WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

Health Equity Organizational Capacity Assessment and Plan

October 2022

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

Public Health
Prevent. Promote. Protect.

Table of Contents

LETTER FROM THE BOARD CHAIR

On behalf of the Washoe County District Board of Health, I am proud to present the Health Equity Organizational Capacity Assessment and Plan. This document compiles the strengths, opportunities, goals, and initiatives of the Washoe County Health District to achieve health equity in Washoe County.
The COVID-19 pandemic shed a light on the uneven burden carried by some of our community members - specifically among underserved, disadvantaged, and minority populations.

These members of our community experienced higher rates of transmission, infection, and morbidity, and are likely to experience other health disparities that negatively affect their quality of life. However, the pandemic also showcased how partnerships and collaborations can successfully work together to achieve greater impact. Through collaboration with faith leaders and non-traditional partners the community was able to come together to increase access to COVID testing and vaccines, improve access to information and resource sharing and engage diverse communities.

Responding to the pandemic over the past few years highlighted the need to be able to adapt and pivot to better meet the needs of the community, as well as to be proactive to improve policies and systems to ensure everyone in our community has the best possible opportunity to achieve optimal health. This assessment and plan reflect WCHD's commitment and dedication to address health disparities and inequities and continue to advance and expand health equity in Washoe County.

The commitment to health equity spans across all divisions of the health district including Office of the District Health Officer, Administrative Health Services, Community and Clinical Health Services, Environmental Health Services, Air Quality Management and Epidemiology and Public Health Preparedness. The WCHD recently reconvened an internal Health Equity Committee (HEC) with representatives from each division of the health district. The HEC played a key role in overseeing and developing the Health Equity Organizational Capacity Assessment and Plan.

As with all the best plans, this is a living document that will be implemented, monitored, and updated annually to ensure the WCHD is making progress, while supporting the vision and mission of WCHD. I look forward to the health district continuing to build its health equity organizational capacity. Importantly, I look forward to collaborating with City of Sparks, City of Reno, and Washoe County to advance health equity in our region.

Sparks City Councilman Kristopher Dahir

District Board of Health Chair

LETTER FROM THE DISTRICT HEALTH OFFICER

Building health equity organizational capacity is crucial to improving health equity, enhancing quality of life, and strengthening ties to our surrounding communities. We all play different roles in our community's health — for example, we are air quality and environmental health specialists, inspectors, epidemiologists, statisticians, nurses, health educators, preparedness planners, communications specialists, community health workers, community organizers and more. We each come from different neighborhoods, backgrounds, and upbringings, and possess a unique journey. These differences contribute to shaping us and inspire our actions and perspectives regarding today's social and public health issues.

The more we learn to appreciate and understand each other's individual perspectives, the more cohesive, engaged and prepared our staff will be to grow and build the capabilities and capacity needed to reduce health disparities and address health inequities in Washoe County. It is vital to developing a culture and environment of diversity, equity, and inclusion at the health district.

The COVID-19 pandemic reminded us of the importance of our health, but also highlighted how this pandemic impacted some more than others. To address these disparities CDC provided grant funding to the health district to invest in seven staff positions to reduce COVID-19 comorbidities and health disparities among underserved populations. This investment has helped us to begin to build our health equity organizational capacity, including this effort to assess the WCHD's internal strengths and opportunities to work toward health equity.

I am proud of and celebrate the efforts the health district has made already to better reach and connect with all members of our community. But I acknowledge there is much more to be done. I am pleased to report that this Health Equity Organizational Capacity Assessment and Plan calls on the health district to intentionally lean into this work and step up our efforts to improve health equity and make meaningful progress to address health disparities and inequities in our community.

There is an opportunity to learn from the pandemic and to improve the work of public health to be more informed, accessible, and transparent. This assessment and plan demonstrate the health district's commitment to health equity and will inform the health district's strategic planning process to ensure we act upon it. I look forward to working with and alongside the community and our partners to achieve better health together.

Kevin Dick

District Health Officer

INTRODUCTION

From March-October 2022, Washoe County Health District (WCHD) completed an internal health equity organizational capacity assessment utilizing the Bay Area Health Inequities Initiatives (BARHII) tool. The health district, with the assistance of an external consultant, gathered information internally and externally to receive a baseline measure of WCHD's capacity to address health inequities. Information from the assessment was used to create a Health Equity Organizational Capacity Plan as well as to inform the health district's strategic planning process. For purposes of this report, the WCHD's Health Equity Committee (HEC) adopted definitions related to heath disparities, health inequities, and health equity.

Health Disparities	"Health disparities are differences in the burden of diseases and other adverse health conditions that exist among specific population groups in the United States." -BARHII
Health Inequities	"Health inequities are the differences in health status and death rates across population groups that are systemic, avoidable, unfair, and unjust. This is different from the term health disparities, which emphasizes that differences exist, but does not consider their relationship to patterns of social inequalities." -BARHII
Health Equity	Health equity is when every person has the opportunity to attain their full health potential, and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances. -Adapted from CDC

WCHD utilized the BARHII tool as an organizational self-assessment leading toward the development of new and enhancement of existing capacity to address health inequities. Per the BARHII tool kit, the BARHII is intended for use by local health departments as a resource to "serve as the baseline measure of capacity, skills and areas for improvement to support health equity-focused activities; inventory the presence of a set of research-based organizational and individual traits that support the ability to perform effective health equity-focused work; provide information to guide strategic planning processes and/or the process of developing and implementing strategies that improve capacities; and serve as an ongoing tool to assess progress towards identified goals developed through the assessment process."

The BARHII assessment process resulted in a summary of findings and recommendations to build the capacity of the health district to increase health equity and address health inequities and disparities. The overall findings and recommendations follow the roadmap of the BARHII self-assessment framework including a matrix of workforce competencies and organizational characteristics. The framework summarizes best practices local health districts should embed throughout the organization to effectively address and reduce health disparities and inequities.

The recommendations were reviewed and prioritized by the health district's HEC during a planning retreat in September. Health equity team members then cross-walked the ranked recommendations with the current WCHD Strategic Plan and Action Plan to determine where some efforts were already underway and where others may need to be initiated. That assessment resulted in a draft three-year plan which was again reviewed by the HEC and recommended to move forward to organizational leadership.

Working toward achieving health equity has become a national priority. Public health frameworks including the Ten Essential Public Health Services and the Foundational Public Health Services (FPHS) have been revised to include equity as an essential component. Embedding health equity across all divisions and building health equity organizational capacity have been recognized as best practices in reducing health disparities and inequities. WCHD is a nationally accredited public health department through the Public Health Accreditation Board (PHAB). The framework was recently revised and now includes equity as part of the standards by which the health district will be evaluated for re-accreditation.

Beyond accreditation, the health district seeks to engage in meaningful health equity work to reduce health disparities and address health inequities in Washoe County. The COVID-19 pandemic highlighted the undue burden inequitable systems place on underserved and minority populations. It also highlighted the socioeconomic conditions and structural inequities that continue to reinforce disparate health outcomes, impacting certain populations more than others. It's anticipated that the same socioeconomic conditions and structural inequities that exacerbated COVID-19 transmission, infection and morbidity will continue to drive health inequities among these same populations. Although the health district has made progress to reach and connect with all members of its community, the health district also acknowledges there is more work to be done. The Health Equity Organizational Capacity Assessment and Plan is intended to guide the district as we work to advance health equity.

HEALTH EQUITY ORGANIZATIONAL CAPACITY BUILDING PLAN

Goal 1: Build health-equity related competency among health district staff through formal training opportunities alongside informal opportunities for dialogue and practical application.

Year 1	Responsibility
Initiative: Provide all health district staff the opportunity to participate in synchronous, interactive training on topics including diversity, equity, and inclusion; social, environmental, and structural determinants of health; community organizing and Foundational Public Health Services.	HEC Training Subcommittee, DEI Consultant
Initiative: In partnership with the Larson Institute build asynchronous, online training designed specifically to build health equity competencies from the Council on Linkages and Public Health Practices. Require all new staff to complete within the first 180 days and offer to all existing staff regularly.	HEC Training Subcommittee, DEI Consultant and Larson Institute
Initiative: Develop and pilot voluntary opportunities for staff to participate in dialogue and reflection on diversity and equity topics. Include discussion of root causes which lead to health inequities including racism, sexism, and other social and institutional issues.	DEI Consultant and HEC Training Subcommittee
Initiative: Promote health-equity related trainings offered by partners including the Larson Institute, Washoe County, National Association of County and City Health Officials (NACCHO) and others.	PHAB Team, Health Equity Committee and Supervisors

Year 2 and 3	Responsibility
Initiative: Continue asynchronous, online training designed specifically to build health equity competencies from the Council on Linkages and Public Health Practices. Require all new staff to complete within the first 180 days and offer for existing staff regularly.	HEC Training Subcommittee, PHAB Team, and Larson Institute
Initiative: Continue and expand optional opportunities for staff to participate in dialogue and reflection regarding root causes which lead to health inequities including racism, sexism, and other social and institutional issues.	HEC Training Subcommittee

Goal 2: Grow capability and build capacity to integrate health equity efforts in programs across the health district.

Year 1 - 3	Responsibility
Initiative: Provide training and technical assistance regarding community organizing principles and health equity best practices.	Community Organizers
Initiative: Pursue categorical funding opportunities to promote health equity and address health disparities and inequities. Incorporate health equity initiatives in existing categorical funding applications whenever possible.	Program Leads and Administrative Health Services

Goal 3: Build partnerships with diverse communities within Washoe County to improve public health.

Year 1	Responsibility
Initiative: Build partnerships as part of the Community Health Improvement Plan to address health priority focus areas identified in the Community Health Assessment with emphasis on addressing health disparities and health inequities utilizing community organizing principles.	Community Organizers, PHAB Team
Initiative: Identify and implement opportunities among health district programs to build partnerships to address health disparities and health inequities utilizing community organizing principles.	Division Directors, Program Leads and Health Equity Committee
Initiative: Establish participatory leadership opportunities for leaders to influence public health initiatives through advisory boards, committees, and task forces. Start with the CHIP Steering Committee and CHIP Priority Area Committees and add others as needed to support specific programs and initiatives.	PHAB Team and Program Leads
Initiative: Encourage health district staff to seek out opportunities to learn more about diverse communities within Washoe County.	Division Directors, Supervisors, Health Equity Committee

Year 2 and 3	Responsibility
Initiative: Extend and add partnerships as part of the Community Health Improvement Plan to address health priority focus areas identified in the Community Health Assessment with emphasis on addressing health disparities and health inequities utilizing community organizing principles.	Community Organizers, PHAB Team

Initiative: Identify and implement additional opportunities among health district programs to address health disparities and health inequities utilizing community organizing principles.	Division Directors, Program Leads, and Health Equity Committee

Goal 4: Ensure under-served communities have access to culturally and linguistically appropriate public health information.

Year 1	Responsibility
Initiative: Maintain and increase Spanish language presence on live media and social media. Add Instagram and Spanish-language Facebook content. Increase presence on Spanish-language radio.	Communications Team
Initiative: Implement public information campaigns designed to promote health equity and reduce health disparities. Include 5210 Healthy Washoe and other campaigns targeting co-morbidities of COVID.	Communications Team, 5210 Committee, and Program Leads
Initiative: Initiate and participate in community outreach activities to bring public health information directly to communities.	Community Health Workers, Health Educators and Community Organizers
Initiative: Assess the health district's ability to provide information in languages other than English and expand capacity to do so, prioritizing information and materials that have the potential to have the highest impact on health disparities and inequities.	HEC Health Literacy & Language Accessibility Subcommittee
Initiative: Explore opportunities for program staff to learn relevant key words and phrases in languages other than English.	HEC Health Literacy & Language Accessibility Subcommittee

Year 2 and 3	
Initiative: Expand Spanish language presence on live media and social media.	Communications Team
Initiative: Implement additional culturally and linguistically appropriate public information campaigns designed to promote health equity and reduce health disparities.	Communications Team, 5210 Committee, and Program Leads
Initiative: Increase access to information in languages other than English, prioritizing information and materials that have the potential to have the highest impact on health disparities and inequities.	Health Literacy & Language Accessibility Subcommittee

Goal 5: Collect, evaluate, and leverage health equity data and increase evidence-based knowledge to inform program and policy development, and decision-making efforts to achieve greater health outcomes and reduce disparities.

Year 1-3	Responsibility
Initiative: Utilize recent Community Health Assessment results to inform program planning to address health disparities and inequities.	PHAB Team, Health Equity Team, Program Leads
Initiative: Provide easily accessible community health data utilizing the Truckee Meadows Tomorrow data platform. Update regularly as new data becomes available.	Epidemiology and Public Health Preparedness Division
Initiative: Participate in state-wide data modernization efforts to sustain public health surveillance to better identify and respond to emerging public health threats, specifically impacting underserved populations.	Epidemiology and Public Health Preparedness Division

Goal 6: Integrate health equity efforts into organizational development efforts.

Year 1-3	Responsibility
Initiative: Regularly communicate health equity as a priority from the top leadership of the health district. Set an expectation that health equity and addressing health inequities is not a trend, but rather a core responsibility of the health district that requires a systematic approach and ongoing investment.	District Health Officer and Division Directors
Initiative: Review the mission, vision and values and update to reflect health equity.	Strategic Planning Committee
Initiative: Integrate health equity goals, outcomes, and initiatives within the strategic plan.	PHAB Team
Initiative: Annually review the Health Equity Organizational Capacity Assessment and Plan to assess for needed updates.	Heath Equity Committee
Initiative: Continue and increase internal communications that provide for transparency for health district employees and increase equitable access to information.	District Health Officer, Health Equity Committee, and Communications Team

Goal 7: Refine and improve hiring practices to identify, recruit, retain and promote a diverse health district workforce that represents the community we serve.

Year 1	Responsibility
Initiative: Increase promotion of job opportunities using methods designed to reach diverse audiences including targeted communication strategies, sending opportunities to community partners, and encouraging referrals from existing staff.	WCHD leadership, Health Equity Committee and Communications team
Initiative: Review targeted job descriptions to evaluate for systemic barriers such as language, educational requirements, or other access issues, starting with those positions that have the highest potential to impact health equity.	Human Resources, External Consultant and Hiring, Retention and Recruitment subcommittee
Initiative: Annually review how the demographics of the health district workforce compare to the demographics of the community we serve.	Human Resources and Hiring, Retention and Recruitment subcommittee

Year 2 and 3	Responsibility
Initiative: Assess the current hiring and promotion process with an equity lens to identify barriers recruiting, promoting, and selecting candidates from a variety of backgrounds.	Human Resources and Hiring, Retention and Recruitment subcommittee
Initiative: Review additional job descriptions to evaluate for systemic barriers.	Human Resources, External Consultant and Hiring, Retention and Recruitment subcommittee

BARHII ASSESSMENT FINDINGS AND RECOMMENDATIONS

The health district selected the BARHII Organizational Self-Assessment Toolkit to utilize as an organizational self-assessment of the health district's capacity to address health equity. The assessment resulted in a series of recommendations detailed below. The recommendations served as the starting point for the planning process to develop the plan to build the health district's organizational capacity. Detailed information regarding the BARHII self-assessment is included in the appendices.

A core team worked with an external consultant to implement the tools available in the toolkit and to collect and crosswalk the data collected from each of the BARHII instruments to the BARHII framework domains. The team then completed the self-assessment to identify WCHD's strengths, areas of opportunity and recommendations. The major domains include:

- Institutional commitment to address health inequities
- Hiring to address health inequities
- Structure that supports true community partnerships
- Support staff to address health inequities
- Transparent & inclusive communication
- Institutional support for innovation (did not assess)
- Creative use of categorical funds
- Community accessible data and planning
- Streamlined administrative process (did not assess)
- Personal attributes (merged with other sections)
- Knowledge of public health framework
- Understand the social, environmental, and structural determinants of health
- Community knowledge
- Community leadership
- Collaboration skills
- Community organizing
- Problem solving ability (did not assess)
- Cultural competency humility

Some of the major domains were not assessed in this round of the assessment. The core team adapted the BARHII self-assessment tools due to the length of the surveys, focus group and interview protocols. It was important to shorten the BARHII tools to increase engagement and survey responses. Also, being mindful of survey fatigue and heavy workloads it was important to shorten each tool to keep it within a realistic timeframe. During the process of adapting the survey tools, some questions were omitted leading to certain domains not being assessed. The recommendations noted below are the result of the self-assessment process based on learnings from the combined data from all the instruments utilized from the BARHII Self-Assessment toolkit.

INSTITUTIONAL COMMITMENT TO ADDRESS HEALTH INEQUITIES

Strengths

WCHD has an intentional and growing focus on addressing health equity. Within that focus, there is an understanding that this work is a long-term investment. As part of a concurrent strategic planning process, WCHD is working to update the mission, vision, values, and behaviors to include and commit to health equity. The health district included health equity initiatives in the last round of strategic planning and is on track to include health equity in the next three-year strategic plan to assure the knowledge, skills, and resources needed for systems change.

The WCHD has also reconvened an internal Health Equity Committee (HEC) whose purpose is to highlight, contribute and expand the understanding and sustained commitment across all WCHD divisions to eliminate health inequities by promoting equitable social, economic, and environmental conditions to achieve optimal health for all. Members of the HEC represent all divisions of the health district and multiple levels of staff, from frontline employees to division directors. As the BARHII self-assessment is completed, the HEC will develop an internal health equity plan that will focus on increasing health equity organizational capacity for the health district. The HEC will also form subcommittees that will help build, implement, assess, and/or maintain programs, projects, and initiatives related to health equity work and the health equity plan. The committee will also champion the work of embedding health equity across all WCHD divisions to ultimately help reduce health disparities and inequities.

Opportunities

Input from focus groups and leadership interviews provided an opportunity to explore core values and beliefs about health equity policy, practice, and programs. Staff were able to share their thoughts and experiences working on health equity, and shared at a surface level their personal knowledge, professional experiences, and understanding about the source of their values. Discussion included the dominant values of leadership as well as an opportunity for department staff to engage in deeper discussion about embedding health equity as a value.

Leadership and other staff acknowledged the challenge of fully and completely addressing health equity, while recognizing that many unintentionally play a role in perpetuating inequities. While it was universally discussed that there is no one person or department who holds the responsibility, some departments shared they are more of an arm's length away from the work of health equity. This illuminated an opportunity for cross department collaboration, taking time to make the work of health equity relevant at the division and program level, and encouraging work with community partners to facilitate change.

While staff shared a positive view of the health district and their individual work, a common overarching theme is there are varying views and knowledge of health equity and how the personal, professional, and institutional structure of health equity varies. Therefore, it is important for WCHD to critically examine core values and how those values are reinforced using a health equity lens.

Recommendations

Culture

- Regularly communicate health equity as a priority from the top leadership of the health district. Set an expectation that health equity and addressing health inequities is not a

trend, but rather a core responsibility of the health district that requires a systematic approach and ongoing investment.
- Assess the leadership vision, organizational norms and values, and prevailing workforce attitudes for alignment to support agency goals and objectives.

Mission, Vision, and Values
- Review the mission, vision, and values statements to ensure the health district's commitment to health equity is included.
- Examine agency values around diversity, equity, and inclusion and how they are communicated to employees.
- Work toward genuinely embedding the mission, vision and values and develop a broad understanding of how health equity is included throughout the health district. Include an orientation to mission, vision, and values in onboarding for new employees, ongoing education regarding practical application, and regular opportunities to check for understanding.

Strategic Plan
- Ensure that strategies, outcomes, and initiatives that improve health equity and reduce health inequity and health disparities are embedded throughout the Strategic Plan. Include how capacity will be built and who can play a contributing role in achieving successful outcomes.

Health Equity Specific Infrastructure
- Utilize the Health Equity Committee as a resource to create strategy and action plans, evaluate, educate, and advocate for improvement.
- Assure each department has at least minimum identified capacity to implement initiatives that advance health equity. Identify individual positions in each department with assigned responsibility. Incorporate health equity activities into individual and department goals and build capacity over time to implement.
- Include a health equity related goal in every supervisor's annual goals.

HIRING TO ADDRESS HEALTH INEQUITIES

Strengths

The WCHD has invested in hiring seven new positions to form a health equity team that will focus on both internal and external health equity work. The positions include a Media and Communications Specialist, a Health Equity Coordinator, two Community Organizers, and three Community Health Workers. These positions were advertised through social media posts, the county's website, and distributed to a list of community-based organizations to reach a broader and more inclusive candidate pool and promote job specifications and qualifications that reflect the skills and characteristics needed to address health equity. In addition, the selected candidates reflect populations served by the WCHD, help expand language capacity, and help build the workforce's capacity to address health inequities. In addition, the schedules of the health equity team are not limited to business hours. The team follows a more flexible schedule, to better meet the needs of the community and to meet community members where they are which includes sometimes working evenings and weekends.

Furthermore, focus group and interview participants also noted the diversity of WCHD staff. Staff also highlighted the growth of racial and ethnic diversity of employees within the WCHD. A review of demographic data demonstrated that WCHD has had some success recruiting a diverse workforce.

Additionally, since the pandemic there has been a positive shift in support, increased infrastructure, and updated policies, to enable growth in utilization of flex, hybrid, and remote work opportunities. Positions at the health district have generally competitive wages and benefits packages relative to similar positions at the State or within nonprofit organizations, making employment at WCHD desirable and more viable to a wider pool of applicants.

Opportunities

While the health district has hired specific staff focused on health equity, there have not been systematic efforts to consider health equity in the hiring process for all health district positions. From the leadership interviews and focus group discussions, there were some areas of concern that included sustainability of staffing that have been hired to support and address health equity, and whether those positions would stay after funding has gone. In addition to sustaining health equity specific positions, concerns regarding equitable hiring and promotion practices were also discussed. To address health equity, requires the examination of how power, privilege, difference, and bias can show up in hiring practices, promotion of positions, unintentional barriers, and challenges in shifting the culture and climate of an organization.

While the WCHD closely reflects the racial and ethnic demographic breakdown of Washoe county, there is still opportunity to increase diversity in leadership roles and senior management positions.

Recommendations

Hiring

- Review job descriptions to determine systematic barriers such as language, educational requirements, or other access issues in all departments. Start with those positions that have the highest potential to impact health equity.
- Increase diversity hiring best practices:

- When forming interview panels for the hiring of new staff, pay attention to how the makeup of the panel could enhance the recruitment of a more diverse workforce.
- Increase diversity in candidate sourcing. Reword job postings with a focus on inclusion of all identities and characteristics. Encourage referrals from diverse employees. Share information regarding the diversity of the current workforce with community members.
- Conduct a diversity hiring audit on the current hiring process. Assess the diversity best practices of the current hiring process and identify any potential bottlenecks and discrepancies. Is there a top of the funnel issue? Or a leaking pipeline issue? Evaluate diversity hiring metrics. Choose one metric at a time to start.

Retention

- Maintain existing health equity staffing to advance health district-wide health equity initiatives. Provide adequate time for this staff to prioritize community engagement and relationship building, provide support to departments, and provide a bridge between community members and WCHD services.

HR Processes

- Review the performance evaluation process to identify any barriers for promotion, ability to provide constructive two-way feedback, and ability to support health-equity specific competencies and other professional development goals.
- Complete annual demographic review of staff positions, promotions, and advancement into higher level positions to assess how well the health district workforce reflects the community it serves.

STRUCTURE THAT SUPPORTS TRUE COMMUNITY PARTNERSHIPS

Strengths

Impactful partnerships are one of six key strategic priorities identified in the WCHD Strategic Plan with associated goals, outcomes, initiatives, and resources. The health district has a multi-year track record of developing, facilitating, and implementing community partnerships to advance public health goals through Community Health Improvement Plan Initiatives as well as partnerships developed as part of specific health district programs. As part of the CHIP process, the health district has allocated funding to provide resources to community-based organizations to build capacity.

Most of the specific programmatic efforts to address health equity have happened primarily within programs that provide direct client services. Recently the health district has branched out to include efforts in other programs.

For example, the district recently hosted a Spanish-language Town Hall for street food vendors. The health district's communications team and Environmental Health Services Division, along with Latinos de Nevada promoted and hosted a forum where vendors could learn more about food safety, how and where to obtain a permit, as well as informed vendors on how to access the information they need, and how that information is available in both English and Spanish.

Additionally, staff from the health district's healthy equity team and Air Quality Management Division partnered to implement the PurpleAir project. This project is focused on collaborating with community-based organizations and/or businesses located in underserved communities to help install PurpleAir Sensors which can be found on AirNow's Fire and Smoke map. AirNow's Fire and Smoke map shows a socioeconomic disparity and geographic gaps of where PurpleAir sensors are located. In Washoe County, there are gaps of air quality monitoring among underserved and racial/ethnic minority populations. To get better air quality data for under-represented populations the health district is collaborating with community-based organizations and local businesses to find community locations where PurpleAir sensors can be installed. This project also includes an educational component available in English and Spanish focused on air quality, fire smoke, and how to protect health in dangerous air quality conditions.

Opportunities

While partnering with the community is a core function and competency within the health district, it is not clear if partnerships are regularly and consistently developed with health equity as a priority consideration. While some programs may explicitly utilize a health equity lens when developing and implementing initiatives through community partnership, it is not a widespread, ongoing, and institutionalized practice within the district. Additionally, WCHD should address internal systems that may hinder the health district from working with non-traditional partners to address health inequities collectively and effectively.

Recommendations

- Partner with community-based organizations working to address heath inequity and health disparities as a key strategy to improve health outcomes. Seek to develop win-win relationships with community partners. Develop capacity across health district programs to do so.

SUPPORT STAFF TO ADDRESS HEALTH INEQUITIES

Strengths

The health district recognizes the need to invest in training and workforce development opportunities to advance health equity efforts.

Clinical staff along with most staff in the Clinical and Community Health Services Division as well as members of the health equity team attended cultural competency training through the Larson Institute for Health Impact and Equity at the University of Nevada, Reno. This training is primarily intended for clinical staff. The health district is partnering with the Larson Institute for Health Impact and Equity to build a cultural competency training that focuses on cultural competency specifically for individuals working in a public health setting. The training will address and align with Public Health Accreditation Board competency standards. The training, once developed, will be required annually for all WCHD staff. In addition, health equity staff, the District Health Officer, and members of the Office of the District Health Officer's team engaged in nine hours of diversity, equity, and inclusion (DEI) and cultural competency training conducted by a DEI consultant. This training helped build competence, skill, and awareness about how to lean into DEI and health equity work and engage in difficult conversations related to health equity.

