## Carson City Agenda Report

| Date Submitted: January 6, 2015  | Agenda Date Requested: January 15, 2015 Time Requested: 10 minutes                                |  |  |  |
|--|---|--|--|--|
| To: Carson City Board of Health  |   |  |  |  |
| From: Board of Health Chairman (Dr. Susan Pintar)  |   |  |  |  |
| Subject Title: For Possible Action: Report, discussion and possible direction to staff regarding the Health Officer's report concerning activities the Health Officer is engaged in both inside and outside of Carson City Health and Human Services (CCHHS). (Susan Pintar) |   |  |  |  |
| <b>Staff Summary:</b> Provide an update on the I the community. This is an opportunity to fo Officer's role and her current projects.  | Health Officer's engagement in the department and rmally inform the Board of Health of the Health |  |  |  |
| Type of Action Requested: (check one)  () Resolution  (_X) Formal Action/Motion  | Ordinance Other (Specify)   |  |  |  |
| Does This Action Require A Business Impact Statement: () Yes (_X) No   |   |  |  |  |
| <b>Recommended Board Action:</b> I move to accept the Health Officer's report and give direction to staff on CCHHS' activities.  |   |  |  |  |
| <b>Explanation for Recommended Board Act</b> the Board of Health may want to take action   | tion: Items may be brought up in the report in which on or give staff direction.                  |  |  |  |
| Applicable Statute, Code, Policy, Rule or Regulation: N/A  |   |  |  |  |
| Fiscal Impact: No General Fund Impact  |   |  |  |  |
| Explanation of Impact: N/A   |   |  |  |  |
| Funding Source: N/A  |   |  |  |  |
| Alternatives: Not to accept the Health Offic activities.   | er's report and give direction to staff on CCHHS'   |  |  |  |
| Supporting Material: N/A   |   |  |  |  |
| Prepared By: Nicki Aaker, MSN, MPH, RN   | ſ   |  |  |  |

| Reviewed By          | (Department Head) by Munimo                                      | Date      | 1/        | 5       |
|----------------------|--|-----------|-----------|---------|
|                      | (City Manager) (District Attorney)  Autority (District Attorney) | Date Date | e: 1/6/19 | 2       |
| Board Action Motion: | (Finance Director)   | 1)2)      |           | Aye/Nay |
|                      |  |           |           |         |
| (Vote Reco           | orded By)  |           |           |         |