FY24-26 Strategic Plan Refresh

Board Meeting
November 10, 2022

WASHOE COUNTY HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

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Agenda

- Opening
- Mission & Values
- Strategic Priorities
- Community Needs & Priorities
- Division Direction
- Organizational Capacity
- Fiscal Status & Budget Implications
- Closing

OPENING

Meeting Outcomes

- Grounding in community needs and organizational capacity
- Input and buy in to the draft WCHD Mission, Values, Strategic Priorities, District Goals & Division Goals
- Fiscal status update

Ground Rules

- Refining not creating
- Contributions from all are encouraged, while listening for Board direction is paramount
- Share the mic
- "Strategic" = creating the future
  "Operational" = improving the current
- Fly at the right level – Mission, Values, Priorities, Goals

Process Overview

Mid-July
Staff survey
*
Mid-August – Mid September
Draft Mission, Vision, Values
*
October
SPC Recommendations Presented to Staff & DDs
CHA, CHIP, Health Equity and Division recommendations incorporated into Draft Plan

Strategic Planning Committee

AQM
Francisco Vega
Brendan Schnieder

CCHS
Kellie Seals
Keyla Solorio

EPHP
Heather Kerwin
Lissa Callahan

AHS
Loraine Fernandez

EHS
Wes Rubio
Jessi Salim

DHO
Yera Deavila

Design Principles

- **Engage all staff**, where it is practical and can be inclusive
- Create/revise **committee-led Mission, Vision, & Values**
- Build on last year's work on **goals, outcomes, initiatives**
- Deploy a **process that is repeatable** and easy to follow
- Build the plan to **ensure easy reporting** in ClearPoint
- **Division Goals, Outcomes and Initiatives ARE the plan for the division** (meaning the work is fully represented)

Strategic Planning Committee Recommendations

Francisco Vega, AQM Division Director
Yera Deavila, Media and Communications Specialist
Wes Rubio, Environmental Health Specialist Supervisor

MISSION & VALUES

Mission	Values	Vision
Our Purpose. Our Why. *What is our reason for being…*	**Our Behaviors.** *How we behave…*	**Our Desired Impact.** *What does success look like…*
To protect and enhance the well-being and quality of life for all in Washoe County.	Trustworthiness Professionalism Partner-Collaborate	A healthy community

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Mission

Our Purpose. Our Why. *Our Impact*

Current	Proposed/New
To protect and enhance the well-being and quality of life for all in Washoe County.	To improve and protect our community's quality of life and increase equitable opportunities for better health.

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Values

Our Behaviors

Current	Proposed/New
Trustworthiness	*At WCHD, we are…*
Professionalism	**Collaborative**
Partner-Collaborate	**Adaptable**
	Trustworthy
	Inclusive
	Compassionate

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WCHD Values

Propose
d

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 & 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

Current

Strategic Priorities

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

SPC Recommendations

Current	Proposed (Revised)
4. Impactful Partnerships: Extend our impact by leveraging partnerships to make meaningful progress on health issues.	**4. Impactful Partnerships:** Extend our impact by leveraging collaborative partnerships to make meaningful progress on health issues.
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~~.	**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.

*Recommended that Health Equity be integrated throughout the plan and not a stand-alone, separate priority.

COMMUNITY NEEDS & PRIORITIES

Plan Inputs

- Community Health Assessment
- Listening Tour
- Community Health Improvement Plan Focus Areas

CHA PRESENTATION

2022-2025 Washoe County Health District Community Health Assessment Overview

Heather Kerwin, MPH, CPH
Epidemiology Program Manager

Community Health Assessment (CHA)

- State, tribal, local, & territorial health departments conduct CHAs in accordance with the Public Health Accreditation Board (PHAB) standards for accreditation
- Rank health needs according to objective factors to apply a score
- WCHD & Renown Health collaborated on CHAs in 2014 & 2017
- **The 2022-2025 Washoe County CHA is a comprehensive overview of health-related data & data from engagement with community members, to inform the development of the Washoe County Health District's 2022-2025 Community Health Improvement Plan**

Contents Overview

- Demographics & Geography
- Social Determinants of Health
  - Environment & Built Environment
  - Socioeconomic Status
  - Adverse Childhood Experiences (ACEs)

Contents Overview

- Prevention
  - Health & Wellness
  - Physical Activity
  - Nutrition
  - Weight Status
  - Sleep
  - Substance Use
  - Access to Health Services
  - Screenings & Immunizations
  - Maternal & Child health

Contents Overview

- Health Outcomes
  - Infectious Disease
  - Mental Health
  - Violence
  - Chronic Disease
  - Mortality
- Assets & Gaps Analyses
  - Focus Group Summary
  - Community Survey Results
  - Key Informant Summary
  - Agency Survey Results

Contents Overview

- Appendix
  - Data tables for 3, 5, or 10-year trends
  - Comparison of Washoe County to Nevada & United States
  - Most recent year of data provides disparities for Washoe County when data stratifications were available
    - Sex, age, race/ethnicity, income, educational attainment

Data Contents

- Secondary data are those data which are gathered regularly (annually, biannually) through standardized collection processes & weighted to the population
- N = 124 secondary data indicators
  - 103 were used in scoring matrix
  - 21 not able to be used in scoring matrix
- Primary data sources (gathered directly from the community, not weighted, not generalizable)
  - Community Survey respondents N = 641
  - Focus Groups
    - Focus Group N = 9
    - Participants N = 46
  - Key Informants N = 4

Map Contents

- Maps for the following areas
  1. Population density + low-income census tracts
  2. Low income + majority minority census tracts
  3. Food swamp locations to healthy food options (ratio)
  4. Distance to a grocery store
  5. Distance to parks/recreation/open space
  6. Walkability Index Score
  7. Community Needs Index Scores

Most maps are located in built environment section

Hanlon Method Used to Score & Rank

- Secondary data grouped according to table of contents organizational categories, with a few caveats.
- Once all secondary data indicators were scored, the average secondary data score was added to the primary data scores for the topic to get final score
- Built environment not able to be ranked due to data limitations & inability to apply the scoring matrix
- **Ranked needs are not prioritized needs**

Criteria for Scoring

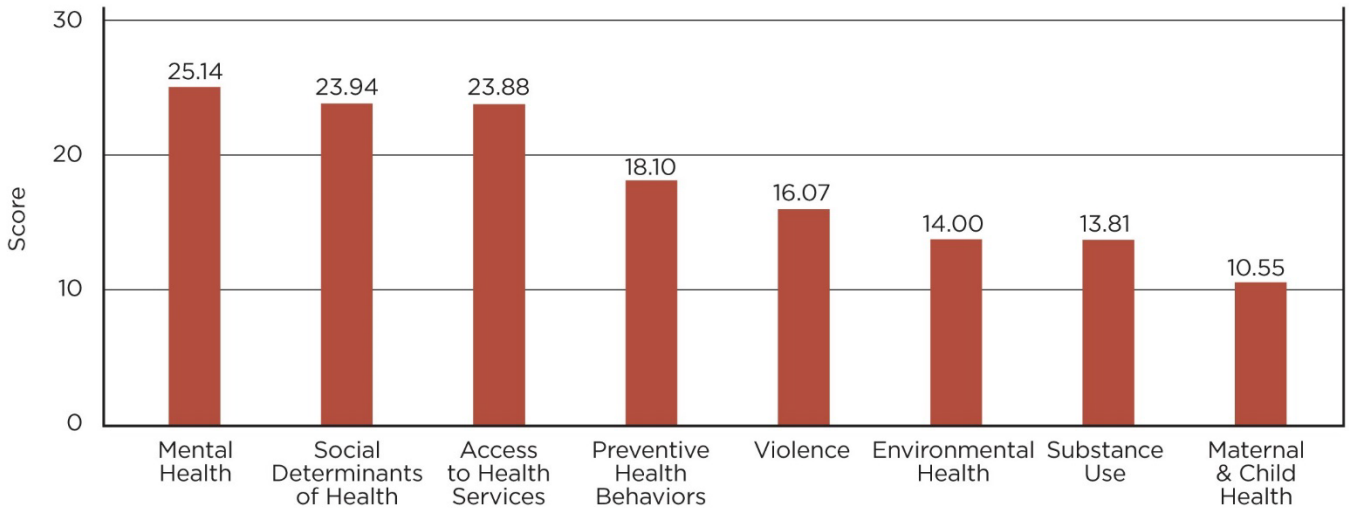
Criteria	Score	Definition
Magnitude [weight 1.0]	1	<.9% of population impacted
	2	.91-3.0% of population impacted
	3	3.1-5.0% of population impacted
	4	5.1-7.0% of population impacted
	5	7.1% -10% of population impacted
	6	10.1% - 20% of population impacted
	7	20.1%- 30% of population impacted
	8	30.1%-40% of population impacted
	9	40.1% - 50% of population impacted
	10	50.1% + of population impacted
Trend [weight 1.0]	0	Improvement over the past 5-10 years
	1	Improvement only over the past 2-3 years
	2	No clear trend up or down OR no trend information available
	3	Worsening only within past 2-3 years
	4	Worsening over past 5-10 years
Benchmark to Nevada [weight .5]	0	Better than Nevada by more than 2%
	1	Same as than Nevada; within 1-2% OR no benchmark
	3	Worse than Nevada by 3-5%
	5	Worse than Nevada by 6% or higher
Benchmark to United States [weight .5]	0	Better than United States level by more than 2%
	1	Same as United States; within 1-2% OR no benchmark
	3	Worse than United States by 3-5%
	5	Worse than United States by 6% or higher
Community Survey Ranking [weight 2.0]	1	Ranked 7-9 The calculated Community Survey results from the health topic prioritization questions
	3	Ranked 4-6 The calculated Community Survey results from the health topic prioritization questions
	5	Ranked 1-3 The calculated Community Survey results from the health topic prioritization questions
Focus Group [weight .75]	1	Ranked 7-9 number of mentions during Focus Groups from the top 2-3 issues to be addressed question
	3	Ranked 4-6 number of mentions during Focus Groups from the top 2-3 issues to be addressed question
	5	Ranked 1-3 number of mentions during Focus Groups from the top 2-3 issues to be addressed question
Key Informant [weight .25]	1	Ranked 7-9 number of mentions by Key Informant from the top 2-3 issues to be addressed question
	3	Ranked 4-6 number of mentions by Key Informant from the top 2-3 issues to be addressed question
	5	Ranked 1-3 number of mentions by Key Informant from the top 2-3 issues to be addressed question

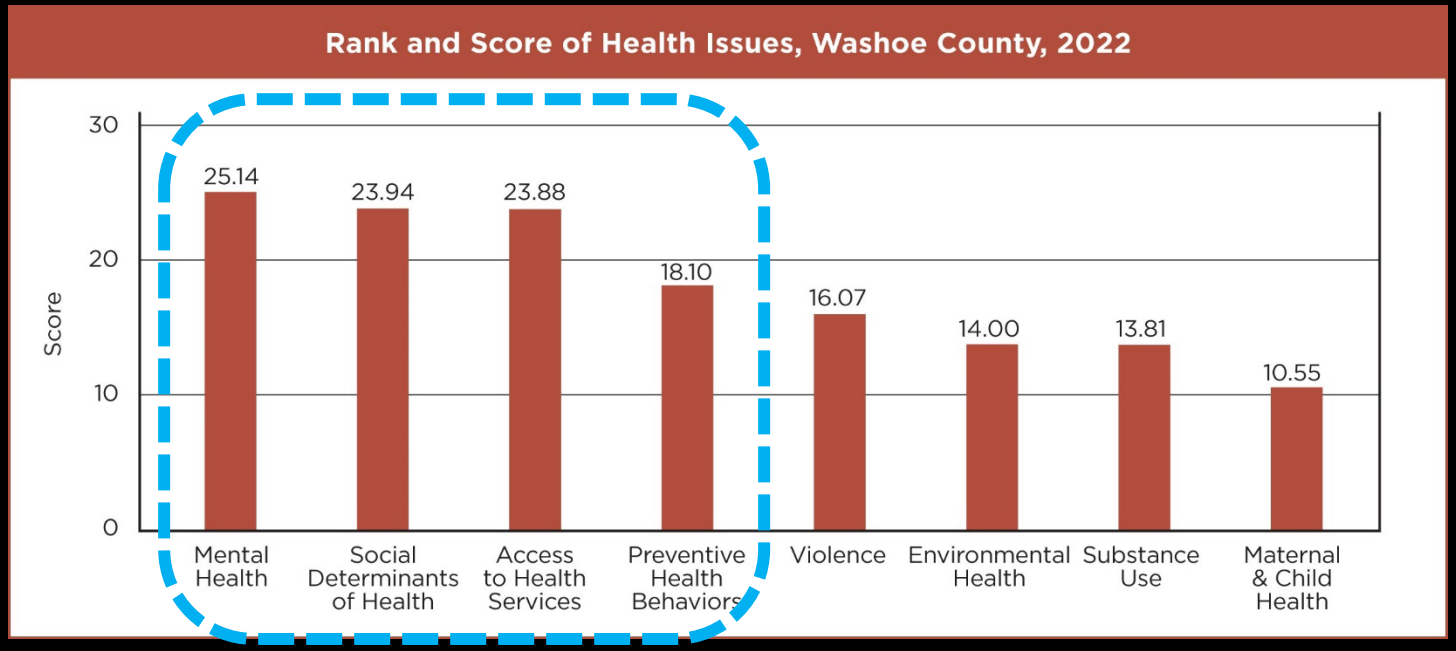
Ranked Health Topics by Data Source

Health Topic	Secondary Data Rank	Community Survey Rank	Focus Group Rank	Key Informant	FINAL RANK
Mental Health	2	1	3	1	1
Social Determinants of Health	5	3	1	2	2
Access to Health Services	4	2	2	4	3
Preventive Health Behaviors	1	5	8	6	4
Violence	7	4	7	3	5
Environmental Health	3	7	5	~	6
Substance Use	6	8	4	5	7
Maternal & Child Health	8	9	9	~	8
Built Environment & Infrastructure	NR	6	6	~	NR

Note: ~ indicates not mentioned; NR = Not Ranked

Rank and Score of Health Issues, Washoe County, 2022




Rank and Score of Health Issues, Washoe County, 2022
Score
30
20
10
0
25.14
23.94
23.88
18.10
16.07
14.00
13.81
10.55
Mental Health
Social Determinants of Health
Access to Health Services
Preventive Health Behaviors
Violence
Environmental Health
Substance Use
Maternal & Child Health

Data Brief

- For each ranked health topic
  - Summary of indicators from worst to best based on cumulative score for measured criteria
- Top 4 areas were selected by CHIP committee as priorities further dive into
  - Select secondary data indicators
  - Disparities for those select indicators
  - Community survey results for corresponding areas
- Summary of major themes from focus groups

Maternal & Child Health

1. Breastfeeding through 1 year of age
2. Reducing preterm births, low-birth weight births
3. Receiving prenatal care in first trimester of pregnancy
4. Pregnancy prevention among teens
5. Incidence rate of sexually transmitted diseases (syphilis, gonorrhea, chlamydia, HIV)
6. Teen births

Substance Use

1. Electronic vapor use among middle school students
2. Alcohol consumption & **exposure to alcohol (someone who was a problem drinker, alcoholic, or abused street drugs)** among middle school students
3. Smoking among adults
4. Marijuana use among high school students & adults
5. Alcohol consumption among high school students & adults
6. Electronic vapor use among adults
7. Tobacco use among middle & high school students

