

**Washoe County District Board of Health  
Meeting Notice and Agenda  
FY18-21 Strategic Planning Retreat  
**PLEASE NOTE LOCATION****

**Members**  
Kitty Jung, Chair  
Dr. John Novak, Vice Chair

Thursday, November 2, 2017  
9:00 a.m.

(Informal mixer with Board members  
and staff: 8:30 to 9:00 a.m.)

Oscar Delgado  
Dr. George Hess  
Kristopher Dahir  
Michael D. Brown  
Tom Young

Washoe County Administration Complex  
Medical Examiner's Conference Room  
990 East Ninth Street  
Reno, NV

An item listed with asterisk (\*) next to it is an item for which no action will be taken.  
9:00 a.m.

1. \*Roll Call and Determination of Quorum
2. \*Pledge of Allegiance
3. \*Public Comment

Any person is invited to speak on any item on or off the agenda during this period. Action may not be taken on any matter raised during this public comment period until the matter is specifically listed on an agenda as an action item.

4. **Approval of Agenda – (For possible action)**  
November 2, 2017

**Strategic Planning Discussion: The purpose of the Strategic Planning Retreat is to discuss and possibly give direction regarding strategic priorities and goals of the Washoe County Health District in regards to the Outcomes listed below:**

- Identify and discuss emerging issues & community stated priorities
- Refresh the FY18-21 Strategic Plan
- Identify FY19 Budget Considerations

5. \*Introductions, Meeting Outcomes, Discussion Flow, Planning Assumptions, Ground Rules, and Recap Core Purpose and Strategic Direction

Presented by: Chair Jung, Kevin Dick and Erica Olsen

6. \*Community Priorities Briefing: Community Needs Stakeholders Priorities and Community Survey Results

Presented by: Heather Kerwin

**7. \*Current Considerations for FY19: Hay Study, Surge Capacity, Service Delivery, Mosquito Abatement and Emerging Priorities – Accreditation**

Presented by: Kevin Dick

**8. \*Strategic Direction of the Health District Over the next 12-24 Months**

- #1: Healthy Lives (Steve & Randy)
- #2: Healthy Environment (Chad & Dan)
- #3: Local Culture of Health (Phil & Kevin)
- #4: Impactful Partnerships (Catrina & Christina)
- #5: Financial Sustainability (Anna & Kevin)
- #6: Organizational Capacity (Kevin)

Presented by: Goal Champions

**9. Board Discussion on Strategic Priorities & Budget Considerations – (for possible action)**

**i. Priority Discussion**

- Specific focus areas or initiatives
- Verify Initiatives are complete and on target to achieve Priorities
- Assess Goals to determine target areas for the greatest progress or those at greatest risk of regression

**ii. Budget Discussion**

- Determine the best investment of Public Health Resources
- Initial thoughts on FY19 Budget Considerations

**10. \*Board Comment**

Limited to announcements or issues for future agendas.

**11. \*Public Comment**

Any person is invited to speak on any item on or off the agenda during this period. Action may not be taken on any matter raised during this public comment period until the matter is specifically listed on an agenda as an action item.

**12. Adjournment – (For possible action)**

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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. 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 the Washoe County Health District, PO Box 1130, Reno, NV 89520-0027, or by calling 775.328.2416, 24 hours prior to the meeting.

**Public Comment.** During the “Public Comment” items, anyone may speak 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 will only be heard during items that are not marked with an asterisk (\*). Any public comment for hearing items will be heard before action is taken on the item and must be about the specific item being considered by the Board. In order to speak during any public comment, each speaker must fill out a “Request to Speak” form and/or submit comments for the record to the Recording Secretary. Public comment and presentations for individual agenda items are limited as follows: fifteen minutes each for staff and applicant presentations, five minutes for a speaker representing a group, and three minutes for individual speakers unless extended by questions from the Board or by action of the Chair.

**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 – Limited to Announcement or Issues for future Agendas.”

**Posting of Agenda; Location of Website.**

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

Washoe County Health District, 1001 E. 9th St., Reno, NV  
Reno City Hall, 1 E. 1st St., Reno, NV  
Sparks City Hall, 431 Prater Way, Sparks, NV  
Washoe County Administration Building, 1001 E. 9th St, Reno, NV  
Downtown Reno Library, 301 S. Center St., Reno, NV  
Washoe County Health District Website [www.washoecounty.us/health](http://www.washoecounty.us/health)  
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 the Washoe County Health District located at 1001 E. 9<sup>th</sup> Street, in Reno, Nevada. Ms. Laura Rogers, Administrative Secretary to the District Board of Health is the person designated by the Washoe County District Board of Health to respond to requests for supporting materials. Ms. Rogers is located at the Washoe County Health District and may be reached by telephone at (775) 328-2415 or by email at [lrogers@washoecounty.us](mailto:lrogers@washoecounty.us). Supporting materials are also available at the Washoe County Health District Website [www.washoecounty.us/health](http://www.washoecounty.us/health) pursuant to the requirements of NRS 241.020.

# Washoe County Strategic Planning Retreat

November 2, 2017

# Retreat Outcomes

- Identify and discuss emerging issues & community stated priorities
- Refresh the FY17-19 Strategic Plan based on community direction and emerging issues
- Identify FY19 Budget Implications

# Discussion Flow

15 mins

**Opening, Setting the Stage**

Heather  
30 mins

**Community Priorities Briefing**

District Health Officer  
15 mins

**Current Considerations for FY19 Budget**

Goal Champions  
60 mins

**Strategic Direction of the Health District Over the next 12-14 Months**

- #1: Healthy Lives (Steve & Randy)
- #2: Healthy Environment (Chad & Dan)
- #3: Local Culture of Health (Phil & Kevin)
- #4: Impactful Partnerships (Catrina & Christina)
- #5: Financial Sustainability (Anna & Kevin)
- #6: Organizational Capacity (Kevin)

Group Discussion  
60 mins

**Board Discussion on Strategic Priorities & Budget Considerations**

# Discussion Guidelines

- Refining not creating
- Contributions from all are encouraged, while listening for Board direction is paramount
- Share the mic
- “Strategic” = creating the future  
“Operational” = improving the current
- Focus on the critical few

# Mission & Values

## ***Mission Statement:***

To protect and enhance the well-being and quality of life for all in Washoe County.

## ***Values Statement:***

- **Trustworthiness:** appropriate allocation of resources, spend prudently, stewardship
- **Professionalism:** ethics, education, accountability
- **Partner-Collaborate:** be flexible, adapt, be accessible, be proactive, innovate and create



# Vision & Strategic Direction

***Vision Statement:***

A healthy community

***Strategic Direction:***

Leaders in a unified community making measurable improvements in the health of its people and environment

# Strategic Priorities

1. **Healthy Lives:** Improve the health of our community by empowering individuals to live healthier lives.
2. **Healthy Environment:** Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.
3. **Local Culture of Health:** Lead a transformation in our community's awareness, understanding, and appreciation of health resulting in direct action.
4. **Impactful Partnerships:** Extend our impact by leveraging partnerships to make meaningful progress on health issues.
5. **Financial Stability:** Enable the Health District to make long-term commitments in areas that will positively impact the community's health by growing reliable sources of income.
6. **Organizational Capacity:** Strengthen our workforce and increase operational capacity to support a growing population.

# WASHOE COUNTY HEALTH DISTRICT FY17-20 STRATEGIC PLAN EXECUTIVE SUMMARY

## MISSION STATEMENT

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To protect and enhance the well-being and quality of life for all in Washoe County.

## VALUES STATEMENT

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- **Trustworthiness:** appropriate allocation of resources, spend prudently, stewardship
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## VISION

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A healthy community

## STRATEGIC DIRECTION

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Leaders in a unified community making measurable improvements in the health of its people and environment

## STRATEGIC PRIORITIES

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1. **Healthy Lives:** Improve the health of our community by empowering individuals to live healthier lives.
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## STRATEGIC PRIORITIES & FY17-20 GOALS

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### **1. HEALTHY LIVES: Improve the health of our community by empowering individuals to live healthier lives.**

FY17-20 Goals:

- 1.1 Reduce the negative health and economic impacts of obesity and chronic disease.
- 1.2 Provide preventive health services that are proven to improve health outcomes in the community.
- 1.3 Improve access to healthcare and social services so people of all means receive the services they need.

### **2. HEALTHY ENVIRONMENT: Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.**

FY17-20 Goals:

- 2.1 Protect people from negative environmental impacts.
- 2.2 Keep people safe where they live, work, and play.

### **3. LOCAL CULTURE OF HEALTH: Lead a transformation in our community's awareness, understanding, and appreciation of health resulting in direct action.**

FY17-20 Goals:

- 3.1 Raise awareness of the Health District and the services it offers within the community.
- 3.2 Work with others to establish policies that positively impact public health.
- 3.3 Inform the community of important health trends by capturing and communicating health data.
- 3.4 Raise awareness of the benefits of a healthy community to build a local culture of health.

### **4. IMPACTFUL PARTNERSHIPS: Extend our impact by leveraging partnerships to make meaningful progress on health issues.**

FY17-20 Goals:

- 4.1 Lend support and accountability to improve K-12 educational outcomes which are strongly associated with public health outcomes.
- 4.2 Support and promote behavioral health.
- 4.3 Improve nutrition by supporting efforts to increase food security.
- 4.4 Enhance the regional EMS system.

### **5. FINANCIAL STABILITY: Enable the Health District to make long-term commitments in areas that will positively impact the community's health by growing reliable sources of income.**

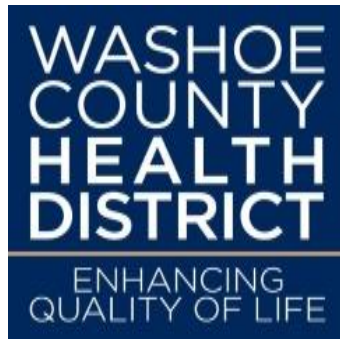
FY17-20 Goals:

- 5.1 Update the Health District's financial model to align with the needs of the community.
- 5.2 Ensure resources are spent where they can have the most impact by identifying opportunities for cost savings.

### **6. ORGANIZATIONAL CAPACITY: Strengthen our workforce and increase operational capacity to support a growing population.**

FY17-20 Goals:

- 6.1 Create a positive and productive work environment.
- 6.2 Focus on continuing to build staff expertise.



**WASHOE COUNTY HEALTH DISTRICT  
FY17-20 STRATEGIC PLAN**

*Updated as of December 9, 2016*

## LETTER FROM THE DISTRICT BOARD OF HEALTH CHAIR

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Big changes are underway in Washoe County. While the foundation for a significant increase in the economic vitality of our region has been laid, much work is yet to be done to ensure that commensurate improvements in the region's quality of life accompany the coming economic growth. And when it comes to quality of life, nothing can have a greater impact than one's health.

Over the coming years, my colleagues on the District Board of Health, Washoe County Commission, Reno and Sparks City Councils, and other leadership positions within the community will have to make decisions that have significant implications on the future of our community. One thing I have learned from my experience on the District Board of Health, is that many policy decisions in areas such as transportation, land use, and education that may not be immediately associated with public health, can have significant effects on public health outcomes. As regional policy makers shaping the future of our community, we all must recognize and value the health implications of the decisions we make so that our community is healthier tomorrow than it is today.

The simple fact is that Washoe County faces many public health challenges—high rates of chronic disease, drug abuse, and limited public health funding are examples. I am confident that the District Board of Health and the excellent staff at the Washoe County Health District have identified the most significant public health challenges our community faces and created a strategic plan that addresses those challenges in a meaningful way.

I know I share the opinion of my fellow board members when I say that I am excited to oversee, and participate in, the execution of the strategic plan and experience the positive results the Health District's work will have on our community.

Kitty Jung  
Washoe County Commissioner  
District Board of Health Chair

## LETTER FROM THE DISTRICT HEALTH OFFICER

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Nearly every day I am reminded of the importance and impact of the work done by the Washoe County Health District. Never was this more true than during the creation of this strategic plan. Throughout the process, all staff shared their enthusiasm for the work they do and their desire to make a greater impact on the community they care about.

Perhaps the greatest challenge we faced in the creation of this plan was choosing what to prioritize. We relied heavily on community data in our decision making process but also took into account the voice of staff who interact with those we serve on a daily basis. They are the ones who have the deepest insight into the needs of our community and whose work is impacted most significantly by strategic decisions we made in developing this plan.

They are also the ones who will be most crucial to successfully implementing this strategic plan. It will take a continued commitment to improving our team to be able to accomplish everything we hope to over the next four years. This is an investment that I know will pay off.

Of course, even with unlimited staff and resources, the Health District alone could not achieve all of the health outcomes the community needs. A community's health is a result of many factors and as such, it requires the partnership and collaboration of many individuals, organizations, and agencies to make meaningful improvements. This plan not only outlines what we as the Health District can accomplish alone, but also what we hope to accomplish as a community and the partnerships required to do so.

I am excited to see what the next four years brings to our region. Whatever that is, I am confident that the staff of the Washoe County Health District under the leadership of the District Board of Health will make tremendous strides towards a healthier community.

Kevin Dick  
Washoe County District Health Officer

**OVERVIEW OF THE PLAN STRUCTURE AND PLANNING PROCESS**

**Definitions**

**Mission:** What is our core purpose?

**Values:** How do we behave?

**Vision:** Where are we going?

**Strategic Direction:** What does success look like?

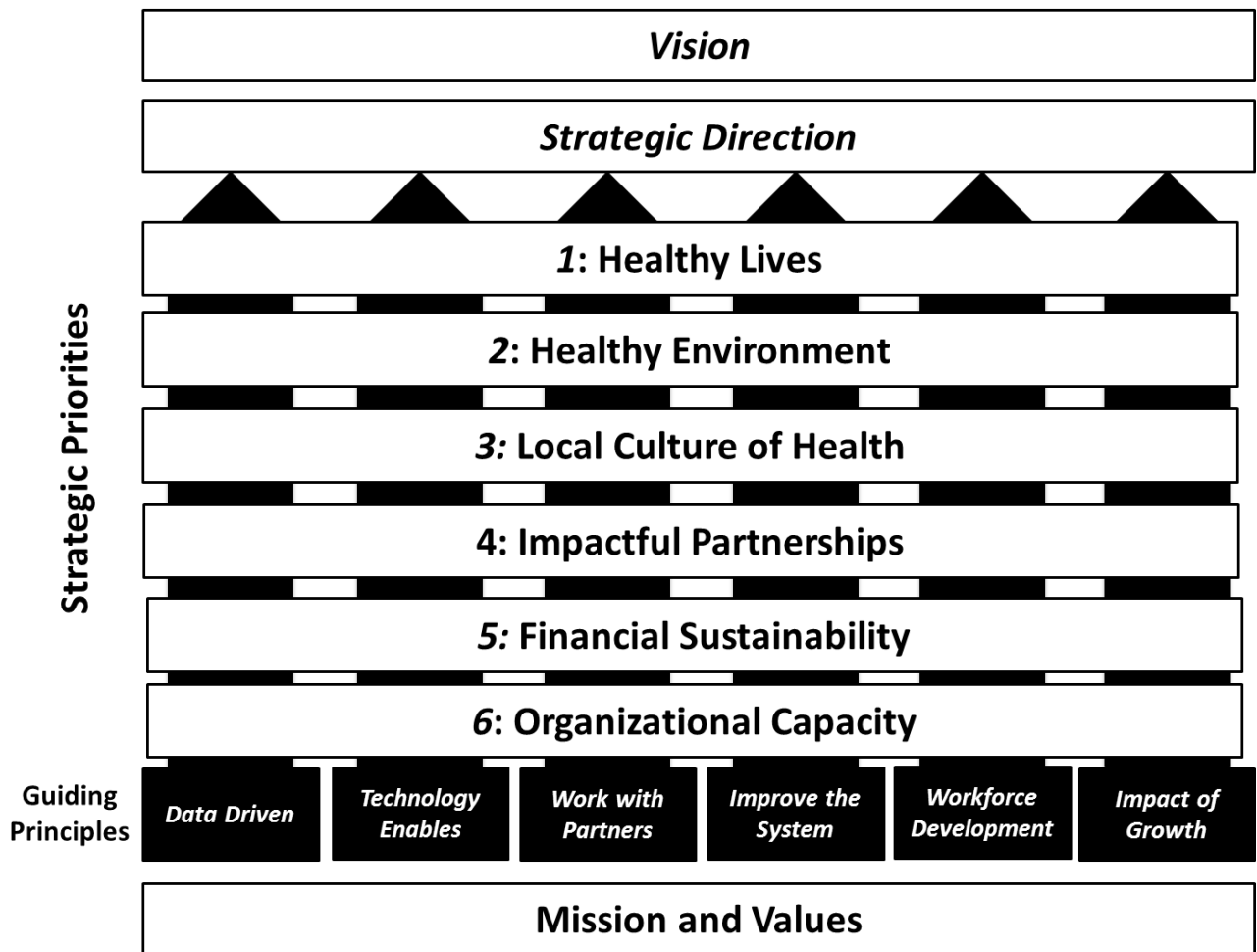
**Guiding Principles:** What is central to the way we work?

**Strategic Priorities:** Where must we focus so we succeed?

**District Goals and Community Outcomes:** What is most important right “now”?

**Supporting Divisional Initiatives:** Who must do what?

**Plan Structure**





## Planning Process

In December 2015, the Washoe County Health District (WCHD) began a 6-month process to develop its strategic plan. The process engaged multiple stakeholder groups including the District Board of Health (DBOH), all WCHD staff, and external community stakeholders. The process was implemented in 4 distinct phases:

1. **Gain Insights:** This phase was dedicated to gathering all the information the planning participants would need to make informed decisions regarding the future direction of the WCHD. Primary research in the form of interviews with DBOH Members and a survey distributed to all WCHD staff and external stakeholders was combined with existing WCHD and community data to frame and inform the strategic issues facing the WCHD.
2. **Design Strategy:** Using the information gathered in the previous phase, the DBOH, working with the executive team of the WCHD, updated the existing Mission and Strategic Direction and established new strategic priorities for the WCHD. Further, the DBOH identified priorities within each strategic priority that the executive staff turned in to District goals.
3. **Build the Plan:** Building off of the strategic foundation established by the DBOH, executive staff identified measurable community outcomes for each of the District Goals that they will work to improve over the next 3-5 years. To achieve these goals, teams built specific initiatives and action plans to ensure the entire WCHD is coordinating action to implement the strategic plan.
4. **Manage Performance:** In order to maintain alignment around the WCHD's strategic plan and ensure accountability for achieving District Goals, the executive staff agreed to meeting regularly throughout the year to report on performance and modify the plan as necessary to adapt to changes or unforeseen priorities.

## COMMUNITY TRENDS

The primary outcome of the Gain Insights phase of the planning process was to understand the issues facing the WCHD that need to be addressed as part of the strategic plan. By gathering the perspective of various stakeholder groups and thoroughly reviewing community data such as that included in the recently completed *Community Health Needs Assessment* many common themes began to emerge.

## Social Determinants of Health

Health outcomes for individuals and overall communities are strongly associated with the social characteristics of those individuals and communities. By influencing the factors related to health outcomes, the WCHD hopes to improve the health outcomes for people within the community it serves. One of the most significant areas targeted for improvement is the high rate of chronic disease in the region.

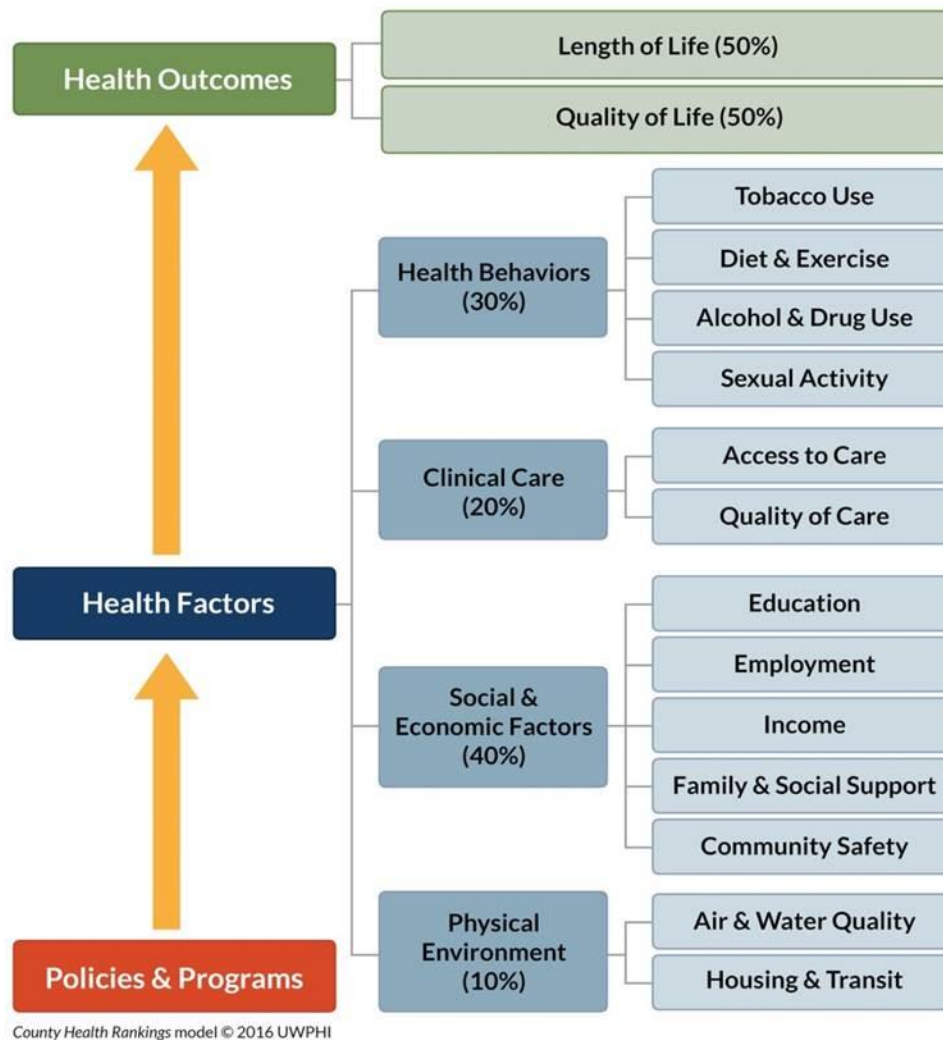


FIGURE 1- UNIVERSITY OF WISCONSIN PUBLIC HEALTH INSTITUTE

## Chronic Disease Impacts in Washoe County

Washoe County, like the nation as a whole, is experiencing the extremely high physical and economic costs of chronic disease. The top 3 causes of death in 2012—Heart Disease, Cancer, and Chronic Lower Respiratory Disease—accounted for 68.2% of all deaths in Washoe County and cost the state approximately \$2.8 billion in direct expenditures (2011)—69.6% of the total economic burden to the state. Due to the scale of the impacts of chronic disease on the health and overall quality of life of residents of Washoe County, this is an issue the WCHD must address in its strategic plan.

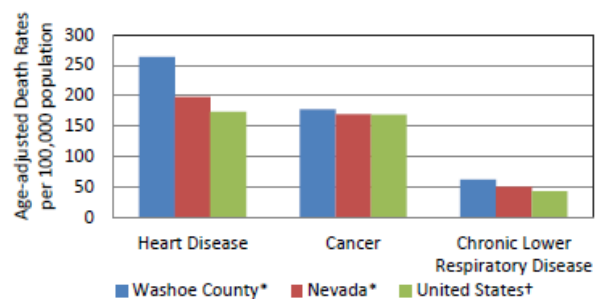
### Heart Disease & Cancer

Washoe County has a higher incidence of death from heart disease, cancer, and chronic lower respiratory disease than Nevada and the United States as a whole.

### Obesity

A key contributor to chronic disease, increasing rates of obesity are largely due to lifestyle changes in the way we eat and decreasing amounts of physical activity.

