

## 2026 Community Health Assessment Strategic Planning

### About the Community Health Assessment

The Community Health Assessment (CHA) is a process used to understand the health needs, strengths, and challenges of the community. It brings together data, community input, and local expertise to help identify the most important health issues affecting residents. The CHA helps ensure that decisions, programs, and resources are guided by real data and lived experiences from persons living in Washoe County. Findings from the CHA are used to outline the Community Health Improvement Plan (CHIP), building the foundational strategies to improve population health as Northern Nevada Public Health, Renown Health, and local stakeholders adjust to the needs of Washoe County residents.

Table 1. Overview of the CHA Process (Data Collection to Implementation)

Criteria to Identify <i>Priority Problem</i>	Criteria to Identify <i>Intervention for Problem</i>
<ul style="list-style-type: none"> <li>• Cost and/or return on investment</li> <li>• Availability of solutions</li> <li>• Impact of problem</li> <li>• Availability of resources (staff, time, money, equipment) to solve problem</li> <li>• Urgency of solving problem (H1N1 or air pollution)</li> <li>• Size of problem (# individuals affected)</li> </ul>	<ul style="list-style-type: none"> <li>• Expertise to implement solution</li> <li>• Return on investment</li> <li>• Effectiveness of solution</li> <li>• Ease of implementation/maintenance</li> <li>• Potential negative consequences</li> <li>• Legal considerations</li> <li>• Impact on systems or health</li> <li>• Feasibility of intervention</li> </ul>

Reference: [Gudie-to-Prioritization-Techniques.pdf](#)

### Ranking Health Priorities

The Steering Committee identifies many health issues during the multi-stage assessment process. The Hanlon Method determines which issues should be prioritized. This method is a structured way to rank health problems, which lets the community decide which issues are most important. The Hanlon Method was chosen because it provides a clear, data-driven approach that considers multiple factors when ranking health issues. It starts with a list of health problems, followed by data collection, scoring, and final rankings.

This method considers system-level challenges, service gaps, and strengths affecting the health and well-being of individuals in our community.

Table 2. Summary of Ranking Methodology

Secondary Data		
Source	Weight	Composition
Indicator Appendix	3.00	Washoe County quantitative metrics compared to counties, state, and national values, targets from Healthy People 2030, and significant trends over time
Primary Data		

Source	Weight	Composition
Community Health Survey	2.00	Participants (N=694) ranked their 1 <sup>st</sup> , 2 <sup>nd</sup> , and 3 <sup>rd</sup> topics of highest importance
Focus Groups	1.75	Coded themes by count
Key Informant Interviews	1.25	Coded themes by count

## Data Composition

### Primary Data Collection

To better understand community needs, we collected primary data to ensure community voice and lived experiences were captured from Washoe County residents. This approach included focus groups with community members, key informant interviews with local leaders, and a community health survey that gathered input from persons residing in Washoe County.

- **Focus Groups:** 15 sessions, 75 minutes long, 5-10 participants
- **Key Informant Interviews:** 19 interviews
- **Community Health Survey:** 694 survey responses, offered in English and Spanish

### Secondary Data Collection

Secondary data is organized in partnership with Conduent Healthy Communities. This methodology quantitatively compares Washoe County-level metrics across a variety of existing measures (e.g., Nevada, U.S., Healthy People 2030, and trends over time) from over 50 vetted data sources to analyze approximately 350 indicators.

