



Southern Nevada

Community Health Improvement Plan



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The Southern Nevada Health District led this Community Health Improvement Planning process.

Community
Health Solutions



Xerox Community Health Solutions provided assistance with report preparation.

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Cover photo credit: Heather Anderson-Fintak, SNHD Associate General Counsel

Letter to the Community

Dear Southern Nevada Community,

We are pleased to present the 2016 Southern Nevada Community Health Improvement Plan (CHIP). This CHIP is the result of a community-wide strategic planning effort aimed at coordinating efforts to make the biggest impact on the health of our community.

The CHIP lays the foundation for addressing some of the most challenging public health issues facing Southern Nevada. Solving complex societal and health problems is demanding and requires strategic planning and the broad will of the community to make progress.

Improving a community's health is not the responsibility of one individual agency. Health is influenced by where people live, work, and play. As such, improving health requires that community leaders work together to improve conditions that impact health. Our CHIP is the community's commitment to actively pursue opportunities to work together to improve the health of the Southern Nevada community.

Over the past two years, a diverse group of system partners have been working collectively to conduct assessments and construct plans to target our most critical public health issues. Many stakeholders representing a wide range of community sectors have been involved in this process and through their efforts have identified the following as strategic issues that must be targeted to move us closer to our vision of a healthy Southern Nevada:


- Ensuring access to health care and human services for all residents in our community
- Promoting health by increasing healthy behaviors that contribute to chronic disease prevention
- Promoting health through informed policy making and appropriately funding the local public health system

Over the past several months, health department staff, subject matter experts, and many others collaborated on developing actionable goals, objectives, and strategies for making tangible progress in these areas over the next five years.

This has been a remarkable journey for our staff, and we are grateful to the array of community partners who contributed to the success of this collaborative process. Together we will make Southern Nevada a healthier place to live, learn, work, and play as we continue to cultivate a culture of health here in the county.

Sincerely,

SOUTHERN NEVADA HEALTH DISTRICT

By: 

Joseph P. Iser, MD, DrPH, MSc
Chief Health Officer

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Executive Summary

Improving population health requires collaboration by many community partners. This Community Health Improvement Plan (CHIP) is a collective workplan for Southern Nevada local public health system partners to align and leverage existing resources and assets to collectively improve health and measure impact.

Methodology

The Mobilizing for Action through Planning and Partnership (MAPP) framework, a participatory and collaborative community-driven strategic planning process, was used to guide development of this Southern Nevada CHIP. Using the MAPP process, the Southern Nevada community defined a shared vision for the community health improvement process: ***a healthy population in a healthy Southern Nevada.***

Four MAPP assessments were completed as part of the 2016 Southern Nevada Community Health Assessment (CHA). Community members and stakeholders identified major themes that emerged across the assessments and selected priority areas for action based on those data.

Priority Areas

The following three issues were selected as priority areas for action in the 2016-2020 CHIP action cycle:

1. Access to Care
2. Chronic Diseases
3. Policy and Funding

Community members organized into CHIP workgroups to develop strategies for each priority area. The workgroups established broad long-reaching goals, measurable objectives, strategies, and action steps. Outcome and performance indicators were also selected. Each action step has been assigned to a specific individual or organization to ensure that the plan is action-oriented and accountable.

Priority Area 1: Access to Care

VISION: To increase equitable access to health care services in a manner that ensures citizens receive appropriate, affordable, high-quality, and compassionate care.

GOAL AREAS:

Goal Area 1.1: Health care Access and Navigation: Develop a sustainable system to provide assistance with health care navigation to the citizens of Southern Nevada that identifies the right service, for the right person, at the right time.

Goal Area 1.2: Health care Workforce Resources and Transportation: Develop a sustainable system to provide health care resources to the citizens of Southern Nevada that overcomes barriers of quantity, type, specialty, and geography.

Goal Area 1.3: Health Insurance: Provide health insurance coverage opportunities to the people of Southern Nevada to meet the Healthy People national coverage goal of 100% by 2020.

Priority Area 2: Chronic Diseases

VISION: To achieve a healthier population in Southern Nevada by reducing risks and behaviors that contribute to chronic disease.

GOAL AREAS:

Goal Area 2.1: Obesity: Promote and enhance interventions to reduce obesity in Southern Nevada by increasing physical activity and promoting healthy diets.

Goal Area 2.2: Tobacco Usage: Enhance interventions to reduce disease burden and lowered quality of life associated with tobacco use and secondhand smoke exposure in Southern Nevada.

Priority Area 3: Policy and Funding

VISION: To improve transparency in public health funding for key stakeholders and the public, thus ensuring a knowledgeable public and key stakeholders in the decision-making process.

GOAL AREAS:

Goal Area 3.1: Policy: Educate the community and stakeholders about the influence of public health on the success of Southern Nevada and use health data and a Health in All Policies (HiAP) approach to formulate policy and drive decision-making.

Goal Area 3.2: Funding: Establish and promote awareness of Southern Nevada's public health funding landscape using education and transparent data resources to increase data-driven health policy and funding decision-making.

Implementation and Tracking Progress

This CHIP was reviewed by the CHIP Steering Committee and will be implemented over 2016-2020. SNHD will provide an annual report for stakeholders and the community on progress made in implementing the three strategies. As strategies are implemented, SNHD and community partners will revise the CHIP as needed. Monitoring the implementation is important for understanding:

- Are we doing the work we said we would do?
- Are we having an impact?
- Are we addressing the social determinants of health, causes of higher health risks and poorer health outcomes of specific populations and health inequities in our community?

Updates to the CHIP will be shared on healthysouthernnevada.org.

Acknowledgements

Special thanks to members of the Southern Nevada Health District CHIP Steering Committee, report authors, and project funders, who represented the following organizations:

- American Heart Association
- Catholic Charities
- Center for Progressive Policy and Practice
- Clark County School District
- Dignity Health – St. Rose Dominican Siena, San Martin, and Rose de Lima campuses
- HealthInsight
- Las Vegas Chamber of Commerce
- Nevada Hand
- Southern Nevada Health District
- University of Nevada – Las Vegas
- United Way

Additional thanks to the Southern Nevada community partners who participated in priority area workgroups, the MAPP workgroup, or who otherwise contributed to the CHIP process; their participation ensured a representative, community-driven approach to health improvement. Together, participants represented the following community sectors:

- Community Core (e.g. citizens, community-based organizations, faith institutions, tribal organizations)
- Physical Environment (e.g. transit, parks and recreation, city planning)
- Health and Social Services (e.g. community health centers, mental health providers, drug treatment centers)
- Schools (e.g. local school district, colleges, and universities)
- Safety (e.g. emergency services, law enforcement)
- Community Assistance (e.g. advocacy groups, non-governmental organizations)
- Government and Politics (e.g. elected officials, civic groups, neighborhood associations, military)
- Communications (e.g. radio stations, TV stations, local magazines)
- Private Industry (e.g. local employers)
- Organizations Addressing Health Disparities
- Tribal Organizations

1 Introduction

Where and how we live, learn, work, and play affects our health. To measurably improve the health of Southern Nevada residents, the Southern Nevada Health District (SNHD) collaborated with the University of Nevada, Las Vegas, and the Nevada Public Health Foundation on a comprehensive community health planning process. The National Association of County and City Health Officials (NACCHO), the Nevada Public Health Foundation, and SNHD funded this effort.

The two main components of the community health planning process include:

- A. A community health assessment (CHA), presented in separate report, that identifies the health-related needs and strengths of Southern Nevada, and
- B. A community health improvement plan (CHIP), presented in this report, that identifies major health priorities, overarching goals, and specific strategies to be implemented in a coordinated plan throughout Southern Nevada.

Both reports are available at <http://www.healthysouthernnevada.org/>.

Purpose

Improving population health requires the collective efforts of a diverse group of community partners. The community health improvement process is a comprehensive approach to assessing community health and systems and developing, implementing, and evaluating action plans. The approach requires the involvement of a diverse group of engaged system partners. The plan focuses on aligning and leveraging existing resources and assets in an effort to collectively improve health and measure impact.

The Southern Nevada CHIP is a collective workplan for local public health system partners. For each priority area, workgroups developed broad long-reaching goals, measurable objectives, strategies, and action steps. Outcome and performance indicators were also selected. Each action step has been assigned to a specific individual or organization to ensure that the plan is action-oriented and accountable.

In addition to guiding future services, programs, and policies for community agencies and organizations, the CHA and CHIP are also required for SNHD to become accredited by the Public Health Accreditation Board (PHAB), a distinction that indicates the agency is meeting national standards for public health system performance. Future updates to both the CHA and CHIP can help track progress over time. These updates will be available at <http://www.healthysouthernnevada.org/>.

Framework and Stakeholders

MAPP Process

SNHD selected Mobilizing for Action through Planning and Partnership (MAPP) as the framework to guide the CHIP process. MAPP is a participatory and collaborative community-

driven strategic planning process, developed by NACCHO, to help communities improve public health.

The six phases of the MAPP process are:

- Organize for Success & Partnership Development;
- Visioning;
- Four MAPP Assessments;
- **Identify Strategic Issues;**
- **Formulate Goals and Strategies; and**
- **Action Cycle: Plan, Implement, Evaluate.**

The first three phases are discussed in the Southern Nevada CHA report. This CHIP report provides detailed information on the remaining three MAPP phases (bolded above).

