

STATE OF NEVADA



OFFICE OF MINORITY HEALTH
2011-2012
BIENNIAL REPORT

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EXECUTIVE SUMMARY

Disparities in health status continue to persist among racial and ethnic minority populations residing in the state of Nevada. The Nevada Office of Minority Health (NOMH) attempts to address the following policy, program and systems change issues and needs:

- Training practitioners in health policy and environmental change;
- Placing students and graduates from minority serving institutions in public health internships and fellowships;
- Developing new approaches to achieve health equity;
- Improving the state's capacity to conduct health promotion policy activities; and
- Changing and enhancing support systems for school health.

NOMH works to bring together stakeholders from varied backgrounds to investigate root causes of health disparities and works to affect change at the community and policy levels related to reducing health disparities among racial and ethnic minority populations in Nevada. NOMH is fully funded using federal grant dollars, as part of a national initiative for all states to have an office dedicated to minority health issues. No funding from Nevada's State General Fund is used to support this office.

During the biennium (2011-2012), in an effort to fulfill its statutory duties, NOMH engaged in a variety of access, quality improvement and information dissemination activities. The Office does not provide medical or social services, but instead has become a program based upon outreach, advocacy, and community synergy, working with a variety of other agencies and organizations to meet objectives. Initiatives with an emphasis on the elimination of health disparities impacting minority populations are supported to address the needs of the racial and ethnic populations of the communities they serve.

The Office has supported the events of external organizations and collaborates with programs both public and private to enhance outreach, education and awareness efforts aimed at the hard to reach, uninsured, and underserved minority populations. These supportive and collaborative relationships are key factors in bridging the gap in access to quality health care and availability of up-to-date information for racial and ethnic minority populations. NOMH participation in these activities addresses the three primary program objectives as outlined in the mission statement.

Prior to this biennium, NOMH had been a program within the Nevada State Health Division (NSHD) Bureau of Child, Family and Community Wellness (BCFCW), and had operated in conjunction with bureaus and programs to address health disparities. In December 2010, this office was realigned under the supervision of the Governor's Consumer Health Advocate and the Office for Consumer Health Assistance (GovCHA). This has been a successful transition.

In addition, NOMH has established partnerships with community and faith based organizations, health care providers, local health departments, business leaders and communities to carry out its

program objectives. Participation in activities with agencies ensures that all objectives are documented and fulfilled.

Since the last biennial report, the United States Department of Health and Human Services' Office of Minority Health (US OMH) released several initiatives with a special focus on the social determinants of health, including documents relating to the Affordable Care Act and the HHS Action Plan to Reduce Racial and Ethnic Health Disparities. The focus has been on aiding various state OMH offices in determining future state planning that is consistent with national objectives and funding. The executive summaries of these documents are included in the appendices of this report.

The activities outlined in this report represent accomplishments of NOMH during the biennium and attempt to provide outcome based results with recommendations outlined. A host of demographic information from reliable national and state sources is also included in this report, with a design to show the future focus of the NOMH office and the directions of the federal offices that fund its efforts. The recommendations for new direction gained from these sources will help to improve the quality of and access to health care services as well as ensure that the information available to racial and ethnic minority populations are in formats that are culturally relevant and linguistically appropriate.

Due to the rapidly changing demographics of many communities throughout the nation, particularly in Nevada, there is an increased need to address health disparities as they exist for targeted minority groups. To respond to the needs of these groups the NOMH identified diabetes prevention and intervention as the primary priority area for targeting in 2010, as identified in the prior biennial report. Since that time, and with the advent of new and changing staff, office relocation to Las Vegas, realignment with the GovCHA office, and expanded federal goals and objectives, the NOMH priorities have been expanded. Due to the disparate impact certain conditions have on racial and ethnic minorities, the NOMH priorities now also include issues such as violence prevention, HIV infection, immunizations, obesity, and cardiovascular disease.

CURRENT HISTORY

The Nevada State Legislature created the Nevada Office of Minority Health (NOMH) in 2005. The duties of the Office are established in NRS Sections 232.467 through 232.484. An Advisory Committee composed of nine (9) members reflecting the ethnic and geographical diversity of the state assists and advises the Office in carrying out its duties.

NOMH is solely funded by a three year cycle federal grant, the State Partnership Grant Program to Improve Minority Health (SPG). The focus of the grant is, “To demonstrate the effectiveness of strategic partnerships to improve the status of minority populations and eliminate disparities in at least one of the following health topics: access to healthcare, asthma, cancer, cardiovascular disease/stroke, immunizations, diabetes, HIV and AIDS, infant mortality and low birth weight, mental health, and/or obesity.” The SPG was received and begun in September 2010, and continues throughout this biennial report, completing August 2013.

