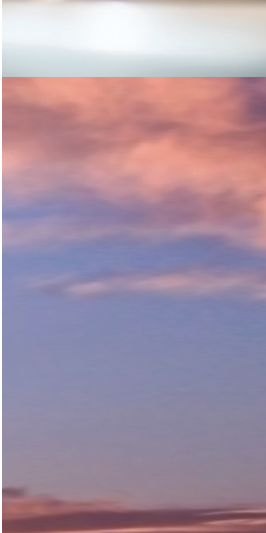




Community
Health Needs
Plan
2018-2021

Renown[®]
HEALTH



Mission

Make a genuine difference in the health and well-being of others.

Vision

Renown Health, with our partners, will inspire better health in our communities.

Values

Caring • Integrity • Collaboration • Excellence

At Renown Health, we are proud to be Reno's only locally owned, charitable, not-for-profit integrated health network. Being not-for-profit means that all of our income stays here — and is reinvested in programs, people and equipment to improve the health of our community.

Founded in 1862 as the Washoe Clinic to treat patients affected by a smallpox outbreak in Washoe County, Renown Health was created by members of our community. For more than 150 years, we have solidified a trusting partnership upon which residents have come to depend. With community at the center of our mission, we embrace our commitment to make a genuine difference in the lives of others. We take pride in our responsibility to contribute to the community's overall well-being. Our Community Benefit mission is to reduce health disparities, promote community wellness and improve access to care for vulnerable populations. This includes offering free and discounted care to those unable to afford healthcare, and partnerships with others to address health and well-being. In partnership with many community-based organizations, area schools, human and social service agencies, and government and business leaders, we support a variety of educational, public health outreach, and community development initiatives throughout Nevada.

Our Renown Health leaders, physicians and staff actively participate and support community non-profit organizations by serving on their boards of directors and offering expertise and resources to advance these organizations.

In 2017, we partnered with the Washoe County Health District to conduct a Community Health Needs Assessment. I am pleased to introduce Renown's 2018-2021 Community Benefit Plan to guide the many people who will work together to implement programs and activities to improve the health of our community. I look forward to sharing major milestones as we achieve them. I appreciate your support, your partnership, and the trust and confidence you have placed in us. Working together, we can create a healthier Nevada.

Yours in good health,



Tony Slonim, MD, DrPH, FACHE
President and Chief Executive Officer, Renown Health





A Plan to Improve the Health of Our Community

Renown Health is honored to support local organizations in improving the health of Washoe County residents and neighboring communities. This 2018-2021 Community Benefit Plan provides an overview of goals, projects, and partnerships.

This Community Benefit Plan serves as a resource and a guide for programs and activities to improve health in the region. It is based on the findings of the Washoe County Community Health Needs Assessment (CHNA). The 300-page CHNA, conducted in partnership with the Washoe County Health District, included gathering input from more than 1,400 people through a community survey.

Additionally, Renown Health's Community Benefit team developed a community workshop and engaged 80 community members, hospital leaders, subject matter experts and local organizations to align priorities with the CHNA and to develop programs that meet our goals of improving health.

While this approach was systematic and thorough, we recognize that efforts to address health needs should be flexible and evolve over time. Many of the plan's programs are captured under a Primary Health priority and employ strategies to address multiple health needs simultaneously. The table on page 3 provides an overview of the organizations, programs and health needs that will be addressed through these efforts.

In FY19, Renown Health is investing over \$1 million dollars locally through strategic community partnerships outlined in this plan. Renown Health has awarded grants for programs aimed to improve and prevent negative health outcomes related to needs identified by the 2018-2020 Washoe County Community Health Needs Assessment. Grant amounts typically range from \$80,000-\$150,000 per year and last up to 3 years. Grants were provided based on the following primary health priorities identified:

Primary Health Priority #1: Mental Health

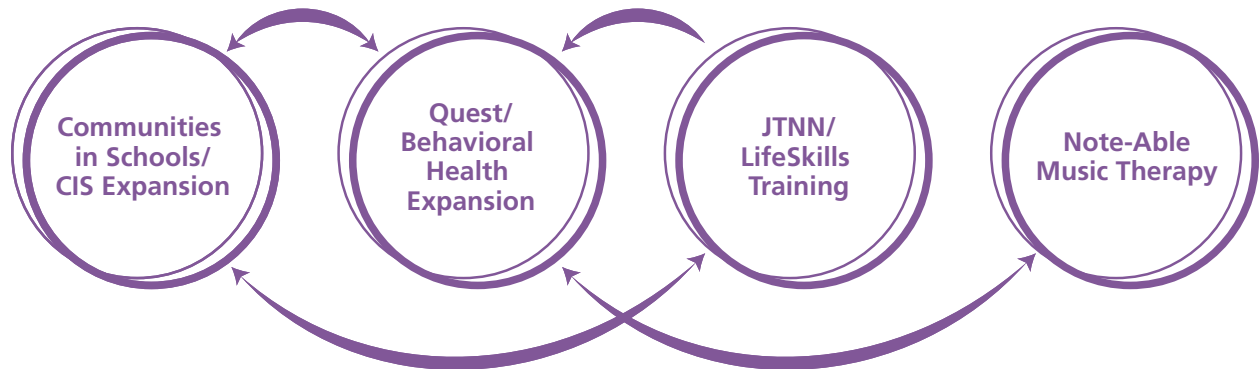
Primary Health Priority #2: Substance Use

Primary Health Priority #3: Physical Activity, Nutrition, Weight

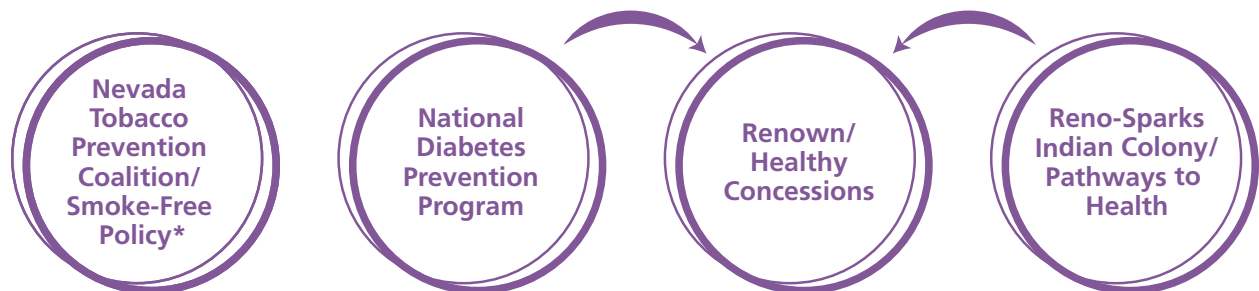
Primary Health Priority #4: Chronic Disease, Screenings

To improve the navigation of the journey taken by many of our community members, the Renown Health Community Benefits team considered the entire process and how we could best facilitate improvement. This led to selecting programs for this Community Benefit cycle which are sequential, complement each other and expand existing relationships. The following diagram illustrates a possible customer journey.

