

NORTHERN NEVADA

Public Health+

Serving Reno, Sparks & Washoe County

FY24-26 Strategic Plan

December 2022

Revised September 2023

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LETTER FROM THE BOARD CHAIR



Perhaps now, more than any other time in recent history, the public has a greater awareness of the important role of public health. Speaking for the District Board of Health, we take seriously our role to champion the district's refreshed mission - to improve and protect our community's quality of life and increase equitable opportunities for better health.

During this strategic planning process, we have recommitted as an organization to several key priorities. First, we seek to improve the health of our community by empowering individuals to live healthier lives. This priority holds personal significance to me as I believe every individual in Washoe County should be in the driver's seat when it comes to their personal health. At the same time, we recognize our role in ensuring our second priority, to create a healthier environment that allows people to safely enjoy everything Washoe County has to offer. As leaders and public health professionals, it is our charge to assure our community is safe and healthy.

How we achieve our mission and priorities is often as important as what we seek to achieve. We will work to lead a transformation in our community's awareness, understanding, and appreciation of health resulting in direct action. Knowledge and transparency truly are power. And we will extend our impact by leveraging collaborative partnerships to make meaningful progress on health issues. We know we accomplish more when we all work together.

Finally, as the Chair of the District Board of Health, I commit to you my full attention to our final two priorities. First, we will strengthen our workforce and increase operational capacity to support our growing population. As our community continues to grow and our environment increases in complexity, our employees and our community deserve continual improvement in our capacity to improve and protect health in Washoe County. Simultaneously, we will responsibly steward the resources available to us to enable the Health District to make commitments in areas that will positively impact the community's health through reliable and sustainable funding.

Every one of us has a role to play to improve and protect our community's quality of life. I look forward to working with you.

City of Sparks Councilman Kristopher Dahir
District Board of Health Chair

LETTER FROM THE BOARD CHAIR



In many ways, this past year has been a time of transition for Northern Nevada Public Health.

We took a big step forward as we exited the declared state of emergency and settled into managing our response to COVID-19 and other emerging disease threats as part of our regular duties on behalf of the community. Additionally, several long-term District Board of Health members transitioned off the board and have been replaced with new members with fresh energy and dedication to improving health in our region.

Our teams worked hard to get caught up on many important projects that were set aside during the depths of the pandemic. Of note, the team completed and will soon release an updated Community Needs Assessment that was critical to informing this Strategic Plan. The data and analysis from the assessment will inform not only the work of Northern Nevada Public Health but also the work of the many partners who rely on this data to inform their own public health improvement plans and strategies.

Importantly, we conducted a listening tour designed to recognize the brilliant diversity present in Washoe County, to build and maintain relationships, and to learn more about existing public health challenges and opportunities. We focused our attention on communities that have not only been the hardest hit by the pandemic, but who also continue to be challenged by many environmental, societal, and structural factors that contribute to poorer health and lower quality of life.

We are grateful to our many community partners who have joined with us to take the information from the Community Needs Assessment and health equity listening tour and turn that knowledge and awareness into action as we begin the collaborative process to develop a Community Health Improvement Plan that will guide our collective work to improve health over the coming years.

I could not be prouder of the many dedicated professionals who work in myriad ways to protect and enhance our community health. With a good plan, a strong team, and the collaboration of many diverse community partners, I am confident of the difference we will be able to make.

Kevin Dick
Washoe County District Health Officer

MISSION AND VALUES

MISSION

To improve and protect our community's quality of life and increase equitable opportunities for better health.

