

**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

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

**Thursday, November 1, 2018  
9:00 a.m.**

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

**Washoe County Health District  
Conference Room A & B  
1001 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 1, 2018
- 5. Review, Discussion, and Possible Direction to cancel the tentative Washoe County District Board of Health Meeting currently scheduled for November 15, 2018. – (For possible action)**  
Staff Representative: Kevin Dick
- 6. \*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 FY20 Budget Considerations

**7. \*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

**8. \*Current Community Trends Briefing: Growth Forecast, Community Health Improvement Plan and Behavioral Health Data**

Presented by: Kevin, Catrina Heather Kerwin

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

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

Presented by: Goal Champions

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

**i. Priority #5 Financial Stability**

**ii. Current Financial Position**

**iii. 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
- Direction on one-time funding request

**iv. Budget Discussion**

- Determine the best investment of Public Health Resources
- Initial thoughts on FY20 Budget Considerations

**11. \*Board Comment**

Limited to announcements or issues for future agendas.

**12. \*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.

**13. 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, 1001 East Ninth Street, Building B, Reno, NV 89512, 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.

# Strategic Planning Retreat

November 1, 2018

# Retreat Outcomes

- Update on emerging issues & community trends
- Refresh the FY19/20 Strategic Plan based on community trends and emerging issues
- Direction on proposed one-time projects and FY20 core Budget Direction

# Discussion Flow

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15 mins

**Opening, Setting the Stage**

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45 mins

**Community Current State, Trends & Emerging Issues**

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30 mins each Priority

**Refresh the WCHD Strategic Priorities**

- #1: Healthy Lives (Steve & Randy)
  - #2: Healthy Environment (Chad & Christina)
  - #3: Local Culture of Health (Kevin)
  - #4: Impactful Partnerships (Catrina & Christina)
  - #6: Organizational Capacity (Kevin & Catrina)
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Group Discussion  
30 mins

**FY20 Budget Direction & One-Time Projects**

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# Discussion Guidelines

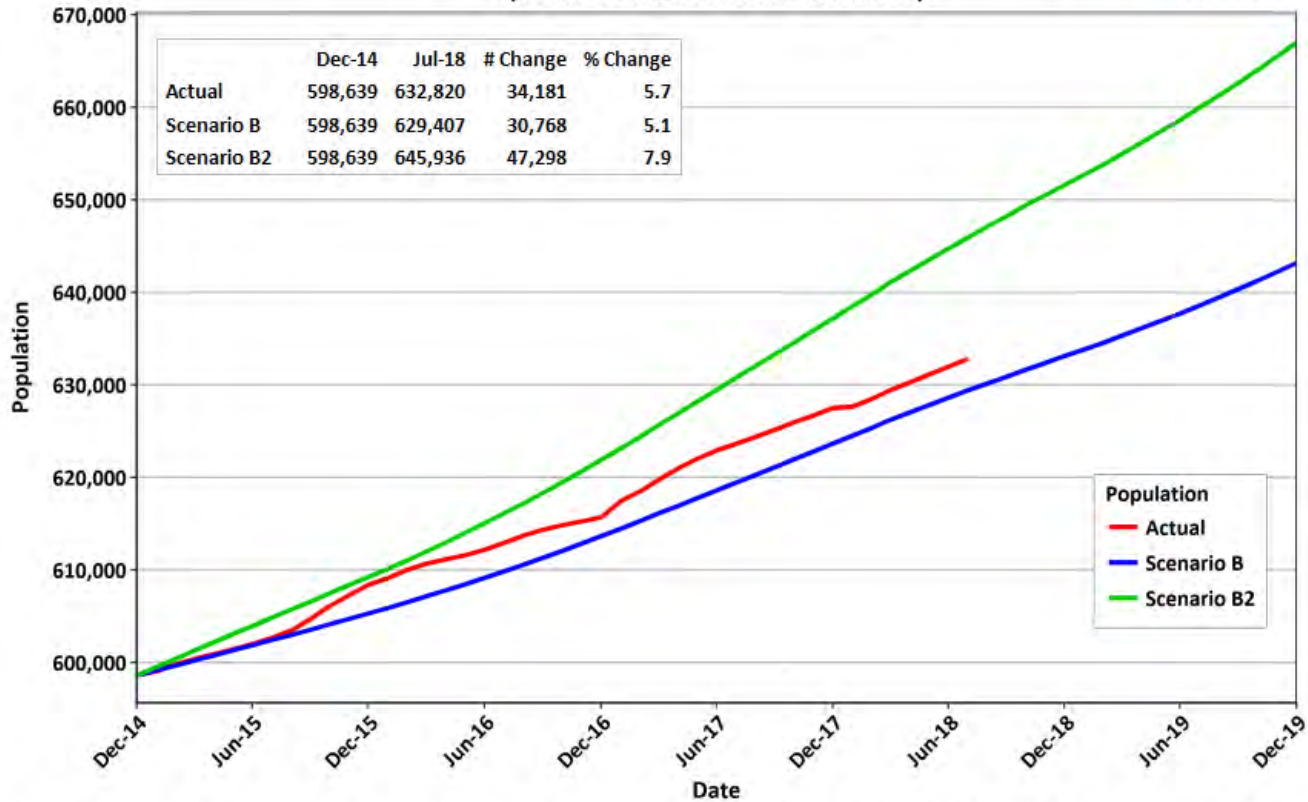
- Refining not creating
- Contributions from all are encouraged, while listening for Board direction is paramount
- Share the mic
- “Strategic” = creating the future  
“Operational” = improving the current
- Focus on the critical few

# Community Current State, Trends, Emerging Issues



# Population Forecast

EPIC Study Area Actual Population Tracking: Dec-14 to Jul-18  
(Scenario Forecast Period: 2015-2019)

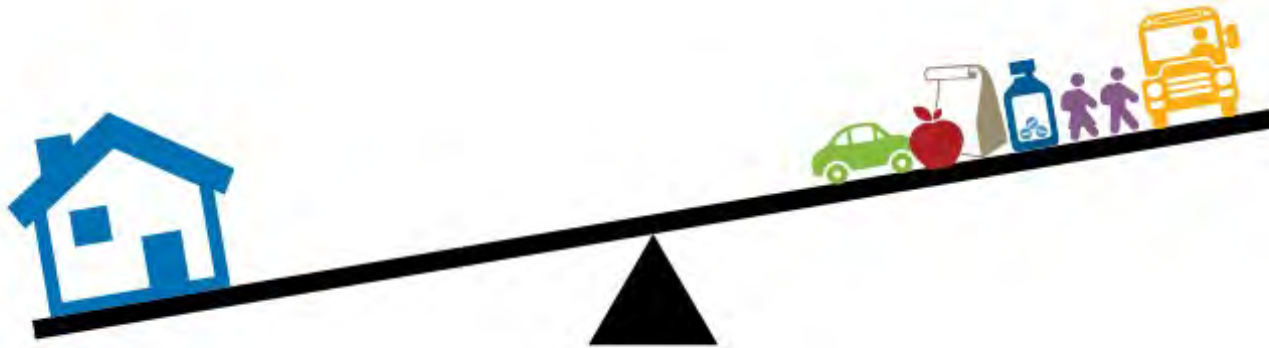


Sources: EPIC Committee, RCG Economics, US Census.

# What is housing affordability?

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Housing is considered affordable when a household pays no more than **30%** of their income on housing costs (either rent or mortgage payments, plus utilities)

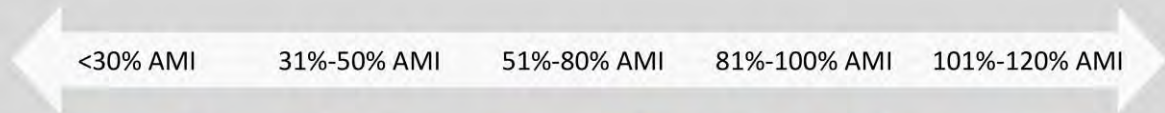


# What is affordable in Truckee Meadows?

AVERAGE RENT IN TRUCKEE MEADOWS  
\$1,480

AVERAGE HOME SALE PRICE IN TRUCKEE MEADOWS  
\$360,336

FY16 AREA MEDIAN INCOME (AMI)  
\$67,000



GAMING DEALER



RECEPTIONIST



TRANSPORTATION & WAREHOUSING



ELEMENTARY SCHOOL TEACHER



POLICE PATROL OFFICER

MEDIAN ANNUAL WAGE	\$17,580	\$29,470	\$43,092	\$53,920	\$68,000
MAX AFFORDABLE MONTHLY HOUSING COSTS	\$440	\$737	\$1,077	\$1,348	\$1,700

Rent and home sale price data from Location Inc. as of Q4 2017. Income limits data is from the HUD FY2016 Income Limits and Fair Market Rent Documentation System for the Reno-Sparks MSA and median wage data is from the 2016 Nevada DETR Occupational Employment Statistics (OES) Survey and the 2016 QCEW from the Bureau of Labor Statistics. Salaries were compared with income limits for a 3-person household because the average household size in the region is 2.6 (per 2012-2016 American Community Survey 5-Year Estimates). Icons made by Freepik and Pause08 from flaticon.com.



# Why does the region need more housing affordability?

- Incomes have not kept pace with housing price changes.
- There is a shortage of affordable and available units for the region's workforce, particularly those earning 50% AMI and below.
- This shortage is likely to increase given current population projections, constraints on new development, and expiring affordability.
- The affordable housing gap impacts the entire community, but the burden disproportionately falls on some residents.

*From 2000 to 2016*

**\$ +13.7%** **-14.0%**  
Median home value      Median income



**11,812 units**

Shortage of rental housing affordable and available to very low-income households in Washoe County



**35%**

of Washoe County residents are cost-burdened

SOURCES: 2016 American Community Survey 5-Year Estimates / 2000 Census SF3 Estimates / 2016 American Community Survey 1-Year Public Use Microdata Sample (PUMS)

# Why tackle housing affordability at the regional level?

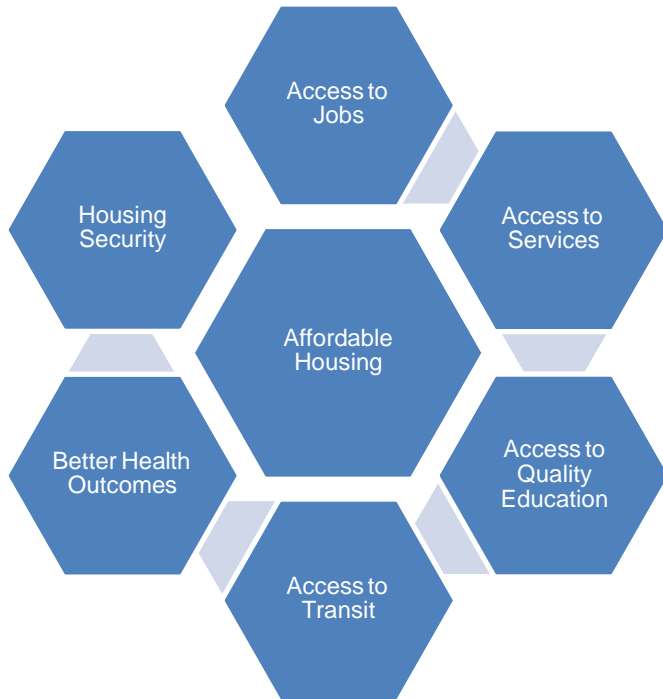
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- Housing availability and affordability
- Land availability
- Resource allocation
- Policy tools
- Funding resources
- Strategic targeting
- Leveraging assets



Regional issues

# Build access to opportunity through housing investments

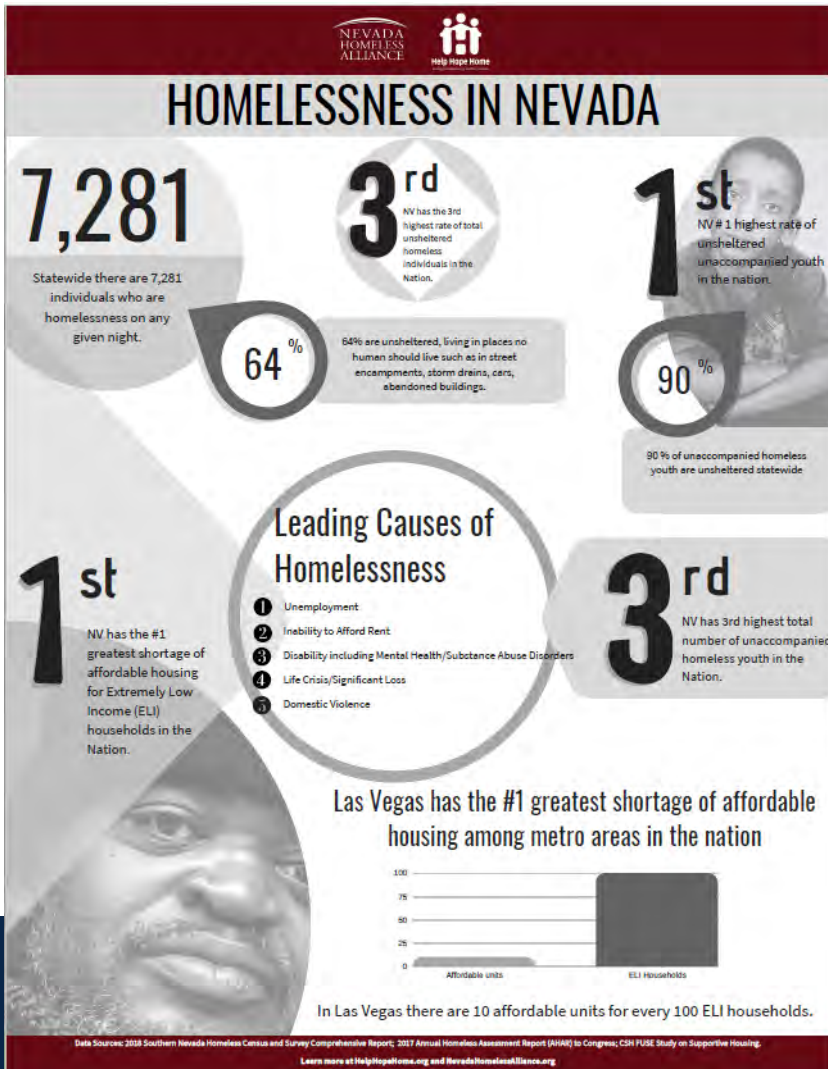


How does a Regional Housing Strategy benefit Truckee Meadows **residents**?



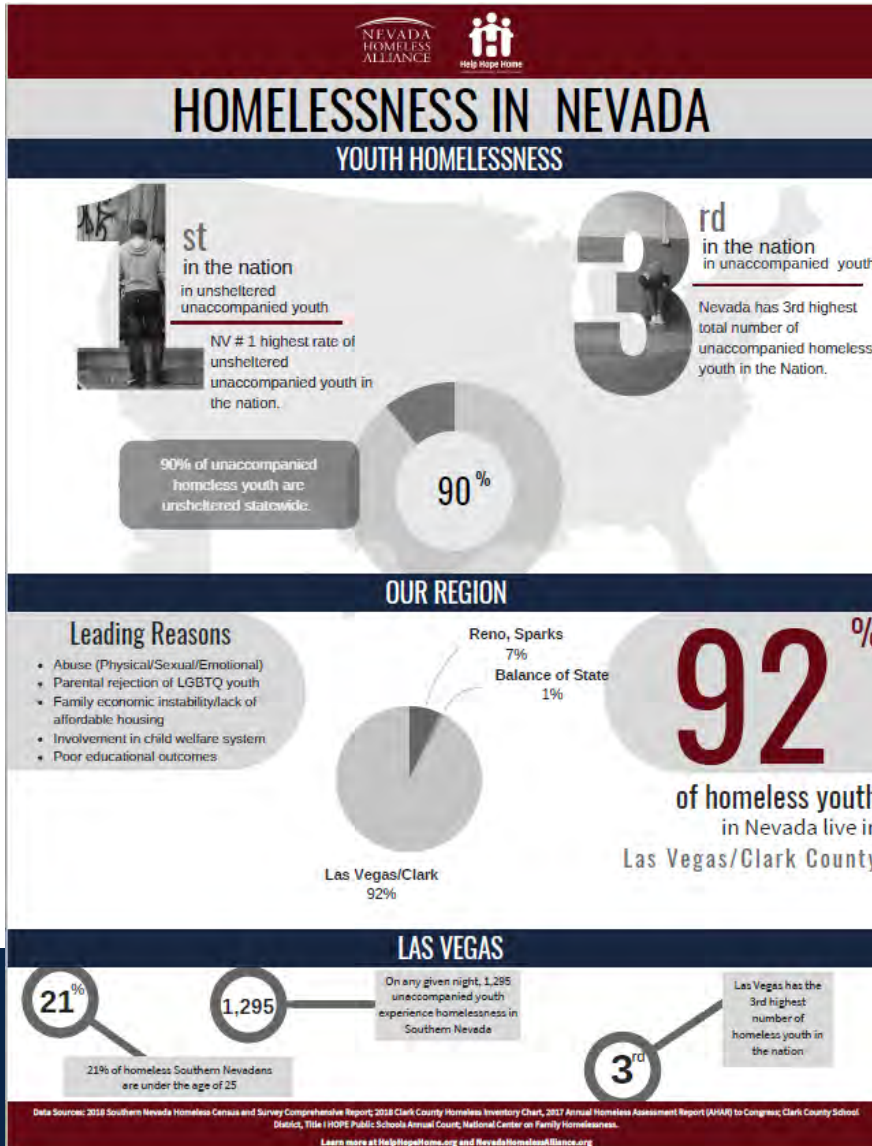
How does a Regional Housing Strategy benefit the Truckee Meadows **region**?

