

NORTHERN NEVADA

Public Health+

Serving Reno, Sparks & Washoe County

Health Equity Plan Annual Report

September 2023

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Public Health+

Serving Reno, Sparks & Washoe County

MISSION

To improve and protect our community's quality of life and increase equitable opportunities for better health.

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INTRODUCTION




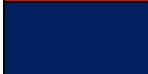
The 2023 Health Equity Plan (HEP) Annual Report is a progress review of the results from the first year of implementation with a focus on initiatives implemented in FY23. Northern Nevada Public Health (NNPH), previously Washoe County Health District, [HEP](#) is an internal plan to build the capacity of NNPH to increase health equity efforts and address health disparities and inequities. The HEP is a three-year plan with seven overarching goals. We are excited to share an update on the initiatives that have been accomplished by the Health Equity Committee and staff across divisions. Many team members have been working together collaboratively to increase and enhance the organization's capacity and commitment to health equity.

The health equity organizational capacity assessment and plan process served as a baseline measure of capacity, skills, and areas for improvement to support NNPH's health-equity focused activities. The assessment process also served as an inventory of organizational and individual traits that support the ability to perform effective health-equity-focused work, gather information to guide strategic planning processes and/or develop strategies that improve capacity, as well as serve as an ongoing tool to assess progress towards identified goals developed through the assessment process. The HEP provides guidance to the organization as to which areas to focus on within health equity in a given year. Part of the ongoing process of organizational-wide health equity work is to annually evaluate the HEP to measure progress towards the goals identified through the planning process.

HOW TO READ THIS REPORT

The HEP initiatives are presented in the following tables, including activities performed and progress made. The information included is for the fiscal year 2023.

A color-coding system is included to indicate the completion status of each initiative in the HEP for year-one. If an initiative was fully achieved in FY23 it was given a green indicator. If an initiative is in progress and was partially achieved, it was given a yellow indicator. If an initiative was not achieved it was given a red indicator, and if an initiative had not yet started it was given a blue indicator.

	On Target – if the initiative was fully achieved in FY23.
	In Progress – if the initiative was partially achieved in FY23.
	Off Target – if the initiative was not achieved in FY23.
	Not Started – if the initiative was not started in FY23.

GOAL ONE: BUILD HEALTH-EQUITY RELATED COMPETENCY AMONG NNPH STAFF THROUGH FORMAL TRAINING OPPORTUNITIES ALONGSIDE INFORMAL OPPORTUNITIES FOR DIALOGUE AND PRACTICAL APPLICATION.

Year One

Initiative: Provide all NNPH 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.

Progress: An external consultant led foundational diversity, equity, inclusion and cultural competency (DEICC) training for staff. The training focused on topics such as courageous conversations about race, guiding principles of cultural competency, deficit language in policies, programing, communications and decision making, implicit and unconscious bias, systems of power, privilege and entitlement, cross cultural communication, and barriers to becoming culturally aware. A total of six sessions were held with participation from 93 staff.

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.

Progress: This project continues to progress. In FY23 an overall training outline as well as each module outline has been developed and reviewed. Each module outline includes learning objectives, public health core competencies and types of activities that will be part of each module. In addition, the filming of vignettes (i.e., short videos) is also underway. The vignettes will include representation of diverse community leaders and public health professionals statewide including NNPH staff, to help make the connection of why cultural competency is important to various public health positions. Next steps include inputting the training content into the learning management system and piloting the training. The training is set to launch in FY24.

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.

Progress: In addition to the foundational DEICC professional learning, the learning process was taken a step further by offering five informal dialogue and reflection sessions. These sessions were led by the external DEI consultant and were highly encouraged but

voluntary for staff. Reflection sessions were designed for staff to discuss DEICC topics that were relevant to their roles, build capacity to have courageous conversations, and create additional time and space to reflect on the work of DEICC. Staff were encouraged to bring topics they wanted to discuss, additional areas they wanted to further explore as well as specific areas of needed support for DEICC.

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.

Progress: Through NNPH's workforce development newsletter, multiple training opportunities offered by partners were promoted to staff. Examples of these trainings include NOMHE's Building Health Equity Capacity workshop series, the CA4Health 21-day Racial Equity and Social Justice Challenge, an LGBTQIA+ Education and Ally workshop and a Safe Zone training.

GOAL TWO: GROW CAPABILITY AND BUILD CAPACITY TO INTEGRATE HEALTH EQUITY EFFORTS IN PROGRAMS ACROSS NNPH.