Vision

Using the MAPP process, the Southern Nevada community defined a shared vision for the community health improvement process: ***a healthy population in a healthy Southern Nevada.*** Community members defined a healthy Southern Nevada as a place that has:

- Informed leadership,
- Public policy that supports health,
- Access to resources and services, such as high-quality health care,
- An effective public education system, and
- A safe and supportive environment

In addition to the vision statement, community members established shared community values:

- Community engagement
- Education
- Health
- Environment

Leadership

The following groups provided leadership for the CHA and CHIP efforts:

- CHA Steering Committee, which included community leaders
- Mobilizing for Action Through Planning and Partnership (MAPP) workgroup
- CHIP Steering Committee, including SNHD staff and community partners
- Three CHIP workplan development and implementation teams (CHIP workgroups)

The CHA and CHIP Steering Committees, comprising local health system leadership, was responsible for overseeing the CHA and development of the CHIP. The MAPP workgroup and CHA and CHIP Steering Committees were responsible for reviewing documents and providing subject matter expertise and data for defined priorities. Three CHIP workgroups, organized around each health priority area and representing broad and diverse sectors of the community, were responsible for developing the CHIP goals, objectives, and strategies.

Community Engagement

Community engagement is an ongoing priority for SNHD. Local agencies and community partners were invited to participate in the prioritization and selection of CHIP strategies and tactics. Community stakeholders across the following sectors were encouraged to engage in the CHA and CHIP processes:

- Community Core (e.g. citizens, community-based organizations, faith institutions, tribal organizations)
- Physical Environment (e.g. transit, parks and recreation, city planning)
- Health and Social Services (e.g. community health centers, mental health providers, drug treatment centers)
- Schools (e.g. local school district, colleges, and universities)
- Safety (e.g. emergency services, law enforcement)
- Community Assistance (e.g. advocacy groups, non-governmental organizations)
- Government and Politics (e.g. elected officials, civic groups, neighborhood associations, military)
- Communications (e.g. radio stations, TV stations, local magazines)
- Private Industry (e.g. local employers)
- Organizations Addressing Health Disparities
- Tribal Organizations

Strategic Issues

The 2015 Southern Nevada CHIP was developed, using key findings from the CHA, over December 2014 – April 2016. CHA findings were based on qualitative data from local focus groups, key informant interviews, and community forums, as well as quantitative data from local, state and national indicators.

The Southern Nevada community decided on the following three strategic issues to address:

- **Access to quality health care**
- **Reducing the chronic disease burden, and**
- **Supporting health and the local public health system through policy and funding**

Core CHIP Values

Embedded throughout the Southern Nevada CHIP are the recurrent themes/strategies of:

- Health equity
- Assessment and monitoring
- Collaboration, and
- Complete communities

These four themes were identified as priorities for Southern Nevada, but the Steering Committee recommended that they be adopted as core values to drive work on the other three strategic issues.

2 Methodology for Identifying Health Priorities

Step 1: Data Collection and Assessment

The first step in identifying priorities for improving community health in Southern Nevada was to conduct a comprehensive assessment of the region’s health status, themes and strengths, public health system, and the forces that affect health. Using the MAPP framework as a guide, four assessments were conducted to answer critical questions that help define problems and identify opportunities for improvement. These assessments and the critical questions they answer are:

MAPP Assessment	Aim	Questions
Community Health Status Assessment (CHSA)	Assess the health of the community using social, economic, demographic, and health data	<ul style="list-style-type: none"> • How healthy are our residents? • What does the health status of our community look like?
Community Themes and Strengths Assessment (CTSA)	Provide an understanding of the issue’s residents perceive as important, and assets that exist in the community	<ul style="list-style-type: none"> • What is important to our community? • How is quality of life perceived in our community? • What assets do we have that can be used to improve community health?
Local Public Health System Assessment (LPNSA)	Evaluate the human, informational, financial, and organizational resources that impact public health	<ul style="list-style-type: none"> • What are the components, activities, competencies, and capacities of our local public health system? • How are the Essential Services being provided to our community?
Forces of Change Assessment (FOCA)	Identify such forces as legislative, technological, and environmental changes that may affect the community and public health system	<ul style="list-style-type: none"> • What is occurring or might occur that affects the health of our community or the local public health system? • What specific threats or opportunities are generated by these occurrences?

As part of the CHSA, Southern Nevada’s progress on Healthy People 2020 targets was considered, to assess the local health status in the context of national priorities.

Step 2: Data Synthesis

At the completion of the assessment phase, the information was reviewed and synthesized to produce a master list of all challenges and opportunities from each assessment. These lists were then shared and compared among team members to identify crosscutting themes or potential strategic issues.

Small teams of epidemiologists, health district staff, and community members conducted a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis of each of the four MAPP assessments to summarize the major findings of the CHA. The results of the SWOT analyses were shared among the larger team, and an overall SWOT grid was created to identify common themes that emerged from all four assessments. The CHIP Steering Committee reviewed the resulting list of priority issues and validated that the Southern Nevada community did perceive them as important issues, and that the findings were data driven. The CHIP Steering Committee further determined that four of the issues were so overarching that they constituted “core values” that should guide the community in the CHIP process:

- Equity: Decrease disparities by addressing social determinants
- Assessment and Monitoring: Improved data and data sharing
- Collaboration: Increase partnership and collaboration among local public health system partners
- Complete Communities: ensure environments that support health and well being

Step 3: Issue Prioritization

In this step, the most critical issues impacting health in Southern Nevada were selected from the major themes identified in the SWOT analysis. Community partners were invited to a community meeting to review the SWOT assessment data. Selection criteria for potential priority issues included:

- The issue was a major or crosscutting issue that emerged from at least two assessments
- Measures of importance:
 - Number of people affected
 - Personal cost or cost to society
 - Effect on length or quality of life
 - Feasibility of intervention
 - How Clark County compares to national averages, benchmarks, and targets

Following brief presentations to provide overviews of each potential priority, the group identified seven potential priority areas:

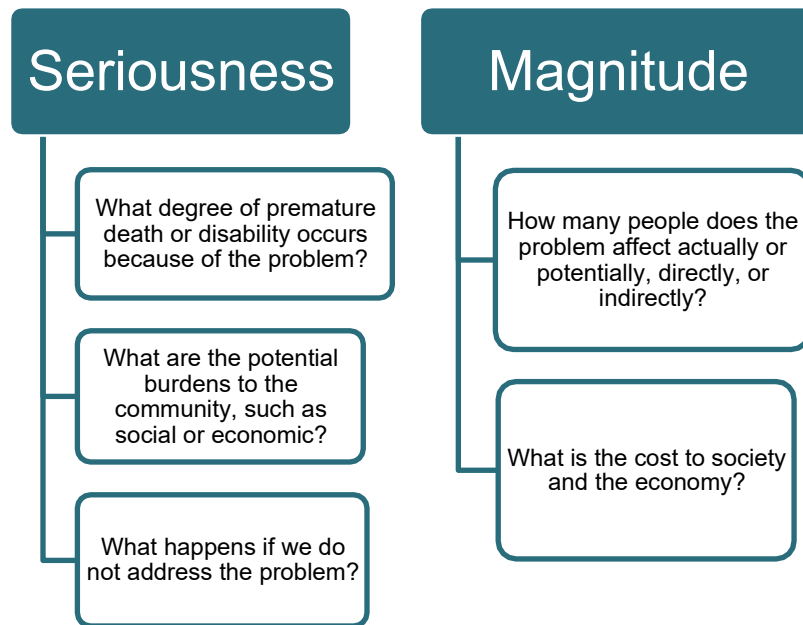
Health Status Priorities

1. Chronic Disease: causes of death and disability
2. Infectious Disease: pneumonia and influenza
3. Injury: suicide and drug poisoning
4. Maternal and Child Health: prematurity, low birth weight, and teen birth

System Level Priorities

5. Access to Health care
6. Policy and Funding (as related to public health)
7. Quality and Continuity of Care

On June 18, 2015, a larger group of community partners met and ranked these seven priority areas using modified Hanlon Method with the following criteria:



Using this approach, the following three issues were selected as priority areas for action in the 2016-2020 CHIP action cycle:

- Access to Care
- Chronic Diseases
- Policy and Funding

3 Southern Nevada Community Health Improvement Workplans 2016-2020

Following selection of the three priority issues, community members self-selected into CHIP workgroups to develop strategies within each area. The CHIP workgroups sought to answer the following:

- How can we build a coordinated system that our community can navigate to access the right care, at the right place, at the right time?
- How can we reduce chronic disease incidence and prevalence in our population?
- How can we assure that decision-makers are informed, and health is considered in all policies to adequately fund and promote health?

Each workgroup established a vision statement and met regularly to identify goals, objectives, strategies, and tactics. A lead person or organization was assigned to be accountable for each activity, and outcome indicators and performance measures were established to assess progress. Workgroups inventoried existing resources and interventions, considered alignment with national Healthy People 2020 goals, examined root causes of the issues, and researched evidence-based strategies to develop the workplans that follow.

SNHD advises on the health impact of policy options and provides technical assistance upon request to those entities with the authority and desire to promulgate health policies. In the following workplans, activities and anticipated results related to policy changes that may be needed to accomplish the identified objectives are labeled with, “May include policy changes.” Annual progress notes on implementation of the workplans will be shared at healthysouthernnevada.org.