# Housing and Homelessness



- Adult homeless population is growing
- Homeless Senior citizens most rapidly growing population

# Youth Homelessness



- Nevada is #1 in the nation for youth homelessness rate
- No 24 hour center for homeless youth



# EHS Data

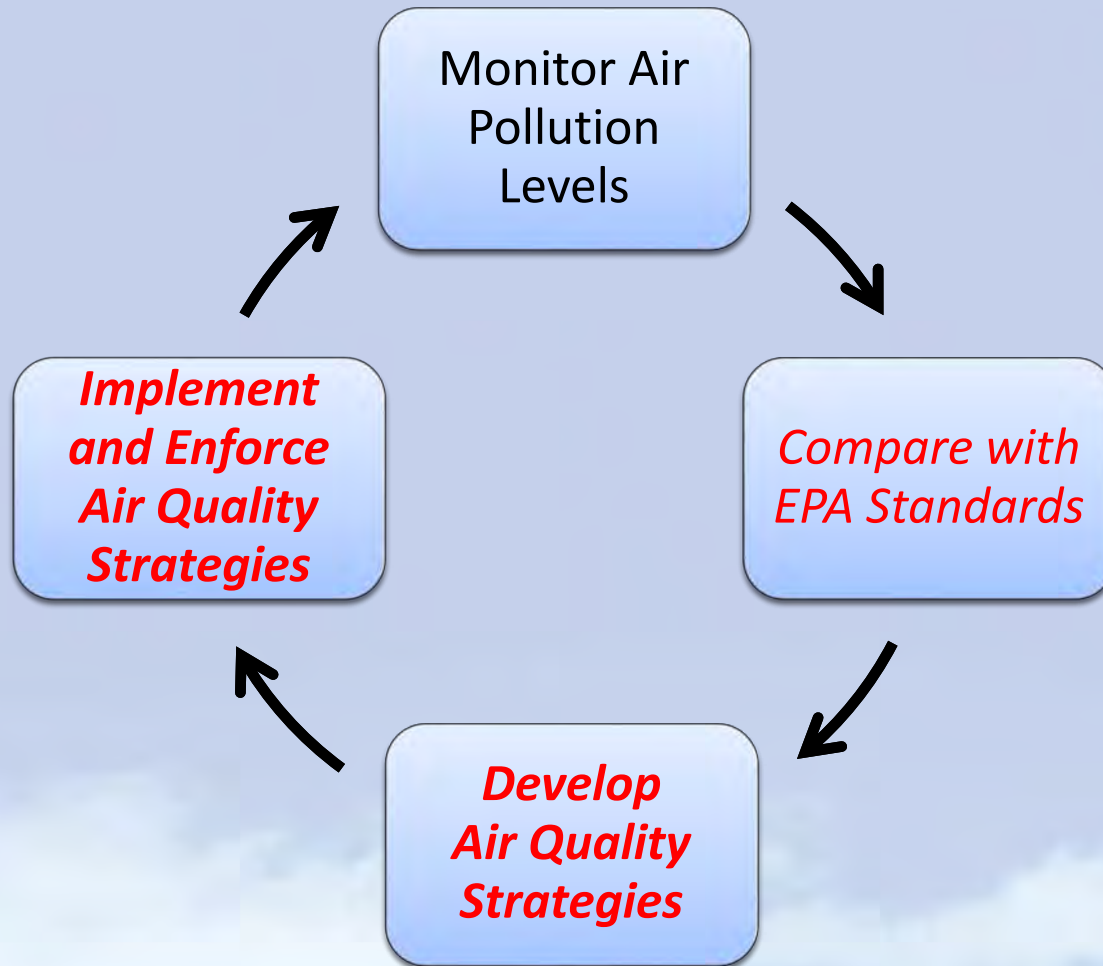
	2016	2017	2018 YTD (as of October 1)
Septic/Well Plan Reviews	732/163 Total: 895	820/148 Total: 968	623/79 Total 702
Commercial Plan Reviews	417	778	955
Number of permitted foodservice facilities	3377	3581	3643

# Environmental Impacts Growth & Air Quality



**Charlene Albee, Director**  
**Air Quality Management Division**  
**Washoe County Health District**  
**Health District FY20 Strategic Planning Refresh**  
**November 1, 2018**

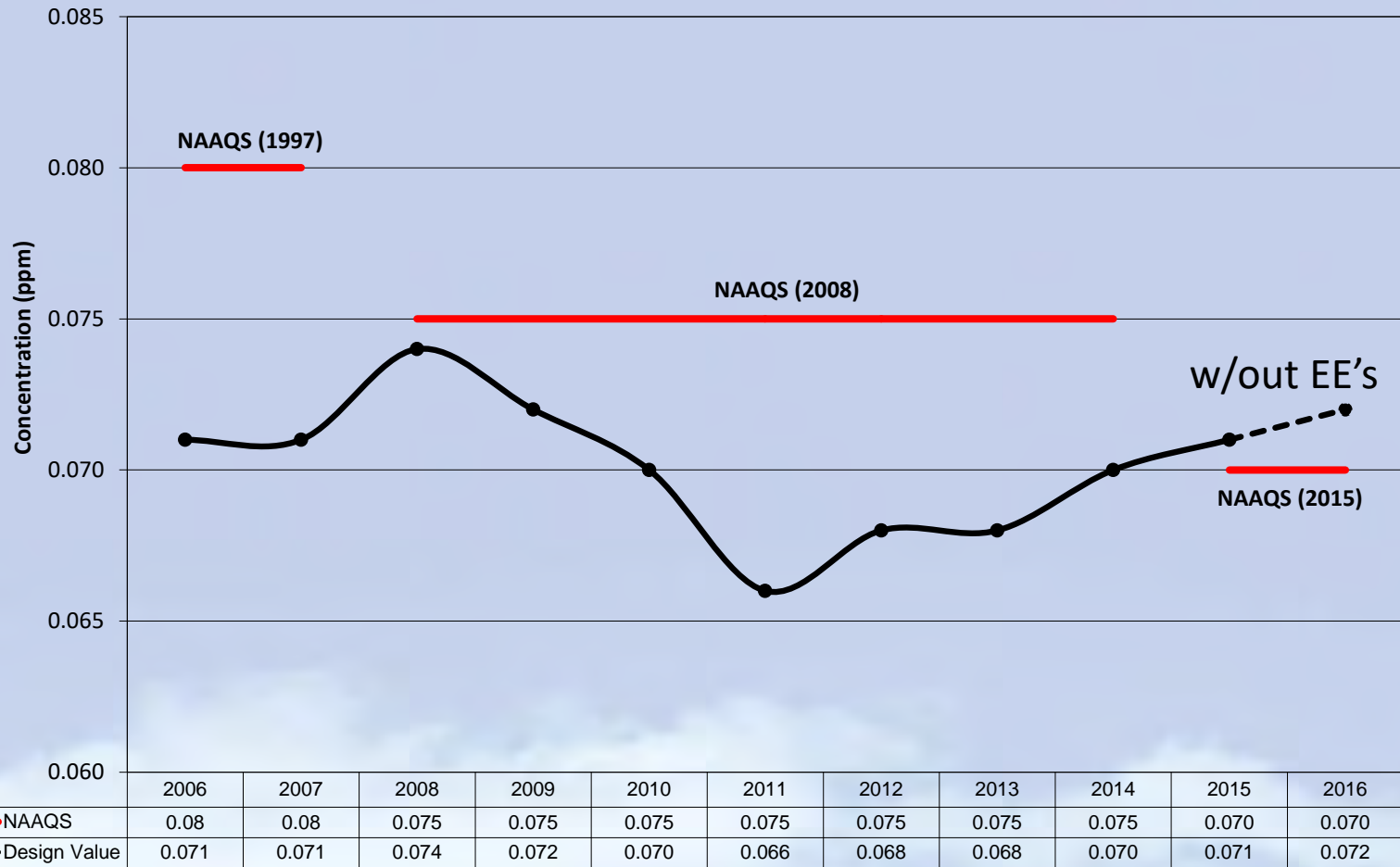
# Air Quality Management Process



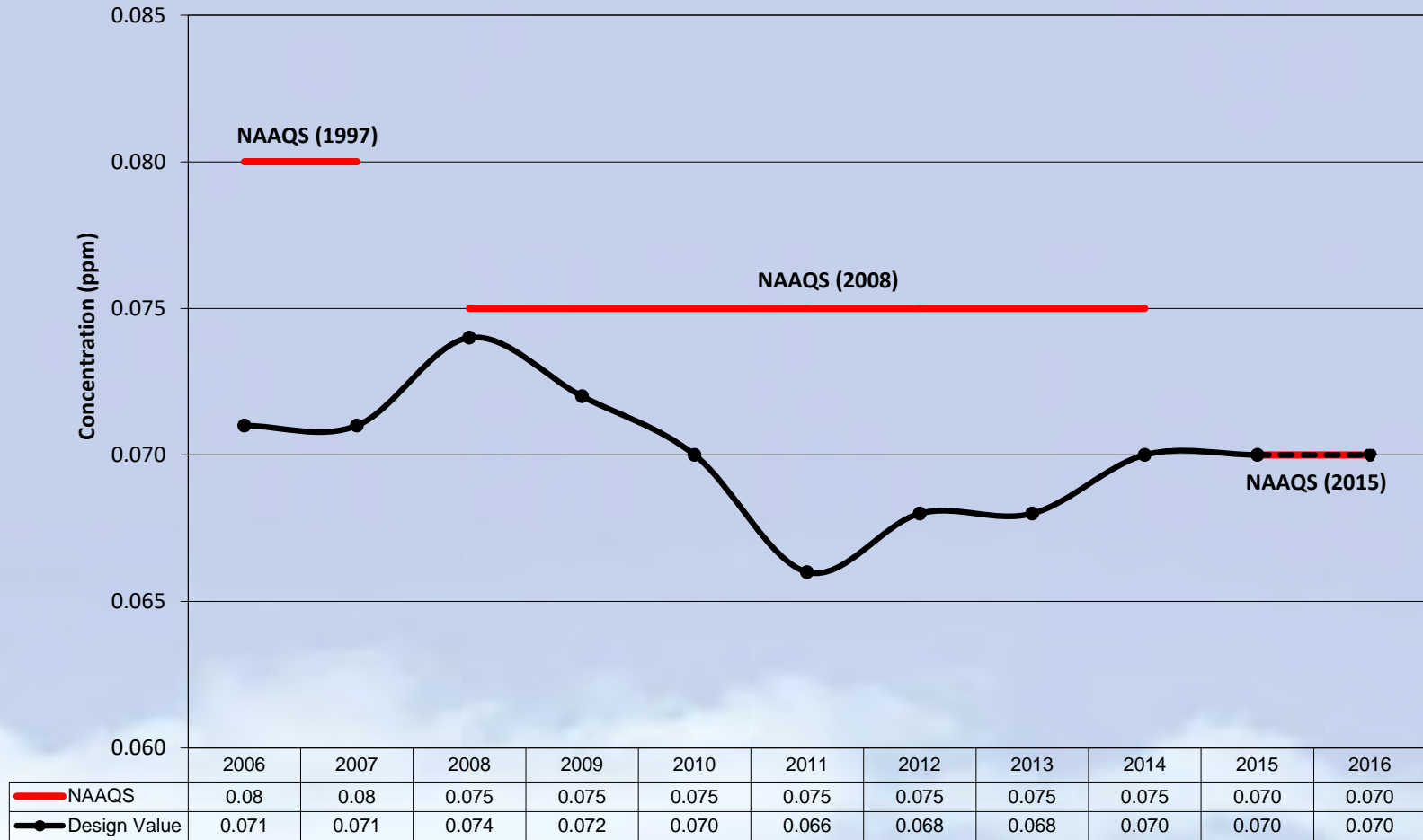
# National Ambient Air Quality Standards

Pollutant	Averaging Time	Level	Design Value
Ozone	8-hour	70 ppb	70 ppb
PM2.5	24-hour Annual	35 $\mu\text{g}/\text{m}^3$ 12 $\mu\text{g}/\text{m}^3$	26 $\mu\text{g}/\text{m}^3$ 7.8 $\mu\text{g}/\text{m}^3$
PM10	24-hour	150 $\mu\text{g}/\text{m}^3$	0.0 expected exceedances
Carbon Monoxide	8-hour 1-hour	9 ppm 35 ppm	1.9 ppm 2.7 ppm
Nitrogen Dioxide	1-hour Annual	100 ppb 53 ppb	50 ppb 12 ppb
Sulfur Dioxide	1-hour	75 ppb	5 ppb
Lead	Rolling 3-month	0.15 $\mu\text{g}/\text{m}^3$	n/a

# 8-hr Ozone Trends vs. NAAQS



# 8-hr Ozone Trends vs. NAAQS

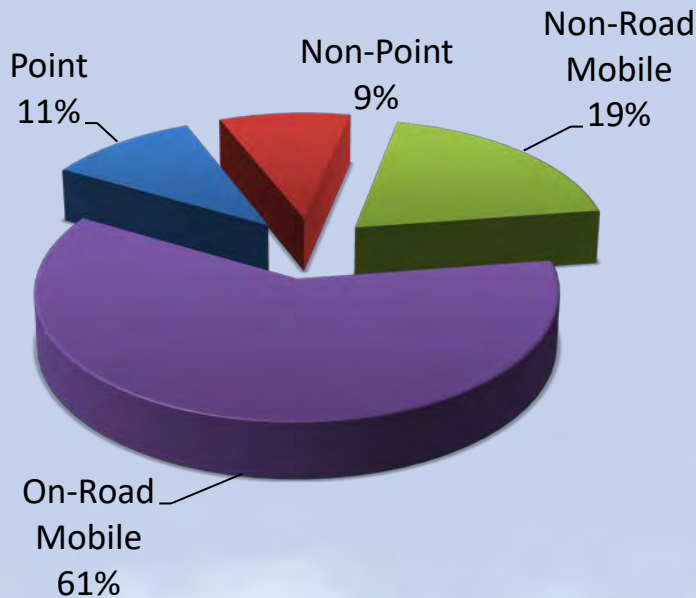


# What does Non-Attainment mean?

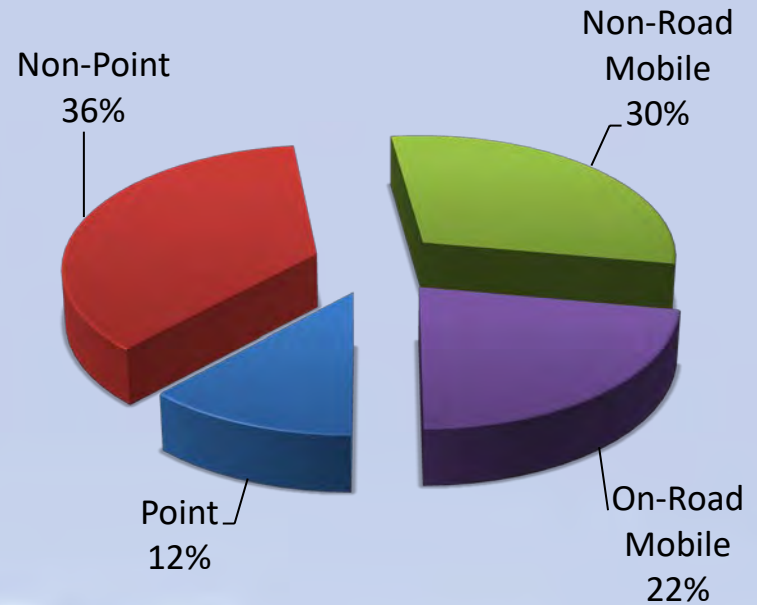
- Public Health: Our air is harmful to breathe, especially for the young, elderly, and people with chronic lung diseases
- Environmental Health: Requires AQM agencies to develop a plan to achieve the standard
- Economic Health: Can limit/delay/stop economic development and expansion
  - Additional requirements for air pollution control equipment; Emission offsets; Federal highway dollars

# Ozone Precursor Source Categories

**NOx**  
(85,908 lbs/day)



**VOC**  
(70,538 lbs/day)





# Ozone Advance = Quality of Life Opportunities

- Strategies targeting:
  - Technology, Behavior, and Built Environment
- Voluntary strategies to reduce:
  - Number of vehicle trips and length of trips
    - Alternative Transportation, Safe Routes to School
    - Connectivity, Transit, Complete Streets
  - Energy consumption
    - Green Building Codes, Energy Star, LEED
  - Heat Island Effects/Impacts
    - Increase Tree Canopy, Building Design

# What Can We Do?

- Change Business as Usual Growth –
  - if nothing changes we will be nonattainment
- Communicate that a Healthy Community means a healthy public, environment, and economy –
  - Investments made today will pay dividends for generations to come
- Provide incentives to reduce indirect source emissions – residential, commercial & industrial
- Encourage implementation of Ozone Advance Path Forward ([OurCleanAir.com](http://OurCleanAir.com))

# Monday, June 11, 2018

- Ozone Alert Day – AQI = 101 (AirNow.gov)
  - 71 ppb, Unhealthy for Sensitive Groups
- Media advises possible traffic congestion as road closes for installation of a round-a-bout for 2,000 new homes
- “It’s tough to make predictions, especially about the future.” Yogi Berra

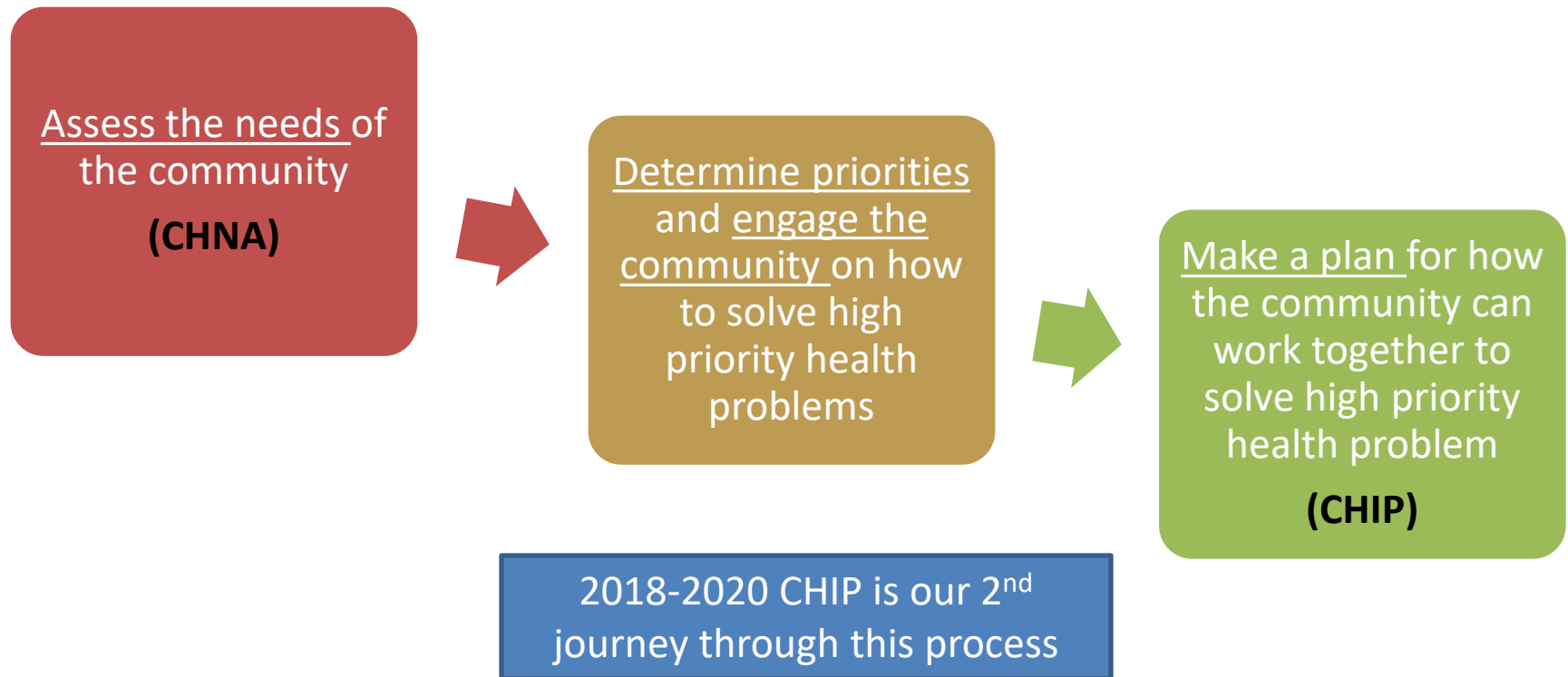
# Keep it Clean.



