

NNPH FY24-26 Strategic Plan Revisions (FY 2026)

Please note the proposed changes for FY26 to any OUTCOMES and INITIATIVES to the NNPH FY24-26 Strategic Plan. Deletions appear as text with ~~strikethroughs~~ while additions will appear in **red**.

Strategic Priority 1: HEALTHY LIVES: Improve the health of our community by empowering individuals to live healthier lives

District Goal 1.1: Promote healthy behaviors to reduce chronic disease and injury.
Division Goal 1.1.1: Proactively prevent disease utilizing effective health education efforts including policy, systems and environmental strategies.
1.1.1.1 Reach at least 2,000 residents with information about youth cannabis prevention and the impacts of secondhand cannabis smoke and visitors about the impact of secondhand cannabis smoke exposure through communications efforts. (# of residents reached)
1.1.1.1.1 Provide education about the dangers of secondhand cannabis smoke exposure through distributing Need to Know cards and developing posts to be shared on social media platforms. Increase public awareness of the dangers associated with secondhand cannabis smoke exposure through strategic partnerships with community organizations, the distribution of 'Need to Know' informational cards, and the development of targeted messaging for dissemination via social media platforms.
1.1.1.5 Reach at least 12 groups (youth, parents, service providers) with e-cigarette prevention messaging among youth and young adults. Reach at least 12 groups—including youth, parents, and service providers—with prevention messaging on e-cigarettes and other emerging tobacco products targeted at youth and young adults.
1.1.1.5.1 Educate youth, parents, service providers, and decision-makers about the dangers of e-cigarette use among youth and young adults, and promote available cessation resources. Provide education to youth, parents, service providers, and decision-makers regarding the health risks associated with e-cigarette use and other emerging tobacco products among youth and young adults, while also promoting access to evidence-based cessation resources.
District Goal 1.2 Promote preventive health services that are proven to improve health outcomes in the community.
Division Goal 1.2.1 Act as a safety net by providing accessible health services when/where community members otherwise may not have access.
1.2.1.5 Implement 100 community/provider Sexual Health education and outreach activities.
1.2.1.5.2 Conduct provider education Academic Detailing to providers addressing sexual health topics.
1.2.1.5.3 Participate in community outreach events.
1.2.1.5.4 1.2.1.5.3 Provide offsite testing in partnership with community organizations and businesses.
District Goal 1.2 Promote preventive health services that are proven to improve health outcomes in the community.

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Division Goal 1.2.2 Reduce the spread of disease through proactive surveillance, monitoring and intervention.
(VI) 1.2.2.1b # of reported HIV cases
(PI) 1.2.2.2 90% of newly diagnosed HIV cases and identified out-of-care cases will be linked to HIV care
(VI) 1.2.2.2a 1.2.2.3a # of primary, secondary syphilis cases investigated
(PI) 1.2.2.2 1.2.2.3 % of primary, secondary syphilis cases initiated within 5 days.
(VI) 1.2.2.3a 1.2.2.4a # of maternal syphilis cases investigated
(PI) 1.2.2.3 % 1.2.2.4 of maternal syphilis cases initiated within 5 days
(VI) 1.2.2.4a 1.2.2.5a # of other syphilis cases investigated (early latent, late latent/unknown duration, biological false positives, old disease)
(PI) 1.2.2.4 1.2.2.5 % of other syphilis cases initiated within 5 days
(VI) 1.2.2.5a 1.2.2.6a # of congenital syphilis cases investigated
(PI) 1.2.2.5 1.2.2.6 % of congenital syphilis cases initiated within 5 days
(PI) 1.2.2.7 At least 80% of all syphilis cases will be closed within 60 days of being reported.
(VI) 1.2.2.6a 1.2.2.8a # of reported gonorrhea cases investigated
(PI) 1.2.2.6 1.2.2.8 Initiate 90% of prioritized gonorrhea case investigations within 5 business days of report
(PI) 1.2.2.9 At least 80% of gonorrhea cases will be closed within 30 days of report.
(VI) 1.2.2.7a 1.2.2.10a # of reported chlamydia cases investigated
(PI) 1.2.2.7 Review 90% of chlamydia cases within 5 days of report. (PI) 1.2.2.10 Investigate 90% of chlamydia cases within 5 days of report
(PI) 1.2.2.11 At least 80% of chlamydia cases will be closed within 30 days of report.
(VI) 1.2.2.12a # of point-of-care tests completed (chlamydia, gonorrhea, HIV, syphilis)
(VI) 1.2.2.12b Number of walk-in clients to sexual health clinic
(VI) 1.2.2.8a 1.2.2.13a # of individuals suspected to have active tuberculosis disease and investigated
(VI) 1.2.2.13b # of burden cases being treated for active TB
(VI) 1.2.2.13c # of latent TB cases in the community
(PI) 1.2.2.8 1.2.2.13 % of all individuals suspected to have active TB status confirmed within 1 business day via Nucleic Acid Amplification Test (NAAT).
(PI) 1.2.2.9 1.2.2.14 For clients with active tuberculosis, increase the percentage that have sputum culture conversion within 60 days of treatment initiation.
(PI) 1.2.2.10 1.2.2.15 Initiate the index/source case interview and contact investigation for 100% of sputum smear positive tuberculosis cases within 14 days.
(VI) 1.2.2.11a # of foodborne, vector borne, vaccine preventable, disease of unusual occurrence (all reportable conditions requiring Epi time) cases investigated (VI) (VI) 1.2.2.16a # reports requiring epidemiology follow up of foodborne, vector borne, vaccine preventable, disease of unusual occurrence (all reportable conditions requiring epidemiology investigation)
(PI) 1.2.2.11 (PI) 1.2.2.16 Investigate 100% 90% of foodborne, vector borne, vaccine preventable, disease of unusual occurrence (all reportable conditions requiring Epi time) cases within their designated time frame.

