

WASHOE  
COUNTY  
HEALTH  
DISTRICT

ENHANCING  
QUALITY OF LIFE

2018  
Community Health Improvement Plan  
ANNUAL REPORT



# 2018 Community Health Improvement Plan Annual Report

This annual report was prepared by the Washoe County Health District (WCHD). We would like to thank our community partners for dedicating their time and expertise to the CHIP committees.

Access to Health Care Network	Nevada Primary Care Association
ACTIONN	Reno Area Alliance for the Homeless
Boys and Girls Club of Truckee Meadows	Reno Housing Authority
Catholic Charities of Northern Nevada	Reno Initiative for Shelter and Equality
Children's Cabinet	Reno Police Department
City of Reno	Reno + Sparks Chamber of Commerce
City of Sparks	Renown Health
Communities in Schools, Western Nevada	Restart Reno
Community Foundation of Northern Nevada	Safe Embrace
Community Health Alliance	Salvation Army
Community Services Agency	Social Entrepreneurs, Inc.
Food Bank of Northern Nevada	The Eddy House
Health Plan of Nevada	The Life Change Center
High Sierra AHEC	Truckee Meadows Healthy Communities
Immunize Nevada	Truckee Meadows Regional Planning Authority
JTNN	United Health Care
Liberty Dental Plan	University of Nevada, Reno Cooperative
Nevada Division of Public and Behavioral	Extension
Health, Chronic Disease Prevention & Health	University of Nevada, Reno School of
Promotion	Community Health Sciences
Nevada Division of Public and Behavioral	Urban Roots
Health, Community Services	Volunteers of America Northern Nevada
Nevada Division of Public and Behavioral	Washoe County Courts Division
Health, Office of Suicide Prevention	Washoe County Chronic Disease Coalition
Nevada Division of Public and Behavioral	Washoe County Health District
Health, Primary Care Office	Washoe County Regional Behavioral Health
Nevada Interagency Council on Homelessness	BoardWashoe County Human Services Agency
Northern Nevada HOPES	Washoe County School District
	Washoe County Sherriff's Office

WASHOE COUNTY  
HEALTH DISTRICT  
ENHANCING QUALITY OF LIFE

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## Letter from the District Health Officer

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Dear Partners, Residents, Community Leaders, and Colleagues,

In looking back at the achievements in the past six months, I'm amazed at the work that's been done by community partners. The depth of community support and collaboration is evident in the accomplishments shared in 2018 Community Health Improvement Plan's (CHIP) Annual Report. Using the 2018-2020 CHIP as a guiding document, we have experienced important community change. Strategies became real for the community in the form of Family Health Festivals, the Signs of Suicide program in middle schools, and the initiation of scalable health initiatives and programs. Through the shared experiences of each committee, we have learned how to combine expertise and resources to achieve mutual goals and how to work cooperatively to bring positive and sustainable change to the health and wellness of the community.

As we move forward to complete the CHIP goals, I am confident that our community capability is even stronger because of the partnerships that we've built over the last six months. The Washoe County Health District is committed to collaborating with our colleagues both within and outside the traditional "health" sector. We are eager to engage new partners with unique perspectives to create healthier and safer communities across Washoe County. Collectively, we will need to be innovative while also utilizing proven and promising practices. WCHD cannot bring about the desired improvements for Washoe County alone; rather, only through partnerships will we create a healthy community.

There are many critical pieces that will assist in transforming our collective efforts to improve health in Washoe County. We have successfully taken an important first step towards collaboratively setting a course to improve health and the conditions that impact health. We would like to thank the many people who contributed their ideas, expertise, energy and commitment to the CHIP committees. We look forward to working with you to make a difference in the health of Washoe County.

Kevin Dick  
Washoe County District Health Officer

## Letter from the Board of Health Chair

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Dear Community Partners,

It is my pleasure to share with you the 2018-2020 Community Health Improvement Plan (CHIP) Annual Report, a document celebrating the work of the community. The report builds upon the commitment, expertise and creativity of our partners to come up with innovative solutions to improve the health of Washoe County.

The CHIP was developed to create a shared vision for tackling important health issues in Washoe County. Based on discussions with organizations across the community, the CHIP priorities were selected. The foundational goals for the CHIP are to reduce health disparities by improving housing security, reduce depression and suicide, and improve physical activity and nutrition among families. Research has shown that health and well-being are greatly influenced by many complex factors and that where people live, learn, work and play have a tremendous impact. Because a healthy community means more than good medical care, our plan focuses on providing all members of our community the opportunity to make healthy choices and have access to the services when they need. It will take all of us doing our part to transform our community.

While the Washoe County Health District plays a vital role in ensuring that residents in our community achieve an optimal level of health; the Public Health 3.0 model emphasizes cross-sector collaboration to solve the challenges of population health. This model is reflected in the CHIP as public health leaders work with all relevant partners to drive initiatives; including those that explicitly address “upstream” social determinants to influence a person’s overall health and well-being.

As our partners plan and implement change, we look forward to working with you to improve the health of the entire community in Washoe County.

Dr. John Novak  
Chair, Washoe County District Board of Health

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## Introduction

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The 2018 Community Health Improvement Plan (CHIP) Annual Report is a progress review of the first six months of CHIP implementation. While the CHIP is a community driven and collectively owned health improvement plan, the Washoe County Health District (WCHD) is charged with providing administrative support, tracking and collecting data, and preparing the annual report. We are excited to share an update on the initiatives that have been accomplished by working together to positively impact the community's health.

There are many factors that influence health and well-being in our community and addressing them all would be a monumental task. Gathering and examining primary and secondary data through the Community Health Needs Assessment (CHNA) was the first step towards developing the CHIP. Primary data (information gathered from first hand sources) and secondary data (county, state and national statistics) sources were analyzed and factored into a detailed methodology to prioritize the most important issues facing Washoe County. Organizations from across the community gave input on the areas the community viewed as most critical to be addressed and gave considerations to existing capacity to work on the issues identified. The Truckee Meadows Healthy Communities (TMHC) steering committee, a cross-sectorial coalition representing stakeholders in Washoe County, worked to identify areas of the highest need. After careful consideration and deliberation, the Steering Committee determined the following focus areas to be both the highest areas of need and were areas where there was community capacity to initiate work:

	Priority	Goal
<b>1</b>	Housing and Homelessness	<ol style="list-style-type: none"><li>1. To stabilize and improve housing security for people spending more than 50% of their income on housing.</li><li>2. To stabilize and improve housing security for people spending more than 50% of their income on housing.</li></ol>
<b>2</b>	Behavioral Health	<ol style="list-style-type: none"><li>1. To stabilize and improve housing security for the severely mentally ill (SMI).</li><li>2. Assess and address current status and need for behavioral health services in Washoe County.</li><li>3. Reduce depression and suicidal behaviors in adolescents.</li></ol>
<b>3</b>	Nutrition and Physical Activity	<ol style="list-style-type: none"><li>1. To increase physical activity and nutrition among adults and youth using the 5210 Let's Go Framework</li></ol>

Subsequently, the CHIP was developed to outline the specific strategies and tactics to accomplish the objectives of the CHIP in a detailed action plan. Under each goal, the action plan details how the goals and objectives will be implemented and evaluated

over the next three years. Committees from each focus area report on implementation efforts largely through quarterly committee meetings. The accomplishments illustrated in the first six months are notable and give cause for celebration. The achievements to date underscore the continued need for a community wide, collaborative plan to aid in the focusing of efforts and resources as we collectively move towards a healthier community.