**Figure 1.1: Top 3 Causes of Mortality, Washoe County, Nevada & the United States, 2011**



Source: \*Nevada Health Statistics Portal Death Data Query  
 Source: †National Vital Statistics Report, Deaths Preliminary Data for 2011

### Health District Strategies

- Healthy Lives:** Many chronic diseases result from individual behaviors. By encouraging individuals to engage in healthy lifestyle behaviors and ensuring individuals have access to care when they need it, the WCHD hopes to reduce the negative impacts of chronic disease.
- Local Culture of Health:** Just as the rise in chronic disease is a result of many factors, it will require many different factors to come together to reduce the impact of chronic disease. This can only be achieved through a significant change of attitude within the entire community towards one of acknowledging and acting on the health impacts of the decisions organizations, businesses, and individuals make.
- Impact through Partnerships:** Combatting chronic disease is not something the WCHD can do alone. Many factors related to chronic disease—access to food and educational attainment for example—will require the collaboration and direct action of partner organizations.

**FIGURE 2- COMMUNITY HEALTH NEEDS ASSESSMENT**

## Large Population Growth Expected

The population of Washoe County is growing and recent economic development in the region suggests the growth rate will increase in the future. To maintain service levels the Health District will require increased funding from reliable, long-term funding sources. In addition to an increased demand for services, the WCHD must also monitor and address the impacts of an increasing population on the environment, specifically the region’s air quality.

## Population Projections

While there is strong consensus that the region the WCHD serves will grow, there are differing opinions on the timing and specific growth rates. Despite the differences, common themes arise. Specifically, two of the largest demographics the WCHD serves, seniors and Hispanics, are both expected to experience strong growth.

### Health District Strategies:

- **Healthy Lives:** Board and staff will be monitoring the growth through service level demands. At this time, the plan does not specifically address an increase as the timing and forecasts are uncertain.
- **Funding Stability:** To prepare for changes in the population, WCHD is seeking to more closely align its funding model with changes in the population it serves as well as seeking additional funding from the State of Nevada for public health.
- **Organizational Capacity:** Resources will always be limited at the WCHD so it must make the most out of what it has. The WCHD’s primary resource is its employees. By building their expertise and ensuring processes are as efficient as possible, the WCHD can mitigate potential increases in service demands.

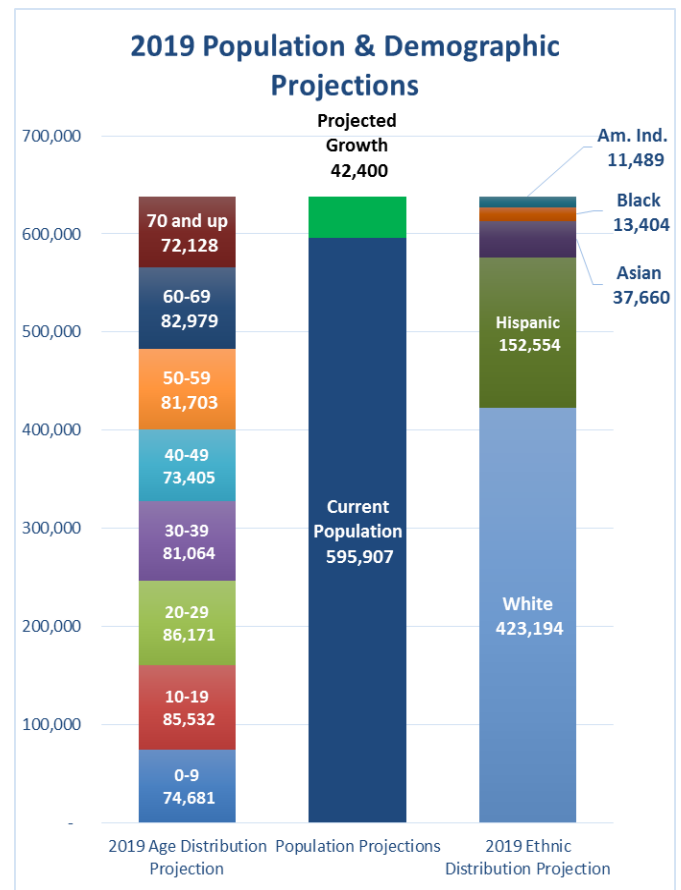


FIGURE 3- ECONIC DEVELOPMENT AUTHORITY OF WESTERN NEVADA

## Achieving National Standards

While most people don't think about the health impacts of going outside, drinking a glass of water, or going out to eat, it is the WCHD's duty to ensure the safety of these activities. No immediate threats to public health due to environmental factors were discovered in the assessment of the strategic plan. However the combination of recent upward trends in ozone concentration and more stringent federal standards illustrate one area the WCHD must focus on. Another area of focus for the Health District will be implementation of the uniform national standards of the FDA model food code to protect the community from food-borne illnesses. As measures of progress in improving the health of the community, we will challenge ourselves and the community to achieve the national CDC *Healthy People 2020* goals.

### Health District Strategies:

- **Healthy Environment:** Population growth and the new development that comes with it will require increased monitoring of air quality. New monitoring stations and innovative new monitoring technologies will help identify sources of pollution and solutions to help improve the region's air quality.
- **Local Culture of Health:** Nearly everyone impacts the region's air quality in one way or another. Thus, nearly everyone has the power to help improve the region's air quality. It will require a concerted effort by individuals, organizations, and policy makers to come together and recognize their impact on air quality and work to improve it.

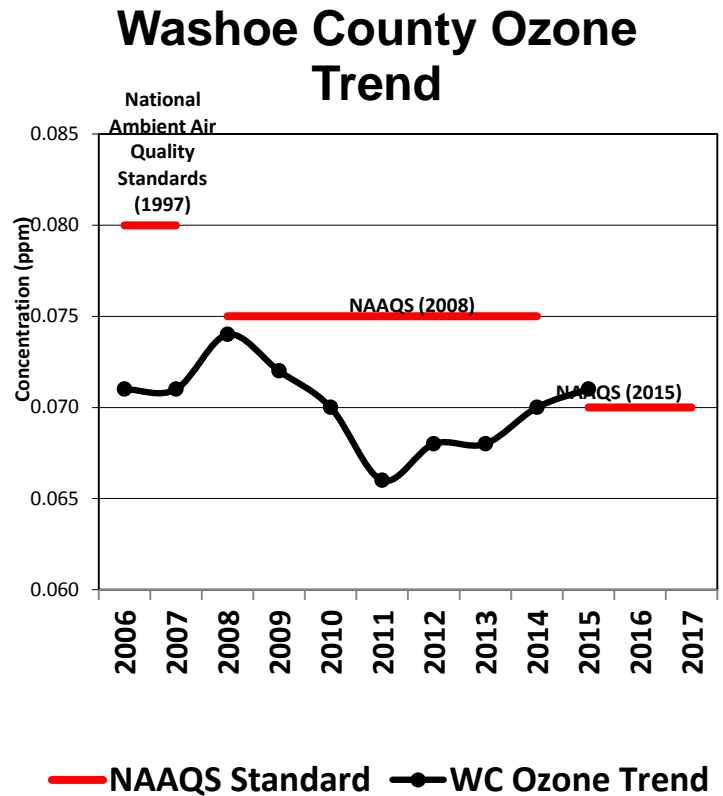


FIGURE 4- WASHOE COUNTY HEALTH DISTRICT

## MISSION

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To protect and enhance the well-being and quality of life for all in Washoe County

## VALUES

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- **Trustworthiness:** appropriate allocation of resources, spend prudently, stewardship
- **Professionalism:** ethics, education, accountability
- **Partner-Collaborate:** be flexible, adapt, be accessible, be proactive, innovate and create

## VISION

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A healthy community

## STRATEGIC DIRECTION

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Leaders in a unified community making measurable improvements in the health of its people and environment

Success for the WCHD is determined by the overall health of the community it serves. First and foremost, the WCHD wants to make measurable progress on public health and quality of life indicators for the community it serves. While the WCHD can make a meaningful impact on many public health indicators, many of the challenges the community faces can only be overcome by multiple agencies working together. The WCHD can play a leadership role in the coordination of multiple entities and individuals to create a local culture of health.

## GUIDING PRINCIPLES: WHAT IS CENTRAL TO THE WAY WE WORK?

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- **Being data-driven:** The use of quality data is both a practice we promote externally to policy makers and something that guides our internal decision making.
- **Technology enables:** We embrace new ways of communicating and interacting when they have the potential to enhance our reach, effectiveness, and efficiency.
- **Work through and with partners:** Public health is a community-wide effort. We recognize that we don't have the resources or capabilities to address all of the community's health needs so we engage and collaborate with partners to address major challenges.
- **Improving the system we work within:** We are capable of influencing the environment in which we work. In many areas, it will be necessary to make significant policy changes at the local, state, and national level to affect meaningful change.
- **Impact of growth:** Preparing for and reacting to the anticipated growth of our community is an assumption built in to all of our planning.
- **Developing our workforce:** Everything we do on a daily basis and everything we want to accomplish to move our organization forward requires a quality workforce to execute.

## STRATEGIC PRIORITIES

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- 1. HEALTHY LIVES: Improve the health of our community by empowering individuals to live healthier lives.** The health of a community depends on the health of the individuals within it. A wide range of factors impact one's health. These factors include individual nutrition and lifestyle choices, socio-economic conditions, and health policy decisions. The aim of the WCHD is to identify and address the most important factors contributing to the health of individuals within the community and implement solutions that allow people to live healthier lives.
- 2. HEALTHY ENVIRONMENT: Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.** The external environment we interact with every day—the air we breathe, the water we drink, the buildings we work in—can impact the health of a community. The aim of the WCHD is to monitor and maintain a safe natural and built environment so the community feels confident living, working, and playing anywhere in Washoe County.
- 3. LOCAL CULTURE OF HEALTH: Lead a transformation in our community's awareness, understanding, and appreciation of health resulting in direct action.** Many of the decisions community leaders, organizations, and individuals make every day can impact the community's health. However, the community's health is not always a factor in the decision making process. The WCHD's aim is to work with the community to assign greater value to its health and consider health implications in the decisions it makes.
- 4. IMPACTFUL PARTNERSHIPS: Extend our impact by leveraging partnerships to make meaningful progress on health issues.** Many of the issues impacting the health and quality of life within Washoe County do not fall under the WCHD's direct jurisdiction nor can they be addressed by a single organization. To make meaningful progress on these issues requires a community effort. The WCHD will extend its reach by working with key partners to identify and address issues that require community collaboration.
- 5. FINANCIAL STABILITY: Enable the Health District to make long-term commitments in areas that will positively impact the community's health by growing reliable sources on income.** Public health requires an up-front investment. The programs and services the WCHD offers require resources to implement but those programs and services create value for the community over time. When funding is insufficient or unreliable, this limits the positive impact of the WCHD. The WCHD's aim is to have greater control over its finances in order to be able to better predict and control future funding levels.
- 6. ORGANIZATIONAL CAPACITY: Strengthen our workforce and increase operational capacity to support growing population.** As the community grows, the service demands on the WCHD will grow. To maintain and improve levels of service, the WCHD workforce needs to grow along with the community. By investing in the capabilities of the WCHD staff and creating a positive and productive work environment the WCHD will continually improve its ability to serve the community.



**STRATEGIC PRIORITIES, DISTRICT GOALS & COMMUNITY INDICATORS:  
WHAT MUST WE FOCUS ON TO SUCCEED?**

**1. HEALTHY LIVES: Improve the health of our community by empowering individuals to live healthier lives.**

District Goals & Community Outcomes	Baseline	Targets	
		2018	2020
<b>1.1 Reduce the negative health and economic impacts of obesity and chronic disease.</b>			
% of overweight and obese adolescents	34.6% (2015)	34%	33%
% of overweight and obese adults	21.8% (2015)	21%	20%
% of adults who are current smokers	15% (2014)	14%	13%
% of youth who currently smoke cigarettes	10.3% (2015)	9%	8%
Prevalence of diabetes	7.1% (2013)	7.1%	7%
Coronary heart disease mortality rate (per 100,000)	226.6 (2012)	224	222
Cancer mortality rate (per 100,000)	174.5 (2012)	172.5	170.5
<b>1.2 Promote preventative health services that are proven to improve health outcomes in the community.</b>			
Teen birth rates (per 100,000)	26.9 (2013)	25.6	24.2
% of newly reported hepatitis C cases with confirmatory test results	53% (2015)	60%	70%
# of people utilizing WIC	9,568 (2016)	9,855	10,046
Child immunization rates	75.5% (2016)	78%	80%
<b>1.3 Improve access to health care so people of all means receive the health services they need.</b>			
% of population with health insurance	79.4% (2014)	83.3%	87.3%
% of Washoe County residents with a usual primary care provider	68.1% (2014)	71.5%	83.9%
# of family health festivals	2 (2015)	6	8



**2. HEALTHY ENVIRONMENT: Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.**

District Goals & Community Outcomes	Baseline	Targets	
		2018	2020
<b>2.1 Protect people from negative environmental impacts.</b>			
Ozone concentration (parts per billion) - Design value, 3-year average number	71 (2015)	70	68
Air quality index - % good and moderate days	356 Days (2013-2015)	358 Days	360 days
Waste generation - Tons per year/per capita	1,432 tons/ 2,884 pounds (2015)	1,420 tons/ 2,840 pounds	1,392 tons/ 2,783 pounds
Recycling rates	31.5% (2015)	35%	35%
# of activities to prepare and respond to potential impacts due to drought, climate change, and natural disasters	12 (2015)	10	10
<b>2.2 Keep people safe where they live, work, and play.</b>			
% of risk-based environmental program standards	0% (2016)	100%	100%
% of risk-based food inspections	0% (2015)	100%	100%
Food inspection pass rate - clean pass	-	TBD	TBD
% of foodborne illness risk factors in food establishments	-	TBD	TBD

**3. LOCAL CULTURE OF HEALTH: Lead a transformation in our community’s awareness, understanding, and appreciation of health resulting in direct action.**

District Goals & Community Outcomes	Baseline	Targets	
		2018	2020
<b>3.1 Raise awareness of the Health District and the services it offers within the community.</b>			
# of traditional media interviews and press releases	221 (2015)	250	275
# of social media posts	343 (2015)	500	700
# of impressions from advertising campaigns	12.6M (2015)	13.8M	14.0M
% of permits applied for online	-	50%	90%
<b>3.2 Work with others to establish policies that positively impact public health.</b>			
# of policies established or improved that positively impact public health. Examples might potentially include: <ul style="list-style-type: none"> <li>• Taxation of e-nicotine products</li> <li>• Vaping in the Clean Indoor Air Act</li> <li>• Access to behavioral health services</li> <li>• Height and weight measurements in schools</li> <li>• Expansion of wrap-around service models</li> </ul>	-	2	5
<b>3.3 Inform the community of important health trends by capturing and communicating health data.</b>			
# of community public health advisories issued	60 (2015)	66	72
Average # weekly unique visitors to the Health District website	5,374 (2015)	5,911	6,502
# of community health data reports published/promoted. For example: <ul style="list-style-type: none"> <li>• Community Health Needs Assessment</li> <li>• County Health Rankings</li> <li>• Air Quality Trends</li> <li>• Communicable diseases annual report</li> <li>• Foodborne illness risk factors</li> <li>• Antibioqram report</li> </ul>	4 (2015)	5	5
<b>3.4 Raise awareness of the benefits of a healthy community to build a local culture of health.</b>			
# of supporting initiatives undertaken	3	4	5

**4. IMPACTFUL PARTNERSHIPS: Extend our impact by leveraging partnerships to make meaningful progress on health issues.**

District Goals & Community Outcomes	Baseline	Targets	
		2018	2020
<b>4.1 Lend support and accountability to improve K-12 educational outcomes which are strongly linked with public health outcomes.</b>			
Duration of GI outbreaks in schools	44 days (2015)	40 days	36 days
% of Washoe County students who graduate high school	75% (2015)	76.9%	78.8%
<b>4.2 Support and promote behavioral health.</b>			
% of Washoe County high school students who attempt suicide	11.7% (2015)	11.1%	10.53%
% of Washoe County high school students who ever took a prescription drug without a doctor's prescription	18.3% (2015)	17.4%	16.5%
% of WC high school students who were offered, sold, or given an illegal drug by someone on school property	27.9% (2015)	26.5%	25.1%
Rate of K-12 Washoe County School District bullying incidents	-	-10%	-20%
% of Washoe County high school students who currently drink alcohol	35.5% (2015)	34.7%	32.9%
<b>4.3 Improve nutrition by supporting efforts to increase food security and access.</b>			
% of food insecure children	27% (2012)	25.7%	24.3%
% of food insecure people	15% (2012)	14.25%	13.5%
<b>4.4 Enhance the regional EMS system.</b>			
Implementation of single patient record for pre-hospital care	-	100%	100%
Median EMS regional response times (initial contact to first arriving unit in min:sec)	6:05 (Q1, 2016)	6:00	6:00
Coordinated communications amongst EMS partners	REMSA ready for CAD-CAD interface	CAD/AVL (Automatic Vehicle Locator) complete	P25 radio migration 80% complete

5. **FINANCIAL STABILITY:** Enable the Health District to make long-term commitments in areas that will positively impact the community’s health by growing reliable sources on income.

District Goals & Community Outcomes	Baseline	Targets	
		FY18	FY20
<b>5.1 Update the WCHD’s financial model to align with the needs of the community.</b>			
% State funding support	1.2% (FY15)	1.3%	1.5%
Budget per capita (442,000 population)	\$47.50 (FY15)	\$49.88	\$52.25
<b>5.2 Ensure resources are spent where they can have the most impact by identifying opportunities for cost savings.</b>			
Total cost savings (in dollars) QI projects	-	TBD	TBD
Utilization of interns and volunteers (hours/FTEs)	12,636/6.1 (FY15)	13,676/6.6	14,716/7.1

**6. ORGANIZATIONAL CAPACITY: Strengthen our workforce and increase operational capacity to support growing population.**

District Goals & Health District Outcomes	Baseline	Targets	
		2018	2020
<b>6.1 Create a positive and productive work environment.</b>			
Employee engagement score	18.9% (FY16)	25%	30%
# of facility enhancements implemented (cumulative)	2 (FY16)	5	8
# of security enhancements implemented	0 (FY16)	1	2
# of QI projects implemented in last 12 months	8 (FY16)	10	12
<b>6.2 Focus on continuing to build staff expertise.</b>			
% Implementation of the Workforce Development Plan	0%	50%	100%

## **FY17 Strategic Plan Progress and Achievements**

The Health District accomplished significant progress in implementing the Strategic Plan initiatives to achieve goals established under the six strategic priorities during FY17. The information presented below describes the accomplishments from implementing the initiatives established under each of the goals.

### **1 - Healthy Lives: Improve the health of our community by empowering individuals to live healthier lives.**

#### **1.1 Reduce the negative health and economic impacts of obesity and chronic disease. Progress was made on this goal and 100% of its initiatives for FY17.**

The Chronic Disease Prevention Program (CDPP) successfully implemented the Wolf Pack Coaches Challenge in the first quarter of FY17. The CDPP Coordinator is the Chair of the WCSD Wellness Committee, and they have successfully implemented a Districtwide Wellness Policy which positively impacts over 65,000 in the School District. The Program published an EpiNews on community BMI rates, and held the Healthy Living Forum, both opportunities to increase provider awareness on local obesity rates and effective interventions. Additional accomplishments for FY17 included the development of the WOW! (We Order Well!) Menu Labeling campaign, securing an additional Health Educator for FY18, and launching a new smoke free media campaign.

#### **1.2 Promote preventive health services that are proven to improve health outcomes in the community. Progress was made on this goal and 100% of its initiatives for FY17.**

Clinical services are promoted via website, and media buys. Smoke Free Multi Unit Housing and other CDPP initiatives and activities are promoted via our website, including gethealthywashoe.com, and apartment guides, etc. Our Communicable Disease Program exceeded their goal of 60% by reaching 65% of Healthcare Providers with targeted education to those not following CDC recommendations on Hepatitis C testing.

Our Maternal Child Health Program made progress in working with a Statewide Safe Sleep Workgroup to secure funding to launch a “Go Before You Show” campaign, targeting newly pregnant moms to seek out prenatal care early in their pregnancy. The Health District’s Fetal Infant Mortality Program (FIMR) has shown through data analysis that earlier prenatal care could lead to less fetal and infant deaths. Work continues to secure funding to launch this media campaign, and is expected in the first half of FY18.

Our Immunization Programs rate of up-to-date 19-35 month olds for recommended immunizations has hovered near the 2020 goal of 80% for much of the past FY. Our Family Planning and Sexual Health Programs had extensive media buys this past year, with over an incredible 12 million impressions and views! CCHS program staff do an excellent job of leveraging media to increase program outreach to the community to educate and promote services available.

**1.3 Improve access to health care so people of all means receive the health services they need. Progress was made on this goal and 100% of its initiatives for FY17.**

Our clinics continue to schedule appointments over the phone and schedule walk in clients as able, to provide services as promptly as possible. CCHS worked with the Food Bank of Northern Nevada (FBNN), Northern Nevada HOPES and Community Health Alliance (CHA) to enroll clients in an ACA plan, Medicaid and Supplemental Nutrition Assistance Program (SNAP), and continues to work with the Division of Public and Behavioral Health (DPBH) to get a full time Medicaid enroller at the Health District. Our South Reno WIC clinic has an enrollment assister from HOPES as well. Estimated Washoe County population covered by health insurance was close to 88%. CCHS continues to attempt to contract with additional insurance plans, as research shows that access to insurance increases access to primary care providers, and which leads to overall improved health. CCHS staff documents our clients' primary care provider in our EHR, and if a client does not have a primary care provider, they routinely provide community resources to help them secure one. As not all clients in our area can make it to our clinic location, CCHS takes it services out to the community. In FY17, CCHS had over 220 offsite clinic events to provide services to often our most vulnerable and at risk populations.

**2 - Healthy Environment: Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.**

**2.1 Protect people from negative environmental impacts. 90% of FY17 goals met.**

AQMD successfully works to protect people from negative environmental impacts through effective ambient air monitoring and planning activities along with permitting and inspection of over 1,200 facilities located in Washoe County. The establishment of the new Spanish Springs monitoring site now provides actual monitoring data for a large portion of the Sparks population that had not previously been covered. Through the Ozone Advance initiatives, AQM continues to promote voluntary emission reductions in an attempt to avoid federally mandated control measures that could result from a nonattainment designation.

AQM planning staff successfully submitted two Exceptional Events Demonstrations for ozone impacts from 2016 wildfire smoke episodes. With EPA's concurrence on these demonstrations, the first one in the country under the new federal Exceptional Events Rule and guidance, the ozone design value for Washoe County is 70 ppb which attains the new 2015 standard. AQMD

began work on updating the Air Quality Penalty Regulations which have not been updated since 2006. Final review will be completed prior to public workshops. This initiative will be completed before the end of FY18.

The Solid Waste Management Plan was updated and being implemented. A Waste Characterization Study RFP was issued and the study will occur in FY18. Support was provided to Washoe County in updating their franchise agreement with Waste Management.

Emergency Response Stand-by staffing was implemented in FY17. New mosquito trapping methods were implemented to provide surveillance for Zika-transmitting mosquitos due to changing climate to detect their presence in the area. The Emergency Operations Plan was revised and updated in FY17.

## **2.2 Keep people safe where they live, work, and play. 90% of FY17 goal met.**

Through FY17, several of the objectives and initiatives under Goal 2.2 were achieved/implemented. A new risk-based inspection form was implemented in the Food Safety Program, risk-based food inspections were initiated for all food establishment inspections, the first phase of the food safety risk factor study was completed, and a work plan for establishing program standards for all environmental health programs was developed. The strategic plan for implementing the program standards in the Food Safety program was also fully implemented. Completion of these initiatives positions EHS well for continued progress in FY18.

## **3 - Local Culture of Health: Lead a transformation in our community's awareness, understanding, and appreciation of health resulting in direct action.**

### **3.1 Raise awareness of the Washoe County Health District and the services it offers within our community. 90% of FY17 goal met.**

The Health District posted, conducted, and broadcast a total of 2,745 media interviews, press releases, social media postings, and emergency radio messages in FY17. We directed nine advertising campaigns including: Be Idle Free(x2), Washoe Eats, Know the Code, MSM/Grindr, Tobacco Prevention (General), Tobacco Prevention (LGBT), Family Planning, and Medical Reserve Corp., which garnered nearly 25 million impressions. A social media team in EHS joined AQMD, CCHS and ODHO in posting 2,267 Facebook, Twitter and Grindr messages. The Health District also began revamping its website to include video links and several important data sets. Washoe County Health District joined Reno, Sparks and Washoe County Community Development in bringing a new permitting process online with Accela and the One Project. The Accela Citizen Access (ACA) component of the system for online permitting has not been well utilized to date and work is needed to improve the performance of ACA.