Mental Health & Substance Use



Physical Activity, Nutrition & Weight Chronic Diseases & Screening



*Since this is a policy-based initiative, there is limited interaction with individuals for treatment purposes. Therefore, direct connection to another program would not be likely.

Summary of Organizations & Needs Addressed

Organization	Program	Primary Health Needs Addressed				Secondary Health Needs	
		Mental Health	Substance Use	Physical Activity, Nutrition & Weight	Chronic Disease & Screening	Social Determinants	Access to Healthcare
Communities in Schools	CIS Expansion	•				•	
Note-Able Music Therapy Services	Music Therapy Services, Workshop & Training	•					•
Join Together Northern Nevada	LifeSkills Training	•	•				
Quest Counseling & Consulting	Behavioral Health Expansion	•	•				•
Reno-Sparks Indian Colony	Pathways to Health			•	•	•	
Renown Health	Healthy Concessions			•			
Northern Nevada HOPES Renown Medical Group	National Diabetes Prevention Program			•	•		•
Nevada Tobacco Prevention Coalition	Smoke-Free Policy		•		•		

An Implementation Plan to Address Community Needs

In 2017, Renown Health collaborated with the Washoe County Health District for a second time to conduct a Washoe County Community Health Needs Assessment (CHNA). The Washoe County CHNA provides a comprehensive overview of the health status and quality of life in our community. The CHNA used validated and reliable data sources, results from an online survey of 1,400 residents, input from local subject matter experts and feedback from over 80 leaders and stakeholders who participated in a community workshop. Each of these activities provided insights into the health needs of the community and the issues that impact health in the region.

This 2018-2021 Renown Health Community Benefit Plan is the implementation plan that addresses prioritized community health needs identified in the CHNA and targets specific areas for improvements in health outcomes. Other organizations, including the Washoe County Health District, will create their implementation plan from the same Washoe County CHNA. By sharing one assessment document, we are able to collaborate on improvement priorities that will complement each other for the benefit of the entire community.

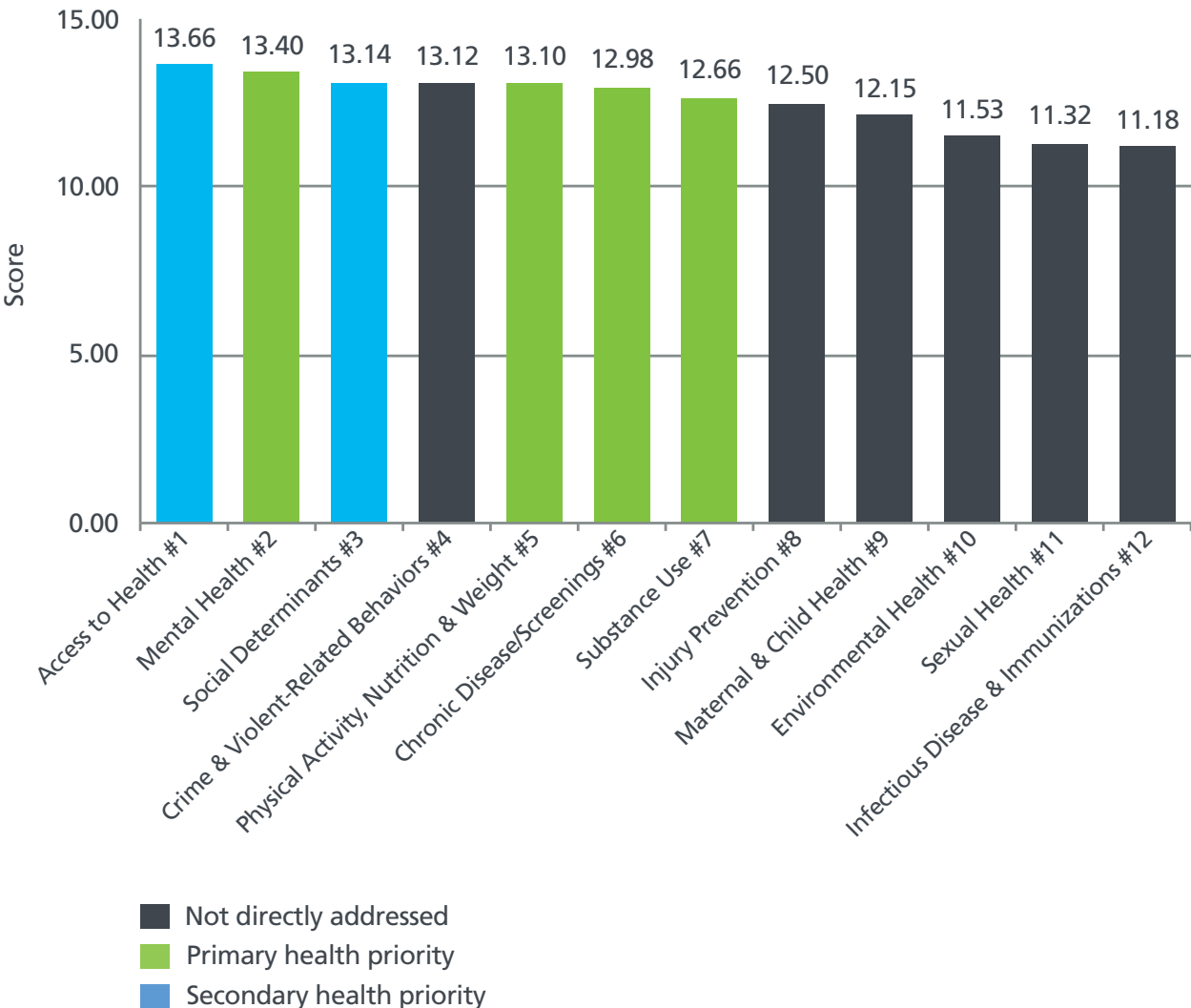
Renown Health has two hospital campuses including Renown Regional Medical Center, the main campus, located in the downtown metropolitan core, and Renown South Meadows, located in the rapidly developing southern area of Washoe County. Although the majority of patients reside in Washoe County and adjacent rural communities, Renown Health serves an area of nearly 80,000 square miles across northern Nevada. For clarity and focus, the CHNA health data were collected for the defined geopolitical boundary of Washoe County. However, in partnership with numerous organizations, Renown Health's Community Benefit Plan programs will impact families in Washoe County and in neighboring rural areas. This three-year plan summarizes the health needs and the actions community partners have identified to address those needs. Community partners will report their progress to Renown Health every six months and adjustments to the delivery of program elements will be made accordingly.



