

**Washoe County District Board of Health
Notice of Meeting and
Strategic Planning Retreat
PLEASE NOTE LOCATION**

Members
Kitty Jung, Chair
Julia Ratti, Vice Chair
Oscar Delgado
Dr. George Hess
David Silverman
Dr. John Novak
Michael D. Brown

**Thursday, April 14, 2016
9:00 a.m.**

**Desert Research Institute
Stout Conference Building
2215 Raggio Parkway
Reno, NV**

Items for Possible Action. All items numbered or lettered below are hereby designated for possible action as if the words “for possible action” were written next to each item (NRS 241.020). An item listed with asterisk (*) next to it is an item for which no action will be taken.

9:00 a.m.

1. *Roll Call and Determination of Quorum

2. *Public Comment

Any person is invited to speak on any item on or off the agenda during this period. Action may not be taken on any matter raised during this public comment period until the matter is specifically listed on an agenda as an action item.

3. Approval of Agenda

April 14, 2016

4. *Welcome and Overview of Desert Research Institute from DRI Hosts

5. Strategic Planning Discussion: The purpose of the Strategic Planning Retreat is to discuss and possibly give direction regarding strategic objectives and goals of the Washoe County Health District, which may include, but not be limited to, review, discussion and possible direction to staff regarding:

- Clarification of the District’s Core Purpose and Strategic Direction
- Prioritization of Draft Strategic Objectives
- External/internal analysis related to each objective
- Addressing critical strategic issues
- Establishment of the strategic approach and roadmap for the next five years

6. *Board Comment

Limited to announcements or issues for future agendas.

7. *Public Comment

Any person is invited to speak on any item on or off the agenda during this period. Action may not be taken on any matter raised during this public comment period until the matter is specifically listed on an agenda as an action item.

8. Adjournment

Possible Changes to Agenda Order and Timing. Items on the agenda may be taken out of order, combined with other items, withdrawn from the agenda, moved to the agenda of another later meeting; moved to or from the Consent section, or they may be voted on in a block. Items with a specific time designation will not be heard prior to the stated time, but may be heard later. Items listed in the Consent section of the agenda are voted on as a block and will not be read or considered separately unless withdrawn from the Consent agenda.

Special Accommodations. The District Board of Health Meetings are accessible to the disabled. Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Administrative Health Services in writing at the Washoe County Health District, PO Box 1130, Reno, NV 89520-0027, or by calling 775.328.2415, 24 hours prior to the meeting.

Public Comment. During the “Public Comment” items, anyone may speak pertaining to any matter either on or off the agenda, to include items to be heard on consent. For the remainder of the agenda, public comment will only be heard during items that are not marked with an asterisk (*). Any public comment for hearing items will be heard before action is taken on the item and must be about the specific item being considered by the Board. In order to speak during any public comment, each speaker must fill out a “Request to Speak” form and/or submit comments for the record to the Recording Secretary. Public comment and presentations for individual agenda items are limited as follows: fifteen minutes each for staff and applicant presentations, five minutes for a speaker representing a group, and three minutes for individual speakers unless extended by questions from the Board or by action of the Chair.

Response to Public Comment. The Board of Health can deliberate or take action only if a matter has been listed on an agenda properly posted prior to the meeting. During the public comment period, speakers may address matters listed or not listed on the published agenda. The *Open Meeting Law* does not expressly prohibit responses to public comments by the Board of Health. However, responses from the Board members to unlisted public comment topics could become deliberation on a matter without notice to the public. On the advice of legal counsel and to ensure the public has notice of all matters the Board of Health will consider, Board members may choose not to respond to public comments, except to correct factual inaccuracies, ask for Health District Staff action or to ask that a matter be listed on a future agenda. The Board of Health may do this either during the public comment item or during the following item: “Board Comments – Limited to Announcement or Issues for future Agendas.”

Posting of Agenda; Location of Website.

Pursuant to NRS 241.020, Notice of this meeting was posted at the following locations:

Washoe County Health District, 1001 E. 9th St., Reno, NV
Reno City Hall, 1 E. 1st St., Reno, NV
Sparks City Hall, 431 Prater Way, Sparks, NV
Washoe County Administration Building, 1001 E. 9th St, Reno, NV
Washoe County Health District Website www.washoecounty.us/health
State of Nevada Website: <https://notice.nv.gov>

How to Get Copies of Agenda and Support Materials. Supporting materials are available to the public at the Washoe County Health District located at 1001 E. 9th Street, in Reno, Nevada. Ms. Dawn Spinola, Administrative Secretary to the District Board of Health is the person designated by the Washoe County District Board of Health to respond to requests for supporting materials. Ms. Spinola is located at the Washoe County Health District and may be reached by telephone at (775) 328-2415 or by email at dspinola@washoecounty.us. Supporting materials are also available at the Washoe County Health District Website www.washoecounty.us/health pursuant to the requirements of NRS 241.020.



Briefing Book

2016-2018 STRATEGIC PLANNING SESSION

PRODUCED BY

OnStrategy

Submitted on April 6, 2016

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MEETING OUTCOMES

Morning, Day 1

- Understanding of **the most important strategic issues** facing the Health District from the perspective of multiple stakeholder groups
- Clarity and grounding on the **core purpose** of the Health District
- Shared focus towards a common **strategic direction** for the Health District
- **Prioritized strategic objectives** that define the major focus areas for the Health District for the next 3-5 years
- **Strategic approach and roadmap** consisting of major goals/milestones for each prioritized strategic objective

Afternoon, Day 1

- **Measurable goals, performance measures, and targets** for each strategic objective

Day 2

- **Coordinated action** across all Health Department Divisions in support of the District goals
- Identification of the **resources and capabilities needed** to accomplish District goals
- **Ownership and accountability** around the division-level goals related to each District goal

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

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

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.

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.*

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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?

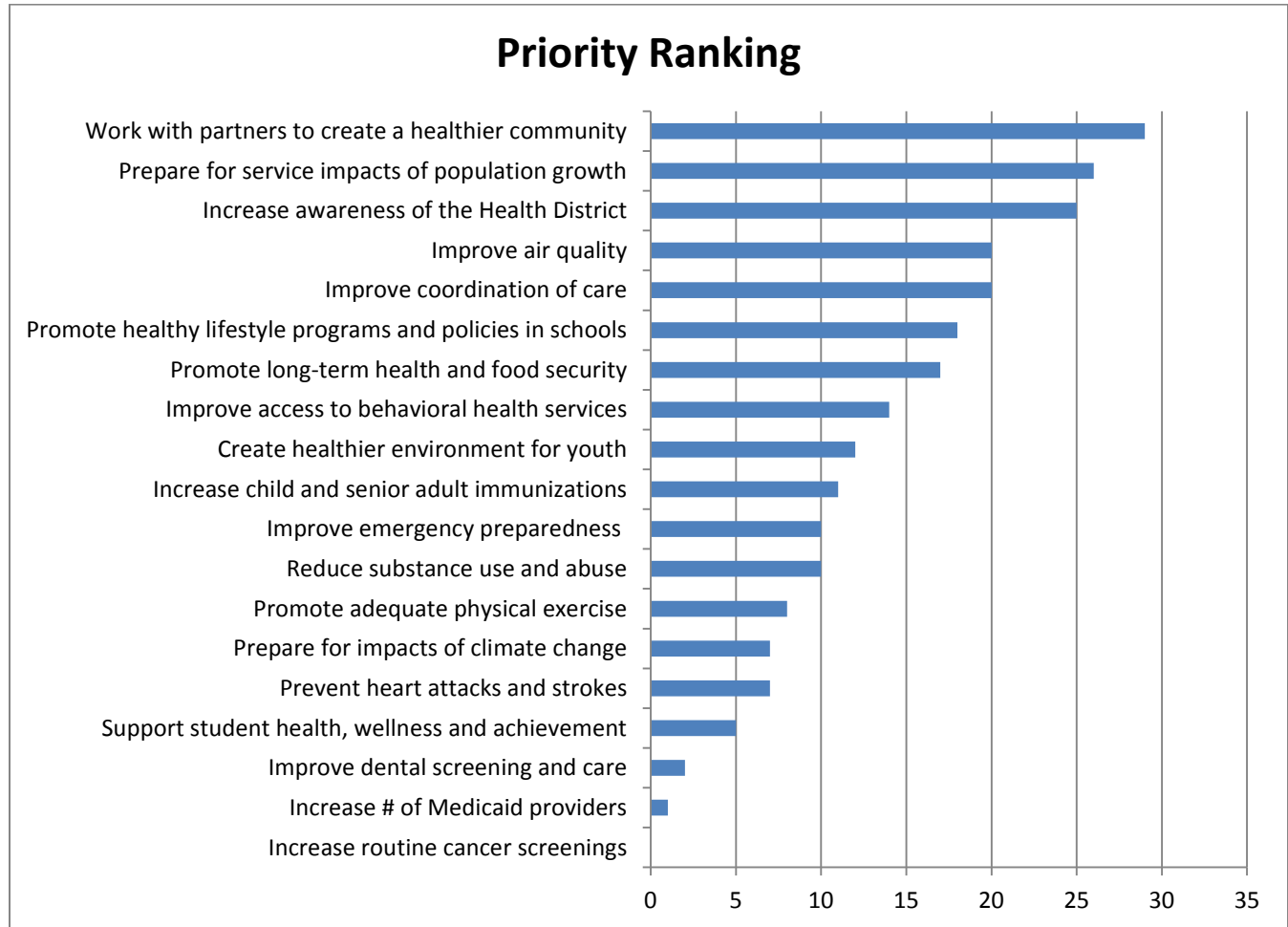
Key Themes

- **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. 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?
- 2. 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?
- 3. 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?
- 4. 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?
- 5. 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?
- 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?

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 FY17 Recommended Budget

Division	Revenue	% of Total Revenues	Expenditures	% of Total Expenditures
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%
Subtotal	\$10,991,017	52.9%	\$21,731,331	100%
General Fund Support	\$9,796,856	47.1%	\$0	0%
Totals	\$20,787,873	100%	\$21,731,331	100%

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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
FUND SUMMARY:					
SOURCES OF FUNDS:					
Opening Fund Balance	\$ 2,268,506	\$ 1,989,185	\$ 1,045,727	\$ 1,363,325	\$ 1,516,112
Revenues:					
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
Total Revenues	10,231,365	10,991,017	12,285,855	12,569,975	12,862,393
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
Total General Fund transfer	10,076,856	9,796,856	9,516,856	9,516,856	9,516,856
Total Sources of Funds	22,576,727	22,777,057	22,848,438	23,450,156	23,895,360
USES OF FUNDS:					
Expenditures:					
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
Total Uses of Funds	20,587,542	21,731,331	21,485,112	21,934,045	22,398,134
Net Change in Fund Balance	(279,321)	(943,458)	317,599	152,786	(18,885)
Ending Fund Balance (FB)	\$ 1,989,185	\$ 1,045,727	\$ 1,363,325	\$ 1,516,112	\$ 1,497,227
FB as a percent of Uses of Funds	9.7%	4.8%	6.3%	6.9%	6.7%
(1) Other Post Employment Benefits (OPEB) was included in the Indirect cost allocation in services and supplies prior to FY 17					

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.

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IMPROVE THE HEALTH OF OUR COMMUNITY 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:

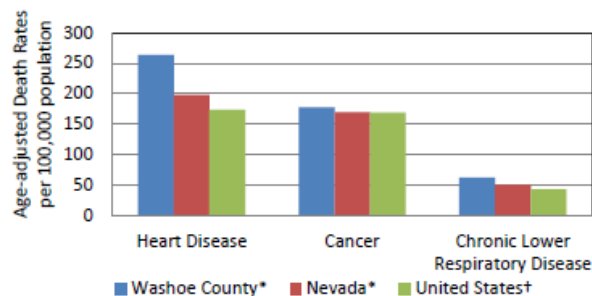
- Don’t add new programs, strengthen existing programs (x4)
- Mental health services (x3)
- Chronic disease prevention services (x3)
- Additional support for families and children (x2)
- Oral health
- Injury prevention

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



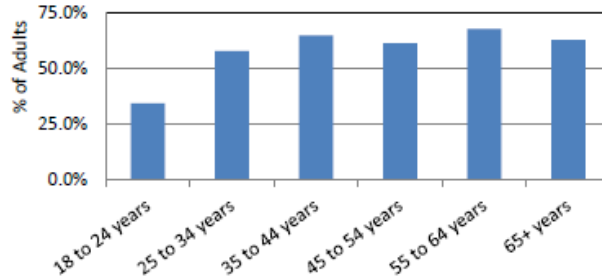
Source: *Nevada Health Statistics Portal Death Data Query
Source: †National Vital Statistics Report, Deaths Preliminary Data for 2011

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.”

