

WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

2022-2025

Community Health Improvement Plan



Public Health
Prevent. Promote. Protect.

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Letter from the District Health Officer



Dear Washoe County,

The spotlight on public health has perhaps never been brighter, and the need for meaningful improvement is more evident. The COVID-19 pandemic highlighted cracks in our systems that cannot be solved by working alone. As the pandemic unfolded, regional partners and the Washoe County Health District came together to strengthen coordination across systems and silos, to provide information and resources to our most underserved populations, and to develop culturally specific strategies to contain the disease and mitigate its impact. Communities demonstrated that their knowledge, skills, and experience are vital to maintain and improve individual, community, and population health.

The impacts of this health crisis were not distributed equitably across our communities. The disparities brought to light structural inequities and challenges accessing health care, education, food, and housing. Many of our communities are impacted by these and other systemic inequities. We must all work together to correct this by strengthening our values in community engagement, centering the needs and expertise of our communities, and prioritizing efforts with an equity-guided approach. Our Community Health Improvement Plan (CHIP) is an ambitious roadmap to address public health needs that will help communities in Washoe County chart their course to better health.

When the basic needs of people and communities are met, they are better prepared to prevent and recover from challenges to their health and well-being. The 2022-2025 CHIP contains a wide range of opportunities for improvement, from upstream policy, systems, and environment change to downstream individual factors through four focus areas:

1. Social Determinants of Health 2. Mental Health 3. Access to Health Care 4. Preventative Health Behaviors

This CHIP is a living document that is designed to be adaptable to changing conditions and new opportunities and challenges. The 2022-2025 CHIP will be revised over the next three years as our collective efforts evolve. To our community members, community leaders and public health partners; thank you for your time and contributions to this work and the 2022-2025 CHIP. Public health improvement succeeds when it is a shared effort to ensure a vibrant future for all in Washoe County.

Sincerely,

A handwritten signature in blue ink that reads "Kevin A. Dick". The signature is fluid and cursive.

Kevin Dick
District Health Officer
Washoe County Health District

Letter from the Board of Health Chair



Dear Washoe County,

On behalf of the Washoe County Health District, we are excited to share with you our 2022-2025 Community Health Improvement Plan (CHIP). This plan is a collective, community-driven effort that includes many individuals and organizations across Washoe County.

Many of you participated in the Community Forum, roundtable conversations, completed surveys, or shared your own personal or professional experiences to shape this plan, which challenges us to think “upstream” and consider how we can make Washoe County a healthier and more equitable community. This concept of upstream health is not a new one, but it challenges us to place equity at the center of our vision and our work and consider how the social determinants of health are shaped by the policies, systems, and environments that we have created and that we maintain. It challenges us to consider why our zip code, where we live, has a greater impact on our future health than our genetic code. It challenges us to imagine more equity, better health, and improved quality of life for everyone in our community.

The task before us is not for any one individual, rather, it involves connection and collaboration, interest, and investment, and requires us to consider tough questions of ourselves and our community. It calls for us to imagine a present and future where every individual has access to the resources and opportunities they need, not just to survive, but to thrive. It is our hope that the 2022-2025 CHIP builds on the previous plan and provides a platform for not only meaningful conversation but also impactful work and community improvement.

We encourage you to review this CHIP and consider how you or your organization, your faith, or your civic group, may become involved in this work. Together, we are better. Together, we can create a healthier community where everyone has the chance to thrive.

Sincerely,



Kristopher Dahir
City of Sparks Councilmember
Chair, Washoe County Health District Board of Health

Introduction

Background

Community Health Improvement (CHI) is a process used in public health to identify and address the health needs of communities. It looks outside of the performance of individual organizations which often serve a specific segment of a community or a specific community need, to the way in which the activities of many organizations can contribute to health improvement of the community in its entirety.

Using a collaborative approach, CHI brings partners from all backgrounds to work together, recognizing the interconnectedness of sectors and their ability to shape the health of a population. To guide these efforts, the Washoe County Health District (WCHD) and partners utilize the Association for Community Health Improvement framework (ACHI). The ACHI activities focus on equity, community engagement, and cross-sector partnerships.

The Washoe County Health District 2022-2025 Community Health Improvement Plan (CHIP) reflects a long term, comprehensive commitment to addressing public health problems. Based on the findings of a 2022-2025 Community Health Assessment (CHA), the CHIP outlines our top priorities and a collective action plan for how health will be improved. Through ongoing collaboration, shared accountability, and shared resources, the WCHD 22-25 CHIP will serve as a blueprint for local public health efforts for the next three years so that as a community we can address modern, population-level health issues.

Using a Health Equity Framework

WCHD and partners understand that centering equity is critical for CHI to be successful. In addition to ACHI, the WCHD chose to utilize a health equity framework to more intentionally develop or create the conditions, structures, policies, and practices that are essential to eliminating gaps in health disparities. We applied the framework by disaggregating data, considering the impacts of the social determinants of health (SDOH), and considered upstream interventions to address population health issues. Creating space for the community to discuss disparate data and voice what they deem to be the conditions that predispose people to disease, injury and disability was a major tenet of our approach.

Washoe County is a vibrant, diverse community and it was important to ensure that a cross section of community members were represented and/or considered in all CHI processes, where diverse input can help frame the problems as they relate to health.

Historically marginalized communities in Washoe County often bear the brunt of chronic disease and disability, suffer with high rates of poor mental health, and live in under-resourced communities that do not support optimal health and quality of life. Embedding an equity framework throughout the CHI process promotes a pathway to equitable access to quality health services and resources, and a local public health system that is inclusive. This builds the capacity of all stakeholders involved to take ownership in establishing a culture of health that designs and builds collective power, uplifts community voice, and advances equity in practice for all people.

With dedicated resources appointed to direct the discussion regarding equity, participants were encouraged to think deeper about their role and their organization’s role in building health equity.

Community Health Improvement Partnership

A cross-sector collaboration impact on population health outcomes offers many benefits including shared resources and accountability, diverse skill sets, and a range of experiences and perspectives to inform process and implementation. Since the initiation of the CHI process the WCHD engaged about 150 partner organizations that have contributed to CHI activities to form a CHI partnership. Although the CHI partnership composition evolves over time, ensuring that it is inclusive, diverse, and representative of a wide variety of sector groups is a top priority.



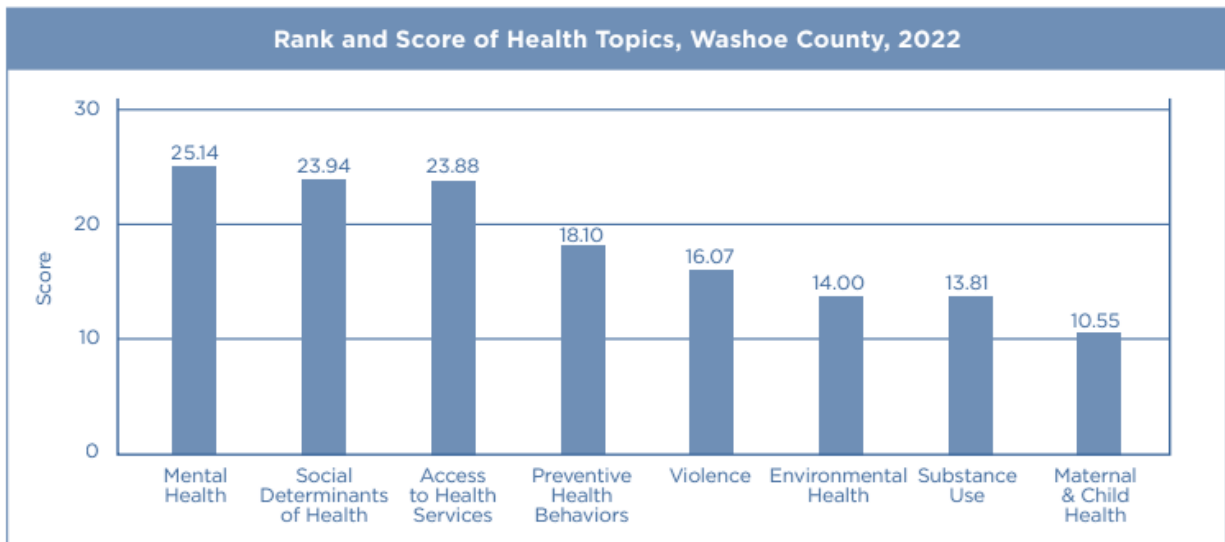
Adapted from County Health Rankings Tools for Successful CHI Efforts - CHI Nav - CDC

Within the CHI Partnership, WCHD serves as the backbone organization and facilitates the overall process, ensuring that progress is made and deliverables such as the CHA and CHIP reports are created. WCHD relies on the expertise and experience of partners to inform the process, define priorities, and assist in the development and implementation of action plans.

The CHIP is managed by community subcommittees, with the Health District acting in a supportive role. 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, as well as community resources and assets. After measuring the performance of CHIP action plan implementation, revisions may be made to the strategies, timeframes, targets, or the ownership of specific objectives. These annual reports will be made available on the Washoe County Health District website.

