

NORTHERN NEVADA

Public Health

Jurisdictional Presentation

Washoe County

Board of County Commissioners

February 2025

DR. Chad Kingsley

District Health Officer



NNPH: Snapshot

COLLABORATION

ACCOUNTABILITY

RESILIENCE

AMENDMENT OF INTERLOCAL AGREEMENT
CONCERNING THE WASHOE COUNTY HEALTH DISTRICT

WHEREAS, the Washoe County Health District has heretofore been established with a District Health Department including a District Health Officer and a District Board of Health, composed of representatives appointed by the governing bodies of the cities of Reno and Sparks and Washoe County, together with one member appointed by the members of the Board of Health, all in accordance with Chapter 439 of Nevada Revised Statutes and an Interlocal Agreement adopted as of November 27, 1972, by those governing bodies; and

WHEREAS, having acted to approve a modification to the title of the Washoe County Health District at a concurrent meeting held July 22, 2022, it is the agreement of the cities of Reno and Sparks and Washoe County that the title of the Washoe County Health District be modified;

NOW THEREFORE, the title of the Washoe County Health District is modified to 'Northern Nevada Public Health', serving Reno, Sparks and Washoe County, and the Interlocal Agreement Concerning the Washoe County District Health Department as amended from time to time is hereby so modified.

IN WITNESS WHEREOF, the parties have executed this Amendment to the Interlocal Agreement Concerning the Washoe County District Health Department on the date appearing by the signatures below.

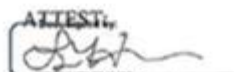
ATTEST:


County Clerk

ATTEST:



ATTEST:


City Clerk

WASHOE COUNTY, by and through its
Board of County Commissioners

By 
Chairman

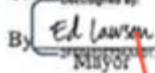
Date 9-2-22

CITY OF RENO, by and through its
City Council

By 
Mayor

Date 9/5/22

CITY OF SPARKS, by and through its
City Council

By 
Mayor

Date 9/2/2022



District Board of Health

Office of the District
Health Officer

2 Members City of Reno
2 Members City of Sparks
2 Members Washoe County
1 Physician

COUNTY OFFICIAL / CHA & CHIP / PHAB /
WORKFORCE DEVELOPMENT /
COMMUNITY OUTREACH /
COMMUNICATIONS / GOVERNMENT AFFAIRS

Administrative
Health Services

Air Quality
Management

Community and
Clinical Health
Services

Environmental
Health Services

Epidemiology and
Public Health
Preparedness

EPIDEMIOLOGY: MONITOR, REPORT,
INVESTIGATE, INTERVENE, EDUCATE / EMS /
EMERGENCY PREPAREDNESS / VITAL RECORDS

INSPECTIONS / FOOD / BUILDING / POOLS /
VECTOR / WATER / SOLID WASTE / REGULATIONS

IMMUNIZATIONS / SEXUAL HEALTH / CHRONIC DISEASE / WIC / CHW

AIR MONITORING / BUILDING / INSPECTION / REGULATIONS

BUDGET / FISCAL COMPLIANCE / TECHNOLOGY / FACILITIES / HR



PUBLIC HEALTH



FEDERAL



STATE



COUNTY

PREVENTION:

LONGEVITY, ECONOMIC STABILITY, GROWTH



GOVERNANCE OVERVIEW



**NN
PH**

FY STRATEGIC PRIORITIES

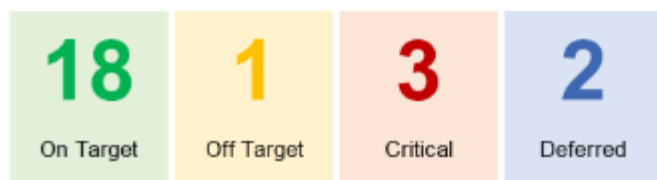


- **HEALTHY LIVES:** Improve the health of our community by empowering individuals to live healthier lives.
- **HEALTHY ENVIRONMENT:** Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.
- **LOCAL CULTURE OF HEALTH:** Lead a transformation in our community's awareness, understanding, and appreciation of health resulting in direct action.
- **IMPACTFUL PARTNERSHIPS:** Extend our impact by leveraging collaborative partnerships to make meaningful progress on health issues.
- **ORGANIZATIONAL CAPACITY:** Strengthen our workforce and increase operational capacity to support growing population.
- **FINANCIAL STABILITY:** Enable the Health District to make commitments in areas that will positively impact the community's health through reliable and sustainable funding.

