

NORTHERN NEVADA
Public Health

Board of Health Annual Retreat

February 26, 2026

Welcome and Introductions

Commissioner Clara Andriola

Vice Chair, District Board of Health



Discussion Flow

9:00am-Noon

- I. Welcome & Opening
- II. Strategic Direction
- III. Community Health Assessment (CHA) & Community Health Improvement Plan (CHIP)
- IV. Health Equity Assessment
- V. Workforce Development Plan
- VI. Financial Health
- VII. Financial Guiding Principles
- VIII. Board Discussion



Strategic Direction

Where do we want to take the organization and why?

Chad Kingsley, District Health Officer

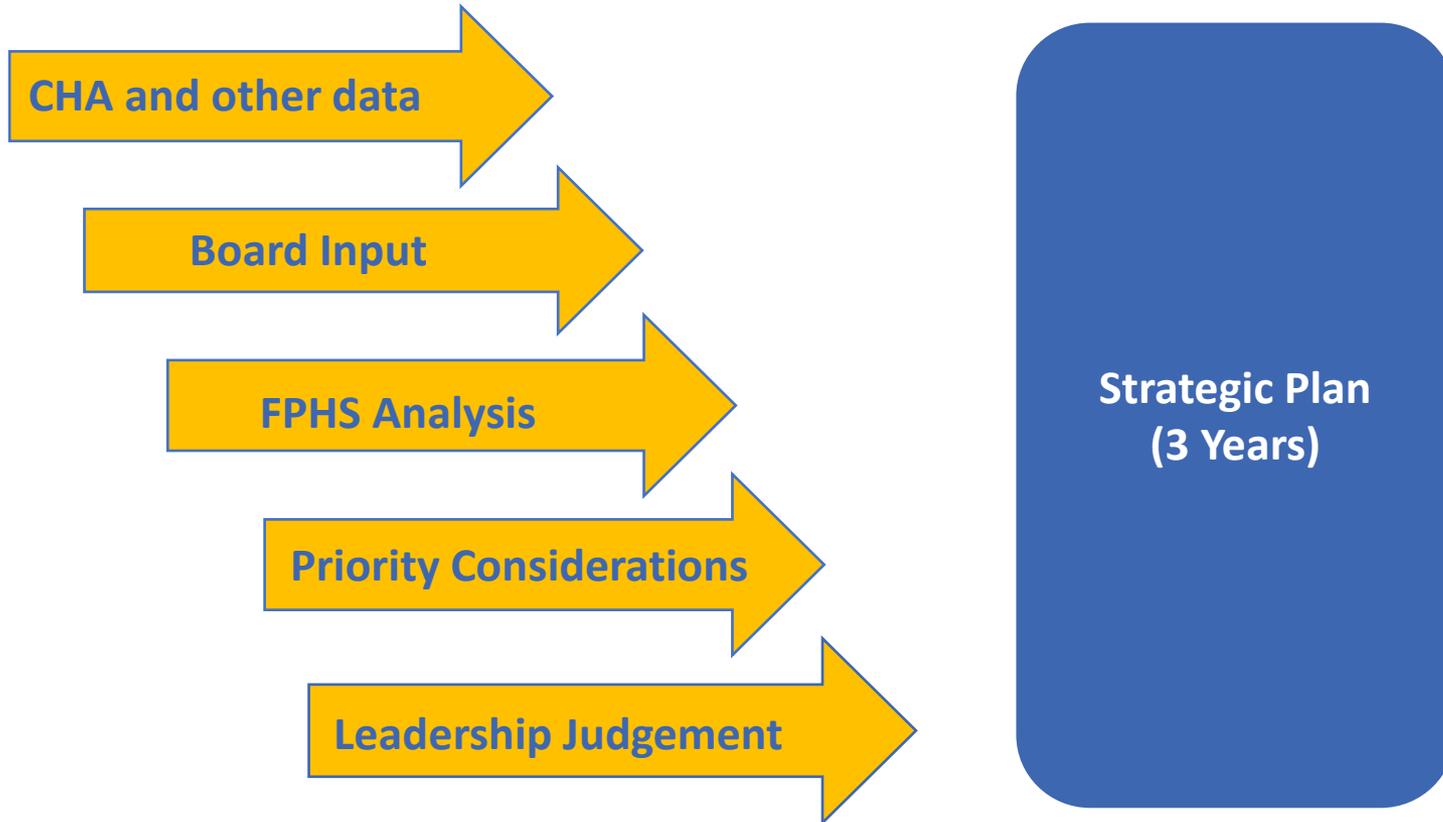
MISSION

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

Current Strategic Priorities

1. **HEALTHY LIVES:** Improve the health of our community by empowering individuals to live healthier lives.
2. **HEALTHY ENVIRONMENT:** Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.
3. **LOCAL CULTURE OF HEALTH:** Lead a transformation in our community's awareness, understanding, and appreciation of health resulting in direct action.
4. **IMPACTFUL PARTNERSHIPS:** Extend our impact by leveraging collaborative partnerships to make meaningful progress on health issues.
5. **ORGANIZATIONAL CAPACITY:** Strengthen our workforce and increase operational capacity to support growing population.
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.

Strategic Plan Inputs



Foundational Public Health Services

Foundational Areas



Foundational Capabilities



February 2022

Overview of Board Reports

WASHOE COUNTY HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

AGENDA ITEM NO. 12A

Air Quality Management
Division Director Staff Report
Board Meeting Date: August 24, 2023

DATE: August 4, 2023
TO: District Board of Health
FROM: Francisco Vega, P.E., Division Director
775-784-7211; fvega@washoecounty.gov
SUBJECT: Air Quality Management - Automakers to Build National Electric Vehicle Charging Network, June and July 2023 EPA Small Business Newsletter, Divisional Update, Program Reports, Monitoring and Planning, Permitting and Compliance

1. Program Update

a. Automakers to Build National Electric Vehicle Charging Network
Automakers BMW Group, General Motors, Honda, Hyundai, Kia, Mercedes-Benz Group, Stellantis NV are creating a joint venture to accelerate the transition to electric vehicles in North America, by making EV charging more convenient, accessible, and reliable.

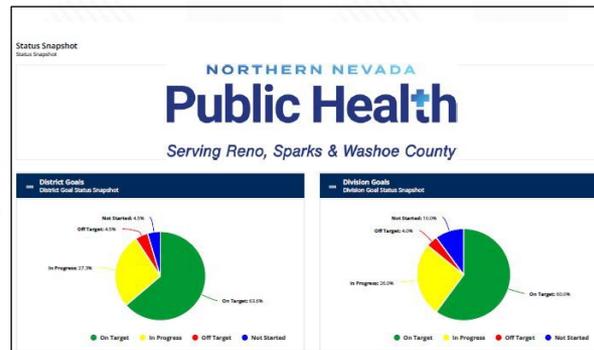
The joint venture will include the development of a new, high-powered charging network with at least 30,000 chargers to make zero-emission driving even more attractive for millions of customers. With a focus on delivering an elevated customer experience, the network will provide reliability, high-powered charging capability, digital integration, appealing locations, various amenities while charging, and use renewable energy. Each charging station will have multiple high-powered fast chargers that can fill an EV's batteries to about 80% in 30 minutes or so.



With the generational investments in public charging being implemented on the Federal and State level, the joint venture will leverage public and private funds to accelerate the installation of high-powered charging for customers. The new charging stations will be accessible to all battery-powered electric vehicles from any automaker using Combined Charging System (CCS) or North

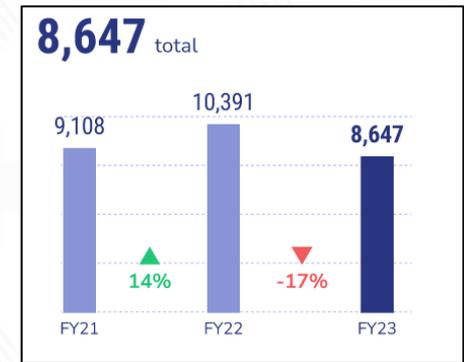
Monthly Division Reports

Purpose: Division update, generally includes summary of key Division data



Quarterly Results

Purpose: Results compared to performance management targets. Now also includes volume data to provide context for performance results.



NEW! District Snapshot

Purpose: High level aggregate overview of District efforts including volume indicators and some performance indicators.

*Is the Board getting the information
needed to govern effectively?*

Community Health Assessment (CHA) & Community Health Improvement Plan (CHIP)

*Identifying actionable opportunities to strengthen
collective impact*

Rayona LaVoie, Director of Programs and Projects

What the CHA & CHIP Mean for Our Region

The CHA identifies the most pressing health needs across our region.



The CHIP translates those needs into shared, measurable priorities.



Provides a unified direction for jurisdictions, partners, and sectors.



Strengthens public health infrastructure through coordinated action.



Positions us to leverage funding by demonstrating regional alignment.

From Data to Priorities

How we Prioritized:

- 206 partners engaged in a structured community forum
- Community data review
- Transparent criteria
- Shared ownership of priorities
- Coordinated impact



26-29 CHA and CHIP Health Priorities

	Mental Health	Maternal & Child Health	Health Risk Behaviors and Early Detection	Economic Stability	Access to Health Care	Environmental Sustainability	Substance Use	Violence Prevention & Crime
Opportunity	32	22	18	12	18	14	10	2
Urgency	26	13	8	34	20	4	14	7
Capacity	17	14	9	16	17	9	13	0
Leverage	18	13	9	12	21	4	12	6
Momentum	29	11	10	20	22	8	10	0
Total	122	73	54	94	98	39	59	15

Prioritization Criteria

Washoe County Community Health Assessment Priorities

*Deepening awareness of community health priorities
and disparities*

Kellie Watkins, PhD
Epidemiology Program Manager
Population Health Division



COMMUNITY
HEALTH RANKINGS



DATA SOURCES



RANKING
METHODOLOGY



PRIORITIES
(SNAPSHOT)

Rankings

Violence Prevention and Crime

*Early childhood development
Mentorship programs
Social-emotional learning
Safe firearm storage
Domestic violence
Gun-related injuries/deaths
Rape/sexual assault
Gang-related violence
Child abuse/child neglect*

Economic Stability

*K-12 education system
Availability of employment
Cost of living
Food insecurity
Poverty
Affordable housing
Homelessness*

Substance Use

*Alcohol use/abuse
Marijuana use/abuse
Prescription drug use/abuse
Tobacco/e-cigarette use
Youth substance use
Access to treatment and recovery services
Harm Reduction (Needle exchange programs/safe use education)*

Environmental Sustainability

*Urbanization
Tree canopy
Bike trails
Walking paths & sidewalks
Parks & open spaces
Transportation Infrastructure
Community gardens
Public recreation facilities
Clean air
Clean water*

Maternal and Child Health

*Education and prevention of reproductive health
Preterm birth
Testing and treatment for sexually transmitted infections/diseases
Teen pregnancy
Family planning
Unmet need for contraception
Availability of clinics offering reproductive health services*

Health Risk Behaviors and Early Detection

*Physical activity
Healthy eating
Overweight/obesity
Immunizations
Oral health
Annual check-ups/screening
Chronic disease management
Infectious disease monitoring
Sexually transmitted infections
Social connectedness and support systems*

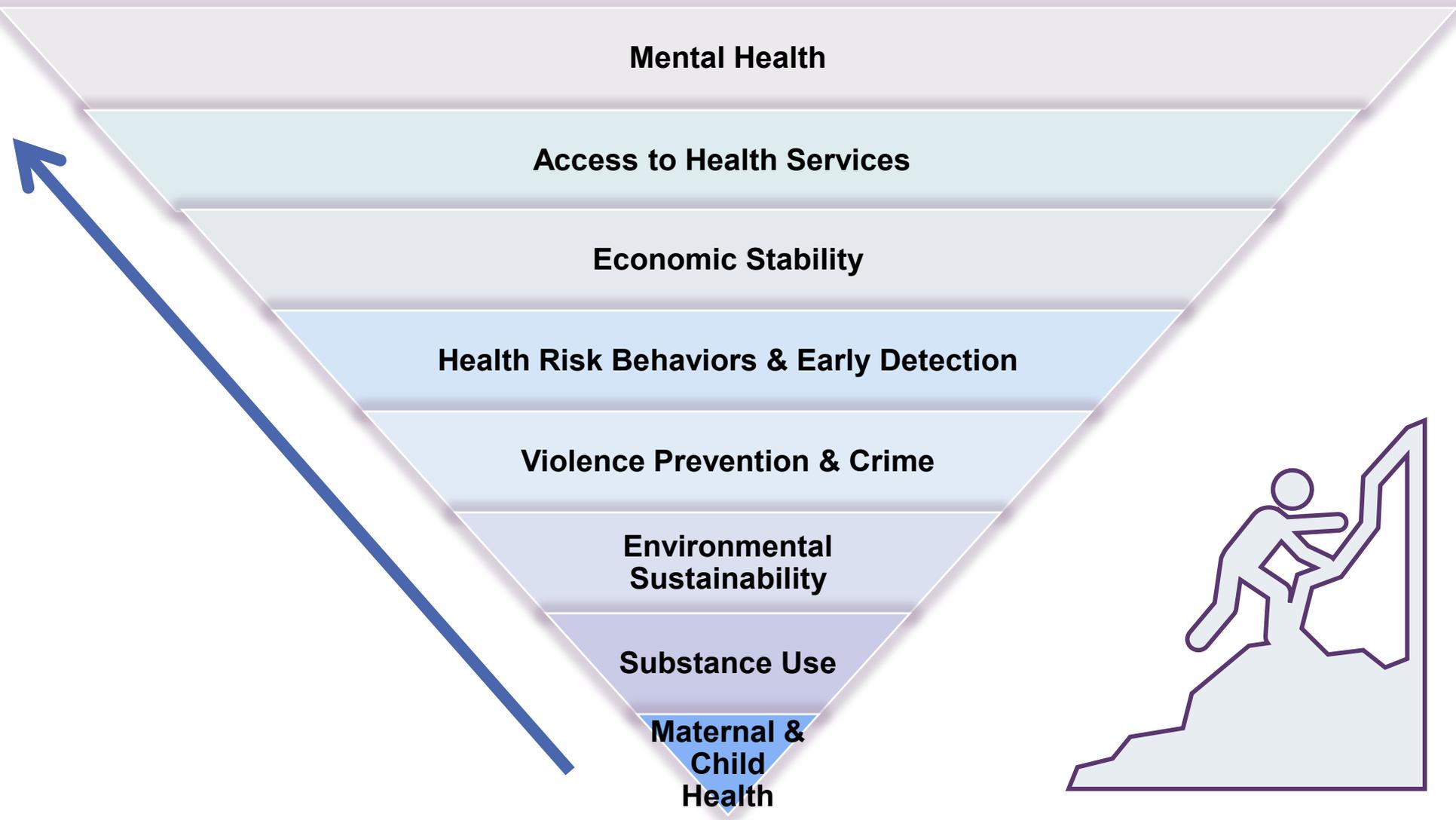
Access to Health Services

*Availability of providers
Affordability of care
Health literacy
Health insurance coverage
Communicable disease prevention
Telehealth and digital access*

Mental Health

*School-based mental health screening and services
Mental health care utilization
Crisis services and emergency response
Insurance coverage for mental health services
Suicide
Serious mental illnesses such as bipolar, schizophrenia
Bullying, social media impact, and academic stress*

Community Health Assessment Topics



Primary vs Secondary Data



Primary Data

Data collected directly from Washoe County Community Members

focus groups, key informant interviews, community survey



Secondary Data

Washoe County data systematically gathered through county, state, federal, or other existing sources

Data Sources

Primary Data

Structured and Unstructured Analysis



- Focus Groups (FG)
 - **Identifies:** common themes
 - **Provides:** lived experiences, perceptions, and priorities
 - **Composition:** 15 focus groups, 75 minutes, 5-10 participants each

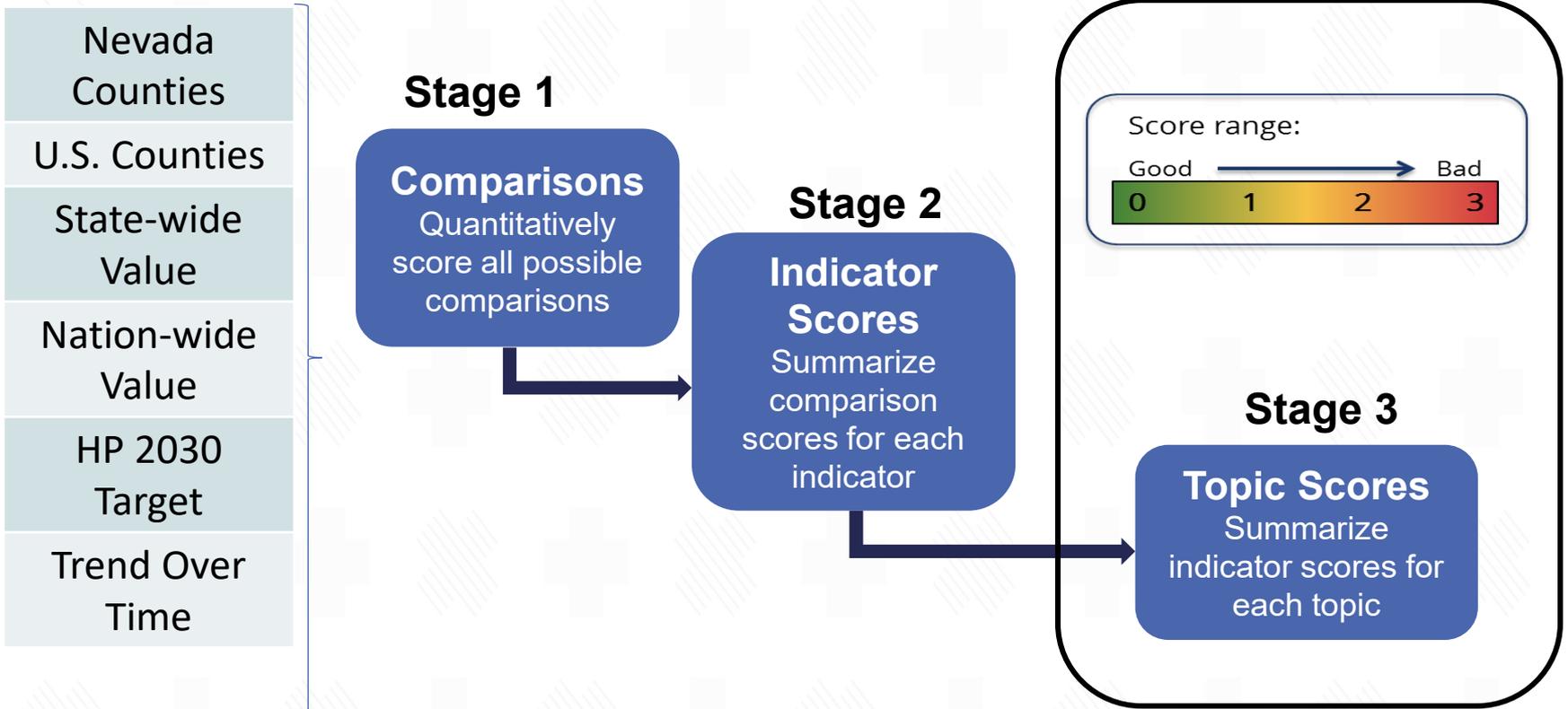


- Key Informant Interviews (KII)
 - **Identifies:** common themes
 - **Provides:** perceptions of community health, priority populations, system barriers and opportunities
 - **Composition:** 19 subject matter experts