Priority Area 1: Access to Care

Access to care is about getting the right care, at the right time, at the right place. As discussed in the 2015 Southern Nevada CHA, health insurance coverage across Clark County compares poorly to the rest of the nation and fails to meet the Healthy People 2020 target. As a state, Nevada ranks high in provider workforce shortages and residents' inability to afford care. In addition, certain portions of Clark County have been designated as medically underserved areas, including in the central and north sectors of the urban areas and in outlying census tracts.

In the Community Themes and Strengths Assessment, participants rated health care access, quality, and continuity as "poor." As part of the Forces of Change Assessment, community members recognized a number of opportunities and threats resulting from changes in access to care. While residents were hopeful that community-based and reduced-cost care would enhance access, they also acknowledged the many remaining barriers, including cost of care, transportation, and provider shortages.

VISION: To increase equitable access to health care services in a manner that ensures citizens receive appropriate, affordable, high-quality, and compassionate care.

GOAL AREAS:

- 1.1 : Health care Access and Navigation
- 1.2 : Health care Workforce Resources and Transportation
- 1.3: Health Insurance

Goal Area 1.1: Health care Access and Navigation

Purpose: Develop a sustainable system to provide assistance with health care navigation to the citizens of Southern Nevada that identifies the right service, for the right person, at the right time.

Goal Area 1.1 PERFORMANCE MEASURES		
Short Term Indicators	As Evidenced by	Frequency
Usable, accurate, reliable directory of resources	Accessible and accurate resource directory	Biannual and as needed updates
Combined Communications Center is prepared to operate the Emergency Communication Nurse System (ECNS)	System upgrades and space designation	Once
Funding source(s) identified and funding secured to fully support peak days and times of 911 utilization.	Fully supported ECNS for 911 system peak days and times	Once
By Dec 2017, the Community Nurse Call Line is staffed during peak days and times of 911 system utilization	Combined Communication Center	Once
Community and 911 non-emergency callers are educated on the appropriate acuity level of health care access	Education campaigns through Emergency Medical Services (EMS) and the 211 information system	Ongoing with biannual reports

Long Term Indicators	As Evidenced by	Frequency
911 callers with low acuity health care needs are connected to the appropriate level of care and resources.	Decrease in the number of alpha (low acuity) EMS responses; decrease in the number and frequency of repeat callers	Quarterly Reports; Annual review
Community and 911 non-emergency callers have an increased understanding of how and where to look for resources for the appropriate acuity level of health care access	Decrease in the number of alpha (low acuity) EMS responses Increase in calls direct to the ECNS	Quarterly Reports; Annual review
Community is able to access the appropriate level of care and utilize appropriate resources	Decrease in non-emergency transport to the emergency department	Quarterly Reports; Annual review
Reduction in cost of medical care	Reduction in the number of repeat and frequent users of the EMS system.	Annual assessment
Improvement in coordination of managed care: connecting the nurse call line with managed care, and connecting the patient with their providers	Persons who call the ECNS are able to identify primary care provider	Annual assessment and survey with insurance companies
Public is able to access and does access the call line with an alternative number	A financially stable system to support alternative number and outside callers	Annual financial report
The ECNS is financially sustainable, and duty hours increase from peak days and times accessible to 24/7 accessible, proving to be a valuable resource for the Southern Nevada Public Health system	Report on Community utilization of the 24/7 ECNS Community Resources	Annually

Objective 1.1.1

Implement (Stage 1) a Community Nurse Call Line, the Emergency Communication Nurse System (ECNS), to redirect low-acuity 911 calls for service to an appropriate alternative disposition of care, which may include: alternative transportation to definitive care, coordination of alternative acute care, directions for in-home care, and referral to alternative social services and resources via a direct connection with Nevada 211

Background on Strategy

Health care navigation was identified and selected by community stakeholders through multiple meetings as a method to improve health care access and appropriate care delivery. The ECNS program has provided improved health care navigation for residents of many communities, including those served by MedStar in Fort Worth, Texas, and the Regional Emergency Medical Services Authority (REMSA) in Reno, Nevada.

This objective addresses a top community-identified need in the 2015 Nevada State Health Needs Assessment; residents prioritized health access as one of the three greatest concerns in the state.

Sources:

- Barron T., Fivaz, C., & Overton, J. (2014). *Using EMS Telephone Triage Data to Assess the Amount of Ambulance Resources Saved through Telephone Triage.*

- Fivaz, C., & Marshall, G. (2015). *Necessary Components of a Secondary Telephonic Medical Triage System at 911*.
- Nevada Division of Public and Behavioral Health. *Nevada State Health Needs Assessment*. 2015. http://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Programs/OPHIE/Docs/Part%20I_FV_final%20Nov%202015.pdf

ACTION PLAN				
Strategy 1.1.1.1: Implement a Community Nurse Call Line in the Combined Communications Center during peak days and times of 911 system utilization.				
Activity	Target Date	Resources required	Lead Person/ Organization	Anticipated Product or Result
Create a community health service directory of resources for the Community Nurse Call Line interactive software system to be updated as needed and biannually.	July 2016	Social workforces, networks, referrals, digital access	LV CHIPS (Alexandria Anderson) 211	Usage accurate resource database. May include policy changes
Obtain funding and necessary infrastructure to implement the ECNS at the Combined Communication Center	July 2016	Space, Las Vegas Fire and Rescue (LVFR) support, IT support, \$25,000	LVFR	Secure infrastructure. May include policy changes
Identify funding and necessary infrastructure for ECNS staff during peak times and days	Sep 2016	Networking, funder, City of Las Vegas Grants writer and/or financial planner	LVFR	Secure payment source. May include policy changes
Recruit and hire staff to operate the ECNS during peak times and days	Dec 2016	LVFR Human resources, media, trainers	LVFR	Well-trained and competent staff. May include policy Changes
Discuss with Henderson Fire Department the possibility of referring calls from City of Henderson alarm office	July 2016	LVFR and HFD	LVFR	Service provided to all of target community. May include policy changes
Identify funding source(s) for cost of staffing the Community Nurse Call Line during all hours of all days, with additional staffing during peak days and hours of 911 system utilization	Jan 2017	Stakeholders: hospitals, insurances, providers	LVFR	Secure payment source, sustainability
Implement a Community Nurse Call Line accessible by dialing 911 and/or one ten-digit or alternative three-digit phone number through the Combined Communications Center during all hours of all days, with additional staffing during peak days and hours of 911 system utilization.	Dec 2017	LVFR and the Fire Alarm Office, Combined Communications Center	LVFR	Quality product, highly trained staff, sustainability for longevity of program, improved health care navigation and access

Progress Update:

1. The ECNS has partnered with the 911 dispatch center for medical emergencies to identify and refer callers with low-priority, non-emergency complaints to a nurse who will complete additional triage and determine the most appropriate care. Such care might be an alternative to emergency response, such as care in home, referral to primary care, self-transport to an urgent care center or health clinic, etc.
 - a. The expected outcomes of the ECNS are improved healthcare service navigation at a reduced cost and improved health outcomes.
2. There is a continued promotion of Nevada 211 as a resource in Southern Nevada. To recruit additional agencies and enhance their presence within the community, Nevada 211 representatives have increased attendance from 10 collaborative meetings to 40 meetings per month.

Goal Area 1.2: Health care Workforce Resources and Transportation

Purpose: Develop a sustainable system to provide health care resources to the citizens of Southern Nevada that overcomes barriers of quantity, type, specialty, and geography.

Goal Area 1.2 PERFORMANCE MEASURES		
Short Term Indicators	As Evidenced by	Frequency
Comprehensive list of Southern Nevada health care workforce gaps and needs	Usable community list	Once with regular updates
Specific stakeholders from health care workforce schools are identified	Resource list and community input	Once with regular updates
Specific stakeholders from each medical school are identified	Comprehensive list of Medical Schools	Once with regular updates
Targeted recruitment and retainment programs for medical students are implemented	Unified local recruitment and retainment programs	Once with regular updates
Collaborative meeting to address community transportation needs with transportation companies and local governments by December 2016	Ideas for solutions are put forth	Once
Long Term Indicators	As Evidenced by	Frequency
Targeted recruitment and retainment programs for health care workforce students are maintained	Increased levels of health care workforce students specific to identified community needs	Annual review
Targeted recruitment and retainment programs for medical students are maintained	Increased levels of medical students specific to identified community needs	Annual review
Increased use of public and private transportation resources	New programs and number of transports through the new programs	Annual review

Objective 1.2.1

Assess and increase, as needed, the number of health care workforce professionals in Southern Nevada to meet national benchmarks

Background on Strategy

A lack of mental health providers and workforce training, along with a lack of specialists and qualified physicians, were seen as a threat to the community’s health care. The community believed that the Affordable Care Act would improve access, but only if health care professionals were accessible across the region.

There are large inner urban and rural areas that are medically underserved for primary care physicians. This shortage was viewed as a serious threat in the Forces of Change Assessment. Nevada ranks 35th/51 (states & DC) for adequate primary care providers.

This objective addresses a top community-identified need in the 2015 Nevada State Health Needs Assessment; residents prioritized health access as one of the three greatest concerns in the state.