**3.2 Work with others to establish policies that positively impact public health. 85% of FY17 goal met.**

During FY17, five policies were established or improved that positively impact public health. WCHD adopted regulations addressing food inspections, woodstoves, invasive body decorations, and phase II vapor recovery, and the legislature adopted student height and weight measurement requirements for WCSD that the Health District had advocated for. Recommendations for Bill Draft Requests (BDRs) were submitted to the Interim Legislative Committee on Health Care and, as a result, three BDRs were submitted for consideration during the 79<sup>th</sup> Session. The Health District provided testimony or submitted letters to Committees on ten Bills during the legislative session. Progress is delayed on designated vaping and smoking areas on Washoe County properties due to delays with signage from the Community Services Division. No policy changes have resulted from Truckee Meadows Healthy Communities (TMHC) to date, but an initiative to effect policy on affordable housing is moving forward.

**3.3 Inform the community of important health trends by capturing and communicating health data. 100% of FY17 goal met.**

The Communicable Disease Annual Report for calendar year 2015 was published. The 2016 report is currently under preparation. This report provides valuable information on the current status as well as the overall trend of infectious disease in Washoe County.

The Washoe County antibiogram was published with 2015 data in the fall of 2016. The 2016 version will be published in the fall of 2017. An antibiogram shows the susceptibility of various bacteria to a number of different antibiotics. This information can help physicians to select treatments for infectious disease that are most likely to be effective. Having a local antibiogram is important because susceptibilities can be different from one geographical location to another.

A number of data sets were prepared and published to the Health District website including the Health District's Annual Report, a Communicable Disease Annual Report, the EPI News, the Weekly Influenza Report, Foodborne Illness Risk Factors, Antibiogram Report, the 2016 Community Health Improvement Plan Summary Report, the Robert Wood Johnson County Health Rankings, and the Air Quality Trends Report. A community forum for the release of the County Health Rankings report was held in March. Preparation of an updated Community Health Needs Assessment was initiated, and will be completed in FY18.

**3.4 Raise awareness of the benefits of a healthy community to build a local culture of health. 90% of FY17 goal met.**

The District Health Officer continued to Chair Truckee Meadows Healthy Communities, and the Health District provided backbone support to the Community Health Improvement Plan. The Health District is leading or engaged and supporting four Healthy Community initiatives; Truckee Meadows Healthy Communities Steering Committee, a TMHC/Enterprise/Truckee

Meadows Regional Planning Agency (TMRPA) affordable housing roadmap, the Community Health Improvement Plan, and the Washoe County School District (WCSD)/University of Nevada, Reno (UNR) Coaches Challenge. TMHC has incorporated as a not-for-profit 501(c)(3) and hired a Director. Seven TMHC events were held, four Family Health Festivals and three housing forums. Plans to hold combined board meetings with regional organizations were deferred.

**4 - Impactful Partnerships: Extend our impact by leveraging partnerships to make meaningful progress on health issues.**

**4.1 Lend support and accountability to improve K-12 educational outcomes. 100% of FY17 goal met.**

The Washoe County School District was provided with various tools to help in preventing and controlling GI outbreaks in August of 2016. Enhancements to these tools are currently in progress. The Health District provided backbone support for the Community Health Improvement Plan (CHIP), K-12 Education Workgroup and goals, and the Washoe County high school graduation rate increased from 75% in 2015 to 77% in 2016.

**4.2 Support and promote behavioral health. 100% of FY17 goal met.**

The Washoe County Health District formed a CHIP Education Workgroup and a CHIP Behavioral Health Workgroup based on CHIP priorities. It was noted in the Behavioral Health Workgroup that Join Together Northern Nevada was focused on prevention of the substance abuse objectives noted in the CHIP. In an effort not to duplicate work, the Behavioral Health Workgroup chose to rename themselves the CHIP Youth Mental Health Workgroup and focus on the prevention of bullying, sadness, hopelessness, and suicides among Washoe County youth. The CHIP Education Workgroup then chose to increase graduation rates by targeting some of the root causes of youth not graduating, to include bullying, sadness, hopelessness, and suicide. Due to both workgroups focusing on the same objectives, the two workgroups combined forces and moved forward to identify partners focused on these CHIP objectives. Strong partnerships and increased collaboration among the Washoe County Health District, Renown Health, Communities in Schools, the Washoe County School District's Children in Transition program and Family Resource Centers formed to address these objectives.

In Washoe County, the percentage of students who seriously considered attempting suicide decreased from 21% in 2013 to 18.8% in 2015. In addition, the percentage of high school students who attempted suicide decreased from 14.0% in 2013 to 11.7% in 2015.

**4.3 Improve nutrition by supporting efforts to increase food security and access. 100% of FY17 goal met.**

Through a Truckee Meadows Healthy Communities initiative and Food Bank of Northern Nevada grant, Washoe County Health District staff are participating in Leadership conferences and a community action network related to improving food security in Washoe County. These efforts are supported and funded by the Arnold Foundation and Annie E. Casey Foundation.

2014 data shows food insecurity rates have dropped slightly for children in Washoe County. 2012 data shows 27% of children were food insecure in Washoe County, whereas 2014 data shows this percentage has dropped to 23.8%. Furthermore, the percentage of food insecure people in Washoe County has dropped from 15% in 2012 to 13.7% in 2014.

**4.4 Enhance the Regional Emergency Medical Services System. Substantial Progress Achieved.**

The 5-year EMS strategic plan, a requirement of the Interlocal Agreement for EMS Oversight, was approved by the EMS Advisory Board and the District Board of Health in October 2016. Subsequently, work on the identified goals and objectives began. The EMS Advisory Board receives quarterly updates on the progress of the planning initiatives. Currently, large projects being worked on by the region include the development of regional protocols, establishing a CAD-to-CAD interface between the PSAPs and the REMSA dispatch center, and the identification of low acuity Priority 3 calls to implement appropriate service level processes.

**5 - Financial Stability: Enable the WCHD to make long-term commitments in areas that will positively impact the community's health by growing reliable sources of income.**

**5.1 Updating the Health District's financial model to align with the needs of the community. FY17 outcomes achieved.**

The community outcomes for the goal 5.1 have been achieved for FY17 and they include: increased State funding support in Washoe County which had a base of 1.2% and a target by 2020 of 1.5%, FY17 ended with State funding at 1.2% of total revenue but increased 28.6% over FY16 so the State funding has increased year over year. Also included in 5.1 is for the District Health Officer to engage District Board of Health champions to lobby for State funding support and advocate for additional state funding for increased funding per capita; the District Board of Health consistently supported the efforts of the District Health Officer and the Health District for lobbying the State for increased funding for the Local Health Departments.

**5.2 Ensuring resources are spent where they can have the most impact by identifying opportunities for cost savings. FY17 outcomes achieved.**

Goal 5.2 outcomes have been achieved. Budget per capita increased from FY16 budgeted funding of \$49.93, to \$50.66 per capita in FY17, a 1.6% increase. Cost savings for quality

improvement projects have generated \$26,738 in savings. Above the base requests have been funded with existing resources and projected permit and fee revenues. Volunteer hours have reached 13,981 or 6.7 full-time equivalents (FTEs), which is 2% above the target of 13,676 volunteer hours. Discussions continue with the County for adjusting the County General Fund support to address the negotiated cost of living adjustments for the employees.

**6 - Organizational Capacity: Strengthen our workforce and increase operational capacity to support a growing population.**

**6.1 Create a positive and productive work environment. FY17 goals met, on-track.**

The aesthetics of the Health District were improved through 18 facility enhancements including wall hangings in the building B lobby and in corridors. 34 security improvements were implemented to protect the safety of Health District employees, including construction of new doorways to restrict public access to the clinic areas, and additional locks on conference rooms and offices, and badge locks on hall and stairway doors. The percent of annual performance reviews on time reached 87.5%, exceeding the 85% goal, and the annual employee engagement survey was conducted. Seven quality improvement projects were implemented to improve efficiency with documented annual savings of over \$26,000.

**6.2 Focus on continuing to build staff expertise. 100% of FY17 goal met.**

The Office of the District Health Officer is in the process of developing a workforce development plan (to be completed in Quarter One of FY18) that will assist in building staff expertise. In FY17, staff completed a needs assessment to determine: a) professional development “needs” and b) professional development “wants.” The data was analyzed by the University of Nevada, Reno Community Health Sciences Division, and gaps were identified for staff (individually) and for the Health District as a whole. Management will be able to utilize results of the Workforce Development Plan scheduled for completion in September 2017 to build staff expertise.





**Washoe County Health District Strategic Plan - FY17 Progress Report**

**District Board of  
Health August 24, 2017**

# Strategic Plan

## Vision

*A healthy community*

## Mission

*To protect and enhance the well-being and quality of life for all in Washoe County*

## Values

*Trustworthiness*

*Professionalism*

*Partner-Collaborate*

## Strategic Direction

*Leaders in a unified community making measureable improvements in the health of its people and environment*

# Action Plan

## Strategic Priorities (6)

*Our priorities*

## District Goals (17)

*Our goals*

## Outcomes (53)

*What are we trying to achieve (with measurable targets)*

## Initiatives (90 unduplicated)

*What we will do to reach our outcomes*

# Strategic Priorities

**Healthy Lives:** *Improve the health of our community by empowering individuals to live healthier lives.*

**Healthy Environment:** *Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.*

**Local Culture of Health:** *Lead a transformation in our community's awareness, understanding and appreciation of health, resulting in direct action.*

**Impactful Partnerships:** *Extend our impact by leveraging partnerships to make meaningful progress on health issues.*

**Financial Stability:** *Enable the WCHD to make long-term commitments in areas that will positively impact the community's health by growing reliable sources of income.*

**Organizational Capacity:** *Strengthen our workforce and increase operational capacity to support a growing population.*



# Action Plan (sample)

## ACTION PLAN

Outcomes and Initiatives		Who	FY17				FY18	FY19	FY20
			Q1	Q2	Q3	Q4			
Strategic Priority #1: Improve the health of our community by empowering individuals to live healthier lives. <span style="float: right;">← Priority</span>									
District Goal 1.1 Reduce the negative health and economic impacts of obesity and chronic disease. <span style="float: right;">← Goal</span>									
Outcome 1.1.1	Reduce the percentage of overweight and obese youth in Washoe County. (2015 Baseline: 34.6%)						Target 34%		Target 33%
Initiative 1.1.1.1	Implement Wolf Pack Coaches Challenge.	Erin Dixon							
Initiative 1.1.1.2	Participate in the implementation of the Washoe County School District Wellness Policy.	Erin Dixon							
Outcome 1.1.2	Reduce the percentage of overweight and obese adults in Washoe County. (2015 Baseline: 21.8%)	Steve Kutz					Target 21%		Target 20%
Initiative 1.1.2.1	Develop and promote a local restaurant menu campaign.	Erin Dixon							
Initiative 1.1.2.2	Assess funding and staffing gaps for obesity and chronic disease prevention program given the desired improvements in community outcomes we are seeking.	Steve Kutz							
Initiative 1.1.2.3	Increase provider awareness regarding local obesity rates and effective interventions.	Erin Dixon							
Outcome 1.1.3	Reduce the percentage of adults who are current smokers in Washoe County. (2014 Baseline: 15%)	Erin Dixon					Target 14%		Target 13%
Initiative 1.1.3.1	Develop, place, and evaluate smoking free community campaign.	Erin Dixon							
Initiative 1.1.3.2	Identify and implement smoke free policies at family friendly locations.	Erin Dixon							

# Dashboard of Completed Goals

1.1 Reduce the negative health and economic impacts of ...

**100%**

% of community outcomes on target

Steve Kutz



1.2 Promote preventive health services that are proven to ...

**100%**

% of community outcomes on target

Steve Kutz



1.3 Improve access to health care so people of all means receive ...

**100%**

% of community outcomes on target

Steve Kutz



2.1 Protect people from negative environmental impacts.

**100%**

% of community outcomes on target

Charlene Albee



2.2 Keep people safe where they live, work, and play.

**25%**

% of community outcomes on target

Dave McNinch



3.1 Raise awareness of the Washoe County Health District ...

**2.7k**

# of press and social media releases

Phil Ulibarri



# Dashboard of Completed Goals

3.2 Work with others to establish policies that positively impact ...

**85%**

% of annual goal accomplished

Kevin Dick



3.3 Inform the community of important health trends by ...

**100**

% of community outcomes on target

Phil Ulibarri



3.4 Raise awareness of the benefits of a healthy ...

**90%**

% of community outcomes on target

Kevin Dick



4.1 Lend support and accountability to improve K-12 ...

**60%**

% of community outcomes on target

Sara Behl



4.2 Support and promote behavioral health.

**60%**

% of community outcomes on target

Sara Behl



4.3 Improve nutrition by supporting efforts to increase ...

**60%**

% of community outcomes on target

Sara Behl




# Dashboard of Completed Goals

4.4 Enhance the Regional  
Emergency Medical Services ...

**25%**

% of community  
outcomes on target


 Christina Conti



5.1 Update the WCHD's financial  
model to align with the needs ...

**90%**

Completed model


 Anna Heenan



5.2 Ensure resources are spent  
where they can have the most ...

**100**

% of community  
outcomes on target


 Anna Heenan



6.1 Create a positive and  
productive work environment.

**90%**

% of annual goal achieved

 Kevin Dick



6.2 Focus on continuing to build  
staff expertise.

**80%**

% of plan outcomes on  
target

 Sara Behl





# NEXT STEPS



Implement initiatives through 2020

Track and measure outcomes via online management system

Monitor progress

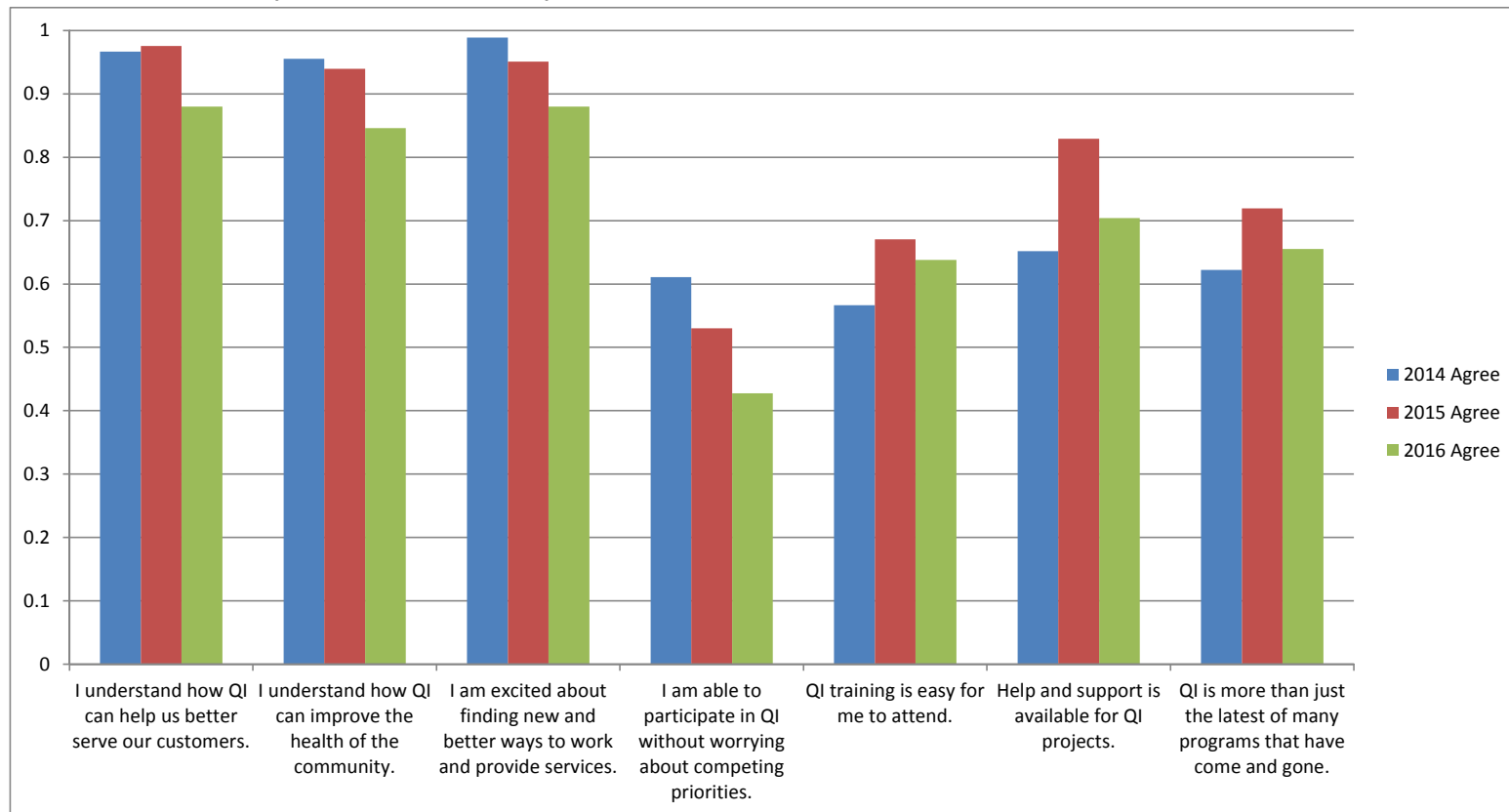
Workshop to review/modify plan - 11/2/2017

**THANK YOU!**

DBOH AGENDA ITEM NO. 5ii

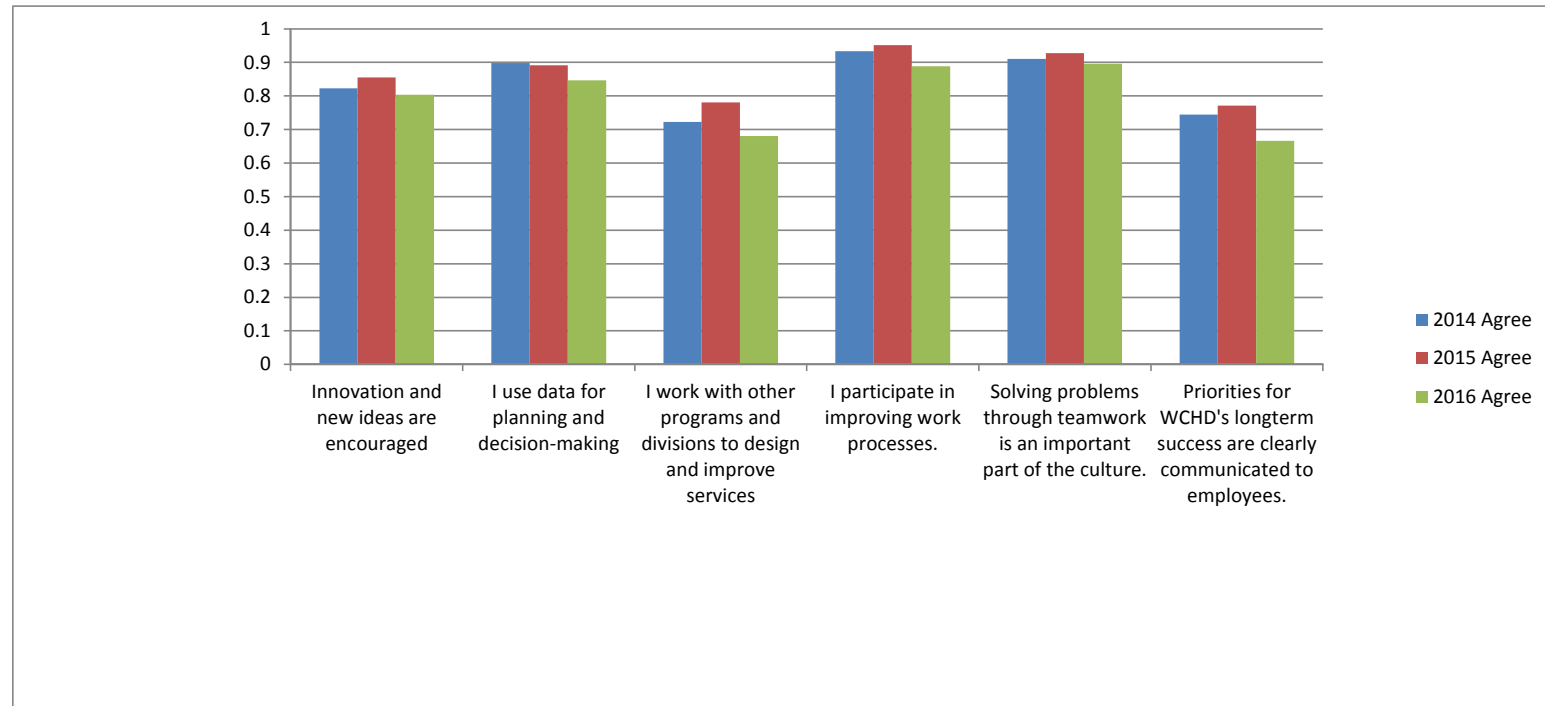
Question 1: In relation to my work at the Washoe County Health District...	2014		2015		2016	
	Agree	Disagree	Agree	Disagree	Agree	Disagree
I understand how QI can help us better serve our customers.	96.67%	2.22%	97.56%	2.44%	88.03%	9.40%
I understand how QI can improve the health of the community.	95.56%	3.33%	93.98%	4.82%	84.62%	11.97%
I am excited about finding new and better ways to work and provide services.	98.89%	1.11%	95.12%	4.88%	88.03%	11.11%
I am able to participate in QI without worrying about competing priorities.	61.11%	34.44%	53.01%	45.78%	42.74%	52.14%
QI training is easy for me to attend.	56.67%	36.67%	67.07%	31.71%	63.79%	32.76%
Help and support is available for QI projects.	65.17%	17.98%	82.93%	7.32%	70.43%	17.39%
QI is more than just the latest of many programs that have come and gone.	62.22%	21.11%	71.95%	23.17%	65.52%	24.14%

Question 1: In relation to my work at the Washoe County Health District...