- Community Health Survey (CS)
 - **Identifies:** magnitude of community health topics
 - **Provides:** ranked health conditions, emerging issues, gaps in secondary data
 - **Composition:** 694 participants

Secondary Data



Secondary Data Sources

National Environmental Public Health Tracking Network
Nevada Accountability Portal
Nevada Arts Council
Nevada Behavioral Risk Factor Surveillance System
Nevada Department of Employment, Training & Rehabilitation
Research & Analysis Bureau
Nevada Department of Health and Human Services, Office of Analytics
Nevada Department of Public Safety
Nevada Division of Child and Family Services (DCFS)
Nevada Division of Tourism
Nevada Housing Division
Nevada Office of Analytics
Nevada Secretary of State
Nevada Youth Risk Behavior Survey
Northern Nevada Public Health, Air Quality Management Division

Northern Nevada Public Health, Annual Communicable Disease Summary Reports
Northern Nevada Public Health, Influenza Surveillance
National Environmental Public Health Tracking Network
Nevada Accountability Portal
Nevada Arts Council
Nevada Behavioral Risk Factor Surveillance System
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Nevada Division of Child and Family Services (DCFS)
Nevada Division of Tourism
Nevada Housing Division
Nevada Office of Analytics
Nevada Secretary of State
Nevada Youth Risk Behavior Survey
Northern Nevada Public Health, Air Quality Management Division
Northern Nevada Public Health, Annual Communicable Disease Summary Reports
Northern Nevada Public Health, Influenza Surveillance

Northern Nevada Public Health, Vital Statistics
One Truckee River
Point in Time Count
Prosperity Now Scorecard
Purdue Center for Regional Development
Regional Transportation Commission
Reno Tahoe International Airport
The Children's Cabinet
Truckee Meadows Regional Planning Agency
U.S. Bureau of Labor Statistics
U.S. Census Bureau – Small Area Health Insurance Estimates
United For ALICE
UNR, School of Medicine, Office of Statewide Initiatives
U.S. Census Bureau, American Community Survey, 1-Year Estimates
Washoe County School District
Washoe County, Comprehensive Annual Financial Report
Washoe County, Registrar of Voters

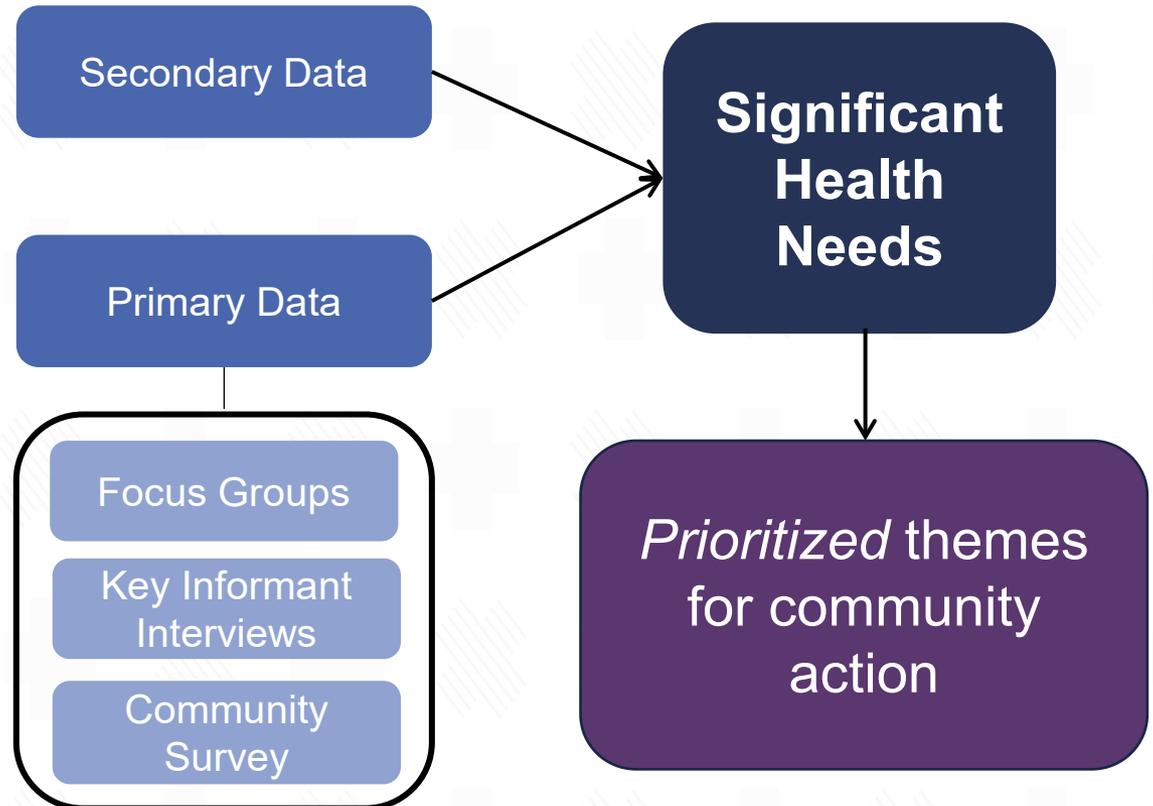
Ranking Methodology

Hanlon Method

A structured way to rank health problems, letting the community decide which issues are most important.

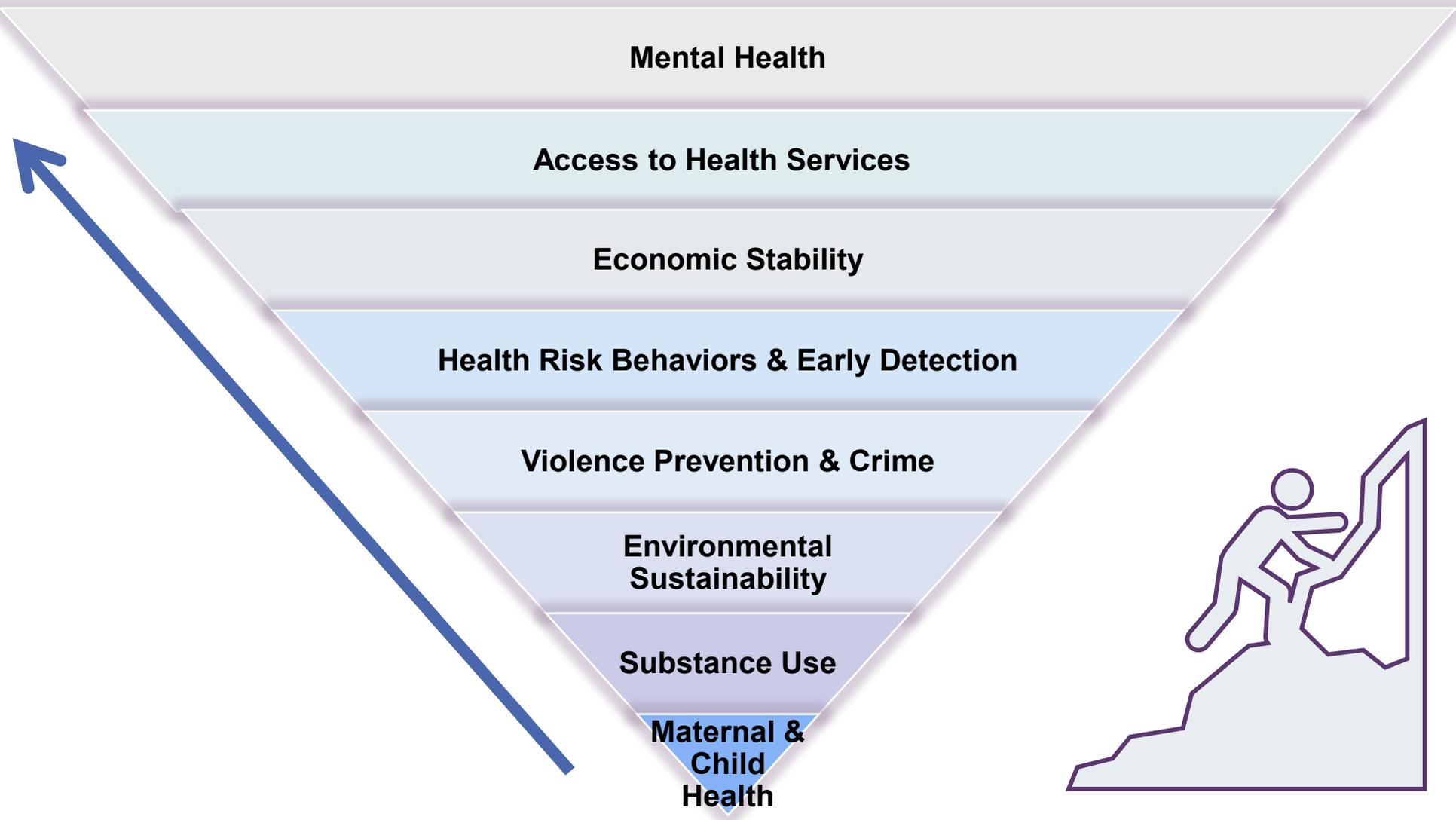


Data Analysis Overview



Hanlon Method

Source	Weight	Composition
Secondary Data	3	Washoe County compared to county, state, and national values, targets from Healthy People 2030, significant trends over time
Community Health Survey	2	Participants ranked their 1 st , 2 nd , and 3 rd topics of highest importance
Focus Groups	1.75	Coded Themes by Count
Key Informant Interviews	1.25	Coded Themes by Count



Priority Snapshots

Mental Health

#1 Mental Health, CS and FG

Final Rank	Health Topic	Secondary Data Rank [3.0]	Community Survey Rank [2.0]	Focus Group Rank [1.75]	Key Informant Interview Rank [1.25]
1	Mental Health	3	3	4	1

Community Health Survey

1st Priority – 18%; 2nd Priority – 18%; 3rd Priority – 14%

How often do you get the help you need from others when you are feeling sad, worried, or need someone to talk to?

5% Never
14% Almost Never
33% Sometimes

Select Themes:

Mental health options
Mental health concerns
Feeling alone/disconnected
Youth mental health
Mental health stigmas

Focus Groups

Lack of Mental Health Services and Providers
Social and Community Connection

#1 Mental Health, KII

Key Informant Interviews

Mental Health Concerns Across the Lifespan

Select Themes:

Mental health options
Stigmas
Mental health concerns
Youth mental health
Substance Use

“We’re seeing more youth in crisis than ever, but the programs haven’t grown to meet the need.”

“Adults are cracking under the weight of cost, caregiving, and crisis. By the time they show up, they’re already overwhelmed.”

“Our mental health system is so reactive. People have to get really sick before they get help.”

#1 Mental Health, SD

Secondary Data

Mental Health and Mental Disorders

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	WASHOE COUNTY	HP2030	NV	U.S.	NV Counties	U.S. Counties	Trend
2.18	Intentional Injury (Suicide) Mortality Rate	deaths/100,000 population	24.3	12.8	21.6	14.7	--	--	
1.91	High School Students Who Have Attempted Suicide: Past Year	percent	11.7	--	10.4	--	--	--	
1.91	Poor Mental Health: Average Number of Days	days	5.6	--	4.9	--			
1.74	High School Students Who Reported Never/Rarely Getting Help When They Felt Sad, Empty, Hopeless, Angry, or Anxious	percent	60.7	--	57.2	--	--	--	
1.74	Middle School Students Who Have Lived With Someone With Mental Illness	percent	31.1	--	29.7	--	--	--	
1.74	Middle School Students Who Reported Never/Rarely Getting Help When They Felt Sad, Empty, Hopeless, Angry, or Anxious	Percent (%)	51.2	--	47.4	--	--	--	
1.62	Age-Adjusted Death Rate due to Suicide	deaths/100,000 population	22.0	12.8	19.5	--	--	--	
1.59	High School Students Who Have Ever Lived With a Parent or Guardian Who Had Mental Illness	percent	32.2	--	29.3	--	--	--	--
1.59	Middle School Students Who Have Ever Used Marijuana	Percent (%)	11.1	--	11.0	--	--	--	
1.56	High School Students Who Ever Seriously Considered Attempting Suicide: Past Year	percent	19.0	--	20.6	--	--	--	
1.56	High School Students Who Felt Sad or Hopeless: Past Year	percent	41.5	--	42.6	--	--	--	
1.56	High School Students Who Have Reported Non-suicidal Self-Injury: Past Year	percent	22.1	--	23.7	--	--	--	
1.56	High School Students Who Reported Having a Suicide Plan: Past Year	percent	19.3	--	19.3	--	--	--	

Access to Health Care Services

#2 Access to Health Services, CS and FG

Final Rank	Health Topic	Secondary Data Rank [3.0]	Community Survey Rank [2.0]	Focus Group Rank [1.75]	Key Informant Interview Rank [1.25]
2	Access to Health Services	4	1	2	5

Community Health Survey

1st Priority – 34%; 2nd Priority – 16%; 3rd Priority – 11%

What makes it hard for you to get healthcare (select)?

- 25% Insurance doesn't pay for what I need
- 24% Couldn't get an appointment soon enough
- 21% Co-pay costs too much
- 21% Doctors don't take new patients
- 17% Doctors don't take my insurance

Select Themes:

- Medical provider shortage
- High cost of healthcare
- Communicable disease prevention
- Caregiver shortage
- Medical misdiagnosis
- Lack of medical supplies

Focus Groups

- Lack of Healthcare Providers
- Challenges Accessing Health Information

#2 Access to Health Services, KII

Key Informant Interviews

Provider Shortages and System Gaps
Lack of Health Information and Outreach

Select Themes:

Medical/dental/vision provider shortage
Caregiver support and shortage
Lack of health information
Technology limitations
Language access
Health mis/disinformation

“We don’t have enough professionals who understand the cultures they’re serving.”

“We don’t have enough providers in almost every specialty. Even for basic care, the wait times are months.”

“Dental and vision care are almost impossible to get quickly, especially for people on Medicaid.”

#2 Access to Health Services, SD

Secondary Data

Oral Health, STI, Healthcare Access and Quality

SCORE	HEALTH CARE ACCESS & QUALITY	UNITS	WASHOE COUNTY	HP2030	NV	U.S.	NV Counties	U.S. Counties	Trend
2.12	Adults who have had a Routine Checkup	percent	70.3	--	--	76.1			--
2.00	Adults 65+ without Health Insurance	percent	0.9	--	1.4	0.8			
1.82	Adults Unable to Afford to See a Doctor	percent	14.6	--	15.2	10.6	--	--	
1.76	Children with Health Insurance	percent	92.7	--	92.1	94.6	--		
1.65	Children without Health Insurance: Under 19 (ACS 1-year)	Percent (%)	7.0	--	8.0	6.0	--	--	
1.59	Adults with Health Insurance	percent	88.6	--	85.4	89.0	--		
1.59	Adults without Health Insurance	percent	10.1	--	--	10.8			--

Economic Stability

#3 Economic Stability, CS and FG

Final Rank	Health Topic	Secondary Data Rank [3.0]	Community Survey Rank [2.0]	Focus Group Rank [1.75]	Key Informant Interview Rank [1.25]
3	Economic Stability	6	4	1	3

Community Health Survey

1st Priority – 13%; 2nd Priority – 9%; 3rd Priority – 13%

In the last 12 months, have you or your family had trouble paying for any of these things (select)?

- 27% Rent or house payments
- 27% Medical bills
- 24% Credit card payments
- 24% Fun things (trips, toys, movies, books)
- 18% Utility bills
- 18% Car repairs/getting around (gas)
- 15% Student loans

Select Themes:

- Cost of living
- Lack of housing
- Lack of time
- Lack of program funding
- Lack of supportive housing
- Lack of educational opportunities
- Financial illiteracy
- Job availability

Focus Groups

- Cost of Living
- Community Food Resources

#3 Economic Stability, KII

Key Informant Interviews

Housing Instability
High Cost of Living

Select Themes:

Insurance costs
High prescription/medication costs
Medical insurance dissatisfaction
Medical coverage inaccessibility
Rental assistance
Distance
Lack of housing/supportive housing

"Housing is the biggest stressor for most families. If your housing isn't stable, nothing else is."

"It's not that people don't care about health — they just have to choose between rent and medication."

Supportive housing is a huge gap. People fall through the cracks because there's nowhere stable for them to recover."

#3 Economic Stability, SD

Secondary Data

Economy, Education,
Community, Older Adults,
Men's and Women's
Health, Adolescent Health

SCORE	ECONOMY	UNITS	WASHOE COUNTY	HP2030	NV	U.S.	NV Counties	U.S. Counties	Trend
2.82	Median Household Gross Rent	dollars	1,507	--	1,489	1,348			
2.82	Mortgaged Owners Median Monthly Household Costs	dollars	2,054	--	1,867	1,902			
2.53	Food Insecure Children Likely Ineligible for Assistance	percent	40.0	--	32.0	32.0			
2.35	Overcrowded Households	percent	4.2	--	4.3	3.4			
2.35	Unemployed Veterans	percent	4.0	--	3.9	3.2			
2.29	Median Monthly Owner Costs for Households without a Mortgage	dollars	570	--	520	612			
2.29	Renters Spending 30% or More of Household Income on Rent	percent	50.5	25.5	54.3	50.4			
2.21	Veterans Living Below Poverty Level	percent	9.4	--	8.3	7.2			
2.06	Homeowner Spending-to-Income Ratio	percent	14.4	--	13.5	13.5			
2.03	Households that are Asset Limited, Income Constrained, Employed (ALICE)	percent	35.4	--	31.0	--		--	--
2.03	Rate of Homeless Persons Per 100,000 Population	Rate per 100,000 population	342.4	--	307.8	226.8	--	--	
2.03	Total Employment Change	percent	0.4	--	4.6	3.0			
1.94	Air Traffic Cargo Reno-Tahoe International Airport	pounds of air cargo	102,382,081	--	--	--	--	--	
1.94	Building Permits Valuation	Dollar value of building permits issued	391,470,266	--	--	--	--	--	

Health Risk Behaviors and Early Detection

#4 Health Risk Behaviors & Early Detection, CS and FG

Final Rank	Health Topic	Secondary Data Rank [3.0]	Community Survey Rank [2.0]	Focus Group Rank [1.75]	Key Informant Interview Rank [1.25]
4	Health Risk Behaviors & Early Detection	8	2	3	4

Community Health Survey

1st Priority – 14%; 2nd Priority – 14%; 3rd Priority – 14%

In the last 12 months, how often did you or someone in your household get food from a food bank, pantry, or free distribution site? (*select*)?