Sources:

- 2016 Southern Nevada CHA
- Kaiser Family Foundation. “State Health Facts: Nevada.” <http://kff.org/statedata/?state=NV>
- Nevada Division of Public and Behavioral Health. *Nevada State Health Needs Assessment*. 2015. http://dphh.nv.gov/uploadedFiles/dphhngov/content/Programs/OPHIE/Docs/Part%20I_FV_final%20Nov%202015.pdf

ACTION PLAN				
Strategy 1.2.1.1: Create strategic partnerships with the schools offering health care workforce degrees in Nevada in order to develop recruitment and retention programs for health care workforce students.				
Activity	Target Date	Resources required	Lead Person/ Organization	Anticipated Product or Result
Collaborate with Medicaid, Medicare, and insurance companies to quantify number of primary care providers, mental health care providers, and dentists per zip code in Clark County	Dec 2016	Personnel, time, data	SNHD	Database of providers by zip code
Assess the provider by zip code data and identify health care workforce gaps for Clark County by type and location	March 2017	Personnel, time, data	SNHD	Local Health care workforce gaps and needs are identified
Identify specific stakeholders who can assist with strategic partnerships to address identified gaps in provider workforce	June 2017	Personnel, Data	HealthInsight	Stakeholders identified

Progress Update:

1. The Mobile Health Collaborative (MHC) has been established and addresses both client and provider needs and gaps by uniting efforts. Events are held in communities with identified high needs and high risk. Local clinics reserve a block of appointments for attendees who need quick follow-ups. The events include providers from most insurance companies, plus dental, vision and behavioral and mental health resources and providers. To address the complex social needs of the community, a division of social workers, social need resources with follow up is included in all events. These can range from housing, to utilities and free transportation.

2. Community events are listed below.

Date	Time	Location	Address	Zip Code
4/22/2020	1-6pm	Walnut Recreation Center	3075 N Walnut Road	89115

As of 2019, the Mobile Health Collaborative became an approved organization of the UNLV School of Medicine Southern Nevada Community Health Improvement Programs (CHIPs) and PUENTES have also been taking an increasing role in the group. The collaborative has grown from five members to over 80 organizations as members, with over 140 student individuals participating in volunteer navigation and advocacy programs.

Objective 1.2.2

Improve transportation resources to the medically underserved so they are able to access health care resources without undue costs or time delays due to transportation barriers.

Background on Strategy

Transportation was identified as a threat to health care access in the Community Themes and Strengths assessment meetings and in literature. Poor access to care results in poor health management and follow-up and can lead to increased morbidity and mortality. This is seen most often as a challenge for those who: a) have low income, b) are un- or underinsured, c) have special needs, or d) reside in rural areas.

Sources:

- 2016 Southern Nevada CHA
- County Health Rankings and Rural Collaboration meeting, March 16, 2016
- Syed, S. T., Gerber, B. S., & Sharp, L. K. (2013). Traveling Towards Disease: Transportation Barriers to Health Care Access. *Journal of Community Health*, 38(5), 976–993. <http://doi.org/10.1007/s10900-013-9681-1>

ACTION PLAN				
Strategy 1.2.2.1: Identify, connect, and/or provide appropriate level of care and alternative transportation options to the community to improve access to services.				
Activity	Target Date	Resources required	Lead Person/ Organization	Anticipated Product or Result
Identify affordable and accessible resources currently available to provide transportation services to Southern Nevadans who seek health care services	Dec 2016	Personnel, time, data	Nevada 211	Directory of transportation resources and alternatives. May include policy changes
Disseminate directory of Transportation Resources to stakeholders	June 2017	Personnel, time, directory	Nevada 211	Informed stakeholder community

Goal Area 1.3: Health Insurance

Purpose: Provide health insurance coverage opportunities to the people of Southern Nevada to meet the Healthy People national coverage goal of 100% by 2020

Goal Area 1.3 PERFORMANCE MEASURES		
Short Term Indicators	As Evidenced by	Frequency
Increased understanding of need for insurance and how to sign up	Increased numbers of signups from Health Link, Nevada SHIP, Nevada State	Annual
Recorded amounts of financial assistance received from grant sources, to engage navigators and to educate the public	Total number of navigators and media campaigns; funding indicators on Healthy Southern Nevada site	Annual Report
Long Term Indicators	As Evidenced by	Frequency
By 2020, the percentage of insured adults aged 18-64 is increased from 78.6% to 100% (HP 2020 goal)	BRFSS	Quinquennial
By 2020, the percentage of insured children ages 0-17 is increased from 90.3% to 100% (HP 2020 goal)	BRFSS	Quinquennial
Continued research for additional grant programs to pursue	Increase in the number of navigators; increase in media coverage	Annual Report

Objective 1.3.1

Increase the percentage of insured adults ages 18-64 from 78.6% to 100% by 2020

Background on Strategy

In Clark County, 2014 data showed that only 78.6% of adults had health insurance. Health insurance helps individuals and families access needed primary care, specialists, and emergency care. Results of the Community Themes and Strengths Assessment demonstrated that Clark County residents and Southern Nevadans feel their health care access, quality, and continuity are poor. It was further identified in the Forces of Change Assessment that limited ability to access health insurance is a threat in the community. This objective aligns with the national Healthy People 2020 target of increasing the proportion of persons under 65 with health insurance to 100% by 2020.

In addition, this objective addresses the top community-identified need in the 2015 Nevada State Health Needs Assessment; residents prioritized the related issues of obesity, physical activity, and nutrition as the health area of greatest concern in the state.

Sources:

- 2016 Southern Nevada CHA
- Healthy Communities Institute. "Healthy Southern Nevada Community Dashboard." Accessed February 15, 2016. <http://www.healthysouthernnevada.org/>
- U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. "Access to Health Services, Healthy People 2020." Accessed May 31, 2016. <https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services/objectives>
- Nevada Division of Public and Behavioral Health. *Nevada State Health Needs*

Assessment. 2015.

http://dphh.nv.gov/uploadedFiles/dphhnavgov/content/Programs/OPHIE/Docs/Part%20I_FV_final%20Nov%202015.pdf

ACTION PLAN				
Strategy 1.3.1.1: Develop partnerships, evaluate and monitor coverage gaps, publicize insurance enrollment, and target outreach to at-risk groups				
Activity	Target Date	Resources required	Lead Person/ Organization	Anticipated Product or Result
Create and maintain partnerships with current and potential navigator organizations and Nevada Health Link to increase enrollment and eligibility.	July 2016	Partnerships	Nevada Health Link	Partnerships, regular meetings
Monitor the percentage of insured adults aged 18-64 annually through 2020 to track insurance coverage percentage	July 2017 and annually	Partnerships Health care.gov	Nevada Health Link	Annual report
Media campaign to encourage the uninsured to get coverage	Aug 2016	Partnerships	Nevada Health Link	Report and list of media campaigns
Provide signup assistance to uninsured individuals who meet enrollment and eligibility requirements	Annual through 2020	Partnerships	Nevada Health Link	List of navigation services
Evaluate gaps in those accessing insurance, engage resources to meet those gaps	Aug 2016	Partnerships	Nevada Health Link	Annual report
Add activities to focus on the at-risk groups identified in annual gap report (e.g. Hispanic, tribal, Asian, African American, and millennial residents)	Sep 2016	Partnerships	Nevada Health Link	Report with gap identification
Engage private businesses (e.g. gyms) to assist in incentivizing insurance coverage.	Sep 2016	Partnerships	Nevada Health Link	List of partner businesses

Objective 1.3.2

Increase the percentage of insured children aged 0-17 years from 90.3% to 100% by 2020

Background on Strategy

In Clark County, 2014 data showed that 90.3% of children had health insurance. Health insurance helps individuals and families access needed primary care, specialists, and emergency care. Nevada ranks poorly in many of these measures when compared to other states. Results of the Community Themes and Strengths Assessment demonstrated that Clark County residents and Southern Nevadans feel their health care access, quality, and continuity are poor. It was further identified in the Forces of Change Assessment that limited ability to access health insurance is a threat in the community. This objective aligns with the national Healthy People 2020 target of increasing the proportion of persons under 65 with health insurance to 100% by 2020.

Sources:

- 2016 Southern Nevada CHA
- Healthy Communities Institute. "Healthy Southern Nevada Community Dashboard." Accessed February 15, 2016. <http://www.healthysouthernnevada.org/>
- U.S. Department of Health and Human services, Office of Disease Prevention and Health Promotion. "Access to Health Services, Healthy People 2020." Accessed May 31, 2016. <https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services/objectives>

ACTION PLAN				
Strategy 1.3.2.1: Develop partnerships, evaluate, and monitor coverage gaps, publicize insurance enrollment, and target outreach to at-risk groups				
Activity	Target Date	Resources required	Lead Person/ Organization	Anticipated Product or Result
Create and maintain partnerships with current and potential navigator organizations and Nevada Health Link to increase enrollment and eligibility.	July 2016	Partnerships	Nevada Health Link	Partnerships, regular meetings
Monitor the percentage of uninsured children ages 0-17 annually through 2020 to track insurance coverage percentage	July 2017 and annually	Partnerships Health care.gov	Nevada Health Link	Annual report

Media campaign to encourage the caregivers of uninsured children to get coverage	Aug 2016	Partnerships	Nevada Health Link	Report and list of media campaigns
Provide enrollment assistance to caregivers of uninsured children who meet enrollment and eligibility requirements	Annually through 2020	Partnerships	Nevada Health Link	List of navigation services
Evaluate gaps in those accessing insurance, engage resources to meet those gaps	Aug 2016	Partnerships	Nevada Health Link	Annual report
Add activities to focus on the at-risk groups identified in annual gap report (e.g. Hispanic, tribal, Asian, and African American residents)	Sep 2016	Partnerships	Nevada Health Link	Report with gap identification
Engage private businesses (e.g. daycares) to assist in incentivizing insurance coverage.	Sep 2016	Partnerships	Nevada Health Link	List of partner businesses

Objective 1.3.3

Identify and pursue grant opportunities that address the multiple factors affecting Southern Nevada insurance coverage rates

Background on Strategy

The community identified health care threats that included the inability of immigrants to access the health care system, and a general lack of knowledge among community members of available services and how to navigate the health care system.