### How to Read this Report

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The CHIP strategies are presented in the following tables, with notations of activities performed and information reported by community partners throughout the first six months of implementation from July 1, 2018 to December 31, 2018.

A color-coding system to indicate the completion status of each strategy within the three focus areas was created. The number of completed tactics in a strategy was divided by the total number of tactics in that strategy, to yield a percentage indicator of completion. A score of 70 to 100 percent complete was given a green indicator. A score of 50 to 69 percent complete was given a yellow indicator. A score of below 50 percent completion was given a red indicator.

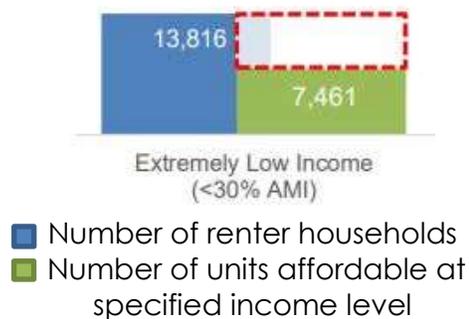
	A score of 70 to 100 percent indicates significant progress, in that the measurement has met or surpassed the target objective.
	A score of 50 to 69 percent indicates ongoing activities or progress toward the target objective.
	A score of below 49 percent indicates little to no progress has been made toward the target objective.
	Items not yet due for completion

# Housing and Homelessness

Washoe County and surrounding areas are riding a wave of economic growth spurred by the successful campaign to attract large companies to the Truckee Meadows. Companies like Tesla, Panasonic and Google have relocated to the area to take advantage of the beneficial economic climate. The migration of companies like these has provided northern Nevada the opportunity to rebound from the economic crisis that occurred nearly a decade ago. The impact can be seen in the Reno-Sparks metro year-over-year job growth, which grew 3.7% from June 2017 to June 2018. Compared to Carson City's 3.3% and 2.7% for both Las Vegas Metropolitan Statistical Area (MSA) and the state as a whole, the Reno-Sparks rate of growth is more than double the national rate of 1.6%.<sup>1</sup>

Unfortunately, the rapid economic growth resulted in a housing crisis. Northern Nevada's housing inventory hasn't kept pace with the number of people moving here for jobs, driving up housing costs. Earlier in the year, the median home price in the Washoe County was about \$340,000; more than double what it was during the last recession, according to Zillow. Given the steep housing prices some buyers can no longer afford to enter the market so they are renting instead. That, in turn, has driven up rental rates, leaving people at the very bottom of the income spectrum without many options. The average rent in Reno-Sparks is just under \$1,700 a month, up about 30 percent from five years ago. For lower income households this may mean having to choose between paying rent and buying food or medicine, or facing an eviction. The area median income (AMI) has remained relatively stagnant, hovering between \$50,000 and \$55,000; thus families are unable to comfortably afford the area's median home price. Residents living on a fixed income have also been adversely affected as social security or other types of fixed income have not increased to meet the rising cost of housing.

Total affordable units by income level (2016)



**11,812 units**

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

The housing crisis has also caused a surge in Reno's homeless population. The number of homeless individuals has increased 43%, from 705 in January of 2012 to 1,008 in

<sup>1</sup> Nevada Department of Employment, Training and Rehabilitation. Accessed from: [http://nevadaworkforce.com/Portals/139/EIB/2018/Current\\_EIB.pdf](http://nevadaworkforce.com/Portals/139/EIB/2018/Current_EIB.pdf)

January of 2018. The largest percentage increase in the homeless population is in the number of homeless senior citizens identified, from 13 in 2014 to 35 in 2018. The number of children identified by the Washoe County School District also remains high, according to the McKinney-Vento Act definition 3,359 children were identified as homeless in the 2016-2017 school year.<sup>2</sup>

There is strong evidence characterizing housing's relationship to health. Housing stability, quality, safety, and affordability all affect health outcomes. Those experiencing homelessness or poor housing conditions are at a greater risk of infectious and chronic illness, poor mental health, and substance abuse. For example, homeless individuals are more likely to experience challenges managing a chronic health condition which involves a myriad of tasks for anyone, ranging from scheduling and getting to frequent doctor appointments to regularly taking and refilling numerous medications and eating a healthy diet. Being homeless makes these basic tasks even more overwhelming, particularly if combined with an additional chronic health or behavioral health condition, which many homeless individuals experience.

In 2018, the CHIP Housing Committee outlined strategies and tactics under the following two goals to improve housing and homelessness:

- **Goal 1:** To stabilize and improve housing security for people spending more than 50% of their income on housing.
- **Goal 2:** To stabilize and improve housing security for people spending more than 50% of their income on housing.

#### Progress: Housing and Homelessness Objectives & Strategies

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Washoe County's community agencies, organizations and individuals have made progress on four of six objectives and have advanced eight of 12 strategies which are currently meeting or exceeding the performance measure.

 **Objective 1.1-1.3-** By December 31, 2018 complete Phases 1-3 of the Enterprise Affordable Housing Regional Strategy Housing and Homelessness Objectives & Strategies

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Washoe County's community agencies, organizations and individuals have made progress on four of 12 objectives and have advanced seven of 10 strategies which are currently meeting or exceeding the performance measure.

For housing to be considered affordable, a household should spend no more than 30 percent of its income on rent and utilities. Truckee Meadows Healthy Communities (TMHC) and Truckee Meadows Regional Planning Association (TMRPA) partnered with

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<sup>2</sup> Washoe County Health District. Accessed from: <https://www.washoecounty.us/health/files/data-publications-reports/CHIP%20FINAL%206.28.18.pdf>

Enterprise Community Partners to develop a plan outlining actionable steps to increase production of affordable housing throughout Washoe County. The development of the Regional Affordable Housing Strategy was divided into three planning phases which outline the strategies to increase the supply and quality of affordable housing. Once completed and released to the community, the Affordable Housing Strategy will shape the region's actions and investments in affordable housing over the next ten years.