Environmental Health

1. Air quality index
2. Incidence rate of salmonellosis

Violence

1. Percentage of middle & high school students - Sometimes, mostly, or always **have been sworn at, insulted by, or put down by an adult**
2. Sexual dating violence among high school students
3. Electronic bullying among middle & high school students
4. Percentage of middle & high school students who have **ever seen or heard adults in their home slap, hit, kick, punch, or beat each other up**
5. Percentage of middle school & high school students who have **ever been hit, beaten, kicked, or physically hurt in any way by an adult**
6. Physical dating violence among high school students
7. Percentage of middle & high school students **who were ever physically forced to have sexual intercourse when they did not want to**
8. Violent crime rate per 100,000 population
9. Firearm fatalities per 100,000 population

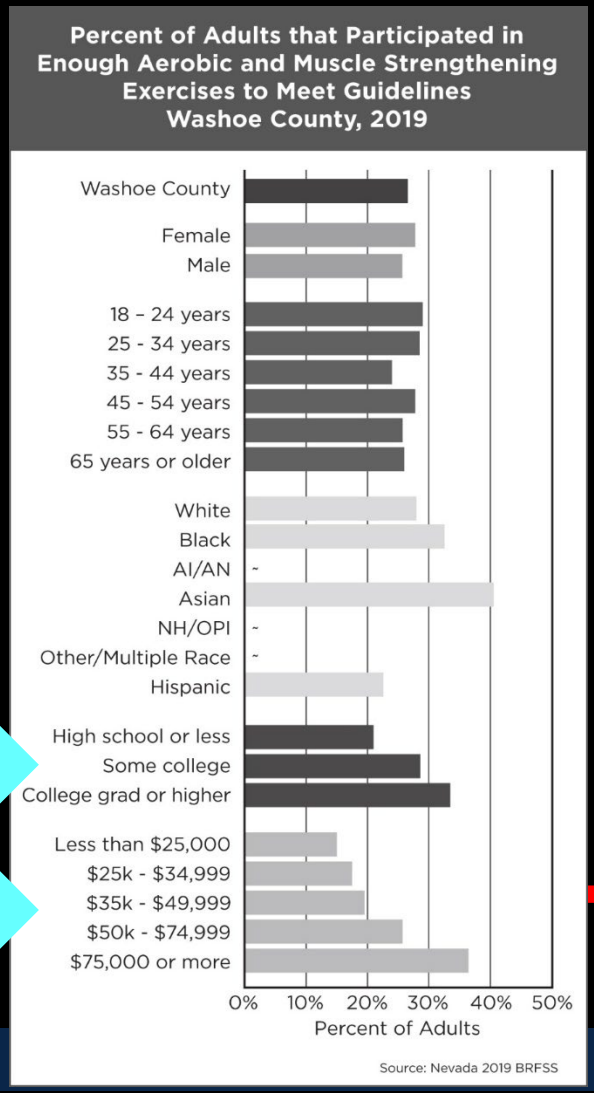
Following Areas were selected as Focus Areas or Priority Areas for the CHIP

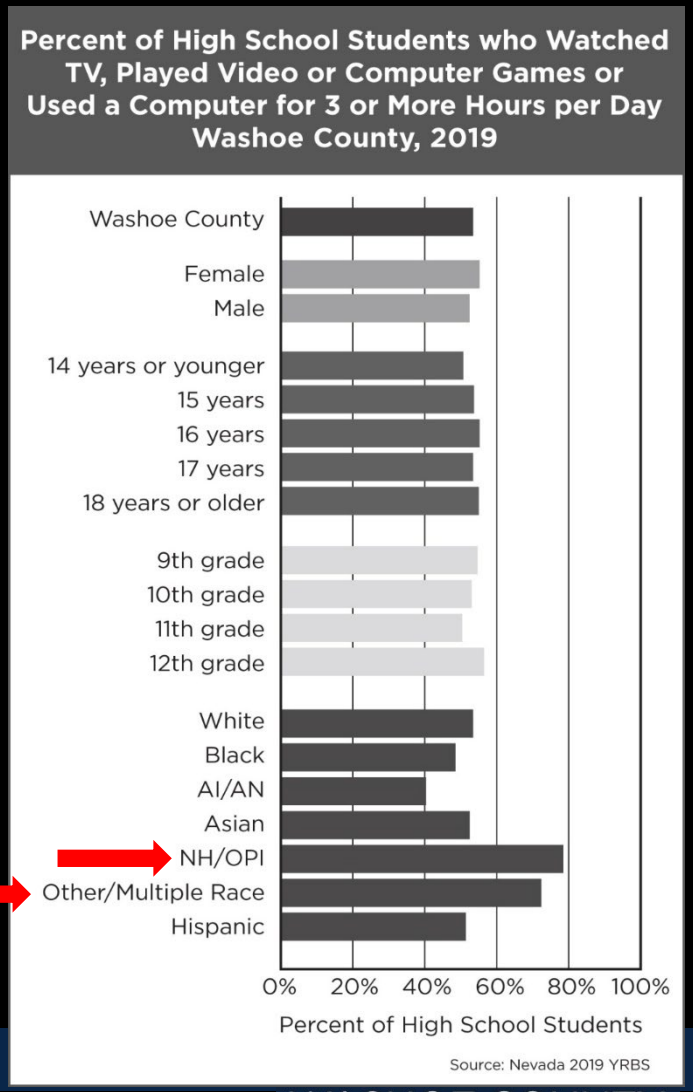
Preventive Health Issues

1. Sleep quantity middle school students
2. PSA test within past 2 years - males (40+)
3. Screen time among middle & high school students (watched TV, played video or computer games, or used a computer for 3 or more hours per day)
4. Vegetable consumption among high school students
5. Sleep quality among adults & quantity among high school students
6. High cholesterol among adults
7. Physical activity among adults
8. Vegetable consumption among adults
9. Percent of adults classified as overweight
10. Colorectal screenings among adults 50-75 years
11. Breakfast consumption among high school students
12. High blood pressure among adults

Preventive Health Issues

13. Dental visits among adults
14. Immunizations among children & seniors
15. Pap smear – female young adults
16. Physical activity among middle school students
17. Percent of high school students classified as obese
18. Dental visits among middle & high school students
19. Physical activity among high school students
20. Adults who are obese & high school students who are overweight
21. Mammograms – females 50 years & older
22. Routine check-up among adults
23. Soda consumption among high school students
24. Fair/poor health perceived status among adults
25. Diabetes prevalence among adults





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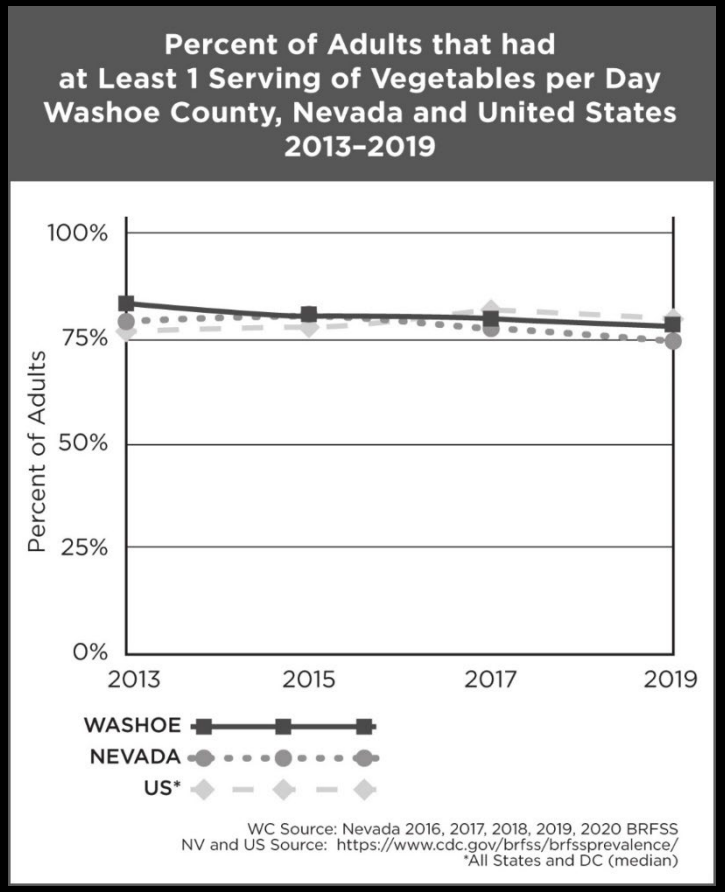
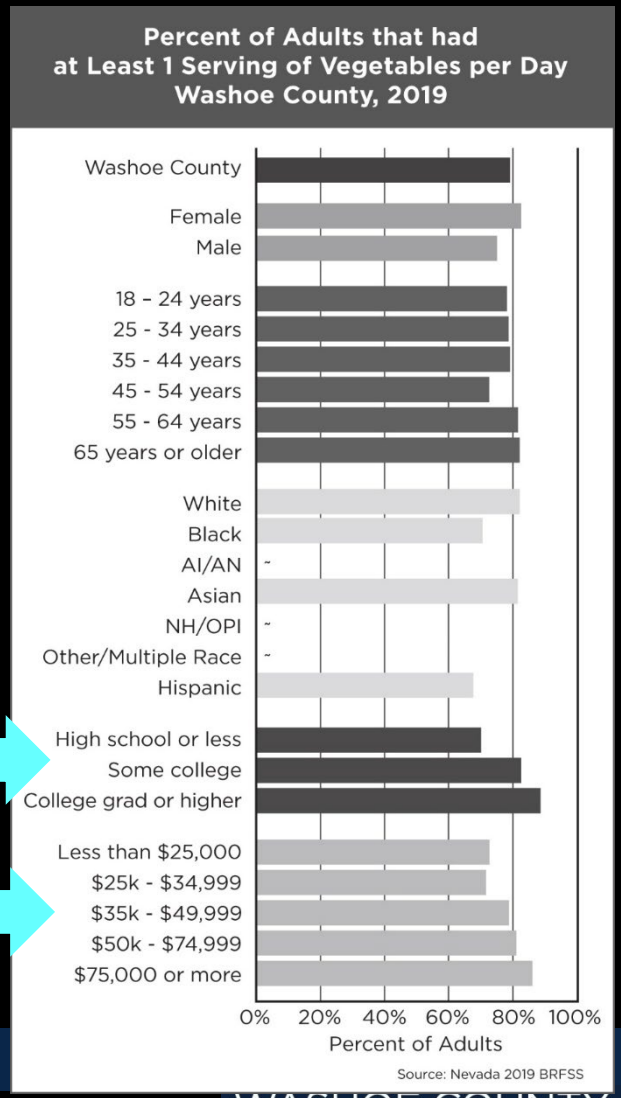
Preventive Health Community Survey Results

- Fewer than 1 in 2 respondents indicated they had exercised 0-2 days in the past week
- Top barriers to being more physically active
  - Nearly 1 in 3 too busy/does not fit into schedule
  - 1.5 in 10 too tired
  - 1 in 10 bad weather

Preventive Health Community Survey Results

- What would help to increase physical activity levels?
- 1 in 4 persons responded with
  - more or improved bike/running trails
  - less expensive gym memberships
  - more or improved recreation facilities (indoor/outdoor)
  - having support of friends to keep me motivated
  - more or improved park facilities





Preventive Health

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Preventive Health Community Survey Results

- Just over 1 in 2 indicated they ate fresh meals (not pre-made) between 5 to 7 days in past week.
- Largest barriers to eating healthy food more often
  - 1 in 3 indicated nothing, they already eat enough healthy foods
  - 1 in 4 stated too expensive
  - 1.5 in 10 stated takes too much time to prepare
  - Nearly 1 in 10 stated spoils too quickly

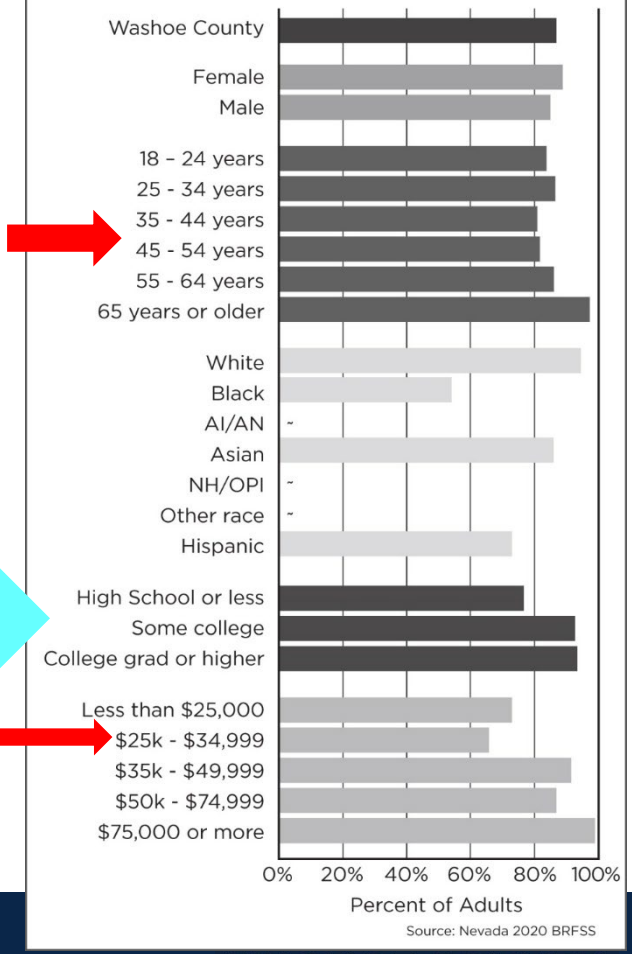
Access to Health Services

1. Medicaid enrollment
2. Children (< 19 years) who are uninsured
3. Adults (18-64) who are insured
4. Unable to see providers due to cost

Percent of Children Less than 19 years who are Uninsured, Washoe County, Nevada and United States, 2016-2020 Aggregate

Source: U.S. Census, American Community Survey. Table S2702 - 5 year estimates-Selected Characteristics of the Uninsured in the United States

Percent of Adults Aged 18 Years and Older Who Have Health Insurance Washoe County, 2020



Source: Nevada 2020 BRFSS

Access to Healthcare Community Survey Results

- Type of healthcare providers have you needed to see in the past 12 months, but couldn't
  - Nearly half able to see all healthcare providers necessary
  - 1 in 5 couldn't see primary care, general practitioner or family MD
  - 1 in 5 couldn't see dentist or orthodontist
  - Nearly 1 in 5 couldn't see specialist (allergist, cardio, derm, neuro, ID, oncology/cancer, ENT, PT, urology)
  - 1.5 in 10 couldn't see an eye, optometrist

Access to Healthcare Community Survey Results

- Main barriers faced when accessing healthcare in Washoe County
  - Only 1 in 4 indicated no barriers
  - 4 in 10 could NOT get an appointment soon enough/too long of a wait list to be seen
  - 1 in 3 challenge finding providers who are accepting new patients
  - 1 in 4 challenge finding providers who accept my insurance
  - 1 in 5 stated insurance does not cover what I need

Social Determinants of Health

1. Proficiency in English language literacy & mathematics for elementary & middle school students
2. Median household income/labor force participation rate
3. Educational attainment
4. Asset poverty (Percentage of households without sufficient net worth to subsist at the poverty level for three months in the absence of income)
5. Unaffordable rent; defined as greater than or equal to 30% of household income
6. Food insecurity
7. Seniors in poverty
8. Unaffordable mortgage; defined as greater than or equal to 30% of household income
9. Unemployment rate
10. High school cohort graduation rates-overall
11. Poverty rates among non-seniors
12. Rate of homeless people