Opportunities

According to the staff survey, 40% of WCHD staff reported that they have not been encouraged to complete a professional development program or training course to further their understanding on topics that impact health including environmental, social, and economic conditions. Cultural competency training was offered prior to the pandemic but fell off during the pandemic response. Efforts underway with the Larson Institute set the help district up well to assure that all employees regularly receive DEI, cultural competency, and health equity related training. Additional and ongoing professional development opportunities focused on DEI, cultural competency, health equity and social determinants of health are desired and needed.

Nationally there is growing awareness and focus on addressing health disparities. As a result, national and regional organizations are providing a wide range of opportunities for professional development in this area. In addition to in-house training development, health district employees have access to a wide variety of on-demand, virtual and in-person training opportunities on health equity related topics and effective approaches used in public health settings.

It is important to note that additional mentoring and coaching is needed. The staff survey reflected that 64% of WCHD staff reported that they have not been encouraged to provide mentoring or coaching to other staff to support them in addressing health inequities.

Recommendations

- Move from thinking of professional development as a single focus training to a mindset of ongoing professional learning. Create an environment where professional development is a journey and is ongoing.
    - Provide ongoing professional learning on diversity, equity, and inclusion; social determinants of health; and cultural competency with a public health focus. Design/identify multiple training modes to meet the needs of staff with diverse learning styles, work schedules and responsibilities.

    - Evaluate professional development to ensure staff gain an understanding of topics and root causes that lead to health inequities and health disparities and how they in their individual role can contribute to a change in community health outcomes.
    - Identify existing and design new trainings that build the updated health equity competencies from the Council on Linkages and Public Health Practices (Core Competencies for Public Health Professionals)
    - Incorporate training on Culturally and Linguistically Appropriate Services (CLAS) https://thinkculturalhealth.hhs.gov/clas/what-is-clas into training design.

- Improve the development and support of staff to address health inequities through coaching and mentoring.

TRANSPARENT AND INCLUSIVE COMMUNICATION

Strengths

The WCHD Public Health Communications Program Manager has strong relationships with local media and was recently awarded "Communicator of the Year" by a local media outlet, speaking to the health district's strength when it comes to transparent communication with the community. WCHD utilized the CDC Health Equity grant to add a bilingual and bicultural Media and Communications Specialist to the team and has recently significantly increased communication and outreach efforts to specific demographics within Washoe County. The pandemic also called for and resulted in a significant increase in targeted community engagement and communication activities within specific programs. According to the staff survey, 72% of staff feel it is their job to bring WCHD's messages to the community.

Opportunities

There is a need for the organization to develop common language and messaging about health equity and inequities. While departments that work directly with the community showed greater knowledge and understanding, other departments could benefit from common language and messaging. In addition, interview and focus group participants discussed desiring more collaborative and cross departmental conversations to gain a better understanding of work that is being done in other areas. Strengthening transparent and consistent internal communications is an area of opportunity. Finally, WCHD can continue to work toward correcting narrative and messaging that may have excluded groups in the past and be more thoughtful in how the community is being engaged and heard. Utilizing two-way communication strategies and tactics is recommended as key to building healthy, sustainable, and mutually beneficial relationships.

Recommendations

- Assess status and improve organization-wide adherence to the Culturally and Linguistically Appropriate Services (CLAS) standards, specifically communication and language assistance standards. https://thinkculturalhealth.hhs.gov/clas/what-is-clas.
- Maintain and increase the health district's capacity to communicate with diverse audiences with culturally and linguistically appropriate messaging.
- Increase and maintain transparent internal communications with staff on topics of importance broadly as well as those that specifically relate to health equity.

CREATIVE USE OF CATEGORICAL FUNDS

Strengths

The WCHD was able to obtain a Center for Disease Control (CDC) Reducing Health Disparities grant for 1.5 million dollars to support and strengthen health equity work, from October 2021 to May 2023. This grant funded seven new staff positions. The staff hired for this grant have focused on reducing health disparities and COVID-19 comorbidities for underserved populations and embedding health equity through internal and external projects and processes. To sustain this work, the WCHD has jointly applied with the state of Nevada for the Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems grant through the CDC and has included four of the health equity positions. Additionally, the district is working with Medicaid to be able to bill for the services of Community Health Workers to create a sustainable structure. Health district leadership has committed to using local funding to maintain these resources if categorical funding is not available, barring any significant financial shift in the health district's finances.

Opportunities

The BARHII data collection tools did not include collecting information on this specific domain.

Recommendations

- Continue to seek and apply for grant funding opportunities that relate to health disparities, health inequities, health equity, cultural competency and diversity, equity, and inclusion (DEI). Consider including health equity related outcomes in grant applications whenever possible.

COMMUNITY ACCESSIBLE DATA & PLANNING

Strengths

Data

A diverse and multisector steering committee of partners and community members provided input, knowledge, and oversight of the process to conduct an updated Community Health Assessment (CHA). Seven meetings took place with the CHA steering committee during which they collectively helped inform and make decisions related to the CHA. Quantitative and qualitative data was captured through primary and secondary data collection efforts. The health equity team supported CHA outreach and engagement by visiting various community locations, markets, and businesses at various hours to engage diverse racial and ethnic communities that are representative of Washoe County. The results of the CHA will be shared at a community forum. In addition, the CHA will be available in an interactive, online format through a partnership with community-based nonprofit Truckee Meadows Tomorrow.

The experience of the pandemic resulted in improved capacity to share data in a transparent and accessible matter. The health district's COVID-19 dashboard is the primary and regularly accessed source for up-to-date information and is readily accessible to the community. Lessons from the pandemic have translated into a quick, efficient, and transparent sharing of data for the recent Monkey Pox outbreak, including targeted efforts to reach specific populations experiencing a higher burden of disease.

Planning

The health district has intentionally included health equity considerations in its planning efforts. Again, a diverse and multi-sector steering committee of partners and community members will guide the development of the Community Health Improvement Plan. Increased focus on addressing health disparities is a stated intention of the planning process. Health equity is specifically called out in goals and initiatives of the current strategic plan and is a consideration in the in process strategic planning effort.

Opportunities

The health department processes large amounts of data in addition to the higher profile Community Health Assessment and disease outbreak information. There are abundant opportunities to provide additional data resources to the community but limited capacity to do so in ways that are easily accessible to the community.

While there has been increased attention and focus on health equity considerations in planning processes, this effort is relatively new. The health district should act with intention to follow health equity-related efforts through the planning cycle of assessment, planning, implementation, and evaluation to regularly determine if efforts are producing positive outcomes and/or if they need to be adjusted.

Recommendations

Healthy Equity Data

- Build the health district's capacity to collect, analyze, interpret, and disseminate health equity and health disparity data and incorporate it into internal and external reports whenever possible.

- Collect and use data and input from the community to identify communities that are under and over served, and why. Analyze the gaps in services that disproportionately effect communities experiencing health disparities and identify approaches to fill those gaps. Identify and define communities that could benefit from specific, focused, initiatives.

Health Equity Planning

- Continue to increase engagement in community health assessment and community planning efforts to achieve representation of the diverse makeup of Washoe County and engage under-represented and under-served community segments.
- Rigorously evaluate health equity results as part of a robust planning cycle.

KNOWLEDGE OF PUBLIC HEALTH FRAMEWORK

Strengths

This domain focuses on understanding public health core functions and services. WCHD is an accredited public health department through the Public Health Accreditation Board (PHAB). The accreditation process requires there be an institutional understanding of the national Foundational Public Health Services (FPHS) model.

The health district is currently working with the national Public Health Foundation to assess the district's workforce capacity to deliver the FPHS. This exercise has and will engage division directors and supervisors in hands-on work using the framework which will directly result in increased understanding of the FPHS model.

Opportunities

The FPHS was recently revised to include equity as an overarching theme of the foundational areas and foundational capabilities. According to the FPHS, equity is measured by:

- Ability to strategically address social and structural determinants of health through policy, programs, and services as a necessary pathway to achieve equity.
- Ability to systematically integrate equity into each aspect of the FPHS, strategic priorities, and include equity-related accountability metrics into all programs and services.
- Ability to work collaboratively across the department and the community to build support for and foster a shared understanding of the critical importance of equity to achieve community health and well-being.
- Ability to develop and support staff to address equity
- Ability to create a shared understanding of what creates health including structural and systemic factors that produce and reproduce inequities.

Health equity has been added to the standards by which the Health District will be evaluated for re-accreditation which will provide additional motivation to focus on specific health equity competencies and initiatives. While some staff are very familiar with the Foundational Public Health Services, many others do not have a working knowledge of the framework. The revision provides opportunity to engage all district staff in training on the updated model.

Recommendations

- Provide training opportunities to all staff to increase understanding of FPHS. Include orientation to the FPHS model for all new staff.

UNDERSTAND THE SOCIAL, ENVIRONMENTAL, AND STRUCTURAL DETERMINANTS OF HEALTH

Strengths
Through the staff survey, staff demonstrated strong understanding of the social, environmental, and structural determinants of health. They shared what they feel are the most important conditions that impact health among populations served by WCHD. They were able to list various social determinants of health including:

- Housing
- Access to healthy food
- Access to healthcare
- Affordable childcare
- Physical surrounding and built environment
- Lack of transportation
- Mental health
- Clean air and water
- Poverty, low earning jobs and educational attainment
- Social support
- Language, culture, and messaging

Overall, WCHD responses showcased understanding of the various social, environmental, and structural determinants of health that impact our communities and staff were able to articulate and explain the conditions that impact health.

Opportunities
While staff demonstrated familiarity with the concept of social determinants of health, when asked in the focus group setting about applying that knowledge, there were concerns shared including:

- Additional training is required for staff to fully understand the social and economic conditions that impact health and how this relates to work across divisions. Specifically, they need more information about what they can individually do in their roles.
- Currently the WCHD does not have the capacity to fully address the environmental, social, and economic conditions that impact health.
- There is need for more bilingual staff to offer services, information, and resources in various languages.
- There is concern about support from immediate supervisors for health equity related work. Some staff felt they may want to lean more into this work but if supervisors are not supportive, it stops there.

While there was strong understanding of the social, environmental, and structural determinants of health, there was less demonstrated understanding of how race, racism, class, and classism influence those determinants,

Recommendations

- Expand knowledge about how race, racism, class, and classism influence the social, environmental, and structural determinants of health.
- Build capacity to design and implement initiatives to address social, environmental, and structural determinants of health using a health equity lens.

COMMUNITY KNOWLEDGE

Strengths

Through the collaborating partner survey, external partners shared overall that the WCHD is knowledgeable about community issues and resources and builds on the strengths and assets of the community. 82% of external partners reported that they agree or strongly agree that WCHD staff they interact with understand residents' major concerns in our community. In addition, 81% of external partners agree or strongly agree that WCHD staff they interact with understand the major causes of health inequities in Washoe County. Furthermore, around 70% of external partners agree or strongly agree that WCHD staff they interact with are familiar with the strengths and resources of residents and community institutions.

The WCHD completes a CHA and CHIP every 3-5 years. These efforts focus on identifying the top health priorities of Washoe County residents, through primary and secondary data. The CHA and CHIP processes increase and contribute to a substantial body of knowledge about the community. The recent Listening Tour was a health equity effort focused on building relationships, community engagement, and learning more about work happening in the community. The effort served to gather input from broad and a diverse group of community leaders and stakeholders to help inform the WCHD's Strategic Plan and Community Health Improvement Plan but also strengthened the health district's base of community knowledge.

At the division and program level, staff have developed significant community knowledge specific to their area of focus. In some programs, that includes an intentional understanding of health equity considerations specific to their program.

Overall, the health district has sufficient knowledge to build on strengths and assets of self and the community with the potential for having a greater depth of knowledge regarding specific populations.

Opportunities

This domain focuses on how much staff feel they know about the health issues, concerns and inequities experienced by those living in Washoe County. It also focuses on how WCHD staff collaborates with community groups and residents to address the environmental, social, and economic conditions that impact health.

While some departments and divisions possess greater knowledge of specific community strengths, issues and resources, there are additional opportunities for all departments to become more familiar to effectively address health inequities organization wide. The initial response to the COVID-19 pandemic demonstrated the health district lacked some community specific relationships and knowledge, particularly knowledge that positioned the health department to combine health district strengths, assets and resources with community strength, assets and resources to best reach and serve specific sub populations. Great progress was made over the course of the pandemic, but that knowledge is not necessarily shared broadly across the health district. Overall, WCHD should increase the organization's knowledge of community resources and existing inequities and work to continue to build on strengths and assets within the community.

Each program may consider opportunities to increase program-specific community knowledge including:

- Knowledge of resources that can help staff identify and learn about major concerns in the communities the program serves.
- Knowledge of major inequities affecting residents in the community the program serves.
- Familiarity with the strengths and resources of the community the program serves.
- Familiarity with the demographic composition of the community the program serves.

Recommendations

- Regularly incorporate learning about community strengths, resources, assets, issues and concerns into program design, implementation, and improvement.
- Review laws and regulations for disproportionate impact on diverse communities. Create opportunities to educate the community about laws and regulations.

COMMUNITY LEADERSHIP

Strengths

The BARHII survey data collected as part of the BARHII process indicated the health district works well within the community. According to survey, about 60% of staff reported that the WCHD has trusting relationships with external partners. And community partners agreed. Through the collaborating partner survey, about 68% of partners either agreed or strongly agreed that WCHD staff they've interacted with advocate on behalf of the community within Washoe County and have influenced how resources have been made available to support community residents and/or community institutions in addressing community concerns. WCHD staff serves in leadership roles on many community boards and committees.

There is also growing awareness among staff of the need for WCHD to take a leadership role in engaging and mobilizing others to address health disparities. In the focus group setting, staff shared that the pandemic created a deeper awareness of areas of need and that staff did not feel equipped to address environmental, social, and economic conditions that impact health. Staff understood that the district is working hard to address health equity in line with trends happening locally and nationally and shared those recent increases in staff has increased capacity to provide services to the community that were previously scaled back.

In addition, staff shared that leadership is welcoming and supportive of new ideas but shared that the responsibility falls on staff to create and implement.

Opportunities

According to the staff survey, only 42% of staff agree or strongly agree that part of their job is to bring the community's voice into the WCHD decision-making process. Additionally, the staff survey showed that only 54.2% of WCHD reported that they either agree or strongly agree that their work has a role in informing, educating, and empowering people from populations that disproportionately experience poor health outcomes to act collectively in improving their health. There is an opportunity to increase awareness of the need to create shared leadership opportunities with community members that recognize, understand, and navigate differential power dynamics within and among certain communities.

Recommendations

- Identify opportunities to share leadership with the community throughout the organization. Consider effective use of advisory groups, steering committees, collaborative initiatives, and other tactics that bring community members to the decision-making table. Understand and navigate power dynamics internally with staff and externally with community members and groups to make these efforts productive and effective.

COLLABORATION SKILLS

Strengths

Staff reported good interpersonal skills among colleagues and team members. 78% of staff report they regularly have personally meaningful interactions and have learned from people of different cultures and backgrounds from their own.

The collaborating partner survey showed that many external partners feel WCHD has strong collaboration skills which has helped to build trust overtime. 88% of external partners reported that they agree or strongly agree that they have trusting relationships with WCHD staff they have work(ed) with. In addition, 76% of partners report that they agree or strongly agree that the WCHD communicates openly and honestly with community members and partners.

According to the BARHII self-assessment, a matrix element that is part of collaboration skills is knowing how to share power. Although WCHD staff feel sharing power is an opportunity for improvement, about 70% of external partners agree or strongly agree that WCHD has provided resources to community residents and partners to support their own concerns and needs for addressing health inequities. Furthermore, when external partners were asked about the role(s) community leaders in Washoe County play in WCHD program planning and delivery, partners reported overall that community leaders are involved and engaged throughout various roles in program planning and delivery including:

- 60% of community leaders provide input in the beginning of the planning process.
- 40% of community leaders review program planning documents and give feedback.
- 66.7% of community leaders collected feedback from larger groups of community members and communicate the feedback to WCHD.
- 40% of community leaders maintain active involvement throughout the planning process as appropriate.
- 40% of community leaders participate in the decision-making of program planning and delivery.
- 13.3% of partner respondents selected “other”

Opportunities

Staff focus groups and surveys highlighted that WCHD staff would like to see more internal collaboration with staff in other programs to address environmental, social, and economic conditions. According to the staff survey, only 41% of staff reported that they collaborate with staff in other programs.

Another area of opportunity is knowing how to share power. Around 41% of staff reported that they have personally influenced how the WCHD has provided resources to community residents and groups (coalitions, advocacy groups, community boards, etc.) to address environmental, social, and economic conditions that impact health. In addition, when external partners were asked, when WCHD program decisions do not reflect community input, it is clear why those decisions were made, many external partners reported that they do not know why program decisions were made when they do not reflect community input.

Another area of opportunity is continued improvement to develop and maintain trusting relationships with external partners. While many partners reported that they have trusting relationships with WCHD staff, only 60% of staff reported that the WCHD has trusting relationships with external partners.

Recommendations

- Increase opportunities and capacity for cross divisional collaboration.
- Build upon new and existing relationships between WCHD and external partners to continue to build trust and open and honest communication.
- Implement shared power as a tool to address environmental, social, and economic conditions that impact health.

COMMUNITY ORGANIZING

Strengths

The health district hired two community organizers whose job it is to focus on developing and sustaining community relationships, networks, and organize community members to participate in public health efforts. Hiring two community organizers at a local health district is innovative. In the state of Nevada, these positions are the first of its kind and typically do not exist in a government setting.

The health district is currently conducting a listening tour to engage diverse community leaders and non-traditional partners to help inform the WCHD's Strategic Plan and Community Health Improvement Plan (CHIP). The listening tour is an intentional effort to increase collaboration with organizations and groups representing underserved communities and help increase and maintain engagement. These relationships are designed to eventually establish and/or increase partnerships with communities most impacted by health disparities. In addition, these listening tour meetings will help create, build, and strengthen mutually beneficial relationships where the health district is able to learn more about the work of others, what is working well in communities, what is not working well or barriers to improving health, and the resources or capacity needed to contribute to or start working to address community health needs collectively. The WCHD is currently meeting with leaders that identify or represent various community diversity such as Latinx, Black, Asian, and Pacific islander, faith leaders, Tribal leaders, LGBTQIA+ community, elder population, and people/persons with disabilities, among other populations.

In addition, health educators within the Community and Clinical Health Services Division are taking a systems and policy approach to addressing chronic disease and injury prevention within Washoe County. These efforts require partnerships and community collaborations to change conditions which lead to health improvements. One example is the initial passage and ongoing efforts to strengthen the Clean Indoor Air Act. Another example are efforts to work with local convenience store owners to offer healthy food options. Community engagement and organizing efforts are essential to the success of system and policy initiatives.

Opportunities

Working to change systems, policies, practices, and programs to address health inequities requires consistent community engagement. As reflected in staff comments and through CHA outreach and engagement efforts, the groups that are most impacted and affected by health disparities and inequities have traditionally not been as present or engaged. Community leaders report they would like to be at the table early and often in health improvement efforts.

The WCHD has recently provided various opportunities to hear from the community through CHA focus groups and surveys, town halls on pressing health matters, and a listening tour with community leaders. In addition, increased targeted media and efforts to provide culturally relevant information and Spanish translated materials are showing promise. The health district has focused on education on access to resources and grassroot approaches to connect with diverse communities, particularly as part of the COVID-19 response.

However, there are still gaps where certain voices, populations, and communities throughout Washoe county are missing. Community leaders shared they are concerned that the current focus on health equity and inclusion will not be sustained. Therefore, WCHD should continue to provide consistent opportunities for community involvement and ownership, to inspire and build trust, develop, and promote community networks, and continue to value and elicit input and feedback from various communities. Lastly, additional time, effort, and resources may be needed to build

trust and inspire community involvement and ownership among the most disenfranchised and underserved groups which include but are not limited to:

- Communities of color
- People living in poverty, particularly across generations
- Religious minorities
- The unhoused
- People with physical or mental disabilities
- LGBTQQIA+ persons

Recommendations

- Utilize community organizing principles:
    - Uplift community voices, particularly among underserved and underrepresented communities throughout WCHD programs and projects.
    - Include diverse voices at the beginning of conversations, not just when the WCHD needs to hear from certain groups, communities, or populations.
    - Meet people where they are to decrease barriers and increase engagement, participation, and access.
    - Create space and increase opportunities for community members to be engaged and have a seat at the table.
    - Engage community at all levels, from programming to implementation and decision-making efforts.

- Organize community members to advocate for and advance efforts to meet their specific identified needs through CHIP initiatives, in cooperation with specific WCHD programs or by leading community public health efforts as needed.
- Develop and maintain a relationship network map that identifies strengths and gaps in the health district's relationships with demographically diverse parts of our community, and work to build relationships in areas where gaps are identified.

CULTURAL COMPETENCY/HUMILITY

Strengths

WCHD staff were asked about their own beliefs, the values and beliefs of others, and their personal commitment to cultural competency/humility. According to the staff survey 83% of staff report that their own beliefs, values, and privileges help them understand others' perspectives. When asked about the importance of others' beliefs and values, 98% of staff reported that they agree or strongly agree that they believe it is important to understand the beliefs and values of the residents and community members served by the WCHD. In addition, WCHD staff demonstrated their commitment to cultural competency and humility as 78% of staff reported they have taken steps to enhance their own cultural humility, competence, and/or cultural understanding through trainings, self-reflection, and personal relationships. Specific to relationship building, around 78% of staff report that they regularly have personally meaningful interactions and have learned from people of different cultures and backgrounds from their own.

Opportunities

A few of the matrix elements related to cultural competence and humility focus on effective cross-cultural communication and interpreting data to diverse audiences. Both staff and external partners reported that the WCHD was "moving in that direction" when it came to effective cross-cultural communication and interpreting data to diverse audiences. Around 58% of staff reported that the WCHD distributes oral and written information that is appropriate for the cultural understanding and literacy needs in the community. Additionally, external partners reported that WCHD is moving in the direction of creating and distributing oral and written materials that are appropriate for the cultural, linguistic, and literacy needs of the community.

Furthermore, staff were also asked questions regarding appreciating the diverse perspectives and roles necessary to promote public health. When staff focus group participants were asked if internal discussions regarding the impact of racism, classism, sexism, and other "isms" on health inequities takes place, majority of staff reported occasional conversations take place but noted the occurrence of these conversations depend on the division – with conversations happening in some divisions and not in others.

Staff also reported that while progress has been made over the years with having discussions on diverse perspectives on health inequities and health equity, there are varying comfort levels among staff when engaging in discussions related to how various "isms" impact health inequities. Also, while staff feel comfortable having discussions related to the social determinants of health (SDOH) and how the SDOH impact health, discussions specifically related to racism, classism, sexism and other "isms" and their impact on health inequities do not occur as frequently and there's a lower level of comfort.

Recommendations

Dialogue and Reflection

- Provide formal and informal opportunities to engage in dialogue and personal reflection regarding how diversity, equity and inclusion impact the health district's organizational culture and climate as well as how services are provided across the health district.
- Capitalize on staff's willingness to engage in difficult conversations and provide opportunities, tools, and resources to equip staff with effective cross cultural communication skills.

- Engage staff in diversity, equity, inclusion, and cultural competency efforts and specifically build competency to address microaggressions in the workplace.

Organizational Climate

- Conduct exit interviews and include questions specific to diversity, equity, and inclusion and the culture and climate of the work environment.
- Examine whether the organization is creating a positive diversity climate by ensuring that all its employees can express their opinions and be heard regardless of their identity. Is the organization operating with intention to build, improve, and maintain a positive climate? Does the organization value the cultural differences of its staff? Overall, regularly ask employees if they feel valued and respected by the organization.

Conclusion

WCHD is on the path forward to embedding health equity throughout the organization by updating the mission, values, behaviors, strategic plan, and organizational efforts pertaining to inequitable policies and systems that contribute to health disparities and inequities across the community. Through this process, WCHD is working to address populations and groups most impacted in the community in their internal data collection, planning and problem-solving efforts. Discussions are being held in departments about how staff can examine their values and work toward health equity.

Achieving health equity requires attentiveness and strategic action by public health practitioners and other stakeholders to ensure that communities, whether defined by geography or social identity, have equitable opportunities to be as healthy as possible. Progress toward health equity should be assessed by measuring how health disparities and social, environmental, and structural inequities change over time, in absolute and relative terms. The gaps are closed by making special efforts to improve the health of groups that have been excluded or marginalized. Recognizing that we are all connected, it should be noted that policies and programs designed to benefit vulnerable groups often end up benefiting all of society.

APPENDIX A: BARHII ASSESSMENT PROCESS

The BARHII Organizational Self-Assessment Toolkit was adapted to fit the needs of WCHD and implemented over a period of three months. Per the BARHII process, "the Organizational Self-Assessment for Addressing Health Inequities Toolkit provides public health leaders with tools and guidelines that help identify the skills, organizational practices and infrastructure needed to address health equity and provide insights into steps local health departments can take to ensure their organization can have an impact on this growing problem."

According to the BARHII, the Self-Assessment is intended to serve in the following ways:

- Serve as the baseline measure of capacity, skills, and areas for improvement to support health equity-focused activities.
- Inventory the presence of a set of research-based organizational and individual traits that support the ability to perform effective health equity-focused work.
- Provide information to guide strategic planning processes and/or the process of developing and implementing strategies that improve capacities.
- Serve as an ongoing tool to assess progress towards identified goals developed though the assessment process.

The Toolkit includes the following instruments:

- Staff Survey — An online survey tool designed for Local Health Department (LHD) staff at all levels of the organization to complete. This tool addresses most of the elements included in the Matrix (BARHII Self-Assessment, Pg. 100). The matrix provides details on the characteristics, skills, and abilities needed by LHD staff to effectively address health inequities.

- Collaborating Partner Survey — An online survey tool that provides an opportunity for other agencies, organizations and groups that work with the LHD to share feedback and insights regarding health equity work.

