

The Executive Secretary to the Southern Nevada District Board of Health (Board, in consultation with the Board Chair, shall prepare an agenda for all regular and special Board meetings, and those of its committees, and ensure that copies are provided as required by Nevada's Open Meeting Law (OML). Backup materials sufficient to allow Board members to give their prior consideration to the agenda items shall be provided to the Board members and the public in addition to the agenda. In preparing the agenda, the following procedures will be followed:

1. Availability of Agenda:

- A. The agenda shall be sent to each Board member in advance of the meetings, and posted on the Board website no later than Thursday the week prior to the Board meeting, or as soon thereafter as possible. Back-up materials, if any, will be posted at the same time or as soon thereafter as possible.
- B. Deadline for receipt by the Board's Executive Secretary's office of agenda items and related reference materials, is ten (10) business days prior to the meeting.
- C. If a holiday occurs during any of the periods specified herein, the deadlines may be adjusted.

2. Agenda Preparation and Approval:

- A. According to the posting dates of the agenda, the Board's Executive Secretary will review all items submitted by Health District management for the agenda. A draft of the agenda will be prepared and submitted in a timely manner to the Board's Executive Secretary, the Board Chair and Board legal counsel for review and recommendation on consent agenda and staff action items. The Board Chair has final approval.
- B. Except in an emergency, and in accordance with Nevada's Open Meeting Law (OML), no member can place an item on the agenda less than 72 hours in advance of a meeting.

3. Order of Agenda Items:

- A. The first item on the agenda following the Call to Order, Pledge of Allegiance, Oaths of Office and recognitions will be the consideration of any tabled and/or reconsideration items.
 - i. An agenda item which has previously been considered and decided by the Board within the past year may only be placed on the agenda for reconsideration by a Board member who was on the prevailing side of the previous decision. The agenda item will be preceded by a specific agenda item to address whether the item should be reconsidered.
- B. The remainder of the agenda will, generally, be in the following order: Public Comment (the first of two), Adoption of the Agenda, Consent Agenda ~~and Approval of Agenda~~ (which includes approval of meeting Minutes), Public Hearings, ~~Closed Session~~, Report/Discussion/Action Items, Board Reports, District Health Officer & Staff Reports, Information Items, ~~and~~ Public Comment, and Closed Session.

4. Closed Sessions:

- A. Board members or the Board's Executive Secretary may request a Closed Session. The requestor shall, prior to the meeting, arrange for the item to be placed on the agenda and provide backup material and information when available. Closed Session must be in

compliance with OML.

- B. This request must be reviewed by Board legal counsel for recommendation with regard to OML compliance.
- C. If a person is to be discussed in the Closed Session, he or she must be notified as per the provisions of OML.

5. Agenda Item Requests:

- A. All business for consideration shall be included on the approved agenda. The Chair shall rule as "~~out~~Out of Order" the consideration of any matter not on the agenda.
- B. All matters to be considered by the Board at any regular meeting shall be submitted to the Board's Executive Secretary so that he/she may calendar the item for consideration in conformance with the procedures established by the OML and any necessary supporting documentation prepared on the subject. Board member requested items shall be handled in the following manner:

- i. At any time during a discussion on an agenda item or following public comment, individual Board members may make a motion that the matter be placed on a future agenda.

At all other times, Board member requests shall be submitted in writing (which includes e-mail requests) within the time specified in 1(B) above, to both the Board Chair and the Board's Executive Secretary with a clear description of the requested item, the rationale and background for the item, and any supporting documents. If the Board Chair, in consultation with the Board's Executive Secretary deems the agenda request to be relevant to the mission of the Board and within the Board's authority, consideration of the request as a future agenda item will be placed on the agenda as a discussion item. If, after discussion, the Board deems the request to warrant further discussion and/or action, the Board may move to bring the item back to the Board at a later date for further discussion and/or possible action and the item will be calendared accordingly.

- ii. Public requests for agenda items must be in writing and submitted with supporting documents, if any, at least twenty (20) days before the scheduled meeting date. Public requests shall be sent to the attention of the Board's Executive Secretary via US Mail, fax (702-759-1422), or by email (board.of.health@snhdmail.org). All requests will be forwarded to the Board Chair for consideration and approval. The Board Chair, in consultation with the Board's Executive Secretary, will approve or deny any such requests.

