Steve Sisolak
Governor

Richard Whitley
Director

State of Nevada
Department of Health and Human Services

Health Equity Action Plan

Office of Minority Health & Equity

April Cruda, Program Officer II

9/30/2022

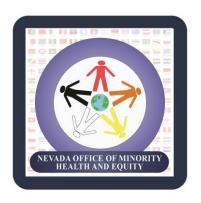*Helping people. It's who we are and what we do.*

Agenda

- Nevada Office of Minority Health & Equity (NOMHE)

- Purpose

- Audience

- Methods

- HEAP Chapters and Feedback

- Questions/Additional Comments

Office of Minority Health and Equity (NOMHE)

- Aims to achieve optimal levels of health and wellness for all minority groups and marginalized communities across the state

- ***Minority Health & Equity*** = encompasses members of <u>all</u> intersecting vulnerable populations

- Sub awarded CDC Health Disparities Grant in 2021

- Mission includes (but not limited to):
  - Embed health equity principles into operations state/human service providing organizations
  - Generate public awareness around health disparities
  - Provide equity-focused technical assistance to organizations
  - Influence health-focused policy development for inclusiveness

Health Equity Action Plan: Purpose

- **Objective:** Build a plan to include COVID-19 responsiveness, and to also reflect future emergency response and language accessibility. To be developed with key informants and public input

- **Goal:** Support organizational infrastructure to reduce inequities throughout our state.
  - A resource for other entities throughout the state to promote and support health equity in their work by providing policy, program, and resource recommendations that can be applied to current and future practice
  - Provides case study examples
  - Serves as a call to action to address health disparities and prepare to protect our most vulnerable communities from the health and social impacts of COVID-19 as well as future public health emergencies

Vision:

To ensure that Nevadans have equitable opportunity to live a healthy and full life, by strengthening the organizations that serve them.

Audience

- Organizations of public service statewide, looking to make services and opportunities more **equitable**, **accessible,** and **inclusive:**
    - Non-profit organizations/community-based organizations
    - State agency, department or program
    - Private health system or FQHCs
    - Local health departments
    - Behavioral health providers

- **How to use this document:**
    - **Recommendations** offer strategies that can be implemented in a given organizational infrastructure
        - Recommendations are also specified by level: state, local, grassroots, or all levels
    - **Resources** provide further technical support to implement strategies for health equity
    - **Case studies** provide concrete examples for how a concept was implemented, and can be used as reference

Methods

Inform → Collect → Interpret Findings → Develop Plan → Implement

Inform

Build Interview Guide (January 2022 – June 2022)

- A scan and review of policy and best practices from public health resources
- Research and gathering of data from the following sources to understand health inequities in Nevada:
    - Nevada DHHS 2021 Minority Health Report
    - Nevada DHHS State 2019 Health Needs Assessment
    - Guinn Center Report on Impact of COVID-19 on Communities of Color (Nevada)
    - Nevada Behavioral Risk Factor Surveillance System (BRFSS) Annual Report 2019

Collect

Key Informant Interviews (Began April 2022)

- Qualitative data was collected from 34 key informant interviews (and counting) representing 23 organizations
- Used to learn more about work that is being done throughout the state, as well as identify challenges, gaps, and needs when servicing minority populations

Methods cont.

- Qualitative analysis from interviews and information gathered from secondary research was used to determine **areas of focus** for the health equity action plan:
  1. Data Collection
  2. Build Capacity
  3. Community Engagement
  4. Language Access
  5. Emergency Preparedness

Data Collection

Challenges:

- Existing statewide data is not representative of the diverse populations that make up Nevada (including tribal communities)

- Missing data make it difficult to conclude accurate estimates, which prevents from reflecting the need for targeted health promotion activities (example: COVID-19 cases, hospitalizations, deaths, etc.)

- Communicating data to communities in a way that is easy to understand

- Skepticism from communities to participate in research activaties

Community-Driven solutions:

- How can we improve our approach to data collection so that it accurately and appropriately represents tribal communities?

- What would increase likelihood of participation in ensuring representation of tribal communities in state data infrastructure?

Build Capacity

Capacity building is defined as the process of developing and strengthening the skills, instincts, abilities, processes and resources that organizations and communities need to survive, adapt and thrive ([1]).

Develop Plan

Challenges:

- Organizations need to be committed to embedding equity into structure and practices

- Organizations need a diverse workforce to deliver services to their respective communities; diverse communities need representation in the health/public health workforce

- The need for health literacy and health education among community members and leaders in order to navigate public health systems and resources

Community-driven solutions:

- What is needed for your community to survive, adapt and thrive in a fast-changing world? (Skills, abilities, processes, or resources, etc.)

- How can organizations work to better support your community? (partnership, service delivery, outreach, education, engagement, etc.)

Community Engagement

Develop Plan

Challenges:

- Mistrust in public systems

- Lack of consistency or building long-term relationships with communities

- Engagement only lasts for the term of a project/initiative

- Outreach has lacked cultural awareness or humility

- Organizers are not of the community or not interested in learning/understanding the community

Community-driven solutions:

- What is the best way to engage with you/your community? What would you like to see more of?

- How can outreach be more culturally sensitive so that there is better interactions and engagement?
  - What resources, education, training or actions need to be taken for organizations to build knowledge and humility to improve communication/relationships?

Language Access

Challenges:

- There is a number of diverse languages spoken in Nevada, and services do not adequately meet this need

- Lack of linguistically accessible resources and services further widens the gap in health disparities

Community-driven solutions

- What has been your experience (if any) with language/cultural barriers when it comes to services, programs, healthcare or other resources?

Emergency Preparedness

Challenges:

- Jurisdictions did not have sufficient equity staff or teams in place to help lead efforts throughout response

- Difficulty reaching groups that were disproportionately impacted throughout the crisis (i.e., rural and tribal communities)

- Mistrust in public health messaging

- Creating culturally relevant and effective public health messaging for communities impacted by COVID-19

Community-driven solutions:

- What services/support did you feel helped your community through the most difficult time of the pandemic? What did *not* work?

- What do you think is needed for your community to be well prepared for the next emergency?

Timeline

- [Health Equity Plan Timeline](#)

October 2022
- Tribal Consultation
- Public Input (Northern NV)

November 2022
- Rural, Tribal Public Input
- Present Plan to NOMHE AC

December 2022
- Present to Director's Office
- Almost Final Draft Format

January – April 2023
- Public Input (South)
- Present to stakeholders
- Survey usefulness of plan
- Be prepared to present at legislative hearings

May 2023
- Final report
- End of CDC Health Disparities Grant

After May 2023

Implement
- Evaluation
- Update plan

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Questions? Comments?

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