Years 1-3

Initiative: Provide training and technical assistance regarding community organizing principles and health equity best practices.

Progress: Technical assistance regarding community organizing (CO) principles was provided in FY23. The Community Organizers have collaborated with divisions on a number of programs/initiatives to serve as thought partners and provide ideas to consider as it relates to embedding health equity into programming. An example of this is providing support to the immunization team to conduct targeted outreach at places the community gathers (i.e., laundromats, salons, grocery stores, community centers, etc.) to promote upcoming COVID-19 vaccine events in underserved communities. However, training regarding CO principles and health equity practices has not yet been developed or shared with staff.

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.

Progress: NNPH pursued a few funding opportunities to promote health equity. NNPH will receive funding from the CDC's Public Health Infrastructure (PHI) grant to continue health equity initiatives that started under the CDC's Reducing Health Disparities grant. The CDC's PHI grant is a five-year grant that aims to strengthen and support public health infrastructure that is critical to ensure every community has the staff, services and systems needed to promote and protect health. Four members of the health equity team will be moving from the Reducing Health Disparities grant to the PHI grant. Additionally, NNPH currently has a COVID IZ grant that requires 75% of the funding to be spent on health equity activities. Furthermore, NNPH applied for a school-based interventions grant to promote equity and improve health, academic achievement, and well-being through 5210 Healthy Washoe. Although a strong candidate, NNPH did not receive this funding opportunity. Lastly, in conjunction with the state of Nevada, NNPH applied for CDC's Racial and Ethnic Approaches to Community Health (REACH) grant. The outcome of this grant is still to be determined. Other funding barriers include the organization losing a youth prevention grant and initially losing Title X funding, which was ultimately saved but sexual transmitted disease (STD) funding was lost. NNPH will continue to pursue funding opportunities to promote health equity and address health disparities and inequities.

GOAL THREE: BUILD PARTNERSHIPS WITH DIVERSE COMMUNITIES WITHIN WASHOE COUNTY TO IMPROVE PUBLIC HEALTH.

Year One

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.

Progress: Various partnerships have been built as part of the Community Health Improvement Plan (CHIP) to address health priority focus areas with an emphasis on addressing health disparities and health inequities. The Aca Entre Nos initiative is led by the Nevada Hispanic Medical Association and is focused on destigmatizing mental health among Spanish speaking families. The Black, LGBTQ+ Youth Mental Health Policy project is led by the Larson Institute and is focused on improving access to behavioral healthcare for youth experiencing a behavioral health crisis, through advocacy and establishing a black youth leadership advisory council. Greet, Eat and Meet is led by the Food Bank of Northern Nevada and is focused on small monthly gatherings to have a community conversation amongst the Medicaid population about barriers they experience in accessing their full Medicaid benefits. Anything but the Gym is an initiative led by the Black Community Collective with a focus on improving coping skills for stress, anxiety and depression as well as increasing efficacy to engage in physical activity among African American, Black and other minority women. 5210 Healthy Washoe is an obesity prevention initiative that has a subcommittee with partners such as nutrition services, Parent University, Urban Roots, Community Health Alliance, Northern Nevada HOPES and Washoe County School District's diversity and inclusion department. Also, a housing payment nondiscrimination bill was led by the Nevada Housing Justice Alliance and focused on passing legislation to prohibit housing discrimination based on form of payment used to pay rent among low income and extremely low-income Washoe County residents. These are a few examples of partnerships to address CHIP priority areas with an emphasis on health disparities and inequities.

Initiative: Identify and implement opportunities among NNPH programs to build partnerships to address health disparities and health inequities utilizing community organizing principles.

Progress: In FY23 there were multiple opportunities among NNPH programs to build partnerships to address health disparities and health inequities. An example of this is the PurpleAir project where the Health Equity Team collaborated with the Air Quality Management (AQM) Division to equitably distribute more PurpleAir sensors in underserved communities to fill air quality monitoring

gaps in Washoe County. Some of the partners that received a PurpleAir sensor through this project included Reno Sparks Indian Colony, Nevada Cares campus, Our Place campus, the Children’s Cabinet, Alf Sorensen Community Center, among others. Another example is the health equity team collaborating with NNPH’s immunization team to conduct targeted outreach to help increase COVID booster uptake numbers amongst racial ethnic/minority populations where data showed immunization rates were low. An outreach plan was developed to promote upcoming vaccine events at local gathering spots (i.e., salons, laundromats, grocery stores, etc.). Additionally, the health equity team connected community leaders to the immunization team at NNPH to coordinate specific immunization events reaching the Black, African American and Hispanic/Latino populations. Lastly, representatives of the health equity committee will be collaborating with the Desert Research Institute and the AQM division to partner on a heat and wildfire smoke project to help recruit households for the study. This project aims to better understand the tradeoff decisions community members must make when heat and wildfire smoke are co-occurring in their household at the same time (for homes that do not have air conditioning), and the physical and mental implications of these decisions.