Question 2: At the Washoe County Health District...	2014		2015		2016	
	Agree	Disagree	Agree	Disagree	Agree	Disagree
Innovation and new ideas are encouraged	82.22%	16.67%	85.54%	14.46%	80.34%	17.95%
I use data for planning and decision-making	89.77%	10.23%	89.16%	9.64%	84.62%	11.97%
I work with other programs and divisions to design and improve services	72.22%	25.56%	78.05%	20.73%	68.10%	28.45%
I participate in improving work processes.	93.33%	6.67%	95.12%	4.88%	88.89%	8.55%
Solving problems through teamwork is an important part of the culture.	91.01%	8.99%	92.77%	7.23%	89.66%	8.62%
Priorities for WCHD's longterm success are clearly communicated to employees.	74.44%	24.44%	77.11%	20.48%	66.67%	29.06%

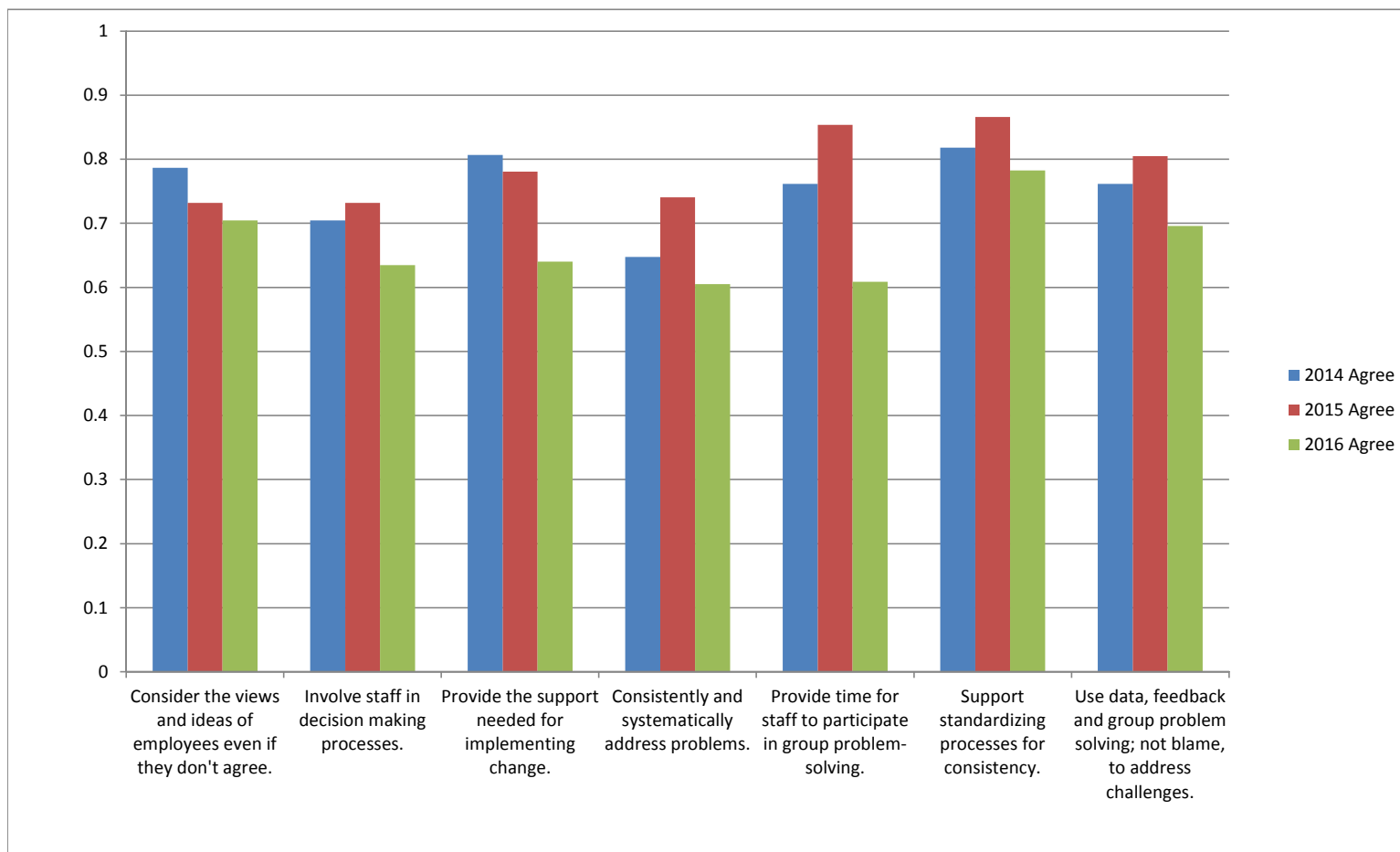
Question 2: At the Washoe County Health District...





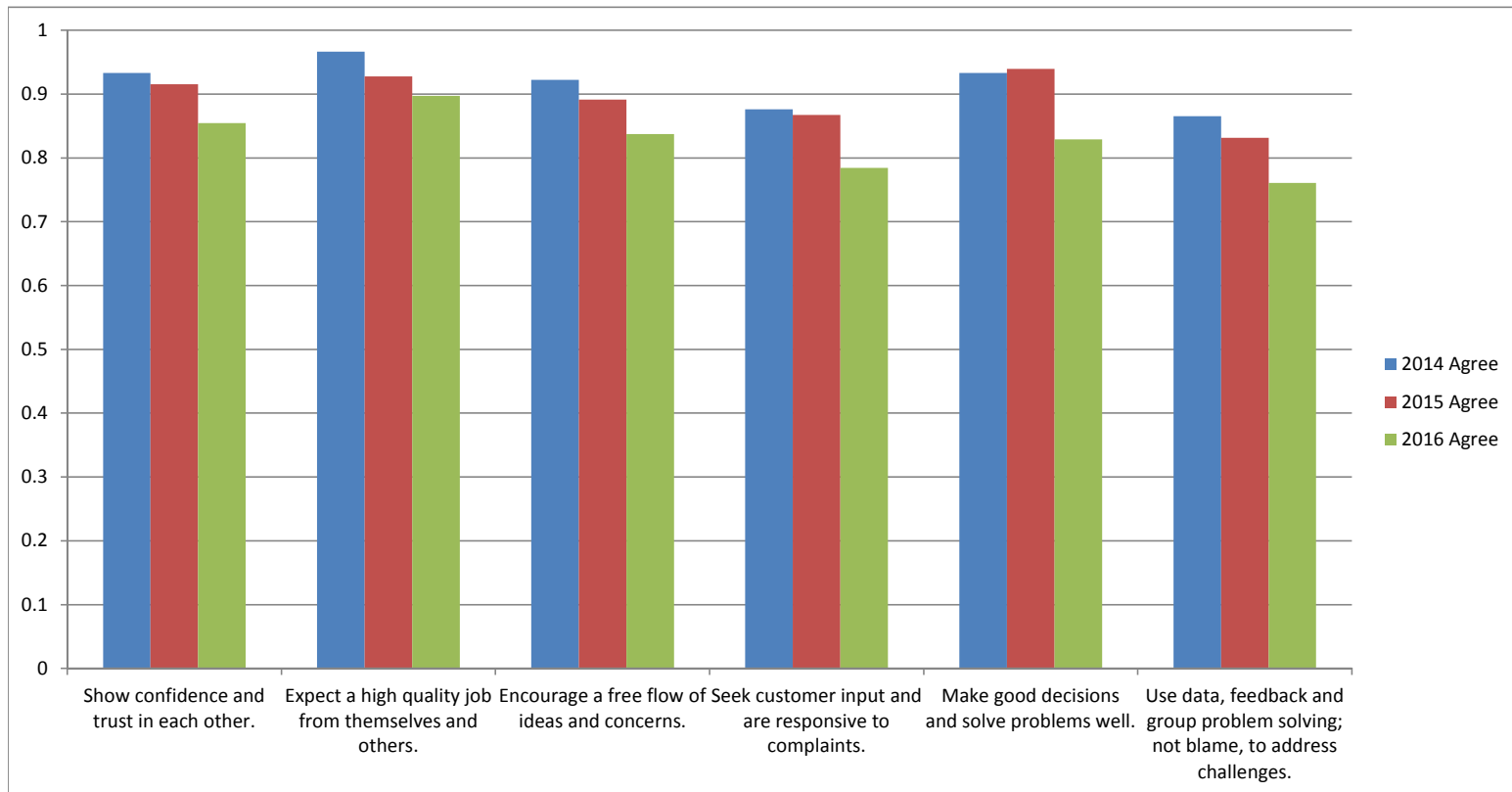
	2014		2015		2016	
	Agree	Disagree	Agree	Disagree	Agree	Disagree
<b>Question 3: Washoe County Health District Leadership Team (DHO, DDs, Sups)...</b>						
Consider the views and ideas of employees even if they don't agree.	78.65%	19.10%	73.17%	24.39%	70.43%	25.22%
Involve staff in decision making processes.	70.45%	28.41%	73.17%	25.61%	63.48%	34.78%
Provide the support needed for implementing change.	80.68%	18.18%	78.05%	20.73%	64.04%	32.46%
Consistently and systematically address problems.	64.77%	32.95%	74.07%	25.93%	60.53%	36.84%
Provide time for staff to participate in group problem-solving.	76.14%	21.59%	85.37%	14.63%	60.87%	33.91%
Support standardizing processes for consistency.	81.82%	15.91%	86.59%	12.20%	78.26%	16.52%
Use data, feedback and group problem solving; not blame, to address challenges.	76.14%	20.45%	80.49%	10.98%	69.57%	28.70%

**Question 3: Washoe County Health District Leadership Team (DHO, DDs, Sups)...**



	2014		2015		2016	
	Agree	Disagree	Agree	Disagree	Agree	Disagree
<b>Question 4: At the Washoe County Health District, the people I work with...</b>						
Show confidence and trust in each other.	93.33%	5.56%	91.57%	8.43%	85.47%	12.82%
Expect a high quality job from themselves and others.	96.63%	3.37%	92.77%	7.23%	89.74%	8.55%
Encourage a free flow of ideas and concerns.	92.22%	6.67%	89.16%	9.64%	83.76%	12.82%
Seek customer input and are responsive to complaints.	87.64%	5.62%	86.75%	9.64%	78.45%	12.93%
Make good decisions and solve problems well.	93.33%	3.33%	93.98%	4.82%	82.91%	12.82%
Use data, feedback and group problem solving; not blame, to address challenges.	86.52%	10.11%	83.13%	14.46%	76.07%	19.66%

**Question 4: At the Washoe County Health District, the people I work with...**



**WASHOE  
COUNTY  
HEALTH  
DISTRICT**

ENHANCING  
QUALITY OF LIFE

DBOH AGENDA ITEM NO. 5iii  
2016

# Community Health Improvement Plan ANNUAL REPORT SUMMARY



In partnership with



TRUCKEE MEADOWS  
**HEALTHY COMMUNITIES**

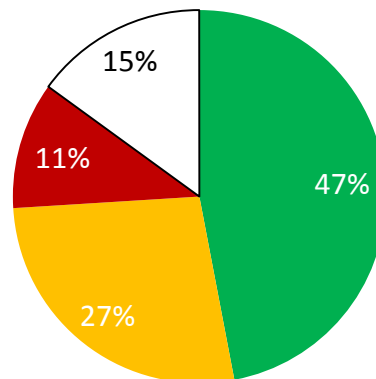
# Executive Summary

A Community Health Improvement Plan (CHIP) utilizes data from a Community Health Needs Assessment (CHNA) to help organizations develop comprehensive information about a community's current health status, needs and issues.<sup>1</sup> A CHIP can help a community justify how and where to allocate resources to best meet the community need. Benefits include improved organization and community coordination and collaboration, increased knowledge about public health and the interconnectedness of activities, strengthened partnerships within state and local public health systems, identified strengths and weaknesses to address in quality improvement efforts, baselines on performance to use in preparing for accreditation, and benchmarks for public health practice improvement.<sup>2</sup>

The CHIP report is published annually and evaluates the progress of goals, strategies and objectives over the last year towards the four priorities of **ACCESS TO HEALTHCARE AND SOCIAL SERVICES, BEHAVIORAL HEALTH, EDUCATION (K-12), AND FOOD SECURITY.**<sup>2</sup> The CHIP is in its first year of a triennium plan (2016-2018). This report will provide insight for the community to identify gaps in services, collaboration opportunities, potential for policy changes, and ways to remove social disparities and barriers to living healthy. Together, through collective impact strategies, Washoe County can enhance quality of life.

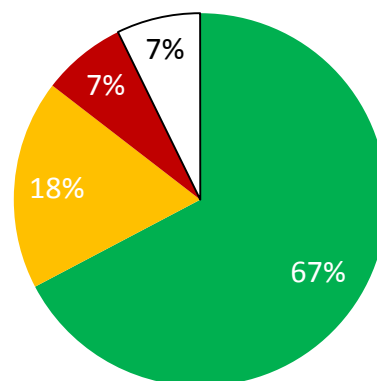
First year implementation of the inaugural Washoe County CHIP was very successful. Out of 55 strategies, 67% have already met or exceeded their targets.

### Status of CHIP Objectives, 2016



■ Met/Exceeded Target ■ Progress Toward Target  
■ Did Not Meet Target □ No Data

### Status of CHIP Strategies, 2016



■ Met/Exceeded Target ■ Progress Toward Target  
■ Did Not Meet Target □ No Data

<sup>1</sup> CDC (2015). Community Health Assessments & Health Improvement Plans. Retrieved from: <https://www.cdc.gov/stltpublichealth/cha/plan.html>.

<sup>2</sup> Washoe County Health District. (2015). Washoe County community health improvement plan: 2016-2018. Retrieved from: <https://www.washoecounty.us/health/files/data-publications-reports/CHIP%20-%20FINAL%2001.28.16.pdf>.



Additionally, almost half (47%) of the objectives outlined in the CHIP have been met or exceeded their targets.

## Access to Health Care and Social Services

This priority was led by 10 community organizations to make movement on 13 strategies and 10 performance measures. Overarching goals for this priority include the development of a community health hub, increasing access to primary care, increasing coordination of care, increasing access to transportation and increasing the number of adults who receive their adult high school diploma. In the first year of implementation, 70% of the objectives have been met and 85% of the strategies have met or exceeded their targets. Major successes include:

- There was a 7.3% increase in 2015 (68.1% to 75.4%) of Washoe County residents who have a primary care provider as compared to 2014. This has already exceeded the 2018 target of 71.5%.
- There were four completed Family Health Festivals serving a total of 3,607 clients in the 89502 zip code with an average of 33 vendors participating.
- Community Health Alliance opened two new centers: The Center for Complex Care located on Crampton Street and the Sparks Health Center located on Oddie Boulevard.
- Northern Nevada HOPES opened their brand new Wellness Center and has already seen a 36% increase in their patient population (from February 2016 to November 2016).
- There was a 26.0% increase in the number of Washoe County residents who received their adult high school diploma from RISE Academy for Adult Achievement in the 2015-2016 school year, meeting their goal of 150 diplomas awarded.
- There was a 72.8% increase in the number of trips provided by private/not-for-profit organizations and a 23.7% increase in the number of reduced-rate or other discounted transit trips provided to seniors, disabled and low income residents in Washoe County.
- There was a development of a Nevada 2-1-1 strategic plan to improve coordination of care in Washoe County and throughout the rest of the State.
- Renown Health will be sustaining REMSA community services such as the Nurse Health Line, Community Paramedicine, and Ambulance Transport Alternatives.

## Behavioral Health

This priority was led by 20 community organizations to make movement on 21 strategies and 32 performance measures. Overarching goals for this priority include improving access to behavioral health services, creating a healthier environment for youth and a reduction in youth substance use and abuse. In the first year of implementation, 63% of the objectives have been met and 71% of the strategies have met or exceed their targets. Major successes include:

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- The UNR School of Medicine Department of Psychiatry opened their new Behavioral Health Patient Care Center on Neil Road. This allowed UNR to increase fellowships for students pursuing the field of clinical mental health.
- Crossroads, a transitional housing program for those who need support to get sober, have 131 supportive transitional housing beds and 14 crisis intervention beds with plans to expand.
- Amendments to the anti-bullying bill put forth by Nevada's Legislature in 2015 has increased reporting of bullying incidents in Washoe County's schools.
- Washoe County School District has incorporated several behavioral health supports for their students including Multi-Tiered System of Supports (MTSS), the District Intervention Assistance Team (DIAT), and Social Emotional Learning (SEL).
- The Adverse Childhood Experiences (ACEs) screening tool has not only been added to the Youth Risk Behavior Surveillance System (YRBS), but is also being included in Washoe County School District's Child and Adolescent Needs and Strengths Screener (CANS) tool. The goal is to screen all seventh graders in the School District.
- Substance abuse prevention programs were very successful across Washoe County which may have contributed to a decrease in substance use among youth.

## Education (K-12)

This priority was led by eight community partners to make movement on 11 strategies and 18 performance measures. Overarching goals for this priority include improving health outcomes to influence educational attainment and supporting student health through nutritious eating habits and physical activity. In the first year of implementation, 17% of the objectives have been met and 64% of the strategies have met or exceeded their targets. Major successes include:

- 77% of Washoe County students graduated in 2016. This is a 2% increase from the previous year.
  - 66% of Native American/American Indian students graduated in 2016 which is a 14% increase from the previous year, exceeding the target of 53.3%.
  - Washoe County School District adopted a Student Wellness Policy and the majority of schools reported compliance with 15 out the 16 wellness goals. In addition, 60.3% of schools reported hiring wellness coordinators at each school site.
  - Communities in Schools (CIS), a supplemental support program for high risk youth, expanded into five schools in Washoe County and has already seen an 82% graduation rate among CIS students.
  - New legislation in 2015 encouraged Washoe County schools to improve literacy by grade three. As a result, all 62 elementary schools and five charter schools in Washoe County have designated learning strategists and have been undergoing intensive career development and trainings to better support their schools and implement the new legislation.
-

- Programs like Girls on the Run and the Wolf Pack Coaches Challenge made headway incorporating curricula to improve nutrition and physical activity in schools.
- Organizations such as the Education Alliance and United Way have partnered with key businesses and organizations to implement supplemental programs for Washoe County students.

## Food Security

This priority was led by five community partners to make movement on 10 strategies and six performance measures. Overarching goals for this priority include implementing programs that address the immediate need for food and promote long-term health and to enhance home-delivered meal programs to seniors. In the first year of implementation, 17% of the objectives have been met and 30% of the strategies have met or exceeded their targets. Major successes include:

- The Northern Nevada Food Bank received grant and match funding equalling \$515,000 to develop a plan around food security for Washoe County. From this stemmed the Collaborating for Communities (C4C) Community Action Networks (CANs). These CANs target social determinants of health that influence food insecurity such as housing, income stability and food security. This group is developing a plan to increase access and knowledge of food sustenance programs in the 89502 zip code as well as develop a food prescription pilot with Renown Health and Community Health Alliance.

The CHIP is a living document that seeks to demonstrate the principles of collective impact, which is large-scale, cross-sector coordination with a common agenda, shared measurement/accountability, mutually reinforcing activities, continuous communication and backbone support.<sup>3</sup> Many activities in the community have happened pushing Washoe County towards a more collective impact approach to improving health outcomes outlined in the CHIP. In the first year of implementation, the community has seen the development of the Family Health Festivals, a Medicaid Referral Pilot program to increase access and better coordination to primary care between Renown Health, the Community Health Alliance and Northern Nevada HOPES, and a project to increase coordination of care for Children in Transition (CIT) with community programs such as Communities in Schools, the Family Resource Centers and the CIT program at Washoe County School District. The community has also seen a leveraging of resources and agreement on mutually reinforcing activities such as the C4C CANs.

A shared vision to address local health issues contributing to poor health outcomes in Washoe County has been established. The community has identified a common agenda around the four health priorities: Access to healthcare and social services, behavioral health, education (K-12), and food security. Sixty-six objectives have been established to begin the structure of shared measurement. Evaluating and reporting on the first year of implementation has also established a system of accountability and transparency for the community. Many of the strategies within the CHIP were identified as mutually reinforcing activities to gain traction on the associated performance measures and this plan has greatly increased communication lines between organizations to break out of silos and begin the pathways of true collective impact and collaboration as demonstrated through many CHIP

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<sup>3</sup> Kania, J. & Kramer, M. (2011). Collective impact. Stanford social innovation review, 36-41.

related working groups. Lastly, the Washoe County Health District, Renown Health and Truckee Meadows Healthy Communities have stepped in to provide all leading agencies a backbone of support through staff time, funding, and strategic planning. The foundation for collective impact in Washoe County for optimized health of its citizens has been set.

### The Full Report

The full report can be downloaded at the Washoe County Health District website:

<https://www.washoecounty.us/health/data-publications-and-reports.php>

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## DBOH AGENDA ITEM NO. 6

The 2018-2020 Washoe County Community Health Needs Assessment (CHNA) is a collaboration funded by Washoe County Health District and Renown Health.

### Purpose

- Identify health needs of a geographically defined area “community”
- Identify strengths and assets of the community
- Inform decision makers and leaders

### Components

1. **Secondary data:** data for over 250 health indicators from reliable and generalizable sources such as Behavioral Risk Factor Surveillance Survey (BRFSS), Youth Risk Behavior Survey (YRBS), American Community Survey (ACS), and other sources of standardized population data available at the county level. Indicators align with the Table of Contents [attached].
  - a. Data displayed in 5-10 years trends, some indicators show disparities among educational attainment, race/ethnicity, age, and sex, and compare Washoe County performance to Nevada and United States as well as Healthy People 2020 objectives.
2. **Primary data:** data gathered through a survey of residents focused on areas with little to no secondary data. Includes questions identifying barriers to physical activity, nutrition, and accessing healthcare. Helps understand the why and how. Survey available in English and Spanish, online and hardcopy, over 1,400 respondents over a 4-month period.
3. **Ranked health needs:** Objective measurement of secondary and primary data scored on five criteria [accompanying table] to determine rank. [see ranked data graph, ranked community input graph, overall rank]
4. **Prioritized focus areas:** community workshop was an opportunity for community organizations and leaders to weigh in and identify which priority areas under each health topics has the best opportunity for sustainable success. [workshop results]

### Ranked Health Topics

Health Topic	Overall Rank*	Community Survey	Data*	Community Workshop
Access to Health	1	1	2	3
Mental Health	2	5	1	2
Social Determinants	3	3	8	1
Crime & Violent-Related Behaviors	4	4	6	7
Chronic Disease/Screenings	5	6	3	6
Physical Activity, Nutrition, & Weight	6	6	4	5
Substance Use	7	7	5	4
Injury Prevention	8	7	7	12
Maternal & Child Health	9	10	9	8
Sexual Health	10	10	10	10
Environmental Health	11	2	11	11
Infectious Disease & Immunizations	12	6	12	9
Community Services	NR	9	NR	NR

\*Rank as of 10/19/2017 subject to change

### Outcomes & Next Steps

- Framework for Community Health Improvement Plans (CHIP) and Renown Benefits Plan
- Resource for local organizations to use in grant applications
- Will be conducted again in 3-5 years

# 2018-2020 Washoe County Community Health Needs Assessment

November 2, 2017  
Heather Kerwin, MPH, CPH  
CHNA Coordinator

# Purpose of Community Health Needs Assessments (CHNA)

- Process Involves
  - Quantitative and qualitative data
  - Community input and feedback
  - Systematic evaluation and identification of health needs
- Purpose and Outcomes Include
  - Identified health needs of a geographically defined area
  - Identified assets within a community
  - Informed community decision makers and leaders
  - Framework for Community Health Improvement Plans (CHIP) and Community Benefit Plans

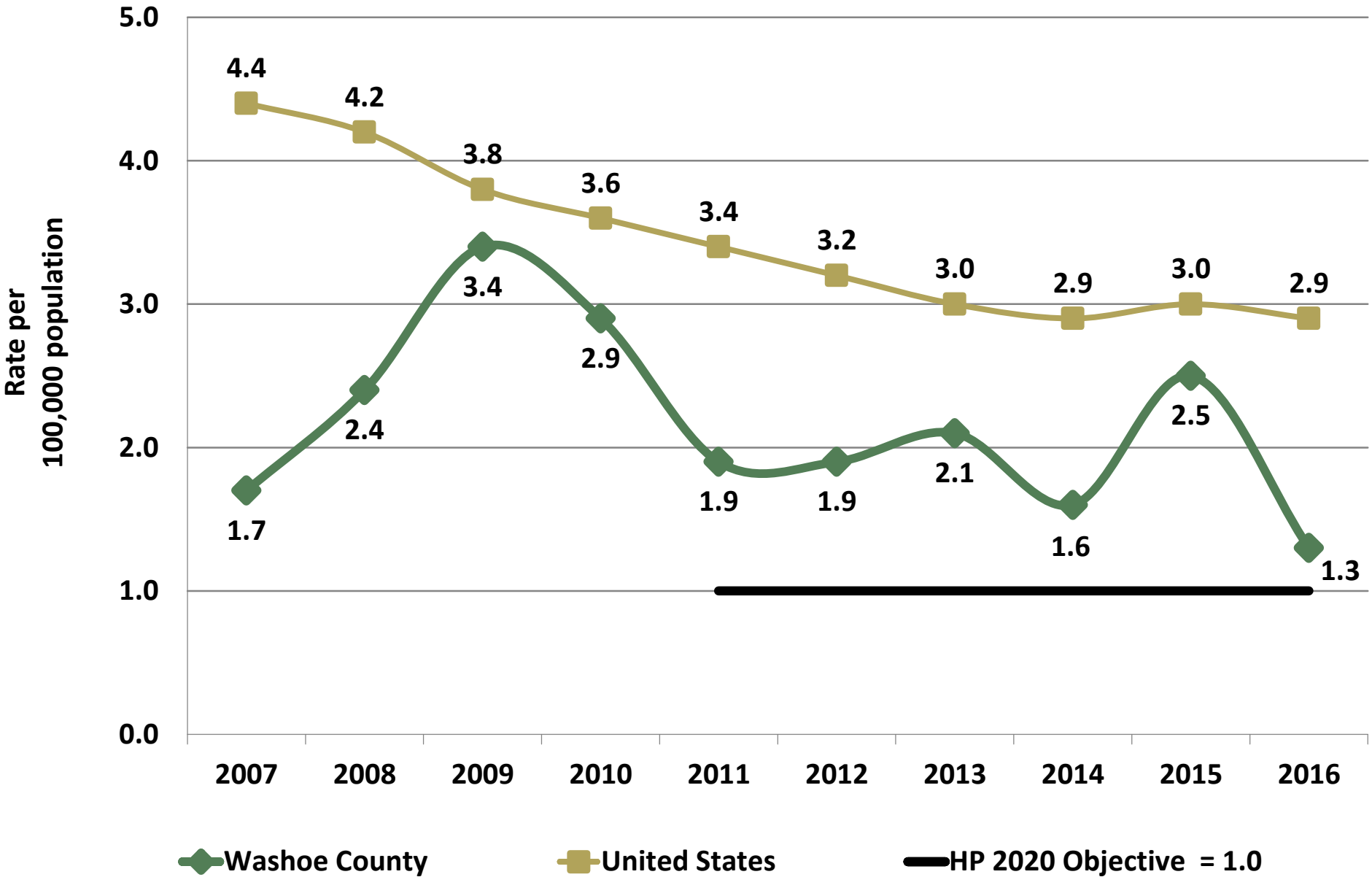
# Secondary quantitative data for over 250 health indicators