*Charlene Albee, calbee@washoecounty.us*

# CHIP UPDATE

# Community Health Roadmap



# How Were Focus Areas Chosen?

- Given the needs of community, tough to have to eliminate focus areas
- Two critical elements
  - What are the most pressing needs
  - What capacity and desire does the community have to engage in a focus area

# Focus Areas Chosen

- **Housing**
  - Critical foundation for health improvement
  - Intersection of poverty and health
- **Behavioral Health**
  - Tied to housing, top priority cited by the community
- **Nutrition/Physical Activity**
  - Cuts across many chronic diseases, focused on prevention



# Housing

- Two action plans
  - Housing and homelessness
- Housing
  - Support for the phases of development and implementation of the Enterprise Regional Affordable Housing Strategy
- Homelessness
  - Collaborative community case management, diversion support and 24 youth drop in center



# Behavioral Health

- Three action plans
  - Mirror of the housing objective to support funding for Severely Mentally Ill
  - Assessing and addressing current status and need for services
  - Reducing suicide and depression in adolescents

# Nutrition/Physical Activity

- One action plan
  - Increase physical activity and improve nutrition among adults and youth using 5210! Let's Go framework
  - Objectives cover expanding utilization of 5210! Let's Go, Healthy vending and Family Health Festivals

# BEHAVIORAL HEALTH PROFILE

# 2018 Washoe County Behavioral Health Profile:

## The Highlights

Heather Kerwin, MPH, CPH  
November 1, 2018

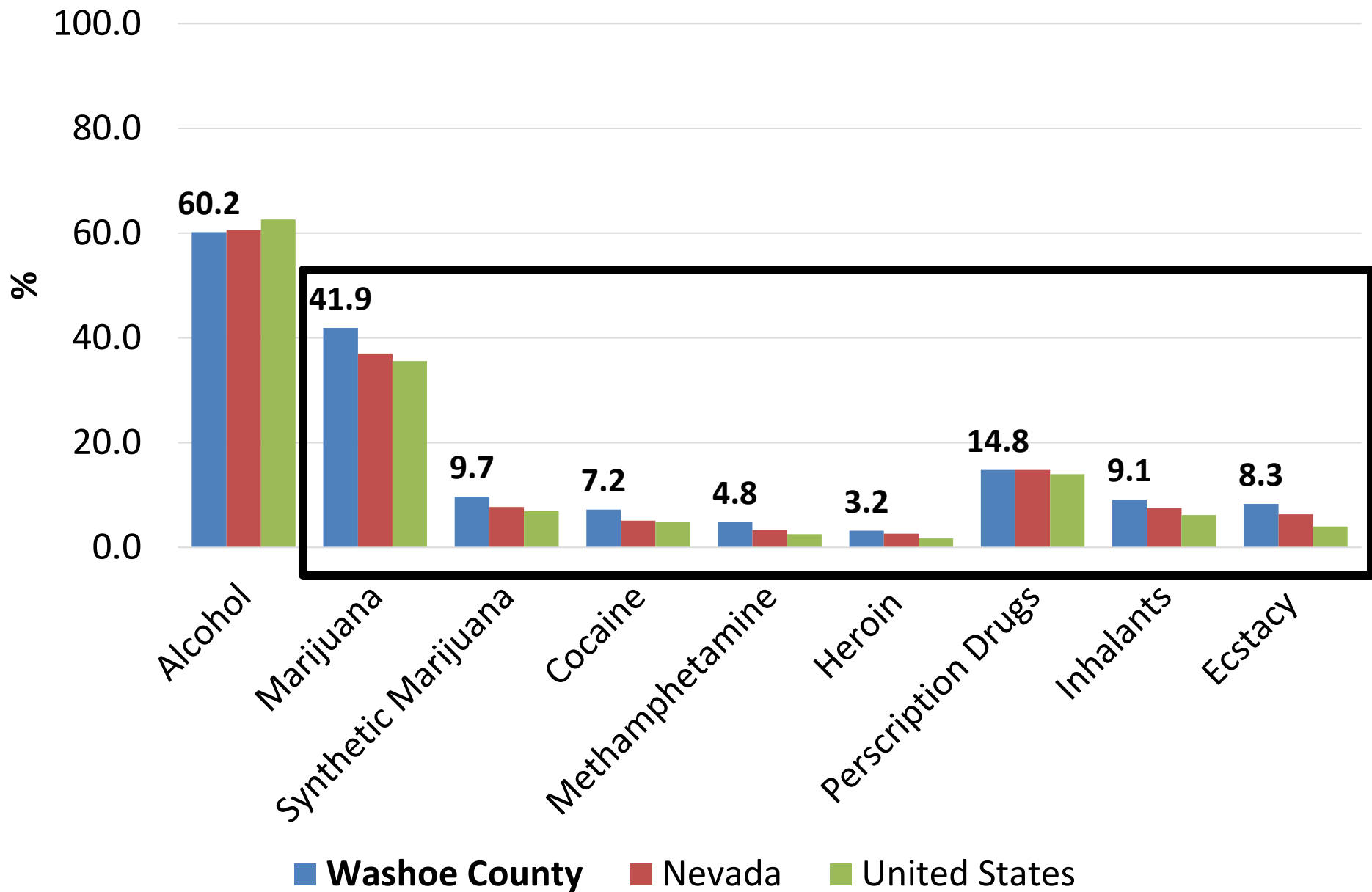
WASHOE COUNTY  
HEALTH DISTRICT  
ENHANCING QUALITY OF LIFE



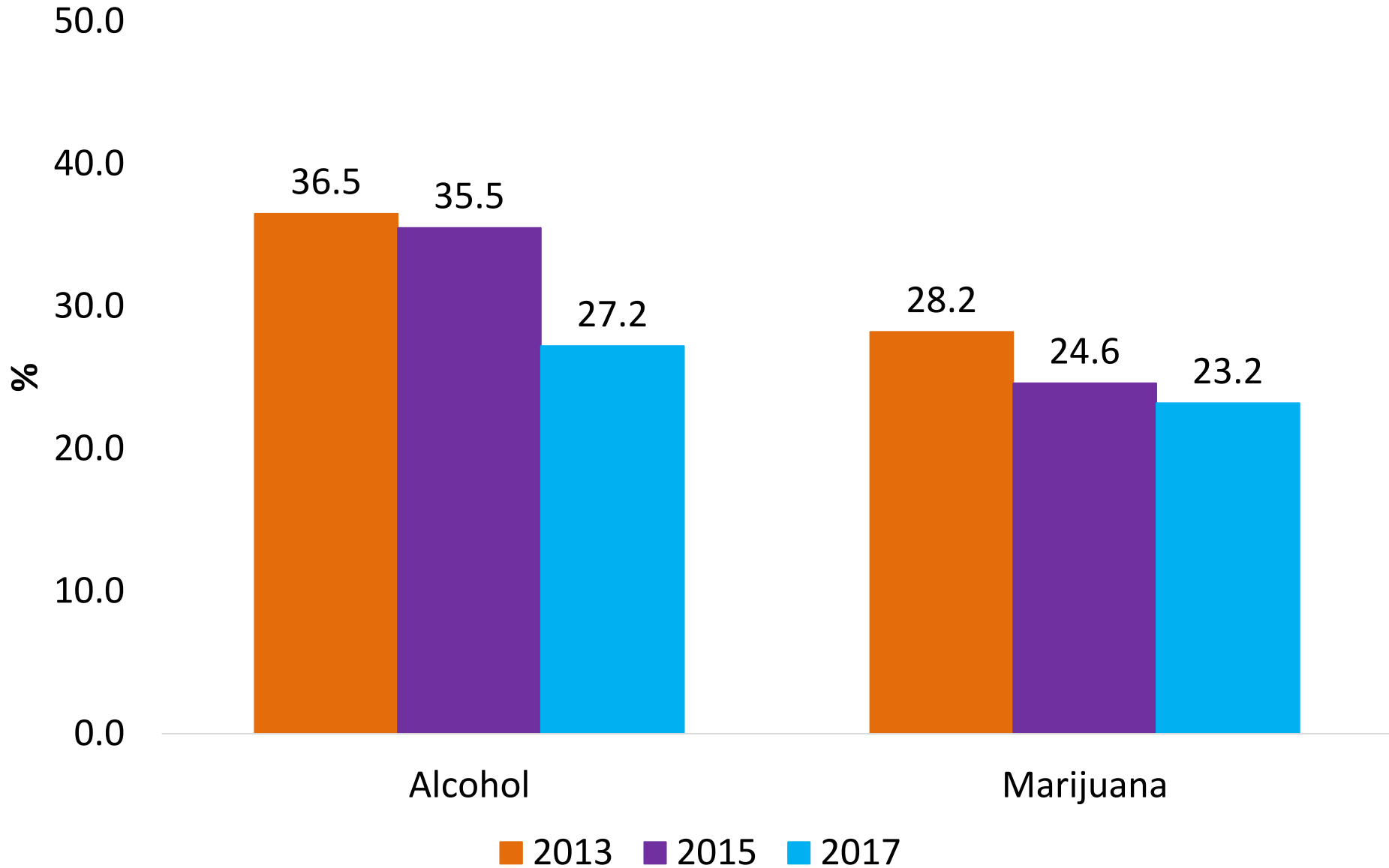
# Behavioral Health

- Combination of mental health & substance use
- Mental health includes
  - Depression, anxiety, eating disorders, & PTSD
  - Developmental disorders such as ADHD & autism
  - Serious mental illnesses such as schizophrenia, bipolar disorder, & psychosis
- Substance use measured by lifetime (ever used) & current use (past 30 days)

# Lifetime Substance Use Among High School Students, Washoe County, Nevada, and United States, 2017

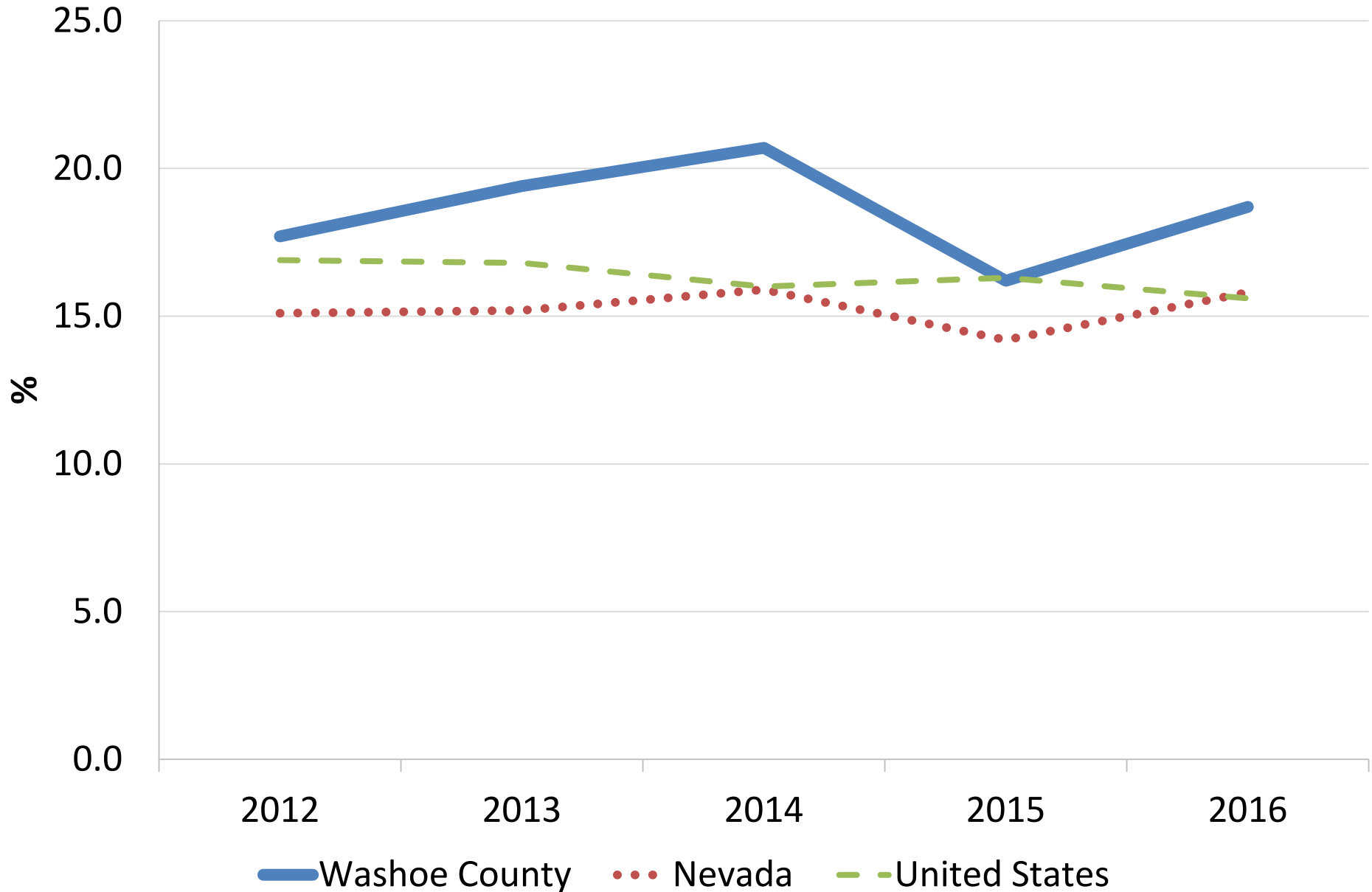


# Percentage of High School Students to Report Current Use of Alcohol and Marijuana, Washoe County, 2013, 2015 & 2017 Comparison