District Goal 1.2 Promote preventive health services that are proven to improve health outcomes in the community.

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Division Goal 1.2.3 Increase confidence in vaccines among targeted racial and ethnic groups and individuals with disabilities through outreach and access to accurate information.

(PI) 1.2.3.1 Improve vaccination rates among racial and ethnic groups and disability groups

~~1.2.3.1a.1~~ 1.2.3.1.1 Provide education at 1 outreach event per quarter.

District Goal 1.3 Improve access to health care so people of all means receive the health care services they need.

Division Goal 1.3.2 Build a bridge between communities, clients and services with community health workers.

~~(VI) 1.3.2.1a # of clients and community members provided assistance with navigation of community resources~~

(VI) 1.3.2.1a - # of community outreach activities targeting health disparities conducted by community health educators (not reported under another item)

(VI) 1.3.2.1b - # of PSE efforts engaged in by community health educator team

District Goal 1.3 Improve access to health care so people of all means receive the health care services they need.

Division Goal 1.3.3 Provide efficient, effective and culturally sensitive services.

(PI) 1.3.3.1 Increase access to programs and services through completing 3 system improvements.

~~1.3.3.1.1 Establish and evaluate contactless client services (provider contact, appointments/self-scheduling, telemedicine, results, payments)~~ Establish and evaluate contactless client services (e-billing, check-in kiosk, provider contact, appointments/self-scheduling, telemedicine, results, payments)

1.3.3.1.2 Implement centralized clerical services.

Strategic Priority 2: HEALTHY ENVIRONMENT: Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.

District Goal 2.1 Protect people from negative environmental impacts.

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Division Goal 2.1.2 Maintain and improve air quality through planning and community education (Planning).
(VI) 2.1.2.1a # of air quality plans and reports worked on during this period.
2.1.2.1a.1 Develop and complete 2023 triennial Emissions Inventory and submit to EPA. Develop 2023 Triennial Report based on findings from inventory.
2.1.2.1a.2 Update 2025 Ambient Air Monitoring Network Plan and submit to EPA for approval. Update 2026 Ambient Air Monitoring Network Plan and submit to EPA for approval.
2.1.2.1a.3 Update 2015-2024 Air Quality Trends Report and present to DBOH for acceptance. Update 2016-2025 Air Quality Trends Report and present to DBOH for acceptance.

(PI) 2.1.2.3 Complete all necessary reviews and any associated updates to air quality regulations.
2.1.2.3.1 Update Chapter 030 – Parts 030.000 – 030.500 (6 parts) Update Dust Control Regulation PART 040.030
2.1.2.3.2 Update Chapter 040 – Asbestos Control Standards and Acknowledgement of Asbestos Assessment (2 parts) Update Food Establishments Regulation PART 040.033
2.1.2.3.3 Update Gas Dispensing Facilities Regulation PART 040.080

District Goal 2.1 Protect people from negative environmental impacts.
Division Goal 2.1.3 Reduce negative health impacts from regulated air pollutants in Washoe County. (Permitting & Compliance)
(VI) 2.1.3.1a # of wood-burning devices inspections completed
2.1.3.1a.1 Inspect properties which have removed a wood-burning device prior to the close of escrow.
(PI) 2.1.3.1 % wood-burning permits managed within internal best practice standard (NOE 4 business days, COC 10 business days) % Notices of Exemption (NOE) managed within internal best practice standards (4 business days)
(PI) 2.1.3.2 % Certificates of Compliance (CoC) managed within internal best practice standards (10 business days)
(PI) 2.1.3.3 % Dealers Affidavit of Sales (DAS) managed within internal best practice standards (10 business days)

