

# WASHOE COUNTY HEALTH DISTRICT FY17-20 STRATEGIC PLAN EXECUTIVE SUMMARY

## MISSION STATEMENT

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

## VALUES STATEMENT

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

## VISION

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A healthy community

## STRATEGIC DIRECTION

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Leaders in a unified community making measurable improvements in the health of its people and environment

## STRATEGIC PRIORITIES

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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. **Financial Stability:** Enable the Health District to make long-term commitments in areas that will positively impact the community's health by growing reliable sources of income.
6. **Organizational Capacity:** Strengthen our workforce and increase operational capacity to support a growing population.

## STRATEGIC PRIORITIES & FY17-20 GOALS

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

FY17-20 Goals:

- 1.1 Reduce the negative health and economic impacts of obesity and chronic disease.
- 1.2 Provide preventive health services that are proven to improve health outcomes in the community.
- 1.3 Improve access to healthcare and social services so people of all means receive the services they need.

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

FY17-20 Goals:

- 2.1 Protect people from negative environmental impacts.
- 2.2 Keep people safe where they live, work, and play.

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

FY17-20 Goals:

- 3.1 Raise awareness of the Health District and the services it offers within the community.
- 3.2 Work with others to establish policies that positively impact public health.
- 3.3 Inform the community of important health trends by capturing and communicating health data.
- 3.4 Raise awareness of the benefits of a healthy community to build a local culture of health.

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

FY17-20 Goals:

- 4.1 Lend support and accountability to improve K-12 educational outcomes which are strongly associated with public health outcomes.
- 4.2 Support and promote behavioral health.
- 4.3 Improve nutrition by supporting efforts to increase food security.
- 4.4 Enhance the regional EMS system.

### **5. FINANCIAL STABILITY: Enable the Health District to make long-term commitments in areas that will positively impact the community's health by growing reliable sources of income.**

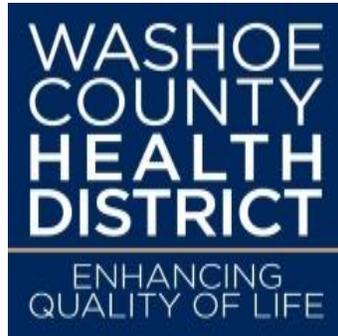
FY17-20 Goals:

- 5.1 Update the Health District's financial model to align with the needs of the community.
- 5.2 Ensure resources are spent where they can have the most impact by identifying opportunities for cost savings.

### **6. ORGANIZATIONAL CAPACITY: Strengthen our workforce and increase operational capacity to support a growing population.**

FY17-20 Goals:

- 6.1 Create a positive and productive work environment.
- 6.2 Focus on continuing to build staff expertise.



**WASHOE COUNTY HEALTH DISTRICT  
FY17-20 STRATEGIC PLAN**

*Updated as of May 20, 2016*

## LETTER FROM THE DISTRICT BOARD OF HEALTH CHAIR

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Big changes are underway in Washoe County. While the foundation for a significant increase in the economic vitality of our region has been laid, much work is yet to be done to ensure that commensurate improvements in the region's quality of life accompany the coming economic growth. And when it comes to quality of life, nothing can have a greater impact than one's health.

Over the coming years, my colleagues on the District Board of Health, Washoe County Commission, Reno and Sparks City Councils, and other leadership positions within the community will have to make decisions that have significant implications on the future of our community. One thing I have learned from my experience on the District Board of Health, is that many policy decisions in areas such as transportation, land use, and education that may not be immediately associated with public health, can have significant effects on public health outcomes. As regional policy makers shaping the future of our community, we all must recognize and value the health implications of the decisions we make so that our community is healthier tomorrow than it is today.

The simple fact is that Washoe County faces many public health challenges—high rates of chronic disease, drug abuse, and limited public health funding are examples. I am confident that the District Board of Health and the excellent staff at the Washoe County Health District have identified the most significant public health challenges our community faces and created a strategic plan that addresses those challenges in a meaningful way.

I know I share the opinion of my fellow board members when I say that I am excited to oversee, and participate in, the execution of the strategic plan and experience the positive results the Health District's work will have on our community.

Kitty Jung  
Washoe County Commissioner  
District Board of Health Chair

## LETTER FROM THE DISTRICT HEALTH OFFICER

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<Add Kevin's Picture>

Nearly every day I am reminded of the importance and impact of the work done by the Washoe County Health District. Never was this more true than during the creation of this strategic plan. Throughout the process, all staff shared their enthusiasm for the work they do and their desire to make a greater impact on the community they care about.

Perhaps the greatest challenge we faced in the creation of this plan was choosing what to prioritize. We relied heavily on community data in our decision making process but also took into account the voice of staff who interact with those we serve on a daily basis. They are the ones who have the deepest insight into the needs of our community and whose work is impacted most significantly by strategic decisions we made in developing this plan.

They are also the ones who will be most crucial to successfully implementing this strategic plan. It will take a continued commitment to improving our team to be able to accomplish everything we hope to over the next four years. This is an investment that I know will pay off.

Of course, even with unlimited staff and resources, the Health District alone could not achieve all of the health outcomes the community needs. A community's health is a result of many factors and as such, it requires the partnership and collaboration of many individuals, organizations, and agencies to make meaningful improvements. This plan not only outlines what we as the Health District can accomplish alone, but also what we hope to accomplish as a community and the partnerships required to do so.

I am excited to see what the next four years brings to our region. Whatever that is, I am confident that the staff of the Washoe County Health District under the leadership of the District Board of Health will make tremendous strides towards a healthier community.

Kevin Dick  
Washoe County District Health Officer

**OVERVIEW OF THE PLAN STRUCTURE AND PLANNING PROCESS**

**Definitions**

**Mission:** What is our core purpose?

**Values:** How do we behave?

**Vision:** Where are we going?

**Strategic Direction:** What does success look like?

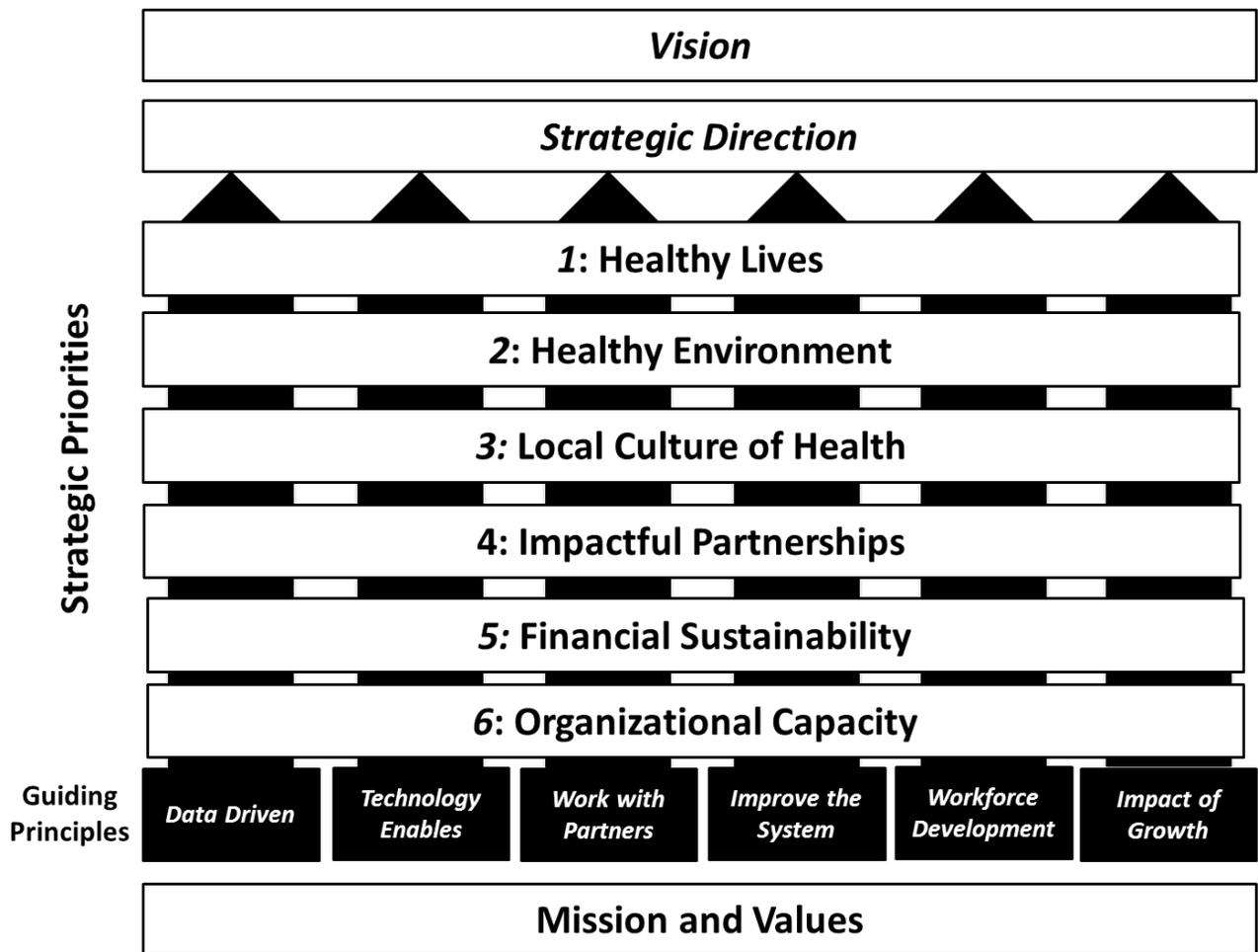
**Guiding Principles:** What is central to the way we work?

**Strategic Priorities:** Where must we focus so we succeed?

**District Goals and Community Outcomes:** What is most important right “now”?

**Supporting Divisional Initiatives:** Who must do what?

**Plan Structure**



## Planning Process

In December 2015, the Washoe County Health District (WCHD) began a 6-month process to develop its strategic plan. The process engaged multiple stakeholder groups including the District Board of Health (DBOH), all WCHD staff, and external community stakeholders. The process was implemented in 4 distinct phases:

1. **Gain Insights:** This phase was dedicated to gathering all the information the planning participants would need to make informed decisions regarding the future direction of the WCHD. Primary research in the form of interviews with DBOH Members and a survey distributed to all WCHD staff and external stakeholders was combined with existing WCHD and community data to frame and inform the strategic issues facing the WCHD.
2. **Design Strategy:** Using the information gathered in the previous phase, the DBOH, working with the executive team of the WCHD, updated the existing Mission and Strategic Direction and established new strategic priorities for the WCHD. Further, the DBOH identified priorities within each strategic priority that the executive staff turned in to District goals.
3. **Build the Plan:** Building off of the strategic foundation established by the DBOH, executive staff identified measurable community outcomes for each of the District Goals that they will work to improve over the next 3-5 years. To achieve these goals, teams built specific initiatives and action plans to ensure the entire WCHD is coordinating action to implement the strategic plan.
4. **Manage Performance:** In order to maintain alignment around the WCHD's strategic plan and ensure accountability for achieving District Goals, the executive staff agreed to meeting regularly throughout the year to report on performance and modify the plan as necessary to adapt to changes or unforeseen priorities.

## COMMUNITY TRENDS

The primary outcome of the Gain Insights phase of the planning process was to understand the issues facing the WCHD that need to be addressed as part of the strategic plan. By gathering the perspective of various stakeholder groups and thoroughly reviewing community data such as that included in the recently completed *Community Health Needs Assessment* many common themes began to emerge.

## Social Determinants of Health

Health outcomes for individuals and overall communities are strongly associated with the social characteristics of those individuals and communities. By influencing the factors related to health outcomes, the WCHD hopes to improve the health outcomes for people within the community it serves. One of the most significant areas targeted for improvement is the high rate of chronic disease in the region.

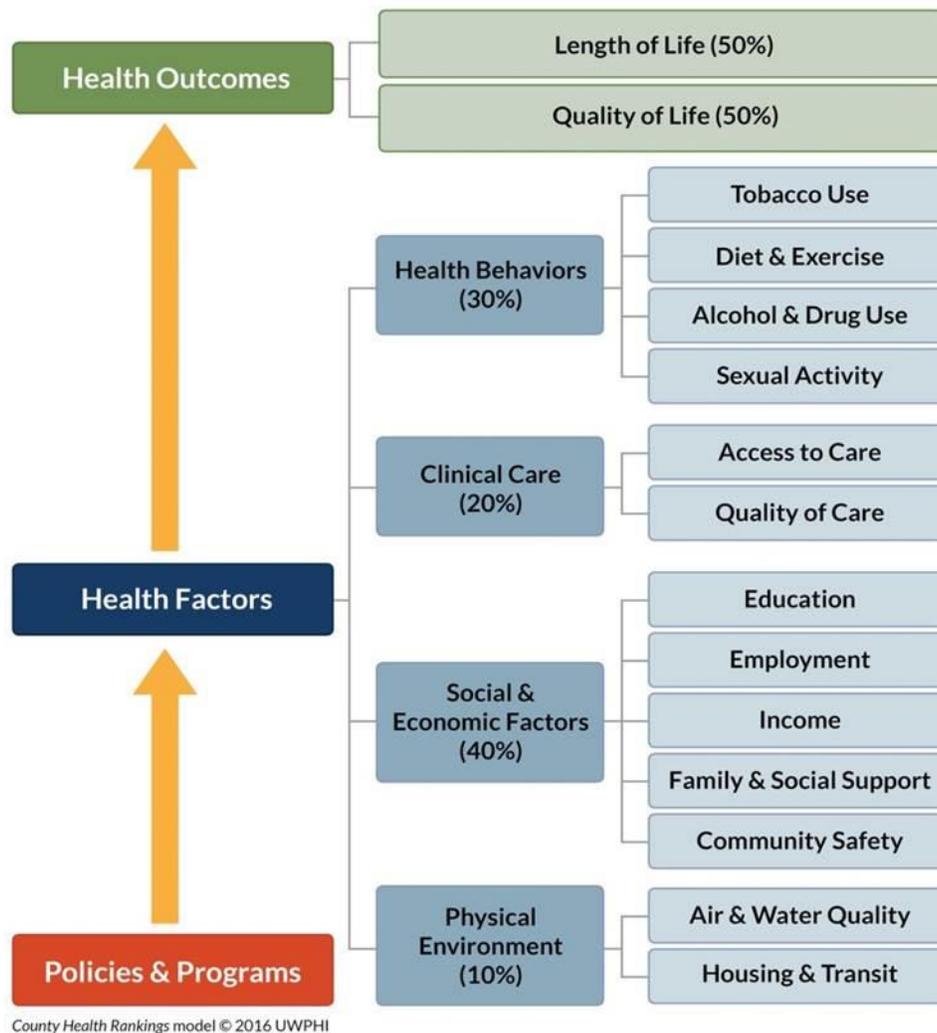


FIGURE 1- UNIVERSITY OF WISCONSIN PUBLIC HEALTH INSTITUTE

## Chronic Disease Impacts in Washoe County

Washoe County, like the nation as a whole, is experiencing the extremely high physical and economic costs of chronic disease. The top 3 causes of death in 2012—Heart Disease, Cancer, and Chronic Lower Respiratory Disease—accounted for 68.2% of all deaths in Washoe County and cost the state approximately \$2.8 billion in direct expenditures (2011)—69.6% of the total economic burden to the state. Due to the scale of the impacts of chronic disease on the health and overall quality of life of residents of Washoe County, this is an issue the WCHD must address in its strategic plan.