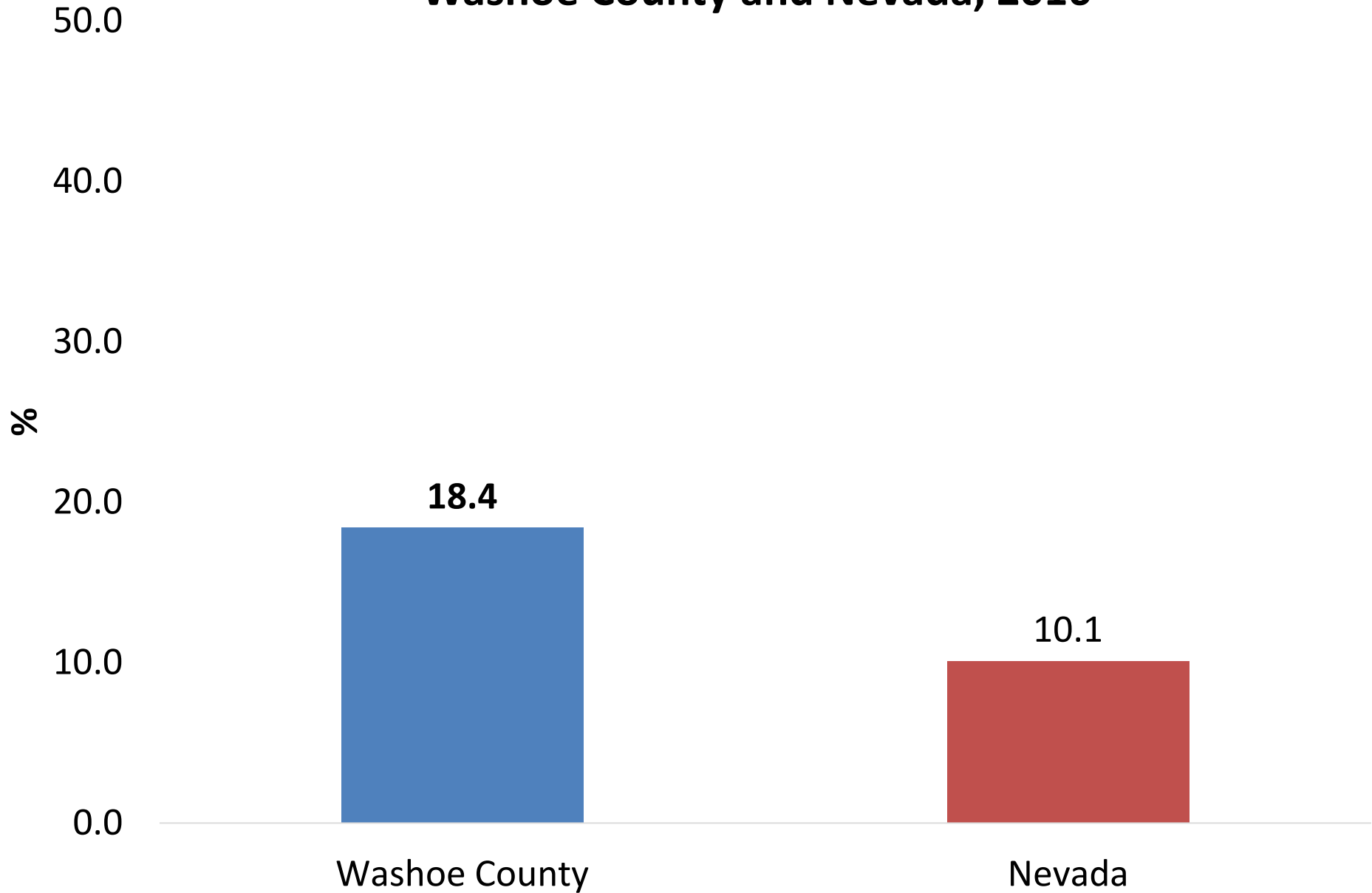




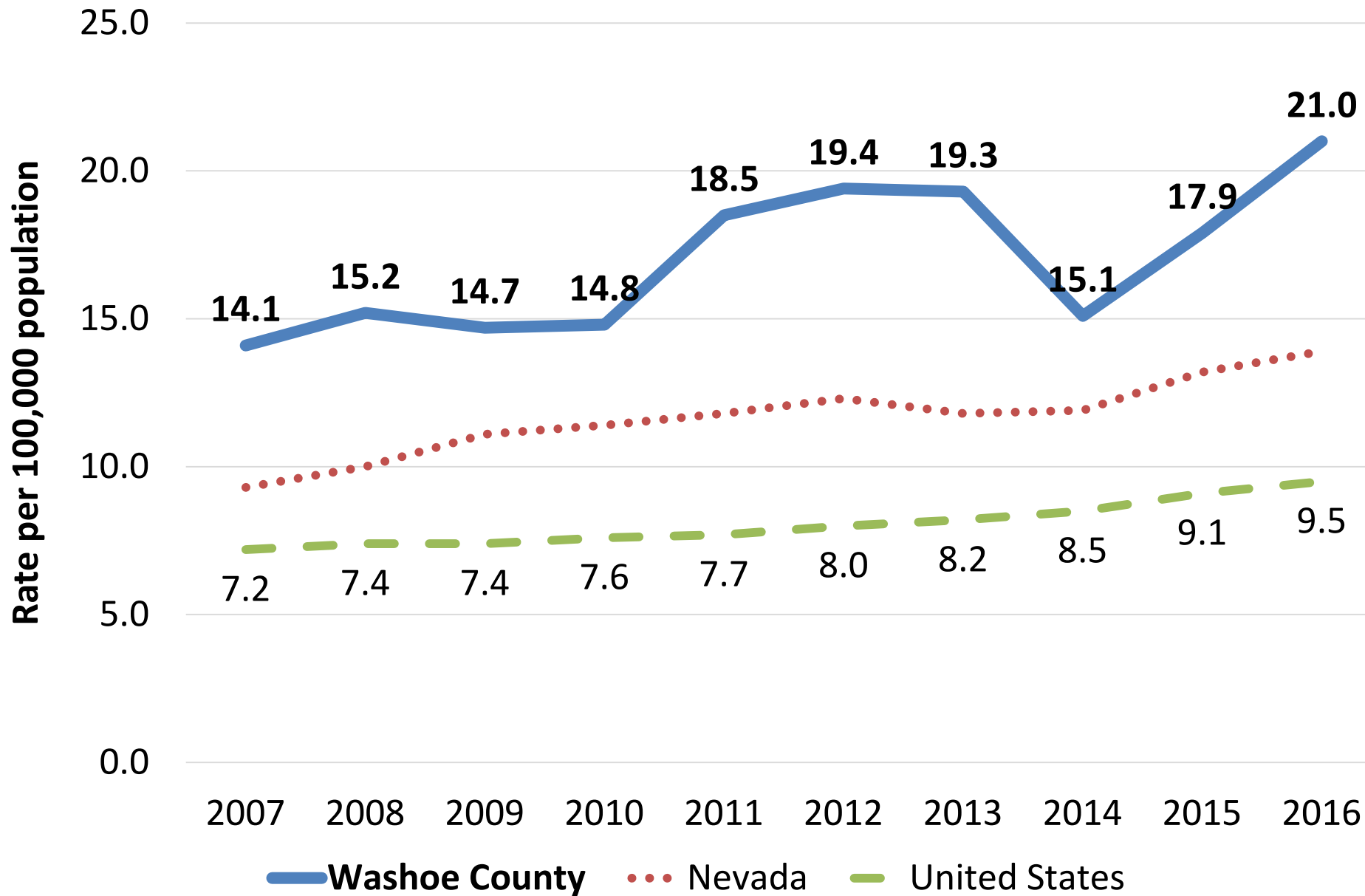
# Percentage of Adults Classified as Binge Drinkers, Washoe County, Nevada, and United States, 2012-2016



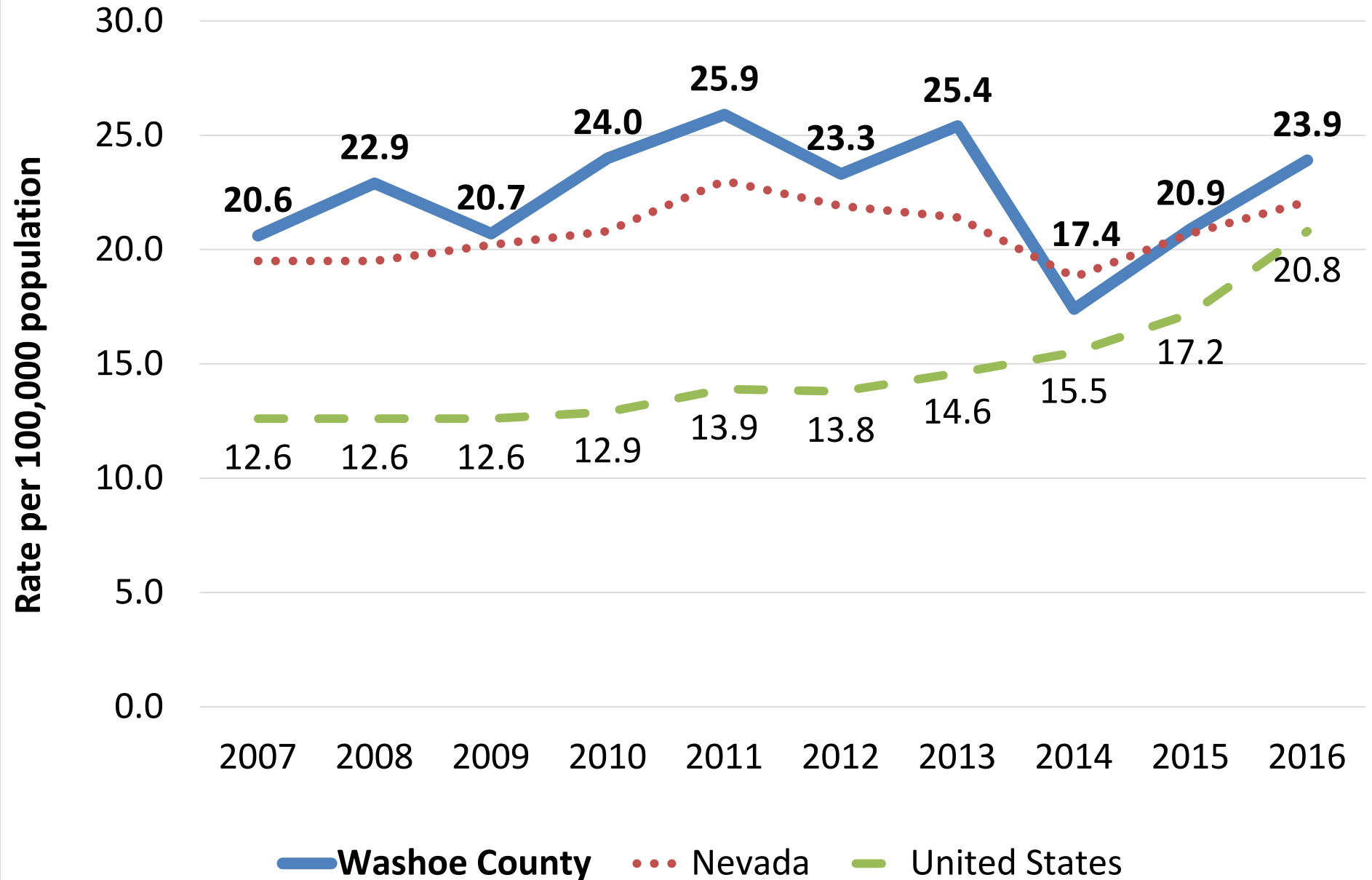
# Lifetime Prescription Drug Misuse Among Adults, Washoe County and Nevada, 2016



# Age-Adjusted Rate of Alcohol-Induced Cause of Death, Washoe County, Nevada, and United States, 2007-2016



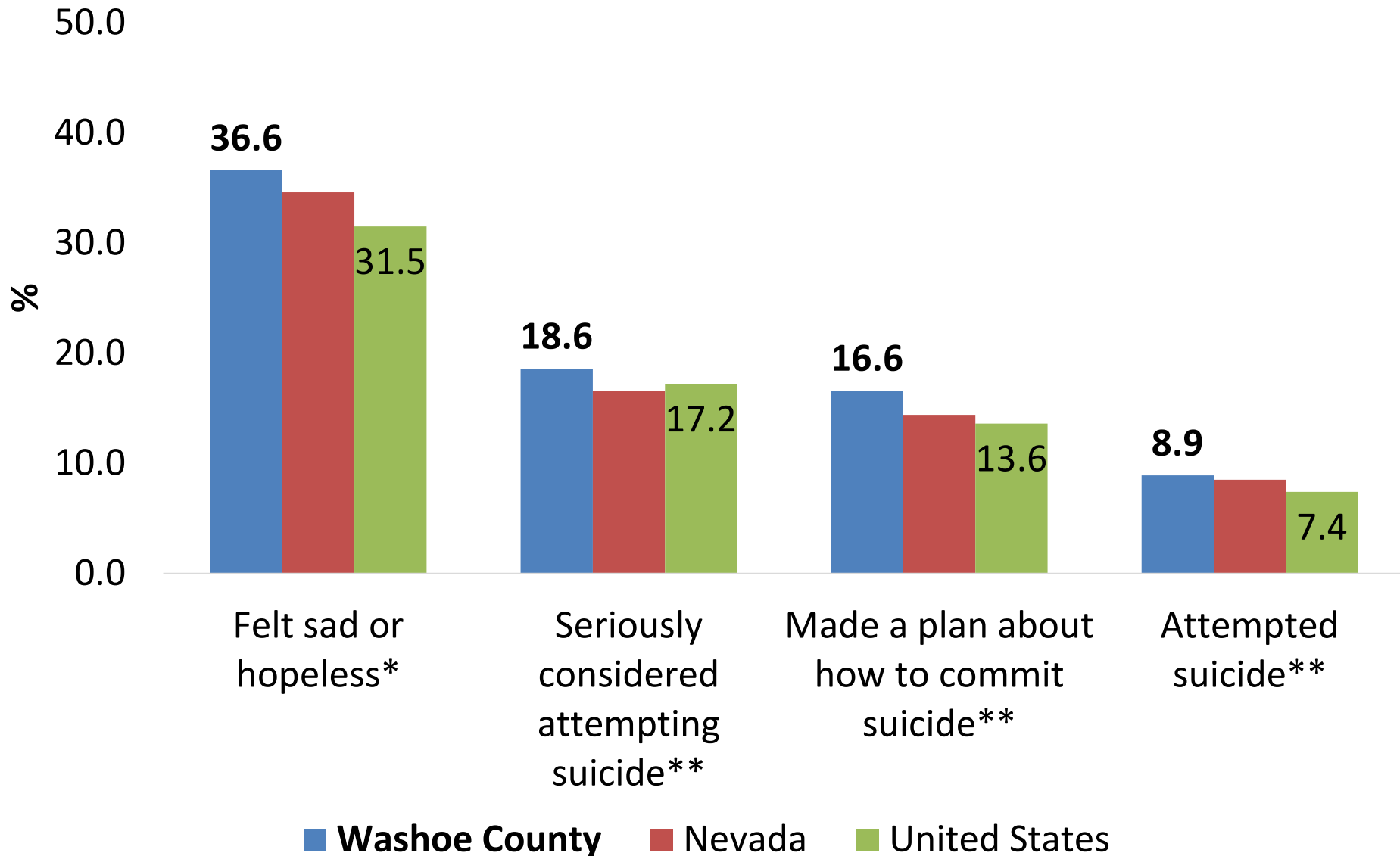
# Age-Adjusted Rate of Drug-Induced Cause of Death, Washoe County, Nevada, and United States, 2007-2016



# Substance Use Summary

- Lifetime & current use of most substances decreasing among youth
  - Mirrors national trends
- Current use of alcohol (binge/heavy drinking) still high among adults
- Mortality due to alcohol & drugs higher in Washoe County than Nevada & U.S. & increasing

# Prevalence of Depression and Suicide Ideation Among High School Students, Washoe County, Nevada and United States, 2017



# Mental Health - Youth

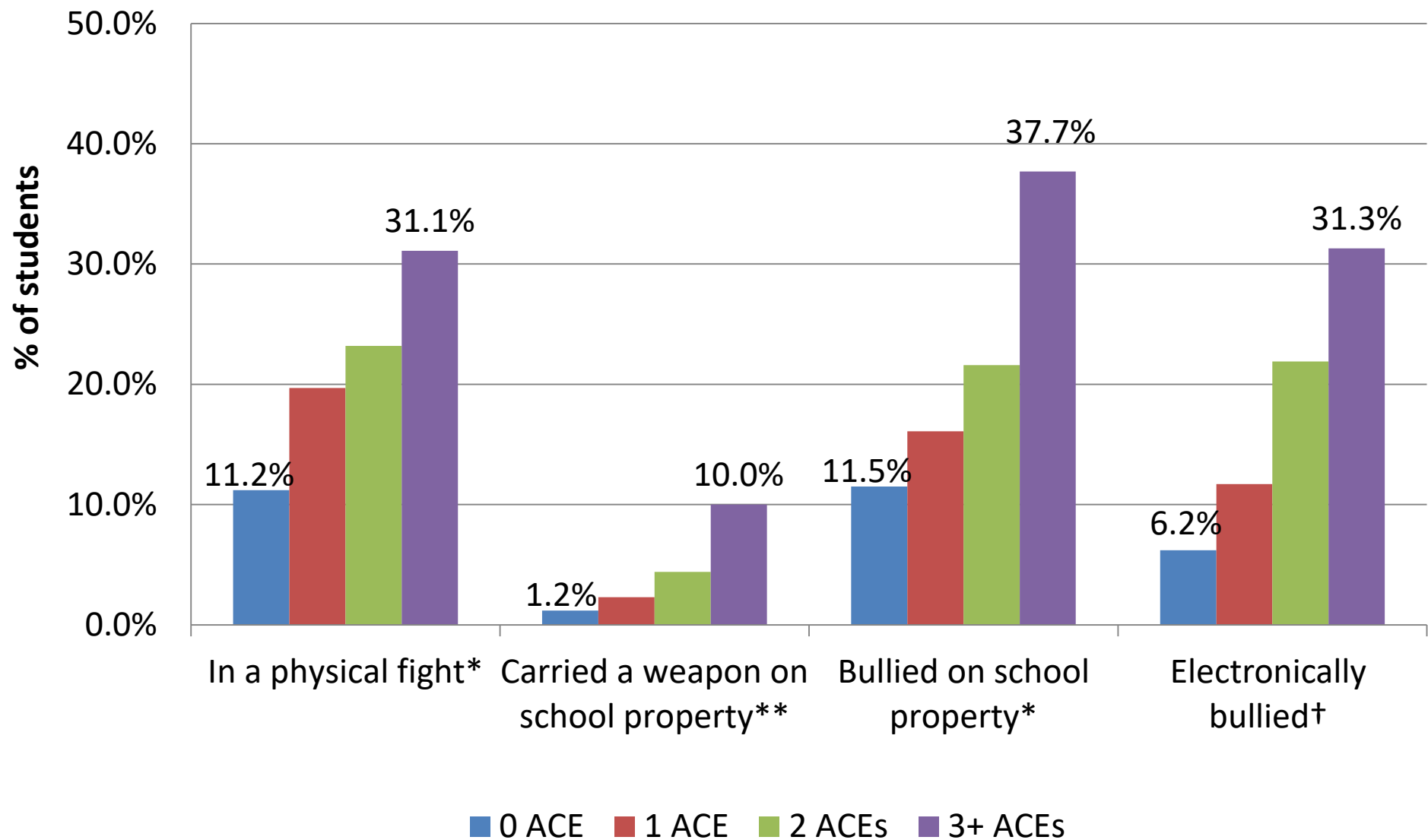
- High school students in Washoe County, 2017 data
  - Over one in three reported feeling sad/hopeless (36.6%)
  - Nearly one in five seriously considered attempting suicide (18.6%)
  - No real changes from 2013 to 2015 to 2017
- Decrease in suicide attempts from 2013 (13.7%) to 2015 (11.7%) to 2017 (8.9%)

