------------------|
| i. Lorena Solorio – CCHS                                  | ix. Camarina Augusto – ODHO     |
| ii. Dianna Karlicek – EHS                                 | x. Itzayana Montoya (x3) – ODHO |
| iii. Cindy Hawks – EPHP                                   | xi. April Miller – EPHP         |
| iv. Jackie Chaidez – CCHS                                 | xii. Amber English – EHS        |
| v. Eva Sandoval – ODHO                                    |                                 |
| vi. Cindy Arredondo, Sahara Cruz, Briana Contreras – CCHS |                                 |
| vii. Matt Simpson and Daniel Timmons – EHS                |                                 |
| viii. Bianca Trujillo, Karla Aguirre, Lili Ponce - CCHS   |                                 |

Dr. Kinglsey recognized the Health Heroes on their adaptability, collaboration, compassion, inclusivity and trustworthiness.

**Noted for the record that Dr. Danka arrived virtually at 1:05 p.m. and Chair Reese left the meeting at 1:10 p.m.**

**6. Public Comment.**

Vice Chair Andriola opened the public comment period.

**There were no requests for Public Comment in person or online, so the public comment period was closed.**

**7. Consent Items.**

A. Approval of minutes for the District Board of Health Strategic Planning meeting of January 13, 2025, (FOR POSSIBLE ACTION)

**B. Budget Amendments/Interlocal Agreement.**

1. Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to January 1, 2025 through June 30, 2025 in the total amount of \$425,001.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) COVID Immunization Round 3 Program and authorize the District Health Officer to execute the Notice of Subaward and any future agreements (FOR POSSIBLE ACTION)  
Staff Representative: Irene Dominguez
2. Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to January 1, 2025 through June 30, 2025 in the amount of \$418,504.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) COVID Immunization Round 4 Program and authorize the District Health Officer to execute the Subaward and any future amendments. (FOR POSSIBLE ACTION)  
Staff Representative: Irene Dominguez
3. Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to January 1, 2025 through December 31, 2025 in the amount of \$108,999.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Tuberculosis Prevention Program and authorize the District Health Officer to execute the Subaward and any future amendments. (FOR POSSIBLE ACTION)  
Staff Representative: Irene Dominguez and Lisa Lottritz
4. Retroactively approve FY25 purchases in an amount not to exceed \$200,000 from Merck & Company Inc. for vaccine in support of clinic operations on behalf of the Community and Clinical Health Services Division in Washoe County. (FOR POSSIBLE ACTION)  
Staff Representative: Irene Dominguez
5. Retroactively approve FY25 purchases in an amount not to exceed \$115,000 IC Media for social media campaigns targeting vaccination information and promotion of events in support of the clinic operations on behalf of the Community and Clinical Health Services Division in Washoe County. (FOR POSSIBLE ACTION)  
Staff Representative: Irene Dominguez
6. Retroactively approve FY25 purchases in an amount not to exceed \$160,000 from Acro Service Corp for temporary surge staffing in support of COVID-19 response effort and influenza and/or COVID-19 vaccination events on behalf of the Community and Clinical Health Services Division in Washoe County. (FOR POSSIBLE ACTION)

Staff Representative: Irene Dominguez

- C. Acknowledge receipt of the Health Fund Financial Review for December and January, Fiscal Year 2025. (FOR POSSIBLE ACTION)

Staff Representative: Jack Zenteno

**Michael Brown moved to approve the Consent Items, with a second by Steve Driscoll. The motion was approved unanimously.**

- 8. Recommendation to accept the REMSA Health Monthly Franchise Reports for November 2024, December 2024, and January 2025, which includes REMSA Health Accounts Receivables Summary, Compliance by Zones, Average Response Times, Incident Details Reporting, Summary Penalty Fund Reconciliation, Ground Ambulance Operations Report, Patient Experience Report and Comments, Education Report, and Public Relations Report, and provide possible Board direction. (FOR POSSIBLE ACTION)**

Staff Representative: Barry Duplantis

Barry Duplantis shared that REMSA Health met and exceeded all compliance standards in all compliance zones for November and December 2024 and January 2025. He noted that the responses to the Customer Survey in December and January were higher than normal and they continue to perform in the 92-94% range. All responses are read and followed up on, with a majority of responses favorable for care and service provided, and the biggest complaint being charges for the service.