In December 2010, the NOMH office was realigned from the NSHD to the Nevada DHHS Director’s Office, under the supervision of the Governor’s Consumer Health Advocate. In June 2012, the physical location of NOMH was moved to the city of Las Vegas, where the Governor’s Consumer Health Advocate and the Office for Consumer Health Assistance is located.

During the first two years of the grant cycle, NOMH addressed primarily diabetes intervention and care. With the release of the federal initiatives including the Department of Health and Human Services Action Plan to Reduce Racial and Ethnic Health Disparities and the related National Partnership for Action Toolkit, NOMH is evolving to address minority health issues more broadly from a “social determinants” perspective, using community engagement, multi-sector partnerships and best practices.

MISSION

Pursuant to NRS 232.474, the mission of the NOMH is:

1. To improve the quality of health care services for members of minority groups;
2. To increase access to health care services for members of minority groups; and
3. To disseminate information to and educate the public on matters concerning health care issues of interest to members of minority groups.

Additionally, the Office provides guidance on implementing health disparities initiatives, contributes to policy development on minority health, increases public awareness of racial and ethnic disparities in health outcomes and health care, and provides technical assistance to minority communities and faith based organizations interested in improving the status of minority health in Nevada.

VISION

The NOMH vision is to achieve optimal levels of health and wellness for racial and ethnic minorities in the state. The Office provides an organized statewide focus serving to:

- Identify, assess and analyze issues related to the health status of minority populations and to communicate this information where needed;
- Participate in, and lead when appropriate, the development of minority needs assessments, service strategies and minority health data;
- Provide reference and resource information on minority health issues;
- Engage internal and external entities to support initiatives that address specific minority health needs, including targeting health care program resources to meet these needs;
- Monitor programs, policies and procedures for inclusiveness and responsiveness to minority health needs; and
- Facilitate the development and implementation of research and scientific investigations to produce minority specific findings.

ACCOMPLISHMENTS

2011

- Participated in the Southern Nevada Health and Immunization Coalition's (NIHC) immunization program, of which Walgreen's was a partner. In the past, NOMH has collaborated with the Southern Nevada Immunization and Health Coalition (SNIHC, previously SNIC) to improve the rate of immunizations among minority children through campaigns such as "Shots for Tots" and the "National Infant Immunization Week."
- Collaborated with various health and social service providers, including faith based organizations to provide health screenings, information, health diaries, and referrals to medically underserved Nevadans.

2012

- In June and July 2012, The NOMH main office completed a physical move from Carson City to Las Vegas and is now physically (as well as programmatically) under the Office of Consumer Health Assistance.
- In July 2012, the Ombudsman in Minority Health, Elena Espinoza serving as the Interim Program Manager for NOMH went on a Northern/Rural Nevada 'road trip.' The goal of this trip was to revitalize the presence of NOMH and get a better understanding of health care services across Nevada. Among the activities and organizations NOMH met with were: Nevada Urban Indians, the Yomba reservation resource and health fair, Access to Healthcare Network, and faith-based agencies.
- The NOMH Interim Program Manager was invited to sit on a panel sponsored by University of Nevada Las Vegas (UNLV), Office of Diversity Initiatives entitled: "Health and Healthcare Issues Facing Hispanic Americans in Southern Nevada." As part of this panel, she was asked to address the health care barriers and opportunities available to Latinos/Hispanics in Southern Nevada.
- Rose Park, NOMH Project Director and the Governor's Consumer Health Advocate, attended and presented at the: "Office of Minority Health Region IX Regional Health Equity Council (RHEC) Annual Technical Assistance Meeting" in San Francisco, CA.
- In previous years, the NOMH has participated in efforts to bring cultural competency to health care settings and sectors within Nevada. In 2012, this vision was solidified through a Cultural Competency and Diabetes Training (CCDT) series proposal, a partnership between GovCHA and NOMH. The end goal of these educational workshops is to offer specialized cultural competency trainings on the topic of minorities and diabetes to those providing care to diabetic or potentially diabetic underserved consumers. Several health care agencies have already articulated an interest in receiving the trainings, including: FirstMed Health and Wellness, Access to Health Care Network, Nevada Health Centers and AmeriGroup.