22-25 Community Health Assessment Findings

In 2022, partners initiated the third county-wide CHA, achieving broad community and organizational engagement. Ten organizations spanning across sectors including health care, faith based, academia, housing, economic development and beyond, participated in defining the process for the assessment by serving on a Steering Committee. And nearly 700 residents representing our community provided their input about areas of priority. Such diversity in participation allowed the WCHD to gain a comprehensive picture of health status and the conditions that result in higher rates of chronic disease, poverty, housing instability, and unemployment seen unevenly distributed among population groups in Washoe County. The following are the ranked and scored key areas of community health needs resulting from these efforts:



Listening Tour

A listening tour (LT) was conducted as an extension of the CHA process and a bridge to the CHI process. The LT was a community engagement opportunity to build relationships with a diverse group of community leaders to inform the WCHD's strategic plan and CHIP. The LT sessions focused on health priorities as described by key community leaders, community efforts that are working well and have momentum to continue, and existing barriers to achieving optimal health. Twenty-nine sessions were conducted with community leaders and organizations who represent diverse populations in Washoe County. Equity-centered sessions gathered insights from individuals to help analyze patterns in health, highlight critical issues or concerns, and provide context to health disparities identified from measurable data. Most of the responses from the listening tour mirrored the community needs as identified in the CHA and health priority rankings. Language Accessibility was a new topic that came from the listening tour discussions.

Priority Area Selection

In October 2022, WCHD convened community partners at the 22-25 CHIP Community Forum to learn about the CHA findings, Listening Tour results, and to contribute to the prioritization and action planning process for the 22-25 CHIP. Over 120 representatives from organizations across sectors in Washoe County contributed to the prioritization activity.

During the forum, WCHD shared the results and overarching themes from the CHA and Listening Tour. Partners were engaged in identifying and prioritizing root causes of major issues faced in Washoe County. Partners participated in a gallery walk to prioritize areas of need using dot-voting based on the following:

- the degree to which the focus area impacts the community,
- disparate health outcomes,
- existing partnerships and coalitions that were active in each issue area,
- available resources, and
- potential opportunities for action to work upstream.

The product was then used for further implementation planning. A list of potential priority issues was presented to the CHIP Steering Committee based on intersecting themes, and gaps and assets identified in the 22-25 CHA and community input. From the issues identified, four focus areas and two cross cutting topics were identified to improve the health of the community in Washoe County. The CHIP Steering Committee felt strongly about prioritizing efforts to address language accessibility as a special consideration to other CHIP initiatives as it is integral to equity and quality of life.

Plan Development

Four focus area subcommittees were formed to address each prioritized health topic. The subcommittees consist of subject matter experts with facilitation from the Washoe County Health District. The subcommittees participated in facilitated conversations to prioritize a subset of focus areas to address the most pressing needs of the community. Community partners then convened virtually from November 2022 - February 2022 to develop CHIP action plans that include goals, objectives, strategies, and outcomes indicators.

Implementation, Monitoring and Evaluation

Three times a year, subcommittees will meet to review the progress of CHIP initiatives and troubleshoot any challenges that arise through implementation. At the end of each year the WCHD will check-in with partners to collect progress reports about annual activities and convene to reassess the goals and objectives in the CHIP. Adjustments will be made for new data, environmental or political changes, or new opportunities. Any revisions made to the CHIP will be documented in the CHIP Annual Report.

2022-2025 CHIP Goals

CHIP Focus Area 1: Social Determinants of Health

Goal 1: Increase access to affordable rental housing (no more than 30% of income spent on housing).

Goal 2: Increase access to healthy food in Washoe County to prevent chronic disease.

CHIP Focus Area 2: Mental Health

Goal 1: Retain and expand the behavioral health workforce to improve access to behavioral health care.

Goal 2: Reduce the number of suicide attempts and deaths by suicide in Washoe County.

Goal 3: Divert individuals experiencing a behavioral health crisis from emergency rooms and detention facilities into an appropriate and effective system of care.

Goal 4: Improve access to behavioral health care for youth experiencing a behavioral health crisis and their families in an appropriate child/family-oriented behavioral health system.

CHIP Focus Area 3: Preventative Health Behaviors

Goal 1: Improve physical activity and nutrition behaviors among children in Washoe County.

Goal 2: Improve physical activity among adults in Washoe County.

Goal 3: Increase access to healthy food in Washoe County to prevent chronic disease.

CHIP Focus Area 4: Access to Health

Goal 1: Retain and expand the health care workforce to improve access to care.

Goal 2: Enhance systems of care to increase the likelihood that a resident of Washoe County receives care in the care setting most likely to achieve positive health outcomes while also managing cost for the patient and the health care system.

Goal 3: Increase access to health care through increased enrollment in and utilization of insurance benefits.

Goal 4: Improve access to health care through establishment of a primary care home for residents in Washoe County.

Focus Area 1—Social Determinants of Health

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.¹ SDOH was one of the top three concerns identified by community members in Washoe County’s CHA, listening tour, and community forum. Community leaders and residents described economic stability, access to quality education, neighborhood affordability and safety, social community context, transportation and built environments as concerns across populations. The fundamental root causes that create differences in SDOH are economic, environmental, and structural disparities and the distribution of power and resources by race, gender, class, sexual orientation, and other dimensions of identity across communities²



These root causes lead to unequal social, economic, and environmental conditions that create health disparities that contribute to a preventable difference in health status, risk factors, or health outcomes among subgroups of the population.

Community members that attended the CHIP Forum and CHIP planning meetings seek to improve the following areas in the 22-25 CHIP cycle: 1) affordable rental housing, 2) education, and 3) food insecurity.

Adapted from Healthy People 2023. Social Determinants of Health

¹ Healthy People 2030. Retrieved from: <https://health.gov/healthypeople/priority-areas/social-determinants-health>

² CDC. Retrieved from: <https://www.cdc.gov/about/sdoh/addressing-sdoh.html>

FOCUS AREA 1: SOCIAL DETERMINANTS OF HEALTH (SDoH)

<p>Goal 1: Increase access to affordable rental housing (no more than 30% of income spent on housing).</p>	<p>CHIP Initiative 1: Continuum of Care - Tenancy Support</p>	<p>Objective 1: By December 2023, increase tenancy support by offering two training opportunities and training at least ten CoC member agencies on tenant support best practices.</p>
	<p>CHIP Initiative 2: Continuum of Care - Landlord Engagement</p>	<p>Objective 1: By December 2023, increase access to affordable housing for low-income tenants by establishing a baseline housing inventory of properties/landlords actively renting to CoC program participants and provide training to at least 10 CoC members.</p>
	<p>CHIP Initiative 3: Housing Payment Nondiscrimination Legislation</p>	<p>Objective 1: By June 2023 pass legislation to prohibit housing discrimination based on form of payment used to pay rent (ex. Housing Choice Voucher, disability income, rental assistance, unemployment).</p>
<p>Goal 2: Increase access to healthy food in Washoe County to prevent chronic disease.</p>	<p>CHIP Initiative 4: Golden Groceries</p>	<p>Objective 1: In FY23, provide a new Client Choice Golden Grocery food pantry to 150 seniors weekly.</p>
		<p>Objective 2: In FY23, serve an average of 500 seniors monthly through all Golden Groceries pantries in Washoe County.</p>

Continuum of Care - Tenancy Support

Goal 1: Increase access to affordable rental housing (no more than 30% of income spent on housing).

Objective 1: By December 2023, increase tenant support by offering two training opportunities and training at least ten CoC member agencies on tenancy support best practices.

Priority Population: Low-income and extremely low-income Washoe County residents

22-25 Priority Indicator: Percent of households spending 30% or more of income on rent, Washoe County – 47% (2019)

Action Steps	Timeline	Results Target
1. Provide tenancy support education to Working Group, NNCLC, and RAH General Membership to establish shared definition and terminology related to tenancy support	1. Dec. 2023	2 training opportunities offered. 10 CoC member agencies trained.
2. Complete tenancy support capacity survey	2. June 2023	
3. Research and identify tenancy support best practices.	3. Dec. 2023	
4. Design and/or identify tenancy support training material based on survey results and identified best practices.	4. Dec. 2023	
5. Promote tenancy support training opportunities through identified media platforms	5. Dec. 2023	
6. Offer tenancy support training opportunities	6. Oct. 2023	

Lead Contact/Agency: Washoe County Manager's Office

Supporting partners: CoC, Washoe County Health District, City of Reno, Reno Housing Authority

Resources to address the initiative: Existing staff will be working with a new subcommittee on this initiative

Continuum of Care - Landlord Engagement

Goal 1: Increase access to affordable rental housing (no more than 30% of income spent on housing).

Objective 1: By December 2023, increase access to affordable housing for low-income tenants by establishing a baseline housing inventory of properties/landlords actively renting to CoC program participants and provide training to at least 10 CoC members.