Priorities Set for the Community Health Risk Assessment

Health needs were prioritized to organize the large amount of secondary data (county, state and national level statistics/numbers) and primary data (online community survey responses) contained within the assessment. The health topics were prioritized by the following criteria, 1) Magnitude; 2) Severity; 3) Trend; 4) State or national benchmark; and 5) Community perception. A score was derived from rank ordering of areas of need. Over 200 health indicators presented in the CHNA were linked to a corresponding health topic and scored against five criteria. The community perception score (criteria #5) was calculated based on input from the online community survey. The survey was distributed through a partnership of more than 35 local organizations and received over 1,400 responses. A more detailed description of the methodology for prioritization, scoring, and ranking is included within the full assessment.

Overall 2018-2020 CHNA Health Needs Score & Rank



Steps Taken Following the CHNA to Select Initiatives

The process for aligning priority focus areas and selecting projects follows recommendations for Community Benefit planning and implementation identified by the Catholic Health Association of the United States, and is seen as a best practice for Community Benefit success.^{1, 2} While engaging community members is not a requirement for Community Benefit planning, Renown Health leadership and the Community Benefit Steering Committee recognize the value in obtaining input and feedback from partners and organizations working to improve health. The primary health topics prioritized in the CHNA were broad. Six steps were taken to guide the focus within each health topic.

These steps included:

Step 1 - Review of other ranking mechanisms

Step 2 - Alignment with Renown Health's continuum of care

Step 3 - Feedback from local subject matter experts

Step 4 - Engagement with community partners

Step 5 - Request for proposals

Step 6 - Final selection of health care initiatives

Step 1 - Review of other ranking mechanisms: The prioritized health topics and associated health indicators from the final CHNA rankings were compared to additional ranking and measurement tools, such as the Robert Wood Johnson Foundation's County Health Rankings and prioritized through a voting process at the CHNA community workshop.

Step 2 - Alignment with Renown Health's continuum of care: A Community Benefit Steering Committee (CBSC) comprised of 29 members met over six months to guide the process for determining priority areas, engage with community organizations, evaluate requests for proposals and select final projects. The CBSC members represent a cross-sectional and diverse range of Renown Health employees including physicians, registered nurses, medical directors, and leaders from government relations, community development, marketing, compliance, population health, behavioral health, legal and Renown Rehabilitation Hospital, Renown Children's Hospital, Renown Children's Health Institute, the Stacie Mathewson Behavioral Health & Addiction Institute and the Institute for Healthy Aging. This committee helped to ensure that the entire organization was aware of the most pressing community needs and the identified primary health priorities. The needs were then addressed by as many facets of Renown Health as feasible.

Step 3 - Feedback from local subject matter experts: Members of the CBSC worked with local subject matter experts to obtain insights on current initiatives and discuss factors that might facilitate or hamper the community's success in addressing numerous health needs. Capturing the current status of a dynamic system is a major and ongoing challenge. However, local subject matter experts provided forecasts for where successes were most likely to occur.

¹ Catholic Health Association of the United States. (2015). A Guide for Planning & Reporting Community Benefit. Washington, DC.

² Swensen, R.P. (2017). Beyond Compliance: Maximizing Investment in Community Benefit Implementation Strategy. Health Resources in Action. Accessed https://hria.org/wp-content/uploads/2017/04/Maximizing_investment_SIP-LINE_brief.pdf

Step 4 - Engagement with community partners: An additional survey was sent to 30 community partners to assess current and future organizational capacity for addressing the top-ranked health needs. The survey provided insights on the types of programs organizations were implementing and the level of capacity and desire to support those programs in the future. Community partners were then engaged through face-to-face meetings to disseminate the survey findings, and to discuss and validate results.

Step 5 - Request for proposals: After incorporating feedback from community members, a request for proposal (RFP) was developed and made available for local organizations to apply for Community Benefit funding opportunities. The seven RFP topics targeted upstream prevention approaches and high-risk populations which included:

1. Implementation of a combined nutrition and physical activity promotion program for children under the age of 18 years.
2. Implementation of a diabetes care transition program, from a hospital or clinic-based setting to home.
3. Implementation of the Centers for Disease Control and Prevention's evidence-based National Diabetes Prevention Program (DPP).
4. Implementation of an evidence-based program to prevent or reduce alcohol use among adolescents/young adults.
5. Adoption of Screening, Brief Intervention, and Referral to Treatment (SBIRT) — an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs.
6. Evidence-based programming for targeted populations with depression to reduce depression or depressive episodes; including suicide screening and prevention for adolescent suicide.
7. Policy-based initiatives to reduce or prevent tobacco use and associated negative impacts from second-hand smoke.

Over 75 community organizations were notified of the request for proposal process. There were 36 project proposals received through an online platform available on renown.org.

A review panel scored proposals in the following areas: justification or demonstration of need, project components, methodology, goals, sustainability, budget, and community partnerships. The timeline and estimated number of persons reached through programming or policy decisions were also considered, but not formally weighed in the overall scoring.

The top-scoring proposals were reviewed and discussed at length to decide if the proposed programs duplicated existing community services or were complimentary of ongoing efforts.

Although there were several strong proposals, there were three RFP priority topics: a combined nutrition and physical activity program for children, adoption of SBIRT, and a diabetes care transition program that did not receive proposals.



Step 6 - Final selection of initiatives: Among the 36 proposals received, ten were selected as final recipients. To address missing proposal areas, two projects were created by Renown Health staff to address the need for a combined nutrition and physical activity program for children. While these two projects contribute to and will be measured by the Community Benefit Plan, these projects do not receive Community Benefit grant funding.

Through this process, broad health topics were narrowed to focused priorities. These focus priority areas identified the needs the community had the desire and current capacity to address. Access to healthcare and social determinants were categorized as secondary health priorities and are encompassed within projects throughout the Community Benefit Plan.

Primary Health Priorities	Targeted Focus Areas
Mental Health	Reducing depression among all populations, with a focus on youth. Reducing suicide among all populations.
Substance Use	Substance prevention among youth and young adults.
Physical Activity, Nutrition & Weight	Increased physical activity among all populations. Improved nutrition among all populations. Reduction in obesity among all populations.
Chronic Diseases & Screenings	Diabetes prevention and management among adults. Improvement in early breast cancer screening among women. Reduce preventable asthma hospitalizations among youth. Reduce exposure to second-hand tobacco smoke.