2. Healthy Environment

Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.

Outcomes



District Goals

2.1 Protect people from negative environmental impacts.

2.2 Keep people safe where they live, work and play

98.7%

data capture rate for ozone.

98.4%

data capture rate for PM2.5.

98.2%

data capture rate for PM10.

96%

of dust permits managed within 10 business days.

95%

of stationary source authority to operate permits issued within 180 days.

100%

of asbestos permits managed within internal best practice standard.

95%

of first review plans for compliance with AQ regulations met 2-week turnaround.

98%

residential septic and well plan reviews meet a 2-week turnaround.

21

outreach events held to educate leaders, decision makers and regulated entities.

In Need of Attention

- Improve data collection.
- Complete 100% of inspections at permitted waste management facilities.
- Develop a system to track occurrence of foodborne illness risk factors in inspected facilities.
- Percentage of required inspections of food establishments completed.
- Update SOPs and develop standardized processes to support inspections
- Staff turnover pacing national trend.

Focus for FY26

- Customer Service
- Efficiency



RECENT INTERVENTIONS:



ENVIRONMENTAL HEALTH SERVICES:

Community Engagement & Collaboration

Food Establishment Improvements & Resources (Elected Official Resource)

Permitting Improvements & Turnaround

Pool Inspections

EMERGENCY MEDICAL SERVICES:

Ongoing REMSA discussion and improvements



ORGANIZATIONAL IMPACT



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position vacancy rate
5% target

- AHS
- AQM
- CCHS
- EHS
- EPHP
- ODHO

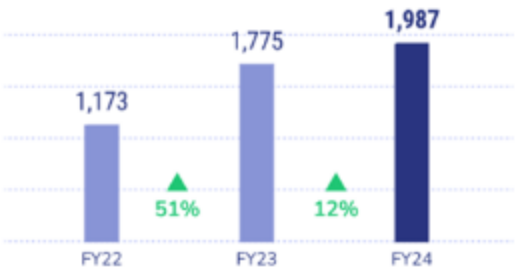
FY24





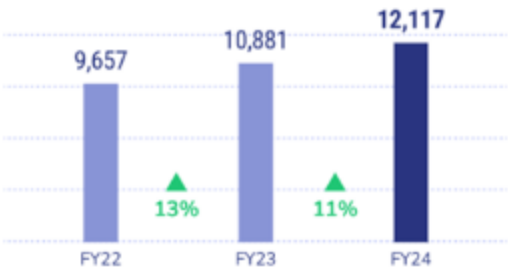
Social media posts

1,987 total



Social media followers

12,117 total



Web clicks on district website

468,625 total



Engagement growth YoY

147% increase in engagement on all social media platforms (comments, shares, likes, clicks, etc.)