(VI) 2.1.3.2a 2.1.3.4a # of dust control permit inspections completed
2.1.3.2a.1 2.1.3.4a1 Complete dust control inspections to determine compliance with dust control permit requirements.
2.1.3.2b.1 2.1.3.4b1 Process and issue Dust Control Permit applications submitted to the Air Quality Management Division.
(VI) 2.1.3.2b 2.1.3.4b # of dust control permits issued
(VI) 2.1.3.2c 2.1.3.4c Total acreage disturbed by dust permits
(PI) 2.1.3.2 2.1.3.4 % of dust permits managed within 10 business days. % of dust permits issued within internal best practice standards (10 business days)
(VI) 2.1.3.3a 2.1.3.5a # of asbestos renovation and demolition inspections completed
2.1.3.3a.1 2.1.3.5a.1 Complete inspections of asbestos notifications for demolitions and renovations to determine compliance with asbestos NESHAP standards.
(VI) 2.1.3.3b 2.1.3.5b # of asbestos renovation and demolition notifications
2.1.3.3b.1 2.1.3.5b.1 Process asbestos NESHAP notifications for demolition and renovation activities.
(VI) 2.1.3.3c 2.1.3.5c Total square feet of asbestos materials

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(VI) 2.1.3.3d 2.1.3.5d Total linear feet of asbestos materials
(VI) 2.1.3.3e 2.1.3.5e Total cubic feet of asbestos materials
(PI) 2.1.3.3 2.1.3.5 % of asbestos permits managed within internal best practice standard. % of asbestos NESHAP notifications processed within the internal best practice standard
(PI) 2.1.3.6 % of acknowledgement asbestos assessment processed within internal best practice standard
2.1.3.4 % of required complaint inspections/investigations completed within jurisdictional time frame. (PI) 2.1.3.7 % of required complaint inspections/investigations responded to in accordance with internal best practice standard (2 business days)
(VI) 2.1.3.4a 2.1.3.7a # of complaint inspection/investigations
(VI) 2.1.3.5a 2.1.3.7b # of warnings and notices of violations issued
2.1.3.6a # of stationary source inspections assigned (VI) 2.1.3.8a # of stationary source inspections completed
(PI) 2.1.3.6 2.1.3.8 Complete 100% of stationary source inspections assigned.
2.1.3.6.1 2.1.3.8.1 Complete inspections of stationary sources to determine compliance with permit and regulatory requirements.
(VI) 2.1.3.7a # of stationary source authority to construct/permit to operate permits issued (VI) 2.1.3.9a # of stationary source permits to construct/permit to operate issued
2.1.3.7.1 Issue authorities to construct to new sources of regulated air pollutants in Washoe County. 2.1.3.9.1 Issue permits to construct to new sources of regulated air pollutants in Washoe County.
2.1.3.7.2 2.1.3.9.2 Renew permits to operate to sources of regulated air pollutants in Washoe County
(PI) 2.1.3.10 100% of stationary source permits to operate renewals issued within 180 days.
(PI) 2.1.3.11 100% of stationary source permits PTC to PTO conversions issued within 180 days.
2.1.3.11.1 Issue PTC to PTO conversions to sources of regulated air pollutants in Washoe County

District Goal 2.1 Protect people from negative environmental impacts.
Division Goal 2.1.5 Reduce negative environmental health impacts associated with development and infrastructure.
(PI) 2.1.5.2 Ensure 90% of residential septic and well plan reviews meet a 2-week turnaround (reported as quarterly figures)
2.1.5.2.1 Build record types for Land Development Program in Accela by the end of FY25 FY25 FY26
2.1.5.2.2 Update Land Development regulations and set a schedule for updating by the end of FY25 FY25 FY26
2.1.5.2.3 Update SOPs and develop standardized comments by the end of FY25
2.1.5.2.4 2.1.5.2.3-Develop an audit system and conduct a minimum of 3 audits per staff member.
2.1.5.2.5 Update Land Development electronic stamps and plan review process.
(PI) 2.1.5.4 Complete 100% of inspections at UST permitted facilities per year.
2.1.5.4.3 Assess success of permit holder educational tools Provide guidance via inspection for all UST change of ownerships to reduce future compliance issues.

District Goal 2.2 Keep people safe where they live, work and play.
Division Goal 2.2.1 Improve safety of residents through education, inspections and enforcement.