VALUES

We are...	Which means...
Collaborative	In unity there is strength We believe in genuine collaboration and are committed to working together, combining resources, and sharing expertise to strengthen public health.
Adaptable	Ever evolving and adapting Public health is always changing. Flexibility is required. We continually push our capacity to adapt, evolve and adjust to new conditions to keep our community healthy and safe.
Trustworthy	Doing right by the community We'll earn your trust with honesty and integrity while consistently adhering to ethical principles. Our guidance is reliable, fact-based and in the best interest for all in Washoe County.
Inclusive	Equity and inclusion for all Our community is wonderfully diverse. Inclusion is our responsibility, and we will build and sustain an environment that is dedicated to improving health equity by recognizing and overcoming barriers.
Compassionate	Caring for the health of the community Our organization is dedicated to serving everyone in our community with compassion, kindness, dignity, and respect.

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 NNPH 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 NNPH 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. NNPH aims to work with the community to consider health implications in the decisions it makes.
4. **IMPACTFUL PARTNERSHIPS: Extend our impact by leveraging collaborative 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 NNPH's direct jurisdiction nor can they be addressed by a single organization. To make meaningful progress on these issues requires a community effort. The NNPH will extend its reach by working with key partners to identify and address health issues.
5. **ORGANIZATIONAL CAPACITY: Strengthen our workforce and increase operational capacity to support a growing population.** As the community grows, the service demands on NNPH will grow. To maintain and improve levels of service, the NNPH workforce needs to grow along with the community. By investing in the capabilities of the NNPH staff and creating a positive and productive work environment, NNPH will continually improve its ability to serve the community.
6. **FINANCIAL STABILITY: Enable Northern Nevada Public Health to make commitments in areas that will positively impact the community's health through reliable and sustainable funding.** Public health requires an up-front investment. The programs and services NNPH offers require resources to implement and those programs and services create value for the community over time. When funding is insufficient or unreliable, it limits the positive impact of NNPH. NNPH'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 and injury.

Division Goal: 1.1.1 Proactively prevent disease utilizing effective health education efforts including policy, systems, and environmental strategies.

Division Goal: 1.1.2 Proactively prevent injury utilizing effective health education strategies including policy, systems, and environmental 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.

Division Goal: 1.2.3 Increase confidence in vaccines among targeted racial and ethnic groups and individuals with disabilities through outreach and access to accurate information.

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.

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 criteria air pollutants. (Monitoring)

Division Goal: 2.1.2 Maintain and improve air quality through planning and community education. (Planning)

Division Goal: 2.1.3 Reduce negative health impacts from regulated air pollutants in Washoe County. (Permitting and Compliance)

Division Goal: 2.1.4 Coordinate with state and local partners on waste reduction education, diversion education, and proper disposal.

Division Goal: 2.1.5 Reduce negative environmental health impacts associated with development and infrastructure.

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 and implement targeted outreach to under-served populations.

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

Division Goal 3.2.3: 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 using a health in all policies framework.

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 collaborative partnerships to make meaningful progress on health issues.

District Goal: 4.1 Support and promote behavioral health.

Division Goal: 4.1.1 Improve mental health outcomes for residents of Washoe County.

Division Goal: 4.1.2 Contribute to a decrease in the incidence of suicide in Washoe County.

Division Goal: 4.1.3 Support collaborative local and state efforts to reduce the negative impacts of substance use and misuse and support individuals with substance use disorder.

District Goal: 4.2 Advance efforts to improve healthy living behaviors with an emphasis on prevention.

Division Goal: 4.2.1 Develop and maintain collaborative community initiatives to increase access to prevention activities and resources.

District Goal: 4.3 Advance efforts to improve access to health care.

Division Goal 4.3.1 Support collaborative local and state efforts to increase access to health care for residents of Washoe County.

District Goal: 4.4 Improve targeted elements of social determinants of health that negatively impact the health of residents.

Division Goal: 4.4.1 Develop and maintain collaborative community initiatives to improve housing, employment, education, poverty, or other upstream conditions that negatively impact health.

District Goal: 4.5 Enhance the regional emergency medical services system.

Division Goal: 4.5.1 Provide EMS oversight to enhance system performance.

District Goal: 4.6 Engage the community in public health improvement.

Division Goal: 4.6.1 Engage the community in assessing community health needs.