- ✓ Education, employment rates, income/poverty, housing, food, access to healthcare
- ✓ Environmental factors air, water, waste management
- ✓ Unintentional injuries
- ✓ Crime and violence
- ✓ Physical activity, nutrition, and weight status
- ✓ Substance use
- ✓ Mental health
- ✓ Sexual health
- ✓ Maternal child health
- ✓ Immunizations, preventive screenings
- ✓ Communicable diseases such as Hepatitis C, salmonella, and influenza
- ✓ Chronic diseases such as cancer, arthritis, cardiovascular disease, and diabetes
- ✓ Mortality rates
- ✓ High needs ZIP codes

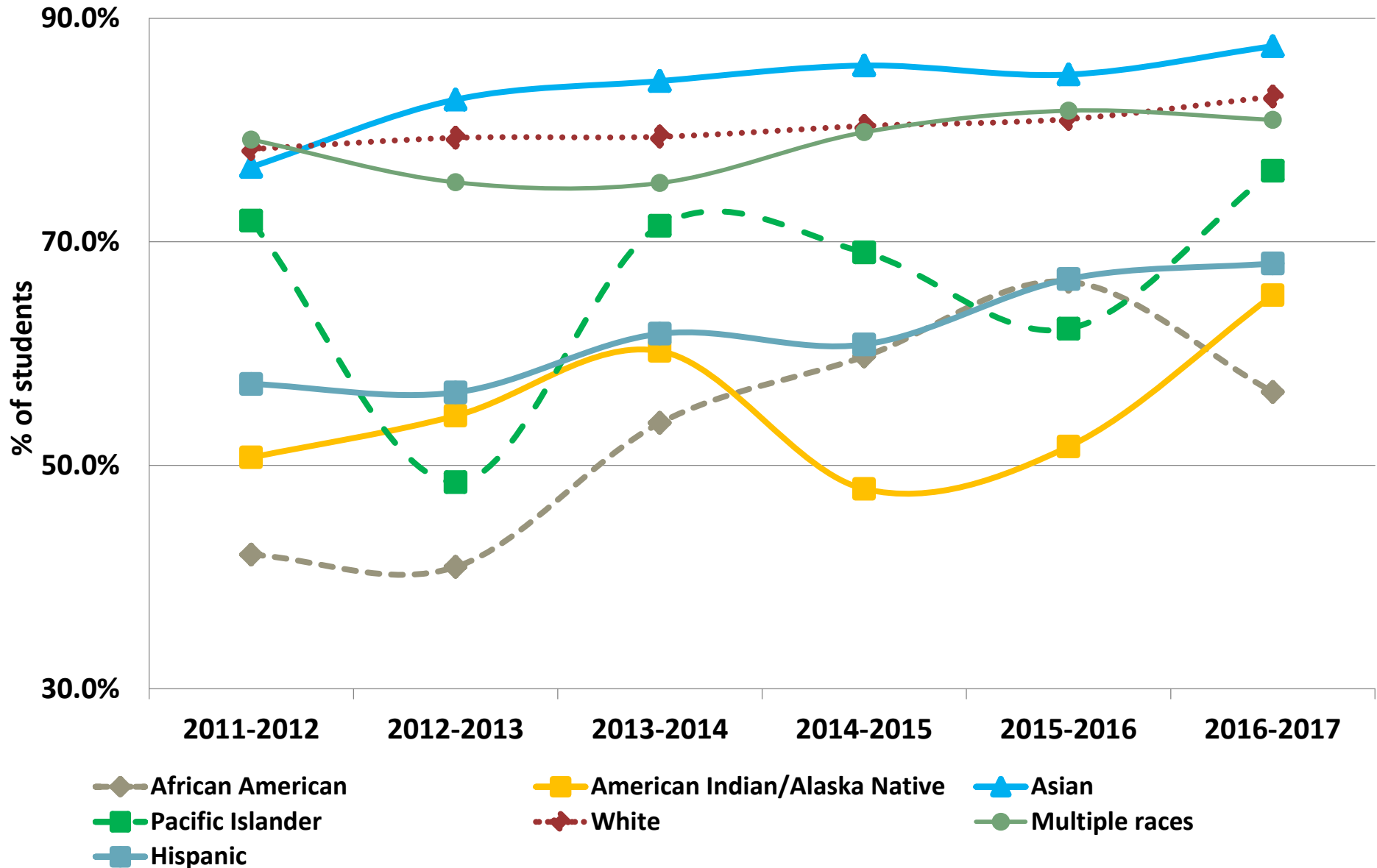
# Secondary quantitative data

- Five to ten year trends
- Disparities among different levels of income, educational attainment, age, sex, race and ethnicity
- Washoe County data compared to
  - Nevada
  - United States
  - Healthy People 2020 objectives

# Rates of Reported Cases of Tuberculosis, Washoe County & the United States, 2007-2016



# High School Graduation Rate, by Race/Ethnicity, Washoe County, 2011-2012 through 2016-2017



# Primary quantitative & qualitative data

## Surveyed areas where we have little to no data

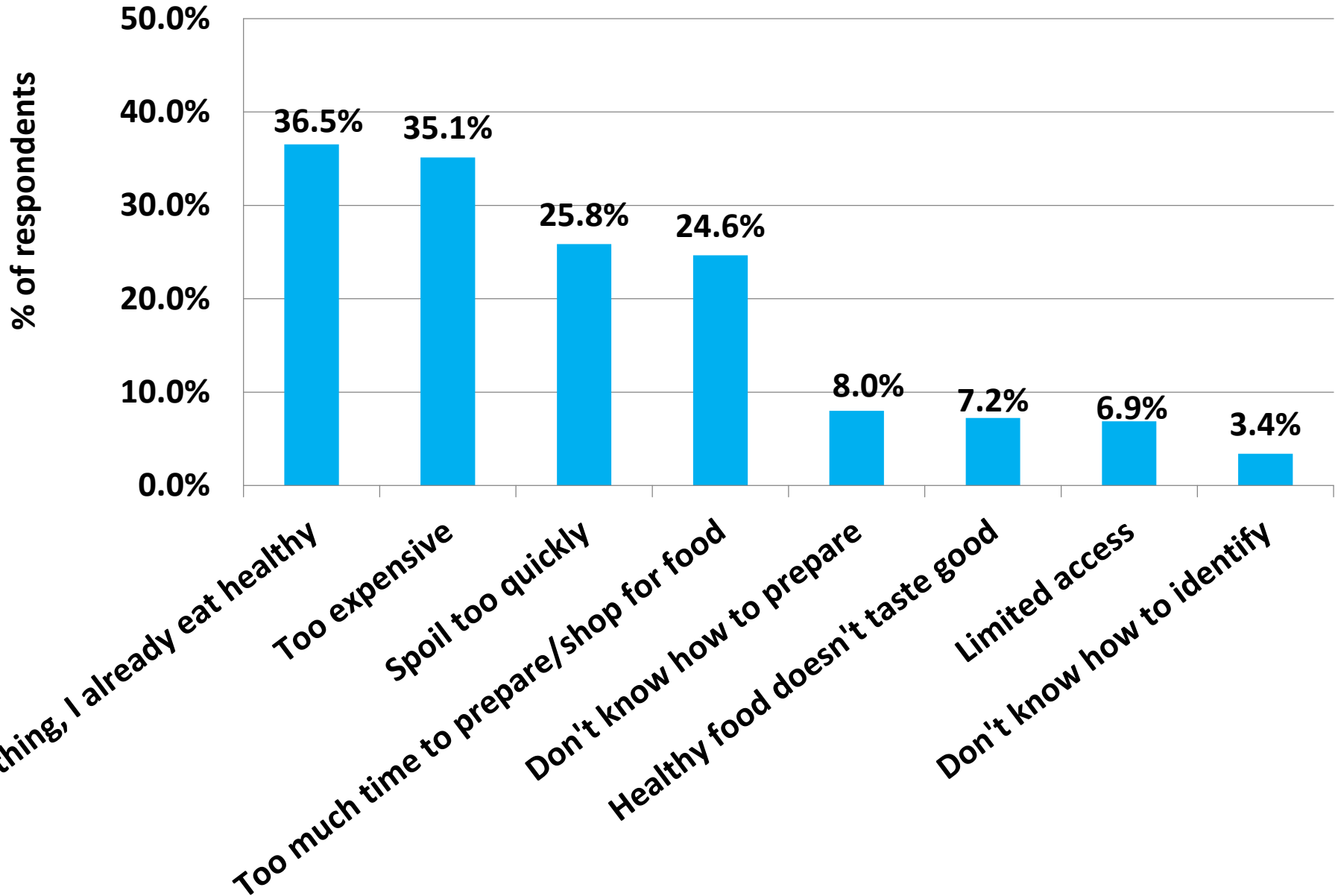
- ✓ Barriers to physical activity, healthy eating, and accessing healthcare
- ✓ Screening questions to estimate food insecurity and stress
- ✓ Perceived neighborhood safety
- ✓ Emergency preparedness and use of 9-1-1
- ✓ Where people refer others in need of services
- ✓ Housing
- ✓ Enrollment in social services such as SNAP, WIC, Section 8 Housing, and TANF
- ✓ Asks respondents to rate 11 major health areas in terms of importance



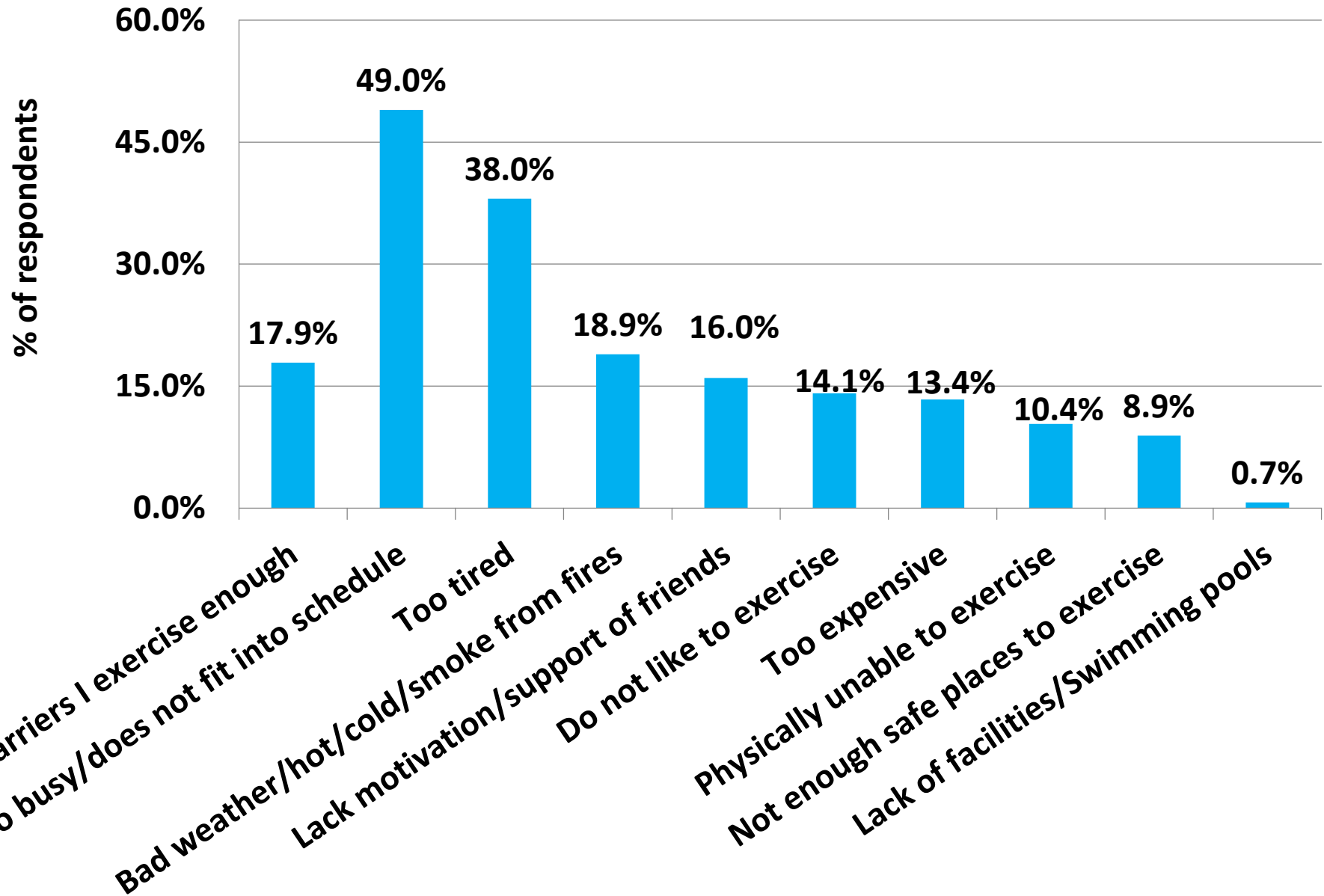
# Primary quantitative & qualitative data

- Disseminated through 30 organizations and agencies via email, posting on websites, social media, and newsletters
- Hardcopy survey administered at Community Health Alliance, Northern Nevada Literacy Center, Communities in Schools, NN HOPES, Family Health Festivals, and the Washoe County Senior Services Center
- Available in Spanish and English
- Collected responses from April 20<sup>th</sup> through August 15<sup>th</sup>
- Received over 1,400 survey responses

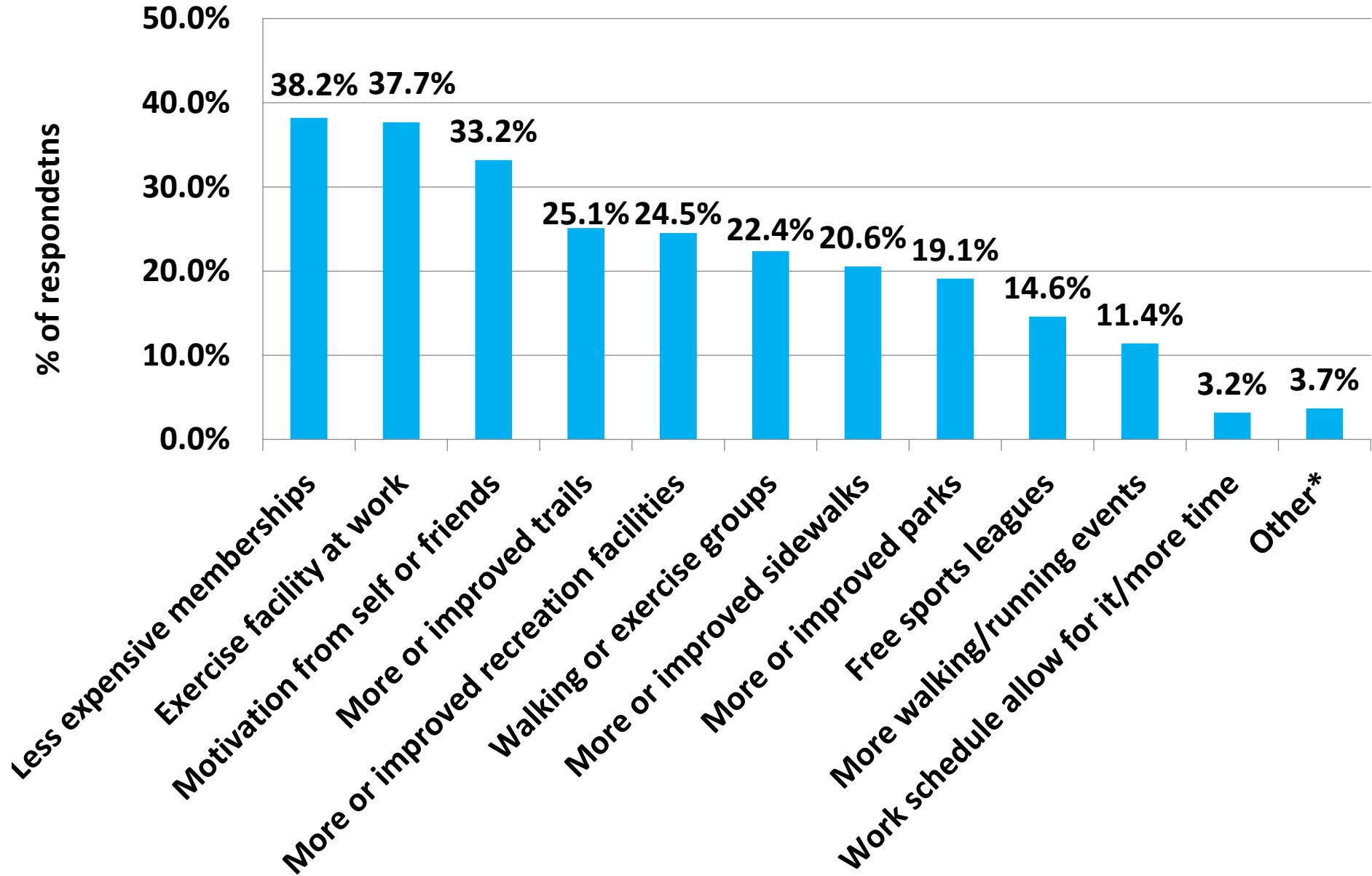
## Barriers to eating healthy food more often (n = 1,412)



# Barriers to being more physically active (n = 1,438)

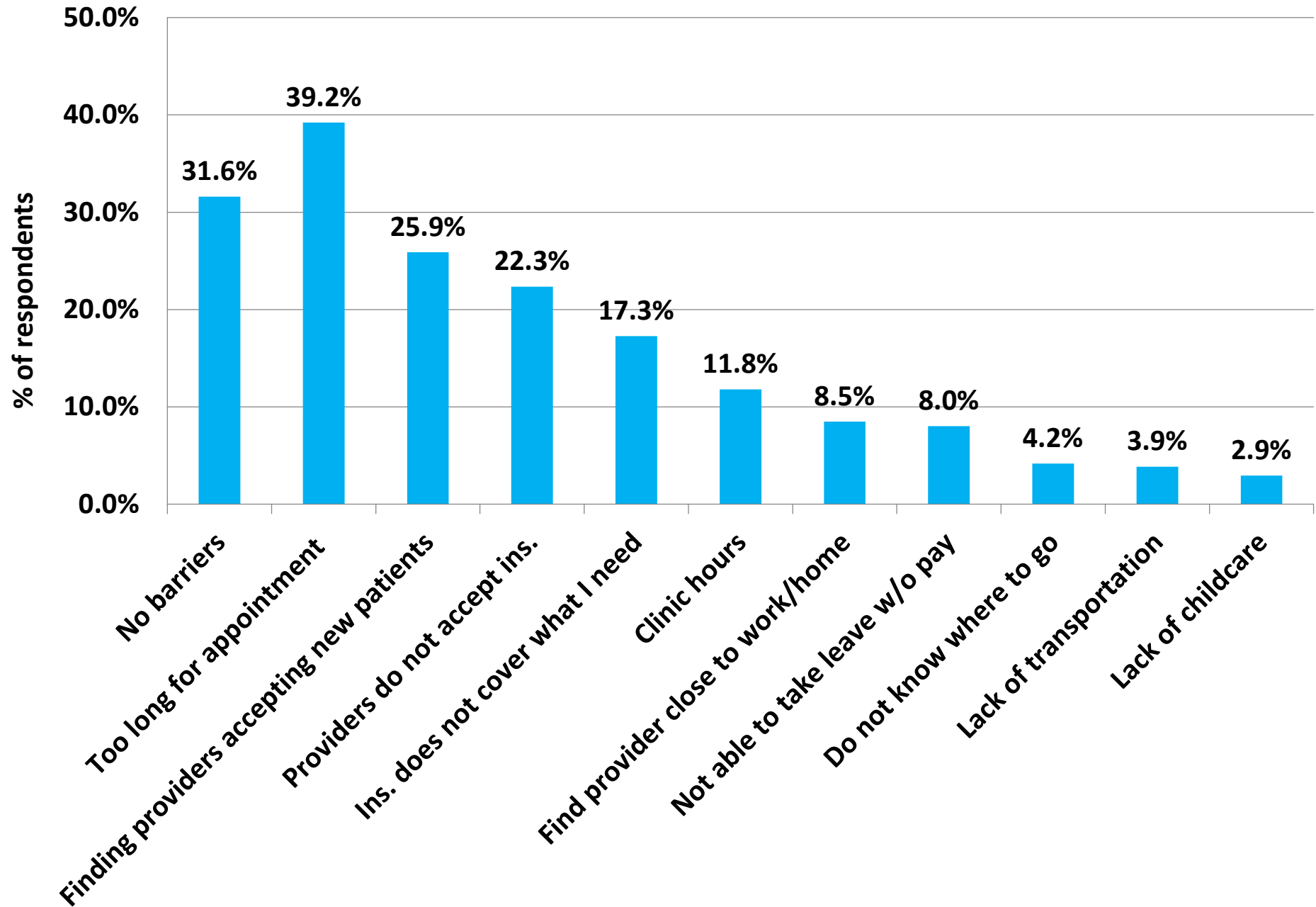


# What would help to increase physical activity (n = 1,377)

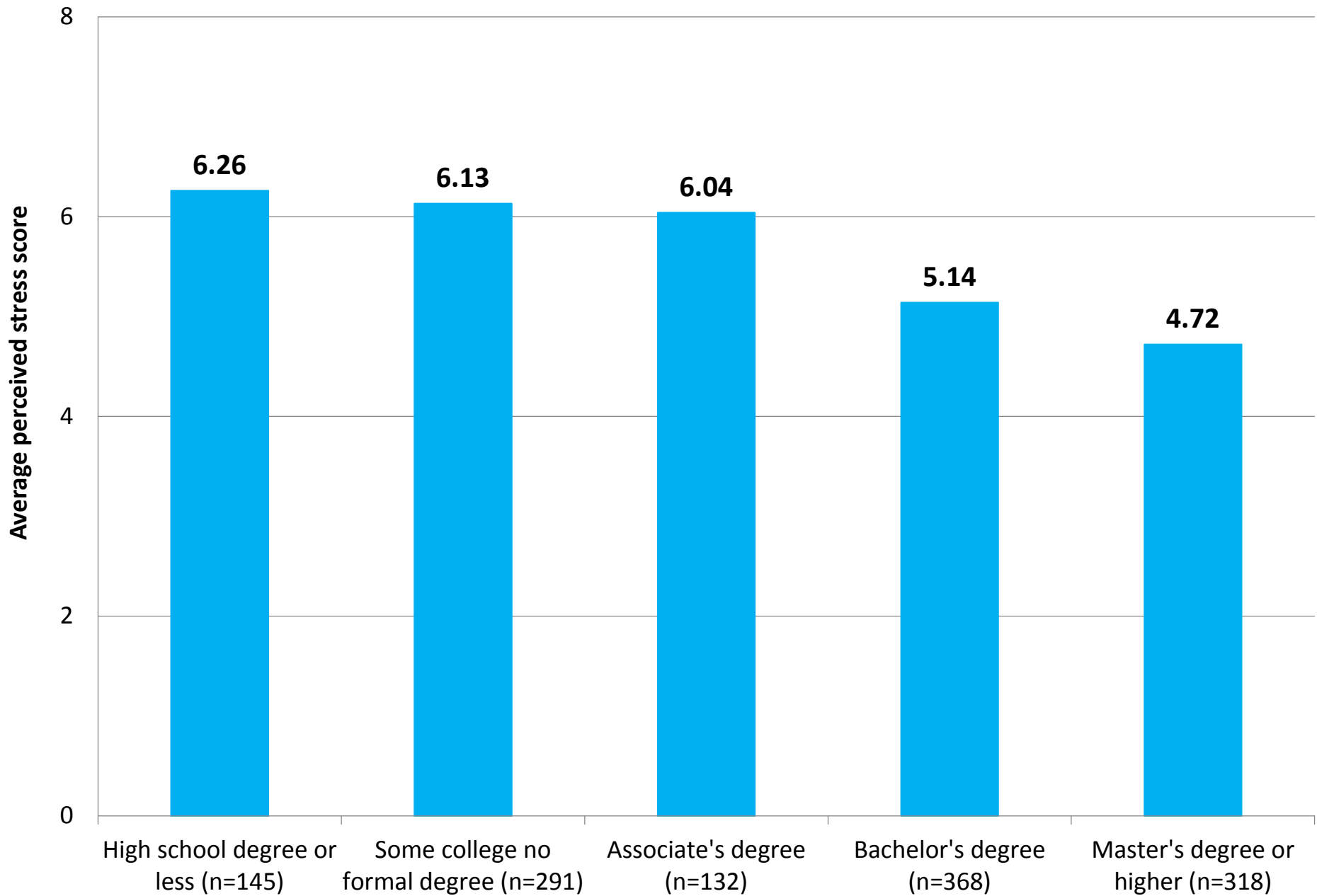


\*Other includes having more public pools, access to transportation, child care options, and safer areas to engage in exercise.