Social Determinants of Health

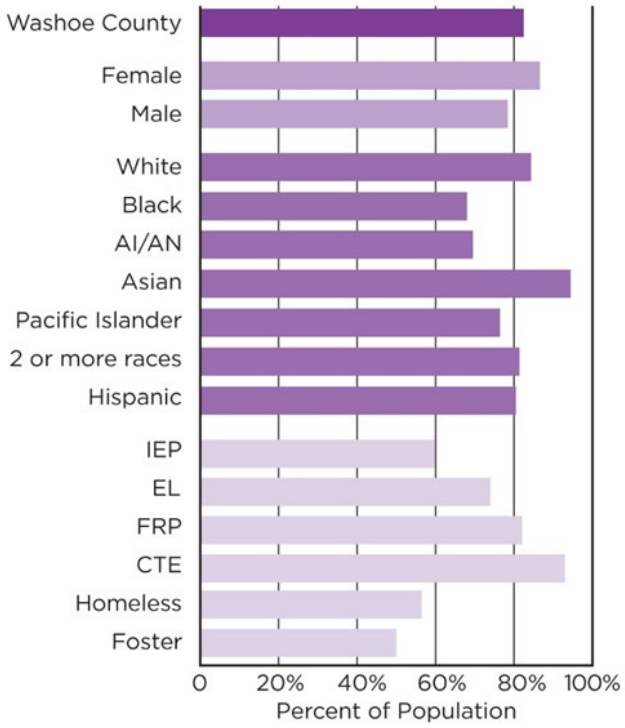
Percent of students in grade 3 to grade 8 proficient in criterion referenced test - English language arts, Washoe County, 2020-2021 school year		
Total	Washoe County	43.5%
Sex	Female	47.5%
	Male	39.8%
Race/Ethnicity	White	56.6%
	Black	24.5%
	AI/AN	26.2%
	Asian	64.4%
	Pacific Islander	26.1%
	2 or more races	49.8%
	Hispanic	30.0%
Ever	Individualized Education Plan	12.7%
	English Learner	7.9%
	Free-reduced Price	27.7%
	Homeless	20.3%
	Foster	19.6%
Source: Nevada Report Card		

Social Determinants of Health

Percent of students in grade 3 to grade 8 proficient in criterion referenced test - math, Washoe County, 2020-2021 School Year		
Total	Washoe County	30.9%
Sex	Female	28.6%
	Male	33.1%
Race/Ethnicity	White	43.3%
	Black	14.0%
	AI/AN	15.2%
	Asian	50.7%
	Pacific Islander	14.9%
	2 or more races	37.0%
	Hispanic	18.0%
Ever	Individualized Education Plan	9.3%
	English Learner	7.3%
	Free-reduced Price	17.2%
	Homeless	10.4%
	Foster	14.1%

Source: Nevada Report Card

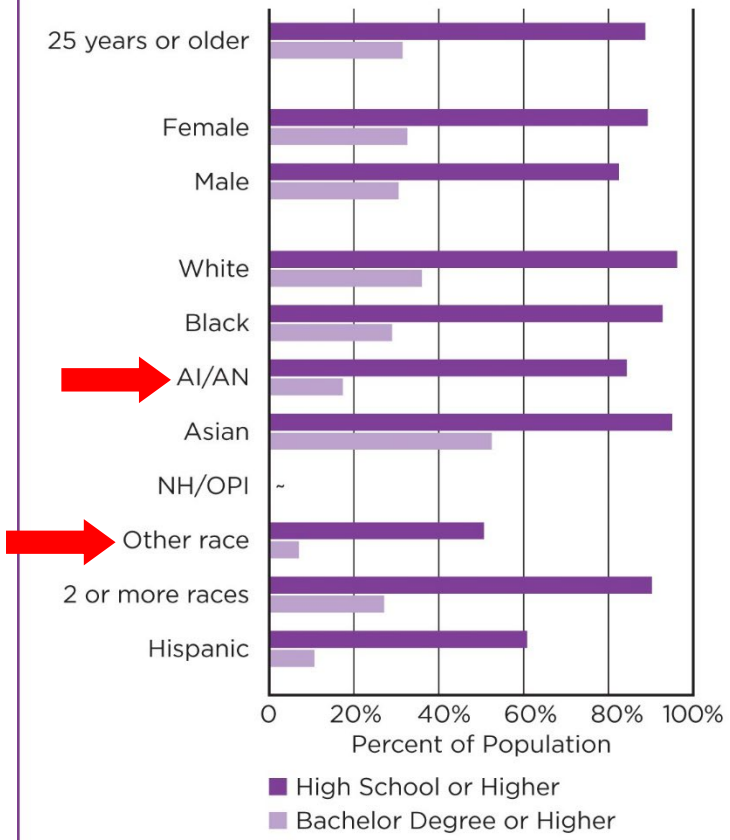
High School Graduation Rate
Washoe County, 2020-2021 School Year



Note: IEP = Individualized Education Plan; EL = English Learner; FRP = Free-reduced Price; CTE = Career Technical Education

Source: Nevada Report Card

Percent of Population Among Adults 25 Years or Older By Educational Attainment Level
Washoe County, 2019



Source: US Census, American Community Survey. Table S1501 1-year estimates - Educational Attainment

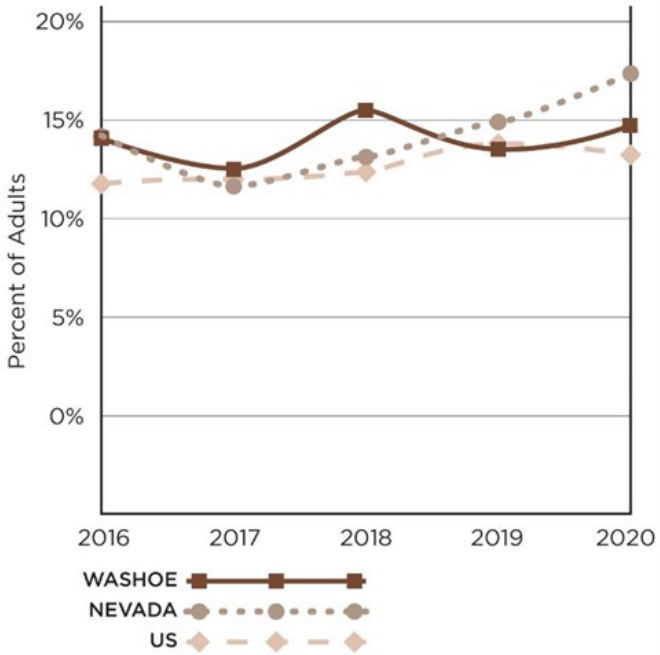
Social Determinants of Health Community Survey Results

- Has your household had a hard time paying for any of the following in the past 12 months?
  - Nearly half have not had a hard time paying for any listed in past 12 months
  - 1 in 5 had a hard time paying for housing (mortgage or rent)
  - Nearly 1 in 5 had a hard time making credit card payments
  - Nearly1 in 5 had a hard time paying for vehicle maintenance/ transportation
  - 1.5 in 10 had a hard time paying for medical debt

Mental Health

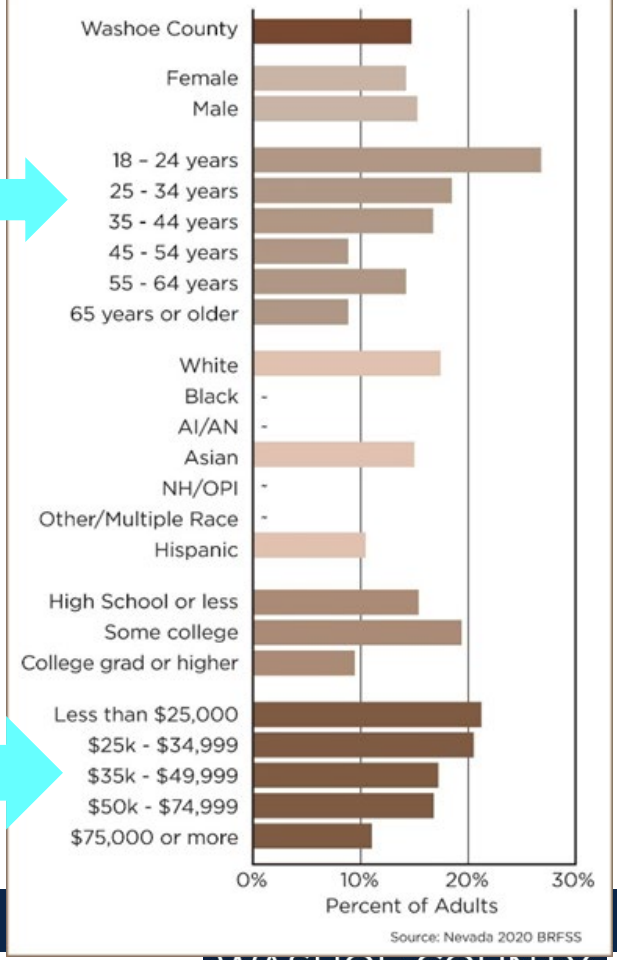
1. Depression among high school students
2. Percentage of middle & high school students **who ever lived with someone who was depressed, mentally ill, or suicidal**
3. Depression among adults
4. Suicide attempts among middle & high school students

Percent of Adults Reporting Mental Health "Not Good" for 14+ Days in the Past 30 Days Washoe County, Nevada and United States 2016–2020

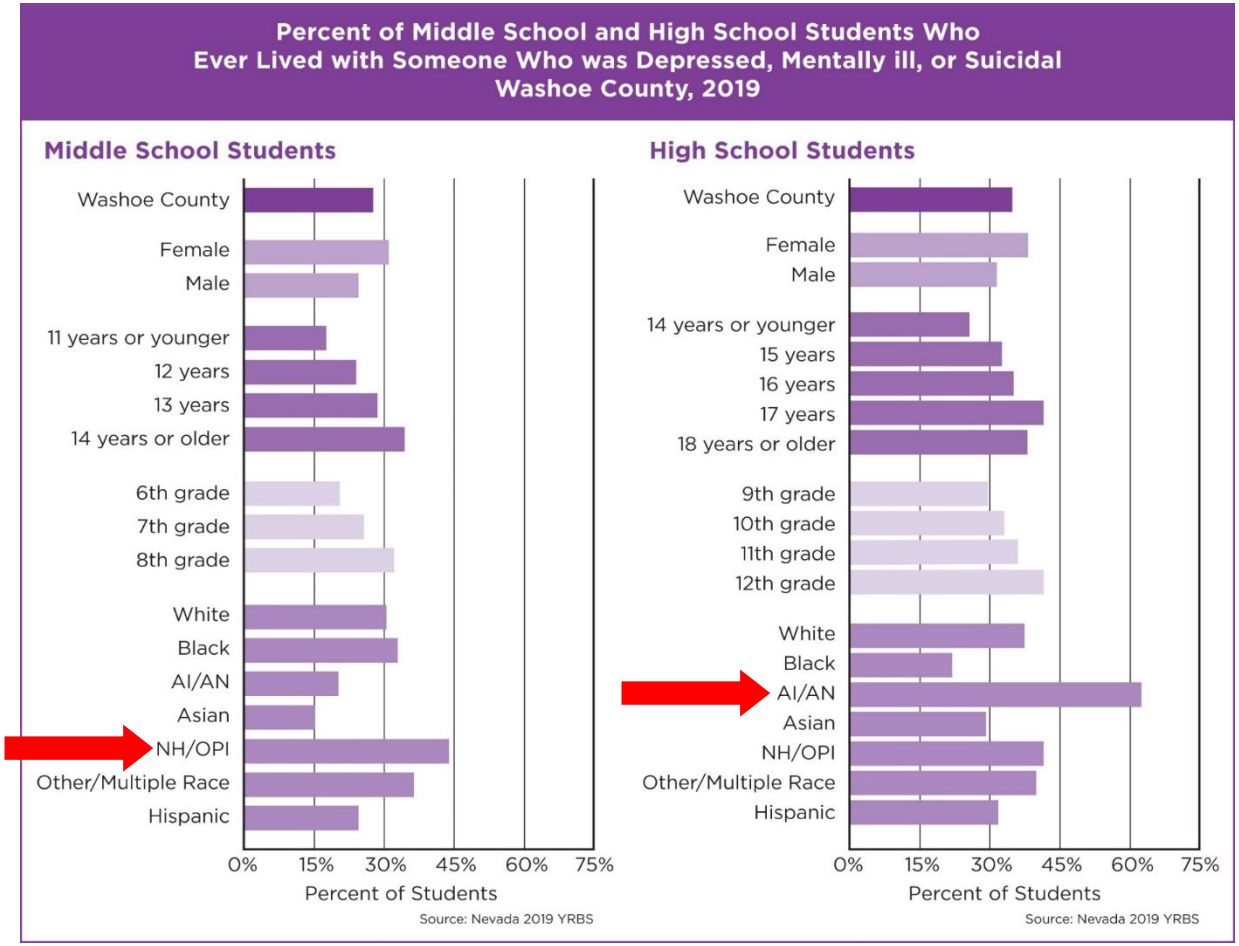


WC Source: Nevada 2016, 2017, 2018, 2019, 2020 BRFSS
NV and US Source: America's Health Rankings Annual Report https://www.americashealthrankings.org/explore/annual/measure/mental_distress/state/ALL

Percent of Adults Reporting Mental Health "Not Good" for 14+ Days in the Past 30 Days Washoe County, 2020



Source: Nevada 2020 BRFSS


Percent of Middle School and High School Students Who
Ever Lived with Someone Who was Depressed, Mentally ill, or Suicidal
Washoe County, 2019
Middle School Students
Washoe County
Female
Male
11 years or younger
12 years
13 years
14 years or older
6th grade
7th grade
8th grade
White
Black
AI/AN
Asian
NH/OPI
Other/Multiple Race
Hispanic
0%
15%
30%
45%
60%
75%
Percent of Students
Source: Nevada 2019 YRBS
High School Students
Washoe County
Female
Male
14 years or younger
15 years
16 years
17 years
18 years or older
9th grade
10th grade
11th grade
12th grade
White
Black
AI/AN
Asian
NH/OPI
Other/Multiple Race
Hispanic
0%
15%
30%
45%
60%
75%
Percent of Students
Source: Nevada 2019 YRBS

Focus Group Summary

- The questions asked of participants were designed to generate discussion about what it meant to live a healthy lifestyle, perceptions of qualities of a healthy community, & the top health needs of the community.