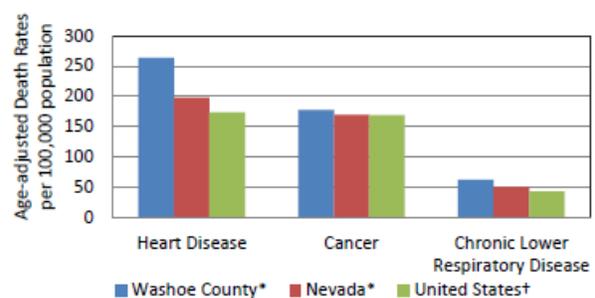
### Heart Disease & Cancer

Washoe County has a higher incidence of death from heart disease, cancer, and chronic lower respiratory disease than Nevada and the United States as a whole.

### Obesity

A key contributor to chronic disease, increasing rates of obesity are largely due to lifestyle changes in the way we eat and decreasing amounts of physical activity.

**Figure 1.1: Top 3 Causes of Mortality, Washoe County, Nevada & the United States, 2011**



Source: \*Nevada Health Statistics Portal Death Data Query  
Source: †National Vital Statistics Report, Deaths Preliminary Data for 2011

### Health District Strategies

- **Healthy Lives:** Many chronic diseases result from individual behaviors. By encouraging individuals to engage in healthy lifestyle behaviors and ensuring individuals have access to care when they need it, the WCHD hopes to reduce the negative impacts of chronic disease.
- **Local Culture of Health:** Just as the rise in chronic disease is a result of many factors, it will require many different factors to come together to reduce the impact of chronic disease. This can only be achieved through a significant change of attitude within the entire community towards one of acknowledging and acting on the health impacts of the decisions organizations, businesses, and individuals make.
- **Impact through Partnerships:** Combatting chronic disease is not something the WCHD can do alone. Many factors related to chronic disease—access to food and educational attainment for example—will require the collaboration and direct action of partner organizations.

**FIGURE 2- COMMUNITY HEALTH NEEDS ASSESSMENT**

## Large Population Growth Expected

The population of Washoe County is growing and recent economic development in the region suggests the growth rate will increase in the future. To maintain service levels the Health District will require increased funding from reliable, long-term funding sources. In addition to an increased demand for services, the WCHD must also monitor and address the impacts of an increasing population on the environment, specifically the region’s air quality.

## Population Projections

While there is strong consensus that the region the WCHD serves will grow, there are differing opinions on the timing and specific growth rates. Despite the differences, common themes arise. Specifically, two of the largest demographics the WCHD serves, seniors and Hispanics, are both expected to experience strong growth.

### Health District Strategies:

- **Healthy Lives:** Board and staff will be monitoring the growth through service level demands. At this time, the plan does not specifically address an increase as the timing and forecasts are uncertain.
- **Funding Stability:** To prepare for changes in the population, WCHD is seeking to more closely align its funding model with changes in the population it serves as well as seeking additional funding from the State of Nevada for public health.
- **Organizational Capacity:** Resources will always be limited at the WCHD so it must make the most out of what it has. The WCHD’s primary resource is its employees. By building their expertise and ensuring processes are as efficient as possible, the WCHD can mitigate potential increases in service demands.

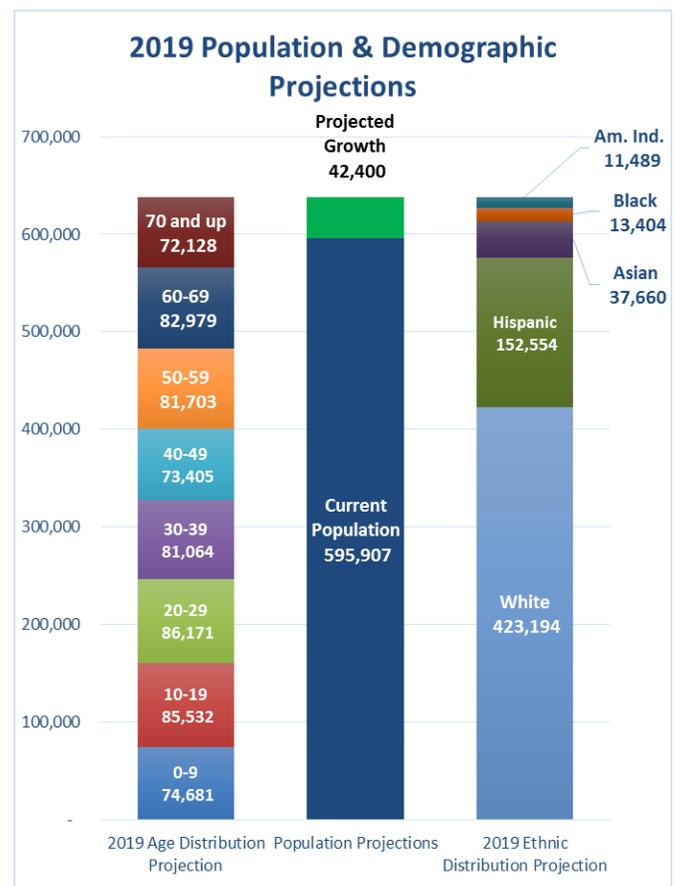


FIGURE 3- ECONIC DEVELOPMENT AUTHORITY OF WESTERN NEVADA

**Achieving National Standards**

While most people don't think about the health impacts of going outside, drinking a glass of water, or going out to eat, it is the WCHD's duty to ensure the safety of these activities. No immediate threats to public health due to environmental factors were discovered in the assessment of the strategic plan. However the combination of recent upward trends in ozone concentration and more stringent federal standards illustrate one area the WCHD must focus on. Another area of focus for the Health District will be implementation of the uniform national standards of the FDA model food code to protect the community from food-borne illnesses. As measures of progress in improving the health of the community, we will challenge ourselves and the community to achieve the national CDC *Healthy People 2020* goals.

**Health District Strategies:**

- **Healthy Environment:** Population growth and the new development that comes with it will require increased monitoring of air quality. New monitoring stations and innovative new monitoring technologies will help identify sources of pollution and solutions to help improve the region's air quality.
- **Local Culture of Health:** Nearly everyone impacts the region's air quality in one way or another. Thus, nearly everyone has the power to help improve the region's air quality. It will require a concerted effort by individuals, organizations, and policy makers to come together and recognize their impact on air quality and work to improve it.

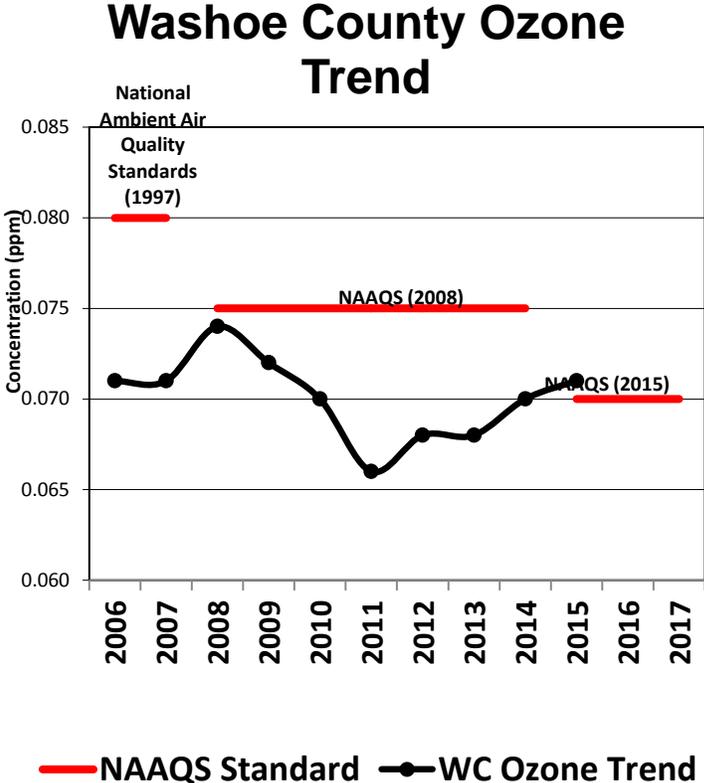


FIGURE 4- WASHOE COUNTY HEALTH DISTRICT

## MISSION

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

## VALUES

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

## VISION

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A healthy community

## STRATEGIC DIRECTION

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Leaders in a unified community making measurable improvements in the health of its people and environment

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

## GUIDING PRINCIPLES: WHAT IS CENTRAL TO THE WAY WE WORK?

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- **Being data-driven:** The use of quality data is both a practice we promote externally to policy makers and something that guides our internal decision making.
- **Technology enables:** We embrace new ways of communicating and interacting when they have the potential to enhance our reach, effectiveness, and efficiency.
- **Work through and with partners:** Public health is a community-wide effort. We recognize that we don't have the resources or capabilities to address all of the community's health needs so we engage and collaborate with partners to address major challenges.
- **Improving the system we work within:** We are capable of influencing the environment in which we work. In many areas, it will be necessary to make significant policy changes at the local, state, and national level to affect meaningful change.
- **Impact of growth:** Preparing for and reacting to the anticipated growth of our community is an assumption built in to all of our planning.
- **Developing our workforce:** Everything we do on a daily basis and everything we want to accomplish to move our organization forward requires a quality workforce to execute.

## STRATEGIC PRIORITIES

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- 1. HEALTHY LIVES: Improve the health of our community by empowering individuals to live healthier lives.** The health of a community depends on the health of the individuals within it. A wide range of factors impact one's health. These factors include individual nutrition and lifestyle choices, socio-economic conditions, and health policy decisions. The aim of the WCHD is to identify and address the most important factors contributing to the health of individuals within the community and implement solutions that allow people to live healthier lives.
- 2. HEALTHY ENVIRONMENT: Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.** The external environment we interact with every day—the air we breathe, the water we drink, the buildings we work in—can impact the health of a community. The aim of the WCHD is to monitor and maintain a safe natural and built environment so the community feels confident living, working, and playing anywhere in Washoe County.
- 3. LOCAL CULTURE OF HEALTH: Lead a transformation in our community's awareness, understanding, and appreciation of health resulting in direct action.** Many of the decisions community leaders, organizations, and individuals make every day can impact the community's health. However, the community's health is not always a factor in the decision making process. The WCHD's aim is to work with the community to assign greater value to its health and consider health implications in the decisions it makes.
- 4. IMPACTFUL PARTNERSHIPS: Extend our impact by leveraging partnerships to make meaningful progress on health issues.** Many of the issues impacting the health and quality of life within Washoe County do not fall under the WCHD's direct jurisdiction nor can they be addressed by a single organization. To make meaningful progress on these issues requires a community effort. The WCHD will extend its reach by working with key partners to identify and address issues that require community collaboration.
- 5. FINANCIAL STABILITY: Enable the Health District to make long-term commitments in areas that will positively impact the community's health by growing reliable sources on income.** Public health requires an up-front investment. The programs and services the WCHD offers require resources to implement but those programs and services create value for the community over time. When funding is insufficient or unreliable, this limits the positive impact of the WCHD. The WCHD's aim is to have greater control over its finances in order to be able to better predict and control future funding levels.
- 6. ORGANIZATIONAL CAPACITY: Strengthen our workforce and increase operational capacity to support growing population.** As the community grows, the service demands on the WCHD will grow. To maintain and improve levels of service, the WCHD workforce needs to grow along with the community. By investing in the capabilities of the WCHD staff and creating a positive and productive work environment the WCHD will continually improve its ability to serve the community.

**STRATEGIC PRIORITIES, DISTRICT GOALS & COMMUNITY OUTCOMES:  
WHAT MUST WE FOCUS ON TO SUCCEED?**

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

District Goals & Community Outcomes	Baseline	Targets	
		2018	2020
<b>1.1 Reduce the negative health and economic impacts of obesity and chronic disease.</b>			
% of overweight and obese adolescents	34.6% (2015)	34%	33%
% of obese adults	21.8% (2015)	21%	20%
Prevalence of diabetes	7.1% (2013)	7.1%	7%
Coronary heart disease mortality rate (per 100,000)	226.6 (2012)	224	222
% ever diagnosed with coronary heart disease	3.7% (2013)	3.6%	3.5%
Cancer mortality rate (per 100,000)	174.5 (2012)	172.5	170.5
Chronic obstructive pulmonary disease mortality rate (per 100,000)	51 (2012)	50	49
% of adolescents getting rec. physical activity	27% (2015)	27.5%	28%
% of adults getting recommended physical activity (males/females)	26%/19.7% (2011)	26.5%/20%	27%/20.4%
% of adults who are current smokers	15% (2014)	14%	13%
% of youth who currently smoke cigarettes	10.3% (2015)	9%	8%
% of youth consuming fruit or fruit juice three or more times a day	19.6% (2015)	20%	20.5%
% of youth consuming vegetables three or more times a day	14.6% (2015)	15%	15.5%
<b>1.2 Promote preventative health services that are proven to improve health outcomes in the community.</b>			
Teen birth rates (per 100,000)	26.9 (2013)	25.6	24.2
Chlamydia incidence rate (per 100,000)	401 (2014)	389	381
Gonorrhea incidence rate (per 100,000)	112 (2014)	109	106
Syphilis incidence rate, primary & secondary (per 100,000)	8.23 (2014)	7.98	7.82
HIV rate (per 100,000)	9.4 (2014)	9.12	8.93
AIDS rate (per 100,000)	4.8 (2014)	4.66	4.56
% of newly reported hepatitis C cases with confirmatory test results	53% (2015)	60%	70%
Child immunization rates	75.5% (2016)	78%	80%
Flu vaccination rates	24% (2016)	25%	27%
# of people utilizing WIC	9,568 (2016)	9,855	10,046
<b>1.3 Improve access to health care so people of all means receive the health services they need.</b>			
% of population with health insurance	79.4% (2014)	83.3%	87.3%
% of Washoe County residents with a usual primary care provider	68.1% (2014)	71.5%	83.9%
# of family health festivals	2 (2015)	6	8

