Strategic Priority	District Goals	Division Goals	Objectives (Performance Indicators: PI): How much change are we targeting?	Outputs/Volume Indicators: VI: What did we deliver? Or counts of activities
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 By June 30, 2029, support the adoption of at least one (1) local or statewide policy, systems, or environmental (PSE) strategy to reduce youth access to or appeal of tobacco and nicotine products, including flavored products.	1.1.1.1a # of strategies implemented
			1.1.1.2 By June 30, 2029, provide technical assistance/education on Tobacco 21 compliance and retail best practices to at least 15 tobacco retailers within the Washoe County annually to prevent selling of tobacco/nicotine products to patrons under 21 years of age.	1.1.1.1b # of decision-makers reached 1.1.1.1c # and type of policies adopted 1.1.1.2a # of tobacco retailers reached
			1.1.1.3 By June 30, 2029, engage at least 2,000 youth, young adults, and parents, annually with culturally relevant tobacco / nicotine prevention messaging (including emerging products) through direct community outreach, social media posts, and GetHealthyWashoe.com webpage (including the Chronic Disease & Injury dashboard).	1.1.1.3a # of reach by platform
				1.1.1.3b # of youth, young adults, parents directly engaged 1.1.1.3c # of educational messages addressing risks of emerging products by platform
	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.	1.1.1.4 By June 30, 2029, increase awareness of tobacco and nicotine cessation services by integrating Ask-Advise-Refer (AAR) into existing workflows within at least three (3) healthcare, educational, or social service organizations.	1.1.1.4a # of HC providers / organizations reached with AAR education and cessation materials
				1.1.14b # of organizations integrating AAR into workflow
	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.	1.1.1.5 By June 30, 2029, increase awareness of cannabis-related health and safety risks among at least 1,000 adults annually who use cannabis by delivering education that promotes harm reduction strategies, safer use practices, and informed decision-making.	1.1.1.5a # of Need-to-Know educational cards distributed
				1.1.1.5b # of impressions of secondhand smoke social media posts by platform
	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.	1.1.1.6 Increase participation in active transportation. (# of participants from event and program enrollment)	

	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.	1.2.1.1 Maintain breastfeeding rates at 80% among WIC clients who report ever breastfeeding.	1.2.1.1a # of training opportunities
				1.2.1.1b # of referrals to a certfied lactation consultant (IBCLC)
	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.	1.2.1.2 Increase the duration of breastfeeding among WIC participants by achieving a breastfeeding rate of at least 30% at 6 months	
	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.	1.2.1.3 Increase the duration of breastfeeding among WIC participants by achieving a breastfeeding rate of at least 29% at 12 months	
	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.	1.2.1.4 Maintain at least 95% of enrolled WIC participants as compared to last FY enrollment.	1.2.1.4a # of WIC participants (quarterly average enrollment, annual average enrollment in Q4)
				1.2.1.4b # of refferals received from community partners or # of new participant enrollments
				1.2.1.4c # of outreach events/activities in underserved communities
	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 Improve utilization of WIC food benefits	1.2.1.5a # of grocery store tours
				1.2.1.5b # of staff training opportunities on nutrition education
	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.		1.2.1.6a # of clients served in the Family Planning and Sexual Health program
	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.	1.2.1.7 # of walk-in clients to sexual health clinic	
		Division Goal: 1.2.1 Act as a safety net by providing accessible health services when/where community members otherwise may not have access.		1.2.1.8a # of positive cases that are tested and treated within the same day (POC tests)

	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.	1.2.1.9 % of positive cases treated at NNPH Clinic	1.2.1.9a total # of positive cases in Washoe County
				1.2.1.9b total # of positive cases with Chlamydia in Washoe County
				1.2.1.9c total # of positive cases with Gonorrhea in Washoe County
				1.2.1.9d total # of positive cases with Syphilis in Washoe County
	District Goal: 1.2 Promote preventive health services that are proven to improve health outcomes in the community.	1.2.1 Act as a safety net by providing accessible health services when/where community members otherwise may not have access.	1.2.1.10 % of clients provided with PrEP education and resources	
	District Goal: 1.2 Promote preventive health services that are proven to improve health outcomes in the community.	1.2.1 Act as a safety net by providing accessible health services when/where community members otherwise may not have access.	1.2.1.11 # of clients receiving PrEP services	
	District Goal: 1.2 Promote preventive health services that are proven to improve health outcomes in the community.	1.2.1 Act as a safety net by providing accessible health services when/where community members otherwise may not have access.	1.2.1.12 Reduce no show rate by 5%	1.2.1.12a # of appointments scheduled
	District Goal: 1.2 Promote preventive health services that are proven to improve health outcomes in the community.	1.2.1 Act as a safety net by providing accessible health services when/where community members otherwise may not have access.		1.2.1.12b # of appointments rescheduled
	District Goal: 1.2 Promote preventive health services that are proven to improve health outcomes in the community.	1.2.2 Reduce the spread of disease through proactive surveillance, monitoring, and intervention.	1.2.2.1 Initiate investigation of 90% of reported HIV cases within 5 days of report.	1.2.2.1a # of reported HIV cases investigated
				1.2.2.1b # of reported HIV cases
	District Goal: 1.2 Promote preventive health services that are proven to improve health outcomes in the community.	1.2.2 Reduce the spread of disease through proactive surveillance, monitoring, and intervention.	1.2.2.2 90% of newly diagnosed HIV cases and identified out-of-care cases will be linked to HIV care	
	District Goal: 1.2 Promote preventive health services that are proven to improve health outcomes in the community.	1.2.2 Reduce the spread of disease through proactive surveillance, monitoring, and intervention.	1.2.2.3 % of primary, secondary syphilis cases initiated within 5 days.	1.2.2.3a # of primary, secondary syphilis cases investigated
	District Goal: 1.2 Promote preventive health services that are proven to improve health outcomes in the community.	1.2.2 Reduce the spread of disease through proactive surveillance, monitoring, and intervention.	1.2.2.4 % of maternal syphilis cases initiated within 5 days	1.2.2.4a # of maternal syphilis cases investigated
	District Goal: 1.2 Promote preventive health services that are proven to improve health outcomes in the community.	1.2.2 Reduce the spread of disease through proactive surveillance, monitoring, and intervention.	1.2.2.5 % of other syphilis cases initiated within 5 days	1.2.2.5a # of other syphilis cases investigated (early latent, late latent/unknown duration, biological false positives, old disease)
	District Goal: 1.2 Promote preventive health services that are proven to improve health outcomes in the community.	1.2.2 Reduce the spread of disease through proactive surveillance, monitoring, and intervention.	1.2.2.6 % of congenital syphilis cases initiated within 5 days	1.2.2.6a # of congenital syphilis cases investigated