- 11% *A few times*
- 6 % *Once a month*
- 6% *once or twice a year*
- 6% *Once a week*
- 4.6% *Every few months (3-4x per year)*

Select Themes:

- Chronic Illness
- Unhealthy food choices
- Technology misuse
- Fall concerns
- Genetics
- Infectious disease monitoring

Focus Groups

Concerns of Managing Chronic Illness

#4 Health Risk Behaviors & Early Detection, KII

Key Informant Interviews

Healthcare System Navigation
Health Management

Select Themes:

Medical referral process dissatisfaction
Lack of preventive programs
Lack of women's health
Lack of sexual health
Technology limitations
Health language barriers

Transportation is a barrier. If you can't get to appointments, you can't stay healthy."

"People don't know where to start. Services exist, but unless you're already in the system, it's impossible to know what's available."

"A lot of families don't understand their diagnosis or their medications because the information isn't in their language or explained clearly."

#4 Health Risk Behaviors & Early Detection, SD

Secondary Data

Immunizations and Infectious diseases, Nutrition and Healthy Eating, Wellness and Lifestyle, Physical Activity, Weight Status, Cancer, Heart disease and Stroke, Diabetes, Other Chronic Conditions, Respiratory Diseases

SCORE	CANCER	UNITS	WASHOE COUNTY	HP2030	NV	U.S.	NV Counties	U.S. Counties	Trend
2.82	Melanoma Incidence Rate	<i>cases/ 100,000 population</i>	43.5	--	22.7	22.7	--		
2.29	Mammogram in Past 2 Years: 50-74	<i>percent</i>	68.8	80.3	--	76.5			--
2.21	Oral Cavity and Pharynx Cancer Incidence Rate	<i>cases/ 100,000 population</i>	12.3	--	10.4	12.0	--		
2.00	Prostate Cancer Incidence Rate	<i>cases/ 100,000 males</i>	107.4	--	94.1	113.2	--		
1.85	Breast Cancer Incidence Rate	<i>cases/ 100,000 females</i>	127.1	--	113.0	129.8	--		
1.59	Cervical Cancer Screening: 21-65	<i>Percent</i>	80.3	--	--	82.8			--
1.59	Colon Cancer Screening: USPSTF Recommendation	<i>percent</i>	63.1	--	--	66.3			--
1.50	All Cancer Incidence Rate	<i>cases/ 100,000 population</i>	425.1	--	388.3	444.4			
1.50	Cancer: Medicare Population	<i>percent</i>	11.0	--	11.0	12.0	--	--	--

Violence Prevention
Economic Stability
Maternal and Child Health
Substance Use

Final Rankings

Final Rank	Health Topic	Secondary Data Rank [3.0]	Community Survey Rank [2.0]	Focus Group Rank [1.75]	Key Informant Interview Rank [1.25]
5	Violence Prevention & Crime	1	8	7	6*
6	Environmental Sustainability	5	5	5*	6*
7	Substance Use	6	7	5*	1
8	Maternal & Child Health	2	6	8	8

Positive Attributes

“Our healthcare system here has many good elements — people are dedicated, and they want to keep improving access for families.”



Outdoor Access
Community Gardens
Natural Environment
Climate/Weather

“We have strong partnerships — people want to work together to solve problems.”



Plentiful food options
Community gardens
Mutual aid groups
Food banks and services



Good work environment
Good social interactions
Good cultural diversity
Recreational opportunities

A close-up photograph of several people's hands clasped together in a circle, symbolizing unity and teamwork. The hands are of various skin tones and are positioned in a way that suggests a group hug or a supportive gesture. The background is slightly blurred, focusing attention on the hands. The overall tone is warm and positive.

**SPECIAL THANKS to Washoe
County Community Members**

Prioritized Community Needs

1. Mental Health
2. Access to Health Care
3. Economic Stability
4. Maternal & Child Health
5. Substance Use
6. Health Risk and Early Detection
7. Environmental Sustainability
8. Violence Prevention & Crime

Reducing Health Disparities

Aligning strategy, capacity, and partnerships to address health disparities

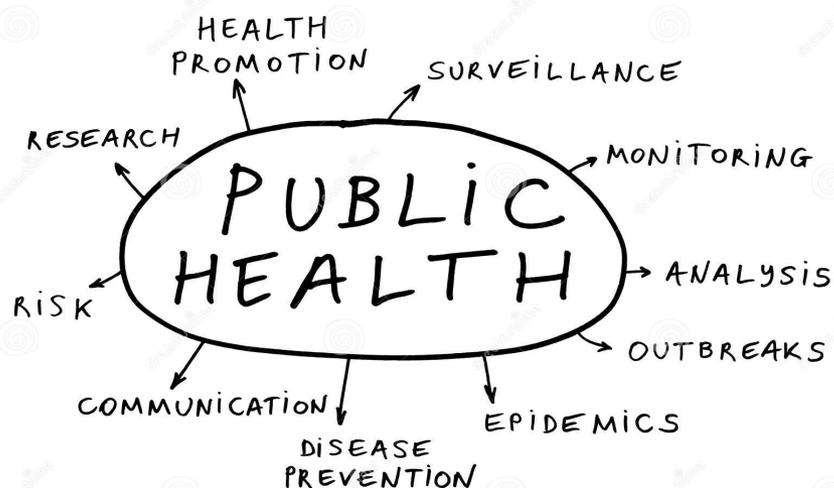
Camarina Augusto

Community Health Educator



Strengthening the Public Health System to Improve Health Outcomes

- Health shaped by various factors
- Identify gaps, opportunities
- Assessment tracks progress (2022–2025)
- Culture of continuous improvement
- Data to guide decisions





Assessment Inputs & Results

Inputs

Staff assessment

Partner survey

Staff focus groups

Leadership interviews

Results

1. Data-informed decision making
2. Addressing factors that influence community health
3. Modernizing hiring practices
4. Building workforce capacity to meet community health needs





Theme 1: Data-Driven Decision-Making

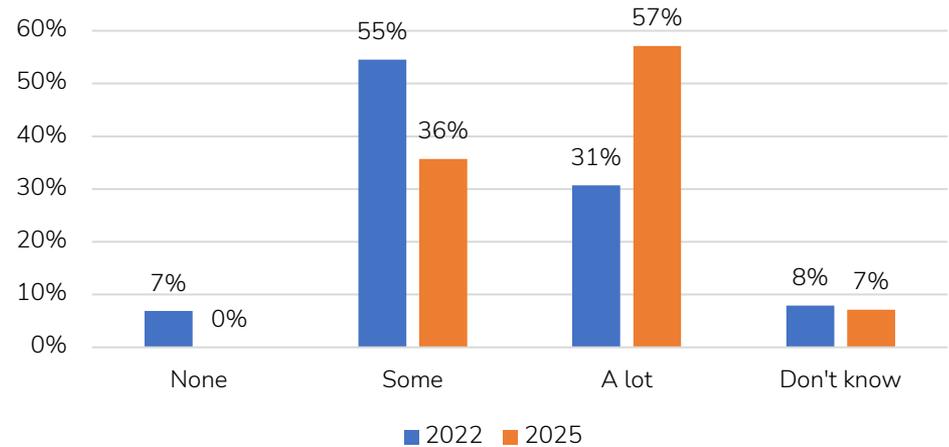
Progress

- Piloted community health survey

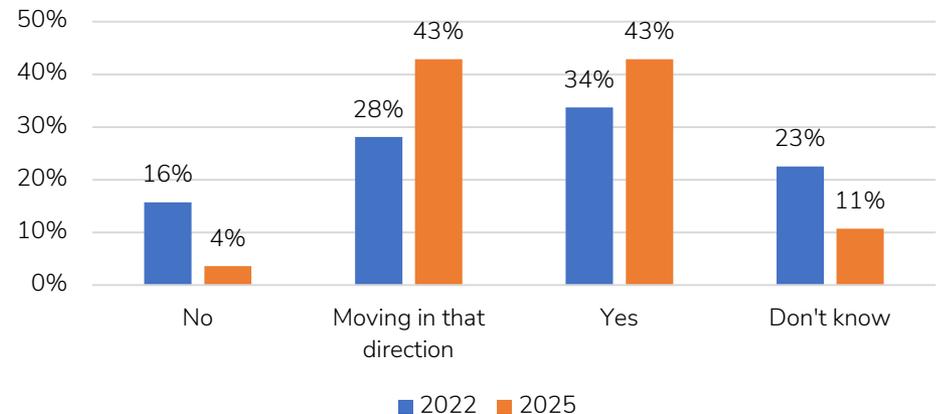
Opportunities

- Metrics aligned with community needs
- Build community health dashboards
- Increase data utilization among stakeholders

How much does data influence your programs design



NNPH collects and shares data that is appropriate for the needs of the community





Theme 2: Addressing Factors that Influence Community Health

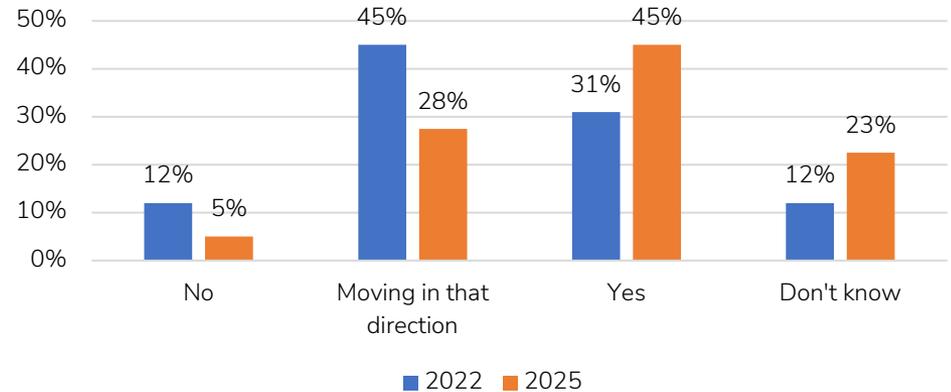
Progress

- Townhalls/Food Business Resource Fairs

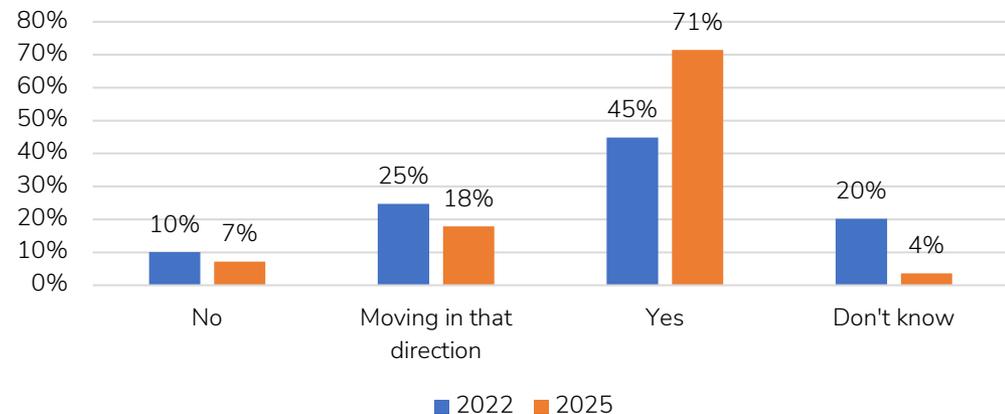
Opportunities

- Support health by meeting needs
- Whole-person service approach
- Build staff capacity

My program has strategies in place to advocate for local policies that address the SDOH



NNPH sets standards and expectations for how to work with the community





Theme 3: Modernizing Hiring Practices

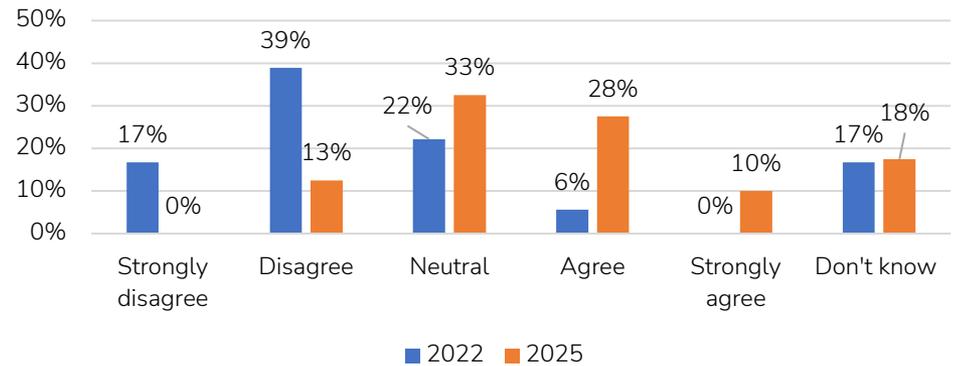
Progress

- Piloted a hiring project

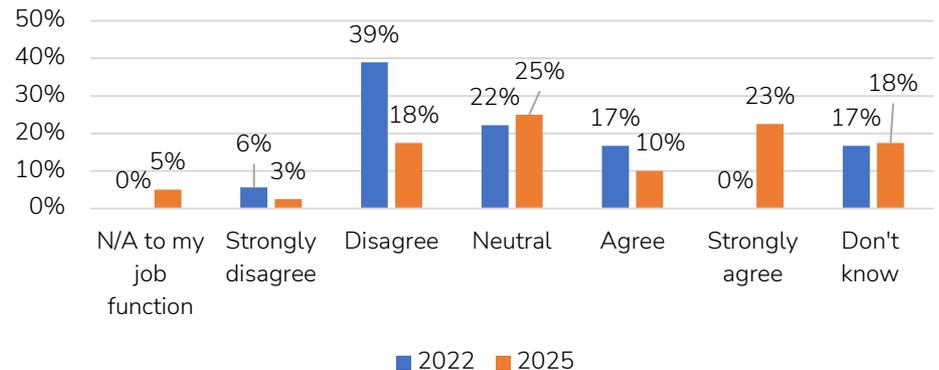
Opportunities

- Integrate interpersonal and technical skills
- Expand recruitment efforts

When appropriate, minimum requirements for positions are flexible for community experience



Interview questions are designed to gain insight into an applicant's capability to address community needs in their program responsibilities





Theme 4: Building Workforce Capacity to Meet Community Health Needs

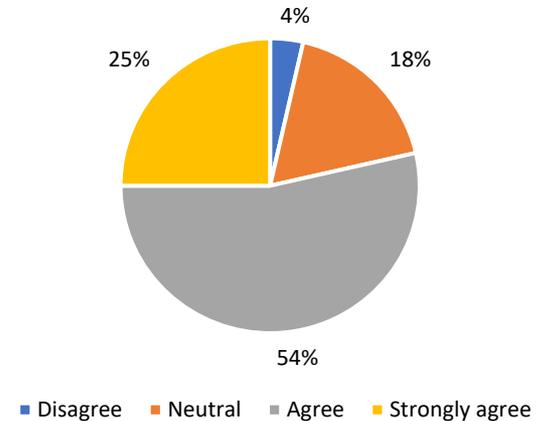
Progress

- Provides technical assistance
- Academic health department
- Staff pursuing higher education

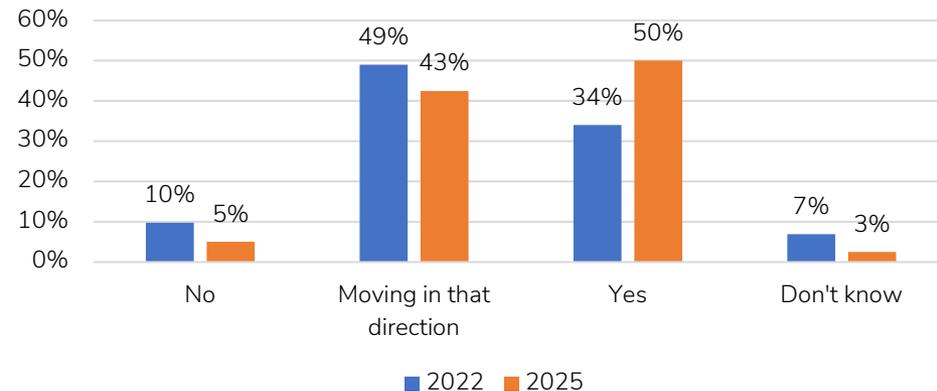
Opportunities

- Expand training and professional development

I am familiar with the needs of community members in the County we serve



NNPH demonstrates a commitment to addressing the conditions that impact health





Action Plan



Goal

Improve outcomes in three years

Action Plan

Developed by internal committee

Priority Areas

Supporting strategies, deliverables, and timeframes

Progress

Tracked for improvements and accountability

Emerging Areas of Focus (Health Equity)

1. Programs have expanded efforts to support small businesses by providing technical assistance and guidance in completing required documentation and navigating the permitting and regulatory process.
2. Opportunity to consistently collect and utilize meaningful data across the organization to drive program improvements and informed decision-making
3. Opportunity to modernize internal hiring practices and recruitment strategies to attract multidisciplinary talent.
4. Continue to provide targeted training to enhance staff understanding of community needs, enabling them to tailor their approaches effectively when engaging with the community.

