

WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

FY22-24 Strategic Plan

December 2021



Public Health
Prevent. Promote. Protect.

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LETTER FROM THE DISTRICT BOARD OF HEALTH CHAIR



As we close in on the new year, I can't help but be reminded that we've been living with the COVID 19 pandemic for a full two years. During that time, we've learned some difficult lessons and experienced some terrible heartbreaks. But we've also seen the brilliance of the human spirit and watched our public health workers, health care workers, first responders, social service agencies, nonprofits, front-line workers, and so many others step up to the challenge and continue to serve others.

As Chair of the District Board of Health, it is my personal responsibility to remember and remind others that this pandemic has impacted some more than others. And as such, I am pleased to report that this strategic plan calls on the Health District to step up its efforts to improve health equity and make meaningful progress on addressing health disparities in our community.

Through funding provided by a CDC Health Disparities grant and ongoing local investment, the Health District is investing in seven additional staff members who will lift up these efforts, as well as assess our internal strengths and weaknesses and assist in building bridges with neighborhoods to address their specific needs. I'd like to acknowledge the many efforts the Health District has made to reach all members of our community and celebrate this significant investment.

As a public health professional, I know that we are living in a pivotal moment for public health. We have an opportunity to learn from the experience of the past two years and build back better. This strategic plan will drive the Health District toward improved communication and community engagement, additional investments in workforce and organization capacity, and improved information and technology systems to make the work of public health more informed, accessible, and transparent.

We will continue to seek out and work with community partners who share the Health District's mission to protect and enhance the well-being and quality of life for all in Washoe County. I look forward to working with you.

Councilman Oscar Delgado, MSW, MUP
District Board of Health Chair

LETTER FROM THE DISTRICT HEALTH OFFICER



I recently heard someone say that a disaster is like an x-ray because it reveals what is broken in our systems, infrastructure, and communities. Our experience with the COVID-19 pandemic has engendered national discussion of how public health can be improved and how we can be better prepared for future pandemics.

There is no question that the challenges are abundant, and we are vulnerable to numerous public health threats. We have experienced California Wildfires that have severely impacted air quality during our summers and warming is also expected to create opportunities for more infectious diseases to spread in Washoe County. We have already seen the Zika virus spread to Clark County and our own West Nile virus season extended with warmer temperatures. As with COVID, we anticipate that socio-economic conditions that lead to disparities in health status will also have health impacts to those same populations resulting from other public health threats.

At a national, state, and local level, this is a pivotal moment in history for public health. What COVID-19 has highlighted is the need to be able to respond, pivot, and surge in response to a pandemic or other types of disaster as well as be proactive to improve policies and systems so everyone in our community has the best possible opportunity to achieve optimal health.

For my part, I am optimistic. Amidst the challenges, I witnessed the dedication, innovation and resiliency of our employees, volunteers, and community members as they responded to the greatest public health threat of our lifetime. The Washoe County Health District staff did an incredible job responding to the pandemic, and they and their families made great sacrifices as they devoted and continue to devote long-hours to the response. For that I am deeply grateful.

There is a national conversation about the critical role played by public health in our lives and the consequences of neglecting the critical infrastructure necessary to maintain and improve the public's health. As you will see in this Strategic Plan, WCHD will continue to lean into the challenges, learn from our experiences, partner with others, and take steps that will benefit our community now and into the future.

Kevin Dick
Washoe County District Health Officer

STRATEGIC PLAN

MISSION

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

VALUES

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

VISION

A healthy community

STRATEGIC DIRECTION

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

STRATEGIC PRIORITIES

1. **HEALTHY LIVES: Improve the health of our community by empowering individuals to live healthier lives.** The health of a community depends on the health of the individuals within it. A wide range of factors impact one's health. These factors include individual nutrition and lifestyle choices, socio-economic conditions, and health policy decisions. The aim of the WCHD is to identify and address the most important factors contributing to the health of individuals within the community and implement solutions that allow people to live healthier lives.
2. **HEALTHY ENVIRONMENT: Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.** The external environment we interact with every day—the air we breathe, the water we drink, the buildings we work in—can impact the health of a community. The aim of the WCHD is to monitor and maintain a safe natural and built environment so the community feels confident living, working, and playing anywhere in Washoe County.

3. **LOCAL CULTURE OF HEALTH: Lead a transformation in our community's awareness, understanding, and appreciation of health resulting in direct action.** Many of the decisions community leaders, organizations, and individuals make every day can impact the community's health. However, the community's health is not always a factor in the decision-making process. The WCHD's aim is to work with the community to assign greater value to its health and consider health implications in the decisions it makes.
4. **IMPACTFUL PARTNERSHIPS: Extend our impact by leveraging partnerships to make meaningful progress on health issues.** Many of the issues impacting the health and quality of life within Washoe County do not fall under the WCHD's direct jurisdiction nor can they be addressed by a single organization. To make meaningful progress on these issues requires a community effort. The WCHD will extend its reach by working with key partners to identify and address issues that require community collaboration.
5. **ORGANIZATIONAL CAPACITY: Strengthen our workforce and increase operational capacity to support growing population.** As the community grows, the service demands on the WCHD will grow. To maintain and improve levels of service, the WCHD workforce needs to grow along with the community. By investing in the capabilities of the WCHD staff and creating a positive and productive work environment, the WCHD will continually improve its ability to serve the community.
6. **FINANCIAL STABILITY: Enable the Health District to make long-term commitments in areas that will positively impact the community's health by growing reliable sources on income.** Public health requires an up-front investment. The programs and services the WCHD offer require resources to implement but those programs and services create value for the community over time. When funding is insufficient or unreliable, it limits the positive impact of the WCHD. The WCHD's aim is to have greater control over its finances to be able to better predict and control future funding levels.