Priority Population: Low-income and extremely low-income Washoe County residents

22-25 CHA Priority Indicator: Percent of households spending 30% or more of income on rent, Washoe County – 47% (2019)

Action Steps	Timeline	Results Target
1. Develop and launch an outreach effort to housing industry stakeholders including the Apartment Association, the Realtors Association, and property management companies.	1. August 2023	Baseline housing inventory complete
2. Complete RHA survey among current landlords	2. October 2023	10 CoC member agencies trained.
3. Research promising practices to improve landlord engagement.	3. Dec. 2023	
4. Provide landlord engagement education/training to Working Group, NNCLC, and RHA General Membership.	4. Dec. 2023	
5. Establish a baseline housing inventory of properties/landlords actively renting to CoC program participants and/or accepting housing vouchers.	5. Dec. 2023	
6. Create a centralized CoC landlord engagement strategy that address the results of landlord survey and outreach efforts	6. Dec. 2023	

Lead Contact/Agency: Washoe County Manager's Office

Supporting partners: CoC, Washoe County Health District, Reno Housing Authority

Resources to address the initiative: Existing staff will be working with a new subcommittee on this initiative

Housing Payment Nondiscrimination Legislation		
Goal 1: Increase access to affordable rental housing (no more than 30% of income spent on housing).		
Objective 1: By June 2023 pass legislation to prohibit housing discrimination based on form of payment used to pay rent (ex. Housing Choice Voucher, disability income, rental assistance, unemployment).		
Priority Populations: Low income and extremely low-income Washoe County residents.		
22-25 CHA Priority Indicator: Percent of households spending 30% or more of income on rent, Washoe County – 47% (2019)		
Action Steps	Timeline	Target Results
1. Identify and track bills to prohibit housing discrimination based on form of payment used to pay rent (ex HUD Voucher).	1. January 2022	Passage of legislation
2. Work as part of a statewide coalition to generate advocacy and support for the passage of legislative efforts to prohibit discrimination based on form of payment.	2. February – June 2023	
Lead Contact/Agency: Nevada Housing Justice Alliance (NHJA)		
Supporting partners: NHJA is a statewide coalition of grassroots organizations and community advocates working with Nevada tenants to develop solutions and to advocate for community investments that solve the root causes of housing insecurity.		
Resources to address the initiative: NHJA coalition partner agency staff and volunteers.		

Golden Groceries

Goal 2: Increase access to healthy food for communities in Washoe County to prevent chronic diseases.

Objective 1: By December 2023, provide a new Client Choice Golden Grocery food pantry to 150 seniors weekly.

Objective 2: By December 2023, serve an average of 500 seniors monthly through all Golden Groceries pantries Washoe County.

Priority Population: Food Insecure Seniors (60+) residing in Washoe County

22-25 Priority Indicators:

1. Percent of Food Insecure Seniors - 10.8%, (2020 - Feeding America's State of Senior Hunger)
2. Number of seniors (60 years and older) enrolled in SNAP – 8,000
3. Percent of adults 65 years or older that had at least 1 serving of vegetables per day – 82.1% (2019)

Action Steps	Timeline	Target Results
1. Educate populations about senior hunger and senior food programs.	1. April 2023 – ongoing	Seniors will report consuming more fruits and vegetables.
2. Promote access to existing Golden Grocery Client Choice pantries in Washoe County.	2. April 2023 - ongoing	Seniors will report skipping fewer meals due to increased access.
3. Enroll eligible participants into SNAP program.	3. April 2023 - ongoing	
4. Incorporate 5210 Healthy Washoe messaging into Golden Grocery environments.	4. July 2023	
5. Open a stand-alone Golden Grocery Client Choice pantry for seniors in Washoe County.	5. Sept-December 2023	

Lead Contact/Agency: Food Bank of Northern Nevada

Supporting partners: Washoe County Health District, City of Reno, Age Friendly and Senior Coalitions of Washoe County, Reno, and Sparks.

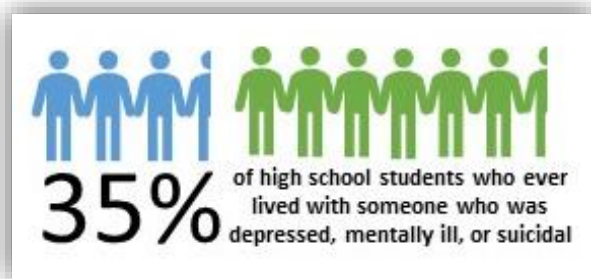
Resources to address the initiative: Safe, affordable, and accessible locations, food purchase funding, volunteers, equipment, marketing and outreach support, labor

Focus Area 2—Mental Health

Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community.³ Mental health needs were one of the top three issues identified by community members in Washoe County’s CHA focus, listening tour, and community forum. These needs are apparent in depression, suicide, and drug and alcohol abuse rates which largely mirror national trends. Community leaders and residents described trauma, stress, depression, lack of cultural representation among providers, and lack of services as top-of-mind concerns among all populations. Some groups were cited as being disproportionately impacted – such as youth, low-income households, seniors, and minority populations.

Initial results illustrate mental health needs are reaching a crisis point. The 2021 High School and Middle School Youth Risk Behavior Survey (YRBS) indicates that the percentage of students reporting feeling sad or hopeless almost every day for two or more weeks in a row has increased from 32.5% (2019) to 34.4% (2021) among WCSD middle school students and from 40.3% (2019) to 46.2% (2021) among WCSD high school students.

A workforce shortage plays a major role in the ability to provide mental health services. In 2021, the National Health Service Corps scored Health Professional Shortage Areas (HPSA) ranging from 0-26, where the higher the score, the greater the priority. The status of the HPSA designation in Washoe County is 17. The shortage of mental health professionals impacts the sense of well-being for the entire community because staffing shortages jeopardize access to care to meet the persistent needs of youth and adults.



Community members that attended the CHIP Forum and CHIP planning meetings seek to improve the following areas in the 22-25 CHIP cycle: 1) the workforce pipeline, 2) suicide prevention, and 3) the crisis response system for adults and youth in Washoe County

³ World Health Organization. Retrieved from: <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>

FOCUS AREA 2: MENTAL HEALTH

<p>Goal 1: Retain and expand the behavioral health workforce to improve access to behavioral health care.</p>	<p>CHIP Initiative: AB69 Tuition Reimbursement</p>	<p>Objective 1: By December 2023, increase funding and flexibility available to the Nevada Health Services Corps for loan repayment assistance designed to assist with retention and recruitment of behavioral health professionals.</p>
<p>Goal 2: Decrease the number of suicide attempts and deaths by suicide in Washoe County.</p>	<p>CHIP Initiative: Lethal Means Coalition</p>	<p>Objective 1: By December 2023, create a new coalition to address suicide by certain lethal means.</p>
		<p>Objective 2: By December 2024, create and promote suicide prevention resources through social media platforms.</p>
		<p>Objective 3: By December 2024, implement 1-2 strategies from the Lethal Means Coalition workplan.</p>
	<p>CHIP Initiative: Zero Suicide:</p>	<p>Objective 1: By January 2024, implement suicide prevention screening in at least one CCHS program in the Washoe County Health District clinic as a Zero Suicide site.</p>
<p>CHIP Initiative: Aca Entre Nos</p>	<p>Objective 2: By December 2025, add two additional sites implementing Zero Suicide in Washoe County.</p> <p>Objective 1: By December 2023, facilitate five Aca Entre Nos sessions that reach at least 70 participants about mental health that can lead to reducing stigmatization of seeking mental health services among the Spanish-speaking community.</p>	
<p>Goal 3: Divert individuals experiencing a behavioral health crisis from emergency rooms and detention facilities into an appropriate and</p>	<p>CHIP Initiative: Washoe County Adult Crisis Response System</p>	<p>Objective 1: By December 2024, build out all three elements of a best practice behavioral health crisis continuum of care system in Washoe County with affinity to the “Roadmap to the Ideal Crisis System” published by the National Council for Behavioral Health.</p>

effective system of care.		
<p>Goal 4: Improve access to behavioral health care for youth experiencing a behavioral health crisis and their families in an appropriate child/family-oriented behavioral health system.</p>	<p>CHIP Initiative: Washoe County Youth Crisis Response System</p>	<p>Objective 1: By December 2025, achieve goals identified in the Washoe County Crisis Response System Implementation Plan to build out a best practice youth behavioral health crisis continuum of care for youth in Washoe County with affinity to the “National Guidelines for Child and Youth Behavioral Health Crisis Care” distributed by SAMHSA.</p>
	<p>CHIP Initiative: Black and LGBTQ Youth Empowerment</p>	<p>Objective 1: By August 2025, 70% of existing policies will be assessed among collaborative organizations and state level to develop a proposal of policy changes.</p>
		<p>Objective 2: By August 2025, up to 60 Black youth leaders will be trained in mental health policy and advocacy efforts.</p>

AB69 Tuition Reimbursement

Goal 1: Retain and expand the behavioral health workforce to improve access to behavioral health care.

Objective 1: By December 2023, increase funding and flexibility available to the Nevada Health Services Corps for loan repayment assistance designed to assist with retention and recruitment of behavioral health professionals.

