County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

2025 Southern Nevada County Health Rankings & Roadmaps

Wednesday, March 19, 2025

9 AM – 11 AM

Virtual – Microsoft Teams

A collaboration between:

Southern Nevada Health District

Nevada Department of Health and Human Services
Division of Public and Behavioral Health

School of Public Health
Making Health Happen

Nevada Public Health Institute

NNPH

Larson Institute
Health Impact and Equity

Carson City Health & Human Services

CNHD
Central Nevada Health District

County Health Rankings & Roadmaps

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Welcome!

Maria Azzarelli, EMHA, CHES
Manager, Office of Chronic Disease Prevention and Health Promotion
Southern Nevada Health District

SNHD Southern Nevada Health District

Agenda

County Health Rankings & Roadmaps
Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

Southern Nevada County Health Rankings

Location: Virtual on Teams (https://tinyurl.com/yuskrbh9)

Date: Wednesday, March 19, 2025

Time: 9:00 – 11:00 AM

Agenda Items:

9:00 AM – 9:05 AM	Welcome & Opening Remarks Maria Azzarelli, EMHA, CHES, Manager, Office of Chronic Disease Prevention and Health Promotion, Southern Nevada Health District
9:05 AM – 9:30 AM	County Health Rankings Data & Interpretations John Packham, PhD, Associate Dean Office of Statewide Initiatives, University of Nevada, Reno School of Medicine
9:30 AM – 9:45 AM	Update on Southern Nevada Health District Community Health Improvement Plan Carmen Hua, MPH, CHES, Health Educator II, CHA/CHIP Coordinator, Division of Disease Surveillance & Control, Southern Nevada Health District
9:45 AM – 10:00 AM	Smoke-Free Policies in Multi-unit Housing Neleida Pelaez, BSPH, Health Educator II, Office of Chronic Disease Prevention and Health Promotion, Southern Nevada Health District
10:00 AM – 10:15 AM	Increasing Access to Healthier Foods for Low-Income Seniors Nicole W. Bungum, MS, CHES, Supervisor, Office of Chronic Disease Prevention and Health Promotion, Southern Nevada Health District
10:15 AM – 10:30 AM	Expanding Access to Care: Implementing Integrated Behavioral Health at the Southern Nevada Community Health Center Tabitha Johnson, MA, MBA, LMFT, LCADC, Behavioral Health Manager, Southern Nevada Community Health Center
10:30 AM – 10:50 AM	New Tools for Change: Introducing SNHD's Health and Equity & Substance Use Dashboards Erick López, PhD, Epidemiologist, Office of Informatics & Epidemiology, Southern Nevada Health District Brandon Delise, MPH, CIC, Senior Epidemiologist, Office of Informatics & Epidemiology, Southern Nevada Health District
10:50 AM – 11:00 AM	Questions & Closing Remarks

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

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2025 Nevada County Health Rankings and Roadmaps

Presented and Prepared by:

John Packham, PhD

Associate Dean, Office of Statewide Initiatives

University of Nevada, Reno School of Medicine

Policy Director, Nevada Public Health Association

March 19, 2025

County Health Rankings & Roadmaps

2025 County Health Rankings Data and Interpretations

John Packham, PhD
Associate Dean, University of Nevada, Reno School of Medicine
Policy Director, Nevada Public Health Association

March 19, 2025

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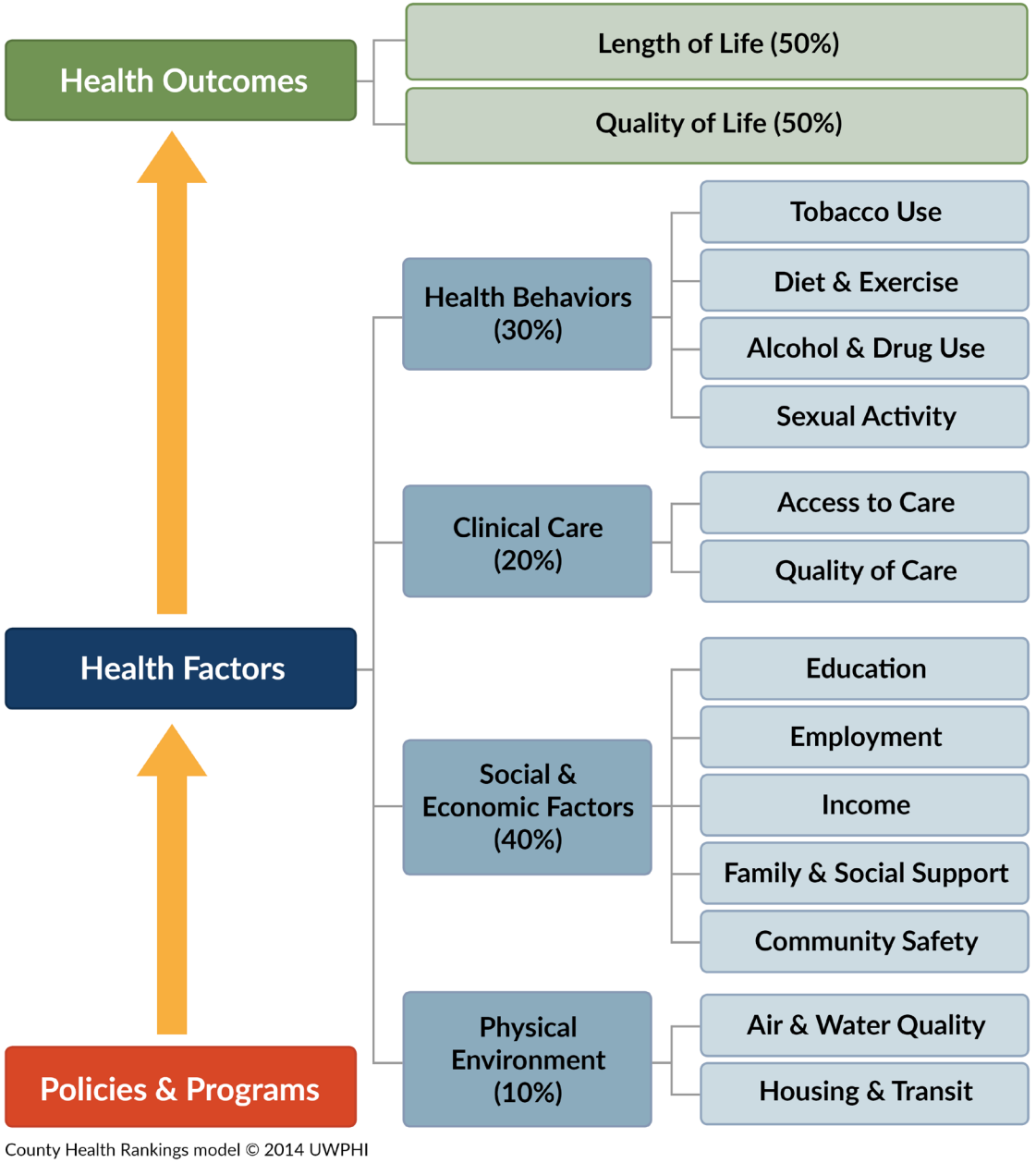
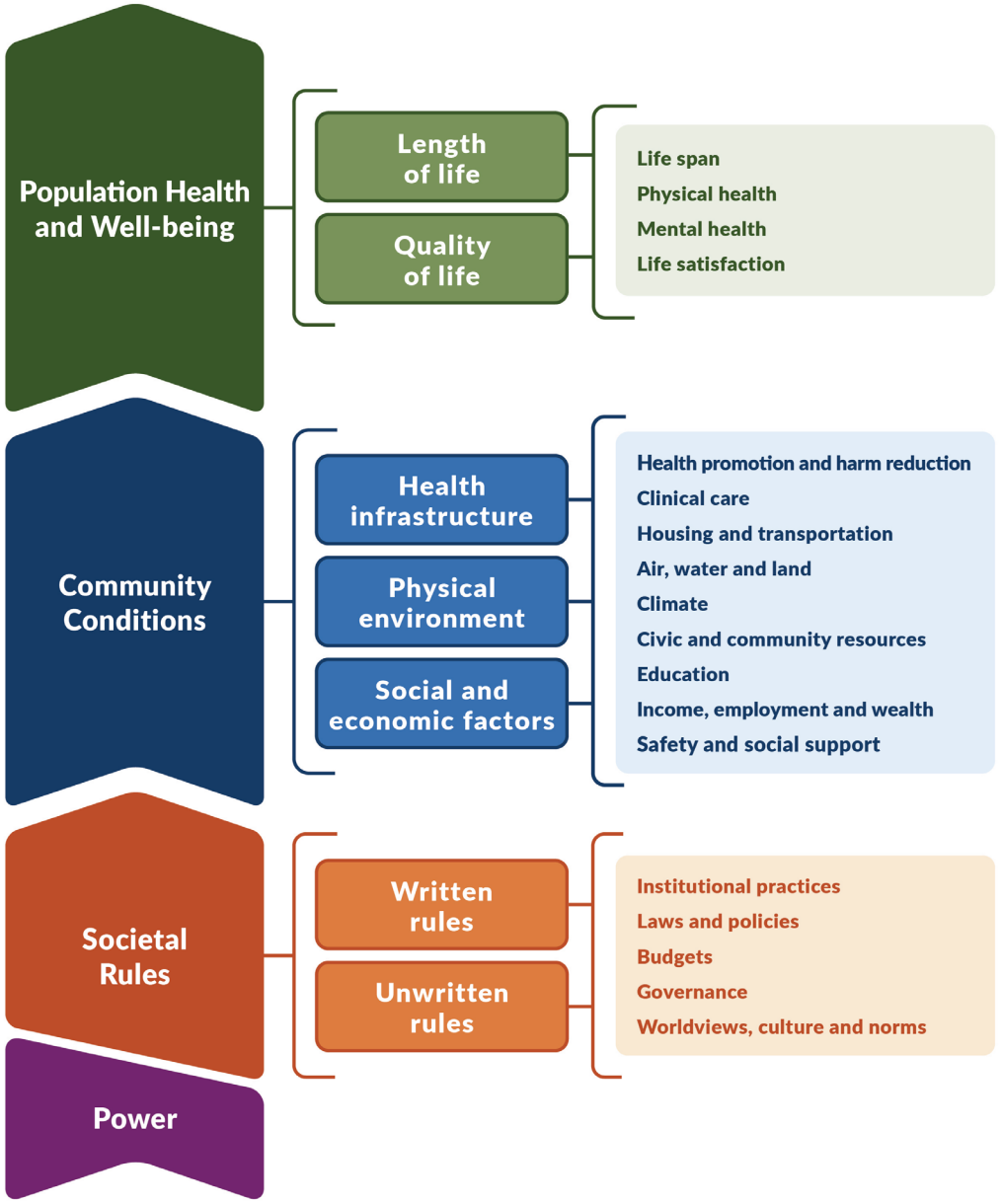
County Health Rankings & Roadmaps

Building on the longstanding County Health Rankings & Roadmaps model



County Health Rankings & Roadmaps

A compelling new model of health and well-being



County Health
Rankings & Roadmaps

Structural determinants of health

1. The written and unwritten rules that create, maintain, or eliminate durable and hierarchical patterns of advantage between socially constructed groups in the conditions that affect health.

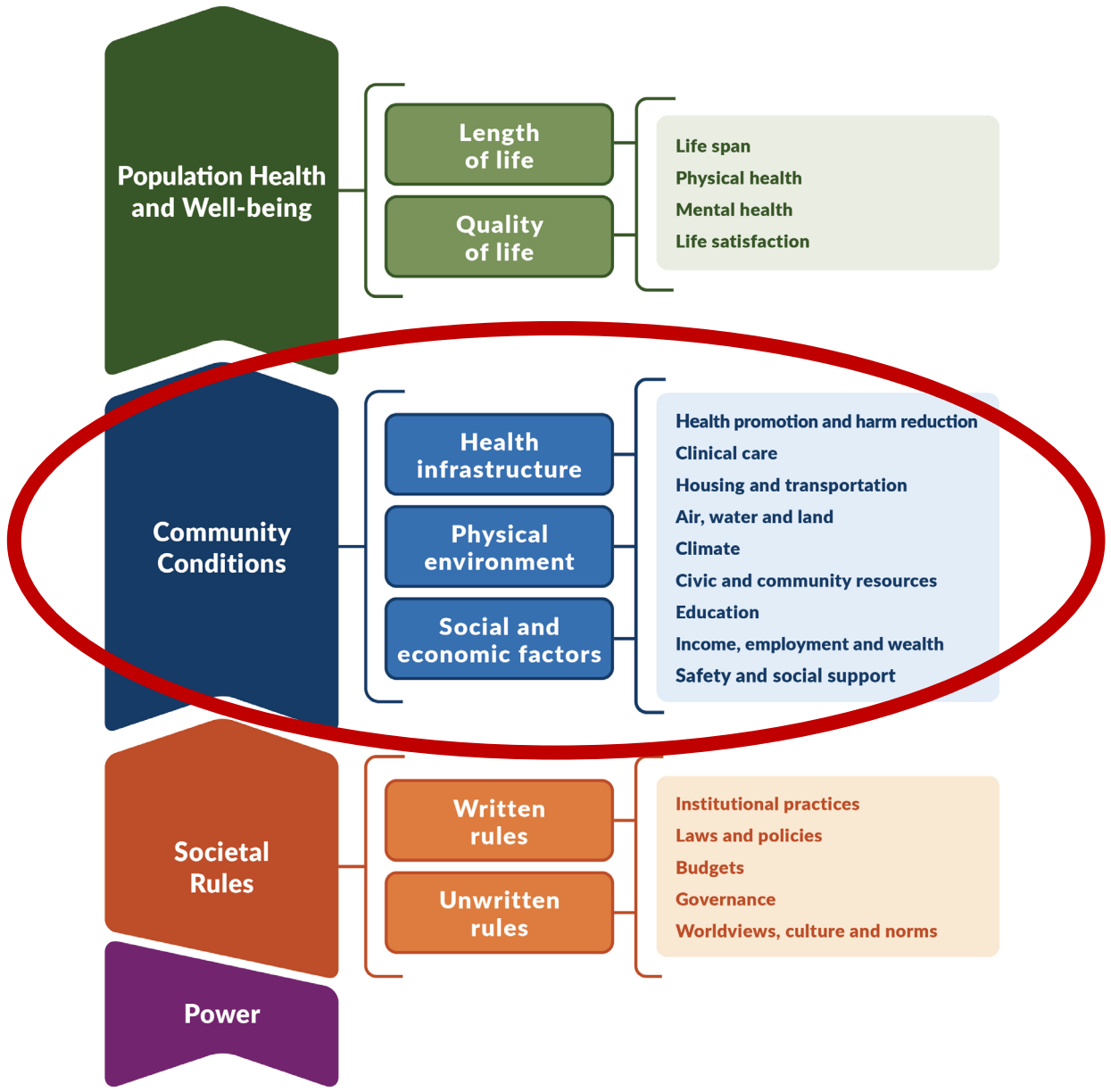
2. The manifestation of power relations in that people and groups with more power based on current social structures work to maintain their advantage by reinforcing or modifying these rules.