- a. Elected officials and members of the legislature may request agenda items directly through the Board Chair or another Board member.

- iii. All requested agenda items must be relevant to the mission of the Southern Nevada District Board of Health, and must fall under the purview of the same.
 - iv. The Board's Executive Secretary may place items of a ministerial nature on the agenda, e.g., consent, informational, follow-up, public hearing, and staff recognition items, staff reports and Health District contracts. As a general practice, routine contracts are appropriate for placement on the Consent Agenda. Examples of routine contracts include, without limitation, Interlocal agreements, ~~renewal~~

~~contracts, and grants contracts over the Board authorization for associated costs. However, contracts such as employment and professional services, renewal contracts with substantive term changes, and major capital purchases should be placed on the agenda as a Report/Discussion/Action Item. Contracts that have not been brought to the Board in over five years should be agendaized for administrative review and, as necessary, removed from the consent agenda. The District Health Officer's Employment Contract is placed in Report/Discussion/Action Item section of the agenda.~~

- a. All contracts are subject to review by the **Board** Chair prior to being placed on the agenda. The **Board** Chair may, in her/her discussion, make the final determination regarding placement of an item on the agenda.
- b. After the initial discussion and consideration of any contract, and unless otherwise directed by the Board, the contract may be itemized on the Consent Agenda.
- c. Any Board member may request that a contract be removed from the Consent Agenda and placed on the regular agenda as a discussion/action item.
- v. In the event that the Board Chair, in consultation with the Board's Executive Secretary, deems an agenda request to be irrelevant to the mission of the Board or outside of the Board's authority, the Board member requesting the agenda item will be so informed. If the Board member wishes to pursue his/her request, the item may be resubmitted to the Board's Executive Secretary for inclusion in the agenda as a discussion/action item. All such resubmissions must be sponsored by no less than two (2) Board members representing differing jurisdictions and/or industries.
- vi. The Board Chair will exercise his/her discussion with respect to the actual calendaring of the Board member request submitted pursuant to 4.B.i or 4.B.v above. The Board Chair will make all reasonable efforts to ensure that the request is heard within a reasonable time period after submission.

6. Notice of Board of Health Meetings:

- A. Notices of the meetings of the Southern Nevada District Board of Health and its committees shall be posted in accordance with the OML.

Adopted: 1/27/2011

Amended: 7/23/2015

1. Voting Procedures:

- A. With the following exceptions, all members of the Southern Nevada District Board of Health (Board) are eligible to vote on all matters coming before the Board:
 - i. In accordance with the Nevada Revised Statutes (NRS) and the Southern Nevada District Board of Health By-laws, with the exception of the selection of at-large members as provided in NRS 439.362(2)(b); and
 - ii. Advisory board members serve as nonvoting members as provided in NRS 439.362(b)(4).
- B. The elected representatives of the Board shall select three (3) members who shall represent the Health District at-large and who must be selected based on their qualifications without regard to ~~the location within the Health District of~~ their residence or place of employment, as long as they are Clark County residents.
- C. The Board Chair shall have the same right as any other Board member to initiate a motion, question, or debate, and vote on a motion.
- D. All voting procedures shall be in accordance with parliamentary authority. The Board Chair may call for a roll call vote on any item as he/she deems appropriate and/or necessary.
- E. All Board members shall abide by the requirements of Nevada's Ethics in Government law (NRS 281A.420). Whenever possible, the Board member with a potential conflict of interest shall disclose the potential conflict prior to casting their vote. Unless abstention is required per NRS 281A.420 or pursuant to advice of Board legal counsel, the disclosing Board member will cast his/her vote.
- F. Board Members shall recognize that a Board member may only vote during an official meeting and that the member has no legal status to bind the Board outside such meetings. A quorum of Board members may not meet, deliberate and vote regarding matters within the Board's jurisdiction except in open meetings or approved Close Sessions as provided in Open Meeting Law, NRS Chapter 241.
- G. Action may only be taken by a quorum of members of the Board. A majority of the members of the Board shall constitute a quorum. Board action shall be valid only upon a vote of approval by a majority of the quorum unless otherwise required by law.