# Adverse Childhood Experiences (ACEs)

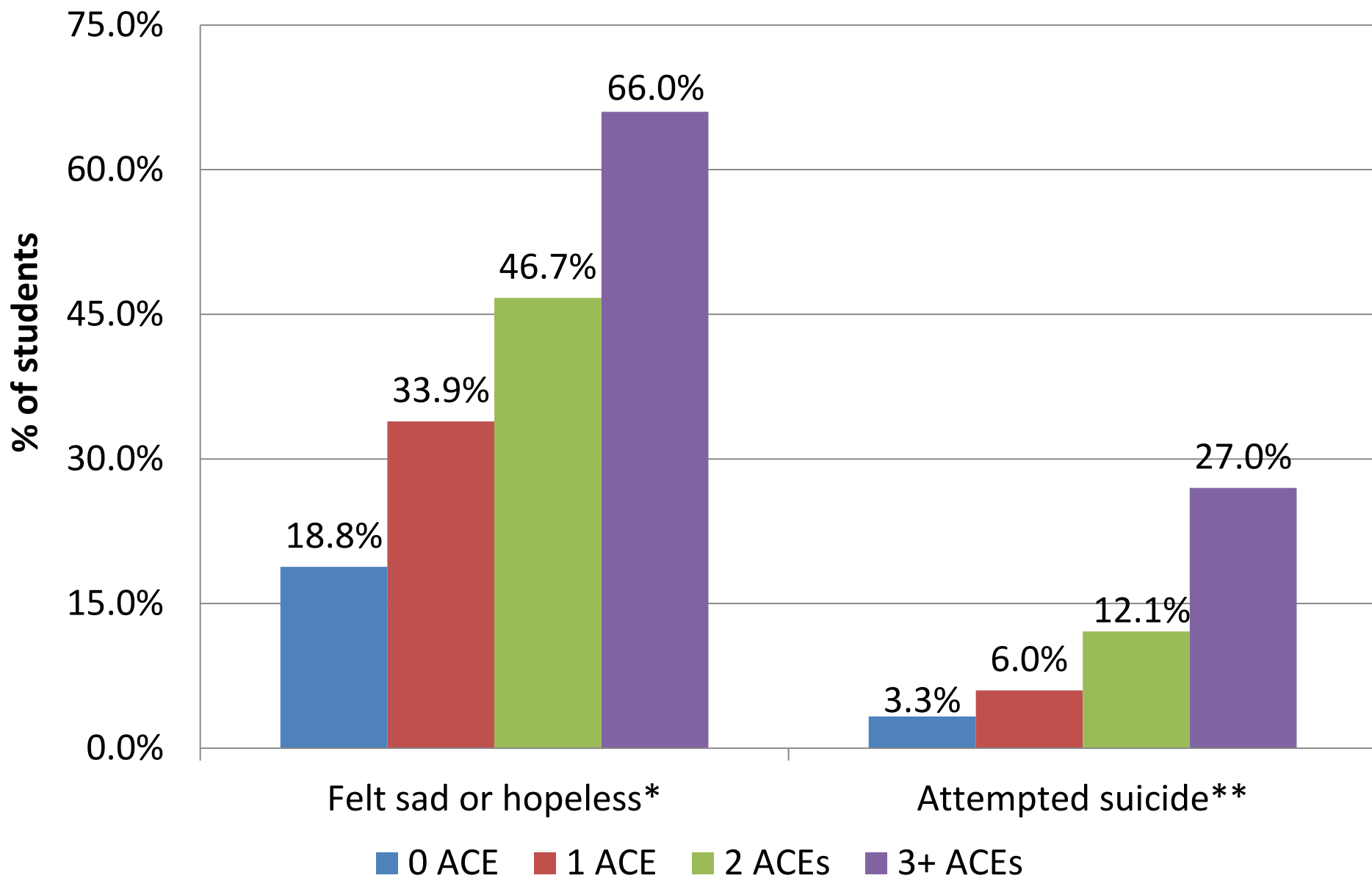
- Over one in three high school students
  - Lived with someone who had a substance use problem (35.2%)
  - Lived with someone who was mentally ill (34.5%)
- 17.4% had ever been physically abused by an adult
- 16.3% had experienced household domestic violence
- 7.6% were ever physically forced to engage in unwanted sexual intercourse; 9.7% among females



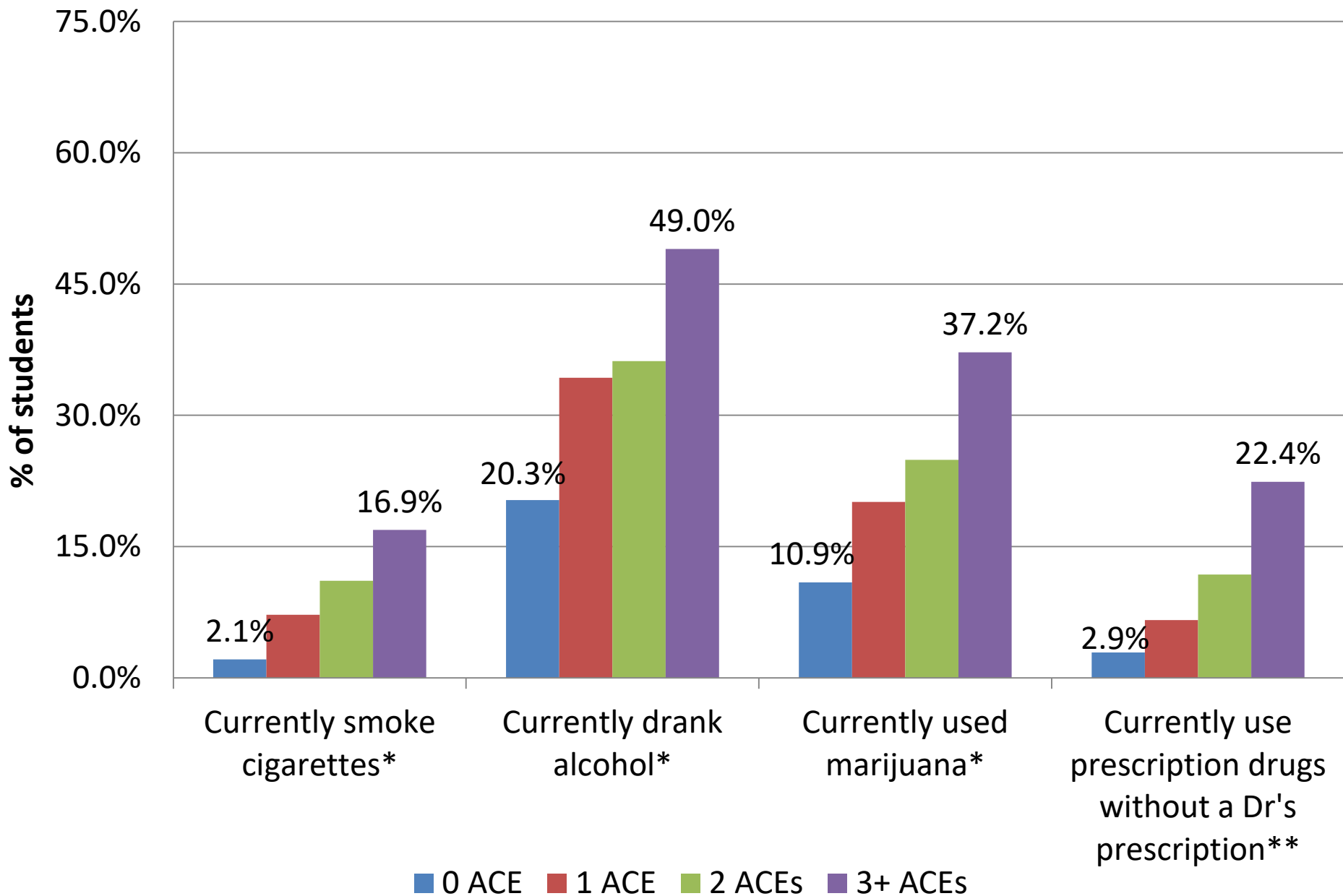
# Prevalence of ACEs & Violence & Victimization among High School Students, Nevada, 2015



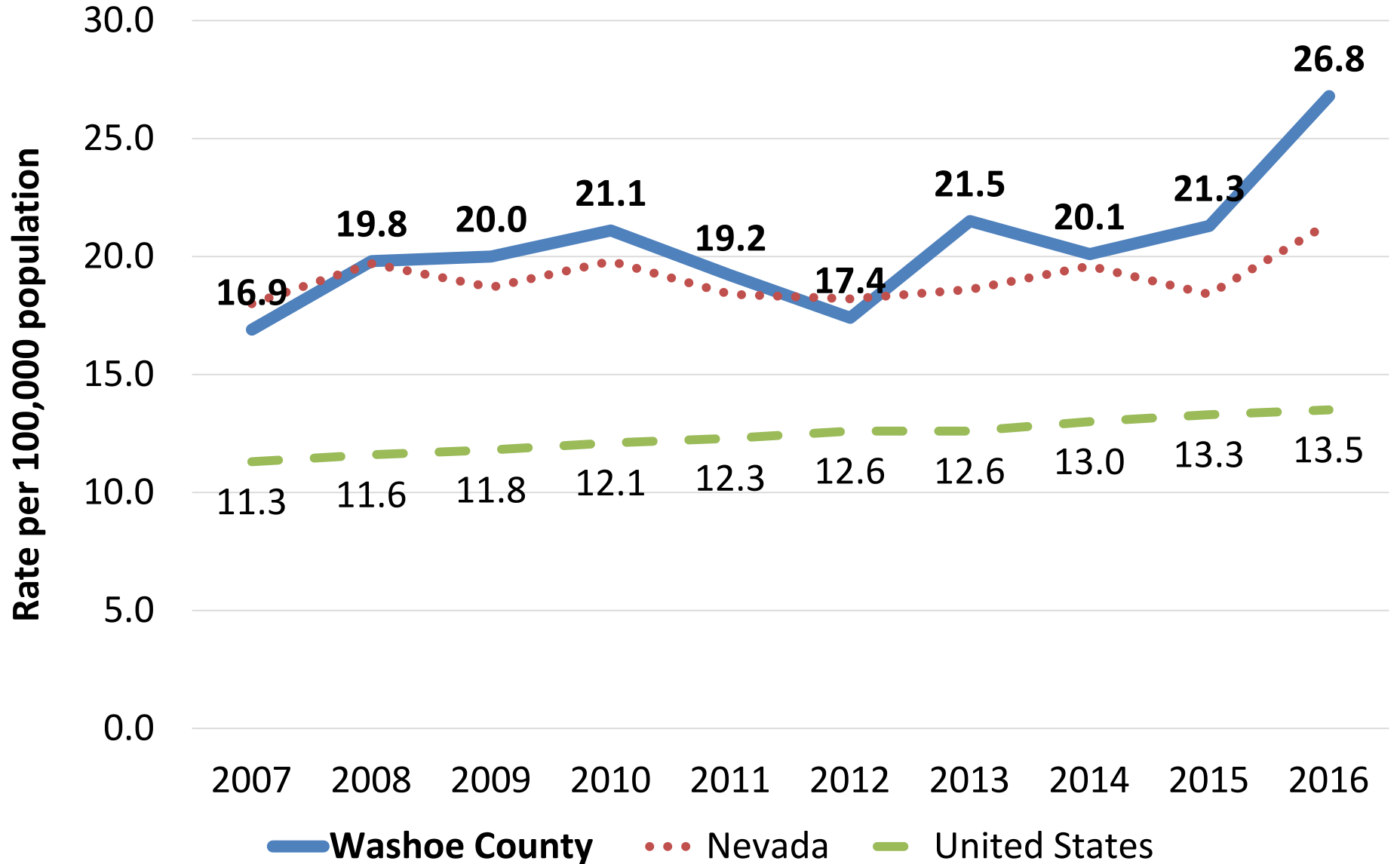
# Prevalence of ACEs & Emotional Health among High School Students, Nevada, 2015



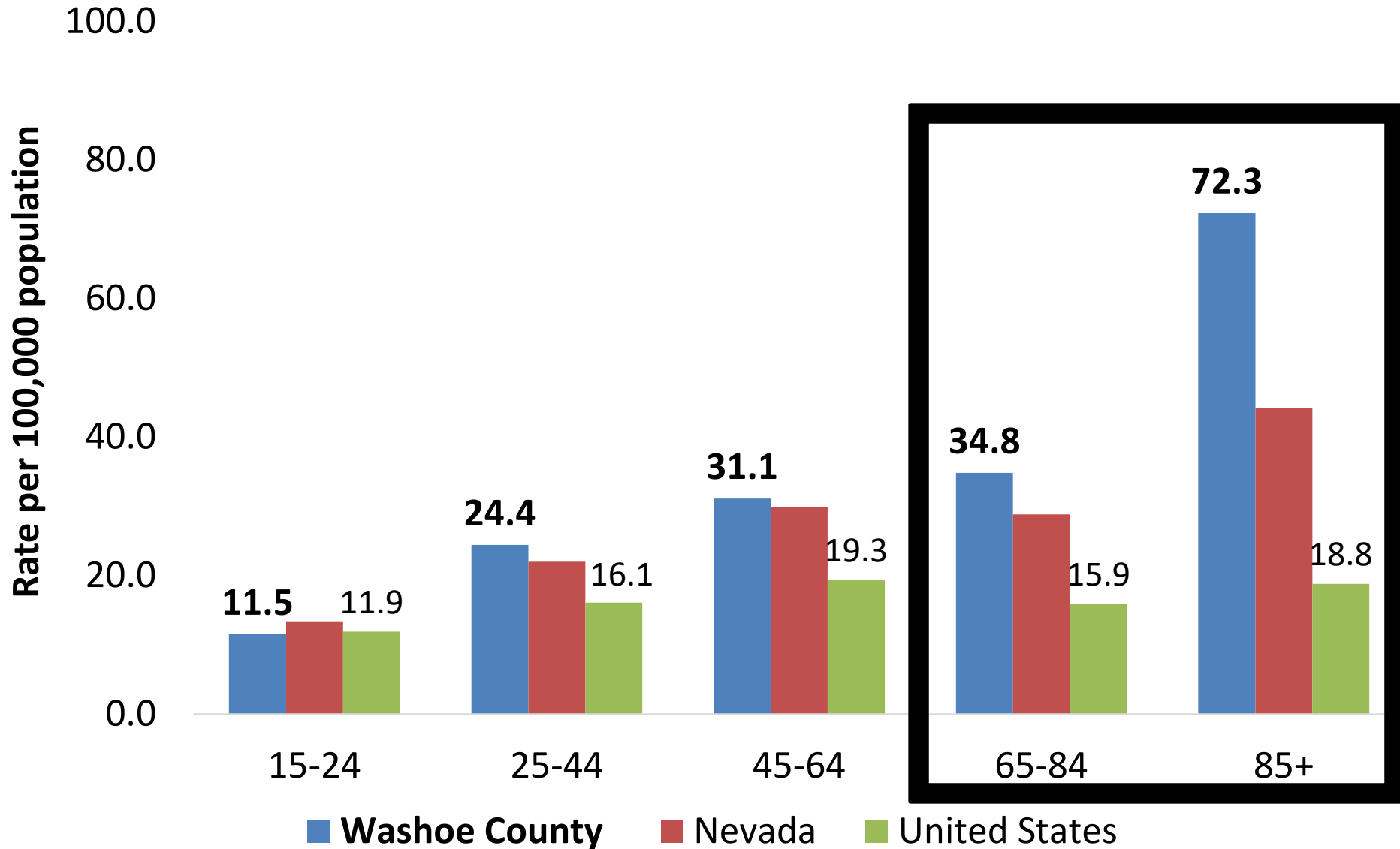
# Prevalence of ACEs & Substance Use among High School Students, Nevada, 2015



# Age-Adjusted Rate of Death Due to Suicide/Intentional Self-Harm, Washoe County, Nevada, and United States, 2007-2016



# Death Due to Suicide/Intentional Self-Harm by Age Group, Washoe County, Nevada, and United States, 2012-2016 Aggregate Data



# Behavioral Health Summary

- No real changes in indicators among youth, except for decrease in attempted suicides
- High prevalence of ACEs among youth in Washoe County
- No real changes among adult indicators for mental health
- Increasing suicide mortality rates (total population)
- Especially high suicide mortality rates among those aged 65+ years
- Need to increase the number of personnel in the behavioral health workforce

Are there other emerging issues and trends we should consider in setting our priorities and budget?

# Refreshing Our Strategic Priorities



# 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
- **Partnership-Collaboration:** 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, & 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.

# Emerging Priorities

- Social Determinants of Health – Housing and Homelessness
- Behavioral Health- Substance Abuse, Suicide, Access to Care
- Environmental Health Impacts of Growth and Climate Change
- Other?

# Priority One

## Healthy Lives

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

# Focus 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 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 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



# Discussion Topics

## Strategic Topics:

- Reducing chronic disease and increasing access to care

## Proposed One-Time Projects:

- Increase support for Chronic Disease programs through two VISTA positions--\$30,000
- Tobacco Prevention Coalition--\$50,000
- Building modifications to allow for increased services provided--\$30,000

# Priority Two

## Healthy Environment

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

# Focus for 12-24 Months

## 2.1 Protect people from negative environmental impacts

- Implement Ozone Advance Path Forward
- Continue to work on reducing waste generation

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

- Continue to implement risk based inspection for all programs
- Continue to train staff to increase inspection uniformity

# Discussion Topics

## Strategic Topics:

- Nonattainment? Ozone Advance Voluntary to Mandatory Control Strategies
- Increasing use of technology to improve staff efficiencies

## Recommended Changes:

- Language clean up on 2.2.2, 2.2.4.2, 2.2.5
- Recommended for removal 2.1.5, 2.1.5.2, 2.1.5.3, 2.1.3.1

## Proposed One-Time Projects:

- Replace Electric Vehicle Charging Stations--\$8,670
- Technology items are included in Priority 6

# Priority Three

## Local Culture of Health

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

# Focus for 12-24 Months

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

- Continue to communicate important health information
- Circulate monthly **Healthy Outlook** newsletter
- Work with County and independently to update look and feel of website

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

- Establish policies that positively impact Public Health
- Support Public Health Legislation during the 2019 session

# Focus for 12-24 Months

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

- Promote WCHD data
- Continue to develop and publish data reports

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

- Continue to hold Family Health Festivals and participate in appropriate outreach events

# Discussion Topics

## Strategic Topics:

- Public health messaging to the community

## Recommended Changes/Additions to the Goals:

- Language clean up on 3.1.4.1, 3.2.1, 3.2.1.5, 3.3, 3.3.1.1

## Proposed One-Time Projects:

- Support for Family Health Festivals-\$7,500
- Enhance Health District Communications - \$100,000



# Priority Four

## Impactful Partnerships

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

# Focus for 12-24 Months

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

- Continue monitoring of GI outbreak duration
- Suggested revisions for removal of 4.1.2, no longer included in CHIP

## 4.2 Support and promote behavioral health

- Continue to implement Behavioral Health Components of the CHIP
- Suggested revisions for removal of 4.2.4, no longer included in CHIP

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

- Suggested revision to reflect physical activity and nutrition goals of 5210!