- Staff Focus Groups — Facilitated group discussions that are designed for in-depth exploration of elements of the matrix.

- Management Staff Interviews — Individual interviews with members of a LHDs senior management/leadership team to allow a LHD to further develop an in-depth sense of its organizational strengths and areas for improvement related to addressing health inequities.

- Internal Document Review and Human Resources (HR) Data — Compile data from a selective, and strategic review of materials to help LHDs further identify areas of strength and where to focus on building health equity capacity. The HR data succinctly illustrates how responsive a LHD is to the diverse needs of the population they serve.

In addition to the instruments themselves, the toolkit contains an implementation guide with information, tools, and resources to help LHDs:

- Assess whether they are ready to conduct the self-assessment;
- Prepare for the self-assessment;
- Complete the necessary steps for implementing the self-assessment; and
- Engage with the results of the self-assessment in an action-oriented way.

APPENDIX B: STAFF SURVEY DETAILS

The Staff Survey was administered to determine WCHD's capacity to address the root causes of health inequities from the perspective of staff. In addition to providing information for an assessment, the survey also gave staff an opportunity to reflect on their own experiences in addressing health inequities through their work at the health district. According to BARHII, the staff survey provides the opportunity to:

- Get an organization-wide picture of attitudes, practices, competencies, and structures that indicate capacity to address root causes of health inequities.
- Hear from staff about what support their ability to address health inequities and what makes it challenging, including staff that don't often have a voice in planning and organizational decision-making processes.
- Identify priority areas for developing staff capacity and improving organizational functioning to support health equity efforts.

The staff survey was created in a survey software called Alchemer and was sent to all staff via email in September 2021. The survey contained a total of 24 questions. Overall, 75% of staff took the survey with 40% of staff partially completing the survey.

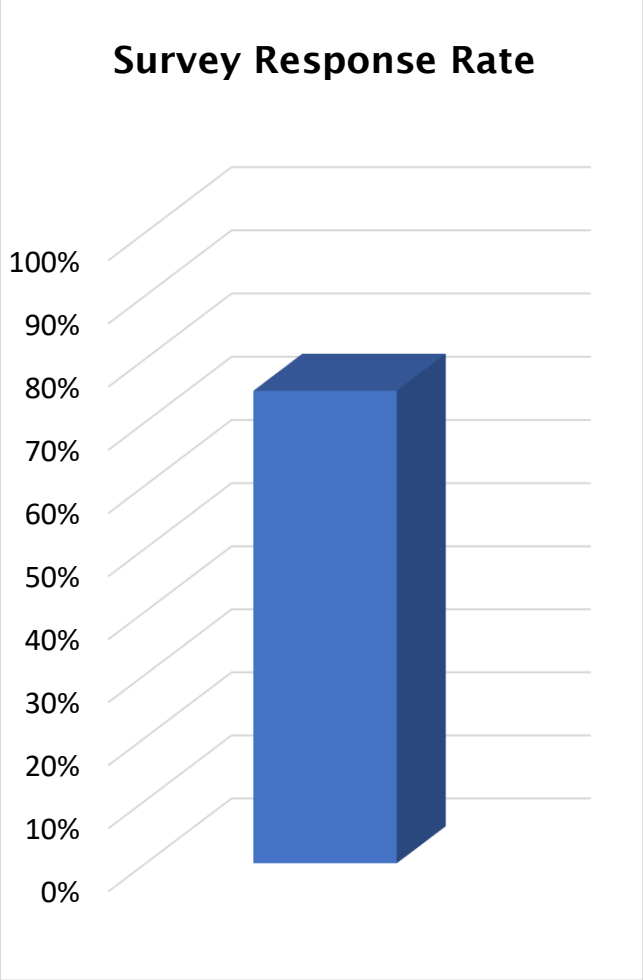
2021 Health Equity Survey Highlights

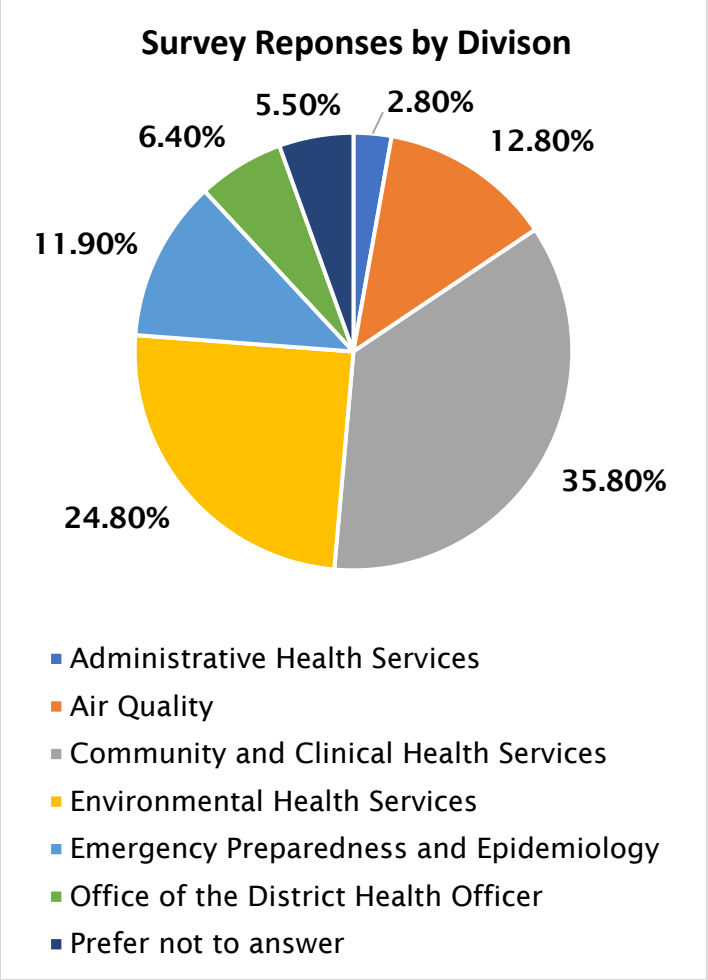
Current differences in health outcomes across various neighborhoods within Washoe County are the direct result of systems, structures, and policies, that over many decades have limited opportunities and impacted health for residents in those communities. The purpose of the health equity survey was to gather and analyze data to learn about elements of the organizational culture and how our structure impacts the factors that influence community health and well-being, including economic, social, and environmental factors.

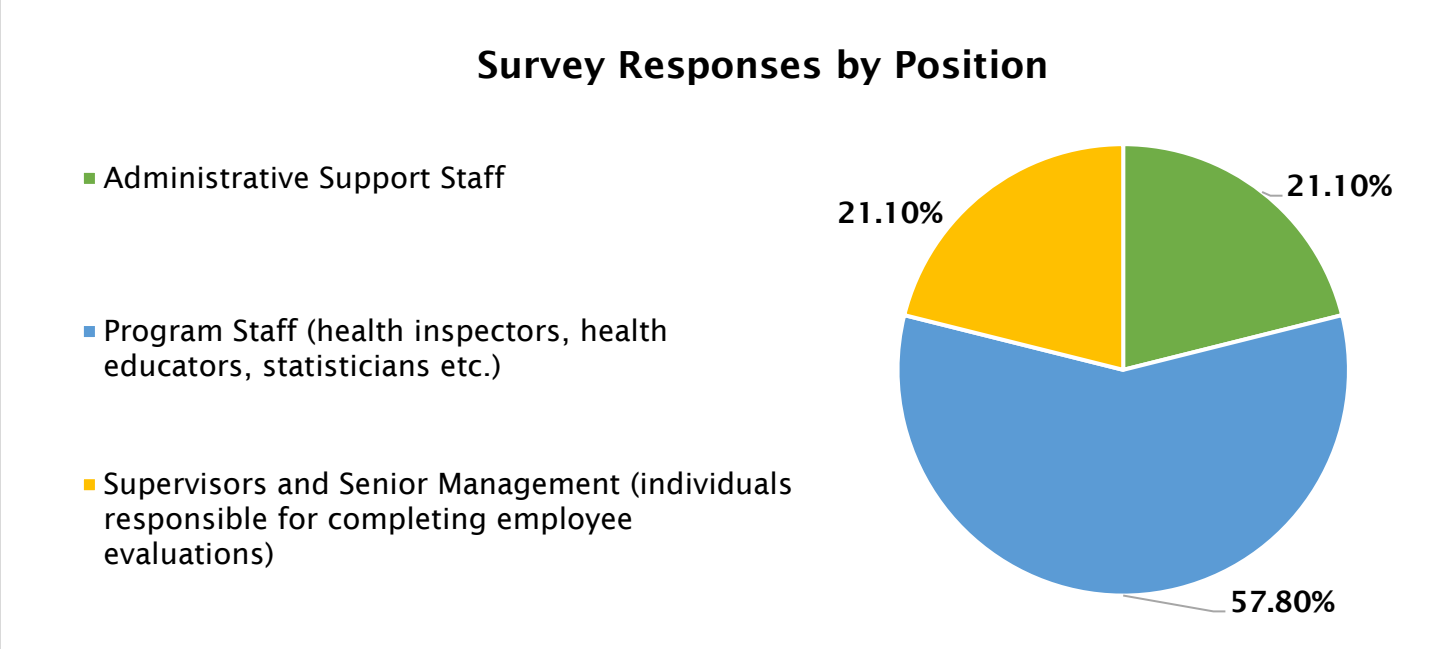
Input in relation to the health equity survey results from the Division Directions, Supervisors and Health Equity Committee will be utilized to develop the survey report.

Data orientation

Of the 75% of staff who completed the survey about 40% partially completed the survey. The questions were not required and provided staff the opportunity to skip questions.

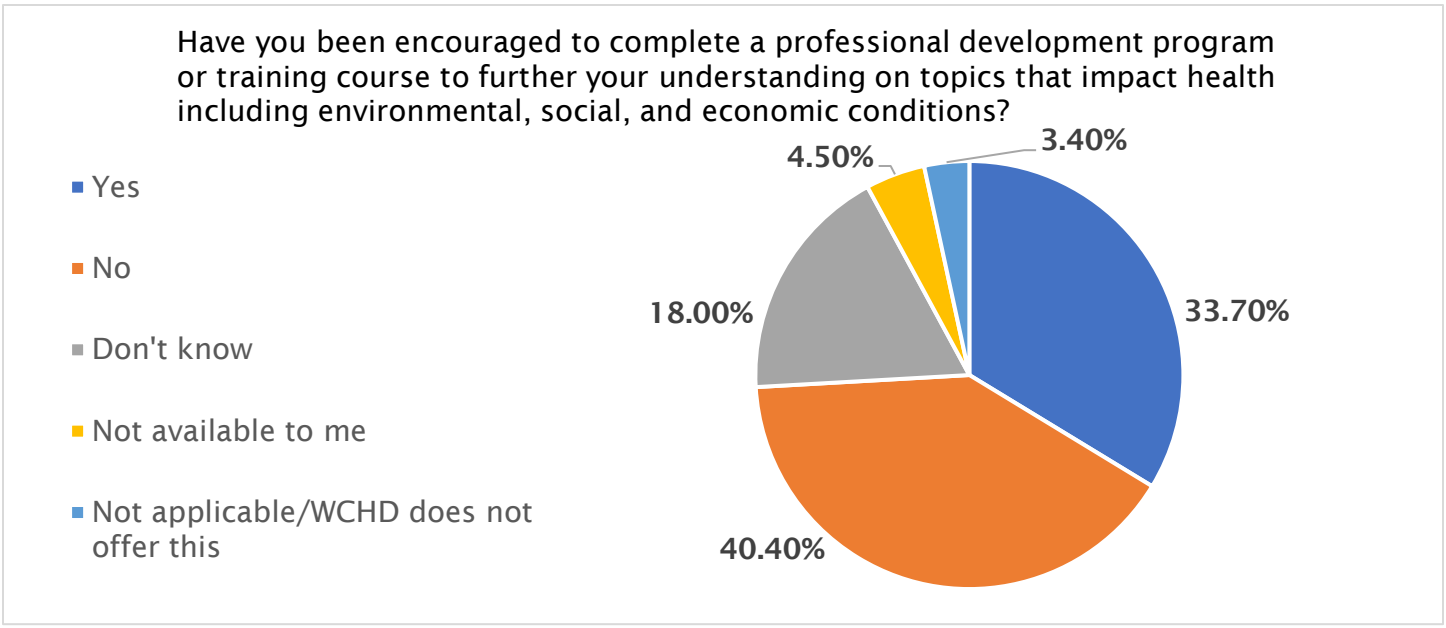


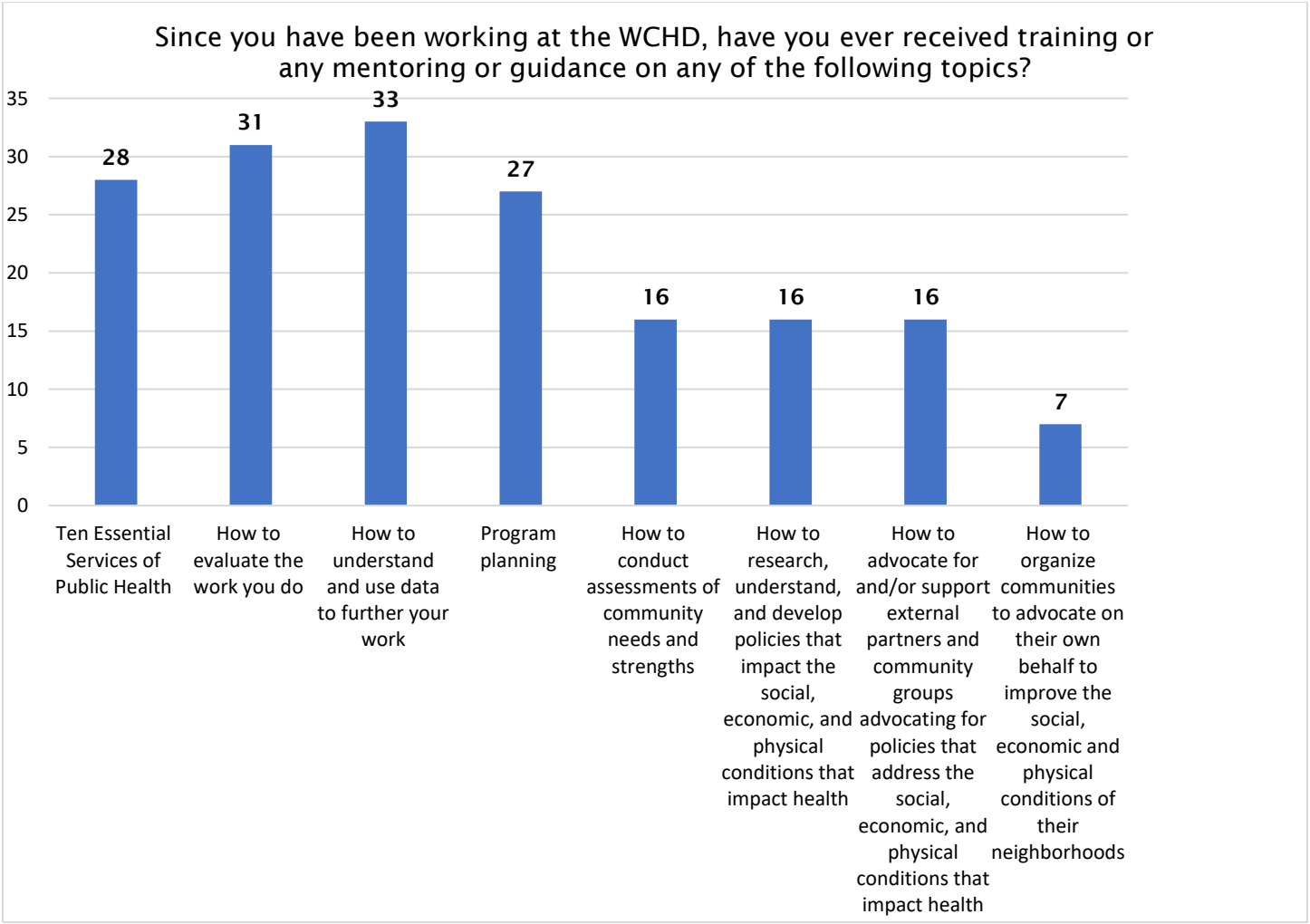




Training

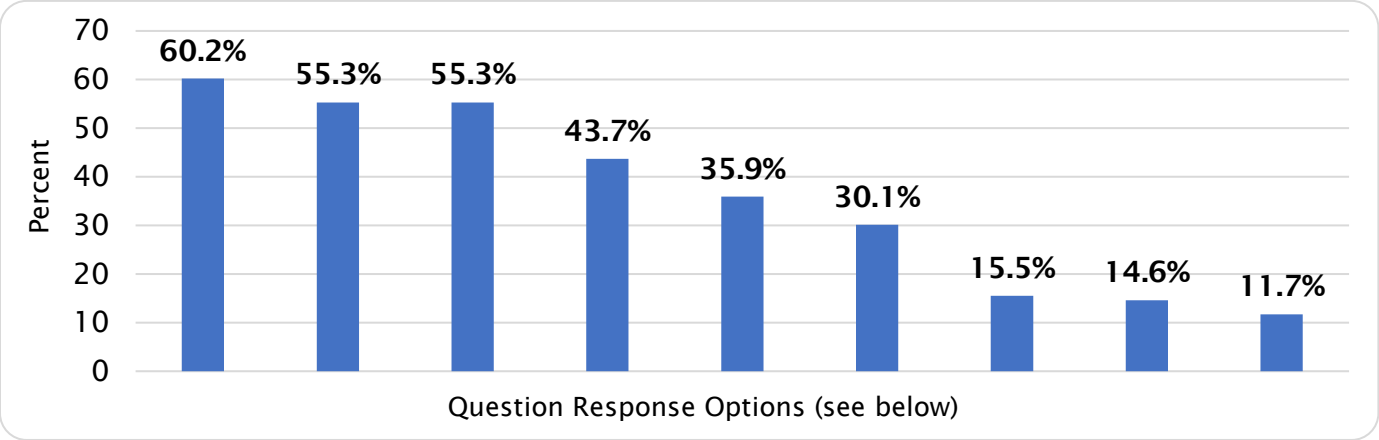
Some survey respondents report they have completed health equity trainings. The most common trainings taken among survey respondents were the 10 essential services, evaluating work, using data to further work.





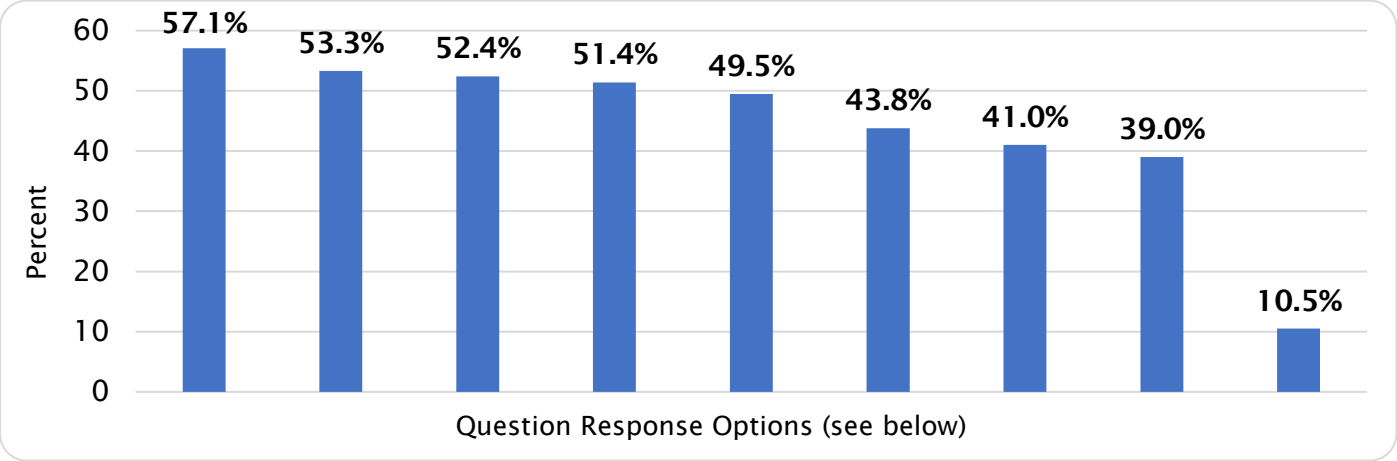
WCHD current efforts to advance Health Equity

What is the Washoe County Health District currently doing to advance Health Equity in Washoe County? (select all that apply)



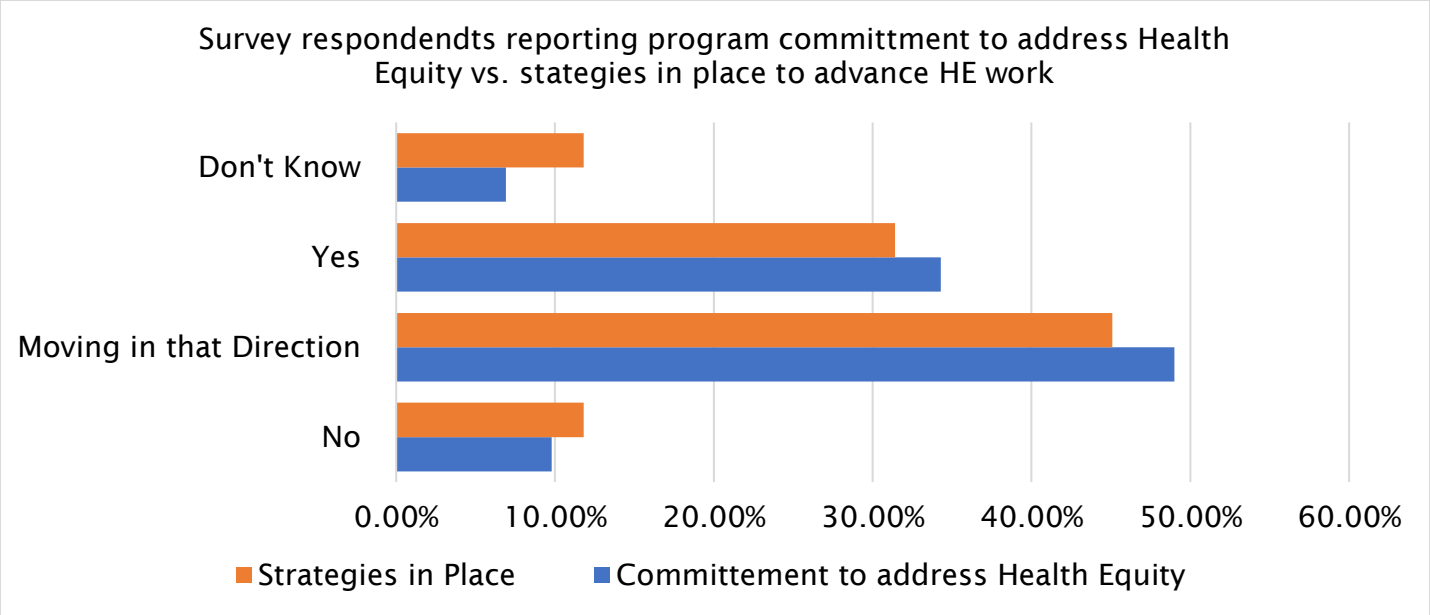
Percent	Question Response Options
60.2%	Gathering and sharing data with community partners to monitor health disparities
55.3%	Building, revitalizing or engaging in activities to reduce exposures to environment
55.3%	Building community partnerships to address social, economic and environment conditions
43.7%	Implementing internal practices such as building an understanding of equity, hiring diverse staff, or committing resources to advance equity.
35.9%	Engaging in advocacy efforts to improve socioeconomic conditions such as income, housing or education.
30.1%	Engaging community residents in communications to ensure messaging is culturally specific to residents.
15.5%	Improving physical conditions in under-resourced neighborhoods.
14.6%	Engaging community residents in planning for new interventions to ensure design and implementation of interventions are culturally specific to community residents
11.7%	Other

What could the WCHD do better to advance Health Equity in Washoe County? (Check all that apply)?