481

Web visits to the TMT health portal (informed by CHA)
In FY24

383

Community outreach efforts and community presentations
In FY24

Press releases, media alerts, media availability

111 total



81

Partnerships with community organizations
In FY24

Communicable disease reports and assessments provided

78 total





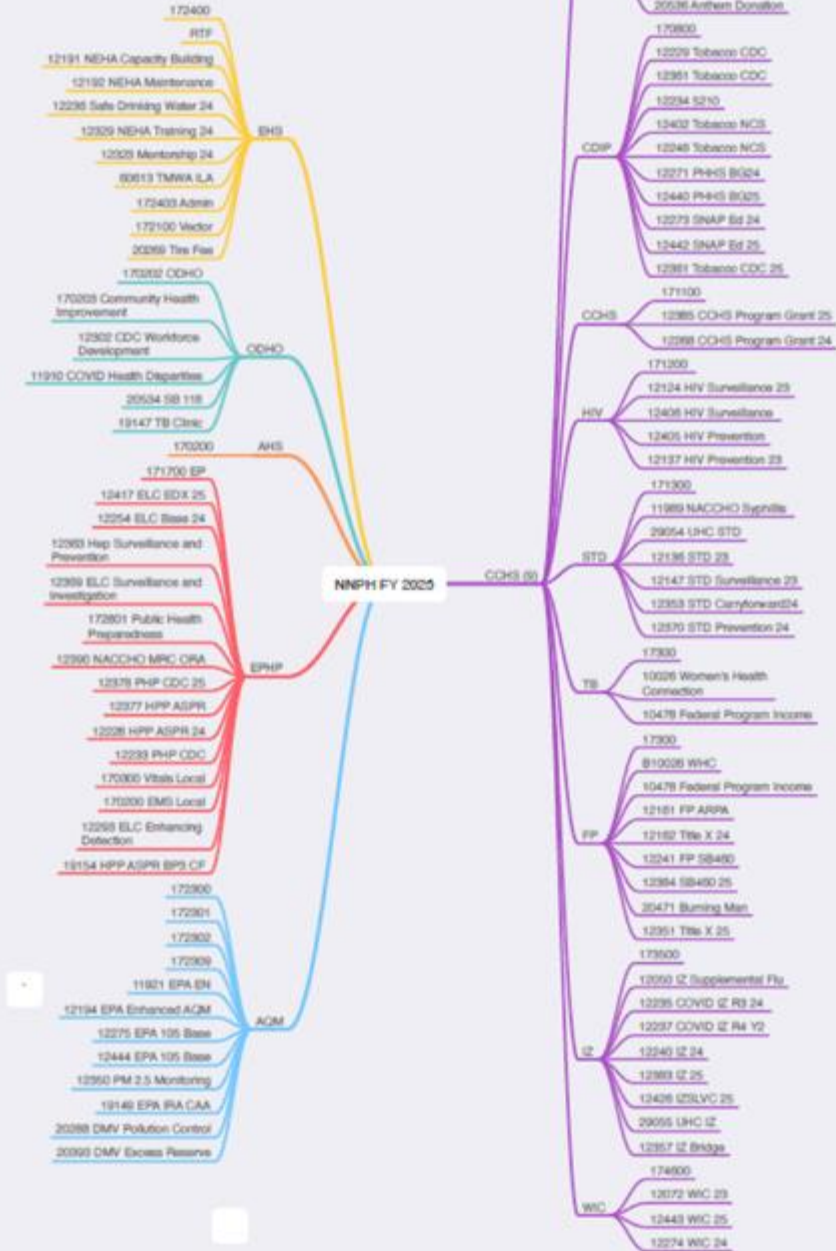
FISCAL HEALTH



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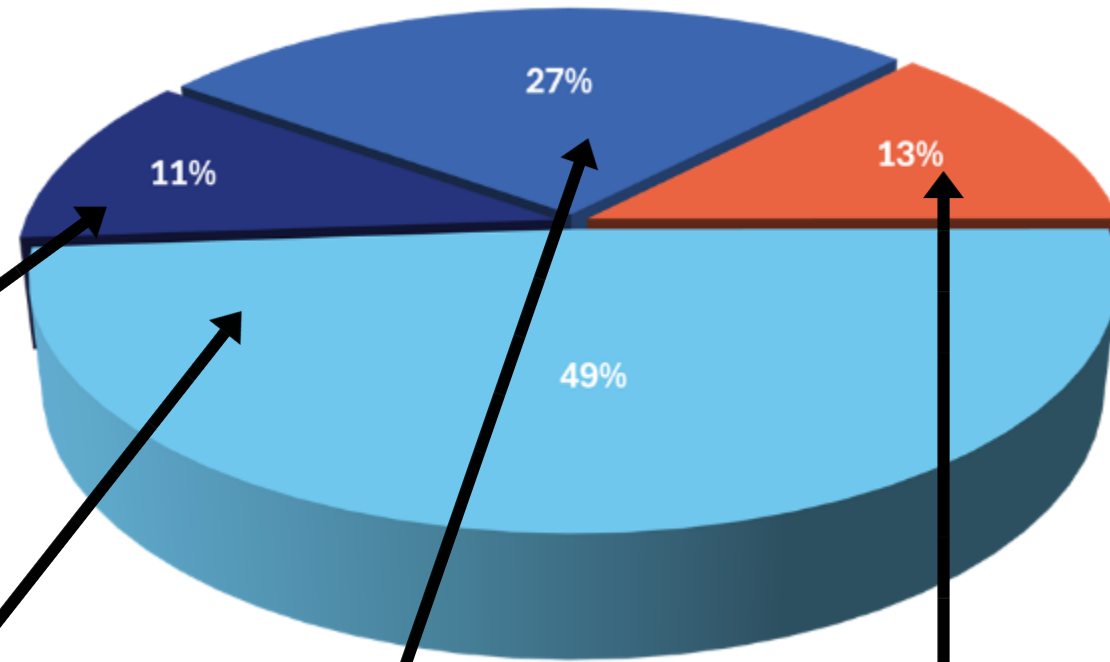


BUDGET: Snapshot





Revenue \$35,012,129



Charges for Services
\$3,837,869

Money Comes From
Plan Reviews
Inspections
Clinical Services
Birth and Death
Certificates
Etc.