In January of 2017, Enterprise and the Washoe County planning team convened stakeholders at the Truckee Meadows Affordable Housing Forum. The forum was designed to facilitate cross-sector conversation and collaboration, identify common challenges, and regional opportunities. During the forum stakeholders were engaged in strategy sessions to prioritize the region's housing challenges and identified advocacy efforts and development strategies to guide future actions. Following the forum, stakeholders determined the need to develop a regional affordable housing plan.

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Housing is considered affordable when a household pays no more than **30%** of their income on housing costs



Enterprise collected and analyzed data to understand the economic, social, and legislative climate of the region. The data was then categorized to create an opportunity-based profile. [The Community Profile](#) was completed and contains an inventory of policies, programs (government and non-government), and financing tools that could be implemented in the short, medium and long terms. Phase 1 and 2 are completed and highlights the data collected of the affordable housing needs in the region.

Phase 3 of the Enterprise Affordable Housing Strategy is slated for completion in early 2019. TMRPA and TMHC established an Executive Leadership team to focus on strategy implementation, potential policies, programs, and finance opportunities to advance housing affordability. The final development of the housing strategy will include the implementation structure, policy recommendations received from local, state and federal participants, and a framework to measure the success of the strategy. Going forward, the Executive Leadership team will identify an organization to implement the Regional Strategy.

**Objective 2.1:** By September 1, 2018 identify and support alternative funding models for housing severely mentally ill (SMI)

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Individuals experiencing homelessness or unstable housing situations face significant challenges in obtaining care and managing chronic conditions. A growing body of evidence suggests those who obtain housing are much more likely to have better

health outcomes. Community partners including, Washoe County Human Services, Reno Area Alliance for the Homeless (RAAH) and ACTIONN identified the need to seek alternative funding models for housing Severely Mental Ill (SMI). Partners identified opportunities and developed a document to identify opportunities to alternative funding models which includes utilizing Medicaid waivers or cost savings to fund housing for homeless individuals with SMI, a low income housing tax credit and possible local revenue sources.

At a statewide level, the 2017 Nevada Legislative Committee was tasked with studying Affordable Housing and submitting a report of the issues and recommended legislation to the 2019 Legislative Session. As a result, one of the proposed policy recommendations from the study includes, amending the Medicaid 1915(i) State Plan to provide funding for tenancy support. Revising the state plan to would provide more flexibility for Medicaid beneficiaries experiencing homelessness and behavioral health conditions to qualify for supportive services in housing. A bill draft request (BDR) was submitted to the Legislature to expand the Medicaid 1915 (i) State Plan Options. At the time of print this was included in the Governor’s proposed budget.

**Objective 2.2:** By September 1, 2018 identify best practices for incorporating community case management for people receiving housing assistance

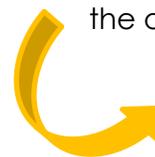
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Homelessness is often accompanied by many other problems such as lack of social support and co-occurring mental health and substance use disorders. Consequently, the challenges faced by these individuals frequently result in a lower quality of life. Case management, which helps people navigate the system of services available, can help improve health outcomes and increase access to services.

Despite the strong link between improved health outcomes for homeless populations receiving case management services; a lack of co-ordination amongst services and difficulties obtaining health insurance among individuals are reported barriers to service provision. The Health District deployed a survey to identify existing case managers in Washoe County across government and non-profit agencies to learn more about the barriers to further coordination of services. To address the barriers identified, materials were developed and distributed on how to conduct a “warm hand-off”. Referrals conducted by case managers through a warm hand-off, where referrals are made in person and include the client, are considered best practice for optimal case management outcomes.

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What case management information is not collected that you would like to have the option to collect?



1. Referrals
2. Program utilization

To further improve case management efficiencies, case managers, law enforcement, representatives from managed care organizations, and several other stakeholders who

provide services to the homeless population convened in meetings to discuss improving outcomes by sharing data and resources. Case managers described the absence of communication between providers and inability to track client information from different systems used by organization as key barriers to providing long-term services. The next steps will require further discussions to identify resources for a community case management data system.

Diversion is a strategy that prevents homelessness for people seeking shelter by helping them identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing. Diversion programs can reduce the number of families becoming homeless, the demand for shelter beds, and the size of program wait lists.<sup>3</sup> Case Managers at the Community Assistance Center Family Shelter successfully implemented diversions practices to assist families in finding appropriate housing to prevent them from needing to be housed at the family shelter. Additionally, in an effort to better serve the community and expand capacity and services, the family and women shelters at the Community Assistance Center are moving to the Northern Nevada Adult Mental Health Services (NNAMHS) campus. Families and women will receive shelter, critical services and specialized programming. The NNAMHS campus is currently under renovations and will begin serving Washoe County's women and children who are homeless in 2019.

In addition to growing adult and senior citizen populations, Nevada is home to the nation's fastest growing youth homeless population. Poverty, housing insecurity, involvement with the child welfare and juvenile justice systems, racial disparities, mental health, and substance use disorders are often identified as precursors to youth homelessness. About 71% of youth living on the street are from Washoe County and 8% are from rural Nevada. Many homeless youth and young adults have experienced significant trauma before and after becoming homeless and are particularly vulnerable to being trafficked for sex or labor.<sup>4</sup> According to the 2017 Point-in-Time Count about 58% of youth in Northern Nevada are currently being trafficked or are at very high risk of being trafficked.

The lack of a social safety net and funding for homeless programs continues to be an on-going issue to adequately meet the needs of youth experiencing homelessness. For example, as youth ages out of institutions like foster care, limited resources are available to prepare them for the transition to adulthood. The Eddy House provides an extensive array of services, but are unable to shelter youth overnight which is an essential element to getting youth stabilized, employed and out of the cycle of chronic

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<sup>3</sup> National Alliance to End Homelessness. Accessed from: <http://endhomelessness.org/wp-content/uploads/2011/08/creating-a-successful-diversion-program.pdf>

<sup>4</sup> National Alliance to End Homelessness. Accessed from: <https://endhomelessness.org/homelessness-in-america/who-experiences-homelessness/youth/>

homelessness.<sup>5</sup> The causes and solutions of youth homeless are unique; however, if interventions are effectively implemented, chronic homelessness can be prevented.