County Health Rankings & Roadmaps

Population health and well-being

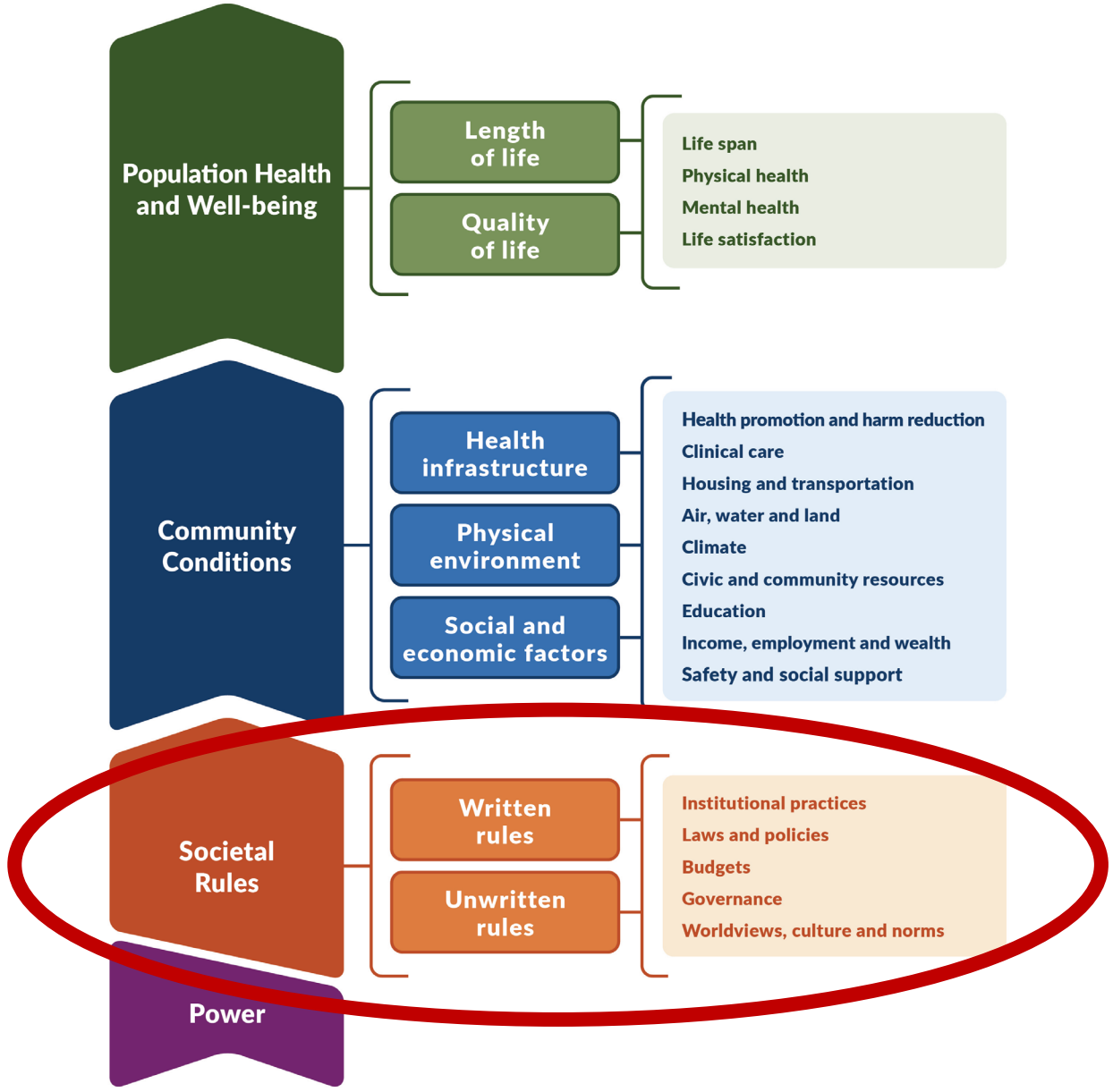
County Health Rankings & Roadmaps

Community conditions



County Health Rankings & Roadmaps

Societal rules and power



County Health Rankings & Roadmaps

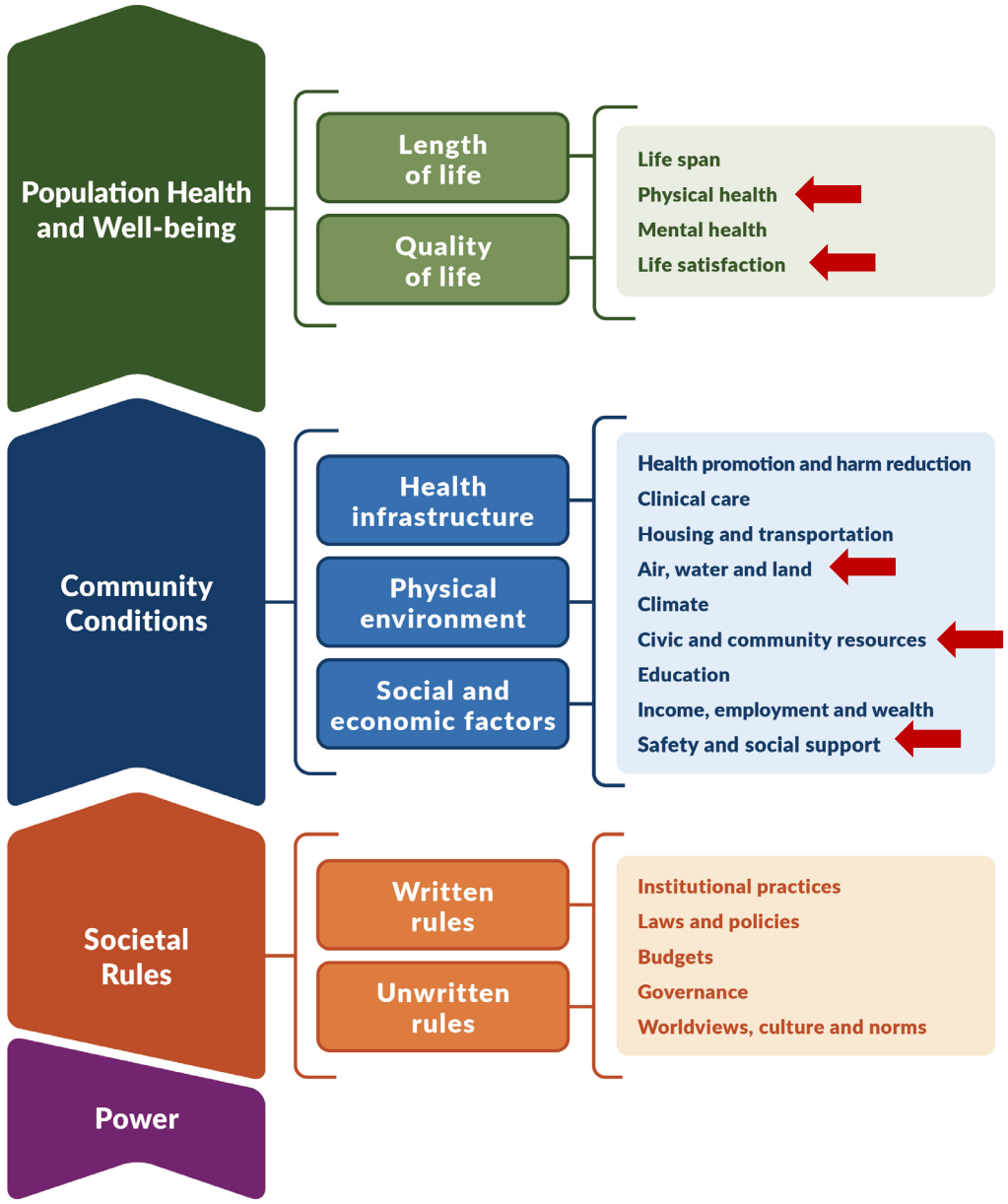
2025 select measures and data sources

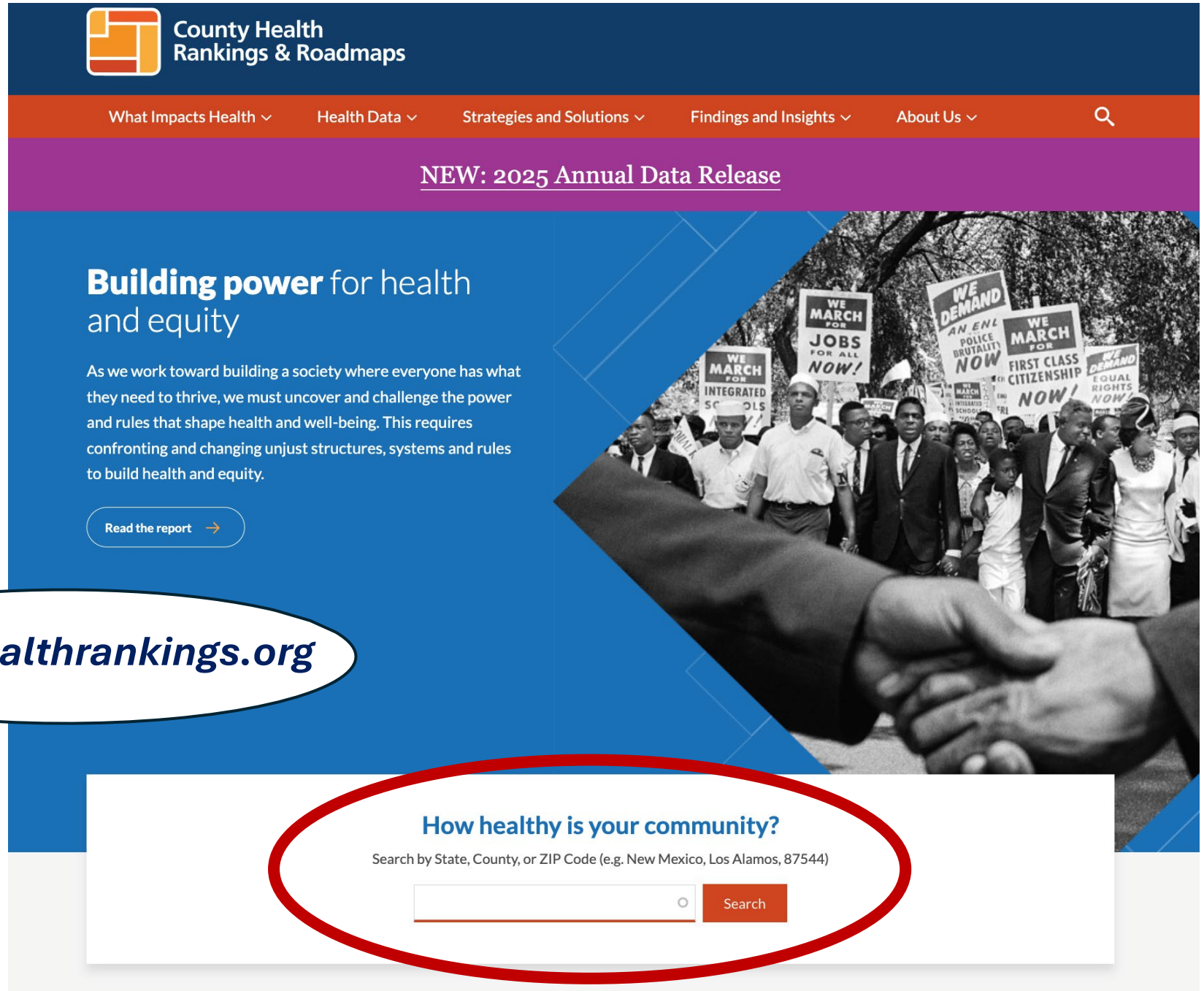
- 29 well-vetted, county-level measures of population health and well-being, health infrastructure, physical environment, and social and economic determinants
- 47 additional county-level measures of health and health determinants and 13 socio-demographic metrics
- Measures permit county-level comparisons with peer counties, as well as state and national level averages

County Health Rankings & Roadmaps

Six new measures in 2025

- Disability – functional limitations
- Feelings of loneliness
- Lack of social and emotional support
- Access to libraries
- Access to parks
- Adverse climate events

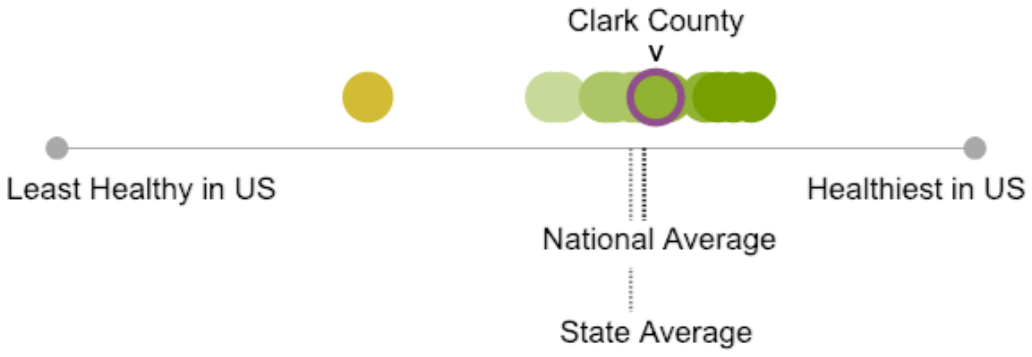



County Health
Rankings & Roadmaps
What Impacts Health
Health Data
Strategies and Solutions
Findings and Insights
About Us
NEW: 2025 Annual Data Release
Building power for health and equity
As we work toward building a society where everyone has what they need to thrive, we must uncover and challenge the power and rules that shape health and well-being. This requires confronting and changing unjust structures, systems and rules to build health and equity.
Read the report
WE MARCH FOR JOBS FOR ALL NOW!
WE DEMAND AN END POLICE BRUTALITY NOW
WE MARCH FOR FIRST CLASS CITIZENSHIP NOW!
WE DEMAND EQUAL RIGHTS NOW!
countyhealthrankings.org
How healthy is your community?
Search by State, County, or ZIP Code (e.g. New Mexico, Los Alamos, 87544)
Search

County Health Rankings & Roadmaps

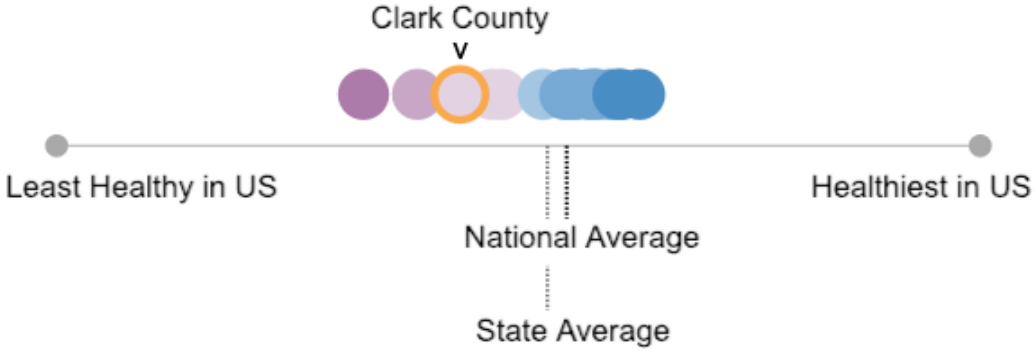
Benchmarking Local Data Against State and National Averages

Clark County – Population Health Outcomes – 2025



Clark County is faring slightly better than the average county in Nevada for Population Health and Well-being, and slightly better than the average county in the nation.