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

District Goals & Community Outcomes	Baseline	Targets	
		2018	2020
<b>2.1 Protect people from negative environmental impacts.</b>			
Ozone concentration (parts per billion) - Design value, 3-year average number	71 (2015)	70	68
Air quality index - % good and moderate days	356 Days (2013-2015)	358 Days	360 days
Waste generation - Tons per year/per capita	1,432 tons/ 2,884 pounds (2015)	1,420 tons/ 2,840 pounds	1,392 tons/ 2,783 pounds
Recycling rates	31.5% (2015)	35%	35%
# of exercises to prepare and respond to potential impacts due to drought, climate change, and natural disasters	12 (2015)	10	10
<b>2.2 Keep people safe where they live, work, and play.</b>			
% of risk-based food inspections	0 (2015)	100%	100%
Food inspection pass rate - clean pass	-	Tbd	Tbd
% of foodborne illness risk factors in food establishments	-	Tbd	Tbd

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

District Goals & Community Outcomes	Baseline	Targets	
		2018	2020
<b>3.1 Raise awareness of the Health District and the services it offers within the community.</b>			
# of traditional media interviews and press releases	221 (2015)	250	275
# of social media posts	343 (2015)	500	700
# of impressions from advertising campaigns	12.6M (2015)	13.8M	14.0M
% of permits applied for online	-	50%	90%
<b>3.2 Work with others to establish policies that positively impact public health.</b>			
Number of policies established or improved that positively impact public health. Examples might potentially include: <ul style="list-style-type: none"> <li>Taxation of e-nicotine products</li> <li>Vaping in the Clean Indoor Air Act</li> <li>Access to behavioral health services</li> <li>Height and weight measurements in schools</li> <li>Expansion of wrap-around service models</li> </ul>	-	2	5
<b>3.3 Inform the community of important health trends by capturing and communicating health data.</b>			
# of community public health advisories issued	60 (2015)	66	72
Average weekly unique visitors to the Health District website	5,374 (2015)	5,911	6,502
# of community health data reports published/promoted. For example: <ul style="list-style-type: none"> <li>Community Health Needs Assessment</li> <li>County Health Rankings</li> <li>Air Quality Trends</li> <li>Communicable diseases annual report</li> <li>Foodborne illness risk factors</li> <li>Antibiogram report</li> </ul>	4 (2015)	5	5
<b>3.4 Raise awareness of the benefits of a healthy community to build a local culture of health.</b>			
# of supporting initiatives undertaken	3	4	5

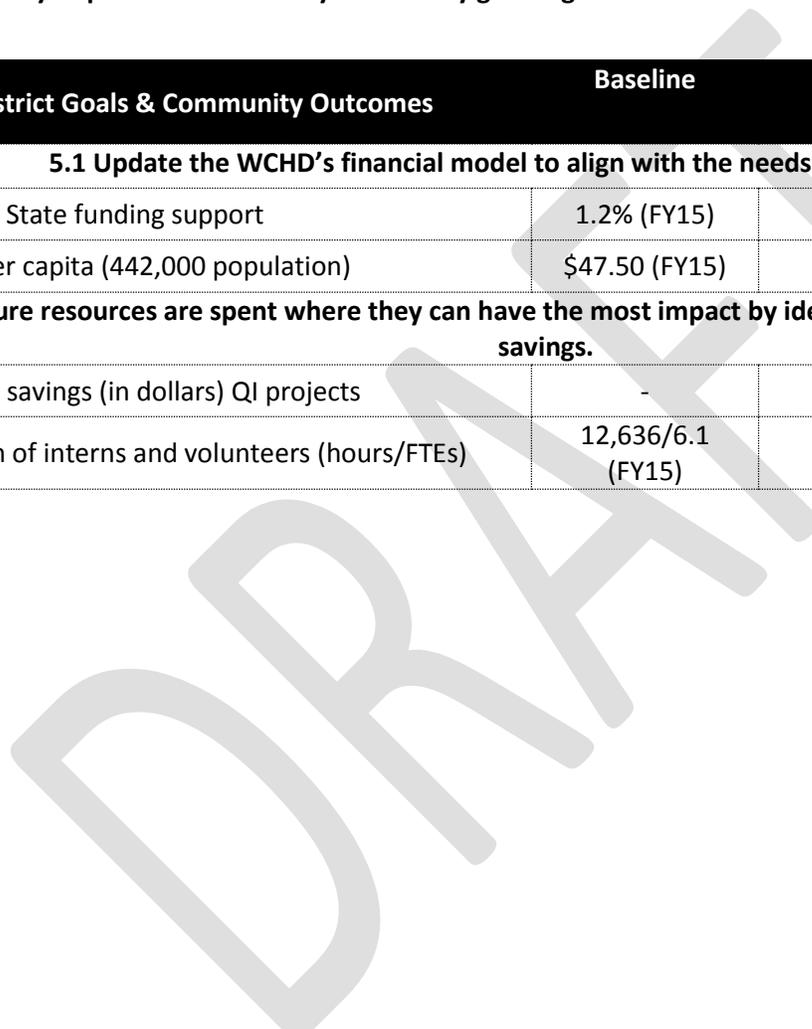
**4. IMPACTFUL PARTNERSHIPS: Extend our impact by leveraging partnerships to make meaningful progress on health issues.**

District Goals & Community Outcomes	Baseline	Targets	
		2018	2020
<b>4.1 Lend support and accountability to improve K-12 educational outcomes which are strongly linked with public health outcomes.</b>			
Duration of GI outbreaks in schools	44 days (2015)	40 days	36 days
% of Washoe County students who graduate high school	75% (2015)	76.9%	78.8%
% of WCSD graduates requiring remedial math courses through TMCC	77% (2013)	73.2%	69.3%
% of WCSD graduates requiring remedial English courses through TMCC	50% (2013)	47.5%	45%
% of WCSD graduates requiring remedial math courses through UNR	36% (2013)	34.2%	32.4%
% of WCSD graduates requiring remedial English courses through UNR	14% (2013)	13.3%	12.6%
<b>4.2 Support and promote behavioral health.</b>			
% of Washoe County high school student who attempt suicide	11.7% (2015)	11.1%	10.53%
% of Washoe County high school students who ever took a prescription drug without a doctor's prescription	18.3% (2015)	17.4%	16.5%
% of WC high school students who were offered, sold, or given an illegal drug by someone on school property	27.9% (2015)	26.5%	25.1%
Rate of K-12 Washoe County School District bullying incidents	-	-10%	-20%
% of Washoe County high school students who currently drink alcohol	35.5% (2015)	34.7%	32.9%
<b>4.3 Improve nutrition by supporting efforts to increase food security and access.</b>			
% of food insecure children	27% (2012)	25.7%	24.3%
% of food insecure people	15% (2012)	14.25%	13.5%
% of food insecure eligible for Supplemental Nutrition Assistance Program (SNAP) enrollment	31% (2012)	40%	50%
<b>4.4 Enhance the regional EMS system.</b>			
Implementation of single patient record for pre-hospital care	-	100%	100%
Median EMS regional response times (initial contact to first arriving unit in min:sec)	6:05 (Q1, 2016)	6:00	6:00

Coordinated communications amongst EMS partners	REMSA ready for CAD-CAD (Computer Aided Dispatch) interface	CAD/AVL (Automatic Vehicle Locator) complete	P25 radio migration 80% complete
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**5. FINANCIAL STABILITY: Enable the Health District to make long-term commitments in areas that will positively impact the community's health by growing reliable sources on income.**

District Goals & Community Outcomes	Baseline	Targets	
		FY18	FY20
<b>5.1 Update the WCHD's financial model to align with the needs of the community.</b>			
Increased State funding support	1.2% (FY15)	1.3%	1.5%
Budget per capita (442,000 population)	\$47.50 (FY15)	\$49.88	\$52.25
<b>5.2 Ensure resources are spent where they can have the most impact by identifying opportunities for cost savings.</b>			
Total cost savings (in dollars) QI projects	-	tbd	tbd
Utilization of interns and volunteers (hours/FTEs)	12,636/6.1 (FY15)	13,676/6.6	14,716/7.1



**6. ORGANIZATIONAL CAPACITY: Strengthen our workforce and increase operational capacity to support growing population.**

District Goals & Health District Outcomes	Baseline	Targets	
		2018	2020
<b>6.1 Create a positive and productive work environment.</b>			
Employee engagement score	18.9% (FY16)	25%	30%
# of facility enhancements implemented (cumulative)	2 (FY16)	5	8
# of security enhancements implemented	0 (FY16)	1	2
# of QI projects implemented in last 12 months	8 (FY16)	10	12
<b>6.2 Focus on continuing to build staff expertise.</b>			
% Implementation of the Workforce Development Plan	-	50%	100%

DRAFT

## ACTION PLAN

Initiatives	Who	FY17				FY18	FY19	FY20
		Q1	Q2	Q3	Q4			
<b>Strategic Objective: Improve the health of our community by empowering individuals to live healthier lives.</b>								
1.1 Reduce the negative health and economic impacts of obesity and chronic disease.	Steve Kutz							
1.1.1 Implement Wolf Pack Coaches Challenge.	Erin Dixon							
1.1.2 Participate in the implementation of the Washoe County School District Wellness Policy.	Erin Dixon							
1.1.3 Develop and promote a local restaurant menu campaign.	Erin Dixon							
1.1.4 Assess funding and staffing for obesity and chronic disease prevention program given the desired improvements in community outcomes we're seeking.	Kevin Dick							
1.1.5 Develop Family Health Festival strategic plan to align with the Truckee Meadows Healthy Communities Strategic Plan.	Sara Dinga							
1.1.6 Increase provider awareness regarding local obesity rates and effective interventions.	Erin Dixon							
1.1.7 Develop, place, and evaluate smoking free community campaign.	Erin Dixon							
1.1.8 Identify and implement smoke free policies at family friendly locations.	Erin Dixon							
1.1.9 Gather data on our overall obesity and chronic disease programs and their effectiveness by completing an assessment of current programs.	Erin Dixon							
1.2 Promote preventive health services that are proven to improve health outcomes in the community.	Steve Kutz							
1.2.1 Leverage the media, social media, and providers to increase outreach and education.	CCHS Mgmt.							

Initiatives	Who	FY17				FY18	FY19	FY20
		Q1	Q2	Q3	Q4			
1.2.2 Increase promotion and outreach of CCHS clinical programs, including WIC (Women, Infant & Children).	CCHS Mgmt.							
1.2.3 Promote and launch the fetal infant mortality review and Go Before You Show program.	Linda Gabor							
1.2.4 Increase provider awareness regarding the importance of LARCs in reducing teen and unintended pregnancy.	Stacy Hardie							
1.3 Improve access to health care so people of all means receive the health services they need.	Steve Kutz							
1.3.1 Document CCHS clients' primary care provider status in EHR.	CCHS Mgmt.							
1.3.2 Require clients requesting high-cost services to meet with enrollment assister to get enrolled in an ACA or Medicaid plan.	Stacy Hardie(w/ Lisa/Linda)							
1.3.3 Advocate for increased Medicaid reimbursement to providers.	Steve Kutz/ Kevin Dick							
1.3.4 Update clinical protocols to include counseling and referral of clients for primary care provider options and resources.	Stacy Hardie(w/ Lisa/Linda)							
1.3.5 Explore partnering with agencies to provide onsite community health workers to assist and educate clients on how to access community resources.	CCHS Mgmt.							
1.3.6 Increase mobile services through increased funding and partnerships.	CCHS Mgmt.							
1.3.7 Establish a permanent structure for family health operating 365 days per year with combined services offered at the family health festivals.	Sara Dinga							
1.3.8 Partner with the new University of Nevada Medical School Physician's Assistant program to offer clinical rotation in CCHS.	Steve Kutz							
<b>Strategic Objective: Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer</b>								

Initiatives	Who	FY17				FY18	FY19	FY20
		Q1	Q2	Q3	Q4			
2.1 Protect people from negative environmental impacts.	Charlene Albee							
2.1.1 Expand air monitoring network to Spanish Springs.	Charlene Albee							
2.1.2 Implement and execute the Ozone Advance action plan.	Charlene Albee							
2.1.3 Establish Reno-Tahoe Clean Cities Coalition with Department of Energy designation.	Charlene Albee							
2.1.4 Update the Air Quality penalty regulations.	Charlene Albee							
2.2 Keep people safe where they live, work, and play.	Bob Sack							
2.2.1 Update regulations for the solid waste management plan and implement.								
2.2.3 Begin dialogue with Truckee Meadows Water Authority on drought and its effects on water quality.								
2.2.4 Modify mosquito monitoring procedures to address warming climate.								
2.2.5 Shift to outcomes vs. outputs for 9 food safety standards.								
2.2.6 Implement the new risk-based form and inspection process								
2.2.7 Establish risk-based environmental program standards for all programs.								
2.2.8 Implement emergency response stand by to support communication.								
2.2.9 Complete the Center for Disease Control as human resources capabilities...								
2.2.10 Establish measurement of percentage of food-borne illness risk factors in food establishments.								