Evidence suggests 85% of youth experiencing homelessness won't experience chronic homelessness if interventions are provided before the critical age of 25. To address youth homelessness in Washoe County, the [Youth Homelessness Roadmap](#) was developed and then endorsed by the Reno Area Alliance for the Homeless (RAAH) Leadership council. Youth and young adults need stable housing, supportive connections to caring adults, and access to mainstream services that will place them on a path to long-term success. The RAAH Youth Homeless committee is working to implement the roadmap which includes strategies such as establishing a 24-hour drop in center, identifying a data collection tool, and increasing the amount of supportive transitional and workforce housing.

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<sup>5</sup> Washoe County Youth Homeless Roadmap

## Housing and Homelessness: How did we measure up?

Status	Strategy	Tactic	Performance Measure
	<b>Objective 1.1: By June 15, 2018 complete Phase I of the Enterprise Affordable Housing Regional Strategy.</b>		
	Facilitate local leadership meetings for Enterprise and provide any requested information	Conduct meetings needed and requested, Enterprise to develop roadmap	Phase I of roadmap complete
	<b>Objective 1.2: By September 1, 2018 complete Phase II of the Enterprise Affordable Housing Regional Strategy.</b>		
	Facilitate local leadership meetings for Enterprise and provide any requested information	Conduct meetings needed and requested, Enterprise to develop roadmap	Phase II of Regional Strategy complete
	<b>Objective 1.3: By December 31, 2018 complete Phase III of the Enterprise Affordable Housing Regional Strategy.</b>		
	Facilitate local leadership meetings for Enterprise and provide any requested information	Conduct meetings needed and requested, Enterprise to develop roadmap	Phase III of regional strategy complete
	<b>Objective 1.4: By July 1, 2020 implement Enterprise Affordable Housing Regional Strategy as indicated in plan implementation schedule.</b>		
	Advocate for and work to identify or establish an organization or coalition that can accomplish the implementation plan and advocacy mission of phase IV of the Regional Strategy for Housing Affordability.	Identify or establish organization to lead implementation	Organization identified/established
		Organization identified in strategy one to complete implementation plan	Activities and strategies outlined in implementation plan completed
	<b>Objective 2.1: By September 1, 2018 identify and support alternative funding models for housing severely mentally ill (SMI).</b>		
	Identify alternative funding models for housing SMI	Map out options for utilizing Medicaid waivers or state plan revisions for cost savings to fund housing for homeless individuals with SMI	Document that lists options for utilizing Medicaid waivers or cost savings to fund housing

		Document steps needed to pursue Medicaid state plan revisions for cost savings to fund housing for SMI.	Document that outlines steps needed to implement funding models identified (i.e., State Medicaid Administrator approval/letter of support, legislative action needed, etc.)
		Determine if non-federal match funds are required for funding options identified and if so, initiate communication to determine if state or local funding could be utilized to meet matching requirement	Meetings conducted to explore possible sources of matching funds
	Support alternative funding models identified.	Coordinate advocacy efforts needed to support funding models identified.	Central point of contact identified for disseminating information.
	Work with State Medicaid agency to revise state plan to include expansion of 1915(l) subpopulations to include homeless people who are severely mentally ill.	Document steps needed to revise state plan to expand 1915(i) subpopulations.	Document that outlines steps needed to revise state plan.
		Identify steps for implementation of revised state plan.	Action plan for implementation activities.
<b>Objective 2.2: By September 1, 2018 identify best practices for incorporating community case management for people receiving housing assistance.</b>			
	Survey and identify all existing case managers in the community across non-profit and government agencies and the general scope of the case management provided.	Each agency will list their case managers, and identify their duties and responsibilities.	Completed list of case managers and the scope of the case management and the resources the case manager has available to contribute.
		Convene a case management specific meeting(s) to facilitate collaboration of case management and sharing of best practices	Meetings convened, best practices shared.
	Document experiences and results from Washoe County's Community Case Managers.	Work with Shelia Leslie and Community Case Managers to document experiences and results to date.	Completion of report on Washoe County Community Case Management experiences and results.
	Compile and share best practices examples from other communities.	Conduct internet research.	Creation of a report presenting options used successfully in other communities.

		Develop a timeline for implementation of best practices identified for incorporating collaborative case management for those receiving rental assistance.	Completed document reflecting a timeline and implementation steps for best practices identified, may be combined with report on experiences and best practices identified.
	Create diversion case managers at the Community Assistance Center (CAC). Working directly with the individuals and families at the CAC that are NOT in the shelters and are on the waiting list. Provide supportive services and crisis management prior to entering the shelter.	Identify a case manager who can be solely dedicated to working with families on the waiting list for the family shelter to identify housing opportunities to prevent them from needing to be housed at the family shelter.	Document reflecting roles and responsibilities of existing case managers at the CAC. No families on the wait list at the CAC.
	Support implementation of objectives/strategies outlines in the HID Youth Demonstration grant.	Identify a timeline to implement grant objectives.	Document reflecting implementation timeline
Gather key stakeholders to determine lead agencies on grant objective implementation. Establish process for training, agency communication and service delivery that include best practices for homeless youth.		Meetings conducted to determine lead agencies that specifically serve homeless youth.	
Explore best practices and establish a process for training, agency communication and service delivery for entities that encounter homeless youth.		Document reflecting training best practices and the process identified for providing training for entities encountering homeless youth.	

## Behavioral Health

**B** Mental illnesses and substance use are commonly known to co-exist<sup>6</sup> and behavioral health is an umbrella term that includes both mental health and substance use. The prevalence of these health conditions are a growing public health concern because of the alarming rates of Americans struggling with a mental illness or substance use disorder. As a nation, approximately one in five American adults will experience some form of mental illness in any given year, according to the National Alliance on Mental Illness. The mortality rate caused by substance use (alcohol and drugs) among adults is higher in Washoe County than Nevada and the nation.<sup>7</sup>

Sadly, about half of those with a mental health disorder do not seek treatment or are unable to get the appropriate care needed.<sup>8</sup> Nevada is ranked 51<sup>st</sup> among the states in prevalence of mental illness and access to care. Increasing evidence suggests that significantly greater barriers exist to receive mental health care in comparison to physical health care.<sup>9</sup> Initial treatment is frequently delayed for many reasons including; failing to seek help because the problem is not acknowledged, perceiving that treatment is not effective, and desiring to deal with the problem by self-medicating. In addition, a lack of knowledge about mental disorders and stigma remain major barriers to care.<sup>10</sup> Similar to the national rates, Nevada is experiencing an increasing trend with the fifth highest suicide rate in the Country.<sup>11</sup> Washoe County currently leads the state in suicide prevalence with 23.6 suicide deaths per 100,000 people. This rate is substantially higher than the national average of 13.3 suicide deaths per 100,000 people.<sup>12</sup>

The suicide rate in Washoe County is

1.7x

the national average

Historically, factors that impede access to treatment in Nevada include lack of treatment options or availability of services, underfunding of social welfare programs and the available workforce. Lack of funding in Nevada has often been cited as a top limitation to providing adequate services to our most vulnerable populations, with the per capita funding of mental health services averaging \$89.41, far short of the national

<sup>6</sup> Substance Abuse and Mental Health Services Administration. (2017). *Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health*.

