

# STATE OF NEVADA



## OFFICE OF MINORITY HEALTH 2013-2014 BIENNIAL REPORT

## **Contents**

<b>EXECUTIVE SUMMARY.....</b>	<b>3</b>
<b>CURRENT HISTORY.....</b>	<b>5</b>
<b>MISSION.....</b>	<b>6</b>
<b>VISION.....</b>	<b>6</b>
<b>KEY ACCOMPLISHMENTS.....</b>	<b>7</b>
<b>SUPPORT FROM US OFFICE OF MINORITY HEALTH, 2010-2013.....</b>	<b>10</b>
<b>NOMH ADVISORY COMMITTEE.....</b>	<b>13</b>
<b>NOMH ADVISORY COMMITTEE RECOMMENDATIONS.....</b>	<b>14</b>
<b>REORGANIZATION 2010-2011.....</b>	<b>15</b>
<b>THE NATIONAL PARTNERSHIP TO END HEALTH DISPARITIES.....</b>	<b>17</b>
<b>APPENDIX A: GOVERNOR’S CONSUMER HEALTH ADVOCATE AND THE NEVADA OFFICE FOR CONSUMER HEALTH ASSISTANCE.....</b>	<b>19</b>
<b>APPENDIX B: THE NATIONAL STAKEHOLDER STRATEGY FOR ACHIEVING HEALTH EQUITY, EXECUTIVE SUMMARY .....</b>	<b>21</b>

## **EXECUTIVE SUMMARY**

Health disparities continue to be major issues for racial and ethnic minority populations in Nevada. Unfortunately, The State of Nevada Office of Minority Health (NOMH) was severely limited in the ability to address these issues due to being limited to specialized, federal funding. Nevertheless, NOMH attempted to address several issues impacting communities of color as dictated by the grants awarded. The initiatives completed during this Biennium (2013-2014) were as follows:

- Diabetes education and outreach in communities of color;
- Training practitioners in health policy and providing Culturally and Linguistically Appropriate Services (CLAS Standards);
- Provide education and enrollment opportunities in compliance with the Affordable Care Act targeting communities of color;
- Building partnerships and collaborations to facilitate enrollment in the Affordable Care Act and advance the mission of the Nevada OMH.

The NOMH functions at a “system” level and strives to gather stakeholders, including community-based organizations and all levels of local government, to investigate root causes of health disparities, develop strategies to address life-impacting issues, and reduce health disparities among racial and ethnic minority populations in Nevada. At the time of this report, the NOMH is fully funded by federal grants. The activities of the NOMH during the period covered in this report were covered by two grants, both awarded as State Partnership Grants focusing on minority populations. 2013 was the final year of the Diabetes Project and 2014 was the first year of the dual project targeting CLAS Standards and Affordable Care Act Education and Enrollment in communities of color. There is an ongoing national initiative for all states to have an office dedicated to minority health issues. However, the Nevada OMH does not receive any general state funding to support this office.

During the Biennium (2013-2014), the NOMH continued to fulfill its statutory duties by engaging in activities pertaining to access to care, improvement to quality of care, as well as providing educational opportunities and distributing information. OMH does not provide direct medical or social services. However, NOMH has built a system to investigate health disparities and develop solutions to address them. NOMH employs a combination of tactics to achieve successful health outcomes for the community. These tactics include but are not limited to: education and outreach; advocacy; policy development; and creating issue-specific task forces.

Due to the Nevada OMH being severely understaffed, creating partnerships and collaborative relationships has been vital to success. The NOMH continues to support the events of business and community-based entities to enhance outreach, education and awareness efforts targeting 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. Participation in these activities addresses the three primary program objectives as outlined in the mission statement.

The partnership between the NOMH and Governor's Office for Consumer Health Assistance (GOVCHA) continues to be extremely beneficial and has greatly aided in achieving goals and objectives. Additionally, NOMH has established partnerships with community and faith based organizations, health care providers, local health departments, and businesses and insurance providers.

As mentioned above, this report will cover the NOMH activities during the final year of the Diabetes project and the first year of the CLAS Standards and Affordable Care Act project. Brief descriptions of these projects are provided in later sections of this report. NOMH continues to adhere to the United States of America Department of Health and Human Services Action Plan to Reduce Racial and Ethnic Health Disparities. This document pertains to the social determinants of health, with a focus on aiding various state OMH offices determine future state planning consistent with national objectives and funding. The executive summary of this document is also included in the appendices of this report.

The activities outlined in this report illustrate the accomplishments of the NOMH during the biennium and provide results with recommendations as outlined in Appendix B. This information will be used to discuss the focus of the NOMH moving forward incorporating the direction being given by the U.S. OMH. The recommendations for new direction seeks to bring the NOMH up to speed with the OMHs in other states by offering suggestions to increase overall effectiveness by improving the quality of and access to health care services as well as presenting information in regards to minority health to the community.