Division Goal: 4.6.2 Engage the community in planning for community health improvement with a focus on disparate health outcomes.

Division Goal 4.6.3: Facilitate community engagement in public health improvement initiatives designed to improve health outcomes and/or reduce health disparities utilizing community organizing principles.

District Goal: 4.7 Improve the ability of the community to respond to health emergencies.

Division Goal 4.7.1: Improve public health emergency preparedness.

Division Goal 4.7.2: Improve health care emergency preparedness.

District Goal: 4.8 Partner with academia to advance public health goals.

Division Goal 4.8.1: 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 the 9th Street facility to efficiently use and improve existing work and meeting spaces.

Division Goal: 5.4.2 Complete a 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.

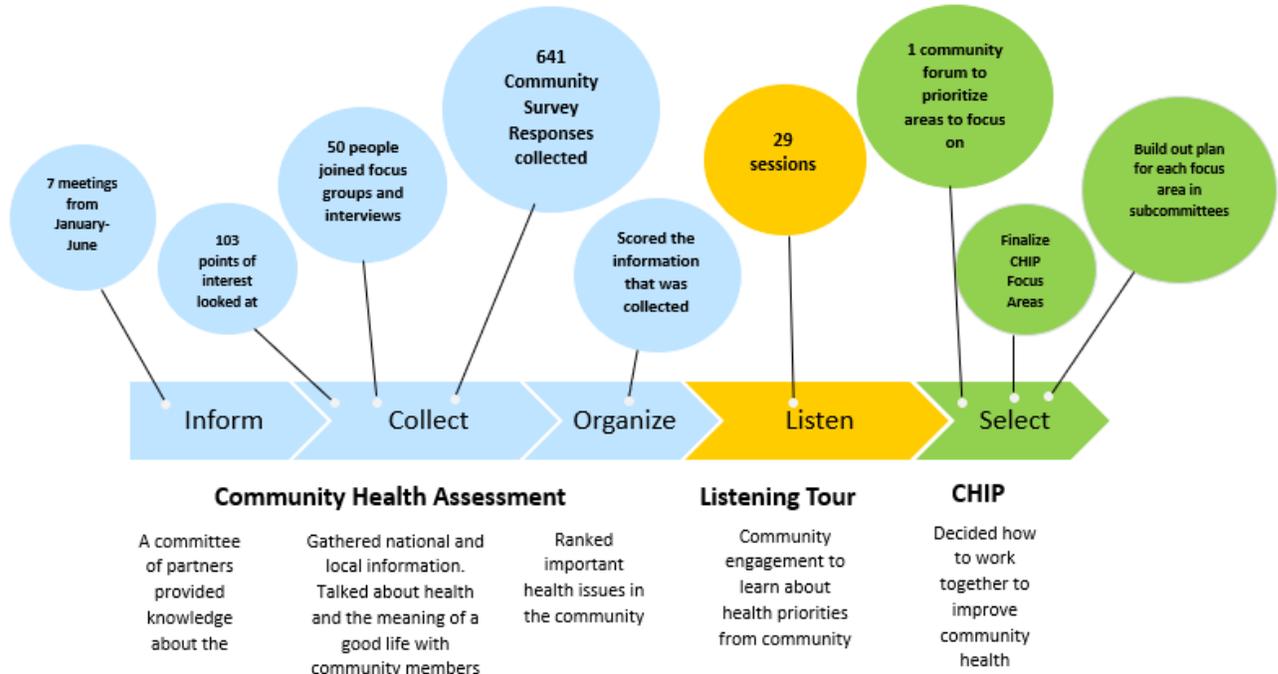
Strategic Priority 6: FINANCIAL STABILITY: Enable the Health District to make commitments in areas that will positively impact the community's health through reliable and sustainable funding.