2. Board Member Attendance Requirements:

- A. Board members shall make every effort to attend every Board meeting in person.
- B. If an emergency prevents the Board member from attending the Board meeting, he/she may call the Board's Executive Secretary or his/her Executive Assistant to notify the Board Chair of his/her absence. Board members s may call (702)~~497-0314~~ 759-1201 to report a last-minute absence.
- C. Telephonic and video conference participation is permitted when a Board member is unavailable to personally attend a Board meeting.
 - i. In order to attend telephonically, the Board member is encouraged to contact the Board's Executive Secretary no later than 4:30 p.m. the day prior to the scheduled meeting to advise of his/her intent to participate telephonically.

- ii. In the event an emergency necessitates ~~telephonic~~remote technology participation on the day of a meeting, the participant~~e~~ must contact the Board's Executive Secretary as soon as possible so ~~telephonic~~ arrangements can be made.
- iii. When participating ~~telephonically~~with remote technology, the Board member is expected to actively participate in the discussions, as well as review all pertinent materials to make an informed decision.
- iv. When attending ~~telephonically~~with remote technology, the Board member is reminded that background noise is to be avoided as it is disruptive to the meeting and interferes with transcription of the minutes.

3. Electronic Devices:

- A. Cell phones and other electronic devices shall be silenced or placed in vibration mode during Board ~~members~~meetings.

Adopted: 12/16/2010

Amended: 7/23/2015

The Southern Nevada District Board of Health recognizes that its deliberative process benefits greatly from public input and perspective. At the same time, it wishes to organize its agendas and use its meeting time effectively, and ensure an equitable allocation of time to speakers.

Additionally, in order to be responsive to the public, the Board desires that appropriate staff members be present and prepared to respond to general areas of concern identified by potential speakers; therefore, it is the policy of the Board that members of the public shall have the right and shall be encouraged to be heard at Board meetings. This right may be exercised in the following way:

1. Public Hearings:

Members of the public are allowed to speak on Public Hearing / Action items after the Board's discussion and prior to their vote. Speakers will be given five (5) minutes to address the Board.

- A. No person may yield his or her time to another person. The time limit will also be clearly stated on the meeting agenda.
- B. In those situations where large groups of people desire to address the Board on the same matter, the Board Chair may request that those groups select only one or two speakers from the group to address the Board on behalf of the group.
- C. Once the public hearing is closed, no additional public comment will be accepted.

2. Public Comments:

There will be two public comment periods. One at the beginning of the meeting before any items on which action may be taken are heard and one before adjournment. The public comment period at the beginning of the meeting will be limited to those items listed on the agenda. The public comment period held before adjournment is a general public comment period and speakers may address the Board about any issues within its jurisdiction. Speakers will be given five (5) minutes to address the Board.

- A. The Board is unable to take action on any issue raised on these comments until the matter itself has been specifically included on an agenda item as an item upon which action may be taken pursuant to NRS 241.020. However, the Board can provide direction to staff.
 - B. Once the public comment period is closed, no additional public comment will be accepted.
3. Comments may be prohibited if not relevant to, within the authority of the Board, or willfully disruptive of the meeting by being irrelevant, repetitious, slanderous, offensive, irrational, amounting to personal attacks, or interfering with the rights of other speakers.
 4. The Board reserves the right to waive or alter this procedure if in the opinion of the Board it is warranted by the circumstances of any particular meeting.
 5. At each meeting, the Board Chair may read speaker guidelines prior to receiving public input.

5-6. At each meeting, prior to the first public comment period, staff will provide clear and complete instructions for a member of the general public to be able to call in to the meeting to provide public comment, including, without limitation, a telephone number or any necessary identification number of the meeting or other access code.



**SOUTHERN NEVADA DISTRICT BOARD OF HEALTH
BGP-003: PUBLIC HEARINGS / PUBLIC COMMENT**

Adopted: *1/27/2011*

Amended: *8/25/2011*

This policy applies to any group formed by Southern Nevada District Board of Health (Board) action, whether or not it is called a committee and regardless of whether the group includes Board members. It does not apply to committees formed under the authority of the District Health Officer.