STRATEGIC PRIORITIES AND GOALS WITH DIVISION OWNERSHIP

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

District Goal: 1.1 Promote healthy behaviors to reduce chronic disease.

Division Goal: 1.1.1 Proactively prevent disease utilizing effective health education strategies.

District Goal: 1.2 Promote preventive health services that are proven to improve health outcomes in the community.

Division Goal: 1.2.1 Act as a safety net by providing accessible health services when/where community members otherwise may not have access.

Division Goal: 1.2.2 Reduce the spread of disease through proactive surveillance, monitoring and intervention.

District Goal: 1.3 Improve access to health care so people of all means receive the health care services they need.

Division Goal: 1.3.1 Assist clients with access to health insurance.

Division Goal: 1.3.2 Build a bridge between communities, clients, and services with community health workers.

Division Goal: 1.3.3 Provide efficient, effective, and culturally sensitive services.

District Goal: 1.4 Prevent and reduce the spread of COVID-19 in Washoe County.

Division Goal: 1.4.1 Reduce the spread of COVID-19 through proactive surveillance, monitoring and intervention.

Division Goal: 1.4.2 Increase COVID-19 vaccination capacity across Washoe County including among high risk and underserved populations.

Division Goal: 1.4.3 Increase confidence in vaccines among targeted racial and ethnic groups and individuals with disabilities through outreach and access to accurate information.

Division Goal: 1.4.4 Provide the public with accurate, actionable, and timely information about COVID-19

Division Goal: 1.4.5 Maintain infrastructure and organizational capacity necessary to respond to the COVID pandemic.

Division Goal: 1.4.6 Maintain a consistent level of customer service to the community.

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

District Goal: 2.1 Protect people from negative environmental impacts.

Division Goal: 2.1.1 Monitor ambient air to assess attainment status of the ozone and PM2.5 NAAQS (Monitoring)

Division Goal: 2.1.2 Evaluate effectiveness of regulations and programs governing ozone precursor and PM2.5 emissions (Planning)

Division Goal: 2.1.3 Reduce Ozone Precursor Emissions from the Transportation Sector (Planning)

Division Goal: 2.1.4 Evaluate Permitting of Ozone and PM2.5 Stationary Sources (Permitting)

Division Goal: 2.1.5 Inspect sources of ozone and PM2.5 emissions to determine compliance with state, county, and federal regulations (Compliance)

Division Goal: 2.1.5 Coordinate with State and local partners on waste reduction education, diversion education and proper disposal.

Division Goal: 2.1.6 Reduce negative environmental health impacts associated with land development.

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

Division Goal: 2.2.1 Improve safety of residents through education, inspections, and enforcement.

Division Goal: 2.2.2 Reduce the spread of vector-borne disease.

Division Goal: 2.2.3 Review building plans in advance to assure new facilities meet health standards.

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

District Goal 3.1 Ensure community access to actionable public health information via website, media, and social media

Division Goal 3.1.1: Update public-facing digital presence on website and social media.

Division Goal: 3.1.2 Position the Health District to be the trusted, reputable source of public health information for our community.

District Goal 3.2 Inform the community of important community health trends by capturing and communicating health data.

Division Goal 3.2.1: Increase data integrity and data standardization.

Division Goal 3.2.2: Produce original public health research that advances public health knowledge.

Division Goal 3.2.3: Regularly share timely public health data and trends with the community.

Division Goal 3.2.4: Build the capacity of the health district to process data.

District Goal 3.3: Drive better health outcomes in Washoe County through improved public health systems and policies.

Division Goal 3.3.1: Advocate for state and local policies that positively impact public health.

Division Goal 3.3.2: Build, support and participate in coalitions to advance improved public health policies.

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

District Goal: 4.1 Reduce risk and improve health outcomes for children in Washoe County.

Division Goal: 4.1.1 Lend support in childcare and educational settings to reduce outbreaks.

Division Goal: 4.1.2 Provide quality and timely air quality data for students and WCSD staff.

District Goal: 4.2 Support and promote behavioral health.

Division Goal: 4.2.1 Improve outcomes for residents who are experiencing a behavioral health crisis.

Division Goal: 4.2.2 Reduce isolation for seniors who are experiencing loneliness.

District Goal: 4.3 Empower families and organizations to improve physical activity and nutrition.

Division Goal: 4.3.1 Increase community participation in physical activity and nutrition programs.

District Goal: 4.4 Enhance the regional emergency medical services system.

Division Goal: 4.4.1 Provide EMS oversight to enhance system performance.

District Goal: 4.5 Engage the community in public health improvement.

Division Goal: 4.5.1 Engage the community in assessing community health needs.

Division Goal: 4.5.2 Engage the community in planning for community health improvement with a focus on disparate health outcomes.

Division Goal 4.5.3: Facilitate community engagement in public health improvement initiatives designed to improve health outcomes and/or reduce health disparities.

District Goal: 4.6 Improve the ability of the community to respond to health emergencies.

Division Goal 4.6.1: Improve public health emergency preparedness.

Division Goal 4.6.2: Improve hospital emergency preparedness.

District Goal: 4.7 Partner with academia to advance public health goals.

Division Goal 4.7.1: Maintain Academic Health Department with the University of Nevada, Reno.

Strategic Priority 5: ORGANIZATIONAL CAPACITY: Strengthen our workforce and increase operational capacity to support a growing population.

District Goal: 5.1 Attract and retain a talented public health workforce to meet the needs of Washoe County.

Division Goal: 5.1.1 Create a positive and productive work environment.

Division Goal: 5.1.2 Focus on building staff expertise.