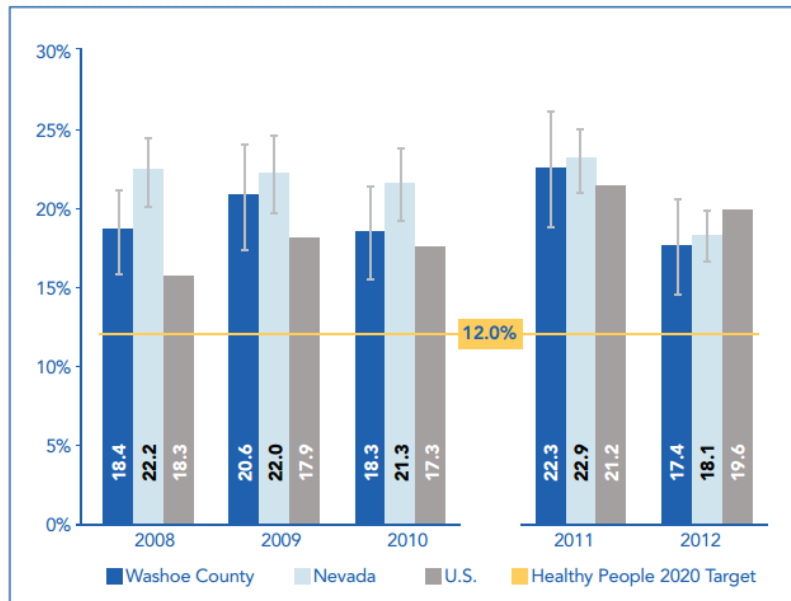
Figure 1.8: Adults Overweight/Obese, Washoe County, by Age Group, 2013



Source: 2013 Nevada BRFSS: Washoe County Analysis

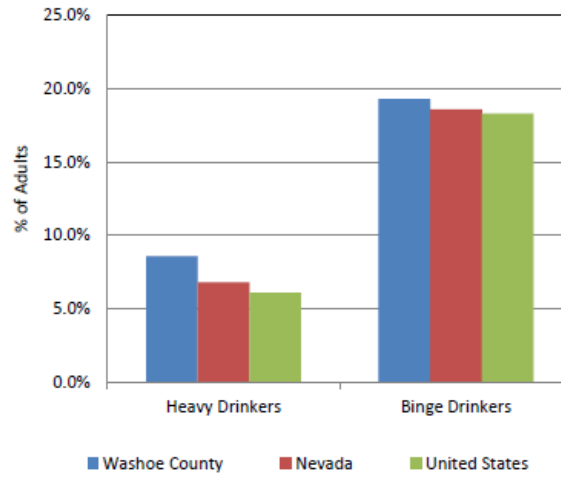
- Tobacco:** “43% of cancers and 21.7% of deaths were due to tobacco-related illnesses in Washoe County from 2006 to 2010. Although fewer teens report having ever tried cigarettes, the rates of current smokers have remained stable in Washoe County. Smoking rates among adults in Washoe County have decreased 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

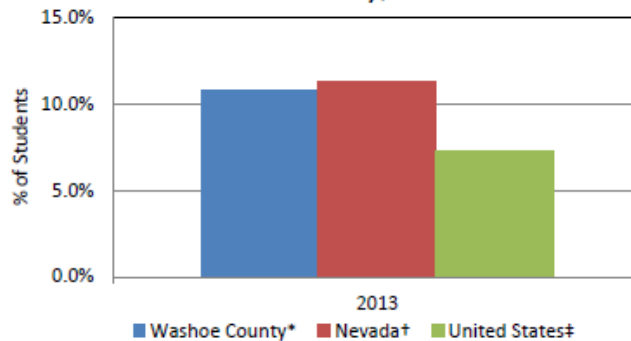
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Sexual Health

“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.

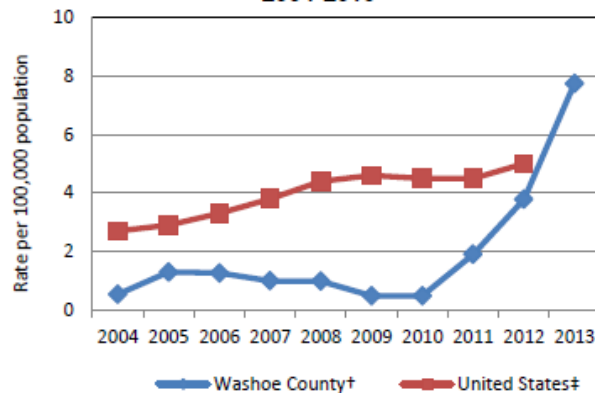
The sexually transmitted diseases highlighted have all seen an increase in 2013; and chlamydia, gonorrhea and syphilis have seen increases since 2010. Rates tend to be disproportionately higher among African Americans. However, as with all reportable conditions, the increase in rates among all races 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



Source: *2013 Nevada YRBS: Washoe County Analysis
Source: †2013 Nevada YRBS
Source: ‡CDC YRBS High School Data Query

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

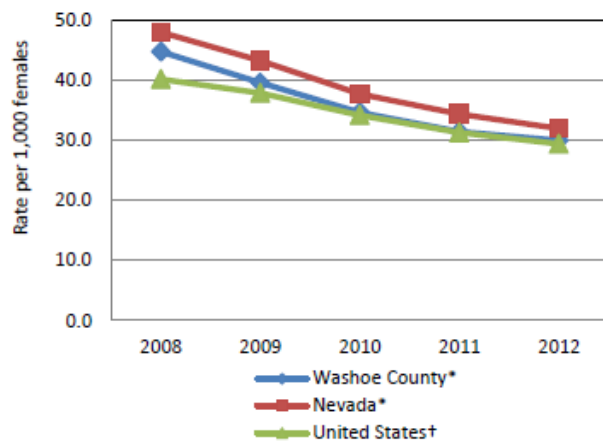


Source: †2013 WCHD, Communicable Disease Team
Source: ‡CDC, Sexually Transmitted Disease Surveillance, 2012

Maternal, Infant and Child Health

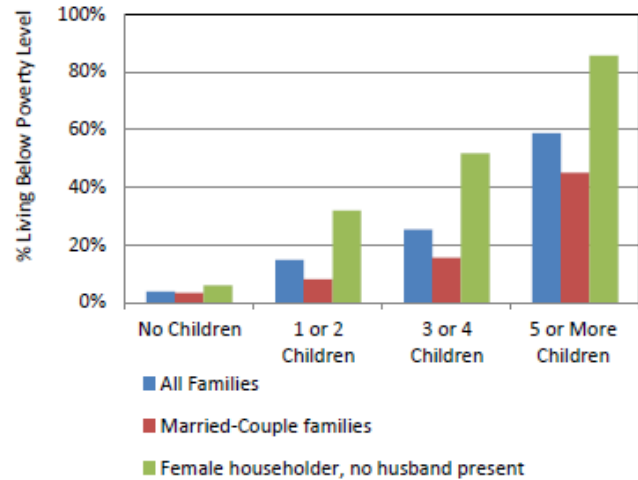
“There have been decreases in the overall birth rate and exponential decreases in teenage pregnancy and the resulting birth rate. More mothers-to-be are receiving prenatal care in the first trimester, improving health and outcomes for both mother and baby. WIC data indicates that the income level of 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

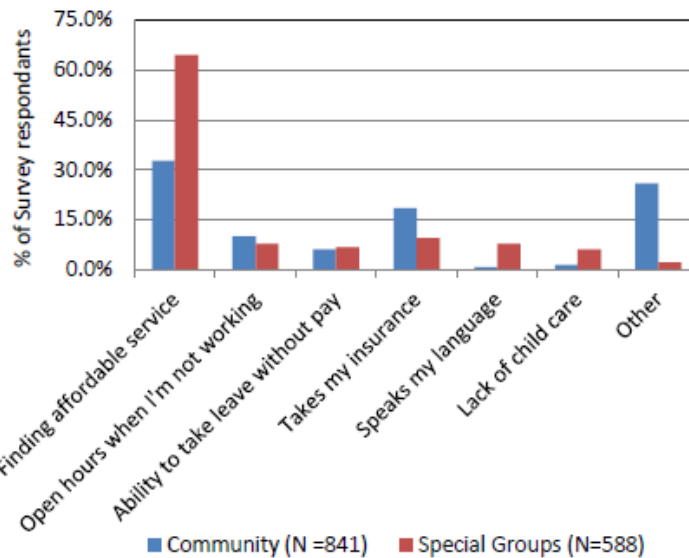
The child immunization rate in Washoe County has increased since 2003 and at 75.5% it is 3.5% above the national average. To meet the Healthy People 2020 goal, this rate will have to increase 4.5% to 80% over the next five years. The number of WC seniors who report receiving an annual flu shot was lower 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

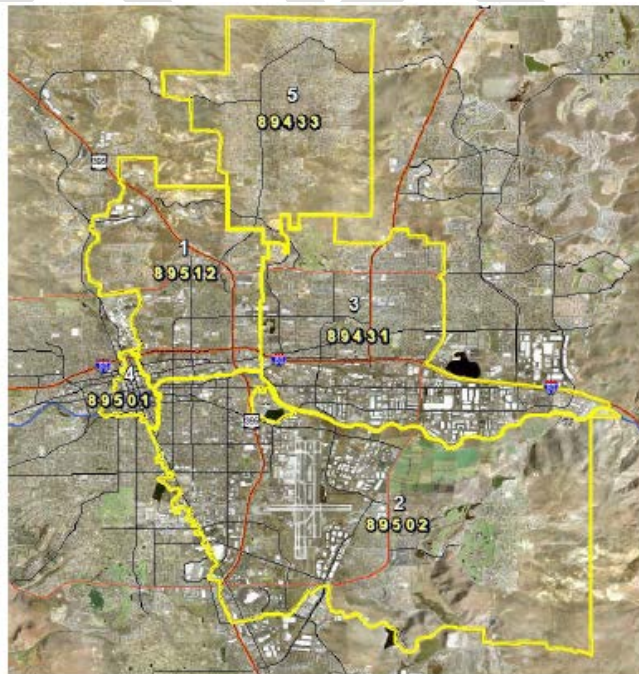
Areas of Highest Need

“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.”

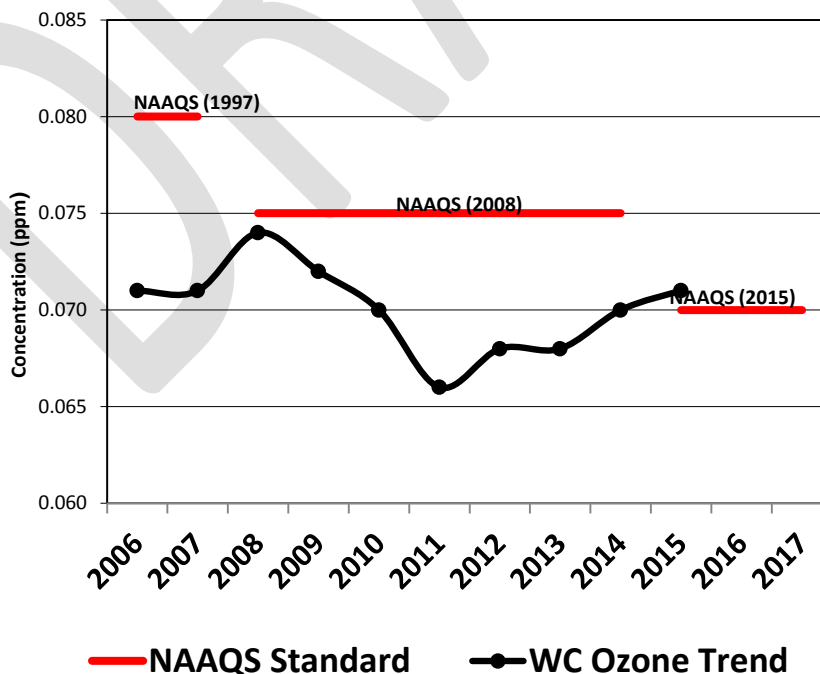
Strategic Issues

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.”