- NOMH is a member of the Diabetes Policy Workgroup, a project of the Nevada State Health Division. The goal of this workgroup is that of educating and informing decision makers about health disparities and recommending strategies for improving the quality of and access to health care for underserved communities.
- With an eye towards growth and sustainability, in the Fall of 2012, the Interim Program Manager submitted a federal grant application, “Project Connect 2.0: A Coordinated Public Health Initiative to Prevent and Respond to Violence Against Women” to expand Nevada’s capacity to address the continuity of care for survivors of interpersonal violence, namely sexual assault and domestic violence.
- NOMH and its parent agency GovCHA are collaborating with the Nevada State Health Division’s pilot project, “Community Health Workers/Promotores Pilot Project - a Peer to Peer Health Education Model.” Through this initiative NSHD will take a “multi-pronged, comprehensive approach towards incorporating CHWs into the state’s healthcare systems.”
- The NOMH continues to partner with the Nevada Diabetes Council (NDC) and its affiliate workgroups and coalitions: Professional Education Workgroup, iDo (Improving Diabetes and Obesity Outcomes) Coalition, and the Clark County Diabetes Group. The Southern Nevada Health District’s Office of Chronic Disease Prevention and Promotion is an integral part of each of the aforementioned groups and collaborates with “at risk,” low income minority populations throughout Clark County (Southern Nevada) to provide community education and training on diabetes and other diabetes-related chronic diseases.
- In November 2012, the search for a new NOMH Program Manager was successfully completed with the selection of Raymond J. Rodriguez. Ray comes from a successful background in higher education both within and outside of Nevada.
- In December 2012, the NOMH Advisory Committee welcomed three new members to its nine member roster, in compliance with NRS 232.482.

CONTINUED ACTIVITIES INTO NEXT BIENNIUM

- Partner with and support efforts of community and faith-based organizations, as well as local health departments/divisions, and tribal organizations.
- Disseminate health disparities information, including beginning work on social media design and ongoing work with media outlets to publicize NOMH activities.
- Improve and implement realistic objectives and action steps within the OMH Strategic Plan, aligned with NSHD and US OMH and NPA objectives and initiatives.

U.S. OFFICE OF MINORITY HEALTH GRANT, 2010-2013

Nevada was awarded a federal grant through the U.S. Department of Health and Human Services' Office of Minority Health to support the NOMH for three years, which began in September 2010. While the funding is modest, \$130,000 per year, the grant does support a Program Manager and a part time Administrative Assistant. The grant is the sole source of funding for NOMH. These positions were originally housed in Carson City, but as of June 2012, they have been staffed out of the GovCHA office in the Grant Sawyer Building in downtown Las Vegas, with a physical relocation of all materials associated with the office completed in October 2012.

The grant focuses on the impact of diabetes on Nevada's minority populations, with special attention paid to overweight and obesity.

The *World Health Organization's 2008-2013 Action Plan* for the global strategy for the prevention and control of non-communicable disease noted the following: "Current evidence indicates that four types of non-communicable diseases – cardiovascular disease, cancers, chronic respiratory diseases and diabetes – make the largest contribution to mortality."

Grant Project: Diabetes Prevention & Intervention

Type 2 diabetes may account for about 90% to 95% of all diagnosed cases of diabetes. Though there are several risk factors for Type 2 diabetes, including older age, family history, prior history of gestational diabetes, and impaired glucose tolerance and physical inactivity, the project will focus on one particular leading risk factor - being overweight or obese and diabetic. African Americans, Hispanic/Latino Americans and American Indians are at particularly high risk for type 2 diabetes (CDC website).

Grant Objectives:

- Goal 1: To coordinate activities, services and information on health disparities and minority health issues and their impact on racial and ethnic communities within the State of Nevada;
- Goal 2: Utilize a collaborative partnership approach, to identify, retrieve and analyze data, health services and resources related to the health status of minority populations and communicate this information to community and policy makers;
- Goal 3: Develop, implement and evaluate evidence-based interventions that will decrease the risk of developing diabetes through primary prevention strategies within targeted minority communities;
- Goal 4: Increase the percentage of minorities with diabetes whose condition has been diagnosed and who receive culturally competent care utilizing the chronic care model; and
- Goal 5: Coordinate the development and disseminate culturally and linguistically appropriate materials for state agencies, healthcare providers, trainees, and consumers.

Diabetes was chosen as the primary activity of this grant due to the significant relevance of this disease to the minority populations of Nevada, per the statistics and information which follows:

Nevada Population:

		Whites *	African Americans *	Asian Americans *	American Indians / Alaskan Natives *	Native Hawaiians / Pacific Islanders *	Persons Reporting 2 or more Races	Hispanic / Latino **
United States	Population	243,353,287	40,818,541	15,579,596	3,739,103	623,184	7,166,614	52,035,850
	% of Total	78.1	13.1	5.0	1.2	0.2	2.3	16.7
Nevada	Population	2,116,021	234,206	209,696	43,573	19,063	100,763	738,020
	% of Total	77.7	8.6	7.7	1.6	0.7	3.7	27.1

Source: U.S. Census Bureau, 2011 State & County QuickFacts: quickfacts.census.gov/qfd/states/32000.html

*Percentages and total population estimates include persons indicating only one race.