## Barriers to Accessing Healthcare (n = 1,298)



**Fig X.X: Perceived Stress Scores by Educational Attainment (n = 1,254)**



# Ranking & Prioritizing Community Needs

Methods, preliminary results, &  
community workshop

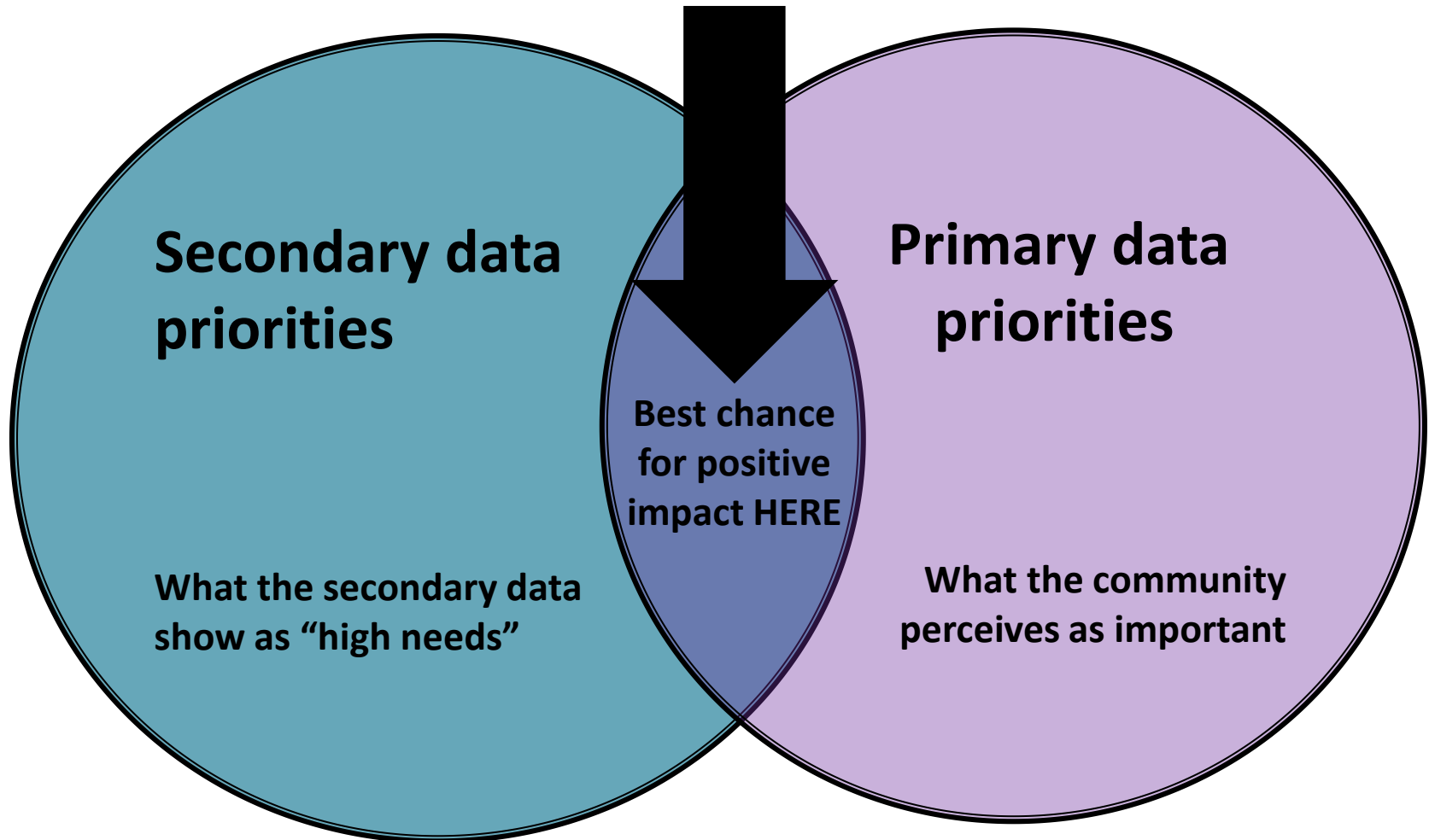
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# Why Identify & Rank Health Needs

- How to know where to focus?
- Cannot actively improve everything
- Guides priorities for Community Health Improvement Plan
- Guides focus areas for Community Benefit Plan
- Provides an objective overview of health needs for all community partners



# Systematic Ranking of Health Issues



# Systematic Ranking of Health Issues

Review and scored each of the 250 indicators based on the following five factors:

1. **Magnitude:** percent, rate or number of measured population impacted
2. **Severity:** the level of impact the indicator has on a person long term/chronic impacts versus short term/acute impacts
3. **Trend:** improvement, worsening, or no improvement over time
4. **Benchmark:** Washoe County ranks relative to Nevada, the United States, or Healthy People 2020 objective
5. **Community perception:** survey ranked score, aligns with major health topic areas

# Systematic Ranking of Health Issues

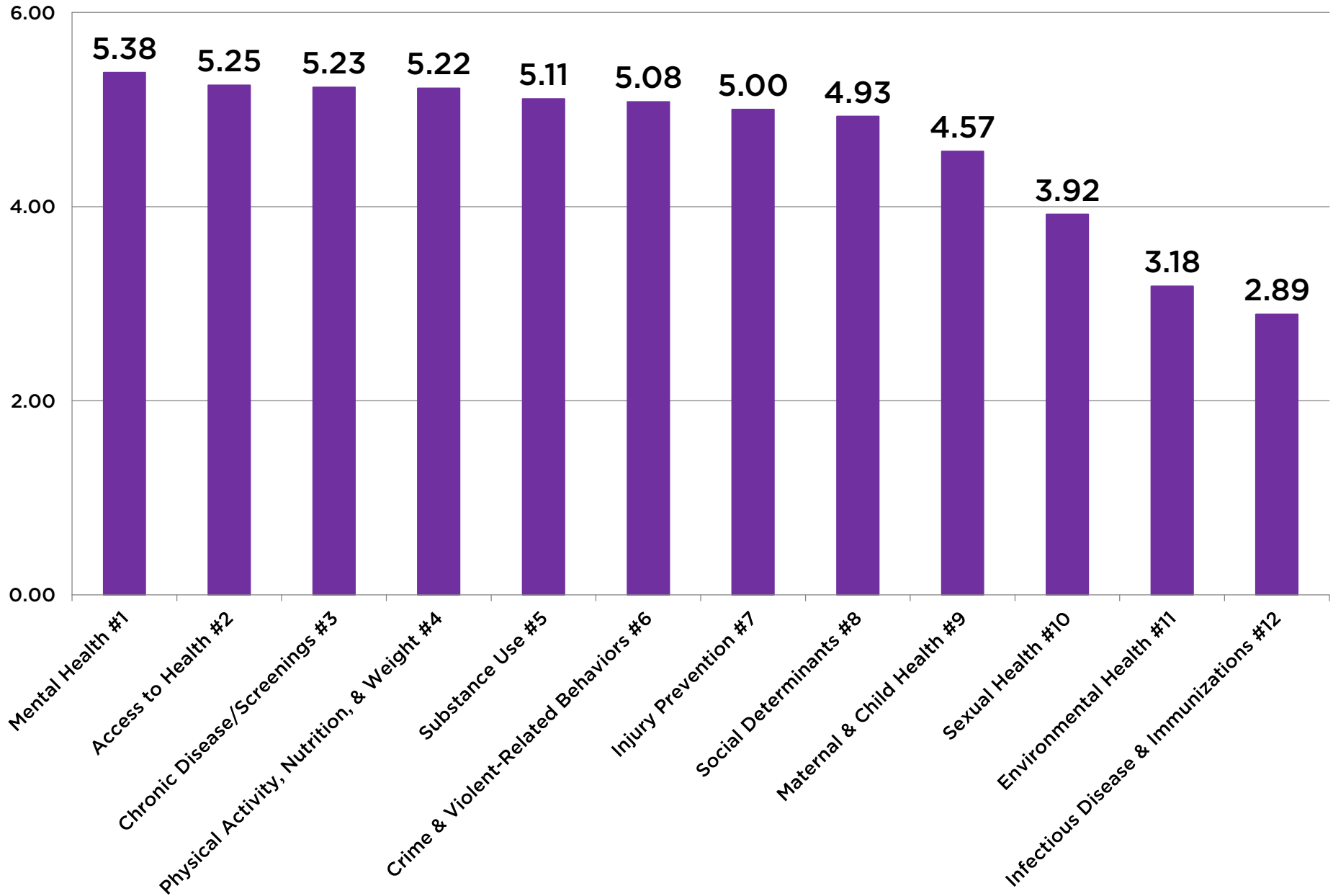
Criteria	Score	Definition
Magnitude [weight 1.0]	0	0-.9% of population impacted
	1	.91-3.0% of population impacted
	2	3.1-7.0% of population impacted
	3	7.1% + of population impacted
Severity [weight .75]	0	Not serious/short-term issue (0-2 weeks)
	1	Moderately serious/medium length of impact 2 weeks-1 year
	2	Very serious/1+ years of impact
Trend [weight .75]	0	Improvement over the past 5-10 years
	1	No clear trend up or down
	2	Getting worse over time/no improvement
Benchmark [weight .5]	0	Better than Nevada or National level by more than 2%
	1	Same as Nevada or National level; within 1-2%
	2	Worse than Nevada or National level by 3-5%
	3	Worse than Nevada or National level by 6% or higher
Communtiy perception [weight 2.0]		The online survey results from health topic prioritization question

# Example of Systematic Ranking of Health Issues

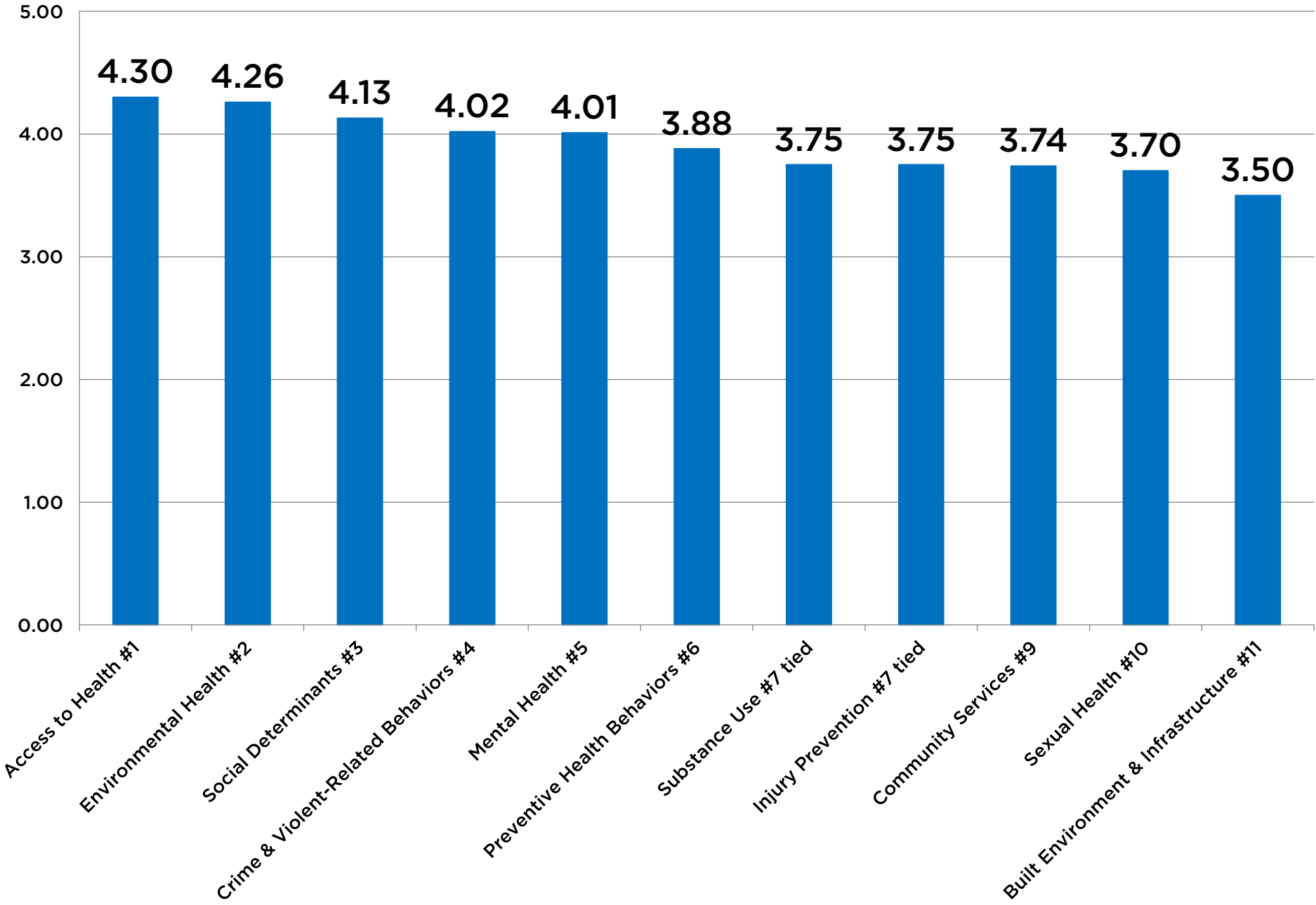
Subtopic	Indicator	Magnitude	Severity	Trend	Benchmark	Community Perception	Raw Score	Weighted Score
Depression and Mental Illness	Major Depressive Episode in the Past Year among Adults Aged 18 or Older	2	2	1	1	4.00	10	12.75
Depression and Mental Illness	Percent of HS students that felt sad or hopeless	3	2	1	2	4.00	12	14.25
Depression and Mental Illness	Percent of HS students that lived with someone who was depressed, mentally ill, or suicidal (ACE Indicator)	3	2	1	2	4.00	12	14.25
Depression and Mental Illness	Percent of adults reporting 14+ poor mental health days in the past 30 days	3	2	2	0	4.00	11	14
Depression and Mental Illness	Percent of adults who have ever been told they have a form of depression	3	2	0	1	4.00	10	13
Depression and Mental Illness	Any mental illness past year among adults	3	2	1	1	4.00	11	13.75
Depression and Mental Illness	Serious Mental Illness in the Past Year among Adults Aged 18 or Older	2	2	1	1	4.00	10	12.75
Suicide	Mortality rate due to intentional injury (suicide)	0	2	1	2	4.00	9	11.25
Suicide	Percent of HS students that attempted suicide	3	2	1	2	4.00	12	14.25
Suicide	Percent of HS students who seriously consider attempting suicide	3	2	1	1	4.00	11	13.75
						<b>Total Averages</b>	<b>10.80</b>	<b>13.40</b>

# Data Score as of 10/19/2017\*

## Subject to Change

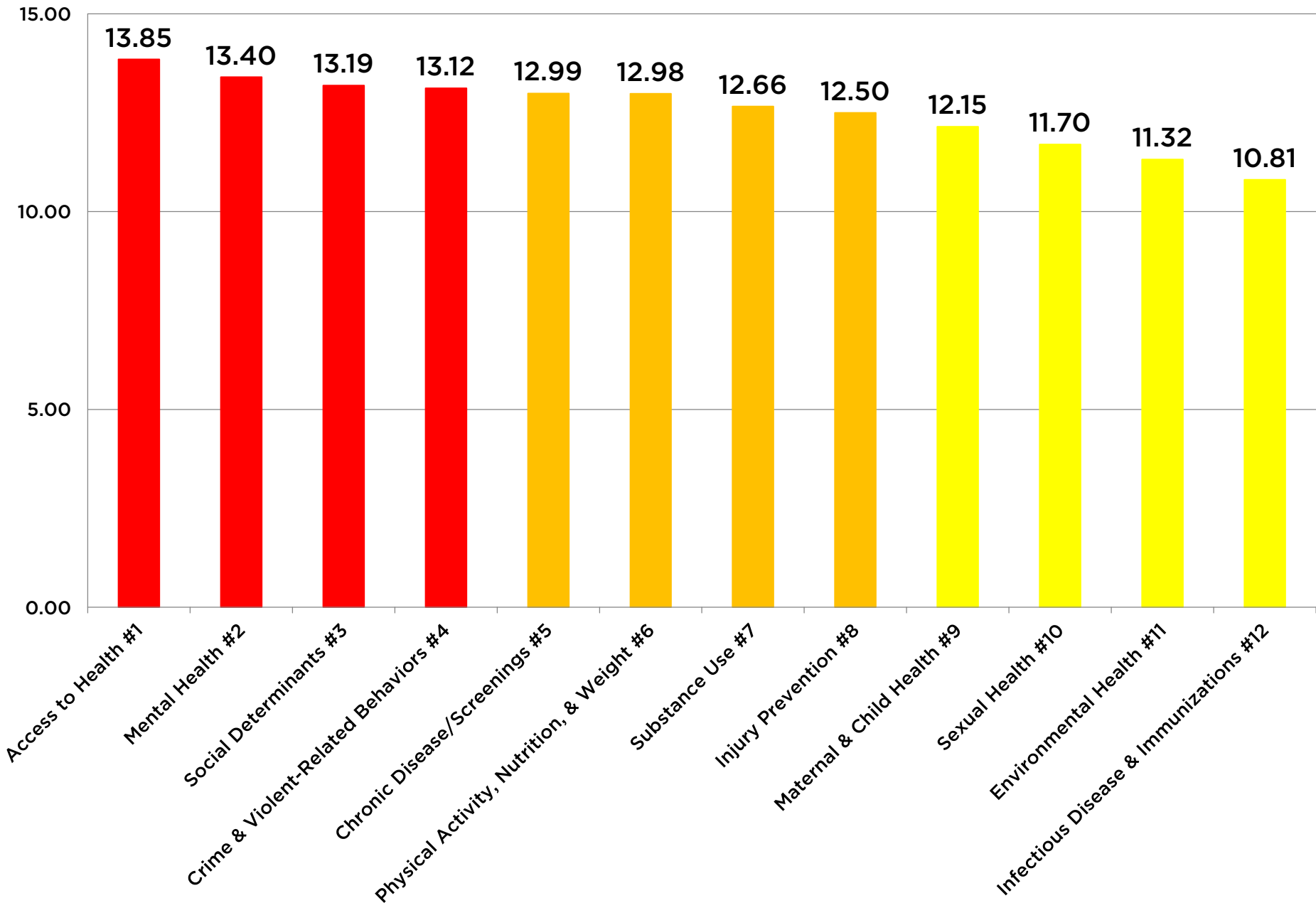


# FINAL Ranked Community Scores



# Preliminary Overall Score as of 10/19/2017\*

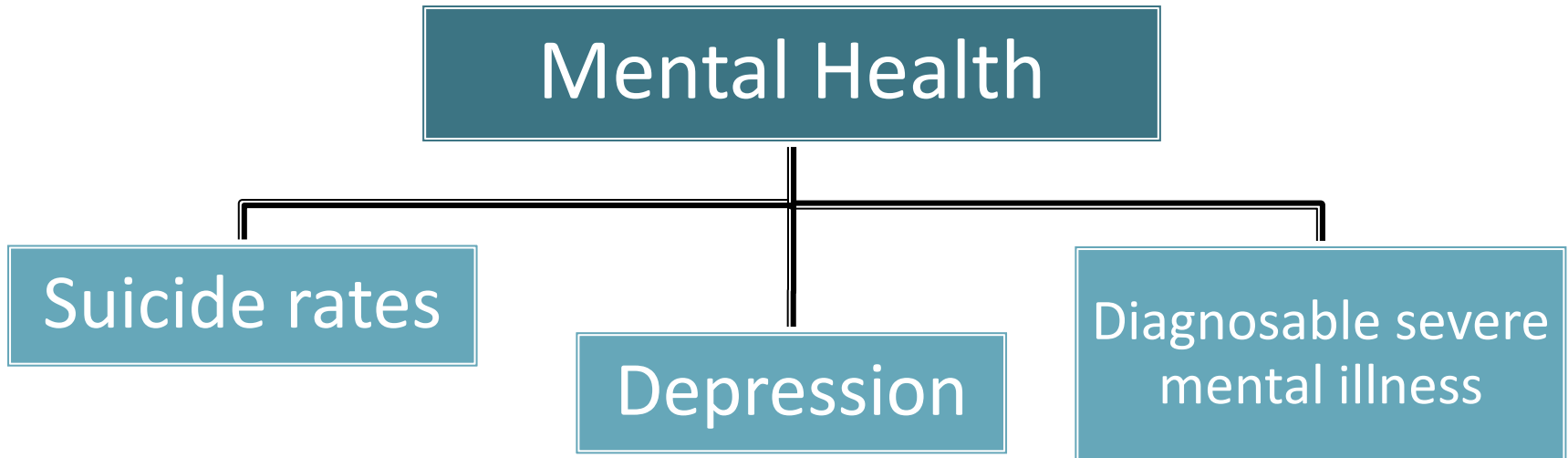
## Score Subject to Change



# Prioritization Phase 1

## Creation of Focus Areas

- CHNA Workgroup: Reviewed ranked health issues, created subgroups known as Focus Areas, & selected metrics (indicators) to use for future evaluation
  - ✓ Focus Areas do not limit what can be done to address health needs, instead serve as a guide.
  - ✓ Improving all mental health indicators is not feasible over a 3-5 year time period.





# Prioritization Phase 2

## Identify Top Focus Areas

- Phase 2 (Community Workshop)
  - Community partners prioritized Focus Areas
  - Identify what the data fail to show -- policy, programs, current initiatives, and community assets or strengths
- 250 invitees representing over 50 organizations were invited
- More than 80 participants attended representing 45 organizations

# Guide for Identifying Focus Areas

**What do we have the capacity to positively impact over the next 3-5 years?**

- ✓ What are we already doing?
  - ✓ What is lacking? Why?
- ✓ Can some of these be addressed directly?
  - ✓ What is sustainable?
- ✓ Best chance for success, even small victories count.

# Keeping in Mind...

- Simply because a health need is not in the “Top 3”, does NOT mean there is no need or low need.
- There are multiple indicators and Focus Areas that cross over from one health topic to the next.
- Health behaviors and health outcomes are impacted by a complex and dynamic system of influencing factors.

# Final Thoughts

- CHNA to conclude late 2017
- Document to be posted online, printed and disseminated early 2018
- Health District will support and participate in Truckee Meadows Healthy Communities (TMHC) development of a Community Health Implementation Plan (CHIP)
- TMHC CHIP will be presented to DBOH for endorsement
- Will repeat entire process in three to five years

# Final Thoughts

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## DBOH AGENDA ITEM NO. 7

### **Agenda Item 7: Current Considerations for FY19: Hay Study, Surge Capacity, Service Delivery, Mosquito Abatement and Emerging Priorities – Accreditation**

Some of the current considerations identified for the FY19 budget development include:

**Hay Study** – The Hay Group provided recommendations regarding organization structure to County Departments during their benchmark position review. They recommended that the Health District establish a Governmental Affairs/Policy Position based on other Health Departments of similar size. This position would assist in policy development and promotion efforts identified in the Strategic Plan and with regional governmental relationships.