Priority Population: Individuals living in a HPSA Mental Health Shortage Area

22-25 Priority Indicator: Percentage of county population that resides in a mental health shortage area – 62.9%

Action Steps	Timeline	Target Results
1. Finalize bill draft request to develop a state tuition repayment program for behavioral health professionals in collaboration with the Nevada Health Service Corps	1. Dec. 2022	Passage of AB69
2. Work as part of the Statewide Nevada Health Care Workforce and Pipeline Development work group to generate advocacy and support for the passage of AB69.	2. February – June 2023	\$1.5 million additional dollars targeted for loan repayment for behavioral health professionals
3. Should AB69 be passed by the Nevada Legislature and be signed by the Governor, work with the Nevada Health Service Corps to set priorities for loan repayment and promote the program to behavioral health providers	3. July – December 2023	

Lead Contact/Agency: Washoe Regional Behavioral Health Policy Board (WRBHPB)

Supporting partners: Washoe County Human Services Agency, Washoe County Health District, UNR School of Medicine, Office of Statewide Initiatives (home of Nevada Health Service Corps), UNR School of Public Health Center for Public Health Excellence (home of Statewide Workforce Pipeline Development Committee), Renown Health

Resources to address the initiative: WRBHPB receives one bill draft each legislative session. WCHD staff is the current chair, Renown Health staff is the current Vice Chair, and WCHSA staff organizes and is staff to the board. The board is comprised of 13 behavioral health stakeholders. The Nevada Health Service Corps is an existing loan repayment program for health care professionals in Nevada capable of expanding with additional resources. UNR School of Health Center for Public Health Excellence is leading a statewide Nevada Health Care Workforce Pipeline Development work group charged with developing and implementing statewide health care workforce development plans focused on public health, behavioral health, and primary care. WCHD has two representatives on the Statewide Advisory Committee. The committee is comprised of representatives of 40+ organizations with expertise/interest in health care workforce development.

Lethal Means Coalition

Goal 2: Decrease the number of suicide attempts and deaths by suicide in Washoe County.

Objective: 1. By December 2023, create a new coalition to address suicide by certain lethal means.

Objective: 2. By December 2024, create and promote suicide prevention resources through social media platforms.

Objective: 3. By December 2024, implement 1-2 strategies from the Lethal Means Coalition workplan

Priority Population: Washoe County

22-25 Priority Indicators:

1. Intentional injury (suicide) mortality rate per 100,000 – 20.1 (2020)
2. Firearm-related suicide fatalities per 100,000 population – 13.2 (2021)

Action Steps	Timeline	Target Results
1. Develop work plan for community-based lethal means reduction for suicide prevention.	1. By July 2023	Work plan developed.
2. Identify and recruit Lethal Means Coalition partners. Facilitate convenings and identify strategies and actions to be implemented.	2. By December 30, 2023	At least 3 partners recruited.
3. Facilitate development of community resources, including website, education materials and media, a regional gun safe storage locations map, practices, recommendations for gun safety advocacy.	3. By December 30, 2024	Coalition strategies and activities developed. 1 – 2 strategies/activities implemented.

Lead Contact/Agency: Washoe County Health District

Supporting partners: To be identified through coalition building activities.

Resources to address the initiative: Washoe County Health District Chronic Disease and Injury Prevention Health Educator, web-based platform for hosting coalition site, gun violence and suicide prevention education resources

Zero Suicide		
Goal 2: Reduce the number of suicide attempts and deaths by suicide in Washoe County.		
Objective 1: By January 2024, implement suicide prevention screening in at least one CCHS program in the Washoe County Health District clinic as a Zero Suicide site.		
Objective 2: By December 2025, add two additional sites implementing Zero Suicide in Washoe County.		
Priority Population: Adults in Washoe County		
22-25 Priority Indicators: Intentional injury (suicide) mortality rate per 100,000 – 20.1 (2020)		
2. Percentage of high school students who tried killing themselves during the 12 months prior to the survey – 9.9% (2019 YRBS)		
3. Percentage of middle school students who tried killing themselves during the 12 months prior to the survey – 6.0% (2019 YRBS)		
Action Steps	Timeline	Target Results
1. Continue training on suicide identification, prevention screening, support, and transition to care in at least two programs within the Washoe County Health District – Community and Clinical Health Services Division (CCHS).	1. September 2023	# of staff trained
2. Pilot and implement ZS screening and procedures in at least one additional CCHS program. Identify the program, provide staff training, develop formal procedures, implement appropriate screening and transition to care.	2. December 2024	Additional CCHS program piloted.
3. Facilitate expansion and implementation of the Zero Suicide program by at least two additional local agencies in Washoe County.	3. July 2023 – December 2025	Add two additional Zero Suicide sites in Washoe County
4. Provide continued technical assistance to all implementing ZS local agencies serving Washoe County residents (including Quest Counseling, The Children’s Cabinet, Renown Health, WCHD, Carson Tahoe Hospital, Community Chest).	4. July 2023 – December 2025	
Lead Contact/Agency: Nevada Office of Suicide Prevention		
Supporting partners: Washoe County Health District		
Resources to address the initiative: Washoe County Health District Chronic Disease and Injury Prevention Health Educator, Washoe County Health District Clinic, Zero Suicide Policies Review Board		

Aca Entre Nos		
Goal 2: Reduce the number of suicide attempts and death by suicide in Washoe County.		
Objective 1: By December 2023, facilitate five Aca Entre Nos sessions that reach at least 70 participants about mental health that can lead to reducing stigmatization of seeking mental health services among the Spanish-speaking community.		
Priority Population: Spanish speaking families		
22-25 Priority Indicators:		
1. Percentage of adults reporting mental health “not good” for 14+ days in Washoe County – 14.7% (2020)		
2. Percentage of high school students who felt sad or hopeless almost every day for two or more weeks in a row during the 12 months before the survey – 40.2% (2019 YRBS)		
3. Percentage of middle school students who felt sad or hopeless almost every day for two or more weeks in a row during the 12 months before the survey – 32.4% (2019 YRBS)		
Action Steps	Timeline	Target Results
1. Identify locations where conversations can be hosted monthly.	1. February – July 2023	Identify 5 locations to host Aca Entre Nos community conversations. 70 total participants
2. Tailor outreach plan for each different hosting location.	2. February – December 2023	
3. Engage in dialog and education around mental health with community participants.	3. February – December 2023	
4. Share mental health resources available within the community.	4. February – December 2023	
Lead Contact/Agency: Nevada Hispanic Medical Association, Children’s Cabinet		
Supporting partners: Family Behavioral Health, Renown Health, WCHD		
Resources to address the initiative:		
Nevada Hispanic Medical Association will provide bilingual and bicultural medical professional participation. Renown Health is providing financial resources, WCHD is providing outreach and organizational support, Family Behavioral Health staff are providing time to facilitate conversations, Children’s Cabinet is the fiscal agent, hosting sessions, and providing professional mental health support when necessary.		

Washoe County Adult Crisis Response System

Goal 3: Divert individuals experiencing a behavioral health crisis from emergency rooms and detention facilities into an appropriate and effective system of care.

Objective 1: By December 20, 2024, build out all three elements of a best practice behavioral health crisis continuum of care system in Washoe County with affinity to the “Roadmap to the Ideal Crisis System” published by the National Council for Behavioral Health

Priority Population: County-wide system response for adults in Washoe County experiencing a behavioral health crisis.

22-25 Priority Indicators:

1. Percentage of adults reporting mental health “not good” for 14+ days in Washoe County – 14.7% (2020)
2. Intentional injury (suicide) mortality rate per 100,000 – 20.1 (2020)

Action Steps	Timeline	Target Results
1. Continue facilitation of the Coordination and Accountability Team to provide oversight of system implementation in Washoe County.	1. Quarterly June 2022 – December 2024	Crisis Stabilization Center open.
2. Continue facilitation of the Partner Agency Team to establish agreements and protocols to implement the system in Washoe County.	2. Monthly June 2022 – December 2024	Hub contract awarded.
3. Continue to work collaboratively with the State of Nevada to enhance the 988 Crisis Call Hub	3. RFI summer 2023, RFQ fall 2023, hub award in 2024	Mobile crisis teams established
4. Continue to work collaboratively with the State of Nevada and Renown Health to open a Crisis Stabilization Center.	4. Opened by December 2023	
5. Continue to work collaboratively with the State of Nevada and local agencies to build out mobile crisis response teams.	5. Designated Mobile Crisis Response Teams active by end 2025	
6. Continue to implement strategies and action steps in the Washoe County Behavioral Health Crisis Response Implementation Plan to assure the system as implemented has fidelity to the best practice standards.	6. July 2022 – June 2025	

Lead Contact/Agency: Washoe County Health District, Washoe County Human Services Agency, Nevada Department of Public and Behavioral Health

Supporting partners: Crisis Support Services of Nevada, Renown Health, CCBHCs, local governments, hospitals, insurance plans, state agencies, law enforcement, behavioral health providers

Resources to address the initiative: This initiative is a continuation from the 2018 – 2020 CHIP. The Washoe County Crisis Response Implementation Plan was developed as a CHIP initiative starting in 2020. The partners have continued to collaborate to implement the plan. WCHD provides financial resources to contract with Social Entrepreneurs, Inc. to serve as facilitators and project managers as well as core staff to support the initiative. From WCHSA, the Behavioral Health Coordinator serves as core staff to support the initiative. The State of Nevada is working toward Medicaid rates to support system implementation. State mental health block grants and ARPA funding have been allocated to the initiatives. SB390 of the 2021 Nevada Legislative Session created the Behavioral Health Crisis Response Fund which will collect fees on phone lines to support the crisis response system. Many agencies have dedicated many hours of staff time to work to implement elements of the crisis response plan.

Washoe County Youth Crisis Response System

Goal 4: Improve access to care through an appropriate child/family-oriented behavioral health system for youth experiencing a behavioral health crisis and/or behavioral health diagnoses.