	District Goal: 1.2 Promote preventive health services that are proven to improve health outcomes in the community.	1.2.2 Reduce the spread of disease through proactive surveillance, monitoring, and intervention.	1.2.2.7 At least 90% of all syphilis cases will be closed within 60 days of being reported.	(VI) 1.2.2.7a # of reported gonorrhea cases investigated
	District Goal: 1.2 Promote preventive health services that are proven to improve	1.2.2 Reduce the spread of disease through proactive surveillance, monitoring, and	1.2.2.8 Initiate 90% of prioritized gonorrhea case investigations within 5 days of report.	
	District Goal: 1.2 Promote preventive health services that are proven to improve health outcomes in the community.	1.2.2 Reduce the spread of disease through proactive surveillance, monitoring, and intervention.	1.2.2.9 At least 90% of gonorrhea cases will be closed within 30 days of report.	
	District Goal: 1.2 Promote preventive health services that are proven to improve health outcomes in the community.	1.2.2 Reduce the spread of disease through proactive surveillance, monitoring, and intervention.	1.2.2.10 Investigate 90% of chlamydia cases within 5 days of report	1.2.2.10a # of chlamydia cases investigated
	District Goal: 1.2 Promote preventive health services that are proven to improve health outcomes in the community.	1.2.2 Reduce the spread of disease through proactive surveillance, monitoring, and intervention.	1.2.2.11 At least 90% of chlamydia cases will be closed within 30 days of report.	
	District Goal: 1.2 Promote preventive health services that are proven to improve health outcomes in the community.	1.2.2 Reduce the spread of disease through proactive surveillance, monitoring, and intervention.	1.2.2.12 Increase the percentage of cases offered Partner Services by 5% annually for gonorrhea and primary, secondary, early latent, late latent/unknown duration syphilis cases. (Baseline to be established FY27)	1.2.2.12a % of cases offered PS for gonorrhea and primary, secondary, early latent, late latent/unknown duration syphilis cases
	District Goal: 1.2 Promote preventive health services that are proven to improve health outcomes in the community.	1.2.2 Reduce the spread of disease through proactive surveillance, monitoring, and intervention.	1.2.2.13 Increase the percentage of pregnant syphilis cases who are interviewed within 14 days by 5% (Baseline 50%)	1.2.2.13a% of pregnant syphilis cases interviewed within 14 days
	District Goal: 1.2 Promote preventive health services that are proven to improve health outcomes in the community.	1.2.2 Reduce the spread of disease through proactive surveillance, monitoring, and intervention.	1.2.2.14 Increase by 5%, the percent of female ages 15-44 with syphilis initiated for Partner Services (Baseline 20%)	1.2.2.14a % of syphilis cases of females aged 15-44 initiated for Partner Services
	District Goal: 1.2 Promote preventive health services that are proven to improve health outcomes in the community.	1.2.2 Reduce the spread of disease through proactive surveillance, monitoring, and intervention.	1.2.2.15 Implement 100 community/provider Sexual Health education and outreach activities.	
	District Goal: 1.2 Promote preventive health services that are proven to improve health outcomes in the community.	1.2.2 Reduce the spread of disease through proactive surveillance, monitoring, and intervention.	1.2.2.16 Maintain TB treatment completion rate at 100%	1.2.2.16a # of active TB cases 1.2.2.16b # of patients enrolled in DOT or video DOT 1.2.2.16c % of high risk cases being treated for LTBI 1.2.2.16d % of active disease patients experiencing treatment interruption

	District Goal: 1.2 Promote preventive health services that are proven to improve health outcomes in the community.	1.2.2 Reduce the spread of disease through proactive surveillance, monitoring, and intervention.	1.2.2.17 % of all individuals suspected to have active TB status confirmed within 1 business day via Nucleic Acid Amplification Test (NAAT)	1.2.2.17a # of individuals screened for TB
				1.2.2.17b # of burden cases being treated for active TB
				1.2.2.17c % of TB disease patients initiating treatment within 72 hours.
	District Goal: 1.2 Promote preventive health services that are proven to improve health outcomes in the community.	1.2.2 Reduce the spread of disease through proactive surveillance, monitoring, and intervention.	1.2.2.18 Increase treatment initiation among individuals diagnosed with latent TB infection to reduce progression to active TB disease.	1.2.2.18a # of latent TB cases in the community
	District Goal: 1.2 Promote preventive health services that are proven to improve health outcomes in the community.	1.2.2 Reduce the spread of disease through proactive surveillance, monitoring, and intervention.	1.2.2.19 Increase the number of contacts who complete treatment from % to % within specified regimen of the index case being diagnosed.	1.2.2.19a # of contacts identified
	District Goal: 1.2 Promote preventive health services that are proven to improve health outcomes in the community.	1.2.2 Reduce the spread of disease through proactive surveillance, monitoring, and intervention.		1.2.2.19b % of contacts initiating treatment
	District Goal: 1.2 Promote preventive health services that are proven to improve health outcomes in the community.	1.2.2 Reduce the spread of disease through proactive surveillance, monitoring, and intervention.	1.2.2.20 For clients with active tuberculosis, increase the percentage that have sputum culture conversion within 60 days of treatment initiation.	
	District Goal: 1.2 Promote preventive health services that are proven to improve health outcomes in the community.	1.2.2 Reduce the spread of disease through proactive surveillance, monitoring, and intervention.	1.2.2.21 Initiate the index/source case interview and contact investigation for 100% of sputum smear positive tuberculosis cases within 14 days.	
	1.2. Promote preventive health services that are proven to improve health outcomes in the community.	1.2.2 Reduce the spread of disease through proactive surveillance, monitoring, and intervention.	1.2.2.22 Initiate investigation for 80% of reports of general communicable diseases within their designated time frame (date reported to date started)	1.2.2.22a. # of reports of general communicable diseases by quarter.
	1.2. Promote preventive health services that are proven to improve health outcomes in the community.	1.2.2 Reduce the spread of disease through proactive surveillance, monitoring, and intervention.	1.2.2.23 Complete investigation for 80% of C/P/S general communicable diseases within 30 days.	1.2.2.23a Total number of contacts by C/P/S for general communicable diseases.
				1.2.2.23b Number of C/P/S cases classified as senstiive occupations.
	1.2. Promote preventive health services that are proven to improve health outcomes in the community.	1.2.2 Reduce the spread of disease through proactive surveillance, monitoring, and intervention.	1.2.2.24 % of rabies exposures investigated in humans that were recommended post-exposure prophylaxis.	
	1.2. Promote preventive health services that are proven to improve health outcomes in the community.	1.2.2 Reduce the spread of disease through proactive surveillance, monitoring, and intervention.	1.2.2.25 % of declared outbreaks out of total reports under monitoring.	1.2.2.25a Number of monitored outbreaks (total reports)
	1.2. Promote preventive health services that are proven to improve health outcomes in the community.	1.2.2 Reduce the spread of disease through proactive surveillance, monitoring, and intervention.	1.2.2.26 Improve compliance with quarantine or prevention (e.g., PEP) guidance.	1.2.2.26a Number of mass notifications, PEP, exclusion letters, etc.

1.2. Promote preventive health services that are proven to improve health outcomes in the community.	1.2.3 Increase confidence in vaccines among targeted racial and ethnic groups and individuals with disabilities through outreach and access to accurate information.	1.2.3.1 Assure 50% of Washoe County Vaccine for Children (VFC) providers receive a compliance visit yearly.	1.2.3.1a # of VFC compliance visits
1.2. Promote preventive health services that are proven to improve health outcomes in the community.	1.2.3 Increase confidence in vaccines among targeted racial and ethnic groups and individuals with disabilities through outreach and access to accurate information.		1.2.3.1b # of VFC providers
1.2. Promote preventive health services that are proven to improve health outcomes in the community.	1.2.3 Increase confidence in vaccines among targeted racial and ethnic groups and individuals with disabilities through outreach and access to accurate information.	1.2.3.2 Reduce vaccine dose waste through coordinated redistribution (# of doses transported)	
1.2.3 Increase confidence in vaccines among targeted racial and ethnic groups and individuals with disabilities through outreach and access to accurate information.	1.2.3 Increase confidence in vaccines among targeted racial and ethnic groups and individuals with disabilities through outreach and access to accurate information.	1.2.3.3 # of clients served in the immunization program (NNPH clinic and offsite events)	
1.2.3 Increase confidence in vaccines among targeted racial and ethnic groups and individuals with disabilities through outreach and access to accurate information.	1.2.3 Increase confidence in vaccines among targeted racial and ethnic groups and individuals with disabilities through outreach and access to accurate information.	1.2.3.4 Improve vaccination rates among racial and ethnic minority groups (total # individuals identifying as Hispanic, Black/African American, Asian, American Indian/Alaska Native, Native Hawaiian/other Pacific Islander, multi-racial, or “unknown/declined to answer” race)	
1.2. Promote preventive health services that are proven to improve health outcomes in the community.	1.2.3 Increase confidence in vaccines among targeted racial and ethnic groups and individuals with disabilities through outreach and access to accurate information.	1.2.3.5 Reduce vaccine access gaps in priority ZIP codes (# of outreach clinics)	1.2.3.5a # of vaccines administered per outreach event
1.2. Promote preventive health services that are proven to improve health outcomes in the community.	1.2.3 Increase confidence in vaccines among targeted racial and ethnic groups and individuals with disabilities through outreach and access to accurate information.	1.2.3.6 Reduce no show rate by 5% (IZ)	1.2.3.6a # of appointments scheduled (IZ)
1.2. Promote preventive health services that are proven to improve health outcomes in the community.	1.2.3 Increase confidence in vaccines among targeted racial and ethnic groups and individuals with disabilities through outreach and access to accurate information.		1.2.3.6b # of appointments rescheduled (IZ)
District Goal: 1.3 Improve access to health care so people of all means receive the health care services they need.	Division Goal: 1.3.1 Build a bridge between communities, clients, and services with community health workers.	1.3.1.1 % of clients successfully connected to services within 30 days	1.3.1.1a # of referrals completed
District Goal: 1.3 Improve access to health care so people of all means receive the health care services they need.	Division Goal: 1.3.1 Build a bridge between communities, clients, and services with community health workers.	1.3.1.2 Increase community reach through new partnerships and outreach activities (# of outreach activities)	