**Hispanic / Latino may be of any race, so they are also included in applicable race categories.

Risk Factors for Diabetes:

There are a number of non-modifiable factors that can contribute to a person's overall likelihood of developing Type 2 diabetes, including age, race and ethnicity, gender and family history. The American Diabetes Association states that accumulating research shows that there are a number of modifiable factors that contribute to a person's overall likelihood of developing Type 2 diabetes and heart disease as well. These include overweight/obesity, high blood glucose, hypertension, abnormal inflammation, physical inactivity, and smoking. Furthermore, the chances of being diagnosed with Type 2 diabetes increases as an individual presents with more health risk factors, and increases if racial and ethnic health disparities exist within a population. Some of the leading complications of diabetes include:

1. Amputations
2. Blindness
3. Complications of pregnancy
4. Dental disease
5. Depression
6. Heart Disease
7. Hypertension
8. Kidney disease
9. Neuropathy
10. Obesity
11. Ocular disease and macular degeneration
12. Stroke

Percentage of adults who have ever been told by a doctor that they have diabetes:

The chart below shows the percentage of adult Nevadans who have been told by a doctor that they do have diabetes. The numbers for Nevada are higher than the national average, with the number of individuals with borderline or pre-diabetes conditions nearly twice the national average.

	NV %	US %
Yes	10.3%	9.5%
Yes, Pregnancy-Related	1.1%	0.9%
No	86.4%	88.0%
No, Pre-Diabetes or Borderline Diabetes	2.2%	1.2%

Source: Statehealthfacts.org, 2013

Nevada weight classifications by Body Mass Index:

Both within Nevada and nationally, obesity has been on the rise for the past two decades. As of 2010, less than forty percent of Nevadans are neither overweight nor obese, with nearly a quarter of Nevadans in the obese category. As previously noted, obesity is a known risk factor for diabetes.

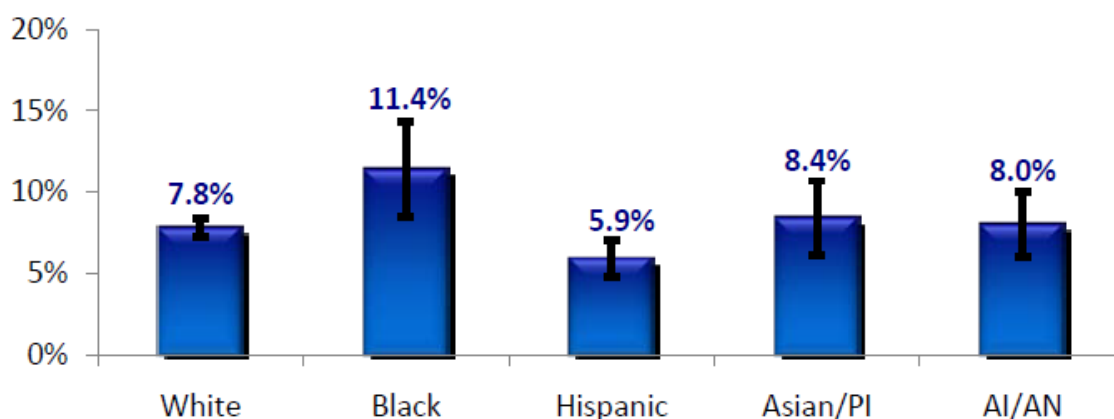
	Neither Overweight Nor Obese (BMI < 24.9)	OVERWEIGHT (BMI 25.0 - 29.9)	OBESE (BMI 30.0 - 99.8)
%	39.8	37.1	23.1

Source: Behavioral Risk Factor Surveillance System, Nevada, 2010

Nevada adult diabetes prevalence by race and ethnicity:

Black non-Hispanics had the highest estimated diabetes prevalence of any racial/ethnic group in Nevada (11.4%). Asians/Pacific Islanders had the second highest estimated prevalence (8.4%), followed by American Indians/Alaskan Natives (8.0%), White non-Hispanics (7.8%), and Hispanics (5.9%). While Hispanics show a lower prevalence in the graph below, this may be misleading since this population is diagnosed at a later stage of the disease than any other group due to a host of factors including cultural and linguistic barriers, and the high number of uninsured and underinsured Hispanics which in turn limits this community's access to health care.