1. Establishing a Committee:

- A. Board committees will be organized as needed to assist with tasks that belong to the Board. The Board ~~Chair~~ will appoint the ~~chairperson and~~ members of Board committees.
 - i. Proposals for Board-appointed committees may be initiated by any regularly-seated Board member in the form of a request for consideration to the Board Chair at a regularly scheduled meeting of the Board.
 - ii. At a minimum, proposals for Board-appointed committees will include the following information:
 - a. The defined purpose and scope of the committee, including the specific issues to be reviewed or considered for the provision of recommendations to the full Board; and
 - b. The composition of the committee, including any specific Board positions required to be represented on the committee.
 - iii. Special (ad hoc) committees are formed for a specific purpose. Upon completion of the assigned project, the committee automatically dissolves unless assigned additional projects by the Board. Each special (ad hoc) committee shall select a committee chair unless the Board Chair appoints one.
 - iv. Standing advisory committees are formed to do their assigned duties on an on-going basis. Unless the Board Chair otherwise limits the duration, advisory committees are formed with a continued existence. The Board is responsible for providing committee members on-going training in governance issues.
 - v. Board members are encouraged to volunteer for committee membership.

2. Committee Composition:

- A. All committee shall consist of at least three (3) Board members, and no more than five (5) members.
 - i. When appropriate, non-members of the Board may serve as non-voting committee members; and, shall not serve as a committee chair.
 - ii. Committee membership shall reflect the diversity of the Southern Nevada Health District community.

3. Roles, Responsibilities and Expectations of Board Committees:

- A. Committees will be used sparingly and ordinarily in an ad hoc capacity. When used, committees will ensure that the Health District's needs and interests are asserted over personal and/or business relationships. The Board will approve the committee's objective, determine a timeline and allocate an appropriate budget (if needed). Voting rights of non-member committee members will be determined by majority vote of the Board.

- i. Committee Chair:
 - a. Provide leadership to the committee.
 - b. Review the committee meeting agenda with the Executive Secretary and set the tone for the committee work.
 - c. Report to the full ~~h~~B Board on the committee's recommendations.
- ii. Board Committees:
 - a. Support the Board in doing its jobs, not to help or advise the staff. Committees ordinarily will assist the Board by preparing policy alternatives and implications for Board deliberation. In keeping with the Board's broader focus, Board committees will normally not have direct involvement with current staff operations.
 - b. Cannot exercise authority over staff.
 - c. Will ensure all meetings comply with Nevada's Open Meeting Law and generally following parliamentary procedure as contained in Robert's Rules of Order insofar as they do not conflict with the Bylaws or applicable law.
- iii. Committee members:
 - a. May not speak or act for the Board except when formally given such authority for specific and time-limited purposes. Expectations and authority will be carefully stated in order not to conflict with authority delegated to the District Health Officer. Decisions made by a committee do not carry the authority of the full Board unless it is a Board committee of the whole.
 - b. Will avoid over-identification with organizational parts rather than the whole. Therefore, a Board committee that has helped the Board create policy on some topic will not be used to monitor organizational performance on that same subject.
- iv. Committee Meetings, Report and Recommendations:
 - a. Reports and recommendations should be based upon objective criteria in furtherance of the Health District's current and future needs.
 - b. Meetings will be presided over by the committee chair. The committee chair shall be appointed by the committee at their first meeting.
 - c. The committee chair will coordinate with the Executive Secretary and assigned staff to determine meeting schedules, approve agenda items, facilitate the meeting, direct discussion, delegate assignments, assign a facilitator in the absence of the chair, work with the Board Chair to keep the full Board informed to the committee's progress, and assume the commonly accepted responsibility of the position.
 - d. The Executive Secretary will provide a mechanism for official committee communications.

- e. Committees may establish a schedule of meetings as necessary and practical to carry out their assigned charge, review and discuss information and formulate recommendations for presentation to the full Board.
- f. Unless specifically approved by the Board, committee members shall not speak to issues that have not been officially decided by the Board.
- g. Reports from Board committees shall be agendaized as part of the regular meeting of the full Board when necessary or as requested by the Board Chair. Reports shall include any supporting documentation that may be necessary and available.
- h. The Board may choose to accept or reject committee recommendations, and/or provide additional direction to the committee in carrying out their charge and continuing their deliberations.

4. Review and Evaluation of Board Committees:

- A. Board committees shall be reviewed annually by the full Board at its August meeting including confirmation of the necessity for the committee, its stated purpose or charge, and current membership.
- B. Appointment and/or re-appointment of committee members shall take place at the August Board meeting.

Adopted: 5/26/2011

Amended: 7/23/2015

1. Terms of Office:

- A. An officer of the Southern Nevada District Board of Health (Board) serves a term of one (1) year, or until a successor is elected. No Board member may serve more than three (3) successive terms in any one particular office and no person shall hold more than one (1) office at a time.
- B. Members of the Board serve terms of two (2) years.