Strategic Priority 2: HEALTHY ENVIRONMENT: Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.	2.1 Protect people from negative environmental impacts.	2.1.1 Monitor ambient air to assess attainment status of criteria air pollutants (Monitoring).	2.1.1.1 Meet or exceed a 75% data capture rate for ozone.	
	2.1 Protect people from negative environmental impacts.	2.1.1 Monitor ambient air to assess attainment status of criteria air pollutants (Monitoring).	2.1.1.2 Meet or exceed a 75% data capture rate for PM2.5.	
	2.1 Protect people from negative environmental impacts.	2.1.1 Monitor ambient air to assess attainment status of criteria air pollutants (Monitoring).	2.1.1.3 Meet or exceed a 75% data capture rate for PM10.	
	2.1 Protect people from negative environmental impacts.	2.1.1 Monitor ambient air to assess attainment status of criteria air pollutants (Monitoring).	2.1.1.4 Meet or exceed a 75% data capture rate for carbon monoxide.	
	2.1 Protect people from negative environmental impacts.	2.1.1 Monitor ambient air to assess attainment status of criteria air pollutants (Monitoring).	2.1.1.5 Meet or exceed a 75% data capture rate for nitrogen dioxide.	
	2.1 Protect people from negative environmental impacts.	2.1.1 Monitor ambient air to assess attainment status of criteria air pollutants (Monitoring).	2.1.1.6 Meet or exceed a 75% data capture rate for sulfur dioxide.	
	2.1 Protect people from negative environmental impacts.	2.1.2 Maintain and improve air quality through planning and community education (Planning).	2.1.2.1 Educate and empower leaders, decision makers and regulated entities through a minimum of 3 AQ outreach opportunities. (# of outreach events)	
	2.1 Protect people from negative environmental impacts.	2.1.2 Maintain and improve air quality through planning and community education (Planning).		2.1.2.2a # of air quality plans and reports worked on during this period.
	2.1 Protect people from negative environmental impacts.	2.1.2 Maintain and improve air quality through planning and community education (Planning).	2.1.2.3 Complete quarterly rule development meetings to identify and prioritize rule revisions.	
	2.1 Protect people from negative environmental impacts.	2.1.2 Maintain and improve air quality through planning and community education (Planning).	2.1.2.4 Attainment of all NAAQS.	2.1.2.4a of AQI Unhealthy Day
	2.1 Protect people from negative environmental impacts.	2.1.2 Maintain and improve air quality through planning and community education (Planning).	2.1.2.5 Review and score SEP applications within 30 days of receipt.	2.1.2.5a Actual number of scored SEPs.
	2.1 Protect people from negative environmental impacts.	2.1.3 Reduce negative health impacts from regulated air pollutants in Washoe County. (Permitting & Compliance)	2.1.3.1 % Notices of Exemption (NOE) managed within internal best practice standards (4 business days)	2.1.3.1a # of wood-burning devices inspections completed 2.1.3.1b # of wood-burning device registrations
	2.1 Protect people from negative environmental impacts.	2.1.3 Reduce negative health impacts from regulated air pollutants in Washoe County. (Permitting & Compliance)	2.1.3.2 % Certificates of Compliance (CoC) managed within internal best practice standards (10 business days)	
	2.1 Protect people from negative environmental impacts.	2.1.3 Reduce negative health impacts from regulated air pollutants in Washoe County. (Permitting & Compliance)	2.1.3.3 % Dealers Affidavit of Sales (DAS) managed within internal best practice standards (10 business days)	
	2.1 Protect people from negative environmental impacts.	2.1.3 Reduce negative health impacts from regulated air pollutants in Washoe County. (Permitting & Compliance)	2.1.3.4 % of dust permits issued within internal best practice standards (10 business days)	2.1.3.4a # of dust control permit inspections completed
		2.1.3 Reduce negative health impacts from regulated air pollutants in Washoe County. (Permitting & Compliance)		2.1.3.4b # of dust control permits issued
		2.1.3 Reduce negative health impacts from regulated air pollutants in Washoe County. (Permitting & Compliance)		2.1.3.4c Total acreage disturbed by dust permits

	2.1 Protect people from negative environmental impacts.	2.1.3 Reduce negative health impacts from regulated air pollutants in Washoe County. (Permitting & Compliance)	2.1.3.5 % of asbestos NESHAP notifications processed within the internal best practice standard	2.1.3.5a # of asbestos renovation and demolition inspections completed 2.1.3.5b # of asbestos renovation and demolition notifications 2.1.3.5c Total square feet of asbestos materials 2.1.3.5d Total linear feet of asbestos materials 2.1.3.5e Total cubic feet of asbestos materials
	2.1 Protect people from negative environmental impacts.	2.1.3 Reduce negative health impacts from regulated air pollutants in Washoe County. (Permitting & Compliance)	2.1.3.6 % of acknowledgement asbestos assessment processed within internal best practice standard	
	2.1 Protect people from negative environmental impacts.	2.1.3 Reduce negative health impacts from regulated air pollutants in Washoe County. (Permitting & Compliance)	2.1.3.7 % of required complaint inspections/investigations responded to in accodrance with internal best practice standard (2 business days)	2.1.3.7a # of complaint inspection/investigations 2.1.3.7b # of warnings and notices of violations issued
	2.1 Protect people from negative environmental impacts.	2.1.3 Reduce negative health impacts from regulated air pollutants in Washoe County. (Permitting & Compliance)	2.1.3.8 Complete 100% of stationary source inspections assigned.	2.1.3.8a # of stationary source inspections completed
	2.1 Protect people from negative environmental impacts.	2.1.3 Reduce negative health impacts from regulated air pollutants in Washoe County. (Permitting & Compliance)	2.1.3.9 100% of stationary source permits to construct issued within 180 days.	2.1.3.9a # of stationary source permits to construct/permits to operate issued
	2.1 Protect people from negative environmental impacts.	2.1.3 Reduce negative health impacts from regulated air pollutants in Washoe County. (Permitting & Compliance)	2.1.3.10 100% of stationary source permits to operate renewals issued within 180 days.	
	2.1 Protect people from negative environmental impacts.	2.1.3 Reduce negative health impacts from regulated air pollutants in Washoe County. (Permitting & Compliance)	2.1.3.11 100% of stationary source permits PTC to PTO conversions issued within 180 days.	
	District Goal: 2.1 Protect people from negative environmental impacts.	2.1.4 Coordinate with State and local partners on waste-reduction education, diversion education, and proper disposal.	2.1.4.1 Complete 100% of annual inspections for permitted waste management facilities	2.1.4.1a # of inspections completed at permitted waste management facilities per year. 2.1.4.1b # of waste management facility permits 2.1.4.1c Average number of days to achieve compliance after a violation is identified 2.1.4.1d # of follow-up inspections completed 2.1.4.1e average number of audits per staff member annually
	District Goal: 2.1 Protect people from negative environmental impacts.	2.1.4 Coordinate with State and local partners on waste-reduction education, diversion education, and proper disposal.	2.1.4.2 % of resolved complaints during the current quarter	2.1.4.2a # of waste reduction/clean up initiatives 2.1.4.2b % of complaint investigations completed within required timelines.
	District Goal: 2.1 Protect people from negative environmental impacts.	2.1.5 Reduce negative environmental health impacts associated with development and infrastructure.	2.1.5.1 Ensure 90% of first review plans for compliance with AQ regulations meet jurisdictional timeframes. (AQM)	2.1.5.1a # of first review plans reviewed for compliance with AQ regulations and processed (AQM)
	District Goal: 2.1 Protect people from negative environmental impacts.	2.1.5 Reduce negative environmental health impacts associated with development and infrastructure.	2.1.5.2 Ensure 90% of residential septic and well plan reviews meet a 2-week turnaround	2.1.5.2a # of residential septic and well plans reviewed and processed 2.1.5.2b Average number of audits per staff member annually
	District Goal: 2.1 Protect people from negative environmental impacts.	2.1.5 Reduce negative environmental health impacts associated with development and infrastructure.	2.1.5.3 Reach at least 50 individuals to increase knowledge of residential septic and well requirements.	2.1.5.3a # of outreach events conducted 2.1.5.3b # of NNPH website and social media hits
	District Goal: 2.1 Protect people from negative environmental impacts.	2.1.5 Reduce negative environmental health impacts associated with development and infrastructure.	2.1.5.4 Complete 100% of inspections at UST permitted facilities per year.	2.1.5.4a # of UST inspections 2.1.5.4b # of UST permits