Division Goal: 5.1.3 Maintain and build staff resiliency.

Current 5.2 Meet and exceed national public health best practice standards.

Division Goal: 5.2.1 Maintain National Public Health Accreditation

District Goal: 5.3 Invest in expanded Health District capacity and targeted services to meet the needs of a growing and diverse community.

Division Goal: 5.3.1 Increase workforce capacity.

Division Goal: 5.3.2 Increase organizational capacity to address health equity and reduce disparate health outcomes.

Division Goal: 5.3.3 Recruit, retain and train a workforce that meets the diverse needs of our community.

New 5.4 Maximize and expand facilities to meet the needs of staff and clients.

Division Goal: 5.4.1 Maximize existing facilities to address shortage of workstations.

Division Goal: 5.4.2 Identify opportunities for facility expansion.

All New 5.5 Leverage technology to improve services, increase effectiveness and efficiency, and provide access to higher quality data.

Division Goal: 5.5.1 Increase access to self-service platforms and systems.

Division Goal: 5.5.2 Improve data tracking and information sharing.

Division Goal: 5.5.3 Assure technology needs are addressed by a health district technology resource or County Technology Services.

Strategic Priority 6: 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.

- All
- District Goal 6.1 Update the WCHD's financial model to align with the needs of the community.
 - Division Goal 6.1.1 Increase dedicated public health funding support to Washoe County.
 - Division Goal 6.1.2 Capture grant and federal relief resources to meet public health goals.
 - Division Goal 6.1.3 Maximize revenue generated from cost recovery.
 - Division Goal 6.1.4 Provide the DBOH the information necessary to provide financial oversight.

Key for Division Ownership

- CCHS Community and Clinical Health Services
- AQM Air Quality Management
- EHS Environmental Health Services
- EPHP Epidemiology and Public Health Preparedness
- AHS Administrative Health Services
- ODHO Office of the District Health Officer
- ICS Incident Command System

PUBLIC HEALTH SECTOR TRENDS

The COVID-19 pandemic revealed shortcomings in public health agency capacity and capabilities to provide public health protections to the communities they serve. While the Washoe County Community Health Needs Assessment identifies that income, educational status, and the neighborhoods in which one lives result in health disparities, the pandemic harshly demonstrated this. A disproportionate number of COVID-19 cases occurred and continue to occur in our Hispanic community. Washoe County Health District (WCHD) was also confronted with the challenges of communicating effectively with different segments of our population and providing easy access to needed services. Our data management systems and information technology systems proved to be inadequate.

The cost-control environment in which WCHD has operated following the Great Recession left us ill-prepared to handle the surge of workload, staffing, expanded responsibilities, and community engagement needed to respond to the pandemic. Trust in public health agencies has eroded as inconsistent and contradictory messaging occurred from different levels of government. Meanwhile, inaccurate, and misleading information is amplified through social media often for political purposes with devastating public health consequences.

While WCHD responded to COVID-19, we also experienced the devastating impacts of wildfires and droughts and saw climate change disasters that in other areas of our country including stronger storm events, power outages, and flash flooding. Increasingly, we recognize that climate change is a public health emergency that comes with a need to develop our programs and communications to support regional initiatives and further develop resiliency to address its impacts.

The challenges our community faces were encountered by public health agencies throughout the country which has led to several assessments that identify shortcomings in our public health sector infrastructure and capabilities along with recommendations for improving public health's foundational role in American communities. Two notable documents are the *Public Health COVID-19 Impact Assessment: Lessons Learned and Compelling Needs* prepared by the National Academy of Medicine, and *Positioning America's Public Health System for the Next Pandemic* prepared by the Bipartisan Policy Center.

The National Academy of Medicine report identified the priority actions and policy considerations for public health as follows:

- 1) transforming public health funding,
- 2) affirming the mandate for public health,
- 3) promoting structural alignment across the public health sector,
- 4) investing in leadership and workforce development,
- 5) modernizing data and IT capabilities, and
- 6) supporting partnerships and community engagement.

The Bipartisan Policy Center report recommendations focus on three areas as follows:

- 1) creating clarity and accountability in federal leadership and operations during a pandemic,
- 2) improving public health information technology and data systems, and
- 3) committing the United States to more and consistent funding of public health to prepare for inevitable public health crises.

Based on an evaluation of the Washoe County Health District's experience with the COVID-19 response as well as the national assessments and current revisions occurring with the Public Health Accreditation Board (PHAB) standards and measures the following priorities are recommended to be considered and addressed in the WCHD strategic plan:

- 1) communication and community engagement,
- 2) organization and workforce capacity,
- 3) health equity, and
- 4) information technology and data systems.

Communication and Community Engagement - Bolstering investment in communications and community engagement will be needed to better inform and work with the community on a wide range of public health initiatives. The Health District is engaged in many issues and factors that impact the health of our residents and health districts can be, and should be, a trusted source of information and a safe and productive place for the community to engage. These investments will include culturally appropriate messaging to reach the diverse populations that live within our community. WCHD will need to increase our community engagement efforts to build neighborhood level relationships designed to increase trust in public health. Public health leaders will also need to engage community partners whose support for, and collaboration with, public health is essential to the success of our efforts.

Organization and Workforce Capacity - For all organizations and particularly in public health, our workforce is our most valuable asset. There is a continued need to ramp up investment in the public health workforce to attract new professionals, increase employee retention, and to meet the public health challenges we face now and in the future. The pandemic demonstrated the importance of leadership skills and adaptability to be able to function effectively outside of the range of one's normal responsibilities. The public health workforce needs to be able to understand and deliver services in a culturally appropriate manner, manage, analyze, and present "big data," and effectively engage communities and partners to develop consensus around solutions and collaborative approaches. Organizational capacity must expand to provide the tools, facilities, training, and other resources for the workforce to be successful.

