

**Washoe County District Board of Health
Meeting Notice and Agenda
FY20-22 Strategic Planning Retreat
PLEASE NOTE LOCATION**

Members

Thursday, November 7, 2019
8:30 a.m.

Dr. John Novak, Chair
Michael D. Brown, Vice-Chair
Marsha Berkbigler
Dr. Reka Danko
Kristopher Dahir
Oscar Delgado
Tom Young

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

Washoe County Administration Complex, Building B
Health District Conference Rooms 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 7, 2019
5. **Review, Discussion, and Possible Direction to cancel the tentative Washoe County District Board of Health Meeting currently scheduled for November 21, 2019. – (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 FY19-21 Strategic Plan
 - Identify FY21 Budget Considerations

7. *Introductions, Meeting Outcomes, Discussion Flow, Ground Rules, History of Strategic Plan Development, Behavioral Health Data Profile Update and Recap Core Purpose and Strategic Direction

Presented by: Chair Novak, Kevin Dick

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

1. Healthy Lives
2. Healthy Environment
3. Local Culture of Health
4. Impactful Partnerships
6. Organizational Capacity

Presented by: Goal Champions

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

i. Priority 5. Financial Stability

ii. Current Financial Position and Future Stability

iii. Priority Discussion

- Are priorities as presented appropriate or is there Board direction for adjustments.
- Specific focus areas for investment
- Are there gaps or opportunity for growth

iv. Budget Discussion

- Identify initiatives most critical for long term investment in improving health
- Direction on appropriate long term investments and one time funding
- FY21 Budget Considerations

Staff Representative: Anna Heenan, Kevin Dick

10. *Board Comment

District Board of Health Member's announcements, reports and updates, request for information or topics for future agendas. (No discussion among Board Members will take place on the item)

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)

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 9th 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 – District Board of Health Member’s announcements, reports and updates, request for information or topics for future agendas. (No discussion among Board Members will take place on the item).”

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
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. 9th 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. Supporting materials are also available at the Washoe County Health District Website www.washoecounty.us/health pursuant to the requirements of NRS 241.020.

Strategic Planning Retreat

November 7, 2019

Retreat Outcomes

- Update on strategic work completed and ongoing
- Refresh the FY19/22 Strategic Plan based on community trends and emerging issues
- Discussion on appropriate future investment of resources in the Health District and the community
- Final draft of the FY20/23 Strategic Plan to be presented for approval at the December 2019 DBOH meeting

Discussion Flow

30 mins

Opening, Setting the Stage

20 mins each Priority

Refresh the WCHD Strategic Priorities

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

Group Discussion
60 mins

Current Financial Position and Future Investments

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

How was the Strategic Plan created?

- Fundamental review
- Program expansion
- Initial strategic plan May 2016
 - Annual updates via Board/Staff retreats
- PHAB requirements
 - Strategic plan
 - CHNA/CHIP
 - Incorporated data shared via CHIP/CHNA

Washoe Regional Behavioral Health Profile

Topics

- Depression & Suicide
 - University of Nevada, Reno
 - Washoe County
 - Veteran
- Substance Use
 - Prenatal
 - Binge & Heavy Drinking
- Substance Use Mortality
 - Alcohol Induced Death
 - Illicit Drug Involved Death
- Opioid-Specific
 - Emergency Department Encounters, Poisonings, and Deaths
- Adverse Childhood Experiences (ACEs)

Overview

New Data Retrieved:

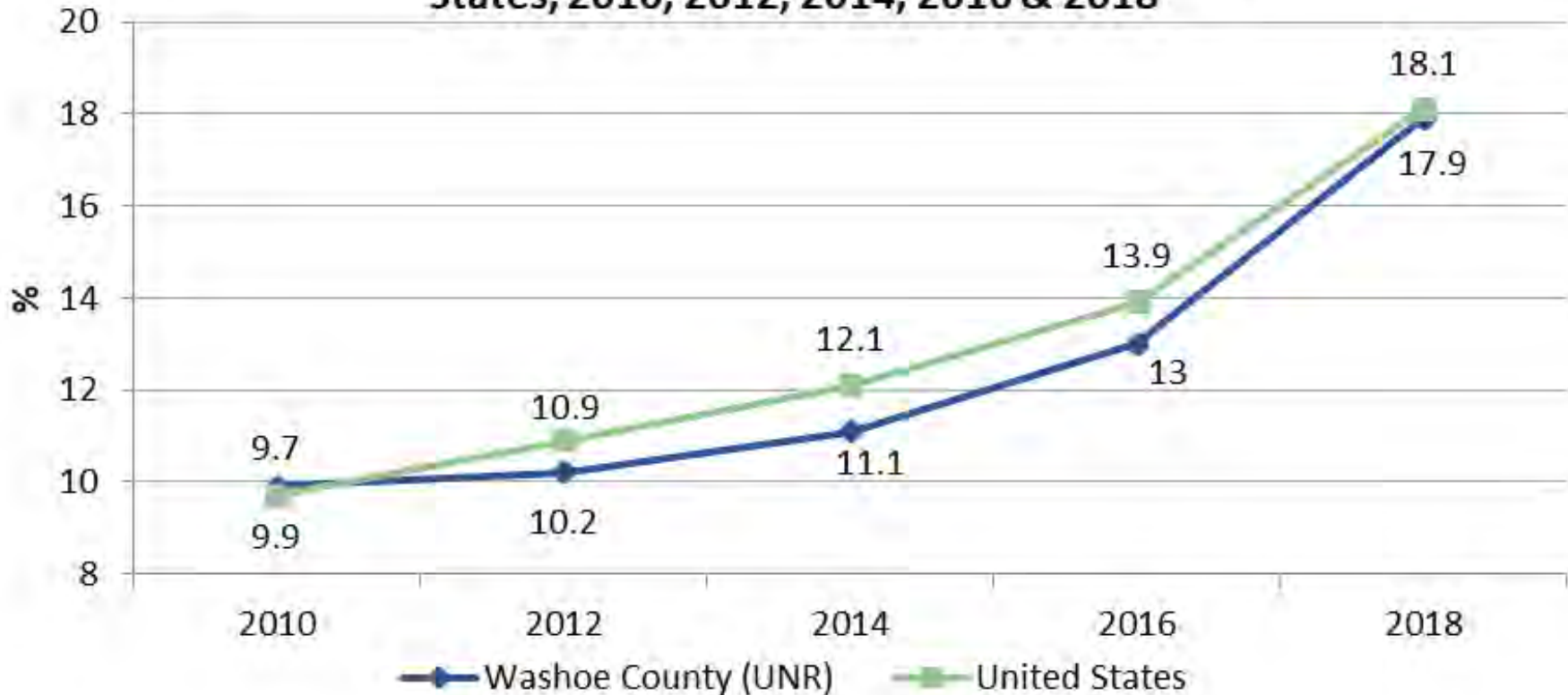
- Prenatal Substance Abuse Birth Rates
- University of Nevada, Reno Substance Use and Mental Health Data
- Alcohol & Drug Induced Cause of Death Rates
- Adult Substance Use & Mental Health Data
- Substance Abuse and Mental Health Services Administration (SAMHSA) Data
- Mobile Outreach Safety Team Data
- Veteran Suicide Data
- Adult Suicide Attempts

No New Data Retrieved:

- Middle & High School Substance Use & Mental Health Data

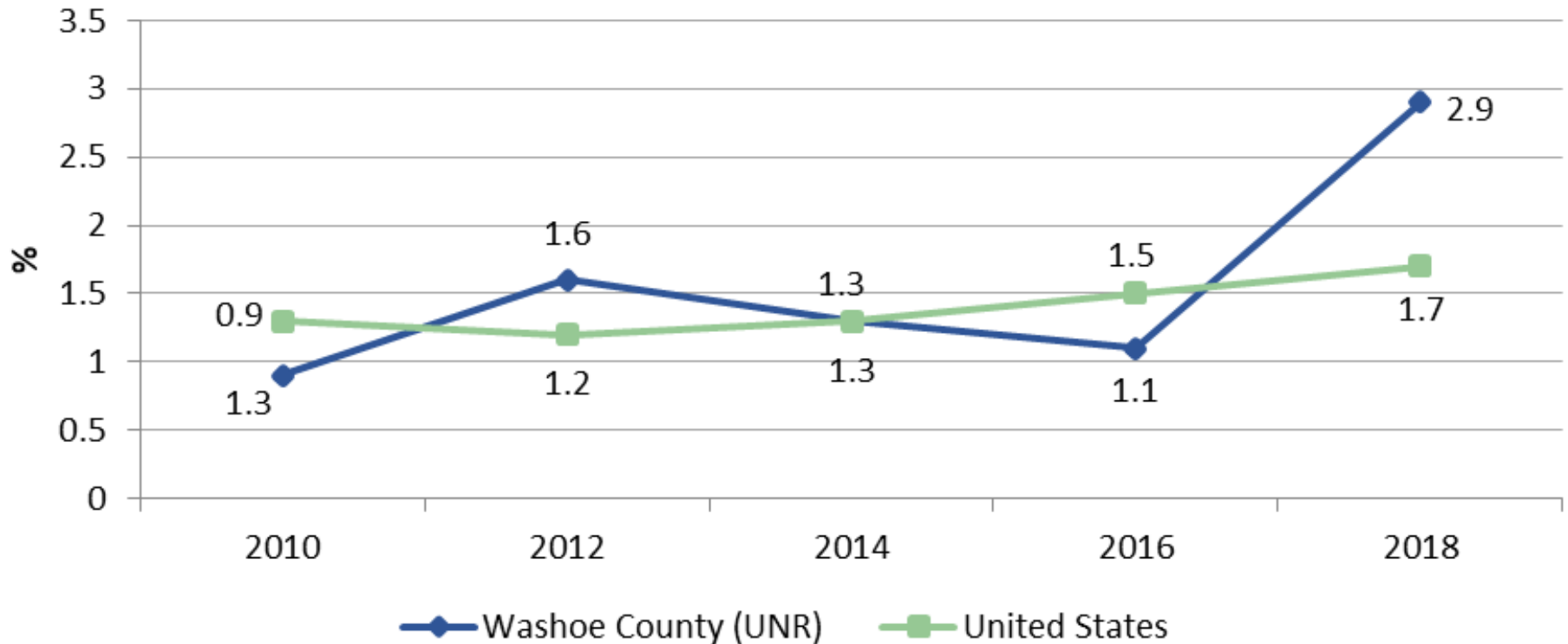
Depression & Suicide

Figure 57: Percentage of College Students Who Have Been Diagnosed with Depression*, University of Nevada, Reno & United States, 2010, 2012, 2014, 2016 & 2018



Depression & Suicide

Figure 59: Percentage of College Students Who Have Ever Attempted Suicide*, University of Nevada, Reno & United States, 2010, 2012, 2014, 2016 & 2018



*During the 12 months prior to the survey.