**Michael Brown motioned to approve the REMSA Reports, with a second by Steve Driscoll. The motion was approved unanimously.**

- 9. Presentation and discussion of REMSA Health's Fiscal Year 2024 Audited Financial Statements.**

Staff Representative: Barry Duplantis and Shirley Roberts

Mr. Duplantis noted that they received the highest opinion available on the audit report, with no points of recommendation. Everything was confirmed as presented, with the auditors reviewing internal controls and fairness of presentation in the financial statements. He feels that one of the more difficult items to audit is the accounts receivable. To this end, they are collecting demographics after the call to determine a patient's underlying ability to pay. Over the last year, they achieved a positive change in their net assets of \$11.2M, which were all invested into the community, including \$5.3M from the William Pennington Foundation for a new aircraft. REMSA Health is truly a community not-for-profit agency, investing everything back into the community and having no shareholders outside the region. REMSA Health continues to improve their balance sheet through careful cash management and maintaining sufficient cash to cover 3.6 months of operating expenses. In terms of liquidity, they have \$4.50 in liquid assets for every \$1 of liability, with long-term debt down to less than \$75M. This maintains that REMSA is fiscally sound, in good standing, with a good reputation, and could borrow money if necessary. They continue to provide a timely response, taking in about 95,000 calls and transporting about 59,000 people to area hospitals throughout the year. They believe their employees are the minds and hands that serve the community, and the employees are treated very well. For example, employees are paying the same for health benefits in 2025 as in 2024, and employees are encouraged to save for their retirement, with a 7% contribution match. REMSA Health continues to look for opportunities to improve the organization, become more efficient, and serve the community better.

Vice Chair Andriola asked how the patient payer mix compares year over year in terms of the percentage that has been reported.

Mr. Duplantis reported the mix is shown in the report and is reviewed daily. Before the Affordable Care Act, they saw more uncompensated care and less Medicaid. Afterwards, they were picking up more covered people under Medicaid. In looking at the future, if Medicaid were to change, he expects that there would be a shift between Medicaid and uncompensated care.

Mr. Driscoll asked about who pays for transports out of the area and how that affects the daily fleet in the service area.

Mr. Duplantis noted that REMSA Health does few transports out of the area, but about 40 inter-facility transports. One example for out-of-area would be pediatric mental health patients, who get transported to Las Vegas. This takes a unit and its staff out of service for two days. In this situation, they increase staff and equipment to accommodate the shortage.

Vice Chair Andriola thanked Mr. Duplantis on behalf of the Board for all his work on presenting everything and getting the highest level of financial reporting that one entity can achieve.

**10. Presentation, discussion, and possible approval of the Regional Emergency Medical Services Authority (REMSA) Health Franchise Compliance Report for the period of 7/1/2023 through 6/30/2024. (FOR POSSIBLE ACTION)**

Staff Representative: Andrea Esp

Andrea Esp shared that in 2024, REMSA Health was found compliant in all 17 articles. There was nothing outstanding, with all information provided in the time frame outlined.

**Mr. Driscoll moved to approve the Compliance Report. Motion was seconded by Mr. Anderson and approved unanimously.**

**11. Recommendation to uphold the decision of the Sewage, Wastewater & Sanitation (SWS) Hearing Board to approve Variance Case #H24-0004VARI of the Northern Nevada Public Health Regulations Governing Sewage, Wastewater, and Sanitation, allowing a reduction in minimum lot size for a new subdivision to be served by septic, by holding sufficient additional land open in perpetuity to meet the maximum septic density intended by the regulations, for Palomino Farms LLC, owner of 0 Whiskey Springs Rd/0 Safe Flat Rd, Washoe County, Nevada, Assessor's Parcel Numbers 077-090-013 and 077-090-14. (FOR POSSIBLE ACTION)**

