

WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

2018-2020

Community Health Improvement Plan Executive Summary

June 2018



Public Health
Prevent. Promote. Protect.

Community Health Improvement Plan Authors

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Community Health Improvement Plan Committees

Once focus areas were selected as described in the introduction, the following committees were developed to determine the items to be included in the action plan for each focus area. The Community Health Improvement Plan (CHIP) Committees met several times between February and May of 2018 to help guide the development of the focus area action plans. The CHIP focus area Committee leaders include:

Housing

JD Klippenstein - ACTIONN

Behavioral Health

Catrina Peters - Washoe County Health District

Nutrition and Physical Activity

Kelli Goatley-Seals - Washoe County Health District

Rayona Dixon- Washoe County Health District

Community Members

The Washoe County Health District would like to thank the community for their involvement and participation in the community health improvement process. Your time and effort is greatly appreciated as we move forward to improve the health and well-being of Washoe County residents. We especially appreciate the work of the Truckee Meadows Healthy Communities Steering Committee for their work to deliberate and consider the weighty volume of information to ultimately determine the focus areas to include in the CHIP.

Community Partners

The Washoe County Health District would like to thank the following organizations for their participation in the CHIP committee meetings, action plan development and for serving as subject matter experts to shape the development of the Community Health Improvement Plan and the priorities outlined within.

Boys and Girls Club of Truckee Meadows
Charles Schwab Bank
Children's Cabinet
City of Reno
City of Sparks
Communities in Schools, Western Nevada
Community Foundation of Northern Nevada
Community Health Alliance
Community Services Agency
Food Bank of Northern Nevada
Health Plan of Nevada
High Sierra AHEC
Immunize Nevada
JTNN
Nevada Division of Public and Behavioral Health, Chronic Disease Prevention & Health Promotion
Nevada Division of Public and Behavioral Health, Community Services
Nevada Division of Public and Behavioral Health, Office of Suicide Prevention
Nevada Division of Public and Behavioral Health, Primary Care Office
Northern Nevada HOPES
NVEnergy
Praxis
Reno Area Alliance for the Homeless
Reno Housing Authority
Reno + Sparks Chamber of Commerce
Renown Health
San Francisco Federal Reserve Bank
Silver Summit Health Plan
Social Entrepreneurs, Inc.
The Eddy House
Truckee Meadows Healthy Communities
Truckee Meadows Regional Planning Authority
United Health Care
University of Nevada, Reno School of Community Health Sciences
Washoe County Chronic Disease Coalition
Washoe County Health District
Washoe County Human Services Agency
Washoe County School District
Wells Fargo

Executive Summary

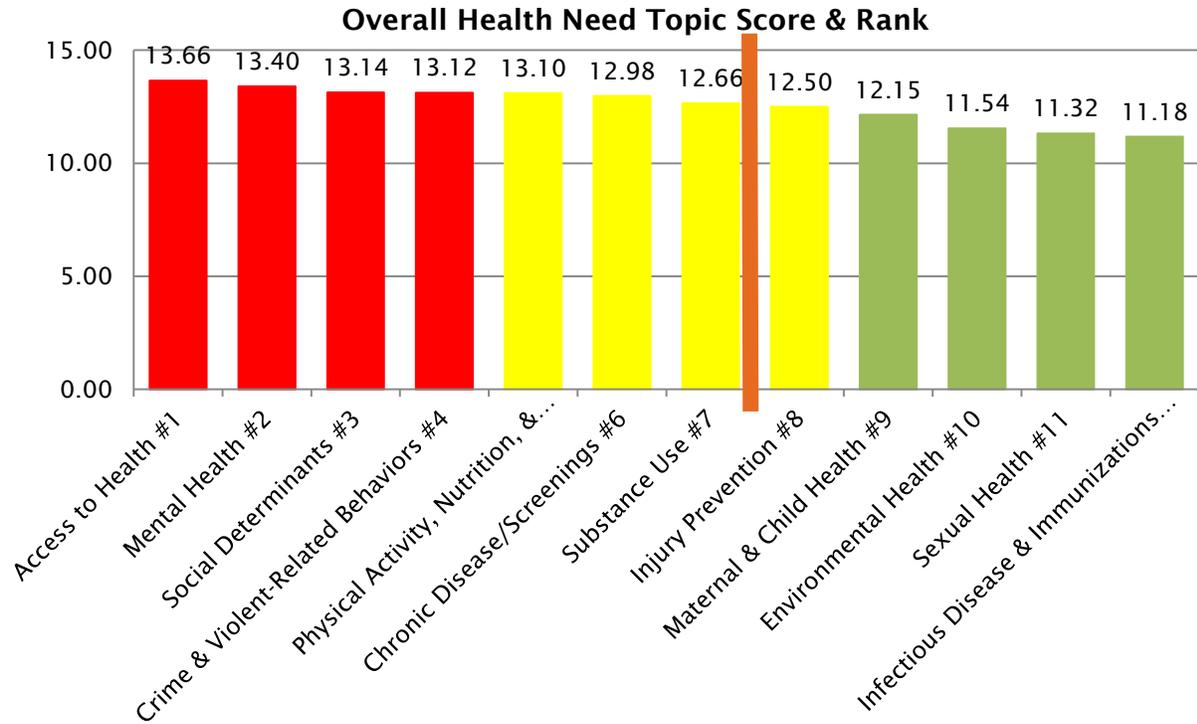
A Community Health Improvement Plan (CHIP) is a long-term, systematic effort to address health problems in a community based on results from a Community Health Needs Assessment (CHNA). The plan recommends priorities for action and outlines measurable objectives to address the needs of a community. This is a collaborative process and is used by health and other governmental, education, and social service agencies and organizations to implement policies and programs that promote health.