Sources:

- 2016 Southern Nevada CHA

ACTION PLAN				
Strategy 1.3.3.1: Identify and publicize health care navigator resources, and track funding of initiatives to boost health care coverage and access				
Activity	Target Date	Resources required	Lead Person/ Organization	Anticipated Product or Result
Develop a publicly available working list of agencies and number and location of navigators	Dec 2016	Partnerships	Nevada Health Link	List
Develop a working list of active media campaigns to encourage insurance enrollment	Aug 2016	Partnerships	Nevada Health Link	List

Set up tracking system for the amount of funding going towards insuring the uninsured	Dec 2016	Partnerships Tracking system	Nevada Health Link	Tracking system. May include policy changes
Track amount of funding going toward media campaigns and navigator services	March 2017	Partnerships Tracking system	Nevada Health Link	Transparent tracking. May include policy changes

Progress Update:

1. As Nevada Health Link worked closely with its network of over 750 agents, brokers and enrollment professionals across the state who helped to connect Nevada families and individuals with affordable health insurance that met their needs.
2. Health Insurance strategies are dependent upon the changes at the state and federal level, having an overall goal to increase the number of insured adults and children will continue; however, the process is contingent upon the policy changes.

Priority Area 2: Chronic Diseases

Chronic diseases are among the costliest yet most preventable of health issues. As highlighted in the 2015 Southern Nevada CHA, heart disease and cancer are leading causes of death in Clark County. Other common chronic diseases include chronic lower respiratory disease, stroke, kidney disease, and diabetes. Most chronic diseases can be prevented or controlled through behavioral changes, early detection, and adequate and appropriate monitoring and treatment. Lack of exercise or physical activity, poor nutrition, tobacco use, and excessive alcohol consumption are among the major behavioral risk factors of chronic disease.

Social and environmental conditions are important determinants of chronic disease prevalence. While Clark County compares favorably on some indicators of weight and physical activity, substantial disparities exist between racial/ethnic groups. Of particular note, obesity rates are much higher among non-Hispanic Black and Hispanic youth than non-Hispanic White youth.

In the Community Themes and Strengths assessment, the status of Southern Nevada’s built environment was determined to be “poor.” Improved access to parks and healthy foods would not only improve the built environment but could also positively impact wellbeing and reduce chronic disease burden in the region.

VISION: To achieve a healthier population in Southern Nevada by reducing risks and behaviors that contribute to chronic disease.

GOAL AREAS:

- 2.1 : Obesity
- 2.2 : Tobacco Usage

Goal Area 2.1: Obesity

Purpose: Promote and enhance interventions to reduce obesity in Southern Nevada by increasing physical activity and promoting healthy diets.

Goal Area 2.1 PERFORMANCE MEASURES		
Short Term Indicators	As Evidenced by	Frequency
Reduced percentage of adults who report little or no physical activity	BRFSS	Biannual
Reduced percentage of youth who report little or no physical activity	YRBSS	Biannual
Increased number of adults who consume fruits and vegetables at the recommended daily servings	BRFSS	Biannual
Increased number of youth who consume fruits and vegetables at the recommended daily servings	YRBSS	Biannual
Decreased proportion of youth who consume soda/pop 1+ times per day	YRBSS	Biannual
Long Term Indicators	As Evidenced by	Frequency
Reduced percentage of adults who are obese	BRFSS	Annual
Reduced percentage of youth who are obese	YRBS	Biannual

Objective 2.1.1

Reduce the percentage of adults and youth reporting little or no physical activity

Background on Strategy

In 2012, 21.7% of adult Clark County residents did not participate in any leisure-time physical activity. Rates of obesity are high among adolescent and non-Hispanic Black residents. Tailored interventions are needed to address health disparities, and efforts to improve access to physical activity opportunities are needed for all adults and youth in Southern Nevada.

This objective addresses the top community-identified need in the 2015 Nevada State Health Needs Assessment; residents prioritized the related issues of obesity, physical activity, and nutrition as the health area of greatest concern in the state.

Sources:

- 2016 Southern Nevada CHA
- Healthy Communities Institute. "Healthy Southern Nevada Community Dashboard." Accessed February 15, 2016. <http://www.healthysouthernnevada.org/>
- Nevada Division of Public and Behavioral Health. *Nevada State Health Needs Assessment*. 2015. http://dpbh.nv.gov/uploadedFiles/dpbhngov/content/Programs/OPHIE/Docs/Part%20I_FV_final%20Nov%202015.pdf

ACTION PLAN				
Strategy 2.1.1.1: Enhance infrastructure to support bicycling and walking				
Activity	Target Date	Resources required	Lead Person/ Organization	Anticipated Product or Result
Update and revise the Regional Bike and Pedestrian Plan for Southern Nevada	Sep 2017	Partnerships to Improve Community Health (PICH) Funding, partnerships	Regional Transportation Commission of Southern Nevada (RTC)	Updated Regional Bike and Pedestrian Plan for Southern Nevada, which will identify priority areas for bike/pedestrian facilities and will prioritize funding for future investments in bicycle and pedestrian infrastructure facilities throughout the county. May include policy changes
Promote and encourage Complete Streets projects and policies	Sep 2017	PICH funding	SNHD, AHA	Increased number of Complete Streets projects completed in Clark County. May include policy changes
Facilitate increased access to local and regional trails for physical activity and active transport use	Sep 2017	Partnerships, PICH funding	SNHD,	Adoption of a Regional Trail Signage and Marking Policy (Policy will help ensure a consistent standard for trail distance and wayfinding signage, which increases accessibility and usage for recreational physical activity and active transport.). May include policy changes

Strategy 2.1.1.2: Increase Opportunities for Physical Activity Among Adults				
Activity	Target Date	Resources required	Lead Person/ Organization	Anticipated Product or Result
Increase participation in the Walk Around Nevada Program(s)	Sep 2017	Advertisement, partnerships, other resources (staffing, etc.)	SNHD	-Increased participation in Walk Around Nevada Programs by 600 participants (baseline 7,100) -Increased downloads of the Walk Around Nevada mobile app to 500 (baseline 200)
Increase the number of Neon to Nature Mobile App downloads	Sep 2017	Advertisement, partnerships, other resources (staffing, etc.)	SNHD	Increased downloads of the Neon to Nature mobile app to 6,500 (baseline 5,432)
Provide education to promote and support physical activity using a variety of communication strategies	Sep 2017	Advertisement, Partnerships, Other resources (staffing, etc.)	SNHD	-An average of 310,000 unique visitors to Get Healthy Clark County & Viva Saludable websites annually -Reach of at least 16,000 people/month via the Healthier Tomorrow Radio Program -At least one Community Partners for Better Health Community Forum on Physical Activity Monitor/track reach of other communication activities
Implement Lifestyle Change Challenges	Dec 2016	Personnel, data collection	AHA Ritmo Zum (Zumba studio)	Participation of at least 100 people in the Lifestyle Change Challenge per year
Promote Enhance Fitness program	Dec 2016	REACH Magazine, St Rose website, Nevada QTAC, outreach to community partners	Abigail Guida/ Dignity Health	At least 250 participants in the Enhance Fitness Program (baseline 116 participants)
Promote Fit and Strong program	Dec 2016	REACH Magazine, St Rose website, Nevada QTAC, Outreach to community partners	Abigail Guida/ Dignity Health	At least 145 participants in the Fit and Strong Program (baseline 45)
Implement Stepping On: Fall Prevention Program	Dec 2016	REACH Magazine, St Rose website, Nevada QTAC, outreach to community partners, Touro University partner	Kim Riddle/ Dignity Health	At least 60 participants in the Stepping On Program