The Prevalence of Nevada Adults with Diabetes by Race/Ethnicity, Aggregate Data (2004-2009)



Source: BRFSS 2004-2009

Based on the overall findings, Nevada must continue to provide community outreach in both urban and rural areas by coordinating diabetes prevention and intervention services and activities, with the goal of achieving a greater impact in the most vulnerable populations in the State of Nevada. Increased awareness, education, treatment and a proactive approach for those at risk and those already diagnosed may greatly impact their quality of care and reduce their risk of developing diabetes. Much of this can be, and is, accomplished with the involvement of our collaborative partners. Education is not only directed at those receiving education and treatment for diabetes, but also to educate those providing these services in raising the awareness and rendering a more culturally and linguistically competent care to their patients/consumers in combination with the fitting treatment.

NOMH ADVISORY COMMITTEE

NRS 232.482 Advisory Committee: Creation; composition; terms of members; Chair.

1. There is hereby created in the Office an Advisory Committee consisting of nine members appointed by the State Board of Health.
2. When appointing a member to the Advisory Committee, consideration must be given to whether the members appointed to the Advisory Committee reflect the ethnic and geographical diversity of this State.
3. The term of each member of the Advisory Committee is 2 years. A member may be reappointed for an additional term of 2 years in the same manner as the original appointment. A vacancy occurring in the membership of the Advisory Committee must be filled in the same manner as the original appointment.
4. At its first meeting and annually thereafter, the Advisory Committee shall elect a Chair from among its members.

Due to the changes to the NOMH office during this past biennium, membership in the NOMH Advisory Committee dropped, and work slowed in 2012. In June 2012, the Interim Program Manager made strong efforts to refresh the membership of the Advisory Committee and was successful in filling all but one position. The current members of the NOMH Advisory Committee, as of December 2012, and their geographic location within Nevada, include:

- Dr. Debra Toney, Chair, Southern Nevada
- Dr. Lemuel Evans, Vice-Chair, Southern Nevada
- Cassandra Cotton, incoming Chair (effective March 2013), Southern Nevada
- Gideon Agaton, Southern Nevada
- Elena Brady, Northern Nevada
- Rosita Castillo, Southern Nevada
- Gerold Dermid, Northern Nevada
- Emilia Guenechea, Southern Nevada
- One vacant seat

New members are currently in the process of being added as existing members transition off of the NOMH AC in March 2013. A full slate of members has been sent to the Nevada Board of Health and is awaiting confirmation.

NOMH Advisory Committee Recommendations

Internal NOMH Recommendations:

Moving forward into the next biennium, the following are the criteria held to be essential by the NOMH Program and its Advisory Committee:

- NOMH must align itself with the National Partnership for Action, the US OMH offices, and the Healthy People 2020 documents when creating strategic plans and collaborations with agencies inside and outside of the State of Nevada;
- NOMH must maintain a separate, high profile identity;
- NOMH must “brand” itself to become more fully recognized throughout the state;
- NOMH will maintain and operate its functions by means of the current federal funding, in collaboration with GovCHA staff;
- NOMH must seek funding to assure sustainability and potential expansion of the NOMH program;
- The NOMH Advisory Committee will revisit the current bylaws to assure the program is managed utilizing non-discriminatory processes, and that roles and responsibilities are clearly outlined for the Advisory Committee and community partners; and
- Outcomes resulting from the current Federal grant activities will be closely monitored through an established evaluation component, managed by an outside entity.

Statewide NOMH Activity Recommendations:

- Encourage schools of medicine and other allied health training programs to include cultural competency and CLAS standards as part of their training curriculum;
- Encourage providers and hospital systems participating in the Medicaid/Medicare reimbursement programs to offer or attend cultural competency training;
- Encourage health insurance companies to cover Language Access Services (LAS) as part of medical coverage plans;
- Encourage cultural competency training for Nevada Medicaid and Nevada Check Up providers; and
- Encourage providers receiving federal funding, particularly those under CMS, to collect race and ethnicity data in a format consistent with National Office of Minority Health guidelines to ensure adequate and accurate tracking and monitoring of health disparities for racial and ethnic minorities.

REORGANIZATION 2010 - 2012

Since the establishment of NOMH in 2005, community leaders have sought funding and support to assure the activities and improvements in healthcare for minorities would be accomplished. Due to severe economic conditions and diminishing resources, NOMH has struggled to fulfill the goals and objectives. Since 2010, NOMH has been 100% grant funded and receives no funding from the Nevada State General Fund.

On December 9, 2010, the Nevada State Health Division coordinated a Memorandum of Understanding (MOU) with the Governor's Consumer Health Advocate and the Office for Consumer Health Assistance (GovCHA). The purpose of this MOU was to transfer the responsibility of NOMH to GovCHA. While not part of this biennium report, the proximity to the start date of this report (January 1, 2011) makes it imperative that this action be included in this report.

