



Community Health Improvement Plan Update & 2025 Community Health Assessment

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Overview

PART 1

Community Health Improvement Plan Updates

- Healthy Southern NV Website
- Priority Area Update
- Healthy Connect Newsletter

PART 2

2025 Community Health Assessment

- Introduction
- MAPP 2.0 Framework
 - CPA, CCA, CSA
- Timeline

PART 3

Next Steps

- Continue CHIP Implementation
- Steering Committee Recruitment

CHIP Progress Updates

www.HealthySouthernNevada.org



HEALTH STATUS ▾

COMMUNITY ENGAGEMENT ▾

DATA LIBRARY ▾

RESOURCE LIBRARY & TOOLS ▾

HEALTHY CONNECT ▾

2022–2025 Southern Nevada
**Community Health
Improvement Plan**

**Click here to
go to the report**



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)



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.



Action Step: Meet with Legislators to raise awareness and justify need for additional funding.



Action Step: Promote existing tobacco programs and the connection to reduced chronic disease.



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)



Objective 2.1: By December 2025, implement CDC or national model policy and law for secondhand smoke protection.



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.



Action Step: Develop a tracker for model policy implementation



Action Step: Identify populations or communities not covered by tobacco policy.



Action Step: Meet with decision makers to promote and encourage secondhand smoke protection by creating smoke-free law/policies



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: 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 that 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

Healthy Connect Newsletter



VOLUME 1, ISSUE 1 | JULY 2023

PRESENTED BY



What Is Healthy Connect?

Welcome to the first edition of the Healthy Connect newsletter!

The primary purpose of this newsletter is to inform the community about developments related to the **Community Health Improvement Plan (CHIP)** and keep partners up to date about exciting community partner news and events.

The four priority areas of the CHIP are:
1) Chronic Disease 2) Access to Care 3) Transportation and 4) Public Health Funding.

The Healthy Connect newsletter will provide quarterly updates on the progression of the CHIP action plan in the community as well as connect community members. Please utilize this platform to feature your important work in the community and connect with others to emphasize that we are "Healthy People in a Healthy Southern Nevada."

Get to know CHIP

The 2022-2025 Southern Nevada Community Health Improvement Plan was published in January 2023.

Click below to download a copy of the CHIP and read about our priorities for a healthy Southern Nevada.

[DOWNLOAD CHIP](#)



WWW.HEALTHYSOUTHERNNEVADA.ORG | HEALTHYCONNECT@SNHD.ORG

Healthy Connect

VOLUME 1, ISSUE 1 | JULY 2023

CHIP Progress and Updates



Priority Area 1: Chronic Disease

Current Status: Raising awareness for additional public health funding and promotion of existing tobacco programs and its connection to reduce chronic diseases.

Upcoming: Many proposed action steps within the Chronic Disease Subcommittee are tied with the last legislative session. More updates to come in our next newsletter.

Priority Area 2: Access to Care

Current Status: Identifying community partners to inform cultural responsiveness training material.

Upcoming: Collaborating with institutions of higher education to identify ZIP codes for underserved populations (LGBTQ+, uninsured, and undocumented) and medical deserts.



Priority Area 3: Transportation

Current Status: Confirming partner interest and identifying organizations that provide basic needs resources in the community.

Upcoming: Exploring funding opportunities to consider new transit fare policies.

Priority Area 4: Public Health Funding

Current Status: Connected with Governor's Office and aligned community health efforts with statewide priorities.

Upcoming: Continuously monitor any new legislative bills for increased public health funding and grant/funding opportunities in Southern Nevada.



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Healthy Connect

VOLUME 1, ISSUE 1 | JULY 2023

Next Steps

- CHIP Progress tracking on Healthy Southern Nevada Website
- Meeting across four priority areas
- Next Newsletter: October 2023

[SUBSCRIBE TO HEALTHY CONNECT](#)



It's time to take action!

If your organization is interested in being featured in next quarter's Healthy Connect Newsletter, please email us at:

HealthyConnect@SNHD.org

Include your name, organization, event or news, date and time, and any additional details (flyer, handout, etc).

We are excited to launch this community newsletter and feature the amazing work you do! Thank you for your commitment to the community.

COMMUNITY PARTNER BULLETIN BOARD

Nevada Minority Health and Equity Coalition

What: Building Capacity Workshop Series. Recorded live workshops on various topics such as grant writing & program evaluation.

For a limited time, while supplies last, we are offering **FREE BOOKS** for those who watch the workshop recordings and complete a post-survey.

When: On-Demand

Where: Online
<http://nmhec.org/ondemand>

Contact: nmhec@unlv.edu

Nevada Statewide Maternal and Child Health (MCH) Coalition

What: Camp Discover: Explore What Matters. Community, support, activities, and presentations focused on maternal, child, baby, and family related topics.