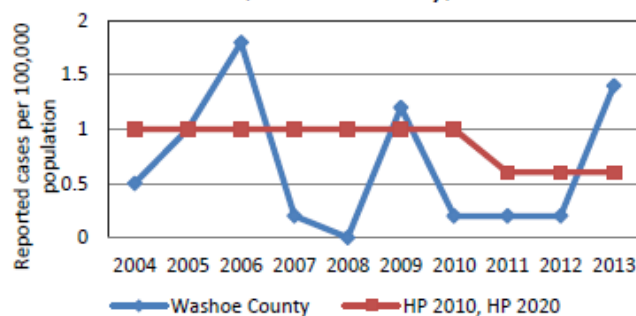
Section 2.2 Sustainability of Source Water Supplies- Drought Periods

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

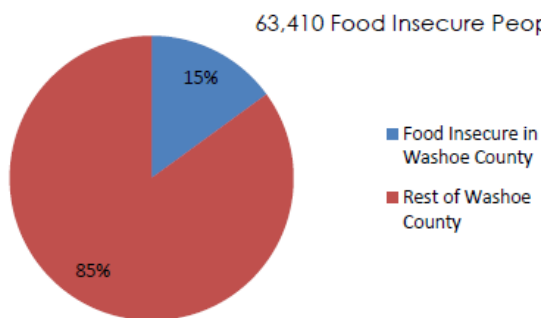


Relevant Findings from the Community Health Needs Assessment

Food Insecurity

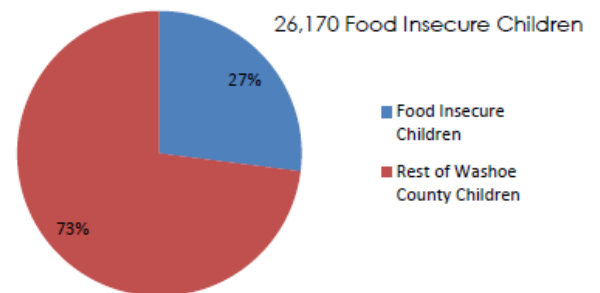
“While there is a strong network of food distribution and assistance in Washoe County, there are a growing number of people reliant on federal nutrition programs and charity to obtain adequate food. Those in need of food assistance often decide each month between paying for food or other needs such as 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



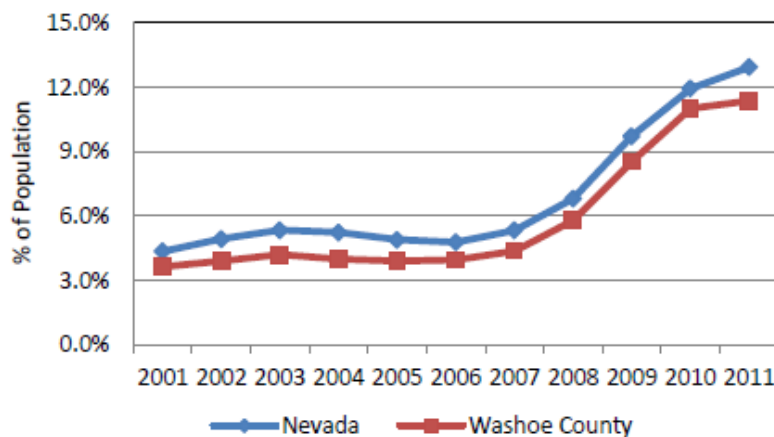
Source: Washoe County Chronic Disease Report Card 2014, Food Bank of Northern Nevada data

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

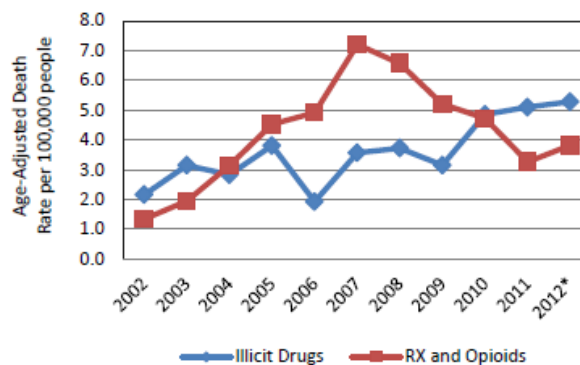
“While most data available at the county level represent only two mental health issues, depression and suicide, there are several more stressors contributing to every day mental health. Depression, sadness and poor mental health is reported most often among females; however, Washoe County males have 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



*Counts are not final and subject to change
Source: OPHIE, 2014 data request

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

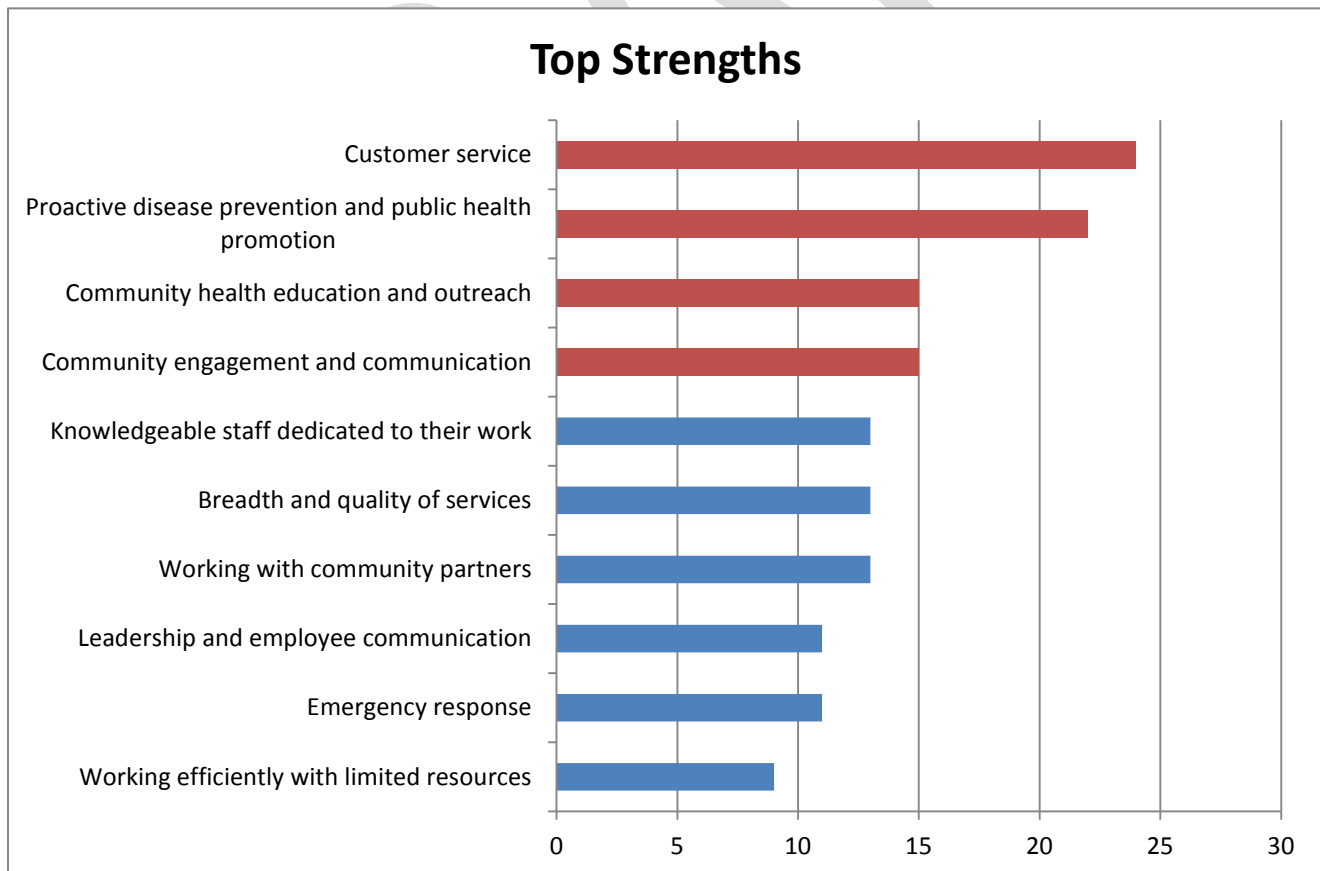
- “We need to make the effort to reach out to the community. This could mean setting up access points in other neighborhoods, bilingual marketing, etc.”
- “If you do a good job at preventative medicine, you don’t make the news. We need to find a way to get noticed for the good work we do.”
- “Explain 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.



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

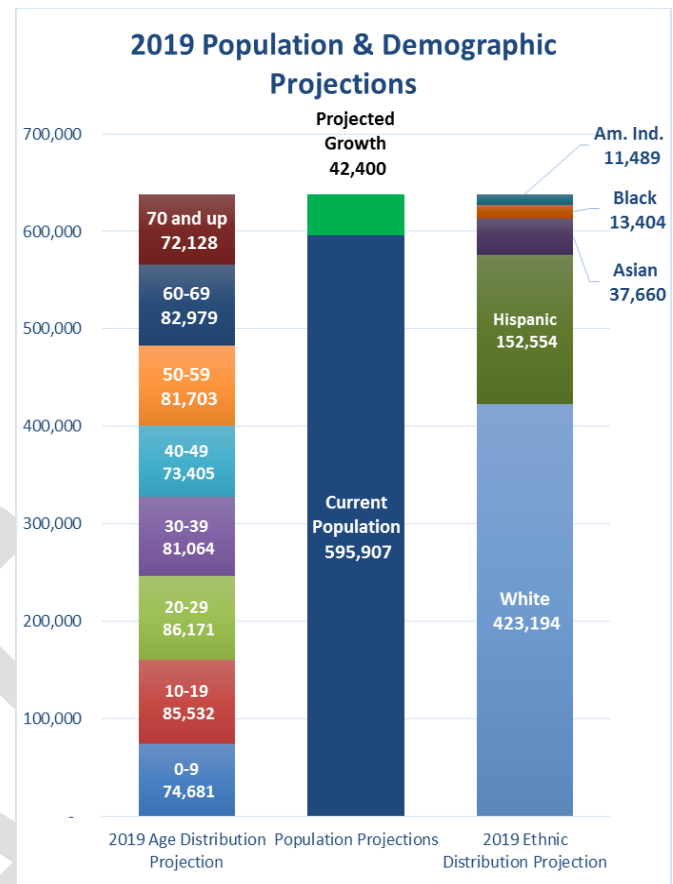
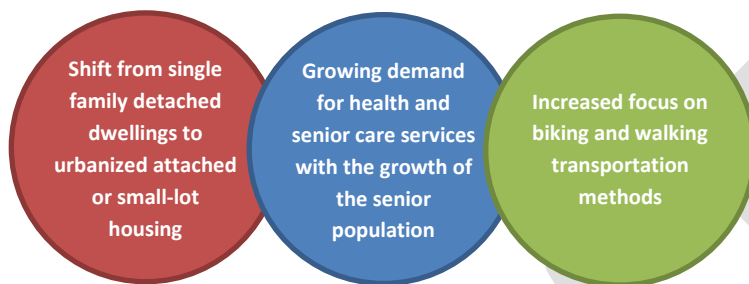
1. How can we work better across divisions and interjurisdictionally?
2. How can we continue to improve our process efficiency and use of technology?
3. How can we provide more training and professional development opportunities for staff?
4. What can we do to make the Health District facility more inviting?
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%.