<sup>7</sup> Centers for Disease Control and Prevention, National Center for Health Statistics. Accessed from: <https://wonder.cdc.gov/ucd-icd10.html>

<sup>8</sup> Center for Disease Control and Prevention. Accessed from: <https://www.cdc.gov/genomics/resources/diseases/mental.htm>

<sup>9</sup> The Robert Wood Johnson Foundation. Accessed from:

[https://www.integration.samhsa.gov/workforce/mental\\_disorders\\_and\\_medical\\_comorbidity.pdf](https://www.integration.samhsa.gov/workforce/mental_disorders_and_medical_comorbidity.pdf)

<sup>10</sup> Center for Disease Control and Prevention. Accessed from:

[https://www.cdc.gov/hrqol/Mental\\_Health\\_Reports/pdf/BRFSS\\_Full%20Report.pdf](https://www.cdc.gov/hrqol/Mental_Health_Reports/pdf/BRFSS_Full%20Report.pdf)

<sup>11</sup> Centers for Disease Control and Prevention, National Center for Health Statistics. Accessed from: <https://wonder.cdc.gov/ucd-icd10.html>

<sup>12</sup> Centers for Disease Control and Prevention, National Center for Health Statistics. Accessed from: <https://wonder.cdc.gov/ucd-icd10.html>

average of \$131 per capita. The available workforce is a substantial problem as the applicant pool is limited and current policies make it problematic to recruit out-of-state providers due to the time needed for the behavioral health board to approve licensure. In addition, affordable coverage for mental illness provided by private health insurance, Medicare, and Medicaid, is sometimes less comprehensive than that for physical illnesses. Many of those who have Medicaid are likely to experience delayed care or difficulties finding a provider because their health care coverage isn't widely accepted. This issue is further exacerbated as many patients are held on long wait lists to receive appropriate care; resulting in emergency care or interactions with law enforcement.

Due to these challenges, strategies ranging from improving the licensure process to implementing regulatory measures to improve access for more effective and efficient delivery of services were included in the action plan. Childhood interventions aimed at identifying early signs of a mental illness have been implemented such as, Signs of Suicide, a suicide prevention program for seventh grade students which includes a screening for high risk behaviors. Additional efforts are underway to expand access to treatment and support services that will likely improve the quality of mental health care in Washoe County.

The CHIP Behavioral Health Committee outlined strategies and tactics under the following three goals to improve behavioral health:

- **Goal 1:** To stabilize and improve housing security for the severely mentally ill (SMI).
- **Goal 2:** Assess and address current status and need for Behavioral Health services in Washoe County
- **Goal 3:** Reduce depression and suicidal behaviors in adolescents

Progress: Behavioral Health Objectives & Strategies

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Washoe County's community agencies, organizations and individuals have made progress on two of four objectives and have advanced six of 10 strategies which are currently meeting or exceeding the performance measure.

 **Objective 1.1-1.2:** By September 1, 2018 identify and support alternative funding models for housing SMI and identify best practices for incorporating community case management for SMI receiving housing assistance.

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Having a mental health problem can create the circumstances which cause a person to become homeless and a large body of evidence suggests poor housing or homelessness can increase the chances of developing a mental health problem, or exacerbate an existing condition. Due to the close relationship between these two, the housing objectives mirror the objectives in this section to address the needs of those with a mental health illness. See page eight for details.

 **Objective 2.1:** By October 1, 2018 develop a strategy to collect and disseminate information related to the annual statistics on behavioral health providers in Washoe County.

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To address challenges in the current behavioral health system the Washoe Regional Behavioral Health Board was established in 2017 through Assembly Bill 366. The Board identifies gaps in behavioral health services and provides recommendations or service enhancements to address the gaps. A Behavioral Health Data Profile report was developed and also serves as part of the Washoe Regional Behavioral Health Board's annual report. The report outlines profiles of substance use and abuse, mental health prevalence data and provides information of the behavioral health needs in Washoe County. The report has been utilized by the Washoe Regional Behavioral Health Policy Board and community stakeholders to inform discussions, policies and solutions.

While the Behavioral Health profile provides mental illness and substance use rates, there is still a lack of data indicating the number of mental health providers that accept Medicaid, the amount of staffing dedicated to seeing patients and if a sliding fee scale is accepted. Limited provider data hinders Nevada's ability to properly identify workforce shortages and develop approaches to address these challenges. In Washoe County, the number of psychiatrist available is half the national average and many do not accept Medicaid. Patients who need immediate care from a Psychiatrist face wait times up to a month, or longer for those on Medicaid, needing adolescent or bi-lingual services. The lack of available data to illustrate the unmet need impedes the ability to address the behavioral health challenges in the community. At the time of print, a bill draft request was submitted to address lack of provider data which would enable our state to determine the workforce development increased needed to address the gaps in available services.

To address challenges with licensure delays, the Provider Data workgroup is exploring opportunities to expedite provider licensures. Revisions to statutes, modernization of licensure boards, fee increases for license renewals are strategies that have been identified as possible ways to address the workforce shortage.

 **Objective 3.1:** By September 1, 2018 increase mental health screening of 7th grade students in Washoe County using a standardized screening tool and provide appropriate referral to care.

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The Signs of Suicide (SOS) Prevention Program is a nationally recognized, evidence-based, program for middle and high school-age students. There is recognition that this age group is particularly vulnerable to depression and suicidal thoughts so providing SOS to youth, parents and educators at this critical age can prove to be life-changing and life-saving. The Children's Cabinet has been implementing SOS in Washoe County schools for three years, previously funded by a grant received by the State of Nevada called Safe Schools, Healthy Students which ended in September of 2018.

To continue implementing this critical suicide prevention program funding was provided by the Washoe County Health District. The SOS curriculum includes a program overview for school staff and parents. Following the overview, case managers and licensed therapists educate students about the Acknowledge, Care, Tell techniques to identify the symptoms of depression and suicidality in themselves or their friends

After the SOS presentation, youth participate in a screening process by answering a short questionnaire. The results are then reviewed by Children's Cabinet staff. While results of the screening are not diagnostic, they do indicate the presence or absence of symptoms that are consistent or inconsistent with the risk of depression or suicide.

In the first six months of implementation, Children's Cabinet staff provided education to four middle schools via a SOS DVD presentation. Just under 1,500 students watched the DVD and over 300 students were screened after the presentation. Of those screened, about 30% had a positive screen and follow-up services were provided (Fall semester SY 2018).