Objective 1: By December 2025, achieve goals identified in the Washoe County Crisis Response System Implementation Plan to build out a best practice youth behavioral health crisis continuum of care for youth in Washoe County with affinity to the “National Guidelines for Child and Youth Behavioral Health Crisis Care” distributed by SAMHSA.

Priority Population: County-wide system response for youth in Washoe County experiencing a behavioral health crisis.

22-25 Priority Indicators:

1. Percentage of high school students who felt sad or hopeless almost every day for two or more weeks in a row during the 12 months before the survey – 40.2% (2019 YRBS)
2. Percentage of middle school students who felt sad or hopeless almost every day for two or more weeks in a row during the 12 months before the survey – 32.4% (2019 YRBS)
3. Percentage of high school students who tried killing themselves during the 12 months prior to the survey – 9.9% (2019 YRBS)
4. Percentage of middle school students who tried killing themselves during the 12 months prior to the survey – 6.0% (2019 YRBS)

Action Steps	Timeline	Target Results
1. Begin facilitation of the Youth Partner Agency Team to design and implement the youth crisis response system including establishing agreements and protocols to implement the system.	1. Monthly June 2022 – December 2024	Hub contract awarded.
2. Identify gaps in children and youth specific services and solutions to address those gaps. Work collaboratively to identify and implement opportunities for improvement of current youth behavioral health crisis services and systems.	2. Ongoing	Mobile crisis teams with competency to serve youth and families expanded.
3. Continue to work collaboratively with the State of Nevada and Crisis Support Services of Nevada to enhance the 988 Crisis Call Hub.	3. RFI summer 2023, RFQ fall 2023, hub award in 2024	Number of goals and objectives in the plan related to youth and families achieved.
4. Continue to work collaboratively with the state to expand mobile crisis response teams with children and youth expertise	4. December 2025	

Lead Contact/Agency: Children’s Cabinet and Quest Counseling Services

Supporting partners: Youth-serving behavioral health providers, Washoe County Health District, Washoe County Human Services Agency, State of Nevada Department of Health and Human Services, local governments, hospitals, insurance plans, state agencies, law enforcement, behavioral health providers.

Resources to address the initiative: This initiative is a continuation from the 2018 – 2020 CHIP. The Washoe County Crisis Response Implementation Plan was developed as a CHIP initiative starting in 2020. The partners have continued to collaborate to implement the plan. The coalition delayed implementation of youth specific aspects of the system until the national guidelines were published in late 2022. WCHD provides financial resources to contract with Social Entrepreneurs, Inc. to serve as facilitators and project managers. The Children’s Cabinet and Quest Counseling Services provide core staff to facilitate the Youth Committee. The State of Nevada is working toward Medicaid rates to support system implementation. State mental health block grants and ARPA funding have been allocated to the initiatives. SB390 of the 2021 Nevada Legislative Session created the Behavioral Health Crisis Response Fund which will collect fees on phone lines to support the crisis response system. Many agencies have dedicated many hours of staff time to work to implement elements of the crisis response plan.

Black and LGBTQ Youth Empowerment		
Goal 4: Improve access to care through an appropriate child/family-oriented behavioral health system for youth experiencing a behavioral health crisis and/or behavioral health diagnoses. and effective system of care.		
Objective 1: By August 30, 2025, 70% of existing mental health policies will be assessed among collaborative organizations and state level to develop a proposal of policy changes.		
Objective 2: By August 30, 2025, up to 60 Black youth leaders will be trained in mental health policy and advocacy efforts.		
Priority Population: Black youth, with special focus on LGBTQ+ population		
22-25 Priority Indicators:		
1. Percentage of high school students who felt sad or hopeless almost every day for two or more weeks in a row during the 12 months before the survey – 40.2% (2019 YRBS)		
2. Percentage of middle school students who felt sad or hopeless almost every day for two or more weeks in a row during the 12 months before the survey – 32.4% (2019 YRBS)		
Action Steps	Timeline	Target Results
<ol style="list-style-type: none"> 1. Establish a cohort of 30 Black youth ages 12-17 to participate on the Black Youth Leadership Advisory Council 2. Use the OMH-developed policy assessment framework to review, identify, and analyze existing policies that could potentially promote mental health in Black youth, including those at risk for suicide. 3. Provide Mental Health & Policy Trainings for Cohort 1 4. Develop a strategic action plan based on the information collected in the policy assessment. 5. Develop a policy advocacy plan in collaboration with the Black Youth Leadership Advisory Council 6. Hire and train youth advocacy leaders. 7. Hold meetings and trainings with Leadership Advisory Council 8. Evaluate and report program activities 	<ol style="list-style-type: none"> 1. September 2023 2. December 2025 3. December 2023 4. December 2025 5. December 2025 6. December 2025 7. December 2025 8. December 2025 	<ol style="list-style-type: none"> 1. Developed Assessment Protocol Framework 2. # Recruited and Trained Youth Advocacy Leaders 3. Developed Strategic Action Plan
Lead Contact/Agency: The Larson Institute		
Supporting partners: US Department of Health and Human Services Office of Minority Health, Washoe County Health District, and additional community-based partners.		
Resources to address the initiative: The Larson Institute is providing staff to focus on organization of program, US Department of Health and Human Services Office of Minority Health is providing funding, WCHD is providing staff time to participate in advisory council, support with outreach and media presence.		

Focus Area 3—Preventative Health Behaviors

Chronic diseases are largely preventable by addressing tobacco use, poor nutrition, physical inactivity, and/or obesity. The top three leading causes of death, heart disease, cancer, and COVID-19 account for a large proportion of deaths in Washoe County.⁴ Further, chronic disease is a major cause of disability, which can jeopardize one's ability to work, add emotional and economic stress to family life, and significantly decrease quality of life.

Fortunately, many chronic diseases and their longer-term consequences can be prevented or delayed. Health behaviors such as engaging in regular physical activity, eating healthy foods, and refraining from tobacco use, reduce the likelihood of developing a chronic disease.

What Makes Us Healthy



Improving “population health” through preventative health behaviors has largely been defined by the health care sector as improving disease management for patients within a healthcare system, such as ensuring that diabetic patients receive recommended testing and screening. However, the communities in which people live can either encourage, or discourage, healthy behaviors. Neighborhoods can promote healthy lifestyles when they offer access to healthy and affordable foods and access to safe places for physical activity, such as local parks. Preventative health behaviors are defined more broadly in the 22-25 CHIP to capture the health of an entire community by considering far reaching efforts to build healthier environments that have the greatest potential to impact the health of populations.

Preventative health behaviors were a concern identified by community members in Washoe County. Input from the community described the need for easier access to healthy food, more spaces to engage in physical activity, and neighborhood cleanliness to feel safe while outdoors. Community members that attended the CHIP Forum and CHIP planning meetings seek to improve 1) physical activity and 2) nutrition in the 22-25 CHIP cycle.

Adapted from Bipartisan Policy Center. What Makes Us Healthy

⁴ Washoe County Community Health Needs Assessment. Retrieved from: CHA-2022-25-Full-Version.pdf (washoecounty.gov)

FOCUS AREA 3: PREVENTATIVE HEALTH BEHAVIORS

<p>Goal 1: Increase access to healthy food in Washoe County to prevent chronic diseases.</p>	<p>CHIP Initiative: Prescription (Rx) Pantry</p>	<p>Objective 1: By July 2024, provide food assistance to at least 40,000 food insecure individuals by implementing the Prescription Food Pantry at participating Northern Nevada healthy pantries.</p>
	<p>CHIP Initiative: Healthy Corner Store</p>	<p>Objective 1: By July 2025, increase the number of stores participating in the Healthy Corner Store Program from 3 to 10 to improve the offering of healthy food options at their location.</p>
<p>Goal 2: Improve physical activity among adults in Washoe County.</p>	<p>CHIP Initiative: Anything But the Gym</p>	<p>Objective 1: By the end of the program, increase knowledge of coping skills for stress, anxiety, and depression by a positive movement of 1, on a scale of 1 to 10.</p>
		<p>Objective 2: By the end of the program, increase self-efficacy to engage in physical activity among participants by 10%.</p>
<p>Goal 3: Improve physical activity and nutrition behaviors among children in Washoe County.</p>	<p>CHIP Initiative: 5210 Healthy Washoe</p>	<p>Objective 1: By the end of 2025, expand the number of sites that are implementing the 5210 Healthy Washoe program by 10 additional elementary schools.</p>
		<p>Objective 2: Provide at least two 5210 engagement events within the WCSD and in the community by the end of school year 2024</p>

Prescription (Rx) Pantry

Goal 1: Increase access to healthy food in Washoe County to prevent chronic disease.

Objective 1: By July 2024, provide food assistance to at least 40,000 food insecure individuals by implementing the Prescription Food Pantry at participating Northern Nevada healthy pantries.