WCHD learned from the pandemic response experience and can use that knowledge strategically to develop our public health infrastructure, capacity, and capabilities. This will require additional resource investments. It appears promising that the national attention to

public health, and our historic lack of investment will result in additional federal and state investments in local public health agencies. Fortunately, we have already received grant funding support in some of these areas, and the Health District is in a strong fiscal position to be able to make additional investments now while building our sustainable funding sources for ongoing capacity.

Health Equity - The disproportionate impacts that occurred in minority populations, and in certain sectors of our community's workforce harshly revealed structural systems that lead to disparate health outcomes. Public health agencies and professionals need to work not only externally to better engage diverse communities, but also internally to ensure that our programs are designed to effectively meet the needs of our diverse community members and our staff are prepared to provide culturally appropriate services, as well as to understand and address root causes of health disparities.

Information Technology and Data Systems - Public health information technology and data systems proved inadequate to handle the massive amounts of data required to be collected and analyzed to understand and respond to the pandemic and be responsive to the granular level data that was requested by policymakers and the public. Health districts struggled to present this data in a format that was easy for the public to be able to understand and access. As we work to address health disparities in our community and the health inequities that cause them, we need the ability to collect and process large quantities of data to understand and be able to communicate information about health conditions and factors affecting the health of individuals at a neighborhood level. The public expects and deserves user-friendly systems that allow for easy access to information and services. Additionally, WCHD struggled through the pandemic with deployment of computers, peripherals, and communication equipment to keep up with new staffing while maintaining the equipment already in use. We need to improve our ability to support the information technology needs of the Health District.

COMMUNITY HEALTH ASSESSMENT AND COMMUNITY PLANNING

WCHD serves as a facilitator to produce regular community health needs assessments and community health improvement plans. These efforts stand alone to inform the strategic efforts of many partners within Washoe County. These efforts also serve as key inputs to inform Health District strategic planning.

The [2018-2020 Community Health Needs Assessment \(CHNA\)](#) for Washoe County was completed in 2017. The data and conclusions from the assessment were used to inform the subsequent 2018-2020 Community Health Improvement Plan (CHIP) developed during the spring of 2018 and approved by the Washoe County District Board of Health in June of 2018.

The following focus areas were selected to be included in the CHIP as it was determined they were 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

In the summer of 2019, the Behavioral Health focus area was revised as all items in that focus area were either complete or obsolete. A revised 2018-2020 Community Health Improvement Plan was approved by the Washoe County District Board of Health at the September 2019.

Also, in 2019 the Nevada Department of Public and Behavioral Health published a statewide needs assessment, which identified priority health issues at the county level. Behavioral health, housing/poverty, and preventive behaviors (nutrition and physical activity) were among the top five most frequently identified needs in Washoe County (Table C175).¹

Although the methods of identifying and ranking health needs for the state health assessment were different from Washoe County's most recent assessment and CHIP, the identified gaps were relatively the same.

¹ Nevada Department of Health and Human Services. 2019 Nevada State Health Needs Assessment. Accessed August 2021
https://dhhs.nv.gov/uploadedFiles/dhhsnv.gov/content/Programs/Grants/NV_SHNA_FINAL.pdf

Health Issue	#	%
Behavioral Health	251	33%
Housing/Poverty	192	25%
Access to Health Care	172	22%
Preventive Behaviors	48	6%
Education	38	5%
Chronic Diseases	34	4%
Other	12	2%
Employment and Job Training	9	1%
Environment and Built Environment	6	1%
Family Dynamics and Maternal Child Health	3	0%
Communicable Diseases	1	0%
Total	766	100%

While it was time to produce an updated CHNA and CHIP in 2020, the redeployment of resources to COVID-19 made completing assessment and planning efforts impractical for both the Health District and its community partners. Instead, the [CHIP](#) was extended through 2021 using a modified community engagement process that followed COVID protocols while facilitating a refresh of the goals and objectives in the same focus areas of housing, behavioral health, and nutrition/physical activity.

Below are the updated goals and objectives from the 2020 CHIP refresh.

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.	By June 15, 2018, complete Phase I of the Regional Strategy for Housing Affordability. (Complete)
	2.	By September 1, 2018, complete Phase II of the Regional Strategy for Housing Affordability. (Complete)
	3.	By December 31, 2018, complete Phase III of the Regional Strategy for Housing Affordability. (Complete)
	4.	By December 31, 2021, implement a portion of the Regional Strategy for Housing Affordability. (Modified to include new strategies)
	5.	By December 31, 2021, improve policies and processes designed to preserve existing and increase new subsidized affordable housing units. (New objective and strategies)

2	To stabilize and improve housing security for people spending more than 50% of their income on housing.	1.	By September 30, 2021, identify, support, and implement alternative funding models for housing severely mentally ill (SMI). (Modified to include new strategy)
		2.	By December 31, 2021, identify best practices for incorporating community case management** for people receiving housing assistance and increase access to case management for those in emergency shelter. (Modified to include new strategy)
		3.	By December 31, 2021, complete the first phase of the Built for Zero regional strategy to end homelessness. (New objective)
		4.	By December 31, 2021, strengthen processes and promote implementation of evidence-based practices among homeless services providers. (New objective)