The racial and ethnic landscape in rapidly changing throughout the United States. This change especially evident in Nevada. The increase in minorities from diverse racial and ethnic backgrounds has created the need to address health disparities as they exist for targeted minority groups. To respond to the needs of these groups the NOMH was involved in a diabetes prevention and intervention project in 2013 and a CLAS Standards and Affordable Care Act project in 2014. While these subject areas do not represent the health needs of minorities in their entirety, these topics have a direct impact on communities of color and were designated by the federal funding awarded. During this biennium there was also changes to every staff position within the NOMH and an increase interest in professionalizing the Community Health Worker positions. Priorities were also expanded to include HIV/AIDS prevention, cardiovascular disease, cancer, violence prevention, and obesity due to their powerful impact specifically on racial and ethnic minorities.

## **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 232.467-484. 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.

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.

The NOMH has been fortunate to procure two federal grants to support its activities during this biennium. Both of these grants fall under the State Partnership Grant Program to Improve Minority Health (SPG) purview. 2013 was the second and final year of the Diabetes education and outreach program. 2014 marked the beginning of a different SPG program focusing on CLAS Standards and ACA in communities of color. The overarching goal of this federal grant program is to demonstrate the effectiveness of strategic partnerships to improve the status of minority populations and eliminate disparities in at least one of the designated areas. NOMH is currently in the second and final year of this grant, which ends August 2015.

## **MISSION**

The mission of the NOMH is to:

- Improve the quality of health care services for members of minority groups;
- Increase access to health care services for members of minority groups;
- 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.

## **KEY ACCOMPLISHMENTS**

### **2013**

- Conducted multiple Diabetes focus groups to address individual-level factors.
- Organized and supported various large-scale events such as the annual Choose and Move health and wellness event hosted by the long-standing non-profit organization Community Partners for Better Health.
- Participated in multiple town halls, work groups, and advisory panels to address system-level factors.
- Coordinated and disseminated the Nevada Diabetes Resource Directory in English and Spanish.
- Significantly increased the number of partnerships and collaborations to extend the reach of the NOMH into communities of color and other difficult to serve populations.
- Presented at various conferences, associations, and community groups regarding minority health issues in Nevada.
- Secured funding through August 2015 via the Federal State Partnership Grant Program
- Identified a replacement for to fill the Program Manager position (Dr. Tameca Ulmer) after the position was vacant for the vast majority of 2013. This recruitment and hire relieved Minority Health Ombudsmen Elena Espinoza of the role of Interim Program Manager which was in addition to her responsibilities with GOVCHA.
- 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.

### **2014**

- Worked with the Silver State Exchange, Nevada Health Link, and community partners in raising awareness of ACA and enrollment.
- Conducted various presentations, Q&A sessions, and town hall discussions interpreting the ACA, enrollment procedures, and the availability of health care plans.
- Acted as an advocate for community residents encountering problems utilizing the Nevada Health Link system.



- Conducted mass enrollment workshops for specialized communities (i.e. teen mothers, homeless individuals, and individuals living in shelters).
- Offered one-on-one assistance for ACA education and enrollment.
- Attended the CMS training for Medicare and Medicaid in San Francisco, CA.
- Instructed sessions on the CLAS standards for students enrolled in the UNR School of Medicine, staff members of UMC and community based clinics, and other medical professional groups.
- Made presentations to various entities included the Nevada System of Higher Education regarding NOMH in attempt to gain additional support.
- Attended the Congressional Black Caucus in Washington D.C. representing Nevada in the minority health brain trust.
- Drastically increased the number of community partnerships and collaborations while maintaining the current.
- Hosted and co-sponsored several enrollment fairs targeting communities of color for ACA enrollment.
- Obtained guidance from the Federal OMH to embark on an aggressive strategic planning mission to advance the NOMH and bring it into alignment with OMHs across the nation.

## **CONTINUED ACTIVITIES INTO NEXT BIENNIUM**

- Complete the strategic plan further defining the purpose of NOMH and outlining activities through 2019.
- Continue to successfully meet the goals and objectives of the current SPG program.
- With an eye toward growth and sustainability comply with the following:
  - Support State Legislature for BDR S-395
    - Makes an appropriation to the Office of Minority Health of the Office for Consumer Health Assistance of the Department of Health and Human Services
  - Submit competitive applications for two Federal grants
    - State Partnership Initiative to Address Health Disparities (SPI)
    - Partnership to Increase Coverage in Communities II (PICC II) Initiative



- Continue to create new and strengthen existing partnerships with a focus on advancing health equity.
- Deepen the reach of NOMH into tribal communities with a focus on tribal health issues.
- Expand the use of social media in NOMH activities

## **SUPPORT FROM U.S. OFFICE OF MINORITY HEALTH, 2010-2015**

As previously mentioned, Nevada has been awarded two federal grants through the US Department of Health and Human Services' Office of Minority Health. During 2013, NOMH received a modest \$130,000 in the final year of a three year grant. These funds included support for a Program Manager and a part time Administrative Assistant. These positions were originally housed in Carson City, but moved to Las Vegas in June 2012.