Staff Representative: Dave Kelly

Dave Kelly noted that regulations require that any new subdivision being served by septic need a minimum of 5 acres and any proposal that doesn't meet that minimum goes through a variance procedure. This variance was approved by the Advisory Board, requesting a minimum lot size of 2.5 acres to meet the regulatory intended minimum density. They proposed holding open space in two 2.5-acre or more, so the total density meets the criteria. In addition, the new parcels are located outside of the 100-year flood zone, which is an additional benefit to the proposal. The variance allows for slight modifications when going through the planning department processes, as long as the minimum acreage of 2.5 acres is met and the minimum density of 1 septic per 5 acres is not exceeded.

Mr. Driscoll asked if the developer came back in the future, wishing to develop these 2.5-acre sites being held as open space, what would be the process for a variance?

Mr. Kelly noted that this will be recorded as part of the map that it will remain open space unless municipal sewer becomes available.

**Mr. Brown motioned to uphold the decision of the SWS Board, with a second by Mr. Driscoll. The motion was approved unanimously.**

**12. Discussion on the FY26 Budget status, timelines, and next steps.**

Staff Representative: Jack Zenteno

Erin Dixon presented a brief overview of the NNPH's budget process and timelines. The Interlocal Agreement requires that the Board of County Commissioners adopt a final budget for NNPH and must be prepared using the same timeframes and format used by other County departments. It also requires that the preliminary budget is presented to the managers of the City of Reno, City of Sparks, and Washoe County for review and comment. The NNPH budget will be presented to the District Board of Health at a special meeting on March 6 at 3:00 p.m. On March 14, NNPH leadership will be meeting with the three jurisdictional partners and the comments from that meeting will be brought back to this Board at the regular March meeting on March 27. The budget will then be included in the County's budget process before the BCC and submitted to the State based on State requirements and timelines. She thanked the members of the Board for their flexibility in being available for the special meeting next week.

**13. Recommendation for appointment to the Air Pollution Control Hearing Board as an At-Large Committee Member. Staff recommends: The appointment of Mr. Chaitanya Korra for a three-year term beginning on February 27, 2025, and concluding on February 26, 2028; Applicants include: William Foster McCoy, Ph.D., and Stephen Birdsall. (FOR POSSIBLE ACTION)**

Staff Representative: Francisco Vega

Francisco Vega shared his sincere appreciation to all applicants in communicating their interest in joining the Board.

**Mr. Anderson moved to accept the appointment as suggested. Mr. Brown seconded the motion, and the item passed unanimously.**

**14. Review, discussion, and possible adoption of the Business Impact Statement regarding proposed revisions to the District Board of Health Regulations Governing Air Quality Management, Chapter 040 (Prohibited Emissions), Part 040.110 (Asbestos Control Standards), and Part 040.115 (Acknowledgement of Asbestos Assessment) with a finding that the revised regulations do not impose a direct and significant economic burden on a business; and set a public hearing for possible adoption of the proposed revisions to the Regulations for March 27, 2025, at 1:00 p.m. (FOR POSSIBLE ACTION)**

Staff Representative: Francisco Vega

Craig Peterson shared the new Air Quality mission statement, which reads the Air Quality Management Division is dedicated to the protection of air quality and the safeguard of public health for all of Washoe County through the development and implementation of effective programs and regulations while supporting economic growth, community partnerships and environmental justice. Revisions to General Source Permitting Regulations, Chapter 030 regarding asbestos were relocated to Chapter 040 under prohibited emissions in September 2024. The sections regarding asbestos have not been reviewed or revised in 25-30 years and do not reflect the intended purpose of the federal regulations. Major changes would include separating the rules into two parts, 040.110 (Asbestos Control Standards) and 40.115 (Acknowledgement of Asbestos