	District Goal: 2.2 Keep people safe where they live, work and play.	2.2.1 Improve safety of residents through education, inspections, and enforcement.	2.2.1.1 Reduce the number of foodborne illness risk factors and critical violations found at inspections by 2 critical violations for every 100 inspections	
	District Goal: 2.2 Keep people safe where they live, work and play.	2.2.1 Improve safety of residents through education, inspections, and enforcement.	2.2.1.2 Decrease the % of repeat critical violations.	2.2.1.2a # of foodborne illness assessments.
			2.2.1.3 % of establishments with demonstrated knowledge of active managerial control	2.2.1.3a # of establishments participating in voluntary food safety training.
	District Goal: 2.2 Keep people safe where they live, work and play.	2.2.1 Improve safety of residents through education, inspections, and enforcement.	2.2.1.4 # of routine inspections for food establishments (report as quarterly figure)	
	District Goal: 2.2 Keep people safe where they live, work and play.	2.2.1 Improve safety of residents through education, inspections, and enforcement.	2.2.1.5 # of temporary food event inspections (report as quarterly figure)	
	District Goal: 2.2 Keep people safe where they live, work and play.	2.2.1 Improve safety of residents through education, inspections, and enforcement.	2.2.1.6 # of permitted food establishments	
	District Goal: 2.2 Keep people safe where they live, work and play.	2.2.1 Improve safety of residents through education, inspections, and enforcement.	2.2.1.7 # of follow-up inspections for food establishments (report as quarterly figure)	
	District Goal: 2.2 Keep people safe where they live, work and play.	2.2.1 Improve safety of residents through education, inspections, and enforcement.	2.2.1.8 # of complaints responded to (report as quarterly figure)	
	District Goal: 2.2 Keep people safe where they live, work and play.	2.2.1 Improve safety of residents through education, inspections, and enforcement.	2.2.1.9 # of temporary food vendor permits (report as quarterly figure)	
	District Goal: 2.2 Keep people safe where they live, work and play.	2.2.1 Improve safety of residents through education, inspections, and enforcement.	2.2.1.10 # of promoter / event organizer permits issued	
	District Goal: 2.2 Keep people safe where they live, work and play.	2.2.1 Improve safety of residents through education, inspections, and enforcement.	2.2.1.11 # of unpermitted vendor complaints received	
	District Goal: 2.2 Keep people safe where they live, work and play.	2.2.1 Improve safety of residents through education, inspections, and enforcement.	2.2.1.12 # of unpermitted vendors required to cease operations	
	District Goal: 2.2 Keep people safe where they live, work and play.	2.2.1 Improve safety of residents through education, inspections, and enforcement.	2.2.1.13 Complete at least 4 components of standards to make progress toward conformance with FDA retail food program standards. (# of components completed)	
	District Goal: 2.2 Keep people safe where they live, work and play.	2.2.1 Improve safety of residents through education, inspections, and enforcement.	2.2.1.14 Percentage of required annual inspections of food establishments completed.	2.2.1.14a % of passing inspections for routine food inspections (reported as quarterly figure)
	District Goal: 2.2 Keep people safe where they live, work and play.	2.2.1 Improve safety of residents through education, inspections, and enforcement.	2.2.1.15 Complete 100% of required sanitary surveys of public water systems to help ensure proper public health protection.	2.2.1.15a # of sanitary surveys of public water systems 2.2.1.15b # of public water system permits 2.2.1.15c % of sanitary surveys for year with a significant deficiency
	District Goal: 2.2 Keep people safe where they live, work and play.	2.2.1 Improve safety of residents through education, inspections, and enforcement.	2.2.1.16 % of deficiencies corrected within regulatory guidelines	2.2.1.16a # of sanitary surveys of public water systems 2.2.1.16b # of public water system permits 2.2.1.16c % of sanitary surveys for year with a significant deficiency
	District Goal: 2.2 Keep people safe where they live, work and play.	2.2.1 Improve safety of residents through education, inspections, and enforcement.	2.2.1.17 % of priority webpages updated	2.2.1.17a # of webpages updated
	District Goal: 2.2 Keep people safe where they live, work and play.	2.2.1 Improve safety of residents through education, inspections, and enforcement.	2.2.1.18 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.)	
	District Goal: 2.2 Keep people safe where they live, work and play.	2.2.1 Improve safety of residents through education, inspections, and enforcement.	2.2.1.19 At least 75% of inspections for routine commercial facilities will pass inspection. (includes childcares, schools, pools, invasive body decoration establishments, hotels/motels, RV parks, mobile home parks, and dump stations)	
	District Goal: 2.2 Keep people safe where they live, work and play.	2.2.1 Improve safety of residents through education, inspections, and enforcement.	2.2.1.20 Reduce the % of operators making repeat violations twice.	
	District Goal: 2.2 Keep people safe where they live, work and play.	2.2.1 Improve safety of residents through education, inspections, and enforcement.	2.2.1.21 Reduce critical violations	
	District Goal: 2.2 Keep people safe where they live, work and play.	2.2.1 Improve safety of residents through education, inspections, and enforcement.	2.2.1.22 % of required annual inspections of non-food based permitted facilities completed	2.2.1.22a # of commercial facility inspections