Primary Health Priority #1: Mental Health

The CHNA identified mental health as a top priority in the region. CHNA data from the 2015 Youth Risk Behavior Survey (YRBS) indicate that one in three (33.4%) Washoe County high school students were sad or hopeless for more than two weeks in the past year, nearly one in five (18.8%) had seriously considered attempting suicide in the past year, and over one in ten high school students reported they had attempted suicide within the past 12 months.³ All three indicators were reported at a higher rate among Washoe County high school students compared to high school students across Nevada and the United States.

Nearly one in five adults in Washoe County was estimated to have a diagnosable mental, behavioral, or emotional disorder, not including substance use disorders or developmental disorders.³ The 2015 Washoe County age-adjusted suicide mortality rate was 22.5 per 100,000 population, a rate higher than both Nevada (18.2 per 100,000) and the United States (13.3 per 100,000).⁴ Washoe County's suicide mortality rate has been higher than the national rates every year from 2006 through 2017.

Additionally, the 2017 Nevada Health Workforce Supply report found Nevada to be ranked 38th in the nation for rate of licensed psychologists per 100,000 population and 47th for psychiatrists. These shortages coupled with the high rates of depression and suicide demonstrate a clear need for wrap around and supportive services, as well as innovative approaches to fill the gaps.

Mental Health Community Partners

Congratulations to:

- Communities in Schools
- Note-Able Music Therapy

Targeted CHNA Mental Health Indicators

1. Adolescents who felt sad or hopeless for more than two weeks in a row in the past year;
2. Adolescents who seriously contemplated suicide in the past year;
3. Adolescents who attempted suicide in the past year;
4. Adults reporting 14 or more poor mental health days in past month.

Communities in Schools (CIS) and Note-Able Music Therapy were identified as partners to address mental health. Communities in Schools works with youth in grades K-12, and while the standard core programming focuses on linking students with essential amenities such as clothing, school supplies, and case management to improve academic success, CIS will address the mental health indicators 1,2,3. Through Tiered programming, students that are identified as needing more intensive resources will be engaged in tailored services offered in Tiers 2 and 3, which includes building self-esteem and improving coping mechanisms. CIS site staff will be trained in Applied Suicide Intervention Skills Training (ASIST) which is designed to identify students at risk for suicidal ideation.

³ Kerwin, H. (2018). 2018-2020 Washoe County Community Health Needs Assessment. Renown Health and Washoe County Health District. Reno, NV.

⁴ Griswold, T., Packham, J., Marchand, C., Etchegoyhen, L., & Jergensen, T. (2017). Health Workforce Supply in Nevada, 7th edition. Office of Statewide Initiatives, University of Nevada, Reno, School of Medicine. Reno, NV.

Note-Able Music Therapy modalities can be implemented with populations of all ages. However, their programming will be offered for individuals who are placed in residential treatment services for substance use and mental illness. The in-person music therapy will focus on adults to improve mental health indicator 4: poor mental health days among adults. An online 6-week workshop and training for behavioral healthcare providers will be developed and offered for a wide range of ages, which address the targeted mental health indicators 1, 2, 3.

Communities in Schools - CIS Expansion

Primary health priority: Mental health — coping mechanisms, self-esteem, suicidal ideation

Secondary health priority: Social determinants — academic achievement

Communities in Schools (CIS) is a national program that operates in local school districts to send staff into schools to link students with services needed for academic achievement. Educational attainment is a major driver of the social determinants of health. Research also shows a correlation between lower levels of academic achievement and increased prevalence of depression.^{5,6} CIS site coordinators in each school facilitate programs and services through a three-tiered approach:

- **Tier 1:** Available to all students. Provides food, clothing, college fairs, school-wide anti-bullying campaigns, and motivational speakers for school assemblies.
- **Tier 2:** Targeted services and resources provided through a group setting. Examples include tutoring, mentoring, self-esteem groups, and attendance improvement programs.
- **Tier 3:** Intensive case management at daily, weekly, or monthly intervals, case dependent.

Washoe County's local CIS organization is currently operating in six schools within Washoe County School District and is proposing, with Renown Health funding, to expand to an additional three schools, increasing services to an additional 900 students by the end of the three-year funding plan cycle. The school district has identified the three expansion schools as being high-risk and in need of the wrap-around services that CIS offers. Additionally, CIS staff will be trained in Applied Suicide Intervention Skills Training (ASIST) to identify better students who may be at risk for suicidal ideation.

CIS Expansion Goals

1. Expand CIS programming and services into a new school each year for three years.
2. Improve behavioral conduct among 75% of students engaged in Tier 2 and Tier 3 services.
3. Improve academic scores among 75% of students engaged in Tier 2 and Tier 3 services.
4. 100% of site coordinators trained in Applied Suicide Intervention Skills Training (ASIST).

⁵ Fortenberry, J.D. (2003). Socioeconomic status, schools, and adolescent depression: progress in the social epidemiology of adolescent health. *Journal of Pediatrics*. 143 (4); 427-429.

⁶ Lorant, V., Deliege, D., Eaton, W., Robert, A., Philippot, P. & Anseau, M. (2003). Socioeconomic Inequalities in Depression: A Meta-Analysis. *American Journal of Epidemiology*. 157 (2); 98-112.

Other CIS Expansion Community Partners include:

Washoe County School District Awaken
For Kids Foundation Blessed Positivity
Catholic Charities of Northern Nevada
Children’s Cabinet
Family Behavioral Health
Food Bank of Northern Nevada
Future Smiles
Girls Scouts of Sierra Nevada
Reno Bike Project
Girls on the Run
Good Shepherd Clothing Closet
Hope Community Church

Join Together Northern Nevada
Molten USA
Nevada Youth Empowerment Project
Northern Nevada HOPES
Northern Nevada Literacy Council
Quest Counseling & Consulting
Ronald McDonald Charities of Northern Nevada
The Eddy House
UNR School of Social Work
Urban Roots
Wolf Pack Coaches Challenge

Note-Able Music Therapy Services — Music Therapy, Workshop, & Training

Primary health priority: Mental health – depression, chronic stress

Secondary health priority: Access to healthcare – music therapy

Note-Able Music Therapy Services provides evidence-based music therapy in group and individual settings to people with chronic and acute health conditions, disabilities, and neurological disorders. Music therapy interventions address speech, language, cognition, and sensory motor function resulting from brain injury, stroke, dementia, Parkinson’s Disease and other disorders.