Assessment). These two parts have definitions to increase clarity, specify record keeping requirements, and a clear list of exemptions and exceptions. 040.110, provides additional clarity to the Federal requirements for asbestos and defines implementation of the rule, establishing standard work practices, clarifies requirements for alternative work plans, and includes survey, notification, and disposal requirements, closely mirroring the asbestos national emissions standards for hazardous air pollutants. 040.115 provides additional clarity to the local requirements associated with renovation and demolition projects and when an acknowledgement is required. It also defines the quantity of disturbance limits, and the documents required for a complete application. These are the local requirements that aren't changing, but being documented in a clear regulation. The Associated General Contractors of Nevada have been consulted, a public workshop held, and two press releases issued. The proposed revisions were posted on the Air Quality website and sent to the Air Quality Management Division email subscription lists and asbestos stakeholder email list. All comments received have been responded to and/or incorporated into the revisions. There were zero responses to the Business Impact Statement survey. No adverse economic effects are anticipated and there are no new fees, or fee increases in the proposed revisions, nor any anticipated increase in annual cost to NNPH for enforcement. The revisions are intended to satisfy federal EPA standards and streamline expectations for the regulated community. The Public Comment periods are complete, the Business Impact Statement is being presented today for approval and adoption, with the Public Hearing scheduled for March 27.

Mr. Driscoll asked when and how fees would be adjusted in the future for anything related to asbestos.

Mr. Peterson noted that fees were adjusted last year so they would have to go through another Board process for further adjustment. There are also adjustments based on CPI. The practice is to keep three to five years between renewals.

**Mr. Driscoll made a motion to adopt the Business Impact Statement, with a second by Mr. Anderson. The motion passed unanimously.**

## **15. Presentation on delivery, objectives and outcomes of community meetings with Environmental Health and Air Quality.**

Staff Representative: Erin Dixon

Erin Dixon shared that there have been multiple meetings between NNPH and permit holders on ways to better work together for increased collaboration and communication, and a better understanding of each other's perspectives. She thanked the community members who have participated and shared their input and the staff who have offered solutions. This is expected to be an ongoing dialogue and process. The food team has developed educational materials, set office hours, and four times a year, they offer an inspection workshop to walk permit holders through the inspection process. The first inspection workshop was very well attended. There are plans to host another permitting fair, with the first very successful one held last year. In addition, the team is looking to build stronger food safety networks. For commercial plan review, including pools, spas, hotels, and schools. previous timelines have been adjusted with expectations based on the project. Existing projects are being prioritized with a reduced turnaround time. With that change, it is believed most plans will be out in fourteen calendar days, but complex plans will still require thirty. A single point of contact has been created for clients or partners to reach out for more information. For a residential plan review, there are outreach programs for realtors and property owners to educate on septic and wells. An outreach program is being developed for plan designers and installers. Work is also being done with community partners to streamline the accessory dwelling unit inquiry process. Air quality is continuing in person support by implementing easily

scheduled office hours and proactive outreach. This process includes evaluation of impact with ongoing adjustments.

Dr. Kingsley thanked staff and the community for their patience and exceptional work to make an impact in our community for the better.

Vice Chair Andriola gave thanks to the work staff have done on this. She and Mr. Brown attended one of the sessions and the feedback she has been receiving has been welcome, in terms of being heard. Not only have you taken the time to listen, but to implement as quickly as has been done. Seeing the packed room for the bootcamp shows that people want to do the right thing and be well informed. She thanked Dr. Kingsley for his leadership and Ms. Dixon for how she and the team maneuvered.

Mr. Brown noted how well the presentations were and how professionally the information was taken in. The comments he has heard are very positive and he feels progress is being made.