Priority Population Food insecure adults and patients with diabetes in Washoe County

22-25 Priority Indicator:

1. Percentage of adults that are food insecure, Washoe County - 10.9% (2017-2019)

Action Steps	Timeline	Target Results
<ol style="list-style-type: none"> 1. Add 5210 messaging in Rx pantry locations, including healthcare settings. 2. Bolster relationships with existing Rx Pantry healthcare providers to increase the number of prescriptions redeemed. 3. Create diabetes and high blood pressure messaging and education to increase knowledge on prevention of chronic diseases. 	<ol style="list-style-type: none"> 1. July 2023 2. December 2023 3. July 2024 	<p>Increase the number of prescriptions redeemed.</p> <p>5 Rx Pantry sites with 5210 messaging</p> <p>Percentage of all Rx pantry users who had at least two Hemoglobin A1C's drawn have their A1C in a downward trend.</p> <p>Percentage of all Rx pantry participants reported that visiting the pantry is helping their families consume more vegetables.</p>

Lead Contact/Agency: Food Bank of Northern Nevada

Supporting partners: Washoe County Health District, health care providers, 5210 sub-committee

Resources to address the initiative: Healthcare partners with knowledge on diabetes/high blood pressure, marketing, and communications, printed 5210 materials.

Healthy Corner Store		
Goal 1: Increase access to healthy foods in Washoe County to prevent chronic diseases.		
Objective 1: By July 2025, increase the number of stores participating in the Healthy Corner Store Program from 3 to 10 to improve the offering of healthy food options at their location.		
Priority Population: Individuals who live in areas with low access to a grocery store in Washoe County		
22-25 Priority Indicators:		
1. Percent of high school students who ate vegetables 1 or more times/day during 7 days 12.8% (2019)		
2. Percent of adults that had at least 1 serving of vegetable per day 78.9% (2019)		
3. Percent of high school students who have obesity 11.9% (2019)		
4. Percent of adults that have obesity (based on BMI categories) 24.4% (2020)		
5. Percent of population that is food insecure, Washoe County, 11.0% (2019)		
6. Percentage of population who are low-income and do not live close to a grocery store (RWJF)		
Action Steps	Timeline	Target Results:
1. Identify partners to support Healthy Corner Store activities.	1. By July 2023	Increase the number of Healthy Corner stores from 3 to 10. Report summarizing data findings and program outcomes in relation to achieving priority indicators.
2. Provide guided technical assistance to store owners and employees on the store conversion process.	2. Ongoing through July 2025	
3. Create a marketing strategy plan and develop community resources including marketing tools, educational materials, and resource guides to educate and promote the Healthy Corner Store Program.	3. By December 2023	
4. Facilitate the development of a data collection tool to assess program effectiveness.	4. By December 2023	
Lead Agency: Washoe County Health District		
Supporting partners: Reno Food Systems, UNR Extension, Environmental Health – WCHD, Communications Team – WCHD		
Resources to address the initiative: WCHD Health Educators, funding to support a marketing campaign to help with the recruitment of new stores and promotion of participating stores for the community to access, print and digital marketing materials, development of promotional design and placement of PSA/Advertisement (may include radio, television, transit, billboard, and social media)		

Anything But the Gym		
Goal 2: Improve physical activity among adults in Washoe County.		
Objective 1: By December 2023, increase knowledge of coping skills for stress, anxiety, and depression by a positive movement of 1, on a scale of 1 to 10.		
Objective 2: By December 2023, increase self-efficacy to engage in physical activity among participants by 10%.		
Priority Population: African American, Black, and other minority women		
22-25 Priority Indicators:		
1. Percent of adults that participated in enough aerobic and muscle strengthening exercises to meet guidelines, Washoe County, Black 32.7%, Hispanic 22.6%, Asian 40.4% (2019)		
2. Percent of adults that participated in enough aerobic and muscle strengthening exercises to meet guidelines, Washoe County 26.7% (2019)		
Action Steps	Timeline	Target Results
<ol style="list-style-type: none"> 1. Recruit program participants. 2. Conduct a pre-assessment to measure clients' current stress, anxiety, and depression levels. 3. Conduct a pre-assessment to measure pre-existing risk factors for chronic disease. 4. Plan weekly group exercise activities to evaluate how the exercise activity of the week helps build mental health coping skills for clients. 5. Deliver weekly group exercise activities to increase movement. 6. Provide weekly health coaching sessions to help clients adhere to the exercise program and help create healthy lifestyle habits. 7. Conduct a post-assessment to measure coping skills for mental health (stress, anxiety, and depression levels). 8. Conduct a post-assessment to measure chronic disease risk factors. 9. Analyze pre- and post-test measures. 	<ol style="list-style-type: none"> 1. Six-week intervals from June 2023-December 2023 	<p>Conduct 40 pre- and post-assessments.</p> <p>Conduct eight weekly exercise activities.</p> <p>Provide eight health coaching sessions</p>
Lead Contact/Agency: Black Community Collective		
Supporting partners: Washoe County Health District. Additional partners will be recruited as part of the initiative. REACH Grant (TBD)		
Resources to address the initiative: Community Health Worker training, activity equipment/fees, marketing, and outreach.		

5210 Healthy Washoe

Goal 3: Improve physical activity and nutrition behaviors among children in Washoe County.

Objective 1: By December 2025, expand the number of sites that are implementing the 5210 Healthy Washoe program in 10 additional elementary schools.

Objective 2: By end of school year 2024, provide at least two 5210 engagement events within the WCSD and in the community.

Priority Population: Children in schools K-8th

22-25 Priority Indicators:

1. Percent of middle school students who watched TV, played video or computer games, or used a computer for 3 or more hours/day – 60.6% (Nevada YRBS 2019)
2. Percent of middle school students who did not participate in at least 60 minutes of physical activity on any day during the seven days before the survey – 17.4% (Nevada YRBS 2019)
3. Percent of Washoe county youth who consumed vegetables twice a day - 21.2% (CDIP Chronic Disease Report 2021)
4. Percent of kindergarten students who have obesity - 22.7 % (CDIP Chronic Disease Report 2020-2021)

Action Steps	Timeline	Target Results
1. Recruit interested schools for the 5210 Healthy Washoe program.	1. April 2023	Provide training to 10 school sites.
2. Provide training to all new school principals participating in the program.	2. April – May 2023	Conduct environmental scans at 10 school sites.
3. Create 5210 school site coalitions.	3. September 2023	
4. Create and provide program tool kits to each school and align 5210 messaging with Coaches Challenge	4. October 2023	Each school site will implement 1-2 strategies per school year.
5. Conduct environmental scans at each school.	5. October 2023	Host 2 engagement events, one for families and the community
6. Create an action plan for each school.	6. November 2023	
7. Implement 1-2 strategies from school action plan per school year.	7. December 2023	Reach 200 individuals with engagement events to promote 5210 Healthy Washoe
8. Recruit interested teachers and families at designated school sites.	8. September - October 2023	
9. Create a pre- and post-survey on 5210 knowledge for parents.	9. Sept.-Oct. 2023	
10. Create a healthy habits toolkit for families and teachers.	10. Nov. 2023	

<p>11. Host family engagement events.</p> <p>12. Conduct outreach on social media to increase awareness on 5210.</p> <p>13. Marketing campaign for 5210</p>	<p>11. December 2023 - March. 2024</p> <p>12. April 2023</p> <p>13. April 2023 - May 2024</p>	
<p>Lead Contact/Agency: Washoe County Health District</p> <p>Supporting partners: Northern Nevada HOPES, State of Nevada Department of Public and Behavioral Health, Washoe County School District, UNR Cooperative Extension, Food Bank of Northern Nevada, Urban Roots</p>		
<p>Resources to address the initiative: CDC Health Disparities Grant, State 5210 Grant, other grant opportunities</p>		

Focus Area 4—Access to Health Care

Access to health care insurance coverage and a regular source of care, or medical home, are important for early detection and management of health challenges. Insurance expands access to health care, and in most circumstances requires insurers to cover preventive care and promotes patient-centered “medical homes.” Medical homes establish a regular source of care where patients have a continuous relationship with a primary care provider that can provide services including preventive screenings, disease management, and coordination of care for specialty services.⁵

Input from participants in community-based meetings reveal challenges accessing care including a shortage of providers who will accept patients or accept the patient’s insurance, a lack of culturally competent care, language accessibility, and lack of transportation to care. Further, many individuals need education on how to use insurance and access care appropriately, such as scheduling regular doctor visits for preventive care, rather than using higher cost emergency departments once a patient is already ill. In 2020, adults who last visited a doctor for a routine checkup within the past year was about 70%, with significantly lower percentages within Black, Asian, and Hispanic populations.⁶



Adapted from Google. Access to Health Care

Accessing quality care is important to ensure patients are linked to necessary services that can improve their health.

Community members that attended the CHIP Forum and CHIP planning meetings seek to improve the following areas in the 22-25 CHIP cycle: 1) workforce pipeline 2) insurance enrollment and 3) connecting individuals to the appropriate care setting, including appropriate use of 911.