### **2010 – 2013 State Partnership Grant Program – Diabetes Education and Outreach**

The grant focused on the impact of diabetes on Nevada's minority populations by 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."

*Source: World Health Organization 2008-2013 Action Plan*

### **Grant Project:**

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).

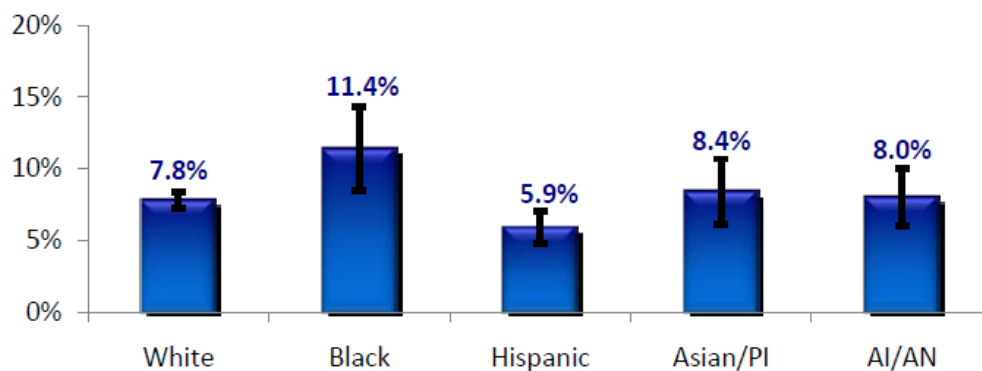
### **Grant Objectives:**

- 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.

### **Nevada adult diabetes prevalence by race and ethnicity:**

Black non-Hispanics had the highest estimated diabetes prevalence of any racial/ethnic group in Nevada at 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 at 5.9%. While Hispanics show a lower prevalence than other populations, it should be noted that they are also the group that seeks the fewest screenings for diabetes and are diagnosed at a later age than any other group due to lack of education of diabetes in their population.

**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.

### 2013-2015 State Partnership Grant Program – CLAS Standards and Affordable Care Act Outreach, Education, and Enrollment

#### **Grant Project:**

The focus of this grant is two-fold. Project One of this grant centers on increasing the knowledge and utilization of Culturally and Linguistically Appropriate Services (CLAS) Standards. These standards are a set of fifteen elements required to ensure services are being provided in manner that is respectful and inclusive of cultural, ethnic, and racial differences. These elements are broken into four sub-groups. The CLAS Standards are as follows:

#### *Principal Standard*

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

#### *Governance, Leadership, and Workforce*

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

#### *Communication and Language Assistance*

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

#### *Engagement, Continuous Improvement, and Accountability*

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

Project two of the grant focuses on outreach, education, and enrollment opportunities in communities of color in compliance with the Affordable Care Act. NOMH accomplishes these tasks by employing a variety of methods, most important of which is partnerships and collaborations. NOMH has hosted and sponsored enrollment fairs, organized ACA 101 community information sessions, instructed mass enrollment events, and acted as a liaison for residents encountering obstacles with enrollment.

### **Grant Objectives:**

- Goal 1: Increase the rate of adoption and implementation of the National CLAS Standards in targeted Nevada Health agencies.
- Goal 2: Increase the number of racial and ethnic minority Nevadans who have health insurance by 25,000 individuals per grant year.

### **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.

During this biennium NOMH was able to retain and recruit members of the Advisory Committee. The committee is now fully staffed and in compliance with NRS 232.482 and continues to meet on a quarterly basis. The current members of the NOMH Advisory Committee, as of April 2015, and their geographic location within Nevada, include:

- Cassandra Cotton, Chair, Southern Nevada
- Dr. Lemuel Evans, Vice-Chair, Southern Nevada
- Gideon Agaton, Southern Nevada
- Rosita Castillo, Southern Nevada
- Gerold Dermid, Northern Nevada
- Amie Belmonte, Southern Nevada
- Col William Olds (retired), Southern Nevada
- Dr. Darren Rhaman, Southern Nevada
- Sarita Alvarez, Northern Nevada

## **NOMH ADVISORY COMMITTEE RECOMMENDATIONS**

### **INTERNAL 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 design a comprehensive plan of action that will bring it into alignment with leading OMHs across the country
- 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 collaboration with agencies within 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 roles and responsibilities are clearly outlined for the Advisory Committee and community partners
- Outcomes resulting from the current Federal grant activities will be closely monitored through an established evaluation component, managed by an outside entity

### **STATEWIDE OMH 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
- 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
- Continue to create partnerships and collaborations to extend the reach of NOMH and better meet the unique needs of various populations
- Seek opportunities to offer assistance to other underrepresented, at-risk populations.

## **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 Nevada general funds.

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 and the ACA is critically important too, and 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. (See Appendix B for the membership of the NOMH Advisory Committee as of December 31, 2012, and their current work in assisting the NOMH office.)

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; Nevada Medical Society; DHCFP/Medicaid; Access to Healthcare Network; as well as numerous 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 currently 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 C.

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 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](http://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>