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May 25, 2012

Fellow Nevadans:

I am pleased to present the Grants Management Advisory Committee's (GMAC) Statewide Needs Survey, as mandated by the 2011 Nevada Legislature through the passage of Senate Bill (SB) 421. Data was collected and the resulting report was prepared on behalf of the GMAC by members of my staff in the Grants Management Unit (GMU) in the Director's Office of the Nevada Department of Health and Human Services (DHHS).

The primary purpose of the Statewide Needs Survey was to collect public input necessary to assist the GMAC in making recommendations regarding funding priorities among the programs supported by the Fund for a Healthy Nevada (FHN). Because the FHN programs administered by the GMU vary widely in nature and scope, the survey was designed to take a broad look at needs across the state. The report reflects the top priorities identified by the public and provides information from other sources that may clarify these priorities. In a public meeting scheduled for June 14, 2012, the GMAC will discuss the identified priorities and determine how to advise DHHS Director Mike Willden regarding budget development for State Fiscal Years (SFY) 2014-15.

The Commission on Aging (CoA) and the Commission on Services for Persons with Disabilities (CSPD) have also conducted surveys in accordance with SB421 and will soon present reports to their constituents and Mr. Willden. These reports are expected to reflect priorities that are specific to the target populations of the two commissions.

Undoubtedly, members of the GMAC (along with the CoA and the CSPD) are about to embark on a challenging and difficult task. However, it should also be a rewarding one since the end result will enrich the lives of Nevadans across the state.

On behalf of my staff, I want to thank each person who attended a public forum or completed a survey to assist the GMAC in its work. Your input was critical and will help to shape not only FHN allocations for the coming biennium but Nevada's future as it relates to health and human services.

Sincerely,

Laurie Olson

Laurie Olson, Chief
DHHS Grants Management Unit

The Grants Management Advisory Committee for the Director's Office Nevada Department of Health and Human Services

Statewide Needs Survey

May 2012

Prepared by the
Grants Management Unit
Department of Health and Human Services

Nevada Department of Health and Human Services
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Information about funding sources
administered by the Grants Management Unit is available on the web at:

http://dhhs.nv.gov/Grants/GrantsManagement.htm

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We acknowledge the following agencies and their staff for their support in the development and presentation of the public forums:

- Frontier Community Action and the Winnemucca Public Library, Winnemucca
- The Partners Allied for Community Excellence (PACE) and Rural Providers Coalition and Stockmen's Hotel, Elko
- Family Resource Center and White Pine County Library, Ely
- Nye Communities Coalition, Pahrump
- The Boys and Girls Club of Las Vegas
- The Human Services Network (HSN) of Northern Nevada and Regional Transportation Coalition, Reno
- The Disability Issues in Healthy Ecology Class from the University of Nevada Reno: Instructor George McKinley, and students: Deborah Kahue, Sharisse Crowe, Jessica Harpster, Mary Helmreich, Kaitlyn Nelson, Tess Pommer, and Holly Utley
- Healthy Communities Coalition (Lyon & Storey County)
- Pathways to Possibilities Community Coalition, Hawthorne
- The James Gibson Library, Henderson
- Three Square, Las Vegas
- East Valley Family Services, Las Vegas
- The Urban League and Dr. William U. Pearson Community Center, Las Vegas

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BACKGROUND

The Grants Management Unit (GMU) is an administrative unit within the Department of Health and Human Services (DHHS) Director's Office that manages grants to local, regional and statewide programs serving Nevadans. The GMU administers funds for the following programs: Children's Trust Fund (CTF), Community Services Block Grant (CSBG), Family Resource Centers (FRC), Fund for a Healthy Nevada (FHN), Social Services Block Grant (Title XX of the Social Security Act), and the Revolving Account for Problem Gambling (RPG).

The Grants Management Advisory Committee (GMAC) was created through Senate Bill 297 of the 2005 Legislative Session to provide input to the DHHS with regard to administration of five of the aforementioned funding sources and the FHN, which was added to their review in 2007.

The FHN was created in 1999 under NRS 439.620 with 50% of the state's share of the national Master Settlement Agreement (MSA) with the tobacco industry. The 50% was further split into the following allocations effective July 1, 2008.

- Senior RX – 30%
- Independent Living Grants for Seniors – 30%
- Tobacco Control – 15%
- Children's Health – 10%
- Disability Services – 10%
- Disability RX – 5%

Senate Bill (SB) 421, passed in June 2011, **revised the legislation under which the FHN will be administered**, resulting in the following changes.