When: Friday, September 8, 2023
 8:30 AM-4 PM

Where: Hybrid - Atlantis Resort Casino Spa (Reno) or via Virtual
Contact: kairirenae.pangelinan@dignityhealth.org

Immunize Nevada

What: Back-To-School Clinics

When/Where:

07/08: The Giving Project Covid-19 Clinic Outreach 8:30AM-11:00AM

07/15: COX BTS Clinic Boulevard Mall 11:00AM-3:00PM

07/15: Nevada State Treasurer's Office BTS Fair Clinic 11AM-2:00PM

07/18: Nevada Hand Outreach Apache Pines 10:00AM-12:30PM

07/18: Nevada Hand Outreach Cordero Pines 10:00AM-12:30PM

07/19: Nevada Hand Outreach Vera Johnson Manor 1:30PM-4:00PM

For additional dates & locations, contact: ireti@immunizenevada.org

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2025 Community Health Assessment

What is it?

Assessment that provides information for problem and asset identification and policy formulation, implementation, and evaluation.

Why is it important?

Provides organizations comprehensive information about the community's current health status, needs, and issues. The information can help with developing a community health improvement plan by justifying how and where resources should be allocated to best meet community needs.

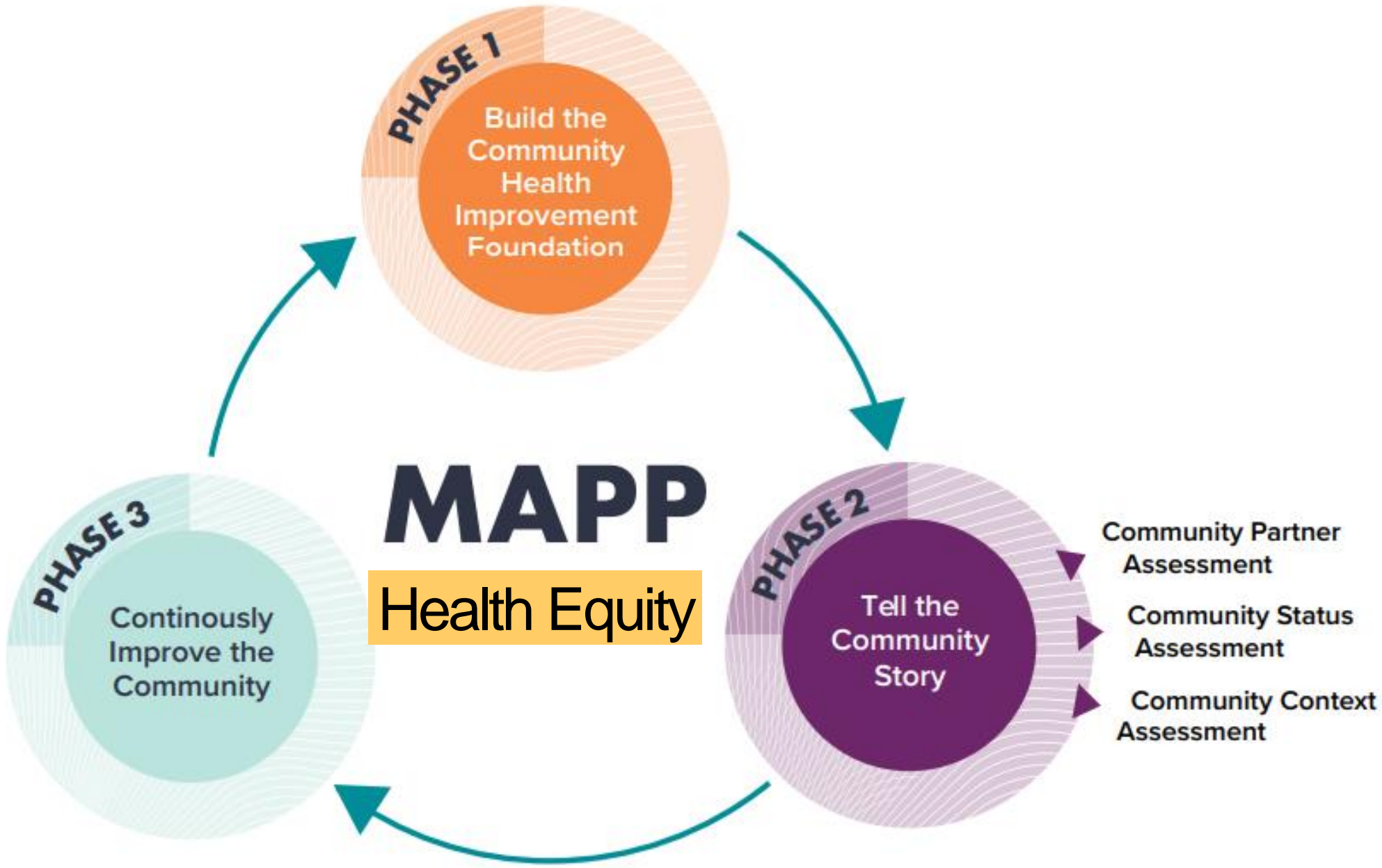


MAPP 2.0 Framework

2001



2023



MAPP 2.0 Foundational Principles

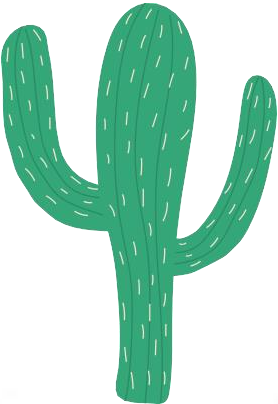
FOUNDATIONAL PRINCIPLE	DESCRIPTION
Equity	Encourages shared exploration of the social injustices, including white supremacy, structural racism, class oppression, and gender oppression, that create and maintain inequities. Mobilizes community action to address these injustices through transformative change to the structures and systems that maintain inequities and creates the opportunity for all to achieve optimal health.
Flexible	Meets the real-time, evolving, and unique needs of diverse MAPP communities, organizations, and sectors through an adaptable framework.
Continuous	Maintains continuous learning and improvement through iterative community assessment, planning, action, and evaluation cycles.
Community Power	Builds community power to ensure those most impacted by the inequities and actions addressed through CHI are those that guide the process, make important decisions, and help drive action.
Inclusion	Fosters belonging and prevents “othering” by identifying and removing barriers to community participation and ensuring all stakeholders and community members, regardless of background or experience, can contribute to MAPP.
Trusted Relationships	Builds connection and trust by honoring the knowledge, expertise, and voice of community members and stakeholders.