This funding project will expand services to individuals dealing with depression, chronic stress, and other mental health issues through three mechanisms: 1) Music therapy groups for individuals with depression; 2) Development and delivery of a direct service 6-week workshop; 3) Training for behavioral healthcare providers to integrate music and arts into treatment protocols. The workshop and training will also be transformed into online sessions to allow for the curriculum to be taught at the learner’s own pace. Improvements in well-being, depression, anxiety, and social-connectedness among participants in music therapy sessions will be measured with validated instruments comparing baseline results to changes at six and 12 session intervals.

Music Therapy, Workshop & Training Goals

1. Develop training for community behavioral health clinicians and service providers, Year 1.
2. Develop 6-week direct service music and mental health workshop curriculum, Year 1.
3. Provide ongoing music therapy groups to participants at three partner sites.
4. Increase in self-reported level of well-being among music therapy participants.
5. Decrease in self-reported level of depression among music therapy participants.
6. Decrease in self-reported anxiety among music therapy participants.
7. Increase in self-reported social connectedness among music therapy participants.

Other Music Therapy, Workshop & Training Community Partners include:

Bristlecone Family Resources
Northern Nevada HOPEs
Ridge House

Primary Health Priority #2: Substance Use

The 2015 Youth Risk Behavior Survey (YRBS) results indicate Washoe County high school students had a higher rate of lifetime use and current use of alcohol, as well as a higher use of marijuana compared to Nevada and the United States. Additionally, in 2015 Washoe County high school students reported higher lifetime use of prescription drugs (without a doctor's prescription), ecstasy, cocaine, methamphetamine, synthetic marijuana, inhalants, and heroin compared to others in Nevada and the United States. Additionally, the most recent 2016 Behavioral Risk Factor Surveillance Survey (BRFSS) data included in the CHNA indicated adults in Washoe County had higher rates of both binge and heavy drinking compared to others in Nevada and the United States.

Independently, substance use ranked as the 7th highest priority needs in the CHNA; however, it is widely recognized that mental health illnesses often coincide, are exacerbated by, and potentially develop as a result of substance use. For that reason, Washoe County residents, leadership, and community stakeholders concluded that the mental health of residents would not improve without concurrently addressing substance use issues. Both organizations selected to receive funding to address substance use issues are heavily incorporating evidence-based programs geared towards improving mental health conditions including depression, stress reduction, resiliency, coping mechanisms, and suicide.

Substance Use Community Partners

Congratulations to:

- Join Together Northern Nevada
- Quest Counseling & Consulting

Targeted CHNA Substance Use Indicators

1. Adolescents who ever drank alcohol
2. Adolescents who currently drink alcohol
3. Adolescents who ever used marijuana
4. Adolescents who currently use marijuana
5. Adolescents who ever used an illicit drug
6. Binge drinking among adults
7. Heavy drinking among adults

Join Together Northern Nevada (JTNN), and Quest Counseling and Consulting (Quest) were identified as community partners to receive funding to address substance use. JTNN is a substance use prevention coalition that brings together resources for Washoe County entities addressing substance use. JTNN's newest endeavor will be implementing LifeSkills Training for all middle school students in Washoe County and by the end of the three-year funding period, plans to expand to 100% of high schools in Washoe County. Since prevention programming will reach young adults in grades 6 through 12, JTNN will address the target substance use indicators 1, 2, 4, 5, in addition to mental health indicators 1, 2, 3.

Quest offers on-site services for clients as well as options for non-residential individuals and focuses on both substance use and mental health. With Renown Health funding, they will be expanding residential treatment for adolescent females, increasing staff, providing alternative activities designed to encourage healthy behaviors, and trained in Columbia Suicide so staff are better equipped to identify students at risk for suicide. Quest programming will address all seven of the targeted CHNA substance use indicators, in addition to all four of the mental health indicators.

Join Together Northern Nevada — Life Skills Training & Media Campaign

Primary health priority: Substance use - refusal skills, healthy coping mechanisms, prevention

Secondary health priority: Mental health - stress reduction, communication, anger management

Join Together Northern Nevada (JTNN) serves residents in Washoe County to promote substance use awareness, education, and prevention. JTNN is collaborating with the Washoe County School District to implement the evidence-based programming, LifeSkills Training in middle schools. This program will be delivered through school counselors starting in Fall 2018. Select high school health teachers and counselors in five high schools will be trained to deliver LifeSkills Training to 9th and 10th grade students by Year 1, expanding to all high schools by Year 3.

LifeSkills Training is a comprehensive substance use prevention program that strengthens a student's ability in personal self-management, general social skills such as communication and building healthy relationships, and alcohol/drug resistance skills. Additionally, a substance use prevention media campaign will be created to help parents and guardians understand the risks and consequences of alcohol use among adolescents.

LifeSkills Training Goals

1. LifeSkills curriculum taught to 9th and 10th graders enrolled in health classes in 100% of high schools in Washoe County School District, by Year 3.
2. Increase in self-reported knowledge of the impact of media influence among 9th and 10th grade students enrolled in health class.
3. Increase in self-reported knowledge of the impact of substance use on physical, mental, and emotional health among 9th and 10th grade students enrolled in health class.
4. Improvement of self-reported awareness of coping mechanisms, conflict resolution, stress, and anger management skills among 9th and 10th grade students enrolled in health class.

Other LifeSkills Training Community Partners

Washoe County School District
Quest Counseling & Consulting
Breen Media
Consider IT Done

Quest Counseling & Consulting — Behavioral Health Expansion

Primary health priority: Substance use - healthy coping mechanisms, prevention

Secondary health priority: Mental health - depression, suicidal ideation, anger management

Secondary health priority: Access to healthcare – provider availability, music therapy

Quest offers residential and outpatient services to individuals dealing with substance use and mental health issues. Services include comprehensive assessments and screenings, drug testing, crisis intervention and trauma-informed services. Licensed substance abuse and mental health counselors help clients recover from substance use or addiction and neglect of unmet mental health needs.

With Renown Health funding, Quest plans eight approaches to address client recovery including: 1) Expanding residential capacity for adolescent females; 2) Increasing the availability of an advanced practice registered nurse (APRN) by an additional 5.7 hours a week and adding another part-time APRN to staff; 3) Increasing utilization of eye movement desensitization reprocessing (EMDR), an evidence-based therapy used to treat chronic stress, depression, and major trauma; 4) Incorporating Project Discovery services to help clients reconnect with themselves and others and establish trust; 5) Increasing evidence-based music therapy services; 6) Increasing training in alcohol prevention and reduction skills; 7) Enhancing Adolescent Community Reinforcement Approach (ACRA), an evidence-based program that provides alternative activities and positive behaviors to support recovery from addiction; 8) Conducting Columbia Suicide assessments in seven schools in Washoe County, the Adolescent Treatment Center, and the Jan Evans Juvenile Detention Center.