Workforce Insights

Surfacing strategic themes and workforce priorities for the future

Rayona LaVoie

Director of Programs and Projects

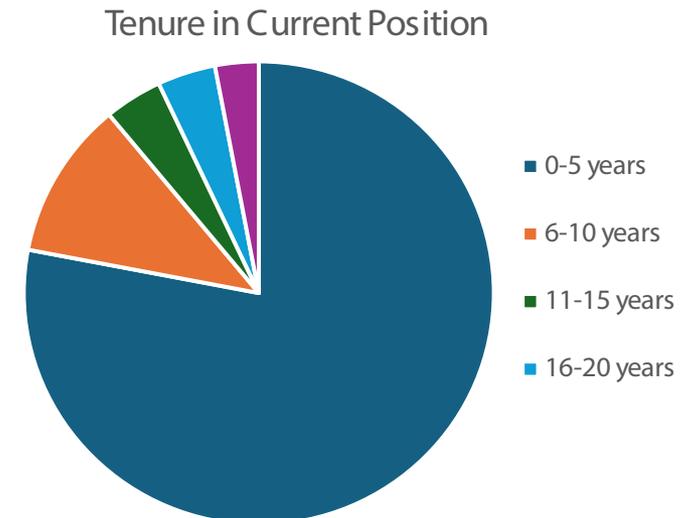
Why PH WINS & Why It Matters Now

- PH WINS is the national gold standard for public health workforce data
- Captures staff perspectives on skills, engagement, retention, and wellbeing
- Results directly inform strategic workforce investments



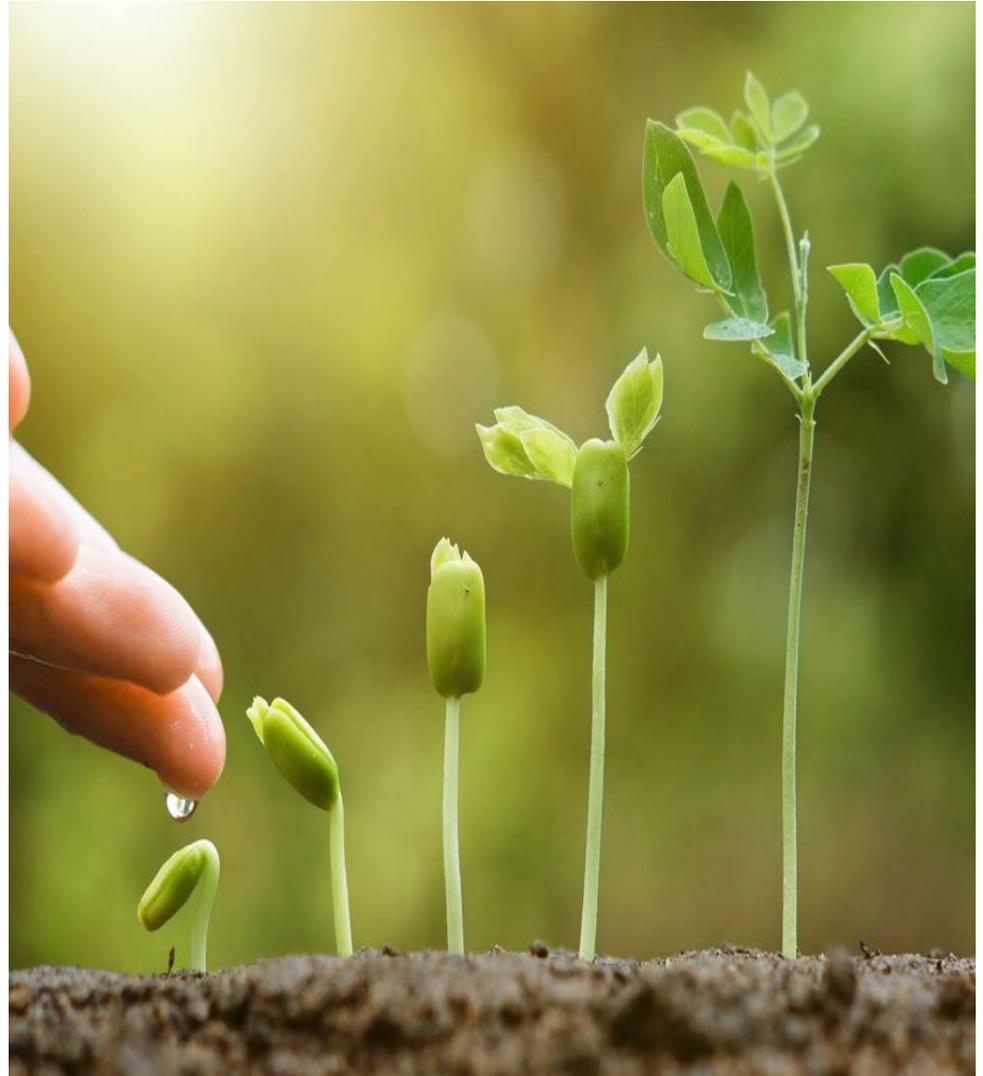
Workforce Sustainability

- Structurally stable
- Program-Focused organization
- 48% work in public health programs
- Supervisors are concentrated in Organizational Competencies
- Early career workforce



Supporting Growth and Succession

- Supervisors have deep public health tenure.
- Retirement risk should be assessed.
- Developing mentorship programs can help prepare younger staff for leadership.



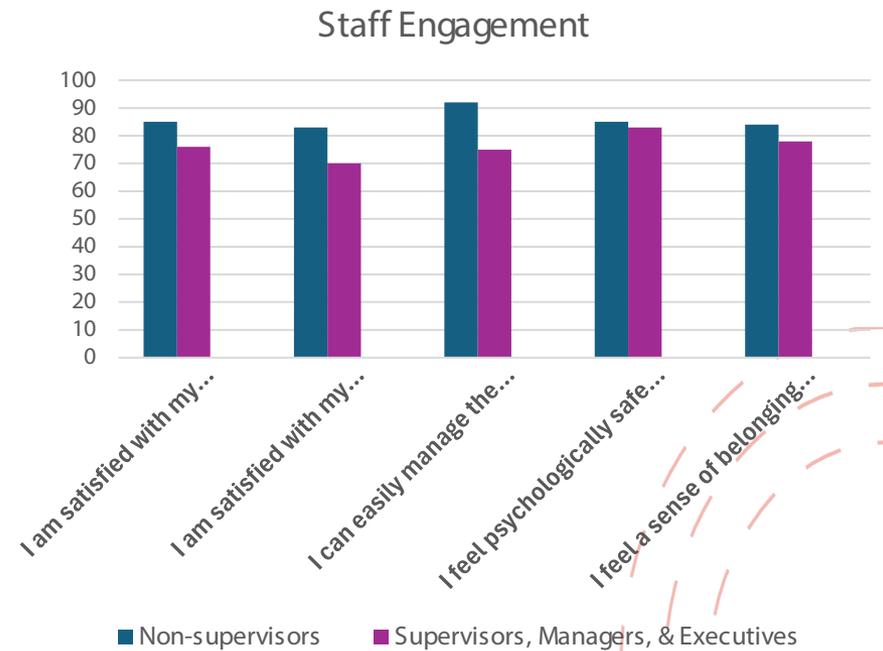
Organizational Health

- Reasons for staying vs. leaving
- Workforce stability is strong
- Turnover expectations are within a manageable range



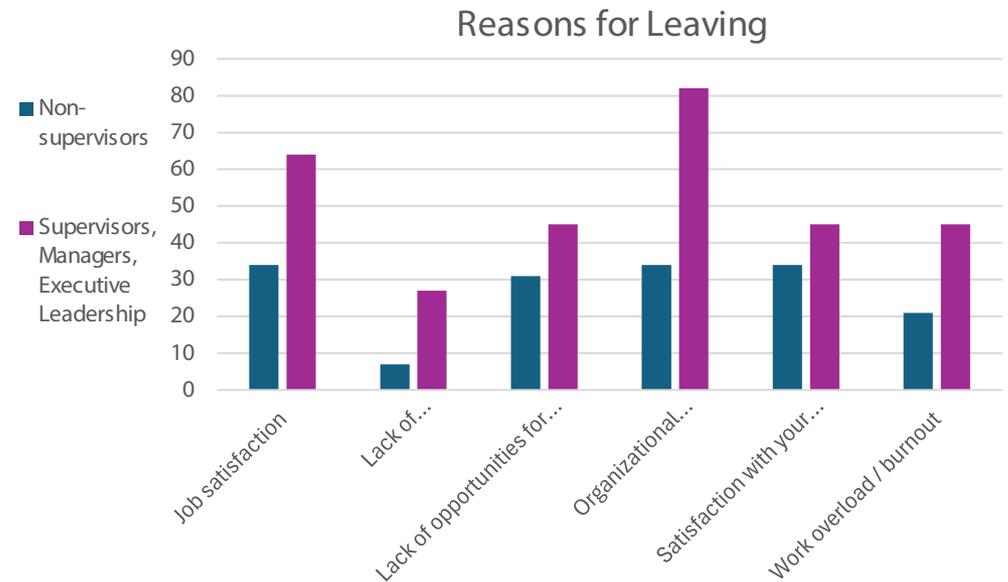
Work Experience

- Experience varies by division
- High satisfaction with supervisory relationships
- Benefits are the strongest retention tool
- Work-life balance is viewed positively



Workforce Continuity

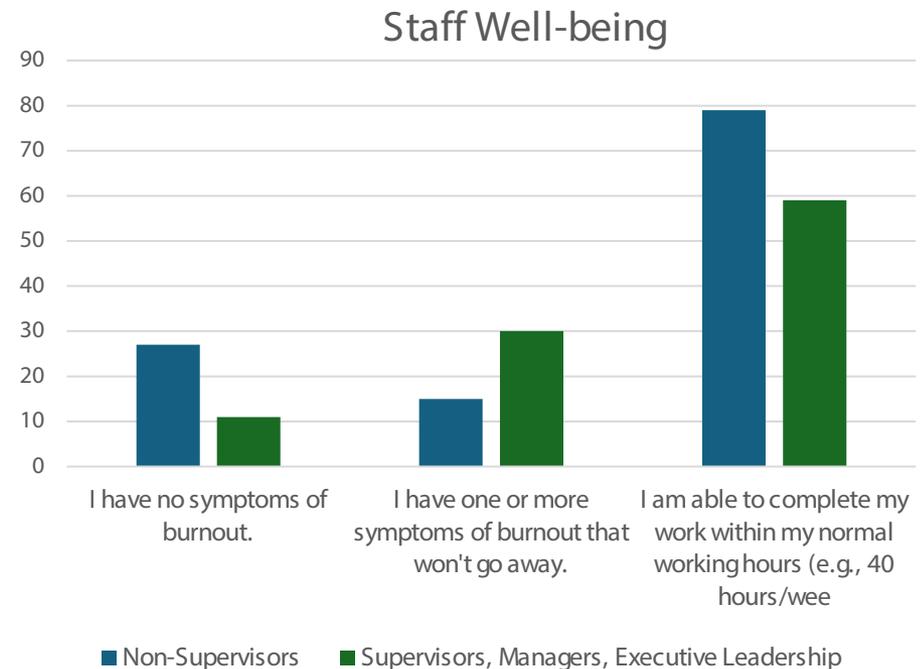
- Leadership support systems need strengthening
- Planned departures reflect
 - Burnout
 - Organizational climate
 - Growth opportunities
- Leadership strain may be influencing perception





Workplace Well-being

- Solid foundation to support employee wellness
- Supervisory roles may carry sustained workload pressures
- Opportunity to refine role clarity and workload distribution



Training Priorities

- Staff feel confident in their core program knowledge
- Supervisory training needs
 - cross-sector leadership
 - organizational impact
- Non-supervisory staff training needs
 - operational
 - policy engagement
 - budget management



What's Next

1. Convene a working group
2. Develop action plan
3. Present Workforce Development at DBOH meeting in May



Emerging Areas of Focus (Workforce)

1. High confidence in core public health knowledge; program-focused workforce with experienced supervisory tenure.
2. Early-career workforce combined with retirement risk underscores need for mentorship and leadership pipeline development.
3. Strong supervisory relationships, positive work-life balance, and competitive benefits support employee satisfaction and stability.
4. Burnout, workload pressures, and growth opportunity concerns influence planned departures and perceptions of leadership support.
5. Supervisors need advanced leadership and cross-sector skills; staff seek growth in operations, policy engagement, and budget management.

Fiscal Year 2027 Recommended Budget

Understanding the financial outlook

Jack Zenteno

Administrative Health Services Officer

Chad Kingsley

District Health Officer

Overview

- Background and Overview of NNPH
- Overview of NNPH's Fiscal Year 2027 budget, including staffing levels, revenues, and expenditures
- Summary of historical trends and current financial position
- Review of financial outlook and projected fund balance
- Identification of assumptions, structural funding challenges, and financial risks
- Discussion of operational impacts and long-term financial sustainability

Our Mission:

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

Department Overview

We protect the health, safety, and economic stability of Reno, Sparks, and Washoe County.

- **Prevent and control communicable disease** through surveillance, outbreak response, and rapid intervention.
- **Protect food, air, water, and land** through regulation, licensing, permitting, inspection, and environmental monitoring.
- **Reduce chronic disease and injury** using data-driven prevention strategies and community partnerships.
- **Deliver essential clinical services** including immunizations, sexual health, tuberculosis control, and maternal and child health programs.
- **Support vulnerable populations** through targeted outreach, WIC, and community-based health services.
- **Maintain emergency preparedness and response capacity** to address biological threats, natural disasters, and emerging public health risks.



Programs We Provide to the Community



Office of the District Health Officer

Community Health Assessment
Community Health Improvement Plan
Strategic Plan
Health Equity
Quality Improvement
Workforce Development
Accreditation
Media and Government Relations

Administrative Health Services

Air Quality Management Program

Monitoring
Planning
Permitting
Compliance



Community and Clinical Health Services

Administration and Billing
Family Planning
Immunizations
Maternal, Child, and Adolescent Health
Sexual Health, HIV and STI Prevention
Tuberculosis
Women, Infants, and Children



Environmental Health Services

General Environmental Health
Food Protection
Permitted Facilities
Waste Management
Vector-Borne Diseases
Land Development /Water Safety

Population Health

Epidemiology
Statistics and Informatics
Sexual Health Investigations and Outreach
Public Health Preparedness
Emergency Medical Services Oversight
Chronic Disease and Injury Prevention
Vital Statistics

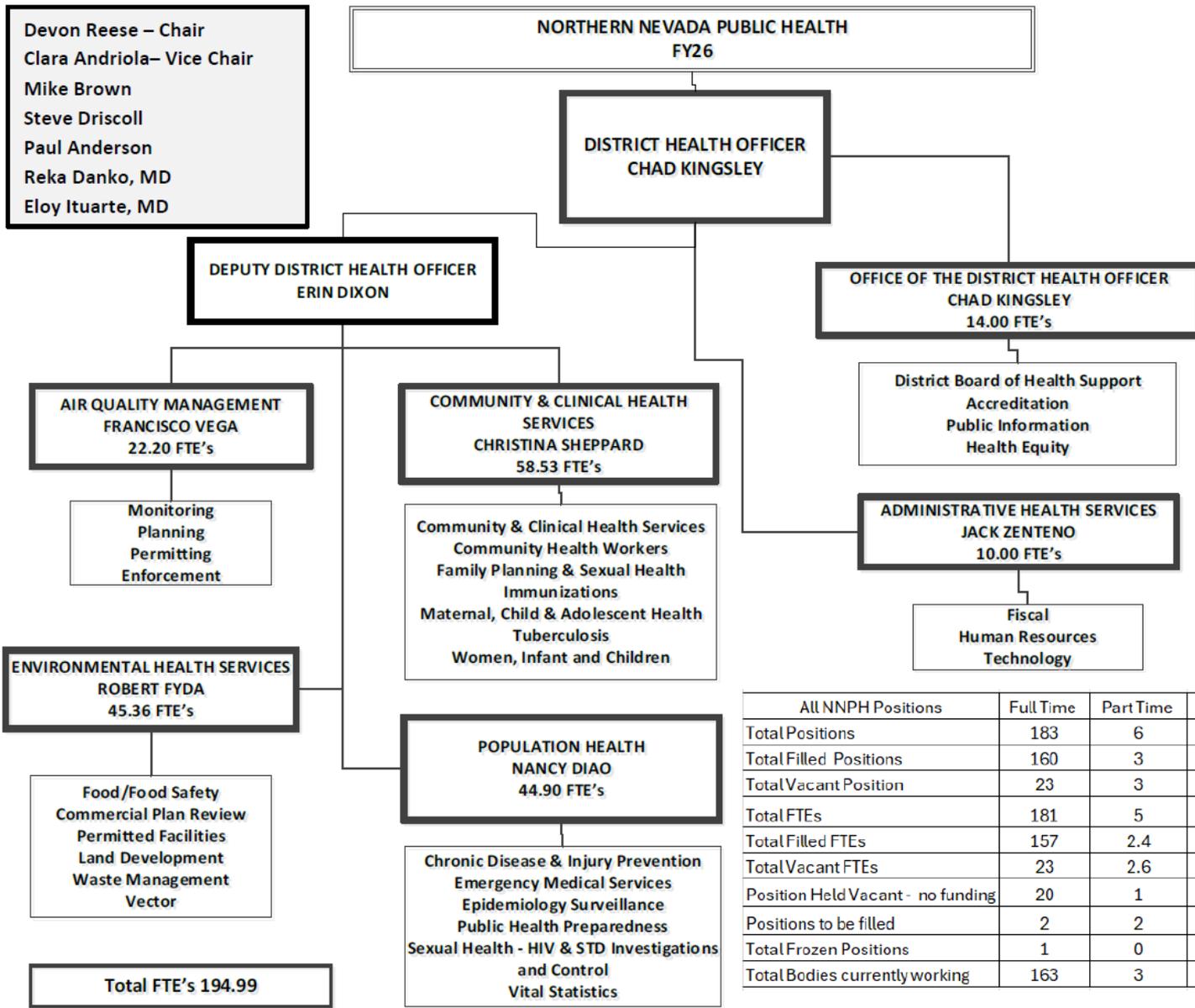


Statutory and Regulatory Authority



<u>Program Area</u>	<u>Federal USC/CFR</u>	<u>State NRS/NAC</u>	<u>WC Code</u>	<u>BOH Policy</u>
Public Health General	42 USC 42 CFR	NRS 439	Chapter 35	
Communicable Disease Control	42 USC 264 42 CFR 70–71	NRS 441 A NAC 441 A	Chapter 35	
Food Safety	21 USC 301	NRS 446 NAC 446	Chapter 35	Food Safety Regulations
Public Accommodations		NRS 444 NAC 444 NRS 447 NAC 447		Public Accommodation RV/Mobile Home Swimming Pool and Spa
Sanitation & Waste	33 USC 1251	NRS 444 NAC 444	Chapter 50	Solid Waste Management Regulations
Air Quality	42 USC 7401 40 CFR 50–99	NRS 445B NAC 445B	Chapter 35	Air Quality Management Regulations
Water & Wastewater	42 USC Safe Drinking Water Act CFR 141, 143	NRS 444 NAC 444	Chapter 40	Sewage, Wastewater and Sanitation Well construction Prevention of Vector-Borne Disease
Maternal & Child Health	42 USC 701	NRS 442		
Family Planning / Sexual Health	42 USC 300 42 CFR 59	NRS 441A NRS 442		
Emergency Management	42 USC 5121 42 USC 247 42 CFR 70–71	NRS 414		