Data and Community Informed Action	Identifies priorities, strategies, and action plans that are driven by the community’s voice and grounded in community need as identified through timely qualitative and quantitative data.
Strategic Collaboration and Alignment	Creates a community-wide strategy that appropriately aligns the missions, goals, resources, and reach of cross-sectoral partners to improve community health and address inequities.
Full Spectrum Actions	Encourages community improvement through approaches ranging from provision of direct services to policy, systems, and environmental change and community power-building for supportive communities that enable health and well-being for all.

2025 CHA ROADMAP

1 NOVEMBER 2023

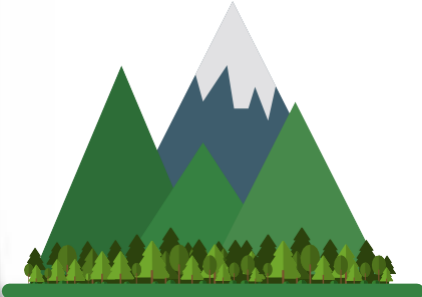
Official CHA Cycle Begins

- Establish Steering Committee
- Gain Leadership Support



3 MAY – JULY 2024

Community Status Assessment (CSA)



5 NOVEMBER - JANUARY 2025

Data Analysis and Edits



2 FEBRUARY – APRIL 2024

Community Partner Assessment (CPA)

4 AUGUST – OCTOBER 2024

Community Context Assessment (CCA)

6 MARCH 2025

Publish CHA data reports, profiles, and update data dashboards

Assessments

The **goal** of MAPP is to achieve health equity by identifying urgent health issues in a community and aligning community resources

Community Partner Assessment (CPA)

- Replaced LPHSA
- Helps community partners review their
 - (1) individual systems, processes, and capacities
 - (2) collective capacity as a network of community partners to address health inequities.

Community Context Assessment (CCA)

- Combined FOCA & CTSA
- Qualitative tool to assess and collect data through three domains
 - community strengths & assets
 - built environment
 - forces of change
- Focuses on people and communities with lived experiences and lived expertise.
- Emphasizes views, insights, values, cultures, and priorities of those experiencing inequities firsthand.

Community Status Assessment (CSA)

- Formerly CHSA
- Collects quantitative data on the status of community
 - Demographics, health status, health inequities
- Helps community move “upstream” and identify inequities beyond health behaviors and outcomes.
- Reveals data gaps and issues

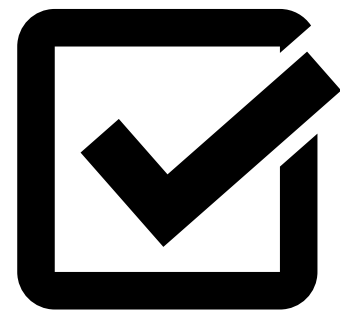


Next Steps



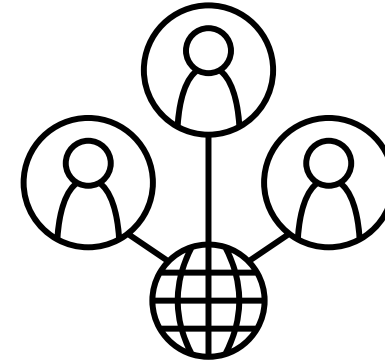
2023 - 2025

Continue
Implementation
of Action Plan
into Community



2023-2025

Progress
Updates &
Tracking to HSN
Website



Nov '23 - Jan '24

Recruit CHA
Steering Committee
Members and Gain
Leadership Support

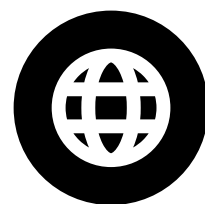


February 2024

Begin CHA Cycle
Process -
Community Partner
Assessment



Thank You!



www.healthysouthernnevada.org



huac@SNHD.org



Sign-Up: [Steering Committee Interest](#)