Behavioral Health Expansion Goals

1. 70% of clients demonstrate an improvement in at least two areas of their treatment plan.
2. 50% of clients successfully complete alcohol treatment.
3. 60% of clients each quarter, reduce alcohol consumption.
4. Within six months, 50% of clients will have a reduction in depressive symptoms by 25%.
5. Among clients that report suicidality, 40% will have a reduction in symptoms within six months.

Other Behavioral Health Expansion Community Partners

Children's Cabinet
Washoe County Juvenile
Services
Washoe County Human
Services Agency
Crisis Call Center

Reno Behavioral Health
Northern Nevada HOPES
Health Services Network
Youth Parole Bureau
West Hills
Note-Able Music Therapy

Project Discovery
Safe Talk
Sierra Arts Foundation
Join Together Northern
Nevada
Communities in Schools

Primary Health Priority #3: Physical Activity, Nutrition, Weight

Eating a healthy diet and engaging in adequate amounts of physical activity are among the most effective prevention activities to reduce or slow weight gain. A lifestyle that incorporates healthy eating and physical activity decreases the risk for many of the leading causes of death including cardiovascular disease, heart disease, stroke, and diabetes.⁷ People can significantly reduce their risk for the most prevalent chronic conditions and leading causes of death by eating a diet consisting of nutrient-dense foods from each food group and limiting saturated fats, sugars, and sodium, as well as engaging in regular and adequate physical activity to help maintain a healthy weight.

Similar to the rest of the nation, data presented in the CHNA found that fruit and vegetable consumption among youth and adults in Washoe County has remained stable over the years and in 2015, fewer than one in three adults met national physical activity guidelines. Additionally, the prevalence of adults in Washoe County classified as either overweight or obese has increased, as 2016 data show more than one in three were overweight and more than one in four were obese.⁸

Physical Activity, Nutrition, & Weight Community Partners

Congratulations to:

- Reno-Sparks Indian Colony
- Renown Healthy Concessions

Targeted CHNA Physical Activity, Nutrition, & Weight Indicators

1. Adolescents reporting being physically active 5 or more days in the past week
2. Adults who meet U.S. aerobic and strength guidelines
3. Fruit and vegetable consumption among adolescents
4. Fruit and vegetable consumption among adults
5. Prevalence of adolescents categorized as being overweight or obese
6. Prevalence of adults categorized as being overweight or obese

The Reno-Sparks Indian Colony and two programs designed to meet unmet needs by Renown Health address physical activity, nutrition, and weight. Through Renown Health funding, the Reno-Sparks Indian Colony program will be offered to entire families, with a focus on those who may be at risk for or already diagnosed with diabetes. The program will address all six of the targeted CHNA physical activity, nutrition, and weight indicators and will also directly address food insecurity, an identified need for the population they serve.

⁷ Centers for Disease Control and Prevention. (2009). The Power of Prevention: Chronic Disease the Challenge of the 21st Century. Atlanta, GA.

⁸ Ibid 4

The Renown Health Community Benefit team designed a project called “Healthy Concessions.” The program qualifies as community benefit programming because the initiative expands choices for residents and visitors to engage in healthy behaviors, including healthier food choices at public sporting events. Healthy Concessions addresses the targeted CHNA physical activity, nutrition, and weight indicators 3, 4, 5 and 6.

Reno-Sparks Indian Colony - Pathways to Health

Primary health priority: Physical activity, nutrition, & weight – increase access to exercise, and fresh produce to assist in weight loss

Secondary health priority: Social determinants - food insecurity

Secondary health priority: Chronic disease & screening - diabetes

The Reno-Sparks Tribal Health Center serves approximately 8,000 American Indians living in the metropolitan area of Reno, Sparks, and surrounding rural communities. Access to healthy food and exercise opportunities have been identified as a primary barrier for all members of the tribe as three in four members reside on or near a tribal reservation north of the metropolitan area.

The Pathways to Health program is based on Geisinger Health System (PA), “food as medicine” Fresh Food Farmacy model which provides fresh, nutritious food to overweight and obese individuals, people at risk for pre-diabetes, and patients with diabetes. The Fresh Food Farmacy program empowers participants to adopt lifestyle and behavior changes to reduce risk and better manage clinical weight-related conditions.⁹ The Reno-Sparks Indian Colony Pathways to Health program aims to reduce barriers to nutrition and physical activity by bringing fresh produce to families of enrolled members and providing free transportation to exercise programs at the Reno-Sparks Tribal Health Center. The number one chronic condition the Tribal Health Center encounters among the patient population is diabetes. By reducing these barriers and following recommendations for lifestyle behavioral changes, pre-diabetic members of the program have the potential to reduce risks for diabetes. People diagnosed with diabetes may also reduce their risks for negative health outcomes associated with diabetes.

Pathways to Health Goals

1. Reduce A1c blood levels among program participants diagnosed with diabetes within six months.
2. Reduce blood pressure among program participants within six months.
3. Reduce food insecurity among households accessing the fresh foods program within six months.
4. Increase physical activity levels among program participants to 3 to 5 times per week.

Other Pathways to Health Community Partners

Food Bank of Northern Nevada
Prescription Food Pantry
Local chefs

Renown Health - Healthy Concessions

Primary health priority: Physical activity, nutrition, & weight - increase access to fresh produce, weight loss

Based on community demand, Food & Nutrition staff at Renown Health are working to bring fresh, healthy food to sports settings. This is providing athletes, employees and fans the option to choose a healthy snack while they watch sporting events. Healthy Concessions offers nutritionist-approved items such as fresh salads, healthy sandwiches, wraps, and vegetarian options under 500 calories.

Healthy Concessions Goals

1. Increase the number of events where Healthy Concessions items are offered by 10% each year.
2. Increase awareness of the benefits of healthy eating among sporting event attendees.

Healthy Concessions Community Partners

South Reno Little League
University of Nevada, Reno Athletics, Nevada Wolf Pack
Reno Aces
1868 FC



Primary Health Priority #4: Chronic Disease, Screenings

Chronic diseases, such as heart disease, cancer, diabetes, arthritis, and obesity, account for seven out of ten deaths in the United States every year. One in two adults in the United States has a chronic disease, while one in three adults have two or more. The key risk factors for most chronic diseases are tobacco use, poor nutrition and lack of physical activity resulting in obesity, and excessive alcohol use.¹⁰ Addressing health behaviors to reduce these key risk factors is essential to decreasing the burden of chronic disease. Adhering to screening recommendations for chronic conditions can reduce the burden of disease and treatment by identifying the disease in its early stages. Diabetes, breast cancer, and asthma were selected as chronic disease focus areas to address through direct interventions.