2. Board Composition:

- A. The Board shall be comprised of elected and non-elected members as follows:
 - i. Two representatives of the Board of County Commissioners;
 - ii. Two representatives of the governing body of the largest incorporated city in the county;
 - iii. One representative of the governing body of each other city in the county;
 - iv. One physician licensed to practice medicine in this State;
 - v. One representative of a non-gaming business or from an industry that is subject to regulation by the Health District; and
 - vi. One representative from the association of gaming establishments.
- B. Elected members will be selected for Board membership by the elected members of their respective entities. At-Large members will be selected upon nomination by the elected Board members.

3. Officer Composition:

- A. The officers of the Board shall be a Board Chair, a Board Vice Chair, and a Board Secretary. The Board Chair, Board Vice Chair, and Board Secretary shall be elected annually at the July meeting from among the voting Board members and will include at least one (1) elected member.

4. Selection Committee:

- A. Officers
 - i. The Board Chair will form a Nomination of Officers Committee which will include, at a minimum, the current Board officers and convene no later than July of each year. The Nomination of Officers Committee will receive nominations for Board officers, discuss the nominations and make a recommendation to the full Board for annual election in July.
- B. At-Large Members
 - i. The Board Chair will form an At-Large Member Selection Committee which will include, at a minimum, two (2) current elected Board members, to receive and review nominations and/or applications for at-large membership, discuss the nominations, and make recommendations to the elected members of the Board at the next regularly scheduled meeting.

- ii. At-large members shall represent the Health District at large and must be selected based on their qualifications without regard to the location within the Health District of their residence or place of employment.

5. Election:

- A. To select officers and at-large members, the following procedure will be used one office and/or at-large position at a time:
 - i. Any Board member may nominate for any office or at-large position (including the nomination of oneself):
 - ii. Nominations do not need to be seconded; and
 - iii. A motion, a second, and a vote will close nominations.
- B. Although the full Board may participate in discussion of the nominees, only elected Board members may vote on at-large members. At-large voting requires a quorum of elected Board members be present in person or via telephone.
- C. To be elected to an office, a nominee must receive a majority vote of the members in attendance.

6. Compensation:

- A. Members serve without additional compensation for their services; but are entitled to reimbursement for necessary expenses for attending meetings or otherwise engaging in the business of the Board.

7. Vacancies:

- A. Vacancies must be filled in the same manner as the original selection for the remainder of any unexpired term.
- B. Elections shall take place as soon as possible at a meeting following receipt of notice of the vacancy and in accordance with Nevada's Open Meeting Law.
- C. If the office of the Board Chair becomes vacant, the Board Vice Chair shall fill the vacancy until the election of a successor.

Adopted: 5/26/2011

Amended: 8/25/2011

Amended: 7/23/2015

Amended: 7/22/2021

The Southern Nevada District Board of Health (Board) is accountable to the people of Clark County for the competent and effective accomplishment of its objectives.

1. Governance Process:

- A. The Board's role is to provide leadership and oversight of the activities of the Southern Nevada Health District (Health District). In both areas, it strives to represent the public health interests of represented jurisdictions and the broader community.
- B. In providing leadership, the Board, in consultation with the District Health Officer acting in his/her capacity as the Board's Executive Secretary, will look toward the future while reviewing the Health District's mission and identifying the desired ends. In providing oversight, the Board will assess organizational performance in relation to the ends set by its policy goals and adherence to budget, rather than by examining or advising on day-to-day decisions.
 - i. Global Governance Commitment
 - a. The Board is committed to ensuring the Health District achieves appropriate results at a reasonable cost while avoiding unethical and illegal actions and situations.
 - ii. Governing Style
 - a. The Board will govern with a style that promotes vision, strategic leadership and collective decision-making.
 - b. Board governance will emphasize:
 - 1. Outward vision rather than internal preoccupation;
 - 2. Encouragement of diversity in viewpoint;
 - 3. Strategic leadership more than administrative detail;
 - 4. Clear distinction of Board and Executive Secretary roles;
 - 5. Collective rather an individual decisions;
 - 6. The future rather than past or present; and
 - 7. Proactive conduct through express value statements versus conduct that is reactive to specific events/decisions.
 - c. The Board will not allow any offer, individual Board member or committee of the Board to be a reason for not fulfilling its commitment.
 - iii. Unity of Control

The Board acknowledges that all actions are by majority rule.