The rationale behind this move was to facilitate leveraging additional resources, renew community interest and improve outreach. Since the realignment, GovCHA has assisted with facilitation of increased activity and expansion of NOMH's mission throughout the state by interfacing the resources and collaborations developed by the two entities. The move has provided greater exposure for NOMH in the Vegas Valley, home to the largest population density area in Nevada, and rural areas of Southern Nevada. (For more information on GovCHA, refer to Appendix A.)

NOMH and GovCHA have a shared mission to disseminate information, educate, and advocate the health concerns of Nevadans. While the two programs will retain their own identities, this overlap in information, education and advocacy is expanded to more fully include minority populations throughout the state as the two programs work with the NOMH Advisory Committee and the community organizations represented.

GovCHA is taking the lead in regard to consumer information, education and advocacy for health care reform and the Affordable Care Act (ACA). Health care reform under the ACA is critically important too, and it will specifically impact the health of minority communities.

GovCHA has arranged for language translation services through a telephone system to facilitate 240 languages and dialects for verbal and written translation. This enhances the ability of NOMH to communicate with minority community members. Cultural and linguistic competence trainings are currently under discussion for development with the NOMH Advisory Committee.

Initiatives through GovCHA provide rural outreach and education. This improves access to the extremely underserved minority communities in the rural areas. Already established GovCHA partnerships and collaborations enhance the advocacy for the minority communities in regard to health disparity issues, including: GovCHA's established relationship with the Nevada Hospital Association; the Nevada State Board of Medical Examiners; the Nevada State Medical Association; the DHCFP/Medicaid; Access to Healthcare Network; and numerous other

community organizations with whom GovCHA regularly interacts. At the same time, existing and renewed relationships developed through NOMH, the Health Division, Southern Nevada Health District, Washoe County Health Department, and numerous health related organizations will enhance NOMH and GovCHA's access into and success within the community.

One of the main functions of GovCHA has been advocacy for underserved populations, including access to care issues which are prevalent in the minority communities. Transitioning NOMH to GovCHA allows stronger collaboration to more fully meet the needs of these communities. The NOMH Advisory Committee will offer insights to GovCHA staff in regard to how to meet minority service delivery needs, access to care needs, and advocacy gaps, so that GovCHA is more fully able to respond to these specific areas of concern.

Nevada continues to struggle with high unemployment, which adds difficulty for members of minority populations to access health care. Health disparities escalate during difficult economic conditions, making the work of NOMH more important and relevant than ever.

The focus of the federal grant is diabetes education and intervention. NOMH is working collaboratively with the State Health Division's diabetes prevention program to facilitate the outcomes required by the grant and to align itself with the Health Division's ongoing strategic planning. Both the former interim (now the Minority Health Ombudsperson within GovCHA) and current NOMH Program Managers now serve on the statewide-focused chronic disease coalitions and committees.

THE NATIONAL PARTNERSHIP TO END HEALTH DISPARITIES

The National Partnership for Action to End Health Disparities (NPA) was established through the US Department of Health and Human Services and the Office of Minority Health (USOMH) to mobilize a nationwide, comprehensive, community-driven, and sustained approach to combating health disparities, and to move the nation toward achieving health equity. The mission of the NPA is to increase the effectiveness of programs that target the elimination of health disparities through the coordination of partners, leaders, and stakeholders committed to action. One of the products of the work of the NPA has been the development of the National Stakeholder Strategy for Achieving Health Equity, released in 2012, and state OMH offices including NOMH have been strongly encouraged to align with the details of this strategy. (The executive summary of this report can be found as Appendix B).

The National Stakeholder Strategy development process was initiated and sponsored by USOMH and consisted of a series of activities that engaged the wisdom of the multitude of individuals on the ground; in communities; in local, state and tribal organizations; in government agencies; and in places of education, business, and healthcare delivery. Using a “bottom up” approach, thereby vesting those at the front line of fighting health disparities with the responsibility of identifying and helping to shape core actions for a coordinated national response to ending health disparities, the development process included:

- A **national summit** of nearly 2,000 leaders who were challenged to consider how best to collectively take action to effectively and efficiently reduce health disparities and advance health equity. USOMH responded to the shared concerns of the Summit participants and formulated a draft version of the goals and principles of the NPA.
- A series of “**Regional Conversations**” with stakeholders in the ten HHS health regions in order to define, refine, and collaborate on a plan to eliminate health disparities through cooperative and strategic actions.
- A variety of **focused stakeholder meetings** sponsored by OMH to analyze input that had been received—in order to finalize NPA and National Stakeholder Strategy goals, principles, and strategies.
- An extended opportunity for **public review and incorporation of public input** into the NSS during which the draft version of the National Stakeholder Strategy was posted online and approximately 2,200 comments were received. OMH incorporated this input wherever possible.
- A **period of analysis, discussion and planning throughout all of the divisions within HHS**. The results of that dialogue are detailed in the HHS Action Plan to Reduce Racial and Ethnic Health Disparities, which will be reviewed annually to communicate ongoing actions.