Theme #1 – Barriers to Healthy Lifestyle

1. Lack of access to health services
   - Among insured cannot obtain timely, adequate or affordable healthcare
   - Among those on Medicaid
     - Lack of providers who accept Medicaid in private practice, only listed due to affiliation with acute care hospitals
     - Lack of services covered
     - Categorical income-based eligibility
   - High frequency of mentions for mental health
     - Shortage of mental health providers, services, & lack of knowledge of resources
     - Cultural barrier identified among several participants that you just don't discuss those issues with strangers or persons outside your inner circle

Theme #1 – Barriers to Healthy Lifestyle

2. Unaffordable cost of living
   - Trade off between leisure time/stress reduction methods to work longer hours or take on second or third job
   - Higher rates of stress due to financial hardship
3. Lack of road safety including limited bike access & poor walkability, & an insufficient public transportation system
   - Intersect of built environment, mental health, & physical activity

Theme #2 – Individual Behaviors that Lead to Quality Life

1. Social support systems are key
   - Destress by having an outlet or an activity
   - Like-minded people to connect with
   - Downside is the interference of increasing cost of living, because less leisure time

Theme #2 – Individual Behaviors that Lead to Quality Life

2. Outdoor recreation is preferred for physical & mental health
   - May be related to pandemic shift in outdoor/open-air recreation
   - Both formal & informal (public lands) settings were identified as valuable
3. Self-care & self-fulfillment are important in order to take care of others
   - Noted especially among those taking care of aging family members
   - Intersect with mental health & leisure time

Theme #3 – Examples & Qualities of a Healthy Community

1. Outdoor amenities
   - Desire for more & improved parks/rec
   - More bike/walking paths
2. Close proximity to outdoor recreation
   - Weather mostly agreeable & proximity to public lands

Theme #3 – Examples & Qualities of a Healthy Community

3. Community resources & community events
   - Free resources such as libraries, food bank, after-school programs, senior centers
   - Community events & festivals/gatherings provide a mechanism to engage with neighbors & wider community, helps to develop sense of community & pride of community

Theme #3 – Examples & Qualities of a Healthy Community

4. Community contribution
   - Actively participate in making the community a better place to live
   - Community clean up events intersected with environmental health & removal of trash/refuse
   - Helping those who are in need food bank events, senior services events, handing out goods & food to unhoused persons, & gift wrapping or bag stuffing

Theme #3 – Examples & Qualities of a Healthy Community

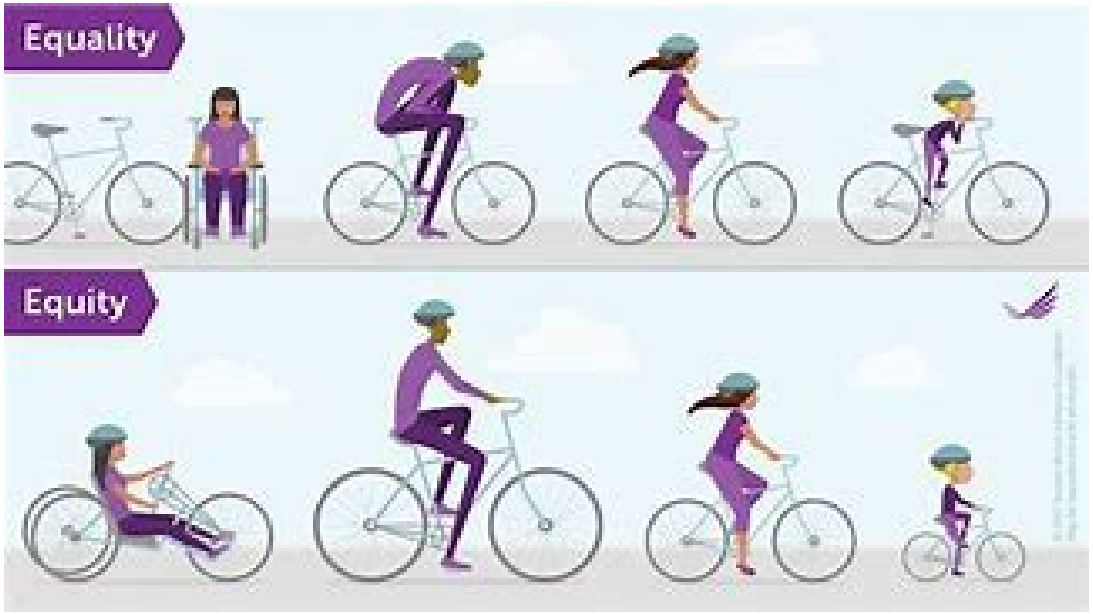
5. Need to feel safe
   - While in home, walking on streets, being in downtown region, places where children play
   - Perception that unhoused persons & personal safety are interconnected, & the presence of homeless persons make a community feel unsafe

Next Steps

- Written report to be published prior to end of year
- Working with Truckee Meadows Tomorrow to create a dashboard for ongoing monitoring of secondary data

"Everything that can be counted does not necessarily count; everything that counts cannot necessarily be counted."

-Albert Einstein


Equality
Equity

Listening Tour

Camarina Augusto
Health Equity Coordinator

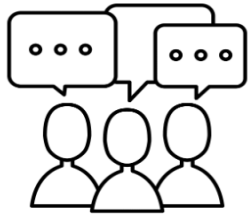
Listening Tour Purpose

- Health Equity effort
- Building relationships and community engagement.
- Learn more about work happening in the community
- Collect input from a broad and diverse group of community leaders and stakeholders to inform WCHD's Strategic Plan and Community Health Improvement Plan

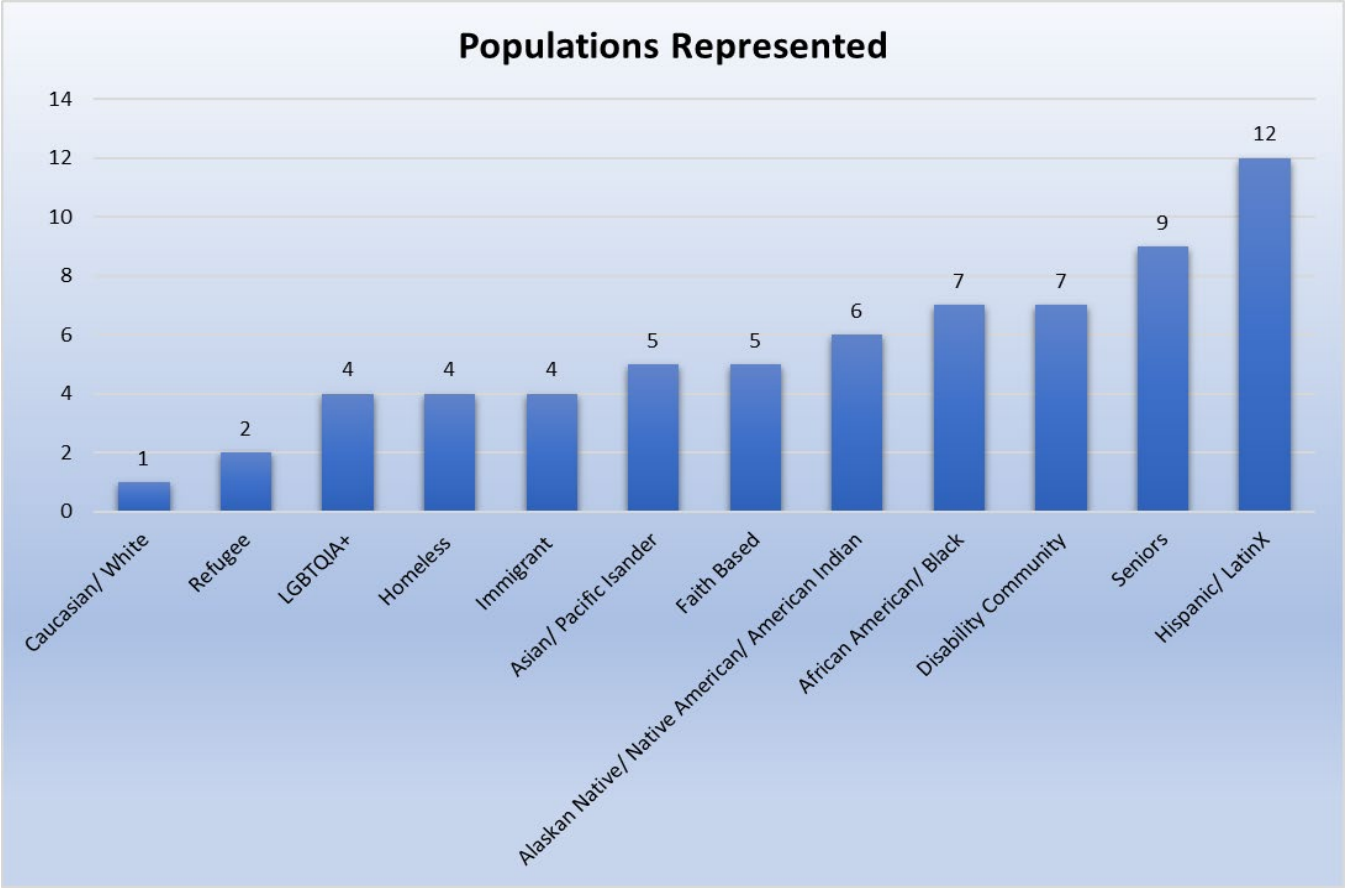
Listening Tour Process

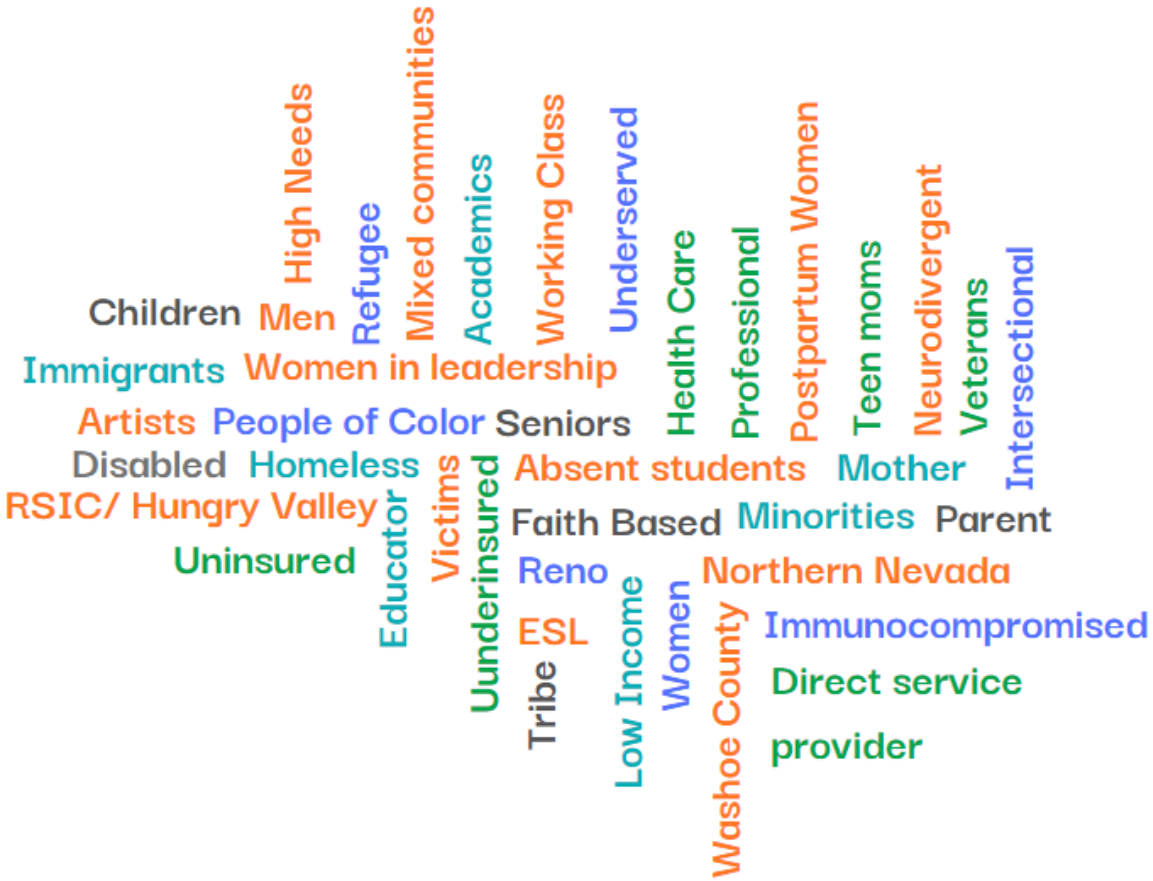
- Small group meetings, existing gatherings, and stakeholder interviews
- Facilitator and notetaker for each meeting
- Utilized standard template
- Asked same set of questions
- Responses were collected and categorized by health topic
- Identify top themes and takeaways
- Carry Listening Tour voices forward

Listening Tour Meetings



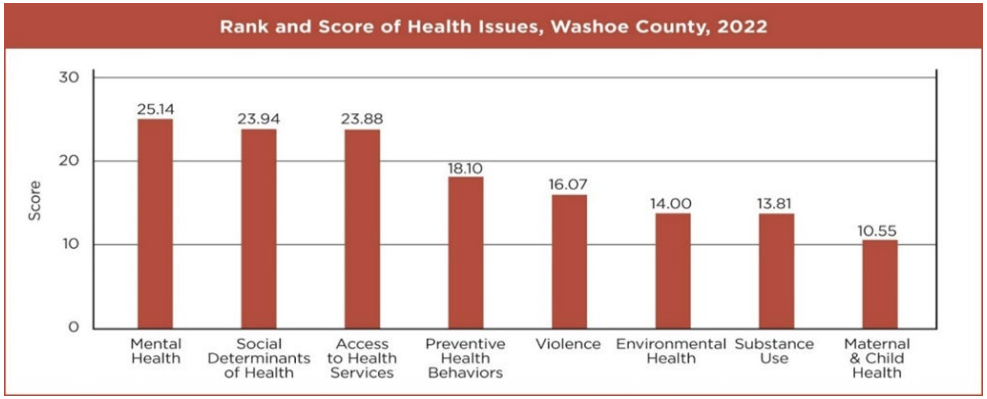
- Total of 29 meetings with 59 individuals
- List of Community Leaders & Organizations:
  - ACCEPT
  - Ace Patrick, Community Advocate
  - Age Friendly Coalition
  - Asian Community Development Council
  - Black Wall Street
  - Enterate
  - Faith in Action
  - Family Hope Project
  - High Sierra Industries
  - Hispanic and Latinx Community Relations Director, UNR
  - Justin Hope Foundation
  - Latino Center for Advancement
  - Latino Research Center
  - Latino Stakeholder Group
  - NAACP
  - Nevada Public Health Training Center
  - Nevada Urban Indians
  - NiCE
  - NOMHE
  - PLAN
  - Reno/Sparks Negro Business and Professional Women's Club, Inc.
  - RSIC Council Members, Tribal Health Center, and Clinic
  - Stanford Center for Aging
  - Shades of Queening
  - Silver State Advocacy Group
  - Summit Lake Paiute Tribe
  - Tu Red Enlace
  - Washoe County Senior Coalition
  - WCSD Parent University

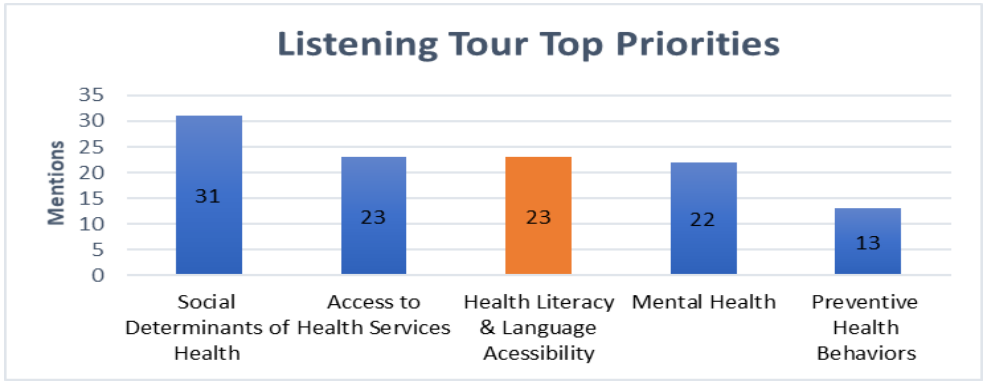

Populations Represented
14
12
10
8
6
4
2
0
1
2
4
4
4
5
5
6
7
7
9
12
Caucasian/ White
Refugee
LGBTQIA+
Homeless
Immigrant
Asian/ Pacific Isander
Faith Based
Alaskan Native/ Native American/ American Indian
African American/ Black
Disability Community
Seniors
Hispanic/ LatinX


High Needs
Refugee
Mixed communities
Academics
Working Class
Underserved
Health Care
Professional
Postpartum Women
Teen moms
Neurodivergent
Veterans
Intersectional
Children
Men
Immigrants
Women in leadership
Artists
People of Color
Seniors
Disabled
Homeless
Absent students
Mother
RSIC/ Hungry Valley
Victims
Educator
Underinsured
Faith Based
Minorities
Parent
Uninsured
Reno
Northern Nevada
ESL
Immunocompromised
Tribe
Low Income
Women
Washoe County
Direct service
provider

What are your community's top health priorities?