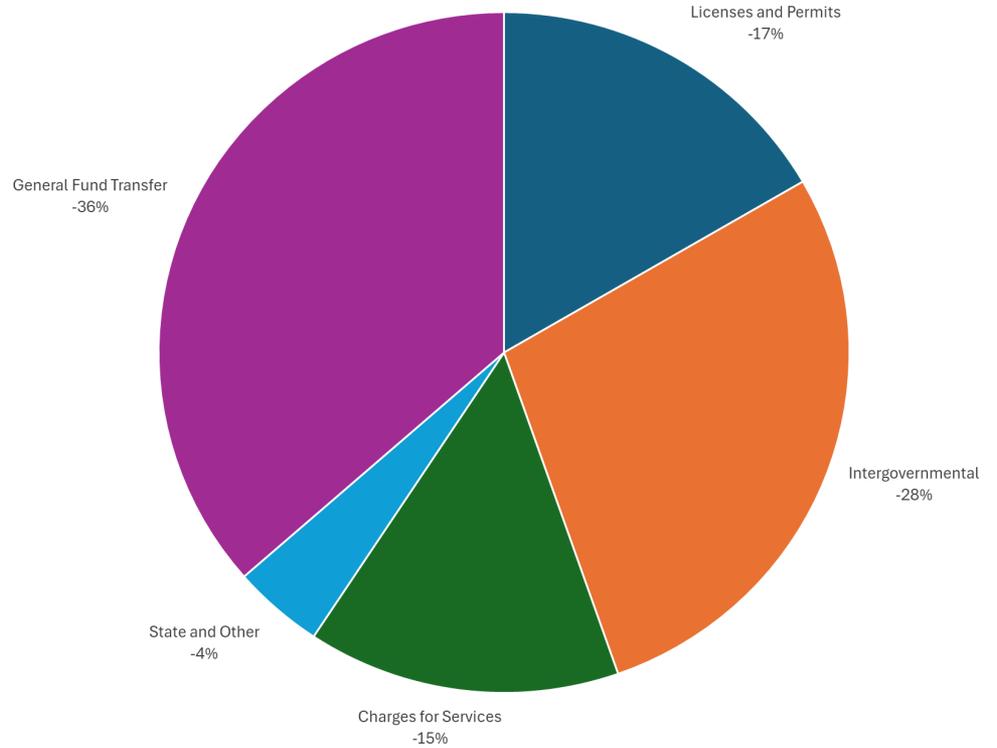
All NNPH Positions	Full Time	Part Time	Int Hrly
Total Positions	183	6	16
Total Filled Positions	160	3	7
Total Vacant Position	23	3	9
Total FTEs	181	5	8.99
Total Filled FTEs	157	2.4	5.6
Total Vacant FTEs	23	2.6	3.39
Position Held Vacant - no funding	20	1	9
Positions to be filled	2	2	0
Total Frozen Positions	1	0	0
Total Bodies currently working	163	3	28

Organizational Chart

- **194.4** Full Time Equivalent (FTE) staff
- **165** FTE working as of December 2025
- **157** Full Time
- **2.4** Part Time
- **5.6** Intermittent Hourly

Requested Fiscal Year 2027 Revenue Structure

NNPH Revenue Sources



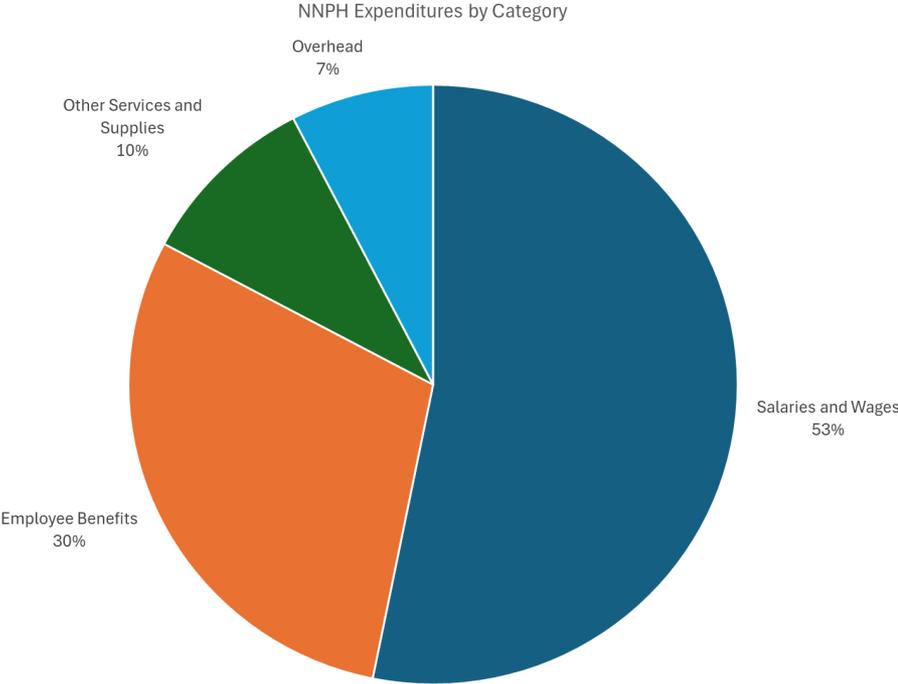
- Federal Grants
- State Funding
- Fees
- County Transfer

Above Base Request Summary

Request Description/Title	Revenue	Expenditure
Increase County Transfer for Increased Salary, Benefit, and Overhead Costs	\$ 1,000,000.00	\$ -
Total	\$ 1,000,000.00	\$ -

Requested Fiscal Year 2027 Expenditure Structure

- Salaries
- Benefits
- Overhead
- Services and Supplies



Revenues, Expenditures, and Staffing by Division

Office of the District Health Officer

Total Full-Time Equivalents: 14

Filled Full-Time Equivalents: 10

Total FY 2027 Programmatic Revenues \$868,282

Total FY 2027 Other Revenues \$1,489,234

Total FY 2027 Administrative Expenditures \$2,970,232

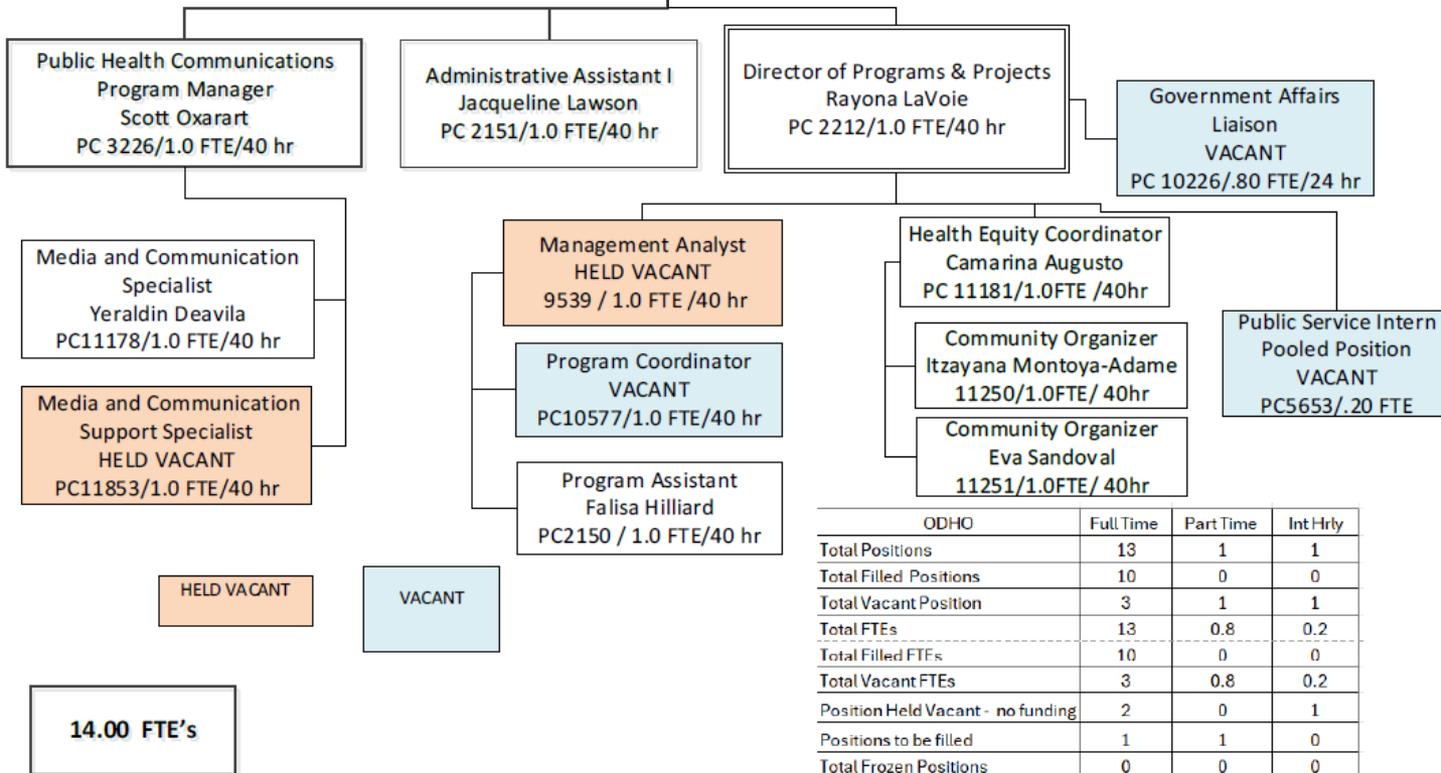
Total FY 2027 Program Expenditures \$868,282

Total FY 2027 Other Expenditures \$1,489,234

**Office of the District Health Officer
FY26**

**DISTRICT HEALTH OFFICER
Chad Klingsley
PC 0173/1.0 FTE/40 hr**

Deputy District Health Officer
Erin Dixon
PC 11568/1.0FTE/40 hr



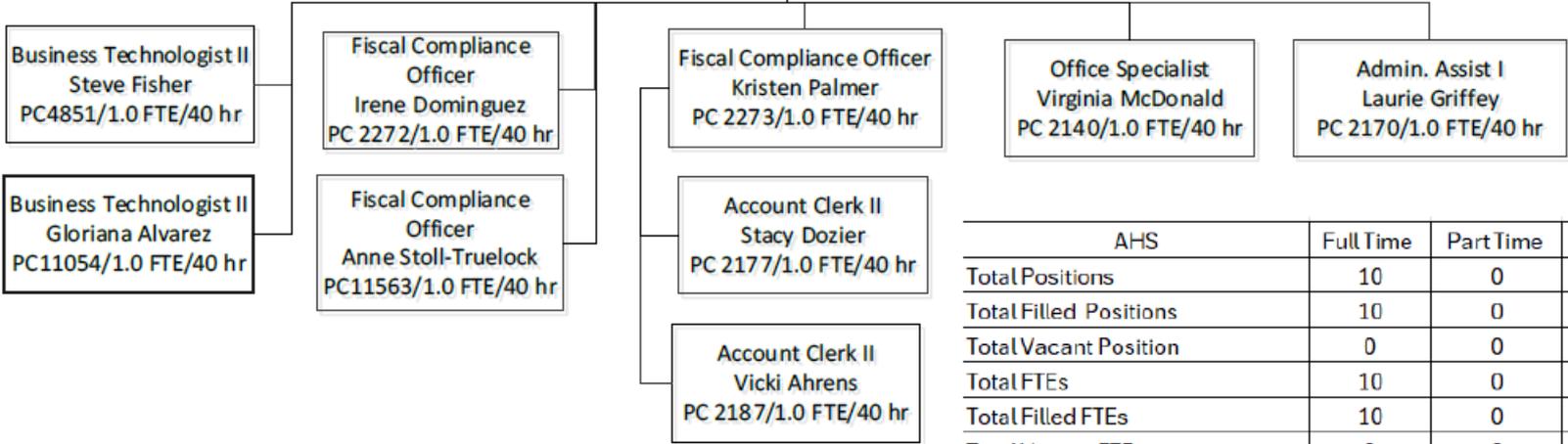
	ODHO	Full Time	Part Time	Int Hrly
Total Positions	13	1	1	
Total Filled Positions	10	0	0	
Total Vacant Position	3	1	1	
Total FTEs	13	0.8	0.2	
Total Filled FTEs	10	0	0	
Total Vacant FTEs	3	0.8	0.2	
Position Held Vacant - no funding	2	0	1	
Positions to be filled	1	1	0	
Total Frozen Positions	0	0	0	
Total Bodies currently working	13	0	0	

Administrative Health Services

Total Full-Time Equivalents:	10
Filled Full-Time Equivalents	10
Total FY 2027 Division Revenues	\$0
Total FY 2027 Expenditures	\$2,207,624

**Administrative Health Services
FY26**

**Administrative Health Services Officer
Jack Zenteno
PC 2279/1.0 FTE/40 hr**



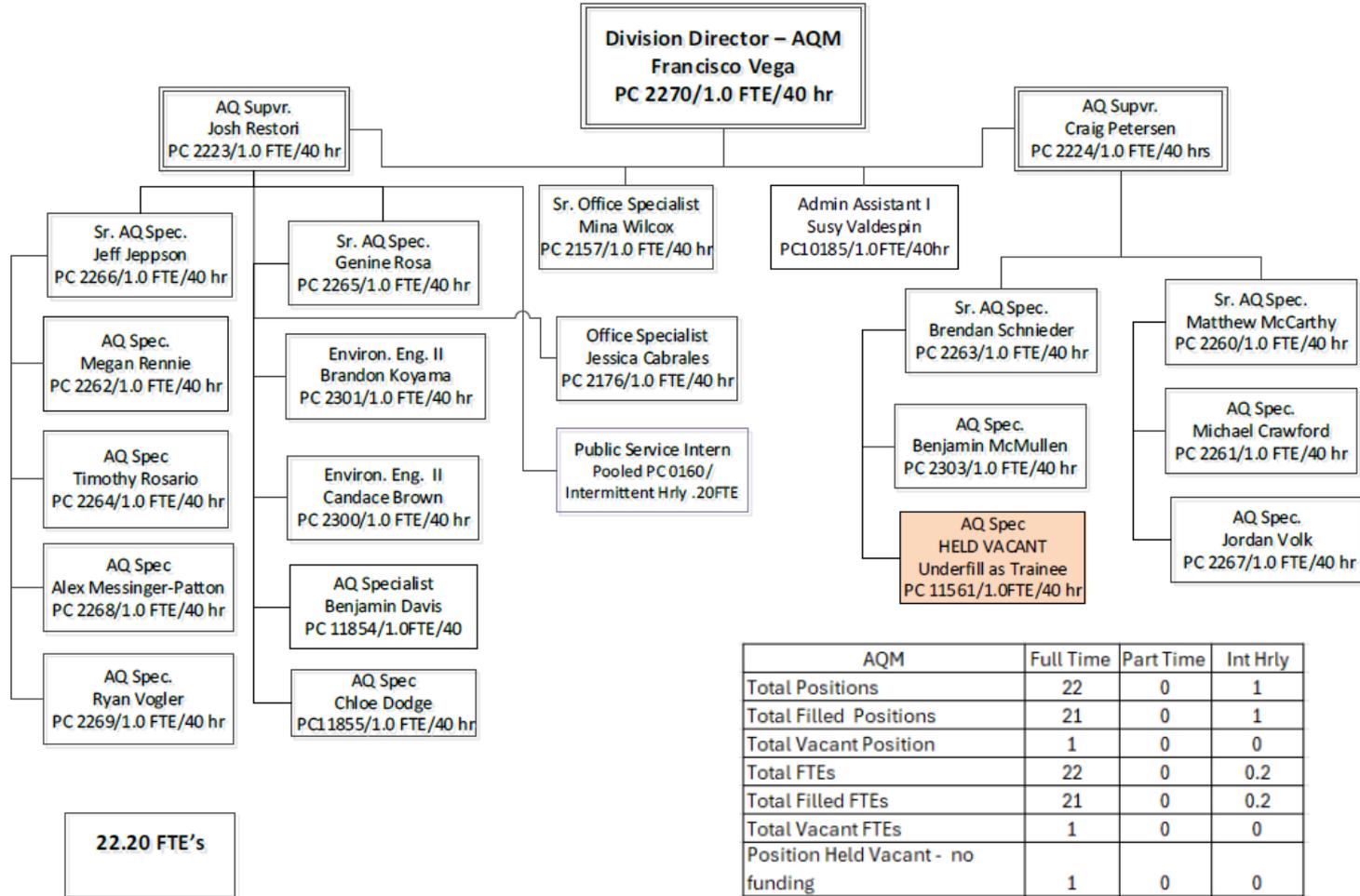
AHS	FullTime	Part Time	Int Hrly
Total Positions	10	0	0
Total Filled Positions	10	0	0
Total Vacant Position	0	0	0
Total FTEs	10	0	0
Total Filled FTEs	10	0	0
Total Vacant FTEs	0	0	0
Position Held Vacant - no funding	0	0	0
Positions to be filled	0	0	0
Total Frozen Positions	0	0	0
Total Bodies currently working	10	0	0

10 FTE's

Air Quality Management

Total Full-Time Equivalents:	22.2
Filled Full-Time Equivalents:	21.2
Total FY 2027 Division Revenues	\$4,507,936
Total FY 2027 Expenditures	\$4,516,845

Air Quality Management FY26

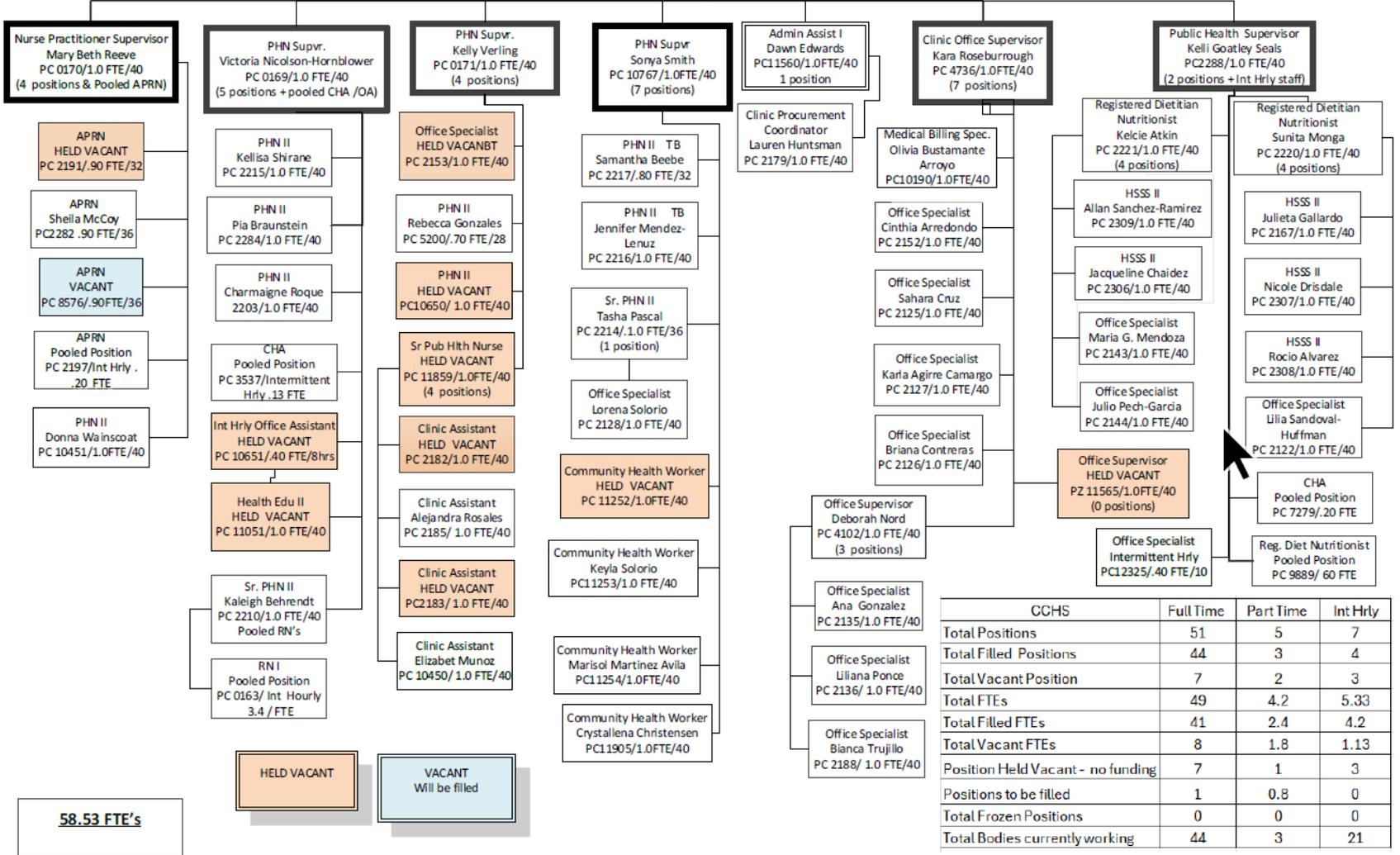


AQM	Full Time	Part Time	Int Hrly
Total Positions	22	0	1
Total Filled Positions	21	0	1
Total Vacant Position	1	0	0
Total FTEs	22	0	0.2
Total Filled FTEs	21	0	0.2
Total Vacant FTEs	1	0	0
Position Held Vacant - no funding	1	0	0
Positions to be filled	0	0	0
Total Frozen Positions	0	0	0
Total Bodies currently working	21	0	1