Initiatives	Who	FY17				FY18	FY19	FY20
		Q1	Q2	Q3	Q4			
<b>Strategic Objective: Lead a transformation in our community’s awareness, understanding, and appreciation of health resulting in direct action.</b>								
3.1 Raise awareness of the WCHD and the services it offers within the community.	Phil Ullbarri							
3.1.1 Continue leadership role with Truckee Meadows Healthy Communities.								
3.1.2 Create and deliver calendar of on-the-ground events through Truckee Meadows Healthy Communities.								
3.1.3 Establish staffing for Truckee Meadows Healthy Communities.								
3.1.4 Develop and post videos on website using Randy’s studio and green screen.								
3.1.5 Improve navigability of website.								
3.1.6 Use WCHD savings with grant assistance to fund outreach efforts.								
3.1.7 Push people to the website through social media by identifying individuals within divisions to post messages.								
3.1.8 Embed healthy lifestyle education in daycares and schools.								
3.1.9 Create staff guidelines for communicating how their program contributes to a local culture of health.								
3.2 Work with others to establish policies that positively impact public health.	Kevin Dick							
3.2.1 Identify and target specific policy/legislative changes that could make a major impact on obesity and chronic disease.	Erin Dixon							
3.2.2 Advocate for increased Medicaid reimbursement to providers.	Steve Kutz							

Initiatives	Who	FY17				FY18	FY19	FY20
		Q1	Q2	Q3	Q4			
3.3 Inform the community of important health trends by capturing and communicating health data.	Phil Ullbarri							
3.3.1 Integrate Renown body mass index data in reporting								
3.3.2 Tie promotion of WCHD data into media/policy efforts.								
3.3.3 Produce a follow-up communication to the Robert Wood Johnson Foundation County health data report								
3.3.4 Develop web pages to help explain the WCHD's data sets.								
3.4 Raise awareness of the benefits of a healthy community to build a local culture of health.	Kevin Dick							
<b>Strategic Objective: Extend our impact by leveraging partnerships to make meaningful progress on health issues.</b>								
4.1 Lend support and accountability to improve K-12 educational outcomes.	Sara Dinga							
4.1.1 Provide backbone support for the Community Health Improvement Plan education workgroup.	Sara Dinga							
4.1.2 Collaborate with Truckee Meadows Healthy Communities and be a leader in moving the needle forward for educational initiatives.	Sara Dinga							
4.2 Support and promote behavioral health.	Sara Dinga							
4.2.1 Collaborate with Truckee Meadows Healthy Communities and be a leader in moving the needle forward for behavioral	Sara Dinga							

Initiatives	Who	FY17				FY18	FY19	FY20
		Q1	Q2	Q3	Q4			
health initiatives.								
4.2.2 Develop local resources (dispatch through medical examiner's office)	Sara Dinga							
4.2.3 Incorporate mental/behavioral health information into Incident Command System trainings.	Sara Dinga							
4.2.4 Keep disaster plans and training current.	Sara Dinga							
4.3 Improve nutrition by supporting efforts to increase food security and access.	Sara Dinga							
4.3.1 Develop a Washoe County Community Garden Plan for community gardens in low-income neighborhoods.	Sara Dinga							
4.3.2 Continue to partner with Challenge 4 Charity team.	Sara Dinga							
4.3.3 Collaborate with Truckee Meadows Heathy Communities and be a leader in moving the needle forward for food security initiatives.	Sara Dinga							
4.3.4 Improve food security for seniors by continuing to participate on Senior Services goal team.	Sara Dinga							
4.4 Enhance the regional emergency medical services system.	Christina C-Rodriguez							
4.4.1 Develop a 5-year emergency medical services plan.								
4.4.2 Enhance the regional EMS resource utilization matching the appropriate services as defined by the call for service through alternative protocols, service options and transportation options by December 31, 2021								
4.4.3. Improve pre-hospital EMS performance by reducing system response times through the use of technology and the development of regional response policies by December 31, 2021.								

Initiatives	Who	FY17				FY18	FY19	FY20
		Q1	Q2	Q3	Q4			
4.4.4 Improve communications between EMS partners through enhanced usage of technology and the development of regional guidelines by June 30, 2021.								
<b>Strategic Objective: Enable the WCHD to make long-term commitments in areas that will positively impact the community's health by growing reliable sources on income.</b>								
5.1 Update the WCHD's financial model to align with the needs of the community.	Anna Heenan							
5.1.1 Mentor and prepare DBOH champions to lobby for State funding support.	Kevin Dick							
5.1.2 Develop policies around funding allocation.	Kevin Dick							
5.1.3 Develop guidelines for funding decreases that include thresholds and triggers.	Anna Heenan							
5.2 Ensure resources are spent where they can have the most impact by identifying opportunities for cost savings.	Anna Heenan							
5.2.1 Establish an agreement with the County on adjusting general fund transfers to address cost of living increases.	Kevin Dick							
5.2.2 Identify opportunities to use volunteers.	Division Directors							
5.2.3 Identify opportunities to support above base requests within division budgets.	Anna Heenan							
<b>Strategic Objective: Strengthen our workforce and increase operational capacity to support growing population.</b>								
6.1 Create a positive and productive work environment.	Kevin Dick							
6.1.1 Conduct an annual engagement survey.	Sara Dinga							
6.1.2 Achieve 85% on-time annual reviews.								

Initiatives	Who	FY17				FY18	FY19	FY20
		Q1	Q2	Q3	Q4			
6.1.3 Throw away any unnecessary items in personal or shared space.								
6.1.4 Work with the County to acquire additional storage.								
6.1.5 Work with the Assistant County Manager to address puddle.								
6.1.6 Each individual team leader to identify specific actions to improve professionalism, trust, and respect in their teams.								
6.2 Focus on continuing to build staff expertise.	Sara Dinga							
6.2.1 Identify staff who are not able to access formal professional development opportunities and develop individualized professional develop plans.	Division Directors/ Supervisors							
6.2.2 Implement process to share learnings from formal professional development activities with others who did not attend.	Division Directors/ Supervisors							
6.2.3 Complete succession planning work through the County Human Resources department.	Sara Dinga							
6.2.4 Develop and implement the workforce development plan.	Sara Dinga							
6.2.3 Identify workforce development options by working with the University of Nevada’s Community Health Sciences program.	Sara Dinga							

# **APPENDIX**

**DETAILED PLANNING PROCESS**

**Meetings and Major Activities**

<b>Meetings and Major Activities</b>	<b>Participants</b>	<b>Timing</b>
<b>Phase 1: Determine Position</b>		
Kickoff Meeting to clarify outcomes and expectations	Core Planning Team	11/23/2015
1:1 Strategy Interviews with District Board of Health Members	District Board of Health	01/25/16 to 2/12/2016
Project management meeting to review strategy interview findings and develop Stakeholder Survey questions	Core Planning Team	02/05/2016
Stakeholder survey	All WCHD Staff, External Stakeholders	02/16/2016 to 03/04/2016
Initial strategy session to confirm initial findings (See Current State Summary below)	Core Planning Team & WCHD Division Directors and Supervisors	03/02/2016
Project management meeting to develop employee engagement presentation and draft major themes from current state assessment.	Core Planning Team	03/11/2016
Presentation of Stakeholder Survey findings to Division Directors for review	WCHD Division Directors	03/18/2016
Presentation of initial findings and draft strategic planning retreat agenda to DBOH	District Board of Health, Core Planning Team	03/24/2016
Project management meeting to develop supporting materials for strategic planning retreat	Core Planning Team	03/25/2016
Presentation of Stakeholder Survey findings to all WCHD staff for review	All WCHD Staff	04/05/2016
Project management meeting to finalize agenda and clarify roles during strategic planning retreat	Core Planning Team	04/08/2016
<b>Phase 2: Develop Strategy</b>		
Strategic Planning Retreat Day 1 <ul style="list-style-type: none"> <li>Clarified the District's core purpose and strategic direction</li> <li>Developed Strategic Objectives</li> <li>Developed District Goals</li> </ul>	District Board of Health, Core Planning Team, Division Directors, and Supervisors	04/14/2016
<b>Phase 3: Build the Plan</b>		
Strategic Planning Retreat Day 2 <ul style="list-style-type: none"> <li>Developed desired community outcomes</li> <li>Developed initiatives to support District goals</li> <li>Developed strategic plan implementation model</li> </ul>	Core Planning Team, Division Directors, and Supervisors	04/15/2016
Project management meeting to review draft strategic plan	Core Planning Team	04/29/2016
Review of draft plan for input and feedback	Division Directors and Supervisors	05/02/2016 to 05/12/2016
Present draft plan to District Board of Health for review and approval	District Board of Health	05/26/2016
Plan rollout to all staff	All WCHD Staff	07/1/2016

## Participant Lists

### Core Planning Team

1. Kevin Dick, District Health Officer
2. Sara Dinga, Director of Programs and Projects
3. Anna Heenan, Administrative Health Services Officer

### District Board of Health

1. Kitty Jung, Washoe County Commissioner
2. Julia Ratti, Sparks City Council
3. Oscar Delgado, Reno City Council
4. Michael D. Brown, City of Reno Non-Elected Appointee
5. George Hess, M.D. District Board of Health Appointee
6. John Novak, City of Sparks Non-Elected Appointee
7. David Silverman, Non-Elected Washoe County Appointee

### WCHD Division Directors

1. Charlene Albee, Division Director, Air Quality Management
2. Robert Sack, Division Director, Environmental Health Services
3. Steve Kutz, Division Director, Community and Clinical Health
4. Randall Todd, Division Director, Epidemiology and Public Health Preparedness

### WCHD Supervisors

1. Dawn Spinola, Administrative Secretary
2. Phil Ullbarri, Public Health Communications Program Manager
3. Mike Wolf, Air Quality Supervisor
4. Dan Inouye, Air Quality Supervisor
5. Linda Gabor, PHN Supervisor
6. Lisa Lottritz, PHN Supervisor
7. Stacy Hardie, PHN Supervisor
8. Dave McNinch, Environmental Health Specialist Supervisor
9. Tony Macaluso, Environmental Health Specialist Supervisor
10. Jim Shaffer, Vector Coordinator
11. James English, Environmental Health Specialist Supervisor
12. Jeff Whitesides, Public Health Preparedness Manager
13. Christina Conti-Rodriguez, EMS Program Manager
14. Sunita Monga, Community Health Nutritionist
15. Janet Piette, Community Health Nutritionist

## CURRENT STATE ASSESSMENT

### SWOT Analysis

<p><b><u>Strengths</u></b></p> <ul style="list-style-type: none"> <li>• Customer Service</li> <li>• Proactive disease prevention and public health promotion</li> <li>• Community health education and outreach</li> <li>• Community engagement and communication</li> <li>• Knowledgeable staff dedicated to their work</li> <li>• Breadth and quality of services</li> <li>• Working with community partners</li> <li>• Leadership and employee communication</li> <li>• Emergency response</li> <li>• Working efficiently with limited resources</li> </ul>	<p><b><u>Opportunities</u></b></p> <ul style="list-style-type: none"> <li>• Population growth and resulting increased resources</li> <li>• Local hospitals' willingness to support public health efforts</li> <li>• Strong awareness and data of the community's health needs through recent Community Health Needs Assessment</li> <li>• Willingness of community partners to engage in efforts such as the Community Health Improvement Plan and Truckee Meadows Healthy Communities</li> <li>• Partnering with entities such as UNR, TMCC, Hospitals, school districts, nonprofits, etc. to expand reach and impact.</li> <li>• Increasing rates of people with health insurance</li> </ul>
<p><b><u>Weaknesses</u></b></p> <ul style="list-style-type: none"> <li>• Promotion of Health District in community</li> <li>• Employee morale</li> <li>• Employee accountability and engagement</li> <li>• Working together across divisions</li> <li>• Appearance, safety, and accessibility of facility</li> <li>• Lack of positive encouragement from leadership</li> <li>• Employee recognition, appreciation, and support</li> <li>• Employee training</li> <li>• Consistent, equitable treatment of employees</li> <li>• Capturing and acting on citizen input</li> <li>• Stability and level of financial resources</li> <li>• Process efficiency</li> <li>• Efficient, equitable resource allocation</li> <li>• Customer service</li> <li>• Soliciting and acting on employee input</li> <li>• Employee communications</li> <li>• Use of current technology</li> <li>• Resources for chronic health disease prevention</li> <li>• Working with external partners</li> <li>• Bureaucracy and red tape</li> <li>• Lack of standard, defined processes</li> <li>• Employee workloads</li> <li>• Inability to cut unneeded services</li> </ul>	<p><b><u>Threats</u></b></p> <ul style="list-style-type: none"> <li>• Population growth and increasing need for services</li> <li>• Growing senior population with higher needs</li> <li>• Nevada has the lowest levels of public health funding of any state</li> <li>• Low graduation rates which are tied to poorer public health outcomes</li> <li>• Mental health provider shortage in all of Washoe County</li> <li>• Increasing community reliance on supplemental nutrition assistance program</li> <li>• More strict federal standards for air quality</li> <li>• Drought and climate change's impact on water supply</li> <li>• Primary care provider shortage</li> <li>• Difficulty finding providers who accept Medicaid</li> <li>• Increasing rates of sexually transmitted diseases</li> <li>• Increasing prevalence of vaping</li> <li>• Increasing rates of obesity and chronic disease</li> </ul>

## Mission Statement: What is the Core Purpose of the Health District?

### Current Statement

*To protect and enhance the physical well-being and quality of life for all citizens of Washoe County through providing health information, disease prevention, emergency preparedness, and environmental services.*

70.7% of survey respondents agree that the current mission statement strongly explains the core purpose of the Health District. Below is a summary of what respondents like about the current statement and what they think could be better.

Key Themes	
Why?	Why Not?
<ul style="list-style-type: none"> <li>It accurately reflects the core purpose of a Health District in general and us specifically (x12)</li> <li>It is clear and succinct (x3)</li> <li>It focuses on our citizens (x2)</li> </ul>	<ul style="list-style-type: none"> <li>It doesn't encompass our work in:               <ul style="list-style-type: none"> <li>Prevention (x3)</li> <li>Air Quality (x3)</li> <li>WIC (x2)</li> <li>Community partnerships (x2)</li> </ul> </li> <li>We protect and enhance more than just physical well-being (x6)</li> <li>It should be more general and inspiring less list-like (x4)</li> <li>It is difficult to understand/the terminology is unclear (x3)</li> <li>Our services also protect visitors, not just citizens (x2)</li> </ul>

### Other Health District Mission Statements

- Southern Nevada:** To protect and promote the health, the environmental and the well being of Southern Nevada residents and visitors.
- Carson City:** To protect and improve the quality of life for our Community through disease prevention, education and support services.
- CA Dept. of Public Health:** The California Department of Public Health is dedicated to optimizing the health and well-being of the people in California.
- Sacramento County:** The mission of Sacramento County Public Health is to promote, protect, and assure conditions for optimal health and public safety for residents and communities of Sacramento County through leadership, collaboration, prevention and response.

## Draft Mission Statements

1. To protect and enhance the health and well-being of the Washoe County community.
2. To protect and enhance the health, well-being, and quality of life for all citizens and visitors to Washoe County.
3. To make Washoe County a healthier community.
4. To provide services that have meaningful, positive impacts on the health of the Washoe County community.

## Strategic Direction: What does success look like?

### Current Statement

*We are leaders in a Unified Community Committed to Optimal Human and Environmental Health.*

### Stakeholder Survey Results

51.8% of survey respondents agree that the current statement clearly explains what success looks like for the Health District over the next 5 years. Below is a summary of what respondents like about the current statement and what they think could be better.

Key Themes	
Why?	Why Not?
<ul style="list-style-type: none"> <li>• ‘Unified Community’ speaks to our work with partners</li> <li>• Concise and inspiring</li> </ul>	<ul style="list-style-type: none"> <li>• ‘Optimal Health’ is very broad and not quantifiable</li> <li>• Too much jargon, not enough substance</li> <li>• Does not seem feasible given current internal and external environment</li> </ul>

## Board Direction

**By 2020, success in our community looks like...**

### Key Themes

- **Improved community health indicators:** We have reached aspirational goals on community health indicators.
- **Increased work with partners:** We should focus on what we do really well and then partner with others with different expertise.
- **Responsiveness to community growth:** We’ve been able to maintain service levels as the community has grown.
- **Innovative pilot programs:** Trying out new ideas that can potentially have major impacts.
- **Clean, safe downtown:** Cleaning up downtown.
- **Financially stable organization:** The Health District will be less dependent on general funds and able to better predict future funding levels.