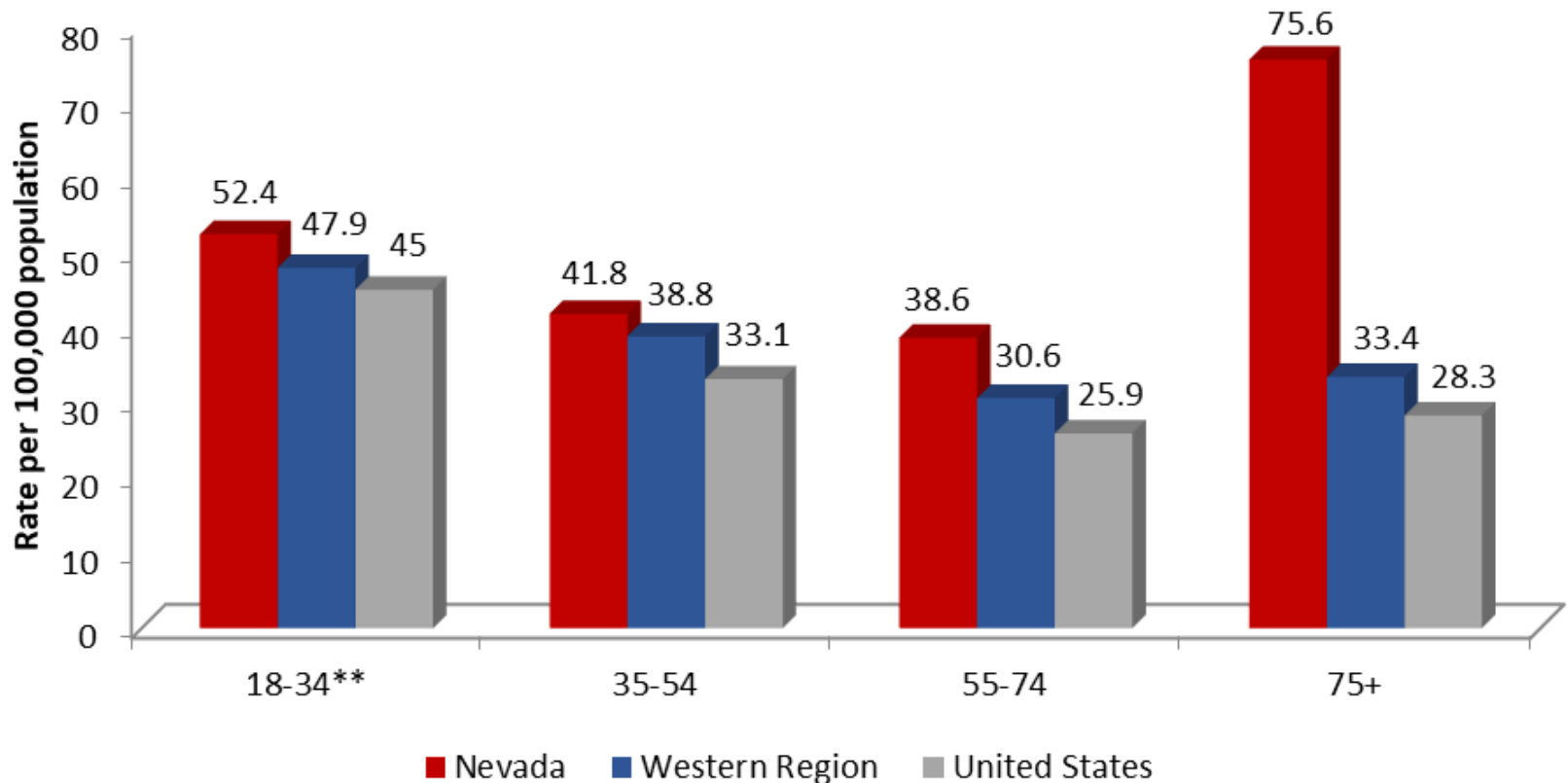
Depression & Suicide

Figure 65: Age-Adjusted Rates of Death Due to Suicide/Intentional Self-Harm, Washoe County, Nevada & United States, 2008-2017



Depression & Suicide

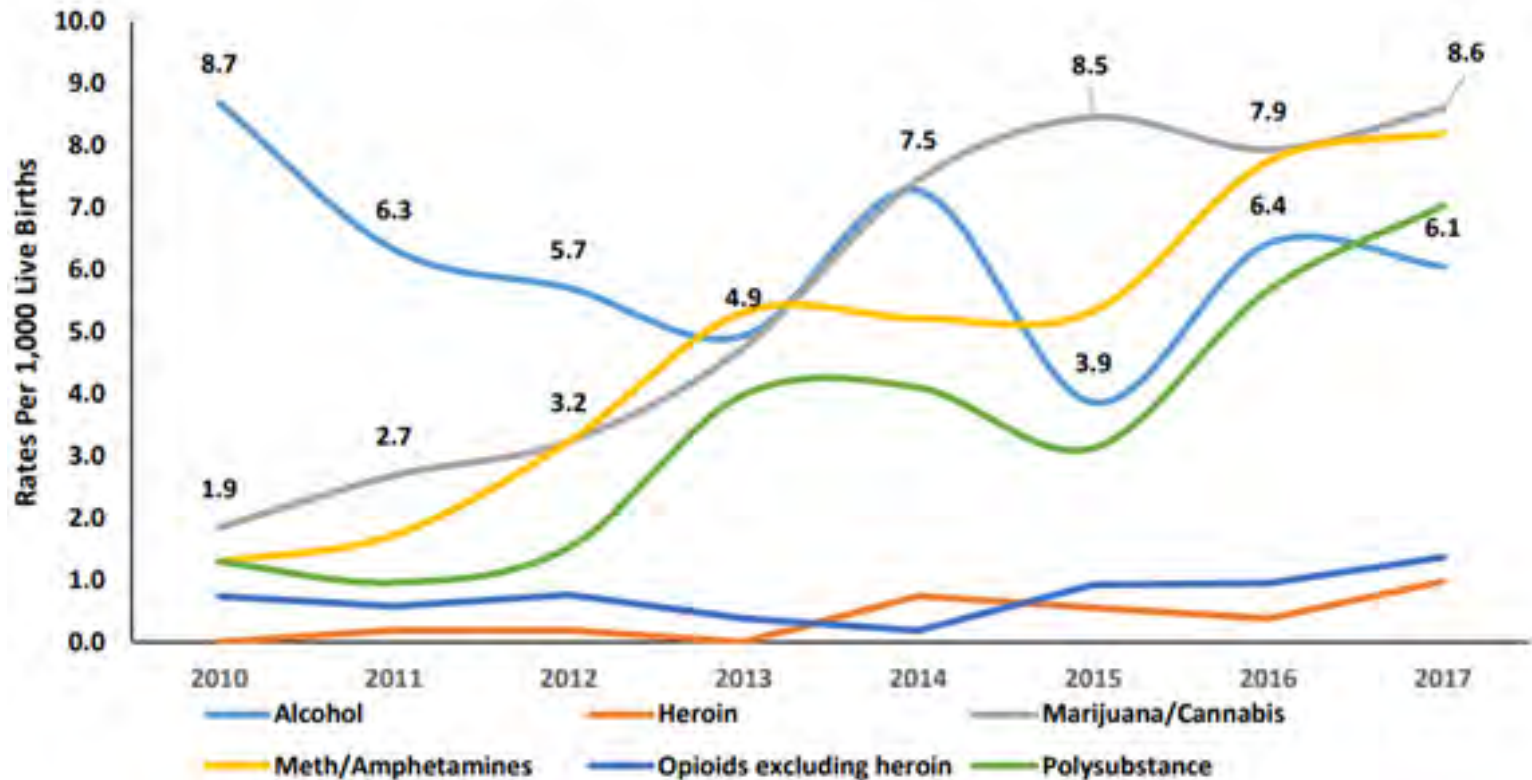
Figure 67: Rate of Veteran Suicide Deaths by Age Group, Nevada, Western Region* & United States, 2016



*Includes Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming.