Intergovernmental
\$17,010,592

Money Comes From
Grants
Tire Fees
Pollution Control
Funds

County Transfer
\$9,516,856

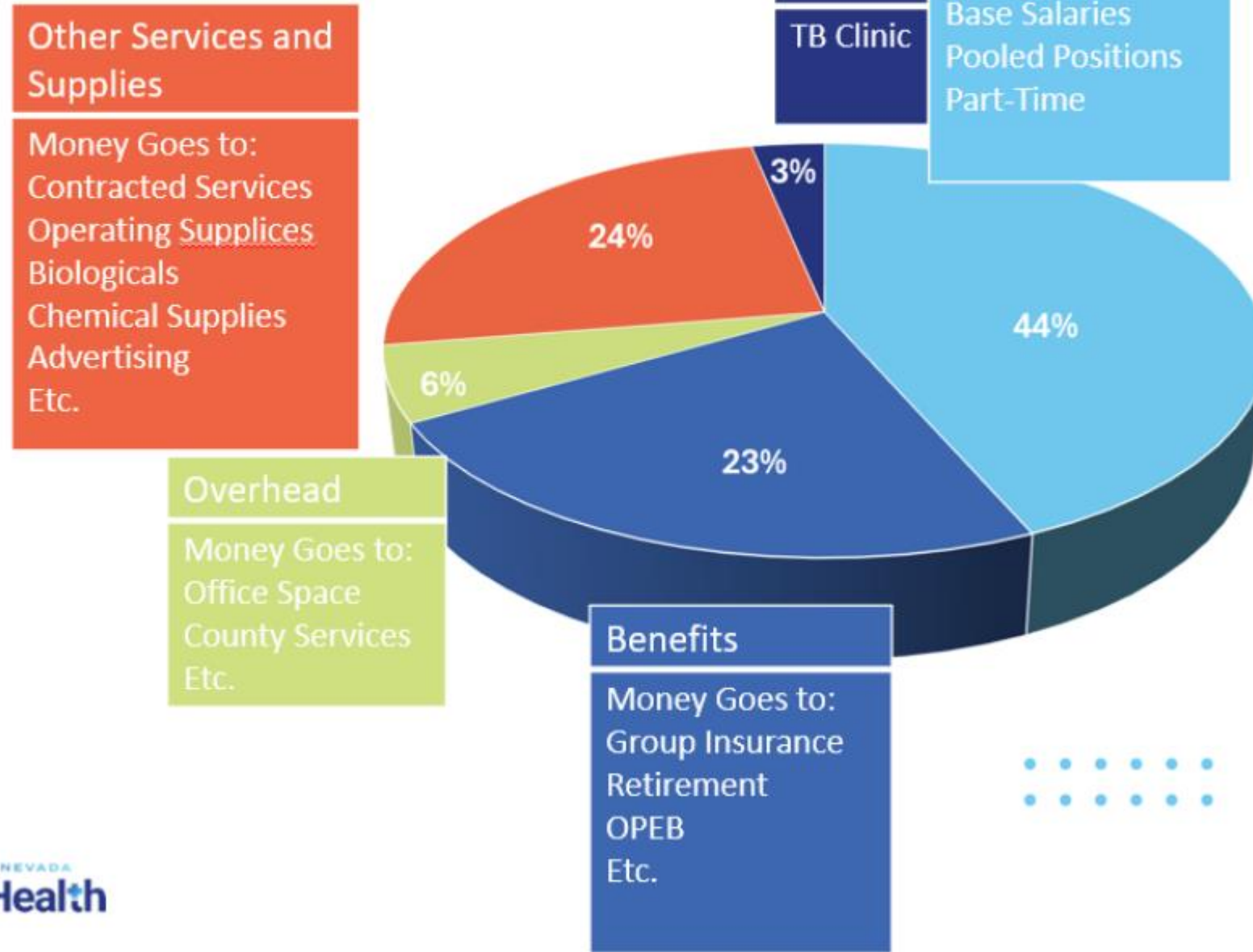