- All
- District Goal 6.1 Update NNPH'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. Pursue funding opportunities to promote health equity and address health disparities.
 - 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
- ODH Office of the District Health Officer
- O Office of the District Health Officer

CHA and CHIP Process



COMMUNITY HEALTH ASSESSMENT

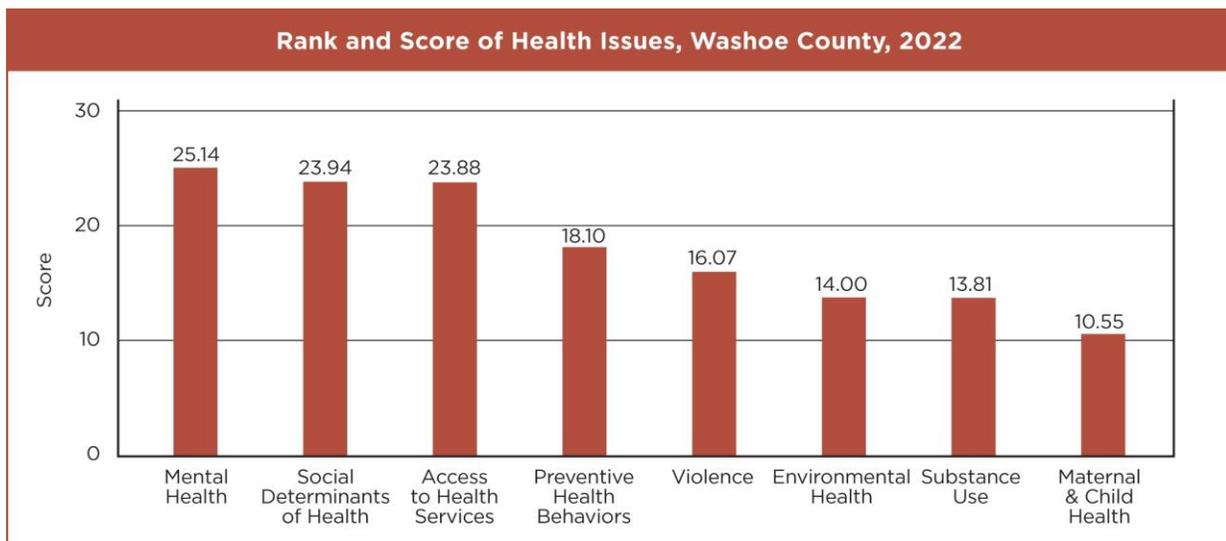
The 2022-2025 Washoe County Community Health Assessment (CHA) is a comprehensive overview of health-related statistical data and data from engagement with community members, to inform the development of Northern Nevada Public Health’s 2022-2025 Community Health Improvement Plan. The 2022-2025 CHA was led by a community steering committee and utilizes validated and reliable secondary data sources, results from an online community survey, focus group participants, input from key informants, as well as an agency survey. Each source of information provided additional insight into the health needs of Washoe County’s residents and the circumstances that impact health in the region. An objective scoring matrix was applied to the data and resulting scores determined the rank of eight health topics to be prioritized for community health improvement plan initiatives. The CHA serves as a resource for those working to address health behaviors and health outcomes in Washoe County.

State, tribal, local, and territorial health departments conduct CHAs in accordance with the Public Health Accreditation Board (PHAB) standards for accreditation. Although health networks in Washoe County serve residents across the region, including persons who reside in rural areas of northern rural counties in California, for clarity and focus,

the data were narrowed in scope to the geopolitical boundary of Washoe County. Historically, Northern Nevada Public Health has partnered with Renown Health to conduct collaborative health assessments. The first collaborative assessment was created in 2014 and released in coordination with the 2015 Truckee Meadows Healthy Communities Conference held at the University of Nevada, Reno on January 8, 2015. The second assessment conducted in collaboration with Renown Health was the 2018-2020 Washoe County Community Health Needs Assessment.