Percent	Question Response Options
57.1%	Engage in advocacy efforts to improve socioeconomic conditions such as income, housing or education.
53.3%	Engage community residents in communications to ensure messaging is culturally specific to residents.
52.4%	Engage community residents in planning for new interventions to ensure design and implementation of interventions are culturally specific to community residents
51.4%	Implement internal practices such as building an understanding of equity, hiring diverse staff, or committing resources to advance equity.
49.5%	Improve physical conditions in under-resourced neighborhoods.
43.8%	Build community partnerships to address social, economic and environment conditions.
41.0%	Gather and share data with community partners to monitor health disparities and prioritize community needs.
39.0%	Build, revitalize or engage in activities to reduce exposures to environmental hazards such as pollutants, secondhand smoke, water contaminants, etc.
10.5%	Other

Program's commitment in addressing healthy equity

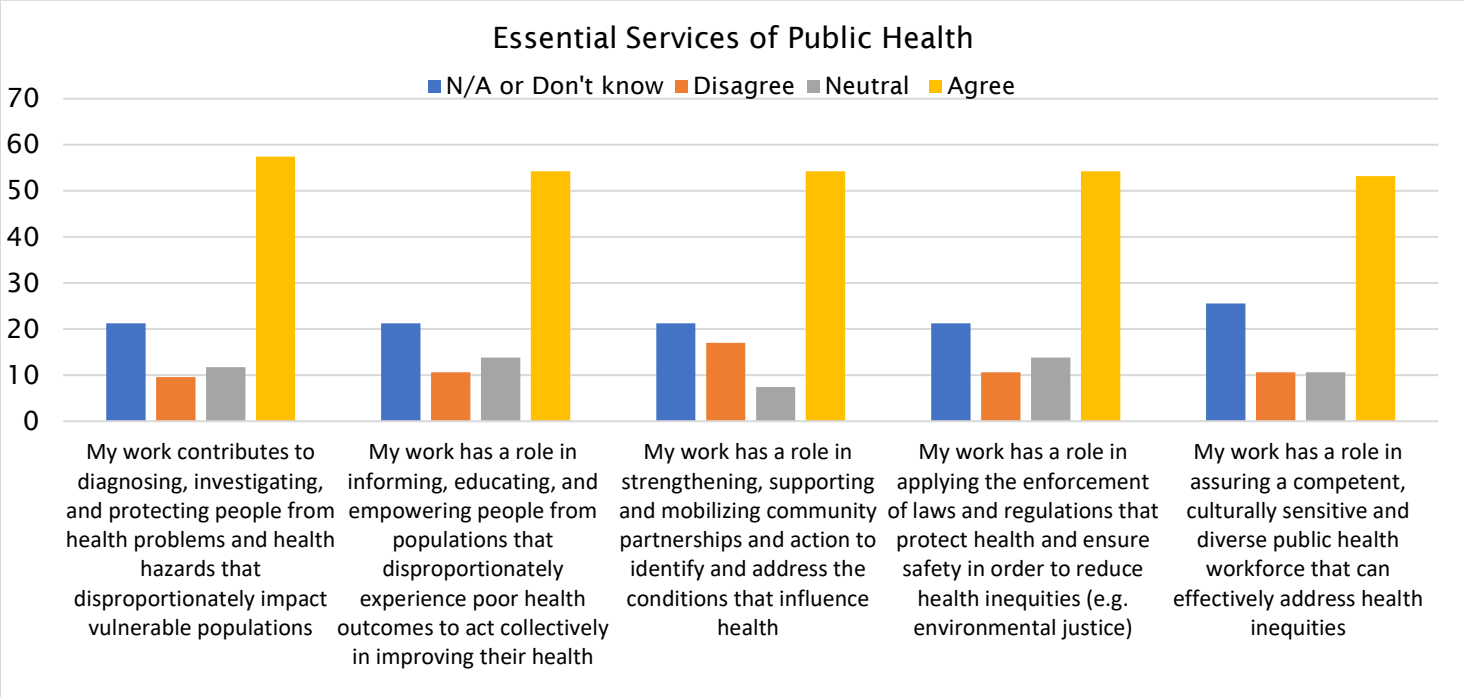


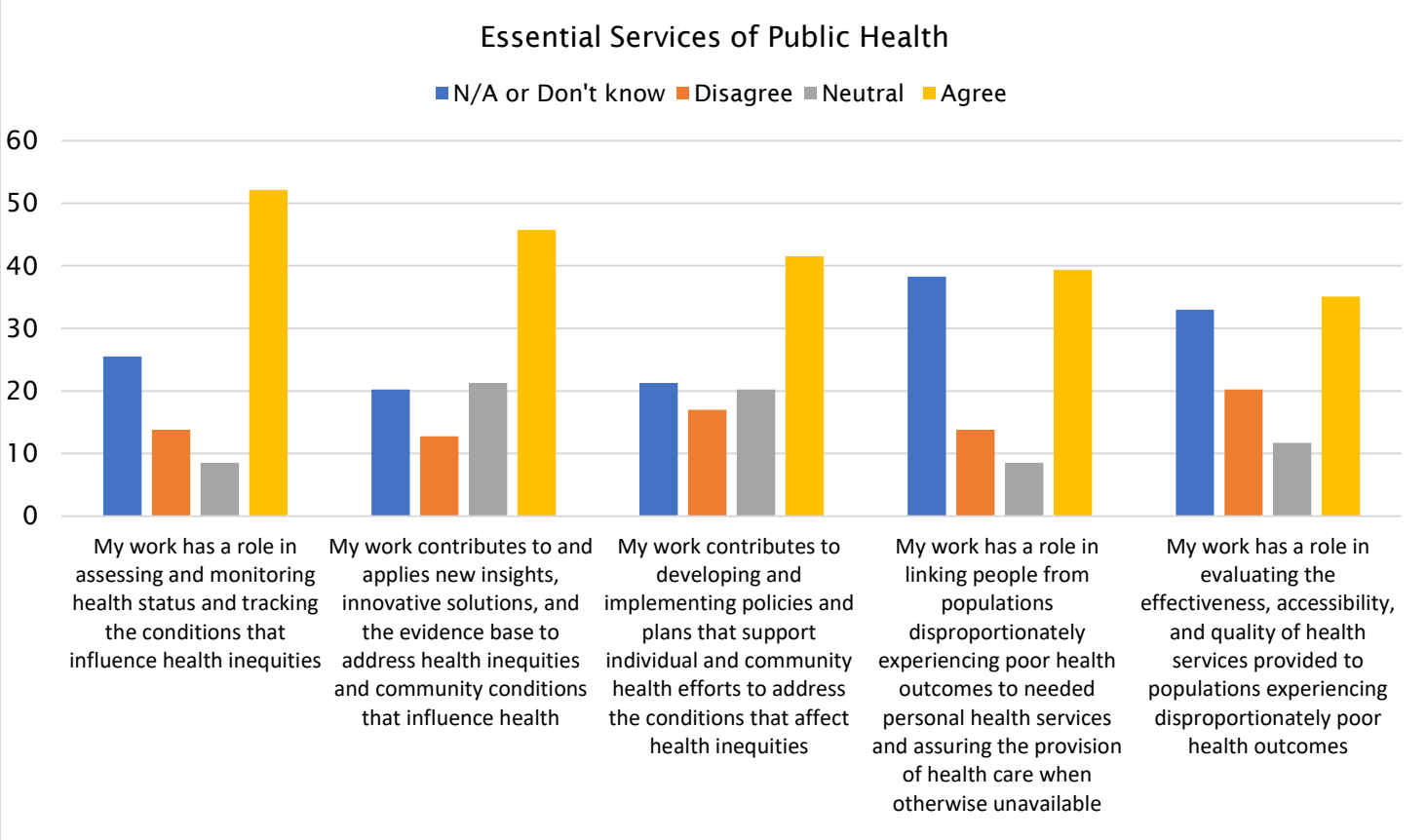
Suggestions to advance health equity by Survey Repondents

Several overarching themes emerged upon reviewing the comments. Survey respondents noted that issues such as affordable housing, access to mental health services, climate change and the built envioronment are areas to improve. The following word cloud generated from comments by survey respondednt highlights many of these themes. The more frequently a word was mentioned, the larger and bolder the word will appear in the word cloud.

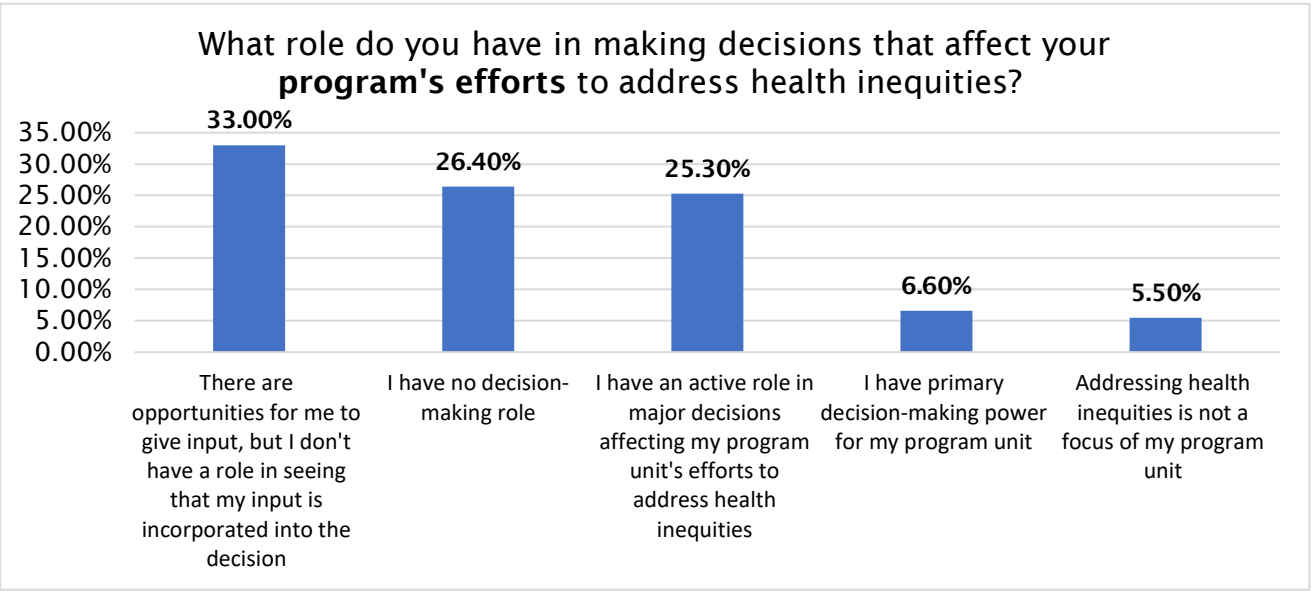
The 10 Essential Public Health Services

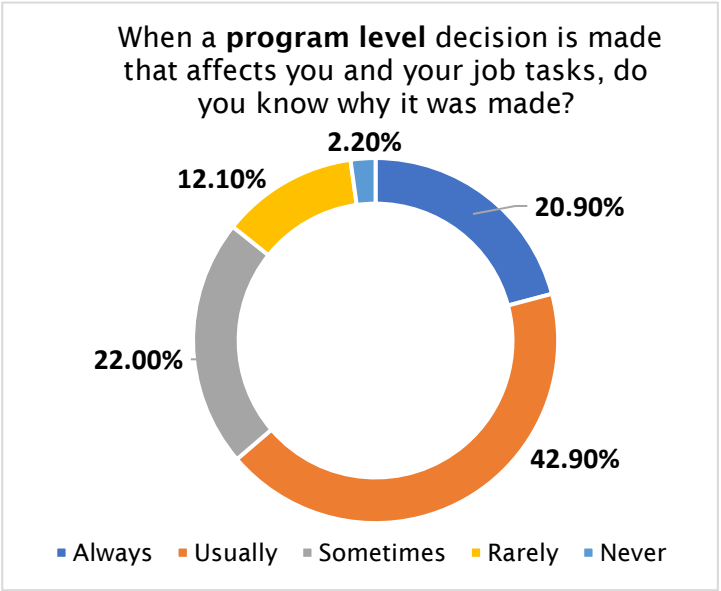
The 10 Essential Public Health Services provide a framework for public health to protect and promote the health of *all people in all communities*. To achieve equity, the Essential Public Health Services actively promote policies, systems, and overall community conditions that enable optimal health for all and seek to remove systemic and structural barriers that have resulted in health inequities. On average staff perceive their work contributes to advancing health equity efforts.

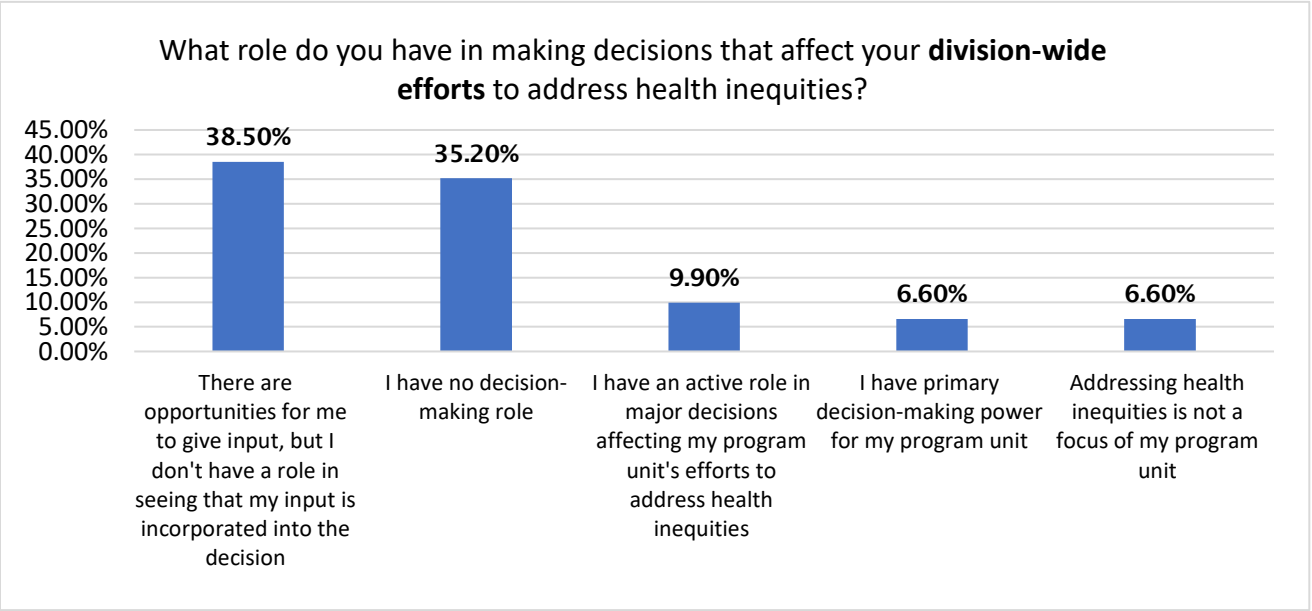


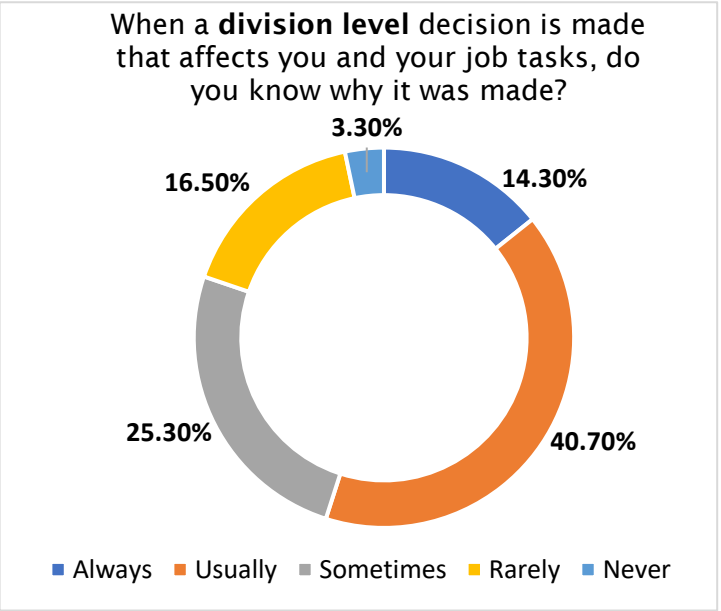


<u>Transparency within the organization</u>: On average about 30% of survey respondents feel they have the opportunity to provide input at the division and program level. More communication is likely occurring at the program level than division wide communications.



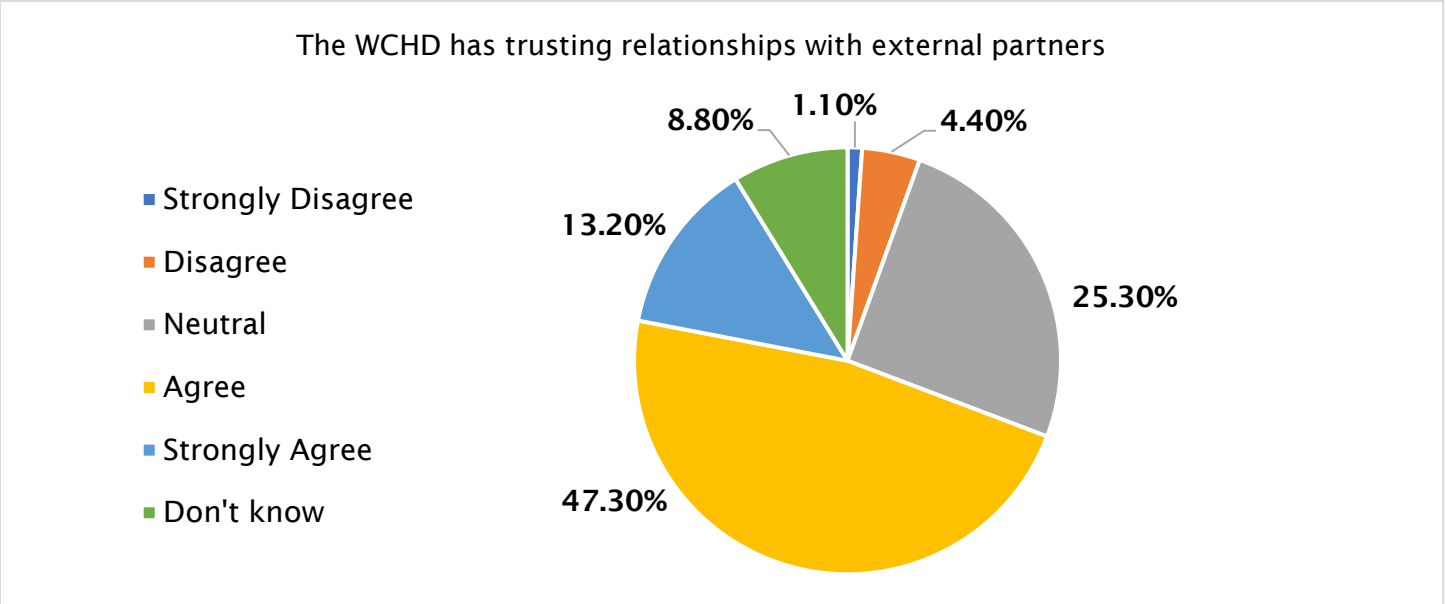


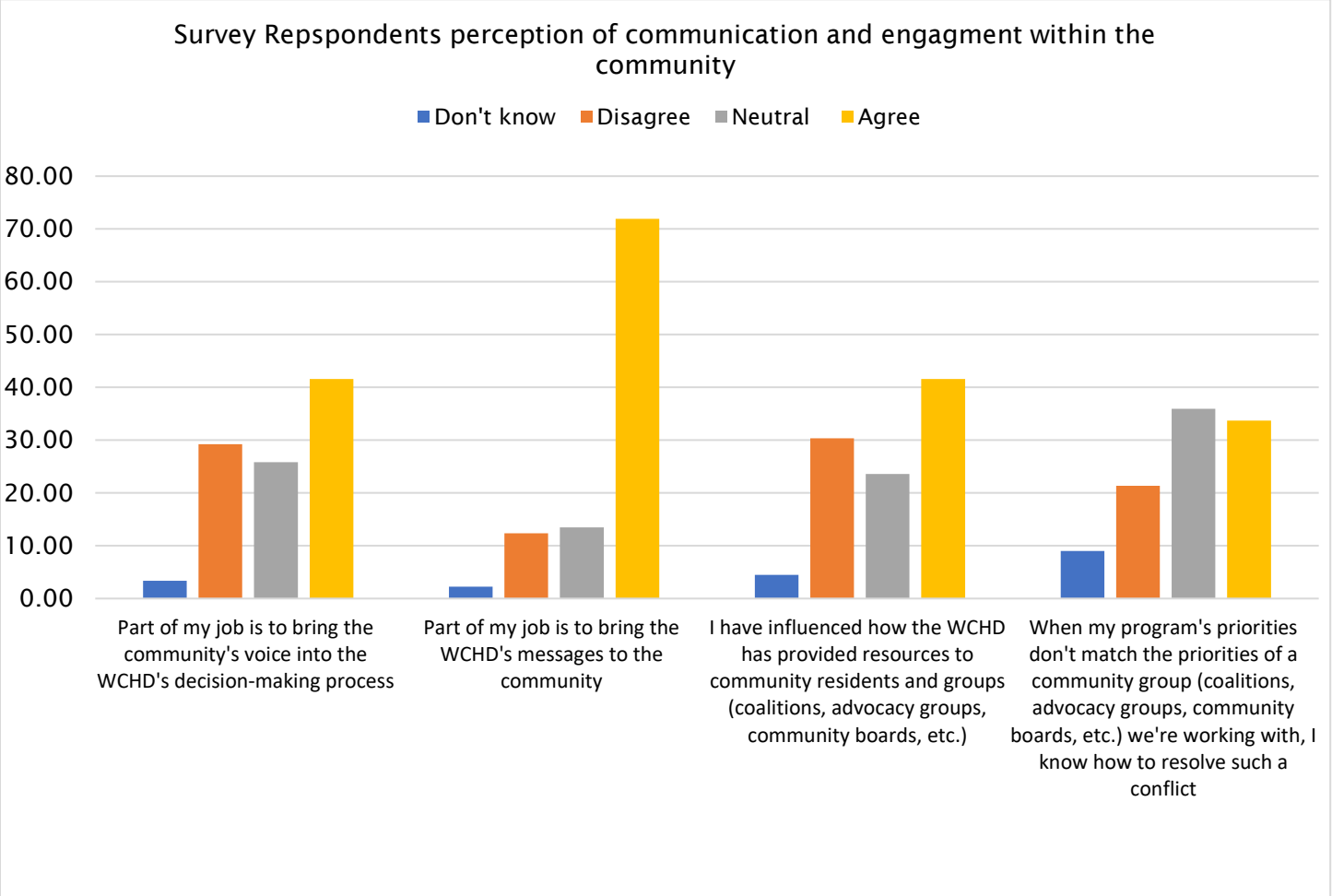


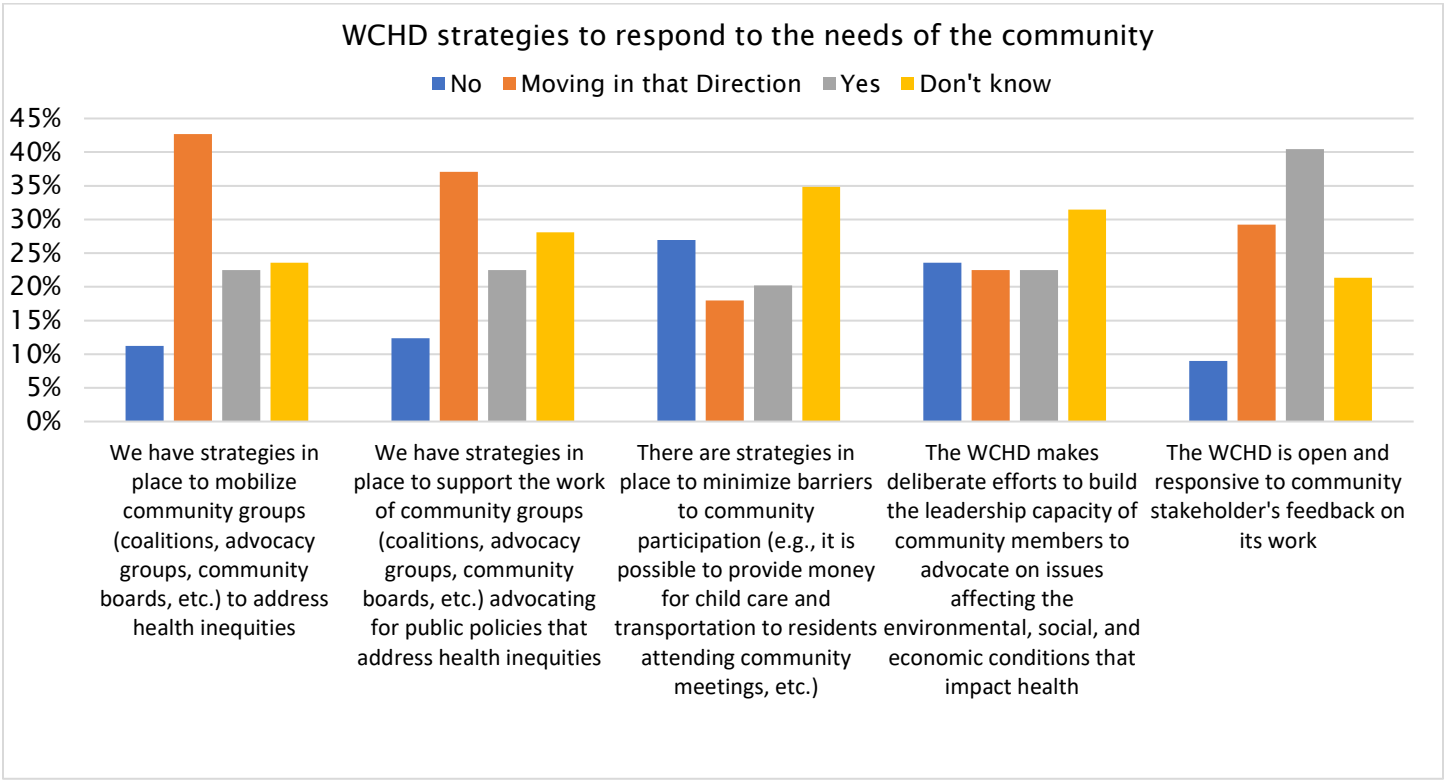


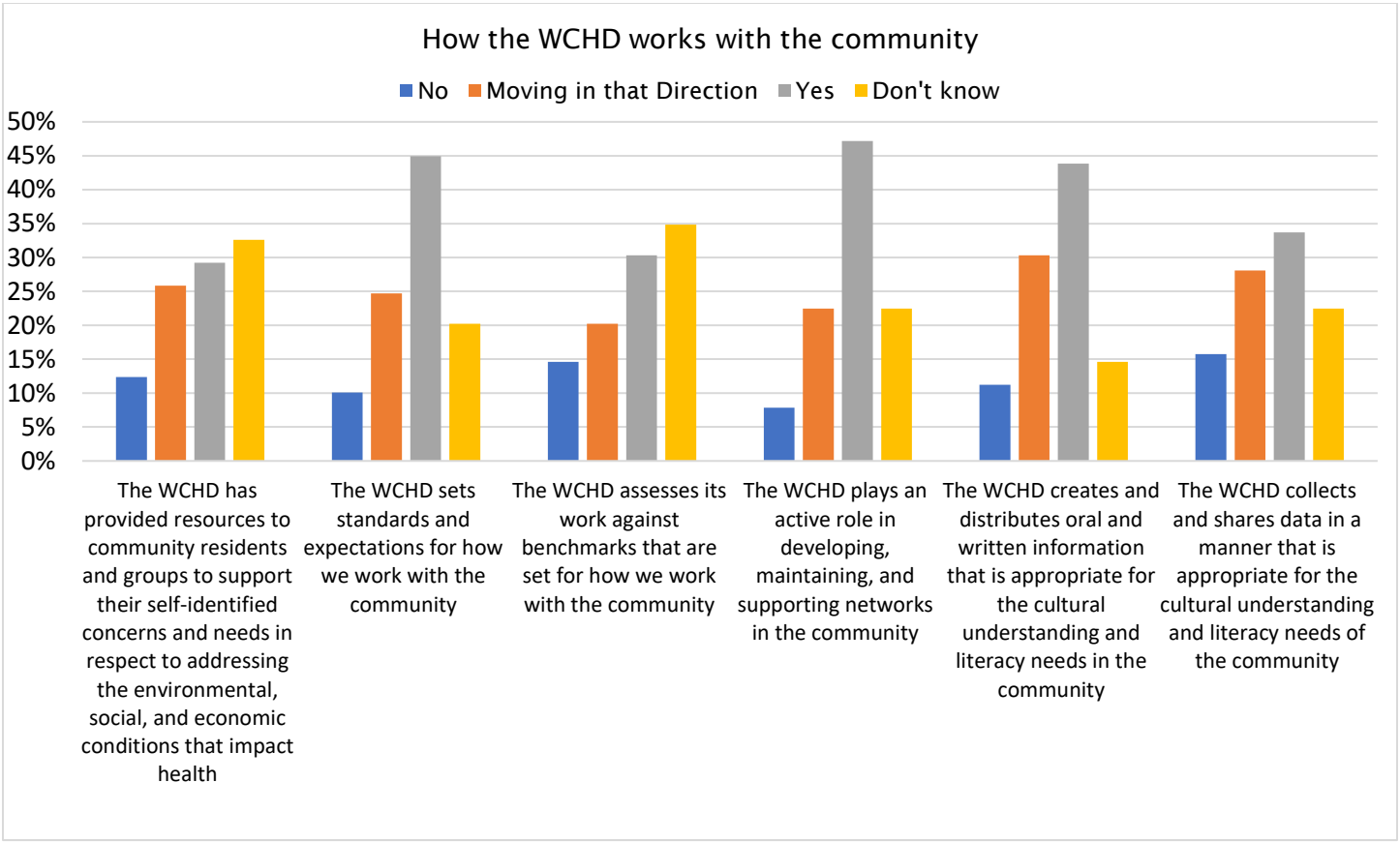
Engagement and relationships in the community

Among survey respondents almost half agree the WCHD has trusting relationships with external partners.