## Other Responses

- **National model:** We are a model for other communities throughout the nation.
- **Serving the underserved:** We've been able to expand services and reach more of the underserved population in our County.
- **Working closer with the cities:** Increasing the interaction with and collaboration with Reno and Sparks.
- **Beyond mandates:** Able to extend services beyond what is mandated into other areas that can improve the health of the community.
- **Partnering to extend reach:** Strengthening relationships with other agencies in the community working to improve the health and well-being of the community.
- **Community awareness:** There will be greater community awareness and appreciation for what the Health District does.
- **Community hub:** The Health District should be a hub for low-income people to get their needs met.

## Other Health District Strategic Direction Statements

- **Southern Nevada:** Healthy People in a Healthy Southern Nevada.
- **Carson City:** Carson City Health and Human Services leads the region in providing services that support healthy communities.
- **CA Dept. of Public Health:** Healthy Individuals and Families in Healthful Communities.
- **Sacramento County:** Optimal health and well-being for Sacramento County communities!
- **Weld County:** Together, we are working to make Weld County a healthy place to live, learn, work and play.

## Draft Strategic Direction Statements

1. *We will be leaders in a unified community committed to making measurable progress on the health of its people and environment.*
2. *Washoe County will be recognized as top community for health, well-being, and quality of life.*
3. *Washoe County will make meaningful progress on public health indicators resulting from a unified, community-wide focus on health.*

## Strategic Objectives: What do we need to focus on to Achieve our Strategic Direction?

### Board Priorities

#### What are the top 3 most significant issues facing the Health District?

##### Key Themes

- **Financial sustainability:** The Health District needs to be less reliant on the County for general funds.
- **Tightened air quality standards:** The Health District needs to improve the region's current air quality to meet new, tougher federal air quality standards.
- **Ambulance service:** The current provider does not have a good history of achieving the required service levels.

#### What community or regional trends do we need to address during this process?

##### Key Themes

- **Drug abuse:** Our region is seeing increased use of heroin and methamphetamine and the negative effects of these drugs are impacting our community.
- **Drought and climate change:** Access to water and changing climates could negatively impact the health of the community.
- **Population growth:** We need to be able to meet the needs of a growing population and a more geographically dispersed population.
- **Obesity:** We need to help prevent obesity by addressing issues such as access to healthy food.

#### What are the long-term priorities the Health District needs to focus on over the next 3-5 years?

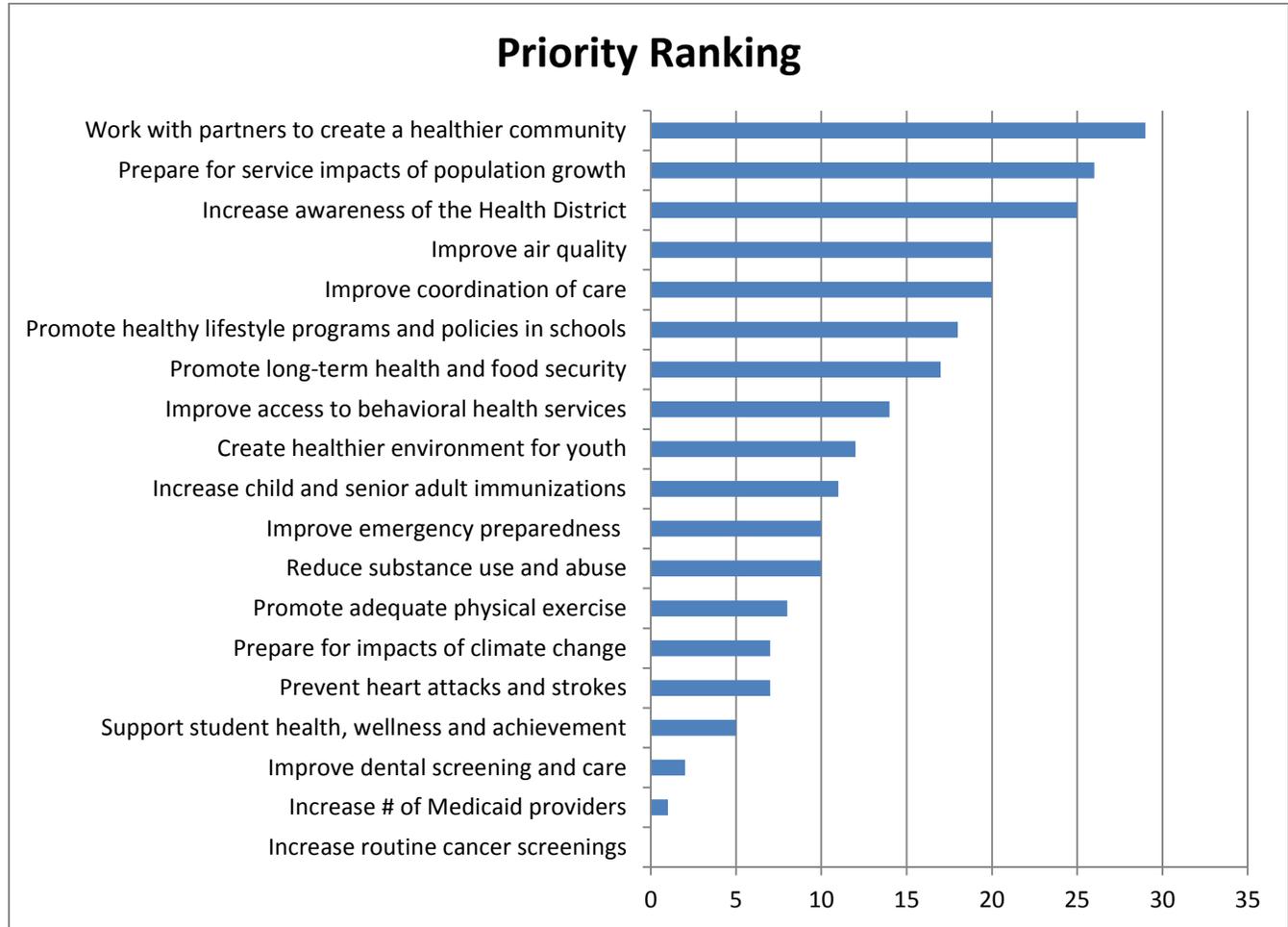
##### Key Themes

- **Financial resources:** Improving the finances of the District for greater security and to enable the organization to be proactive and explore new programs and services to help the community.
- **Increasing awareness and public outreach:** Informing more people about the services the Health District offers and its positive impact on the community.
- **Long-term planning:** We need to get ahead of requirements and regulations and try to be more proactive in our planning.
- **Quality control and process improvement:** In the past 7 years the Health District has come a long way but we can still do better at making this part of the culture.

### Management Team Priorities

- **Population growth** and the resulting social/environmental impacts
- **Fiscal sustainability** to be able to proactively address issues instead of struggling to keep up
- **Stable priorities** backed by long-term funding commitments
- **Resource flexibility** to address issues that have the biggest impact on community health such as chronic disease, and behavioral health
- **Updated identity/brand/image** for the Health District including facility upgrades
- **Trusting, open, and engaged work environment**

**Stakeholder Survey Priorities**



## Draft 2016-2018 Strategic Objectives

- 1. Improve the health of our community by empowering individuals to live healthier lives.**
  - a. How do we reduce the negative health and economic impacts of obesity/chronic disease?
  - b. How can we reduce increasing rates of sexually transmitted disease?
  - c. Should we increase our efforts to improve outcomes related to maternal, infant and child health?
  - d. How do we increase immunization rates and prevent the spread of disease?
  - e. What can we do to improve access to health care?
- 2. Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.**
  - a. What is our plan to meet more strict air quality standards?
  - b. What should we be doing to address drought/climate change?
  - c. How can we better prevent food safety issues?
  - d. How can we be better prepared for emergencies?
- 3. Extend impact through partnerships.**
  - a. How can we best support the implementation of the Community Health Improvement Plan and make an impact on the Behavioral Health, Education, and Food Security needs of our community?
  - b. What can we do to reduce high suicide rates in our community, especially among youth?
  - c. How can we best address increasing rates of drug use and abuse in our region?
  - d. How can we improve the regional EMS System?
- 4. Lead the creation of a local culture of health.**
  - a. How can we establish a new and improved Health District identity/brand?
  - b. How can we get the word out about all the great work we do?
  - c. How can we encourage citizens to live healthier lifestyles every day?
  - d. How can we make meaningful improvements in health policy?
- 5. Achieve greater financial stability.**
  - a. How do we achieve greater financial stability/predictability?
  - b. Do we agree on our current local funding model for the Health District?
- 6. Strengthen our workforce and increase operational capacity to support growing population.**
  - a. How can we work better across divisions and interjurisdictionally?
  - b. How can we continue to improve our process efficiency and use of technology?
  - c. How can we provide more training and professional development opportunities for staff?
  - d. What can we do to make the Health District facility more inviting?
  - e. How can we create a culture of employee recognition, encouragement, and accountability?
  - f. How can we become better leaders of our organization?

## Improve the health of our comm. by empowering individuals to live healthier lives

### Highlights from Board Interviews

- “We moved the needle on the Community Health Needs Assessment measures and Truckee Meadows Tomorrow quality of life indicators.”
- “We are a mentally and physically healthy community.”
- “There will be less smoking, drinking, obesity, suicide, food insecurity, etc. due to our education and program support.”
- “Most people don’t see it but overdose rates are going up. We need to get on the front end of this rising problem.”

### Strategic Issues

1. How do we reduce the negative health and economic impacts of obesity/chronic disease?
2. How can we reduce increasing rates of sexually transmitted disease?
3. Should we increase our efforts to improve outcomes related to maternal, infant and child health?
4. How do we increase immunization rates and prevent the spread of disease?
5. What can we do to improve access to health care?

### Program Expansion Recommendations

41.7% of respondents think that there are programs or services of the Health District that should be expanded.

When asked which ones, key themes were:

- Chronic disease prevention program (x11)
- Community education (x5)
- Maternal and child health (x5)
- Immunizations (x4)
- Environmental Health Services (x3)
- Nutrition education (x2)
- Community and Clinical Health Services (x2)

### New Program Recommendations

44.1% of respondents think that the Health District is providing all of the public health services it should be to properly serve the community. When asked which new programs or services are needed, the top responses were:

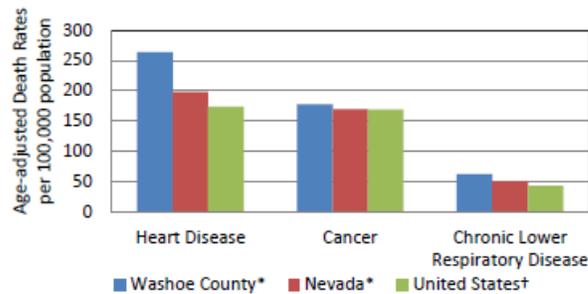
- Don’t add new programs, strengthen existing programs (x4)
- Mental health services (x3)
- Chronic disease prevention services (x3)
- Additional support for families and children (x2)
- Oral health
- Injury prevention

## Relevant Findings from the Community Health Needs Assessment

### Chronic Disease

The top 3 causes of death in 2012—Heart Disease, Cancer, and Chronic Lower Respiratory Disease—accounted for 68.2% of all deaths in Washoe County and cost the state approximately \$2.8 billion in direct expenditures (2011)—69.6% of the total economic burden to the state.

**Figure 1.1: Top 3 Causes of Mortality, Washoe County, Nevada & the United States, 2011**



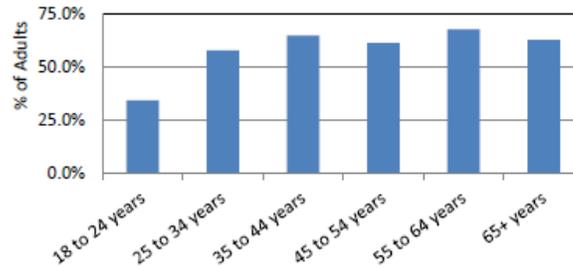
Source: \*Nevada Health Statistics Portal Death Data Query  
Source: †National Vital Statistics Report, Deaths Preliminary Data for 2011

### Chronic Disease Risk Factors

“Four health behaviors are responsible for nearly 70% of deaths in the US: Lack of physical activity, unhealthy diet, smoking tobacco, and excessive alcohol consumption. Research shows that by reducing or eliminating these four risk factors, anywhere from 40-80% of premature deaths related to heart disease, cancer, and cardiovascular deaths can be prevented.”

- **Physical activity:** “Less than 25% of adolescents and adults are getting the recommended daily amount of physical activity.”
- **Nutrition:** “Only 30.7% of youth could have met the recommended dietary guidelines for servings of fruit and only 12.9% could have met the rec. intake for vegetables over the course of the previous week.”
- **Obesity:** “Obesity may be the single largest threat in the country, not only to public health, but the economy as well.”

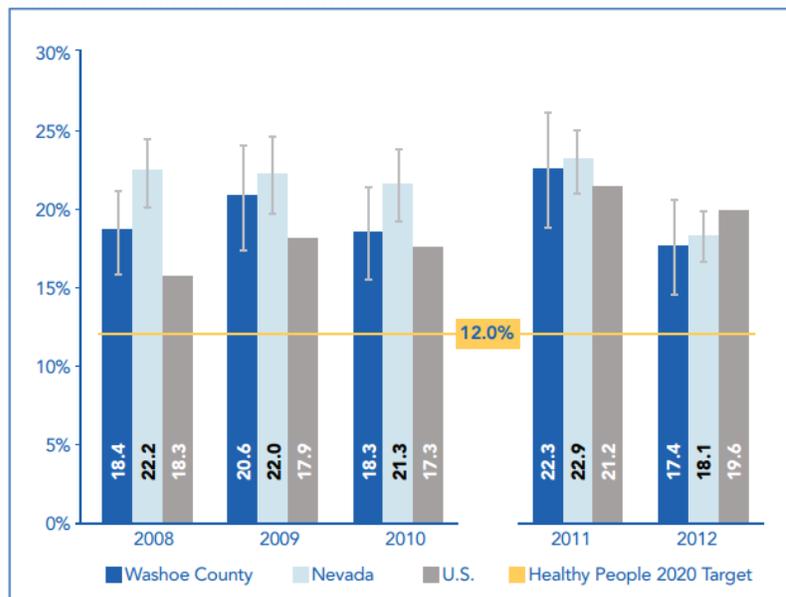
**Figure 1.8: Adults Overweight/Obese, Washoe County, by Age Group, 2013**



Source: 2013 Nevada BRFSS: Washoe County Analysis

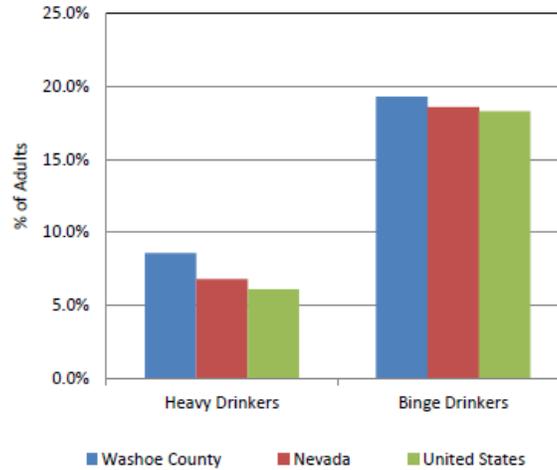
- Tobacco:** “43% of cancers and 21.7% of deaths were due to tobacco-related illnesses in Washoe County from 2006 to 2010. Although fewer teens report having ever tried cigarettes, the rates of current smokers have remained stable in Washoe County. Smoking rates among adults in Washoe County have decreased since 2011. And in 2013 only 15.4% of adults indicated they were current smokers, which was lower than rates for both Nevada and the U.S.”