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2.2.1.1 Set a baseline for the occurrence of foodborne illness risk factors in inspected facilities. Reduce the occurrence of foodborne illness risk factors (violations)
2.2.1.1.1 Develop a system to track occurrence of foodborne illness risk factors in inspected facilities. Track the occurrence of foodborne illness risk factors in inspected facilities
2.2.1.1.2 Complete the final report and determine intervention strategies based on results from the 2023-2024 Risk Factor Assessment
2.2.1.1.3 2.2.1.1.2 Create a system to track food-related complaints for surveillance purposes.
(VI) 2.2.1.2c # of temporary food event inspections (report as quarterly figure)
(VI) 2.2.1.2e # of complaints responded to (report as quarterly figure)
(VI) 2.2.1.2f # of temporary food vendor permits issued
(VI) 2.2.1.2g # of temporary food permits (report as quarterly figure)
(VI) 2.2.1.2h # of promoter permits issued (events w/ 5,000+attendees)
(VI) 2.2.1.2i # of unpermitted vendor complaints received
(VI) 2.2.1.2j # of vendors without a food permit shut down
(VI) 2.2.1.2f 2.2.1.2k Total # of permitted facilities (non-food permits) at the end of the current quarter (permits include the following: Childcare, Schools, Hotel/Motel, RV/MHP, IBD, Jails, Aquatic Facilities, and RV Dump Stations.)
(PI) 2.2.1.2 Complete at least 4 components of standards to make progress toward conformance with FDA retail food program standards. (# of components completed)
2.2.1.2.1 Standard 2 - Complete initial training for all employees. Standard 1 - Revise Food Establishment Regulations to be consistent with the 2022 FDA Food Code
2.2.1.2.4 Standard 3 - Develop and implement annual permit for temporary food vendors. Revise annual permit criteria and associated fee for annual temporary food vendors.
2.2.1.2.6 Standard 4 - Develop schedule for process to review inspection reports and conduct field evaluations of assigned staff. Complete the inspection report reviews and field evaluations per the Standard 4 SOP
2.2.1.2.7 - Transition opening inspection report review. Standard 4 - Review/audit 5% of opening inspection reports (Mobiles and Brick-and-mortar) per person assigned to the Food Plan Review/Opening program.
2.2.1.2.9 Standard 6 - Implement active managerial control (AMC) program. Continue developing resources related to the active managerial control (AMC) program.
2.2.1.2.12 Standard 7 - Identify barriers to language accessibility. Reduce barriers to language accessibility
2.2.1.2.14 Standard 9 - Meet Standard 9 and demonstrate status of foodborne illness risk factors over the last 5 years.
2.2.1.2.15 Standard 9 - Develop intervention strategies to address the foodborne illness risk factors identified as needing priority attention. 2.2.1.2.14 Implement intervention strategies identified in the 2024 Risk Factor Study
(PI) 2.2.1.3 Percentage of required inspections of food establishments completed. Percentage of required annual inspections of food establishments completed.
(VI) 2.2.1.3a Number of food establishment inspections this quarter
(VI) 2.2.1.4a % of passing inspections for routine food inspections (reported as quarterly figure)
2.2.1.4a.1 Evaluate the effectiveness of the AMC program through the reduction of repeat critical violations and operator recidivism
(VI) 2.2.1.4c Number of commercial facility inspections required this quarter

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(VI) 2.2.1.4d Number of commercial facility inspections completed this quarter
(VI) 2.2.1.4e % of required annual inspections of non-food based permitted facilities completed
(VI) 2.2.1.5a # of total inspections of non-food based permitted facilities including other elements (re-inspections, etc.) (includes childcares, schools, pools, invasive body decoration establishments, hotels/motels, RV parks, mobile home parks, and dump stations) (reported per quarter)
(VI) 2.2.1.6a # of other non-food permitted facility complaints
(VI) 2.2.1.7c % of public water systems in compliance with lead and copper rule revisions
(VI) 2.2.1.7d 2.2.1.7c % of sanitary surveys for year with a significant deficiency
(PI) 2.2.1.7 Complete 100% of required sanitary surveys of public water systems to help ensure proper public health protection.
2.2.1.7.2 Achieve 100% compliance with lead and copper rule revisions for Washoe County Public Water Systems

District Goal 2.2 Keep people safe where they live, work and play.
Division Goal 2.2.2 Reduce the Spread of vector-borne disease.
(VI) 2.2.2.3b # of vector-borne disease outreach efforts

District Goal 2.2 Keep people safe where they live, work and play.
Division Goal 2.2.3 Review building plans in advance to assure new facilities meet health standards
(VI) 2.2.3.2a # EHS development reviews conducted (Land Use/Subdivision projects)
(VI) 2.2.3.3a # of health reviews (e.g. Food, Pools, Schools, etc.) conducted for all commercial projects
(PI) 2.3.3.3 Average days in review for all commercial projects (INITIAL SUBMITTALS) (reported as quarterly figure)
(PI) 2.3.3.4 Average days in review for all commercial projects (REVISIONS) (reported as quarterly figure)

Strategic Priority 3: LOCAL CULTURE OF HEALTH: Lead a transformation in our community's awareness, understanding and appreciation of health resulting in direct action.