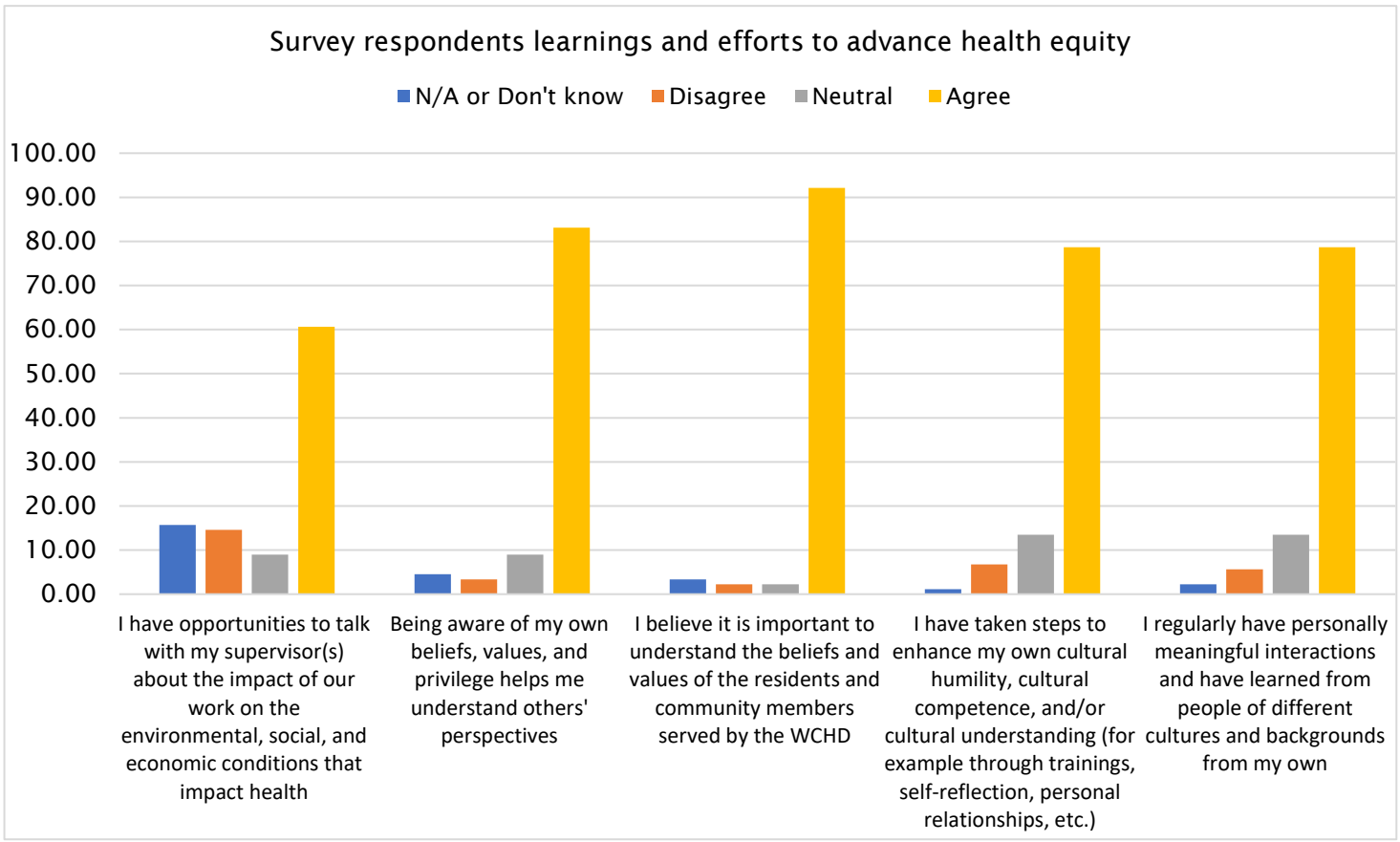



WCHD strategies to respond to the needs of the community
No
Moving in that Direction
Yes
Don't know
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
We have strategies in place to mobilize community groups (coalitions, advocacy groups, community boards, etc.) to address health inequities
We have strategies in place to support the work of community groups (coalitions, advocacy groups, community boards, etc.) advocating for public policies that address health inequities
There are strategies in place to minimize barriers to community participation (e.g., it is possible to provide money for child care and transportation to residents attending community meetings, etc.)
The WCHD makes deliberate efforts to build the leadership capacity of community members to advocate on issues affecting the environmental, social, and economic conditions that impact health
The WCHD is open and responsive to community stakeholder's feedback on its work


How the WCHD works with the community
No
Moving in that Direction
Yes
Don't know
50%
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
The WCHD has provided resources to community residents and groups to support their self-identified concerns and needs in respect to addressing the environmental, social, and economic conditions that impact health
The WCHD sets standards and expectations for how we work with the community
The WCHD assesses its work against benchmarks that are set for how we work with the community
The WCHD plays an active role in developing, maintaining, and supporting networks in the community
The WCHD creates and distributes oral and written information that is appropriate for the cultural understanding and literacy needs in the community
The WCHD collects and shares data in a manner that is appropriate for the cultural understanding and literacy needs of the community

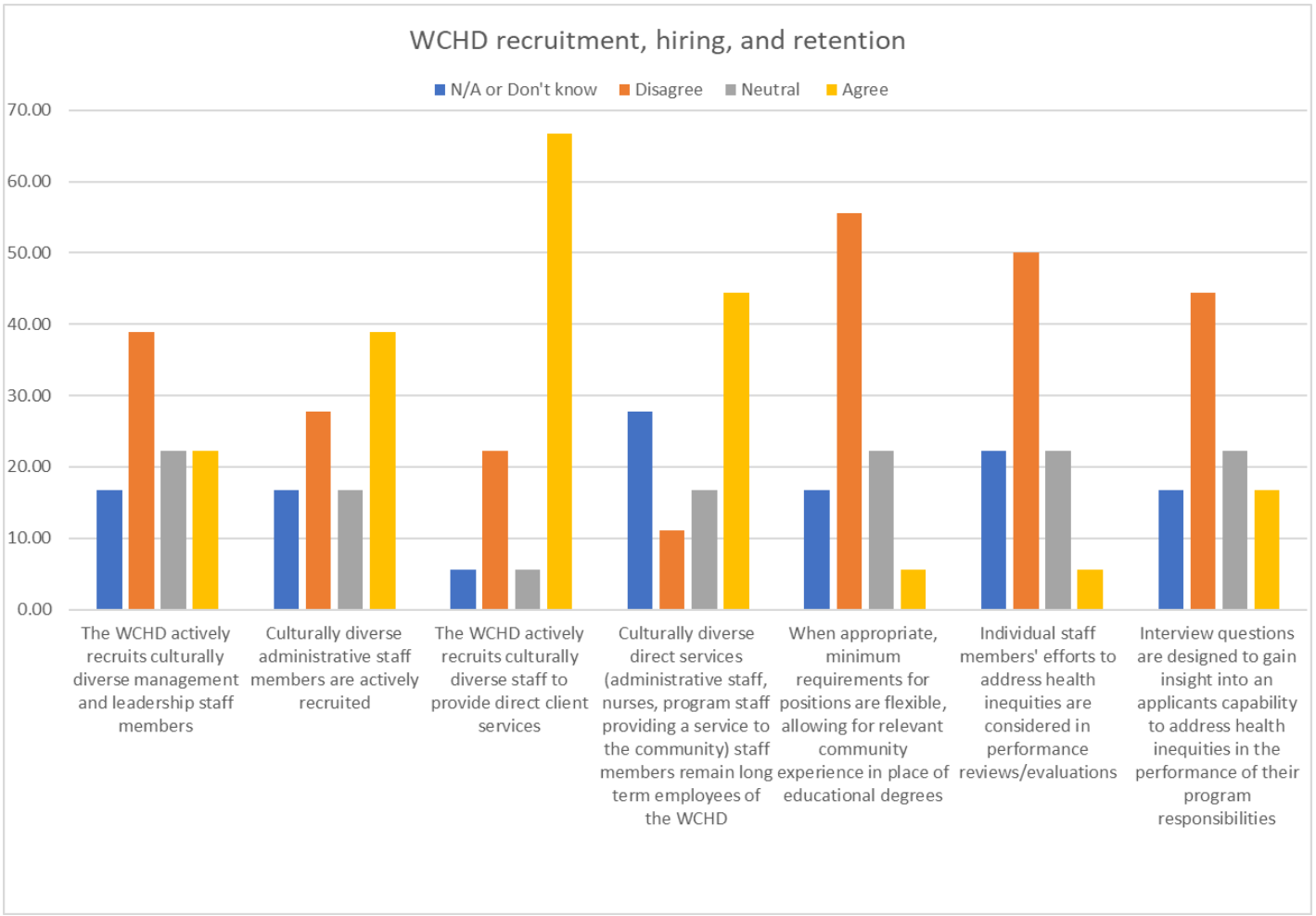
Survey Respondents reflection on opportunities to address health inequities

Among survey respondents, almost 80% have taken steps to enhance personal cultural humility. In addition, survey respondents agree they are aware of how their personal beliefs, values, and privilege helps to understand others' perspectives.



Recruitment, hiring, and retention of diverse staff at the WCHD

Most supervisors and division directors completed the Health Equity survey. Over half of the leadership team agree the WCHD recruits culturally diverse staff. Out of this set of questions, the team recognizes that the interview questions are not designed to gain insight into an applicant's ability to address health inequities.



APPENDIX C: COLLABORATING PARTNER SURVEY DETAILS

The purpose of the Collaborating Partner Survey is to provide an opportunity for partnering agencies, organizations, and community groups that work with WCHD to share their insights and feedback regarding their partnership with the WCHD, and how it facilitates public health approaches and strategies to address social determinants of health and health inequities. The benefit of this survey is to hear the perspectives of outside agencies and organizations, not only through quantitative data but through qualitative data by providing open-ended questions that allow partners to provide detailed information about how the WCHD does or can address the root causes of health inequities.

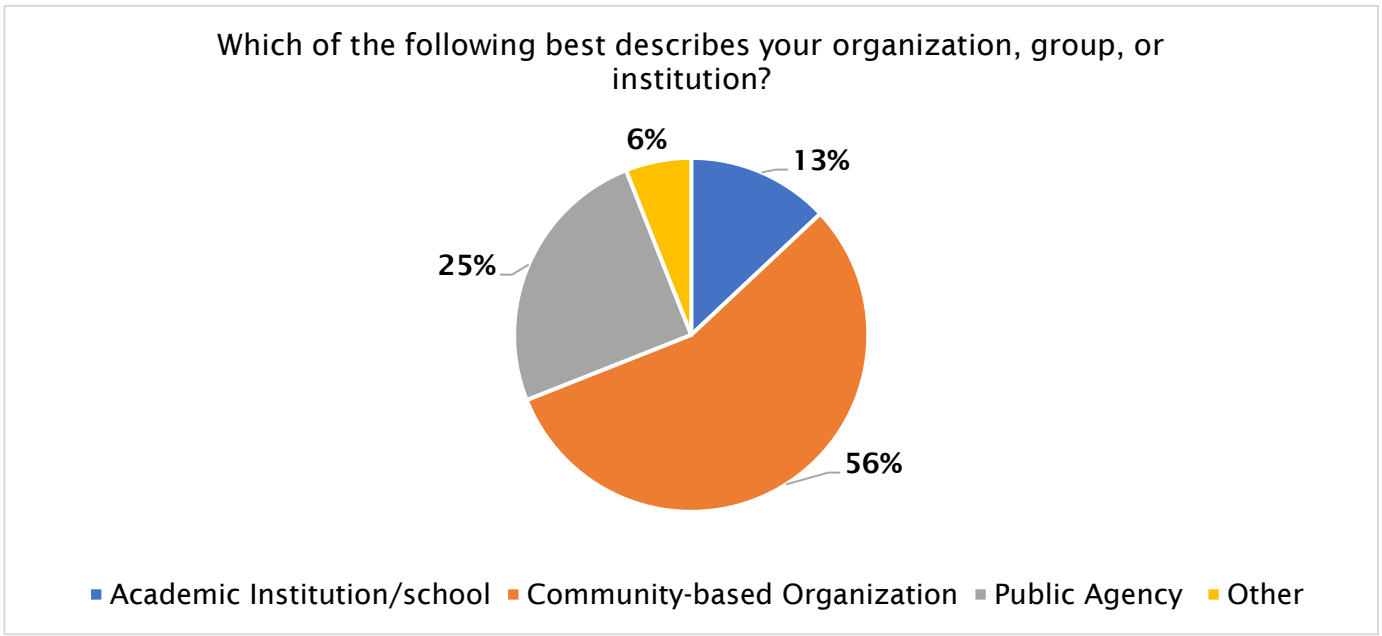
The Collaborating Partner Survey was sent to partners that met certain criteria, which was recommended by the BARHII self-assessment toolkit. The criteria included:

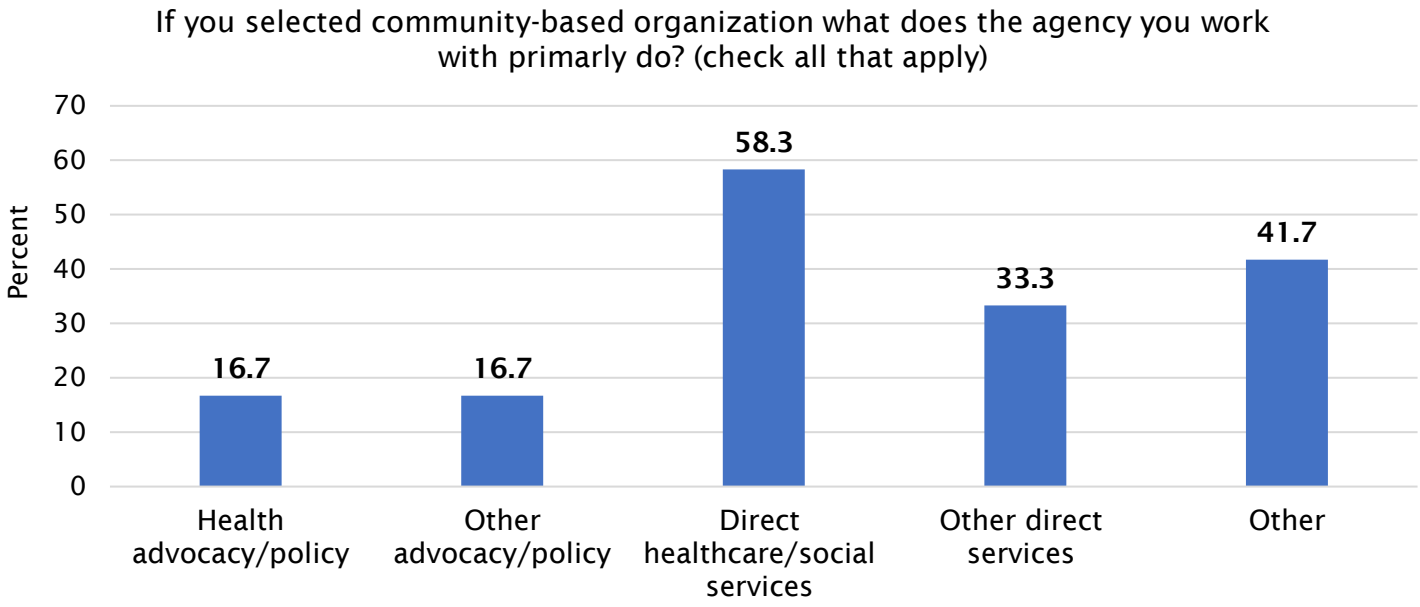
- Work with communities most affected by health inequities
- Have a basic understanding of public health functions
- Have a pre-existing relationship with the WCHD
- Provide services/advocacy efforts to communities served by WCHD
- Include cross-section of staff from organizations

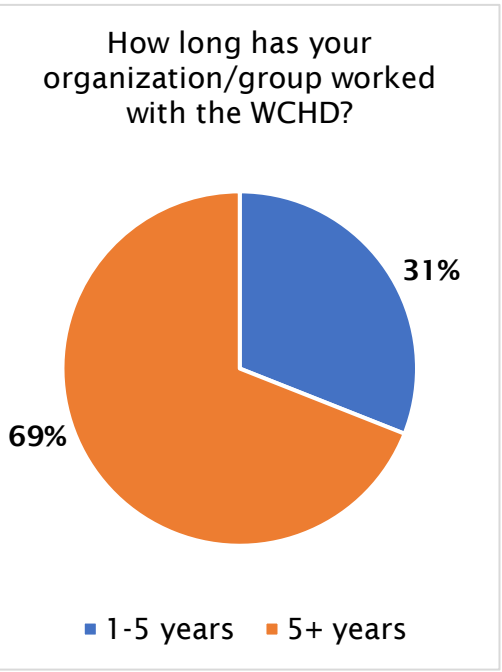
The WCHD's Health Equity Committee helped identify a list of community partners that met the criteria above.

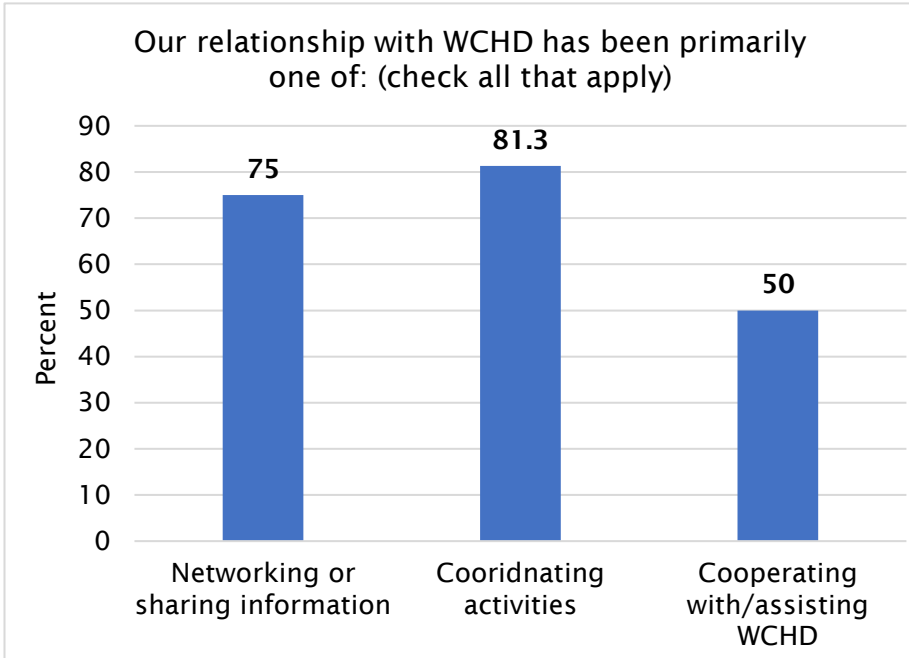
The survey was created in Alchemer, and the link was sent to partners via email. The survey was open from May 31st through July 15th and consisted of 40 questions. 14 surveys were completed in its entirety with 15 surveys being partially filled out, for a total of 30 surveys.

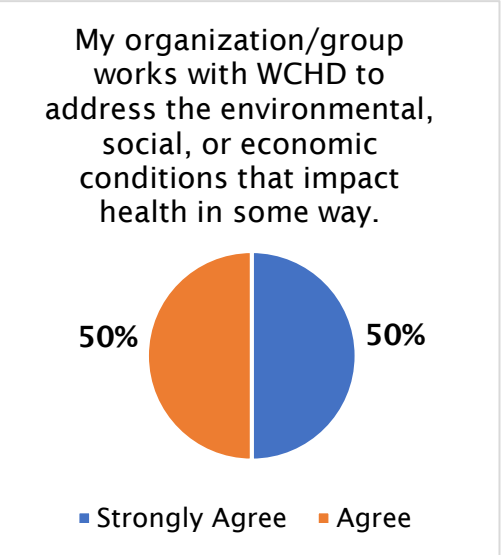
Collaborating Partner Survey Results

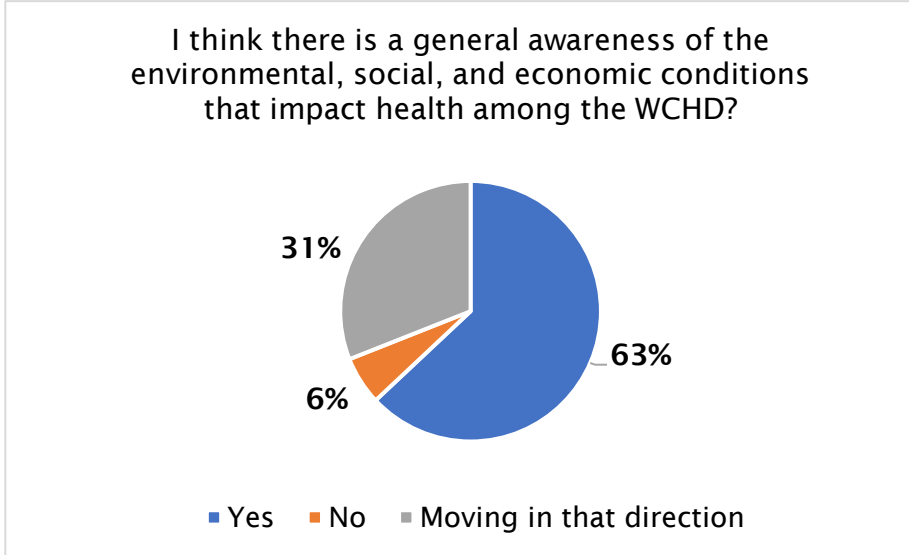


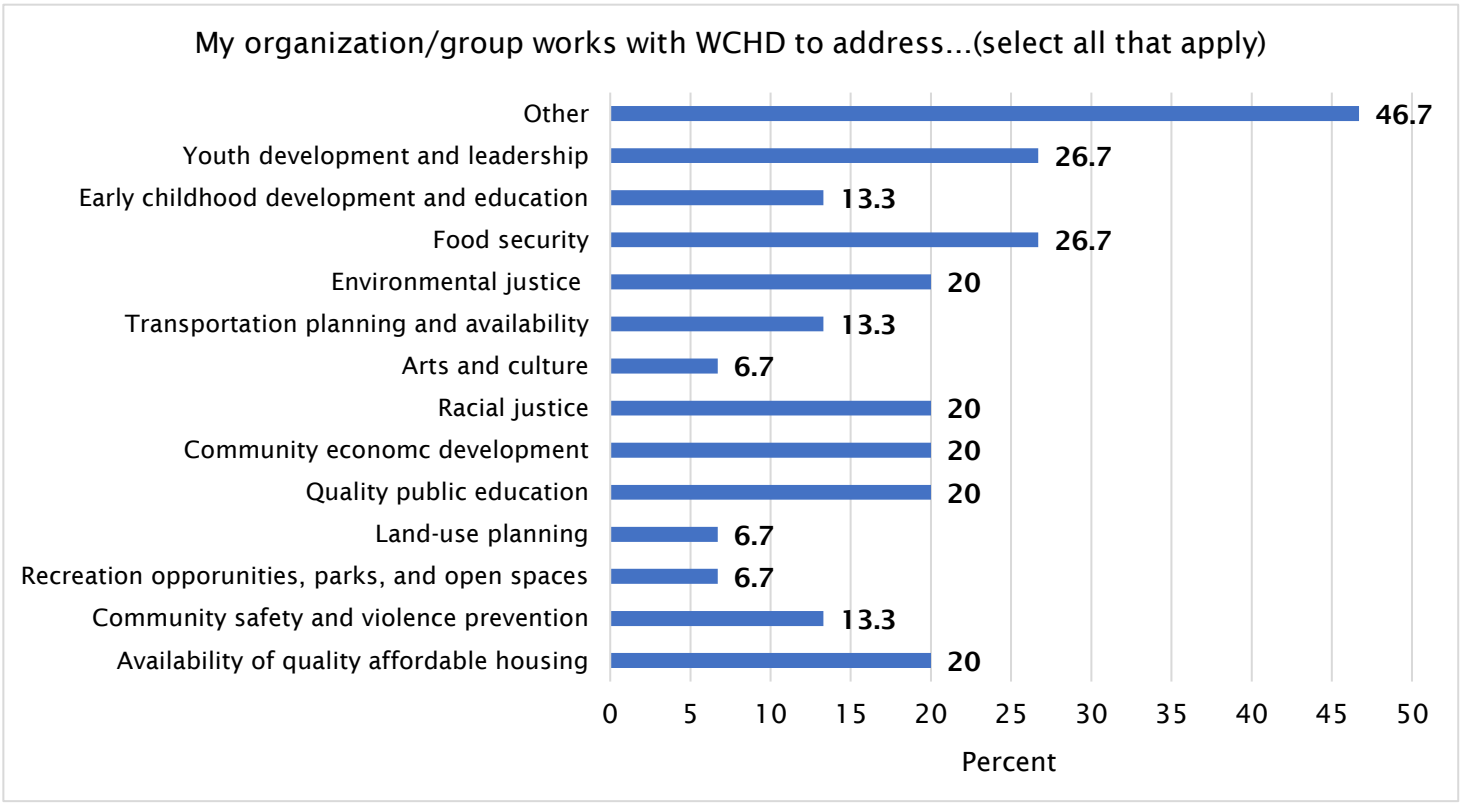

If you selected community-based organization what does the agency you work with primarly do? (check all that apply)
Percent
70
60
50
40
30
20
10
0
16.7
16.7
58.3
33.3
41.7
Health advocacy/policy
Other advocacy/policy
Direct healthcare/social services
Other direct services
Other