**Tobacco Use and Exposure**  
Prevalence of Current Smokers  
Washoe County, Nevada and U.S., 2008 – 2012



- **Alcohol:** “Washoe County has higher rates of alcohol consumption and binge drinking than Nevada and the rest of the nation.”

Figure 1.21: Adult Alcohol Use by Type, Washoe County, Nevada & the US, 2011



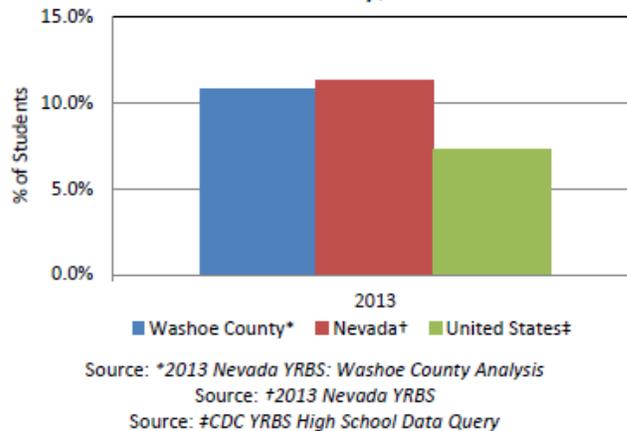
Source: 2011 Nevada BRFSS

## Sexual Health

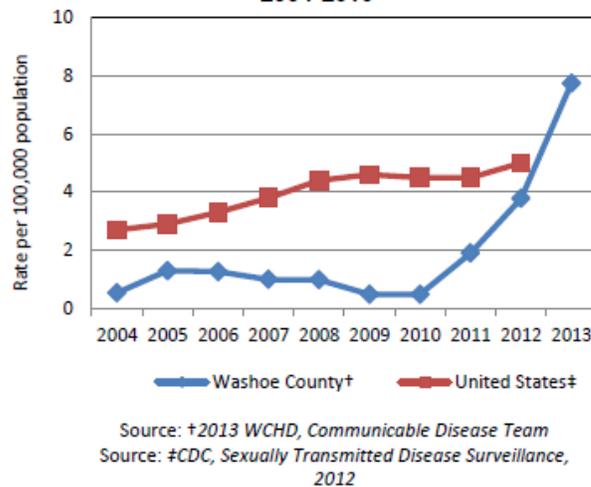
“Youth in Washoe County experience higher rates of intimate partner abuse, sexual contact and sexual penetration than youth nationwide. These rates correlate with findings from a 2011 national study that ranked Nevada as the second-worst state for sexual violence — especially against women.

The sexually transmitted diseases highlighted have all seen an increase in 2013; and chlamydia, gonorrhea and syphilis have seen increases since 2010. Rates tend to be disproportionately higher among African Americans. However, as with all reportable conditions, the increase in rates among all races and ethnicities may be a result of several factors — an increase in the number of people who get screened, improved case reporting from laboratories and providers, or a true reflection in the number of infections.”

**Figure 1.48: Percent of high school students reporting they had been physically forced to have sex, when they did not want to, Washoe County, 2013**



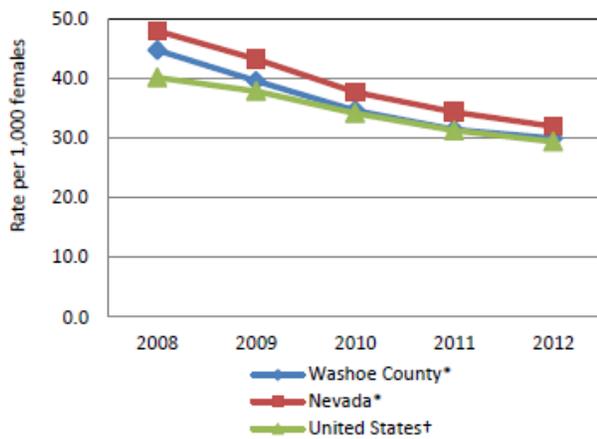
**Figure 1.54: Rate of Primary & Secondary Stage Syphilis, Washoe County & the U.S., 2004-2013**



## Maternal, Infant and Child Health

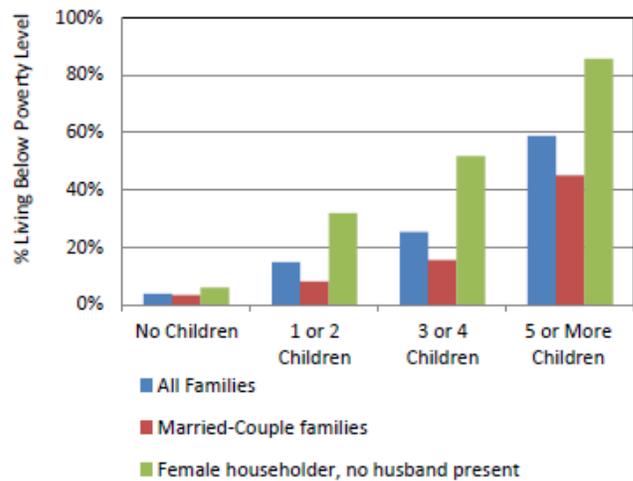
“There have been decreases in the overall birth rate and exponential decreases in teenage pregnancy and the resulting birth rate. More mothers-to-be are receiving prenatal care in the first trimester, improving health and outcomes for both mother and baby. WIC data indicates that the income level of participants has decreased. Fewer Hispanics and more Caucasian, non-Hispanic families have enrolled over the past six years. Improvements in maternal child health include fewer low birth-weight infants and a decrease in obesity among children who are enrolled in WIC.”

**Figure 1.7: Teen (age 15-19) Birth Rate, Washoe County, Nevada & the U.S., 2008-2012**



Sources: \*OPHIE, data request  
† CDC, Births: Final Data for 2012

**Figure 1.1: Families Living Below Poverty Level, Washoe County, 2008-2012**



Source: US Census Bureau, 5 year estimates, 2008-2012

- **Maternal, infant and child health ranking:** “Nevada ranked 48 out of 50 states overall in 2014, with the state’s lowest scores in economic well-being and family and community, for which many of the indicators are based on the poverty rate and the proportion of children being raised in single-parent households.”
- **Prenatal care:** The percent of women receiving prenatal care in the first trimester has increased for all age groups since 2010.
- **WIC participation:** “Overall WIC enrollment has remained fairly stable since 2007: the number of children born in Washoe County has increased by about 3,000 since that year.”
- **WIC outcomes:** “Fewer low-birth-weight infants were born from 2007 to 2013.”

## Immunizations

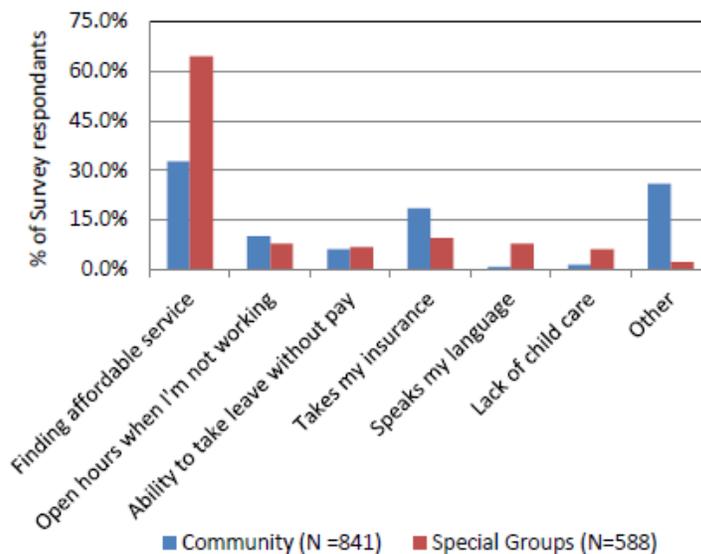
The child immunization rate in Washoe County has increased since 2003 and at 75.5% it is 3.5% above the national average. To meet the Healthy People 2020 goal, this rate will have to increase 4.5% to 80% over the next five years. The number of WC seniors who report receiving an annual flu shot was lower than rates for Nevada and the US. Improvements in awareness and making it easier for seniors to access services are current priorities.

## Health Access

“Historically Washoe County, like Nevada, has maintained a large population of uninsured residents who cannot afford healthcare. Since the passing of the Affordable Care Act (ACA) the numbers of uninsured have decreased dramatically. There exists, however, a shortage of available practitioners. One in five residents in Washoe County is enrolled in Medicaid, and many have experienced difficulty in finding providers who accept Medicaid and providers who are accepting new Medicaid patients.”

- **Primary care:** “Approximately, one-third of Washoe County residents live in a primary care provider or a dental care provider shortage area.”
- **Medicaid enrollment:** Enrollment in Medicaid increased 83.4% from September 2013-August 2014. “Accessing services is especially challenging for those covered by Medicare, Medicaid and other health plans that do not reimburse providers at equal amounts as do private insurers.”

**Figure 1.1: Main barrier you face in accessing health care in our community.**



Source: \* TMRPA, 2013 Senior Study

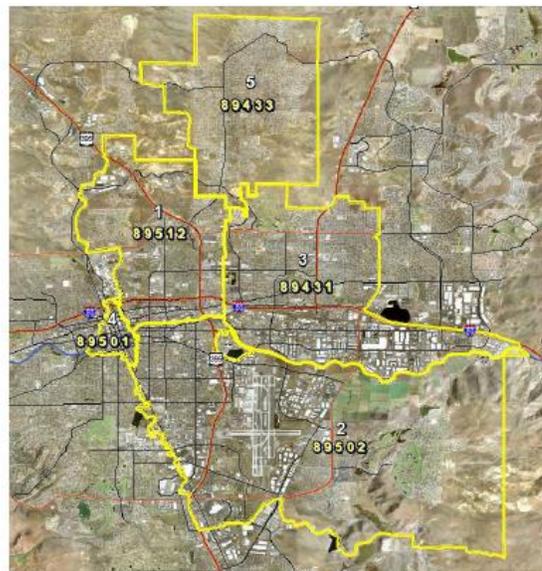
## Areas of Highest Need

“Although only 30% of Washoe County’s population lives in the five zip codes with highest need, this population accounted for 42.1% of hospital inpatient visits and 54% of ER visits during 2013 [Table 1.2]. All of these ZIP codes report higher than average hospitalization rates for chronic obstructive pulmonary disease (COPD), as well as higher than average mortality rates due to cancer, and accidents when compared to Washoe County averages. Higher proportions of the residents in these communities live in poverty, including children (<18 years) and seniors (65+ years), and more than a quarter of the population has not graduated from high school (GED or equivalent), with the exception of 89501.”

Table 1.2: 5 Highest Need ZIP Codes, Ranked by CNI Scores, 2014

Zip Code	2014 CNI Scores §	% of Washoe County*	% of Hospital Inpatient Visits†	% of Emergency Room Visits†
89512	5.0	6.0	8.7	12.7
89502	4.8	10.3	14.3	17.7
89431	4.8	8.5	11.8	12.5
89501	4.2	1.0	1.7	5.3
89433	4.0	4.8	5.6	5.8

Source: § Truven Health Analytics Inc. (2014). Community Needs Index  
 Source: \*U.S. Census Bureau, 2010 Census  
 Source: † All 2013 Washoe County hospital data, author’s analysis



Map 1.2: 5 Highest Need Zip Codes, Washoe County, 2014

## Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer

### Highlights from Board Interviews

- “We are currently at 71 ppb (air quality). That was good enough to meet the previous standard of 75ppb but not the new standard of 70ppb.”
- “Water quality and quantity is an issue. The Health District should be on the forefront of this.”
- “The Health District will be supportive of growth but not at the expense of air quality and pollution.”

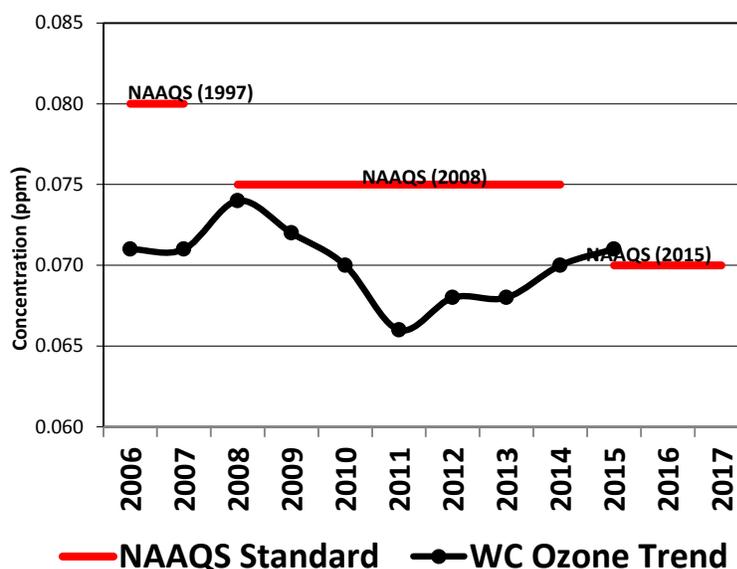
### Strategic Issues

1. What is our plan to meet stricter air quality standards?
2. What should we be doing to address drought/climate change?
3. Should we increase efforts to better prevent food safety issues?
4. How can we be better prepared for emergencies?