CHA and Listening Tour Top Health Priorities





Key Themes for Top Health Priorities

- Strong alignment between CHA and Listening Tour
  - Social Determinants of Health
    - Housing, Education, Employment
  - Access to Health Services
  - Mental Health
  - Preventative Health Behaviors
    - Food, hunger, nutrition

- Need for funding/resources to provide services
- Lack of awareness about existing services
- Language accessibility across services is a priority need
- Lack of transportation is a barrier

What efforts related to health are working well in your communities?

Are there any efforts you are particularly impressed by?

Key Themes for What is Working Well

- Increased partnerships and collaborations are seen as a positive and were reported as the top response for what is working well.
  - Covid-19 Response:

    - Community came together for Covid outreach

    - Engaged diverse communities in Covid vaccine efforts, information sharing and collaboration

    - Immunize Nevada working with Black churches to get Black communities vaccinated and start the conversation on why to get vaccines

    - WCHD vaccine outreach initiatives

    - Continuous process of trying, learning, and improving over the course of the response

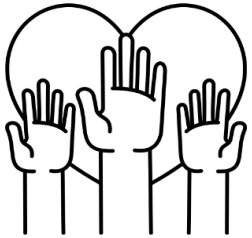
- Community leaders recognize increased efforts related to DEI and health equity and emphasize the importance of this work. They also highlight that there is more work to do.

What is not working well ?

What are the key challenges or barriers to improving the health of the communities you represent?

Key Themes-Challenges

- Key topics of what is working well also came up as areas that need improvement
- Increase overall access to information (widespread dissemination)
- Increase equitable access to mental health and healthcare information in various languages
- Increase accessibility to health services and mental health providers.
- Less silos and more coordination and collaboration, work together to uplift each other's work and streamline resources
- More affordable and permanent housing options
- Equitable and more access to transportation in general, and specifically for people with disabilities

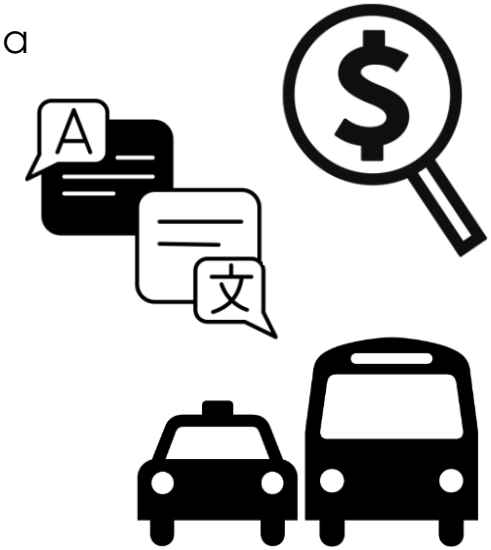


Overall Themes

- Strong alignment between CHA and Listening Tour for top health priorities.
  - Social Determinants of Health
    - Housing, Education, Employment
  - Access to Health Services
  - Mental Health
  - Preventative Health Behaviors
    - Food, hunger, nutrition

Overall Themes Continued

- Need for funding/resources to provide services
- Lack of awareness about existing services
- Language accessibility across services is a priority need
- Lack of transportation is a barrier
- Less silos and more coordination and collaboration



Listening Tour Sentiments & Voices

Health can't be left to just health professionals.

I am an educated individual with a doctorate degree, and still can't afford childcare.

I've been doing this work for 30 years and I am tired.

Our health priority is to prevent more black and brown people from dying.

A lot of optimism came from the Covid response. We see it can be done well. I'm happy to see people coming together such as grass root organizations and faith-based leaders.

There are gatekeepers of information who do not give people information before they need it but chastise individuals for waiting to the last minute to use resources.

People did a great job of coming together to respond to Covid. However, I hope diverse demographics aren't forgotten about after the pandemic and continue to be important and remembered.

Underserved and underrepresented communities are thankful for being brought to the table. We hope it's not a one-time thing and we can be kept in mind and more involved.

Include us at the beginning of the conversation, not just when you have a disability issue arise.

Hispanic parents do not have time to feel depressed or anxious. They are too busy working and taking care of their kids. They don't have time to take care of their mental health.

Thank You!

CHIP PRESENTATION

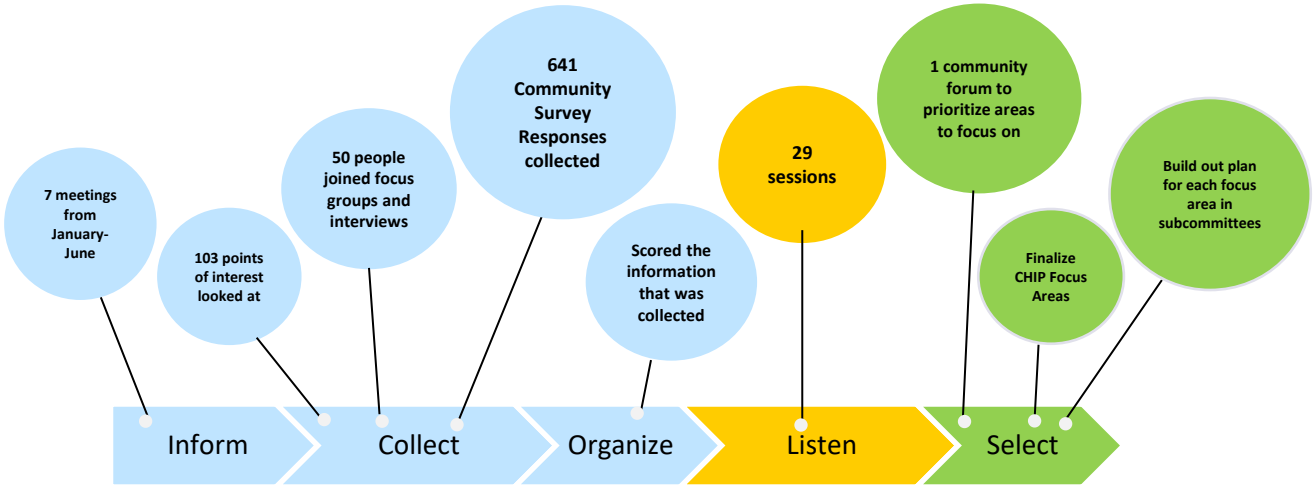
2022-2025 Community Health Improvement Plan

Rayona LaVoie
Management Analyst

Community Health Improvement Plan (CHIP)

An initiative to address public health challenges based on the results of the Community Health Assessment and community input. A plan is typically updated every three to five years.

CHA and CHIP Process



Community Health Assessment

A committee of partners provided knowledge about the process

Gathered national and local information. Talked about health and the meaning of a good life with community members

Ranked important health issues in the community

Listening Tour

Community engagement to learn about health priorities from community leaders

CHIP

Decide how to work together to improve community health

Community Forum

- Shared data from the CHA and Listening Tour
- Used data to identify 3-5 focus areas to improve the health of the community
- Conducted a gallery walk, dotmocracy exercise to identify priority areas of focus

About 120 attendees participated

Gallery Walk

Dot	Prompt
S	**Severity:** The degree of impact affecting an individual and/or our community's quality of life (green)
E	**Equity:** The degree to which this issue has a disparate impact on certain populations (light blue)
U	**Upstream:** This focus area needs to be addressed because it's a root cause to larger health concerns (orange)
M	**Momentum:** Within the community, there is existing energy, enthusiasm and commitment to work on this issue. (yellow)
O	**Opportunity:** There are current and real opportunities to have influence and move the needle on this issue (existing efforts, funder priority, legislative and or local government interest) (dark blue)
C	**Capacity:** My organization (or I personally) has the capacity to work collaboratively on initiatives to address this issue (red)

Gallery Walk Results

Topic	Mental Health	Social Determinants	Access to Health Services	Preventive Health Services	Violence	Environmental Health & Built Environment	Substance Use	Maternal & Child Health
Severity	40	54	37	12	5	11	6	2
Equity	13	45	36	11	9	22	12	17
Upstream	45	40	5	12	4	37	15	7
Momentum	27	53	17	24	6	17	9	10
Opportunity	30	39	21	19	4	23	24	6
Capacity	22	42	20	36	4	21	11	8
Total	**177**	**273**	**136**	**114**	**32**	**131**	**77**	**50**

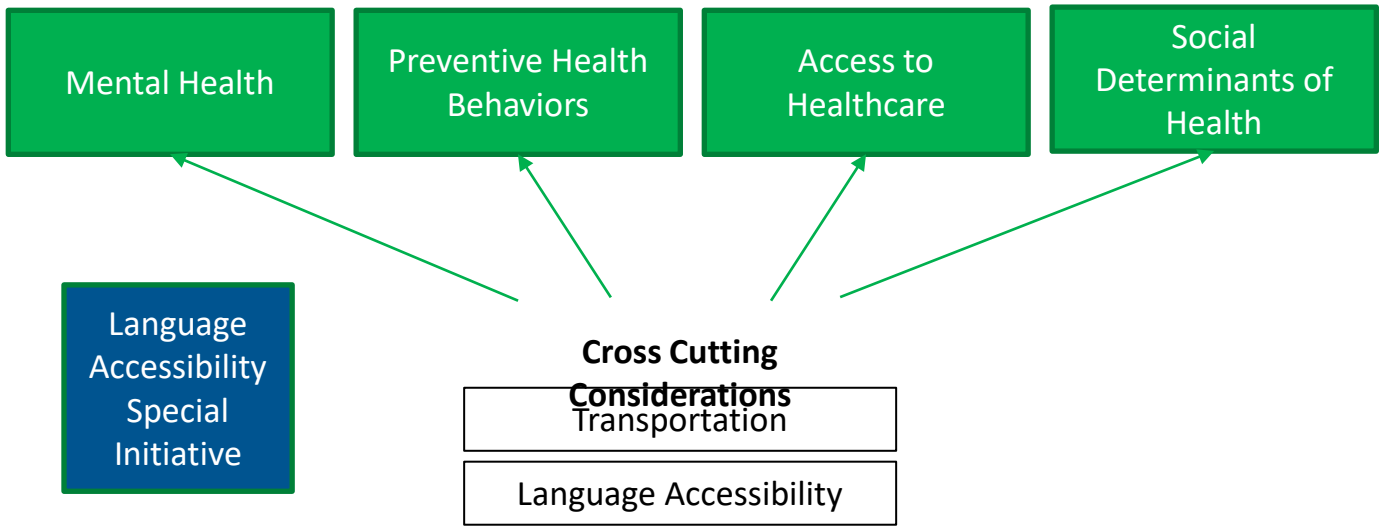
CHIP Steering Committee

- **Examined data and gallery walk results**
- **Prioritized 4 community health focus areas**

COMMUNITY INPUTS

1	2	3
Community Health Assessment	Listening Tour	Forum Results

22-25 CHIP Focus Areas



DRAFT CHIP Goals

Social Determinants of Health

1. Affordable rent (less than 30% of income)
2. Education- improve math and reading proficiency among 4th graders
3. Reduce food insecurity

Access to Healthcare

1. Improve utilization of appropriate settings of care/ primary care home
2. Increase insurance enrollment among adults and children
3. Increase health care workforce pipeline

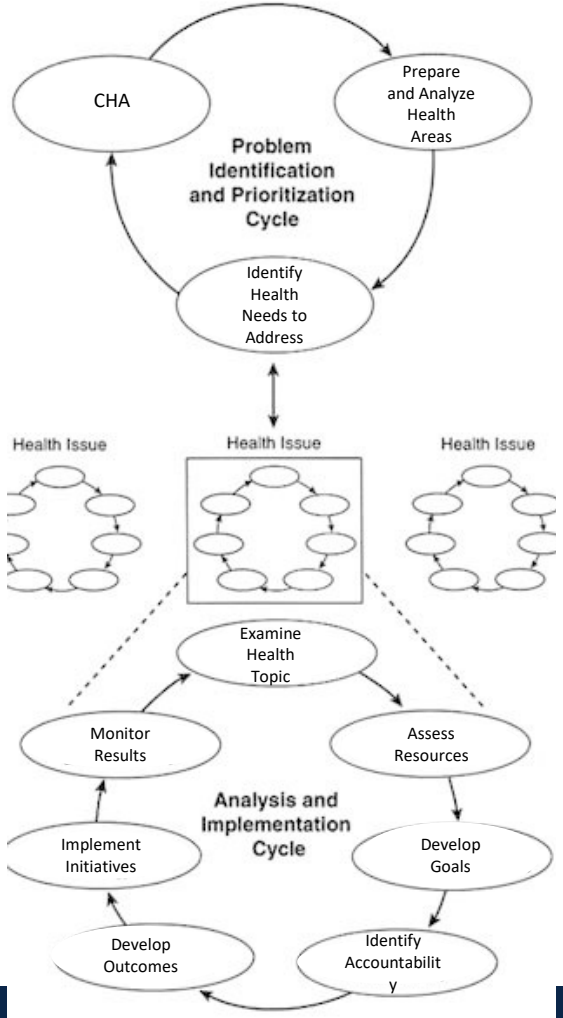
DRAFT CHIP Goals

Preventive Health Behaviors

1. Reduce preventable chronic diseases among children, adults and seniors through nutrition and physical activity
2. Increase utilization of recommended health care screenings

Mental Health

1. Divert individuals experiencing behavioral health challenges from emergency departments and detention facilities.
2. Reduce the incidence of suicide
3. Increase behavioral health workforce pipeline
4. Improve behavioral health outcomes for children and adolescents



Next Steps

1. Develop the 22-25 CHIP
2. Meet with CHIP Subcommittees to develop plan
3. Create measurable goals, outcomes and initiatives
4. Implement initiatives
5. Deliver 2023 CHIP Annual Report
6. Annual review and adjust

Thank You

Impacts to the Plan

- Recommended changes to District & Division Goals based on CHA, Listening Tour & CHIP

DIVISION DIRECTION

Air Quality Management Division

Francisco Vega, Division Director

Current Trends

- Environmental Justice
- Minor New Source Review
- Climate Change

Areas of Focus for Next 3+ Years

- Regulation Development
- Technology Utilization and Air Quality Data Management
- Increased Public Communication
- Community Programs
  - Lawn Mower Exchange