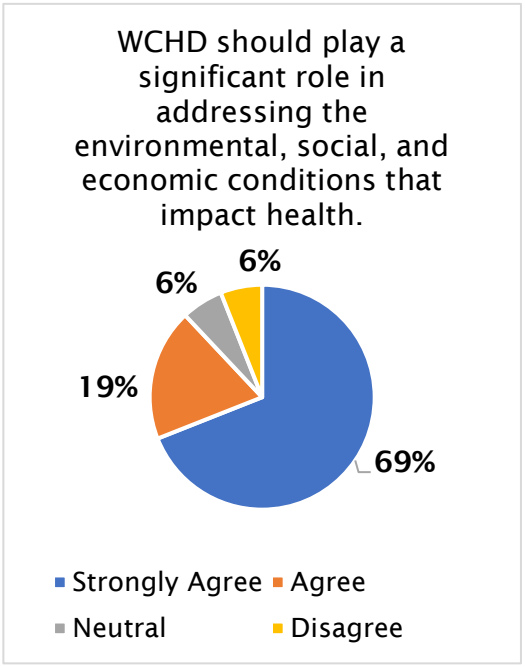

How long has your organization/group worked with the WCHD?
31%
69%
1-5 years
5+ years

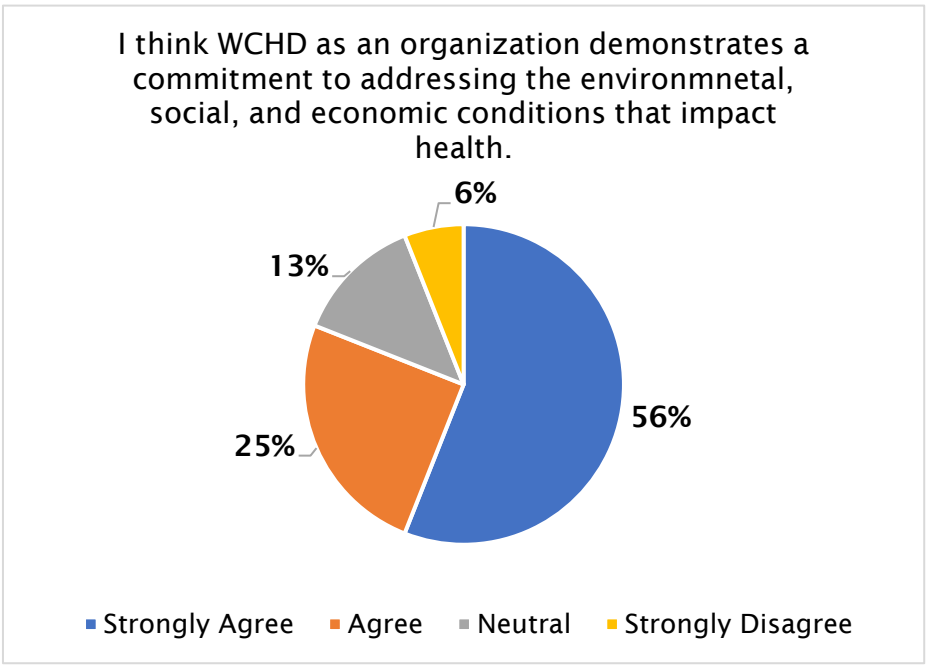

Our relationship with WCHD has been primarily one of: (check all that apply)
Percent
90
80
70
60
50
40
30
20
10
0
75
81.3
50
Networking or sharing information
Cooridnating activities
Cooperating with/assisting WCHD

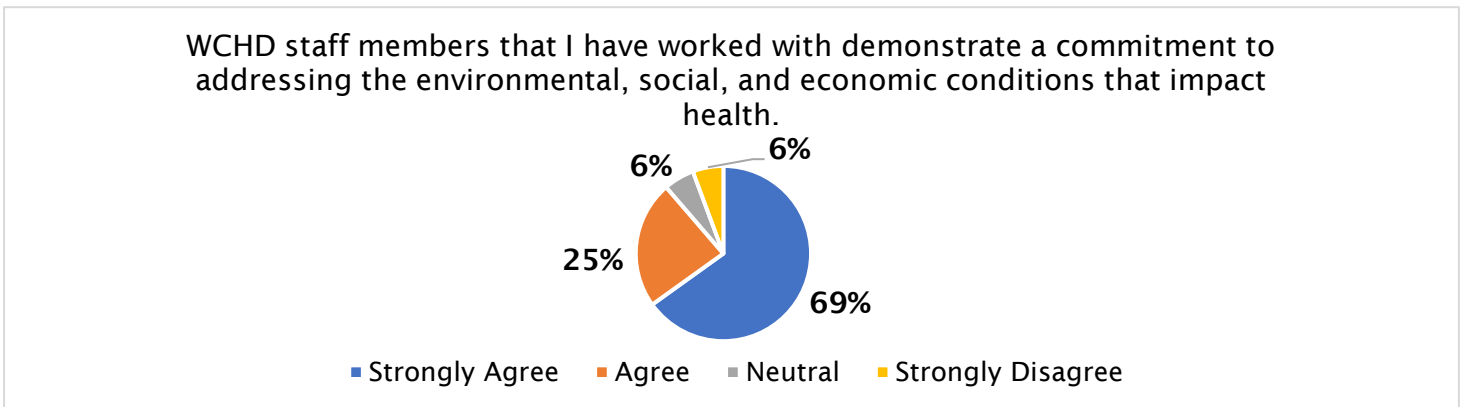

My organization/group works with WCHD to address the environmental, social, or economic conditions that impact health in some way.
50%
50%
Strongly Agree
Agree


I think there is a general awareness of the environmental, social, and economic conditions that impact health among the WCHD?
31%
6%
63%
Yes
No
Moving in that direction

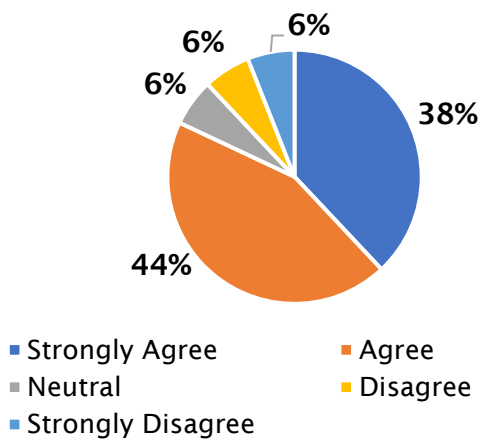

My organization/group works with WCHD to address...(select all that apply)
Other
Youth development and leadership
Early childhood development and education
Food security
Environmental justice
Transportation planning and availability
Arts and culture
Racial justice
Community economc development
Quality public education
Land-use planning
Recreation opporunities, parks, and open spaces
Community safety and violence prevention
Availability of quality affordable housing
46.7
26.7
13.3
26.7
20
13.3
6.7
20
20
20
6.7
6.7
13.3
20
0
5
10
15
20
25
30
35
40
45
50
Percent


WCHD should play a significant role in addressing the environmental, social, and economic conditions that impact health.
6%
6%
19%
69%
Strongly Agree
Agree
Neutral
Disagree

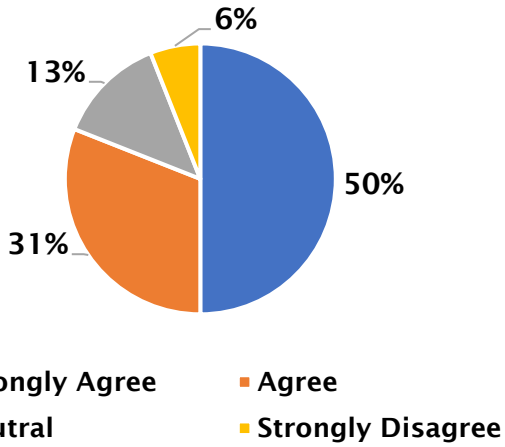

I think WCHD as an organization demonstrates a commitment to addressing the environmnetal, social, and economic conditions that impact health.
6%
13%
56%
25%
Strongly Agree
Agree
Neutral
Strongly Disagree


WCHD staff members that I have worked with demonstrate a commitment to addressing the environmental, social, and economic conditions that impact health.
6%
6%
25%
69%
Strongly Agree
Agree
Neutral
Strongly Disagree

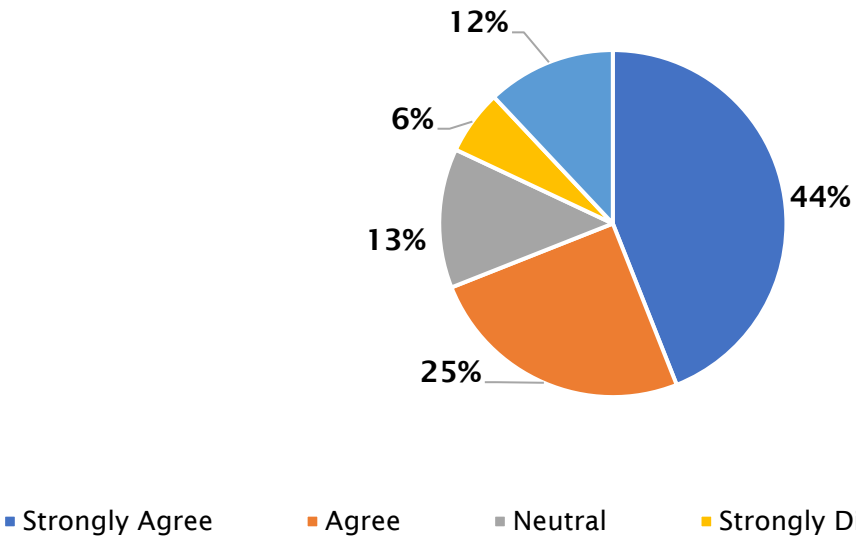
WCHD staff I interact with understand residents' major concerns in our community.



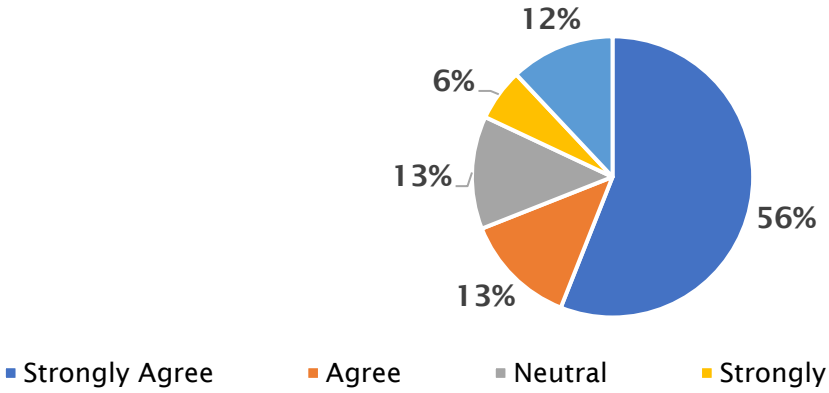
WCHD staff I interact with understand the major causes of health inequities in Washoe County?



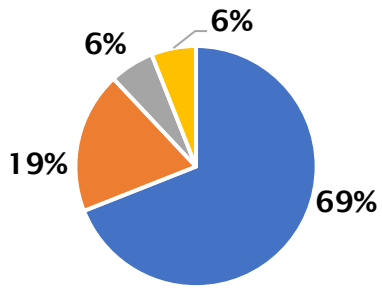
WCHD staff I have interacted with are familiar with the strengths and resources of residents and community institutions.



WCHD staff I have interacted with advocate on behalf of the community within Washoe County and have infleunced how resources have been made available to support community residents/institutions in addressing community concerns.

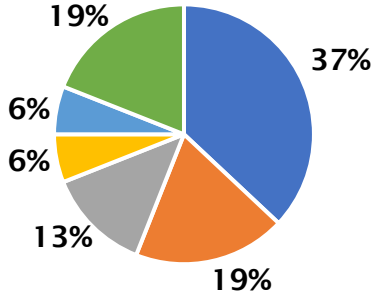


I have trusting relationships with the WCHD staff I work(ed) with.



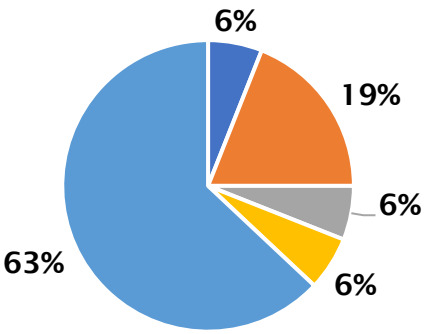
Strongly Agree
Agree
Neutral
Strongly Disagree

WCHD holds community meetings that are welcoming, comfortable, and familiar to community members.



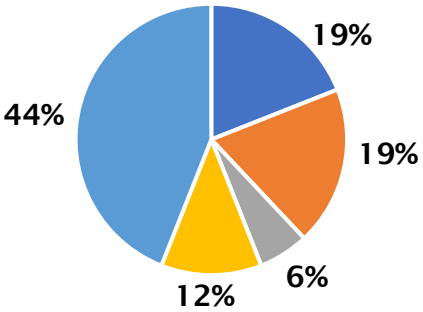
Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree
Don't know

WCHD provides food and childcare at the community meetings it holds.



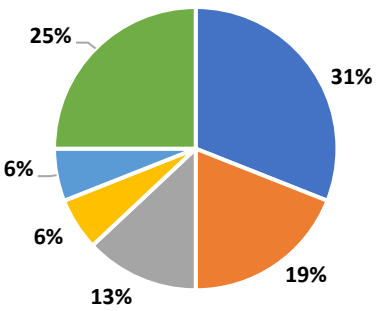
Strongly Agree
Neutral
Disagree
Strongly Disagree
Don't know

The community meetings that WCHD holds are scheduled at times that are generally convenient for community members.



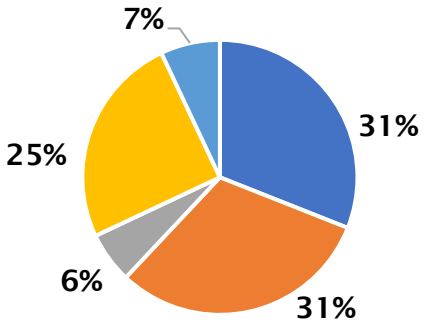
Strongly Agree
Agree
Neutral
Disagree
Don't know

WCHD values input from community reidents.



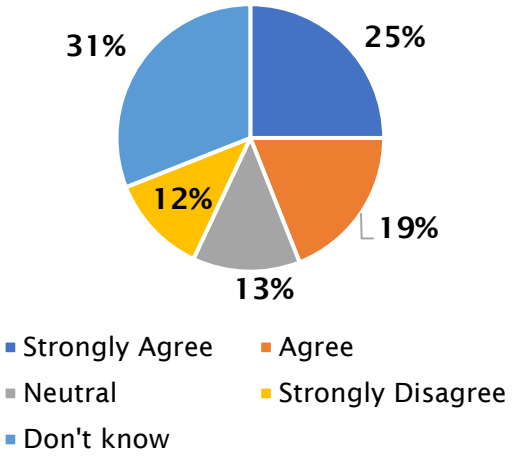
Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree
Don't know

WCHD values input from organizations like mine.

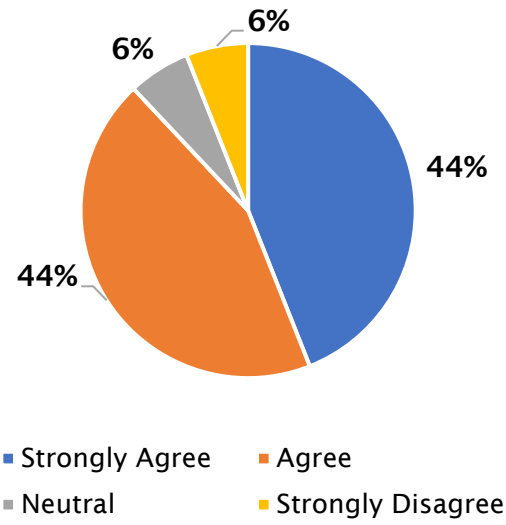


Strongly Agree
Agree
Disagree
Strongly Disagree
Don't know

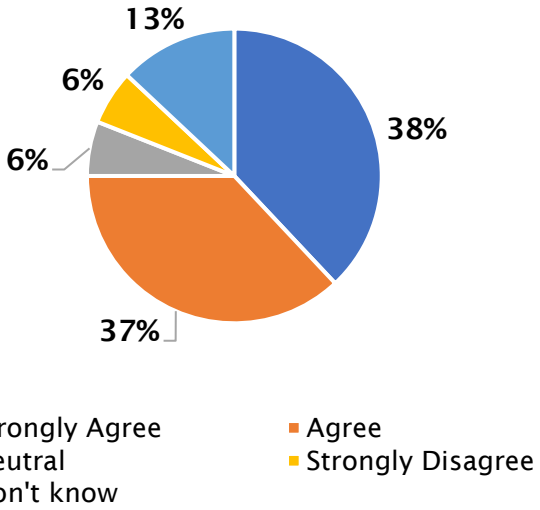
When WCHD program decisions do not reflect community input, it is clear why those decisions were made.



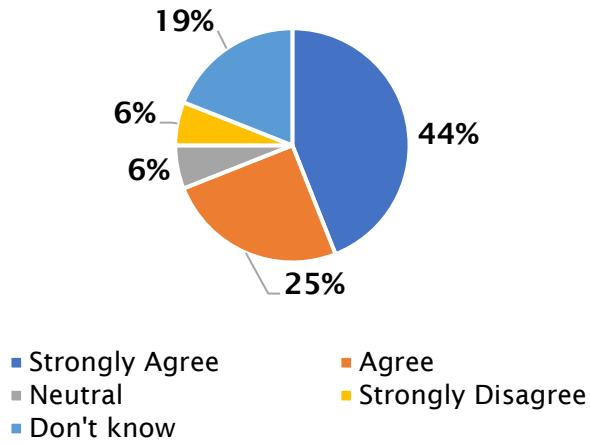
WCHD is responsive to the priorities of the community.



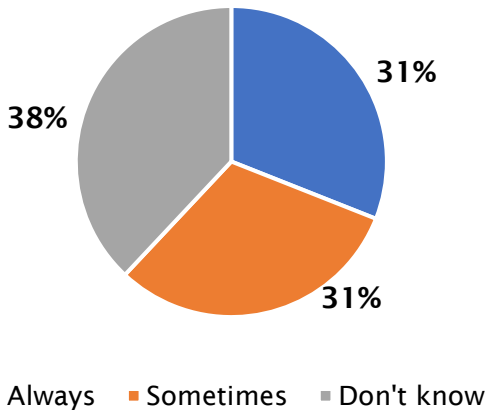
WCHD comunicates openly and honestly with community members and partners.



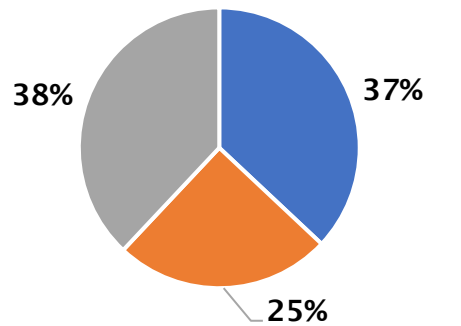
WCHD has provided resources to community residents and partners to support their own concerns and needs for addressing health inequities.



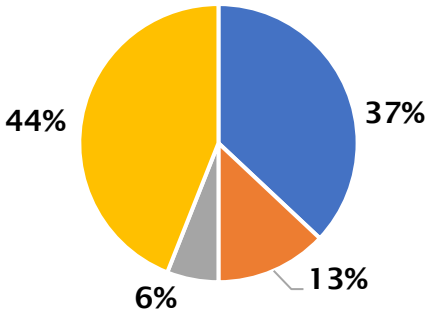
Organizations like mine are invited to participate in WCHD planning process.



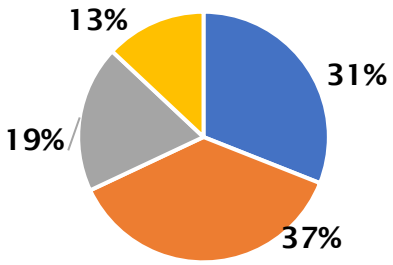
Organizations like mine are meaningfully involved in the WCHD planning process.



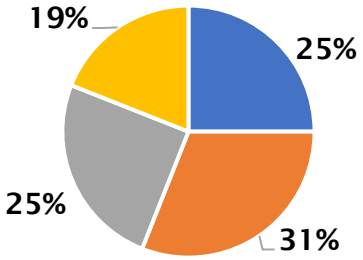
WCHD informs the people and groups it works with about the results of community input into planning.



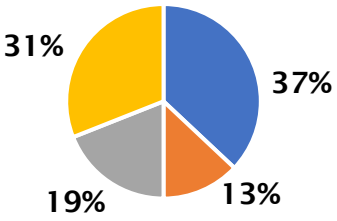
WCHD creates and distributes oral and written materials that are appropriate for the cultural, linguistic, and literacy needs of the community.



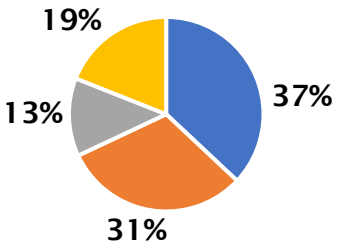
WCHD collects and shares data in a manner that is appropriate for the cultural, linguistic, and literacy needs of the community.



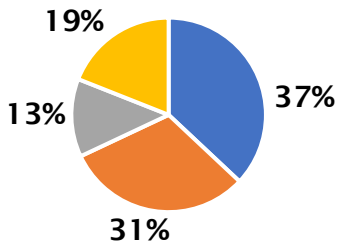
WCHD provides trainings to increase the knowledge and skills of community leaders to address the environmental, social, and economic conditions that impact health.

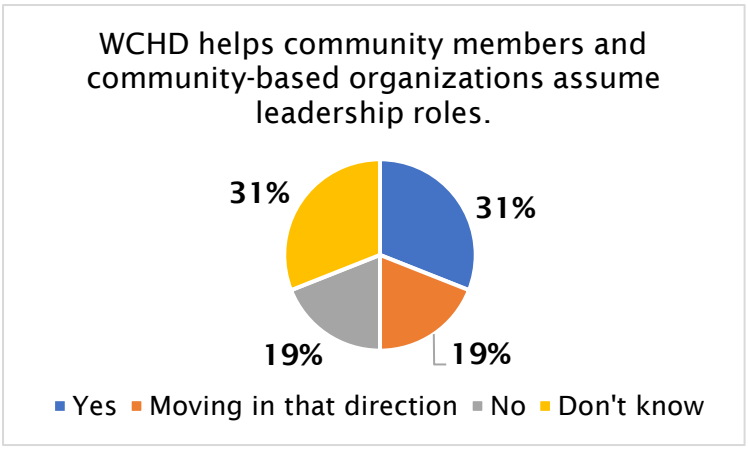


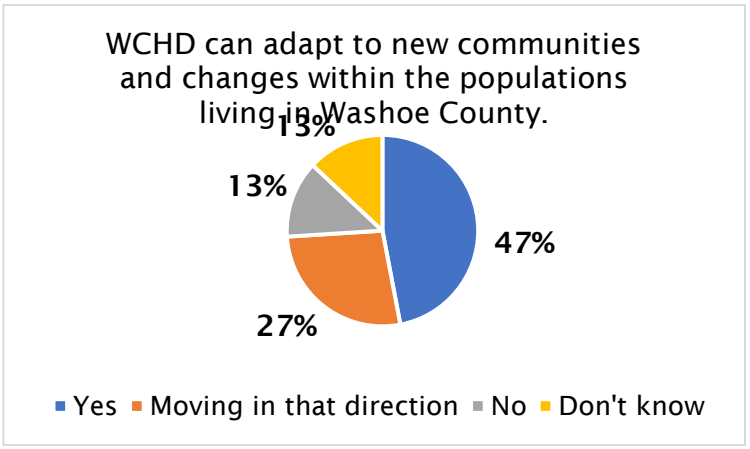
WCHD helps build the leadership capacity of community members to advocate on issues affecting the environmental, social, and economic conditions that impact health.