### Relevant Findings from the Community Health Needs Assessment

#### Air Quality

“Overall Washoe County’s ambient air quality is favorable with more than 250 days on average per year in the Good range. There are, however, some seasonal episodes when air quality varies and sometimes reaches unhealthy levels — typically in the summer when wildfires occur or winter during temperature inversions. Winds typical of the Washoe County area work to clear pollutants, and the location on the lee side of the Sierra Nevada serves to shelter the cities from some pollutants. Washoe County is currently meeting all air quality standards set by the EPA, but changes in standards could alter that status.”



### **Water Safety, Drought, and Climate Change**

“Washoe County’s groundwater is safe, but it contains naturally occurring minerals that may affect the taste of the water. Residents reliant on well water are encouraged to test their water for potential unknown sources of groundwater contamination. Residents who receive their water through the municipal water supply have access to clean, regulated and frequently tested water.”

### **Relevant Excerpts Related to the Sustainability of Water Supplies from TMWA’s Draft 2016-2035 Water Resource Plan**

#### Section 2.1 Sustainability of Source Water Supplies- Climate Variability

“Studies by Desert Research Institute (“DRI”) and University of Nevada, Reno (“UNR”) indicate the potential for climate change to alter the timing, type of, and quantity of precipitation needs continued monitoring and study, but it is inconclusive at this time as to the magnitude that climate change will have on the region and its water resources over a long-term planning horizon.”

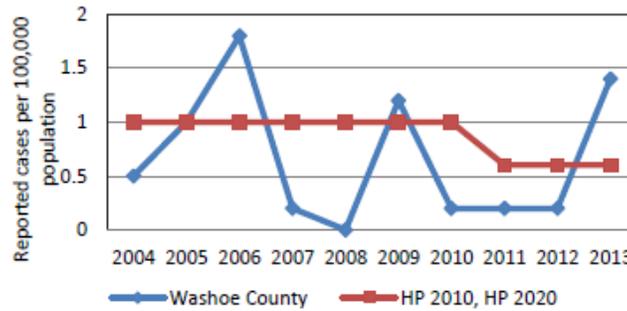
#### Section 2.2 Sustainability of Source Water Supplies- Drought Periods

“The region is in its fourth consecutive, low-precipitation year. The meteorologic drought, begun in 2012, created hydrologic drought impacts in 2014 and 2015, which required TMWA to release some of its upstream drought reserves for the first time since 1992. As defined in TROA, the region has been in a Drought Situation (i.e., the level of Lake Tahoe is projected to be below elevation of 6223.5 feet on November 15 of a given year per TROA) since 2014. Unfortunately, it cannot be known with certainty the duration of the current drought. In addition, analysis has shown that under TROA operations water supplies and drought reserves accumulate to TMWA’s benefit under the 1987 to 1994 drought; in addition, even under a hypothetical drought hydrology, which repeated 2015 hydrology at 2015 demands for 10 years, TMWA would grow its reserves.”

**Food Safety**

“Foodborne illnesses are often underreported and are not all traceable to a particular restaurant or food handler. Illness may be a result of a food recall. While rates of foodborne illness in Washoe County have increased since 2013, this can be due to a variety of reasons and may not be a reflection of local food production or handling practices.”

**Figure 1.2: Rates of Reported Cases\* of STEC 0157 Infection, Washoe County, 2004-2013**



*\*Effective in 2009, probable cases became reportable in Washoe County  
 Source: Washoe County 2013 Annual Communicable Disease Summary*

## Extend impact through partnerships

### Highlights from Board Interviews

- “We should be integrating the decisions of the Health Board into other plans such as the regional plan, transportation plans, the school district, parks, etc.”
- “Investing to make WCHD the community’s Health District and not just the ‘County’s’ Health District.”
- “There is a potential for public/private partnerships for certain services where the hospital rate is higher than Medicaid.”

### Strategic Issues

1. How can we best support the implementation of the Community Health Improvement Plan and make an impact on the Behavioral Health, Education, and Food Security needs of our community?
2. What can we do to reduce high suicide rates in our community, especially among youth?
3. How can we best address increasing rates of drug use and abuse in our region?
4. How can we improve the regional EMS System?

### Major Projects in Progress

- The Washoe County Health District successfully **partnered with Renown Health** to complete the **Community Health Needs Assessment**. This document continues to help inform individuals and organizations across the community.
- In **partnership with Truckee Meadows Healthy Communities**, the Washoe County Health District authored the **Community Health Improvement Plan (CHIP)**. Representatives from the Health District sit on the CHIP steering committee with other community leaders from organizations such as the **Regional Transportation Commission, the Washoe County School District, and the University of Nevada, Reno**.
- **The District Health Officer and the CEO of Renown are co-chairs of the Truckee Meadows Healthy Communities** initiative, which strives to unite the health, education, and community development sectors in promoting a culture of health in the region.

### Partnership Opportunities

45.2% of survey respondents believe that the Health District could form partnerships with other organizations in the community to more effectively or efficiently deliver services. When asked which organizations the Health District could partner with, top responses were:

- UNR/TMCC (x5)
- The two cities (x3)
- Federally Qualified Health Centers (x3)
- Hospitals (x3)
- The School District (x2)
- Washoe County Social Services (x2)

- Nonprofits and community organizations, i.e. HOPES, Community Health Alliance, Catholic Charities (x2)

When asked which services could benefit most from partnerships, the top responses were:

- Developing consistent codes and requirements regionally (x5)
- WIC and HIV Prevention (x3)

**Community Health Improvement Plan Priorities**

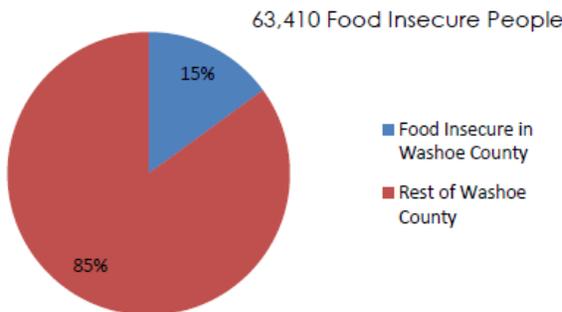
Health Priority	Goals
 <b>Access to Healthcare and Social Services</b>	<p><b>GOAL 1:</b> Improve access to healthcare and social services for individuals on Medicaid and Medicare, and for those who are underinsured or uninsured.</p> <p><b>GOAL 2:</b> Improve coordination of care in Washoe County across healthcare settings, social services, individual providers, and the community.</p>
 <b>Behavioral Health</b>	<p><b>GOAL 3:</b> Improve access to behavioral health services for individuals on Medicaid and Medicare, and for those who are underinsured or uninsured.</p> <p><b>GOAL 4:</b> Create a healthier environment for Washoe County youth.</p> <p><b>GOAL 5:</b> Protect the health and safety of Washoe County youth through the reduction of substance use and abuse.</p>
 <b>Education (K-12)</b>	<p><b>GOAL 6:</b> Improve health outcomes of Washoe County youth through educational attainment.</p> <p><b>GOAL 7:</b> Support student health, wellness and achievement through nutritious eating habits and physical activity.</p>
 <b>Food Security</b>	<p><b>GOAL 8:</b> Implement programs that address the immediate need for food and promote long-term health and food security in households and communities.</p> <p><b>GOAL 9:</b> Enhance home-delivered meal programs to seniors to keep on pace with the rising senior population.</p>

## Relevant Findings from the Community Health Needs Assessment

### Food Insecurity

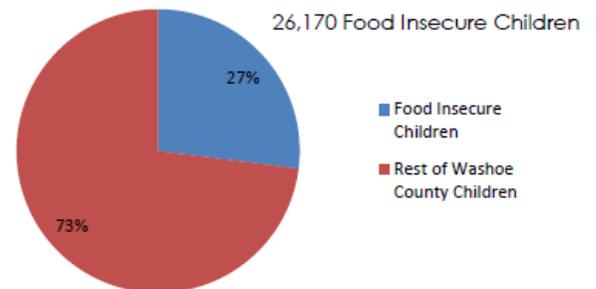
“While there is a strong network of food distribution and assistance in Washoe County, there are a growing number of people reliant on federal nutrition programs and charity to obtain adequate food. Those in need of food assistance often decide each month between paying for food or other needs such as medication, utilities and housing. Limited resources coupled with increasing demand could leave more families and children with fewer meals in the future. The physical layout of the Reno-Sparks community relative to the major highways, which transect the city, bring sources of unhealthy food into the areas where many low-income people live.”

**Figure 1.4: Food Insecurity Rates, Washoe County, Total Population, 2012**



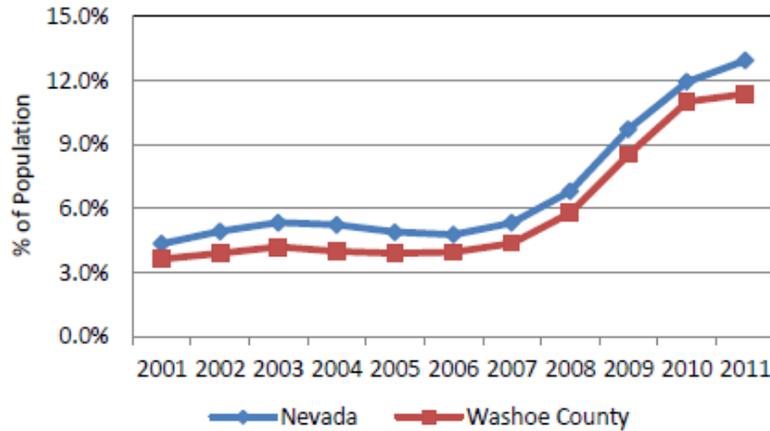
Source: Washoe County Chronic Disease Report Card 2014, Food Bank of Northern Nevada data

**Figure 1.6: Food Insecurity Among Children, Washoe County, 2012**



Source: Washoe County Chronic Disease Report Card 2014, Food Bank of Northern Nevada data

**Figure 1.6: Percent of Population Enrolled in SNAP, Washoe County & Nevada, 2001-2011**



Source: US Census Bureau, Small Area Estimates Branch, County SNAP Benefits Table

**Behavioral Health**

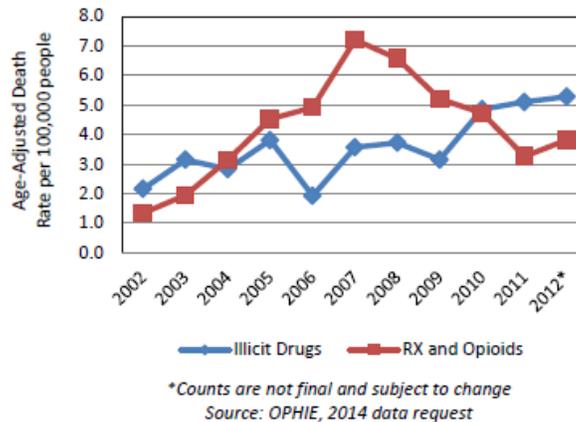
“While most data available at the county level represent only two mental health issues, depression and suicide, there are several more stressors contributing to every day mental health. Depression, sadness and poor mental health is reported most often among females; however, Washoe County males have some of the highest rates of suicide compared to Nevada and the rest of the U.S. Suicide among all ages is much higher in Washoe County than the rest of the country.”

- **Suicide rates:** At 22.3 per 100,000 population Adults in Washoe County have a much higher suicide rate that both Nevada and the United States.
- **Mental health provider access:** “All residents in Washoe County are living in a mental health provider shortage area.”
- **Youth suicide rates:** “The percentage of high school students in Washoe County who considered and/or attempted suicide in 2013 was considerably higher than the national average.”

**Drug Use and Abuse**

“Drug use among youth in Washoe County has not seen much of a decrease over the past decade, and some data indicate it may be rising — especially marijuana use. Overall drug overdose death rates have increased, although prescription drug deaths have fallen since 2007.”

**Figure 1.28: Drug Overdose Death Rate, by drug type, 2002-2012**



## Education

“Compared to people who have had some college, college graduates in Washoe County reported:

- Better perceived general health status
- More likely to be insured
- Higher rates of immunization
- Fewer poor mental health days
- Less likely to be overweight or obese
- Less likely to smoke cigarettes”

## Lead the creation of a local culture of health

### Highlights from Board Interviews

- “We need to make the effort to reach out to the community. This could mean setting up access points in other neighborhoods, bilingual marketing, etc.”
- “If you do a good job at preventative medicine, you don’t make the news. We need to find a way to get noticed for the good work we do.”
- “Explain the value that the Health District brings to the community in order to build up community support and trust. “
- “The Health District should be a hub for low-income people to get their needs met.”

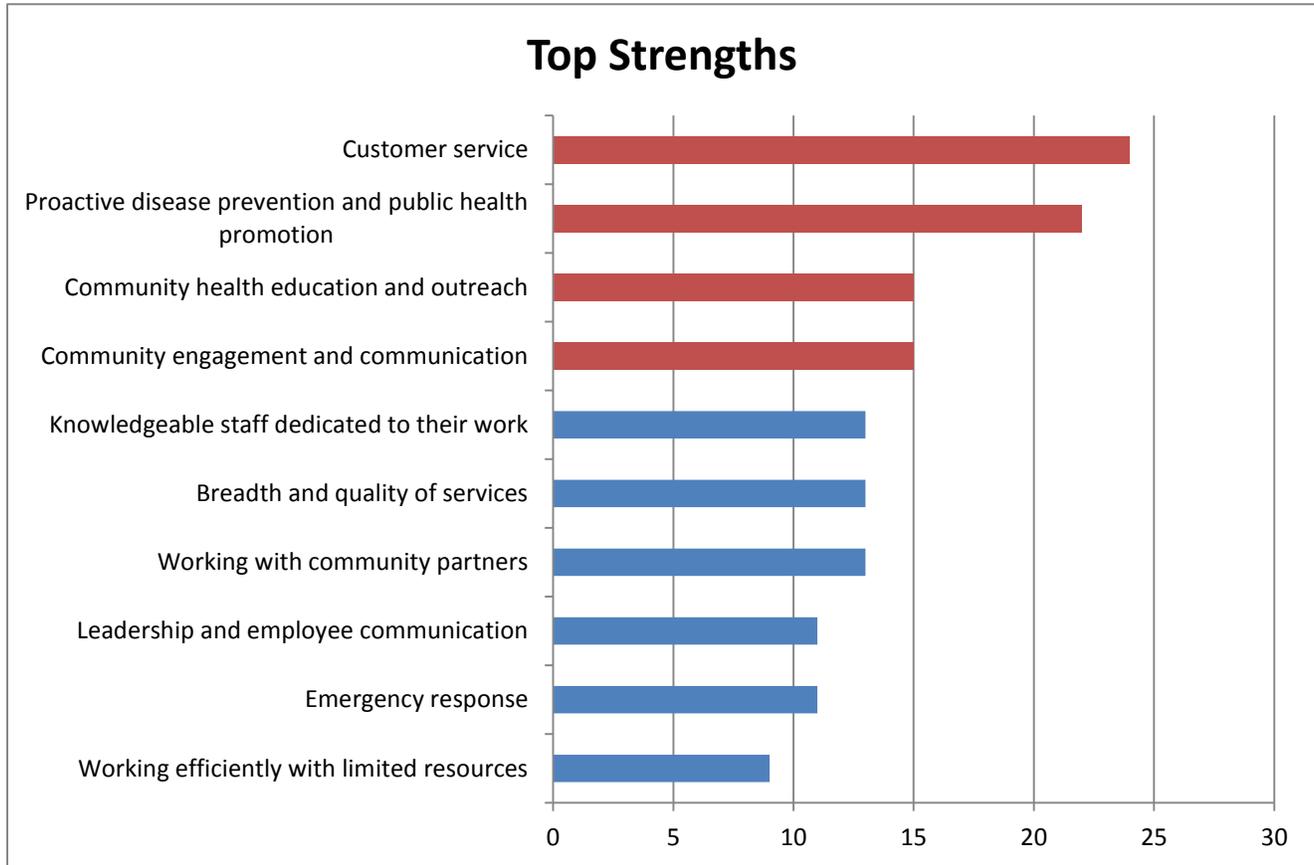
### Strategic Issues

1. How can we establish a new and improved Health District identity/brand?
2. How can we get the word out about all the great work we do?
3. How can we encourage citizens to live healthier lifestyles every day?