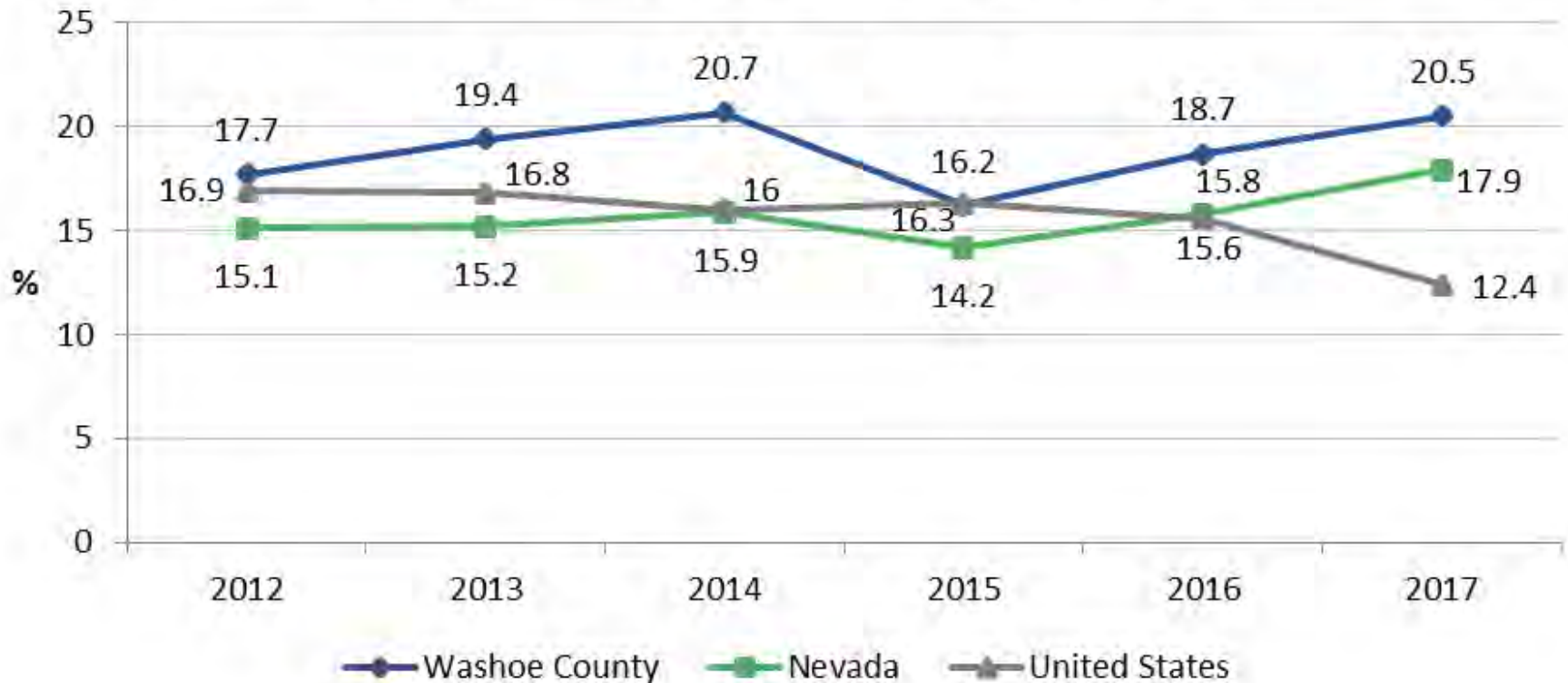
Substance Use

Figure 8: Prenatal Substance Abuse Birth Rates (self-reported) for Select Substances, Washoe County, 2010-2017



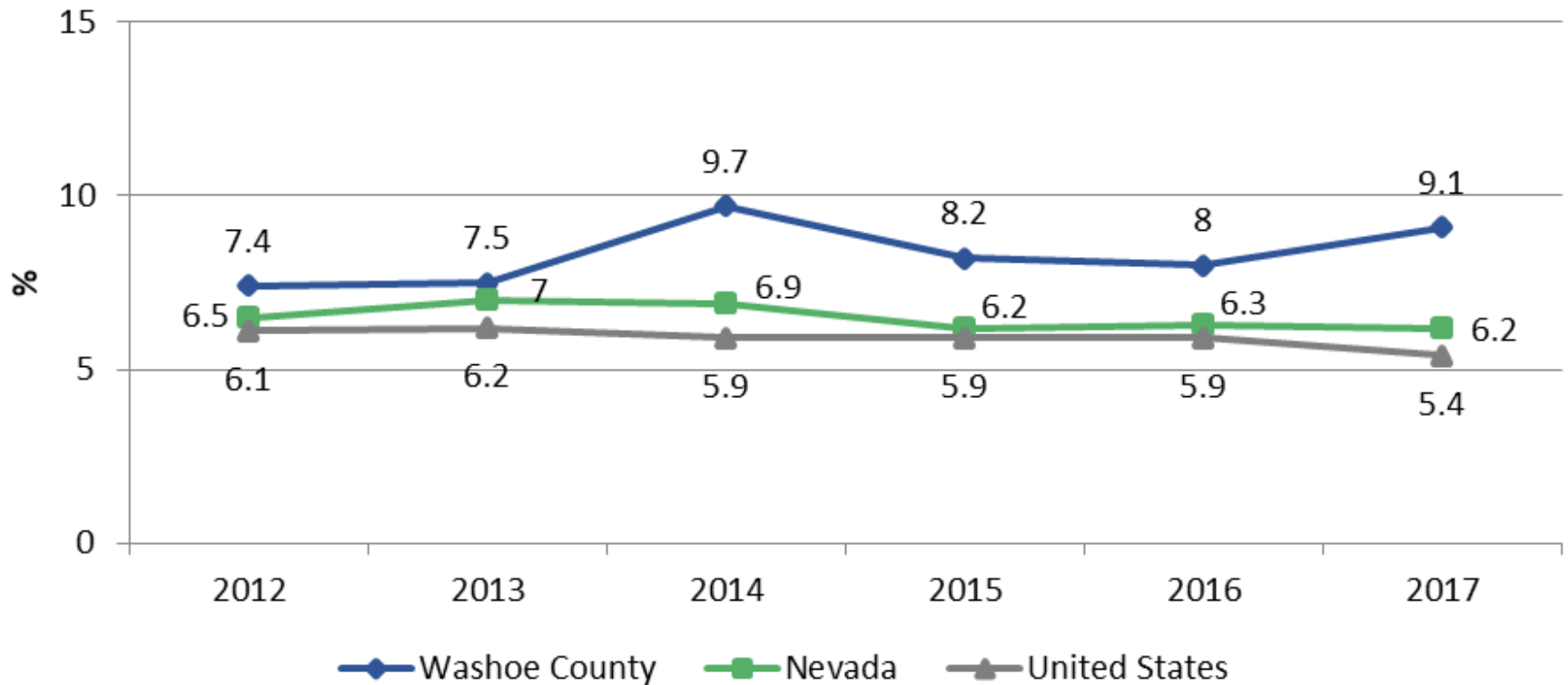
Substance Use

Figure 26: Percentage of Adults Classified as Binge Drinkers, Washoe County, Nevada, and United States, 2012-2017



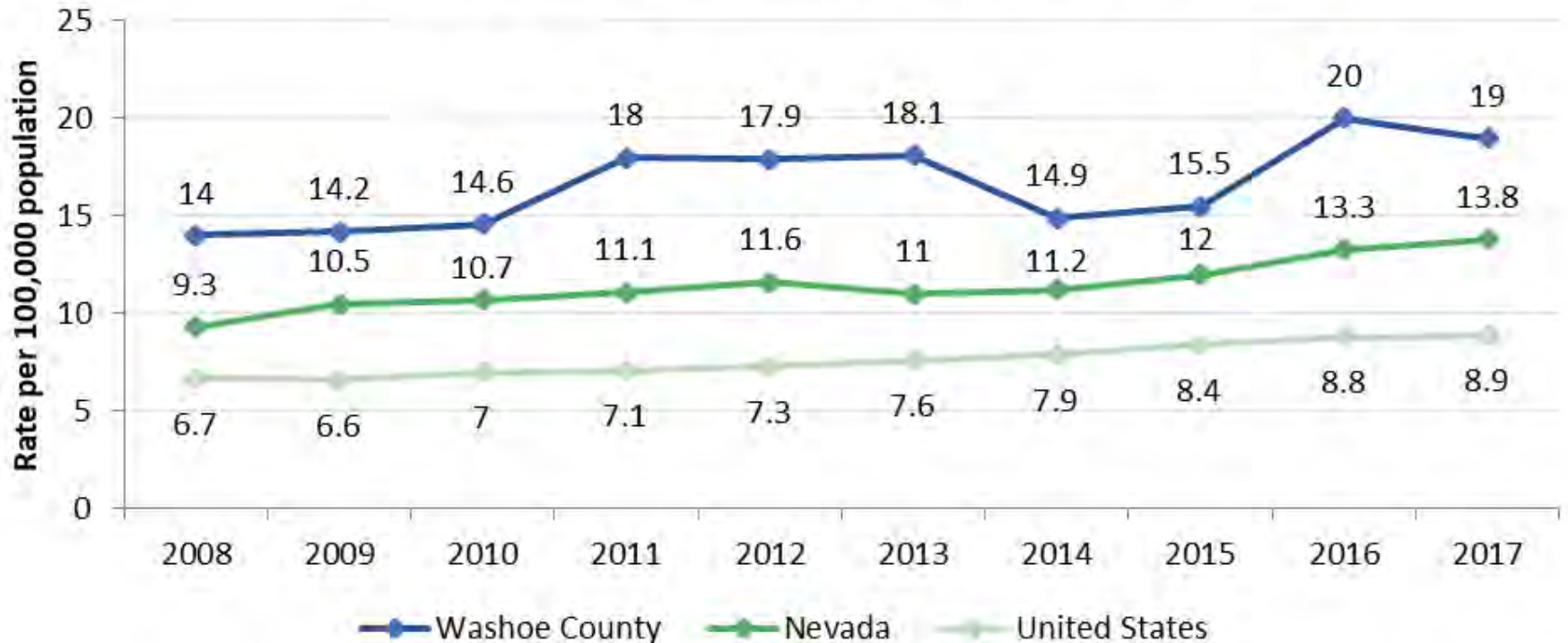
Substance Use

Figure 27: Percentage of Adults Classified as Heavy Drinkers, Washoe County, Nevada, and United States, 2012-2017