The Washoe County Health District in partnership with Renown and Truckee Meadows Healthy Communities aligned planning efforts and initiated a comprehensive CHNA. The 2018-2020 CHNA contains a prioritization of health needs to better understand and organize the large amount of secondary data (county, state and national level statistics/numbers) and primary data (online community survey) contained within the assessment. The selected five criteria; magnitude, severity, trend, benchmark, and community perception, were utilized to objectively score and rank health topics. The detailed methodology for prioritization, scoring, and ranking is included within the CHNA and can be accessed from the Washoe County Health District website.

From this ranking of areas of health need, in combination with the results of the Community Workshop, a broad list of potential focus areas were presented to the Truckee Meadows Healthy Communities (TMHC) Steering Committee. The primary and secondary data and resulting prioritization and ranking provides a data-driven starting point for consideration of which health topics to focus on. The Community Workshop provided insights into the specific topics the community viewed as most critical to be addressed. Both elements, in addition to conversations on the existing capacity within community based organizations to work on these issues, were utilized in determining which focus areas to include in the CHIP.

The TMHC Steering Committee provided direction and informed the selection process of identifying focus areas to include in the CHIP. TMHC is a cross-sectorial coalition representing the Truckee Meadows community including local governments, non-profits, education, healthcare, business and supporting partners. The Steering Committee selected three focus areas from 12 health focus areas from the CHNA. Due to the CHIP cycle being 3 years in length, limiting the number of focus areas allows for a concentration of resources and thus increases the likelihood of impactful collaboration to improve the health of our community.

The table below details that top 12 health need topics when utilizing both the primary and secondary data. From the top 12 health need focus areas, the TMHC steering committee first focused on the top seven health need topics as they were consistently ranked in the top seven in both the primary and secondary data. Even when limiting the focus to the top seven, an expansive body of work is presented. In order to keep the CHIP focused and realistic, it was identified that the focus areas selected needed to be further refined from the top seven health needs.



After careful consideration and deliberation, the Steering Committee determined the following focus areas to be the highest areas of need and the areas where there was community capacity to initiate work:

1. Housing
2. Behavioral Health
3. Nutrition/Physical Activity

Once focus areas were determined, committees with subject matter experts and key stakeholders from community organizations were formed to establish goals for each priority area and selected indicators to measure progress toward achieving the goals. The plan recommends 16 strategies to improve health and well-being across the lifespan for all Washoe County residents.

The CHIP is managed by community workgroups, with the Health District acting in a supportive role. The 2018-2020 CHIP will be continually reviewed and revised to incorporate new opportunities and reflect changes as needed. On an annual basis, the Health District will provide a community report as it relates to the status of all goals, objectives and strategies included within the CHIP. The community report will consider the feasibility and effectiveness of the strategies,. Access to the full document is provided on the Washoe County Health District's website here: <https://www.washoecounty.us/health/data-publications-and-reports.php>

Summary of Goals and Objectives

Focus Area One: Housing			
Goals		Objectives	
1	To stabilize and improve housing security for people spending more than 30% of their income on housing.	1.1	By June 15, 2018 complete Phase I of the Enterprise Affordable Housing Regional Strategy.
		1.2	By September 1, 2018 complete Phase II of the Enterprise Affordable Housing Regional Strategy.
		1.3	By December 31, 2018 complete Phase III of the Enterprise Affordable Housing Regional Strategy.
		1.4	By July 1, 2020 implement Enterprise Affordable Housing Regional Strategy as indicated in plan implementation schedule.
2	To stabilize and improve housing security for people spending more than 50% of their income on housing.	2.1	By September 1, 2018 identify and support alternative funding models for housing severely mentally ill (SMI).
		2.2	By September 1, 2018 identify best practices for incorporating community case management for people receiving housing assistance.
Focus Area Two: Behavioral Health			
Goals		Objectives	
1	To stabilize and improve housing security for the severely mentally ill (SMI).	1.1	By September 1, 2018 identify and support alternative funding models for housing SMI.
		1.2	By September 1, 2018 identify best practices for incorporating community case management for SMI receiving housing assistance.
2	Assess and address current status and need for Behavioral Health services in Washoe County	2.1	By October 1, 2018 develop a strategy to collect and disseminate information related to the annual statistics on Behavioral Health providers in Washoe County.
		2.2	By December 31, 2018 identify gaps in service and access for those needing behavioral health services in Washoe County.
		2.3	By September 1, 2018 develop strategies and advocate for policies to address gaps and needs identified.

3	Reduce depression and suicidal behaviors in adolescents	3.1	By September 1, 2018 increase mental health screening of 7th grade students in Washoe County using a standardized screening tool and provide appropriate referral to care.
Focus Area Three: Nutrition and Physical Activity			
Goals		Objectives	
1	To increase physical activity and improve nutrition among adults and youth using the 5210 Let's Go framework.	1.1	By July 2019, increase the number of community organizations implementing aspects of the 5210 program from 1 to 12.
		1.2	By July 2019, improve the nutrition environment in the community by improving the nutritional offerings in vending machines and concession stands in schools, workplaces, and community settings.
		1.3	By July 2019, improve access and availability of nutrition and physical activity opportunities by implementing three Family Health Festivals in zip codes with high Community Needs Index (CNI) scores.
		1.4	By July 2019, improve the nutrition environment in targeted parks by increasing the number of environmental cues related to healthy food and beverage consumption by at least 3.

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