**Surge Capacity** – Administrative/Office Assistant support is limited within the Divisions creating difficulties with covering absences during leave, and supporting special projects or surges in program utilization. Expansion of this staff would provide additional opportunities for cross-training to deepen the pool of resources to address service delivery needs

**Service Utilization** – Regional growth and increase in economic development activity are providing additional workload for plan review, permitting, and inspection. Travel times are increasing to conduct inspections and field-work. Additional positions may be required to meet increasing demand.

**Mosquito Abatement** – Mosquito abatement chemical budget was reduced through the recession as a budget cost-cutting measure. Significant contingency funding was transferred from Washoe County to the Health District in FY16 and 17 to address the impacts from the precipitation from the winter of 2017. Additional budget for abatement chemicals will bolster the District's ability to respond to arbovirus vectors and increasing activity as a result of climate change.

#### Emerging Priorities:

**CHNA/CHIP** – Truckee Meadows Healthy Communities has agreed to develop and implement a Community Health Improvement Plan based on the CHNA results, which will be brought to DBOH for endorsement and will be implemented during FY19. CHNA priorities include areas that fall outside of WCHD programs and service areas. The Health Fund has achieved a 20% ending fund balance and some of these funds might be used to invest in TMHC and partners engaged in implementing the CHIP, or other funding for external organizations to contribute toward Health District objectives..

**Accreditation** – National accreditation from the Public Health Accreditation Board was approved after the 2016-2020 Strategic Plan was developed. DBOH took action to approve an Accreditation timeline during the October 26, 2017 Board meeting and this activity should be incorporated in the Strategic Plan and supported through ongoing budgets.

**Uncertainty** – Federal support for the Affordable Care Act, existing environmental and health programs/regulations, and for federal funding support for state and local environmental and health programs remains uncertain. Maintaining a sufficient Health Fund Balance is important to provide funding reserves for future needs.



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WASHOE COUNTY HEALTH DISTRICT

WCHD FY16-20 STRATEGIC PLAN

*Full Strategic Plan w/Progress for FY18*

As of October 25, 2017

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## MISSION STATEMENT

To protect and enhance the well-being and quality of life for all in Washoe County.

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## VISION STATEMENT

A healthy community

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## CORE VALUES

- Trustworthiness: appropriate allocation of resources, spend prudently, stewardship
- Professionalism: ethics, education, accountability
- Partner-Collaborate: be flexible, adapt, be accessible, be proactive, innovate and create











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## STRATEGIC DIRECTION

Leaders in a unified community making measurable improvements in the health of its people and environment



# WCHD FY16-20 STRATEGIC PLAN - PROGRESS AT-A-GLANCE

STRATEGIC PRIORITIES AND DISTRICT GOALS	EOY TARGET, MEASURE	ACTUAL	STATUS
<b>1 Healthy Lives: Improve the health of our community by empowering individuals to live healthier lives.</b>			
1.1 Reduce the negative health and economic impacts of obesity and chronic disease.	% of community outcomes on target		 As of 10/19/17
1.2 Promote preventive health services that are proven to improve health outcomes in the community.	0% % of community outcomes on target		 As of 10/13/17
1.3 Improve access to health care so people of all means receive the health services they need.	% of community outcomes on target	25%	 As of 10/18/17
<b>2 Healthy Environment: Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.</b>			
2.1 Protect people from negative environmental impacts.	% of community outcomes on target		 As of 10/24/17
2.2 Keep people safe where they live, work, and play.	% of community outcomes on target	25%	 As of 08/01/17
<b>3 Local Culture of Health: Lead a transformation in our community's awareness, understanding, and appreciation of health resulting in direct action.</b>			
3.1 Raise awareness of the Washoe County Health District and the services it offers within our community.	# of press and social media releases	558	 As of 10/24/17
3.2 Work with others to establish policies that positively impact public health.	% of annual goal accomplished		 As of 10/24/17
3.3 Inform the community of important health trends by capturing and communicating health data.	Number of press releases and social media postings	486	 As of 10/18/17
3.4 Raise awareness of the benefits of a healthy community to build a local culture of health.	% of community outcomes on target		 As of 10/24/17
<b>4 Impactful Partnerships: Extend our impact by leveraging partnerships to make meaningful progress on health issues.</b>			
4.1 Lend support and accountability to improve K-12 educational outcomes.	% of community outcomes on target	25%	 As of 10/17/17
4.2 Support and promote behavioral health.	% of community outcomes on target		 As of 10/17/17

4.3 Improve nutrition by supporting efforts to increase food security and access.	% of community outcomes on target	 As of 10/17/17
4.4 Enhance the Regional Emergency Medical Services System.	0% % of community outcomes on target	 As of 08/24/17
4.5 Engage the Community in Public Health Improvement.		 As of
<b>5 Financial Stability: Enable the WCHD to make long-term commitments in areas that will positively impact the community's health by growing reliable sources of income.</b>		
5.1 Update the WCHD's financial model to align with the needs of the community.	Completed model	 As of 10/24/17
5.2 Ensure resources are spent where they can have the most impact by identifying opportunities for cost savings.	% of community outcomes on target	 As of 06/19/17
<b>6 Organizational Capacity: Strengthen our workforce and increase operational capacity to support a growing population.</b>		
6.1 Create a positive and productive work environment.	% of annual goal achieved	 As of 10/17/17
6.2 Focus on continuing to build staff expertise.	% of plan outcomes on target	 As of 08/23/17

# WCHD FY16-20 STRATEGIC PLAN - PROGRESS DETAIL

## COMMUNITY STRATEGIC PRIORITIES & DISTRICT GOALS

### 1 Healthy Lives: Improve the health of our community by empowering individuals to live healthier lives.

#### 1.1 Reduce the negative health and economic impacts of obesity and chronic disease. (Steve Kutz) (12/31/21)

Measure: % of community outcomes on target



Target:

COMMUNITY OUTCOMES	START/END DATE	TARGET, MEASURE	ACTUAL	STATUS
1.1.1 Reduce the percentage of overweight and obese youth in Washoe County. (Steve Kutz)	07/01/16, 06/30/20	% of overweight and obese adolescents; baseline is ~ 50%.		 As of 10/19/17
1.1.2 Reduce the percentage of overweight and obese adults in Washoe County. (Steve Kutz)	07/01/16, 06/30/20	% of overweight and obese adults		 As of 10/19/17
1.1.2.2 Assess funding and staffing gaps for obesity and chronic disease prevention program given the desired improvements in community outcomes we are seeking. (Steve Kutz)	07/01/16, 06/30/18	0% Funding and Staffing Assessment % Complete		 As of 10/19/17
1.1.3 Reduce the percentage of adults who are current smokers in Washoe County. (Erin Dixon)	07/01/16, 06/30/20	% of Adults who currently smoke		 As of 10/19/17
1.1.3.1 Develop, place, and evaluate smoking free community campaign. (Erin Dixon)	07/01/16, 06/30/18	0%	10%	 As of 10/23/17
1.1.3.2 Identify and implement smoke-free policies at family-friendly locations. (Erin Dixon)	07/01/16, 06/30/20	% complete		 As of 10/19/17
1.1.4 Reduce the percentage of youth who currently smoke cigarettes in Washoe County. (Erin Dixon)	07/01/16, 06/30/20	% of youth who smoke		 As of 10/19/17
1.1.5 Reduce the prevalence of diabetes in Washoe County. (Erin Dixon)	07/01/16, 06/30/20	% ever told by doctor have diabetes		 As of 10/19/17
1.1.6 Reduce the coronary heart disease mortality rate (per 100,000) in Washoe County. (Erin Dixon)	07/01/16, 06/30/20	Coronary heart disease mortality rate (per 100,000)		 As of 10/19/17
1.1.7 Reduce the cancer mortality rate (per 100,000) in Washoe County. (Erin Dixon)	07/01/16, 06/30/20	Cancer mortality rate (per 100,000)		 As of 10/19/17

**1.2 Promote preventive health services that are proven to improve health outcomes in the community. (Steve Kutz) (06/30/21)**

**Measure:** % of community outcomes on target



**Target:** 0%

COMMUNITY OUTCOMES	START/END DATE	TARGET, MEASURE	ACTUAL	STATUS
1.2.1 Monitor the teen birth rates (per 1,000) in Washoe County. (Lisa Lottritz)	07/01/16, 06/30/20	Teen birth rates (per 100,000)	21.90	As of 10/24/17
1.2.1.1 Leverage the media, social media, and providers to increase outreach and education regarding available clinical services at the Washoe County Health District. (Lisa Lottritz)	07/01/16, 06/30/18	CCHS Outreach and Education Initiative % Complete	25%	As of 10/19/17
1.2.1.2 Promote "forget-proof" birth control options within the community by increasing provider awareness regarding the importance of long-acting contraceptives in reducing teen and unintended pregnancy. (Lisa Lottritz)	07/01/16, 06/30/18	LARC Provider Awareness Initiative % Complete	25%	As of 10/19/17
1.2.1.3 Work with Statewide MCH Coalition to promote and launch the Fetal Infant Mortality Review "Go Before You Show" campaign. (Linda Gabor)	08/01/16, 06/30/18	FIMR and GBYS Implementation % Complete	50%	As of 10/19/17
1.2.2 Increase the percentage of newly reported hepatitis C cases with confirmatory test results in Washoe County. (Randall Todd)	07/01/16, 06/30/20	65% % of newly reported Hep C cases	67%	As of 10/24/17
1.2.2.1 Provide targeted education among those healthcare providers who do not follow CDC's recommendation on hepatitis C testing. (Lei Chen)	07/01/16, 06/30/20	65% Proportion of HCV confirmed by confirmatory tests.	67%	As of 10/18/17
1.2.3 Increase the number of people utilizing WIC in Washoe County. (Erin Dixon)	07/01/16, 06/30/20	# of people utilizing WIC		As of 10/19/17
1.2.3.1 Increase promotion and outreach of CCHS clinical programs, including WIC (Women, Infants & Children). (Steve Kutz)	07/01/16, 06/30/20		25%	As of 10/19/17
1.2.4 Increase the percentage of children 19-35 months old who receive the recommended doses of vaccine, to Healthy People 2020 goal of 80%. (Linda Gabor)	07/01/16, 06/30/20	0% % of children immunized		As of 10/19/17
1.2.4.2 Provide immunizations at the Truckee Meadows Healthy Communities Family Health Festival Events. (Linda Gabor)	07/01/16, 06/30/20	# of events where immunizations at events	1	As of 10/19/17

**1.3 Improve access to health care so people of all means receive the health services they need. (Steve Kutz) (06/30/21)**

**Measure:** % of community outcomes on target

25%



**Target:**

COMMUNITY OUTCOMES	START/END DATE	TARGET, MEASURE	ACTUAL	STATUS
1.3.1 Increase the percentage of the population with health insurance in Washoe County. (Steve Kutz)	07/01/16, 06/30/20	0% % of population with health insurance	88.70%	As of 10/10/17
1.3.1.2 Explore partnering with agencies to provide onsite community health workers to assist and educate clients on how to access community resources. (Steve Kutz)	07/01/16, 06/30/20	% complete		As of 10/18/17
1.3.2 Collaborate with community partners to increase the percentage of Washoe County residents with a primary care provider. (Steve Kutz)	07/01/16, 06/30/20	% of Washoe County residents with a usual primary care provider		As of 10/10/17
1.3.2.1 Document CCHS clients' primary care provider status in EHR. (Steve Kutz)	07/01/16, 06/30/18	Primary Care Provider Status in EHR Implementation % Complete		As of 10/19/17
1.3.2.2 Advocate for increased Medicaid reimbursement to providers. (Steve Kutz)	07/01/16, 06/30/19	Medicaid Advocacy % Complete	25%	As of 10/06/17
1.3.2.3 Update clinical procedures to include assessment and referral to primary care provider options and resources for clients. (Steve Kutz)	07/01/16, 06/30/18	Clinical Procedures Updates % Complete	25%	As of 10/19/17
1.3.2.4 Partner with the new University of Nevada Medical School Physician's Assistant program to offer clinical rotation in CCHS. (Steve Kutz)	07/01/16, 06/30/19	100% Partnership % Complete	33%	As of 10/20/17
1.3.3 Increase the number of offsite services in Washoe County. (Catrina Peters)	07/01/16, 06/30/20	Increase the number of offsite services	2	As of 10/17/17
1.3.3.2 Increase offsite services through increased funding and partnerships. (Steve Kutz)	07/01/16, 06/30/20	0 Increase in number of CCHS offsite Services	51	As of 10/10/17

**2 Healthy Environment: Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.**

**2.1 Protect people from negative environmental impacts. (Charlene Albee) (12/31/21)**

**Measure:** % of community outcomes on target



**Target:**

COMMUNITY OUTCOMES	START/END DATE	TARGET, MEASURE	ACTUAL	STATUS
2.1.1 Reduce the ozone concentration (parts per billion) - design value, 3-year average number in Washoe County. (Charlene Albee)	07/01/16, 06/30/20	Ozone concentration (parts per billion) - Design value, 3-year average number		As of 10/24/17
2.1.1.2 Implement and execute the Ozone Advance action plan. (Charlene Albee)	07/01/16, 06/30/20	Ozone Advance Action Plan Implementation % Complete		As of 10/18/17
2.1.1.3 Expand air monitoring network to West Reno. (Charlene Albee)	07/01/17, 06/30/20	25%	10%	As of 10/24/17
2.1.2 Increase the air quality index - percentage good and moderate days in Washoe County. (Charlene Albee)	07/01/16, 06/30/20	97.53% Air quality index - % good and moderate days		As of 10/24/17
2.1.2.1 Establish Reno-Tahoe Clean Cities Coalition with Department of Energy designation. (Charlene Albee)	07/01/16, 06/30/18	Reno-Tahoe Clean Cities Coalition Establishment % Complete		As of 10/18/17
2.1.2.2 Update the Air Quality penalty regulations. (Charlene Albee)	07/01/16, 06/30/18	Air Quality Penalty Regulations Update % Complete	25%	As of 10/24/17
2.1.3 Reduce the waste generation - tons per year per capita in Washoe County. (Dave McNinch)	07/01/16, 06/30/20	Waste generation - Tons per year/per capita		As of 10/25/17
2.1.3.1 Update the solid waste management plan. (Dave McNinch)	07/01/16, 06/30/18	100% Solid Waste Management Plan Implementation % Complete		As of 10/25/17
2.1.4 Increase the recycling rates in Washoe County. (Dave McNinch)	07/01/16, 06/30/20	Recycling rates		As of 10/25/17
2.1.4.1 Support Washoe County in updating the Franchise Agreement. (Dave McNinch)	07/01/16, 06/30/20	% complete	100%	As of 09/25/17
2.1.4.2 Complete waste composition study to determine makeup of our community's waste stream. (Dave McNinch)	07/01/16, 06/30/20	% complete	10%	As of 10/25/17

2.1.4.3 Create an educational and outreach plan/program to increase recycling efforts of commercial, industrial, and multifamily dwellings.	07/01/16, 06/30/20	% complete		As of 08/02/17
2.1.5 Increase the number of activities to prepare and respond to potential impacts due to drought, climate change, and natural disasters in Washoe County. (Christina Conti)	07/01/16, 06/30/20	# of exercises to prepare and respond to potential impacts due to drought, clima		As of 10/18/17
2.1.5.4 Keep disaster plans and training current. (Christina Conti)	07/01/16, 06/30/18	100% Disaster Plan Update % Complete		As of 10/18/17

**2.2 Keep people safe where they live, work, and play. (Dave McNinch) (12/31/21)**

**Measure:** % of community outcomes on target

25%



**Target:**

COMMUNITY OUTCOMES	START/END DATE	TARGET, MEASURE	ACTUAL	STATUS
2.2.1 Increase the number of programs that have risk-based environmental program standards. (Dave McNinch)	07/01/16, 06/30/20	Number of programs that have risk-based environmental program standards		 As of 10/18/17
2.2.2 Increase the percentage of risk-based food inspections in Washoe County. (Dave McNinch)	07/01/16, 06/30/20	100% % of food inspections conducted that are risk-based	100%	 As of 09/25/17
2.2.2.1 Implement the new risk-based form and inspection process. (Dave McNinch)	07/01/16, 06/30/20	100%	100%	 As of 09/25/17
2.2.2.2 Assess and recommend inspection frequency for food establishments based on risk. (Dave McNinch)	07/01/16, 06/30/20	% complete	25%	 As of 10/25/17
2.2.3 Increase the food inspection "pass" rate (i.e. facility status equals "pass" not "conditional pass" or "closed") in Washoe County. (Dave McNinch)	07/01/16, 06/30/20	food inspection pass rate		 As of 10/25/17
2.2.4 Reduce the percentage of foodborne illness risk factors in food establishments in Washoe County. (Dave McNinch)	07/01/16, 12/31/18	% reduction in foodborne illness		 As of 10/25/17
2.2.4.1 Establish measurement of percentage of food-borne illness risk factors in food establishments. (Dave McNinch)	07/01/16, 12/31/17	100% % of food born risk factors		 As of 08/02/17
2.2.4.2 Implement the environmental Health Division's Strategic Plan for the nine food safety standards. (Dave McNinch)	07/01/16, 12/31/18	100%	75%	 As of 10/25/17

**3 Local Culture of Health: Lead a transformation in our community’s awareness, understanding, and appreciation of health resulting in direct action.**

**3.1 Raise awareness of the Washoe County Health District and the services it offers within our community. (Phil Ulibarri) (06/30/21)**

**Measure:** # of press and social media releases

558



**Target:**

COMMUNITY OUTCOMES	START/END DATE	TARGET, MEASURE	ACTUAL	STATUS
3.1.1 Communicate important health trends and data using traditional and social media, interviews, and press releases in Washoe County. (Phil Ulibarri)	07/01/16, 06/30/20	# of traditional media interviews and press releases	72	As of 10/18/17
3.1.1.1 Develop periodic newsletter or blog to promote Health District activities. (Phil Ulibarri)	07/01/16, 06/30/18	Periodic Promotion of Health District Activities % Complete		As of 10/24/17
3.1.1.2 Develop and post videos on website using County or contracted videographer or existing public health material. (Phil Ulibarri)	07/01/16, 06/30/18	# of Videos Posted on Website	4	As of 10/24/17
3.1.1.3 Provide staff training and guidelines for communicating how their program contributes to a local culture of health. (Phil Ulibarri)	07/01/16, 06/30/18	Social Media posts by teams	486	As of 10/24/17
3.1.2 Increase the number of social media posts in Washoe County. (Phil Ulibarri)	07/01/16, 06/30/20	# of social media posts	486	As of 10/18/17
3.1.2.1 Push people to the website through social media by identifying individuals within divisions to post messages. (Phil Ulibarri)	07/01/16, 06/30/18	Identification of Individuals within Divisions % Complete	36%	As of 10/24/17
3.1.3 Track the number of impressions from advertising campaigns in Washoe County. (Phil Ulibarri)	07/01/16, 06/30/20	# of impressions from advertising campaigns	0	As of 10/24/17
3.1.3.1 Ensure branding message of "Enhancing Quality of Life" is promoted in all marketing and outreach efforts (Phil Ulibarri)	11/29/16, 06/30/18	Number of ads tagged with "Enhancing Quality of Life."		As of 10/24/17
3.1.4 Increase the percentage of permits applied for online in Washoe County. (Dave McNinch)	07/01/16, 06/30/20	% of permits applied for online		As of 08/02/17







**Measure:** % of annual goal accomplished

**Target:**





**3.2 Work with others to establish policies that positively impact public health. (Kevin Dick) (06/30/21)**



COMMUNITY OUTCOMES	START/END DATE	TARGET, MEASURE	ACTUAL	STATUS
3.2.1 Increase the number of policies established or improved that positively impact public health in Washoe County. Examples might potentially include: taxation of e-nicotine products, vaping in the Clean Indoor Air Act, access to behavioral health services, height and weight measurements in schools, expansion of wrap-around models. (Kevin Dick)	05/01/16, 06/30/20	Number of policies established or improved that positively impact public health		 As of 10/16/17
3.2.1.4 Restrict smoking and vaping to designated areas on Washoe county properties and report on the number of properties with restricted smoking/vaping areas. (Erin Dixon)	07/01/16, 06/30/18	Establishment of Designated Smoking and Vaping Areas on Washoe County, Areas addressed		 As of 10/23/17
3.2.1.5 Establish policies through Truckee Meadows Healthy Communities, Renown Child Health Institute, or other entities, and report on the number of policies established. (Kevin Dick)	07/01/16, 06/30/20	0 # of Policies Established through the Children's Health Institute		 As of 10/16/17
3.2.1.6 Establish Government Affairs/Policy support position in ODHO. (Kevin Dick)	07/01/17, 12/31/18	100% Establish Government Affairs/Policy support position in ODHO.		 As of
3.2.1.7 Submit recommendations to the Interim Legislative Committee on Health Care for consideration. (Kevin Dick)	01/01/18, 12/31/18	Submit recommendations to the Interim Legislative Committee on Health Care		 As of 10/20/17
3.2.1.8 Work with others to develop BDRs addressing public health policy. (Kevin Dick)	01/01/18, 12/31/18	Work with others to develop BDRs addressing public health policy.		 As of 10/20/17

**3.3 Inform the community of important health trends by capturing and communicating health data. (Phil Ulibarri) (06/30/21)**

**Measure:** Number of press releases and social media postings  
**Target:**

486



COMMUNITY OUTCOMES	START/END DATE	TARGET, MEASURE	ACTUAL	STATUS
3.3.2 Monitor the average weekly unique visitors to the Health District website for Washoe County. (Phil Ulibarri)	07/01/16, 06/30/20	Average weekly unique visitors to the Health District website		 As of 10/24/17
3.3.2.1 Promote WCHD data in media efforts. (Phil Ulibarri)	07/01/17, 06/30/18	Promotion of WCHD Data in Media Efforts % Complete	12	 As of 10/24/17



3.3.3 Increase the number of community health data reports published/promoted in Washoe County. For example: CHNA, County Health Rankings, Air Quality Trends, Communicable Disease Annual Report, Foodborne Illness Risk Factors, Antibioqram Report. (Kevin Dick)	07/01/16, 06/30/20	5 # of community health data reports published/promoted	1	 As of 10/17/17
3.3.3.1 Communicate Robert Wood Johnson Foundation county health data report in media efforts. (Phil Ulibarri)	07/01/16, 06/30/18	RWJF Data Communication % Complete		 As of 10/24/17
3.3.3.2 Develop data report for Community Health Needs Assessment. (Kevin Dick)	01/01/17, 01/31/18	100% CHNA Data Report % Complete	75%	 As of 10/16/17

**3.4 Raise awareness of the benefits of a healthy community to build a local culture of health. (Kevin Dick) (06/30/21)**

**Measure:** % of community outcomes on target

**Target:**



COMMUNITY OUTCOMES	START/END DATE	TARGET, MEASURE	ACTUAL	STATUS
3.4.1 Increase the number of initiatives contributing to building a local culture of health. (Kevin Dick)	07/01/16, 06/30/20	4 # of supporting initiatives undertaken	1	 As of 10/16/17
3.4.1.3 Hold Family Health Festivals or other TMHC events/initiatives and report on the number of events. (Kevin Dick)	07/01/16, 06/30/18	# of Family Health Festivals or other events	2	 As of 10/17/17

**4 Impactful Partnerships: Extend our impact by leveraging partnerships to make meaningful progress on health issues.**




**4.1 Lend support and accountability to improve K-12 educational outcomes. (Catrina Peters) (06/30/21)**

**Measure:** % of community outcomes on target

**Target:**

25%



COMMUNITY OUTCOMES	START/END DATE	TARGET, MEASURE	ACTUAL	STATUS
4.1.1 Reduce the duration of GI outbreaks in schools in Washoe County. (Randall Todd)	07/01/16, 06/30/20	21 Duration of GI outbreaks in schools (Days)	22	 As of 10/24/17
4.1.2 Increase the percentage of Washoe County students who graduate high school in Washoe County. (Catrina Peters)	07/01/16, 06/30/20	76.90% % of Washoe County students who graduate high school		 As of 10/16/17
4.1.2.1 Provide backbone support for the Community Health Improvement Plan Education goals and objectives. (Catrina Peters)	07/01/16, 06/30/18	100% Support for the CHIP Education Workgroup % Complete	15%	 As of 10/17/17