Focus Area Two: Behavioral Health			
Goals		Objectives	
1	To stabilize and improve housing security for people experiencing homelessness.	2.	By December 31, 2021, identify best practices for incorporating community case management** for people experiencing homelessness. (Extended)
		3.	By May 31, 2021, expand implementation of Peer Recovery Support Specialists in Washoe County (Modified to include new strategies.)
2	Assess and address current status and need for Behavioral Health services in Washoe County	1.	By May 31, 2021, develop a strategy to collect and disseminate information related to the annual statistics on Behavioral Health providers in Washoe County. (Updated with additional strategies.)
		2.	By October 1 each year identify gaps in service and access for those needing behavioral health services in Washoe County. (Updated with additional strategy)
		3.	By May 31, 2021 develop strategies and advocate for policies to address gaps and needs identified. (Updated with additional strategy.)
		4.	By Sept. 30, 2021, expand training and education to providers on SBIRT. (Updated with additional strategy)

3	Reduce depression and suicidal behaviors in adolescents and seniors (age 65+).	1.	By April 1, 2020, increase mental health screening of 7th grade students in Washoe County using a standardized screening tool and provide appropriate referral to care. (Extended)
		2.	By December 31, 2020, implement BUILD Health Challenge Year 1 Strategies. (Complete)
		3.	By December 31, 2021, implement BUILD Health Challenge Year 1 and 2 Strategies. (New objective and strategy)
		4.	By Sept 29, 2021, have 1 more hospital system within Washoe County complete the Zero Suicide Academy. (New objective and strategy)
		5.	By Dec. 31, 2021, expand the Living Ideation adolescent suicide prevention model to a broader community audience. (New objective and strategy)
		6.	By Dec. 31, 2021, increase access to supports and services for adolescents experiencing behavioral health challenges. (New objective and strategies)
4	Divert individuals experiencing behavioral health challenges from emergency departments and detention facilities by strengthening the behavioral health system of care for adults.	1.	By Dec. 31, 2021, fill gaps in the system of care to meet both the behavioral and physical health needs of individuals with serious mental illness and/or complex diagnoses. (New objective and strategies)
		2.	By Sept. 30, 2021, finalize a road map for Washoe County to build a behavioral health crisis response system based on nationally recognized best practices. (New objective and strategies)
		3.	By Dec. 31, 2021, implement early intervention care to individuals experiencing a first episode of psychosis to prevent psychological and medical deterioration and improve medical and social outcomes. (New objective and strategy)

5	Strengthen behavioral health component of emergency preparedness and response. (New goal)	1.	By June 30, 2021, finalize the Regional Behavioral Health Emergency Response plan and increase the number of individuals available to assist with response. (New objective and strategies)
		2.	By June 30, 2021, develop and publish the Community Overdose Response Plan. (New objective and strategies)
		3.	By June 30, 2021, fully implement COVID-19 resiliency response. (New objective and strategy)

Focus Area Three: Nutrition and Physical Activity			
Goals		Objectives	
1	To increase physical activity and improve nutrition among adults and youth using the 5210 Let's Go framework.	1.	By July 2019, increase the number of community organizations implementing aspects of the 5210. (Extended and modified to include new strategies)
		2.	By December 2021, increase the number of community organizations implementing 5210 Healthy Washoe. (New objective and new strategies)
2	Improve access an environment that support physical activity and nutrition for all ages and abilities in low-income communities.	1.	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. (Complete and moved from goal 1 to goal 2)
		2.	By July 2020, improve access and availability of nutrition and physical activity opportunities by implementing four Family Health Festivals in zip codes with high Community Needs Index (CNI) scores. (Complete)
		3.	By December 2021, improve access and availability of nutrition and physical activity opportunities by implementing four Family Health Festivals in zip codes with high

			Community Needs Index (CNI) scores. (New objective and new strategies)
		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. (Complete)
		5.	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. (Partially Complete)
		6.	By December 2021, improve the nutrition environment in low-income neighborhoods by increasing the nutritional offerings in convenience stores. (New objective and new strategies)
		7.	By December 2021, increase awareness of available sources of whole foods in the community and how to use them, including: local and direct food retail outlets; local emergency food assistance services; and others among families. (New objective and new strategies)
3	Improve the health and nutritional status of children and adults while promoting the development of good eating habits.	1	By December 2021, increase the consumption of meals through food distribution programs in school year 2020-2021. (New objective and new strategies)

COMMUNITY HEALTH TRENDS AND COMMUNITY INDICATORS

While the Health District was not able to facilitate a full Community Health Needs Assessment process in advance of the strategic planning refresh, the epidemiology and statistician team as well as other Health District subject matter experts did provide an update using the most recent available data on community health trends as input to the planning process.

The COVID-19 pandemic has impacted humanity across most aspects of life, resulting in rapid change of societal norms and practices ranging from an individual level to the ways countries engage on a global scale. In the United States, the pandemic demonstrated an inability to prevent detrimental health outcomes among the most marginalized populations and magnified already existing weaknesses in healthcare systems. Recovery from the impacts of the pandemic should take advantage of opportunities to rebuild a framework focused on health equity. The focus of health equity is to reduce or remove barriers to access the foundational elements necessary for achieving the highest possible health outcomes including affordable housing, healthy food, quality education, and a safe, healthy environment.^{2,3,4}