Diabetes

According to 2016 Behavioral Risk Factor Surveillance Survey (BRFSS) data from the CHNA, approximately 10.4% of adults 18 years and older in Washoe County¹¹ had been told by a healthcare provider they had diabetes; this increased since 2012 (6.6%). Additionally, risk factors for diabetes including overweight and obesity have also been increasing among the adult population in Washoe County. Clinical indicators such as resting glucose and A1c tests are used as screening indicators to enroll high-risk individuals into preventive programming that incorporates lifestyle changes aimed to increase regular physical activity and improve nutrition. By addressing risk factors related to diabetes, risks for many other chronic conditions may also be reduced.

Diabetes Community Partners

Congratulations to:

- Northern Nevada HOPES
- Renown Medical Group

Targeted CHNA Diabetes Indicators

1. Diabetes prevalence among adults
2. Adults who meet the aerobic and strength guidelines
3. Prevalence of adults categorized as being overweight or obese

Northern Nevada HOPES (HOPES) and Renown Medical Group were identified to address diabetes screening and prevention. Both partners will implement the National Diabetes Prevention Program to address all three of the targeted CHNA diabetes indicators.

¹⁰ Centers for Disease Control and Prevention. Chronic Disease Prevention and Health Promotion. Accessed <https://www.cdc.gov/chronicdisease/about/infographic.htm>

¹¹ Ibid 4

National Diabetes Prevention Program

Primary health priority: Chronic disease & screening – diabetes screening, reduce risk factors

Secondary health priority: Physical activity, nutrition, & weight – increase exercise, improve nutrition, to increase weight loss

Secondary health priority: Access to healthcare – screen for an existing condition, link to services

The CDC's National Diabetes Prevention Program (DPP) is widely recognized as an evidence-based approach to identifying high-risk individuals for diabetes and enrolling them into a lifestyle theory change program to modify health behaviors to reduce and reverse risk for developing diabetes. As of June 2018, there were no CDC-recognized National DPPs in Washoe County and only four organizations offered DPP across the state. CDC's DPP requires regular reporting of clinical health indicators and participant engagement to become a CDC-recognized Program.

Initiating CDC's National Diabetes Prevention Programming

Northern Nevada HOPES
Renown Medical Group

Diabetes Prevention Program Goals

1. Self-reported weight loss among program participants.
2. Increased physical activity among program participants.
3. 16 sessions offered within the first six months, with six sessions during the last six months.
4. Obtain CDC-recognition for Diabetes Prevention Program.

Asthma

The CHNA included an in-depth analysis of health conditions impacting the five zip codes with the highest community needs index (CNI) scores. A CNI score is calculated based on a variety of social factors including income, culture/language, education level, housing status, and medical insurance coverage. In 2015, the rate of hospitalization for asthma was higher among all top five CNI zip codes, with the highest rate occurring in Washoe County zip code 89502 (208.4 per 10,000 population), at nearly three times the rate for the rest of the County (70.2 per 10,000 population). Additionally, the proportion of adults in Washoe County estimated to have asthma has been increasing, and as of 2016, an estimated 8.5% of adults reported they currently had asthma.¹²

Asthma impacts the lungs which can cause wheezing, shortness of breath, tightness in the chest, and coughing and is most common among children. People with asthma may be triggered by a variety of environmental contaminants such as pollution, smoke, dust mites, pet allergens, or mold.¹³ Although there are several triggers for asthmatic events, tobacco smoke is known to be one of the most common triggers.¹⁴ Additionally, the use of tobacco products accounts for one in every five deaths each year and is among the leading causes of preventable deaths in the United States.

Smoking has historically been higher in Nevada compared to the rest of the nation, and through intensive and long-standing tobacco prevention efforts, cigarette smoking rates among adults in Washoe County have finally dropped to near national levels. The community recognizes the value of reducing preventable hospitalizations due to asthma and evidence-based programs that address environmental triggers.

¹² Ibid 4

¹³ Centers for Disease Control and Prevention. Learn how to Control Asthma. Accessed <https://www.cdc.gov/asthma/faqs.htm>

¹⁴ Centers for Disease Control and Prevention. Asthma and Secondhand Smoke. Accessed <https://www.cdc.gov/tobacco/campaign/tips/diseases/secondhand-smoke-asthma.html>

Asthma Community Partner

Congratulations to:

Nevada Tobacco Prevention Coalition

Targeted CHNA Asthma Indicators:

Adults who currently smoke tobacco

The Nevada Tobacco Prevention Coalition was identified as a community partner to address risk factors associated with asthma. It will specifically address exposure to second-hand smoke which is a trigger for the targeted CHNA asthma indicator 1 and may indirectly impact indicator 2, which is adults who currently smoke cigarettes. As a policy-based initiative, this endeavor will decrease exposure to second-hand tobacco smoke and reduce the prevalence of the negative health outcomes associated with tobacco smoke.

Nevada Tobacco Prevention Coalition — Smoke-Free Policy

Primary health priority: Chronic disease & screening- preventing or reducing the risk factor that triggers asthma attacks

Secondary health priority: Substance use – tobacco, second-hand smoke exposure

The Nevada Clean Indoor Air Act (NCIAA) went into effect in 2006 and prohibited the smoking of tobacco products in most indoor public places and places of employment. However, due to NCIAA exemptions, smoking is currently allowed on gaming floors of casinos, stand-alone bars and taverns in Nevada. Due to the large number of service industry workers, many employees are continuously exposed to second-hand smoke in the work place.

This project will engage and assist local businesses in Washoe County to support and voluntarily adopt smoke-free workplace policies and will introduce a smoke-free workplace ordinance in a city or county municipality.

Smoke-Free Policy Community Goals

1. Conduct an economic impact study of comprehensive clean indoor air in Northern Nevada workplaces and assess current attitudes regarding smoke-free workplaces, Year 1.
2. Obtain public support from 5 key community leaders/decision makers who support and adopt the smoke-free workplace project, Year 1.
3. Provide education and technical assistance for 3 businesses to adopt smoke-free workplace policies, Year 2.
4. Introduce a smoke-free workplace ordinance in at least one city or county municipality, Year 3.

Other Smoke-Free Policy Community Partners

Alrus Consulting
American Cancer Society
American Heart Association
Nevada Cancer Coalition
Nevada Primary Care Association

Nevada Public Health Foundation
Nevada Division of Public and Behavioral Health
University of Nevada, Reno
Washoe County Health District

Secondary Health Priorities & Health Needs To Be Addressed by Renown Health System and Community Partners

The 2018-2021 Community Benefit Plan identifies four of the 12 health needs as primary health priorities and another two as secondary health priorities. The following document describes ongoing efforts to address the two secondary health priorities and those health needs not directly addressed through activities outlined in this plan.