County Tax Transfer

Licenses and Permits
\$4,443,826

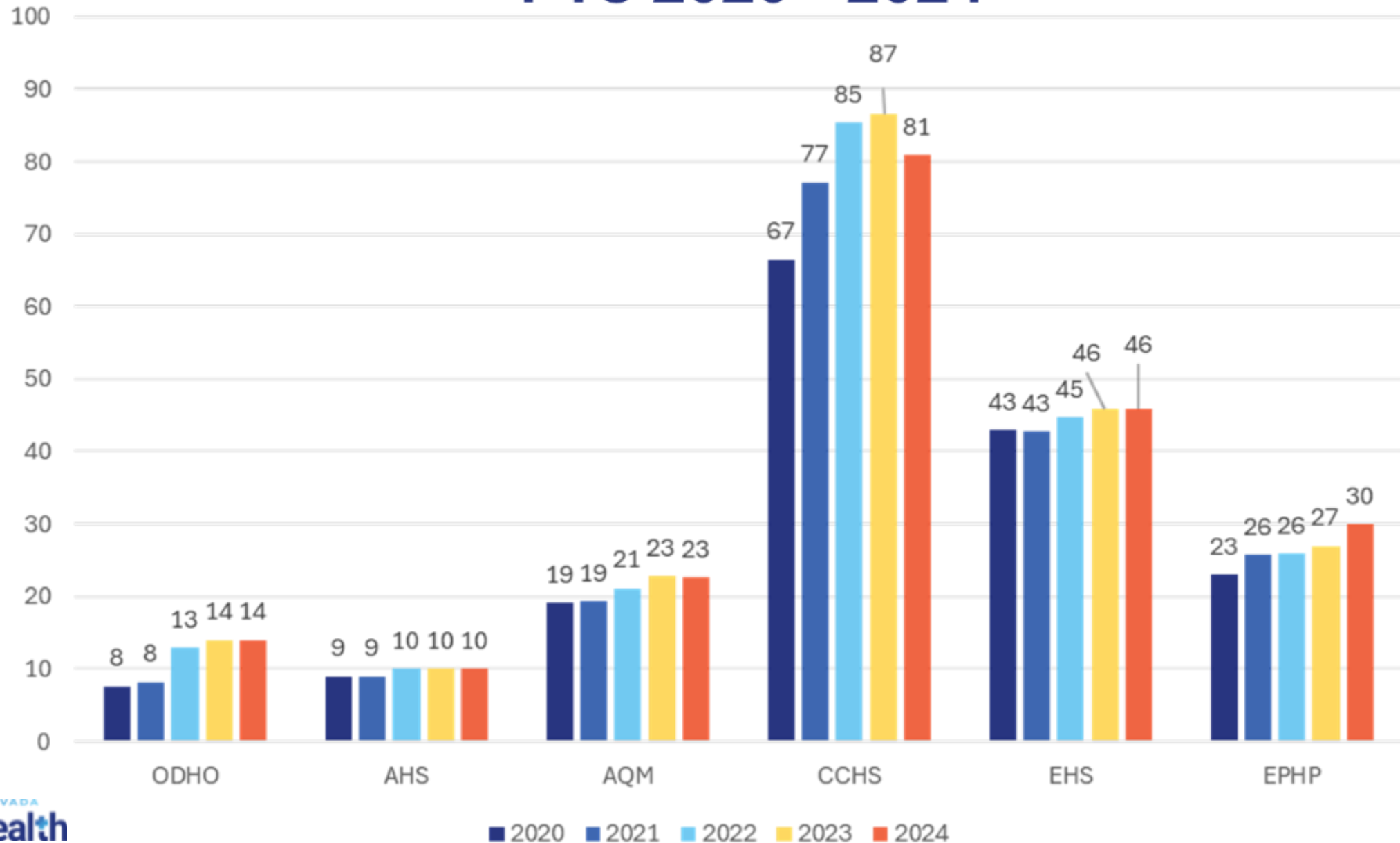
Money Comes From
Environmental
Pool
Food Services
Etc.