Substance Use Mortality

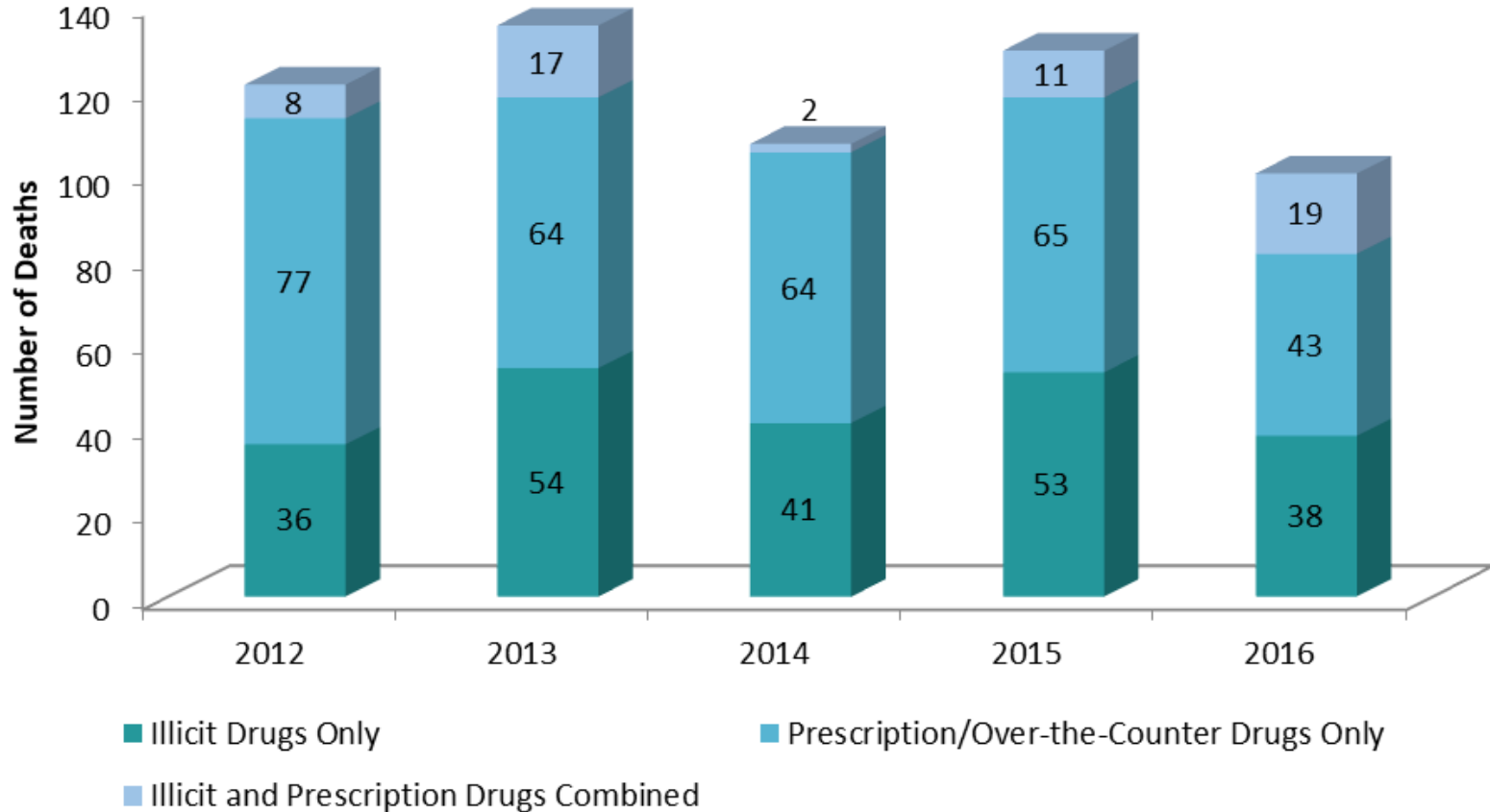
Figure 31: Age-Adjusted Rate of Alcohol-Induced Cause of Death, Washoe County, Nevada, and United States, 2008-2017



Mental and behavioral disorders due to use of alcohol, harmful use (F10.1); Mental and behavioral disorders due to use of alcohol, dependence syndrome (F10.2); Alcoholic hepatitis (K70.1); Alcoholic cirrhosis of liver (K70.3); Alcoholic hepatic failure (K70.4); Alcoholic liver disease, unspecified (K70.9); Accidental poisoning by and exposure to alcohol (X45).

Substance Use Mortality

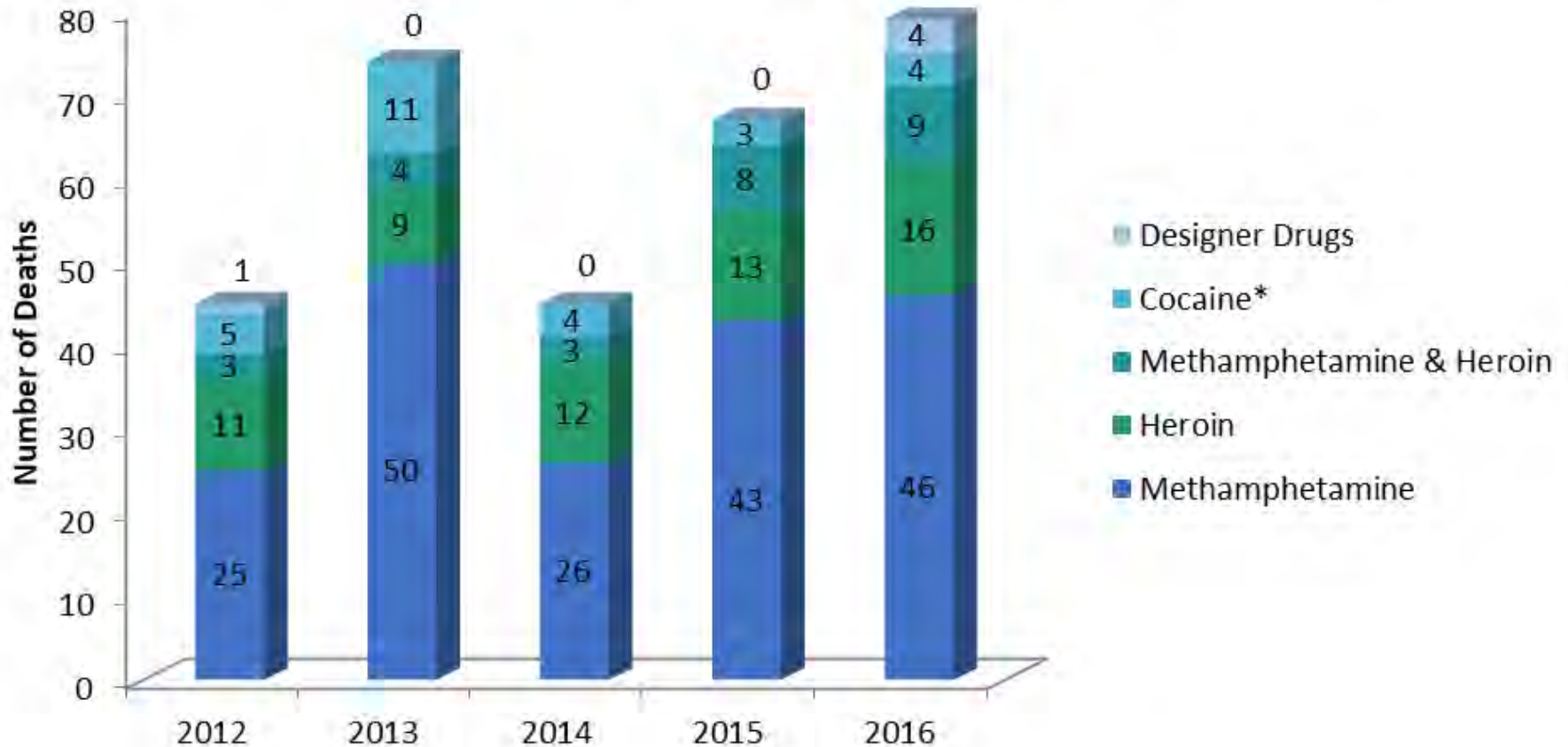
Figure 33: Washoe County Drug Intoxication Deaths, 2012-2016



In 2016, Washoe County had a total of 110 deaths by drug intoxication.