Looking ahead, Children's Cabinet will be implementing the SOS program in 11 WCSD middle schools in SY 2018-2019. While all seventh grade students have the opportunity to participate in the screening component of this program, not all do as parent consent must be received prior to the SOS presentation (this is an opt-in program with WCSD). The Children's Cabinet is extending SOS presentations to educators and parents to increase awareness of the prevalence of suicide in Washoe County. In addition, efforts to identify stable funding sources for SOS education and opportunities to increase the number of students screened are ongoing.

Behavioral Health: How did we measure up?

Status	Strategy	Tactic	Performance Measure
<b>Objective 1.1: By September 1, 2018 identify and support alternative funding models for housing SMI.</b>			
	Identify alternative funding models for housing SMI	Map out options for utilizing Medicaid waivers or state plan revisions for cost savings to fund housing for homeless individuals with SMI	Document that lists options for utilizing Medicaid waivers or cost savings to fund housing
		Document steps needed to pursue Medicaid state plan revisions for cost savings to fund housing for SMI	Document that outlines steps needed to implement funding models identified (ie, State Medicaid Administrator approval/letter of support, legislative action needed, etc.)
		Determine if non-federal match funds are required for funding options identified and if so, initiate communication to determine if state or local funding could be utilized to meet matching requirement	Meetings conducted to explore possible sources of matching funds  A memorandum of understanding to provide match funds needed
	Support alternative funding models identified	Coordinate advocacy efforts needed to support funding models identified	Central point of contact identified for disseminating information
	Work with State Medicaid agency to revise state plan to include expansion of 1915(i) subpopulations to include homeless people who are severely mentally ill.	Document steps needed to revise state plan to expand 1915(i) subpopulations.	Document that outlines steps needed to revise state plan.
		Identify steps for implementation of revised state plan.	Action plan for implementation activities.
<b>Objective 1.2: By September 1, 2018 identify best practices for incorporating community case management for SMI receiving housing assistance.</b>			
	Document experiences and results from Washoe County's Community Case Managers.	Work with Shelia Leslie and Community Case Managers to document experiences and results to date.	Completion of report on Washoe County Community Case Management experiences and results.

	Compile and share best practices examples from other communities.	Conduct internet research.	Completion of report on Washoe County Community Case Management experiences and results.
		Develop a timeline for implementation of best practices identified for incorporating collaborative case management for those receiving rental assistance.	Completed document reflecting a timeline and implementation steps for best practices identified, may be combined with report on experiences and best practices identified.
	Create diversion case managers at the Community Assistance Center (CAC). Working directly with the individuals and families at the CAC that are NOT in the shelters and are on the waiting list. Provide supportive services and crisis management prior to entering the shelter.	Identify a case manager who can be solely dedicated to working with families on the waiting list for the family shelter to identify housing opportunities to prevent them from needing to be housed at the family shelter.	Document reflecting roles and responsibilities existing case managers at the CAC. No families on the wait list at the CAC.
<b>Objective 2.1: By October 1, 2018 develop a strategy to collect and disseminate information related to the annual statistics on Behavioral Health providers in Washoe County.</b>			
	Collect and disseminate information related to the annual statistics on the number of Psychiatrist in Washoe County, FTEs, sliding fee scale utilization and Medicaid acceptance in Washoe County.	Collect existing information from NV DHHS Primary Care Office	Needed information is collected
		Determine optimal format of information sharing, i.e., one page handout,	Informational materials are developed
		Distribute information amongst state and local elected officials, board, etc.	Information distributed to appropriate contacts
	Publish report outlining gaps in service and access for those needing behavioral health in Washoe County	Collect needed information and oversee UNR MPH intern in the development of the report.	Needed data collected and evaluated
		Complete draft of report and distribute to Regional Behavioral Health Board for review and feedback.	Report completed

	Explore opportunities to increase efficiency of Behavioral Health Licensure boards in order to expedite licensure	Identify means of modernization of licensure boards and resources needed for modernization	Document reflecting opportunities for modernization corresponding resources needed
		Identify potential opportunities to revise policies that would allow for expedited licensure	Document outlining policies and potential revisions
<b>Objective 3.1: By September 1, 2018 increase mental health screening of 7th grade students in Washoe County using a standardized screening tool and provide appropriate referral to care.</b>			
	Implement Signs of Suicide education and screening program for all 7th grade students in Washoe County	Approval of District administrative regulation for implementation of Signs of Suicide education and screening for all 7th grade students	Approved Administrative regulation
		Identify stable funding sources for Signs of Suicide education and screening program	Funding sources secured for 3 years of programming
		Identify strategies to build support for consent for screening	Document reflecting strategies that could be employed to build support for consent for screening
	Identify a means for the school district to provide space and allow outside behavioral health providers on school site to provide care to students.	Meet with Washoe County School District administration to determine what the barriers are to facilitating space sharing	Pilot behavioral health provider workspace at 2 elementary, middle and high schools in the district
		Work with stakeholders to identify ways to overcome barriers	

## Nutrition and Physical Activity

The prevalence of obesity has more than doubled since the 1960s and may be the single largest threat to public health and the economy. Nearly two in every three adults and one in every three adolescents in the nation is classified as overweight or obese. Obesity is strongly correlated with comorbid conditions such as type 2 diabetes, heart disease, and hypertension. The increased morbidity and mortality resulting from the combination of conditions clearly indicate that maintaining an appropriate weight is a major public health concern.

After years of rapid increases, adolescent obesity rates are showing signs of leveling off but still remain too high. Obesity rates are as high as 17.4% for seventh graders, and 36.4% for adults in Washoe County.<sup>13</sup> The prevalence is of particular concern as children and adolescents that are overweight or obese are likely to remain overweight throughout adulthood and experience adverse health outcomes.<sup>14</sup>

The health benefits gained by engaging in regular physical activity and eating a healthful diet is well documented however, a substantial proportion of adults and children in Washoe County are not meeting the recommended guidelines. Individuals are faced with a considerable amount of unhealthy choices in their physical environment and research suggests creating healthier environments is a promising method to reverse the obesity trend. For example, local policies and incentives can affect the presence and absence of walking paths, smart cafeterias, and healthy food options in schools and workplaces. Locally, the Washoe County School District has a Student Wellness Policy that plays a vital role in ensuring that children have access to healthy food and sufficient opportunities for physical activity during the school day.