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.

Progress: Community members provided leadership as members of the CHIP Steering Committee. The CHIP Steering committee is a participatory leadership opportunity that validates the selection of the CHIP focus areas for the next three years, provides oversight for the 22-25 CHIP, and convenes to review progress of community-based efforts. The health equity team recommended CHIP Steering committee members from diverse backgrounds and populations such as the Hispanic/Latinx, LGBTQIA+, Tribal, Faith-based, and Asian and Pacific Islander communities. Additional participatory leadership opportunities included the CHIP priority area committees. Community members also had the opportunity to attend committee meetings to provide input on what subtopic areas to focus on within the larger health topics, provide input on CHIP year-one initiatives, as well as discuss areas for consideration for CHIP year-two.

Initiative: Encourage NNPH staff to seek out opportunities to learn more about diverse communities within Washoe County.

Progress: The health equity committee has invited various community-based organizations to provide presentations about their work, the organization, and the diverse populations they serve. Committee members have received presentations from Nevada Urban Indians and Tribal Minds.

GOAL FOUR: ENSURE UNDER-SERVED COMMUNITIES HAVE ACCESS TO CULTURALLY AND LINGUISTICALLY APPROPRIATE PUBLIC

HEALTH INFORMATION.

Year One

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.

Progress: In FY23 NNPH launched an [En Espanol page](#). The Spanish Facebook page included nearly 60+ posts including culturally and linguistically appropriate graphics, reels and information on topics such as healthy eating, exercise, and immunizations. NNPH also became more active on Instagram by growing it's audience by 360 followers, generating over 500,000 impressions and 2,871 engagements from 295 published posts. The top three posts included reels about physical activity, food safety and mpox prevention tips. Furthermore, NNPH increased their presence on Spanish-language radio on Juan 101.7 radio station. The A Tu Salud radio segment included monthly segments on various health-related topics ranging from healthier habits, the WIC program, cardiovascular illness for national heart month, cancer prevention for cancer prevention month, removing mental health stigma amongst the Hispanic/Latino population and diabetes for diabetes alert day, to name a few. These communication strategies have shown success in reaching and engaging with Spanish-speaking populations to promote important public health information and messaging.

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.

Progress: The 5210 Healthy Washoe marketing campaign was launched in English and Spanish. The marketing campaign includes a short video explaining what 5210 is and an individual engaging in healthy behaviors to support the 5210 Healthy Washoe message. The Hispanic/Latino population experiences higher rates of chronic disease, specifically diabetes. Given this persistent health disparity the communications team in collaboration with IC Media Strategy and Eighty8 Studios developed a culturally and linguistically appropriate marketing campaign targeted to this population. The look and feel of the marketing campaigns follows the Rosa de Guadalupe Novella. Tella Novella's play an important role in Latin American culture by communicating Latin American issues - social, political and health messaging. The marketing campaign has performed very well across various platforms and streaming services with the number of impressions, clicks, video plays and engagements it has received. In addition to the main 5210 Healthy Washoe campaign, year two of the health equity plan will include a micro campaign to support both components of the 5210 message – healthy eating and exercise. Four videos will be produced to supplement the main campaign. Two of the videos will feature community

members grocery shopping to select healthier foods options at local ethnic markets such as a local carniceria and Filipino market. Two additional videos will be cooking videos to show the viewer how to turn the healthier food options into a well-balanced meal such as preparing carne asada with your Tia and preparing chicken adobo with your Tita. The last two videos of the micro campaign will focus on physical activity and showcase workouts that can be completed at a local park with no gym equipment; available in both English and Spanish.

Initiative: Initiate and participate in community outreach activities to bring public health information directly to communities.