# Focus for 12-24 Months

## 4.4 Enhance the Regional Emergency Medical Services System

- Develop 5-year Emergency Medical Services Plan
- Enhance regional resource utilization of matching appropriate services through alternative protocols, service options & transportation options.
- Coordinate communications with partners: P25 and CAD projects

## 4.5 Engage the Community in Public Health Improvement

- Continue to implement all items in the new 2018-2020 CHIP
- Suggested revisions to reflect CHIP being complete and working towards implementation

# Discussion Topics

## Strategic Topics 4.4:

- Align EMS strategic planning objectives to within scope of EMS Oversight Program and Interlocal Agreement

## Recommended Changes/Additions to the Goals:

- Recommended changes to reflect maintaining regional EMS Strategic Plan
- Addition of quarterly reporting of EMS strategic plan to DBOH

# Discussion Topics

## Strategic Topics:

- Updating to support the 2018-2020 CHIP

## Recommended Changes/Additions to the Goals:

- Removal of items no longer reflected in the current CHIP
- Additions/revisions to reflect CHIP implementation

## Proposed One-Time Projects:

- Increase support for Immunize Nevada--\$25,000
- Support for Truckee Meadows Healthy Communities--\$45,000
- Support for 5210 --\$83,000

# Priority Six

## Organizational Capacity

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

# Focus for 12-24 Months

## 6.1 Create a positive and productive work environment

- Conduct annual reviews on time and include a professional development goal
- Continued security improvements

## 6.2 Focus on continuing to build staff expertise

- Revise to reflect growth as a learning organization
- Identify current and future workforce needs
- Explore a potential partnership with UNR to become an academic health department
- Provide opportunities for leadership development

# Discussion Topics

## Strategic Topics:

- Continue to train and develop staff

## Recommended Changes/Additions to the Goals:

- Wording revisions on 6.2.1.1, 6.2.1.13, 6.2.1.20
- Addition of item to focus on leadership training for staff
- Relocation of QI item to reflect recognize importance for organizational capacity

## Proposed One-Time Projects:

- Training for staff--\$30,000
- Increase utilization of technology--\$90,102
- Funding for infrastructure to meet staffing needs--\$27,000





# FY20 Budget Direction

# Priority Five

## 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.

# Focus 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

# Discussion Topics

## Recommended Changes/Additions to the Goals:

- Remove QI goal based on cost savings, replace with new goal in Priority 6

**Proposed One-Time Projects: No one-time projects being requested**

# Current Financial Position

## Healthy Financial Position

- FY18 ended with a \$6.3 million fund balance
  - \$4.7 million was required to open FY19
  - \$539,000 needed for restricted funds and prior year encumbrances
  - \$1.1million available for one-time funding requests
- FY19 - Excluding the chemicals for Mosquito abatement
  - Revenues are trending up 5.6% compared to FY18
    - ✓ EHS Food Services permits
    - ✓ AQM Dust Plan Revenue
  - Expenses are trending up 5.5% compared to FY18
    - ✓ 2.5% cost of living increase for employees
    - ✓ Funding for the Regional Permitting system not paid in FY18
    - ✓ Biologicals for the Immunization and Family Planning programs
    - ✓ Replacement of obsolete furniture for the Health District

# Direction on One-Time Projects

Based on the projects presented...

Clarifying questions on any of the projects?

\*

Anything missing?

\*

Direction on the proposed projects

\*

# FY20 Budget Discussion and Direction

- Continue to provide community support in efforts to promote Public Health
- Continue to fund the current programs
- Potential considerations for funding in FY20
  - \* Substance Abuse
  - \* Injury Prevention
  - \* Family Planning
  - \* Sexual Health
- In February, bring to the Board the FY20 budget for consideration and approval

**WCHD FY 18-20 STRATEGIC PLAN REVISIONS**

<b>Element</b>	<b>Description</b>	<b>Revision</b>	<b>Rationale</b>
<b>1.3.1.2</b>	Explore with partnering agencies to provide onsite community health workers to assist and educate clients on how to access resources.	Removal	Item has been explored and funding for such a staff position would need to be identified for this position as no state funds are available to support community health workers contrary to our original assumption.
<b>2.1.3</b>	Reduce the waste generation-tons per year per capita in Washoe County.	Work with current and ongoing regional organizations and partners to develop ideas and implement plans to reduce per capita waste generation in Washoe County.	Better describes initiative, retain per capita generation metric.
<b>2.1.3.1</b>	Update the Solid Waste Management Plan	Removal	Plan was updated in Jan 2017 and is not scheduled for another update during the timeframe of the strategic plan
<b>2.1.4</b>	Increase the recycling rates in Washoe County.	Meet and exceed the 35% goal recycling rate in Washoe County.	Revised wording allows for better measurement of item
<b>2.1.4.1</b>	Support Washoe County in updating the franchise agreement	Evaluate current recycling rates and develop internal plan to educate current regulated facilities on waste reduction and recycling.	Initial initiative has been completed; revised language reflects work going forward.
<b>2.1.4.2</b>	Complete composition study to determine makeup of our community's waste stream.	Build on community partnerships to increase recycling, reuse and diversion throughout Washoe County.	Initial initiative has been completed; revised language reflects work going forward.
<b>2.1.5</b>	Increase the number of activities to prepare and respond to potential impacts due to drought, climate change and natural disasters in Washoe County.	Broaden activities to other types of disasters and/or emergencies.	Enhanced



**WCHD FY 18-20 STRATEGIC PLAN REVISIONS**

<b>Outcome</b>	<b>Initiative</b>	<b>Revision</b>	<b>Rationale</b>
<b>2.1.5.2</b>	Continue dialogue with TMWA on climate change issues and their effects on water quality.	Removal	Initiative has been completed.
<b>2.1.5.3</b>	Continue mosquito monitoring procedures to address warming climate and changing needs for vector control.	Removal	Initiative has been completed. Surveillance of mosquitos for control of Zika virus transmission is now occurring.
<b>2.2.1</b>	Increase the number of programs that have risk based environment program standards.	Change to reflect the specific programs that are planned for updates to risk based inspection with the appropriate owner for that specific program.	The 10 programs will be listed and targets will be set for each program to equate to a target of three programs per year.
<b>2.2.2</b>	Increase the percentage of risk based food inspections in Washoe County.	Implement risk based food inspection program based on the criteria of FDA program standards.	Mirrors the FDA Food Code Model.
<b>2.2.3</b>	Increase food inspection “pass” rate in Washoe County.	Implement staff QA program based on the criteria of FDA Standard 4, “Uniform Inspection Program” for food inspections.	Mirrors the FDA Food Code Model.
<b>2.2.4.2</b>	Implement the Environmental Health Division’s Strategic Plan for the nine food safety standards.	Implement Intervention Strategies for Washoe County’s most hazardous food safety risk factors.	Refined.
<b>2.2.5</b>	Decrease the number of inappropriate 911 calls.	Conduct outreach campaign to increase awareness of the appropriate use of 911.	Capture measurement of success.
<b>2.2.5</b>	Continue to fully implement the EHS Strategic Plan for all 9 FDA Standards.	Revised numbering so Outcome 2.2.5 will be numbered 2.2.6	Current 2.2.5 will be 2.2.6 (see above).

**WCHD FY 18-20 STRATEGIC PLAN REVISIONS**

<b>Outcome</b>	<b>Initiative</b>	<b>Revision</b>	<b>Rationale</b>
<b>3.1.1.3</b>	Create staff guidelines for communicating how their program contributes to a local culture of health.	Remove	Training was not provided and social media teams have been formed and are conducting social media postings.
<b>3.1.2.1</b>	Push people to the website through social media by identifying individuals within divisions to post messages.	Remove	Hard to measure however, individuals within each division have been identified to post items to the website.
<b>3.1.4.1</b>	Improve navigability of website.	Update look and feel of the Washoe County Health District Website to improve overall appearance.	Increase branding strategy.
<b>3.2.1</b>	Increase the number of policies established or improved that positively impact public health in Washoe County.	Establish policies that positively impact public health.	Refined.
<b>3.2.1.5</b>	Establish policies through Truckee Meadows Healthy Communities, Renown Child Health Institute or other entities and report on the number of policies established.	Engage in policy development to positively impact public health	Revised language broadens the opportunities to work on policies.
<b>3.3</b>	Inform the community of important health trends by capturing and communicating health data.	Engage the media through health advisories, notices and data publications to inform the community of important health trends.	Increases the capacity of informing the public.



**WCHD FY 18-20 STRATEGIC PLAN REVISIONS**

<b>Outcome</b>	<b>Initiative</b>	<b>Revision</b>	<b>Rationale</b>
<b>3.3.1.1</b>	Protect quality of life through interviews, health notices and/or health advisories and/or social media postings during times of public health crisis or events.	Protect quality of life by communicating critical information during times of public health crisis or events through all appropriate media channels.	PHAB conformity and public outreach.
<b>3.3.2</b>	Move to be placed under Goal 3.1 “Raise awareness of the Washoe County Health District and the services it offers within our community” and renumber 3.1.4.1.	3.3.2 “Monitor the monthly visitors to the Health District website for Washoe County” will now be Outcome 3.1.4.2	Revised numbering will group items related to website viewing together
<b>4.1.2</b>	Increase the percentage of Washoe County students who graduate high school in Washoe County.	Remove	Washoe County high school graduation rates have improved and this was not identified as a top priority to address and include in the 2018-2020 Community Health Improvement Plan.
<b>4.3.1</b>	Reduce the percentage of food insecure children in Washoe County.	Increase community participation in physical activity and nutrition programs like 5210! Healthy Washoe	Revised language supports CHIP Physical Activity and Nutrition focus areas.
<b>4.3.2</b>	Reduce the percentage of food insecure people in Washoe County.	Remove	Revision suggested for 4.3.1 will reflect support for the CHIP Physical Activity and Nutrition focus areas.

**WCHD FY 18-20 STRATEGIC PLAN REVISIONS**

<b>Outcome</b>	<b>Initiative</b>	<b>Revision</b>	<b>Rationale</b>
<b>4.4.1</b>	Implement a single patient record for pre-hospital care in Washoe County	Maintain a 5 year Emergency Medical Services Plan	
<b>4.4.1.1</b>	Develop a 5-year Emergency Medical Services Plan.	Report quarterly to the District of Board of Health on progress of initiatives within the strategic pan	Plan has been developed
<b>4.4.2</b>	Reduce the median EMS regional response times (initial contact to first arriving unit in min:sec) in Washoe County.	Remove	This is included in the 5 year EMS plan and will be tracked and reported on quarterly to the DBOH, per item 4.4.1.1
<b>4.4.2.1</b>	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.	Remove	This is included in the 5 year EMS plan and will be tracked and reported on quarterly to the DBOH, per item 4.4.1.1
<b>4.4.3</b>	Coordinate communications amongst EMS partners.	Remove	This is included in the 5 year EMS plan and will be tracked and reported on quarterly to the DBOH, per item 4.4.1.1
<b>4.4.3.1</b>	Improve communications between EMS partners through enhanced usage of technology and the development of regional guidelines by June 30, 2021.	Remove	This is included in the 5 year EMS plan and will be tracked and reported on quarterly to the DBOH, per item 4.4.1.1
<b>4.4.3.2</b>	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.	Remove	This is included in the 5 year EMS plan and will be tracked and reported on quarterly to the DBOH, per item 4.4.1.1

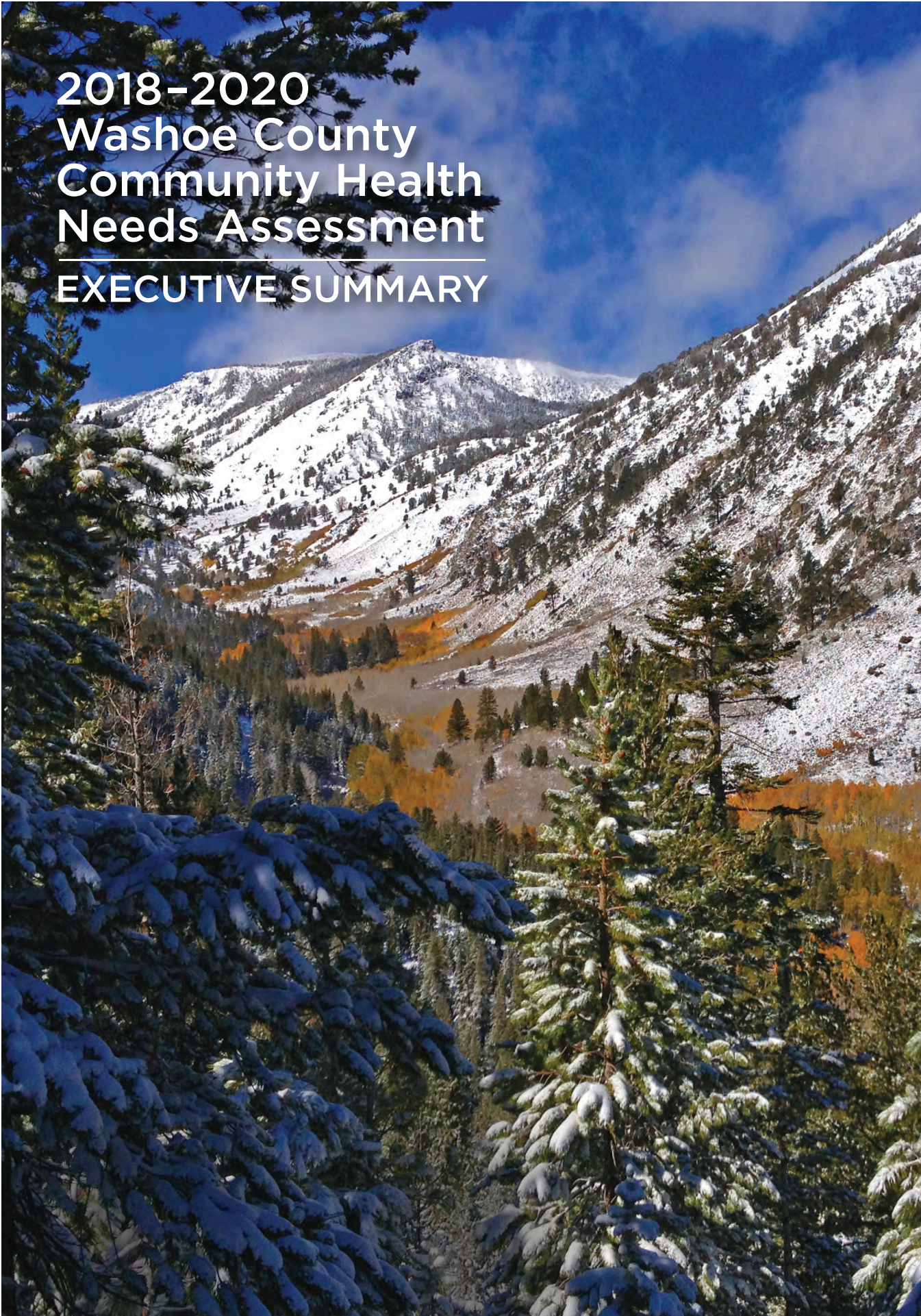
**WCHD FY 18-20 STRATEGIC PLAN REVISIONS**

<b>Outcome</b>	<b>Initiative</b>	<b>Revision</b>	<b>Rationale</b>
<b>4.5.1</b>	Multiple community partners working collectively to implement the 2016-2018 Community Health Improvement Plan.	Multiple community partners working collectively to implement the 2018-2020 Community Health Improvement Plan.	FY 16-18 CHIP completed.
<b>6.2</b>	Focus on continuing to build staff expertise.	Continue to grow as a learning organization.	Implementing the practices of a Learning Organization is consistent with PHAB requirements.
<b>5.2.2</b>	Generate cost savings (in dollars) through QI projects.	Relocate to 6.1.5 below and revise	Relocation of QI item to recognize importance for organizational capacity
<b>6.1.5</b>	Generate cost savings (in dollars) through QI projects.	Complete two “Big” QI projects per year	Reflects the goals of the QI plan
<b>6.2.1.1</b>	Encourage and allow staff time to partake in personal development opportunities identified in their performance evaluation.	Discuss and include at least one professional development opportunity in annual performance evaluations	Revised language provides a better metric for measurement of success.
<b>6.2.1.7-6.2.1.12</b>	Sharing of professional development process and activities.	Replace with training opportunities consistent with the Workforce Development Plan.	This provides a more structured approach to deliver training identified in the Workforce Development Plan
<b>6.2.1.13</b>	Identify and develop new leaders and staff capabilities for succession planning purposes.	Identify current and future workforce needs to support career pathways.	Revised language provides a better metric for measurement of success.



**WCHD FY 18-20 STRATEGIC PLAN REVISIONS**

<b>Outcome</b>	<b>Initiative</b>	<b>Revision</b>	<b>Rationale</b>
<b>6.2.1.20</b>	Collaborate with the University of Nevada’s Health Sciences program to identify and provide workforce development training opportunities for WCHD staff.	Explore opportunities to evolve into an academic organization with the University Of Nevada’s Community Health Sciences program.	Revised language reflects an opportunity to further develop health district staff and to better serve the community
<b>6.2.1.21</b>	Provide opportunities for leadership development through short courses, certificate programs, distant learning and other opportunities.	Add new element.	Revised language better reflects opportunity to provide leadership development, a PHAB requirement.
<b>6.3.1</b>	Improve internal processes to ensure policies and procedures meet national public health accreditation standards.	Continue to improve internal processes to ensure policies and procedures meet national public health accreditation standards.	Revised language reflects continuous process improvement.
<b>6.3.1.1</b>	Lead Public Health Accreditation Team to gather and submit all required documentation.	Submit all required documentation and prepare for Accreditation site visit.	Revised language reflects submission of documents and work moving forward



**2018–2020  
Washoe County  
Community Health  
Needs Assessment**

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**EXECUTIVE SUMMARY**

The 2018-2020 Washoe County Community Health Needs Assessment was sponsored in full by the Washoe County Health District and Renown Health in collaboration with Truckee Meadows Healthy Communities.