District Goal 3.1 Ensure community access to actionable public health information via website, media and social media.
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Division Goal 3.1.1 Update public-facing digital presence on website and social media and implement targeted outreach to under-served populations.
(VI) 3.1.1.1b # of culturally relevant or health equity social media posts
(VI) 3.1.1.1e # of impressions across all social media posts (comments, shares, link, clicks, etc.)
3.1.1.1.e1 Create and post videos and graphic design content to drive engagement.
(PI) 3.1.1.4 Increase impressions across all social media posts by 10%. (comments, shares, link, clicks and more)
3.1.1.4.1 Create and post videos and graphic design content to drive engagement.

District Goal 3.1 Ensure community access to actionable public health information via website, media and social media.
Division Goal 3.1.2 Position the Health District to be the trusted, reputable source of public health information for our community.
(PI) 3.1.2.1 Collaborate with at least 2 grant-funded programs to execute marketing tactics that reach populations experiencing health disparities
3.1.2.1.2 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. (HE Plan Goal 4, Initiative 1)
3.1.2.1.3 Identify opportunities to utilize grant funds to promote health equity and reduce health disparities
(VI) 3.1.2.3d # of public records request fulfilled (EHPH) (PHD)
(VI) 3.1.2.5c # of community presentations (EHPH) (PHD)

District Goal 3.2 Inform the community of important community health trends by capturing and communicating health data.
Division Goal 3.2.2 Regularly share timely public health data and trends with the community.
(PI) 3.2.2.1 Publish 100% of reports (Communicable Disease Annual; CPO Quarterly; Respiratory Weekly) provided to the community based on designated time frame. Publish 100% weekly updates to the respiratory dashboard during the respiratory season
3.2.2.1.2 Explore merging COVID-19 data in ILI reports.

District Goal 3.2 Inform the community of important community health trends by capturing and communicating health data.
Division Goal 3.2.3 Build the capacity of the health district to process data.
(PI) 3.2.3.1 Deliver on 95% of requests for statistical analysis. (# of requests)
3.2.3.1.2 Maintain statistical capacity to serve EHPH PHD and NNPH

District Goal 3.3 Drive better health outcomes in Washoe County through improved public health systems and policies.
Division Goal 3.3.1 Advocate for state and local policies that positively impact public health using a health in all policies framework.
(PI) 3.3.1.2 Explore sustainable funding for public health by attending State working group at least quarterly.

Strategic Priority 4: IMPACTFUL PARTNERSHIPS: Extend our impact by leveraging collaborative partnerships to make meaningful progress on health issues.

District Goal 4.1 Support and promote behavioral health.

Division Goal 4.1.3 Support collaborative local and state efforts to reduce the negative impacts of substance use and misuse and support individuals with substance use disorder.

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(PI) 4.1.3.1 90% of applicable WIC participant interactions will receive substance abuse screening, education and referrals.
4.1.3.1.1 Provide staff with training refreshers on substance abuse screening, education and referrals.
4.1.3.1.2 Complete chart audits for compliance with substance abuse screening, education and referrals.

District Goal 4.2 Advance efforts to improve health living behaviors with an emphasis on prevention.
Division Goal 4.2.1 Develop and maintain collaborative community initiatives to increase access to prevention activities and resources.
(PI) 4.2.1.1 Increase the number of corner stores engaged in offering healthy food with the addition of 3 1 new store.
4.2.1.1.2 Assess healthy corner store evaluation findings and identify strategies that can be executed independently of owner discretion, focusing on achievable, low-barrier interventions that promote access to nutritious food options in the community.
(PI) 4.2.1.3 Increase the number of partners implementing 5210 Healthy Washoe into other sectors of the community by adding three new sites

District Goal 4.3 Advance efforts to improve access to health care.
Division Goal 4.3.1 Support collaborative local and state efforts to increase access to health care for residents of Washoe County.
(PI) 4.3.1.2 Create 1 new coalition to increase the number of individuals in Washoe County covered by health insurance.
4.3.1.2.1 Facilitate coalition convenings and identify strategies and actions to be implemented.
(PI) 4.3.1.3 Implement at least three initiatives designed to improve access to care.