The third assessment was initially planned to occur in 2020, however due to the COVID-19 pandemic, most staff in the Health District were redirected and tasked with disease investigation, data collection, dashboarding development, and most programmatic duties remained untouched during calendar year 2020. This iteration of the assessment was conducted in 2022 and was not done in conjunction with a non-profit hospital, as the assessment cycles no longer aligned with the same required timeframes. An additional enhancement to this assessment is the development of an online indicator system, designed in collaboration with Truckee Meadows Tomorrow. This online platform is intended to provide ongoing data updates for secondary data indicators as data become available and serves as a hub resource for the community.

A ranking of health needs was conducted to better understand and organize the large amount of secondary data (county, state, and national level statistics/numbers) and primary data (online community survey, focus group participants, key informants) contained within the assessment. The full Community Health Assessment including the detailed methodology for prioritization, scoring, and ranking can be reviewed [here](#).



HEALTH EQUITY LISTENING TOUR

In addition to the internal health equity assessment and planning process and a review of national health equity trends, the health district also conducted a health equity focused listening tour to inform both the strategic planning process as well as the Community Health Improvement Plan process. The purpose of the listening tour was to:

- Advance health equity efforts,
- Build relationship and increase community engagement,
- Learn more about work happening in the community, and
- Collect input from a broad and diverse group of community leaders and stakeholders.

The top health priorities that emerged from the listening tour included social determinants of health (including housing, education, and employment), access to health services, mental health, and preventative health behaviors. These priorities were strongly aligned with the ranked priorities in the Community Health Assessment and, along with the CHIP Community Forum informed the CHIP prioritization process as well as goals in this strategic plan.

COMMUNITY HEALTH IMPROVEMENT PLAN PROCESS

Following the Community Health Assessment data collection and analysis, the Health District convened a Community Health Improvement Forum in September 2022 attended by 120+ individuals representing a broad cross-section of Washoe County community leaders. At the forum, attendees were provided the results of the CHA as well as the results of the Health Equity Listening Tour. The participants then participated in a prioritization exercise. The results of that exercise were reviewed by the CHIP Steering Committee. The committee narrowed the priorities as follows:

1. The Steering Committee chose four primary focus areas including mental health, social determinants of health, access to health care, and preventative health behaviors.
2. The Steering Committee requested that the planning process include transportation and language accessibility as cross-cutting considerations when developing the plan; and
3. The Steering Committee suggested that the plan include a special initiative to work toward greater language accessibility.

In late 2022, the health district has continued the CHIP planning process convening four additional meetings to begin to identify goals for each of the four primary focus areas. The convenings resulted in the following narrowing of focus as follows:

Mental Health

- Adolescent mental health
- Suicide prevention
- Diversion from jail/emergency rooms
- Mental health workforce

Access to Health Care

- Appropriate care setting
- Insurance enrollment
- Primary Care Home

Health care workforce

Social Determinants of Health

Food insecurity

Affordable rental housing

Fourth grade reading and math proficiency

Preventative Health Behaviors

Physical activity

Nutrition

Preventative health screenings

The progress to date on the CHIP planning process was shared with the Strategic Planning Committee, Division Directors and the District Board of Health and informed recommended key priorities and goals in this Strategic Plan. The full CHIP is anticipated to be complete in Spring of 2023. (Update: Find the final draft of the CHIP [here](#)).

HEALTH EQUITY ORGANIZATIONAL CAPACITY ASSESSMENT AND PLAN

From March-October 2022, Northern Nevada Public Health (NNPH) completed an internal health equity organizational capacity assessment utilizing the [BARHII Organizational Self-Assessment Toolkit](#) tool. The health district, with the assistance of an external consultant, gathered information internally and externally to receive a baseline measure of NNPH’s capacity to address health inequities. Information from the assessment was used to create a Health Equity Organizational Capacity Plan as well as to inform the health district’s strategic planning process. For purposes of this report, NNPH’s Health Equity Committee (HEC) adopted definitions related to health disparities, health inequities, and health equity.