Implement Stanford Chronic Disease Self-Management Programs	Dec 2016 and annual review	REACH Magazine, St Rose website, Nevada QTAC, Outreach to community partners	Aidee Flores Fernandez/ Dignity Health	At least 475 participants in the SCD Self-Management Programs per year
Provide workplace wellness classes or programs	Dec 2016	REACH Magazine, St Rose website, Nevada QTAC, outreach to community partners	Kim Riddle/ Dignity Health	At least 10,000 participants per year in a workplace wellness class or program. May include policy changes
Implement the Arthritis Foundation (AF) Walk With Ease Program in Las Vegas	Fall 2016	Arthritis Foundation personnel	Arthritis Foundation	Implementation and promotion of the Walk With Ease Program on at least 1 large resort or business property (baseline: 0)
Strategy 2.1.1.3: Increase Opportunities for Physical Activity Among Youth				
Activity	Target Date	Resources required	Lead Person/ Organization	Anticipated Product or Result
Expand CrossFit Functional Fitness programming at Clark County School District (CCSD)	Sep 2017	PICH funding, partnerships	Clark County School District (CCSD)	CrossFit Functional Fitness programming before, during and/or after school at least 50 CCSD schools
Implement the Coaches Health Challenge Program annually	Sep 2017	Partnerships, other resources, (staffing, etc.)	SNHD	At least 8,000 student participants in the Coaches Health Challenge Program annually
Expand the Girls on the Run (GOTR) program in Southern Nevada	July 2016	Funding (grants, sponsorships, donations), partnerships, volunteers	Girls on the Run, Las Vegas	At least 450 girls enrolled in the GOTR program annually
Increase the number of CCSD schools that are participating in the Bronze level Safe Routes to School Program	July 2018	Funding (grants, sponsorships, donations), partnerships, volunteers	CCSD SRTS;	At least 30 CCSD schools that have reached Bronze level status in the CCSD Safe Routes to School program

Objective 2.1.2

Increase the number of adults and youth who consume the recommended daily servings of fruits and vegetables

Background on Strategy

Data indicate that Clark County needs to expand access to fresh and nutritious foods. As of 2013, 15.0% of residents had experienced food insecurity at some point in the year; among children, the proportion was even higher, at 25.3%. Additionally, Clark County residents have limited access to Supplemental Nutrition and Assistance Program (SNAP) certified stores and farmers markets, but a high ratio of fast-food restaurants per capita.

This objective addresses the top community-identified need in the 2015 Nevada State Health Needs Assessment; residents prioritized the related issues of obesity, physical activity, and nutrition as the health area of greatest concern in the state.

Sources:

- Healthy Communities Institute. "Healthy Southern Nevada Community Dashboard." Accessed February 15, 2016. <http://www.healthysouthernnevada.org/>
- Nevada Division of Public and Behavioral Health. *Nevada State Health Needs Assessment*. 2015. http://dpbh.nv.gov/uploadedFiles/dpbhngov/content/Programs/OPHIE/Docs/Part%20I_FV_final%20Nov%202015.pdf

ACTION PLAN				
Strategy 2.1.2.1: Increase Access to Healthy Foods Among Adults				
Activity	Target Date	Resources required	Lead Person/ Organization	Anticipated Product or Result
Expand the SNHD Healthy Vending Initiative	Sep 2017	PICH funding, State subgrant funding, advertisement, partnerships	SNHD, AHA	At least one organization/entity not currently offering healthy vending will adopt and/or implement healthier vending practices or policies. May include policy changes
Implement a program that incentivizes the purchase of fruits and vegetables for SNAP users at local farmers' markets	Dec 2016	Wholesome Wave grant funding, partnerships, advertisement	SNHD	At least 5 local farmers' markets and/or community gardens will participate in a program that incentivizes purchase of fruits and vegetables for SNAP users. May include policy changes
Develop new and increase downloads of existing mobile apps to provide nutrition education and support increased access to healthy foods	Sep 2017	PICH funding, partnerships, advertisement	SNHD	-Development of at least one new mobile app related to healthy eating -5% more downloads of existing mobile apps that promote healthy eating (SNAP Cooking App; Sugar Savvy Beverage App)

Increase participation in the Nutrition Challenge Program	Sep 2017	Partnerships, advertisement, other resources (staffing, etc.)	SNHD	Increased participation in Nutrition Challenge Program by 400 participants (baseline 4,000)
Implement nutrition component of Lifestyle Change Challenge	Dec 2016		American Heart Association Ritmo Zum (Zumba studio)	At least 100 participants in the Nutrition Lifestyle Challenge Program annually
Strategy 2.1.2.2: Increase Access to Healthy Foods Among Youth				
Activity	Target Date	Resources required	Lead Person/Organization	Anticipated Product or Result
Support implementation of school wellness policy at CCSD	Sep 2017	Advertisement, partnerships, PICH funding	SNHD, AHA	At least one public awareness activity annually to support implementation and awareness of the CCSD school wellness policy. May include policy changes
Implement Teens Cook with Heart Program	June 2016	Personnel	AHA CCSD, High school culinary teachers	At least 600 CCSD student participants in the Teens Cook With Heart Program
Promote Women Infants and Children (WIC) food and nutrition services	Dec 2016	REACH Magazine, St Rose website, Nevada QTAC, WIC Linkage, outreach to community partners	Vickie Jeghir/Dignity Health Sunrise Children's Foundation Catholic Charities Urban League	-3,500 mothers, infants, and children served each month -Tracking of nutrition education at each intervention
Increase school Breakfast After The Bell participation among low-income children	June 2018	Marketing/ advertisement, grant funding, partnerships, personnel, data	Three Square CCSD	93,432 student participants in the Breakfast After the Bell Program (baseline: 60,104 students)
Increase the number of schools with school gardens	Dec 2016	Schools, planting supplies	Green Our Planet	100 schools with school gardens. May include policy changes

Objective 2.1.3

Decrease consumption of sugar-sweetened beverages among adults and youth

Background on Strategy

Sugar-sweetened beverages were the single-largest source of calories in the U.S. diet in 2010, providing an average of about seven percent of total calories per person. Sugar drinks (sodas, fruit drinks, sports drinks, sweetened teas, energy drinks) accounted for 46% of all added sugars in the American diet in 2010. A typical 12-ounce can of regular cola contains 9.5

teaspoons of added sugars; a 20-ounce bottle contains 16 teaspoons of sugars. The American Heart Association (AHA) recommends a maximum daily intake of six teaspoons of added sugars for women and nine teaspoons for men.

This objective addresses the top community-identified need in the 2015 Nevada State Health Needs Assessment; residents prioritized the related issues of obesity, physical activity, and nutrition as the health area of greatest concern in the state.

Sources:

- HHS/USDA. (2010). *Dietary Guidelines for Americans*.
- Ervin, R. B., & Ogden, C. L. (2013). Consumption of Added Sugars among U.S. Adults, 2005-2010. <http://www.cdc.gov/nchs/products/databriefs/db122.htm>
- USDA. (2014). Basic Report 14148, Beverages, carbonated, cola, regular. *National Nutrient Database*.
<https://ndb.nal.usda.gov/ndb/foods/show/4228?fgcd=&manu=&facet=&format=&count=&max=35&offset=&sort=&qlookup=14148>
- Ogden, C. L., et al. (2011). Prevalence of Childhood and Adult Obesity in the United States, 2011-2012. *JAMA*, 311(8), 806-814.
- American Heart Association. “Frequently Asked Questions About Sugar.”_
http://www.heart.org/HEARTORG/GettingHealthy/NutritionCenter/HealthyDietGoals/Frequently-AskedQuestions-About-Sugar_UCM_306725_Article.jsp
- Nevada Division of Public and Behavioral Health. *Nevada State Health Needs Assessment*. 2015._
<http://dphh.nv.gov/uploadedFiles/dphhngov/content/Programs/OPHIE/Docs/Part%20I%20Final%20Nov%202015.pdf>

ACTION PLAN				
Strategy 2.1.3.1: Increase Access to Healthy Beverages Among Adults				
Activity	Target Date	Resources required	Lead Person/ Organization	Anticipated Product or Result
Expand SNHD Healthy Vending Initiative	Sep 2017	PICH funding, State subgrant funding, partnerships, advertisement	SNHD	At least one organization/entity not currently offering healthy vending will adopt and /or implement healthier vending practices or policies. May include policy changes
Strategy 2.1.3.2: Increase Access to Healthy Beverages Among Youth				
Activity	Target Date	Resources required	Lead Person/ Organization	Anticipated Product or Result
Launch an annual awareness campaign to promote healthier beverages and encourage reductions in soda consumption among youth	Sep 2017	Advertisement, partnerships, other resources (staffing, etc.)	SNHD	At least 500 unique visitors to the Get Healthy and Viva Saludable websites during the annual Soda Free Summer initiative

Goal Area 2.2: Tobacco Control

Purpose: Enhance interventions to reduce disease burden and lowered quality of life associated with tobacco use and secondhand smoke exposure in Southern Nevada

Goal Area 2.2 PERFORMANCE MEASURES		
Short Term Indicators	As Evidenced by	Frequency
Increased number of Clark County calls to the Nevada Tobacco Quitline (NVTQ)	NVTQ Reports	Annual
Long Term Indicators	As Evidenced by	Frequency
Reduced Clark County high school youth smoking prevalence rate	YRBS	Biannual
Reduced Clark County adult smoking prevalence rate	BRFSS	Annual

Objective 2.2.1

Decrease the Clark County high school youth smoking prevalence rate to 4% from a 2015 baseline of 5.9% by June 30, 2017.

Background on Strategy

In 2012, studies showed that 13.7% of Southern Nevada youth smoked; this decreased to 5.9% in 2015. Focused effort is needed to ensure that these numbers continue to decrease by continuing to address the issue with the “new youth.”