**WASHOE COUNTY  
HEALTH DISTRICT**  
ENHANCING QUALITY OF LIFE

***Renown***<sup>®</sup>  
**HEALTH**



Published January 2018



## **EXECUTIVE SUMMARY**

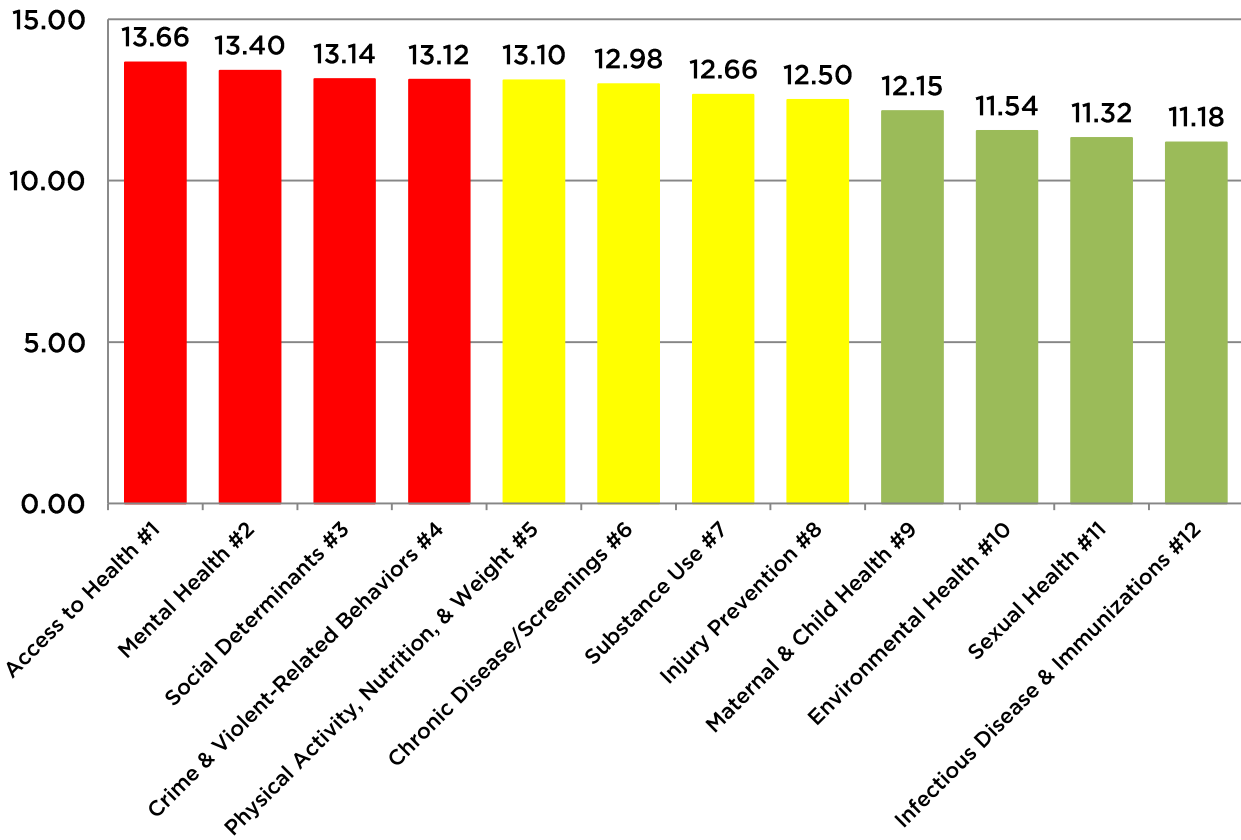
The 2018-2020 Washoe County Community Health Needs Assessment (CHNA) is a comprehensive health overview that informs the development of two action plans; the Community Health Improvement Plan (CHIP) and Renown Health's Community Benefit Plan. The two action plans are currently in development and will be released mid-2018. The 2018-2020 CHNA, the CHIP, and Benefit Plan all serve as resources for numerous organizations, community leaders, and partners working in social and human service capacities to address health in Washoe County.

The first collaborative assessment was created in 2014 and released in coordination with the 2015 Truckee Meadows Healthy Communities Conference held at the University of Nevada, Reno on January 8, 2015. This document, the 2018-2020 Community Health Needs Assessment, is the second collaborative assessment and utilizes validated and reliable secondary data sources, results from an online community survey, feedback from subject matter experts, and input from participants through a Community Workshop. Each source of information provided additional insight into the health needs of Washoe County's residents and the social circumstances that impact health in the region.

There are 20 main sections within the assessment; including, 18 sections specific to health topics containing secondary data for over 250 health indicators, one section detailing sociodemographic of high needs ZIP codes, and another describing community strengths and challenges.

A prioritization of health needs was also conducted to better understand and organize the large amount of secondary data (county, state and national level statistics/numbers) and primary data (online community survey) contained within the assessment. The selected five criteria, magnitude, severity, trend, benchmark, and community perception, were utilized to objectively score and rank health topics. The detailed methodology for prioritization, scoring, and ranking is included within the full assessment.

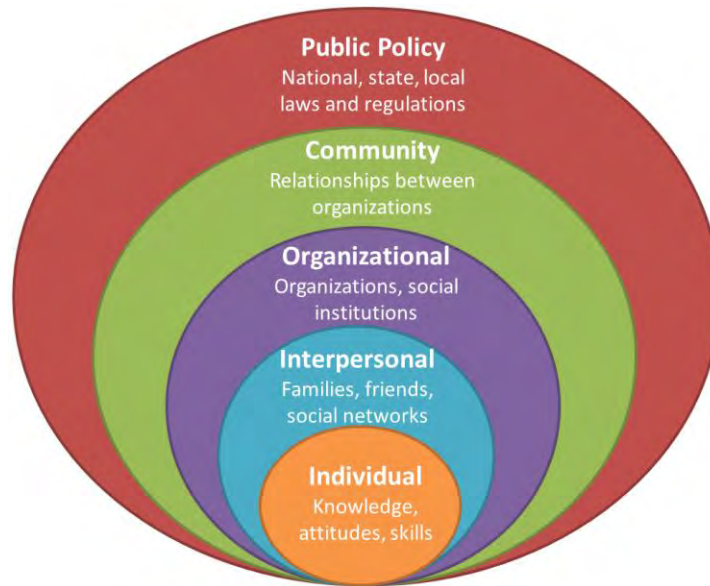
## Overall Health Needs Score & Rank



Although the ranks appear to be self-explanatory, there are considerations for interpretation. The range of scores is relatively small, with only a 2.48 point spread between the highest and the lowest need and as little as 0.02 separating many categories. Most importantly, health behaviors and health outcomes are influenced by intricate and multidimensional factors not often captured within a single health topic. Mental health illnesses (#2), for example, often coincide with substance use (#7). Substance use sometimes serves as a coping mechanism for persons with mental illness, which can in turn exacerbate the mental health issue and both factors may be influenced by having access to healthcare (#1). Any approach to address needs should be cognizant of the cyclical relationships between human nature and the systemic factors that influence health behavior and resulting health outcomes. This is frequently illustrated by the socio-ecological model of health promotion.<sup>1</sup>

<sup>1</sup> McLeroy, K.R., Bibeau, D., Steckler, A., & Glanz, K. (1988). An ecological perspective on health promotion programs. *Health Education Quarterly*. Winter; 15(4):351-77.

## Socio-ecological model of health promotion



In addition to the prioritization of health topics, there are several areas that warrant recognition for improvement in recent years. Among these include:

- Increased enrollment of health insurance coverage
- Increase in percentage of infants that are breastfed
- Improvement in high school graduation rates
- Increase in immunization rates among children
- Increase in screening rates for diabetes and colorectal cancer
- Decrease in rates of new cases and deaths due to cervical cancer, colorectal cancer, and lung cancer
- Decrease in deaths due prostate cancer
- Decrease in poverty, unemployment, food insecurity and the percentage of children living in single-parent households
- Decrease in adult cigarette use
- Decrease in abortion rates
- Decrease in teenage pregnancy rates
- Decrease in infant mortality rates

Areas of concern include:

- Lack of improvement in nutrition or physical activity
- Increase in rates of obesity among adults
- Increase in perceived poor and fair health among adults
- Increase in poor mental health days among adults
- Increase in adult binge and heavy drinking and alcohol-related, prescription drug, and illicit drug-related deaths
- Lack of improvement in suicide and intentional-self harm rate of deaths

- Increase in unintentional fatality rates, largely influenced by an increase in poisonings, falls, and alcohol-related motor vehicle fatalities
- Increase in violent crime rates and deaths due to homicide and assault
- Increase in new infections of chlamydia, gonorrhea, and syphilis
- Increase in rates of reported new cases of invasive pneumococcal disease
- Decrease in mothers who receive prenatal care within the first trimester
- Increase in child (aged 1 to 14 years) mortality rates
- Decrease in cervical cancer, breast cancer, and prostate cancer screening rates
- Increased rates of new cases of breast and prostate cancer
- Increase in deaths due to breast cancer
- Increase in the prevalence of arthritis, asthma, diabetes, heart attacks, and strokes as well as increased prevalence of high cholesterol and high blood pressure among adults
- Increase in all-cause (overall) mortality rates

It is challenging to determine when a community has reached the status of “healthy”. A metric to consider might be the Healthy People objectives; however, Washoe County falls short of achieving the majority of those measures. Additionally, there are tools such as Robert Wood Johnson Foundation’s County Health Rankings for in-state comparisons and other websites that compare peer counties across state lines, which allow for quantifiable success relative to the nation. However, the United States remains among one of the least healthy developed countries as measured by life expectancy and premature mortality.

Focusing on continued outreach, support, and partnership at the individual and agency- levels will enhance opportunities for innovative approaches to improving health outcomes. Achieving a healthy community is not a one-time success, it involves ongoing and cross-sector collaboration, as there will always be areas to improve upon to directly or indirectly affect the health of the community.

Moving forward, the CHNA will serve as a guiding document for the goals and objectives of the Community Health Improvement Plan and Renown Health’s Community Benefit Plan. These two documents will outline the next steps taken over the coming three years to address the community health needs identified and will rely heavily on a collaborative approach to make a collective, broad impact on the health of our community.

# WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

2018-2020

## Community Health Improvement Plan Executive Summary

June 2018



**Public Health**  
Prevent. Promote. Protect.

## **Community Health Improvement Plan Authors**

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### ***Lead Author***

Catrina Peters – Director of Programs and Projects, WCHD

### ***Supporting Author***

Rayona Dixon – Health Educator II, WCHD

### ***Editing and Support***

Falisa Hilliard – Office Support Specialist, WCHD

Laura Rogers – Administrative Secretary, WCHD

## **Community Health Improvement Plan Committees**

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Once focus areas were selected as described in the introduction, the following committees were developed to determine the items to be included in the action plan for each focus area. The Community Health Improvement Plan (CHIP) Committees met several times between February and May of 2018 to help guide the development of the focus area action plans. The CHIP focus area Committee leaders include:

### ***Housing***

JD Klippenstein - ACTIONN

### ***Behavioral Health***

Catrina Peters - Washoe County Health District

### ***Nutrition and Physical Activity***

Kelli Goatley-Seals - Washoe County Health District

Rayona Dixon- Washoe County Health District

## **Community Members**

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The Washoe County Health District would like to thank the community for their involvement and participation in the community health improvement process. Your time and effort is greatly appreciated as we move forward to improve the health and well-being of Washoe County residents. We especially appreciate the work of the Truckee Meadows Healthy Communities Steering Committee for their work to deliberate and consider the weighty volume of information to ultimately determine the focus areas to include in the CHIP.

## Community Partners

The Washoe County Health District would like to thank the following organizations for their participation in the CHIP committee meetings, action plan development and for serving as subject matter experts to shape the development of the Community Health Improvement Plan and the priorities outlined within.

Boys and Girls Club of Truckee Meadows  
Charles Schwab Bank  
Children's Cabinet  
City of Reno  
City of Sparks  
Communities in Schools, Western Nevada  
Community Foundation of Northern Nevada  
Community Health Alliance  
Community Services Agency  
Food Bank of Northern Nevada  
Health Plan of Nevada  
High Sierra AHEC  
Immunize Nevada  
JTNN  
Nevada Division of Public and Behavioral Health, Chronic Disease Prevention & Health Promotion  
Nevada Division of Public and Behavioral Health, Community Services  
Nevada Division of Public and Behavioral Health, Office of Suicide Prevention  
Nevada Division of Public and Behavioral Health, Primary Care Office  
Northern Nevada HOPES  
NVEnergy  
Praxis  
Reno Area Alliance for the Homeless  
Reno Housing Authority  
Reno + Sparks Chamber of Commerce  
Renown Health  
San Francisco Federal Reserve Bank  
Silver Summit Health Plan  
Social Entrepreneurs, Inc.  
The Eddy House  
Truckee Meadows Healthy Communities  
Truckee Meadows Regional Planning Authority  
United Health Care  
University of Nevada, Reno School of Community Health Sciences  
Washoe County Chronic Disease Coalition  
Washoe County Health District  
Washoe County Human Services Agency  
Washoe County School District  
Wells Fargo

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## Executive Summary

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A Community Health Improvement Plan (CHIP) is a long-term, systematic effort to address health problems in a community based on results from a Community Health Needs Assessment (CHNA). The plan recommends priorities for action and outlines measurable objectives to address the needs of a community. This is a collaborative process and is used by health and other governmental, education, and social service agencies and organizations to implement policies and programs that promote health.

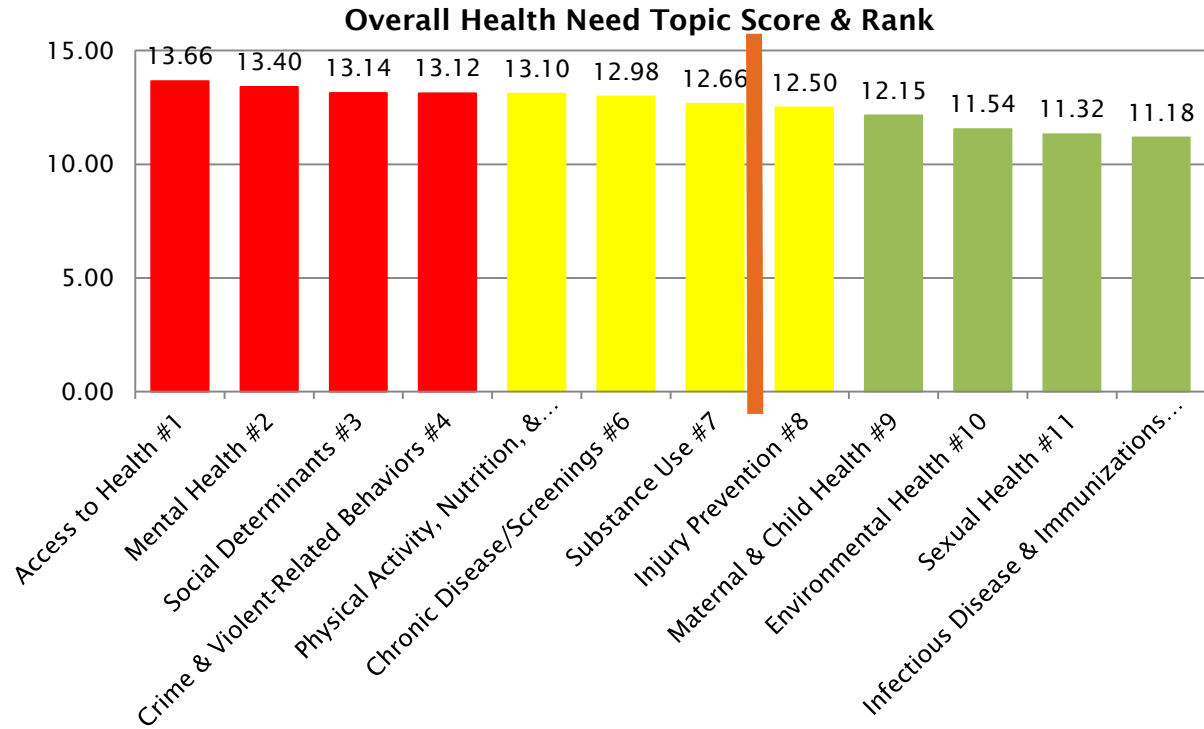
The Washoe County Health District in partnership with Renown and Truckee Meadows Healthy Communities aligned planning efforts and initiated a comprehensive CHNA. The 2018-2020 CHNA contains a prioritization of health needs to better understand and organize the large amount of secondary data (county, state and national level statistics/numbers) and primary data (online community survey) contained within the assessment. The selected five criteria; magnitude, severity, trend, benchmark, and community perception, were utilized to objectively score and rank health topics. The detailed methodology for prioritization, scoring, and ranking is included within the CHNA and can be accessed from the Washoe County Health District website.

From this ranking of areas of health need, in combination with the results of the Community Workshop, a broad list of potential focus areas were presented to the Truckee Meadows Healthy Communities (TMHC) Steering Committee. The primary and secondary data and resulting prioritization and ranking provides a data-driven starting point for consideration of which health topics to focus on. The Community Workshop provided insights into the specific topics the community viewed as most critical to be addressed. Both elements, in addition to conversations on the existing capacity within community based organizations to work on these issues, were utilized in determining which focus areas to include in the CHIP.

The TMHC Steering Committee provided direction and informed the selection process of identifying focus areas to include in the CHIP. TMHC is a cross-sectorial coalition representing the Truckee Meadows community including local governments, non-profits, education, healthcare, business and supporting partners. The Steering Committee selected three focus areas from 12 health focus areas from the CHNA. Due to the CHIP cycle being 3 years in length, limiting the number of focus areas allows for a concentration of resources and thus increases the likelihood of impactful collaboration to improve the health of our community.

The table below details that top 12 health need topics when utilizing both the primary and secondary data. From the top 12 health need focus areas, the TMHC steering committee first focused on the top seven health need topics as they were consistently ranked in the top seven in both the primary and secondary data. Even when limiting the focus to the top seven, an expansive body of work is presented. In order to keep the CHIP focused and realistic, it was identified that the focus areas selected needed to be further refined from the top seven health needs.





After careful consideration and deliberation, the Steering Committee determined the following focus areas to be the highest areas of need and the areas where there was community capacity to initiate work:

1. Housing
2. Behavioral Health
3. Nutrition/Physical Activity

Once focus areas were determined, committees with subject matter experts and key stakeholders from community organizations were formed to establish goals for each priority area and selected indicators to measure progress toward achieving the goals. The plan recommends 16 strategies to improve health and well-being across the lifespan for all Washoe County residents.