District Goal 4.5 Enhance the regional emergency medical services system.
Division Goal 4.5.1 Provide EMS oversight to enhance system performance.
(PI) 4.5.1.1 Implement/execute 4 strategies in the EMS Strategic Plan FY24-29. Create a continuous quality improvement (CQI) process for pre-hospital treatment/patient outcomes.
4.5.1.1.1 Reduce EMS practitioner exposures to infectious illnesses. Develop a board with authority to review and discuss specific patient outcomes.
4.5.1.1.2 Decrease EMS practitioner physical and psychological injuries due to active shooter and civil unrest.
4.5.1.1.3 Increase EMS practitioner driver safety.
4.5.1.1.4 Create and implement a CQI process for pre-hospital treatment/patient outcome.

District Goal 4.6 Engage the community in public health improvement.
Division Goal 4.6.1 Engage the community in assessing community health needs.
(PI) 4.6.1.1 Increase community access to CHA data via online dashboard from 0 to 500. (# of web visits) Produce and analyze the 2026-2028 CHA.

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District Goal 4.6 Engage the community in public health improvement.
Division Goal 4.6.2 Engage the community in planning for community health improvement with a focus on disparate health outcomes.
(PI) 4.6.2.4 Address at least three gaps to improve disparate health outcomes by involving partners that represent underserved communities. Address at least 3 key gaps to improve health outcomes by engaging partners that represent underserved communities to drive targeted improvements.
4.6.2.4.1 Expand the number of partners representing underserved parts of our community collaborating in PSE and/or health equity initiatives. Establish at least one Momma Care Kit distribution site within a Tribal or Black community.
4.6.2.4.2 Develop a community advisory group composed of representatives from priority populations to inform NNPH priorities and strategies.
4.6.2.4.3 Pilot an organizational SDOH assessment to understand barriers and health needs through data.
(VI) 4.6.2.7a # of relationships maintained with priority contacts.
(VI) 4.6.2.8a # of new relationships built with key organizations, programs, and leaders.

District Goal 4.6 Engage the community in public health improvement.
Division Goal 4.6.3 Facilitate community engagement in public health improvement initiatives designed to improve health outcomes and/or reduce health disparities utilizing community organizing principles.
(PI) 4.6.3.1 Identify at least 3 initiatives or projects for divisions to work with the health equity team and/or community-based partners to impact health disparities. Identify at least three initiatives or projects across divisions that collaborate with the Health Equity Team and/or community-based partners to address health disparities.
4.6.3.1.1 Apply community organizing principles and health equity best practices among Health District programs to address health disparities. (HE Plan Goal 3, Initiative 2) Apply public health best practices (e.g. essential public health services) among NNPH programs to improve health outcomes.
(PI) 4.6.3.2 90% of priority contacts in Salesforce will have updated communication records by the end of each quarter.
4.6.3.2.1 Evaluate and update priority contacts in Salesforce to align with project focus areas.
4.6.3.2.2 Build and refine Salesforce technical expertise to run reports.

District Goal 4.7 Improve the ability of the community to respond to health emergencies.
Division Goal 4.7.1 Improve public health emergency preparedness.
(PI) 4.7.1.1 Execute a regional emergency response exercise with regional healthcare partners and finalize After Action Report within 90 days following. Complete 50% of the after-action items identified as NNPH's responsibility.
4.7.1.1.2 Participate in 90% of requested school EOP meetings.
4.7.1.1.3 Produce an after action/improvement plan within 90 days following the exercise.
4.7.1.1.4 Conduct HSEEP planning meetings.
(PI) 4.7.1.2 Implement 1-2 strategy from the jurisdictional risk assessment. Obtain Project Public Health Ready recognition

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4.7.1.2.1 Complete a Project Health Ready review Revise documentation to prepare for Project Public Health Ready application submission.
4.7.1.2.2 Collaborate with the State of Nevada to coordinate behavioral health efforts