Clark County – Community Conditions – 2025



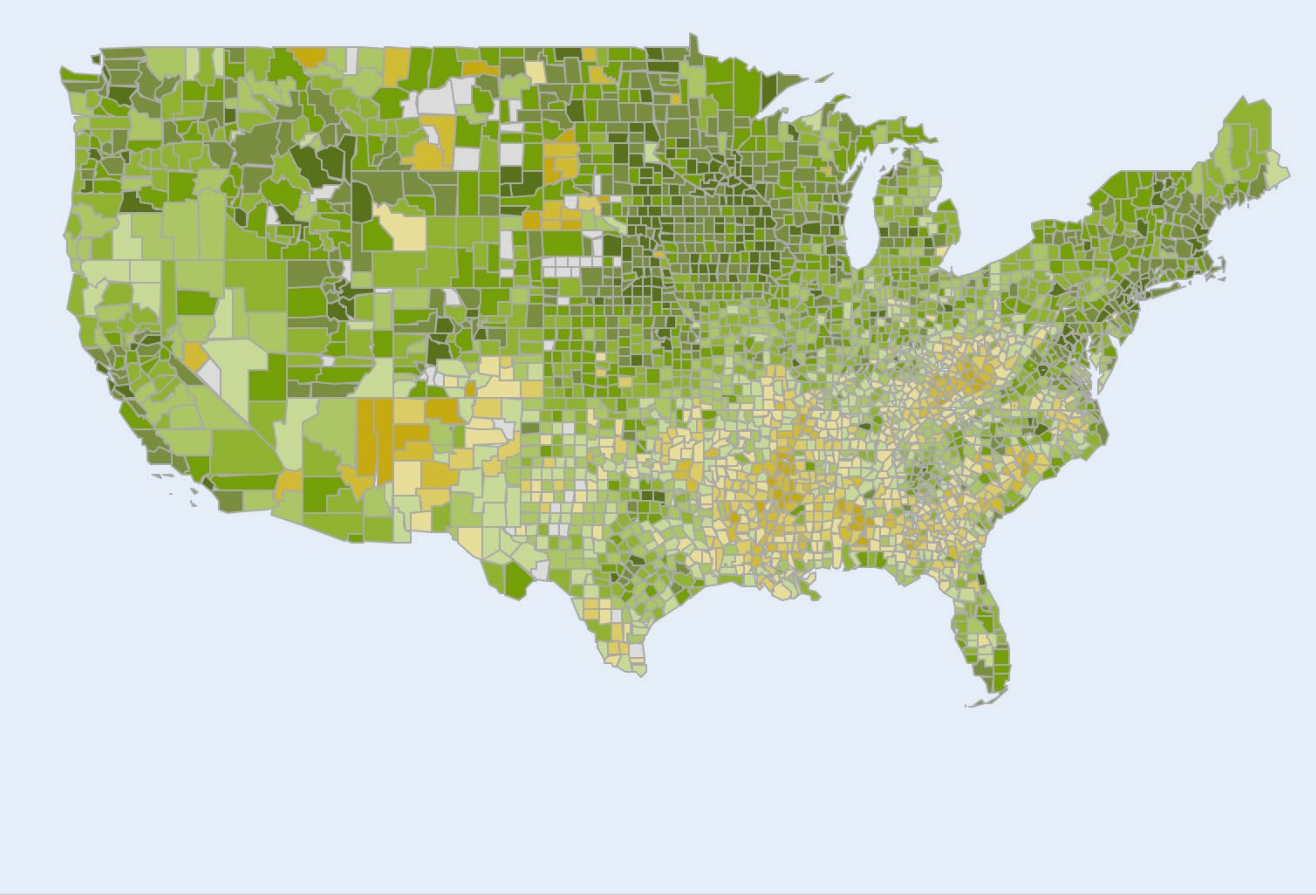
Clark County is faring slightly worse than the average county in Nevada for Community Conditions, and worse than the average county in the nation.

County Health Rankings & Roadmaps

Benchmarking with Peer Counties and Nevada and US Averages on All Select and Additional Measures

Population Health and Well-being			
Length of life	Clark County	Nevada	United States
Premature Death	8,600	8,700	8,400
Additional Length of life (not included in summary)	Clark County	Nevada	United States
Life Expectancy	76.6	76.4	77.1
Premature Age-Adjusted Mortality	430	440	410
Child Mortality	50	50	50
Infant Mortality	5	5	6
Quality of life	Clark County	Nevada	United States
Poor Physical Health Days	5.0	4.5	3.9
Low Birth Weight	9%	9%	8%
Poor Mental Health Days	5.5	4.9	5.1
Poor or Fair Health	21%	20%	17%
Additional Quality of life (not included in summary)	Clark County	Nevada	United States
Frequent Physical Distress	14%	14%	12%
Diabetes Prevalence	10%	9%	10%
HIV Prevalence	512	436	387
Adult Obesity	33%	34%	34%
Frequent Mental Distress	17%	15%	16%
Suicides	18	20	14
Feelings of Loneliness	36%	33%	33%

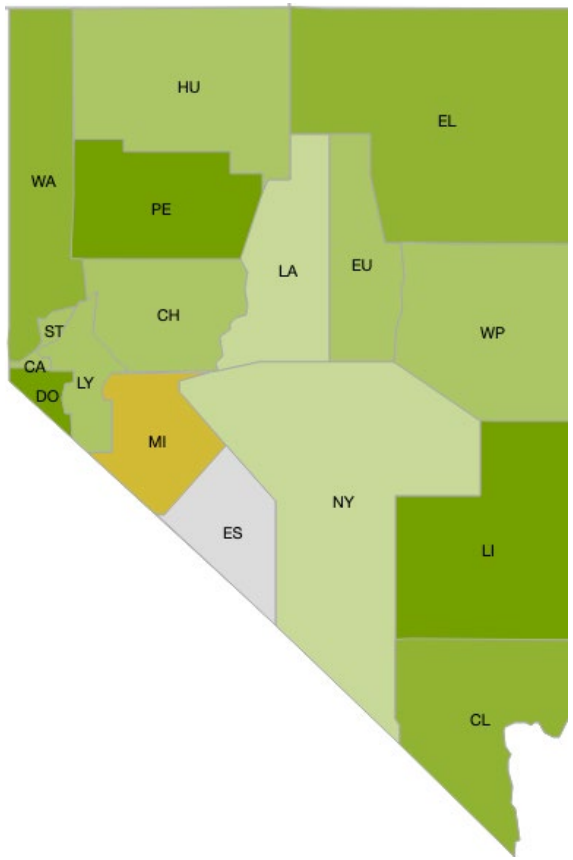
Visualizing Local Data with Other Nevada and U.S. Counties



POPULATION HEALTH AND WELL-BEING GROUP

LEAST HEALTHY IN US — HEALTHIEST IN US

NOT GROUPED (NA)



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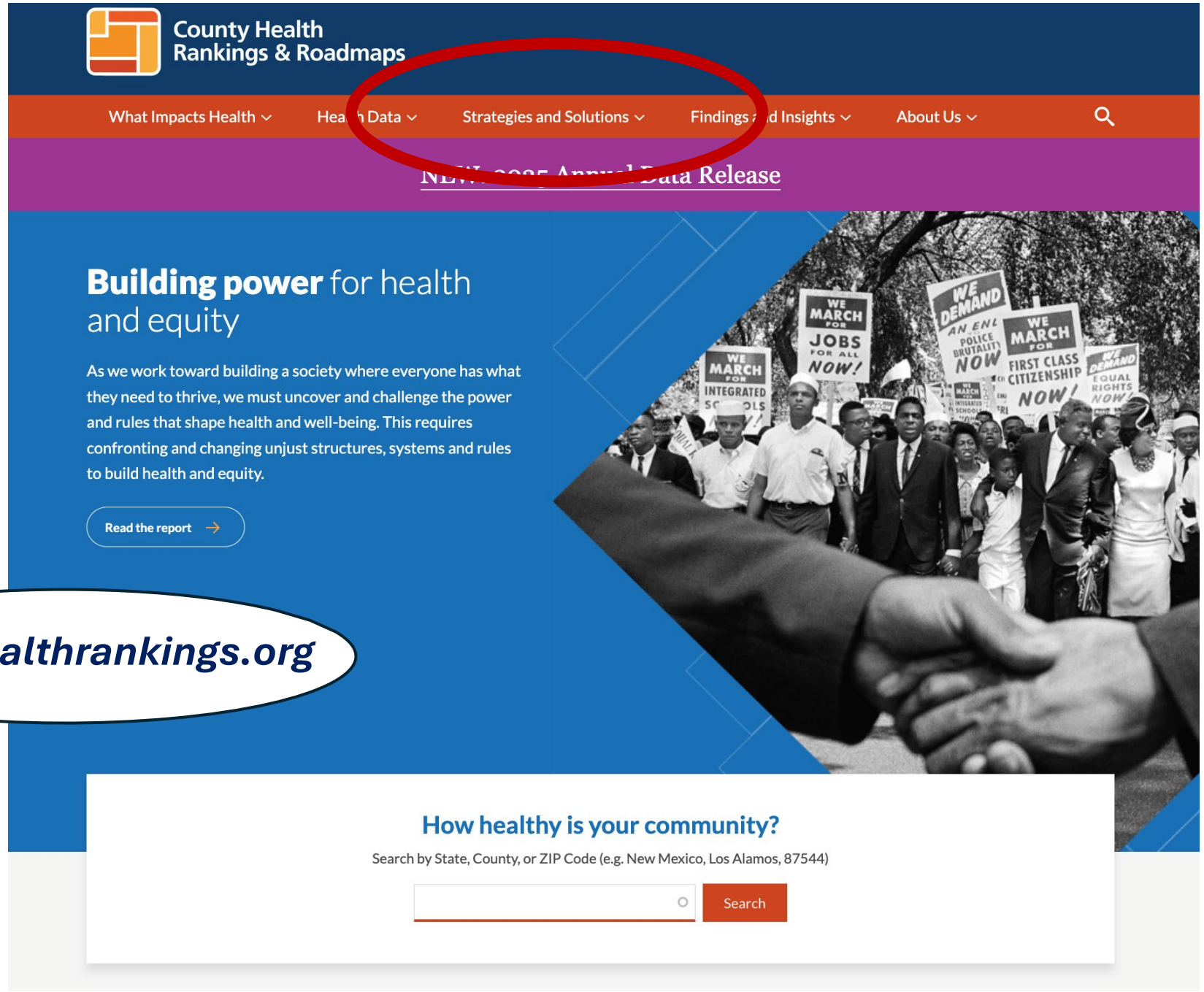

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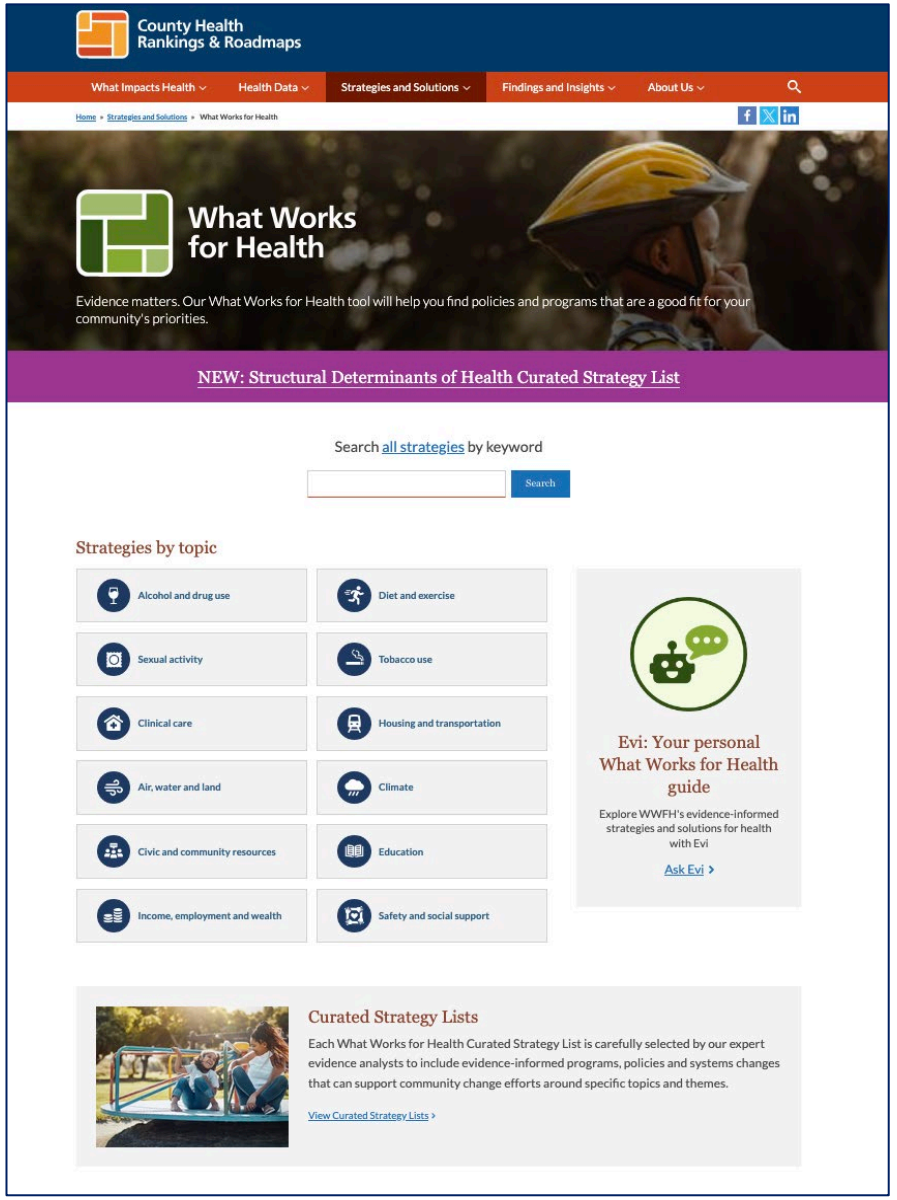

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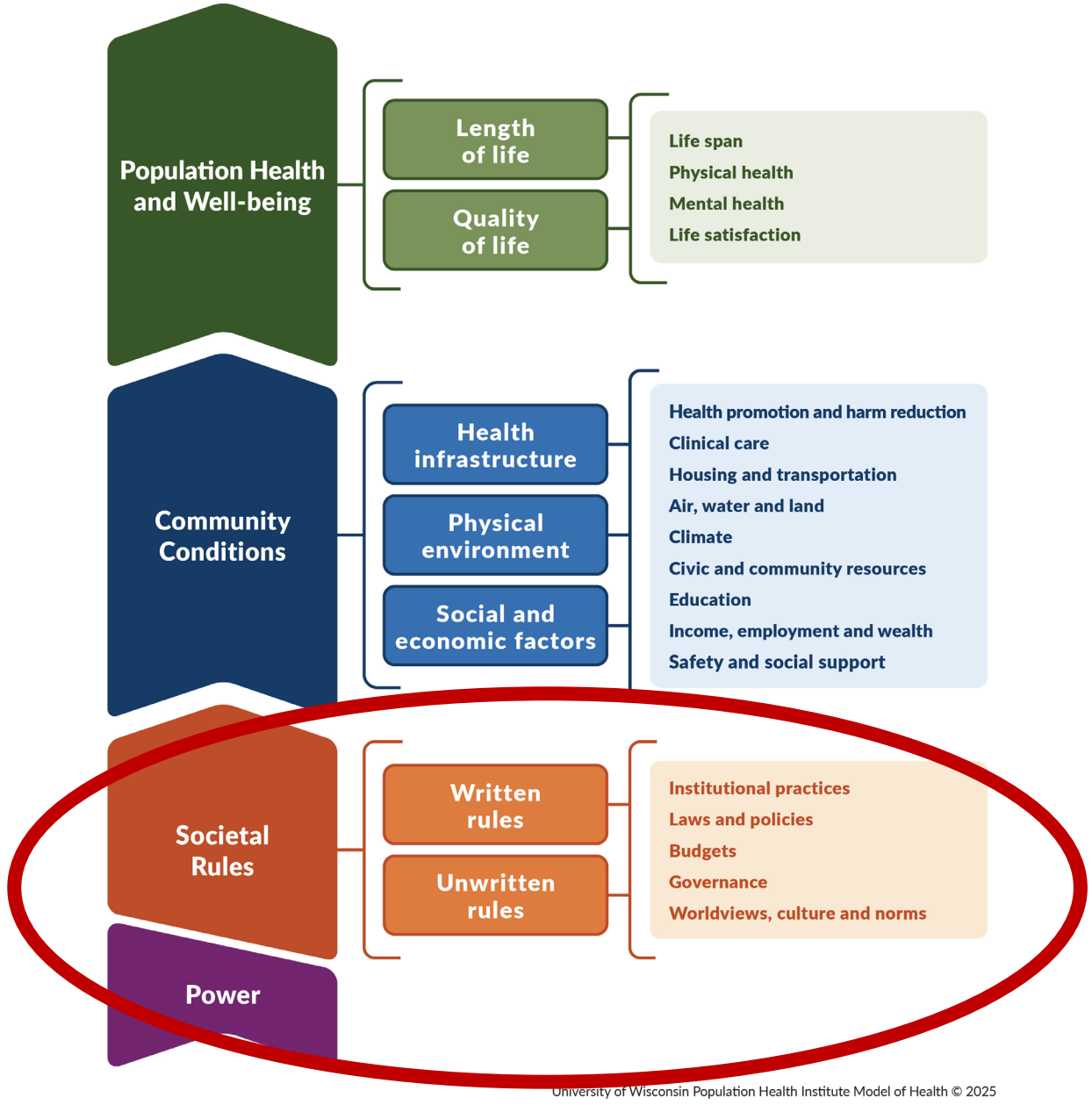
County Health Rankings & Roadmaps