 - a. The Board's group decision, as determined through input, discussion, and voting, must be unambiguous.
 - 1. Only officially passed motions of the Board are binding.

2. Instructions of individual Board members are binding on the District Health Officer and Health District staff once the Board has specifically approved such individual authority.
- iv. Cost of Governance
- a. The cost of governance includes leadership excellence as well as ensuring adequate resources to achieve the desired outcomes of Board policies. The Board commits to investing in its own capabilities to govern with excellence and uphold the principles of accountability and transparency.
 - b. Accordingly, the Board may:
 1. Ensure Board development includes training and orientation for new members and continuing education for existing members to maintain and increase their skills and understandings;
 2. Facilitate an annual Board self-evaluation; and
 3. Ensure associated costs are incurred prudently, though not at the expense of good governance.

2. Board's Responsibilities:

- A. The Board's governance role is distinct from the Health District's management role. In its governance role, the Board sets broad policies (with input from management). By contrast, management's role involves implementation and day-to-day management of Board policies. Because the Board's voice is expressed through its policies, Board decision-making is always an amendment of, or in addition to, existing policy.
- i. The Board will produce written governing policies that, at the broadest levels, address the following categories of organizational decision-making:
 - a. *Board Governance Process*: Identifies the Board's philosophy and how it carries out its responsibilities and governs itself;
 - b. *Ends*: Written with a long-term perspective, defines what results are to be achieved, for whom, and at what cost;
 - c. *Executive Limitations*: Establishes the acceptable boundaries within which the identified ends will be achieved;
 - d. *Board-Executive Secretary Linkage*: Clarifies the Executive Secretary's authority; how authority is delegated, and how the Board evaluates performance in relation to ends and limitations.
 - ii. Board governance policies (BGP) establish overall parameters within which the Board, management, and staff operate. By contrast, management policies, developed and implemented by the District Health Officer, specify how the Health District and staff operate within Board policy parameters.
 - a. The Board recognizes the distinction between Board policies and management policies.

- b. Individual Board members, Board committee members, or the District Health Officer in his/her capacity as the Board's Executive Secretary may propose Board policies.
- c. The Board Chair, in consultation with the District Health officer in his/her capacity as the Executive Secretary, will review all proposed policies for applicability to ensure they do not duplicate or contradict existing policies or Board Bylaws.

3. Role of the Board Chair:

- A. The Board Chair is empowered to chair Board meetings with all the commonly accepted power of that position (e.g., ruling, recognizing). The Board Chair ensures the integrity of the Board's processes and, as needed, represents the Board to outside parties.
- B. The Board Chair:
 - i. Provides leadership to the Board in convening and chairing its meetings, including special meetings and Closed Sessions;
 - ii. Ensures the Board behaves consistently with its own rules and those legitimately imposed upon it externally;
 - iii. Ensures the meeting discussion content will be only those issues, which according to Board policy, clearly belong to the Board to decide;
 - iv. Ensures deliberation is fair, open, and thorough, but also timely, orderly, and to the point;
 - v. Drives the Board towards consensus and resolution of issues and clear conclusions on Board positions;
 - vi. Acts as the voice of the Board with respect to Board agreed positions;
 - vii. Supports the Board's Executive Secretary as requested and necessary; and
 - viii. Carries out other duties as requested by the Board's Executive Secretary and Board as a whole, depending on need and circumstances.
- C. The Board Chair has no authority to make independent decisions regarding the Board's Ends and Executive Limitations policies.
- D. Although the Board Chair may delegate his/her authority, he/she remains accountable for its use.

4. Role of the Board Vice Chair:

- A. The Board Vice Chair's responsibilities are to assist the Board Chair and fulfill the Board Chair's role in the event of an absence or recusal resulting from a conflict of interest.

5. Role of the Board Secretary:

- A. The Board Secretary's responsibilities are to assist the Board Chair and Board Vice Chair, and fulfill the Board Chair's or Board Vice Chair's role in the event of an absence or recusal resulting from a conflict of interest.

6. Role of the Executive Secretary:

- A. The District Health Officer serves as the Board’s Executive Secretary. The Executive Secretary, in coordination with the board or committee chair, will prepare and distribute a written agenda and related materials for all board and committee meetings.

Adopted: 6/23/2011

Amended: 7/23/2015