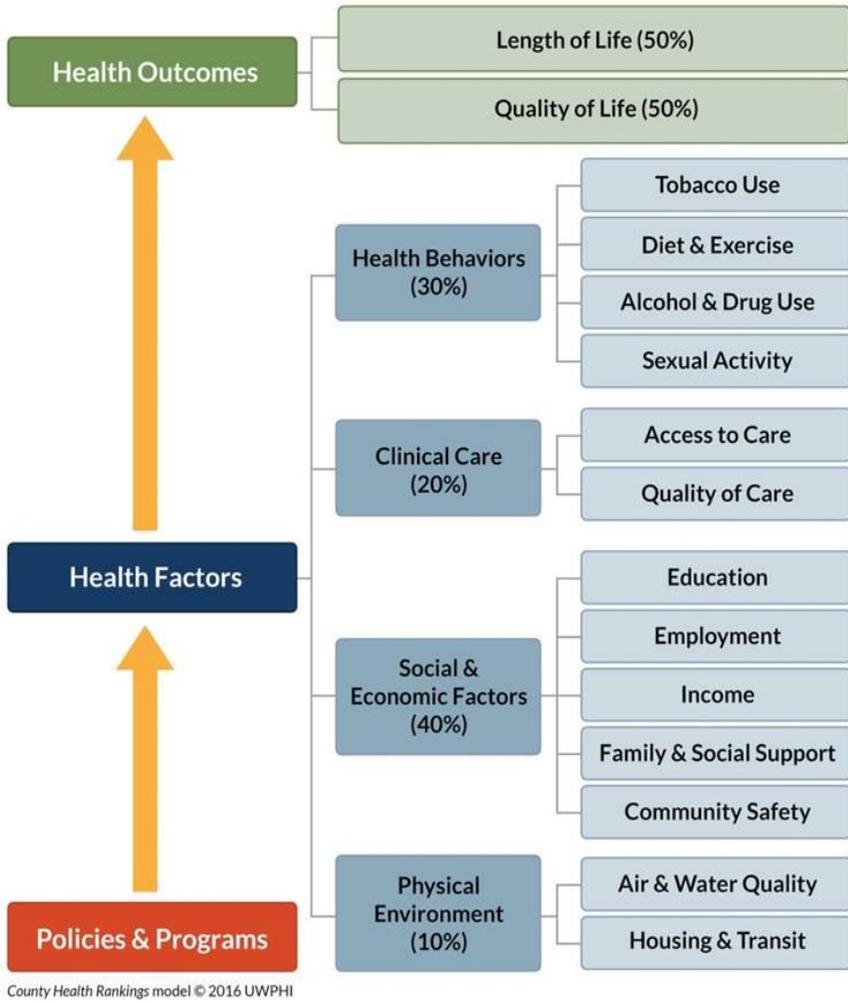


Figure 1

² The Centers for Disease Control and Prevention. Health Equity. Accessed August 2021 <https://www.cdc.gov/chronicdisease/healthequity/index.htm>
³ Robert Wood Johnson Foundation. Achieving Health Equity. Accessed August 2021 <https://www.rwjf.org/en/library/features/achieving-health-equity.html>
⁴ American Public Health Association. Health Equity. Accessed August 2021 <https://www.apha.org/topics-and-issues/health-equity>

Often the term “health” is associated with the physical state of health and whether a person has access to healthcare. However, public health has led a paradigm shift demonstrating how socioeconomic factors are strongly associated with health outcomes and encompass more than just physical well-being. The Robert Wood Johnson Foundation’s County Health Rankings Model (Figure 1) illustrates the myriad of elements which impact health outcomes, measured by length and quality of life. Many health disparities are driven by deep-rooted cultural and societal norms, which are recognized and being addressed through the health equity movement.

Primary Prevention is Key

An assessment of the most recent available data indicated that needs identified in prior community health assessments have not shifted in the post-pandemic landscape. Instead, the global pandemic has magnified systemic issues which already existed.

Select causes of death in Washoe County are provided in Figure 2, demonstrating how an infectious disease (COVID-19) has surpassed. While this is a unique and new threat, this serves as a reminder that investments in primary prevention strategies to reduce disease, chronic or acute, are worth making, prior to loss of life occurring. Primary prevention involves upstream efforts to reduce or eliminate the occurrence of a poor health outcome from occurring