⁵ Center for Disease Control. Retrieved from: <https://www.washoecounty.gov/health/files/data-publications-reports/CHA-2022-25-Full-Version.pdf>

⁶ WCHD 2022-2025 CHNA. Retrieved from: <https://www.washoecounty.gov/health/files/data-publications-reports/CHA-2022-25-Full-Version.pdf>

FOCUS AREA 4: ACCESS TO HEALTH CARE

<p>Goal 1: Increase access to health care through increased enrollment in and utilization of insurance benefits.</p>	<p>CHIP Initiative: Greet, Eat and Meet</p>	<p>Objective 1: By December 2023, engage directly with the Medicaid community to increase awareness and utilization of Medicaid benefits by offering 12-18 community events or GEM Cafés (Greet, Eat, Meet) annually.</p>
	<p>CHIP Initiative: Insurance Enrollment Coalition</p>	<p>Objective 2: By December 2023, create a new coalition to increase the number of individuals in Washoe County covered by health insurance.</p>
<p>Goal 2: Enhance systems of care to increase the likelihood that a resident of Washoe County receives care in the care setting most likely to achieve positive health outcomes while also managing cost for the patient and the health care system.</p>	<p>CHIP Initiative: Choose the Right Care Coalition</p>	<p>Objective 1: By December 2023, convene community health care stakeholders at least four times to identify strategies and actions Washoe County as a community can implement to increase access to quality care in an appropriate care setting and decrease utilization of emergency resources.</p>
		<p>Objective 2: By December 2025 implement at least three initiatives designed to improve access to care.</p>
<p>CHIP Initiative: Choose the Right Care Campaign</p>	<p>Objective 1: By June 2024, implement a collaborative, community-wide public awareness campaign designed to stabilize and eventually decrease inappropriate 911 usage and increase availability of emergency response resources.</p>	
<p>Goal 3: Improve access to health care through establishment of a primary care home for residents in Washoe County.</p>	<p>CHIP Initiative: Family Health Festival</p>	<p>Objective 1: By December 2023, provide three FHF's to underserved communities in Washoe County.</p>
<p>Goal 4: Increase insurance enrollment among residents in Washoe County.</p>		

Goal 5: Retain and expand the health care workforce to improve access to care.	CHIP Initiative: Loan repayment for health care professionals	Objective 1: By December 30, 2023, increase resources available for loan repayment assistance designed to assist with retention and recruitment of health care professionals.
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Greet, Eat and Meet

Goal 1: Increase access to health care through increased enrollment in and utilization of insurance.

Objective 1: By December 2023, engage directly with the Medicaid community to increase awareness and utilization of Medicaid benefits by offering 12-18 community events or GEM Cafés (Greet, Eat, Meet) annually.

Priority Population: Medicaid members, or Medicaid-eligible community members within Washoe County.

22-25 Priority Indicators:

1. Percent of children less than 19 years old who are uninsured in Washoe County – 19.1%. (2016-2020 aggregate)
2. Percent of adults aged 18 – 64 in Washoe County who have health insurance – 87% (2020)
3. Percent of population enrolled in Medicaid in Washoe County – 17.5% (2020)
4. Percent of adults who last visited a doctor for a routine checkup within the past year – 69.2% (2020)

Action Steps	Timeline	Target Results
1. Identify high need zip codes.	1. February 2023	Host 12-18 GEM Cafés annually
2. Identify locations/community partners.	2. February 2023	
3. Develop and coordinate outreach plan.	3. Varied by month/dependent upon site.	
4. Coordinate activities/speakers for each event.	4. Ongoing 2023	
5. Host GEM Café events	5. Dec 2023	
6. Complete surveys after each event	6. Ongoing 2023	

Lead Contact/Agency: Food Bank of Northern Nevada

Supporting partners: Silver Summit Health Plan, WCHD Health Equity Team, community agencies and community leaders

Resources to address the initiative: Site locations for each event, targeted outreach, food, speakers, incentives for participation provided to attendees

Insurance Enrollment Coalition		
Goal 1: Increase access to health care through increased enrollment in and utilization of insurance.		
Objective 1: By December 2023, create a new coalition to increase the number of individuals in Washoe County covered by health insurance.		
Priority Population: Uninsured, underinsured, Medicaid members, or Medicaid-eligible community members within Washoe County.		
22-25 Priority Indicator(s):		
1. Percent of children less than 19 years old who are uninsured in Washoe County – 19.1%. (2016-2020 aggregate)		
2. Percent of adults aged 18 – 64 in Washoe County who have health insurance – 87% (2020)		
3. Percent of population enrolled in Medicaid in Washoe County – 17.5% (2020)		
4. Percent of adults who last visited a doctor for a routine checkup within the past year – 69.2% (2020)		
Action Steps	Timeline	Target Results
1. Identify and recruit coalition partners.	1. August 2023	At least 5 partners recruited.
2. Facilitate coalition convenings and identify strategies and actions to be implemented.	2. September 2023	Develop action plan. Enrollment campaign
3. Complete 2023 health insurance enrollment campaign	3. December 2023	
4. Implement improved enrollment campaign based on learnings from 2023 campaign.	4. December 2024	
Lead Contact/Agency: Washoe County Health District		
Supporting partners: To be identified through coalition building activities.		
Resources to address the initiative: To be discussed when coalition partners convene.		

Choose the Right Care Coalition

Goal 2: Enhance systems of care to increase the likelihood that a resident of Washoe County receives care in the setting most likely to achieve positive health outcomes while also managing cost for the patient and the health care system.

Objective 1: By December 2023, convene community health care stakeholders at least four times to identify strategies and actions Washoe County as a community can implement to increase access to quality care in an appropriate care setting and decrease utilization of emergency resources.

Objective 2: By December 2025, implement at least three initiatives designed to improve access to care.

Priority Populations: Underserved populations with lower access to care, Medicaid and Medicare users, unhoused persons, population health county-wide approach

22-25 Priority Indicator:

1. Percent of adults who in the past 12 months needed a doctor but couldn't because of cost – 10.1% (2020)
2. Percent of adults who last visited a doctor for a routine checkup within the past five years – 69.2% (2020)

Action Steps	Timeline	Target Results
1. Regularly convene key health care stakeholders	1. Jan. – Dec. 2023	4 convenings in (2023)
2. Identify priority focus areas with the highest potential.	2. Dec. 2023	3 initiatives implemented (2024 and 2025)
3. Identify and implement work groups for each priority area.	3. Jan. 2024 – Dec. 2025	
4. Identify and implement collaborative strategies.	4. Jan. 2024 – Dec. 2025	

Lead Contact/Agency: REMSA Health

Supporting partners: Reno Fire Department, Sparks Fire Department. Recruitment of additional community partners ongoing which may include Medical Reserve Corp (MRC), Community Emergency Response Team (CERT) and interns.

Resources to address the initiative: Washoe County Health District, hospitals, FQHCCs, payers, school district, fire departments, behavioral health crisis system representatives, other health care providers

Choose the Right Care Campaign

Goal 2: Enhance systems of care to increase the likelihood that a resident of Washoe County receives care in the care setting most likely to achieve positive health outcomes while also managing cost for the patient and the health care system

Objective 1: By June 2024, implement a collaborative, community-wide public awareness campaign designed to stabilize and eventually decrease inappropriate 911 usage and increase availability of emergency response resources.

Priority Populations: Underserved populations with lower access to care, Medicaid and Medicare users, unhoused persons, population health county-wide approach

22-25 Priority Indicator: Medical calls per capita for 911 services in Washoe County – 19,171 (2022)

Action Steps	Timeline	Target Results
1. Create and share a calendar with currently planned events and efforts.	1. By April 2023	CTRC messaging incorporated into at least three existing REMSA campaigns.
2. Use paid advertising to amplify campaign.	2. By December 2023	
3. Engage elected and appointed officials in social media campaigns – bilingual if possible.	3. By December 2023	One new joint WCHD/REMSA campaign
4. Engage local community groups by speaking at events and meetings.	4. By June 2024	At least five community presentations
5. Engage school age children through presentations at schools, daycares, and youth organizations	5. By June 2024	At least five presentations targeting youth.

Lead Contact/Agency: REMSA Health and WCHD

Supporting partners: Reno Fire Department, Sparks Fire Department. Recruitment of additional community partners ongoing which may include Medical Reserve Corp (MRC), Community Emergency Response Team (CERT) and interns.

Resources to address the initiative: REMSA Health communications staff, current REMSA Health 911 campaigns, and financial commitment. WCHD EMS, communications and health equity staff and financial commitment. Elected and appointed leadership from specific boards.

Family Health Festivals		
Goal 3: Improve access to health care through establishment of a primary care home for residents in Washoe County.		
Goal 4: Increase insurance enrollment among residents in Washoe County.		
Objective 1: By December 2023, provide three FHF to underserved communities in Washoe County.		
Priority Population: Residents in Washoe County who live in zip codes with high Community Needs Index scores.		
22-25 CHA Indicators:		
1. Percent of children less than 19 years who are uninsured, Washoe County – 19.1% (2016-2020)		
2. Percent of adults aged 18-64 years who have health insurance, Washoe County- 88.7% (2016-2020)		
3. Percent of adults who last visited a doctor for a routine checkup within the past year, Washoe County- 69.2% (2020)		
Action Steps	Timeline	Target Results
1. Secure partnerships with healthcare providers and Managed Care Organizations	1. February 2023-December 2023	3 Family Health Festivals
2. Implement three FHF located in zip codes with high Community Needs Index (CNI) scores.	2. February 2023-December 2023	
3. Secure financial support to fund FHF events.	3. January 2023-December 2023	
4. Screen 100% of FHF attendees during intake for primary care homes and insurance	4. May 2023-October 2023	
5. Conduct warm hand offs between Community Health Workers and primary care homes	5. May 2023-October 2023	
6. Conduct warm hand offs between Community Health Workers and Managed Care Organizations	6. May 2023-October 2023	
Lead Agency(s): Family Health Festival Committee: Community Health Alliance, Community Services Agency, Food Bank of Northern Nevada, Immunize Nevada, LIBERTY Dental Plan, Molina Healthcare, Northern Nevada HOPES, Washoe County Health District, United Healthcare, United Way of Northern Nevada and the Sierra		
Supporting partners: Numerous Family Health Festival event partners		
Resources to address the initiative: Partner agency staff, site locations for each event, targeted outreach, food, speakers, incentives for participation provided to attendees		

AB45 Loan Repayment for Health Care Professionals.