				2.2.1.22b # 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 as quarterly figure) CY
				2.2.1.22c # of field activities conducted by staff (re-inspections, follow up, surveys, etc.) (includes childcares, schools, pools, invasive body decoration establishments, hotels/motels, RV parks, mobile home parks, and dump stations) (reported as quarterly figure) CY
	District Goal: 2.2 Keep people safe where they live, work and play.	2.2.1 Improve safety of residents through education, inspections, and enforcement.	2.2.1.23 90% of permitted facility complaints will be responded to within 5 business days	2.2.1.23a # of complaints
	District Goal: 2.2 Keep people safe where they live, work and play.	2.2.2 Reduce the Spread of vector-born disease.	2.2.2.1 # of mosquito laboratory pool and areas positive for arbovirus (West Nile/St. Louis Encephalitis/Western Equine virus).	2.2.2.1a # of New Jersey daily trap counts that contain more than 10 mosquitos from May to October
				2.2.2.1b # of mosquito pools submitted for laboratory testing.
	District Goal: 2.2 Keep people safe where they live, work and play.	2.2.2 Reduce the Spread of vector-born disease.	2.2.2.2 # of vector-borne disease outreach efforts	
	District Goal: 2.2 Keep people safe where they live, work and play.	2.2.3 Review building plans in advance to assure new facilities meet health standards	(PI) 2.2.3.1 Ensure 90% of first review for commercial plans meet a 2-week turnaround (reported as a quarterly figure)	2.2.3.1a # of commercial plans reviewed for health standards (Including food establishments)
	District Goal: 2.2 Keep people safe where they live, work and play.	2.2.3 Review building plans in advance to assure new facilities meet health standards	2.3.3.2 Average days in review for all commercial projects (INITIAL SUBMITTALS) (reported as quarterly figure)	2.2.3.2a # of health reviews (e.g. Food, Pools, Schools, etc.) conducted for all commercial projects
	District Goal: 2.2 Keep people safe where they live, work and play.	2.2.3 Review building plans in advance to assure new facilities meet health standards	2.3.3.3 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	Division Goal 3.1.1: Update public-facing digital presence on website and social media and implement targeted outreach to under-served populations.	3.1.1.1 Increase audience growth across all platforms by 10%. (followers)	3.1.1.1a # total social media posts in English and Spanish
				3.1.1.1b # of culturally relevant social media posts
				3.1.1.1c # of social media followers
				3.1.1.1d # of web hits
				3.1.1.1e # of impressions across all social media posts (comments, shares, link, clicks, etc.)

	3.1 Ensure community access to actionable public health information via website, media, and social media.	Division Goal 3.1.1: Update public-facing digital presence on website and social media and implement targeted outreach to under-served populations.	3.1.1.2 Increase Spanish language Facebook followers by 5%	
	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.	3.1.2.1 Collaborate with at least 2 programs to execute marketing tactics that reach populations experiencing health disparities	
	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.		(VI) 3.1.2.2a # of press releases, media alerts, media availability.
	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.		(VI) 3.1.2.3a # of public records request fulfilled (ODHO)
	3.1 Ensure community access to actionable public health information via website, media, and social media.	3.1.2 Position the health district to be the trusted, reputable source of public health information for our community.		(VI) 3.1.2.3b # of public records request fulfilled (AQM)
	3.1 Ensure community access to actionable public health information via website, media, and social media.	3.1.2 Position the health district to be the trusted, reputable source of public health information for our community.		(VI) 3.1.2.3c # of public records request fulfilled (AHS)
	3.1 Ensure community access to actionable public health information via website, media, and social media.	3.1.2 Position the health district to be the trusted, reputable source of public health information for our community.		(VI) 3.1.2.3d # of public records request fulfilled (CCHS)
	3.1 Ensure community access to actionable public health information via website, media, and social media.	3.1.2 Position the health district to be the trusted, reputable source of public health information for our community.		(VI) 3.1.2.3e # of public records request fulfilled (EHS)
	3.1 Ensure community access to actionable public health information via website, media, and social media.	3.1.2 Position the health district to be the trusted, reputable source of public health information for our community.		(VI) 3.1.2.3b # of public records request fulfilled (PHD)
	3.1 Ensure community access to actionable public health information via website, media, and social media.	3.1.2 Position the health district to be the trusted, reputable source of public health information for our community.		3.1.2.4a # of community presentations (ODHO)
	3.1 Ensure community access to actionable public health information via website, media, and social media.	3.1.2 Position the health district to be the trusted, reputable source of public health information for our community.		3.1.2.4b # of community presentations (CCHS)
	3.1 Ensure community access to actionable public health information via website, media, and social media.	3.1.2 Position the health district to be the trusted, reputable source of public health information for our community.		3.1.2.4c # of community presentations (PHD)
	3.1 Ensure community access to actionable public health information via website, media, and social media.	3.1.2 Position the health district to be the trusted, reputable source of public health information for our community.		3.1.2.4d # of community presentations (AQM)

	3.1 Ensure community access to actionable public health information via website, media, and social media.	3.1.2 Position the health district to be the trusted, reputable source of public health information for our community.		3.1.2.4e # of community presentations (EHS)
	District Goal 3.2 Inform the community of important community health trends by capturing and communicating health data.	3.2.1 Increase data integrity and data standardization.		3.1.2.4f # of vital records requests and services
	District Goal 3.2 Inform the community of important community health trends by capturing and communicating health data.	3.2.2 Regularly share timely public health data and trends with the community.	3.2.2.1 Publish 90% weekly updates to the respiratory dashboard during the respiratory season	3.2.2.1a # of reports (Communicable Disease Annual; Epi News) provided to the community.
	District Goal 3.2 Inform the community of important community health trends by capturing and communicating health data.	3.2.2 Regularly share timely public health data and trends with the community.	3.2.2.2 Increase statekholder engagement with epidemiology data	3.2.2.2a # of hits per Epidemiology webpage (CPO, ABR, Respiratory)
	District Goal 3.2 Inform the community of important community health trends by capturing and communicating health data.	3.2.2 Regularly share timely public health data and trends with the community.	3.2.2.3 By June 30, 2029, increase the use of data by distributing materials across at least three (3) different platforms, ensuring broader accessibility and engagement among internal and external stakeholders.	3.2.2.3a # and type of mixed-media tools and platforms used 3.2.2.3b # and type of data products shared publicly
	District Goal 3.2 Inform the community of important community health trends by capturing and communicating health data.	3.2.3 Build the capacity of the health district to process data.	3.2.3.1 Deliver on 95% of requests for statistical analysis. (# of requests)	3.2.3.1a # of external statistical analysis requests.
	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.	3.3.1.1 Achieve passage of priority public health legislation through strategic partnerships and advocacy	3.3.1.1a # of interim committee meetings, public workshops, and coalition meetings attended/monitored. 3.3.1.1b # of policy recommendations developed and shared with decision-makers.
	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.	3.3.1.2 Inclusion of public health funding in the Governor's proposed budget.	3.3.1.2a # of public health funding workgroup meetings or efforts working to advance funding recommendations
	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.		3.3.1.3a # of community planning efforts where AQMD commented.
	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.		3.3.1.4a # of community planning efforts where AQMD participated as a technical advisor.
	District Goal 3.3: Drive better health outcomes in Washoe County through improved public health systems and policies.	Division Goal 3.3.2: Build, support and participate in coalitions to advance improved public health policies.	3.3.2 By June 30, 2029, increase the number of smoke/tobacco-free policies within Washoe County by at least three (3) annually.	3.3.2a # of outreach provided to MFH properties/organizations 3.3.2b # of MFH properties provided with new indoor smokefree policies 3.3.2c # of and type of new or expanded outdoor policies 3.3.2d # of new or expanded policies among age-restricted businesses