Health Disparities	“Health disparities are differences in the burden of diseases and other adverse health conditions that exist among specific population groups in the United States.” -BARHII
Health Inequities	“Health inequities are the differences in health status and death rates across population groups that are systemic, avoidable, unfair, and unjust. This is different from the term health disparities, which emphasizes that differences exist, but does not consider their relationship to patterns of social inequalities.” -BARHII
Health Equity	Health equity is when every person has the opportunity to attain their full health potential, and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances. -Adapted from CDC

NNPH utilized the BARHII tool as an organizational self-assessment leading toward the development of new and enhancement of existing capacity to address health inequities. Per the BARHII tool kit, the BARHII is intended for use by local health departments as a resource to “serve as the baseline measure of capacity, skills and areas for improvement to support health equity-focused activities; inventory the presence of a set of research-based organizational and individual traits that support the ability to perform effective health equity-focused work; provide information to guide strategic planning processes and/or the process of developing and implementing strategies that improve capacities; and serve as an ongoing tool to assess progress towards identified goals developed through the assessment process.”

A core team worked with an external consultant to implement the tools available in the toolkit and to collect and crosswalk the data collected from each of the BARHII instruments to the BARHII framework domains. The overall findings and recommendations follow the roadmap of the BARHII self-assessment framework

including a matrix of workforce competencies and organizational characteristics. The framework summarizes best practices local health districts should embed throughout the organization to effectively address and reduce health disparities and inequities. The major domains include:

- Institutional commitment to address health inequities
- Hiring to address health inequities
- Structure that supports true community partnerships
- Support staff to address health inequities
- Transparent & inclusive communication
- Institutional support for innovation (did not assess)
- Creative use of categorical funds
- Community accessible data and planning
- Streamlined administrative process (did not assess)
- Personal attributes (merged with other sections)
- Knowledge of public health framework
- Understand the social, environmental, and structural determinants of health
- Community knowledge
- Community leadership
- Collaboration skills
- Community organizing
- Problem solving ability (did not assess)
- Cultural competency humility

Some of the major domains were not assessed in this round of assessment. The core team adapted the BARHII self-assessment tools due to the length of the surveys, focus group and interview protocols. It was important to shorten the BARHII tools to increase engagement and survey responses. Also, being mindful of survey fatigue and heavy workloads it was important to shorten each tool to keep it within a realistic timeframe. During the process of adapting the survey tools, some questions were omitted leading to certain domains not being assessed.

The BARHII assessment process resulted in a summary of findings and recommendations. The recommendations served as the starting point for the health equity capacity building planning process. Recommendations were reviewed and prioritized by the health district's Health Equity Committee during a planning retreat in September of 2022. Health equity team members then cross-walked the ranked recommendations with the existing NNPH Strategic Plan and Action Plan to determine where some efforts were already underway and where others may need to be initiated. The result of the assessment and planning process is a draft three-year plan which was again reviewed by the HEC, recommended to move forward to organizational leadership, and presented to the Strategic Planning Committee and District Board of Health to inform the strategic planning process. A full draft of the Health Equity Organizational Capacity Assessment and Plan can be reviewed [here](#).

NATIONAL TRENDS

HEALTH EQUITY

Working toward achieving health equity has become a national priority. Public health frameworks including the [Ten Essential Public Health Services](#) and the [Foundational Public Health Services \(FPHS\)](#) have been revised to include equity as an essential component. Embedding health equity across all divisions and building health equity organizational capacity have been recognized as best practices in reducing health disparities and inequities. NNPH is a nationally accredited public health department through the Public Health Accreditation Board (PHAB). The framework was recently revised and now includes equity as part of the standards by which the health district will be evaluated for re-accreditation.