Moving the Needle on Health Outcomes

- Health is influenced by where we live, learn, work, worship, and play
- Many factors influence health and well-being beyond the walls of hospitals and clinical settings
- Social and economic factors (a.k.a. “social determinants of health”) continue to be the primary drivers of health outcomes in Clark County and other Nevada and U.S. communities
- Moving the needle on health outcomes in Clark County and other Nevada communities will require intentional efforts that address the structural determinants of health rooted in the written and unwritten rules governing society and the distribution of power in communities

County Health Rankings & Roadmaps

Public health's role in politics and policy



County Health
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Questions?

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County Health Rankings & Roadmaps

Building a Culture of Health, County by County

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Update on Community Health Improvement Plan in Southern Nevada

Carmen Hua, MPH, CHES
Health Educator, CHA/CHIP Coordinator
Division of Disease Surveillance & Control
Southern Nevada Health District

Update on Community Health Improvement Plan in Southern Nevada

Carmen Hua, MPH, CHES
Health Educator, CHA/CHIP Coordinator
Southern Nevada Health District
Division of Disease Surveillance and Control
March 19, 2025

Outline Overview

Mobilizing for Action through Planning and Partnerships (MAPP) Framework

- Overview

2022-2025 Community Health Improvement Plan

- Southern Nevada CHIP Goals
- Healthy Southern Nevada Website

Priority Area Update

- Chronic Disease
- Access to Care
- Transportation
- Funding

Next Steps

- Reaccreditation Update

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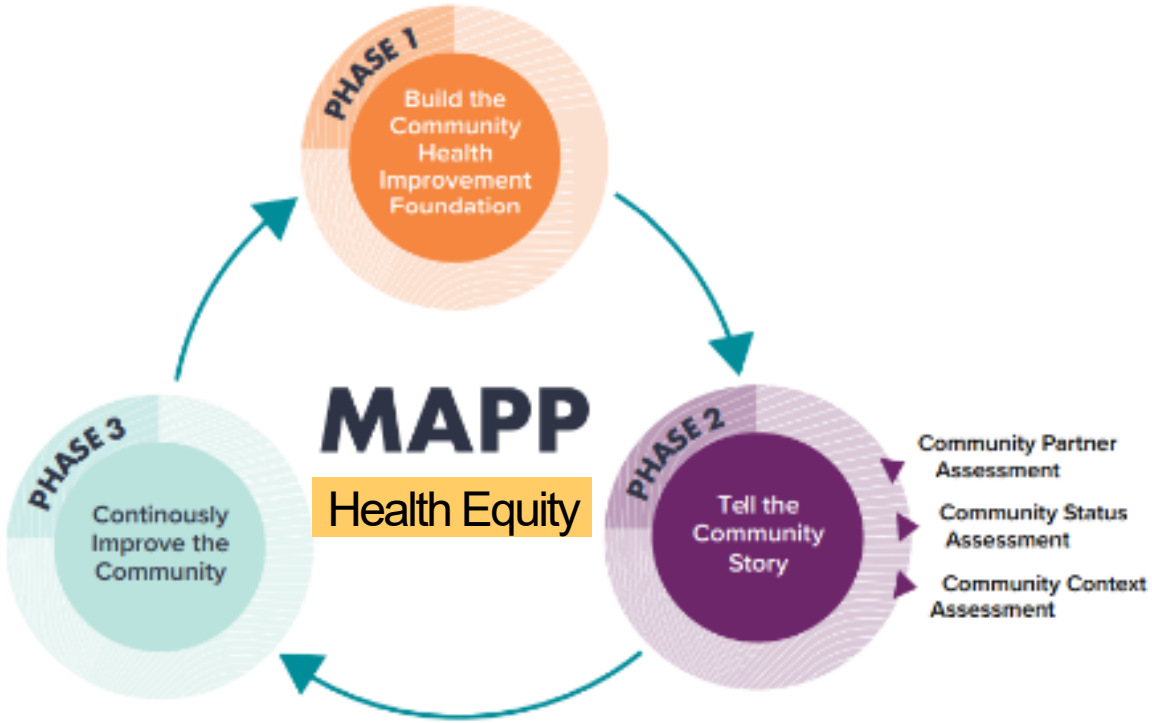
Southern Nevada Health District

MAPP 2.0 Framework

2001

Undergone updates

2023



Southern Nevada Health District

CHIP Goals: **Guiding the process**

Create an **inclusive community health improvement plan** for Southern Nevada

Ensure and enhance **opportunities for participation of cross-sector stakeholders** to improve community health

Have a clear roadmap to collaboratively address inequities while expanding community partnership

Address root causes of prioritized health issues and inequities

Utilize data to increase the impact of strategies

Ensure **CHIP is health-inclusive of health equity** for all populations and making sure no efforts are duplicated

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CHIP Progress Updates

www.HealthySouthernNevada.org

Southern Nevada Health District

2022-2025 Priority Areas

Southern Nevada Community Values

- ✔ Community Engagement
- ✔ Health
- ✔ Education
- ✔ Environment

2022-2025 CHIP Priority Areas

Priority Area 1: Chronic Disease

The CHIP chronic disease subcommittee recognized smoking, and tobacco use in general, as an important determinant of multiple chronic diseases and identified **tobacco control efforts as a key mechanism for reducing the burden of chronic disease** in the Southern Nevada community.

Priority Area 2: Access to Care

Promoting health equity through access and utilization of care is important as everyone has the right to be healthy. Health should not depend on the ZIP code, economic status, or an individual's heritage, religion, and/or sexual orientation. **Having access to care helps address disparities and it is the first step in creating a more equitable health system** that improve the physical, social, and mental health for everyone in the community.

Priority Area 3: Transportation

Reliable access to transportation can help increase employment rates, access to healthy foods, access to health care providers and facilities, and access to parks and recreation for a healthy lifestyle. The CHA identified the high cost of transportation, lack of access to transportation, and insufficient transportation funding as key areas to address.

Priority Area 4: Funding

Increasing public health funding is a necessary first step to improving key determinants of health such as reducing high unemployment rates, addressing high health care and transportation costs, increasing limited public resources, and improve opportunities to pursue educational goals. **Accessible and transparent public health funding will facilitate the adoption and timely implementation of community health programs and services.**

Southern Nevada Health District

Priority Area 1: Chronic Disease

Goal 1: Decrease the prevalence of heart disease among those identified (Non-Hispanic Black/ African American, 65 and Older, by ZIP Codes)

- In progress — Objective 1.1: By December 2025, advocate for and attempt to secure increased funding for tobacco control to CDC recommended funding levels as well as other chronic disease programs.
- Completed — Action Step: Meet with Legislators to raise awareness and justify need for additional funding.
- Completed — Action Step: Promote existing tobacco programs and the connection to reduced chronic disease.
- Completed — Action Step: Identify funding priorities, best practices, and potential collaborations with local and statewide partners.

Completed In progress Not started

Goal 2: Decrease the prevalence of lower respiratory disease among those identified (Non-Hispanic Black/African American, 65 and Older, by ZIP Codes)

- In progress — Objective 2.1: By December 2025, implement CDC or national model policy and law for secondhand smoke protection.
- Completed — Action Step: Develop educational materials for distribution to legislators that share the model policies and the disproportionate impact of those policies on communities of color.
- Completed — Action Step: Develop a tracker for model policy implementation
- Completed — Action Step: Identify populations or communities not covered by tobacco policy.
- Completed — Action Step: Meet with decision makers to promote and encourage secondhand smoke protection by creating smoke-free law/policies
- Completed — Action Step: Review current model policies and the applicability for the state of Nevada

Priority Area 2: Access to Care

Goal 1: Increase access to care in identified target populations by Access to Care Subcommittee (i.e., LGBTQ+, and uninsured and undocumented populations)

- Objective 1.1: By December 2025, increase primary care centers providing mental health services in "medical deserts" for uninsured populations including undocumented and LGBTQ+ persons.
- Action Step: Work with institutions of higher education to identify ZIP codes and data for underserved populations.
- Action Step: Identify and document medical deserts in Southern Nevada
- Action Step: Identify local, regional, and state level funding opportunities to support construction of new primary care facilities.
- Action Step: Increase the total number of mental health professionals in the State by supporting individuals seeking licensure through free supervision.

Completed In progress Not started

Goal 2: Increase patient confidence in choosing primary care physicians with assistance of care coordinators

- Objective 2.1: By December 2023, increase the number of healthcare providers documenting sexual orientation and gender identity on intake forms.
- Action Step: With assistance of community partners, create a list of guidelines and revise intake forms.
- Action Step: Implement training to collect data on indicators within medical communities.
- Action Step: Provide office resources to indicate support for LGBTQ+ and undocumented communities
- Action Step: Survey communities to document facilities data collection processes.

Completed In progress Not started

Goal 3: Fewer undocumented and LGBTQ+ individuals will access emergency departments for non-urgent health problems

- Objective 3.1: By December 2025, create or adapt a comprehensive cultural responsiveness training focusing on LGBTQ+ and undocumented communities.

Priority Area 3: Transportation

Goal 1: Increase awareness of transportation options that facilitate access to basic needs and services

- Objective 1.1: By December 2024, explore the expansion of Three Square's Golden Groceries program to include low-income populations of all ages.
- Action Step: Confirm interest with service providers
- Action Step: Identify new resources for expansion
- Action Step: Pilot test service
- Objective 1.2: By December 2024, promote awareness of existing programs such as Silver STAR and Silver Rider to eligible riders, and promote the expansion of on-demand transportation services for low-income communities lacking access to essential services.
- Action Step: Confirm interest with service provider
- Action Step: Identify new resources for expansion
- Action step: Develop potential service routes
- Action Step: Co-develop transportation service pilot

Completed In progress Not started

Goal 2: Increase availability of general transportation resources available to the community

- Objective 2.1: By December 2023, help identify funding opportunities to consider new transit fare policies for improved affordability and access.
- Action Step: Identify interested community partners
- Action Step: Develop task force
- Action Step: Co-develop and submit funding application
- Action Step: Expand access to existing reduced transit fare programs
- Objective 2.2: By December 2025, increase the number of available transportation resources available to the community.

Priority Area 4: Public Health Funding

Goal 1: Increase the Nevada public health system's readiness and ability to respond to the health needs of the community

- ✓ Objective 1.1: By December 2024, increase the community's understanding and awareness about the importance of public health funding.
- ✓ Action Step: Conduct surveys and town hall meetings to understand community knowledge, beliefs, and perceptions about public health funding.
- ✓ Action Step: Present results and action plan to community organizations
- ✓ Action Step: Identify top priorities for public health spending within and across communities.
- ✓ Action Step: Partner with state senators/assembly-people that want to increase the per capita funding and support via legislation.
- ✓ Action Step: Provide support and partner with the Governor's Office/Nevada Public Health Association (NPHA)/National Association of Counties (NACO)/community partners hat advocate for funding.
- › Objective 1.2: By December 2025, Advocate for the government (federal, state, local) to increase the total amount of per capita funding dedicated to the public health system.
- ✓ Action Step: Identify potential community partners
- ✓ Action Step: Identify potential bill sponsors
- ✓ Action Step: Identify Federal Legislator to partner with for funding.
- › Action Step: Draft bill language
- › Action Step: Develop and implement advocacy plan and Track Bill

✓ Completed › In progress ✗ Not started

Priority Area Comparisons throughout Nevada

	STATE PRIORITIES										
	ACCESS TO HEALTH CARE			MENTAL HEALTH AND SUBSTANCE USE			SOCIAL DETERMINANTS OF HEALTH				PUBLIC HEALTH INFRASTRUCTURE
RELATED LOCAL PRIORITIES	ACCESS/ HEALTH EQUITY	HEALTH CARE WORK-FORCE	BEHAVIORAL HEALTH WORK-FORCE	CHILDREN'S BEHAVIORAL HEALTH	CRISIS RESPONSE	SUBSTANCE USE DISORDER	FOOD SECURITY	HEALTH LITERACY	AIR QUALITY/ CLIMATE CHANGE	HOUSING / SUPPORTIVE HOUSING	FUNDING, PUBLIC UNDERSTAND-ING/ AWARENESS
SOUTHERN NEVADA HEALTH DISTRICT	X	X (new facilities in medical deserts)	X				X (transportation)	X			X (funding, public understanding/ awareness)
NORTHERN NEVADA PUBLIC HEALTH	X	X	X	X	X		X (access to healthy food)			X (affordable rental housing)	

*Carson City Health and Human Services had not published a recent CHIP at the time of publication.

Source: Nevada Division of Public and Behavioral Health (2024). *Silver State Health Improvement Plan 2023-2028*. Retrieved from https://dpbh.nv.gov/uploadedFiles/dpbhnvgov/content/About/2023-28-SSHIP-23-28-Final1.pdf

SNHD Southern Nevada Health District

Next Steps

01

Continuously Implement Action Plan from 2022-2025 into the Community

02

Progress Updates & Tracking on HSN Website Dashboard

03

Continue community partnership and engagement!