Expenditures by Type

FY 2024 \$37,866,423



FTE by Division Year Over Year FYs 2020 - 2024





FISCAL PROJECTIONS



What we Know(ish)

Assumptions

- State Funding continues through FY 2030
(three State budget cycles of approved funding)
- Flat Federal funding

Generally

- Federal uncertainty
- Local budget shortfalls

Revenues

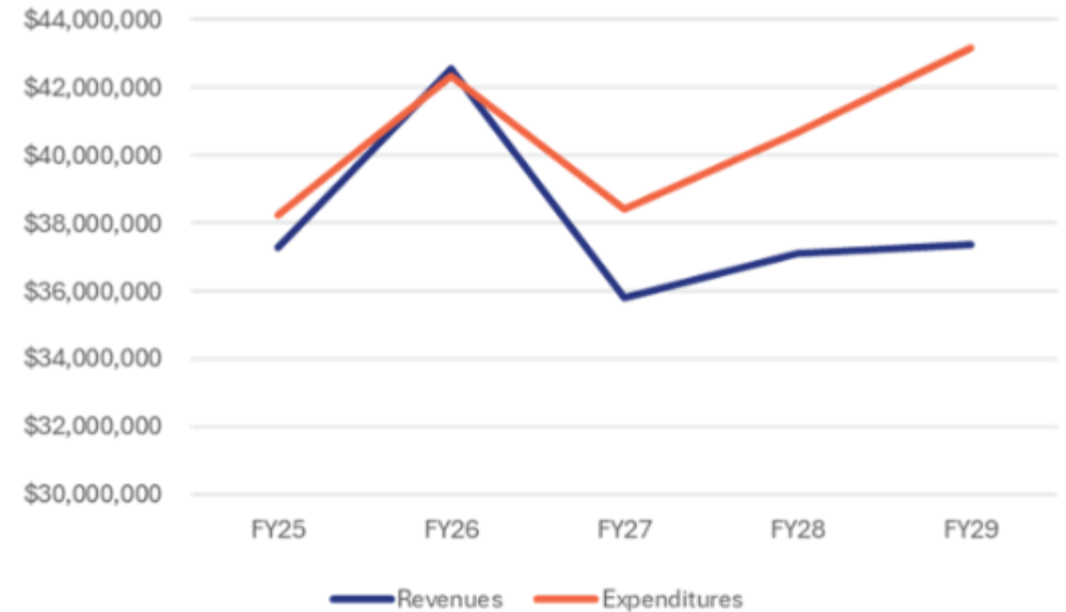
- Grants are flat overall with some decreasing
- New fees for EHS and AQM for FY 2025
- TB Building
- COVID Funding