Beyond accreditation, the health district seeks to engage in meaningful health equity work to reduce health disparities and address health inequities in Washoe County. The COVID-19 pandemic highlighted the undue burden inequitable systems place on underserved and minority populations. It also highlighted the socioeconomic conditions and structural inequities that continue to reinforce disparate health outcomes, impacting certain populations more than others. It is anticipated that the same socioeconomic conditions and structural inequities that exacerbated COVID-19 transmission, infection and morbidity will continue to drive health inequities among these same populations. Although the health district has made progress to reach and connect with all members of its community, the health district also acknowledges there is more work to be done. The Health Equity Organizational Capacity Assessment and Plan is intended to guide the district as we work to advance health equity.

PUBLIC HEALTH WORKFORCE

Since 2008 there has been a 15 percent decrease in governmental public health workforce which has hindered the ability of health departments to address community needs and protect and promote health. The COVID-19 crisis increased awareness of the critical need to expand the public health workforce to address our nation's public health needs. In October of 2021, the deBeaumont Foundation in partnership with the Public Health National Center for Innovation and the Public Health Accreditation Board published a study, ["Staffing Up"](#) which projected staffing needs to adequately staff the public health workforce. This study estimated that a health department serving a community the size of Washoe County would need a 40-50% increase in staffing to adequately meet the foundational public health needs of the community. The health district is working with a team from the Public Health Foundation to assess current staffing and additional workforce needs which will be used to make decisions regarding additional staff positions to be added to the FY24, and future health district budgets, to address the organizational capacity priority and goals identified in Strategic Priority 5.

COMMUNITY INDICATORS

The organization selected the community indicators listed to inform the Strategic Plan priorities and goals as well as to inform the next step of drafting annual outcomes and initiatives, and to track population health outcomes in Washoe County.

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

Community Indicators	Result	Current	Source
% of infants breastfed at 1 year	48.7%	2021	DPBH
% of overweight adolescents	13.70%	2019	YRBS
% of obese adolescents	11.90%	2019	YRBS
% of overweight adults	36.1%	2020	BRFFS
% of obese adults	24.4%	2020	BRFSS
% of adults who are current smokers	15.93%	2020	BRFSS
% of youth who currently smoke cigarettes	4.50%	2019	YRBS
Reported cases of HIV per 100,000	6.6	2020	DPBH HIV/AIDS Reports
Teen ages 15-19 years old birth rates per 100,000	15.4	2020	NNPH-EPHP
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 adults who last visited a doctor for a routine checkup within the past year	69.2%	2020	BRFFS
% middle school students who used electronic vapor products during the 30 days before the survey	18.9%	2019	YRBS
% of high school students used electronic vapor products during the 30 days before the survey	28.3%	2020	YRBS

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	0.073 ppm	2022	NNPH-AQM
NAAQS for PM2.5	78 ug/m3	2022	NNPH-AQM
Washoe County total municipal solid waste	422,266	2021	NDEP
Washoe County recycling rates	29.42%	2021	NDEP

Strategic Priority Three, Local Culture of Health – Lead a transformation in our community’s awareness, understanding and appreciation of health resulting in direct 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
Percentage of population defined as food insecure	11.00%	2019	MFA
% 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	6.80%	2020	BRFFS
Coronary heart disease mortality rate per 100,000	183.1	2020	CDC Wonder
Medical emergency 911 calls received per 100,000 population	19,107	2022	NNPH-EPHP
Opioid-related deaths in Washoe County per 100,000 population	19.3	2020	DHHS
Intentional injury (suicide) mortality rate per 100,000 population	20.1	2020	CDC Wonder

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	485,113	2021	NV Dem
Washoe County annual % population growth	2.4%	2020 - 2021	NV Dem
Staff per 100,000 population	36.54	FY2022	NNPH - AHS
% of population who speak only English	76.6%	2020	ACS

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	NNPH-AHS
Budget per capita	\$53.97	FY2022	NNPH-AHS

PERFORMANCE MANAGEMENT OF STRATEGIC PLAN

The Strategic Plan is implemented through the development of annual Action Plans which include 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 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

Strategic Planning is a process for defining and determining an organization’s 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 **June 2022**

District Health Officer and Division Directors 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.