Strategic Priority 4: IMPACTFUL PARTNERSHIPS: Extend our impact by leveraging collaborative partnerships to make meaningful progress on health issues.	District Goal: 4.1 Strengthen the community's mental health system by improving prevention efforts that support mental health across the lifespan.	Division Goal: 4.1.1 Improve mental health outcomes for residents of Washoe County.	4.1.1.1 Residents have access to multiple elements of a best practice crisis response system.	
	District Goal: 4.1 Strengthen the community's mental health system by improving prevention efforts that support mental health across the lifespan.	Division Goal: 4.1.1 Improve mental health outcomes for residents of Washoe County.	4.1.1.2 Implement at least 2 efforts of the Sequential Intercept Model Framework	
	Strengthen the community's mental health system by improving prevention efforts that support mental health across the lifespan.	Division Goal: 4.1.1 Improve mental health outcomes for residents of Washoe County.	4.1.1.3 Increase the number of organizations participating in coordinated behavioral health initiatives.	
	District Goal: 4.1 Support and promote behavioral health.	Division Goal: 4.1.2 Contribute to a decrease in the incidence of suicide in Washoe County.	4.1.2.1 By June 30, 2029, increase community engagement in suicide prevention by reaching at least 6,000 community members through education, outreach, coalition activities, and lethal means safety initiatives while expanding participation in the Washoe Suicide Prevention Alliance (WSPA) and Applied Suicide Intervention Skills Training (ASIST) programs.	4.1.2.1a # of ASIST workshops conducted 4.1.2.1b # of ASIST participants trained/certified 4.1.2.1c # of WSPA meetings convened 4.1.2.1d # of coalition partners participating 4.1.2.1e # of firearm retailers participating in secure storage initiatives 4.1.2.1f # of outreach/tabling events conducted 4.1.2.1g # and type of educational materials distributed 4.1.2.1h # of presentations conducted
	District Goal: 4.2 Advance efforts to improve healthy 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.	4.2.1.1 By June 30, 2029, reach at least 12 Title I elementary schools with a newly developed, teacher-delivered school-based program promoting healthy eating and active living.	4.2.1.1a # of schools/classrooms that participated and completed program 4.2.1.1b # of WCSD departments contacted and summary of outreach efforts 4.2.1.1c # of collaboration meetings held 4.2.1.1d # of materials disseminated
	District Goal: 4.2 Advance efforts to improve healthy 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.	4.2.1.2 By June 30, 2029, identify and engage in at least three opportunities to educate WCSD stakeholders about the importance of integrating HEAL into school environments.	4.2.1.2a # of Student Wellness Stakeholder group meetings attended and record of contributions made 4.2.1.2b Documentation of existing efforts and identified gaps 4.2.1.2c # of Title I schools engaged or interviewed 4.2.1.2d # of stakeholder engagement opportunities (presentations, meetings, briefs)
	District Goal: 4.2 Advance efforts to improve healthy 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.	4.2.1.3 By June 30, 2029, strengthen and sustain the Grab Healthy Program by supporting participating stores to consistently stock and promote at least 10 healthy foods.	4.2.1.3a # of stores participating in the program

	District Goal: 4.2 Advance efforts to improve healthy 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.	4.2.1.4 By June 30, 2029, increase community reach and participation in evidence-based falls prevention efforts by engaging at least 60 older adults in falls prevention workshops and distributing 1,800 educational materials promoting falls prevention, home safety, balance improvement, and healthy aging.	4.2.1.3b # of healthy products introduced into stores 4.2.1.3c # of display improvements 4.2.2.3d # of environmental scans conducted 4.2.1.3e # of technical assistance visits completed 4.2.1.3f # of materials disseminated to stores 4.2.1.4a # of evidence-based Falls Prevention workshops conducted 4.2.1.4b # of participants enrolled/completing falls prevention workshops 4.2.1.4c # of outreach and tabling events conducted 4.2.1.4d # and type of educational materials distributed 4.2.1.4e # of community partnerships maintained 4.2.1.4f # of referral sources engaged
	District Goal: 4.2 Advance efforts to improve healthy 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.	4.2.1.5 By June 30, 2029, integrate brain health promotion into existing NNPH work by aligning activities with the Healthy Brain Initiative Road Map, hosting at least two (2) community convenings with partners to support implementation of priority outcomes, and sharing the Healthy Brain Initiative Road Map with community partners to inform a collaborative community action plan.	4.2.1.5a # of educational materials developed/updated with brain health messaging 4.2.1.5b # and type of reach of reach with brain health messaging 4.2.1.5c # and type of community convenings 4.2.1.5d # of community action plans
	District Goal: 4.2 Advance efforts to improve healthy 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.	4.2.1.6 Expand the number of sites that are implementing the 5210 Healthy Washoe program from 5 to 7 elementary schools.	
	District Goal: 4.2 Advance efforts to improve healthy 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.	4.2.1.7 Implement at least 2 efforts in partnership with the community to influence positive health risk behaviors	
	District Goal: 4.3 Advance efforts to improve access to health care services	Division Goal 4.3.1 Support collaborative local and state efforts to increase access to health care for residents of Washoe County.	4.3.1.1 At least 80% of FHF participants will receive the services needed.	4.3.1.1a # of FHF attendees (total individual members)
	District Goal: 4.3 Advance efforts to improve access to health care services	Division Goal 4.3.1 Support collaborative local and state efforts to increase access to health care for residents of Washoe County.	4.3.1.2 Implement at least three initiatives designed to improve access to care.	
	District Health 4.4 Strengthen community well-being by addressing economic factors that reduce barriers to health	Division Goal: 4.4.1 Develop and maintain collaborative community initiatives that influence health and well-being	4.4.1.1 Support at least 2 policies or initiatives that promote economic opportunity	
	District Goal: 4.5 Engage the community in public health improvement.	4.5.1 Engage the community in assessing community health needs.	4.5.1.1 Publish the 2026-2028 Community Health Assessment.	
	District Goal: 4.5 Engage the community in public health improvement.	4.5.1 Engage the community in assessing community health needs.	4.5.1.2 Conduct a CHA Roadshow to increase awareness, accessibility, and use of community health data among partners and stakeholders. (# of meetings with partners)	

District Goal: 4.5 Engage the community in public health improvement.	4.5.1 Engage the community in assessing community health needs.	4.5.1.3 Increase the number of partners utilizing CHA data to inform programs, services, and grants	
District Goal: 4.5 Engage the community in public health improvement.	Division Goal: 4.5.2 Engage the community in planning for community health improvement with a focus on disparate health outcomes.	4.5.2.1 Complete at least 60% of deliverables planned in the CHIP.	
District Goal: 4.5 Engage the community in public health improvement.	Division Goal: 4.5.2 Engage the community in planning for community health improvement with a focus on disparate health outcomes.	4.5.2.2 Increase annual investment in community improvement projects that strengthen the public health system.	
District Goal: 4.5 Engage the community in public health improvement.	Division Goal: 4.5.2 Engage the community in planning for community health improvement with a focus on disparate health outcomes.	4.5.2.3 Increase the number of multi-sector partners collaborating together to implement CHIP projects.	4.5.2.3a # of collaborative initiatives in the CHIP
District Goal: 4.5 Engage the community in public health improvement.	Division Goal: 4.5.2 Engage the community in planning for community health improvement with a focus on disparate health outcomes.	4.5.2.4 Maintain the number of organizations leading CHIP initiatives	
District Goal: 4.5 Engage the community in public health improvement.	Division Goal: 4.5.2 Engage the community in planning for community health improvement with a focus on disparate health outcomes.	4.5.2.5 Implement at least 1 CHIP initiatives focused on policy changes that alleviate causes of health inequities.	
District Goal: 4.5 Engage the community in public health improvement.	Division Goal: 4.5.2 Engage the community in planning for community health improvement with a focus on disparate health outcomes.	4.5.2.6 Implment at least 3 initiatives to improve health outcomes among populations expierencing health disparities.	
District Goal: 4.5 Engage the community in public health improvement.	Division Goal: 4.5.2 Engage the community in planning for community health improvement with a focus on disparate health outcomes.	4.5.2.7 Increase the number of multi-sector partner organizations participating in Community Health Improvement Plan	4.5.2.7a Maintain the number of individuals who provide input to the CHIP. (# of people at Steering Committee, subcommittee meetings, and plannings meetings)
District Goal: 4.5 Engage the community in public health improvement.	Division Goal 4.5.3: Facilitate community engagement in public health improvement initiatives designed to improve health outcomes and/or reduce health disparities utilizing community organizing principles.	4.5.3.1 Implement at least three initiatives across divisions that collaborate with the Health Impact Team and/or community-based partners to address health disparities.	
District Goal: 4.5 Engage the community in public health improvement.	Division Goal 4.5.3: Facilitate community engagement in public health improvement initiatives designed to improve health outcomes and/or reduce health disparities utilizing community organizing principles.	4.5.3.2 Complete key phases of the hiring modernization plan, including assessment, redesign, implementation, and evaluation	
District Goal: 4.6 Enhance the regional emergency medical services system.	Division Goal: 4.6.1 Provide EMS oversight to enhance system performance.	4.6.1.1 Create a continuous quality improvement (CQI) process for pre-hospital treatment/patient outcomes.	4.6.1.1a Data access agreements secured 4.6.1.1b Development of CQI Board bylaws 4.6.1.1c CQI policies and procedures published and implemented.
District Goal: 4.7 Improve the ability of the community to respond to health emergencies.	Division Goal 4.7.1: Improve health care emergency preparedness.	4.7.1.1 IHCC will increase the percentage of HPP Capability Annual Assessment measures that are at least 60 percent met from the current baseline by 5 percent.	4.7.1.1a # of provider types engaged through IHCC outreach 4.7.1.1b # of assessment reminders sent 4.7.1.1c # of technical-assistance sessions delivered 4.7.1.1d # of providers completing the assessment 4.7.1.1e Data completeness rate across all capability measures