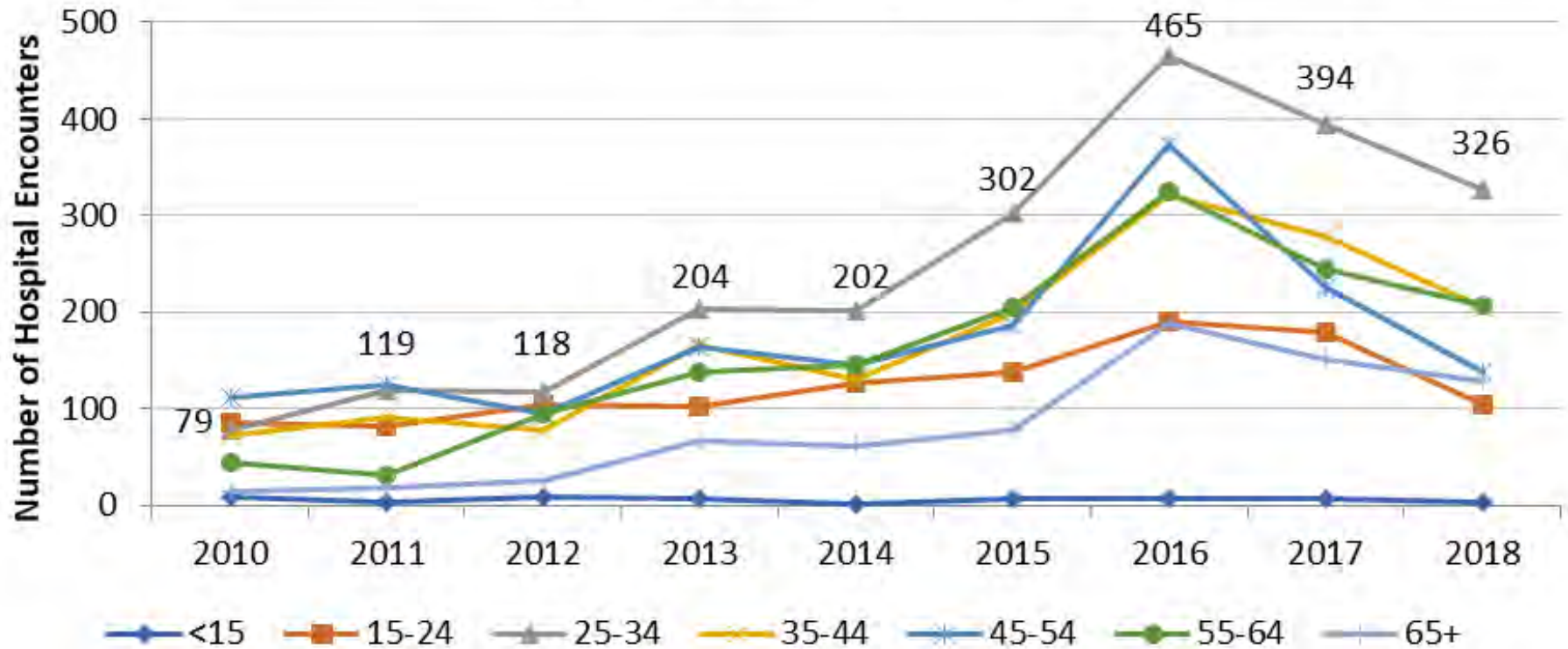
Substance Use Mortality

Figure 34: Washoe County Illicit-involved Deaths by Drug, 2012-2016



Opioid-Specific

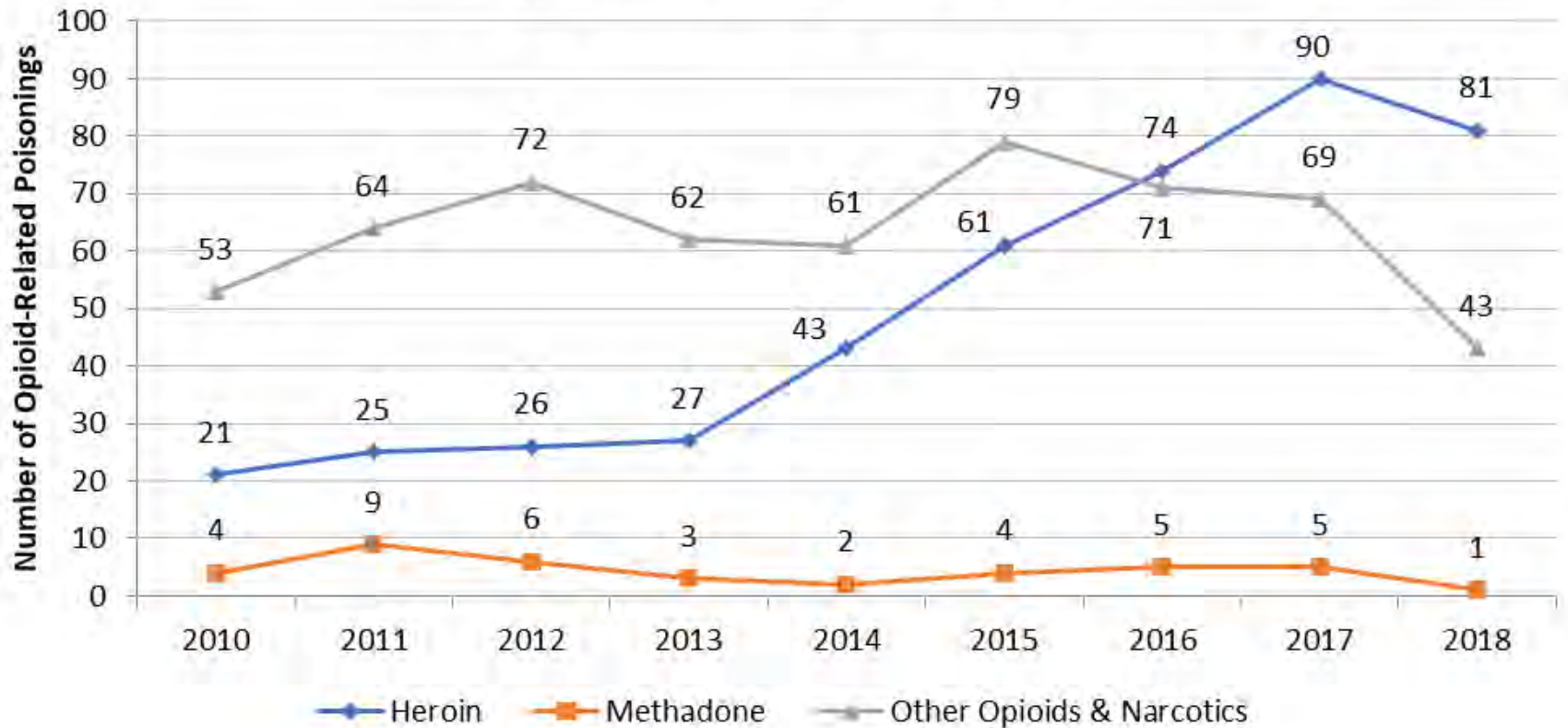
Figure 35: Opioid-Related Emergency Department Encounters by Age Group, Washoe County, 2010-2018



Other Opioids/Narcotics category may include: morphine, codeine, oxycodone, hydrocodone, fentanyl, tramadol, and other Natural, Semi-Synthetic and Synthetic drugs.

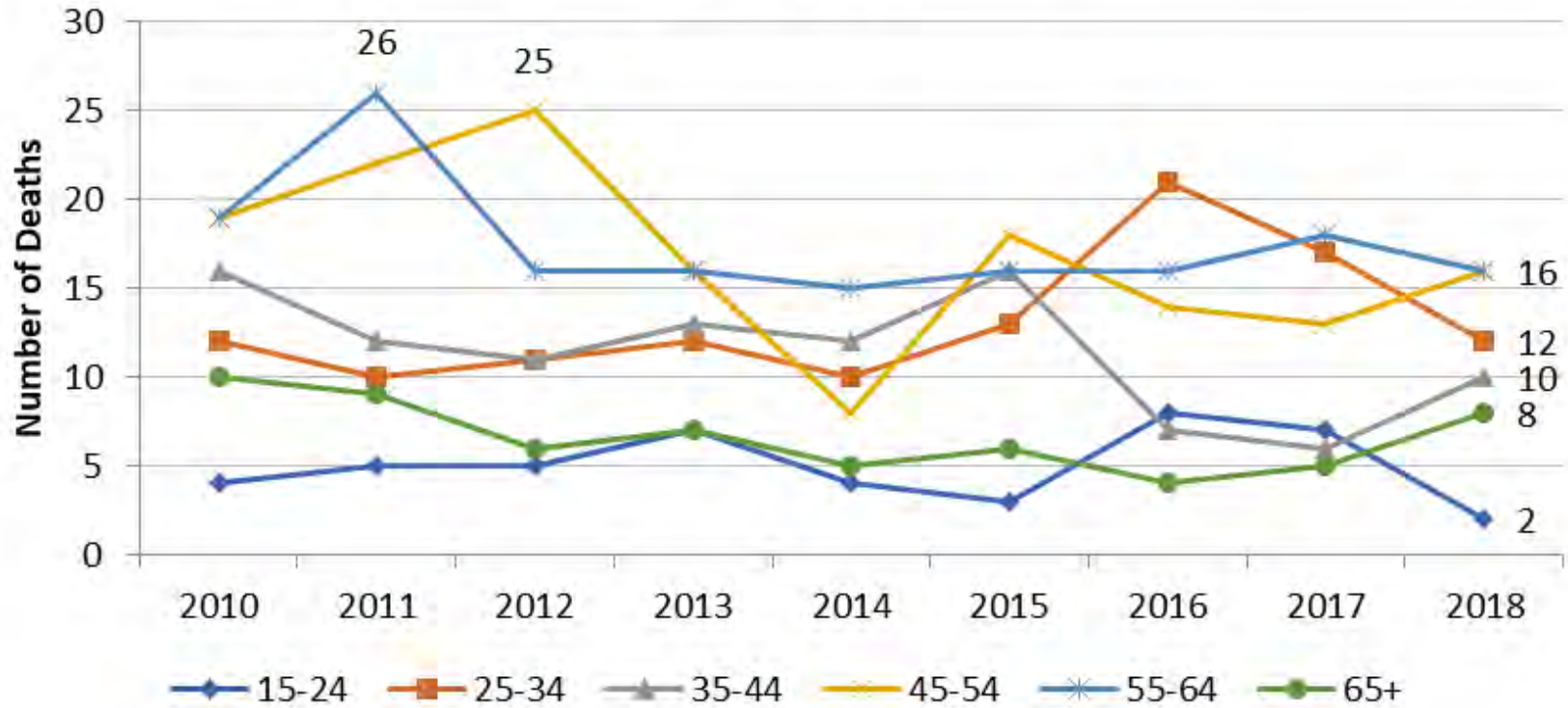
Opioid-Specific

Figure 37: Opioid-Related Poisonings, Emergency Department Encounters by Type, Washoe County, 2010-2018