To reach families in Washoe County, the CHIP committee adopted the 5210 Let's Go Framework aimed at promoting healthy eating and active living across the community. The committee is currently focusing on youth organizations, worksites, and healthcare offices. The CHIP committee is working to advertise a consistent message about healthy habits which will likely affect the community's knowledge on how to make healthier choices. In addition to messaging concepts, the committee is working to engage organizations to create environments where healthy choices are the easy choice.

In 2018, the CHIP Physical Activity and Nutrition Committee outlined strategies and tactics under the following goal to improve physical activity and nutrition:

- **Goal 1:** To increase physical activity and nutrition among adults and youth using the 5210 Let's Go Framework.

<sup>13</sup>Washoe County Health District. Accessed from: [https://www.washoecounty.us/health/files/data-publications-reports/2018-2020%20CHNA\\_FINAL.pdf](https://www.washoecounty.us/health/files/data-publications-reports/2018-2020%20CHNA_FINAL.pdf)

<sup>14</sup>Center for Disease Control and Prevention. Childhood Obesity Causes & Consequences. Accessed from: <https://www.cdc.gov/obesity/childhood/causes.html>

## Progress: Physical Activity and Nutrition Objectives & Strategies

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Washoe County's community agencies, organizations and individuals have made progress on two of three objectives and have advanced five of seven strategies which are currently meeting or exceeding the performance measure.

**Objective 1:** By July 2019, increase the number of community organizations implementing aspects of the 5210 program from 1-11.

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5210 Healthy Washoe is following the nationally recognized and evidence based Let's Go! Program, to create healthy environments in our community, so that children, youth and adults can lead healthier lives. A Healthy Washoe team was established to develop the infrastructure to support program implementation. The directors from Let's Go Headquarters in Maine provided a three-day training course on the Let's Go! model for obesity prevention and evaluation methods. Implementation plans were developed to address youth and businesses to reach families where they live, learn, work and play to reinforce the importance of healthy living. The program is based on the premise that if children and families are exposed to the same health promotion message through several settings, and if those settings have policies and environments that support healthy choices, children and families will be more likely to adopt or maintain the behaviors in their daily lives.



Similar to the 5210 program for children and youth, the Healthy Washoe program will work with employers by focusing on making simple changes to the work place, such as moving more, making healthier food choices, drinking more water and getting adequate rest. A business implementation plan was developed and highlights engagement activities to assess the community's readiness to increase opportunities that support healthier work environments. The Reno-Sparks Chamber of Commerce partnered with the Healthy Washoe team to deploy the 5210 Workplace Wellness survey, assessing the interest of wellness in the workplace. The survey was released in January 2019. Following the survey, the team intends to meet with Chamber members from large and small businesses to identify cost effective interventions to promote a culture of health. The results from the community-lead activities will inform site improvement plans.

**Objective 2:** By July 2019, improve the nutrition environment in the community by improving the nutritional offerings in vending machines and concession stands in schools, workplaces, and community settings.

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People generally get most of their food from either food retail venues, where they buy foods to prepare and eat from home, or from food service venues, where they eat away from home. Grocery stores, corner stores, and farmers' markets are examples of food retail venues. Restaurants (including quick serve), snack bars, micro markets, and worksite cafeterias are examples of food service venues. Having healthy food available and affordable in food retail and food service settings allows people to make healthier food choices. When healthy foods are not available, people may settle for foods that are higher in calories and lower in nutritional value.<sup>15</sup> Food service is a key area in which strategies and policies can be implemented to promote and provide healthier foods and beverages as a way to support optimal health.

The Washoe County Health District's Chronic Disease and Prevention team formed a healthy vending and concessions committee to lead implementation efforts and increase sites with healthy vending and concessions. The committee utilized federal and non-profit wellness guidelines to determine healthy standards for vending and concessions in Washoe County. To simplify guidance for vendors, and to ensure healthy standards are met, the criteria will be included in a document and shared with interested partners.

Additionally, Renown Health is conducting a pilot program to improve the nutritional value of concession stand offerings. Local and federal policies to make healthier foods available at schools often don't include concessions at sporting events and local events typically don't have policies addressing nutritional guidelines. Foods sold through concessions are often high in fat, added sugar, sodium, calories, while low in nutrients. Concession stands generate much-needed funds for sports leagues and organizations and foods of low nutritional value found at traditional concession stands produce high profits. As a result, some groups are resistant to change concession stand offerings to healthier items because of the concern that this would hurt both sales and customer satisfaction. Renown's nutrition team improved the nutritional quality of popular items in simple ways, like eliminating trans fats, providing fresh produce and offering a menu of options that are less than 500 calories. In addition, during this pilot program foods are provided at no cost to partners with the benefit of keeping profits from the items sold.

To date, about 100 meals are being purchased per event at the Healthy Concession stands and sell out at locations including, University of Nevada, Reno football and basketball games, Reno Aces and 1868 FC, and South Reno Little League. Renown recently expanded Healthy Concessions to Sierra Wrestling Association and will

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<sup>15</sup> Center for Disease Control and Prevention. Accessed from: <https://www.cdc.gov/obesity/strategies/healthy-food-env.html>

continue to work with the Healthy Vending and Concessions committee to increase the number of sites participating in the healthy concessions initiative.

**Objective 3:** By July 2019, Improve access and availability of nutrition and physical activity opportunities by implementing three Family Health Festivals in zip codes with high Community Need Index (CNI) scores.

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Preventive health activities like vaccinations, basic screenings and eating a healthy diet are important to improve overall health and wellness. In addition to scheduling regular check-ups with primary care healthcare providers, patients can make positive changes in diet and exercise habits to prevent or manage chronic health conditions.

The Family Healthy Festivals (FHF) were established in the first CHIP to address the unmet need for a community hub of direct services and provision of community resources among populations that have low socioeconomic status, are uninsured, or in an underserved community. Now in its third year of providing services at low-or no cost, FHF's incorporate more education on how families can take small steps to become healthier through improved nutrition and physical activity to reduce the prevalence of obesity.

Over a thousand individuals participated at the Family Health Festivals held in July and October at Miguel Ribera Park and O'Brien Middle School in North Valleys. The committee established an event in the North Valley's community because families face difficulties accessing care due to the absence of resources nearby. Families identified lack of transportation, lack of knowledge of available resources, and attitudes and culture surrounding health and lifestyle choices as primary barriers to engaging in routine health care services. FHF's address these barriers by connecting families to direct resources on-site. A major strength of the FHF is the consistent variety of health services offered by community partners. Based on the feedback received by participants, the committee is focusing on areas to improve including; recruiting more health services, expanding community awareness and increasing outreach among populations at risk.

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#### **Family Health Festival Results at a Glance:**

-  50 New households
-  202 Flu shots
-  190 Clients referred to  
a primary care home

**Objective 4:** By July 2019, improve the nutrition environment in targeted parks by increasing the number of environmental cues related to healthy food and beverage consumption by at least 3.