## Community Health Priorities

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



Table 3. Summary of Subtopics and Results for 1<sup>st</sup> – 4<sup>th</sup> Rankings

Mental Health	Access to Health Services	Economic Stability	Health Risk Behaviors & Early Detection
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<ul style="list-style-type: none"> <li>• School-based mental health screening and services</li> <li>• Mental health care utilization</li> <li>• Crisis services and emergency response</li> <li>• Insurance coverage for mental health services</li> </ul>	<ul style="list-style-type: none"> <li>• Availability of providers</li> <li>• Affordability of care</li> <li>• Health literacy</li> <li>• Health insurance coverage</li> <li>• Communicable disease prevention</li> <li>• Telehealth and digital access</li> </ul>	<ul style="list-style-type: none"> <li>• K-12 education system</li> <li>• Availability of employment</li> <li>• Cost of living</li> <li>• Food insecurity</li> <li>• Poverty</li> <li>• Affordable housing</li> <li>• Homelessness</li> </ul>	<ul style="list-style-type: none"> <li>• Physical activity</li> <li>• Healthy eating</li> <li>• Overweight/obesity</li> <li>• Immunizations</li> <li>• Oral health</li> <li>• Annual check-ups/screening</li> <li>• Chronic disease management</li> <li>• Infectious disease monitoring</li> <li>• Sexually transmitted infections</li> <li>• Social connectedness and support systems</li> </ul>
<p><b>CS (3):</b> 18% rated it 1<sup>st</sup>, 18% rated it 2<sup>nd</sup>, 14% rated it 3<sup>rd</sup></p> <p><b>FG (4):</b> Lack of mental health services and providers, social and community connection</p> <p><b>KII (1):</b> Mental health concerns across the lifespan</p> <p><b>SD (3):</b> Mental health and mental disorders</p>	<p><b>CS (1):</b> 34% rated it 1<sup>st</sup>, 16% rated it 2<sup>nd</sup>, 11% rated it 3<sup>rd</sup></p> <p><b>FG (2):</b> Lack of healthcare providers, challenges accessing health information</p> <p><b>KII (5):</b> Provider shortages and system gaps, lack of health information and outreach</p> <p><b>SD (4):</b> Oral health, STI, healthcare access and quantity, infectious diseases</p>	<p><b>CS (4):</b> 13% rated it 1<sup>st</sup>, 9% rated it 2<sup>nd</sup>, 13% rated it 3<sup>rd</sup></p> <p><b>FG (1):</b> Cost of living, community food resources</p> <p><b>KII (3):</b> Housing instability, high cost of living</p> <p><b>SD (6):</b> Economy, education, community, older adults, men’s and women’s health, adolescent health</p>	<p><b>CS (2):</b> 14% rated it 1<sup>st</sup>, 14% rated it 2<sup>nd</sup>, 14% rated it 3<sup>rd</sup></p> <p><b>FG (3):</b> Concerns of management chronic illness</p> <p><b>KII (4):</b> Healthcare system navigation, health management</p> <p><b>SD (6):</b> Immunizations, nutrition and healthy eating, wellness and lifestyle, physical activity, weight status, cancer, heart disease and stroke, diabetes, other chronic conditions, respiratory diseases</p>

Note1: This table reflects a summary of the core themes from each data source and the associated rank within the data source (unweighted rank within parentheses).

Note2: CS is Community Survey, FG is Focus Group, KII is Key Informant Interview, and SD is Secondary Data.

Table 4. Summary of Subtopics and Results for 5<sup>th</sup> – 8<sup>th</sup> Rankings

Violence Prevention & Crime	Environmental Sustainability	Substance Use	Maternal & Child Health
<ul style="list-style-type: none"> <li>• Early childhood development</li> <li>• Mentorship programs</li> <li>• Social-emotional learning</li> <li>• Safe firearm storage</li> <li>• Harm reduction</li> <li>• Domestic violence</li> <li>• Gun-related injuries/mortality</li> <li>• Rape/sexual assault</li> <li>• Gang-related violence</li> <li>• Child abuse/neglect</li> </ul>	<ul style="list-style-type: none"> <li>• Urbanization</li> <li>• Tree canopy</li> <li>• Bike trails</li> <li>• Walking paths and sidewalks</li> <li>• Parks and open spaces</li> <li>• Transportation</li> <li>• Community gardens</li> <li>• Public recreation facilities</li> <li>• Clean air</li> <li>• Clean water</li> </ul>	<ul style="list-style-type: none"> <li>• Alcohol use/abuse</li> <li>• Marijuana use/abuse</li> <li>• Prescription drug use/abuse</li> <li>• Tobacco/e-cigarette use</li> <li>• Youth substance use</li> <li>• Treatment and recovery services</li> <li>• Harm reduction</li> </ul>	<ul style="list-style-type: none"> <li>• Education and prevention of reproductive health</li> <li>• Preterm birth</li> <li>• Teen pregnancy</li> <li>• Family planning</li> <li>• Unmet need for contraception</li> <li>• Clinics offering reproductive services</li> </ul>