#### **16. Presentation and possible acceptance of the FY25 Q2 Strategic Plan Results. (FOR POSSIBLE ACTION)**

Staff Representative: Rayona LaVoie

Rayona LaVoie shared how the strategic plan outlines the long-term goals and vision of the organization, where the performance management system provides continuous feedback of data, offering insight as to if the goals are being met. The system is used to ensure each division's activities align with the organization's overarching strategic priorities and identifies strengths and potential needs. These two variables provide data about performance that can lead to decision making and offer insights into resource management. The Clear Point system tracks the strategic plan, and is the tool used to communicate progress towards achieving the strategic initiatives. There are about three years of data currently in the system, enabling trend analysis and the ability to derive valuable insights. The strategic snapshot shows what is being measured, and the outcomes report shows progression. Quarterly tracking offers regular feedback, which allows for adjustments to strategies, processes, services, and programs. Each division creates quantifiable outcomes to measure impact and indicate whether those goals and objectives have been achieved. They also help assess whether the programs are effective. Over 70% of the strategic goals are either on target or in progress.

Mr. Anderson shared that he appreciates what is being done, making the process transparent so everyone can see what is being done.

Mr. Driscoll noted that he recognizes the organization-wide commitment to do this. It takes courageous leadership and a strong management team to impose the information and get the buy-in from the people that are doing the detailed work. Understanding what the data says and being able to explain it to others is appreciated.

Vice Chair Andriola thanked Dr. Kingsley for his leadership. It's a lot of work seeing a graph with a pie chart that doesn't indicate all the data extrapolated to be in one visual. Pointing the public to the dashboards is really helpful as they become more aware of the depth of what this organization does.

**Mr. Driscoll motioned to accept the FY25 Q2 Strategic Plan Results with a second by Mr. Brown. The motion passed unanimously.**



**17. Review and Approve the District Health Officer's (DHO) Annual Performance Evaluation Tool, Participant List for the DHO's Evaluation, and Direct Staff to Administer the Evaluation Using an Online Survey Program. (FOR POSSIBLE ACTION)**

Staff Representative: Rayona LaVoie

Ms. LaVoie noted this focus is on the process and ensuring that the performance objectives established with the Chair and the DHO align with the organization's strategic plan. The goal of the performance evaluation process is to assess the District Health Officer's effectiveness in articulating a well-defined vision to guide the organization's success, strong leadership capabilities, and management of the district's health services and programs. NNPH conducts evaluations annually before every hire date. The survey is on track to be sent out on March 3 and will be open for two weeks, to close on March 14, and is one part of the evaluation used to assist in measuring the DHO's performance. The survey gathers data from stakeholders including the Board, District Health staff, and community partners. A list of community partners was provided based on relationships that are pivotal in moving or advancing the organization's mission forward. The evaluation results will be presented during the DBOH meeting in April to discuss the findings and next steps. The DHO may also have prepared a list of achievements to share during that meeting. The evaluation tool includes strategic performance objectives relating to NNPH's strategic plan. These relate to operational management and health program outcomes, Board relations, internal leadership, and community engagement and stakeholder communication. The final area includes an opportunity for stakeholders to provide feedback about areas for growth.

Vice Chair Andriola recommended that the Truckee Meadows interim fire chief be considered as a participant in the performance review process.

**Dr. Eloy Ituarte motioned to accept the DHO's Annual Performance Evaluation Tool, Participant List and directed Staff to administer the Tool using an online survey program, with the inclusion of an additional participant, the interim Truckee Meadows Fire Chief, Dale Way. Mr. Anderson seconded the motion, and it was approved unanimously.**

**18. Staff Reports and Program Updates.**

**A. Air Quality Management** – Update on Executive Orders and Air Quality, Lee M. Zeldin Sworn in as 17<sup>th</sup> EPA Administrator, October and November 2024 EPA Small Business Newsletter, Divisional Update, Program Reports, Monitoring and Planning, Permitting and Compliance.

Staff Representative: Francisco Vega

Francisco Vega highlighted a list of executive orders signed by the president in his first weeks in office and how they may affect us locally. These orders continue to be tracked for local impact, many of which are related to grants. He also reported that, in December, there were zero exceedances of air quality standards and 100% timely completion of all plan reviews.

Mr. Driscoll asked for confirmation that the grants are reimbursement grants.