Southern Nevada Health District

2025 CHA ROADMAP - Timeline

1 NOVEMBER 2023
Official CHA Cycle Begins
- Establish Steering Committee
- Gain Leadership Support

2 FEBRUARY – APRIL 2024
Community Partner Assessment (CPA)

3 MAY – JULY 2024
Community Status Assessment (CSA)

4 AUGUST – OCTOBER 2024
Community Context Assessment (CCA)

5 NOVEMBER – APRIL 2025
Data Analysis and Edits

6 MAY 2025
Publish CHA data reports, profiles, and update data dashboards

SNHD Southern Nevada Health District

SNHD Reaccreditation Update

Year 4 (April 2025-2026)

- Internal review of all documentation in late 2024 + Mock Site Visit by PHAB
- Reaccreditation Readiness Self-assessment

Year 5 (March 2027)

- Final documentation for our next 5-year accreditation; Due 3/31/2027

Current Accredited Health Departments: 42 States, 396 Local & 6 Tribal

Accredited Health Depts.	Quality Improvement	Workforce Development	Programs & Services	Accountability in Health Depts.
	100%	93%	93%	93%
	Report increase	Identifying and addressing gaps	Use of evidence-based practices	Improved accountability

SNHD Southern Nevada Health District

Southern Nevada Health District

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Southern Nevada Health District

County Health Rankings & Roadmaps

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Smoke-Free Policies in Multi-unit Housing

Neleida Pelaez, BSPH
Health Educator II
Office of Chronic Disease Prevention and Health Promotion
Southern Nevada Health District

Smoke-Free Policies in Multi-unit Housing

County Health Rankings

Neleida Pelaez, BSPH / Health Educator II
Southern Nevada Health District
March 19th, 2025

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Multi-unit Housing and Public Health

In 2023, 36.2% of Clark County residents lived in a multi-unit housing (MUH) community.

As of 2024, 60.5% of housing units in Clark County are contained in multi-unit structures

65% of air in an apartment can come from other units

NCIAA does not mandate smoke-free policies in private MUH

Voluntary Smoke-free housing policies are permissible Nevada law

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Health Disparities & Secondhand Smoke in MUH

SHS exposure in MUH disproportionately affects vulnerable populations

- Low-income families and racial/ethnic minorities are more likely to live in MUH
- Black, Latino and low-income populations have higher SHS exposure rates
- Elderly residents face higher risks of heart attacks and stroke
- People with disability or chronic illnesses have limited mobility, harder to leave their homes to avoid exposure
- 2 out of every 5 children are exposed, their lungs & airways are still developing
- Those in underserved communities may have fewer resources for prenatal care and smoking cessation

Southern Nevada Health District

Health Impact of Secondhand Smoke Exposure

There is no safe level of exposure to secondhand or thirdhand smoke

- SHS is responsible for more than 42,000 deaths annually in the U.S., including over 7,000 lung cancer deaths among nonsmoking adults
- Increase risk of heart disease, stroke, lung cancer & respiratory illnesses
- Children's lungs and airways are still developing, making them more susceptible to the harmful effects of secondhand smoke
- Causes reproductive health problems in women (miscarriage, stillbirth, premature birth,)

Southern Nevada Health District

Be Healthy, Breathe Easy, Live-Smoke-Free Initiative

- Technical assistance to property manager and MUH residents
- Online SF housing directory, English and Spanish
- Community outreach
- Marketing campaign
- Free educational and promotional materials
- Culturally tailored cessation services

Goal: To reduce SHS exposure by increasing access to smoke-free living

Smoke/vape/cannabis-free policies: Increase the number of MUH communities that have a smoke-free policy in Southern Nevada by adopting new or expanding existing smoke-free policies

Benefits: Reduce health disparities and smoking related illnesses, lower health care costs, and promote health equity

SNHD Southern Nevada Health District

Community Outreach and Technical Assistance

Initiatives are strategically focused on priority zip codes where 20% or more of the population live in poverty.

- One on one meetings with managers to provide TA
- Assist residents experiencing SHS exposure
- Community outreach activities to promote initiative
- Presentations and resident engagement
- Collaborations with housing organizations - NVSAA, Nevada HAND, SNRHA, NMHEC, and NICRP

Nevada State Apartment Association

SNRHA

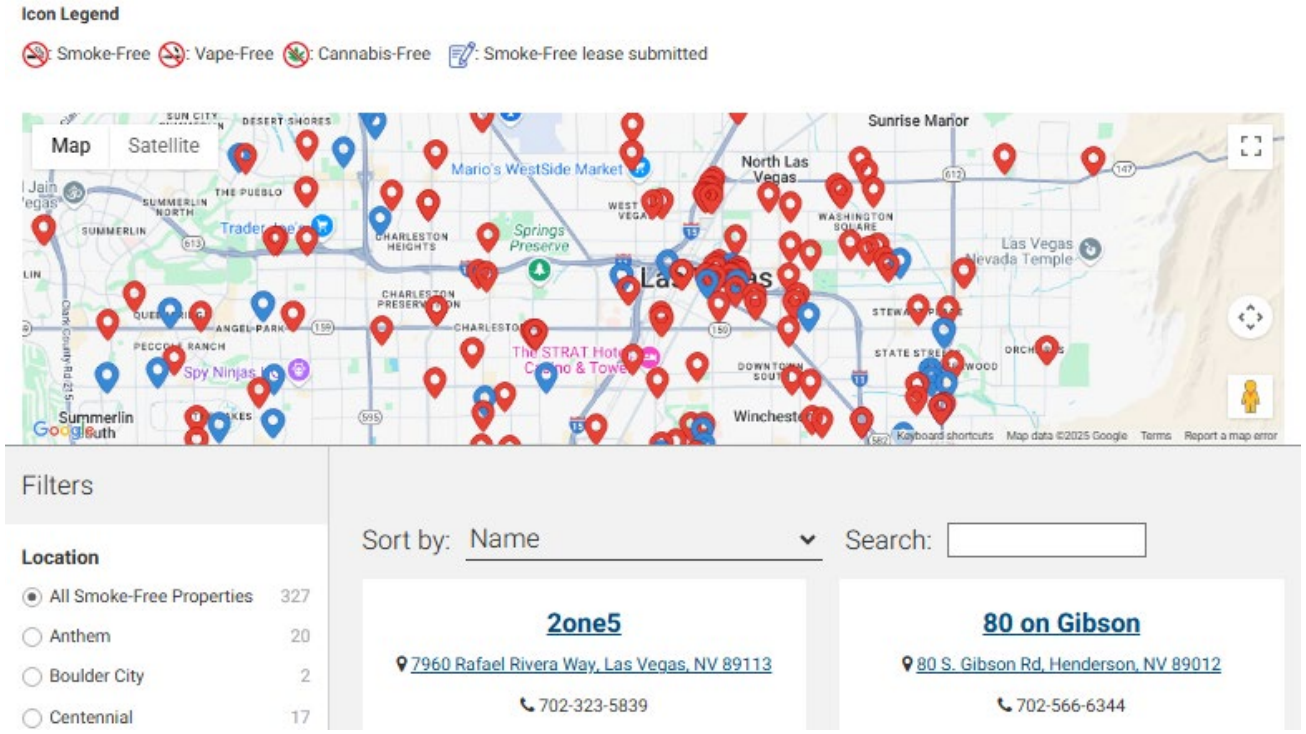
Nevada HAND

Nevada Institute For Children's Research & Policy
NICRP
University of Nevada - Las Vegas

SNHD Southern Nevada Health District

The Smoke-Free Housing Directories

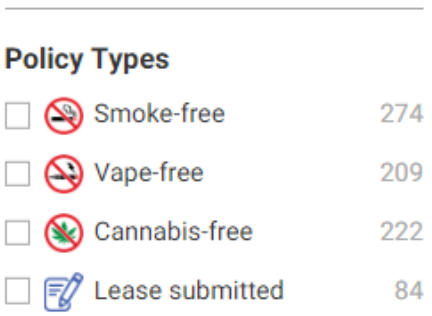
Gethealthyclarkcounty.org (20,222 views)



Vivasaludable.org (8,751 views)

Directory Features Include:

- Google map
- Filters
- Icons on list and on map view
- Identifies properties that have submitted a lease
- Identifies the prohibition of smoke, vape and/or marijuana



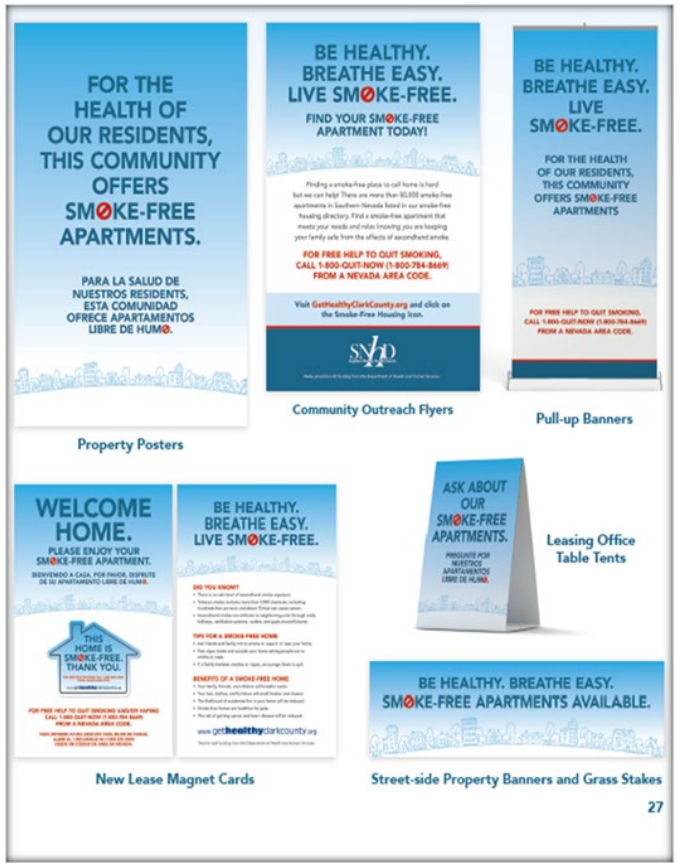
To date, 65,095 smoke-free units listed on the online directories

Southern Nevada Health District

Promotional Materials, Resources and Signage

28

- Smoke-free/vape-free signage is available in 2 sizes, hard plastic, window clings, English and Spanish
- 36-page comprehensive step by step guide for MUH managers and owners
- Branded and customizable promotional resources to support SF policy enforcement
- Items can be ordered online through the online shop



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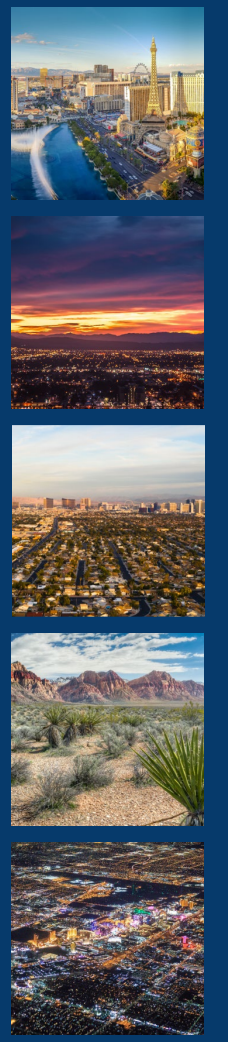
Southern Nevada Health District

English and Spanish Media Campaigns

Find Your Smoke-Free Apartment Today!

Southern Nevada Health District

Cessation Support and Resources



Cessation services:

- Increase equity in health outcomes
- Stronger policy compliance
- Maximize health benefits

Sustaining Program Success:

- Integrate cessation support into SF housing policies
- Collaborate with property managers to educate residents on cessation support
- Partner with housing organizations
- Ensure culturally tailored services
- Expand access to cessation services

The Nevada Tobacco Quitline offers free services and medications to qualified Nevada residents who wish to quit smoking

“Every person deserves to breathe clean air in their home”

Thank you!

pelaezn@snhd.org

Southern Nevada Health District

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

Increasing Access to Healthier Foods for Low-Income Seniors

Nicole W. Bungum, MS, CHES
Health Education Supervisor
Office of Chronic Disease Prevention and Health Promotion
Southern Nevada Health District

Increasing Access to Healthy Foods for Low-Income Seniors

Nicole Bungum, Supervisor
Office of Chronic Disease Prevention & Health Promotion
Southern Nevada Health District

Disclaimer and Acknowledgement

- REACH Grant: This publication was supported by the Cooperative Agreement #NU58DP007746, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

- Prevail Marketplace

- City of Henderson
  - Jonathan Rodriguez
  - Alejandra Fazekas

- OCDPHP Team

Food Insecurity

- Lack of consistent access to safe and nutritious foods that support overall health and well-being.
- Nutrient-dense foods can be more expensive and harder to access
- Increased risk of chronic disease

Source: US Department of Health & Human Services

Food Insecurity Rates Have Increased

- An estimated 15% of the population in Southern Nevada, or over 341,000 people were food insecure in 2024. This is up from 12% in the previous year.
  - This includes 1 in 5 children, or 115,520 living in food insecure households
- A person experiencing food insecurity in Southern Nevada is missing an average of 6 meals per week with an average weekly food budget shortfall of $24 per person.
- Black and Latino households, single-parent households led by women, and older adults with fixed incomes are some groups that are more likely to experience food insecurity.

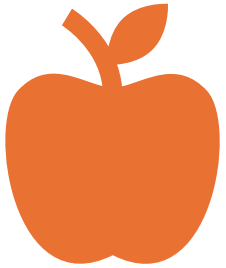
Source: Mapping the Meal Gap Report 2024

Food Insecurity is a Complex Issue

4 ‘A’ of Food Security:

- Accessibility
- Affordability
- Availability
- Appropriateness

Pilot Project Objectives



SNHD: Increase access to healthier foods

Reduce transportation barriers to accessing healthier foods

Increase utilization and uptake of vouchers, coupons, SNAP/EBT benefits, etc.

City of Henderson:

Strategy in the Henderson Age-Friendly Action Plan

Downtown Henderson

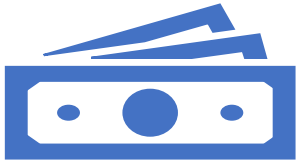
- 2 senior centers
  - Congregate meals, Commodity Foods, Meals on Wheels and other programs
  - Senior Farmers Market Nutrition Program Coupons
  - City of Henderson Vouchers
- Income qualified Senior Housing Complex
- Downtown Henderson farmers market
  - Low customer traffic
  - 1-2 vendors
  - Didn’t have resources to increase customer comfort

Pilot Project

Accessibility

Transportation Pilot: Provide free rides to farmers markets from 2 downtown senior centers

Relocation Pilot: Physically relocate the downtown farmers to make it more accessible



Affordability

Increase redemption of City of Henderson Vouchers

Increase redemption of Senior Farmers Market Nutrition Program Coupons

Timeline: April – September 2023


FREE RIDES to the
HENDERSON
Farmers Markets
powered by Prevail Marketplace
Mondays, 9am – 2pm
May 8 • June 12 • July 10 • August 14 • September
Heritage Park Senior Center: Buses will begin boarding at 8:15am. Departure is at 8:45am.
Downtown Senior Center: Buses will begin boarding at 9:00am. Departure is at 9:30am.
DLC Farmers Market | 200 S. Green Valley Parkway
Take advantage of FREE transportation services to the new Army Street Farmers Market.
Attendees will receive a FREE $5.00 dollar voucher on the day of the event that can be
redeemed at the Farmers Market. RSVP at the front desk of your senior center.
HENDERSON
cityofhenderson.com
Made possible with funding from the
Centers for Disease Control and Prevention
SNAP


FREE RIDES to the
HENDERSON
Farmers Markets
powered by Prevail Marketplace
Fridays, 4pm – 8pm
April 28 • May 26 • June 30
Buses will begin boarding at 3:00pm. Departure is at 3:30pm.
Army Street Farmers Market | 27 E. Texas Avenue
Take advantage of FREE transportation services to the new Army Street Farmers Mar
Attendees will receive a FREE $5.00 dollar voucher on the day of the event that can
redeemed at the Farmers Market. RSVP at the front desk of your senior center.
HENDERSON
cityofhenderson.com
Made possible with funding from the
Centers for Disease Control and Prevention
SNAP

