

Steve Sisolak  
Governor



Richard Whitley  
Director

State of Nevada  
Department of Health and  
Human Services

*NOMHE Introduction & Status*

Nevada Office of Minority Health & Equity (NOMHE)

TINA DORTCH, NOMHE Program Manager  
(10/22/2020)



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



# NOMHE History

- OFFICE OF MINORITY HEALTH (2005 – 2015)
- OFFICE OF MINORITY HEALTH & EQUITY (2017 – PRESENT)





# NOMHE Signature Initiatives

- Health in All Policies (HiAP)
- Diversification of Clinical Trials
- Ally Trainings





# NOMHE Capacity

## Funding History 2005 - Present

Division	Category	SFY	Source	Amount
Health	3204	2005-2011	Minority Health Grant	\$145 k – \$269 k
Director's Office	3204	2012-2015	Minority Health Grant	\$99k – \$138k
Director's Office	3204	2016-2017	NA	unfunded
Director's Office	3204	2018 – present	Fund for Healthy Nevada	\$133k - \$139k

## Current Staffing, Programmatic Support Structure

- 1 FTE (Program Manager)
- 2 Temporary Contractual
  - 1 CDC Foundation
  - 1 CARES
- 3 UNR Contractual
  - Title XX Funded Contract





**NOMHE'S  
RESPONSES TO COVID-19's  
DISPROPORTIONATE IMPACT ON NEVADA'S  
*Black, Indigenous and People of Color (BIPOC), Differentlyabled,  
AND Sexual Orientation and Gender Identity (SOGI)*  
COMMUNITIES**





# NOMHE's "Amplify Equity" COVID -19 TOOLKIT

A Repository of Resources to Develop Equitable COVID-19 Responses  
with Long-Term Resiliency

## Targeted End Users:

Health Equity Advocates

Organizations Committed to Culturally  
Competent Service Delivery

## Components:

Culturally Competent Educational Tools

Outreach / Public Awareness Tools

Action Planning and Reporting Tools

## NOMHE Actions:

Resource & Best Practice Identification

Elder-Focused Cultural Competency

Toolkit Promotion & Collaboration Development

NV Minority Health Equity Coalition

RFP

COVID Impact Awareness Web Series

Implementation Assistance

Impact Analysis & Reporting

Vulnerability Mapping, Equity Goal Setting





# Vaccine Awareness, COVID-19 Preparedness

## **CORONAVIRUS CONTAINMENT THROUGH VACCINATION:**

- 70-75% of population would have to be compliant
- Must include all ethnicities, subpopulations (i.e. biogenetic possibilities) to ensure efficacy

## **NOMHE ACTIONS TO ADDRESS FLU VACCINE HESITANCY:**

Partnering with Office of Public Health Investigation & Epidemiology (OPHIE), DPBH's Immunization Program, Immunize Nevada to increasing flu shot compliance as pathway to COVID vaccine acceptance

- **2020-21 Sessional Influenza in the Time of COVID-19:** A Supplemental Action Brief (resource for Partners, including results of Listening Session and offering culturally sensitive actions)



# Clinical Trial Diversification and COVID-19



[JoinAllofUs.org](https://www.allofus.org)

- **Million Person, Diverse Bio Data Base**
  - NOMHE and All of Us – working with N NV NAACP, ACCEPT and Cleveland Clinic to introduce under-represented populations to personalized medicine
  - August 25<sup>th</sup>, Sept 30<sup>th</sup> and Oct 22<sup>nd</sup> virtual events
- **Covid-19 Participant Experience (COPE) Survey**
  - Taking the survey will help researchers understand how your experiences during the pandemic affect your health and your community's health.
- **Antibody Testing**
  - All of Us will be testing stored participant blood samples to look for antibodies against the virus that causes COVID-19.







### *A Proclamation by the Governor*

**WHEREAS**, public health's responsibility to address racism includes reshaping statewide discourse and agendas so that we all actively engage in racial justice work; and

**WHEREAS**, in Nevada, more than 50% of the population is racially/ethnically diverse and at risk of poor health outcomes due to systemic racism; and

**WHEREAS**, structural racism has resulted in race as a social determinant of health, with persistent racial disparities in criminal justice, housing, education, health care, employment, worker protections, climate, food access, and technology; and

**WHEREAS**, racism manifests in distinct ways across other social intersections including gender identity, sexual orientation, class, disability, immigration status and age, and collectively reinforces the racial hierarchy throughout these intersections which weakens the strength of our entire humanity; and

**WHEREAS**, social determinants of health have a disproportionate impact on communities of color, including increased exposure to environmental hazards, poor air quality, lack of safe places to recreate, lack of mental health services and lack of educational and career opportunities; and

**WHEREAS**, the COVID-19 pandemic has exacerbated the racial disparities within Nevada's racial/ethnic communities ranging from health care access to risk exposure and hospitalization; and

**WHEREAS**, more than 100 studies have linked racism to negative health outcomes, including research supporting that the cumulative experience of racism throughout one's life can induce chronic stress making Black populations particularly susceptible to chronic health conditions that lead to otherwise preventable deaths; and

**WHEREAS**, the promotion of the diversification of decision-making bodies across all sectors directly or indirectly impacting health with people representing all marginalized categories will make our state stronger for all Nevadans;

**NOW, THEREFORE, I, STEVE SISOLAK, GOVERNOR OF THE STATE OF NEVADA, do hereby proclaim**

**RACISM, AS A PUBLIC HEALTH CRISIS**



*In Witness Whereof*, I have hereunto set my hand and caused the Great Seal of the State of Nevada to be affixed at the State Capitol in Carson City, this 5<sup>th</sup> day of August.

By the Governor: [Signature]  
Secretary of State

By [Signature]  
Deputy

## Putting action to Governor Sisolak's Proclamation Recognizing Racism as a Public Health Crisis

- Racism is a co-morbidity, exacerbated by COVID-19's disproportionate impact on BIPOC community
- Changing workplace culture
- Change reflected in service delivery, engagement





# **ACTIVATING HEALTH EQUITY THROUGH THE GRANTMAKING PROCESS**





# Eight Equity Essentials

## Key Points

- Empowers Program staff AND applicants to identify and respond to root causes of health inequities for funded projects
- Incorporate “equity essentials” throughout lifecycle of grant process
- Contract deliverables and program interventions must be broad enough in scope to impact health inequities
- Translating health equity goals in the RFP into action takes practice, assistance
- Having disparity data that intersects with vulnerability indicators helps
- Related to HiAP

- *Extent of the health disparity/inequity.*
- *Identify specific group(s) who experience a disproportionate burden of the health issue or disease.*
- *Deliver services in an equitable manner.*
- *Identify Social Determinants of Health (SDOH) connected to the health problem.*
- *Specific concrete steps to address SDOH.*
- *Evaluate effect/impact of interventions*
- *Link to National Stakeholder Strategy*
- *Demonstration of cultural competence.*



# Contact Information

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