4.1.2.2 Collaborate with Truckee Meadows Healthy Communities and be a leader in moving the needle forward for educational initiatives. (Catrina Peters)

07/01/16,  
06/30/18

100%  
TMHC Collaboration %  
Complete

5%



As of 10/17/17

**4.2 Support and promote behavioral health. (Catrina Peters)  
(06/30/21)**

**Measure:** % of community outcomes on target



**Target:**

COMMUNITY OUTCOMES	START/END DATE	TARGET, MEASURE	ACTUAL	STATUS
4.2.1 Reduce the percentage of Washoe County high school student who attempt suicide. (Catrina Peters)	07/01/13, 06/30/18	11.10% % of Washoe County high school student who attempt suicide		 As of 10/17/17
4.2.1.1 Collaborate with Truckee Meadows Healthy Communities and be a leader in moving the needle forward for behavioral health initiatives. (Catrina Peters)	07/01/16, 06/30/18	100% TMHC Collaboration % Complete		 As of 10/10/17
4.2.2 Reduce the percentage of Washoe County high school students who ever took a prescription drug without a doctor's prescription. (Catrina Peters)	07/01/15, 06/30/18	17.40% % of WCHS students taking off script medication		 As of 10/17/17
4.2.3 Reduce the percentage of Washoe County high school students who were offered, sold, or given an illegal drug by someone on school property. (Catrina Peters)	07/01/13, 06/30/18	26.50% % of high school students who were offered, sold, or given an illegal drug		 As of 10/17/17
4.2.4 Reduce the rate of K-12 Washoe County School District bullying incidents. (Catrina Peters)	07/01/16, 06/30/18	-10% Rate of K-12 Washoe County School District bullying incidents.		 As of 10/17/17
4.2.5 Reduce the percentage of Washoe County high school students who currently drink alcohol. (Catrina Peters)	07/01/13, 06/30/20	34.70% % of Washoe County high school students who currently drink alcohol		 As of 07/20/17


**4.3 Improve nutrition by supporting efforts to increase food security and access. (Catrina Peters) (12/31/21)**

**Measure:** % of community outcomes on target



**Target:**

COMMUNITY OUTCOMES	START/END DATE	TARGET, MEASURE	ACTUAL	STATUS
4.3.1 Reduce the percentage of food insecure children in Washoe County. (Catrina Peters)	07/01/12, 06/30/18	25.70% % of food insecure children	21.60%	 As of 10/17/17








4.3.1.2 Continue to partner with Collaborate for Communities team. (Catrina Peters)	07/01/16, 06/30/18	Partnership with Collaborate for Clients % Complete		 As of 10/17/17
4.3.1.3 Collaborate with Truckee Meadows Healthy Communities and be a leader in moving the needle forward for food security initiatives. (Catrina Peters)	07/01/16, 06/30/18	100% TMHC Collaboration % Complete		 As of 10/17/17
4.3.2 Reduce the percentage of food insecure people in Washoe County. (Catrina Peters)	07/01/12, 06/30/18	14.25% % of food insecure people	12.70%	 As of 10/17/17

**4.4 Enhance the Regional Emergency Medical Services System. (Christina Conti) (12/31/21)**

**Measure:** % of community outcomes on target

**Target:** 0%



COMMUNITY OUTCOMES	START/END DATE	TARGET, MEASURE	ACTUAL	STATUS
4.4.1 Implement a single patient record for pre-hospital care in Washoe County. (Christina Conti)	07/01/16, 06/30/20	% Complete	15%	 As of 10/18/17
4.4.1.1 Develop a 5-year Emergency Medical Services Plan. (Christina Conti)	07/01/16, 06/30/18	100% 5-Year EMS Plan % Complete		 As of 10/18/17
4.4.2 Reduce the median EMS regional response times (initial contact to first arriving unit in min:sec) in Washoe County. (Christina Conti)	07/01/16, 06/30/20	Median EMS regional response times (Minutes)		 As of 10/18/17
4.4.2.1 Improve pre-hospital EMS performance by reducing system response times through the use of technology and the development of regional response policies by December 31, 2021. (Christina Conti)	07/01/16, 12/31/21			 As of 10/18/17
4.4.3 Coordinate communications amongst EMS partners. (Christina Conti)	07/01/16, 06/30/20	% P25 Radio Migration complete		 As of 10/18/17
4.4.3.1 Improve communications between EMS partners through enhanced usage of technology and the development of regional guidelines by June 30, 2021. (Christina Conti)	07/01/16, 06/30/21	Communication Improvement % Complete	15%	 As of 10/18/17
4.4.3.2 Enhance the regional EMS resource utilization matching the appropriate services as defined by the call for service through alternative protocols, service options and transportation options by December 31, 2021. (Christina Conti)	07/01/16, 12/31/21	Resource Utilization Enhancement % Complete	25%	 As of 10/18/17

**4.5 Engage the Community in Public Health Improvement. (Catrina Peters) (06/30/21)**

**Measure:**

**Target:**



COMMUNITY OUTCOMES	START/END DATE	TARGET, MEASURE	ACTUAL	STATUS
4.5.1 Multiple Community Partners working collectively to implement the 2018-2012 Truckee Meadows Healthy Communities Community Health Improvement. (Catrina Peters)	10/17/17, 06/30/20			 As of 10/17/17
4.5.1.1 Support Truckee Meadows Healthy Communities (TMHC) development of a 2018-2020 TMHC Community Improvement Plan to meet prioritized needs identified in the 2018 Community Health Needs Assessment (Catrina Peters)	10/17/17, 06/30/20			 As of 10/17/17
4.5.1.2 Transition activities related to 2016-2018 Community Health Improvement Plan (CHIP) to reflect 2018-2020 Truckee Meadows Healthy Communities CHIP. (Catrina Peters)	10/17/17, 06/30/20			 As of


FINANCIAL STRATEGIC PRIORITIES & DISTRICT GOALS

**5 Financial Stability: Enable the WCHD to make long-term commitments in areas that will positively impact the community's health by growing reliable sources of income.**

**5.1 Update the WCHD's financial model to align with the needs of the community. (Anna Heenan) (12/31/21)**

**Measure:** Completed model  
**Target:**






COMMUNITY OUTCOMES	START/END DATE	TARGET, MEASURE	ACTUAL	STATUS
5.1.1 Increase State funding support in Washoe County. (Anna Heenan)	07/01/16, 06/30/20	1.30% % to total	1.10%	 As of 10/12/17

**5.2 Ensure resources are spent where they can have the most impact by identifying opportunities for cost savings. (Anna Heenan) (06/30/21)**

**Measure:** % of community outcomes on target  
**Target:**



COMMUNITY OUTCOMES	START/END DATE	TARGET, MEASURE	ACTUAL	STATUS
5.2.1 Increase budget per capita (Base target is \$49.88). (Anna Heenan)	07/01/16, 06/30/20	\$49.88 \$ budget increase	\$50.17	 As of 10/12/17
5.2.1.1 Establish an agreement with the County on adjusting general fund transfers to address COLAs. (Kevin Dick)	07/01/17, 04/30/18			 As of 10/16/17
5.2.2 Generate cost savings (in dollars) through QI projects. (Catrina Peters)	07/01/16, 06/30/20	\$ of cost savings		 As of 10/17/17

PEOPLE AND LEARNING STRATEGIC PRIORITIES & DISTRICT GOALS

**6 Organizational Capacity: Strengthen our workforce and increase operational capacity to support a growing population.**



**6.1 Create a positive and productive work environment. (Kevin Dick) (06/30/21)**

**Measure:** % of annual goal achieved

**Target:**



COMMUNITY OUTCOMES	START/END DATE	TARGET, MEASURE	ACTUAL	STATUS
6.1.1 Increase the employee engagement score in Washoe County. (Catrina Peters)	07/01/16, 06/30/20	Employee engagement score		As of 07/21/17
6.1.1.1 Conduct an annual engagement survey. (Catrina Peters)	07/01/16, 06/30/18	Engagement Survey % Complete		As of 07/21/17
6.1.1.2 Achieve 85% on-time annual reviews. (Kevin Dick)	07/01/17, 06/30/18	On-time annual reviews		As of 10/16/17
6.1.1.3 Achieve 85% on-time annual reviews. (Anna Heenan)	07/01/16, 06/30/18	85% On-time annual reviews		As of 10/17/16
6.1.1.4 Achieve 85% on-time annual reviews. (Dave McNinch)	07/01/17, 06/30/18	85% On-time annual reviews	71%	As of 10/25/17
6.1.1.5 Achieve 85% on-time annual reviews. (Charlene Albee)	07/01/16, 06/30/18	85% On-time annual reviews	68.75%	As of 10/24/17
6.1.1.6 Achieve 85% on-time annual reviews. (Randall Todd)	07/01/16, 06/30/18	85% On-time annual reviews	76.40%	As of 10/24/17
6.1.1.7 Achieve 85% on-time annual reviews. (Steve Kutz)	07/01/16, 06/30/20	0% % of on time reviews	96%	As of 10/10/17
6.1.2 Increase the number of facility enhancements implemented (cumulative) within the Washoe County Health District. (Steve Kutz)	07/01/16, 06/30/20	# of facility enhancements implemented (cumulative)	3	As of 10/20/17











6.1.3 Increase the number of security enhancements implemented within the Washoe County Health District. (Anna Heenan)	07/01/16, 06/30/20	24 Annual investments in security initiatives. Annual budget is set at \$55,000.	11	 As of 10/12/17
6.1.4 Increase the number of QI projects implemented in the last 12 months within the Washoe County Health District. (Catrina Peters)	07/01/16, 06/30/20	2 # of QI projects implemented in last 12 months		 As of 10/20/17











**6.2 Focus on continuing to build staff expertise. (Catrina Peters) (06/30/21)**







**Measure:** % of plan outcomes on target

**Target:**



COMMUNITY OUTCOMES	START/END DATE	TARGET, MEASURE	ACTUAL	STATUS
6.2.1 Implement the Workforce Development Plan. (Catrina Peters)	07/01/16, 06/30/20	50% % Implementation of the Workforce Development Plan		 As of 10/10/17
6.2.1.1 Encourage and allow staff time to partake in personal development opportunities identified in their performance evaluation. (Kevin Dick)	07/01/16, 06/30/20	Development Opportunities are provided over the course of the year.		 As of 10/16/17
6.2.1.2 Encourage and allow staff time to partake in personal development opportunities identified in their performance evaluation. (Anna Heenan)	07/01/16, 06/30/20	100% % of staff doing personal dev	75%	 As of 10/12/17
6.2.1.3 Encourage and allow staff time to partake in personal development opportunities identified in their performance evaluation. (Dave McNinch)	07/01/16, 06/30/20	100% % of staff doing personal dev		 As of 10/25/17
6.2.1.4 Encourage and allow staff time to partake in personal development opportunities identified in their performance evaluation. (Charlene Albee)	07/01/16, 06/30/20			 As of 10/24/17
6.2.1.5 Encourage and allow staff time to partake in personal development opportunities identified in their performance evaluation. (Randall Todd)	07/01/16, 06/30/20	100%	25%	 As of 10/24/17
6.2.1.6 Encourage and allow staff time to partake in personal development opportunities identified in their performance evaluation. (Steve Kutz)	07/01/16, 06/30/20	% of staff partaking in personal dev	100%	 As of 10/20/17
6.2.1.7 Implement process to share learnings from formal professional development activities with others who did not attend. (Kevin Dick)	07/01/16, 06/30/20	% complete	25%	 As of 10/17/17
6.2.1.8 Implement process to share learning from formal professional development activities with others who did not attend. (Anna Heenan)	07/01/16, 06/30/20	100% % complete	100%	 As of 10/12/17
6.2.1.9 Implement process to share learnings from formal professional development activities with others who did not attend. (Dave McNinch)	07/01/16, 06/30/20	% complete		 As of 08/02/17

6.2.1.10 Implement process to share learnings from formal professional development activities with others who did not attend. (Charlene Albee)	07/01/16, 06/30/20	% complete		 As of 10/24/17
6.2.1.11 Implement process to share learnings from formal professional development activities with others who did not attend. (Randall Todd)	07/01/16, 06/30/20	9	3	 As of 10/24/17
6.2.1.12 Implement process to share learnings from formal professional development activities with others who did not attend. (Steve Kutz)	07/01/16, 06/30/20	% complete	100%	 As of 10/20/17
6.2.1.13 Identify and develop new leaders and staff capabilities for succession planning purposes. (Kevin Dick)	07/01/16, 06/30/20	Progress on Initiative	25%	 As of 10/17/17
6.2.1.14 Identify and develop new leaders and staff capabilities for succession planning purposes. (Anna Heenan)	07/01/16, 06/30/20	3 Number of Staff as candidates	3	 As of 10/24/17
6.2.1.15 Identify and develop new leaders and staff capabilities for succession planning purposes. (Dave McNinch)	07/01/16, 06/30/20	# of new leaders ID'ed		 As of 10/25/17
6.2.1.16 Identify and develop new leaders and staff capabilities for succession planning purposes. (Charlene Albee)	07/01/16, 06/30/20	% complete		 As of 10/24/17
6.2.1.17 Identify and develop new leaders and staff capabilities for succession planning purposes. (Randall Todd)	07/01/16, 06/30/20	100% %complete	25%	 As of 10/24/17
6.2.1.18 Identify and develop new leaders and staff capabilities for succession planning purposes. (Steve Kutz)	07/01/16, 06/30/20	# of staff ID'ed	25%	 As of 10/20/17
6.2.1.19 Develop and implement the workforce development plan. (Catrina Peters)	07/01/16, 06/30/20			 As of 10/10/17
6.2.1.20 Collaborate with the University of Nevada's Community Health Sciences program to identify and provide workforce development training opportunities for Health District staff. (Catrina Peters)	07/01/16, 06/30/20	Collaboration complete		 As of 10/24/17

 Not Started  
  Deferred  
  On Target  
  Off Target  
  Waiting on Someone  
  Critical  
  Achieved



# Current Considerations for FY19 Budget

District Health Officer

# FY19 Budget Considerations

- Hay Study
- Surge Capacity
- Service Delivery
- Mosquito Abatement

# Emerging Priorities

- Accreditation

# Strategic Priorities 2018-2019

# Priority One

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## **Healthy Lives**

Improve the health of our community by empowering individuals to live healthier lives

# Focus Areas for 12-24 Months

## **1.1 Reduce the negative health and economic impacts of obesity and chronic disease**

- Overweight and obese youth & adults
- Smokers youth & adults
- Diabetes
- Coronary heart disease mortality rate
- Cancer mortality rate

# Focus Areas for 12-24 Months

## **1.2 Promote preventive health services that are proven to improve health outcomes in the community**

- Teen birth rate
- Newly reported Hepatitis C cases
- WIC participants
- Vaccinations for children

# Focus Areas for 12-24 Months

## **1.3 Improve access to health care so people of all means receive the health services they need**

- Insured population
- Primary care utilization
- Offsite services



# Priority Two

## Healthy Environment

Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer

# Focus Areas for 12-24 Months

## 2.1 Protect people from negative environmental impacts

- Ozone concentration
- Air quality index
- Reduce per capita waste generation
- Increase recycling rates
- Drought, climate change, and natural disasters

## 2.2 Keep people safe where they live, work, and play

- Develop risk-based environmental program standards for all programs
- Implement risk-based food inspections
- Increase food inspection "pass" rate
- Reduce foodborne illness risk factors

# Priority Three

## **Local Culture of Health**

Lead a transformation in our community's awareness, understanding, and appreciation of health resulting in direct action

# Focus Areas for 12-24 Months

## **3.1 Raise awareness of the Washoe County Health District and the services it offers within our community**

- Communicate important health trends  
(information, programming and services)
  - Traditional media news releases and interviews – FY17 - 208
  - Social media posts - FY17 – 2,367
  - Advertising campaigns - FY17 – 24.97M impressions

# Snapshot 2017 Meningitis

## Media Monitoring Reveals

Watchlist ▾

Add Watch Term | Add Advanced Term | Add Cluster | Other Watch Lists

Media Filter: ALL ▾ Station Filter: Reno, NV ▾

<< Mentions for Date >>

Watch Term	10/19	10/18	10/17	10/16	10/15	10/14	10/13	Google	Edit Term	Media Stats	Email Alert	Delete
Air quality	3	8	51	18	8	9	46					Delete
bugs	2	4	14	8	2	3	3					Delete
CDC	1	2	7	3	3	1	3					Delete
chronic	13	4	10	5	13	22	10					Delete
clinic	22	34	33	31	28	35	27					Delete
CRE	0	1	10	0	1	0	1					Delete
Dumping	2	2	4	1	0	4	3					Delete
dust	11	9	8	8	21	5	8					Delete
ebola	2	0	3	5	3	1	3					Delete
e-coli	3	0	0	0	0	0	0					Delete
emergency	87	48	96	93	54	44	77					Delete
face the state	0	0	0	0	8	8	4					Delete
farmers market	1	0	0	0	0	1	2					Delete
fees	30	28	32	26	27	33	24					Delete
fire	237	226	304	321	184	167	353					Delete
flood	15	13	20	14	5	10	13					Delete
flu	21	21	13	18	12	9	15					Delete
food	0	0	0	0	0	0	0					Delete
hantavirus	0	0	0	0	0	0	0					Delete
Health Department	1	0	6	2	0	2	0					Delete
health district	0	0	9	7	0	1	0					Delete
Health Festival	0	0	0	0	0	0	0					Delete
immunization	0	0	0	0	0	0	0					Delete
influenza	1	0	0	0	0	0	1					Delete
inspections	2	5	9	6	9	3	7					Delete
isolation	3	3	2	3	7	4	5					Delete
Lemmon Valley	1	0	0	0	0	0	3					Delete
Mass Casualty	0	0	0	2	1	0	1					Delete
meningitis	0	6	46	21	0	0	0					Delete

## Viewership and Value

### Media Monitoring Suite



Main Menu > Back to Quickview > Transcript

Power Search | My Clips | Log Out

### Transcript

More Text | Add to My Clips | Email Video/Transcript

Zoom  Include in Report

KRNV (NBC) - Reno, NV  
News 4 at 5

+ Local Market viewership: 17,544  
Local Publicity Value:  
\$1,107.68 per 10s

KRNV 10/17/2017 5:01:29 PM: ...>> symptoms of viral meningitis tend to be more mild and self-limiting, patients just do better overall. >> reporter: the more severe version is called bacterial meningitis. bacterial meningitis could be fatal but it is not nearly as common.>> the condition is much more severe with bacterial meningitis and patients have to be hospitalized requiring emergency antibiotics. >> reporter: one case of bacterial meningitis has been reported in Washoe county.>> thanks to vaccines, meningitis is rarely caused by bacteria in the U.S. the vast majority of meningitis in the U.S. is caused by virus.>> reporter: viral meningitis usually goes away on its own within a week or two and could be prevented by washing your hands often not sharing food or drink with the sick person, disinfecting, as well as covering your coughs and sneezes. if you are experiencing viral meningitis symptoms such as fever, nausea, headache, and sleeping neck you should see a doctor. >> you should see a doctor to distinguish between the bacteria because it is different for the two. >>> news4 is or weather authority >> today felt nice out there. beautiful fall colors. with highs in the 70s. don't get to use to it. changes on the way, collin is in with more on that. smacked the rest of this evening involved -- involves high clouds. it's not going to rain here but we will see clouds from that making for a great sunset. what time is that? more on that n the second. 75 degrees at 5:00. all locations to the most are in the mid-70s. the colder weather is coming. it's coming up n the seven-day forecast. tonight, clear skies low 50s by 11. 6: 16. back to you. >>> nfl owners teamed up with owners that -- the issue has outraged and civiled fans. the commissioner addressed the reports following his meeting with the owners. >> the players, the owners, they came to an agreement. these are not really issues that are player issues or owner issues or community issues ...



# Snapshot 2017 Meningitis

- Just eleven (11) television news stories on October 16/17
  - Viewership = 168,242
  - Value = \$27,522.01



# Focus Areas for 12-24 Months

## **3.2 Work with others to establish policies that positively impact public health**

- Policies established or improved that impact public health
- Prepare for 2019 legislative session
- Advance policies through DBOH, Truckee Meadows Healthy Communities (TMHC) and other regional partners
- Establish staff position to support policy advancement

# Focus Areas for 12-24 Months

## **3.3 Inform the community of important health trends by capturing and communicating health data**

- Community health data reports published/promoted
  - Complete update to Community Health Needs Assessment
  - Robert Wood Johnson Foundation County Health Rankings

## **3.4 Raise awareness of the benefits of a healthy community to build a local culture of health**

- Implement initiatives that build a culture of health
  - Participate and support TMHC initiatives and events



# Priority Four

## **Impactful Partnerships**

Extend our impact by leveraging partnerships to make meaningful progress on health issues

# Focus Areas for 12-24 Months

## **4.1 Lend support and accountability to improve K-12 educational outcomes**

- GI outbreaks in schools
- WCSD graduation rate

## **4.2 Support and promote behavioral health**

- Reduce high school student who:
  - taking prescription drug without a prescription, drink alcohol
  - offered, sold, or given illegal drugs on school property
  - attempt suicide
- Reduce K-12 bullying incidents

## **4.3 Improve nutrition by supporting efforts to increase food security and access**

# Focus Areas for 12-24 Months

## **4.5 Engage the Community in Public Health Improvement**

- Support the development of the 2018/2020 Truckee Meadows Healthy Communities Community Health Improvement Plan
- Transition activities related to 16/18 CHIP to the 18/20 CHIP

## **4.4 Enhance the Regional Emergency Medical Services System**

- Implement the developed 5 year strategic plan
- Single patient record for pre-hospital care
- Communications amongst EMS partners

# Priority Five

## **Financial Stability**

Enable the WCHD to make long-term commitments in areas that will positively impact the community's health by growing reliable sources of income

# Focus Areas for 12-24 Months

## **5.1 Update the WCHD's financial model to align with the needs of the community**

- State funding support - most specifically in the Chronic Disease program

## **5.2 Ensure resources are spent where they can have the most impact by identifying opportunities for cost savings**

- Establish an agreement with the County on adjusting general fund transfer to address employee cost of living adjustments negotiated by the County
- Find efficiencies in operations so as to reduce the impact of reductions in grant funding and reliance on the County General Fund
- Generate cost savings (in dollars) through QI projects
  - CCHS phone project will help to streamline scheduling of clients
  - CCHS is working on the consolidation of the Sexual Health Program and Family Planning

# Priority Six

## **Organizational Capacity**

Strengthen our workforce and increase operational capacity to support a growing population

# Focus Areas for 12-24 Months

## **6.1 Create a positive and productive work environment**

- Employee engagement score
- Annual performance evaluations on-time
- Facility enhancements implemented
- Security enhancements implemented
- QI projects implemented

## **6.2 Focus on continuing to build staff expertise**

- Implement Workforce Development Plan
- Support and invest in staff development
- Develop new leaders and staff capabilities

# Board Discussion



# Board Discussion and Direction

## *Priority Discussion*

- Of the goal areas, which are the areas that we can make the greatest progress? Or at greatest risk of regression?
- Is something significant missing under any of the priorities?

## *Budget Discussion*

- Where should we be investing our public health resources?
- Initial thoughts on FY19 Budget Considerations

# Perspective on Progress

Greatest progress:

Greatest risk of regression:

# Anything Missing?

1. **Healthy Lives:** Improve the health of our community by empowering individuals to live healthier lives.
2. **Healthy Environment:** Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.
3. **Local Culture of Health:** Lead a transformation in our community's awareness, understanding, and appreciation of health resulting in direct action.
4. **Impactful Partnerships:** Extend our impact by leveraging partnerships to make meaningful progress on health issues.
5. **Financial Stability:** Enable the Health District to make long-term commitments in areas that will positively impact the community's health by growing reliable sources of income.
6. **Organizational Capacity:** Strengthen our workforce and increase operational capacity to support a growing population.

# Budget Discussion

Where should we be investing our public health resources?

## FY19 Budget Considerations

- Hay Study
- Surge Capacity
- Service Delivery
- Mosquito Abatement