Results: Transportation Pilot

Market Location	Month	Occupancy Rate on Shuttle
Dollar Loan Center	April	6%
Downtown	April	31%
Dollar Loan Center	May	72%
Student Farmers Market*	May	93%
Downtown	June	38%
Dollar Loan Center	June	100%
Downtown	July	90%
Roadhouse *	August	100%
Total		66%

Relocation Pilot

Relocated the downtown farmers market from the City Hall Events Plaza to an area next to the Pacific Pines Senior Apartments and adjacent to the Downtown Senior Center

City of Henderson closed the street to car traffic during the farmers market

Hours changed from mid-day hours to late afternoon/early evening hours

Misters, seating, shading structures purchased for farmers market


DOWNTOWN
27

Results: Relocation Pilot

Increase in sales

Increase in vendors

Increase in foot traffic

Vouchers Pilot

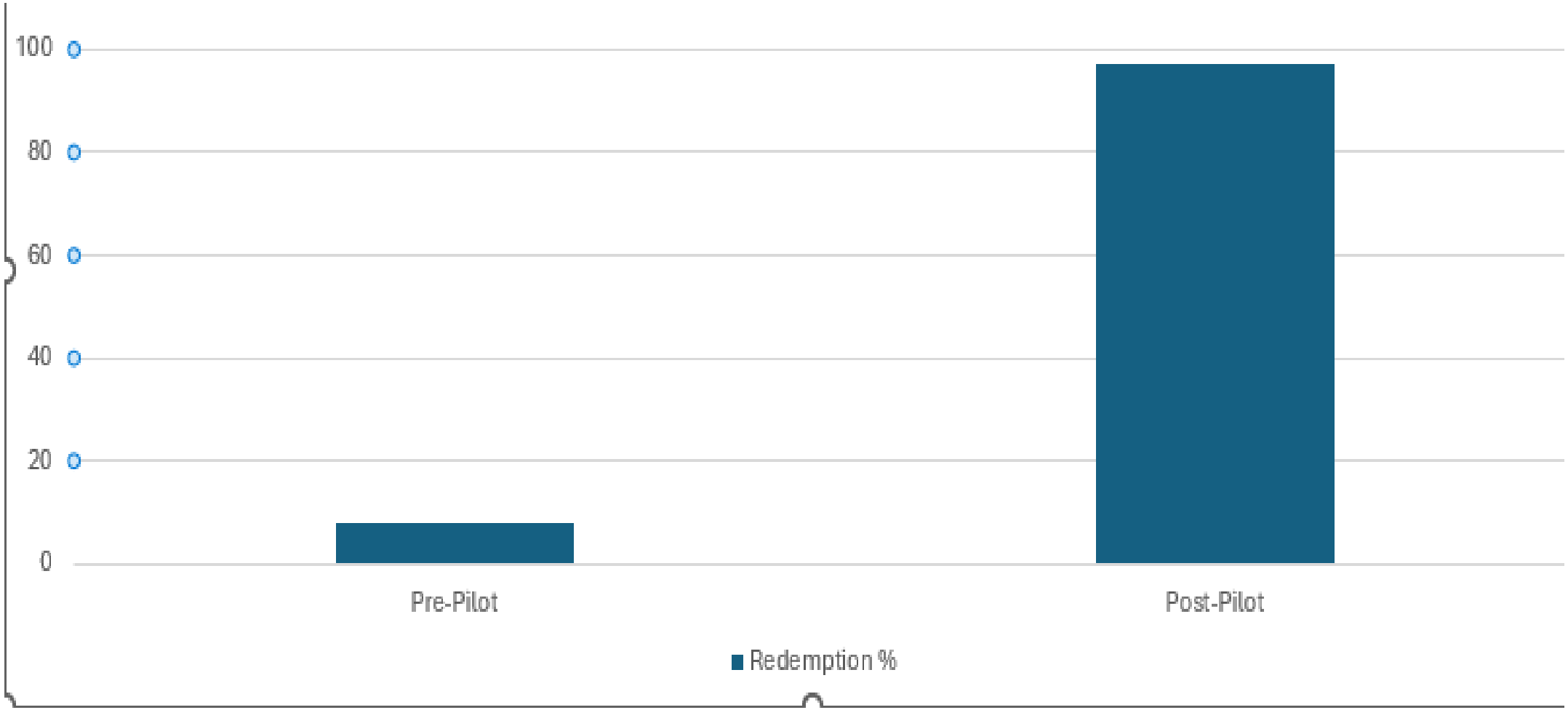
- City of Henderson Voucher Redemption
  - $5 vouchers to use at farmers market
  - Redemption rate of 8%

- Senior Farmers Market Nutrition Program Coupons
  - $50 worth of coupons to use at a participating farmers market
  - Program runs from spring to fall

Results - City of Henderson Vouchers

Vouchers Distributed	Vouchers Redeemed	Redeemed Value	Redemption %
1,200	1166	$5,830	97%

Pre-Post Voucher Redemption Rates



Overall Project Outcomes

Pilot transportation program was discontinued

- Funding
- Capacity

Relocation of farmers market turned into a permanent seasonal market

- City of Henderson agreed to continue to cover necessary fees to close the road to vehicle traffic

City of Henderson is Continuing the $5 Voucher Program

- Increased awareness of Senior Farmers Market Program Coupons

Thank You

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County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

Expanding Access to Care: Implementing Integrated Behavioral Health at the Southern Nevada Community Health Center

Tabitha Johnson, MA, MBA, LMFT, LCADC
Behavioral Health Manager
Southern Nevada Community Health Center

Expanding Access to Care: Implementing Integrated Behavioral Health at the Southern Nevada Community Health Center

Behavioral Health Team

The Behavioral Health (BH) Manager, Tabitha Johnson, is dually licensed in both mental health and substance use and certified in EMDR therapy. She has previously led teams in both non-profit and for-profit settings, as well as in both inpatient and outpatient settings.

BH has two fully licensed mental health therapists who are both trained in EMDR therapy. One, Norma Ramirez-Rodriguez, is bilingual and the other, Taryn Ouma, is also licensed in substance use counseling.

We have a full-time psychiatric nurse practitioner, Elita Pallasigui, who has hospital experience in working with veterans and other vulnerable populations.

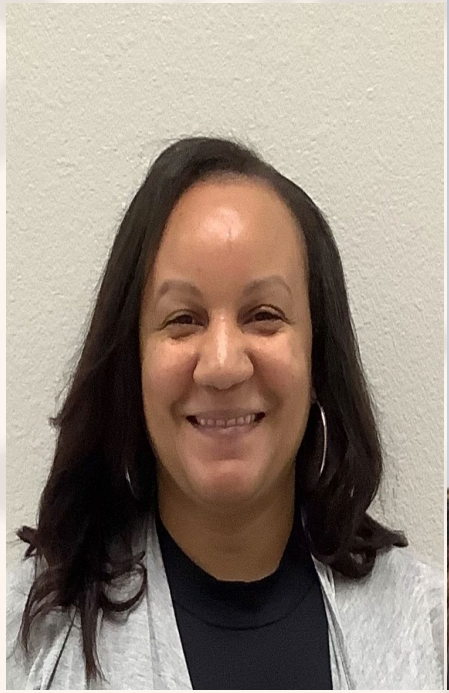
We also have an existing nurse practitioner, Kikam Yun, who holds dual licensure and he is now serving patients both as a medical nurse practitioner and a psychiatric nurse practitioner at Fremont.

Behavioral Health Team

Tabitha Johnson, LMFT, LCADC
Behavioral Health Manager

Norma Ramirez-Rodriguez, LCSW
Licensed Mental Health Therapist

Kikam Yun
Psychiatric APRN



Taryn Ouma, LMFT, LCADC
Licensed Mental Health Therapist

Elita Pallasigui
Psychiatric APRN

BH Currently Offering
1:1 Mental Health Therapy
1:1 Substance Use Counseling
Psychiatric Evaluations
Medication Management
Group Therapy (coming soon!)

What Type of Patients Does BH Accept?

- BH currently treats moderate to mild patients who are established patients of SNCHC
- Moderate to mild patients are patients who do not need acute, inpatient care
- These patients may identify as having a high anxiety or depression screening score
- Patients may be dealing with a new medical diagnosis, such as diabetes or HIV
- The patients may be navigating substance misuse and are not at the level where they need a higher level of care
- For those patients deemed as acute or needing a higher level of care, they are then referred to a local community partner or agency who treats that higher level of care

Patient-Centered Medical Home (PCMH)

- It is the goal of Southern Nevada Community Health Center (SNCHC)to receive the Patient-Centered Medical Home (PCMH) designation, with the help of SNCHC's new Medical Director
- A PCMH is a model of primary care that uses a team-based approach to coordinate patient care. The goal is to provide high-quality, cost-effective care that is culturally appropriate and accessible.
- By receiving the PCMH designation, SNCHC will be able to create and sustain collaboration across all clinics, to include behavioral health.

Integrated Care Delivery Model Vision

- Improved communication across all departments to assist patients with behavioral health needs to be seen in a timely manner
- Coordination between Ryan White program for newly diagnosed HIV patients to receive behavioral health assessment ideally on the same day as meeting with their medical provider
- Daily huddles and pre-visit planning between behavioral health staff and medical staff to ensure that scheduled patients who have a behavioral health need are seen during that day
- BH staff members at Decatur rotate and are present on the clinic floor daily
- BH staff member at Fremont is actively involved in daily integrated care in between scheduled patients

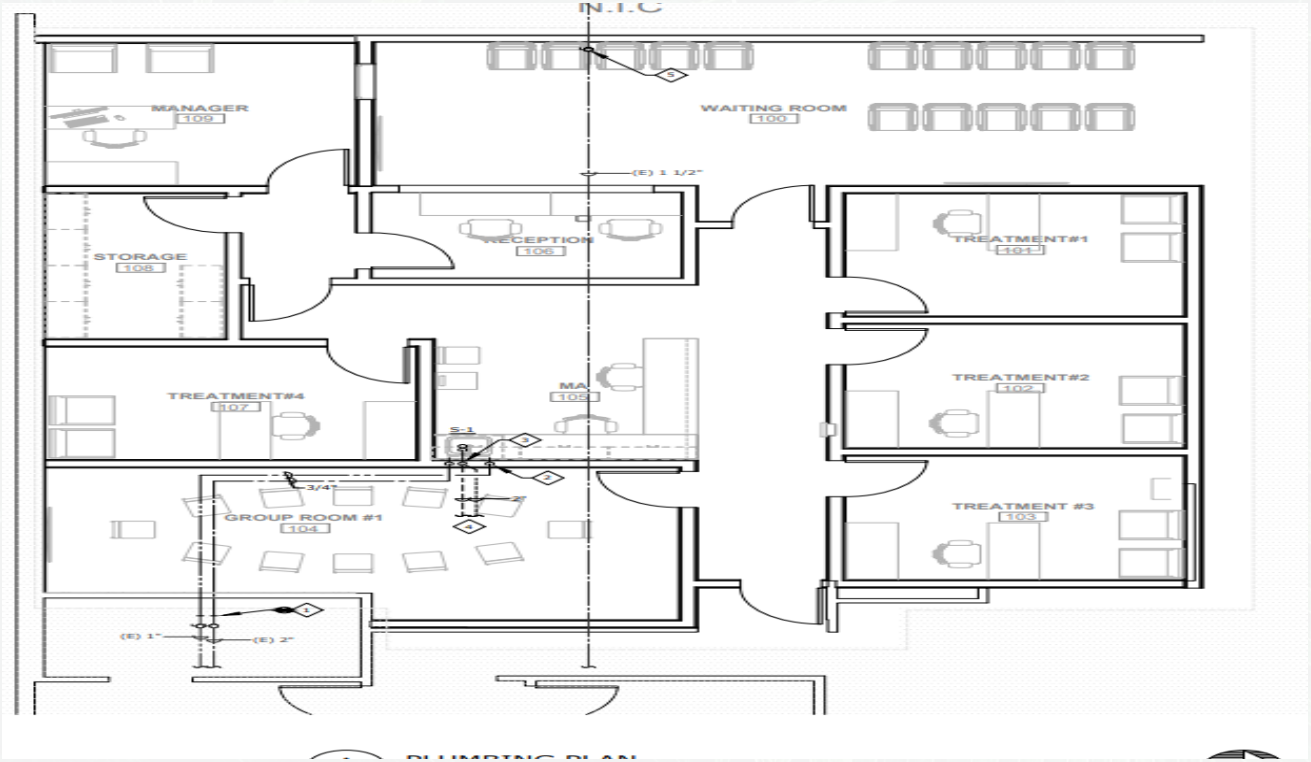
HRSA Technical Assistance

- BH is currently receiving technical assistance through a consulting agency that is funded through HRSA
- This technical assistance will be brought to both the Behavioral Health team and the medical team in March of 2025, to bolster and foster the culture of integrated care
- These efforts will aim to create a cohesive experience for both patients and staff
- Onsite and virtual training will be provided to all pertinent staff

New Behavioral Health Space “Annex B”

- This space consists of 4 therapy rooms and a group room as well as a Manager’s office
- The space will eventually allow for added services, such as group therapy and health education groups
- Topics to be covered such as stress management, how to manage being newly diagnosed with HIV, and healthy eating to name a few

BH Floor Plan “Annex B”



Patient Success Story

A patient was needing assistance in obtaining his birth certificate. One of SNCHC's Community Health Workers (CHW), assessed that the patient had other needs. The patient then met with the medical providers and was treated for various infectious diseases. The patient was actively using substances and was open to treatment. The patient met with the BH team for an assessment. It was deemed that he needed a higher level of care. The CHW was able to find a foster home for the patient's emotional support animal. The patient entered a treatment program and has been able to commit to his recovery. He has since been back to the clinic to meet with his providers and shared that he is doing well and continues to stay clean from substances. This is a testament to the growing success of integrated care at SNCHC.

We are excited to receive the technical assistance this month and to take what we have learned and continue to alleviate barriers for patients to get the care they so desperately need.

Thank you

Tabitha Johnson, LMFT, LCADC

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County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

News Tools for Change: Introducing SNHD's Health and Equity & Substance Use Dashboards

Erick Lopez, PhD, Epidemiologist
Brandon Delise, MPH, CIC, Sr. Epidemiologist
Office of Informatics & Epidemiology
Southern Nevada Health District

New Tools for Change:
Introducing SNHD's Health and Equity & Substance Use Dashboards

Erick López, PhD , Epidemiologist

Brandon Delise, MPH, CIC, Senior Epidemiologist

Health and Equity Dashboard

Erick López, PhD

Epidemiologist

Southern Nevada Health District

Outline

- What is it?
- Purpose
- Navigating the Dashboard & Spotlight on Key Disparities
- Our Progress
- Next Stages
- Requesting Feedback

Southern Nevada Health District

What is it?

- Easy-to-use **interactive tool**
- Provides important information on over **300 indicators**
- Covers **local health outcomes**, key influencing factors, and disparities
- Spans eight domains
  - Demographics
  - Education
  - Work & Economy
  - Built Environment
  - Environmental Health
  - Healthcare Access
  - Health Behaviors
  - Health Outcomes

bit.ly/SNHDHealthEquity

Purpose

Purpose

To **highlight disparities**, **identify areas of support**, and **inform action** to collectively addresses health inequities in Southern Nevada.