Based on the process of community and stakeholder collaboration, the fundamental goals of the NPA and the National Stakeholder Strategy were ultimately defined as follows:

- **Goal 1: Awareness**—Increase awareness of the significance of health disparities, their impact on the nation, and the actions necessary to improve health outcomes for racial, ethnic, and underserved populations.
- **Goal 2: Leadership**—Strengthen and broaden leadership for addressing health disparities at all levels.
- **Goal 3: Health System and Life Experience**—Improve health and healthcare outcomes for racial, ethnic, and underserved populations.
- **Goal 4: Cultural and Linguistic Competency**—Improve cultural and linguistic competency and the diversity of the health-related workforce.
- **Goal 5: Data, Research, and Evaluation**—Improve data availability and coordination, utilization, and diffusion of research and evaluation outcomes.

Four fundamental principles are central to the goals of the National Stakeholder Strategy:

- First, change at the individual or community level is not sustainable without **community engagement** and leadership.
- Second, the creation of **partnerships** is critical in any action plan to eliminate disparities. The causes of health inequities are multiple and complex. Resources to solve such problems are valuable, finite, and must be strategically deployed. Partnerships allow the pooling of resources, mobilization of talents, and use of diverse approaches. Partnerships can limit duplication of efforts and fragmentation of services.
- Third, the culture with which an individual identifies informs how he or she understands the meaning of health and disease, and how that individual interacts with health providers or makes personal health or wellness decisions. The level of **cultural and linguistic competency** of healthcare providers and health educators has a powerful impact on the success or failure of any efforts to help individuals achieve optimum health.
- Finally, the requirement of **non-discrimination** for healthcare access and delivery is not only mandated by federal civil rights laws but also is a moral imperative and a practical necessity for achieving health equity. It must be present in our actions, services, leadership, and partnerships.

The National Stakeholder Strategy document, coupled with information from the State of Nevada including health statistics and the strategic plans of our collaborating offices, and supporting reports from the US Office of Minority Health and the NPA, will form the basis for future and ongoing strategic planning for NOMH. This process began in December 2012, with the arrival of the new NOMH Program Manager and the full NOMH Advisory Committee. These strategic planning processes will continue to align this office closely with both national direction and financial support, and statewide strategic planning with our state offices in the Nevada DHHS.

APPENDIX A: GOVERNOR’S CONSUMER HEALTH ADVOCATE AND THE NEVADA OFFICE FOR CONSUMER HEALTH ASSISTANCE (GovCHA)

Forward, Mission, Vision, from GovCHA’s 2012 Executive Report

“Our zip code may be more important to our health than our genetic code.”

Robert Wood Johnson Foundation, “Breaking Through on the Social Determinants of Health and Health Disparities,” December 2009

Nevada’s economy continues as one of the hardest hit by the national recession. This has created numerous dynamic and cascading challenges effecting the health and well-being of Nevadans. Social determinants of health are factors and conditions that interact to influence the health of individuals and communities. Primary examples of social determinants of health include safe and secure housing, jobs, adequate income, access to health care and social service support systems. The Robert Wood Johnson Foundation’s Commission to Build a Healthier America states the following: “Where we live, learn, work and play can have greater impact on how long and well we live than medical care. A person’s health and chances of becoming sick and dying early are greatly influenced by powerful social factors such as education, income, nutrition, housing and neighborhoods.”

In Nevada, the Governor’s Office for Consumer Health Assistance (GovCHA), established in 1999, has become a central and pivotal point for information and resources for Nevada consumers, physicians and other health care providers, and insurers. Through the Patient Protection Affordable Care Act of 2010, other states have developed their own consumer health assistance offices, and have sought guidance from Nevada as a model program. Nevada’s Consumer Assistance Program was established to assist consumers with access to healthcare, questions about insurance, disputes with insurance companies or difficulty navigating complex, multilayered health and social service systems. GovCHA acts as a central resource point to help consumers access state, local, community health care and social service systems. As health care systems, insurance reforms and the continuum of the Affordable Care Act implementation unfolds, many consumers may find themselves unsure and confused about how to take full advantage of the reformed health care system. GovCHA will continue to be a critical resource for Nevadans.