Goal: Retain and expand the health care workforce to improve access to care.

Objective 1: By December 2023, increase resources available for loan repayment assistance designed to assist with retention and recruitment of health care professionals.

Priority Populations: Underserved populations with lower access to care, Medicaid and Medicare users, unhoused persons, population health county-wide approach

22-25 CHA Priority Indicator:

- 1. Percentage of county population that resides in a Primary Care Health Professional Shortage Area (HPSA) - 70.9%

Action Steps	Timeline	Target Results
1. Identify and track bills to increase loan repayment for health care professionals. 2. Work as part of the Statewide Nevada Health Care Workforce and Pipeline Development work group to generate advocacy and support for the passage of AB45 and any other efforts that sustain or expand loan repayment programs.	January 2022 February – June 2023	Passage of AB45 and any additional legislation identified to increase loan repayment resources. \$5 million additional dollars targeted for loan repayment for health care professionals.

Lead Contact/Agency: The Center for Public Health Excellence, School of Public Health, University of Nevada, Reno

Supporting partners: 40+ organizations statewide with expertise and interest in health care workforce pipeline development.

Resources to address the initiative: The Center for Public Health Excellence is leading a statewide Nevada Health Care Workforce and Pipeline Development work group charged with developing and implementing statewide health care workforce development plans focused on public health, behavioral health, and primary care. WCHD has representatives on the Advisory Committee. The work group is comprised of representatives 40+ organizations with expertise/interest in health care workforce development.

Special Consideration- Language Accessibility

Language access is the ability for people to speak, read, write, and understand information in the language most comfortable to the individual.⁷ When a language barrier is present between individuals with limited English proficiency (LEP) and others, especially social service providers, needs and symptoms are often misunderstood or mistreated, reducing support and care or the individual's adherence to programs and/or treatment that can lead to a cascade of negative outcomes. Language accessibility was a challenge identified by community members in Washoe County's CHA and Listening Tour. Community leaders and residents described language barriers when seeking information about services or in situations when care is provided.

Despite a clear need for language accessibility to improve health outcomes for those with LEP, there are still many challenges that must be addressed to achieve access. The National CLAS Standards provide one avenue intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services.⁸ However, there are many options on how organizations fulfill interpretation and translation requirements and ultimately, this issue of access is about equity.

In some communities, professional interpreters are available, but when they are not, children are often asked to serve as the interpreter for non-English speaking family members. This can be problematic for reasons including, undue burden providing and receiving sensitive information and miscommunication of information.⁹

It is important to note that translators and interpreters are not the same thing:

- Translators have extensive training that “transfers” written content from one language to another language.
- Interpreters have received extensive training related to best practices for orally providing information on specific matters to be interpreted.

Bilingual staff members' ability to communicate directly with families in their native language is an asset for establishing partnerships with multilingual families. Some resources that can make a meaningful difference for individuals and families are culturally responsive interpretation and translation, support for individuals with LEP as they navigate the system, and acknowledgement that language access for individuals is essential to one's quality of life—not a supplement to it. The CHIP Steering Committee prioritized language accessibility as a special consideration to the CHIP focus areas because the topic

⁷ National Institutes of Health. (2022). Retrieved from: <https://www.nih.gov/institutes-nih/nih-office-director/office-communications-public-liaison/clear-communication/language-access-clear-communication>

⁸ U.S. Department of Health & Human Services. (n.d) Retrieved from: <https://thinkculturalhealth.hhs.gov/clas>

⁹ University of Louisville's School of Medicine. (2023). Retrieved from: <https://uoflhealth.org/articles/why-medical-interpreting-should-not-be-left-to-family-members/>

overlapped in many areas of need. As a result, language accessibility will be considered for special projects and within CHIP initiatives to improve health for our diverse community.

Special Consideration: LANGAUGE ACCESSIBILITY

Goal 1: Increase inclusive and equitable access to information when providing services to, or interacting with, Limited English Proficient (LEP) individuals.	CHIP Initiative: Language Access Plan (LAP)	Objective 1: By December 2023, develop a LAP for Washoe County departments
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Language Access Plan (LAP)		
Goal 1: Increase inclusive and equitable access to information when providing services to, or interacting with, Limited English Proficient (LEP) individuals.		
Objective 1: By December 2023, develop a LAP for Washoe County departments.		
Priority Population: Individuals with limited English proficiency in the community.		
22-25 CHA Priority Indicator: Percent of population by language spoken, Washoe County, Nevada.		
Action Step	Timeline	Target Results
1. WCHD representatives attend facilitated Washoe County meetings to assist in the development of a LAP.	1. TBD	Attend monthly meetings.
2. WCHD shares final report of Health Literacy and Language Accessibility Gaps & Assets Analysis with Washoe County Human Resources.	2. June 2023	Create a language accessibility needs assessment.
3. Create a language accessibility needs assessment.	3. TBD	Gather data from Washoe County departments and/or the community.
4. Gather data within Washoe County departments and/or the community.	4. TBD	
5. WCHD staff help convene external community meetings to gather input from the community and community leaders who are part of and/or represent multilingual populations.	5. TBD	
6. Distribute information through media platforms to gather community input/data.	6. TBD	
7. Analyze Washoe County and/or community data regarding language access needs.	7. TBD	Analyze language accessibility needs assessment data.
8. Implement 1-2 strategies within Washoe County's LAP	8. TBD	Develop a LAP.
Implement 1-2 strategies within Washoe County's LAP.		
Lead Contact/Agency: Washoe County Human Resources		
Supporting partners: Washoe County Health District and Washoe County department heads/representatives.		
Resources to address the initiative: There is financial support to develop a LAP through Washoe County ARPA funds.		

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CHIP Steering Committee

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Chasity Martinez - Faith in Action

Erica Mirich - Truckee Meadows Tomorrow

Godwin Nwando - Department of Health and Human Services, Division of Public and Behavioral Health

Sean Savoy - Community Representative

Ann Silver - Reno Sparks Chamber of Commerce

Tamara Telles - Larson Institute for Health Impact and Equity

Angie Wilson - Reno Sparks Indian Colony, Tribal Health Center

Annie Zucker - Renown Health

Community Partners

Access to Healthcare
Aging and Disability-APS
Alzheimer Association
Asian Community Development Council
Boy Scouts of America-Nevada
Bristlecone
CASAT
Catholic Charities of Northern Nevada
Chronic Disease Prevention and Health
Promotion- Division of Public and Behavioral
Health
Communities In School of Western NV
Community Health Alliance of Nevada
Department of Health and Human Services
Desert Farming Initiative
Economic Development Authority of
Western Nevada (EDAWN)
Eddy House
Faith In Action-Nevada
Family Resource Center-WCSD
Food Bank of Northern Nevada
Good Shepherd's Clothes Closet
Grace Church Reno
Health Plan of Nevada
High Sierra AHEC
High Sierra Industries
Larson Institute for Health, Equity, and
Impact (UNR)
Latino Research Center (UNR)
Liberty Dental
Molina Healthcare
Money Management
Nevada Council for the Blind
Nevada Division of Public and Behavioral
Health
Nevada Medicaid
Northern Nevada Adult Mental Health
Services
Northern Nevada HOPES
Northern Nevada International Center
Northern Nevada Literacy Council
Note-Able Music Therapy Services
Office of US Senator Catherine Cortez Masto
Office of US Senator Jacky Rose

Our Center
Our Story, Inc.
Quest Counseling and Consulting
Regional Transportation Commission
Reno Gleaning Project
Reno Housing Authority
Reno Little Theater
Reno Sparks Indian Colony
Reno Sparks Tribal Health Center
Reno-Sparks NAACP Health Committee
Renown Health
Renown-NICE, NALA
Rise Academy-WCSD
Sanford Center for Aging (UNR)
Sierra Junior Tennis Association
Silver Summit Health Plan
Soulful Seeds
Sparks Parks and Recreation (UNR Fitness &
Recreation Sports)
Summit Lake Tribe
The Children's Cabinet
The Life Change Center
Truckee Meadows Parks Foundation
Truckee Meadows Regional Planning Agency
Truckee Meadows Community College
United Healthcare
United Way Northern Nevada and the Sierras
UNR, School of Medicine
UNR, School of Public Health
Urban Roots
Veterans Guest House
Washoe County Health District
Washoe County Human Services Agency
Washoe County Juvenile Services
Washoe County Manager's Office
Washoe County Master Gardner Extension
Washoe County School District
Washoe County Senior Advisory Board/AARP
Age Friendly Communities

Appendix One: Acronyms

BRFSS	Behavior Risk Factor Surveillance System
CDC	Centers for Disease Control
CHA	Community Health Assessment
CHIP	Community Health Improvement Plan
FBNN	Food Bank of Northern Nevada
UNR	University of Nevada Reno
WCHD	Washoe County Health District
WCSD	Washoe County School District
YRBS	Youth Risk Behavior Survey