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Regular physical activity is important for both physical and mental health. However, a large portion of residents in Washoe County currently do not meet federal activity guidelines. Public neighborhood parks offer accessible infrastructure that can facilitate physical activity, and most residents live within a mile of at least one park. In an effort to increase physical activity, the WCHD's Chronic Disease Prevention Program (CDPP) is focusing on local urban parks and conducted park assessments to understand utilization. Results of the assessment found that parks are underutilized in our highest risk communities and is attributed to variables such as perceived safety (vandalism, transients, litter) and availability of facility/sporting assets (i.e. toilet, drinking fountain, basketball court).

To address these barriers, CDPP and park and recreation agencies are playing an important role in the planning, coordination and implementation of new and revitalized park efforts in low-income neighborhoods. The revitalization process includes hosting events to encourage a sense of community and to increase usage of the park and installing healthy living cues through signs and art. The first event was a Family Field Day held in September at Yori Park in Reno. Ten community partners were invited to share resources and conduct activities on active living and healthy eating and approximately 200 individuals from the surrounding neighborhood attended the event to learn about how parks can be part of a healthy and active lifestyle. Furthermore, local artist Eric Burke transformed the park through an abstract mural of activity spaces such as long jump on the concrete floor to encourage physical activity among youth. In 2019, partners intend on hosting additional events at parks to demonstrate how parks are a great space for physical activity. In addition, CDPP teamed up with Washoe County's GIS Technology Services to build an interactive regional park directory promoting park usage in our community. This interactive directory includes all parks in the Reno, Sparks and Washoe County jurisdictions and can filter by park amenity, name, or location.

Nutrition and Physical Activity: How did we measure up?

Status	Strategy	Tactic	Performance Measure
<b>Objective 1.1: By July 2019, increase the number of community organizations implementing aspects of the 5210 program from 1 to 11.</b>			
Green	Develop 5210 Let's Go! infrastructure to support program implementation	Organize a 5210 Let's Go! Advisory Board	Advisory Board established
		Determine branding of local 5210 efforts	Local brand approved by advisory board
		Identify a minimum of three ways to market and educate the public on the 5210 program efforts	Number of marketing strategies identified
		Identify and develop appropriate and consistent evaluation measures for use by organizations that implement 5210	Evaluation measures/ toolkit developed
Green	Educate community organizations and health care providers about Let's Go 5210 program and how to implement it.	Coordinate with Let's Go 5210 staff in Maine to plan a learning opportunity	Number of learning opportunities planned
		Offer at least one Let's Go 5210 learning opportunity for the community to increase knowledge and understanding of the Let's Go 5210 program	Number of 5210 learning opportunities offered and number of health care practices educated
	Build a financial support system for 5210 efforts by securing at least two financial supporters in year one.	Identify funding sources to support 5210 program efforts	Two funding sources identified
Yellow	Increase the number of businesses, community organizations, and health care providers that are implementing the 5210 program in Reno/Sparks.	Recruit a minimum of 5 youth organizations to implement 5210! program	Number of organizations implementing 5210. Number of youth impacted by 5210
		Recruit 1 health care provider to implement 5210 program	Number of health care providers implementing 5210 Number of families impacted by 5210
		Coordinate with Reno/Sparks Chamber of Commerce (Chamber) to reach 100% of their member organizations (~1500) with information about Let's Go 5210	Number of organizations reached

		Recruit a minimum of 5 organizations from the Chamber to participate in the implementation of Let's Go 5210 with their employees.	Number of organizations implementing 5210. Number of employees impacted by 5210
		Educate and provide technical assistance (TA) to organizations about 5210 and how to implement	Number of organizations reached with education and TA about 5210 components
<b>Objective 1.2: By July 2019, improve the nutrition environment in the community by improving the nutritional offerings in vending machines and concession stands in schools, workplaces, and community settings.</b>			
	Develop a toolkit for implementing healthy vending and concessions in Washoe County.	Work with the Business Enterprises of Nevada (BEN) Program to implement healthy vending per the BEN Nutrition Standards Policy	Number of BEN locations successfully implementing the Nutrition Standards Policy
		Communicate with vendors and identify those in the community that have the capacity and willingness to work with businesses on healthy vending	List of vendors available for healthy vending and concessions
		Work with businesses to provide healthy food options at concessions located in Washoe County	List of healthy concession sites
		Compile key information on process of healthy vending and concession implementation into a comprehensive toolkit	Number of toolkits and informational documents developed
	Identify strategies to increase healthy vending and concessions in Washoe County.	Form a healthy vending and concessions committee to lead implementation of healthy vending and concessions initiative	Healthy vending and concessions committee formed
		Develop a plan to increase the number of healthy vending and concession locations in Washoe County and evaluate impacts	Plan developed
<b>Objective 1.3: By July 2019, improve access and availability of nutrition and physical activity opportunities by implementing three Family Health Festivals in zip codes with high</b>			
	Implement three Family Health Festivals (FHF) located in zip codes with high Community Needs Index (CNI) scores.	Secure/apply for monies to support FHF efforts	Funds secured
		Coordinate three FHF/year with at least 100 attendees at each event	Number of FHF

**Objective 1.4: By July 2019, improve the nutrition environment in targeted parks by increasing the number of environmental cues related to healthy food and beverage consumption by at least 3.**

	Increase knowledge of healthy behaviors among populations at greatest risk.	Complete a series of pre/post assessments to measure one's knowledge and skills to engage in physical activity	Number of assessments completed
		Complete a series of pre/post assessments to measure one's knowledge and skills to prepare nutritious foods.	Number of assessments completed

## Conclusion

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The 2018 Annual Report is a product of six months of collaboration between the WCHD and community partners dedicated to making Washoe County a healthier community. The Community Health Improvement Plan (CHIP) was developed to foster alliances across organizations in multiple sectors to target community health issues together for greater impact and has seen great success in meeting that goal. The CHIP is the culmination of a community health improvement planning process that began with a Community Health Needs Assessment (CHNA) and resulted in the development of the 2018-2020 CHIP, which includes specific actions to take to address these issues. In the first six months we have accomplished so much as a community.

We are grateful for the contributions and expertise made by our community partners to improve health outcomes in Washoe County. The accomplishments in the first six months would not have been possible without the dedication and passion from our partners. The relationships forged through the collaborative work and resource sharing will continue to strengthen the strategic direction and concrete actions outlined in the plan. As we implement the next steps of the CHIP, we look forward to achieving mutual goals and working with our partners to bring positive and sustainable change to the health and wellness of the Washoe County.