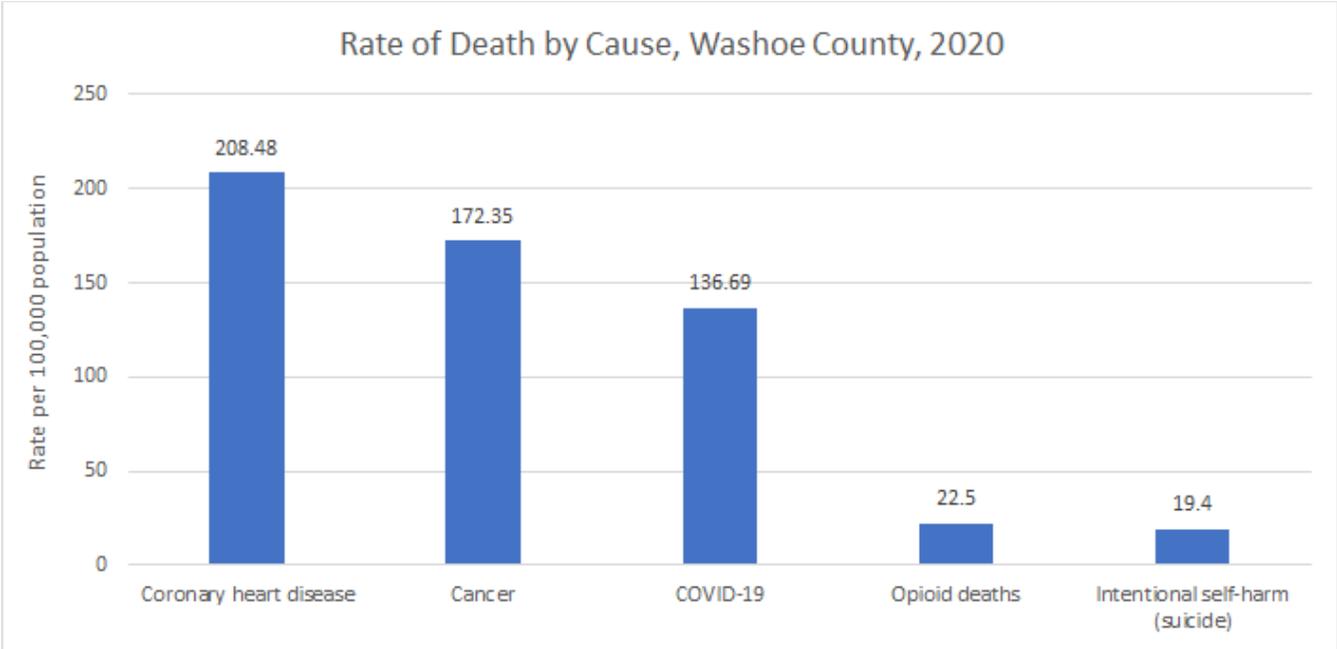


Figure 2

Note: Figure 2, COVID deaths were counted for a cumulative, non-calendar year (March 2020 through April 2021), as COVID was not detected in Washoe County until March of 2020. All other diseases were counted for the calendar year of 2020.

The planning process included refreshed community health indicators to inform specific strategic priorities. Sources are identified in a key at the end of this section.

Strategic Priority One, Healthy Lives – Improve the health of our community by empowering individuals to live healthier lives.

Community Indicators	Result	Current	Source
% of overweight adolescents	13.70%	2019	YRBS
% of obese adolescents	11.90%	2019	YRBS
% of overweight adults	35.40%	2020	BRFFS
% of obese adults	29.30%	2020	BRFSS
% of adults who are current smokers	15.93%	2020	BRFSS
% of youth who currently smoke cigarettes	4.50%	2019	YRBS
Teen ages 15-19 years old birth rates per 100,000	15.4	2020	WCHD-EHPH
% of newly reported hepatitis C cases with confirmatory test results	82%	2020	WCHD-EHPH
Child immunization rates (children 19-35 months receiving childhood vaccination series)	67.9%	2020	NV IZ
% of adults ages 18-64 with health insurance	82.70%	2020	BRFFS
% of Washoe County residents with a usual primary care provider	71.19%	2020	BRFFS
% of e-cigarette use among youth	28.30%	2019	YRBS
Percentage of population defined as food insecure	11.00%	2019	MMG
COVID cases per 100,000	225.9	10/7/21	WCHD-EHPH
% of population ages 12 and over fully vaccinated for COVID	63.82%	10/7/21	WCHD-EHPH

Strategic Priority Two, Healthy Environment – Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.

Community Indicators	Result	Current	Source
NAAQS for Ozone	0.072 ppm	2020	WCHD-AQM
NAAQS for PM2.5	39 ug/m3	2020	WCHD-AQM
Washoe County total municipal solid waste	247,453	2019	NDEP
Washoe County recycling rates	33%	2019	NDEP
Reduce the duration of GI outbreaks in schools.	17 days	2020	WCHD-EPHP

Strategic Priority Three, Local Culture of Health – Lead a transformation in our community’s awareness, understanding and appreciation of health resulting in direction action. (No community indicators)

Strategic Priority Four, Impactful Partnerships – Extend our impact by leveraging partnerships to make meaningful progress on health issues.

Community Indicators	Result	Current	Source
% of high school students who attempt suicide	9.90%	2019	YRBS
% of high school students who ever took a prescription pain medicine without a doctor's prescription or differently than prescribed	17.60%	2019	YRBS
% of high school students who currently drink alcohol (past 30 days)	26.70%	2019	YRBS
Prevalence of diabetes	6.70%	2020	BRFFS
Coronary heart disease mortality rate (per 100,000)	awaiting latest data		DHHS
Cancer mortality rate (per 100,000)	awaiting latest data		DHHS

Medical emergency 911 calls received per 100,000 population	14,352	2020	WCHD-EPHP
Opioid-related deaths in Washoe County per 100,000 population	awaiting latest data		DHHS
Rate of death due to suicide among persons aged 65 years and older per 100,000	awaiting latest data		DHHS

Strategic Priority Five, Organizational Capacity – Strengthen our workforce and increase operational capacity to support a growing population.

Community Indicators	Result	Current	Source
Washoe County population	480,965	2021	NV Dem
Washoe County annual % population growth	1.13%	2020 - 2021	NV Dem
Staff per 100,000 population	36.54	FY2022	WCHD - AHS

Strategic Priority Six, 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.

Community Indicators	Result	Current	Source
% State funding support	1.7%	FY2021	WCHD-AHS
Budget per capita	\$53.97	FY2022	WCHD-AHS

Key for Data Sources

- BRFFS – Behavioral Risk Factor Surveillance System
- DHHS- Nevada Department of Health and Human Services
- MMG – Mind the Mental Gap County Level Data
- NV Dem – Nevada Demographer
- NDEP – Nevada Department of Environmental Protection
- NV IZ – Nevada Immunization Program
- WCHD AHS – Washoe County Health District Administrative Health Services
- WCHD AQM – Washoe County Health District Air Quality Management
- WCHD EPHP = Washoe County Health District Epidemiology and Public Health Preparedness
- YRBS – Nevada Youth Risk Behavior Survey

PERFORMANCE MANAGEMENT OF STRATEGIC PLAN

The Strategic Plan is implemented through the development of an Action Plan which includes outcome measures and initiatives to support each Strategic Priority and its related District and Division Goals.

Results for each outcome measure and progress to date for each initiative are updated in an online performance management software system with the ability to produce scorecards and dashboards designed to report out on progress. Reports will be provided quarterly to the staff for organizational learning and accountability, to the District Board of Health to support good governance and to the community to support transparency.

An annual report will also be compiled and presented to the District Board of Health and to all staff during an all-staff meeting.