Intended audience

- Community organizations
- Government agencies
- Healthcare agencies and providers
- Academic institutions
- Community members

Values

- **Community Engagement:** We will **develop** and **improve** the dashboard through ongoing discussions with **community members and partners**.
- **Clear Communication:** The dashboard will be **clear, user-friendly,** and **easy to understand.**

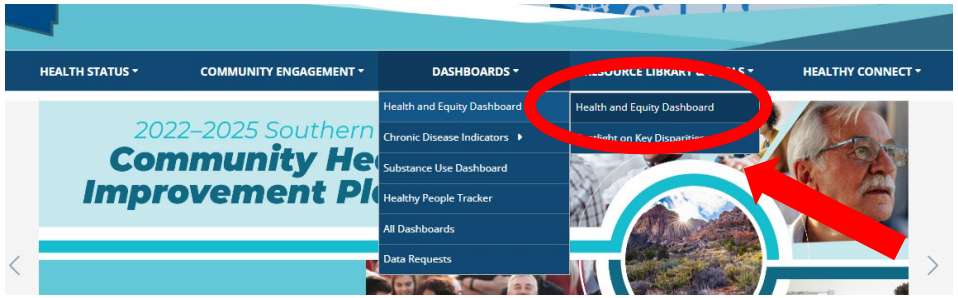
SNHD Southern Nevada Health District

Accessing the Dashboard

Go to **HealthySouthernNevada.org**

Hover over **Dashboards**

Click on **Health and Equity Dashboard**



Southern Nevada Health District

bit.ly/SNHDHealthEquity

Navigating the Dashboard

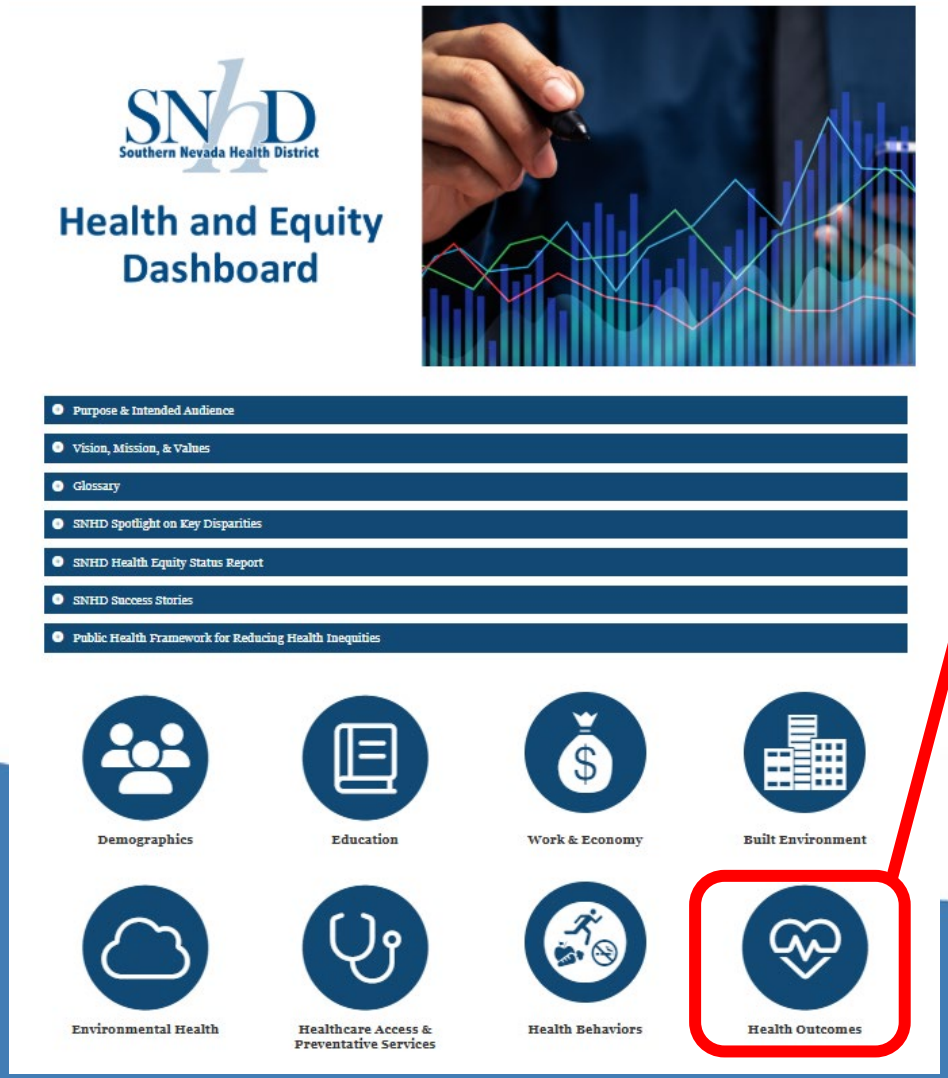
- Organized existing data into 8 domains to make it easier to find what you're looking for
- Each domain contains numerous indicators

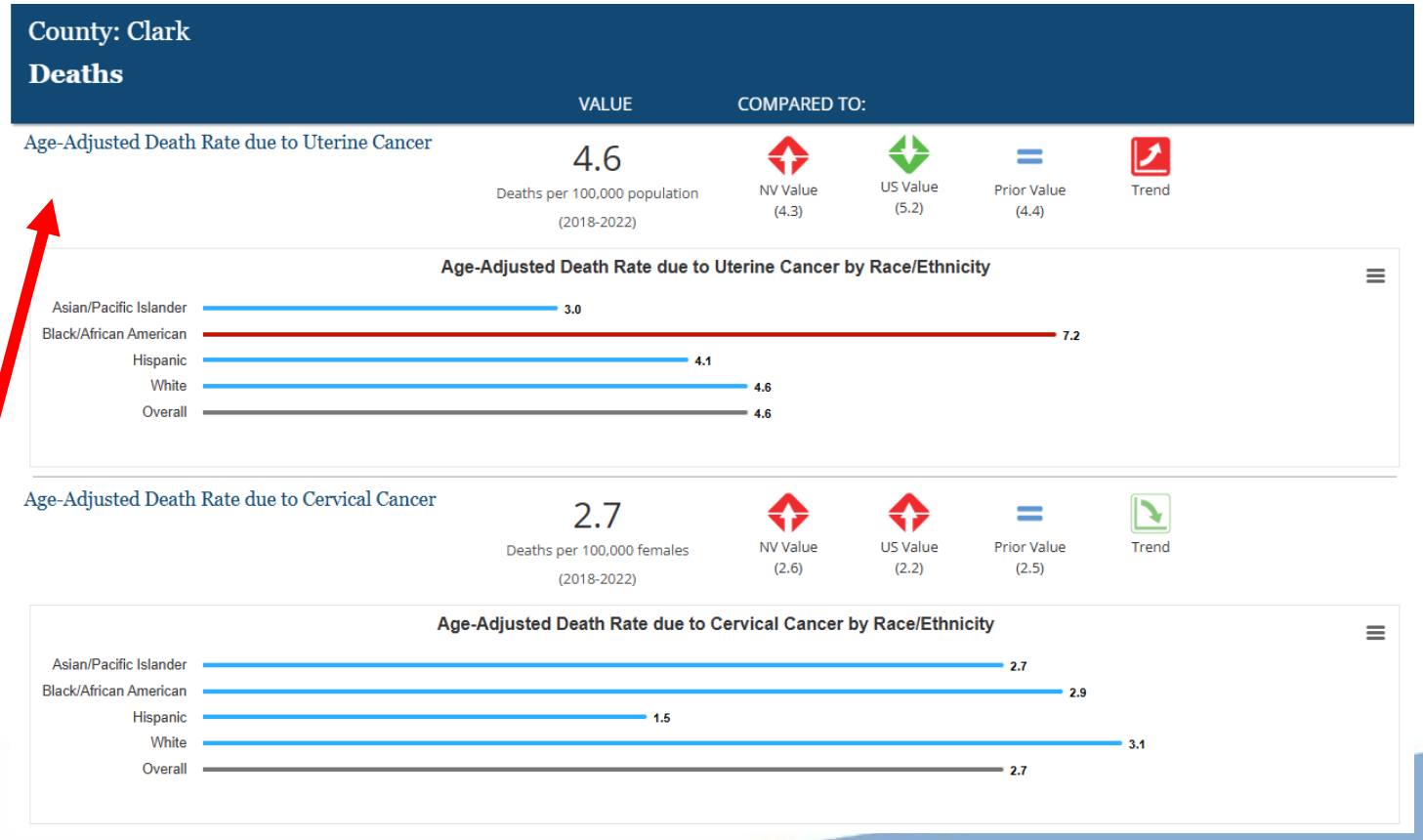
Southern Nevada Health District

bit.ly/SNHDHealthEquity

Navigating the Dashboard

Click on any **domain** to see indicators

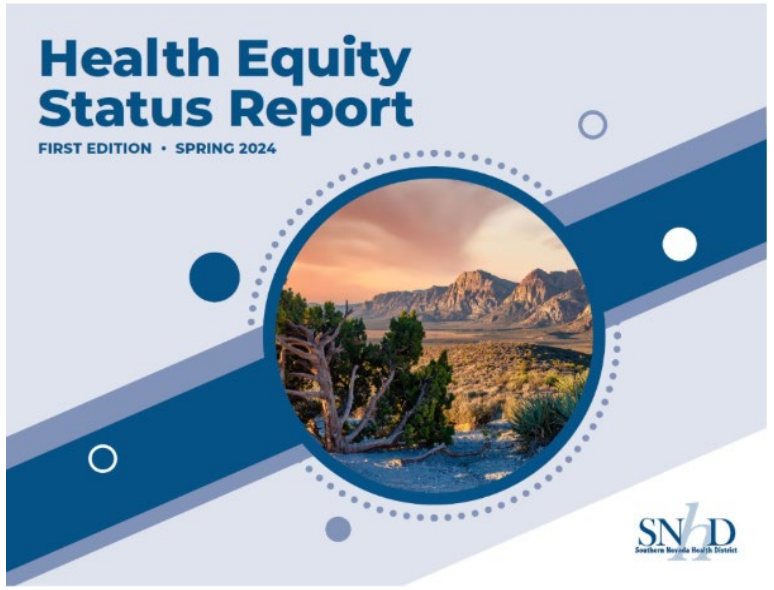




bit.ly/SNHDHealthEquity

Our Latest Progress

Provides narratives of key insights using a health equity lens



Shows how Nevada and Clark County Rank compared to **U.S. News and World Report** and **Healthy People 2030**

Highlights SNHD's work in tackling critical health challenges to improve community well-being

SNHD Southern Nevada Health District

bit.ly/SNHDHealthEquity

Navigating the Spotlight on Key Disparities

Southern Nevada Health District

Health and Equity Dashboard

- Purpose & Intended Audience
- Vision, Mission, & Values
- Glossary
- SNHD Spotlight on Key Disparities
- SNHD Health Equity Status Report
- SNHD Success Stories
- Public Health Framework for Reducing Health Inequities

Southern Nevada Health District

Navigating the Spotlight on Key Disparities

SNHD Spotlight on Key Disparities

SPOTLIGHT ON KEY DISPARITIES

Introduction

How to Navigate the Spotlight on Key Disparities Story

- Click on the **navigation bar** at the top of the page to navigate to a specific chapter.
- Click the **downward arrow** next to a chapter to expand it and view specific pages within that chapter.

Navigation Bar

SNHD Disparities Dashboard

- SNHD Disparities Dashboard
- Education
- Work & Economy
- Built Environment
- Environmental Health
- Healtcare Access & Preventative Services
- Health Behaviors
- Health Outcomes

bit.ly/SNHD_Disparities

SNHD Spotlight on Key Disparities

EDUCATION

How Does Education Impact Health?

Education and Health: A Strong Connection

- **Opportunities and Resources:** More education often leads to better job opportunities,[1] which can mean more money for things like healthy food, safe homes, and healthcare. But not everyone has the same access to education,[2] which can make it harder for some people to find good jobs and live in healthy environments. We need to make sure everyone has the chance to learn and grow, no matter where they come from.
- **Health Knowledge:** Learning more in school can help us understand how to take care of our health,[3] like the importance of physical activity and not smoking. But health information needs to be available to everyone, in ways they can understand and use, no matter how much schooling they've had.
- **Access to Healthcare:** Education improves access to healthcare by helping people understand health information, get better jobs with health insurance, and make informed health decisions.[3] Those with higher education are more likely to have better jobs that provide health insurance and more money for medical services, leading to improved health outcomes.[3] We need to work on making sure everyone knows how to get and use healthcare, even if they haven't had the chance to go to school as much.
- **Support and Empowerment:** Education can help people feel more supported by friends and more in control of their lives, which is good for their health.[3] But everyone deserves to feel supported and in control, no matter their education level. We should build communities where everyone feels they have support and a voice.

Example of Spotlight on Key Disparities

EDUCATION

Educational Attainment

Spotlight on Disparities in Educational Attainment

In Clark County, Nevada, Hispanic and American Indian adults aged 25 years and older are less likely to have a high school diploma (69.6% and 70.8%) compared to their White counterparts (94.3%).[1] Similarly, American Indian and Hispanic adults are less likely to have a bachelor's degree (12.1% and 12.7%) compared to White and Asian persons (33.4% and 42.9%).[1] Hispanic and American Indian communities face systemic barriers that contribute to these educational gaps including under-resourced schools, fewer educational opportunities, and higher rates of poverty.[2] ZIP codes with the lowest percentage of adults with a high school degree or higher include North Las Vegas (89030), Historic Westside (89106), and East Las Vegas (89101, 89110, 89104, 89115, 89156).[1]

References

1. American Community Survey 5-Year Estimates. Measurement period: 2019-2023. U.S. Census Bureau.

2. Kena G, Musu-Gillette L, Robinson J, et al. The Condition of Education 2016.NCES 2016-144. U.S. Department of Education, National Center for Education Statistics; 2016. Available at: https://nces.ed.gov/pubs2016/2016144.pdf. Accessed May 25, 2024.

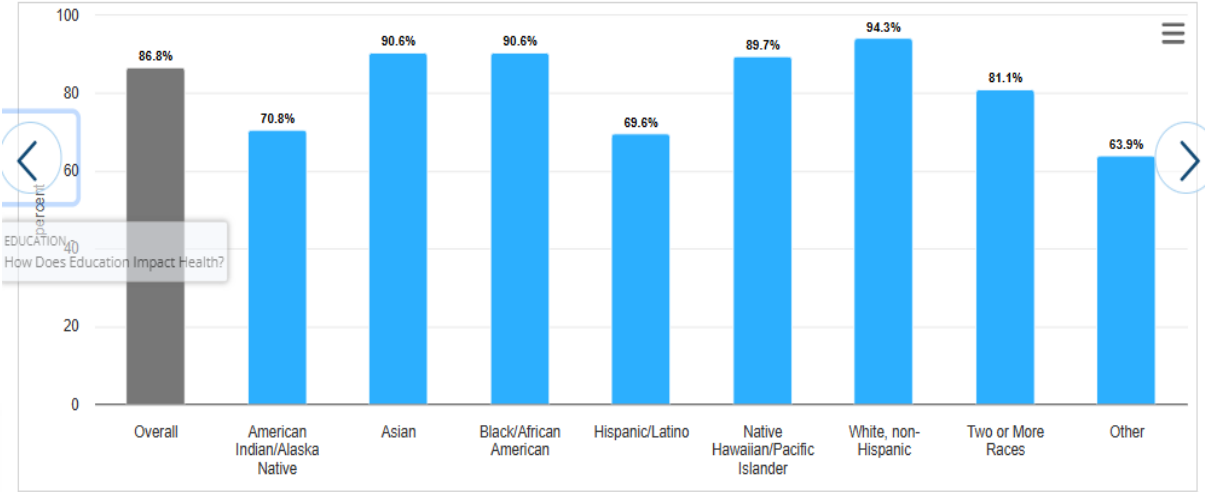
EDUCATION

Educational Attainment

People 25+ with a High School Diploma or Higher by Race/Ethnicity

This indicator tells us how many adults, aged 25 and up, have completed high school or something higher.