District Goal 4.7 Improve the ability of the community to respond to health emergencies.
Division Goal 4.7.2 Improve health care emergency preparedness.
(PI) 4.7.2.1 Complete 75% of planned activities identified by the IHCC.
4.7.2.1.3 EMS/Fire Planned Activities: MCI plan updates, Interagency training with law enforcement, MAEA, and MCI training and exercises EMS/Fire Planned Activities: Regional Active Assailant Plan, Mutual-Aid Evacuation Agreement (MAEA) Updates & Training, Recruitment Initiatives, and Standardized Training & Response Plans
4.7.2.1.4 Hospital Planned Activities: MAEA and MCI training and exercising, Business Continuity Recovery/Down-Time Planning, and CHEMPACK Training Hospital Planned Activities: Exercises/Trainings of the following: MAEA and/or MCI Plans, Incident Response Without Internet, Patient Decontamination, Burn Care, Family Reunification, De-escalation
4.7.2.1.5 Skilled Nursing/Memory Care/Assisted Living Planned Activities: Evacuation Planning/Training, Staff and Resources Sharing Plan, Cybersecurity Plan, and Exercise Plan Evacuation Planning/Training, Mental/Behavioral Health Support, Inter-agency Communication, and Exercise Participation (More participation in exercises to maintain good knowledge and Emergency Operations Plan (EOP) continuity of care)
4.7.2.1.6 Clinic/Ambulatory Surgery Center Planned Activities: Recruitment, Emergency Operations Planning, Surge Capacity Planning, Staff and Resource Sharing Planning Mental/Behavioral Health Support, Inter-agency Training (surge management and transportation resources), and Workforce (recruitment and advocacy of community integration)
4.7.2.1.7 Home Health/Hospice Planned Activities: Data Collection Exercises, Incorporate lessons learned from real-world example, Exercise Plan Data Collection Exercises (quarterly), Mental/Behavioral Health Support, and Inter-agency Communication
4.7.2.1.8 Public Health Planned Activities: MAEA updates and Cybersecurity exercises MAEA and MCI Plan Updates, Cybersecurity Exercises, Continuity/Down-time Planning, and Inter-agency Training.

Strategic Priority 5: ORGANIZATIONAL CAPACITY: Strengthen our workforce and increase operational capacity to support a growing population.

District Goal 5.1 Attract and retain a talented public health workforce to meet the needs of Washoe County.
Division Goal 5.1.1 Create a positive and productive work environment.
(VI) 5.1.1.1d # of vacancies in AHS

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(VI) 5.1.1.1e # of vacancies in AQM
(VI) 5.1.1.1f # of vacancies in CCHS
(VI) 5.1.1.1g # of vacancies in EHS
(VI) 5.1.1.1h # of vacancies in ODHO
(VI) 5.1.1.1i # of vacancies in PHD
(VI) 5.1.1.1j - % of retention (minus retirement and non-County promotions of FTEs and PTs)

District Goal 5.1 Attract and retain a talented public health workforce to meet the needs of Washoe County.
Division Goal 5.1.2 Focus on building staff expertise.
(PI) 5.1.2.2 % of staff reporting confidence in using data for decision making

District Goal 5.2 Meet and exceed national public health best practice standards.
Division Goal 5.2.1 Maintain National Public Health Accreditation.
(PI) 5.2.1.1 Meet 100% of requirements to maintain accreditation.
5.2.1.1.2 Convene reaccreditation committee.
5.2.1.1.3 Gather at least 50% of documents required for reaccreditation by the end of year.
(PI) 5.2.1.2 Increase the number of QI projects implemented (initiated) across the HD from 0 to 2. Implement at least three QI projects in the current fiscal year
(VI) 5.2.1.2a Number of employee-submitted ideas for improvement.
(PI) 5.2.1.3 % of strategic decisions supported by data (key initiatives or decisions that include referenced data sources)

District Goal 5.3 Invest in expanded Health District capacity and targeted services to meet the needs of a growing and diverse community.
Division Goal 5.3.2 Increase organizational capacity to address health equity and reduce disparate health outcomes.
(PI) 5.3.2.1 Make progress on the health equity plan by completing 10 initiatives. Demonstrate progress on the BARHII assessment results through the completion of at least 80% of deliverables aligned with identified priorities.

District Goal 5.3 Invest in expanded Health District capacity and targeted services to meet the needs of a growing and diverse community.
Division Goal 5.3.3 Recruit, retain and train a workforce that meets the diverse needs of our community.
(PI) 5.3.3.1 Review at least 4 two job descriptions to evaluate for systemic barriers to hiring a diverse workforce.
5.3.3.1.1 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