Access to healthcare - Ranked #1; Secondary Health Priority

As the largest healthcare provider in Northern Nevada, Renown Health has recognized access to health care as a barrier for many residents of Washoe County, as well as surrounding rural communities. The following summarizes the recent and substantial actions taken to increase access to healthcare in the region.

- ✓ Renown Health supported the University of Nevada, Reno (UNR) School of Medicine's Graduate Medical Education programs and physician medical education through \$4.3 million in funding. Graduate Medical Education (GME) residency and fellowship programs are proven to be an effective mechanism to increase the number of healthcare providers. Recent data demonstrate that since 2008, about half (49.5%) of Nevada's GME students continue to reside and practice in the state after they have completed their residency or fellowship programs.¹⁵ An additional \$500,000 donation was made to the UNR School of Medicine for the Physician Assistant program.
- ✓ An additional \$20 million in Renown Health funding was committed to increasing access to hospital beds, \$2.3 million to increase access to urgent and emergency care, \$2 million for the Renown Healthcare Center which primarily serves low-income and patients with Medicaid, \$1.8 million to the Pregnancy Center providing prenatal care to women who are low-income or uninsured, and \$11.5 million for five new primary care locations.
- ✓ Renown Health funding helped expand telemedicine health access to the following rural NV communities: Stateline, Battle Mountain, Gardnerville, Caliente, Winnemucca, Hawthorne, Elko, Lovelock, Fallon, Fernley, Tonopah, Yerington, Susanville, South Lake Tahoe, Portola, Alturas, Quincy, Chester, and Lone Pine. Renown's telehealth system offers rural patients of partnering health systems the opportunity to receive primary, preventive, and specialty care, in addition to wellness classes and health monitoring from their home town and in some cases, from the comfort of their own home.
- ✓ In May, 2018, Renown Health and Charles N. and Stacie L. Mathewson established the Stacie Mathewson Behavioral Health & Addiction Institute at Renown which will focus on expanding community access to prevention and intervention services for mental health disorders and alcohol and drug addiction.
- ✓ The Reno Behavioral Healthcare Hospital opened in Reno, NV in early 2018 and is helping to address the need for mental health services. The Reno Behavioral Healthcare Hospital is a 124-bed inpatient treatment facility for persons with mental health and psychiatric illness and provides ongoing adult outpatient services.

Social determinants* - Ranked 3rd; Secondary Health Priority

Social determinants (education, occupation, earned income) are the strongest predictors of health outcomes and mortality; however, the CHNA demonstrated many socioeconomic indicators have been improving in Washoe County, NV, including poverty, food insecurity, and high school graduation rates. This in conjunction with low unemployment rates in Washoe County is why

¹⁵ Office of Statewide Initiatives, University of Nevada, Reno School of Medicine. (2017). Nevada Resident and Fellowship Training Outcomes- 2008 to 2017. Accessed <https://med.unr.edu/statewide/reports>

socioeconomic conditions were not selected as a primary health priority in this current benefit plan cycle. Although the cost of housing has been widely recognized by the community as a need, there are more than 10 local organizations formed in response to this need. These groups are addressing issues ranging from housing to homeless individuals, affordable housing options for the working class, and developing a long-term strategic plan. Adding another set of initiatives and an additional group to address this issue was viewed as duplicative at this time.

*Food insecurity is a secondary health priority addressed by Primary Health Priority #3: Physical activity, nutrition, and weight (page 15).

*Educational attainment (academic achievement) is a secondary health priority addressed through by Primary Health Priority #1: Mental health (page 9).

Crime & violent-related behaviors - Ranked #4; to be addressed by other community partners

Behaviors resulting in crime or violence are often a secondary result of other factors, for example, a lack of supportive environment or being a victim of crime or violence.¹⁶ Bullying in schools has been a priority of the Nevada Governor's Office and a new mechanism to report and address bullying complaints and substantiating incidents has been implemented statewide. Although this health need was not directly addressed by Renown Health in this community benefit cycle, community partners are encouraged to design and fund such a program.

Health topics that ranked 8th-12th, including injury prevention, maternal and child health, environmental health, sexual health, and infectious disease and immunizations did not score among the top two-thirds of the 12 ranked health needs. Although these important health needs were not funded by Renown Health Community Benefits in this current cycle, we encourage other community partners, who may be better suited to address these topics, to fund and guide evidence-based programs in these areas.

Metrics and Measuring Impact

We congratulate each of Renown Health's new partner organizations as they begin working with our Community Benefits staff to design evaluation plans with measurable outcomes to achieve the goals outlined in this plan. The organizations will report on progress against their goals every six months, with an annual report published at end of each fiscal year (June 30), for the duration of each three-year cycle (2018-2021). The information gathered through this process will help guide partners in determining what components are most effective and which mechanisms may not be performing as predicted. This will ensure there is a process in place for ongoing feedback to maximize positive outcomes for residents of the community.

Renown Health's Community Benefits expenditures exceed its tax exempt value according to IRS requirements and guidelines. In FY19, Renown Health is investing over \$1 million dollars locally through strategic community partnerships outlined in this plan. Renown Health has awarded grants for programs aimed to improve and prevent negative health outcomes related to needs were identified by the 2018-2020 Washoe County Community Health Needs Assessment. Grant amounts typically range from \$80,000-\$150,000 per year and last up to 3 years. Grants were provided based on the following primary health priorities identified:

Primary Health Priority #1: Mental Health

Primary Health Priority #2: Substance Use

Primary Health Priority #3: Physical Activity, Nutrition, Weight

Primary Health Priority #4: Chronic Disease, Screenings

¹⁶ Wilkins, N., Tsao, B., Hertz, M., Davis, R., Kleven, J. (2014). Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence. Atlanta, Georgia: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, Oakland, California: Prevention Institute

To Apply for Future Community Benefits Funding

Renown Health's mission is to make a genuine difference in the health and well-being of the people and communities we serve. As such, we seek to support the efforts of community organizations that relate to the mission, values, vision, and community benefit objectives of our health care system. As a nonprofit community hospital, Renown gives careful consideration to requests for financial and in-kind support as they relate to our objectives.

Eligibility: Any community-based organization with a 501(c)(3) federal designation, grassroots organizations being provided a fiscal agent oversight by an established community-based organization, or a school or governmental agency that primarily serves Washoe County may apply for Community Benefits funding. Applications for the next three year Community Benefit funding cycle will be accepted online in March, 2021 at renown.org/about-us/community-sponsorship.



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