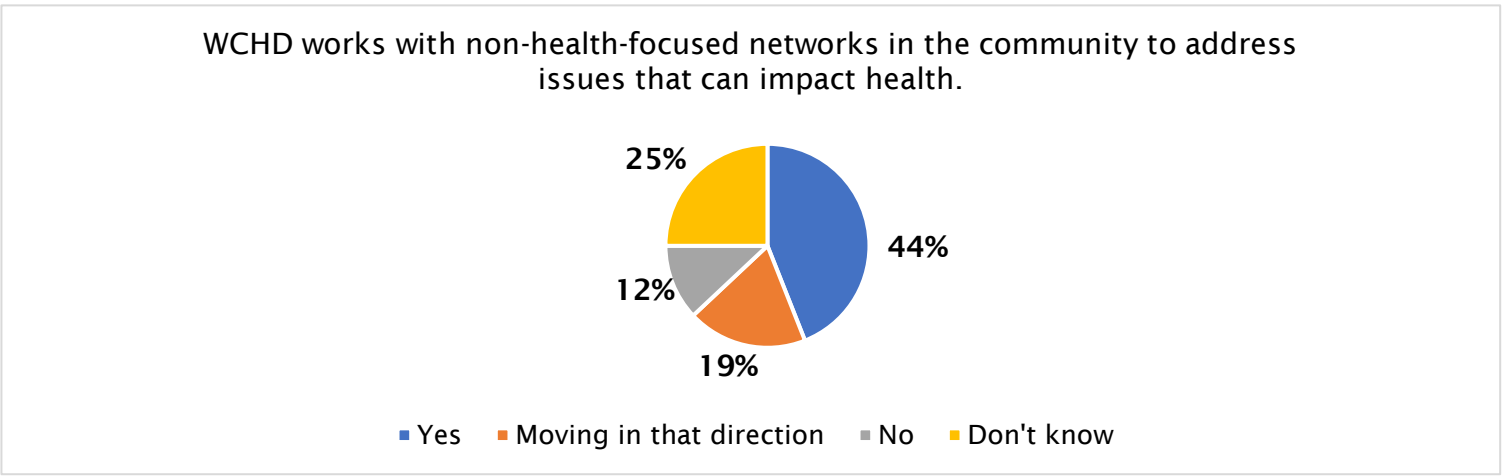


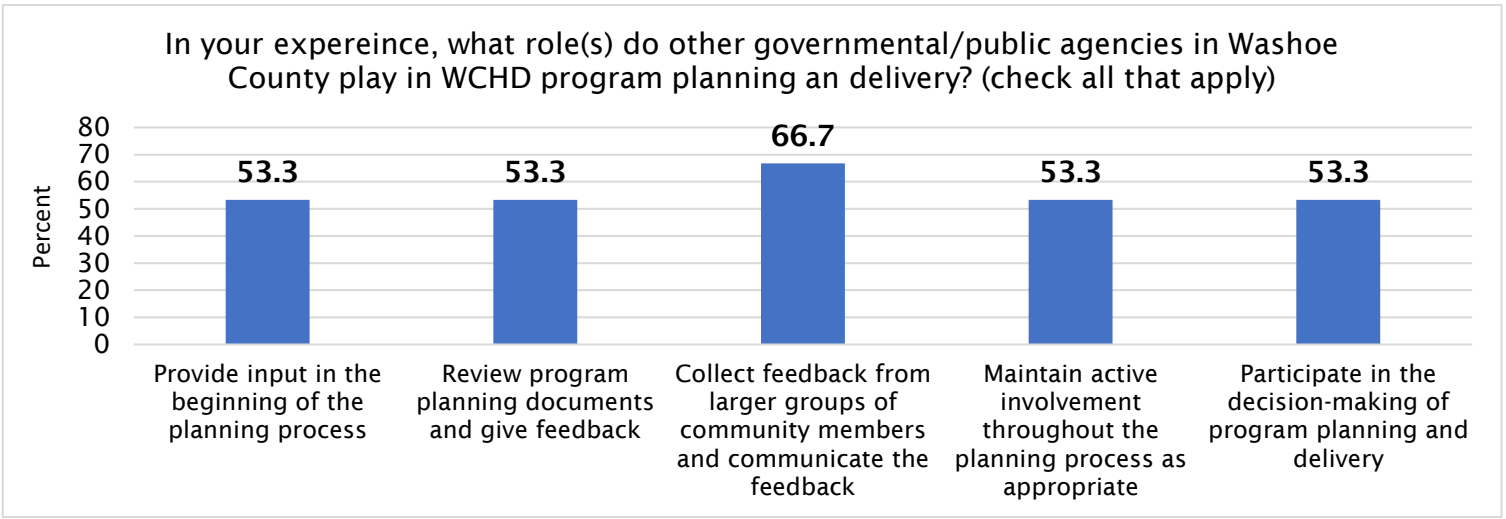
WCHD plays an active role in developing, maintaining, and supporting networks in the community.

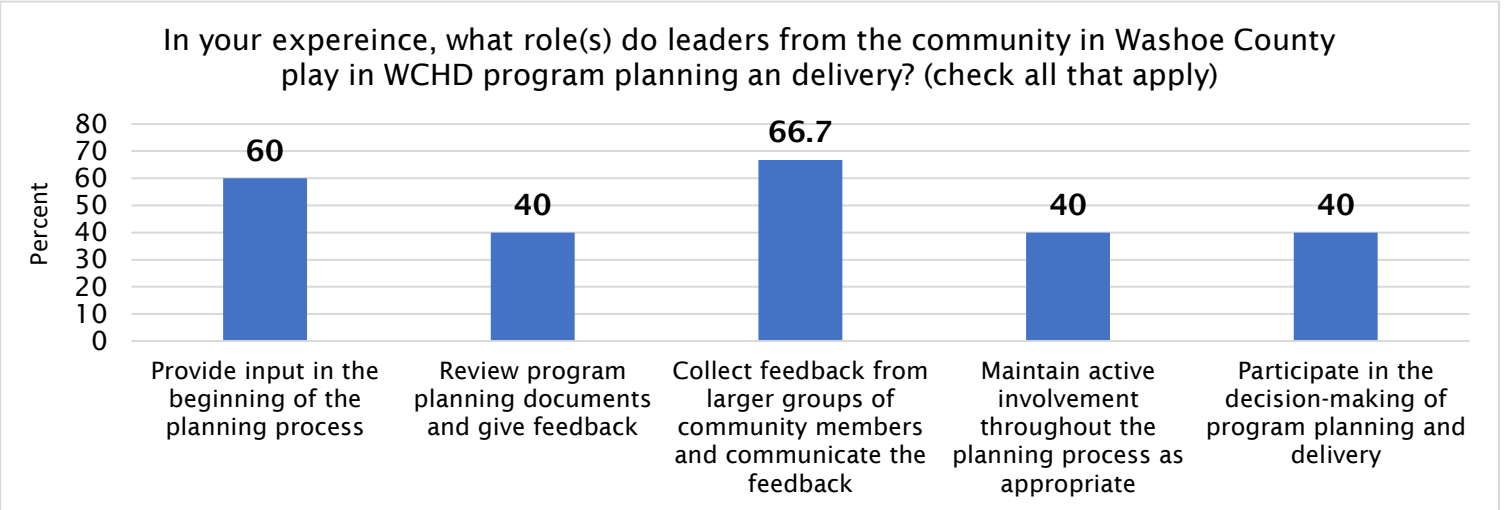



WCHD helps community members and community-based organizations assume leadership roles.
31%
31%
19%
19%
Yes
Moving in that direction
No
Don't know


WCHD can adapt to new communities and changes within the populations living in Washoe County.
13%
13%
47%
27%
Yes
Moving in that direction
No
Don't know


WCHD works with non-health-focused networks in the community to address issues that can impact health.
25%
44%
12%
19%
Yes
Moving in that direction
No
Don't know


In your expereince, what role(s) do other governmental/public agencies in Washoe County play in WCHD program planning an delivery? (check all that apply)
Percent
80
70
60
50
40
30
20
10
0
53.3
53.3
66.7
53.3
53.3
Provide input in the beginning of the planning process
Review program planning documents and give feedback
Collect feedback from larger groups of community members and communicate the feedback
Maintain active involvement throughout the planning process as appropriate
Participate in the decision-making of program planning and delivery


In your expereince, what role(s) do leaders from the community in Washoe County play in WCHD program planning an delivery? (check all that apply)
Percent
80
70
60
50
40
30
20
10
0
60
40
66.7
40
40
Provide input in the beginning of the planning process
Review program planning documents and give feedback
Collect feedback from larger groups of community members and communicate the feedback
Maintain active involvement throughout the planning process as appropriate
Participate in the decision-making of program planning and delivery

What has been positive about the collaboration between WCHD and organizations/groups like yours?

Responses:

- Open door when we need assistance with things out of our regular scope.
- The commitment that WCHD staff must locating and retaining patients lost-to-care, in medical treatment and medication adherence.
- response to questions have occurred in a timely manner
- Local expertise and resources. Greta knows how on how to get projects off the ground.
- Not much
- We have attended collaboration meetings with WCHD staff, specifically for the Ryan White Program.
- Active communication efforts and joint partnerships in community outreach events.
- We have opened more communications with each other over the past few years. We continue to build our relationship and I think that will be great for both sides going forward.
- Shared resources
- WCHD staff has proactively and consistently reached out to members of the community with offers to engage and offers of assistance
- The staff is open to collaborative partnerships
- The staff our organization has worked with is extremely professional and helpful.

What has been challenging about the collaboration between WCHD and organizations/groups like yours?
Responses:
• Meetings are ineffective and often a waste of time. Often, I find the WCHD is out of touch with the knowledge of the community including patients and providers. The agenda is very progressive which is wonderful, yet many community partners are still catching up and are too far behind to understand all the new terminology being used and alienating organizations
• There have been many staff changes at our agency, not necessarily WCHD.
• No challenges, I have enjoyed the relationship with the nurses at the WCHD
• Communication can be sometimes. Information in Spanish sometimes has nonsensical syntax.
• Extremely rude and condescending & plain rude staff, never stepping up and hoping to pass each and every buck from support to money to any other org
• Shared communication about events.
• Understanding the limits of what is available and accessing non-funding resources of WCHD has been a challenge.
• The follow through and consistency
• No challenges - our interactions have always been positive

What do you think should change about the way WCHD collaborates with organizations/groups like yours?
Responses:
• Listen to your community partners specifically in HIV and STIs. Many FQHCs are behind and are trying to catch up with the appropriate verbiage and KSAs we all need to be on the same page. I also feel most emphasis is placed on partnerships with UNR and not the rest of the community
• Continue to increase agency/WCHD collaborations.
• No change needed
• There should be more.
• Recognize that they can't do what they do without partners and to be nice
• More needs to come from our side. The WCHD team is great when we can work on things together. A lot of the time, there are too many approvals on our end to share things timely, so it is something we are working through.
• WCHD should offer educational opportunities as well as in-house resources that can support additional health messaging to the community. Reporting on assistance to the organizations that WCHD would be helpful for tracking and understanding purposes.
• Consistent program and outreach efforts to houseless neighbors and those at the Nevada Cares Campus. Planning outreach efforts that take place in timely efforts to allow residents to have time to attend events rather than days before. Maybe sending someone over a few days to promote the event with staff and participates to encourage attendance
• We'd like to partner more with WCHD

APPENDIX D: STAFF FOCUS GROUP DETAILS

The purpose of the staff focus groups was to explore issues that are more suited to discussion and conversation to address how the organizational culture supports skills and practices that are critical for addressing health inequity. According to BARHII, the staff survey provides the opportunity to:

- Facilitate discussion about organizational culture and other matters difficult to capture in a survey format.
- Provide a safe space for staff to talk with each other about organizational factors affecting their ability to contribute to health equity work.
- More deeply explore issues identified by staff.

Three focus groups were led by a Diversity, Equity, and Inclusion Consultant. Each focus group consisted of 4-8 participants, for a total of 21 staff. Participants were randomly selected and did represent all divisions of the health district. Each participant used an alias name, and the focus group discussions were recorded with an application called Otter for future analysis. Each focus group recording was deleted once analysis was completed. The discussions centered around a list of questions modified from the BARHII Self-Assessment Toolkit which can be found below. It is important to note that due to historical trauma, there may have been less engagement and responses from staff due to their multiple dimensions of identity.

Staff Focus Group Sentiments:

- Specific areas of focus mentioned – mental health, substance use, violence, behavioral health, homelessness, social justice, air quality and environmental justice, and culturally and linguistically appropriate services.
- Examine how decisions are driven by governmental policies and practices.
- Hire liaisons for positions focused on communities that speak various languages to serve diverse communities. These individuals could specialize in specific areas and communities.
- Invite and include community members and leaders that are directly impacted by programs, into the planning and evaluation process or on committees.
- Assess if health equity is included in project plans.
- Examine if funding opportunities/deliverables focus on social justice and addressing health inequities.
- Establish cross departmental information sharing and/or trainings to better equip others to explain to the community other parts of the health district.
- Revisit the New Hire Orientation process.
- Expand on opportunities to highlight and share success across departments.
- Allow various department representatives to have a seat at the table with decision and policymakers.
- Examine the political boundaries and business models that influence decisions that disrupt systems and services, and/or reinforce disparate health outcomes
  119

STAFF FOCUS GROUP QUESTIONS
Transition Statement: First, let's talk some about how WCHD supports staff to be involved in addressing health inequities: • What has WCHD done to help staff at various levels learn about and develop skills to address the environmental, social, and economic conditions that impact health?
• How well-equipped are you and other staff to address the environmental, social, and economic conditions that impact health? *Probes:* o What are some key skills and characteristics needed in staff and WCHD to address the environmental, social, and economic conditions that impact health? o What other training and help from WCHD do you think is needed for staff to be more effective in addressing the environmental, social, and economic conditions that impact health? o What more could be done in your work to address the environmental, social, and economic conditions that impact health if you had the support of WCHD?
• How do you feel about the work you and the WCHD do to address the environmental, social, and economic conditions that impact health? *Probes:* o How important do you feel this work is? What priority does it take over other work WCHD does?
• When you or other staff have ideas about improving the WCHD's mission and work, what processes are in place to bring them to the attention of decision-makers?
• How welcoming and supportive is WCHD to new ideas and programs to address root causes of health inequities? *Probes:* o Can you describe the attitude WCHD, and the leadership have toward trying new things? o How does WCHD leadership and staff cope with projects that fail?

- How do the reactions and attitudes of leadership staff members impact staff performance?

Transition statement:
Let's move to talking about some of the work that WCHD is doing around health inequities:

- Can you describe any WCHD work toward addressing the environmental, social, and economic conditions that impact health that has been successful?

Transition Statement:
Now let's talk about WCHD culture and matters of diversity:

- Can you describe the diversity in WCHD? Be sure to include all levels of staff.

Probes:
- Does WCHD staff and decision makers reflect the diversity of the people in Washoe county? How so?
- Describe how WCHD's recruitment, hiring and promotion practices promote or discourage diversity.

- Are there internal discussions of the impact of racism, classism, sexism, and other "isms" on health inequities at WCHD?

Probes:
- If these types of discussions have not occurred, why do you think that is?

Transition Statement:
Lastly, let's talk some about WCHD's work with the community:

- Describe how WCHD works with community residents, community organizations and groups in addressing the environmental, social, and economic conditions that impact health.

Probes:
- What role does the community play in addressing the environmental, social, and economic conditions that impact health?
- Has WCHD provided resources and training to build the capacity of these partners to do this work?
- What is challenging about working with community residents, organizations, and groups?

Transition Statement:

As we're wrapping up our discussion, let's hear any remaining ideas you may have about WCHD's work to address health inequities:

- Given your knowledge of current and future program areas, do you have any suggestions for WCHD to improve and expand its work toward addressing the environmental, social, and economic conditions that impact health?

Thank you so much for your time today!

APPENDIX E: MANAGEMENT STAFF INTERVIEW DETAILS

The purpose of the management interviews was to provide an opportunity to collect in-dept information about WCHD's organizational strengths and areas of improvement related to addressing health inequities. This time from the perspective of those in leadership and decision-making positions. According to BARHII, management interviews are used to:

- Collet information about organizational culture, institutional commitment, and decision-making processes directly from the perspective of organizational leaders
- Provide a dedicated time and space for management to reflect individually on the LHDs work to address the root causes of health inequities

The management interviews were led by a Diversity, Equity, and Inclusion Consultant. A total of eight interviews were conducted with each interview lasting about an hour. Members of the management and leadership team that were interviewed include the District Health Officer, Administrative Health Services Officer, Communications Manager, Division Directors, and Washoe County Human Resources representatives. The interview questions were adapted from the BARHII Self-Assessment Toolkit and can be found below.

Management Interview Sentiments:

- Increase efforts to recruit and prepare the workforce to better address health inequities and work towards health equity.
- Have more difficult discussions around health inequities within departments.
- Provide staff the resources and training needed to improve efforts to address health inequities.
- Focus on capacity building, to asst in turning the focus from just completing the job to engaging the community. Also, ensure that this transition is implemented in an appropriate manner.
- Provide more resources to help make health equity a priority, so staff can do a better job.
- Education on areas or themes that come from the Health Equity Organizational Assessment that need to be addressed. This would be helpful for every division and the health district as a whole.
- Hire more staff. Staff shortages have led to some challenges to address many of the health inequities.
- Better understand and utilize the community health workers within their roles and responsibilities.

MANAGEMENT INTERVIEW QUESTIONS

First, please tell me a little about yourself.

- How long have you been in your current position?
- How long have you been at WCHD?
- How long have you been working in the public health field?

Mission, Vision, and Values

- Based on WCHD's vision, mission, and values statements, do you think there is a commitment to address health inequities? How is this commitment demonstrated?

Goals, Strategies and Benchmarks / Strategic and Succession Plans / Accessible Data and Informed Planning

- How does WCHD manage community input into program planning and/or program planning processes?
    - Who from the community is asked for input?
    - Do community leaders have opportunities to give feedback on, or influence changes to existing programs and planning?
    - How does WCHD communicate back to the community how their input was used?

- Is there a process for regularly assessing WCHD's strengths and areas for improvement in its work to address health inequities?
    - Who is involved in the process?

- Does WCHD regularly evaluate or reflect on its capacity, commitment, and efforts to address health inequities? Is there a formal process for evaluation and reflection? Please describe the process.

- Does WCHD have a culture that encourages learning, growth, and change?
    - How does WCHD give positive incentives for feedback? Are there repercussions if staff make a mistake?
    - Are there any other examples of how it does/does not foster a learning culture?

- Do the attitudes and expectations within WCHD encourage diversity?
    - What types of diversity does WCHD successfully encourage?
    - What could WCHD do to change the attitudes and expectations it conveys to encourage other type of diversity?

- Does WCHD provide opportunities for staff feedback about strategies and efforts to address health inequities? In what ways is staff input encouraged or supported?
    - How is the feedback used?
    - Can you give me an example of what happened when a lower-level staff member submitted an idea in the past? What happens to this idea? Who else is it communicated to? How is it considered? What was the result? How was the result communicated back to the person who gave that input?

Value cultural and linguistic diversity

- How do you include the strengths and assets of people from diverse cultural and class backgrounds in the programs and initiatives undertaken by the department?
    - Can you describe some specific examples where this has happened?
    - How is this integrated into department-wide strategic planning and initiatives?

- How are staff from multiple levels of the department involved in making major decisions?

Participatory and Transparent Decision-making Process

- Do you think WCHD's values are consciously brought into decision-making processes? Can you give an example?
    - When this happens-when the WCHD's values are intentionally applied to decisions-what is the impact on work addressing health inequities?

Community Capacity Building

- Does WCHD have strategies to help community members and CBOs assume leadership roles, advocate for public health concerns, and influence the local health department?
- Has WCHD established alliances with community groups that are working to improve conditions that influence health status such as housing, economic development, or living wages?

Streamlined Administrative Processes and Funding

- How does WCHD provide administrative and logistical support for involving community members in decision-making and planning? This includes the arrangements for community meetings in terms of locations, hours, childcare, physical environment, etc.
    - How does WCHD arrange meetings, so they are welcoming and familiar to community members (i.e., providing food, ensuring that the times and venues of the meetings are community-friendly, etc.)?

- Does WCHD have flexible processes for acquiring funds and services to work with community members (including stipends and sub-contracts)? Please give an example.
- Does WCHD seek feedback from community members about the barriers and facilitators of community participation? How? Can you give me an example of how WCHD has responded to such feedback?

Staff knowledge of community issues and resources

- How do you stay aware of community issues as well as community resources and strengths? In what ways do you build on community strengths in your work with the community?

Finally, I have some questions about workforce development.

Workforce development

- What steps has WCHD taken to cultivate a public health workforce that is prepared to address health inequities?

These are all the questions I had for today. Do you have anything else to add about WCHD's capacity to reduce health disparities and address health inequities?

MANAGEMENT INTERVIEW QUESTIONS - ADMINISTRATIVE
First, please tell me a little about yourself. • How long have you been in your current position? • How long have you been at WCHD? • How long have you been working in the public health field?
Mission, Vision, and Values • Based on WCHD's vision, mission, and values statements, do you think there is a commitment to address health inequities? How is this commitment demonstrated?

Cultivating Organizational Culture of Learning/Professional Development
 	
• Does WCHD has a culture that encourages learning, growth, and change?
  ○ How does WCHD give positive incentives for feedback? Are there repercussions if staff make a mistake?
  ○ Are there any other examples of how it does/does not foster a learning culture?
 	
• Do the attitudes and expectations within WCHD encourage diversity?

Participatory and Transparent Decision-making Process • How are staff from multiple levels of the department involved in making major decisions? • Do you think WCHD's values are consciously brought into decision-making processes? Can you give an example?
Streamlined Administrative Processes and Funding • Does WCHD have flexible processes for acquiring funds and services to work with community members (including stipends and sub-contracts)? Please give an example.
Workforce development • What steps has WCHD taken to cultivate a public health workforce that is prepared to address health inequities? These are all the questions I had for today. Do you have anything else to add about WCHD's capacity to reduce health disparities and address health inequities?

MANAGEMENT INTERVIEW QUESTIONS – HUMAN RESOURCES

First, please tell me a little about yourself.

- How long have you been in your current position?
- How long have you been at WCHD?
- How long have you been working in the public health field?

Hiring Practices, Protocols, and Procedures

I'd like to ask you some questions about hiring practices, protocols, and procedures at the WCHD.

- How often are hiring, retention and recruitment practices revised?
    - Can you identify a current hiring practice that you think works well?
    - Can you identify a current hiring practice that you feel needs improvement?

- Describe how WCHD's recruitment, hiring and promotion practices promote or discourage diversity?

- Which processes are used to determine which positions require an exam as part of the application process?
    - Who creates the tests and test questions?
    - Are eligible candidates able to test more than once? If so, in what time frame?
    - How often is a list of top scoring candidates for a position updated?

- How are interview panels formed? Who gets to determine this?
- Does WCHD offer trainee positions that do not require job-related experience?
- For applicant's that are denied are they provided clear information about the appeal process?

Staff Support

I'd like to ask you some questions about general support for WCHD staff.

- Do programs, tools, or resources exist to support employees in understanding their employee benefits? Please provide examples.
- Does the WCHD have a mentorship or leadership development program available to staff beyond supervisors, managers, or division directors?
- Is tuition assistance or reimbursement available? If so, who is eligible?
- Is there a process or system in place to conduct workplace climate surveys to better understand employee experiences and address concerns?

Cultivating Organizational Culture of Learning/Professional Development

- Do the attitudes and expectations within WCHD encourage diversity?
    - What types of diversity does WCHD successfully encourage?
    - What could WCHD do to change the attitudes and expectations it conveys to encourage other type of diversity?

- Does WCHD intentionally recruit employees with class or racial/ethnic backgrounds reflective of the communities it serves?
    - Do managers receive training in managing a diverse workforce?
    - Do human resources staff receive training relevant it hiring diverse staff?
    - How are staff members who reflect the community supported to gain the qualifications necessary to advance in WCHD?

Workforce development

- What steps has WCHD taken to cultivate a public health workforce that is prepared to address health inequities?

These are all the questions I had for today. Do you have anything else to add about WCHD's capacity to reduce health disparities and address health inequities?

APPENDIX F: INTERNAL DOCUMENT REVIEW DETAILS

An internal document review was part of the BARHII process, to assess WCHDs institutional commitment and capacity to address health inequities. This exercise provided a venue to critically think about how organizational documents and work products might show evidence of addressing the root causes of health inequities. The BARHII Self-Assessment toolkit calls for utilizing a Human Resources (HR) Data System Worksheet to evaluate selected documents. However, due to limited capacity it was decided to conduct limited document review for this round and to forgo the worksheet. In lieu of the worksheet a diversity, equity, and inclusion consultant reviewed a handful of documents to examine the mission, vision, and values of the health district, if documents had a health equity focus, and if culturally and linguistically diverse language was included. The documents that were selected for review met a few different criteria:

- Impacts the health district and all staff
- General job specifications from various divisions
- Job specifications that have the highest potential to impact health equity

The full list of documents that were selected for review can be found below:

Document Review

- Strategic plan
- Action plan
- General Sample Job Specifications:
    - APRN
    - Health Educator
    - Community Health Aide
    - Air Quality Specialist
    - Environmental Health Specialist
    - Office assistant or Office Support Specialist

- Job Specifications for Health Equity Positions:
    - Media and Communications Specialist
    - Health Equity Coordinator
    - Community Health Worker
    - Community Organizer

- HR Policies & Guidelines

The WCHD recently jointly applied with the state of Nevada for the Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems grant through the CDC. The scope of work for this grant includes WCHD reviewing additional job descriptions to determine systematic barriers such as language, educational requirements, or other access issues across all departments.

APPENDIX G: HUMAN RESOURCES DATA DETAILS

The human resource (HR) section includes reviewing the human resources data system to compare the demographic breakdown of WCHD staff to the demographic breakdown of Washoe County. The demographics focused on for comparison included gender, race and ethnicity, and age. After comparing the demographic breakdown of staff compared to Washoe County, the data shows:

- Gender – The WCHD has a higher percentage of females than males when compared to Washoe County demographics.