Community and Clinical Health Services

Total Full-Time Equivalents:	58.5
Filled Full-Time Equivalents:	47.6
Total FY 2027 Division Revenues	\$2,836,490
Total FY 2027 Expenditures	\$8,805,225

Division Director – CCHS
 Christina Sheppard
 PC 2281/1.0 FTE/40
 7 positions)



58.53 FTE's

Environmental Health Services

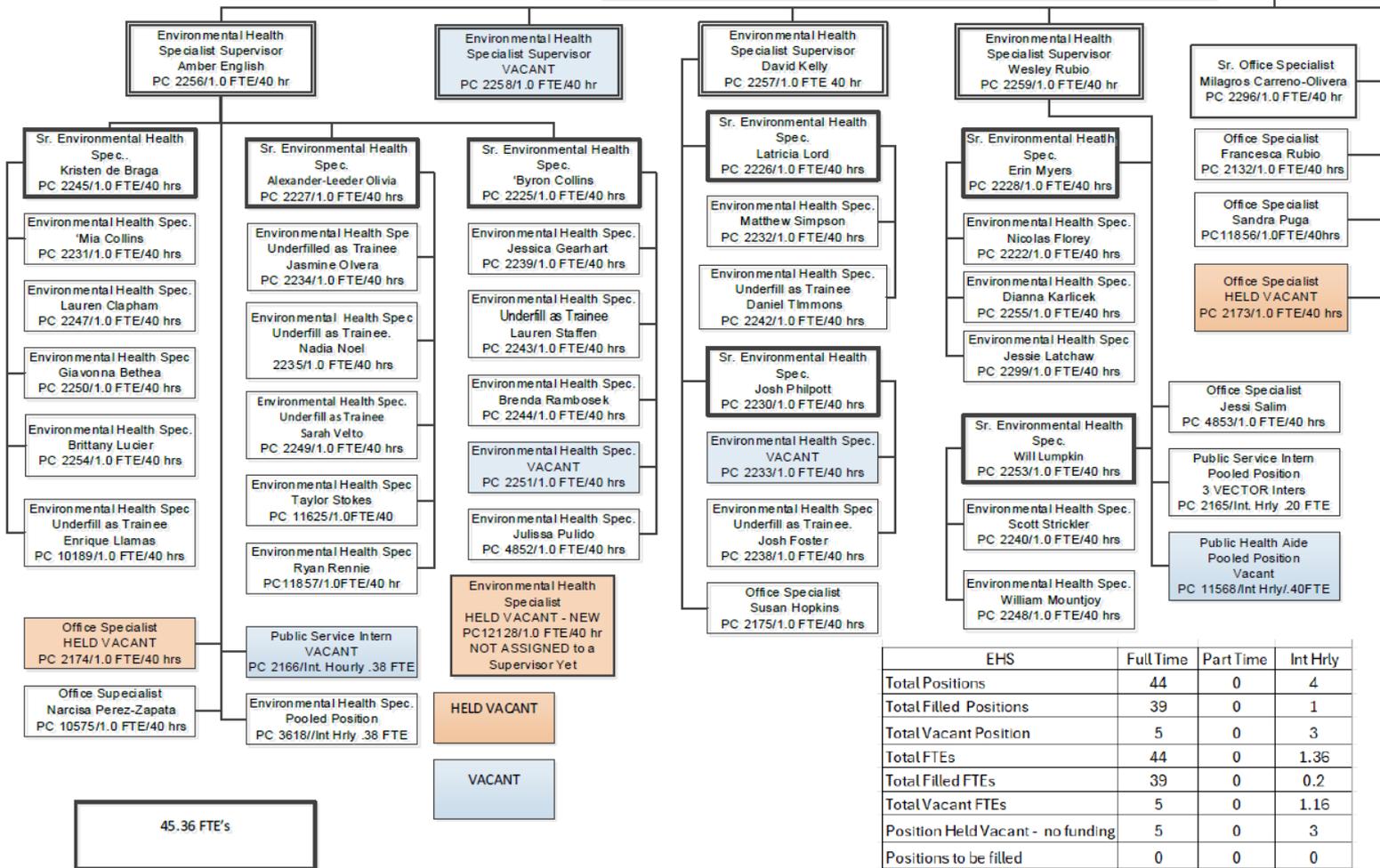
Total Full-Time Equivalents:	45.4
Filled Full-Time Equivalents:	39.2
Total FY 2027 Division Revenues	\$6,651,970
Total FY 2027 Expenditures	\$9,209,741

Environmental Health Services FY26

Division Director – EHS
Robert Fyda
PC 2280/1.0 FTE/40 hrs

Consumer Protection Food/Food Safety/Permitted Facilities

Land Development Environmental Protection Vector/Waste Management/Commercial Plans

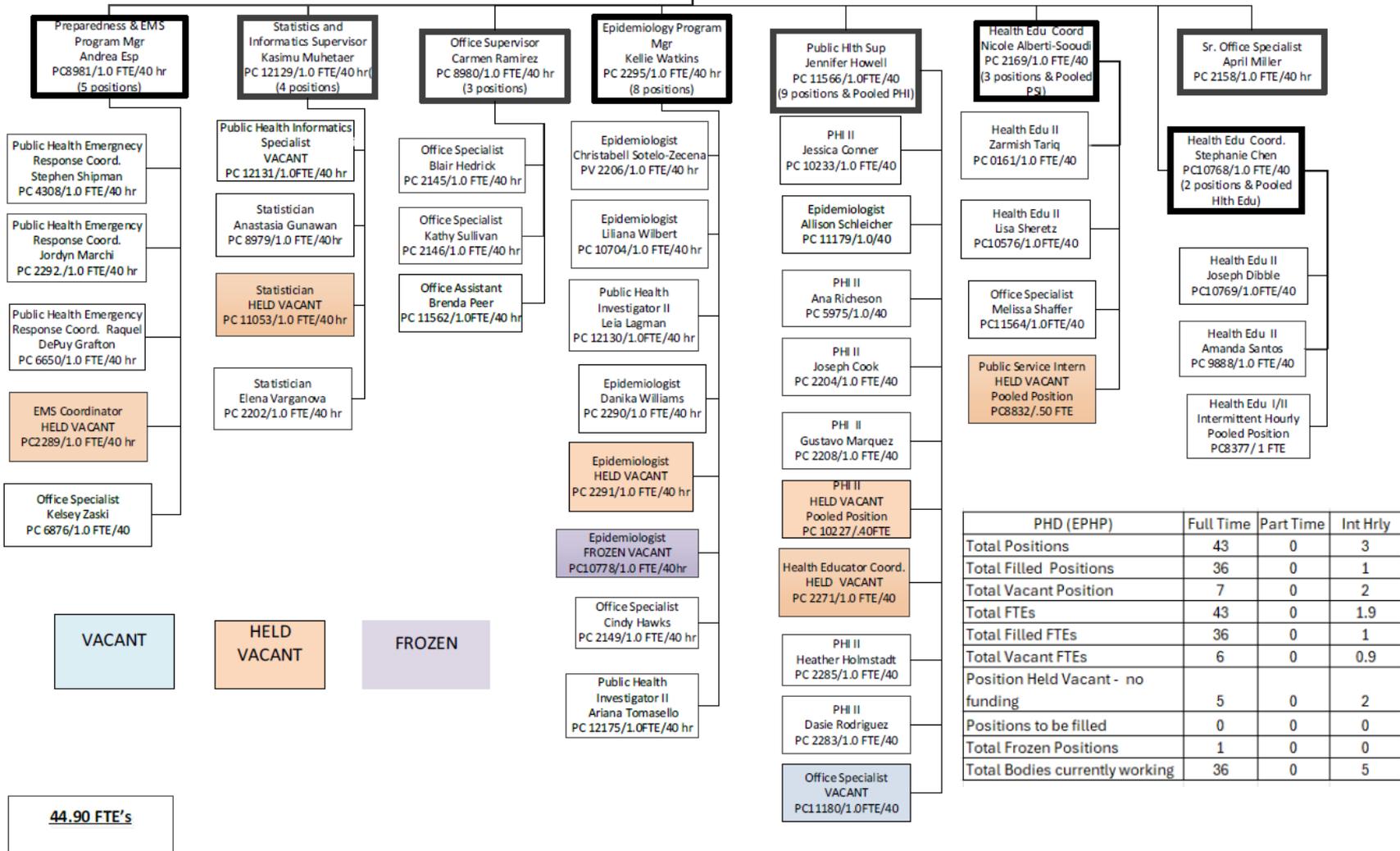


Population Health

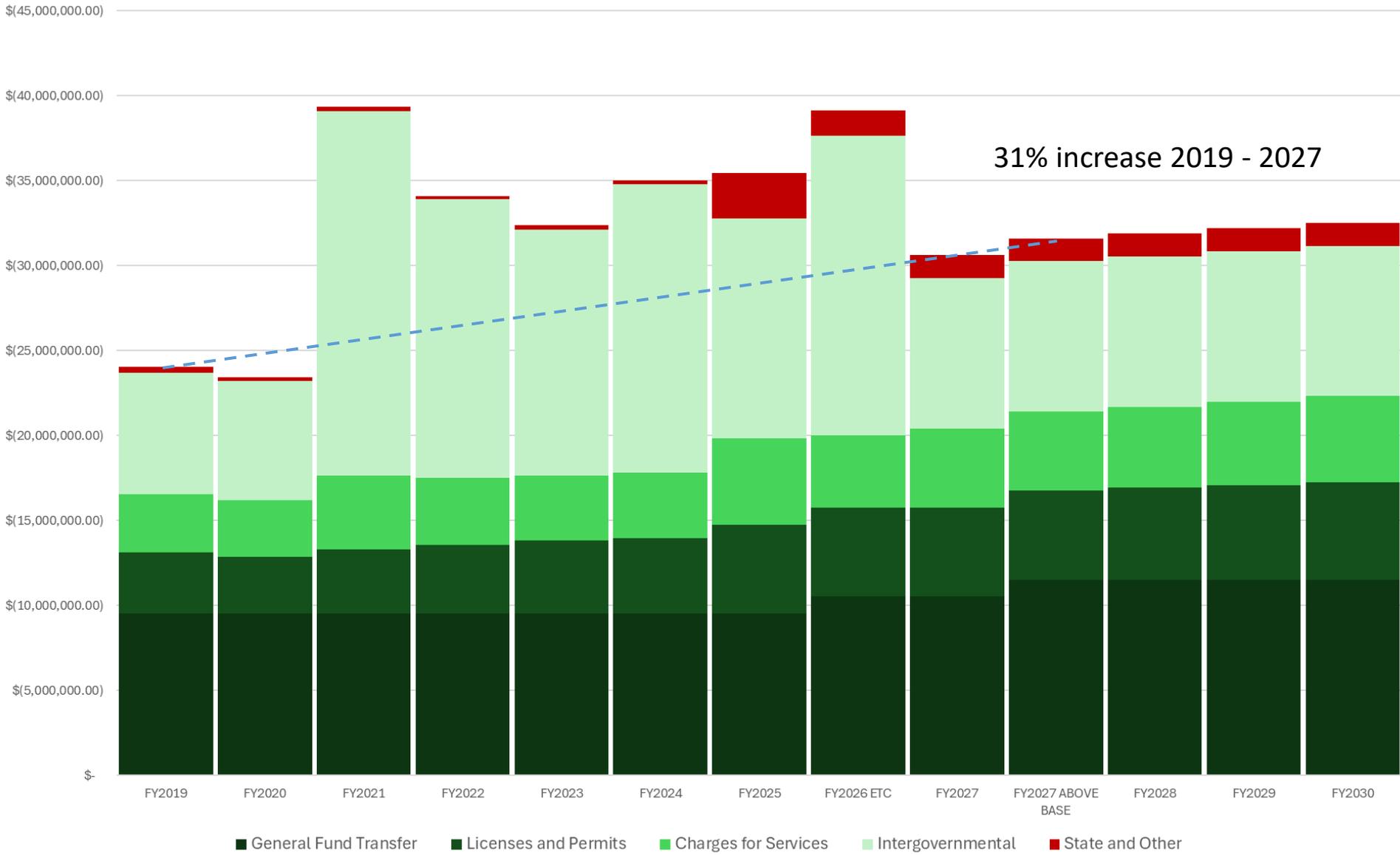
Total Full-Time Equivalents:	44.9
Filled Full-Time Equivalents:	37.0
Total FY 2027 Division Revenues	\$4,111,355
Total FY 2027 Expenditures	\$6,681,991

**Population Health Division
FY26**

Division Director – PHD
Nancy Diao
PC2293/1.0 FTE/40
(8 positions)

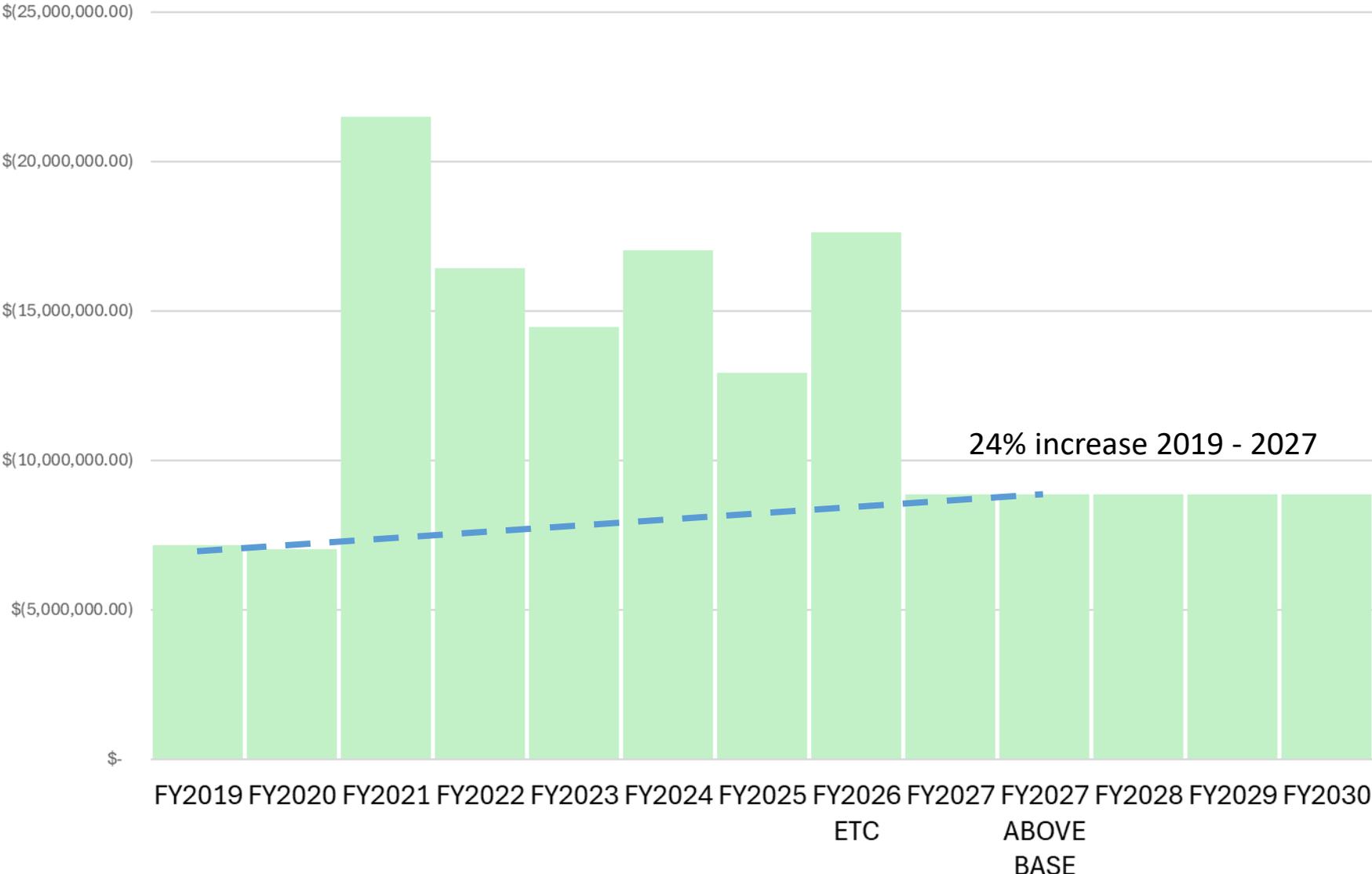


NNPH Revenue by Source: Actual and Projected (FY2019–FY2030)