Meetings:

June 15 - Leadership Orientation at DD Meeting

August 4 – Strategic Plan Kick-off at DD and Supervisor’s Meeting

Plan Inputs **January – Nov. 2022**

Planning will be informed by an updated Community Health Assessment, Community Health Improvement Planning Process, Health Equity Capacity Assessment and Plan, and a Foundational Public Health Services Workforce Capacity Assessment as well as trends specific to each Division. By both design and necessity, most of this work will happen concurrently with plan input completion deadlines scheduled in time to inform key planning decision points.

Mission, Vision, Values and Key Priorities **July – Sept. 2022**

A cross-divisional Strategic Planning team will be convened. The team will review results of an all-staff survey and plan inputs and will engage in a multi-step, facilitated planning process resulting in recommended updates to mission, vision, values and key priorities.

Meetings:

Strategic Planning Committee – July 20, August 15, Sept. 1, Sept. 15, Oct. 4

Leadership Team Review – Sept. 21, Oct. 5

All Staff Review of Mission and Values – Oct. 5

Goal Setting **Sept. – Nov. 2022**

Recommended modifications of District and Division goals will be collected from multiple sources including from the Health Equity Committee following the completion of the Health Equity Organizational Capacity Assessment and Plan, the Strategic Planning Committee following review of plan inputs, the planning core team based on results of community assessment and community planning efforts, and Division Directors and Supervisors based on learnings from FY22 performance management results and division specific trends.

Meetings:

Various meetings across multiple simultaneous project plans.

Planning/Retreat

Nov. 2022

District Board of Health and Health District Leadership will convene in a workshop setting to review recommended mission, vision, values, key priorities, and goals. The board will hear presentations regarding plan inputs as well as hear from cross-divisional staff committees regarding plan recommendations.

Meetings:

Nov. 11 - Planning Retreat

Final Draft and Approval

Dec. 2022

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

Meetings:

Dec. 15 - Plan Approval at regular District Board of Health meeting

Participant Lists

Cross Divisional Strategic Planning Committee

1. Loraine Fernandez, Fiscal Compliance Officer, Administrative Health Services
2. Francisco Vega, Division Director, Air Quality Management
3. Brendan Schnieder, Senior Air Quality Specialist, Air Quality Management
4. Kelli Seals, Public Health Supervisor, Community and Clinical Health Services
5. Keyla Solario, Community Health Worker, Community and Clinical Health Services
6. Heather Kerwin, Epidemiology Program Manager, Epidemiology and Public Health Preparedness
7. Lissa Callahan, Statistician, Epidemiology and Public Health Preparedness
8. Wes Rubio, Environmental Health Specialist Supervisor, Environmental Health
9. Jessi Salim, Office Assistant III

District Board of Health

10. Bob Lucey and Alexis Hill, Washoe County Commissioners
11. Kristopher Dahir, Sparks City Council
12. Oscar Delgado and Devon Reese, Reno City Council
13. Dr. John Novak, Non-Elected Washoe County Appointee
14. Michael D. Brown, Non-Elected Washoe County Appointee
15. Dr. Reka Danko, Non-Elected Washoe County Appointee
16. Dr. John Klacking, Non-Elected Washoe County Appointee

NNPH Division Directors

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

Core Planning Team

1. Kevin Dick, District Health Officer
2. Julia Ratti, Director of Programs and Projects
3. Erica Olsen, Principal with OnStrategy
4. Kim Perkins, Consultant with OnStrategy

Revision Log	
Date of Revision	Reason for Revision
8/24/23	Goals updated based on learnings from performance management efforts.
9/28/23	Updated to reflect name change and new branding as well as to provide greater clarity on community indicators that informed the planning process

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Public Health

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Please contact Julia Ratti for
questions or comments at
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