Source:

- Centers for Disease Control and Prevention. “Youth Risk Behavior Surveillance System.” <http://www.cdc.gov/healthyouth/data/yrbs/index.htm>

ACTION PLAN				
Strategy 2.2.1.1: Prevent tobacco use initiation among youth				
Activity	Target Date	Resources required	Lead Person/ Organization	Anticipated Product or Result
Maintain and sustain existing youth tobacco prevention program	June 2017	SNHD staff time, tobacco grant funds	SNHD	Increased youth participation in program events, activities, and trainings to 160,000 participants
Youth and stakeholders monitor and participate in policy issues that relate to youth tobacco use prevalence (i.e. tobacco pricing strategies, emerging tobacco products, age restrictions)	June 2017	SNHD staff time, tobacco grant funds	SNHD	Tracking of youth-related policy changes that become law. May include policy changes
Educate youth on emerging tobacco product such as e-cigarettes and hookah	June 2017	SNHD staff time, tobacco grant funds	SNHD,	-Hookah usage metrics -Decreased youth e-cigarette usage from 24.8% to 22%

Objective 2.2.2

Decrease the Clark County adult smoking prevalence rate to 16.1% from a 2014 baseline of 17.1% by June 30, 2017.

Background on Strategy

Due to the implementation of multiple tobacco cessation programs, tobacco use has dropped dramatically from 26.6% in 2002. However, the current rate for adults (17.1%) is still above the national Healthy People 2020 target of 12.0%.

Source:

- 2016 Southern Nevada CHA
- U.S. Department of Health and Human services, Office of Disease Prevention and Health Promotion. "Tobacco Use, Healthy People 2020." Accessed May 31, 2016. <https://www.healthypeople.gov/2020/topics-objectives/topic/tobacco-use/objectives>

ACTION PLAN				
Strategy 2.2.2.1: Promote quitting among adults and youth				
Activity	Target Date	Resources required	Lead Person/ Organization	Anticipated Product or Result
Conduct Brief Tobacco Use Intervention Trainings via online and in-person methods to health care and social service providers	June 2017	SNHD staff time, tobacco grant funds, supporting materials and website	SNHD, American Lung Association	Increased provider Quitline referrals to 180 per year
Promote Nevada Tobacco Quitline, 1-800-QUIT-NOW, as the first line resource for tobacco cessation	June 2017	SNHD staff time, tobacco grant funds, supporting materials and website	SNHD, Community organizations	10% increase in call volume to Quitline (1,762 calls per year)
Develop and incorporate systemic changes to refer to the Nevada Tobacco Quitline within the health care and social service system, such as ensuring Quitline information is included in hospital discharge documents, and implementing fax referrals from clinics to Quitline	June 2017	SNHD staff time, tobacco grant funds, supporting materials	SNHD, Nevada State Tobacco Program, NV Heart Disease and Stroke Taskforce	Sustained call volume to Quitline. May include policy changes

Objective 2.2.3

By September 2017, expand clean air policies in at least 20 venues such as colleges, businesses, and other organizations

Background on Strategy

In 2006, the Nevada Clean Indoor Air Act was passed by voter initiative. The law removed smoking from some indoor workplaces in Nevada. The law also removed pre-emption, allowing local forms of government to create more stringent rules than state law. Since 2006, the law has been weakened at the state level several times to allow smoking to return to several indoor locations. This strategy aims to strengthen policy in local jurisdictions to protect the law from further weakening and to expand access to smoke-free environments. Although Nevada's existing smoke-free law limits the smoking of cigarettes in many indoor workplaces, the law does not cover outdoor smoking restrictions. Additionally, the existing law doesn't prohibit the use of electronic cigarettes in worksites. This strategy promotes comprehensive voluntary tobacco-free worksite policies and assists entities with existing policies to expand their scope.

Source:

- CDC. (2014). *Best Practices for Comprehensive Tobacco Control Programs.* http://www.cdc.gov/tobacco/stateandcommunity/best_practices/pdfs/2014/comprehensive.pdf

ACTION PLAN				
Strategy 2.2.3.1: Eliminate exposure to secondhand smoke				
Activity	Target Date	Resources required	Lead Person/ Organization	Anticipated Product or Result
Educate decision makers and the public on the ability to expand the Nevada Clean Indoor Air Act at the local level	Sep 2017	SNHD staff time, tobacco grant funds	SNHD, American Lung Association, American Cancer Society, Cancer Action Network	Comprehensive clean indoor air expansion at the local level. May include policy changes
Work with businesses, medical facilities, apartment complexes, and meeting venues to expand existing or implement new tobacco-free policies	Sep 2017	SNHD staff time, tobacco grant funds	SNHD, Nevada Cancer Coalition	New policies implemented or expanded. May include policy changes
Work with Southern Nevada students, faculty, staff, and existing community partners to expand tobacco-free policies on higher-education campus	Sep 2017	SNHD staff time, tobacco grant funds	SNHD, UNLV	New policies implemented or expanded. May include policy changes
Educate the community and support policy efforts on emerging tobacco products such as e-cigarettes	Sep 2017	SNHD staff time, tobacco grant funds	SNHD	Policy changes that become law. May include policy changes

Priority Area 3: Policy and Funding

Policy and funding are recognized as factors that impact how the public health system functions and how the system can meet the needs of the population it serves. However, the 2016 Southern Nevada CHA illustrated the community's concern that the state's funding and policy choices present significant barriers to improved community health. Inadequate funding streams for health care, education, and other related areas have been identified as strategic issues that need to be addressed in order to improve the health of the Southern Nevada community. As noted in the CHA, Nevada ranked 50th in the nation for Health Resources and Services Administration (HRSA) grants to states, 51st in the nation for state investment in public health spending, and 30th in the nation in CDC funding per capita. Southern Nevada residents and stakeholders identified several weaknesses and threats to the community's health during the Community Themes and Strengths Assessment, the Local Public Health Systems Assessment and Forces of Change Assessment; many of these shortcomings could be impacted through policy changes.

Generating large-scale impact on population health relies on increased cross-sector alignment and collaboration among partner organizations. System activities, such as policy, must be coordinated to efficiently help the community advance towards its health-related goals and objectives. The Southern Nevada community has chosen to focus on increasing opportunities for sharing information and providing education, broad cross-sector collaboration, and integration of Health in All Policies (HiAP). – An HiAP strategy assists policymakers to integrate health, well-being, and equity concepts during all phases of community policies and services.

VISION: To improve transparency in public health funding for key stakeholders and the public, thus ensuring a knowledgeable public and key stakeholders in the decision-making process.

GOAL AREAS:

- 3.1 : Policy
- 3.2 : Funding

Goal Area 3.1: Policy

Purpose: Educate the community and stakeholders about the influence of public health on the success of Southern Nevada and use health data and a Health in All Policies (HiAP) approach to formulate policy and drive decision-making. (This goal area aligns with SNHD's Strategic Plan Goal #5: Continually assess and improve public health policies, communication, and collaboration).

Goal Area 3.1 PERFORMANCE MEASURES		
Short Term Indicators	As Evidenced by	Frequency
Community members, stakeholders, and policy makers from all levels are educated about the factors that influence health, including the social determinants of health and why health matters to the overall success of Southern Nevada	Evidence of campaign media materials and trainings or exposure to educational materials; first campaign to be completed by April 2017	Annual campaign and report
Increased awareness of health information systems and the need to link and share data	Partnerships to build linkages	Biannual report
Increased awareness of the Healthy Southern Nevada Website as a comprehensive source of public health data	Improved access to and utilization of Healthy Southern Nevada website by Sep 2017, as evidenced by metrics of use, such as number of hits, number of downloads, and stakeholder survey responses	Annual
Increased transparency in public health funding	Partners sharing their public funding data	annual
Long Term Indicators	As Evidenced by	Frequency
Increase number of policies that consider HiAP approach	Increased number of Local Public Health System partners that utilize an HiAP approach when changing existing policies or creating new policies by 2020	Biannual review to precede the legislative session
Community members, stakeholders and policy makers from all levels have a better understanding of the determinants of health and why they matter for the overall success of Southern Nevada by 2020	Improvement in National Rankings e.g. Trust for America's Health	Annual
Increasing volume of data being shared and number of partners sharing data	Number of signed Memorandums of Understanding (MOU) and number of pipelines being built	Annually

Objective 3.1.1

Increase community awareness of the relationship between the determinants of health, public health, and the success of Southern Nevada,

Recommendations:

Advocate for policies that support Public Health Improvement Funds

Expand funding opportunities to review public health areas where state or local governments could develop capacity to bring additional public health dollars to the state.

Background on Strategy

Findings from a Policy & Funding community meeting on October 7, 2015, indicated that there was no universal understanding of what public health is and what factors influence the health of Southern Nevadans. Health is impacted by multiple determinants, including social and economic environment, physical environment, and a person's individual characteristics and behaviors. An attitude of HiAP addresses the health of all people by collaborating to incorporate health considerations into decision-making across policy areas. This ensures that all decision and policy makers are informed about the health consequences of various policy options during

policy development. All types of interventions are needed to positively impact health, but long-lasting protective interventions, changing environmental contexts, and improving socioeconomic factors are among the most important for impacting population health and the wellbeing of a region.