	Total	Staff	Mgmt.	United States via Gallup 2014 *	
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%
Loyalty/recommend	18.9%	20.0%	14.3%	Net Engagement	14.0%

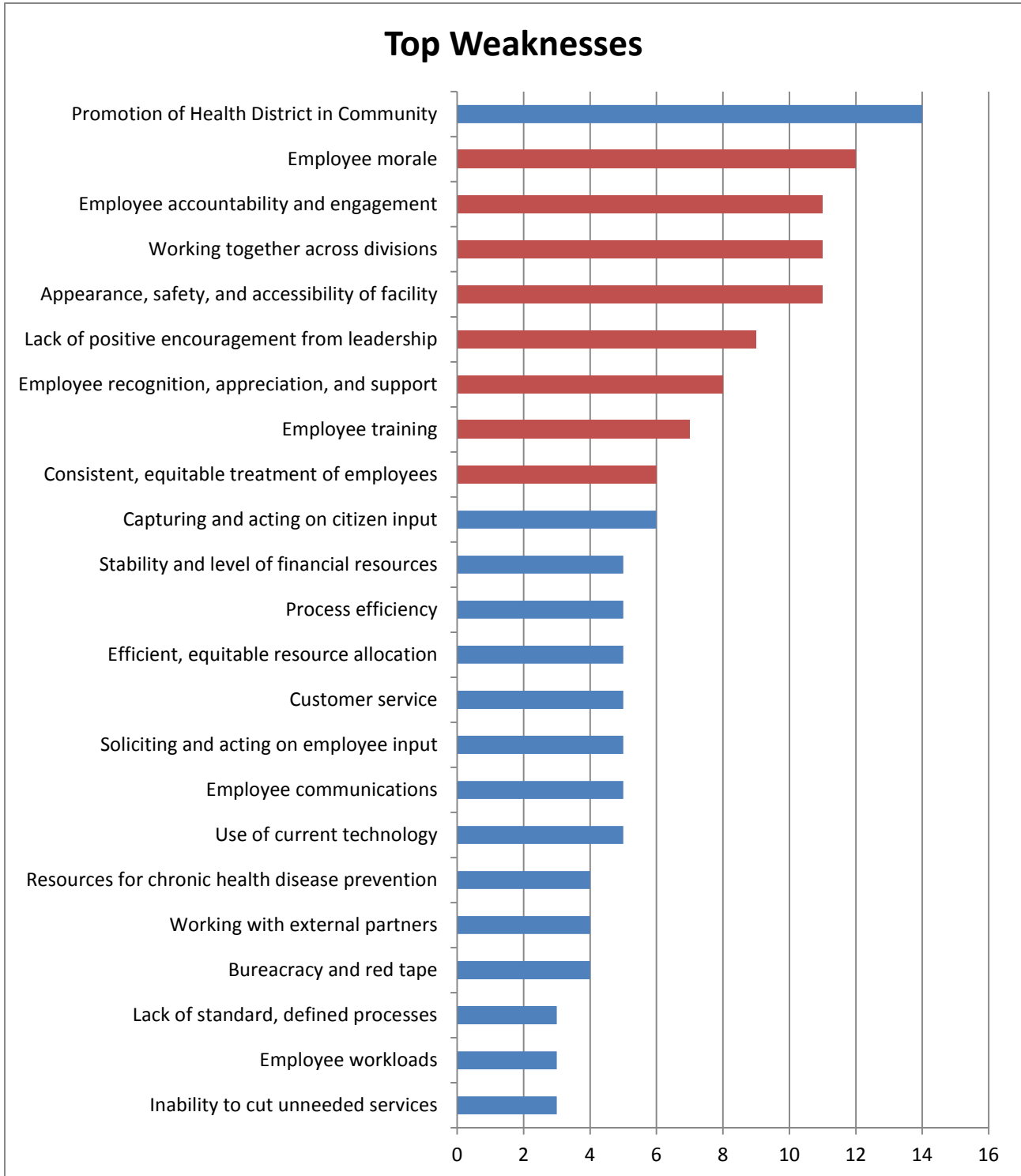
Three key drivers of employee engagement explaining 52.4% (adjusted R²) of the engagement score were found in the survey. They are:

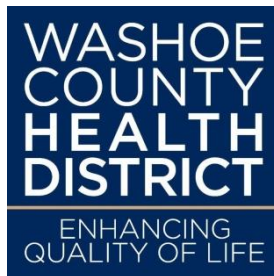
- *There is no doubt that the Health District demonstrates Trustworthiness.*
- *Management encourages my professional development.*
- *I believe [the current vision statement] clearly explains what success looks like for the Health District over the next 5 years.*

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.





Report

BOARD INTERVIEW SUMMARY

PRODUCED BY

OnStrategy

Submitted on March 1, 2016

EXECUTIVE SUMMARY

Methodology

In an effort to gain a deep understanding of the strategic issues facing the Washoe County Health District that need to be addressed during the strategic planning process, OnStrategy conducted detailed interviews with members of the District Board of Health. Interviews consisted of approximately 45-minute in-person discussions or phone calls. OnStrategy analyzed the conversations and summarized the results in this report.

Interview Details

Interview Timeframe: January 25 – February 12, 2016

Number of Interviews: 7

Key Findings

Strategic Issues

Nearly every board member mentioned **Financial Sustainability** as an issue the Health District is facing. While recognizing that efforts are underway to reduce the District's dependence on the County's general fund, the board believes this needs to remain a top priority. Secondly, new **Air Quality** standards must be met to avoid significant repercussions to the Health District.

Other issues that the board would like to address as part of this process include the community's ambulance service, emergency preparedness, the role of the hospitals in community health, staffing levels, and funding equity between the 3 jurisdictions.

Community/Regional Trends

Many community/regional trends were discussed by the board members and all are included in the detailed notes below. However, 4 trends were identified by multiple board members as issues that could have or are having significant impacts on the health of the community and the operations of the Health District: **Drug Abuse, Drought/Climate Change, Population Growth, and Obesity.**

Strategic Direction

There was significant overlap in the items the board members would like to see realized by the Health District by 2020 suggesting a shared vision for the future state of the organization.

- **Improved Community Health Indicators**
- **Increased Work with Partners**
- **Responsiveness to Community Growth**
- **Innovative Pilot Programs**
- **Clean, Safe Downtown**
- **Financially Stable Organization**

Priorities

As a result of the strategic issues facing the Health District, the trends impacting the community, and the desired future state of the organization multiple Board members aligned on 4 priorities for the Health District to focus on:

- **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 it can still do better at making this part of the culture.

DETAILED RESPONSES

Below you will find the responses for each of the Board interview questions. Key themes are ideas that were expressed by multiple board members. The number following the theme corresponds to the number of board members that expressed the idea. The quotations below are (nearly) verbatim responses that add detail to and further define the theme.

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

Key Themes

1. **Financial Sustainability:** The Health District needs to be less reliant on the County for general funds. (x6)
 - a. "Our fees should cover the true cost of providing the service."
 - b. "Being worried about potential cutbacks every year is a nightmare."
 - c. "Would like to see steady progress towards 25% general fund contribution."
2. **Tightened Air Quality Standards:** The Health District needs to improve the region's current air quality to meet new, tougher federal air quality standards. (x3)
 - a. "We are currently at 71 ppb. That was good enough to meet the previous standard of 75ppb but not the new standard of 70ppb."
3. **Ambulance Service:** The current provider does not have a good history of achieving the required service levels. (x2)
 - a. "There has been a gap in trust between REMSA and the Health District. Now, with new REMSA leadership is a good time to work to improve the relationship."
 - b. "With the new Executive Director, we can mend and enhance the relationship so they are true partners."

Other Responses

4. **Emergency Preparedness:** People will turn to the Health District in the event of a public health emergency, we need to lead the response along with the appropriate partners.
5. **Funding Equity:** The funding needs to be equitable between the 3 jurisdictions.

6. **Hospital's Role:** Can we work with the hospital(s) to create efficiency or even reduce overlapping services.
7. **Staffing:** We need great staff and an adequate number of staff to be effective.

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

Key Themes

1. **Drug Abuse:** Our region is seeing increased use of heroin and methamphetamine and the negative effects of these drugs are impacting our community. (x3)
 - a. "Most people don't see it but overdose rates are going up. We need to get on the front end of this rising problem."
2. **Drought and Climate Change:** Access to water and changing climates could negatively impact the health of the community. (x2)
 - a. "Water quality and quantity is an issue. The Health District should be on the forefront of this."
3. **Population Growth:** We need to be able to meet the needs of a growing population and a more geographically dispersed population. (x2)
 - a. "We can't expect everybody who comes to the region will have healthcare."
 - b. "Can we be sitting at the table with groups like EDAWN?"
4. **Obesity:** We need to help prevent obesity by addressing issues such as access to healthy food. (x2)

Other Responses

5. **CHIP:** The Community Health Improvement Plan does a good job of identifying community priorities.
 - a. "We need to look at the 10 areas of focus for public health and determine which to focus on to make the most impact."
6. **Educational Gap:** People who don't finish high-school tend to be less healthy. How can we work to decrease the educational gap?
7. **Advocating for Policy:** We should take an active role in the policy issues that impact public health.
8. **Medical Marijuana:** We are seen as a regulator of this but we need a stronger plan especially if recreational marijuana is approved.
9. **Mental Health:** Many of our community's issues are at the root, mental health issues: jail, homelessness, etc. While this is under state jurisdiction, we deal with the impacts.
10. **Doctor Shortage:** The region needs enough doctors to serve its growing population.
11. **Affordable Care Act:** This will continue to have consequences that we're not yet aware of.

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

Key Themes

- **Improved Community Health Indicators:** We have reached aspirational goals on community health indicators. (x4)
 - "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."

- **Increased Work with Partners:** We should focus on what we do really well and then partner with others with different expertise. (x3)
 - “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.”
- **Responsiveness to Community Growth:** We’ve been able to maintain service levels as the community has grown. (x2)
 - “The Health District will be supportive of growth but not at the expense of air quality and pollution.”
- **Innovative Pilot Programs:** Trying out new ideas that can potentially have major impacts. (x2)
 - “Most health districts are reactive, we need to move towards more proactive.”
- **Clean, Safe Downtown:** Cleaning up downtown. (x2)
- **Financially Stable Organization:** The health district will be less dependent on general funds and able to better predict future funding levels. (x2)

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 Parks.
 - “Investing to make WCHSD the community’s health district and not just the “county’s” health district.”
- **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.

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. (x3)
 - “Making sure were never in a position where we have to eliminate critical services again.”
- **Increasing Awareness and Public Outreach:** Informing more people about the services the Health District offers and its positive impact on the community. (x3)
 - “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. “

- **Long-Term Planning:** We need to get ahead of requirements and regulations and try to be more proactive in our planning. (x3)
 - “The Board has never had a strategy discussion.”
 - “We need to have long-term plans in place for major issues such as air quality and water.”
- **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. (x2)
 - “The fundamental review was necessary. We should continue to use it and build on it to create a stronger, more viable Health District.”

Other Responses

- **Ambulance Service:** Improving ambulance service levels.
- **Preparing for Growth:** The population the health district serves will grow as more people come to our region, we need to be ready to accommodate them.
- **Expansion of Medicaid:** As Medicaid coverage expands, we need to be able to expand with it.
 - “There is a potential for public/private partnerships for certain services where the hospital rate is higher than Medicaid.”
- **Access to Healthcare:** Ensuring that everyone in the community has access to health care, especially preventative care.
- **Food Access and Security:** Ensuring everyone in our community has access to enough quality food.
- **Succession Planning:** Many people are getting ready to retire. We need to do a good job of training replacements.
- **Retaining Talent:** There are excellent people at the Health Department and we need to keep them around.
- **High-Impact Services:** We need to evaluate the potential areas of focus, prioritize them, and build out a roadmap of how we will address them.
- **Health Education:** Implement a program to teach young people about healthy lifestyles such as the impacts of smoking, bad diet, bullying, etc.
- **Certification:** We need to assess the value of certification relative to the costs of becoming certified.

WASHOE COUNTY HEALTH DISTRICT STAKEHOLDER SURVEY

March 11, 2016

EXECUTIVE SUMMARY

Data Foundation

Survey Launched: February 16, 2016

Survey Closed: March 4, 2016

Question Composition:

- 13 quantitative questions utilizing a 7-point Likert response scale
- 1 quantitative employee engagement question utilizing a 11-point scale
- 11 qualitative questions, open-ended with no limit
- 1 prioritization question

Responses

Segment	Invitations	Responses	Response Rate	Statistical Reliability
Staff	119	61	51.3%	95% confident within 6.3% +/- interval
Management	19	14	73.7%	95% confident within 9.9% +/- interval
Ext Stakeholders	24	11	45.8%	95% confident within 15.9% +/- interval

Methodology

OnStrategy distributed the Washoe County Health District Stakeholder Survey to survey respondents chosen by the Health District via email on February 16, 2016. All responses submitted by March 4, 2016 were analyzed confidentially by OnStrategy.

For purposes of analysis, respondents were classified into 3 segments: staff, management and external stakeholders. Where applicable, responses are displayed for each of the 3 segments and the total in order to determine differences in opinion by segment.