	District Goal: 4.7 Improve the ability of the community to respond to health emergencies.	Division Goal 4.7.2: Improve public health emergency preparedness.	4.7.2.1 Achieve Project Public Health Ready (PPHR) recognition	4.7.2.1a # of updated or developed plans/supporting documentation
	District Goal: 4.7 Improve the ability of the community to respond to health emergencies.	Division Goal 4.7.2: Improve public health emergency preparedness.	4.7.2.2 NNPH will complete at least 50% of the After-Action Report items assigned to its responsibility	4.7.2.2a # of NNPH-assigned after-action items tracked
				4.7.2.2b # of completed after-action items per quarter
	District Goal: 4.8 Partner with academia to advance public health goals.	Division Goal 4.8.1: Maintain Academic Health Department with the University of Nevada, Reno.	4.8.1.1 Increase the number of student interns, practicums, and fellows placed in public health programs by 10% annually	
	District Goal: 4.8 Partner with academia to advance public health goals.	Division Goal 4.8.1: Maintain Academic Health Department with the University of Nevada, Reno.	4.8.1.2 Increase the percentage of internships that include building public health competency skills. (establish baseline)	
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.	5.1.1 Maintain a stable and engaged workforce to support continuity of services	5.1.1.1 Retention rate (% of employees hired in the last 12 months who are still employed today)	
		5.1.1 Maintain a stable and engaged workforce to support continuity of services	5.1.1.2 Reduce voluntary turnover by 5% (minus retirement and non-County promotions of FTEs and PTs)	5.1.1.2a # of exit interviews completed
				5.1.1.2b # of voluntary exits citing preventable reasons
	5.1 Attract and retain a talented public health workforce to meet the needs of Washoe County.	5.1.1 Maintain a stable and engaged workforce to support continuity of services	5.1.1.3 Maintain 5% or less employee vacancy rate (Number of vacant funded positions ÷ Total funded positions).	5.1.1.3a # of retirements.
	5.1 Attract and retain a talented public health workforce to meet the needs of Washoe County.	5.1.1 Maintain a stable and engaged workforce to support continuity of services		5.1.1.1b # of promotions/transfers.
	5.1 Attract and retain a talented public health workforce to meet the needs of Washoe County.	5.1.1 Maintain a stable and engaged workforce to support continuity of services		5.1.1.1c # of vacancies in AHS (average vacancies FYTD)
	5.1 Attract and retain a talented public health workforce to meet the needs of Washoe County.	5.1.1 Maintain a stable and engaged workforce to support continuity of services		5.1.1.1d # of vacancies in AQM (average vacancies FYTD)
	5.1 Attract and retain a talented public health workforce to meet the needs of Washoe County.	5.1.1 Maintain a stable and engaged workforce to support continuity of services		5.1.1.1e # of vacancies in CCHS (average vacancies FYTD)
	5.1 Attract and retain a talented public health workforce to meet the needs of Washoe County.	5.1.1 Maintain a stable and engaged workforce to support continuity of services		5.1.1.1f # of vacancies in EHS (average vacancies FYTD)
	5.1 Attract and retain a talented public health workforce to meet the needs of Washoe County.	5.1.1 Maintain a stable and engaged workforce to support continuity of services		5.1.1.1g # of vacancies in ODHO (average vacancies FYTD)
	5.1 Attract and retain a talented public health workforce to meet the needs of Washoe County.	5.1.1 Maintain a stable and engaged workforce to support continuity of services		5.1.1.1h # of vacancies in PHD (average vacancies FYTD)
	5.1 Attract and retain a talented public health workforce to meet the needs of Washoe County.	5.1.2 Create a positive and productive work environment.	5.1.2.1 Increase percentage of employees who recommend NNPH as a good place to work from 80% to 85%.	
	5.1 Attract and retain a talented public health workforce to meet the needs of Washoe County.	5.1.2 Create a positive and productive work environment.	5.1.2.2 Increase probationary/annual evaluation completion rate from 80% to 85%.	

	District Goal: 5.1 Attract and retain a talented public health workforce to meet the needs of Washoe County.	Division Goal: 5.1.3 Focus on building staff expertise.	5.1.3.1 Maintain mandatory training completion rate at 98%.	
	District Goal: 5.3 Invest in expanded Health District capacity and targeted services to meet the needs of a growing and diverse community.	5.3.1 Increase workforce capacity.		5.3.1.1a # of filled positions (FT and PT employees)
	District Goal: 5.3 Invest in expanded Health District capacity and targeted services to meet the needs of a growing and diverse community.	5.3.1 Increase workforce capacity.		5.3.1.1b # of FTE
	District Goal: 5.3 Invest in expanded Health District capacity and targeted services to meet the needs of a growing and diverse community.	5.3.1 Increase workforce capacity.		5.3.1.1c # of interns (rolling number)
	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: 5.3.1 Increase workforce capacity.	5.3.1.2 Implement at least 75% of FY25-FY27 Workforce Development Plan deliverables on time	
	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: 5.3.1 Increase workforce capacity.		5.3.1.3a # of staff participating in district-wide professional development opportunities.
	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.	5.3.2.1 % of employees who self-report proficiency in health disparities competencies.	
	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.	5.3.3.1 100% of new staff will take asynchronous cultural competency training as part of the onboarding process (staff who completed CC course FYTD/staff who was due to complete course FYTD)	
		Division Goal: 5.3.3 Recruit, retain and train a workforce that meets the diverse needs of our community.	5.3.3.2 At least 50% of employees will report feeling proficient on targeted core competencies.	
	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.	5.4.1.1 % of office space renovated or redesigned to support collaborative work.	
	5.4 Maximize and expand facilities to meet the needs of staff and clients.	Division Goal: 5.4.2 Complete a facility expansion.	5.4.2.1 Explore opportunities for modernizing work environments through facility improvements, flexible work practices, and alternative approaches to space utilization.	
Strategic Priority 6 ORGANIZATIONAL EFFECTIVENSS: Advance organizational excellence through continuous improvement, innovation, and data-informed practices that enhance the quality and efficiency of public health services.	6.1 Strengthen organizational performance through public health accreditation	Division Goal 6.1.1: Maintain nation public health accreditation	6.1.1.1 Meet 100% of requirements to maintain accreditation.	
	6.1 Strengthen organizational performance through public health accreditation	Division Goal 6.1.2: Implement performance management and quality improvement practices that improve program effectiveness, demonstrate measurable outcomes, and support organizational excellence.	6.1.2.1 Implement at least three QI projects in the current fiscal year	6.1.2.1a Number of employee-submitted ideas for improvement