Expenditures

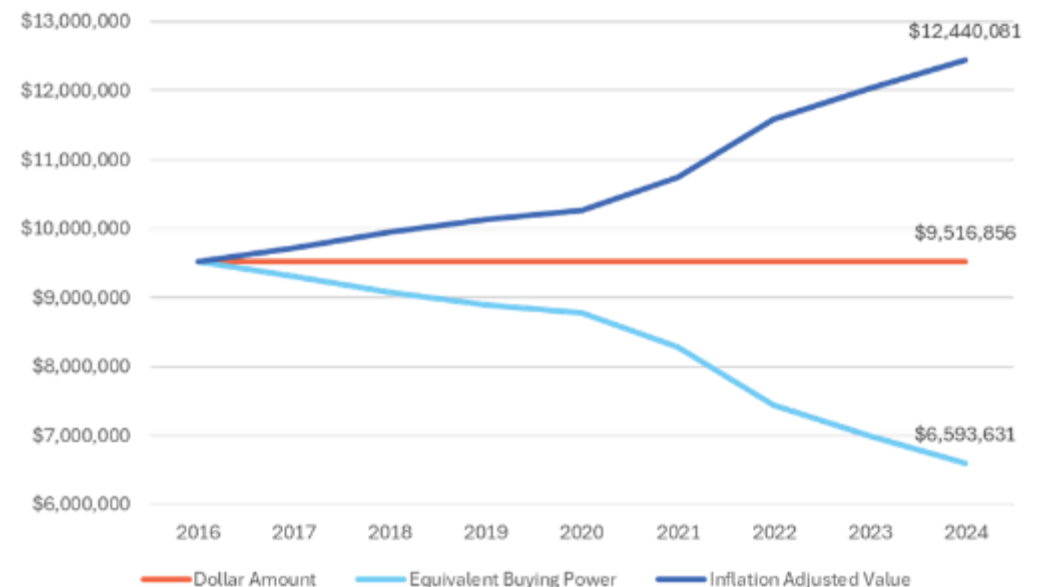
- Salaries & benefits 7% COLA FY25-FY28 post Job Reclasses FY23