Statistical reliability is a determination of how representative the sample (respondents) is of the whole population. In this instance, the representativeness is moderately reliable for staff in that a decision that would affect the population based on the sample is 95% sure with an interval of 6.3%. For example, based on the percent of staff respondents who are promoters according to the Employee Engagement Score, 41.7%, we are 95% confident that the "true" percent of promoters among all staff is between 35.4% and 48.0%. There is a

wider margin of error for the Management and External Stakeholders at 9.9% and 15.9%, respectively. **In the summary table below the statistically significant differences between segments have been bolded and turned red.**

Quick Take-Aways

- **Employee Engagement:** The net employee engagement score of 18.9% at the health district is higher than the national average of 14%. Key drivers of employee engagement are:
 - Demonstrating trustworthiness at all times.
 - Encouraging professional development.
 - Casting a clear vision for the future of the Health District.
- **Staff/Management Differences:** Significant difference existed between staff and management in their perception of key elements of the work environment at the Health District. These differences were most prominent in the perception of professionalism at the Health District and the need to expand and reduce/eliminate current programs.
- **Health District Strengths:** Survey respondents identified a number of strengths of the Health district. The four that came up most frequently are:
 - Customer service
 - Proactive disease prevention and public health promotion
 - Community health education and outreach
 - Community engagement and communication
- **Health District Weaknesses:** Survey respondents identified a number of weaknesses of the Health district. The five that came up most frequently are:
 - Promotion of the Health District in the community
 - Employee morale
 - Employee accountability and engagement
 - Working together across divisions
 - Appearance, safety and accessibility of the facility
- **Health District Priorities:** Survey respondents identified the following as the top three priorities for the Health District:
 - Work with partners to create a healthier community
 - Prepare for service impacts of population growth
 - Increase awareness of the Health District

Summary table of Quantitative Questions

Survey Questions	MB Mean*	Total Mean	Staff Mean	Mgmt. Mean	Ext. Stake. Mean
1. I believe [the current mission statement] strongly explains the core purpose of the Health District.	5.96	5.50	5.36	5.69	6.10
2.a. There is no doubt that the Health District demonstrates trustworthiness.	5.38	5.24	5.12	5.71	5.27
2.b. There is no doubt that the Health District demonstrates professionalism.	5.38	5.52	5.27**	6.38	5.82
2.c. There is no doubt that the Health District demonstrates partner-collaborate.	5.38	5.39	5.28	5.93	5.27
3. [The current vision statement] clearly explains what success looks like for the Health District over the next 5 years.	5.88	5.05	4.98	5.00	5.45
6. We have very solid processes and/or procedures for doing our work.	4.48	4.95	4.93	5.00	-
7. I have everything that is needed to be effective in my position.	4.82	4.74	4.73	4.77	-
8. Management encourages my professional development.	5.24	4.92	4.78	5.50	-
9. When critical customer needs surface, we are capable of expediting a solution to them rapidly.	5.68	5.19	5.13	5.43	-
10. I believe the Health District is providing all of the public health services it should be to properly serve the community.	-	4.99	5.02	4.79	5.10
11. I definitely believe there are current programs or services of the Health District that should be expanded.	-	4.83	4.62	5.50	5.20
12. From my perspective, there are certainly current programs or services of the Health District that should be reduced or eliminated.	-	3.35	3.47	2.92	3.20
13. I believe the Health District could form partnerships with other organizations in the community to more effectively or efficiently deliver services.	-	5.07	5.07	4.93	5.30

*When available, comparisons to similar questions from Malcolm Baldrige’s Performance Excellence benchmarks have been provided. Responses in red indicate that the segment underperforms the Malcolm Baldrige benchmark. Responses in green indicate that the segment outperforms the Malcolm Baldrige benchmark.

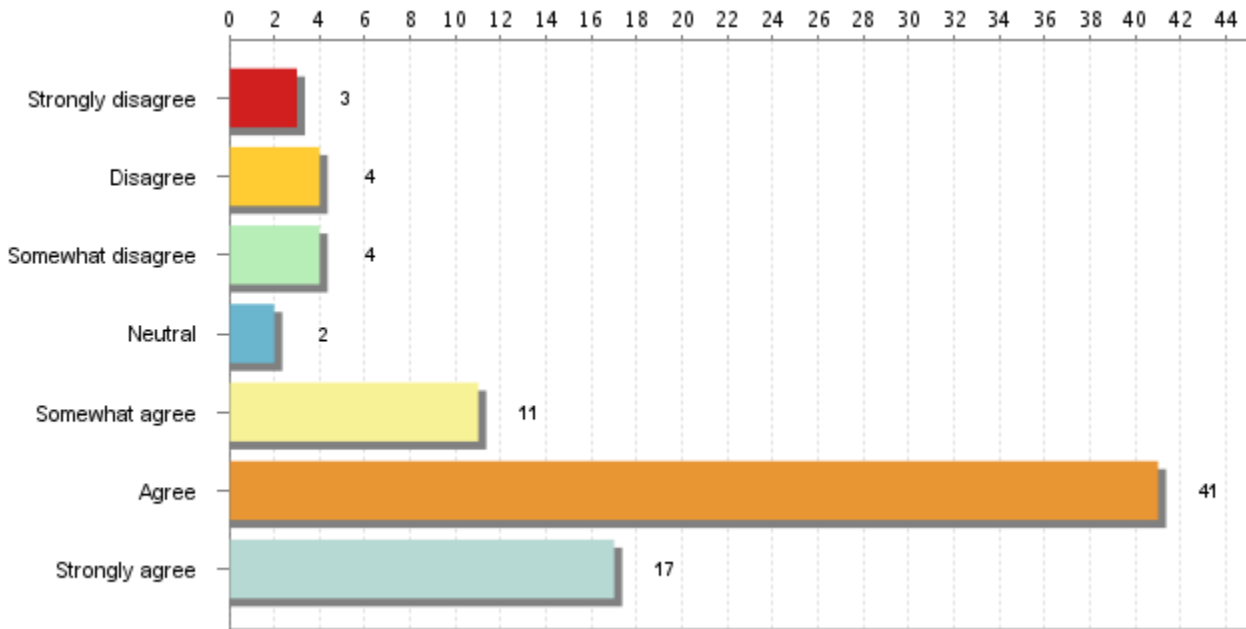
**Responses in red represent a statistically significant (at 95% confidence) difference between segments.

DETAILED RESPONSES

Strategic Foundation

- Below is the current mission statement for the Health District. I believe it strongly explains the core purpose of the Health District.

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.



Summary¹:

Percent Agree ²	Mean ³ (Total)	Mean (Staff)	Mean (Mgmt.)	Mean (Ext. Stkhldr)
70.7%	5.50	5.36	5.69	6.10

¹ Unless specifically noted, values, charts, and summarized responses are for the entire survey response group.

² 'Percent Agree' refers to the combined percentage of those who selected 'Agree' or 'Strongly Agree' on the 7-point Likert scale.

³ 'Mean' refers to the simple average of the numerical values associated with each response on the 7-point Likert scale where 'Strongly Disagree' has a value of 1 and 'Strongly Agree' has a value of 7.

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

2. There is no doubt that the Health District demonstrates each of these following values on a regular basis:

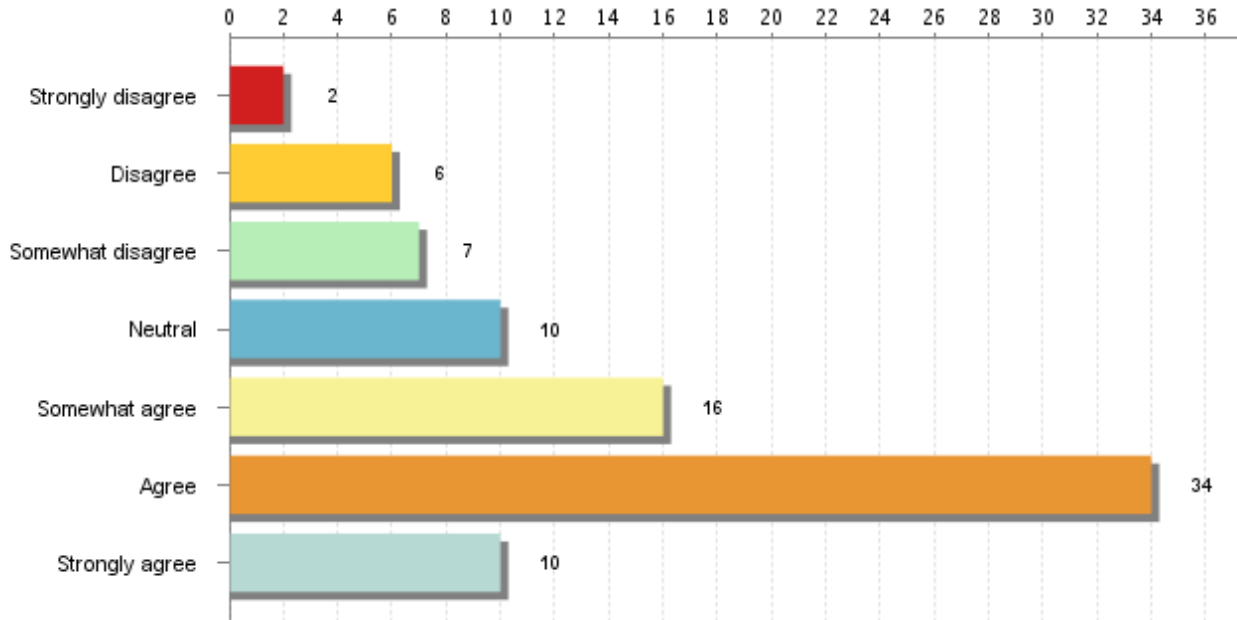
- Trustworthiness
 - Appropriate allocation of resources
 - Spend prudently
 - Stewardship
- Professionalism
 - Ethics
 - Education
 - Accountability
- Partner- Collaborate
 - Be flexible, adapt
 - Be accessible
 - Be proactive
 - Innovate and Create

Summary Table:

Value	Percent Agree	Mean			
		Total	Staff	Management	External Stakeholders
Trustworthiness	58.8%	5.24	5.12	5.71	5.27
Professionalism	65.9%	5.52	5.27	6.38	5.82
Partner-Collaborate	61.2%	5.39	5.28	5.93	5.27

3. Below is the current vision statement for the Health District. This statement clearly explains what success looks like for the Health District over the next 5 years.

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



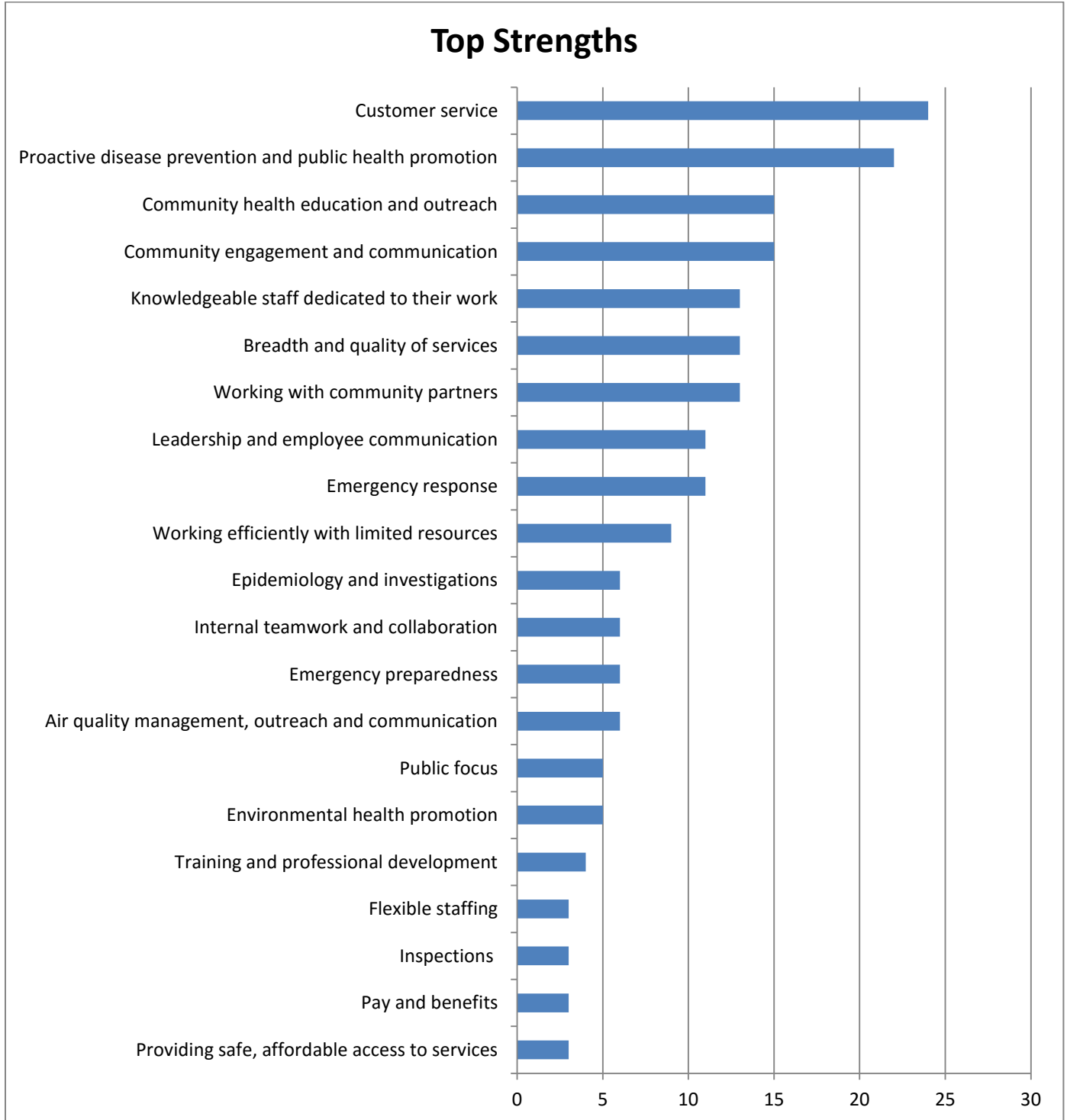
Summary:

Percent Agree	Mean (Total)	Mean (Staff)	Mean (Mgmt.)	Mean (Ext. Stkhldr)
51.8%	5.05	4.98	5.00	5.45

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

Internal Perspective

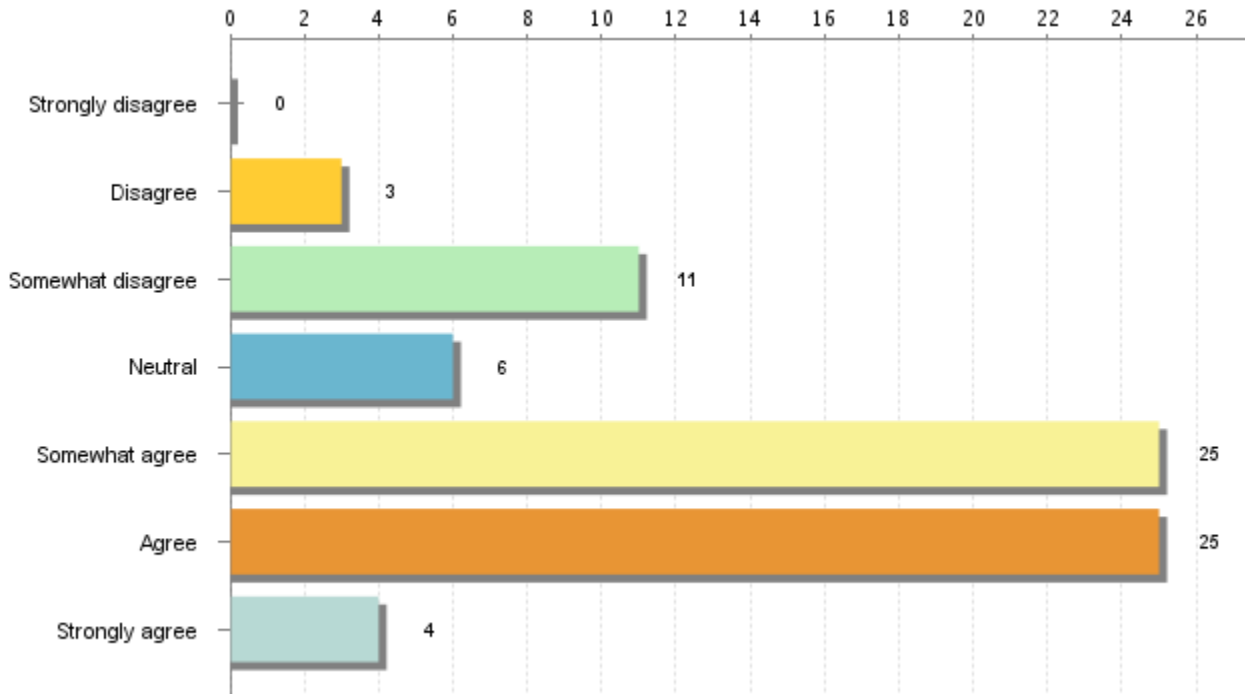
4. What are the top 3 things the Health district does well?



5. What are the top 3 areas in which the Health District needs to improve?

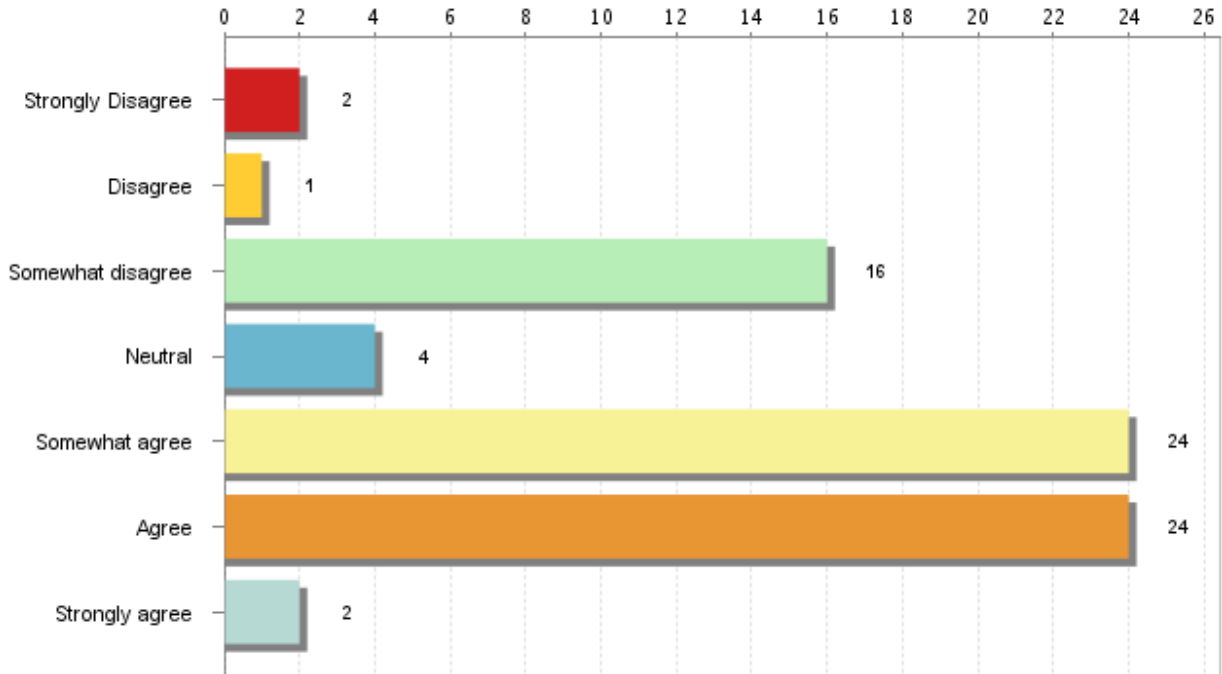


6. We have very solid processes and/or procedures for doing our work.



Percent Agree	Mean (Total)	Mean (Staff)	Mean (Mgmt)
39.2%	4.95	4.93	5.00

7. I have everything that is needed to be effective in my position.

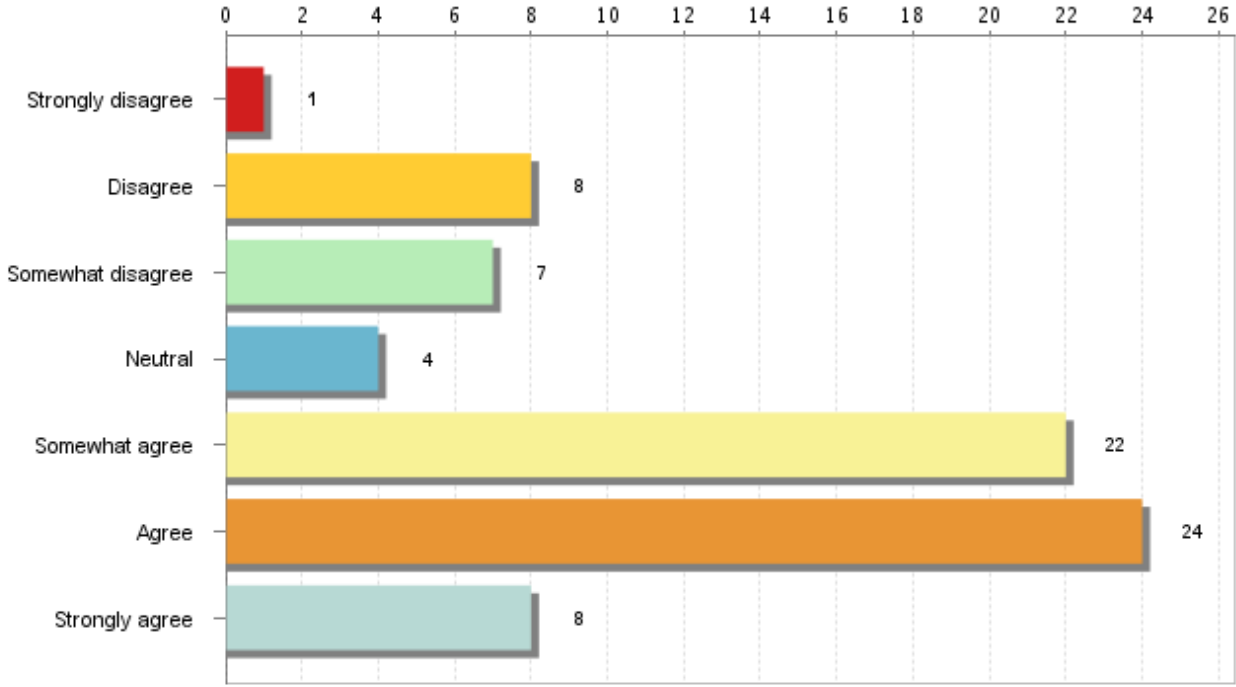


Percent Agree	Mean (Total)	Mean (Staff)	Mean (Mgmt)
35.62%	4.74	4.73	4.77

What would you need to be more effective?

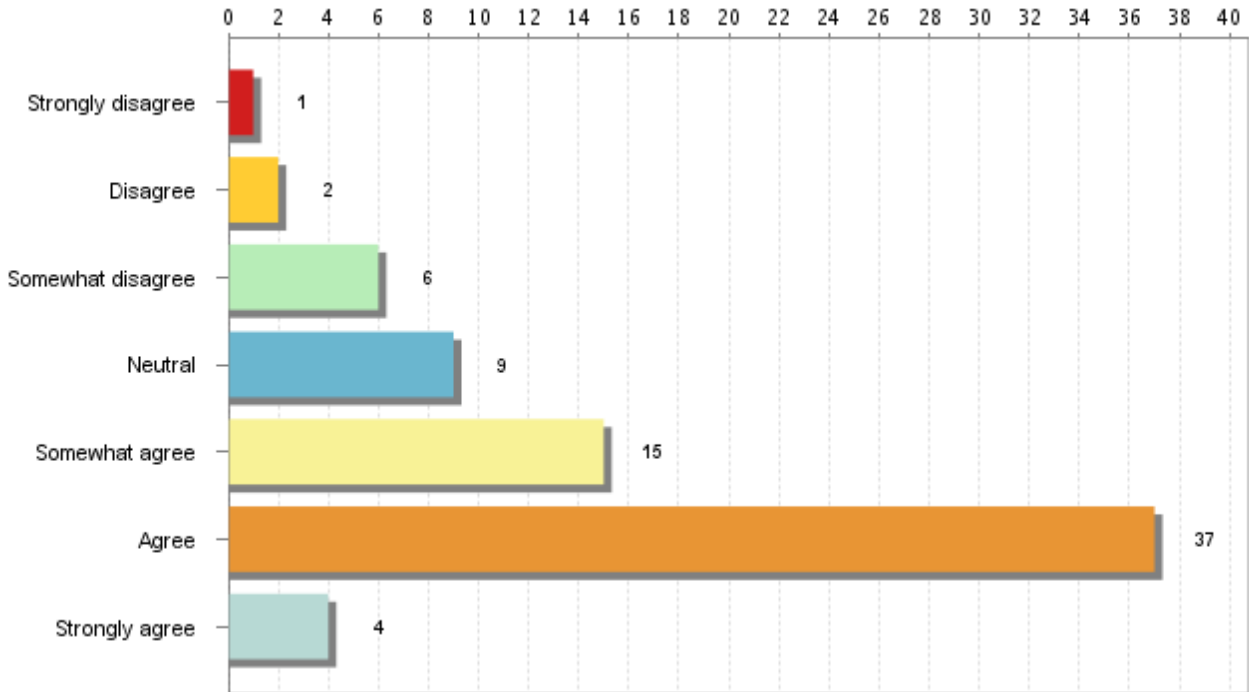
- More staff (x4)
- More clearly defined processes and procedures (x4)
- More management support and encouragement (x4)
- Better technology (software, phones) (x3)
- A more positive work environment (x3)
- More training (x2)
- Increased program funding (x2)