			6.1.2.2 % of strategic decisions supported by data (key initiatives or decisions that include referenced data sources)	
	6.2 Leverage technology to improve services, increase effectiveness and efficiency, and provide access to higher quality data.	Division Goal 6.2.1: Improve the use of technology and data to support program operations	6.2.1.1 Increase the percentage of AQMD customers paying through the Accela Customer Access platform to 25%. (estimated average for all programs)	
	6.2 Leverage technology to improve services, increase effectiveness and efficiency, and provide access to higher quality data.	Division Goal 6.2.1: Improve the use of technology and data to support program operations	6.2.1.2 Increase payments made via Accela to 85% of total EHS transactions (EHS)	
	6.2 Leverage technology to improve services, increase effectiveness and efficiency, and provide access to higher	Division Goal 6.2.1: Improve the use of technology and data to support program operations	6.2.1.3 % of inspections scheduled electronically	
	6.2 Leverage technology to improve services, increase effectiveness and efficiency, and provide access to higher	Division Goal 6.2.1: Improve the use of technology and data to support program operations	6.2.1.4 Increase utilization of digital administrative services by at least 1 annually	
	6.2 Leverage technology to improve services, increase effectiveness and efficiency, and provide access to higher quality data.	Division Goal 6.2.1: Improve the use of technology and data to support program operations	6.2.1.5 Implement at least 2 new automated HR workflows or system improvements annually	
	6.2 Leverage technology to improve services, increase effectiveness and efficiency, and provide access to higher quality data.	Division Goal 6.2.1: Improve the use of technology and data to support program operations	6.2.1.6 % of new/renewed sources integrated into the software.	
	6.2 Leverage technology to improve services, increase effectiveness and efficiency, and provide access to higher quality data.	Division Goal 6.2.1: Improve the use of technology and data to support program operations	6.2.1.7 # of service requests	
	6.2 Leverage technology to improve services, increase effectiveness and efficiency, and provide access to higher quality data.	Division Goal 6.2.1: Improve the use of technology and data to support program operations	6.2.1.8 # of multi person or organization incidents	
	6.2 Leverage technology to improve services, increase effectiveness and efficiency, and provide access to higher quality data.	Division Goal 6.2.1: Improve the use of technology and data to support program operations	6.2.1.9 Increase the number of programs moved to sharepoint by 3 annually	6.2.1.9a # of staff trained
	District Goal 6.3: Improve the customer experience by enhancing service	Division Goal 6.3.1: Use feedback and service standards to enhance the quality and	6.3.1.1 Achieve and maintain 90% overall customer satisfaction	6.3.1.1a # of surveys completed
	District Goal 6.3: Improve the customer experience by enhancing service accessibility, responsiveness, and communication across NNPH programs.	Division Goal 6.3.1: Use feedback and service standards to enhance the quality and timeliness of services.	6.3.1.2 % of food operators who report receiving professional and helpful service during plan reviews	6.3.1.2a # of surveys completed
	District Goal 6.3: Improve the customer experience by enhancing service accessibility, responsiveness, and communication across NNPH programs.	Division Goal 6.3.1: Use feedback and service standards to enhance the quality and timeliness of services.	6.3.1.3 % of food operators reporting inspections were professional, respectful, and educational.	
	District Goal 6.3: Improve the customer experience by enhancing service accessibility, responsiveness, and communication across NNPH programs.	Division Goal 6.3.1: Use feedback and service standards to enhance the quality and timeliness of services.	6.3.1.2 % of operators who report receiving professional and helpful service during plan reviews (LDUST)	6.3.1.2a # of surveys completed
	District Goal 6.3: Improve the customer experience by enhancing service accessibility, responsiveness, and communication across NNPH programs.	Division Goal 6.3.1: Use feedback and service standards to enhance the quality and timeliness of services.	6.3.1.3 % of food operators reporting inspections were professional, respectful, and educational. (LDUST)	

	District Goal 6.3: Improve the customer experience by enhancing service accessibility, responsiveness, and communication across NNPH programs.	Division Goal 6.3.1: Use feedback and service standards to enhance the quality and timeliness of services.	6.3.1.4 % of operators who report receiving professional and helpful service during plan reviews (CNFB)	6.3.1.4a # of surveys completed
	District Goal 6.3: Improve the customer experience by enhancing service accessibility, responsiveness, and communication across NNPH programs.	Division Goal 6.3.1: Use feedback and service standards to enhance the quality and timeliness of services.	6.3.1.5 % of food operators reporting inspections were professional, respectful, and educational. (CNFB)	
	District Goal 6.3: Improve the customer experience by enhancing service accessibility, responsiveness, and communication across NNPH programs.	Division Goal 6.3.1: Use feedback and service standards to enhance the quality and timeliness of services.	6.3.1.6 Maintain a call abandonment rate below 10%	6.3.1.6a Average call handling time
	District Goal 6.3: Improve the customer experience by enhancing service accessibility, responsiveness, and communication across NNPH programs.	Division Goal 6.3.1: Use feedback and service standards to enhance the quality and timeliness of services.		6.3.1.7a Average Response time for email service requests
	District Goal 6.3: Improve the customer experience by enhancing service	Division Goal 6.3.1: Use feedback and service standards to enhance the quality and	6.1.3.8 Increase staff understanding of travel process by 3%	6.1.3.8a # of travel packets processed
	District Goal 6.3: Improve the customer experience by enhancing service accessibility, responsiveness, and communication across NNPH programs.	Division Goal 6.3.1: Use feedback and service standards to enhance the quality and timeliness of services.	6.1.3.9 Average number of days from contract initiation to execution.	6.1.3.9a # of contracts processed
Strategic Priority 7: FINANCIAL STABILITY: Enable the Health District to make commitments in areas that will positively impact the community's health through reliable and sustainable funding.	7.1 Update NNPH's financial model to align with the needs of the community.	Division Goal 7.1.1 Increase dedicated public health funding support to Washoe County.	7.1.1.1 Amount of expenditures.	
	7.1 Update NNPH's financial model to align with the needs of the community.	Division Goal 7.1.1 Increase dedicated public health funding support to Washoe County.	7.1.1.1 Amount of revenue	
	7.1 Update NNPH's financial model to align with the needs of the community.	Division Goal 7.1.2 Capture grant and federal relief resources to meet public health goals. Pursue funding opportunities to promote health equity and address health disparities.	7.1.2.1 Amount of revenue generated by grants	7.1.2.1a # of grants received
	7.1 Update NNPH's financial model to align with the needs of the community.	Division Goal 7.1.2 Capture grant and federal relief resources to meet public health goals. Pursue funding opportunities to promote health equity and address health disparities.	7.1.2.2 Maintain 100% of grant compliance.	
	7.1 Update NNPH's financial model to align with the needs of the community.	Division Goal 7.1.3 Maximize revenue generated from cost recovery.	7.1.3.1 Maintain 100% cost recovery for AQM permitting and compliance programs.	
	7.1 Update NNPH's financial model to align with the needs of the community.	Division Goal 7.1.3 Maximize revenue generated from cost recovery.	7.1.3.2 Increase the percent of costs recovered through EHS fees.	
	7.1 Update NNPH's financial model to align with the needs of the community.	Division Goal 7.1.3 Maximize revenue generated from cost recovery.	7.1.3.3 Monitor payer mix trends by program	7.1.3.3a % of Medicaid-covered visits
				7.1.3.3b % of Medicaid-covered visits (0-18) 7.1.3.3c % of Medicaid-covered visits (19+)

	7.1 Update NNPH's financial model to align with the needs of the community.	Division Goal 7.1.3 Maximize revenue generated from cost recovery.	7.1.3.4 Monitor payer mix trends by program	7.1.3.3d % of self pay covered visits 7.1.3.3e % of commercial covered visits 7.1.3.4a % of Medicaid-covered visits (FP)
	7.1 Update NNPH's financial model to align with the needs of the community.	Division Goal 7.1.3 Maximize revenue generated from cost recovery.	7.1.3.5 % of claims accepted on first submission	7.1.3.4b % of self pay covered visits (FP) 7.1.3.4c % of commercial covered visits (FP) 7.1.3.5a Number of claims submitted 7.1.3.5b # of errors and rejections revised 7.1.3.5c # of denials 7.1.3.5d Average number of days for claims submission
	7.1 Update NNPH's financial model to align with the needs of the community.	Division Goal 7.1.3 Maximize revenue generated from cost recovery.	7.1.3.6 Maintain 100% cost recovery for vital records services.	
	7.1 Update NNPH's financial model to align with the needs of the community.	Division Goal 7.1.4 Provide the DBOH the information necessary to provide financial oversight.	7.1.4.1 Provide Monthly Financial Reports	