Mr. Vega replied that they are reimbursement grants. Typically, they would make large sum purchases for reimbursement, but these are being broken down into smaller projects that could potentially be absorbed if not reimbursed.

Dr. Kingsley recognized Mr. Vega's leadership and how he brought forward the uncertainty on a federal level and made these adjustments to the grant approach. Dr. Kingsley also congratulated Mr. Vega on welcoming a baby daughter recently.

**Board Member Anderson left the meeting at 2:16 p.m.**

**B. Community and Clinical Health Services** – WIC Program Update; Data & Metrics; Sexual Health (Outreach and Disease Investigation), Immunizations, Tuberculosis Prevention and Control Program, Reproductive and Sexual Health Services, Chronic Disease Injury Prevention Program, Maternal Child and Adolescent Health, Women Infants and Children, and Community Health Workers.

Staff Representative: Lisa Lottritz

Lisa Lottritz noted that the FIMR team facilitated a Count the Kicks webinar to address concerns about access to care when there is reduced fetal movement. The webinar was recorded and can be shared with those unable to attend. The immunization team is preparing for school-located clinics in April, to get a head start on back-to-school vaccinations. The family planning sexual health program is now providing rapid syphilis testing, allowing test results for HIV, syphilis, chlamydia, and gonorrhea within 35 minutes, allowing for immediate treatment and contact investigation.

Dr. Kingsley emphasized the heavy lift for rapid testing, to help combat the rise in congenital syphilis. With hospital test results often taking much longer, the hope is for rapid testing to address ongoing issues seen in congenital syphilis.

**C. Environmental Health Services** – 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)

Staff Representative: Robert Fyda

Robert Fyda highlighted that the food team recently completed the 2024 risk factor study, which analyzes data collected from January 2022 through April 2024 with a focus on the five risk factors commonly found in food establishments. An RGJ journalist attended the active managerial control course in January, to see what tools are provided to ensure success. For 2024, about 75% of plans met the regional 2-week goal. During the last week of December, 95% of plan reviews met the target. Some additional information was included in the report for transparency of potential cases currently being worked on. Work is also being done with NDEP regarding an administrative order on consent for a water system, as the maximum contaminant limit continues to be exceeded. Several parties are involved, including the Public Utility Commission, to make sure water is safe for residents to drink.

Vice Chair Andriola thanked Mr. Fyda for his participation in the community listening sessions and the hard work being done to address the compliance within the community.

**D. Epidemiology and Public Health Preparedness** - Epidemiology, Public Health Preparedness, Emergency Medical Services, Vital Statistics

Staff Representative: Dr. Nancy Diao

Dr. Nancy Diao noted that influenza-like illness activities remain elevated above region 9 baseline. Similar trends are seen at the State level and nationally. RSV reports have started dropping since peaking in MMWR week 5 but are still higher than previous seasons. Flu hospitalizations have started decreasing as well but are higher than all four previous seasons. There have been 20 influenza-related deaths, all among unvaccinated individuals. The majority of flu sequencing is flu A. COVID cases and hospitalizations remain low. There has been an increase in outbreaks declared for February compared to January, with a majority in respiratory illness. A new dashboard on the surveillance web page provides a real-time overview of ILI activities.

Mr. Driscoll asked about the determination of the flu formula for fall and what the vaccination will be like.

Dr. Diao confirmed he was speaking about the canceled FDA meeting.

Mr. Driscoll asked about how procrastination and delays affect this determination.

Dr. Diao replied that we rely heavily on the formula that comes out in the fall to prepare for the following flu season, she is hoping the meeting will be revived.

Dr. Kingsley acknowledged staff work on this, where the community appreciated the dashboard during COVID. Therefore, this was a request for seeing respiratory diseases overall. They did a great job of providing transparency to the region.

Vice Chair Andriola asked if the links could be shared with the Board members, so they may act as advocates and help to spread information.