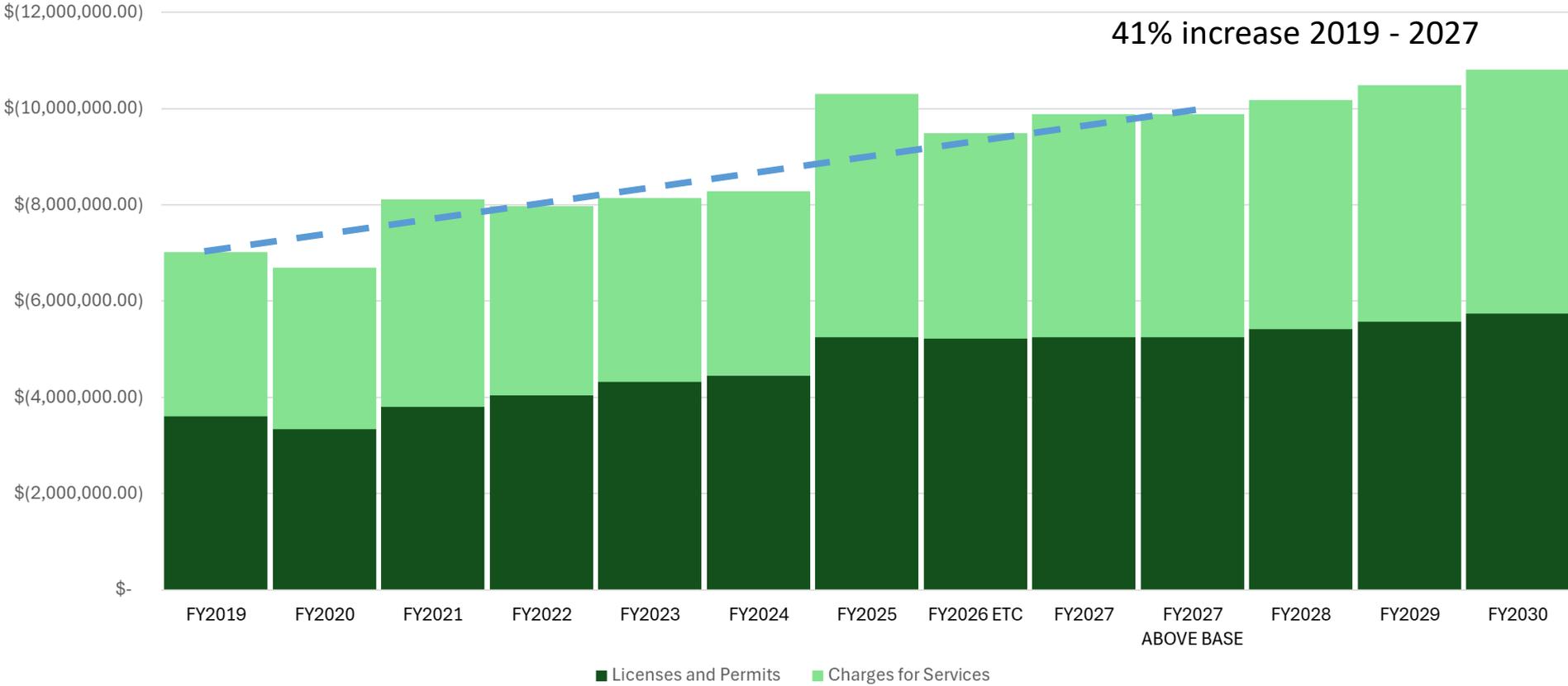
31% increase 2019 - 2027

NNPH Intergovernmental Revenue: Actual and Projected (FY2019-FY2030)



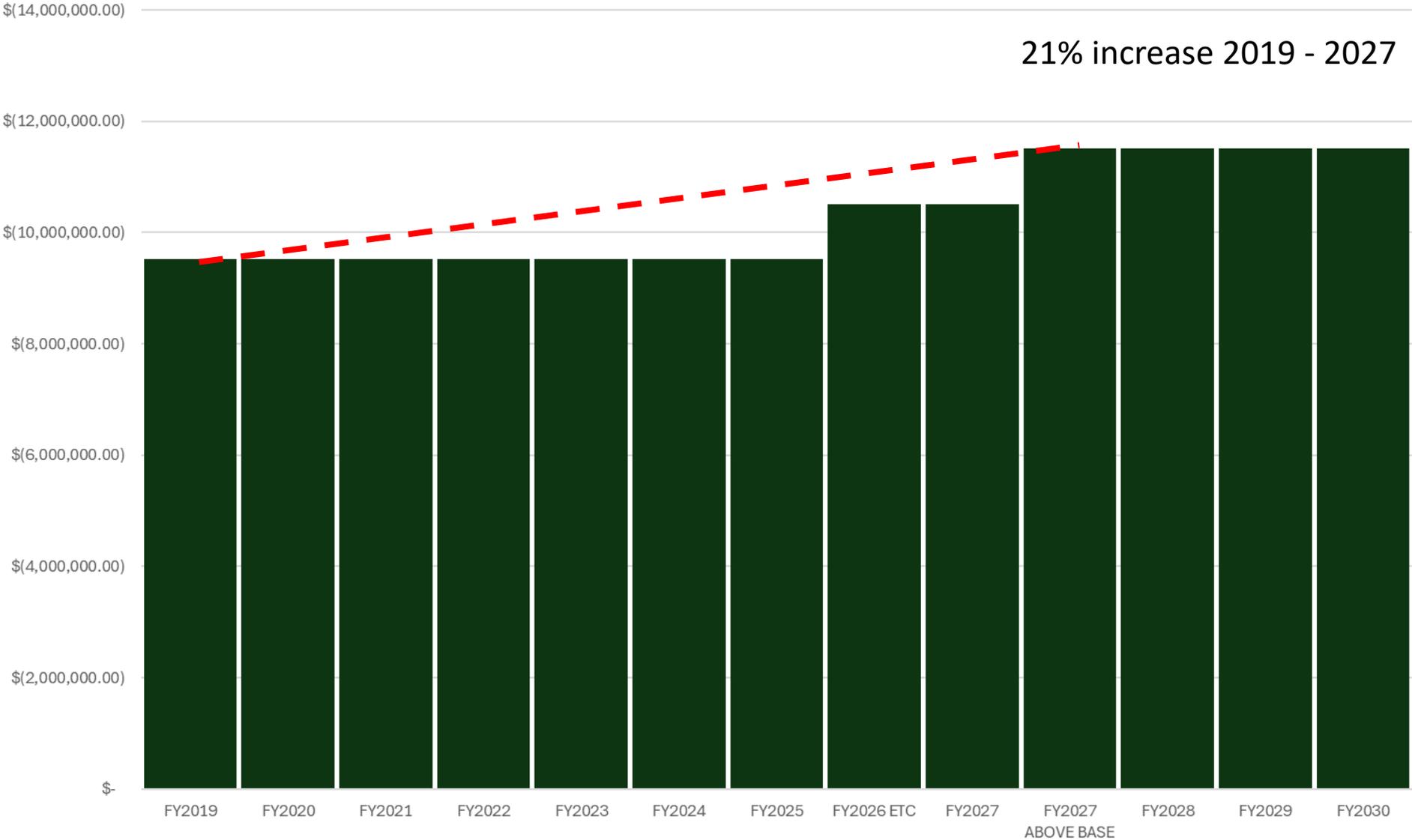
NNPH Licenses, Permits, Charges for Services Actual and Projected (FY2019-FY2030)

41% increase 2019 - 2027

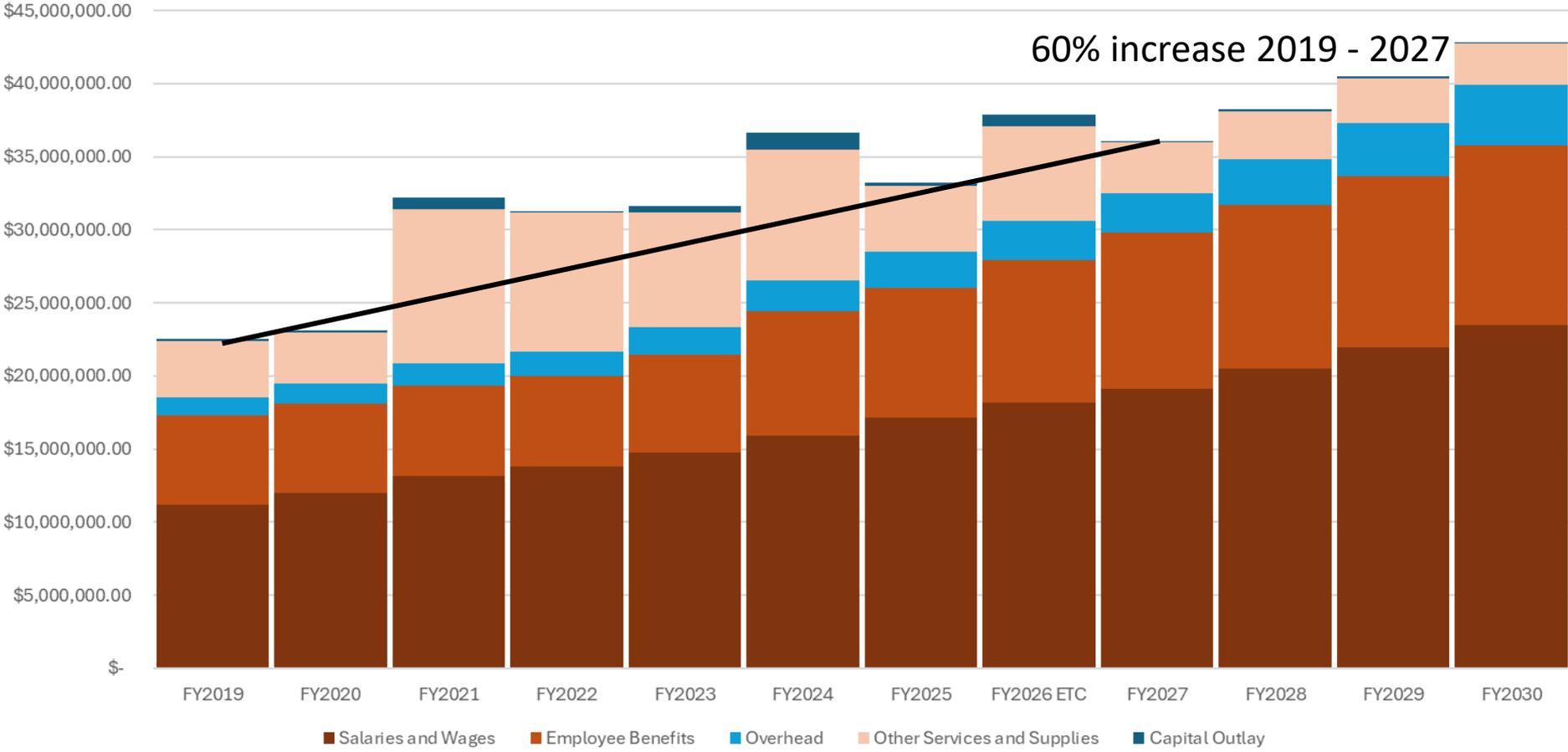


NNPH General Fund Transfer Actual and Projected (FY2019-FY2030)

21% increase 2019 - 2027

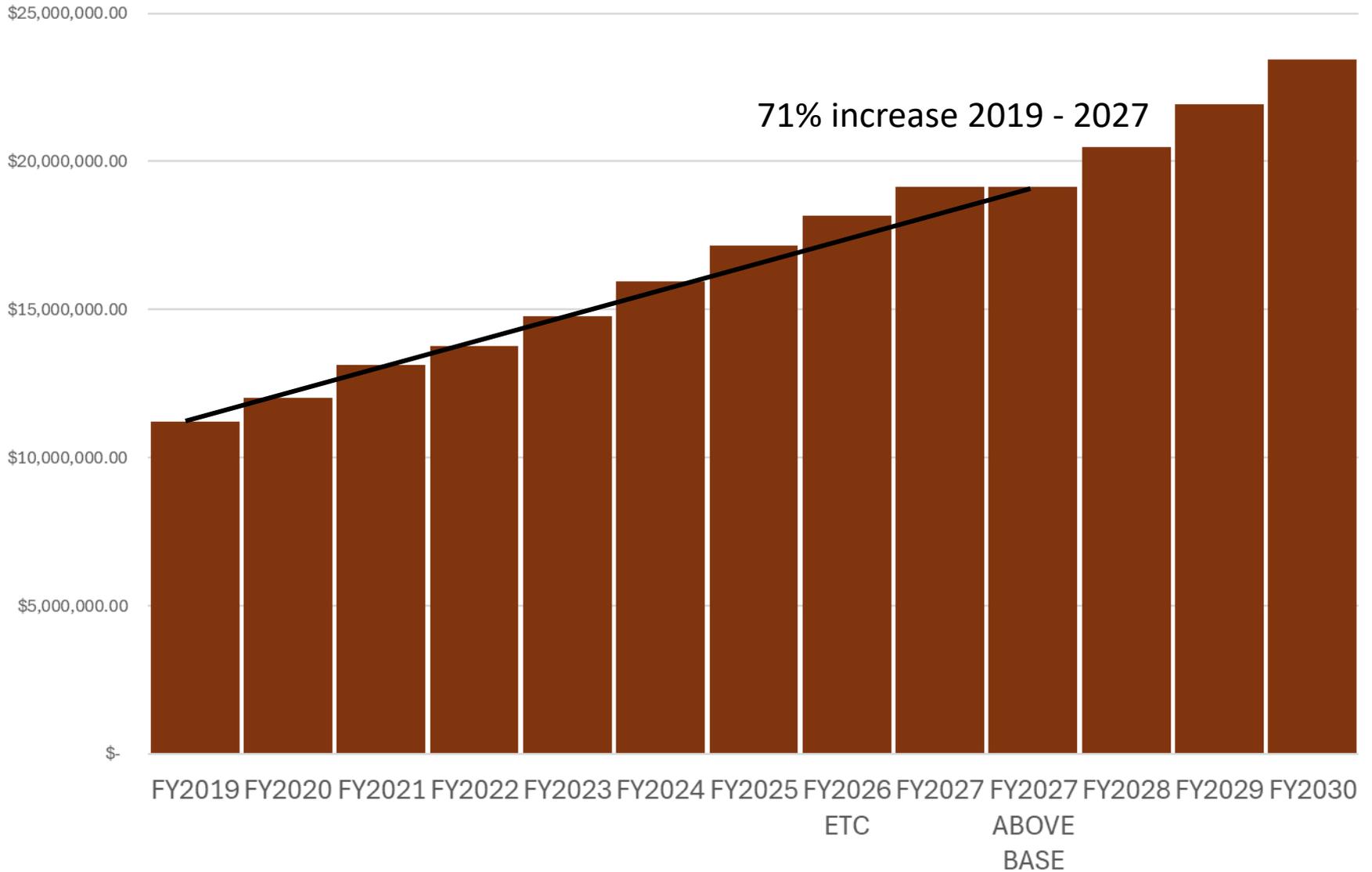


NNPH Expenditure by Use: Actual and Projected (FY2019-FY2030)

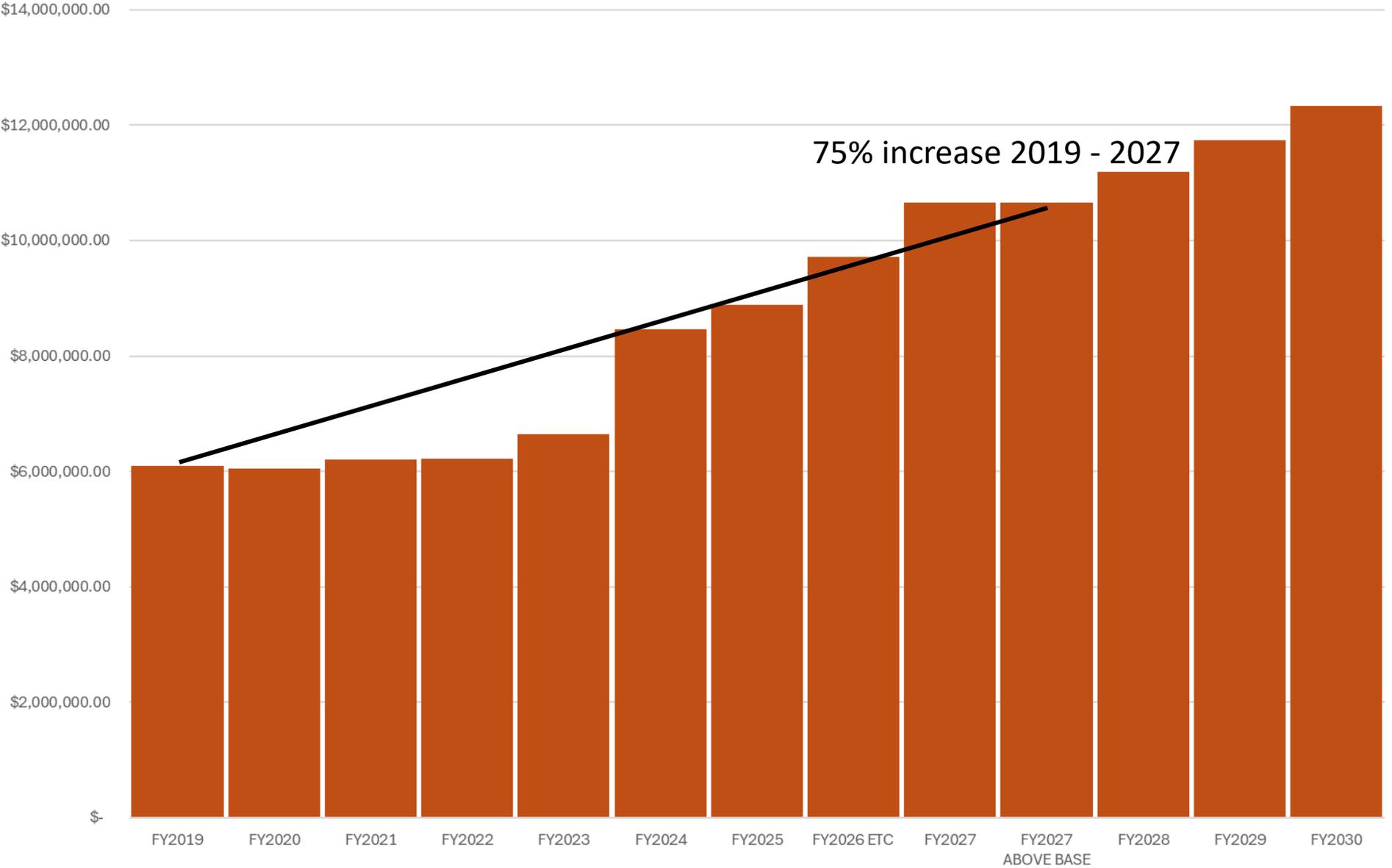


60% increase 2019 - 2027

NNPH Salaries and Wages Actual and Projected (FY2019-FY2030)