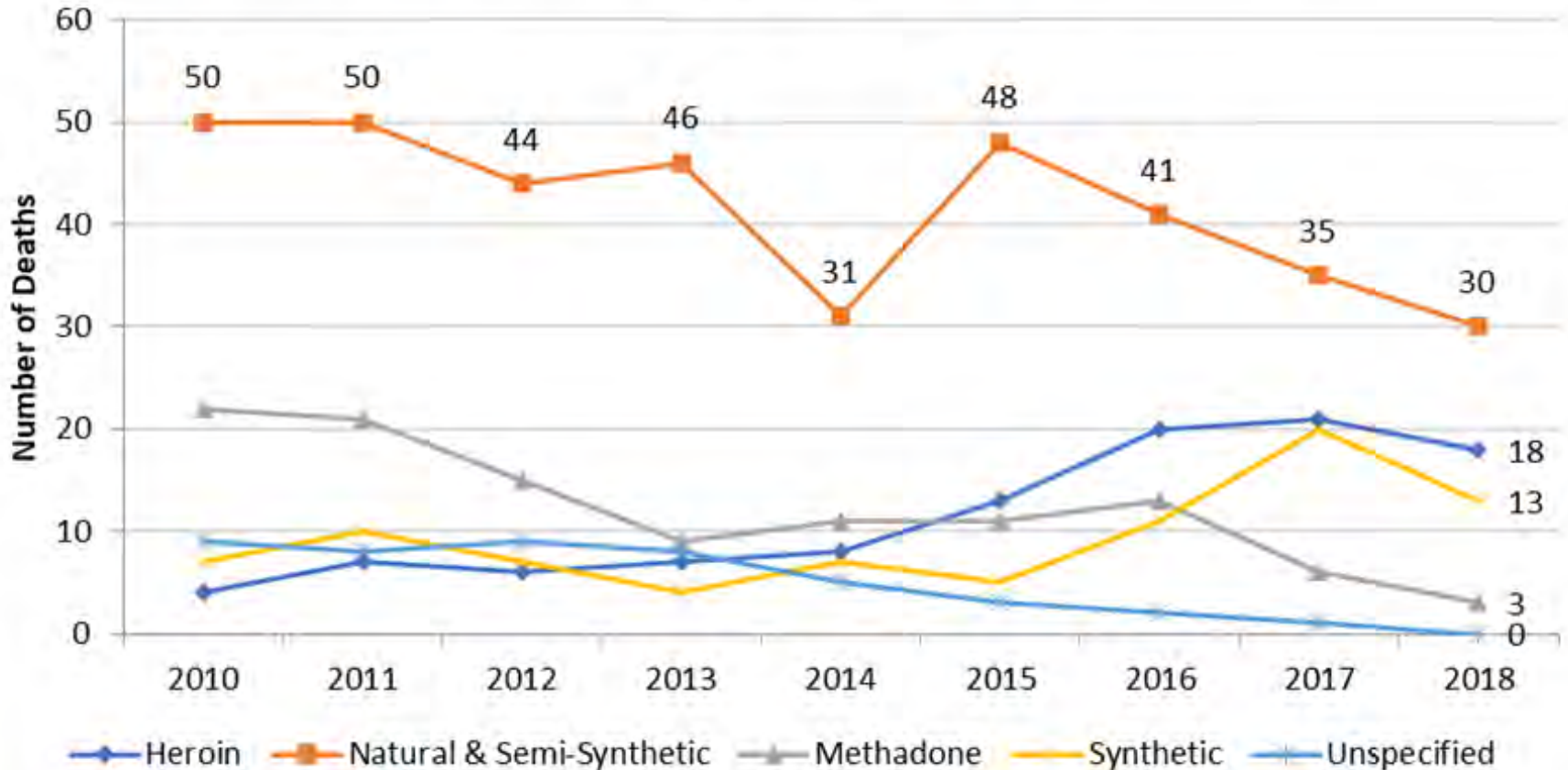
Opioid-Specific

Figure 39: Opioid-Related Deaths by Age Group, Washoe County, 2010-2018



Opioid-Specific

Figure 40: Opioid-Related Deaths by Drug Category, Washoe County, 2010-2018



Adverse Childhood Experiences (ACEs)

Adverse Childhood Experiences have been linked to:

- risky health behaviors,
- chronic health conditions,
- low life potential, and
- early death.

High School Students

- Washoe County has reported higher rates of experiencing ACEs than Nevada and the United States, but have shown improvements over the years.

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 the leading causes of death and increasing access to care

Recommended Changes:

- Suggesting items to be removed that have been completed or are duplicative
- Revision to incorporate monitoring youth e-cigarette use
- Revised partnership with UNR to include clinical rotations for medical residents, APRNs, and nursing students

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 through pollution prevention

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:

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

Recommended Changes:

- Remove Air Quality regulation update—completed
- Relocated recycling items to performance management plans
- Removed completed or repetitive items related to risk based inspections

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 to media and the public
- Circulate a newly-formatted monthly employee newsletter
- Restructure content & look and feel of Health web pages

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

- Establish policies that positively impact Public Health
- Promote Public Health Legislation for the 2021 session

Focus for 12-24 Months

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

- Promote WCHD data and new, interactive health data website (MySidewalk)
- 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 and education events

Discussion Topics

Strategic Topics:

- Public health messaging to the community

Recommended Changes/Additions to the Goals:

- Removing several items that will be transferred to new performance management system
- Revisions to reflect better metrics on social media engagement

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 in childcare and educational settings to reduce outbreaks

- Continue monitoring of GI outbreak duration

4.2 Support and promote behavioral health

- Continue to implement Behavioral Health components of the CHIP

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

- Continue to implement Nutrition/Physical Activity components of the CHIP
 - Includes Family Health Festival, healthy vending

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 2018-2020 CHIP

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:

- No changes requested to Priority 4

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 facility improvements

6.2 Focus on continuing to build staff expertise

- Identify current and future workforce needs
- Establish a 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:

- Increase staffing to meet community needs
 - Additional Public Health Nursing Supervisor in CCHS
 - Additional Public Health Investigator for EPHP
 - Funding for Developer technical support for Accela
 - Provide full local funding support for Communications Program Manager
- Expand programming to meet community needs
 - Establish Behavioral Health/Injury Prevention Program in CCHS

FY21 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

- 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:

Address when fund balance decreases - Establish an agreement with the County on adjusting general fund transfer to address employee cost of living adjustments negotiated by the County

Current Financial Position

- **FY19 ended with a \$7.8 million fund balance, 34.8% of expenditures**
 - \$6.3 million was required to open FY20
 - \$614,000 needed for augmentation to the restricted funds (Tire and Pollution Control Funds) and prior year encumbrances
- **FY20**
 - Revenues of \$24.5 million are trending up \$476,000 or 2.0% over FY19
 - ✓ Grant funding of \$6.1 million, up \$158,000 or 2.6%, mainly in Family Planning (\$151,000)
 - ✓ Licenses & permits of \$3.8 million are up \$147,000 or 4.1%
 - ✓ Charges for Services of \$3.7 million are up \$241,000 or 7.1%
 - Expenditures of \$23.7 million are trending up \$1.2 million or 5.1% compared to FY19
 - ✓ Salaries & Benefits of \$18.1 million, up \$770,000 or 4.5% due to COLAs and benefit increases
 - ✓ County central services billings of \$1.4 million, up \$183,000 or 15.0%
 - ✓ Workforce development of \$276,994 is up by \$112,000 or 68.0%
- **FY21 – estimated \$750,000 available to fund above base requests**

FY21 Budget

Discussion and Direction

- **\$500,000 in FY20 base budget to continue in FY21 so as to provide community support in efforts to promote Public Health**
- **Continue to fund the current programs**
- **Potential considerations for funding in FY21 - \$715,000**
 - Technology Developer position for Regional Permitting System - \$101,000
 - Public Health Communications Manager shift off of grants - \$35,000
 - Public Health Investigator for Epidemiology Program - \$113,000
 - Local funding to support the IZ Program - loss in grant funding \$68,000
 - Public Health Nurse Supervisor to reduce span of control - \$147,000
 - Two Health Educator positions for Behavioral Health/Injury Prevention - \$236,000
 - Funding for computer and desk set up for 5 new positions - \$15,000
- **In February, bring to the Board the FY21 budget for consideration and approval**

WRAP UP

EXECUTIVE SUMMARY

The Washoe Regional Behavioral Health Policy Board operates with the intention of addressing the importance and necessity of substance use, mental health, and behavioral health services for Washoe County residents. This profile aims to outline key indicators associated with Washoe County residents, and to identify trends in available data. By using a wide range of data sources, we are able to identify key problem areas within Washoe County, and use this information to help guide the policy board towards focusing on the areas deemed to be the most at-risk. Significant findings during our data collection have been outlined below.

Demographics

- The Washoe County population has grown approximately 10.5% since 2010.
- In 2017, Washoe County's inflation-adjusted household income level was 5.7% higher than Nevada and 1.6% higher than the United States.
- In 2017, the total percent of individuals experiencing poverty in Washoe County was 0.9% lower than Nevada and 1.3% lower than the United States.
- Among individuals aged 18 to 34 years, living below the poverty level was 2.5% higher in Washoe County compared to Nevada.
- From 2015 to 2017, the percent of persons under the age of 65 years without health insurance in Washoe County has increased 3.9%.

Substance Use

- Among Washoe County high school students, alcohol use decreased 8.3% from 2015 to 2017.
- Marijuana use among UNR students has shown an 8.9% increase between 2010 and 2018.
- In 2018, reported binge drinking among UNR students showed a 6.1% decrease from 2016.
- From 2008 to 2017, the average rate of alcohol-induced deaths in Washoe County (16.7 persons per 100,000 population) was higher than Nevada (11.5) and the United States (7.7).
- From 2008 to 2017, the average rate of drug-induced deaths in Washoe County (22.6 persons per 100,000 population) was higher than Nevada (20.7) and the United States (14.9).

Mental Illness

- From 2015 to 2017, the percentage of Washoe County middle school students who reported attempting suicide one or more times during their life decreased by 4.2%, while Nevada increased by 1.9%.
- From 2013 to 2017, the percentage of Washoe County high school students who reported attempting suicide one or more times over the previous 12 months decreased by 4.8%, Nevada decreased by 3.3%, and the United States decreased by 0.6%.
- Both Washoe County and the United States have experienced their largest spikes in depression diagnoses from 2016 to 2018. Washoe County has increased 4.9%, while the United States has increased 4.2%.
- Between 2016 and 2018, there was a 1.8% increase in suicide attempts among UNR students.
- As of 2018 reports, suicide attempts within the prior 12 months are 1.2% higher among UNR students when compared to the United States.
- Between 2016 and 2017, Washoe County showed a dramatic change in deaths due to suicide, decreasing by 5.9 deaths per 100,000 population.
- The rate of death due to suicide among those aged 85+ in Washoe County was more than three times the rate for the United States (71.1% vs. 19.3%).
- In 2016, Nevada had a veteran suicide rate of 48.2 (per 100,000 population), while the Western Region had a rate of 35.0 and the United States a rate of 30.1.

FY19 Strategic Plan Progress Report

The Health District has made significant progress implementing the Strategic Plan in FY19. Strategic Plan initiatives have guided our work to achieve goals established under the six strategic priorities. The information presented below describes the progress achieved in fiscal year 2018-2019 (July 1, 2018 to June 30, 2019). Additionally, this report reflects the progress on strategic plan items in the revised strategic plan approved by the District Board of Health at the December 13, 2018 meeting.

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 is on target for FY19.

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. Enrollment for participation in the Wolf Pack Coaches Challenge exceed the goal of getting 50 classrooms to participate and enrolled 63 classrooms, 35 of which were Title I classrooms. CDPP staff has been working on a Healthy Vending initiative in collaboration with the Community Health Improvement Plan (CHIP) Nutrition and Physical Activity committee and has established guidelines for meeting the “Healthy Vending” criteria which aims to provide easier identification of healthier selections. Progress continues in the implementation of smoke and vape free park policies and signage was purchased and delivered for smoke free parks. Staff is also working with jurisdictions on joint press releases to further increase public awareness of smoke free park policies. A tobacco prevention media campaign was also launched which saw a total of 8,323,319 impressions in Washoe County. The ads generated 8,152 new website visits and those visitors spent an average of 2 minutes and 9 seconds on the website.