Progress: 115 outreach activities were completed in FY23. Some of the events attended by NNPH staff include Family Health Festivals, resource fairs, Cinco de Mayo events, Reno-Sparks Tribal Health Center's Summer Health Fair, Northern Nevada International Center's World Refugee Day, PRIDE parade, Aloha festival, Fiesta on Wells, Black History month events, International Women's Day, Nevada Urban Indians POW WOW, etc. The public health information brought directly to communities focused on NNPH resources and services such as family planning, sexual health, chronic disease and injury prevention, immunizations, WIC, etc. Examples of the populations reached through these efforts include racial and ethnic minority groups such as American Indians, Asian Americans, Native Hawaiians, and other Pacific Islanders, Black and African Americans and Hispanics/Latinos. Other underserved or marginalized communities engaged with include the unhoused, incarcerated, and LGBTQIA+ population, among others.

Initiative: Assess NNPH'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.

Progress: The health literacy and language accessibility (HLLA) subcommittee developed a language accessibility survey to identify NNPH's strengths as well as areas of opportunity regarding translation, interpretation, and language accessibility. This survey was completed in FY23 by NNPH programs. Next steps include sharing the results and key learnings/findings from the survey, research language accessibility best practices for local government entities, compare how NNPH is doing against the best practices and to develop recommendations for the organization.

Initiative: Explore opportunities for program staff to learn relevant key words and phrases in languages other than English.

Progress: The HLLA subcommittee held initial conversations regarding this initiative. The subcommittee decided to implement a language accessibility survey and specifically ask programs if a language bank or learning relevant key words/phrases in other

languages would be a helpful resource. Staff reported mixed reviews. A few programs expressed interest, but the majority of programs found it difficult to envision what this may look like, the practicality of it, how it would be consistently implemented across the organization and the time commitment of staff to learn relevant key words and phrases in other languages. Further exploration is needed.

GOAL FIVE: 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.

Years 1-3

Initiative: Utilize recent Community Health Assessment results to inform program planning to address health disparities and inequities.

Progress: The 22-25 NNPH CHA findings were shared at the 2022 Community Forum. Over 150 community partners including state, tribal and local organizations participated in a prioritization workshop to determine the most pressing areas of need. Indicators were stratified by demographics and other characteristics to inform program planning and implementation efforts included in the 22-25 NNPH Community Health Improvement Plan (CHIP). There are five CHIP focus areas that include mental health, social determinants of health, access to health care, preventative health behaviors, and a special project on language accessibility that aim to reduce the health disparities that exist in the data.

Initiative: Provide easily accessible community health data utilizing the Truckee Meadows Tomorrow data platform. Update regularly as new data becomes available

Progress: NNPH is working in partnership with Truckee Meadows Tomorrow, a community organization that works with partners to provide data on education, safety, health, economics, and other topics to bring awareness of the many needs of the community to improve quality of life in the Truckee Meadows. The goal is to build a data dashboard that is complimentary to NNPH's Community Health Assessment. The purpose of the dashboard is to raise awareness of health in the community among users to support decision making.

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.

Progress: The Epidemiology Program Manager has attended statewide meetings for the past two years to help develop and test workflows in order to stand up a new surveillance system, EpiTrax. The Program Manager has also been working with Technology Services staff to onboard a software system to identify and notify infection prevention staff in acute care hospitals settings when a

patient is admitted with a history of highly resistant organisms. This is instrumental for elderly populations as multi-drug resistant organisms impact a disproportionate rate of older adults. Additionally, the Epidemiology Program is building a foodborne disease tracking database to better detect and capture trends in enteric conditions.

GOAL SIX: INTEGRATE HEALTH EQUITY EFFORTS INTO ORGANIZATIONAL DEVELOPMENT EFFORTS.

Years 1-3

Initiative: Regularly communicate health equity as a priority from the top leadership of NNPH. Set an expectation that health equity and addressing health inequities is not a trend, but rather a core responsibility of NNPH that requires a systematic approach and ongoing investment.

Progress: The District Health Officer continues to express support for and identify health equity as a priority for the organization as evidenced by updates to highlight health equity in the strategic plan, detailed health equity outcomes and initiatives included in the performance management system, as well as a continued commitment to continue to prioritize health equity initiatives and staff in the budget process. In year 2, the communications team will be working to upgrade internal communications with increased opportunities to communicate this priority organization-wide on a regular basis. Additionally, the health equity team was recognized with an award from the County as a 2022 Washoe Impact Award recipient for an internal program that made an organizational impact through positive culture change.

Initiative: Review the mission, vision and values and update to reflect health equity.

