



Meeting Minutes

Meeting Name: CNHD Planning Mtg	Location: 400 Main St. Lovelock and Zoom	
Date: 2-22-22	Start Time: 2:00 PM	Stop Time: 3:55 PM
Note Taker: M. Works	Facilitator: M. Works	
PHAB v.2022 Domain: 10	Build and Maintain a Strong Org. Infrastructure for PH	

Attendees: (See attached sign-in sheet)

MINUTES

1. Roll Call:
2. Introduction of Taylor Allison. Taylor has been hired by NACO as the Public Health Coordinator and will be assisting on this project. Support to the counties, will be at the table to see how to be a support, will develop a roadmap for each unique county, tools for HD conversations.
3. Update on Presentations
 - a. Nevada Association of Counties went okay, there was concern from Elko that developing a district means that the local BOH loses control and comments from Washoe County that really reflected some issues they have with the WCHD and not about our proposed project. Elko very nervous if NRS 439 gets opened up; I did say we did not have to have any changes for our project but that it will most likely be opened anyway, probably as a result of the SB 209 study.
 - b. State Board of Health went well no questions; Dr. Trudy Larson stated she was excited and it was about time this happened.
 - c. Marena spoke at the monthly state Health Officers meeting to give them an update on the development of the CNHD. Only question was why we picked up Eureka County – these 4 counties is where the relationships are.
4. Review Letter to the Governor: No corrections to the draft; group requests it be finalized and sent off.
5. Before we discuss Mission:
 - a. Strengths: locations in each county, multiple services, grant opportunities, duplication in these counties and can lean on each other, assurance of getting services when we need it, consistency, in this together, there will be more issues like Covid in the future and this gives us services we need, these 4 counties can address their own agenda in that if there is something within these counties that needs addressing we can do this, services tailored to our unique rural needs. Cohesive group of 4 counties and NACO is on board.
 - b. Weakness: new employees, geography, the unknowns, steep learning curve, how we get there to fill the gap, hard to educate the public especially in areas with large geography, workforce.
 - c. Opportunities: consistent services to the counties, fill the gaps, improve the overall health of the area served, bigger partnership across the rurals, re-evaluate other agreements and partnerships currently have, deal with different kinds of emergency response with a quicker response, structure to have a framework regardless of political climate, better communication to the citizens, to provide the best service as possible and strength from other

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counties, structure that allows response and uses the state as a resource and they do not have to be an answer to everything, seeing this will help neighboring counties to develop these relationships.

d. Threats: finances, workforce, get the structure together now if it languishes the political climate may change and it could lose support, communications as it relates to the change in politics because if we are not communicating what this means as new commissioners come in they may rightly question why are we funding this so keep communicating and keep spreading the message. Happenings at other HD in the state.

6. Start to Build a Strategic Plan
 - a. Mission: To enhance and protect a healthy community by meeting our unique rural needs.
 - b. Vision: Healthy people, resilient environment, thriving community.
 - c. Values: Adaptable to meet rural needs through Integrity, commitment, advocacy, respect and excellence.
7. Group discussion on services:
 - a. is there a need for HIV? Probably a need for tobacco control; heart disease stood out as an issue.
 - b. What does the community feel their needs are?
8. Outreach to Communities: Hold a public forum in each community to let them know what is happening. Start with community leaders (see PowerPoint slide with the bubble chart to identify agencies and community leaders). More sought after from the younger population, younger parents, elderly, is there interest for those in the middle? All communities are experiencing growth and they are used to services that were available in their previous community. Make sure we go to a separate area and invite youth, so they have a forum to speak up. Include school nurses and staff. Need days, times, locations. Next step: identify the group (master list) and have hearing sessions in each community with community leaders than a second one for the community as a whole. Each member of this group will come up with a list. Marena is willing to help and come to each forum and each county will set up time and place and send out invitations.
9. Update on Fallon Public Health Lab: all equipment arriving be this week and next week. There will be a safety walk through with Keith on April 4th. Dr. Pandori will be out on April 11th and have a sign off and sign all protocols and then can be open by May. Apollo will be the laboratory software and once the license number comes in can start to sign up for the billing process, beginning with Medicaid. Name will be the CNHD lab once this is all official. Hoping other rural hospitals will utilize this lab. Will soon be a posting for a lab assistant position. What will the suite of available tests be? Do not know yet but we are working on viral testing, food borne illness, STD, anything else that makes sense.
10. Budget Update: Work in progress, see slide for the assessment numbers. Working on EH fees collected. Used Carson City wage scale for EH Specialist as it fell between Washoe County and the State wages. Shannon states fringe is running at 55%. Take a hard look at fees and set the schedule for a while. We will see larger costs for each county so go back to the Mission, Vision and Value statement because that is why we are here trying to do what we are doing. You are



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not getting something that you have had historically it will be different. Consider geography and the price of gas.

Does capital need to be in the budget? Leave it to the interlocal agreements.

11. Next meeting April 26th in Hawthorne probably in the Commissioners Chambers
12. Other items: Governor's Healthcare Provider Summit meeting on April 19th in Las Vegas.
13. Gerald states in Elko they are having on April 8th and 9th a health professionals appreciation event will meet all ethics needs for licensure and doing a session on suicide.

ACTION ITEMS

Item	Person Responsible	Deadline
Set up forum to speak to community leaders in each area	County Commissioners or Manager for each county	Date set or meeting complete by April 26 th
Open Forum for all residents, maybe at a Commission meeting	Each Commissioner or Manager	Date set or meeting complete by April 26 th
State BOH agenda for March 4 th send to all members	Marena	Done
Introduction to Marena to the analysts for the legislative committee on health and human services	Julia	Email sent but so far no response from the analysts
Each counties vision for how often a public health nurse should be in their county. For example, 3 days a week; 5 days a week, what is there need.	All	April 20 th
Churchill County Spreadsheet with all the fringe benefits	Shannon	As soon as it is completed
Immunization fee comparison	Marena	Done
Letter to the Governor	Marena	Done

APPROVAL

These minutes represent a true and accurate record of this meeting to be the best of my knowledge.

	Person Responsible:	Date:
Meeting minutes submitted by:	Marena Works	March 25, 2022