8. Management encourages my professional development.



Percent Agree	Mean (Total)	Mean (Staff)	Mean (Mgmt)
43.2%	4.92	4.78	5.50

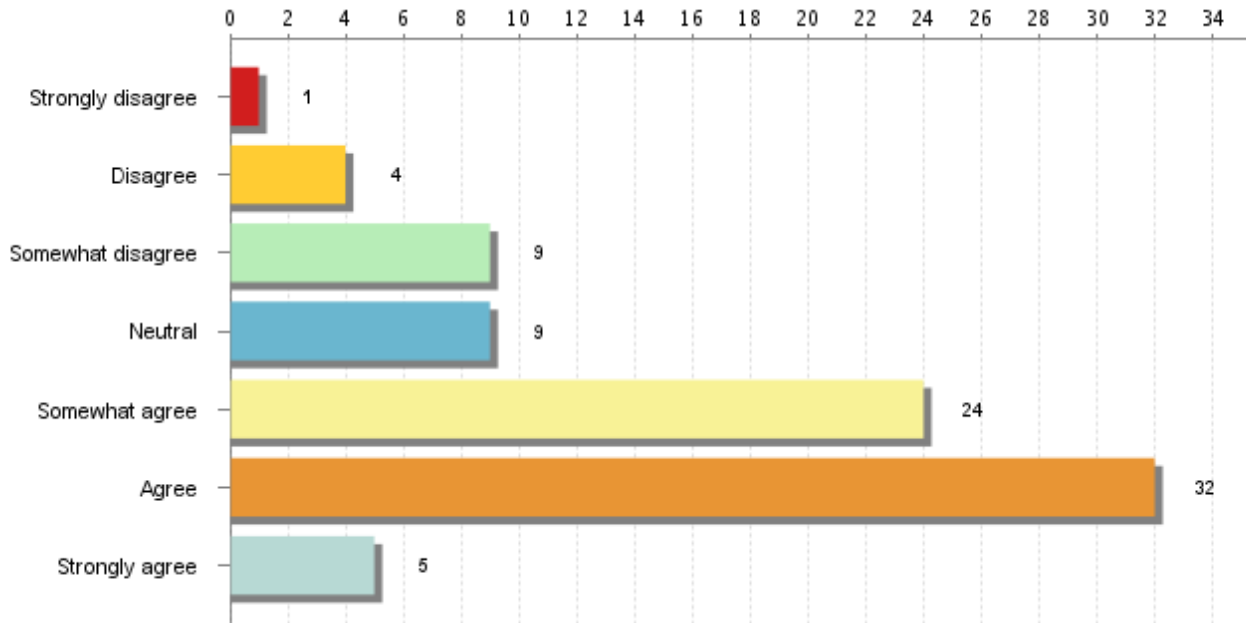
9. When critical customer needs surface, we are capable of expediting a solution to them rapidly.



Percent Agree	Mean (Total)	Mean (Staff)	Mean (Mgmt)
55.4%	5.19	5.13	5.43

External Perspective

10. I believe the Health District is providing all of the public health services it should be to properly serve the community.

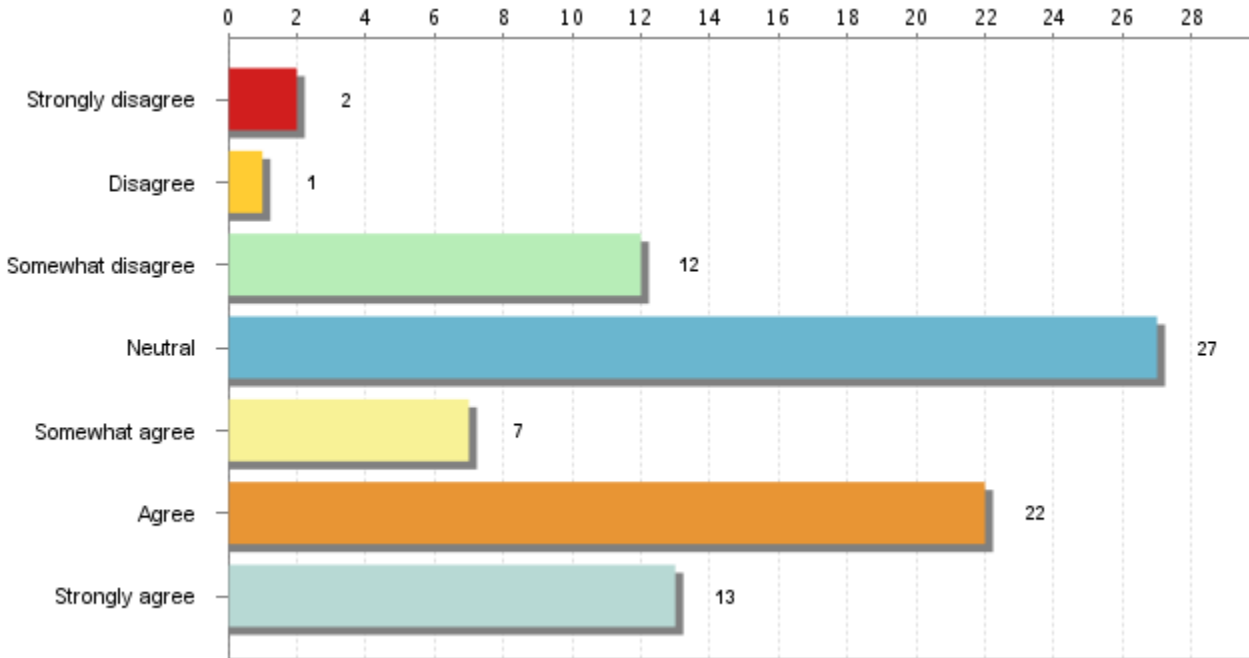


Percent Agree	Mean (Total)	Mean (Staff)	Mean (Mgmt)	Mean (External)
44.1%	4.99	5.02	4.79	5.10

What new programs or services are needed?

- 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

11. I definitely believe there are current programs or services of the Health District that should be expanded.

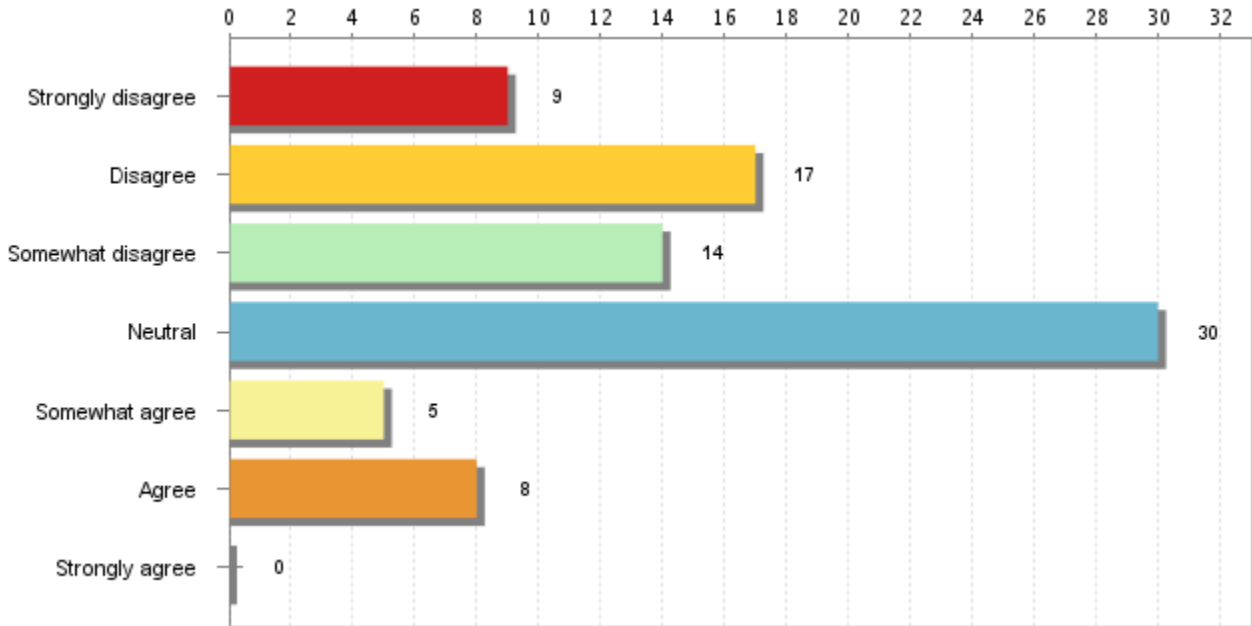


Percent Agree	Mean (Total)	Mean (Staff)	Mean (Mgmt)	Mean (External)
41.7%	4.83	4.62	5.50	5.20

Which ones?

- Chronic disease prevention program (x11)
- Community education (x5)
- Maternal and child health (x5)
- Immunizations (x4)
- Environmental (x3)
- Nutrition education (x2)
- CCHS (x2)
- Emergency preparedness
- Coordination of care
- Black mold
- Social services
- Home care nursing
- Family planning
- Vector-borne diseases program
- Injury prevention

12. From my perspective there are certainly current programs or services of the Health District that should be reduced or eliminated

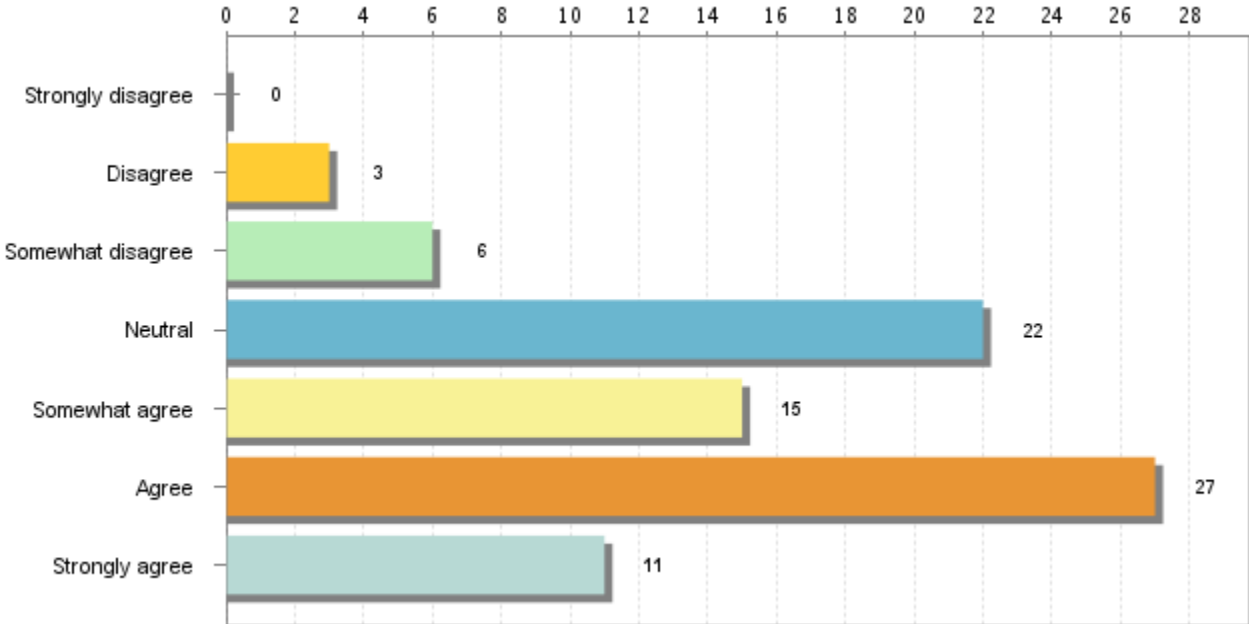


Percent Agree	Mean (Total)	Mean (Staff)	Mean (Mgmt)	Mean (External)
9.6%	3.35	3.47	2.92	3.20

Which ones?

- Environmental health (x3)
- Consolidation of multiple existing programs, i.e. WIC, HIV and Family planning
- Air Quality

13. I believe the Health District could form partnerships with other organizations in the community to more effectively or efficiently deliver services.



Percent Agree	Mean (Total)	Mean (Staff)	Mean (Mgmt)	Mean (External)
45.2%	5.07	5.07	4.93	5.30

Which organizations?

- UNR/TMCC (x5)
- The two cities (x3)
- FQHC's (x3)
- Hospitals (x3)
- The School District (x2)
- Washoe County Social Services (x2)
- Federal agencies such as the EPA and FDA
- Fitness facilities
- Nonprofits and community organizations, i.e. HOPES, Community Health Alliance, Catholic Charities (x2)
- Neighboring counties
- Churches and religious organizations

Which services?

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

Community Priorities

The items below are from the 2015-2017 Community Health Needs Assessment, Community Health Improvement Plan, and/or direct feedback from the District Board of Health.