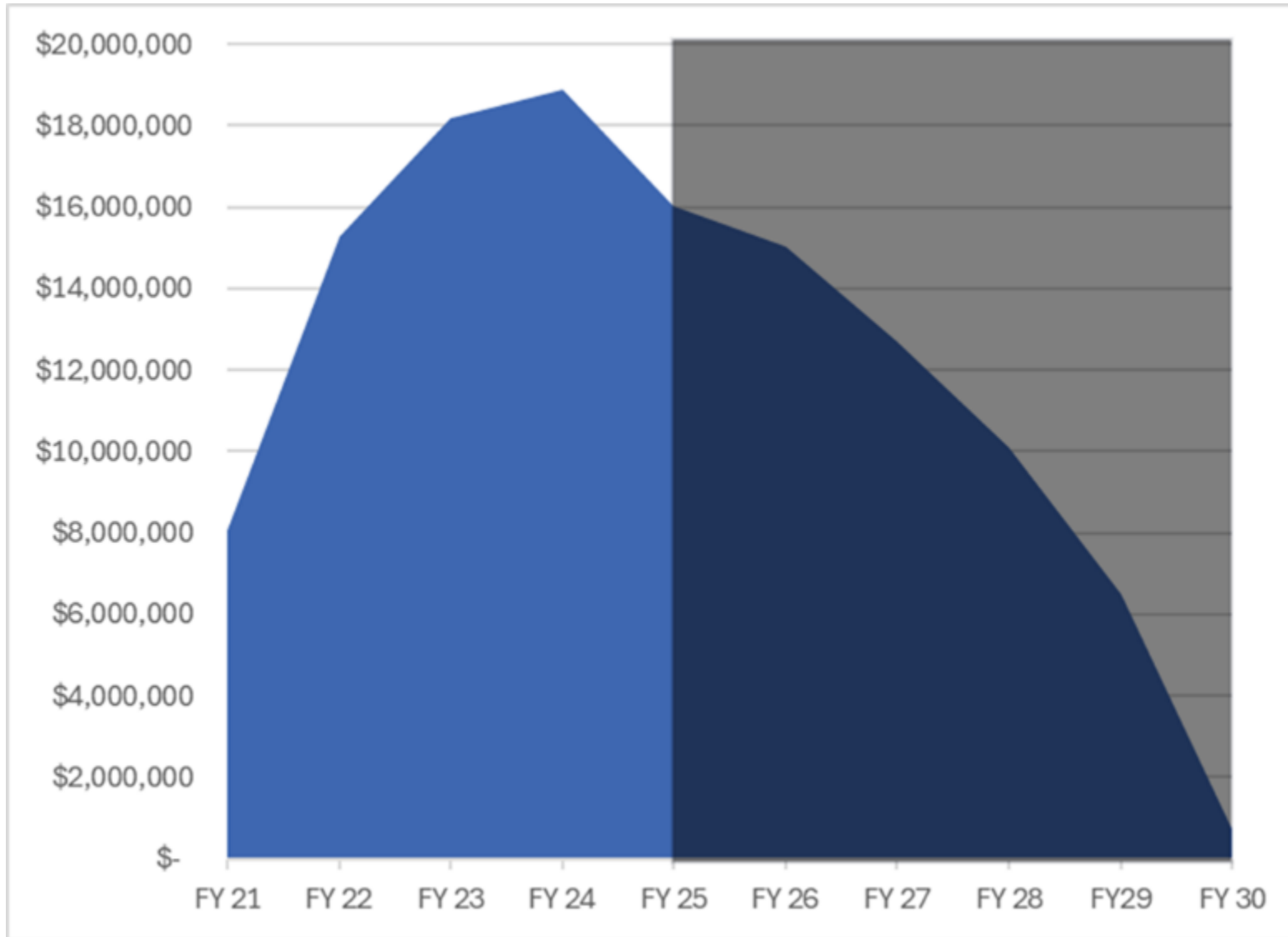
Revenue and Expenditure Projections FYs 2025-2030



Local Transfer and Inflation FY 2016-2024



Fund Balance Projections FY 25-29



the approval of the Board.

circumstances hereinafter described. 1) Should it become necessary to increase the budget as a result of salary and/or benefit increases negotiated with recognized employee associations of the County in effect now and in the future, the budget for the Department will be increased by that necessary amount through appropriation of local tax resources by the County in the same manner as County Department budgets are increased as a result of those negotiations and in accordance with the provisions of the Local Government Budget Act. 2) Any nonlocal

Funding Efficiencies NNPH is implementing:

Reduced staffing by 10% through attrition

Reduced operating costs

Reduced intermittent hourly staffing

Performing Divisional Assessments

Reducing Essential Services before Mandated Services

Current Funding Reduction Outcomes:

- **Vector**
Mosquito surveillance discontinued
- **Epidemiology**
1.0/100k versus 1.8/100k: No capacity for singular events
- **Administration**
Staff Lean Production (No OT)
- **Environmental Health**
Lean Production (Limited Response for auxiliary services)
Food & Permitting maintained
- **CCHS**
Federal Lead Surveillance stopped

Projected Funding Reduction Outcomes:

- **Epidemiology**
Unable to meet 24-hour response and intervention for mandated disease surveillance
- **Environmental Health**
Increased turnaround and processing for Inspections & Permitting
- **CCHS**
Decrease in Vaccinations
Loss of community access
Loss of Sexual Health Resources
Decrease of loss of WIC
- **ODHO**
Loss of Community intervention outreach

What Keeps me up at night?





Questions?



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