Progress: In FY23 the strategic planning committee sent a survey to all staff asking for their input regarding the organization's current mission, vision and values and to share what may be missing or needs to be updated. After reviewing the results of the survey, a strategic planning committee comprised of staff recommended that NNPH's mission and values be updated to reflect health equity, among other changes. NNPH's updated mission is to "improve and protect our community's quality of life and increase equitable opportunities for better health." Also, one of the updated values/behaviors is equity and inclusion for all, described as, "Our community is wonderfully diverse. Inclusion is our responsibility, and we will build and sustain an environment that is dedicated to improving health equity by recognizing and overcoming barriers."

Initiative: Integrate health equity goals, outcomes, and initiatives within the strategic plan.

Progress: During the Strategic Planning Retreat with the District Board of Health (DBOH) recommendations were made to integrate health equity goals within the strategic plan. An example of one of the proposed recommendations was to include the words, "implement targeted outreach to underserved populations" in one of the divisional goals under strategic priority three. DBOH

approved all of the recommendations brought forward to integrate health equity goals within the [FY24-26 strategic plan](#). At the management and leadership level, staff worked to update annual outcomes and initiatives to support the strategic goals. Health equity outcomes and initiatives are integrated into the annual plan.

Initiative: Annually review the Health Equity Organizational Capacity Assessment and Plan to assess needed updates.

Progress: The Health Equity Organizational Capacity Assessment and Plan was completed in FY23. This document serves as the annual review. The Health Equity Committee will consider updates to the plan for year 2.

Initiative: Continue and increase internal communications that provide for transparency for NNPH employees and increase equitable access to information.

Progress: A quarterly internal workforce development newsletter was developed to highlight public health webinars, workshops, training opportunities and tools to help staff succeed as they advance in their career. This has provided transparency for staff to be aware of workforce development opportunities. Additionally, a new communications position was approved during FY23 with an anticipated start date of Fall 2023. One of the projects of this new position will be to develop and launch a staff newsletter to increase internal communications that provide transparency for NNPH employees and increase equitable access to information.

GOAL SEVEN: REFINE AND IMPROVE HIRING PRACTICES TO IDENTIFY, RECRUIT, RETAIN AND PROMOTE A DIVERSE NNPH WORKFORCE THAT REPRESENTS THE COMMUNITY WE SERVE.

Year One

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.

Progress: A comprehensive list of community-based organizations (CBOs) to share NNPH job opportunities with, to better reach diverse audience has been developed. In turn CBOs will be able to share these job opportunities amongst their networks and clients. Next steps include integrating promotion to the list as part of the standard process of promoting job openings.

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.

Progress: This initiative has not yet started. This initiative was originally part of year-one of the health equity plan but has been pushed back to year-two of the plan to align with Washoe County Human Resource efforts.


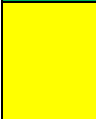
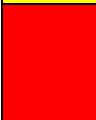

Initiative: Annually review how the demographics of the NNPH workforce compare to the demographics of the community we serve.

Progress: Demographics of the NNPH workforce were received from Washoe County Human Resources and compared to the demographics of Washoe County. The data reviewed included gender, race, ethnicity, and age. For gender, NNPH has a higher percentage of females than males compared to Washoe County demographics. For race and ethnicity, NNPH staff is relatively reflective of the racial and ethnic demographic breakdown of Washoe County with just a few exceptions. For age, NNPH staff are distributed across the adult age spectrum distribution of Washoe County. However, NNPH lags Washoe County diversity among the age group of 30-39 and 40-49. While staff is reflective of the racial and ethnic demographic breakdown of Washoe County, there is less racial and ethnic diversity amongst leadership at NNPH. This comparison will be reviewed again during FY24.

CONCLUSION

The 2023 annual report celebrates the progress and collaborative efforts made by internal staff and the health equity committee to build the capacity of NNPH to increase health equity efforts and address health disparities and inequities. About 92% of year-one initiatives in the HEP were either fully or partially achieved in FY23. A breakdown of the overall initiatives in the color-coding system can be found below.

The HEP will continue to provide direction to NNPH by facilitating efforts to improve disparate health outcomes. The progress of HEP initiatives will be evaluated on an ongoing basis to assess needed updates and revisions. The HEP will also continue to change and evolve over time as new information, priorities and insights emerge. Through continued commitment and collaboration, Northern Nevada Public Health can have a significant impact on ensuring everyone has the opportunity to attain their full health potential.

	17 initiatives received a green indicator. Green representing that the initiative was fully achieved in FY23.
	8 initiatives received a yellow indicator. Yellow representing that the initiative was in progress and partially achieved in FY23.
	0 initiatives received a red indicator. Red representing that the initiative was not achieved in FY23.
	1 initiative received a blue indicator. Blue representing that the initiative was not started in FY23.

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