4. How can we make meaningful improvements in health policy?

**Perceived Strengths**

The top 4 strengths cited by survey respondents referred to the Health District’s ability to work with, inform, educate and engage the community it serves.



**Achieve Greater Financial Stability**

**Strategic Issues**

1. How do we achieve greater financial stability/predictability?
2. Do we agree on our current local funding model for the Health District?

**Highlights from Board Interviews**

- “Our fees should cover the true cost of providing the service.”
- “Being worried about potential cutbacks every year is a nightmare.”

- “Would like to see steady progress towards 25% general fund contribution.”
- “Making sure we’re never in a position where we have to eliminate critical services again.”

**Current Health District Programs**

**Washoe County Health District Programs**

**Office of the District Health Officer**

**Administrative Health Services**

**Air Quality Management**

**Community and Clinical Health Services**

- Chronic Disease Prevention
- Community & Clinical Health Services
- Family Planning
- Immunizations
- Maternal, Child & Adolescent Health
- Sexual Health – HIV
- Sexual Health – STD
- Tuberculosis
- Women, Infants and Children

**Environmental Health Services**

- Environmental Health Services
- Food Protection
- Safe Drinking Water
- Solid Waste Management
- Underground Storage Tanks
- Vector Borne Diseases

**Epidemiology and Public Health Preparedness**

- Emergency Medical Services
- Epidemiology Surveillance
- Public Health Preparedness
- Vital Statistics

**Revenues and Expenditures by Division from FY 2016-2017 Recommended Budget**

<b>Division</b>	<b>Revenue</b>	<b>% of Total Revenues</b>	<b>Expenditures</b>	<b>% of Total Expenditures</b>
Office of the District Health Officer	\$35,000	0.2%	\$979,998	4.5%
Administrative Health Services	\$0	0.0%	\$1,168,142	5.4%
Air Quality Management	\$2,683,185	12.9%	\$3,270,820	15.1%
Community and Clinical Health Services	\$3,557,273	17.1%	\$7,371,920	33.9%
Environmental Health Services	\$2,902,711	14.0%	\$6,394,404	29.4%
Epidemiology and Public Health Preparedness	\$1,812,848	8.7%	\$2,546,046	11.7%
<b>Subtotal</b>	<b>\$10,991,017</b>	<b>52.9%</b>	<b>\$21,731,331</b>	<b>100%</b>
General Fund Support	\$9,796,856	47.1%	\$0	0%
<b>Totals</b>	<b>\$20,787,873</b>	<b>100%</b>	<b>\$21,731,331</b>	<b>100%</b>

## Current Budget and Three-Year Financial Projections

	ETC	Proposed	Projected		
	FY 2015-2016	FY 2016-2017	FY 2017-2018	FY 2018-2019	FY 2019-2020
<b>FUND SUMMARY:</b>					
<b>SOURCES OF FUNDS:</b>					
Opening Fund Balance	\$ 2,268,506	\$ 1,989,185	\$ 1,045,727	\$ 1,363,325	\$ 1,516,112
<b>Revenues:</b>					
Licenses and Permits	1,413,708	2,148,652	2,901,791	2,974,335	3,048,694
Federal & State Grants	5,749,295	5,343,819	5,454,091	5,578,501	5,707,031
Federal & State Indirect Rev.	410,716	368,948	376,561	385,151	394,025
Tire Fees (NRS 444A.090)	468,548	475,000	469,618	479,431	489,575
Pollution Control (NRS445B.830)	558,086	550,000	561,000	572,220	583,664
Dust Plan	240,000	257,784	333,330	339,997	346,797
Birth & Death Certificates	500,000	490,000	494,900	499,849	504,847
Other Charges for Services	812,299	1,243,670	1,615,254	1,659,992	1,706,036
Miscellaneous	78,714	113,144	79,309	80,499	81,724
<b>Total Revenues</b>	<b>10,231,365</b>	<b>10,991,017</b>	<b>12,285,855</b>	<b>12,569,975</b>	<b>12,862,393</b>
General Fund (GF) transfer-Operating	7,743,084	7,743,084	7,743,084	7,743,084	7,743,084
GF transfer Overhead Subsidy	2,333,772	2,053,772	1,773,772	1,773,772	1,773,772
<b>Total General Fund transfer</b>	<b>10,076,856</b>	<b>9,796,856</b>	<b>9,516,856</b>	<b>9,516,856</b>	<b>9,516,856</b>
<b>Total Sources of Funds</b>	<b>22,576,727</b>	<b>22,777,057</b>	<b>22,848,438</b>	<b>23,450,156</b>	<b>23,895,360</b>
<b>USES OF FUNDS:</b>					
<b>Expenditures:</b>					
Salaries & Wages	9,953,764	10,367,158	10,462,234	10,659,293	10,861,820
Intermittent Hourly Positions	435,263	430,562	423,362	423,362	423,362
Group Insurance	1,566,651	1,741,217	1,845,691	1,956,432	2,073,818
OPEB Contribution (1)	-	1,181,460	1,205,089	1,229,191	1,253,775
Retirement	2,690,883	2,847,521	2,973,573	3,028,042	3,082,770
Other Employee Benefits	208,418	226,146	230,669	235,283	239,988
Contract/Professional Svcs	791,528	607,476	497,870	498,296	498,756
Chemical Supplies (Vector only)	249,309	231,500	231,500	231,500	231,500
Biologicals	259,529	257,496	257,496	257,496	257,496
Fleet Management billings	223,026	197,740	213,361	230,217	248,404
Outpatient	98,155	103,385	103,385	103,385	103,385
Property & Liability billings	75,992	76,093	77,614	79,167	80,750
Other Services and Supplies	1,208,878	1,703,337	1,168,417	1,172,229	1,176,149
Indirect cost allocation	2,795,882	1,700,797	1,734,813	1,769,509	1,804,899
Capital	30,265	59,443	60,037	60,643	61,261
<b>Total Uses of Funds</b>	<b>20,587,542</b>	<b>21,731,331</b>	<b>21,485,112</b>	<b>21,934,045</b>	<b>22,398,134</b>
Net Change in Fund Balance	(279,321)	(943,458)	317,599	152,786	(18,885)
<b>Ending Fund Balance (FB)</b>	<b>\$ 1,989,185</b>	<b>\$ 1,045,727</b>	<b>\$ 1,363,325</b>	<b>\$ 1,516,112</b>	<b>\$ 1,497,227</b>
FB as a percent of Uses of Funds	9.7%	4.8%	6.3%	6.9%	6.7%
<small>(1) Other Post Employment Benefits (OPEB) was included in the Indirect cost allocation in services and supplies prior to FY 17</small>					

## Major Projects in Progress

### Health District Cost Analysis

The Health District completed a comprehensive analysis of the costs associated with all of its programs. As part of this analysis, the Health District compared its costs to national benchmarks in order to determine where efficiencies can be made. The completed reports are currently being used as a tool to improve the efficiency and effectiveness of its programs in order to provide a higher level of service to the community.

### Health District Fee Adjustments

The Health District chose not to increase fees during the recession. However, in order to ensure businesses and individuals bear the proper proportion of the cost associated with the Health District's services, on December 17, 2015, the Washoe County District Board of Health approved fee changes for Air Quality Management and Environmental Health Services. New fee rates will begin July 1, 2016, with an additional increase on July 1, 2017. Fees will be adjusted annually based on the Consumer Price Index, Western Region. The Health District is considering fee adjustments for other programs as well.

## Strengthen our Workforce and increase Operational capacity to support growing population

### Highlights from Board Interviews

- “The fundamental review was necessary. We should continue to use it and build on it to create a stronger, more viable Health District.”
- “We can’t expect everybody who comes to the region will have healthcare.”
- “Can we be sitting at the table with groups like EDAWN?”
- “Most health districts are reactive, we need to move towards more proactive.”
- “There are excellent people at the Health Department and we need to keep them around.”
- “Many people are getting ready to retire. We need to do a good job of training replacements.”
- “We need great staff and an adequate number of staff to be effective.”

### Strategic Issues

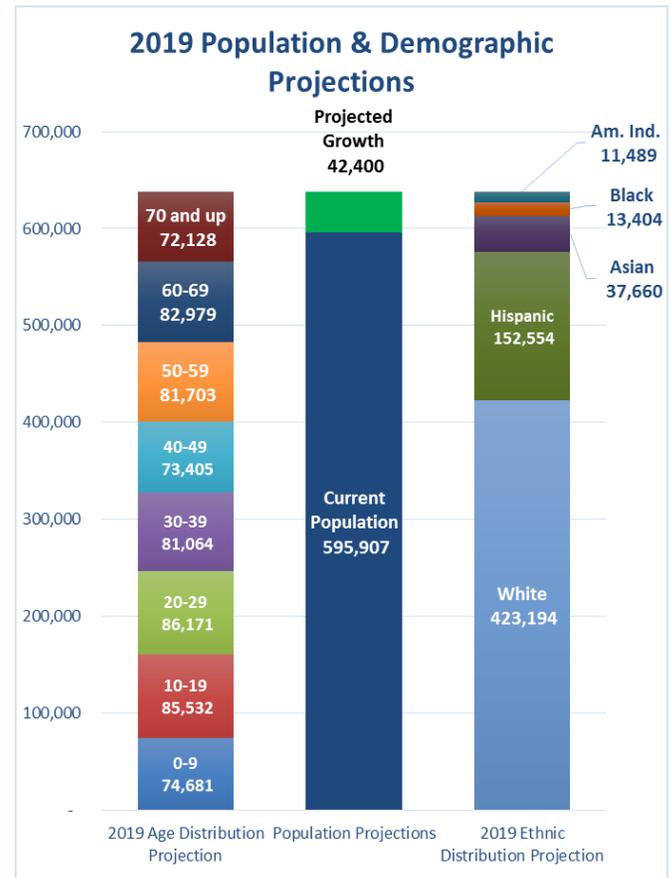
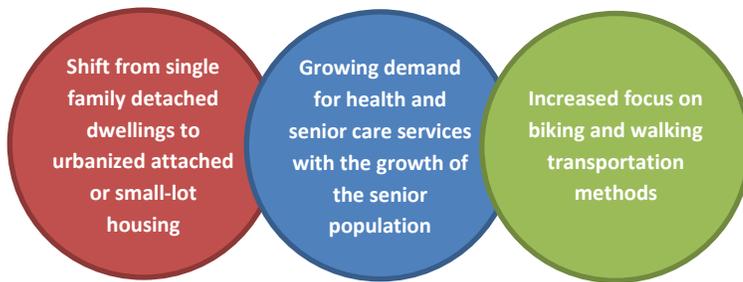
1. How can we work better across divisions and interjurisdictionally?
2. How can we continue to improve our process efficiency and use of technology?
3. How can we provide more training and professional development opportunities for staff?
4. What can we do to make the Health District facility more inviting?
5. How can we create a culture of employee recognition, encouragement, accountability?
6. How can we become better leaders of our organization?

### Major Projects in Progress

- The Health District continues to **implement the recommendations resulting from the fundamental review** process that was completed in 2013.
- The Health District is participating in **implementing Accela to improve the business permitting process.**

## Key Findings from the EPIC Study

- North Washoe and Sparks suburban will experience household growth of around 13% and will likely rely on new home construction sooner rather than later. Reno/Sparks MSA's will see redevelopment and adaptive reuse.



## Stakeholder Survey Results

### Resource Adequacy

Only 35.6% of survey respondents said they had everything they needed to be effective in their positions. When asked what they would need to be more effective, their top responses were:

- More staff (x4)
- More clearly defined processes and procedures (x4)
- More management support and encouragement (x4)
- Better technology (software, phones) (x3)
- A more positive work environment (x3)
- More training (x2)
- Increased program funding (x2)

**Employee Engagement**

The Stakeholder Survey found that the Health District has a net engagement score of 18.9% compared to a national average of 14%.

	<b>Total</b>	<b>Staff</b>	<b>Mgmt.</b>	<b>United States via Gallup 2014 *</b>	
Promoters	40.5%	41.7%	35.7%	Engaged	31.5%
Passively Satisfied	37.8%	36.6%	42.9%	Not engaged	51.0%
Detractors	21.6%	21.7%	21.4%	Actively disengaged	17.5%
<b>Loyalty/recommend</b>	<b>18.9%</b>	<b>20.0%</b>	<b>14.3%</b>	<b>Net Engagement</b>	<b>14.0%</b>

Three key drivers of employee engagement explaining 52.4% (adjusted R<sup>2</sup>) of the engagement score were found in the survey. They are:

- *There is no doubt that the Health District demonstrates Trustworthiness.*
- *Management encourages my professional development.*
- *I believe [the current vision statement] clearly explains what success looks like for the Health District over the next 5 years.*

This suggests that demonstrating higher levels of trustworthiness, encouraging professional development, and casting a clear, inspiring vision for the future will result in an increase in employee engagement.

**Perceived Weaknesses**

8 of the top 9 weaknesses cited by staff and management in the stakeholder survey related to the work environment of the Health District.