Finishing high school is important for your future. It opens more job opportunities and helps you do better economically. Plus, it shows how well our education system is doing. Studies also show that graduating from high school can lead to better health and a lower chance of getting in trouble with the law.



People 25+ with a High School Diploma or Higher
Source: American Community Survey 5-Year (2019-2023)

People 25+ with a Bachelor's Degree or Higher by Race/Ethnicity

This indicator tells us how many adults, aged 25 and up, have completed at least a bachelor's degree.

Help

Next Steps

- Adding narratives to **Health Outcomes** section of Spotlight on Disparities

- Adding the most recent BRFSS data to the **Health Behaviors** and **Health Outcomes** sections

SNHD
Southern Nevada Health District

Share Your Feedback in Our Quick Online Survey

Health and Equity Dashboard Feedback Survey

https://forms.office.com/r/w5AFVmNZSd

Substance Use Dashboard

Brandon Delise, MPH, CIC

Sr. Epidemiologist

Southern Nevada Health District

What is it?

- The Health District's Substance Use Dashboard is an easy-to-use resource providing the community with access to vital data on substance use.
- It includes statistics on overdose deaths, hospitalizations, and drug checking.
- The dashboard also highlights where to obtain naloxone, fentanyl, and xylazine test strips.
- The goal is to keep the public informed and up to date on substance use trends in Clark County.

SNHD
Southern Nevada Health District

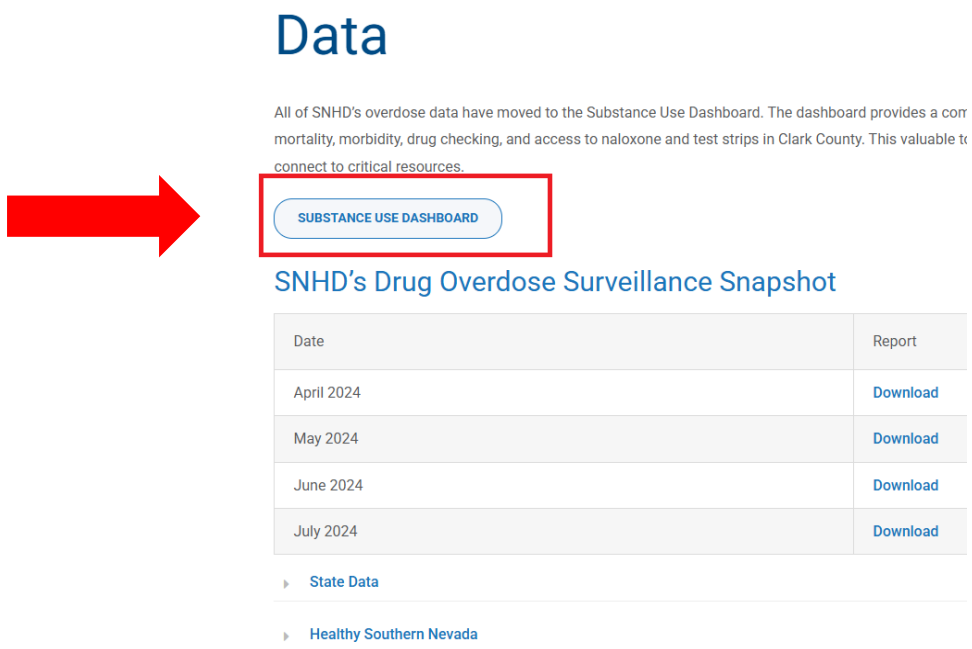
Purpose

- Developed using funding from the CDC's Overdose Data to Action grant under the 'Overdose Surveillance Infrastructure' initiative.
- Created to provide easy access to critical data for public awareness and harm reduction.
- The Health District continues to apply for grants to enhance public health efforts.

SNHD
Southern Nevada Health District

How to Access the Dashboard

- Visit the **Southern Nevada Health District website**: https://www.southernnevadahealthdistrict.org
  - Search for **“Substance Use and Overdose Prevention”**
  - Click **Data → Substance Use Dashboard**
- Or go **directly** to it here:



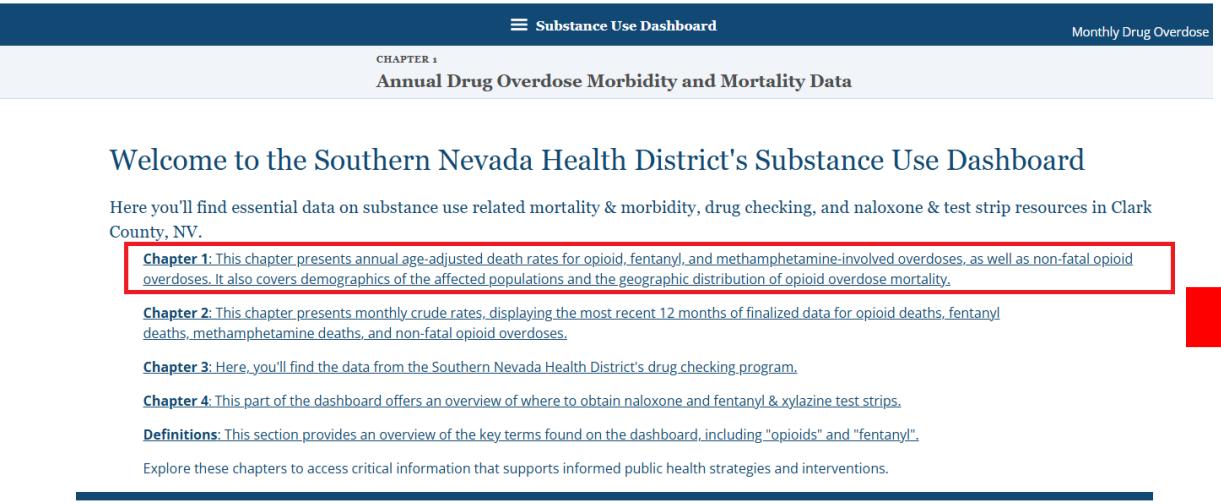
Southern Nevada Health District

Layout

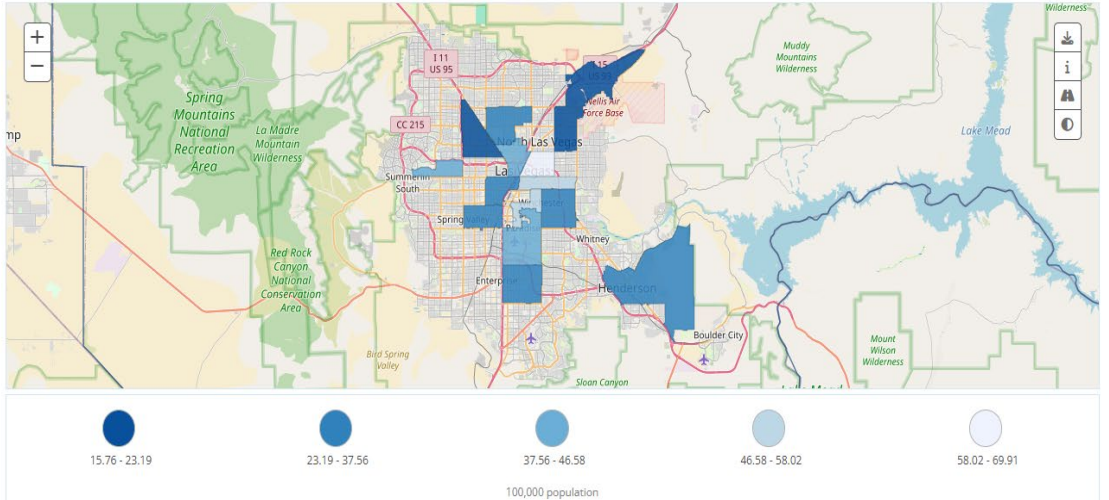
- Chapter 1: Annual overdose death rates, non-fatal overdoses, demographic trends.
- Chapter 2: Monthly trends of opioid and fentanyl overdoses.
- Chapter 3: Drug-checking data, identifying substances in the community.
- Chapter 4: Resources on naloxone and test strip access.

SNHD
Southern Nevada Health District

Drug Overdose Mortality Data

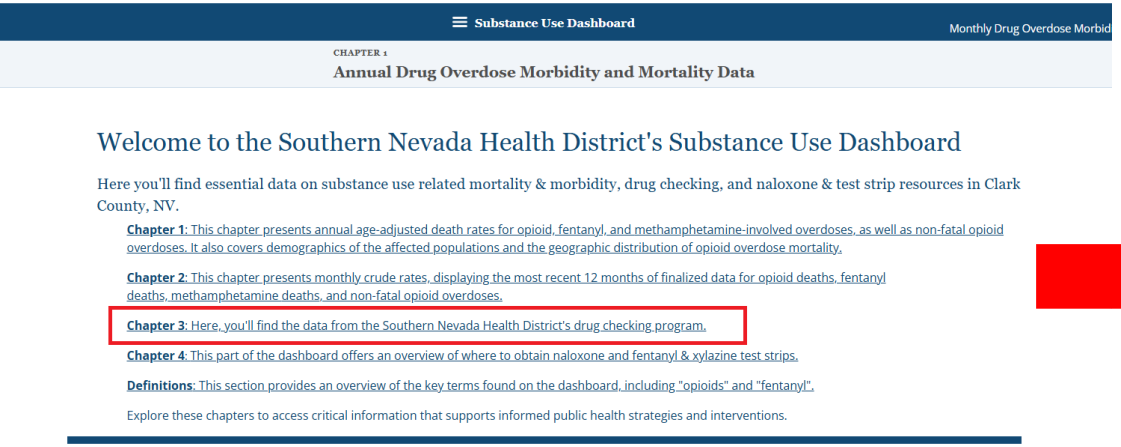


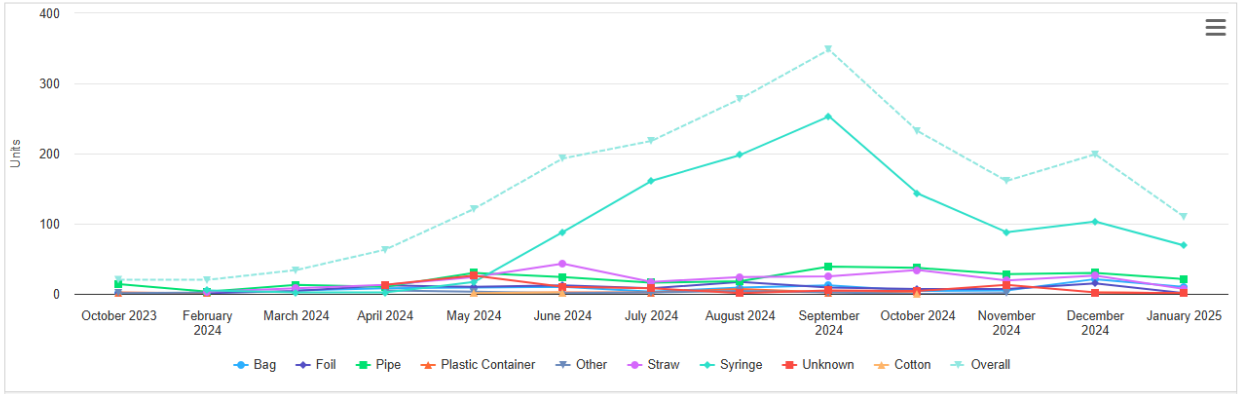
- Opioid-involved overdose deaths increased 82.7% from 2018 to 2023.
- Fentanyl-involved overdose deaths surged 533.33% in the same period.
- In 2023, males had a significantly higher opioid overdose death rate than females (29.8 vs. 10.7 per 100,000 population).
- ZIP code 89101 had the highest fentanyl-involved death rate in 2023.
- Non-fatal opioid overdose rate for 2023: 13.5 per 100,000 population, with Black residents experiencing the highest rates.



Southern Nevada Health District

Drug Checking Data





Items Sampled (Units)
Source: Epi Surveillance Dashboard (April 2024 to September 2024)

Location	Period	Bag	Cotton	Foil	Other	Overall	Pipe	Plastic Container	Straw	Syringe	Unknown
Clark	October 2023	2	-	1	1	20	14	2	-	-	-
Clark	March 2024	5	-	4	-	34	13	-	8	2	-
Clark	April 2024	8	-	12	5	63	10	-	13	2	13
Clark	May 2024	9	1	10	3	121	30	1	24	17	26
Clark	June 2024	10	2	12	1	193	24	2	43	88	10
Clark	February 2024	-	-	1	2	20	3	1	3	5	-

Items Sampled by Paraphernalia (Units)
Source: Epi Surveillance Dashboard (April 2024 - October 2023)

Download CSV

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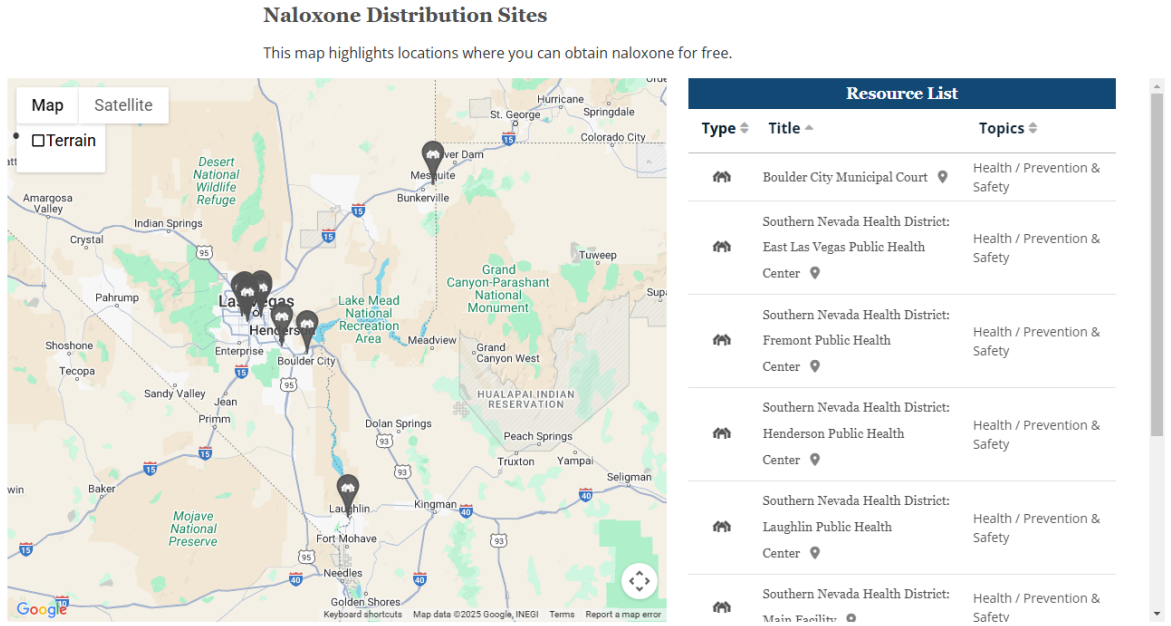
Resources



Southern Nevada Health District

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Thank you for your continued partnership and contributions!

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County Health Rankings & Roadmaps

Building a Culture of Health, County by County

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Questions and Closing Remarks

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Thank you for attending!

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