Sources:

- World Health Organization. “Health Impact Assessment.” <http://www.who.int/hia/en/>
- Frieden, T. R. (2010). A Framework for Public Health Action: The Health Impact Pyramid. *Am J Public Health*, 100(4): 590-5.
- Public Health Institute. “Health in All Policies: A Guide for State and Local Governments.” <http://www.phi.org/resources/?resource=hiapguide>

ACTION PLAN				
Strategy 3.1.1.1: Educate policymakers and the community on the importance of public health and HiAP				
Activity	Target Date	Resources required	Lead Person/ Organization	Anticipated Product or Result
HiAP education for BOH, SNHD Advisory Board, and policymakers	Sep 2016	Staff time, facility, educational materials, publicity materials	SNHD	Feedback from the workshop shows an increased understanding of HiAP. May include policy changes
Conduct a local media campaign about public health and what determinants influence health	Jan 2017	Staff time, educational materials, publicity materials, media costs	SNHD	Paid and earned media. May include policy changes
Create and disseminate information to the public, business owners and policy makers linking health to improved business	April 2017	Staff time, production, and dissemination costs	LV Chamber of Commerce	Published policy briefs. May include policy changes
Reach out to non-health groups (e.g. PTAs, neighborhood associations, faith-based groups, unions, HOAs, business groups, community organizers,) and offer to conduct presentations about public health and the factors that impact health	April 2017	Staff time, local travel, educational materials	SNHD, using APHA webinar on HiAP and other HiAP resources	Presentations at community meetings and webinars that reach local stakeholders. May include policy changes

Objective 3.1.2

Promote awareness and use of reliable data sources and data linkages for sharing public health information across Southern Nevada by July 2017

Background on Strategy

Findings from the October 7, 2015, Policy & Funding community meeting indicated that there

was no source of data and information consistently and universally consulted by local public health partners in Southern Nevada as they conduct health-related work. Information and data are vital for collective action around health. The spending of public health funds should be transparent and held accountable.

Sources:

- Levi, J., Segal, L. M., St. Laurent, R. (2014). *Investing in America’s Health: A state-by-State look at Public Health Funding and Key Health Facts, Trust in America’s Health*, <http://healthyamericans.org/assets/files/TFAH2014-InvestInAmericaRpt08.pdf>

ACTION PLAN				
Strategy 3.1.2.1: Evaluate current usage of data resources and train community partners and agencies to better utilize those resources				
Activity	Target Date	Resources required	Lead Person/ Organization	Anticipated Product or Result
Conduct an evaluation of main data sites – such as Healthy Southern Nevada, Health Information Exchange (HIE), Community Management Information System (CMIS) and Curaspano – to understand how they are being used and to identify strengths, gaps, and needs	Jan 2017	Staff time	SNHD	Evaluation report. May include policy changes
Apply findings from data sites evaluation reports to initiate quality improvement projects	Mar 2017	Staff time	Policy and Funding Team	Recommendations for websites and systems. May include policy changes
Create and implement an education plan to engage health and non-health sectors to use Healthy Southern Nevada website	May – Sep 2017	Staff time, marketing resources	SNHD	Disseminate plan and marketing products. May include policy changes
Initiate open data portal for public use	Jan 2017	Staff time	SNHD	Public can extract data for additional studies. May include policy changes
Create education materials to encourage appropriate agencies to utilize the data exchanges to input and export data	Jan 2017	Agency staff time and educational materials	HealthInsight	Increase system utilization. May include policy changes
Offer training to improve utilization of data exchanges and the Healthy Southern Nevada website to partners and community members	May – Sep 2017	Staff time, meeting space, educational materials	HealthInsight	Trainings. May include policy changes

Goal Area 3.2: Funding

Purpose: Establish and promote awareness of Southern Nevada’s public health funding landscape using education and transparent data resources to increase data-driven health policy and funding decision-making. This goal area aligns with SNHD’s Strategic Plan Goal #1 (strengthen financial sustainability for public health in Southern Nevada and within SNHD).

Goal Area 3.2 PERFORMANCE MEASURES		
Short Term Indicators	As Evidenced by	Frequency
Dissemination of public health spending study results to various audiences to promote discussion and understanding of any identified needs and gaps in public health funding, by May 2017	Study produced by neutral third party	Once
Increased understanding among Nevada state legislative groups about the financial landscape of public health funding in Southern Nevada, by the beginning of the 79 th Nevada Legislative Session (2017)	Meeting attendance by Policy and Funding workgroup members, emails, educational materials, etc.	Ongoing
Long Term Indicators	Source	Frequency
Improved standing in national rankings of state public health funding by the end of 79 th Nevada Legislative Session (2017)	National rankings (e.g. Trust for America’s Health rankings)	Once

Objective 3.2.1

By April 2017, assess how much funding is allocated to which public health activities in Southern Nevada.

Background on Strategy

Findings from the October 7th, 2015, Policy & Funding community meeting indicated that there is poor consensus on public health funding levels in Southern Nevada. Assessing current funding levels will allow for more informed decisions on future allocations.

Sources:

- October 7, 2015, Policy & Funding community meeting

ACTION PLAN				
Strategy 3.2.1.1: Assess current levels of public health funding				
Activity	Target Date	Resources required	Lead Person/ Organization	Anticipated Product or Result
Partner with members of the Legislative Council Bureau (LCB) to assess public health funding levels for Southern Nevada	Sep 2016	Staff time, travel	Policy and Funding Team	Published report. May include policy changes

Initiate data request to Nevada State Health Division outlining public health funding expenditures for Southern Nevada for FY2016	Sep 2016	Staff time, travel	Policy and Funding Team	Published report. May include policy changes
Compile detailed spending report for Southern Nevada Health District for FY2016	Sep 2016	Staff time, travel	SNHD	Published report. May include policy changes
Receive input from other key stakeholders, regarding their public health spending	Oct 2016	Staff time, survey, agency engagement, data repository	SNHD	Open portal data and report. May include policy changes
Partner with non-governmental organization to assess public health funding in Southern Nevada for FY2016	Dec 2016	Staff time, travel	Policy and Funding Team	Published report. May include policy changes

Objective 3.2.2

Increase awareness of the financial landscape of public health funding in Southern Nevada among key stakeholders (elected officials, lobbyists, etc.) prior to and during the 79th Nevada Legislative Session

Background on Strategy

The Southern Nevada public health system needs to be prepared to deal with the demands of a growing community and its potential effects, such as increasing health disparities or increasing disease rates. Key stakeholders must have an understanding of public health funding allocations – and of the strengths, gaps, and needs related to current funding decisions – in order to plan for and build a strong public health system for the future.

Sources:

- Trust for America’s Health (2016) *Policy and Advocacy. Critical care list: TFAH Public Health Funding Priorities for Fiscal Year 2017.* <http://healthyamericans.org/policy/public-health-funding/>

ACTION PLAN				
Strategy 3.2.2.1: Increase awareness of public health funding strengths, gaps, and needs				
Activity	Target Date	Resources required	Lead Person/ Organization	Anticipated Product or Result
Disseminate findings of studies (Objective 3.2.1) into educational presentations for various audiences to increase awareness of public health funding strengths, gaps and needs in Southern Nevada.	Jan 2017	Staff time	SNHD	Presentations, fact sheet, report, website. May include policy changes

Present at Southern Nevada Board of Health meeting	Jan 2017	Staff time	Policy & Funding Implementation team member	Presentation. May include policy changes
Present at Las Vegas Metro Chamber of Commerce legislative workgroup	Jan 2017	Staff time	Policy & Funding Implementation team member	Presentation. May include policy changes
Convene town hall meetings to educate public on public health funding strengths, gaps and needs in Southern Nevada	Jan-Feb 2017	Staff time, meeting space	Policy & Funding Implementation team member	Community feedback. May include policy changes
Meet with key legislators individually to increase awareness of public health funding strengths, gaps and needs in Southern Nevada in order to fill identified gaps and needs	Jan-Feb 2017	Staff time, travel, meeting space	Policy & Funding Implementation team member	Commitment to promote public health funding for Southern Nevada during legislative session. May include policy changes

Progress Update:

1. Continue to advocate for policies that support Public Health Improvement Funds
2. Expand funding opportunities to review public health topic-specific areas where state or local governments could develop capacity to bring additional public health dollars to the state
3. Increased insured adults and children to 100%
 - a. Nevada Health Link is currently evolving, as in 2019 Nevada Health Link enrolled about ~78,000 consumers. Most recent data reveal an increase of insured children aged 0-17 years from 90.3% to 93.2%. Adults aged 18-64 years increased from 78.6% to 83.5%
4. Develop partnerships to identify gaps, target outreach and increase publicity
 - a. Nevada Health Link worked closely with its network of over 750 agents, brokers and enrollment professionals across the state who helped to connect Nevada families and individuals with affordable health insurance that met their needs.

4 Implementation and Tracking Progress

This CHIP was reviewed by the CHIP Steering Committee. The plan will be implemented over 2016-2020, and during this period of coordinated action, partner agencies will align their strategic plans with the CHIP.

As Southern Nevada works on the three priority areas described in this report, SNHD will provide an annual report on progress made in implementing the strategies presented here. As strategies are implemented, SNHD will revise the CHIP as needed to ensure any necessary changes in improvement strategies, planned activities, timeframes, targets, and/or assigned responsibilities are incorporated into the annual report. Monitoring the plan implementation is important for understanding:

- Are we doing the work we said we would do?
- Are we having an impact?
- Are we addressing the social determinants of health, causes of higher health risks and poorer health outcomes of specific populations and health inequities in our community?

CHIP updates will be shared on healthysouthernnevada.org.