**E. Office of the District Health Officer Report - Northern Nevada Public Health Communications Update, Accreditation, Quality Improvement, Workforce Development, Community Health Improvement Program, Equity Projects/Collaboration, Community Events, and Public Communications and Outreach**  
Staff Representative: Dr. Chad Kingsley

Dr. Kingsley noted that as part of internal meetings and working with other agencies, there is a state association of city and county officials (SACCHO/NALHO). He was in Washington, DC this week, to bring the importance of public health to the elected officials, sharing how it impacts the community, and he is participating with SNHD, CNHD, State, and Carson City HHS to further develop this and provide a stronger voice. He attended the opening of the Renown Crisis Center and continues to hold ongoing meetings with REMSA and partners for delivering services to the community. The dates for the PHAB reaccreditation are coming up.

Vice Chair Andriola asked about any possible impact regarding the separation of one big department becoming two.

Dr. Kingsley shared that the bill has been reviewed and there are not strong concerns. This would move EHS at the state level into agriculture, to help balance the state organization and better deliver services to the remote counties.

**15. Board Comment.**

Vice Chair Andriola thanked the Board for allowing her to serve as Vice Chair. She is honored and looks forward to continuing to serve at the best capacity possible. She noted Dr. Kingsley's leadership and the team's leadership and openness. She would like to encourage notices sent to the Board members for participation in the workshops to see how things are progressing.

**Adjournment.**

**Vice Chair Andriola adjourned the meeting at 2:34 p.m.**

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**Possible Changes to Agenda Order and Timing:** Items on the agenda may be taken out of order, combined with other items, withdrawn from the agenda, moved to the agenda of another later meeting; moved to or from the Consent section, or they may be voted on in a block.

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Items with a specific time designation will not be heard prior to the stated time but may be heard later. Items listed in the Consent section of the agenda are voted on as a block and will not be read or considered separately unless withdrawn from the Consent agenda.

**Special Accommodations:** The District Board of Health Meetings are accessible to the disabled. Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Administrative Health Services in writing at Northern Nevada Public Health, 1001 E. 9<sup>th</sup> Street, Building B, Reno, NV 89512, or by calling 775.328.2416, 24 hours prior to the meeting.

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

**Response to Public Comment:** The Board of Health can deliberate or take action only if a matter has been listed on an agenda properly posted prior to the meeting. During the public comment period, speakers may address matters listed or not listed on the published agenda. The *Open Meeting Law* does not expressly prohibit responses to public comments by the Board of Health. However, responses from the Board members to unlisted public comment topics could become deliberation on a matter without notice to the public. On the advice of legal counsel and to ensure the public has notice of all matters the Board of Health will consider, Board members may choose not to respond to public comments, except to correct factual inaccuracies, ask for Health District staff action or to ask that a matter be listed on a future agenda. The Board of Health may do this either during the public comment item or during the following item: “Board Comments – District Board of Health Member’s announcements, reports and updates, request for information or topics for future agendas. (No discussion among Board Members will take place on the item)”

**Posting of Agenda; Location of Website:**

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

Northern Nevada Public Health, 1001 E. 9<sup>th</sup> St., Reno, NV

Reno City Hall, 1 E. 1<sup>st</sup> St., Reno, NV

Sparks City Hall, 431 Prater Way, Sparks, NV

Washoe County Administration Building, 1001 E. 9<sup>th</sup> St, Reno, NV

Downtown Reno Library, 301 S. Center St., Reno, NV

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

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

**How to Get Copies of Agenda and Support Materials:** Supporting materials are available to the public at Northern Nevada Public Health located at 1001 E. 9<sup>th</sup> Street, in Reno, Nevada. Ms. Jackie Lawson, Recording Secretary to the District Board of Health is the person designated by the District Board of Health to respond to requests for supporting materials. Ms. Lawson is located at Northern Nevada Public Health and may be reached by telephone at (775) 328-2415 or by email at [jlawson@nnph.org](mailto:jlawson@nnph.org). Supporting materials are also available at the Northern Nevada Public Health Website <https://www.nnph.org> pursuant to the requirements of NRS 241.020.