Community and Clinical Health Services

Kelli Goatley-Seals, Public Health Supervisor
Christina Sheppard, Nurse Practitioner Supervisor
November 10, 2022

CCHS Current Trends

- Response to Community Challenges
  - Access to Care
  - Mental Health
  - Preventive Health
  - Social Determinates of Health
- Health Equity Focus
- Irregular Funding
  - Amounts
  - Types
  - Use and Restriction

Areas of Focus for Next 3+ Years

- Physical Activity/Nutrition
- Tobacco Use and Exposure
- Injury Prevention
- Family Planning and Sexual Health Services
- Community Health Workers
- CHIP Initiatives

Environmental Health Services

Erin Dixon, Division Director

Current Trends

- Regulation updates
  - Improved best practices
  - New and emerging business models
  - Impacts of climate change
- Community Growth
- Workforce

Areas of Focus for Next 3+ Years

- Transition to Specialization – Year 1
- Improvements in technology to support staff and the community
- Balancing of workload to respond to community priorities
- Staff training and development
- Regulation updates

Epidemiology and Public Health Preparedness

Nancy Diao, Division Director

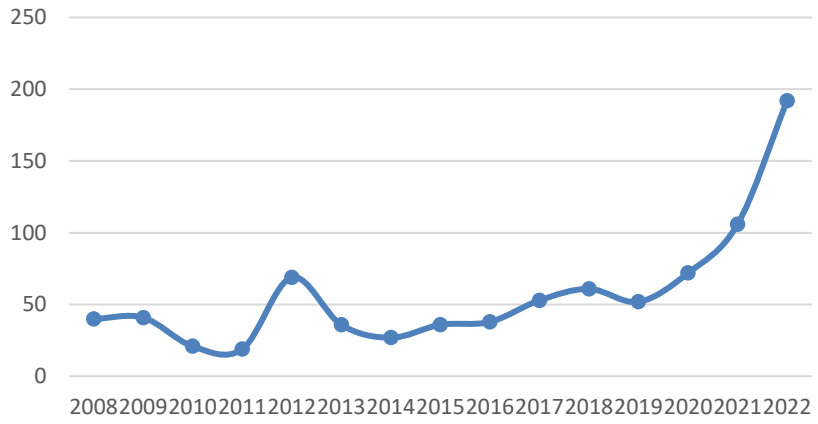
WASHOE COUNTY HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

Public Health
Prevent. Promote. Protect.

EPHP Current Trends

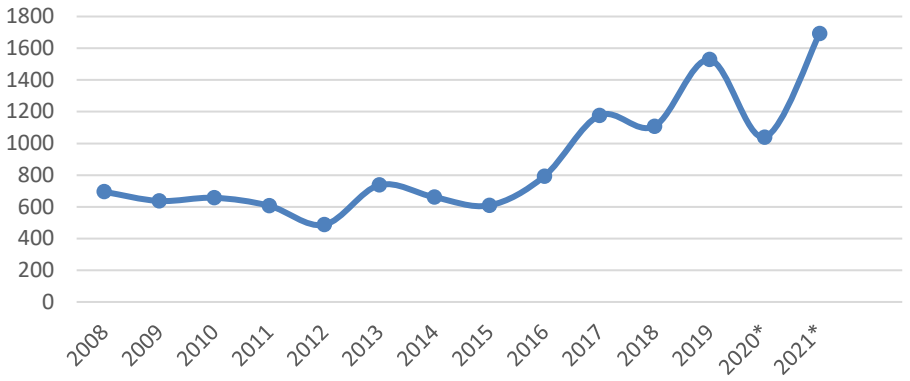
- Increase in global disease outbreaks

Figure 1a: Number of Outbreaks per Year, Washoe County, 2008 - 2022 (to date)



- Increase in diseases reported

Figure 1b: Number of General Communicable Disease Requiring Reports and/or Investigations, Washoe County, 2008 - 2021



* Excluding COVID-19, flu

EPHP Current Trends

- Increase in EMS call volume
- Regionalization discussions

- Climate change impact
- First responder and healthcare turnover/staffing

- Increased interest of students to understand work in the public health setting.

Figure 2a. Washoe County Emergency Medical Services Call Volume Based on Fiscal Year(s)

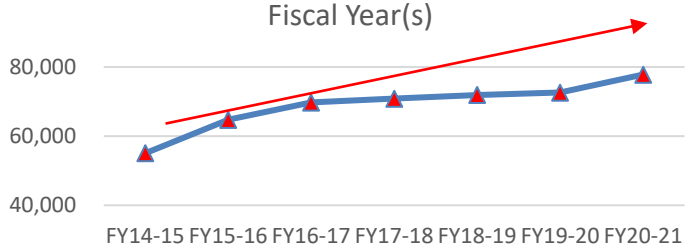
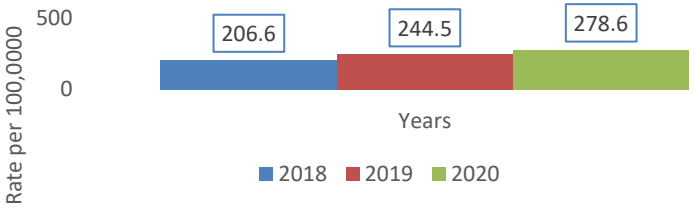


Figure 2b. Crude Mortality Rate Per 100,000 Washoe Population for Multiple Cause of Death Due to Mental and Behavioral Disorders



Source: CDC Wonder

Areas of Focus for Next 3+ Years

- Improving/maximizing technology
- Public facing dashboards

- Academic Health Department
  - Widened breadth and depth of collaboration
  - Interns

- EMS Strategic Planning
- Revision and exercise of community response plans
- Addressing climate change as a public health preparedness function

Office of the District Health Officer

Kevin Dick

Current Trends

- 21st Century Public Health
- Health Equity
- Workforce Capacity and Development
- Future of Work
- Health in All Policies
- Emerging Disease Threats
- Low Unemployment

Areas of Focus for Next 3+ Years

- Name Change/Rebranding
- New Building and Updated Facilities
- Health Equity Capacity and Community Partnerships
- Workforce Investments
- Local and State Policy Initiatives
- Post COVID Funding
- Fiscal Accountability
- Updated Technology

Impacts to the Plan

- Division review and recommended changes to District & Division Goals

ORGANIZATIONAL CAPACITY

WASHOE COUNTY HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

Public Health
Prevent. Promote. Protect.

Health Equity Committee

Purpose Statement: Highlight, contribute and expand the understanding and sustained commitment across all WCHD divisions to eliminate health inequities by promoting equitable social, economic, and environmental conditions to achieve optimal health for all.

Members*

Olivia Alexander-Leeder, EHS
Camarina Augusto, ODHO Stephanie Chen, CCHS
Yeraldin Deavila, ODHO
Nancy Diao, EPHP
Erin Dixon, EHS
Gayle Erickson, EPHP
Andrea Esp, EPHP
Falisa Hilliard, ODHO
Jennifer Howell, CCHS
Heather Kerwin, EPHP
Rayona LaVoie, ODHO
Eva Leon, ODHO
Ellen Messinger-Patton, EHS
Jasmine Olvera, CCHS
Craig Petersen, AQM
Julia Ratti, ODHO
Dasie Rodriguez, CCHS
Wesley Rubio, EHS
Carina Sauzo, CCHS
Christina Sheppard, CCHS
Keyla Solorio, CCHS
Zarmish Tariq, CCHS

*Members during the assessment process and plan development

Health Equity Assessment

Health Equity Organizational Capacity Assessment

Tiffany Young
Tiffany Young Consulting, LLC

Health Equity Organizational Assessment

- Bay Area Regional Health Inequities Initiative (BARHII) – Completed March 2022 to October 2022
- Use for local health departments to assist in development of greater capacity to address health inequities.
- Health Equity Committee – Oversight and feedback
- Survey Tools
  - Staff survey
  - Staff focus group
  - Collaborating partner survey
  - Management interviews
  - Internal document review

BARHII Framework

What are the characteristics of a local health department that can effectively address health inequities?

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 (community, staff, partners, etc.)
• integrate public health and health equity into workforce and program development • decision making is inclusive • institutional commitment to primary prevention • institutional commitment to addressing health inequities • clear vision, goals and benchmarks • succession plan provides for continuity of vision and promotes new leadership • strategic plan and mission statement address health inequities • institutional practices reflect stated commitment to address health inequities	• Human Resources operations develop and promote job specifications and qualifications that reflect the skills and characteristics desired to address health equity • Human Resources operations' incorporate social justice principles, seek diversity, reflect the populations served, expand language capacity, build the workforce's capacity to address health inequities • Human Resources operations' provide living wages, schedule flexibility and continuing education • diversity at all levels of organization	• community partnerships are welcome and supported • structured to act • collaborates with other agencies and stakeholders to amplify health equity • addresses the needs of community residents such as child care, refreshments, etc., to promote their participation	• mentors staff • strongly supports professional growth • consistent supervision to reinforce practice • required training for all new permanent staff	• transparent communication • communication is multi-directional • solicits and uses community input • decision making is shared with community partners

Hiring to Address Health Inequities

- Increase diversity hiring best practices:
  - When forming interview panels for the hiring of new staff, pay attention to how the makeup of the panel could enhance the recruitment of a more diverse workforce.
  - Increase diversity in candidate sourcing. Reword job postings with a focus on inclusion of all identities and characteristics. Encourage referrals from diverse employees. Share information regarding the diversity of the current workforce with community members.
  - Conduct a diversity hiring audit on the current hiring process. Assess the diversity best practices of the current hiring process and identify any potential bottlenecks and discrepancies. Is there a top of the funnel issue? Or a leaking pipeline issue? Evaluate diversity hiring metrics. Choose one metric at a time to start.

Structure That Supports True Community Partnerships

- Partner with community-based organizations working to address heath inequity and health disparities as a key strategy to improve health outcomes. Seek to develop win-win relationships with community partners. Develop capacity across health district programs to do so.

Support Staff to Address Health Inequities

- Move from thinking of professional development as a single focus training to a mindset of ongoing professional learning. Create an environment where professional development is a journey and is ongoing.
  - Provide ongoing professional learning on diversity, equity, and inclusion; social determinants of health; and cultural competency with a public health focus. Design/identify multiple training modes to meet the needs of staff with diverse learning styles, work schedules and responsibilities.
  - Evaluate professional development to ensure staff gain an understanding of topics and root causes that lead to health inequities and health disparities and how they in their individual role can contribute to a change in community health outcomes.
  - Identify existing and design new trainings that build the updated health equity competencies from the Council on Linkages and Public Health Practices (Core Competencies for Public Health Professionals)
  - Incorporate training on Culturally and Linguistically Appropriate Services (CLAS) into training design.

Transparent and Inclusive Communication

- Maintain and increase the health district's capacity to communicate with diverse audiences with culturally and linguistically appropriate messaging.

- Increase and maintain transparent internal communications with staff on topics of importance broadly as well as those that specifically relate to health equity.

Creative Use of Categorical Funds

- Continue to seek and apply for grant funding opportunities that relate to health disparities, health inequities, health equity, cultural competency and diversity, equity, and inclusion (DEI). Consider including health equity related outcomes in grant applications whenever possible.

Community Accessible Data and Planning

Healthy Equity Data

- Collect and use data and input from the community to identify communities that are under and over served, and why. Analyze the gaps in services that disproportionately effect communities experiencing health disparities and identify approaches to fill those gaps. Identify and define communities that could benefit from specific, focused, initiatives.

Understand the Social, Environmental and Structural Determinants of Health

- Expand knowledge about how race, racism, class, and classism influence the social, environmental, and structural determinants of health.

Understand the Social, Environmental and Structural Determinants of Health

- Build capacity to design and implement initiatives to address social, environmental, and structural determinants of health using a health equity lens.

Community Knowledge

- Regularly incorporate learning about community strengths, resources, assets, issues and concerns into program design, implementation, and improvement.

Community Organizing

- Utilize community organizing principles
  - Uplift community voices, particularly among underserved and underrepresented communities throughout WCHD programs and projects.
  - Include diverse voices at the beginning of conversations, not just when the WCHD needs to hear from certain groups, communities, or populations.
  - Meet people where they are to decrease barriers and increase engagement, participation, and access.
  - Create space and increase opportunities for community members to be engaged and have a seat at the table.
  - Engage community at all levels, from programming, to implementation and decision-making efforts.

Community Leadership

- Identify opportunities to share leadership with the community throughout the organization. Consider effective use of advisory groups, steering committees, collaborative initiatives, and other tactics that bring community members to the decision-making table. Understand and navigate power dynamics internally with staff and externally with community members and groups to make these efforts more effective.

Cultural Competency/Humility

Dialogue and Reflection

- Provide formal and informal opportunities to engage in dialogue and personal reflection regarding how diversity, equity and inclusion impact the health district's organizational culture and climate as well as how services are provided across the health district.

- Capitalize on staff's willingness to engage in difficult conversations and provide opportunities, tools and resources to equip staff with effective cross cultural communication skills.

Conclusion

- WCHD is on the path forward to embedding health equity throughout the organization by updating the mission, vision, values, behaviors, strategic plan, and organizational efforts pertaining to inequitable policies and systems that contribute to health disparities and inequities across the community.

- Through this process, WCHD is working to address populations and groups most impacted in the community in their internal data collection, planning, and problem-solving efforts. Discussions are being held in departments about how staff can examine their values and work toward health inequity.

Questions/Comments?

Thank you!

Health Equity Plan

Health Equity Organizational Capacity Plan

Itzayana Montoya, Community Organizer Jasmine Olvera, Community Health Worker

Zarmish Tariq, Health Educator II

Health Equity Plan Process

- BARHII assessment resulted in findings and recommendations
- Health Equity Planning Retreat
  - Recommendations reviewed and prioritized by Health Equity Committee (HEC)
  - Recommendations received 7+ votes included in Health Equity Plan
- Cross-walked ranked recommendations with current WCHD Strategic Plan and Action Plan
- Health Equity Planning Subcommittee meetings

Health Equity Plan Timeline

Activity	Implementation Date
Heath Equity Committee Review of BARHII Recommendations	**8/17/2022**
Health Equity Committee Planning Retreat – Prioritization Exercise	**9/21/2022**
Cross Walk of Priority Recommendations with Current Strategic Plan	**10/03/2022**
Health Equity Planning Subcommittee Meetings	**10/03/2022** **10/18/2022**
Health Equity Committee and Division Director Review and Recommendation of Draft Plan	**10/19/2022 -** **10/25/2022**
Plan Presented to District Board of Health at Strategic Planning Retreat	**11/10/2022**

Health Equity Goals and Initiatives

Goal 1: Build health-equity related competency among health district staff through formal training opportunities alongside informal opportunities for dialogue and practical application.

Year 1

Initiative: Provide all health district staff the opportunity to participate in synchronous, interactive training on topics including diversity, equity, and inclusion; social, environmental, and structural determinants of health; community organizing; CLAS standards; and Foundational Public Health Services.

Initiative: In partnership with the Larson Institute build asynchronous, online training designed specifically to build health equity competencies from the Council on Linkages and Public Health Practices. Require all new staff to complete within the first 180 days and offer to all existing regularly.

Initiative: Develop and pilot voluntary opportunities for staff to participate in dialogue and reflection on diversity and equity topics. Include discussion of root causes which lead to health inequities including racism, sexism, and other social and institutional issues.