<p><b>CS (8):</b> 2% rated it 1<sup>st</sup>, 6% rated it 2<sup>nd</sup>, 6% rated it 3<sup>rd</sup></p> <p><b>FG (7):</b> Unsafe neighborhoods, violence</p> <p><b>KII (6):</b> "A lot of families live in places that just aren't safe – and that stress shows up in their health"</p> <p><b>SD (1):</b> Prevention and Safety</p>	<p><b>CS (5):</b> 6% rated it 1<sup>st</sup>, 12% rated it 2<sup>nd</sup>, 11% rated it 3<sup>rd</sup></p> <p><b>FG (5):</b> Built environment and infrastructure, bad public transportation, bad neighborhood infrastructure, traffic dissatisfaction, lack of public facilities, sedentary environments</p> <p><b>KII (6):</b> "Extreme heat is becoming a real health issue, especially for seniors"</p> <p><b>SD (5):</b> Environmental health</p>	<p><b>CS (7):</b> 2% rated it 1<sup>st</sup>, 6% rated it 2<sup>nd</sup>, 9% rated it 3<sup>rd</sup></p> <p><b>FG (5):</b> Substance abuse, bad recreational outlets</p> <p><b>KII (1):</b> "Our community has a big focus on casinos, gambling, and liquor"</p> <p><b>SD (6):</b> Alcohol and drug use, tobacco use</p>	<p><b>CS (6):</b> 3% rated it 1<sup>st</sup>, 7% rated it 2<sup>nd</sup>, 8% rated it 3<sup>rd</sup></p> <p><b>FG (8):</b> Maternal and infant care</p> <p><b>KII (8):</b> "The cost of living is so high people have to work two or three jobs while trying to take care of kids...childcare is inaccessible for many"</p> <p><b>SD (2):</b> Maternal, fetal, and infant health</p>
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Note1: This table reflects a summary of the core themes from each data source and the associated rank within the data source (unweighted rank within parentheses).  
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**Snapshot of Positive Feedback**

Community members expressed a wide range of existing amenities and personal views of the health landscape for which there is appreciation and support. Participants explained that they like the outdoor access, plentiful food options, cultural diversity, community gardens, mutual aid groups, social and work environments, recreational opportunities, natural environment, and food bank services.

"For a growing city, it still feels connected. That's a strength we need to protect."

"We have strong partnerships. People want to work together to solve problems."

"Our medical system has many good elements; people are dedicated, and they work to keep improving access for families."

**Assessment to Action**

The results of the Community Health Needs Assessments (CHNA) will advance towards presentation at the community health forum and the NNPH Board of Health for endorsement and adoption of health priorities. The results and narrative will be published in an in-depth Community Health Assessment report in 2026, with the rank-order guiding local strategic planning at NNPH and Renown Health, as well as implementation activities across a diverse range of Washoe County stakeholders, partners, and community members.

**Community Health Improvement Plan (CHIP) Process**

NNPH and Renown Health facilitate inclusive community engagement to generate solutions derived from the strengths and gaps identified by the needs assessment data. Common objectives, strategies, and resources guide implementation and improvement activities to create measurable improvements towards a healthier community in Washoe County.