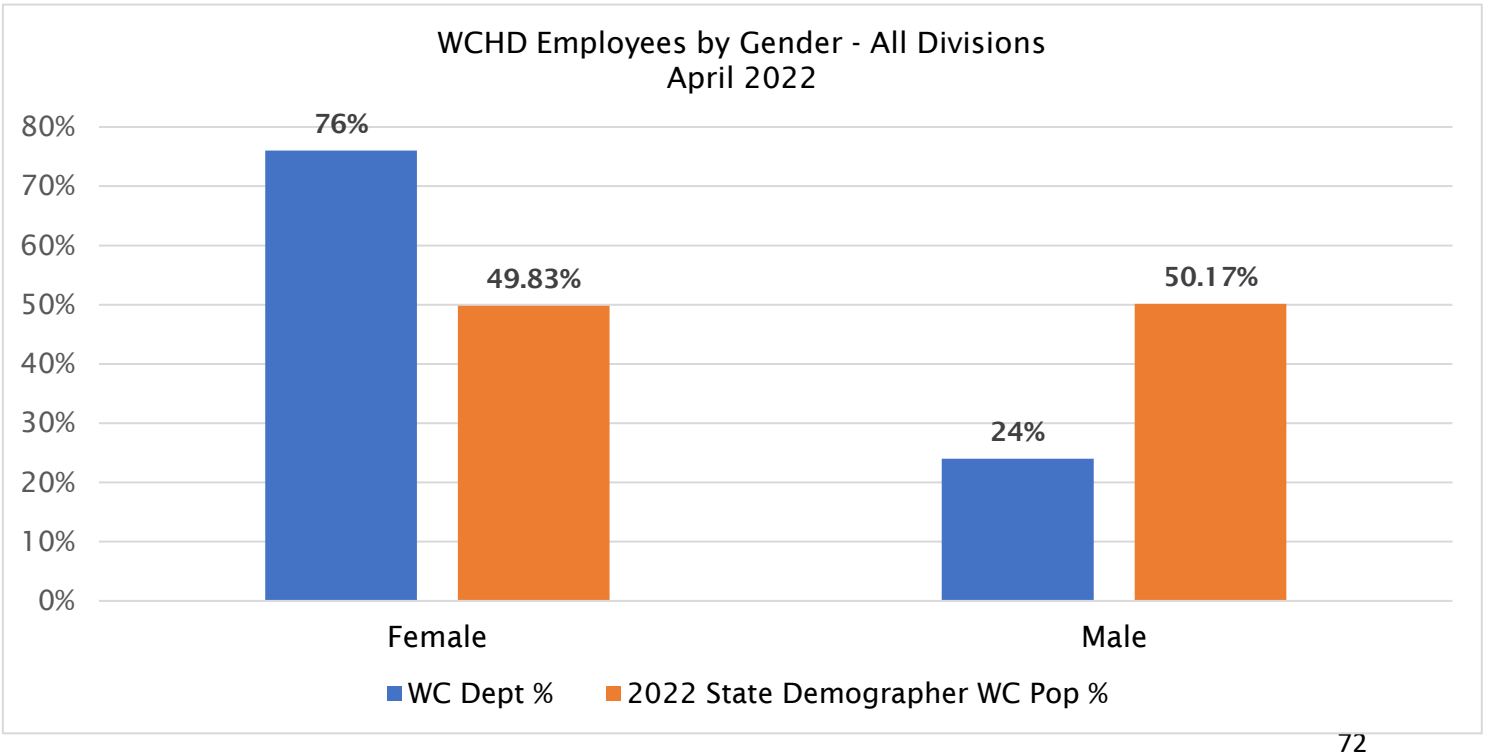
- Race and Ethnicity – WCHD staff is relatively reflective of the racial and ethnic demographic breakdown of Washoe County with just a few exceptions.

- Age – Employees at WCHD are distributed across the adult age spectrum distribution of Washoe County. However, WCHD lags Washoe County diversity among the age groups of 30-39 and 40-49.

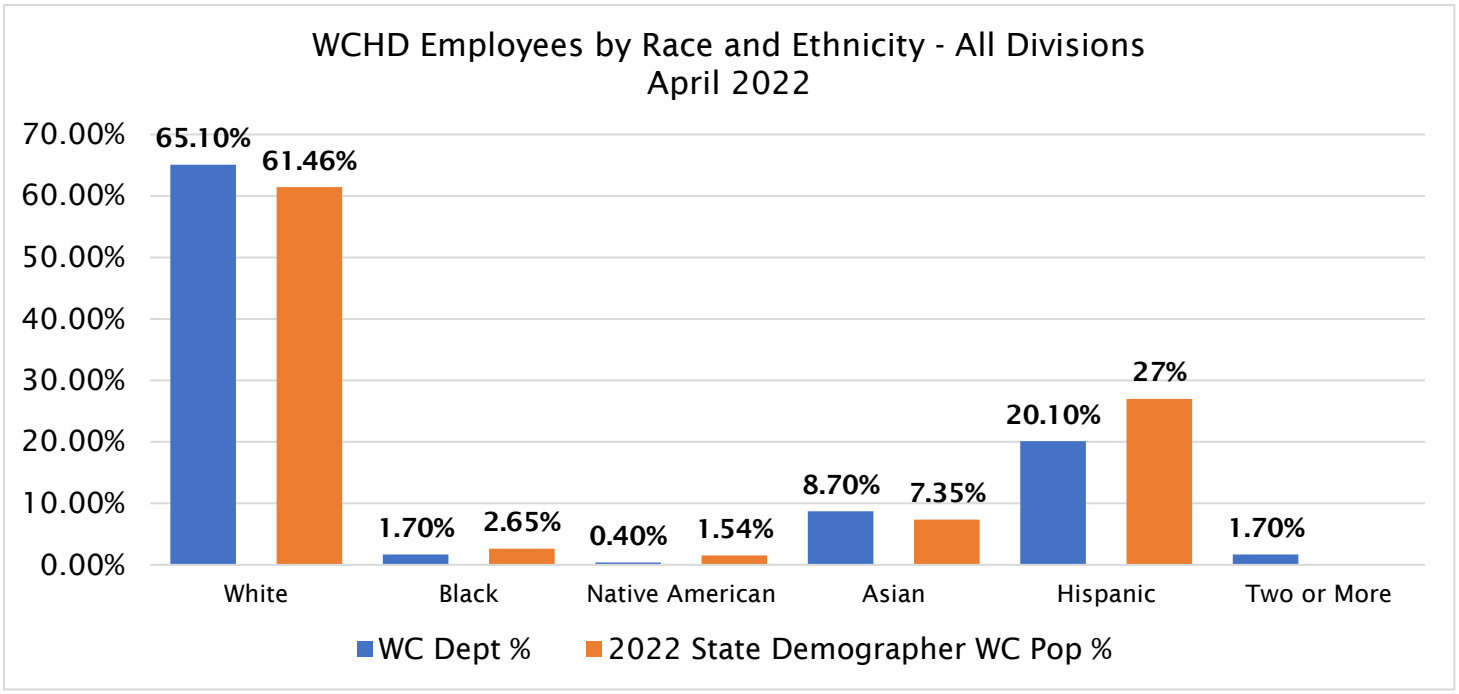
It is important to note that while WCHD staff is reflective of the racial and ethnic demographic breakdown of Washoe County, there is less racial and ethnic diversity amongst leadership at WCHD. This was highlighted during staff focus groups where staff shared that many of their colleagues are from diverse racial and ethnic groups, backgrounds, and cultures. However, there is less diversity as you move up into leadership roles.

Human Resource Demographic Data

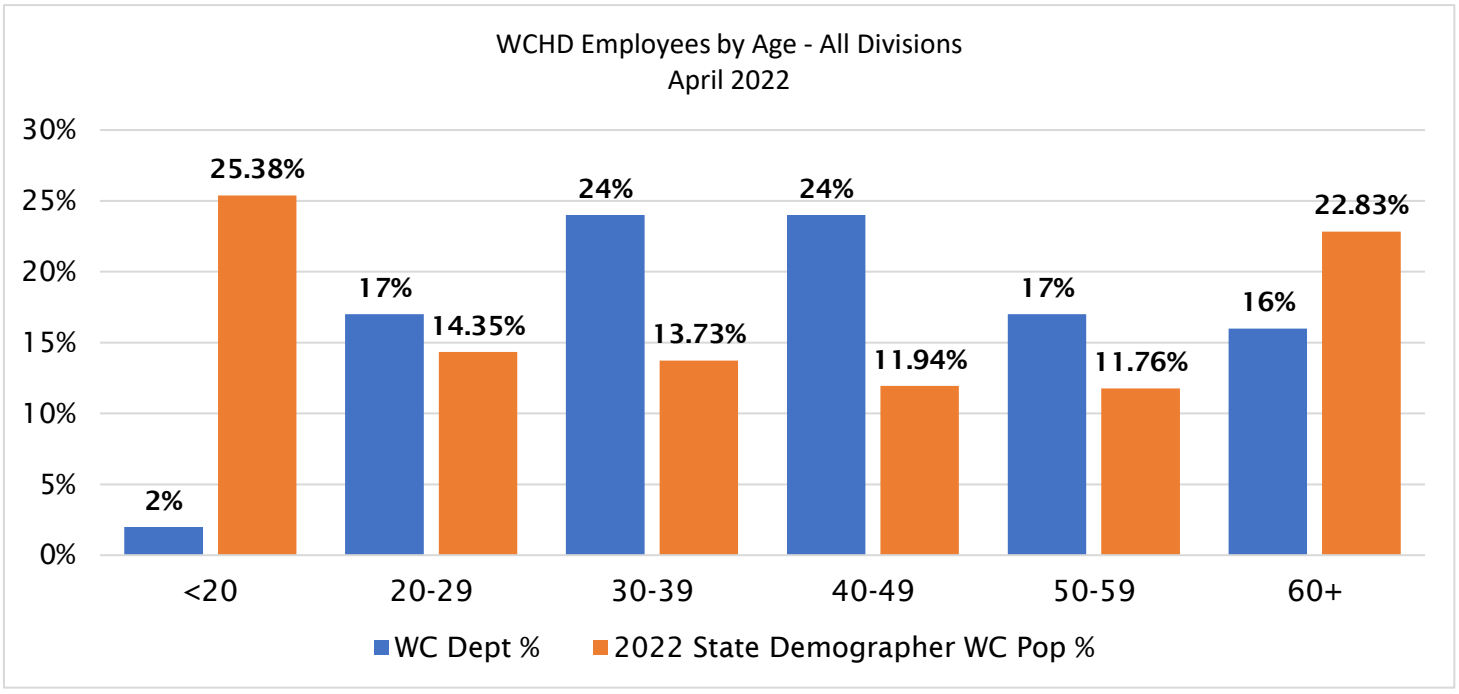
The bar graph below compares WCHD employees by gender across all divisions to Washoe County gender demographics. The HR data was collected in April of 2022. Washoe County demographics were collected from the State Demographer for 2022.



The bar graph below compares WCHD employees by race and ethnicity across all divisions to Washoe County racial and ethnic demographics. The HR data was collected in April of 2022. Washoe County demographics were collected from the State Demographer for 2022.



The bar graph below compares WCHD employees by age across all divisions to Washoe County age groups. The HR data was collected in April of 2022. Washoe County demographics were collected from the State Demographer for 2022.



APPENDIX H: BARHII ASSESSMENT RECOMMENDATIONS – PRIORITIZED FOR PLANNING

The Health Equity Committee (HEC) attended a Health Equity Planning Retreat in September 2022 where they engaged in a prioritization exercise, to vote on the BARHII Health Equity Organizational Capacity Assessment recommendations they would like to see move forward in a Health Equity Plan. Appendix g includes all the assessment recommendations with the number of votes each recommendation received from the HEC. A legend is provided below, reflecting what each symbol represents.

Legend	
◌	A circle symbolizes the number of votes a recommendation received.
★	A star symbolizes the number of recommendations the Health Equity Committee believes they can work on and/or support.
*	An asterisk symbolizes recommendations that are already being worked on, which Health Equity Committee members did not vote on.

INSTITUTIONAL COMMITMENT TO ADDRESS HEALTH INEQUITIES

Culture

- Regularly communicate health equity as a priority from the top leadership of the health district. Set an expectation that health equity and addressing health inequities is not a trend, but rather a core responsibility of the health district that requires a systematic approach and ongoing investment.
- Assess the leadership vision, organizational norms and values, and prevailing workforce attitudes for alignment to support agency goals and objectives.
  (Both recommendations received a total of 6 ◌,6 ★)

MISSION, VISION, AND VALUES

- *Review the Mission, Vision, and Values statements to ensure the health district's commitment to health equity is included.
- *Examine agency values around diversity, equity, and inclusion and how they are communicated to employees.
- Work toward genuinely embedding the mission, vision and values and develop a broad understanding of how health equity is included throughout the health district. Include in onboarding for new employees, ongoing education regarding practical application of the mission, vision and values, and regular opportunities to check for understanding.
  (2 ◌,1★)

Strategic Plan

- *Ensure that strategies, outcomes, and initiatives that improve health equity and reduce health inequity and health disparities are embedded throughout the Strategic Plan. Include how capacity will be built and who can play a contributing role in achieving successful outcomes.

Health Equity Specific Infrastructure

- Utilize the Health Equity Committee as a resource to create strategy and action plans, evaluate, educate, and advocate for improvement.
- Assure each department has at least minimum identified capacity to implement initiatives that advance health equity. Identify individual positions in each department with assigned responsibility. Incorporate health equity activities into individual and department goals and build capacity over time to implement.
  (6 ✧ ,2★)
- Include a health equity related goal in every supervisor's annual goals.
  (2✧)

HIRING TO ADDRESS HEALTH INEQUITIES

Hiring

- *Review job descriptions to determine systematic barriers such as language, educational requirements, or other access issues, in all departments. Start with those positions that have the highest potential to impact health equity.
- Increase diversity hiring best practices:
  - When forming interview panels for the hiring of new staff, pay attention to how the makeup of the panel could enhance the recruitment of a more diverse workforce.
  - Increase diversity in candidate sourcing. Reword job postings with a focus on inclusion of all identities and characteristics. Encourage referrals from diverse employees. Share information regarding the diversity of the current workforce with community members.
  - Conduct a diversity hiring audit on the current hiring process. Assess the diversity best practices of the current hiring process and identify any potential bottlenecks and discrepancies. Is there a top of the funnel issue? Or a leaking pipeline issue? Evaluate diversity hiring metrics. Choose one metric at a time to start.
    (8 ✧ ,8★)

Retention

- Maintain existing health equity staffing to advance health district wide health equity initiatives. Provide adequate time for this staff to prioritize community engagement and relationship building, provide support to departments, and provide a bridge between community members and WCHD services.
  (2 ✧)

HR Processes

- Review the performance evaluation process to identify any barriers for promotion, ability to provide constructive two-way feedback, and ability to support health-equity specific competencies and other professional development goals.
  (6 ◌)
- Complete annual demographic review of staff positions, promotions, and advancement into higher level positions to assess how well the health district workforce reflects the community it serves
  (2 ◌)

STRUCTURE THAT SUPPORTS TRUE COMMUNITY PARTNERSHIPS

- Partner with community-based organizations working to address heath inequity and health disparities as a key strategy to improve health outcomes. Seek to develop win-win relationships with community partners. Develop capacity across health district programs to do so.
  (9 ◌ ,4 ★)

SUPPORT STAFF TO ADDRESS HEALTH INEQUITIES

- Move from thinking of professional development as a single focus training to a mindset of ongoing professional learning. Create an environment where professional development is a journey and is ongoing.
  - Provide ongoing professional learning on diversity, equity, and inclusion; social determinants of health; and cultural competency with a public health focus. Design/identify multiple training modes to meet the needs of staff with diverse learning styles, work schedules and responsibilities.
  - Evaluate professional development to ensure staff gain an understanding of topics and root causes that lead to health inequities and health disparities and how they in their individual role can contribute to a change in community health outcomes.
  - Identify existing and design new trainings that build the updated health equity competencies from the Council on Linkages and Public Health Practices (Core Competencies for Public Health Professionals)
  - Incorporate training on Culturally and Linguistically Appropriate Services (CLAS) https://thinkculturalhealth.hhs.gov/clas/what-is-clas into training design.

  (8 ◌ ,10 ★)

- Improve the development and support of staff to address health inequities through coaching and mentoring.
  (2 ◌)

TRANSPARENT AND INCLUSIVE COMMUNICATION

- Assess status and improve organization-wide adherence to the Culturally and Linguistically Appropriate Services (CLAS) standards, specifically communication and language assistance standards. https://thinkculturalhealth.hhs.gov/clas/what-is-clas.
  (5 ◌ ,2 ★)

- Maintain and increase the health district's capacity to communicate with diverse audiences with culturally and linguistically appropriate messaging.
  (7 ⌖,2★)
- Increase and maintain transparent internal communications with staff on topics of importance broadly as well as those that specifically relate to health equity.
  (7 ⌖,1★)

CREATIVE USE OF CATEGORICAL FUNDS

- Continue to seek and apply for grant funding opportunities that relate to health disparities, health inequities, health equity, cultural competency and diversity, equity, and inclusion (DEI). Consider including health equity related outcomes in grant applications whenever possible.
  (11 ⌖)

COMMUNITY ACCESSIBLE DATA AND PLANNING

Healthy Equity Data

- Build the health district's capacity to collect, analyze, interpret, and disseminate health equity and health disparity data and incorporate it into internal and external reports whenever possible.
  (3 ⌖,1★)
- Collect and use data and input from the community to identify communities that are under and over served, and why. Analyze the gaps in services that disproportionately effect communities experiencing health disparities and identify approaches to fill those gaps. Identify and define communities that could benefit from specific, focused, initiatives.
  (8 ⌖,1★)

Health Equity Planning

- Continue to increase engagement in community health assessment and community planning efforts to achieve representation of the diverse makeup of Washoe County and engage under-represented and under-served community segments.
- Rigorously evaluate health equity results as part of a robust planning cycle.
  (Both recommendations received a total of 1 ⌖)

KNOWLEDGE OF PUBLIC HEALTH FRAMEWORK

- *Provide training opportunities to all staff to increase understanding of FPHS. Include orientation to the FPHS model for all new staff.

UNDERSTAND THE SOCIAL, ENVIRONMENTAL AND STRUCTURAL DETERMINANTS OF HEALTH

- Expand knowledge about how race, racism, class, and classism influence the social, environmental, and structural determinants of health.
  (8 ⌖,8★)
- Build capacity to design and implement initiatives to address social, environmental, and structural determinants of health using a health equity lens.
  (7 ⌖,1★)

COMMUNITY KNOWLEDGEC

- Regularly incorporate learning about community strengths, resources, assets, issues and concerns into program design, implementation, and improvement.
  (7 ◌,4★)
- Review laws and regulations for disproportionate impact on diverse communities. Create opportunities to educate the community about laws and regulations.
  (5 ◌)

COMMUNITY LEADERSHIP

- Identify opportunities to share leadership with the community throughout the organization. Consider effective use of advisory groups, steering committees, collaborative initiatives, and other tactics that bring community members to the decision-making table. Understand and navigate power dynamics internally with staff and externally with community members and groups to make these efforts more effective.
  (8◌,3★)

COLLABORATION SKILLS

- Increase opportunities and capacity for cross divisional collaboration.
  (3 ◌,3★)
- Build upon new and existing relationships between WCHD and external partners to continue to build trust and open and honest communication.
  (3 ◌,4★)
- Implement shared power as a tool to address environmental, social, and economic conditions that impact health.
  (3 ◌)

COMMUNITY ORGANIZING

- Utilize community organizing principles.
  - Uplift community voices, particularly among underserved and underrepresented communities throughout WCHD programs and projects.
  - Include diverse voices at the beginning of conversations, not just when the WCHD needs to hear from certain groups, communities, or populations.
  - Meet people where they are to decrease barriers and increase engagement, participation, and access.
  - Create space and increase opportunities for community members to be engaged and have a seat at the table.
  - Engage community at all levels, from programming, to implementation and decision-making efforts.

  (15 ◌,12★)
- Organize community members to advocate for and advance efforts to meet their specific identified needs through CHIP initiatives, in cooperation with specific WCHD programs or by leading community public health efforts as needed.
- Develop and maintain a relationship network map that identifies strengths and gaps in the health district's relationships with demographically diverse parts of our community, and work to build relationships in areas where gaps are identified.
  (2◌)

CULTURAL COMPETENCY/HUMILITY

Dialogue and Reflection

- Provide formal and informal opportunities to engage in dialogue and personal reflection regarding how diversity, equity and inclusion impact the health district's organizational culture and climate as well as how services are provided across the health district.
- Capitalize on staff's willingness to engage in difficult conversations and provide opportunities, tools, and resources to equip staff with effective cross cultural communication skills.

  (Both recommendations received a total of 10 ◌,7★)
- Engage staff in diversity, equity, inclusion, and cultural competency efforts and specifically build competency to address microaggressions in the workplace.

  (4 ◌)

Organizational Climate

- Conduct exit interviews and include questions specific to diversity, equity, and inclusion and the culture and climate of the work environment.

  (5 ◌)
- Examine whether the organization is creating a positive diversity climate by ensuring that all its employees can express their opinions and be heard regardless of their identity. Is the organization operating with intention to build, improve, and maintain a positive climate? Does the organization value the cultural differences of its staff? Overall, regularly ask employees if they feel valued and respected by the organization.

  (4 ◌)

APPENDIX I: IMPLEMENTATION TIMELINE FOR HEALTH EQUITY ORGANIZATIONAL CAPACITY ASSESSMENT AND PLAN

The table below outlines the assessment and planning process for the Health Equity Organizational Capacity Assessment and Plan – including monthly Health Equity Committee (HEC) meetings, the time periods in which each self-assessment tool took place and the steps taken to develop the plan. Once the HEC reviewed and prioritized the BARHII Health Equity Organizational Capacity Assessment recommendations, a Health Equity Planning Subcommittee was formed and met twice. This subcommittee provided oversight and feedback throughout the development of the Health Equity Plan. Once the Health Equity Planning subcommittee agreed on a draft of the Health Equity Plan, this was shared with the whole HEC for further review and input.

Activity	Implementation Date	Duration
Health Equity Committee (HEC) The HEC meets monthly and includes staff from all departments across the WCHD. The opportunity to join the HEC was shared among all WCHD staff, where staff were able to self-select to be part of the committee. The HEC continually met throughout the implementation of the BARHII self-assessment.	**3/16/2022** **4/20/2022** **5/18/2022** **6/15/2022** **8/17/2022** **9/21/2022** **10/19/2022**	**1 hour for monthly HEC meetings** **3 hours for Health Equity Planning Retreat on 9/21/22**
Document and Data Review	**3/27/2022**	**12 hours**
Staff Survey	**9/21/2022**	**1 month**
Collaborating Partner Survey	**5/31/2022-6/15/2022**	**3 weeks**
Staff Focus Groups	**6/28/2022** **6/29/2022** **6/30/2022**	**1 hour**
Leadership Interviews	**7/7/2022** **7/8/2022** **7/14/2022** **7/15/2022**	**1 hour**
Health Equity Committee Review of BARHII Recommendations	**8/17/2022**	**1 hour**

Health Equity Committee Planning Retreat – Prioritization Exercise	**9/21/2022**	**3 hours**
Cross Walk of Priority Recommendations with Current Strategic Plan	**10/3/2022**	**1 hour**
Health Equity Planning Subcommittee Meetings	**10/3/2022** **10/18/2022**	**1.5 hours**
Health Equity Committee Review and Recommendation of Draft Plan	**10/19/2022**	**1 hour**
Health Equity Committee and Division Director Review of Health Equity Organizational Capacity Assessment and Plan	**10/19/2022-** **10/25/2022**	**One week**
Plan Presented to District Board of Health at Strategic Planning Retreat	**11/10/2022**	**4-hour retreat**

APPENDIX J: HEALTH EQUITY COMMITTEE

The Health Equity Committee aims to:

- Work towards a shared organizational understanding of equity;
- Identify opportunities for improving the health district's capacity and commitment to addressing health equity;
- Provide a safe space for reflection, exploration, and growth; and
- Support the integration of health equity into internal and external processes.

Purpose Statement:
Highlight, contribute and expand the understanding and sustained commitment across all WCHD divisions to eliminate health inequities by promoting equitable social, economic, and environmental conditions to achieve optimal health for all.

Committee Members during the BARHII Assessment process:
Olivia Alexander-Leeder, Stephanie Chen, Nancy Diao, Erin Dixon, Gayle Erickson, Andrea Esp, Falisa Hilliard, Camarina Augusto, Jennifer Howell, Heather Kerwin, Rayona LaVoie, Julia Ratti, Ellen Messinger-Patton, Wesley Rubio, Christiania Sheppard, Carina Suazo, Zarmish Tariq, Craig Petersen, Keyla Solorio, Jasmine Olvera, Dasie Rodriguez, Yeraldin Deavila, Eva Leon, and Itzayana Montoya

Health Equity Planning Sub-Committee Members:
Andrea Esp, Falisa Hilliard, Camarina Augusto, Heather Kerwin, Julia Ratti, Zarmish Tariq, Eva Leon, and Itzayana Montoya

APPENDIX K: ABOUT THE CONSULTANT

Ms. Young is the owner of Tiffany Young Consulting, LLC. and is a Fulbright Specialist with the U.S. Department of State, Bureau of Educational and Cultural Affairs.

Ms. Young is an advocate for equity, diversity, families, community, young women, and education. As a resident of the Reno/Sparks community for over 25 years, she has been a spokesperson for the community, diversity and equitable practices, student achievement, systems change, sand community and economic development. She is a public speaker, trainer, business owner, workshop facilitator, and community collaborator at heart.

Her work in education, diversity, equity, inclusion, and cultural competency is within systems to support and clarify the role of Equity and Cultural Competency interwoven into all schools, agencies, departments, and systems. Ms. Young leads work around programs and policies that must be addressed through an equitable and culturally responsive lens, as well as creating and facilitating professional learning around Diversity, Equity, Inclusion, and Cultural Competency.

Ms. Young holds a M. Ed. and B.A. from the University of Nevada, Reno where she is also an PhD Candidate, and Adjunct Professor in the College of Education, Human Development and Family Sciences Department. She has served the WCSD Parent Involvement Committee as a member chair.

Ms. Young has consulted locally, nationally, and internationally with IREX, Citizens Diplomacy Action Fund, and Partners of Americas on various projects. In 2019, Ms. Young traveled to Zambia to co-facilitate a Training of Trainers model for girls under the age of 25, as well as professional women. The Training of Trainers guided volunteers to integrate into the trainings lessons skills to address the social needs of young mothers, and incorporate lessons on diversity, inclusion, and equity, as well as training of teachers in small towns and students at the University of Zambia. Ms. Young will be returning to Zambia in 2022 to provide an extended training to women microentrepreneurs in Lusaka.

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

Please contact Camarina Augusto, Health Equity Coordinator for questions or comments at Caugusto@washoecounty.gov