APPENDIX A - PLANNING PROCESS PROJECT PLAN

Strategic Planning is a process for defining and determining an organizations roles, priorities, and direction over three to five years. A strategic plan sets forth what an organization plans to achieve, how it will achieve it, and how it will know if it has achieved it. The strategic plan provides a guide for making decisions on allocating resources and taking action to pursue strategies and priorities.

Pre-Planning

July 8 – August 4, 2021

Division Directors and Supervisors will have a high-level understanding of the project work plan and deadlines and have a general understanding of the opportunities for participation and workload for their teams. The planning framework will be finalized based on input collected from the teams. In 2021, particular emphasis will be placed on braiding the workforce development planning and performance management system refresh into the planning process.

Meetings:

July 21 - Leadership Orientation at DD Meeting
August 4 – Strategic Plan Kick-off at DD and Supervisor’s Meeting

Gathering Insights

August 4 – Sept. 24, 2021

Divisions will work individually and collectively to gather information that will provide key insights to the planning process. In addition, input will be collected through staff surveys and board interviews. Input will be collected and published in a discussion guide and PowerPoint decks that will be used to inform the next steps in the planning process as well as tools for the retreat with the District Board of Health. Content developed during this phase will also be used to populate sections of the plan.

Meetings:

Sept. 1 - Facilitated discussion to identify key issues at DD and Supervisor’s Meeting

Deadlines:

Sept. 10	2021 Results	Division Directors, Falisa, and Julia
Sept. 22	Community Trends	Nancy and Heather
Sept. 22	Public Health Trends	Kevin and Rayona
Sept. 22	Financial Trends	Anna
Sept. 10	Board Interviews	OnStrategy
August 28	Workforce Survey	Rayona, Nancy and Heather
Sept. 17	Health Equity Survey	Rayona, Nancy and Heather
Sept. 24	Discussion Guide	Julia

Division Planning

August 4 – Sept. 24, 2021

Divisions will work with OnStrategy to gather input and insight from team members in a retreat setting to inform the development of division goals, outcomes, and initiatives. Building off existing work plans and using input gathered from the retreats, Directors will draft new Division level plans deciding what work to closeout, continue or create new direction.

Meetings:

One-on-one planning prep meeting with OnStrategy and Julia

2-3 hour facilitated retreats for each Division including all staff/or representative group of staff

AQM	August 10	EHS	August 26
CCHS	August 11	EPHP	August 27
AHS/ODHO	August 17		

DDs Sept. 15 (focus on workforce development plan/goals)

Deadlines:

Sept. 24 Draft Division 2022-2024 strategic outcomes and initiatives Division Directors

District-Wide Planning/Retreat

Sept. 15 – Nov. 17, 2021

Division Directors will reconvene in a facilitated meeting for cross pollination of division plans to identify opportunities to leverage resources and collaborate. This meeting will also include final identification of any key issues that have emerged through the planning process and need to be addressed in the plan.

Meetings:

Sept. 28	Division Sharing and Retreat Planning	Extra DD meeting
Oct. 6	Supervisor engagement	DDs and Supervisors
Oct. 20	Retreat run through	DD meeting
Nov. 18	Retreat with District Board of Health	DDs and Supervisors

Deadlines:

Oct. 28 Retreat Materials w/OnStrategy Julia and DDs

The plan draft will be modified and finalized based on results of the planning retreat.

Deadlines:

Dec. 10 Final Draft Julia

Meetings:

Dec. 16 Plan Approval District Board of Health

Participant Lists

Core Planning Team

1. Kevin Dick, District Health Officer
2. Julia Ratti, Director of Programs and Projects
3. Rayona LaVoie, Health Educator II
4. Falisa Hilliard, Program Assistant
5. Erica Olsen, Principal with OnStrategy

District Board of Health

1. Bob Lucey, Washoe County Commissioner
2. Kristopher Dahir, Sparks City Council
3. Oscar Delgado, Reno City Council
4. Dr. John Novak, Non-Elected Washoe County Appointee
5. Michael D. Brown, Non-Elected Washoe County Appointee
6. Reka Danko, Non-Elected Washoe County Appointee
7. Tom Young, Non-Elected Washoe County Appointee
8. Dr. John Klacking, Non-Elected Washoe County Appointee

WCHD Division Directors

1. Kevin Dick, DHO
2. Anna Heenan, AHS
3. Francisco Vega, AQM
4. Lisa Lottritz, CCHS
5. Erin Dixon, EHS
6. Nancy Diao, EPHP

WCHD Supervisors

1. Daniel Inouye, AQM
2. Josh Restori, AQM
3. Kim Graham, AHS
4. Kristen Palmer, AHS
5. Victoria Nicolson-Hornblower, CCHS
6. Kara Roseburrough, CCHS
7. Kelli Seals, CCHS
8. Sonya Smith, CCHS
9. Kelly Verling, CCHS

10. Amber English, EHS
11. Jim English, EHS
12. David Kelly, EHS
13. Wes Rubio, EHS
14. Paula Valentin, EHS
15. Andrea Esp, EPHP
16. Heather Kerwin, EPHP

WCHD Division Retreat Participants

Administrative Health Services and Office of the District Health Officer - 15
Air Quality Management - 18
Community and Clinical Health Services - 16
Environmental Health Services - 20
Epidemiology and Public Health Preparedness - 17
Total number of WCHD staff Retreat Participants - 86

WCHD Workforce Development Survey Participants

Total Number: 167
Percentage of Workforce: 60%

WCHD Health Equity Survey Participants

Total Number: 242
Percentage of Workforce: 70%

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

Please contact Julia Ratti for
questions or comments at
juratti@washoecounty.gov