1.2 Promote preventive health services that are proven to improve health outcomes in the community. This goal has 100% of the outcomes on target for FY19.

Clinical and Community Health Services (CCHS) continues to have success with media and outreach campaigns for family planning and sexual health programs. The Sexual Health and Family Planning program had over 1 million points of engagement via social media in FY19. Other outreach campaigns for CCHS programs included the use of school newspapers, program promotion at Family Health Festivals and University of Nevada, Reno Community Health Sciences classes and through social media.

Family planning clinic staff continued to promote Long Acting Reversible Contraceptives which can be effective in reducing teenage pregnancy rates despite funding challenges in addition to implementing an outreach partnership with Washoe County Sherriff's Office which has resulted in 75 women who were formerly incarcerated receiving services. Our Immunization Program's rate of up-to-date 19-35 month olds for recommended immunizations dipped slightly to 76% for calendar year 2018 and remained at that rate at the last reporting period of April 2019, not quite at the 2020 goal of 80%. To increase immunization rates, CCHS staff provided vaccines at both the August Back to School and all four Family Health Festivals in FY19.

1.3 Improve access to health care so people of all means receive the health services they need. This goal has seen 60% completion towards the 5 year goal.

After extensive work with several entities, a Community Health Alliance enrollment assistant was at WCHD from October to December for the Medicaid open enrollment period. As a result of the agreement with the State of Nevada Department of Health and Human Services, an enrollment assistant was onsite weekly from March to the end of FY19. In the first half of FY19, CCHS participated in 239 offsite clinic events to provide services like vaccinations and STD screenings to some of 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. This goal is on target for FY19.

The 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. For the FY19, 95% of all days were considered to be healthy, slightly lower than the goal of 98%. Planning for the installation of the West Reno air quality monitoring station was suspended in the first half of FY19 as a result of the relocation of the Reno3 station to the Libby Booth Elementary School, which is scheduled to start construction in July of 2019. Planning and permitting was completed in FY19, and a target for data collection at the new site has been set for December of 2019. The FY19 Ozone levels were slightly above the 70 parts per billion goal, at 71 parts per billion. An exceptional events demonstration package is being developed to submit to EPA in order to have wildfire smoke data removed from the calculation, which would likely result in meeting the target.

To reduce landfill waste in our community, the Environmental Health Services Division staff are attending all the regional recycling and waste diversion group meetings. Furthermore, staff has just begun to participate in a new GreenBiz program which will evaluate businesses for green practices. Recycling rates have declined, likely due to increased economic growth and lack of accessible and stable markets for recyclable commodities.

The Epidemiology and Public Health Preparedness Division has planned or participated in 29 exercises this fiscal year and continue to update plans including the Emergency Operations Plan.

2.2 Keep people safe where they live, work, and play. Progress was made on this goal and 100% of its initiatives are on target for FY19.

Efforts to implement risk-based inspection program standards continues. Of the 12 inspection programs, four have fully implemented risk based standards, one of which is the largest EHS inspection program (Food Safety). To reduce food-borne illness risk factors, intervention strategies continue to be implemented based on findings from the June 2017 Risk Factor Study. The next risk factor study will be conducted in 2021 to determine effectiveness of intervention strategies implemented.

In an effort to continue strategies to decrease the number of inappropriate 911 calls, funds were identified and a campaign was run in the spring of 2019. The “Know the Difference” campaign educated members of the community on the appropriate use of 911 in an effort to decrease the number of calls to 911 for non-emergency situations. This campaign is estimated to have provided 63 million impressions based on advertiser projections.

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 FY19.

In preparation for improving the overall appearance of the website, the Communications Manager and seven other WCHD staff received training on new website enhancements. During FY19, the average weekly visitors to the WCHD website peaked in August with just over 42,000 unique visits to the website however; five months in FY19 had over 30,000 unique visitors per month.

3.2 Work with others to establish policies that positively impact public health. For FY19, 100% of the annual goal has been accomplished for FY19.

The 2019 Nevada Legislative session included many wins for public health and four of five District Board of Health legislative priorities were achieved. Several of the policy items included in the Community Health Improvement Plan and other policy priorities related to smoking and vaping were passed into law this legislative session including subjecting E-cigarettes and vape products to the Other Tobacco Products wholesale tax, strengthening licensing and including vaping in the National Clean Indoor Air Act.

The Enterprise Community Partners Affordable Housing Strategy, which has identified several policy options to improve the current housing crisis was completed and accepted by the Truckee Meadows Regional Planning Authority Governing Board. The Health District participates in the

Washoe Regional Behavioral Health Policy Board which submitted a Bill Draft Request for Regional Crisis Stabilization Centers and services that resulted in AB 66 which was signed into law.

The Health District Government Affairs Liaison (a position established as a Strategic Plan objective) was active at the legislature throughout the session and the Health Officer and other Health District staff participated in policy development and testimony during the session.

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 FY19.

The Health District posted or conducted over 1,800 media interviews, press releases and social media postings in FY19. No significant public health emergencies occurred in FY19, reducing the number of media interviews compared to previous years. Across the Divisions approximately 200 press releases and social media posts were conducted, furthering our messages to the community on important public health information. Campaign topics included air quality during the wildfire season, efforts to manage mosquitos, influenza and new physical activity guidelines amongst other health-related topics.

3.4 Raise awareness of the benefits of a healthy community to build a local culture of health. This goal has 100% of its initiatives complete in FY19.

In addition to media efforts to promote a local culture of health, several events were held in FY19 to further promote the importance of improving health. Several well attended events were conducted including four Family Health Festivals, a very popular CHIP unveiling event in August of 2018 that was attended by over 100 community members and health stakeholders and two Behavioral Health Forums and a County Health Rankings event were held in Spring of 2019.

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

4.1 Lend support and accountability in childcare and educational settings to reduce outbreaks. This goal is 100% complete for FY19.

The Washoe County Health District continues to provide a toolkit for GI outbreaks and is also working with Childcare centers to prevent the spread of communicable diseases. The average duration of outbreaks for the 2018/2019 school year was 13 days, far below the target of 40 days.

4.2 Support and promote behavioral health. This goal is 100% complete for FY19.

Significant progress has been made in the implementation of the Behavioral Health portion of the CHIP. The Signs of Suicide Program has been continued in all 7th grade classrooms and in School year 2018/2019 the program was implemented at all Washoe County School District middle schools providing suicide prevention education to over 5,000 students. Over 1,200

students were screened and of the students screened 30% students were positive for high risk behaviors and referred to appropriate care. The Signs of Suicide program partnership between the Washoe County Health District, the Children's Cabinet and the Washoe County School District was highlighted during an October 23rd, 2018 news segment on local KTVN Channel 2. Other CHIP successes were seen with successful enactment of CHIP priorities around provider shortages and Medicaid reimbursement for tenancy support services to help keep those who are severely mentally ill housed.

4.3 Increase community participation in physical activity and nutrition programs. This goal is 75% complete for FY19.

Progress continues in the implementation of the Nutrition and Physical Activity portions of the CHIP and 16 community partners are engaged in efforts to meet the objectives of the plan. Significant progress was made in the efforts to improve the nutritional quality of vending and concession stand offerings and a significant amount of planning was done on how to implement the 5210 initiative in workplace settings including the completion of a revised toolkit and a quick start guide. In the school setting, Washoe County Health District partnered with Urban Roots Garden Classrooms to establish three school gardens, providing weekly or bi-weekly educational programming to over 1,800 Title I elementary school students and providing professional development to teaching staff. The 5-2-1-0 message was incorporated into Urban Roots' educational programming in addition to school garden hands-on learning activities to teach children healthier behaviors.

4.4 Enhance the Regional Emergency Medical Services (EMS) System. This goal is 75% complete for FY19.

Objectives for FY19 are steadily being worked on and are on target for the deadlines outlined within the 5-year EMS Strategic Plan. The EMS Advisory Board receives quarterly updates on the progress of the planning initiatives.

4.5 Engage the Community in Public Health Improvement. This goal is 100% complete for FY19.

As mentioned above, the 2018-2020 Community Health Improvement Plan was shared with the community at an unveiling event that was attended by over 100 community members and stakeholders. Since then, extensive work has been ongoing to implement the objectives in the community health improvement plan through expanded partnerships with agencies and non-profits all across the community. Across all three focus areas of the CHIP, 74% of the three year plan is complete.

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 is 100% achieved for FY19.

Staff continues work to identify ways of increasing state funding support for Washoe County Health District which is currently at 1.8% of total WCHD funding for FY19. Discussions 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 have been deferred due to the current health fund balance and the financial position of the County. In collaboration with Southern Nevada Health District, Carson City Health and Human Services, and the State Division of Public and Behavioral Health, a bill was drafted for the 2019 Nevada Legislative session to appropriate increased funding for public health to be distributed to Health Districts based on population however; the bill was not signed into law.

5.2 Ensuring resources are spent where they can have the most impact by identifying opportunities for cost savings. This goal is 100% achieved for FY19.

Budget per capita was \$55.67 for FY19, above the target of \$49.88. However, efforts continue to identify cost savings through Quality Improvement projects, increased utilization of interns and volunteers and other means of cost savings.

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 on track and 100% complete for FY19.

Installation of security and facility enhancements continue in FY19, including painting of offices, the purchase of standing desks for staff and new furniture in several conference rooms. A total of seven facility enhancements were completed in FY19. The percent of annual performance reviews completed on time was 89.63% across the health district, which is above the 85% annual goal. The Quality Improvement team continues to meet and several small and large QI projects are underway. In FY19, four QI projects were completed, one large project, three small projects and one “rapid QI” project. The large project consisted of revising the process for building plan review to decrease the amount of time to complete plan reviews, small projects to improve the phone queue for the Environmental Health Services Division, WIC file client paperless client monitoring and various form visions.

In the spring of 2019, a Health District wide customer satisfaction survey was conducted. This resulted in valuable feedback and aided in the identification of customer service as a key topic for staff trainings.