GovCHA has continued to develop collaborative partnerships with governmental, non-profit, private and other community organizations, some of which include: Aging and Disability Services, the Division of Welfare and Supportive Services, the Division of Health Care Financing and Policy, and the State Health Insurance Assistance Program (SHIP). As the impact of the economic crisis and its profound effect on many social determinants of health on Nevadans, GovCHA’s complexity of cases continues to increase. Our collaborative partnerships allow us to reach across boundaries and deliver a seamless system of healthcare resources and information. The Nevada program is a “one-stop-shop” and operates with a “no wrong door” attitude.

Nevada GovCHA (GovCHA), through its network of highly skilled and knowledgeable Ombudsmen, works with a broad array of community partners to ensure efficient and culturally competent delivery of services to consumers. GovCHA also serves as a key referral source for Nevada policy makers who are faced with constituents that need assistance, often requiring comprehensive case management. It is notable that in the last year the increasing volume and complexity of consumer cases is taxing GovCHA's limited resources.

Mission and Vision

The mission of the Governor's Office for Consumer Health Assistance is to enable all Nevadans to access information they need to better manage their health care concerns, and to assist consumers and insured employees in understanding their rights and responsibilities under various health care plans and policies of industrial insurance.

GovCHA's vision is to become the premier resource for consumer advocacy and health care information and to become the critical reference point for health status information for legislators, researchers and stakeholders who make and influence policy to improve health care in Nevada.

Overview

GovCHA was established by the Nevada Legislature in 1999 and has become a critical point of contact for legislators, consumers and providers. GovCHA provides information, education, advocacy, and case management services for the consumer that has difficulty navigating the many complex health care, insurance, and billing systems in Nevada. In addition, GovCHA is the primary resource for the consumer who has difficulty with access to care, inclusive of issues surrounding the social determinants of health that affect a consumer's ability to get and remain healthy.

In 2011, the Nevada Office of Minority Health (OMH) was administratively moved to GovCHA. The placement of the Office of Minority Health in the GovCHA office promotes a level of synergy and consistency between the programs. OMH provides systems level policy advocacy, education and information resources on behalf of Nevada's minority populations.

For a full copy of this report, please visit:

www.govcha.state.nv.us

APPENDIX B: THE NATIONAL STAKEHOLDER STRATEGY FOR ACHIEVING HEALTH EQUITY EXECUTIVE SUMMARY

OVERVIEW

In 1985, the United States Department of Health and Human Services (HHS) released a landmark report documenting the existence of health disparities for minorities in the United States. It called such disparities, “an affront both to our ideals and to the ongoing genius of American medicine.” In the decades since the release of that report much has changed in our society—including significant improvements in health and health services throughout the nation. Nevertheless, health and healthcare disparities continue to exist and, in some cases, the gap continues to grow for racial and ethnic minorities, the poor, and other at-risk populations. Beyond the heavy burden that health disparities represent for the individuals affected, there are additional social and financial burdens borne by the country as a whole. These burdens constitute both ethical and practical mandates to reduce health disparities and achieve health equity.

New approaches and new partnerships are clearly needed to help close the health gap in the United States. The *National Partnership for Action to End Health Disparities* (NPA) was established to mobilize a nationwide, comprehensive, community-driven, and sustained approach to combating health disparities and to move the nation toward achieving health equity. The mission of the NPA is to increase the effectiveness of programs that target the elimination of health disparities through the coordination of partners, leaders, and stakeholders committed to action. The NPA is a critical and innovative step forward in combating health disparities by bringing individuals and organizations within the health sector together with other individuals and organizations whose work influences health.

The initial and primary product of the NPA, the *National Stakeholder Strategy for Achieving Health Equity* (National Stakeholder Strategy) provides an overarching roadmap for eliminating health disparities through cooperative and strategic actions. The other two key components of the NPA include: Blueprints for Action that are aligned with the *National Stakeholder Strategy* and guide action at the local, state, and regional levels; and targeted initiatives that will be undertaken by partners across the public and private sectors in support of the NPA.

In addition to the *National Stakeholder Strategy* launch, HHS jointly issued the first ever departmental health disparities strategic action plan. The HHS Action Plan to Reduce Racial and Ethnic Health Disparities is focused on improving the health status of vulnerable populations across the lifespan. It will assess the impact of all HHS policies and programs on health disparities, promote integrated approaches among HHS agencies, and drive the implementation of evidence-based programs and best practices.

Together, the HHS Strategic Action Plan and the *National Stakeholder Strategy* provide visible and accountable federal leadership while also promoting collaborations among communities, states, tribes, the private sector and other stakeholders to more effectively reduce health disparities.

For a full copy of this report, please visit:

<http://www.minorityhealth.hhs.gov/npa/files/Plans/NSS/NSSExecSum.pdf>