14. From your perspective, where can the Health District have the biggest impact? Please select the top 3.

Healthy Behaviors

- Working to ensure Washoe County residents get adequate physical exercise
- Working to address the immediate need for food and promote long-term health and food security in households and communities.
- Protect health and safety through the reduction of substance use and abuse.
- Create a healthier environment for Washoe County youth.

Healthcare Access

- Working to increase the number of Medicaid providers
- Improve access to behavioral health services for individuals on Medicaid and Medicare, and for those who are underinsured or uninsured.
- Improve coordination of care in Washoe County across healthcare settings, social services, individual providers, and the community.

Preventative Care and Early Detection

- Working to increase child and senior adult immunizations
- Working to increase routine cancer screenings
- Working to improve dental screening and care
- Working to prevent heart attacks and strokes

Education

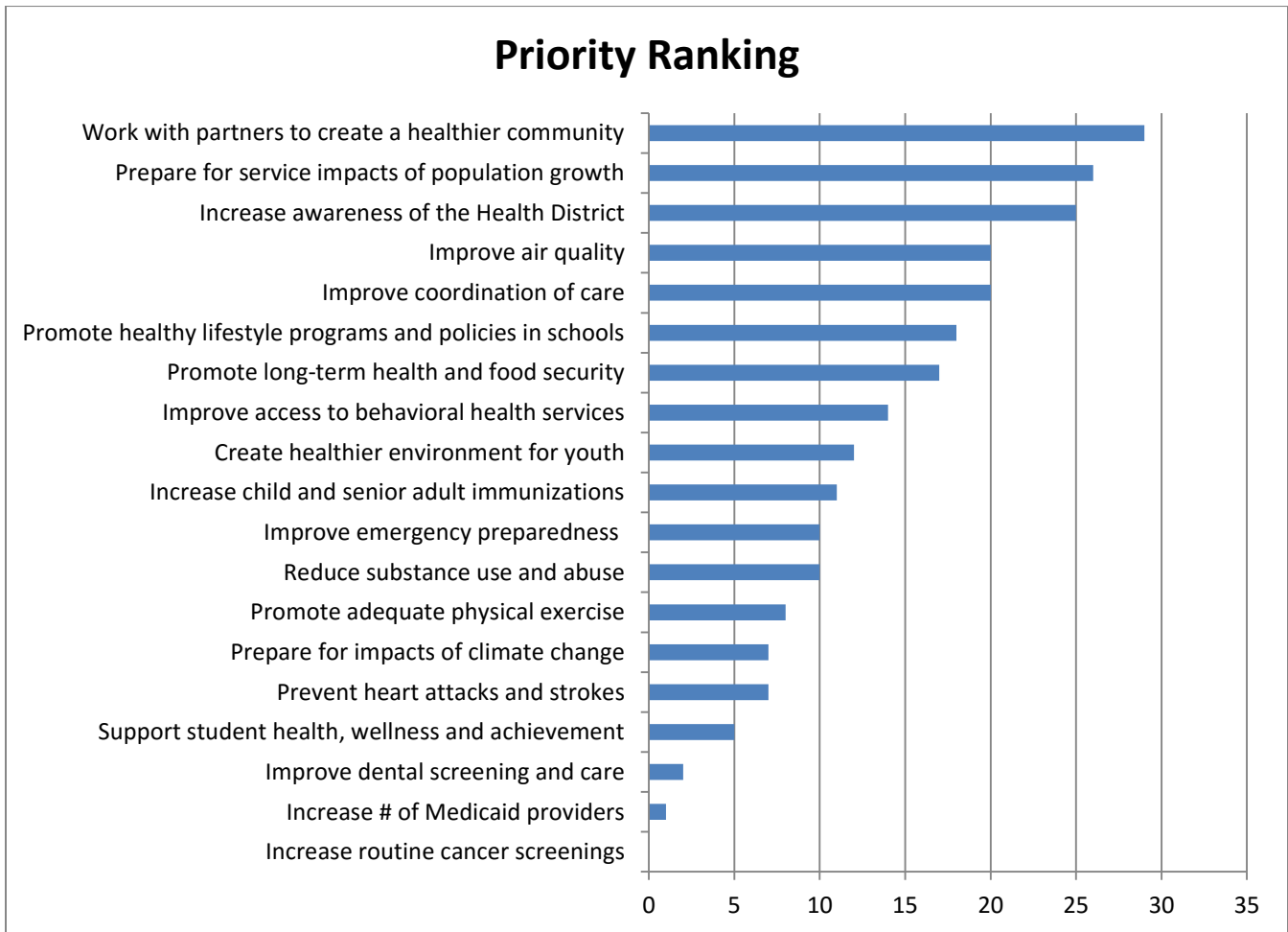
- Support Student health, wellness and achievement through nutritious eating habits and physical activity.
- Promote and support healthy lifestyle programs and policies in schools and child care settings.

Environmental Health

- Improving Air Quality to meet tightened Air Quality standards.
- Improving preparedness for a public health emergency.
- Taking a leadership role to preparing for the impacts of climate change.

Other

- Increasing awareness of the Health District through public outreach.
- Preparing for the service impacts of population growth on the region.
- Working to create a healthy community by engaging partners and the community in a culture of health.



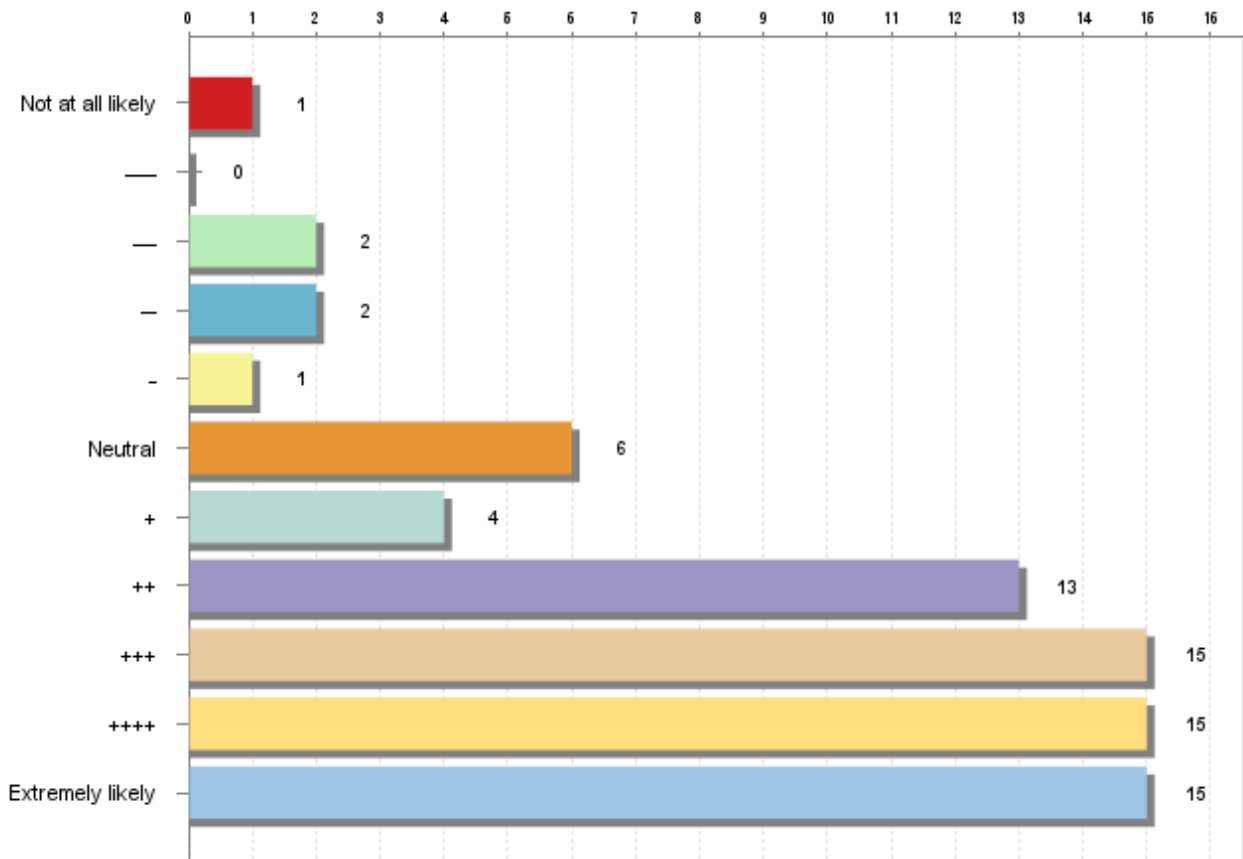
15. Are there any other community-focused issues not listed above that the Health District should prioritize as a part of its strategic plan? (open-ended)

- Social services (x3)
- Land development
- Pollution
- Sharps disposal
- Injury prevention
- Infrastructure

- EMS
- More frequent food inspections
- Data analytics
- Smoking prevention
- Community insight
- Better enforcement

Employee Engagement Score

16. If there was a position available, how likely are you to recommend working at the Washoe County Health District to good friends or relatives?



	Total	Staff	Mgmt.	United States via Gallup 2014 *	
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%
Loyalty/recommend	18.9%	20.0%	14.3%	Net Engagement	14.0%

Why did you give this rating?

- The Health District is a great place to work (x12)
- Good benefits/pay (x10)
- A recommendation would be dependent on the person and position (x10)
- I enjoy my work (x8)
- Lack of management support (x7)
- Poor pay/benefits (x5)
- We make a difference in the community (x4)
- I don't feel valued (x2)
- Lack of opportunities for advancement
- Instability of funding

Employee Engagement Score and Gallup Category Comparison

Promoters are loyal to the Health District and are essentially a positive extended word-of-mouth marketing force for the organization.	Engaged employees work with passion and feel a profound connection to the organization. They move the organization forward.
Passive Satisfieds are satisfied but unenthusiastic who can be wooed by other organizations for employment and might be at risk of becoming a detractor.	Not Engaged employees are essentially “checked out.” They are putting time into their work but lack energy or passion.
Detractors are unhappy and would not put the Health District in a positive light to their close colleagues and network. They may be staying onboard only to collect a paycheck.	Actively Disengaged employees aren’t just unhappy at work; they act out their unhappiness. Daily, these workers undermine what other engaged coworkers accomplish.

“...latest findings indicate that 70% of American workers are ‘not engaged’ or ‘actively disengaged’ and are emotionally disconnected from their workplaces and less likely to be productive...actively disengaged employees cost the U.S. between \$450 billion to \$550 billion each year in lost productivity.”

“State of the American Workplace-2013: Employee Engagement Insights for U.S. Business Leaders.” Gallup, Inc.

Updated January 28, 2015 (www.gallup.com/poll/181289/majority-employees-not-engaged-depsite-gains-2014.aspx)

What is driving staff loyalty at the Health District?

Through the quantitative analysis process of regression analysis, the most significant aspects of staff engagement can be determined. This is a “cause and effect” relationship where the “effect” is staff loyalty which is measured by the question – *how likely are you to recommend working at the Health District to good friends or relatives?* The “causes” are represented by the other 13 quantitative questions in the survey that state what an employee values in the relationship with his/her employer, the Health District.

Due to the limited number of responses, a reliable analysis is somewhat constrained when **all** questions are considered in the regression model at once. Yet a solid consensus of what the staff values in their working relationship with the organization can be determined by evaluating each section separately plus the overall in multiple regression analyses.

The following three “causes” provide that consensus of what is important to them:

- *There is no doubt that the Health District demonstrates Trustworthiness.* (standardized coefficient = .362)
- *Management encourages my professional development.* (standardized coefficient = .329)

- *I believe [the current vision statement] clearly explains what success looks like for the Health District over the next 5 years. (standard coefficient = .215)*

The “adjusted R²” of an analysis represents how representative the relationship is explained, and in social science research, an “adjusted R²” of 50% to 60%+ is solid, and the results of the analysis yielded a 52.4%.

How can we act on this information?

The findings presented above suggest that the leaders in the Health District can make a significant impact on Employee Loyalty and Engagement by focusing on 3 things:

1. Demonstrating trustworthiness at all times.
2. Encouraging professional development.
3. Casting a clear vision for the future of the Health District.

According to our analysis, meaningful progress on the three items listed above will lead to a more loyal and engaged workforce at the Health District.

Links to Strategic Planning Reference Materials (all are located on the Health District website)

Community Health Needs Assessment -
<https://www.washoecounty.us/health/files/data-publications-reports/community-health-needs-assessment.pdf>

Community Health Improvement Plan -
<https://www.washoecounty.us/health/files/data-publications-reports/CHIP%20-%20FINAL%2001.28.16.pdf>

Fundamental Review -
<https://www.washoecounty.us/health/files/district-board-of-health/wchd-fundamental-review-2-17-14.pdf>