Initiative: Promote health-equity related trainings offered by partners including the Larson Institute, Washoe County, NACCHO and others.

Year 2 and 3

Initiative: Continue asynchronous, online training designed specifically to build health equity competencies from the Council on Linkages and Public Health Practices. Require all new staff to complete within the first 180 days and offer to all existing staff regularly.

Initiative: Continue and expand optional opportunities for staff to participate in dialogue and reflection regarding root causes which lead to health inequities including racism, sexism, and other social and institutional issues.

Health Equity Goals and Initiatives Continued

Goal 2: Grow capability and build capacity to integrate health equity efforts in programs across the health district.

Year 1-3

Initiative: Provide training and technical assistance regarding community organizing principles and health equity best practices.

Initiative: Pursue categorical funding opportunities to promote health equity and address health disparities and inequities. Incorporate health equity initiatives in existing categorical funding applications whenever possible.

Initiative: Utilize recent Community Health Assessment results to inform program planning to address health disparities and inequities.

Health Equity Goals and Initiatives Continued

Goal 3: Build partnerships with diverse communities within Washoe County to improve public health.

Year 1

Initiative: Build partnerships as part of the Community Health Improvement Plan to address health priority focus areas identified in the Community Health Assessment with emphasis on addressing health disparities and health inequities utilizing community organizing principles.

Initiative: Identify and implement opportunities among health district programs to build partnerships to address health disparities and health inequities utilizing community organizing principles.

Initiative: Establish participatory leadership opportunities for leaders to influence public health initiatives through advisory boards, committees, and task forces. Start with the CHIP Steering Committee and CHIP Priority Area Committees and add others as needed to support specific programs and initiatives.

Initiative: Encourage health district staff to seek out opportunities to learn more about diverse communities within Washoe County.

Year 2 and 3

Initiative: Extend and add partnerships as part of the Community Health Improvement Plan to address health priority focus areas identified in the Community Health Assessment with emphasis on addressing health disparities and health inequities utilizing community organizing principles.

Initiative: Identify and implement additional opportunities among health district programs to address health disparities and health inequities utilizing community organizing principles.

Health Equity Goals and Initiatives Continued

Goal 4: Ensure under-served communities have access to culturally and linguistically appropriate public health information.

Year 1

Initiative: Maintain and increase Spanish language presence on live media and social media. Add Instagram and Spanish-language Facebook content. Increase presence on Spanish-language radio.

Initiative: Implement public information campaigns designed to promote health equity and reduce health disparities. Include 5210 Healthy Washoe and other campaigns targeting co-morbidities of COVID.

Initiative: Initiate and participate in community outreach activities to bring public health information directly to communities.

Initiative: Assess the health district's ability to provide information in languages other than English and expand capacity to do so, prioritizing information and materials that have the potential to have the highest impact on health disparities and inequities.

Initiative: Provide easily accessible community health data utilizing the Truckee Meadows Tomorrow data platform. Update regularly as new data becomes available.

Year 2 and 3

Initiative: Expand Spanish language presence on live media and social media.

Initiative: Implement additional culturally and linguistically appropriate public information campaigns designed to promote health equity and reduce health disparities.

Initiative: Increase access to information in languages other than English, prioritizing information and materials that have the potential to have the highest impact on health disparities and inequities.

Health Equity Goals and Initiatives Continued

Goal 5: Collect, evaluate and leverage health equity data and increase evidence-based knowledge to inform program and policy development, and decision-making efforts to achieve greater health outcomes and reduce disparities.

Year 1-3

Initiative: Utilize recent Community Health Assessment results to inform program planning to address health disparities and inequities.

Initiative: Provide easily accessible community health data utilizing the Truckee Meadows Tomorrow data platform. Update regularly as new data becomes available.

Initiative: Participate in state-wide data modernization efforts to sustain public health surveillance to better identify and respond to emerging public health threats, specifically impacting underserved populations.

Health Equity Goals and Initiatives Continued

Goal 6: Integrate health equity efforts into organizational development efforts.

Year 1-3

Initiative: Regularly communicate health equity as a priority from the top leadership of the health district. Set an expectation that health equity and addressing health inequities is not a trend, but rather a core responsibility of the health district that requires a systematic approach and ongoing investment.

Initiative: Review the mission, vision and values and update to reflect health equity.

Initiative: Integrate health equity goals, outcomes, and initiatives within the strategic plan.

Initiative: Annually review the Health Equity Organizational Capacity Assessment and Plan to assess for needed updates.

Initiative: Continue and increase internal communications that provide for transparency for health district employees and increase equitable access to information.

Health Equity Goals and Initiatives Continued

Goal 7: Refine and improve hiring practices to identify, recruit, retain and promote a diverse health district workforce that represents the community we serve.

Year 1

Initiative: Increase promotion of job opportunities using methods designed to reach diverse audiences including targeted communication strategies, sending opportunities to community partners, and encouraging referrals from existing staff.

Initiative: Review targeted job descriptions to evaluate for systemic barriers such as language, educational requirements, or other access issues, starting with those positions that have the highest potential to impact health equity.

Initiative: Annually review how the demographics of the health district workforce compare to the demographics of the community we serve.

Year 2 and 3

Initiative: Assess the current hiring and promotion process with an equity lens to identify barriers recruiting, promoting and selecting candidates from a variety of backgrounds.

Initiative: Review additional job descriptions to evaluate for systemic barriers.

Work Already Being Done

Mission, Vision, and Values

- Review the Mission, Vision, and Values statements to ensure the health district's commitment to health equity is included.
- Examine agency values around diversity, equity, and inclusion and how they are communicated to employees.

Strategic Plan

- Ensure that strategies, outcomes, and initiatives that improve health equity and reduce health inequity and health disparities are embedded throughout the Strategic Plan. Include how capacity will be built and who can play a contributing role in achieving successful outcomes.

Work Already Being Done Continued

Hiring

- Review job descriptions to determine systematic barriers such as language, educational requirements, or other access issues, in all departments. Start with those positions that have the highest potential to impact health equity.

Knowledge of Public Health Framework

- Provide training opportunities to all staff to increase understanding of FPHS. Include orientation to the FPHS model for all new staff.

Thank you!

Impacts to the Plan

- Recommended changes to District & Division Goals based on Health Equity Assessment and Plan

Foundational Public Health Services Workforce Assessment

Public Health Foundation Workforce Assessment for Washoe County Health District

November 10, 2022

Les Beitsch
Matthew Stefanak
Carol Moehrle

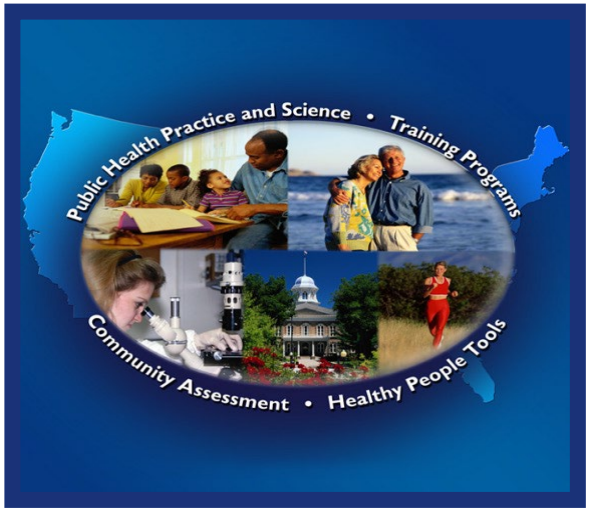
Public Health Foundation

Public Health Foundation

Mission:

We improve public health and population health practice to support healthier communities

www.phf.org



Experts in Quality Improvement, Performance Management, and Workforce Development

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PHF Workforce Assessment for WCHD

- Calculate basic staffing needs for providing Foundational Public Health Services (FPHS)
  - First field application/practice translation of calculator output
- Review key WCHD documents and provide context
  - Seek comparators and appropriate literature
- Site visit for exploration of Workforce capacity/workload
  - Current and future

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PHF Workforce Assessment for WCHD (cont)

- Provide TA for Workforce self-assessment based upon other 21 C models
  - Data triangulation
- Develop a framework for Workforce investment
- Provide recommendations for further alignment of Workforce capacity with FPHS and WCHD priorities/goals

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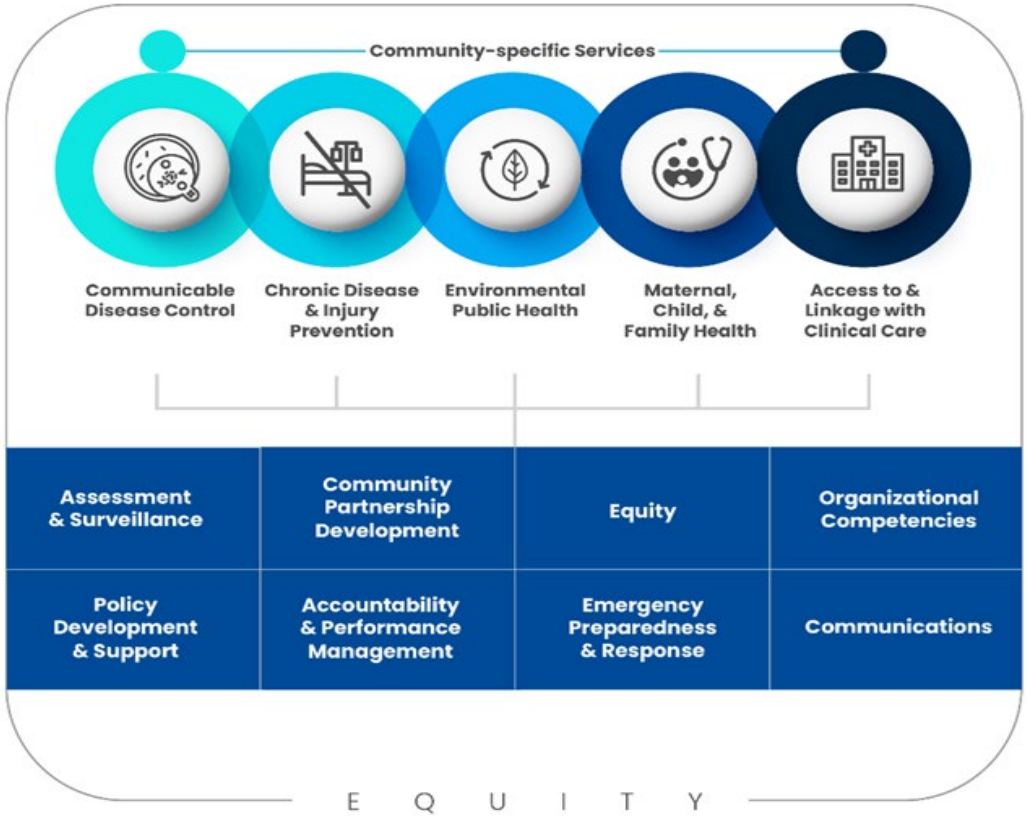
Foundational Public Health Services

Foundational Areas



Foundational Capabilities

PHAB Advancing public health performance

phnci

February 2022

Why do a FPHS staffing/funding gap analysis?

- Support efforts to advocate for additional funding for FPHS in LHDs
- Source of data for organizational strategic and workforce development planning

deBeaumont/CDC/PHNCI Staffing Up Project

- An analysis to estimate the number of state and local public health department staff needed to deliver everyday, basic services adequately and equitably.

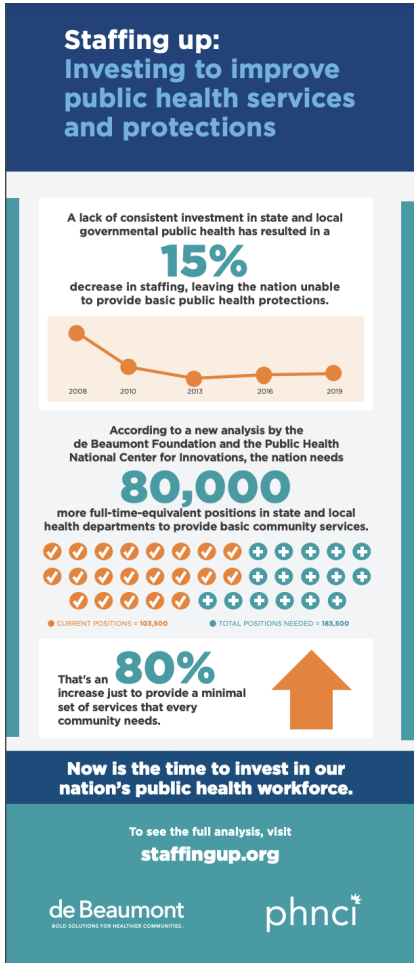


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Figure 1: New FTEs Needed by Population Served

	Current FTEs for basic foundational public health services	Total FTEs needed for full implementation	Additional FTEs needed for full implementation	Percentage change needed
<25,000	4,000	13,000	9,000	230%
25,000-49,999	5,500	13,000	7,500	140%
50,000-99,999	7,000	15,000	8,000	110%
100,000-199,999	8,500	14,500	6,000	70%
200,000-499,999	14,000	20,000	6,000	40%
500,000+	33,500	51,000	17,500	50%
Local Health Departments	72,500	126,500	54,000	70%
State Health Departments	31,000	57,000	26,000	80%
Total	**103,500**	**183,500**	**80,000**	**80%**

Source: *Staffing Up: Investing in the Public Health Workforce.* https://debeaumont.org/staffing-up/

deBeaumont/CDC/PHNCI Staffing Up Calculator

- Developing a Workforce Calculator

The development of the national estimate relied on modeling existing expenditure and staffing data for a sample of local and state health departments. A partnership between PHNCI, the de Beaumont Foundation, and the Center for State, Tribal, Local and Territorial Support at the Centers for Disease Control and Prevention, will support additional data collection, analysis, and modeling that will guide the development of a public health workforce calculator that will allow health departments to determine the number and type of staff to provide sufficient levels of public health services.