The CHIP is managed by community workgroups, with the Health District acting in a supportive role. The 2018-2020 CHIP will be continually reviewed and revised to incorporate new opportunities and reflect changes as needed. On an annual basis, the Health District will provide a community report as it relates to the status of all goals, objectives and strategies included within the CHIP. The community report will consider the feasibility and effectiveness of the strategies,. Access to the full document is provided on the Washoe County Health District's website here: <https://www.washoecounty.us/health/data-publications-and-reports.php>

## Summary of Goals and Objectives

Focus Area One: Housing			
Goals		Objectives	
1	To stabilize and improve housing security for people spending more than 30% of their income on housing.	1.1	By June 15, 2018 complete Phase I of the Enterprise Affordable Housing Regional Strategy.
		1.2	By September 1, 2018 complete Phase II of the Enterprise Affordable Housing Regional Strategy.
		1.3	By December 31, 2018 complete Phase III of the Enterprise Affordable Housing Regional Strategy.
		1.4	By July 1, 2020 implement Enterprise Affordable Housing Regional Strategy as indicated in plan implementation schedule.
2	To stabilize and improve housing security for people spending more than 50% of their income on housing.	2.1	By September 1, 2018 identify and support alternative funding models for housing severely mentally ill (SMI).
		2.2	By September 1, 2018 identify best practices for incorporating community case management for people receiving housing assistance.
Focus Area Two: Behavioral Health			
Goals		Objectives	
1	To stabilize and improve housing security for the severely mentally ill (SMI).	1.1	By September 1, 2018 identify and support alternative funding models for housing SMI.
		1.2	By September 1, 2018 identify best practices for incorporating community case management for SMI receiving housing assistance.
2	Assess and address current status and need for Behavioral Health services in Washoe County	2.1	By October 1, 2018 develop a strategy to collect and disseminate information related to the annual statistics on Behavioral Health providers in Washoe County.
		2.2	By December 31, 2018 identify gaps in service and access for those needing behavioral health services in Washoe County.
		2.3	By September 1, 2018 develop strategies and advocate for policies to address gaps and needs identified.

3	Reduce depression and suicidal behaviors in adolescents	3.1	By September 1, 2018 increase mental health screening of 7th grade students in Washoe County using a standardized screening tool and provide appropriate referral to care.
<b>Focus Area Three: Nutrition and Physical Activity</b>			
<b>Goals</b>		<b>Objectives</b>	
1	To increase physical activity and improve nutrition among adults and youth using the 5210 Let's Go framework.	1.1	By July 2019, increase the number of community organizations implementing aspects of the 5210 program from 1 to 12.
		1.2	By July 2019, improve the nutrition environment in the community by improving the nutritional offerings in vending machines and concession stands in schools, workplaces, and community settings.
		1.3	By July 2019, improve access and availability of nutrition and physical activity opportunities by implementing three Family Health Festivals in zip codes with high Community Needs Index (CNI) scores.
		1.4	By July 2019, improve the nutrition environment in targeted parks by increasing the number of environmental cues related to healthy food and beverage consumption by at least 3.

**WASHOE COUNTY**  
**HEALTH DISTRICT**  
ENHANCING QUALITY OF LIFE

For more information contact:  
Catrina Peters, Director of Programs and Projects at  
[cpeters@washoecounty.us](mailto:cpeters@washoecounty.us)

## **FY18 Strategic Plan Progress**

The Health District has made significant progress in FY18 in implementing the Strategic Plan initiatives to achieve goals established under the six strategic priorities. The information presented below describes the progress achieved in fiscal year 2017-2018 (July 1, 2017 to June 30, 2018).

### **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. This goal was achieved and 100% of the outcomes were on target for FY18.**

The Chronic Disease Prevention Program (CDPP) continues to support school based wellness initiatives such as the Wolf Pack Coaches Challenge and WCSD Student Wellness Committee. In school year 2017/2018, 67 classrooms signed up for the Wolfpack Coaches Challenge and 57 classrooms completed it, an increase from the 11 classrooms that participated in the prior year. Additional accomplishments for FY18 included implementation of the WOW! (We Order Well!) menu labeling campaign which resulted in 814,169 total impressions between radio, cable TV and Facebook ads. An additional Health Educator was hired to support additional chronic disease prevention initiatives and has been making great progress. In an effort to secure further funding for Chronic Disease Prevention, several larger funding proposals have been submitted and are awaiting a funding determination.

#### **1.2 Promote preventive health services that are proven to improve health outcomes in the community. The goal of 40% completion for this fiscal year was surpassed and 60% of the items were completed.**

Clinical and Community Health Services had a very successful year for media campaigns with over 8 million media impression across multiple campaigns and media outlets. The sexual health programs had over 3 million points of engagement via a print media campaign, a smoke free campaign had 3.8 million points of engagement from TV radio and print media, and the W.O.W. (We Order Well) program campaign had over 800,000 points of engagement. The WIC (Women, Infants and Children) program hosted an on-site farmers market, improving access to fresh fruits and vegetables to Washoe County Health Department clients and local residents who have limited access to food.

Health indicators in several areas have improved locally; teen birth rates have continued a decreasing trend and are currently at 21.9 per 1,000 births, lower than the goal of 25.6 per 1,000 births. Family planning clinic staff has continued to promote Long Acting Reversible

Contraceptives which can be effective in reducing teenage pregnancy rates. Our Immunization Programs rate of up-to-date 19-35 month olds for recommended immunizations closed out the year at 77.7%, near the 2020 goal of 80%.

**1.3 Improve access to health care so people of all means receive the health services they need. This goal met the annual target for completing 20% of the progress towards a 5 year goal.**

CCHS has also continued to work with the Food Bank of Northern Nevada (FBNN), Northern Nevada HOPES and Community Health Alliance (CHA) to enroll clients in an Affordable Care Act plan, Medicaid and Supplemental Nutrition Assistance Program (SNAP), and is still working 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 assistant from HOPES as well. As not all clients in our area can make it to our clinic location, CCHS has provided extensive services to the community at off-site events. For FY18, CCHS participated in 247 offsite clinic events to provide services like vaccinations and STD screenings to some of our most vulnerable and at risk populations.

**Recommended for removal:** 1.3.1.2 “Explore with partnering agencies to provide onsite community health workers to assist and educate clients on how to access resources”

**Rational for removal:** Item has been explored and funding for such a staff position would need to be identified for this position as no state funds are available to support community health workers contrary to our original assumptions.

**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. This goal is complete and with 100% of its initiatives implemented in FY18.**

Air Quality Management Division continues to successfully work 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. In FY18, 99% of all days were considered to be healthy. Through the Ozone Advance initiatives, Washoe County was be designated as meeting attainment for the ozone standard, a substantial achievement in support of public health and economic growth in our area.

The Waste Characterization Study was completed in FY18 and a final report has been posted on the website. Results of the study will be used to establish a baseline for recycling rates and to develop strategies for increasing recycling rates in Washoe County.

**2.2 Keep people safe where they live, work, and play. Progress was made on this goal and 80% of its initiatives for FY18.**

EHS staff has continued to make substantial progress in implementing risk based inspection program standards. Of the 12 inspection programs, two have fully implemented risk based standards, one of which is the largest EHS inspection program (Food Safety). EHS staff have developed and implemented Quality Assurance/Quality Control procedures for inspection staff to reduce fluctuations in pass rate and improve compliance with food safety regulations.

In an effort to decrease the number of inappropriate 911 calls, a marketing campaign was conducted in late spring/early summer of 2018. The 9-1-1 “Think Before You Dial” campaign had over 4 million impressions from outdoor and TV media outlets, plus Spanish and English Facebook ads the resulted in over 2,500 clicks directing people to the campaign landing page with further information on appropriate use if 911.

**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. Progress was made on this goal and its initiatives for FY18.**

The Health District posted, conducted, and broadcast a total of 2,266 media interviews, press releases, social media postings, and emergency radio messages in FY18. Significant media engagement has occurred around the influenza and meningitis outbreaks this fall and winter in addition to the measles outbreak this spring. Across several ad campaigns over seven million impressions were made.

**3.2 Work with others to establish policies that positively impact public health. This goal was accomplished in FY18.**

Progress continues to occur in moving policies forward in several areas including smoke free parks. In FY18, the Health District worked with 1) City of Sparks and 2) Sun Valley General Improvement District to establish smoke free parks ordinances. In late June of 2018, the 2018-2020 Community Health Improvement Plan was approved by the District Board of Health and implementation of the plan has begun. Health District staff continues to work closely with Truckee Meadows Healthy Communities (TMHC), and while no policy changes have resulted from TMHC to date, an initiative to develop a community wide strategy on affordable housing is nearing completion; two phases of the three phase project are complete.

Progress has also been made in establishing a Government Affairs position in the Health District, the approved FY 19 budget includes funding for the position.

**3.3 Inform the community of important health trends by capturing and communicating health data. Progress was made on this goal and corresponding initiatives for FY18.**

Significant progress was seen in FY18 for the publication of reports communicating critical health information to the community and a total of seven reports were published in FY18. This

included the 2017 annual report of progress made in the 2016-2018 Community Health Improvement Plan, 2018-2020 Community Health Needs Assessment and corresponding Community Health Improvement Plan, in addition to the Nevada Air Quality Trends Report, 2016 Antibigram, Communicable Disease Annual Summary, and the Chronic Disease Report Card.

In addition to the successes highlighted above of the various media campaigns, 2,062 press releases, social media postings and emergency radio station announcements were made. The Health District's website continues to be heavily utilized with over 328,000 unique page views in FY 2018.

**3.4 Raise awareness of the benefits of a healthy community to build a local culture of health. This goal is complete with 100% of its initiatives implemented in FY18.**

In addition to the reports published and released to the community, several events were held to further promote the importance of improving health. Several well attended events were conducted including a County Health Rankings event. The Health District worked with TMHC /TMRPA to support the Enterprise Affordable Housing Strategy and Air Quality promoted Ozone Advance and planning to protect air quality and community health. The Chronic Disease Prevention Program worked with Reno Housing Authority to develop a healthy living mural for the community which was very well received.

**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. This goal is complete with 100% of its initiatives implemented in FY18.**

The Washoe County School District was provided with various tools to help in preventing and controlling GI outbreaks, including a toolkit which was fully distributed and is now being reviewed for any needed updates. The average duration for an outbreak for the 2017-2018 school year was 21 days, well below the goal of 40 days and reduction from the previous year's median number of 25 days.

**4.2 Support and promote behavioral health. This goal is complete with 100% of its initiatives implemented in FY18.**

The 2017 Youth Risk Behavior Survey data showed reductions in the percentage of student self-reported suicide attempts, alcohol use and drug use. Slight increases were seen in the number of bullying incidences reported, which may be due to improved avenues for reporting. In the 2018-2020 CHIP youth suicide prevention was included as a specific objective and work is underway to support the full implementation of the Signs of Suicide Program in all 7<sup>th</sup> grade classrooms.



**4.3 Improve nutrition by supporting efforts to increase food security and access. This goal is complete with 100% of its initiatives implemented in FY18.**

Previous commitments to work with other community partners to improve food security as included in the 2016-2018 CHIP were largely completed in FY 17 and reported on in the 2017 CHIP Annual Report. From this work the Prescription Pantry program was created which allows for healthcare providers to give patients in need a “prescription” that can be redeemed for healthy foods at a local food pantry.

**Recommended for removal:** 4.3.1 and 4.3.2 “Reduce the percentage of food insecure children/people in Washoe County”

**Rational for removal:** Food insecurity rates continue to fall and this was not identified as a top area of need and not incorporated into the 2018-2020 Community Health Improvement Plan.

**4.4 Enhance the Regional Emergency Medical Services System. This goal is complete with 100% of its initiatives implemented in FY18.**

Work continues on the identified goals and objectives of the five-year EMS Strategic Plan approved on October of 2016. The EMS Advisory Board receives quarterly updates on the progress of the planning initiatives. Partner agencies have been successful with including both fire and REMSA prehospital data in system uploads, however, further testing of system expansion is needed to complete implementation.

**4.5 Engage the Community in Public Health Improvement. This goal was achieved and 100% of the outcomes were on target for FY18.**

In March of 2018, in partnership with the Nevada Public Health Association and eight other community partners, the Health District conducted an event to share the Robert Wood Johnson County Health rankings with the community. The event was well attended by members of the community and was also covered by the local media.

With support of 38 partner agencies across the community, 2018-2020 CHIP was completed in June of 2018. Three CHIP focus areas were chosen with the help of the TMHC Steering Committee, taking into consideration the highest priority needs of the community and the current capacity of the community to engage in such work. The CHIP was developed with extensive community engagement and serves as a means to align efforts across the multiple sectors.

Health District staff continues to actively participate in the TMHC steering committee meetings to further engage the broader community in health initiatives. The District Health Officer also serves as a TMHC board member, providing leadership and direction toward collaborative work.

**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. This goal was achieved and 100% of the outcomes were on target for FY18.**

Staff continue work to identify ways of increasing state funding support for Washoe County Health District which is currently at 1% of total WCHD funding. Discussions continue with the County regarding the need to adjust the County General Fund support to include the cost of negotiated cost of living adjustments and benefits for employees. Efforts have also been put forth to engage the Nevada Department of Health and Human Services to pursue increased funding from the state to county health authorities.

**5.2 Ensuring resources are spent where they can have the most impact by identifying opportunities for cost savings. This goal is complete with 100% of its initiatives implemented in FY18.**

Budget per capita increased from FY17 budgeted funding of \$50.66 to \$52.24 per capita in FY18, a 4.6% increase largely due to increases in fees and an increase in the volume of activities generating fees.

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

**6.1 Create a positive and productive work environment. This goal is complete with 100% of its initiatives implemented in FY18.**

Many security and facility enhancements were put into place in FY18 including two surveillance cameras, further expansion of badge readers to secure workspaces and 20 panic buttons installed. Our facilities were improved through various small projects and new furniture was purchased for an administrative conference room and the auditorium conference rooms, both of which are used frequently for both internal and public meetings. The percent of annual performance reviews completed on time reached 90.2% across the health district, which is above the 85% annual goal. The Quality Improvement team meets regularly and four quality improvement projects were completed in FY18.

**6.2 Focus on continuing to build staff expertise. This goal is complete with 100% of its initiatives implemented in FY18.**

The Workforce Development Plan was completed and information on training opportunities tailored to the needs identified in the plan is distributed to staff monthly. The Health District organized and partnered with Washoe County HR, to deliver part one of a two part training series focused on learning organizations and managing change based on identified needs. Part two of the training will occur in FY 19.

**6.3 Achieve Public Health Accreditation. Progress was made on this goal and its 100% of the initiatives for FY18.**

The Accreditation team completed an incredible amount of work on FY18, gathering all but a few documents needed for Accreditation. At the end of FY18, 45% of required documents had been finalized, formatted and uploaded into the online submission platform. The Health District is on track for complete document submittal October 1, 2018.

In total, 158 out of 171 items were achieved. Items that were not achieved include decreasing the reports of bullying in schools, EMS and Air Quality projects that awaiting completion steps or approval from partners or outside agencies and a gap in timing between the development and transition to the current Community Health Improvement Plan from the previous plan. The following items were not on target or achieved at the end of FY18:

2.1.1.3

2.1.2.1

2.1.5

3.1.1.1

4.2.4

4.3.1.1

4.4.2

4.4.2.1

4.4.3

4.5.1.2

5.2.1.1

6.1.1

6.1.1.6

## 2018 Washoe County Regional Behavioral Health Profile Summary

Behavioral health is a term used to describe conditions related to mental health illnesses & substance use collectively. Mental health includes:

- Commonly experienced conditions such as depression, anxiety, post-traumatic stress disorder (PTSD), & eating disorders
- Developmental disorders such as ADHD, autism, Asperger's
- Serious mental illnesses like schizophrenia, bipolar disorder, psychosis

### Substance Use Highlights

Use of most substances, especially alcohol & marijuana, are declining among youth. This mirrors national trends.

Substance use among youth in Washoe County still higher than Nevada & the United States overall.

Substance use among adults not changing, especially alcohol use, continues to be higher than Nevada & the United States.

**Death due to alcohol-related** causes is higher than Nevada & the United States. In 2016, Washoe County rate of death due to alcohol-related causes was double the national rates among all age groups 30-59 years & 70+ years.

**Death due to substance-related** causes is higher than United States, especially among those 60 years & older.

### Mental Health Highlights

- Depression & suicidal ideation among high school students is higher in Washoe County compared to Nevada & the United States. No real change among depression, considering to attempt suicide, making a plan to attempt suicide.
- Have seen a noticeable decrease in reported suicide attempts among high school students from 2013 (13.7%) to 2015 (11.7%) to 2017 (8.9%).

**Adverse Childhood Experiences (ACEs)** are a key predictor for several risk behaviors including being a perpetrator of & victim of violence, experiencing depression, attempting suicide, use of substances, & sexual activity.

In 2017, Washoe County high school students' prevalence of ACEs:

- Living with someone who had a substance use problem (35.2%)\*<sup>1</sup>
- Living with someone who was mentally ill (34.5%)\*
- Ever been physically abused (17.4%)
- Experiencing household domestic violence (16.3%)
- Having been physically forced to engage in unwanted sexual intercourse (7.6%)\*

Prevalence of mental health conditions among adults in Washoe County similar to Nevada & the United States.

**Death due to suicide** higher in Washoe County & increasing, especially high among those aged 65+ years.

Washoe County has a shortage of most behavioral health professionals relative to the United States.

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\*indicates higher prevalence compared to Nevada

Summary of One-Time Projects

Financial Support

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



**Support increased activity in the Chronic Disease Program** by working with the VISTA volunteers to work on multiple community projects that are committed to improving health outcomes, primarily in relation to opioid, marijuana and tobacco \$ 30,000



**Support the smoke free work place efforts** through funding to The Nevada Tobacco Prevention Coalition \$ 50,000



**Provide the funding for Infrastructure changes** that will allow for increased services by enclosing an open space in the clinical area and splitting one large WIC office into two \$ 30,000

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



**Electric Charging Stations** - replace aged electric charging stations so as to continue to support the Air Quality of Washoe County \$ 8,670

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



**Support for the Family Health Festival** through the Food Bank of Northern Nevada \$ 7,500



**Enhance messaging and Internet presence** to improve public health communications \$ 100,000

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



**Increase support to Immunize Nevada** to further the public education for the importance of immunizations \$ 25,000



**Support to Truckee Meadows Healthy Communities** for Social Media, operating and other contractor support \$ 45,000



**Support 5-2-1-0** for funding for the Urban Roots program and to support the promotion of 5210 initiatives - 5-Aim for 5 fruits and vegetables every day 2-Keep recreational screen time to 2 hours or less every day 1-Include at least 1 hour or more of active play every day 0-Skip sugar sweetened beverages, drink more water every day \$ 83,700

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



**Support Health District Staff** with training opportunities and resources required for backfilling during training and surge capacity \$ 30,000



**Provide staff technology** needed for Epidemiology investigations; conference room desk tops needing replacement; temporary assistance for EHS Scanning project that will reduce paperwork and allow for citizen access to the public records; support the use of MiFi's for EHS field inspections; and improve tracking and monitoring for performance management initiatives \$ 90,102



**Facility enhancements** to improve the clinic waiting rooms and overall building image that will help promote Public Health \$ 27,000