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potential to impact health equity (HE Plan Goal 7, Initiative 2) Review targeted job descriptions to identify and evaluate potential barriers in the recruitment and hiring process.
5.3.3.1.2 Annually review how the demographics of the health district workforce compare to the demographics of the community NNPH serves. (HE Plan Goal 7, Initiative 3)
5.3.3.1.32 Create inclusive job descriptions that attract candidates.
(VI) 5.3.3.2a # of existing staff who complete asynchronous cultural competency training.
(PI) 5.3.3.2 Host two watch parties to engage existing staff in ongoing cultural competency training.
(PI) 5.3.3.23 100% of new staff will take complete asynchronous cultural competency training as part of the onboarding process (staff who completed CC course FYTD/staff who was due to complete course FYTD)
(VI) 5.3.3.3a # of staff participating in district offered DEI/cultural competency professional development opportunities. # of staff participating in district-wide SDOH and data training opportunities.
5.3.3.3a.1 Expand district-wide opportunities for staff to participate in diversity, equity, inclusion, cultural competency, and/or health equity training. Implement at least one training to enhance skills related to considering SDOH in public health and collecting and analyzing key data to improve health outcomes.
(PI) 5.3.3.4 At least one internal policy or procedure that reduces health disparities is revised/created and implemented
5.3.3.4a.1 Adopt and implement an organization wide language access plan. Continue to implement Washoe County's language access plan (LAP) at NNPH.
(PI) 5.3.3.5 Complete one BARHII assessment to identify key areas for improvement in addressing health disparities, guiding the development of targeted interventions.

District Goal 5.4 Maximize and expand facilities to meet the needs of staff and clients.
Division Goal 5.4.1 Maximize the 9th Street facility to efficiently use and improve existing work and meeting spaces.
(PI) 5.4.1.1 Develop and implement a plan to meet the office space needs of the Health District employees. (% of completion)
5.4.1.1.1 Redesign floor plans to maximize the use of current space and implement changes.
5.4.1.1.2 Develop and implement plan for hybrid/remote work to address unmet space needs.

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District Goal 5.4 Maximize and expand facilities to meet the needs of staff and clients.
Division Goal 5.4.2 Complete a facility expansion.
(PI) 5.4.2.1 Ensure completion of new TB and expanded office space building by April 1, 2026. (Complete 3 steps: location identified, building design complete, contractor identified)

District Goal 5.5 Leverage technology to improve services, increase effectiveness and efficiency, and provide access to higher quality data.
Division Goal 5.5.1 Increase access to self-service platforms and systems.
(PI) 5.5.1.2 Increase payments made via Accela to 50% 75% of total EHS transactions (EHS)
5.5.1.2.1 Transition vendors and promoters to (online only) Accela Citizen Access submittal process for Temporary Food Events by March 1, 2025 (90% submittal rate) Increase Accela Citizen Access submittals for all EHS permit types (50% online submittal rate)
5.5.1.2.2 Obtain 80% ACA account creation for annual permit holders by July 1, 2025

District Goal 5.5 Leverage technology to improve services, increase effectiveness and efficiency, and provide access to higher quality data.
Division Goal 5.5.2 Improve data tracking and information sharing.
(PI) 5.5.2.1 % of new/renewed sources integrated into the software.
5.5.2.1.1 Draft SOP for use of software by 12/31/2024.

Strategic Priority 6: FINANCIAL STABILITY: Enable the Health District to make commitments in areas that will positively impact the community's health through reliable and sustainable funding.

District Goal 6.1 Update NNPH's financial model to align with the needs of the community.
Division Goal 6.1.1 Increase dedicated public health funding support to Washoe County.
(VI) 6.1.1.1b Amount of income revenue
6.1.1.1b.1 Advocate for dedicated public health funding at the federal, state, and local level.

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District Goal 6.1 Update NNPH's financial model to align with the needs of the community.
Division Goal 6.1.2 Capture grant and federal relief resources to meet public health goals. Pursue funding opportunities to promote health equity and address health disparities.
(VI) 6.1.2.3a 6.1.2.2a Amount of revenue generated by grants and relief funding
(VI) 6.1.2.3b 6.1.2.2b # of grants received

District Goal 6.1 Update NNPH's financial model to align with the needs of the community.
Division Goal 6.1.3 Maximize revenue generated from cost recovery.
(PI) 6.1.3.1 % of costs recovered for clinic services through client and third party payer payments. (VI)
6.1.3.1a Annual reimbursement revenue at year end
(VI) 6.1.3.1b Number of claims submitted
(VI) 6.1.3.1c # of self-pay, third party, Medicaid at year end (total clients overall and revenue)
(PI) 6.1.3.2 Maintain or increase access to services and revenue through billable services. (# of contracted insurance companies) (10 to 12)
6.1.3.2.1 Review error and rejection report daily to minimize inaccurate claim submission.
6.1.3.2.2 Submit clean claims to insurance companies the first time to eliminate costly appeals and ensure maximum reimbursement for services.

District Goal 6.1 Update NNPH's financial model to align with the needs of the community.
Division Goal 6.1.3 Maximize revenue generated from cost recovery.
6.1.3.4 Increase the percent of costs recovered through EHS fees.
6.1.3.4.1 Meet with admin staff at least quarterly to monitor fee trends and improve admin functions