Source: *Staffing Up: Investing in the Public Health Workforce* https://debeaumont.org/staffing-up/

- We acknowledge the support of the University of Minnesota (Leider, et al), de Beaumont and PHNCI for providing this first field application of the calculator for estimating WCDHD staffing needs for full FPHS attainment

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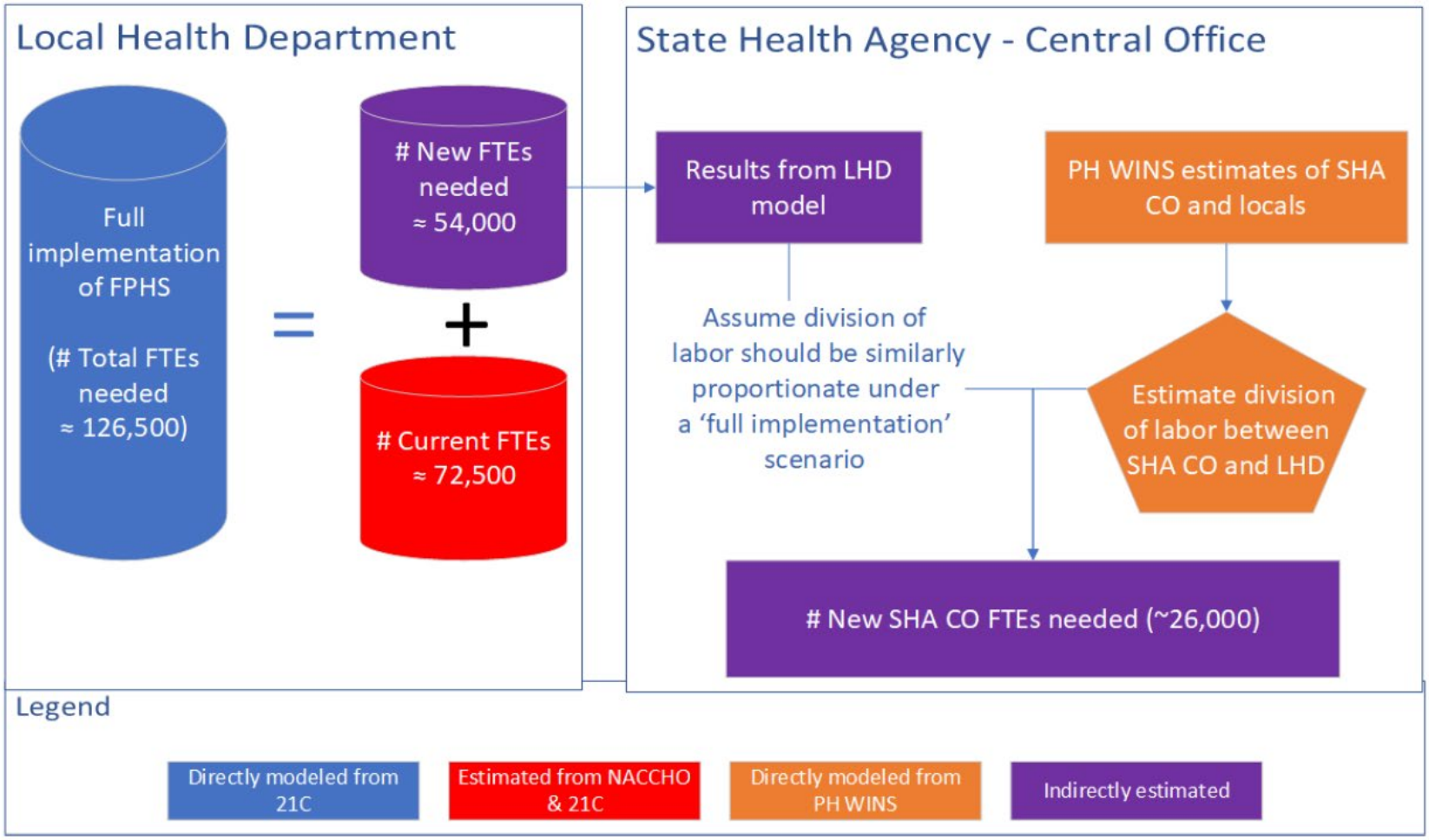
Figure 2: Analytic Approach



Documents Reviewed to get us to this point

- WCHD Strategic Plan, Workforce Plan, CHA/CHIP Action Plan, Equity Assessment, Org charts
- NACCHO Profile data comparisons to WCHD org.charts, PHWINS workforce data
- 21C states doing FPHS work (WA, OR, KY, KS, OH)
- PHNCI Foundational Public Health Services
- County Health Rankings comparisons
- deBeaumont/PHNCI Staffing Up
- deBeaumont Workforce Calculator

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Current and Additional FPHS Staffing Need

Washoe County Health District FPHS Staffing Levels - Current and Predicted Need

Foundational Capabilities	Current FTE	FTE Need Predicted by Calculator	Difference	% of Need Met
Assessment (surveillance and epidemiology)	9.42	10.3	0.88	91%
Emergency Preparedness (All Hazards)	4.91	7.4	2.50	66%
Communication	2.70	5.2	2.50	52%
Policy Development and Support	1.91	3.5	1.60	54%
Community Partnership Development	4.82	4.5	-0.32	107%
Organizational Competencies*	25.51	27.4	1.89	93%
Total Foundational Capabilities	**49.25**	**58.3**		
Foundational Areas				
Communicable Disease Control	18.13	9.3	-8.83	195%
Chronic Disease and Injury Prevention	5.73	19.7	13.97	29%
Environmental Public Health	32.61	36.5	3.89	89%
Maternal/Child/ Family Health	1.16	11.7	10.55	10%
Access/Linkage with Clinical Health Care	0.22	5.6	5.38	4%
Total Foundational Areas	**57.85**	**82.8**		
Community-Specific Services				
Communicable Disease Control	37.91			
Chronic Disease and Injury Prevention	1.84			
Environmental Public Health	28.20			
Maternal/Child/Family Health	11.54			
Access/Linkage with Clinical Health Care	4.77			
Total Community-Specific Services	**84.25**			

107.10 Total Current Below-the-Line FPHS FTEs

141.10 Below-the-Line FPHS FTEs Needed

*Includes Equity and Accountability and Performance Management Foundational Capabilities

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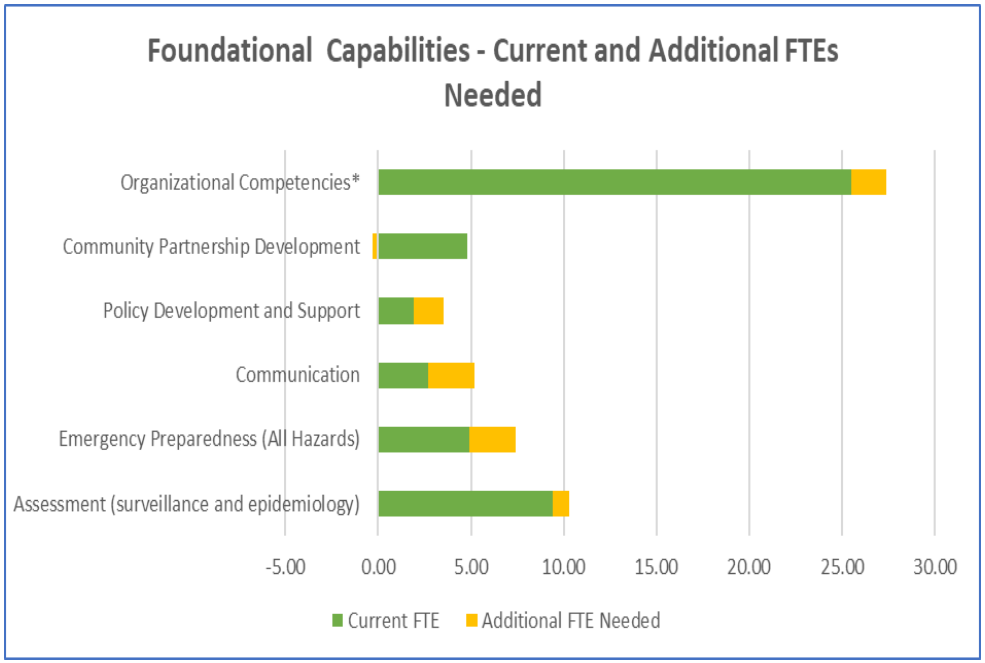
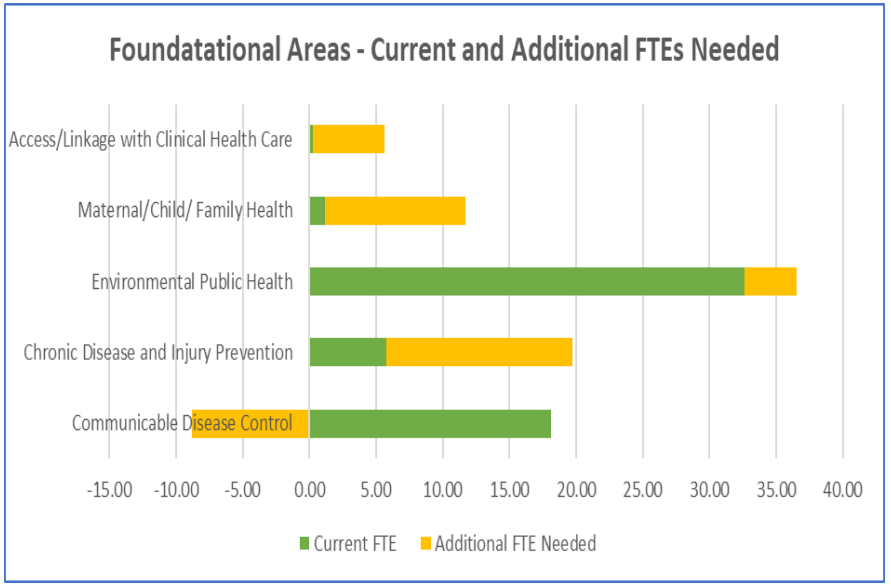
Current and Additional FPHS Staffing Need





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Prioritizing Needs for Additional FPHS S[illegible]

Washoe County Health District FPHS Staffing Levels - Prioritized Gap Estimates of Minimum FTEs Needed for FPHS Implementation									
	Current FTE	**FTE Need Predicted by Calculator**	**% of below-the-line FPHS provided by current staffing** (difference between current FTE and need predicted by calculator)	**% of below-the-line FPHS provided by other entities**	**Total below-the-line FPHS provided in the community** (WCHD + other entities)	**FTE need adjusted for FPHS provided by other entities**	**Priority for resources**: A lot less immediate (-20%), Less immediate (-10%), Not immediate (0%), More immediate (+10%), A lot more immediate (+20%)	**FTE need adjusted for FPHS provided by other entities and priority assigned**	**Adjusted prioritized additional FTE needs**
Foundational Capabilities									
Assessment (surveillance and epidemiology)	9.42	10.30	91%						
Emergency Preparedness (All Hazards)	4.91	7.40	66%						
Communication	2.70	5.20	52%						
Policy Development and Support	1.91	3.50	54%						
Community Partnership Development	4.82	4.50	107%						
Organizational Competencies	25.51	27.40	93%						
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Maternal/Child/ Family Health	1.16	11.70	10%						
Access/Linkage with Clinical Health Care	0.22	5.60	4%						
Expanded Service Areas									
Communicable Disease Control									
Chronic Disease and Injury Prevention									
Environmental Public Health									
Maternal/Child/ Family Health									
Access/Linkage with Clinical Health Care									

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Washoe County Health District as Leader in Nevada

- Opportunity for Nevada State and Local Public Health to work together on a statewide FPHS project
- Washoe has developed the tools to assist in a statewide process.
- Nevada would join other States working on FPHS.

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Questions / Feedback / Discussion

Questions/Comments ?

FISCAL STATUS & BUDGET IMPLICATIONS

Health District Fiscal Status

Washoe County Health District
Summary of Revenues and Expenditures
Fiscal Year 2018/2019 through September Year to Date Fiscal Year 2022/2023 (FY23)

	Actual Fiscal Year			FY 2021/2022		Fiscal Year 2022/2023			
	2018/2019	2019/2020	2020/2021	Unaudited Year End	September Year to Date	Adjusted Budget	September Year to Date	Percent of Budget	Increase over FY22
Revenues (all sources of funds)									
ODHO	-	-	-	244,552	-	1,182,617	**127,946**	10.8%	-
AHS	-	-	-	-	-	-	-	-	-
AQM	3,443,270	3,493,840	3,966,854	3,754,067	**694,224**	4,315,333	**1,009,899**	23.4%	45.5%
CCHS	4,104,874	4,044,674	5,107,072	6,211,924	**726,417**	5,201,910	**620,947**	11.9%	-14.5%
EHS	4,871,791	4,297,872	5,389,858	5,125,352	**1,176,128**	5,258,801	**1,285,218**	24.4%	9.3%
EPHP	2,126,580	2,067,409	15,515,861	9,330,745	**1,091,728**	13,274,981	**612,820**	4.6%	-43.9%
GF support	9,516,856	9,516,856	9,516,856	9,516,856	**2,379,214**	9,516,856	**2,379,214**	25.0%	0.0%
Total Revenues	$ 24,063,371	$ 23,420,651	$ 39,496,500	$ 34,183,496	**$ 6,067,711**	$ 38,750,498	**$ 6,036,044**	15.6%	-0.5%
Expenditures (all uses of funds)									
ODHO	1,336,494	1,153,186	776,920	1,795,314	**341,590**	4,193,754	**618,838**	14.8%	81.2%
AHS	1,059,669	1,083,771	1,040,308	1,162,521	**272,155**	1,716,140	**299,585**	17.5%	10.1%
AQM	2,935,843	2,985,827	2,778,205	3,137,496	**708,090**	4,276,431	**795,936**	18.6%	12.4%
CCHS	7,700,440	7,547,364	7,925,975	9,607,271	**2,250,706**	10,123,558	**2,324,015**	23.0%	3.3%
EHS	6,669,768	5,815,690	5,935,159	6,622,164	**1,502,535**	8,307,170	**1,542,058**	18.6%	2.6%
EPHP	2,856,024	4,614,255	13,825,345	8,970,538	**1,642,564**	13,812,870	**1,488,561**	10.8%	-9.4%
Total Expenditures	$ 22,558,237	$ 23,200,095	$ 32,281,912	$ 31,295,303	**$ 6,717,640**	$ 42,429,923	**$ 7,068,993**	16.7%	5.2%
Revenues (sources of funds) **less Expenditures** (uses of funds):									
ODHO	(1,336,494)	(1,153,186)	(776,920)	(1,550,762)	**(341,590)**	(3,011,137)	**(490,892)**		
AHS	(1,059,669)	(1,083,771)	(1,040,308)	(1,162,521)	**(272,155)**	(1,716,140)	**(299,585)**		
AQM	507,427	508,014	1,188,649	616,571	**(13,866)**	38,902	**213,963**		
CCHS	(3,595,566)	(3,502,690)	(2,818,903)	(3,395,347)	**(1,524,289)**	(4,921,648)	**(1,703,068)**		
EHS	(1,797,977)	(1,517,818)	(545,301)	(1,496,812)	**(326,407)**	(3,048,369)	**(256,839)**		
EPHP	(729,444)	(2,546,846)	1,690,516	360,207	**(550,836)**	(537,890)	**(875,741)**		
GF Operating	9,516,856	9,516,856	9,516,856	9,516,856	**2,379,214**	9,516,856	**2,379,214**		
Surplus (deficit)	$ 1,505,134	$ 220,557	$ 7,214,588	$ 2,888,193	**$ (649,929)**	$ (3,679,426)	**$ (1,032,949)**		
Fund Balance (FB)	$ 7,841,536	$ 8,062,093	$ 15,276,681	$ 18,164,874		$ 14,485,449			
FB as a % of Expenditures	34.8%	34.8%	47.3%	58.0%		34.1%			

Note: ODHO=Office of the District Health Officer, AHS=Administrative Health Services, AQM=Air Quality Management, CCHS=Community and Clinical Health Services, EHS=Environmental Health Services, EPHP=Epidemiology and Public Health Preparedness, GF=County General Fund

WASHOE COUNTY HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

Public Health
Prevent. Promote. Protect.

Federal Funds through the State

- $10 million ARPA Funding for Satellite Building
- $3.4 million ARPA funding for Title X replacement
- $2.6 million CDC Workforce Grant Funding

Budget Implications

- Workforce capacity assessment and CHIP development underway
- Well positioned to make investments in workforce and organizational capacity
- Need to sustain investments
- FY24 Budget to be presented to DBOH February 2023

Summary of Recommended Changes to the Plan & Board Direction

- Updated Mission and Values
- Edits to existing key priorities
- Updated District and Division Goals

Next Steps

November

Board Direction

*

December

Final Strategic Plan Approval

*

January-March

FY24 Division Planning

CLOSING