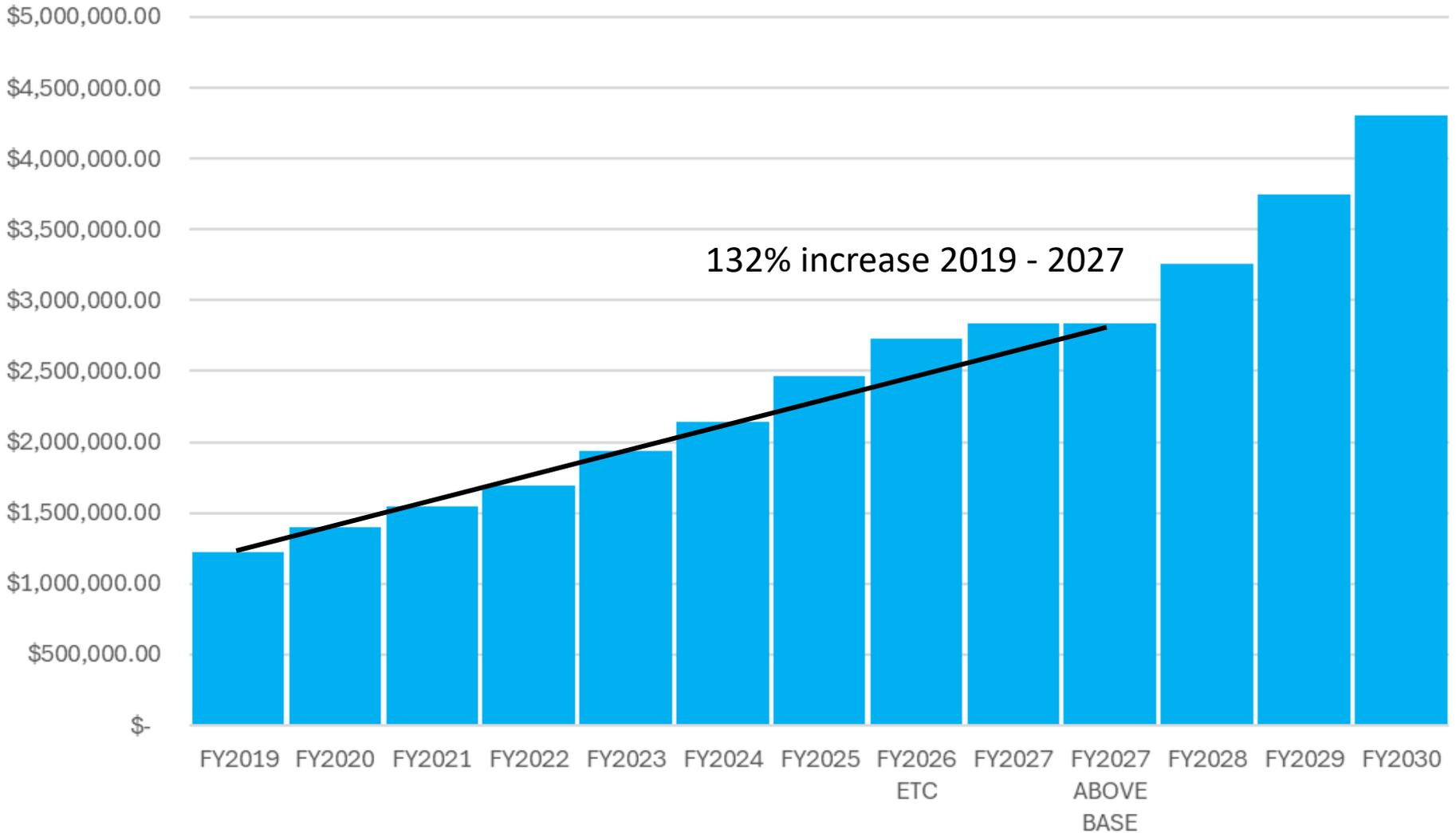


NNPH Employee Benefits Actual and Projected (FY2019-FY2030)

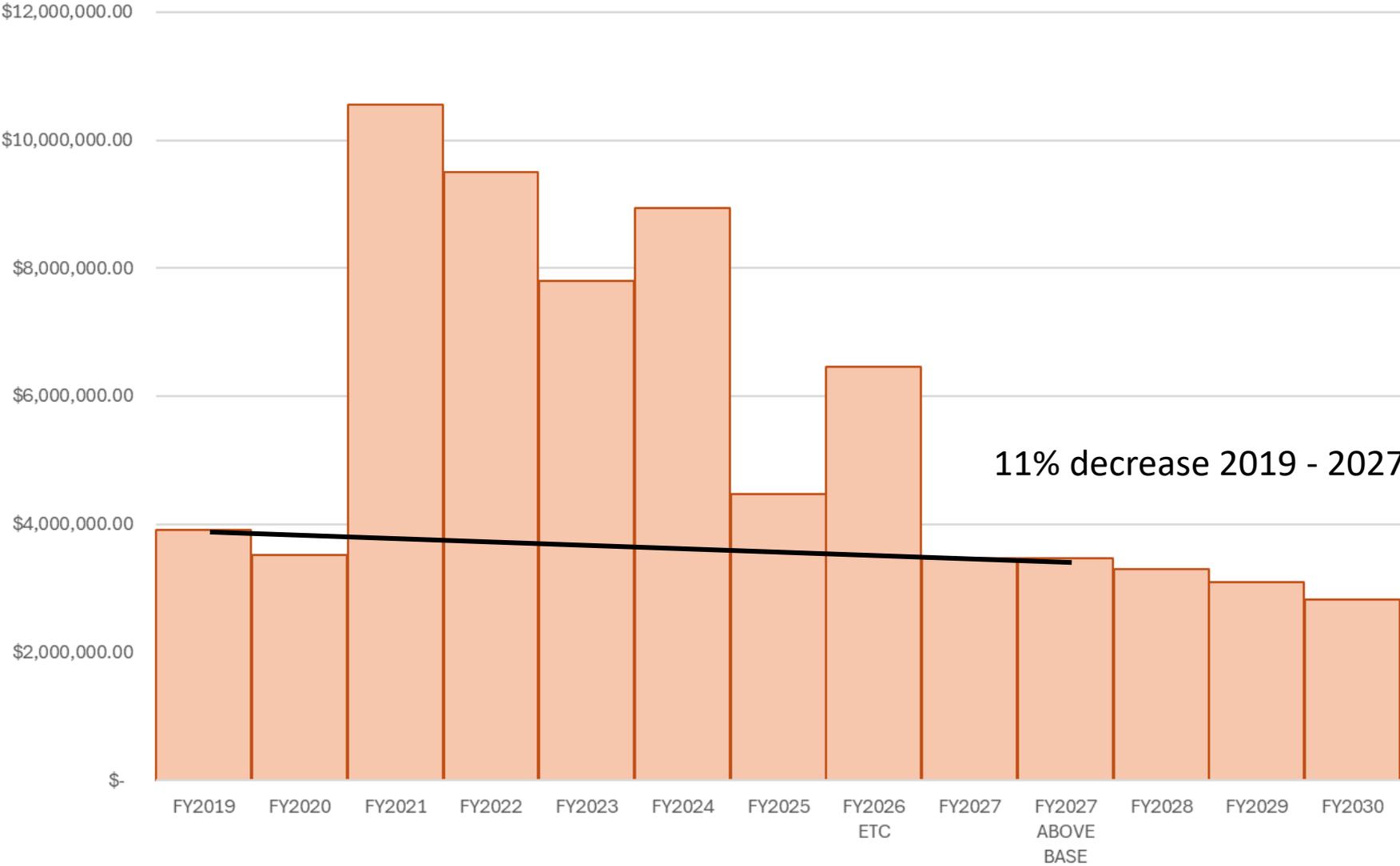


75% increase 2019 - 2027

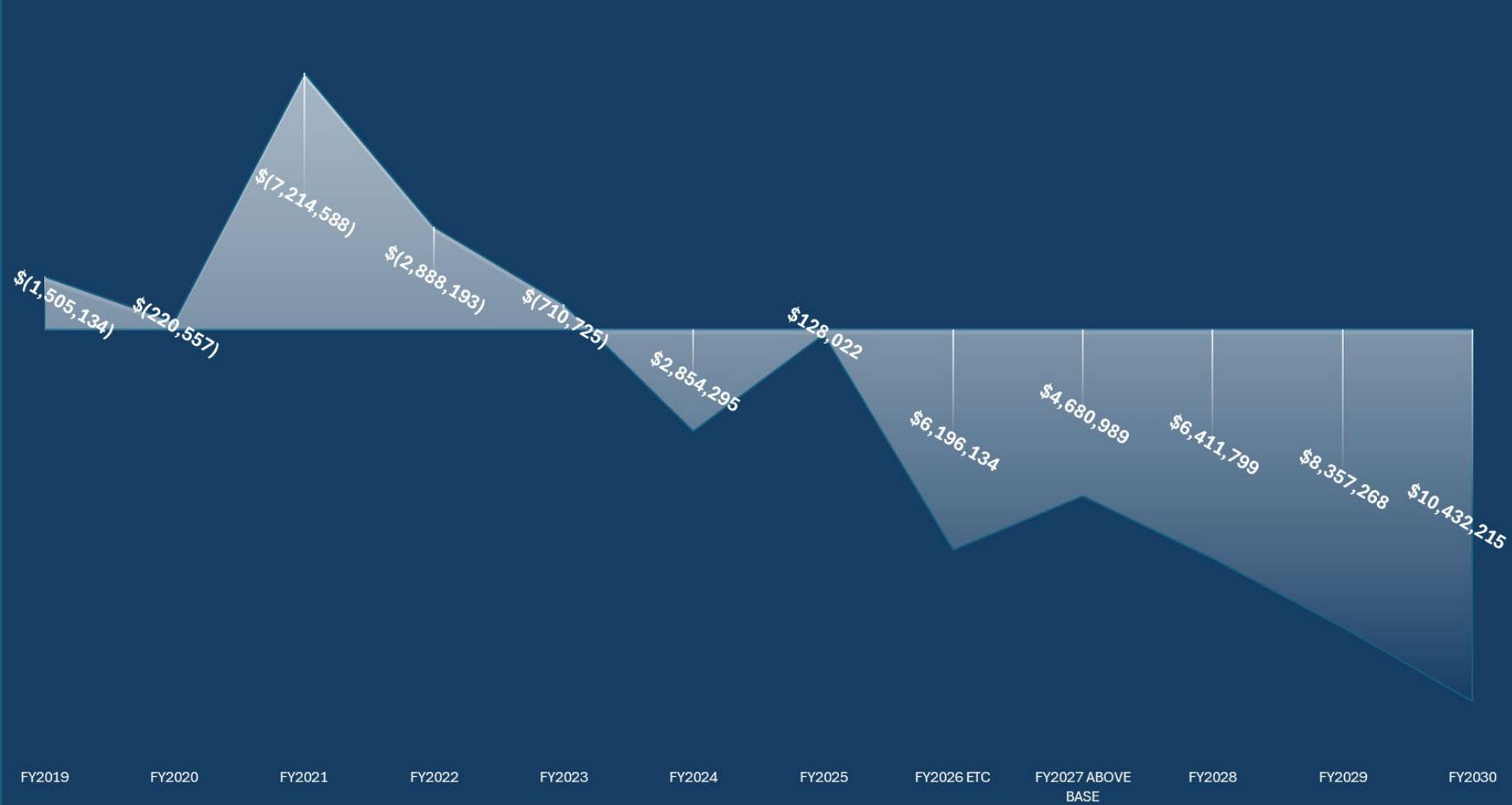
NNPH Overhead Charge Actual and Projected (FY2019-FY2030)



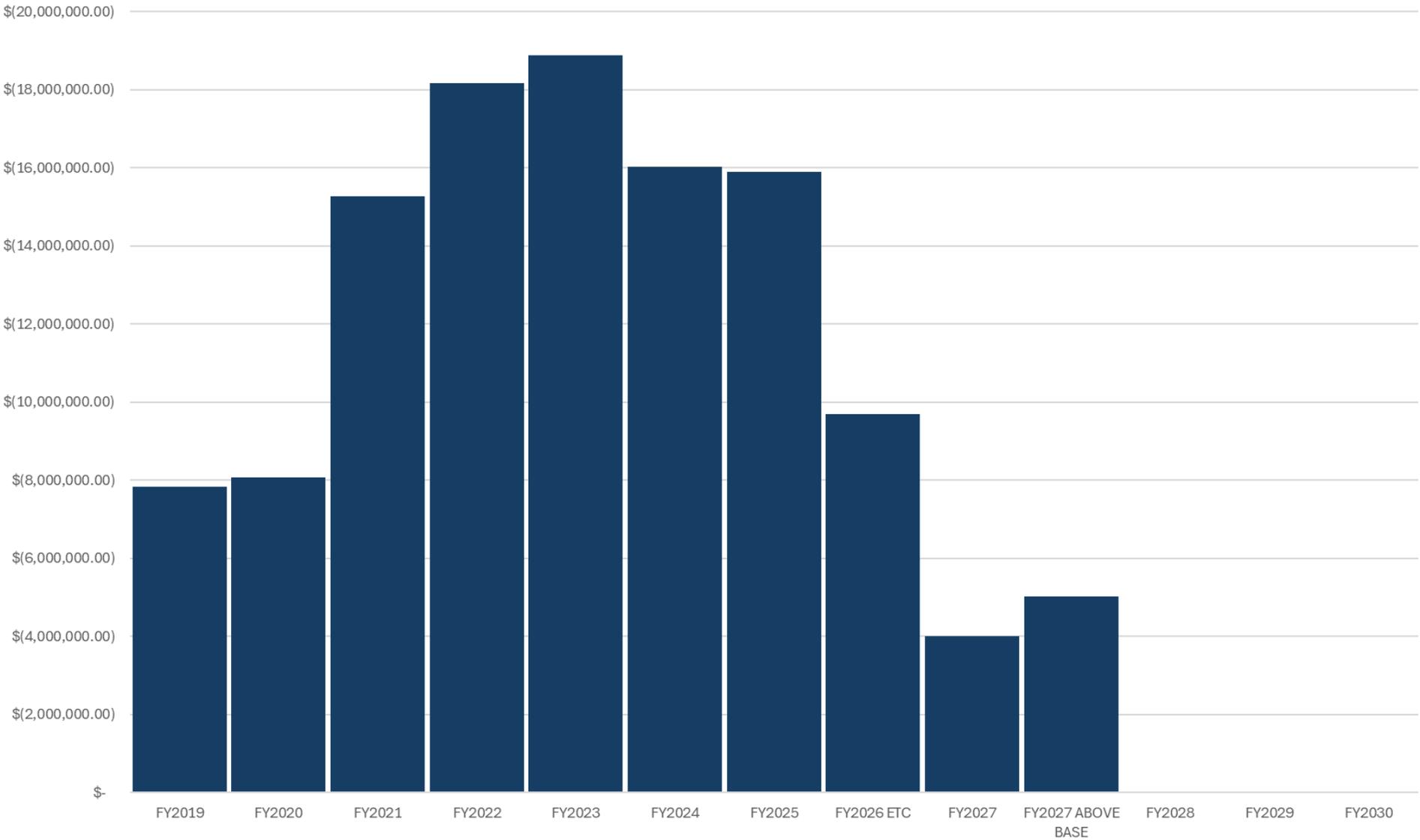
NNPH Other Services and Supplies Actual and Projected (FY2019-FY2030)



NNPH NET CHANGE IN FUND BALANCE ACTUAL AND PROJECTED (FY2019-FY2030)



NNPH Ending Fund Balance Actual and Projected (FY2019-FY2030)



Budget Assumptions

Personnel and Benefit Costs Continue to Increase

Salary adjustments, retirement contributions, and health insurance costs are projected to increase consistent with current trends.

No New Ongoing Structural Funding Assumed

The budget assumes existing base funding levels and does not assume new permanent revenue sources beyond currently approved funding.

Grant Revenues Reflect Known Awards Only

Grant revenues included in the budget reflect currently awarded funds and funding levels and do not assume continuation of expiring grants.

Vacancy Management Will Continue as a Cost Containment Strategy

Vacant positions will continue to be managed to reduce expenditures and maintain short-term fiscal stability.

Operational Costs Will Increase with Inflation and Required Service Levels

Inflation continues to increase the cost of clinical supplies, medical equipment, fuel, technology, and contractual services. These rising costs directly impact NNPH's ability to deliver required public health services and maintain operational readiness.

Fund Balance Will Be Used to Support Operations as Needed

Fund balance will continue to support operations where expenditures exceed ongoing revenues.

FY27–FY30 Budget Risk Outlook

Structural Funding Imbalance

Permanent statutory responsibilities continue to be supported by restricted and time-limited revenue sources, creating long-term fiscal instability.

Federal and State Grant Volatility

Potential reductions, flat funding, and shifting policy priorities may decrease available program funds while compliance and reporting requirements remain.

Escalating Fixed Personnel Costs

Salary adjustments, retirement contributions, health insurance, and accrued leave liabilities continue to grow at rates exceeding projected revenue increases.

Overreliance on Fund Balance

Use of reserves to support recurring expenditures provides short-term stability but does not resolve underlying structural gaps.

Operational Capacity Erosion

Prolonged vacancy management, deferred infrastructure investment, and rising administrative burden increase organizational fragility and reduce surge readiness.

Financial Risks

Fund Balance Depletion

Continued structural imbalance will result in declining fund balance, reducing financial stability and operational flexibility.

Reduction in Operational Capacity

Holding positions vacant and limiting expenditures reduces NNPH's ability to fully deliver mandated public health services.

Grant Funding Volatility

Federal and state funding levels are subject to policy changes and cannot be relied upon for long-term operational support.

Inability to Sustain Current Service Levels

Without alignment between ongoing funding and operational costs, NNPH will be required to reduce services.

Emergency Preparedness Risk

Reduced staffing and resources limit NNPH's ability to respond effectively to public health emergencies.

Operational and Financial Risk if Structural Imbalance Persists

If expenditures continue to exceed stable revenues, NNPH will face significant operational and financial constraints.

Next Steps

March

- District Health Officer Delivers FY 2027 budget to the County Manager and City Managers
- DBOH update on the Managers meeting for FY 2027 budget

April

- BCC meeting, County Manager's recommendations for FY 2027 budget, general fund support should be finalized

May

- BCC Public Hearing and possible adoption of the FY 2027 budget

June

- County delivers final budget to the Department of Taxation

*Seeking Board approval of the
FY27 proposed budget.*

Financial Principles

Aligning financial principles to guide sustainable decision making

Dr. Chad Kingsley

District Health Officer



Financial Guiding Principals (proposed)

Items to help guide Board decision making:

1. NNPH shall maintain an unassigned fund balance of **at least 10-17% of annual operating expenditures** to ensure cash flow, solvency, and the ability to respond to unexpected financial pressures.
2. NNPH shall review all permitting and regulatory fees annually to ensure they are equitable and aligned with a **70–80% cost-recovery target**, consistent with legal requirements and strategic priorities. At least every five (5) years, an independent entity shall conduct a comprehensive assessment of fee methodology and cost recovery.
3. Subject to meeting financial principles 1 and 2, NNPH shall **dedicate \$500,000 annually to community health improvement investments** identified in the strategic plan and CHIP to strengthen regional systems, leverage partner resources, and prioritize initiatives that improve outcomes for vulnerable populations.
4. NNPH shall first apply General Fund and other flexible revenues to **sustain the Foundational Public Health Services**, with remaining resources allocated to strategic and programmatic priorities.
5. NNPH shall monitor financial performance regularly and **present monthly results accurately** to the Board to support transparency, accountability, and informed decision-making.



Wrap Up

Emerging Strategic Priorities

Strategic Themes for FY27-29

(To be summarized during the retreat discussion)

Current Strategic Priorities

1. **HEALTHY LIVES:** Improve the health of our community by empowering individuals to live healthier lives.
2. **HEALTHY ENVIRONMENT:** Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.
3. **LOCAL CULTURE OF HEALTH:** Lead a transformation in our community's awareness, understanding, and appreciation of health resulting in direct action.
4. **IMPACTFUL PARTNERSHIPS:** Extend our impact by leveraging collaborative partnerships to make meaningful progress on health issues.
5. **ORGANIZATIONAL CAPACITY:** Strengthen our workforce and increase operational capacity to support growing population.
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.

NORTHERN NEVADA
Public Health+