6.2 Focus on continuing to build staff expertise. This goal is 100% complete for FY19.

In order to continue the momentum of the additional leadership/learning organization trainings provided in the summer of 2018, new training opportunities were identified and were provided in partnership with Washoe County Human Resources Department. Conversation skills for supervisors and managers, leadership skills and customer service trainings were provided to all staff in FY19, all in partnership with Washoe County Human Resources. In May of 2019, a workforce development survey was conducted in partnership with the University of Nevada, Reno Public Health Training Center. The results of the survey will be used to revise the Workforce Development Plan to best meet the needs of staff.

6.3 Achieve Public Health Accreditation. This goal is on track and 100% complete for FY19.

The Health District completed document submission for PHAB Accreditation on September 27th, 2018, slightly ahead of the October 1, 2018 goal. A site visit has completed on June 25th and 26th and we anticipate getting a determination from the Public Health Accreditation Committee by late August on the results of our accreditation submission.

Items not achieved or on target for FY19:

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%.

As for April 2019, the immunization rate was just below the goal of 80% at 75.8%.

2.1.1—Reduce the ozone concentration.

We did not meet the design value target, submitted exceptional events demonstration data for wildfire smoke

2.1.1.2—Expand air monitoring network.

West Reno air monitoring station on hold pending full installation of Libby Booth Elementary monitoring site Reno4 to replace the Reno 3 monitoring station.

2.1.2—Increase the air quality index.

The percent of good and moderate air quality days was 3% lower than goal.

2.1.4—Meet and exceed the 35% goal recycling rate in Washoe County.

Likely due to economic growth and the lack of accessible and stable markets for recyclable commodities, the recycling rate was 5% short of the 35% goal rate.

3.1.4/3.1.4.3—Increase the percentage of permits applied for online in Washoe County.

A total permit applied for online was reported as less than 1%.

5.2.1.1—Establish an agreement with the County on adjusting general fund transfers to address COLAs.

Discussions 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 have been deferred due to the current health fund balance and the financial position of the County.

6.1.4.1—Develop and approve an annual Quality Improvement Plan.

The Plan will be updated pending review of feedback on QI efforts from Public Health Accreditation site visit.

WCHD FY 19-21 STRATEGIC PLAN REVISIONS			
Element	Description	Revision	Rationale
Priority 1--Healthy Lives			
1.1 Reduce the negative health and economic impacts of obesity and chronic disease.			
1.1.1.2	Participate in implementation of the Washoe County School District Wellness Policy	Remove	Washoe County School District has disbanded the Wellness Policy Committee. Staff continues to support proper implementation of the policy
1.1.2.1	Develop and promote a local restaurant campaign	Remove	Current work is focused on menu options for children’s menus
1.1.4	Reduce the percentage of youth who currently smoke cigarettes in Washoe County	Revision	Suggested revision to include use of e-cigarettes by youth
1.2 Promote preventable health services that are proven to improve health outcomes in the community.			
1.2.1.3	Work with Statewide MCH Coalition to promote and launch the Fetal and Infant Mortality Review “Go Before You Show”	Remove	Project has been completed
1.2.3.1	Increase promotion and outreach of Clinical programs including WIC	Remove	Duplicative from item 1.2.1.1, total WIC participation include in item 1.2.3
1.3 Improve access to health care so people of all means receive the health services they need.			
1.3.2.1	Document CCHS clients’ primary care provider status in EHR	Remove	Documentation of Primary care provider implemented and current practice in place
1.3.2.2	Advocate for increased Medicaid reimbursement to providers	Remove	Not currently applicable
1.3.2.3	Partner with new UNR Medical School Physician Assistant program to offer clinical rotation in CCHS	Revision	Partner with UNR to offer clinical rotations for medical residents, APRNs and Nursing students.
Priority 2—Healthy Environment			
2.1 Protect people from negative environmental impacts.			
2.1.2.2	Update Air Quality penalty regulations	Remove	Regulations have been updated
2.1.4.1	Evaluate current recycling rates and develop	Remove	Item has been transferred to the



	internal plan to educate current regulated facilities on waste reduction and recycling.		performance management plan
2.1.4.2/2.1.4.3	Build on community partnerships to increase recycling, reuse and diversion throughout Washoe County. Build on community partnerships to increase recycling, reuse and diversion throughout Washoe County. Create an educational and outreach plan/program to increase recycling efforts of commercial, industrial, and multifamily dwellings.	Condense the two items	Repetitive items that would benefit from being condensed to: “Create an educational and outreach plan to building on community partnerships to increase recycling rates, waste minimization, reuse and diversion throughout Washoe County
2.2 Keep people safe where they live, work, and play.			
2.2.1	Develop risk based standards for inspection programs identified in the Performance Management System.	Revision	Current and future work better reflected by the following wording: “Develop risk based standards for all institutions and facility programs.”
2.2.2.1	Implement the new risk-based form and inspection process.	Remove	Repetitive/obsolete item, work already reflected in 2.2.1
2.2.4	Reduce the percentage of foodborne illness risk factors in food establishments in Washoe County.	Relocation	Move to be positioned under 2.2.2 (Implement risk based food inspection program based on the criteria of the FDA program) to correspond to Food Safety Strategic Plan
2.2.4.1	Establish measurement of percentage of food-borne illness risk factors in food establishments.	Remove	Repetitive/obsolete item, work already reflected in 2.2.4
2.2.4.2	Implement Intervention Strategies for Washoe County's most hazardous food safety risk factors.	Remove	Repetitive/obsolete item, work already reflected in 2.2.4
Priority 3—Local Culture of Health			
3.1 Raise awareness of the Health District and the services it offers within the community.			
3.1.1	Communicate important health trends and data using traditional media, interviews, and press releases in Washoe County	Remove	Move to Performance Management System

3.1.1.1	Develop periodic newsletter or blog to promote Health District activities	Remove	Remove and replace with an item in 6.1.1.6 to reflect strengthening internal communications
3.1.3.1	Ensuring branding message of “Enhancing Quality of Life” is promoted in all marketing and outreach efforts	Remove	Style guide is now complete and templates for appropriate branding have been developed
3.1.4.1-3.1.4.2	Update look and feel of website/increase number of website visitors	Remove	Move to Performance Management System
3.1.2	Increase the number of social media posts in Washoe County	Revised	Change to “Increase the number of “likes and follows” of social media channels
3.2 Work with others to establish policies that positively impact public health.			
3.2.1	Increase the number of policies established or improved that positively impact public health in Washoe County	Revise	Removed “Examples might potentially include: taxation of e-nicotine products, vaping, in the Clean Indoor Act, access to behavioral health services, height and weight measurements in schools, expansion of wrap-around models.” The examples of improved policies were accomplished.
3.2.1.3	Establish Government Affairs/Policy support position in ODHO	Remove	Government Affairs Liaison position established January, 2019
3.2.1.5	Work with others to develop BDRs addressing public health policy	Revise	Revise to “Work with stakeholders and community partners to develop legislator or interim committee sponsored model policy (Bill Draft Requests) addressing public health.”
3.2.1.6	Provide legislative testimony and support, and report on the number and summary of policies/laws passed during the legislative session	Revise	Revise to Include local and federal government affairs and interim state activities.
3.3 Inform the community of important health trends by capturing and communicating health data.			
3.3.1	Increase the number of public health advisories in Washoe County	Remove	Move to Performance Management System, align with measures of press releases, social

			media postings, etc
3.3.1.1-3.3.1.2	Increase the number of public health advisories, Protect quality of life by communicating critical information	Remove	Move to Performance Management System, align with MySidewalk related items
3.3.2	Increase the number of community health data reports published/promoted in Washoe County	Remove	Similar item already in place under DHO
Priority 5—Financial Stability			
5.2 Ensure resources are spent where they can have the most impact by identifying opportunities for cost savings.			
5.2.1.1	Establish an agreement with the County on adjusted general fund transfers to address COLAs	Remove	Deferred until fund balance is reduced
Priority 6—Organizational Capacity			
6.1 Create a positive and productive work environment.			
6.1.1	Increase the employee engagement score	Revise	New Initiative below
6.1.1.6	Refine internal newsletter to best communicate current WCHD activities	Addition	Refining internal newsletter to increase engagement with employees on current WCHD activities in a clear, concise manner
6.1.2	Increase the number of facility enhancements implemented (cumulative) with the Washoe County Health District	Revise	Improve the Health District’s facilities environment for customers and staff
6.1.2.1	Implement actions to enhance the aesthetics and/or security of Health District facilities	Revision	Aesthetic and security improvements were tracked separately and are being combined
6.1.3	Increase the number of security enhancements implemented within the Washoe County Health District	Remove	Combined with 6.1.2
6.1.3.1	Implement improvements in security measures	Remove	Combined with 6.1.2.1
6.2 Focus on continuing to build staff expertise.			
6.2.1.14	Explore opportunities to evolve into an academic organization with the University Of Nevada’s Community Health Sciences Program.	Revise	Revise to “Establish a partnership with UNR to become an academic health department” to better reflect the current status of the project
6.3 Maintain Public Health Accreditation.			



6.3	Maintain National Public Health Accreditation	Revised	Accreditation awarded
6.3.1.1	Submit Annual Reports with all required documentation	Revised	Initiative updated to reflect maintenance of accreditation status
6.4	Invest in Health District services to meet the needs of a growing community	Addition	Utilize healthy financial position for sustainable investment in Health District services
6.4.1	Establish and staff additional positions during FY21	Addition	
6.4.1.1	Shift Communications Program Manager Position off of grant funds	Addition	Provides local funding support for entirety of the position and frees up resources for additional emergency communications activity within PHP
6.4.1.2	Increase local funding for the Immunization Program	Addition	Offset the reduction in grant funding that has occurred.
6.4.1.3	Fund a Technology Developer position for the Regional Permitting System	Addition	Support AQM and EHS needs to improve functionality of the system for customers and staff
6.4.1.4	Establish and fill an additional Public Health Investigator position in EPHP	Addition	Meet the increased demand for disease investigation of a growing community
6.4.1.5	Establish and fill a Public Health Nurse Supervisor position in CCHS	Addition	Need to address span of control to effectively manage programs and staff
6.4.2	Establish a Behavioral Health and Injury Prevention Program in CCHS	Addition	Health District engagement in areas of need identified in the CHNA and CHIP
6.4.2.1	Establish and fill two Health Educator Positions in CCHS	Addition	Provide staffing for program area