- The Trust Fund for Public Health was eliminated. Effective in State Fiscal Year 2011 (SFY11), the money in the Trust Fund was transferred to the FHN, **increasing the FHN share of the MSA to 60%.**

- **The provision specifying the percentages of available revenues to be allocated from the FHN to specific programs was eliminated.** Beginning with the SFY14-15 budgeting process, the DHHS is required to consider recommendations submitted by the GMAC, the Nevada Commission on Aging (CoA), and the Nevada Commission on Services for Persons with Disabilities (CSPD) in proposing a plan for allocation of money for the FHN programs. **The GMAC, CoA and CSPD were required to seek community input on needs when developing their recommendations.**

- The provision related to Children's Health was revised to broaden the kinds of projects that may be supported with these funds. The revised legislation covers "**programs that improve the health and well-being of residents of this State, including without limitation, programs that improve health services for children.**"

The GMU, on behalf of the GMAC, began collecting community input in September of 2011. The Interim Summary of Results of the statewide needs survey (reflecting community input through November 8, 2011) was presented at the December 8, 2011 meeting of the GMAC. The GMAC considered the information along with public testimony, to determine the most appropriate way to proceed with grants

supported by the FHN and other competitive funding sources administered by the GMU during the SFY13 grant period. The GMAC voted to recommend extending SFY11-12 funding priorities into SFY13, which is a one-year grant period intended to synchronize future two-year grant cycles with regular sessions of the Legislature.

The DHHS Director accepted this recommendation and directed the GMU staff to develop a process to renew the existing SFY11-12 grants and at the same time, develop a plan to utilize the SFY13 FHN funds not required for renewal of said grants. Because the needs assessment and a process called the Core Functions of Government spearheaded by the Governor's office both indicate that food insecurity is a serious problem in Nevada, the DHHS Director instructed that this would be the focus of a Request for Applications (RFA) for SFY13.

After the Interim Summary of December 2011, the GMU continued to gather additional community input with the written survey posted on Survey Monkey closing on January 31, 2012 and the public forums concluding in early February 2012. This report reflects the priorities indentified as a result of this input.

EXECUTIVE SUMMARY

This Statewide Community Needs Assessment was completed by the GMU staff on behalf of the GMAC to comply with the requirements set forth in SB 421. The intent of this report is to provide a compilation of the input received from the public. This information may stimulate further queries and promote an independent decision making process for the development of future recommendations.

METHODOLOGY

Primary input was gathered from the public through a written survey (Appendix A) and through fourteen public forums held throughout the state. The written survey posted through Survey Monkey generated 3,059 responses. The public forums brought together 372 individuals representing more than 40 agencies and private citizens in their home communities. In addition, data was collected from:

- A previous needs survey funded under CSBG in May of 2011 that drew 2,976 responses (Appendix C);
- A compilation of needs assessments completed within the past two years or currently in progress (Appendix F);
- Key comparisons regarding the State of Nevada's ranking in relationship to the nation as they relate to the FHN, and
- A summary of Nevada demographics by County.

KEY FINDINGS

The following table provides a summary of the **top seven results**, in order of priority, identified by each survey method through the assessment process: GMU Survey Monkey, CSBG survey, and the public forums.

Table I: Executive Summary – Comparison of survey input sources

SURVEY MONKEY PROVIDER RESPONSES	SURVEY MONKEY COMMUNITY MEMBER RESPONSES	CSBG PROGRAM SURVEY	PUBLIC FORUMS
Food	Health Care	Health Care	Health Care
Transportation	Dental Care	Dental Care	Family Supports: Children & Seniors
Health Care	Food	Food	Housing
Help Finding Information	Help Finding Employment	Help Finding Employment	Education
Housing	Utilities	Transportation	Transportation
Dental Care	Housing	Housing	Help Finding Employment
Help Finding Employment	Help Finding Information	Utilities	Mental Health & Substance Abuse

Throughout the community forum discussions, several **common threads** were observed.

- The need to be mindful of the **individuality of communities** in their prioritization of unmet needs.
- The need for a **"paradigm shift"** or change in how Nevada does business. As stated in Las Vegas and other communities, "If you keep doing what you have done, you will always get what you got."
- The need to access **untapped** federal and other **funding sources** and to **use current resources to their fullest extent**.
- The need for the **development of collaborative efforts** among public and private agencies to implement systemic change in Nevada.

Consensus also recognized there are **numerous problems to address**. However, not everything can be effectively addressed at once. Therefore, it is important to step back and evaluate the needs of the citizens of Nevada, how those needs can be met and to identify the steps needed to be taken to reach those goals. As stated by Mike Willden, DHHS Director, "Pick something and run with it."

It is important to note that, although specific priorities have been identified, there was a recurring conversation regarding the **"domino effect" or "interconnectedness" of service needs**. An example is how the need for health care services is directly impacted by a lack of adequate and appropriate nutrition, lack of childhood immunizations, inability to access adequate health care services, the use of substances such as alcohol and tobacco, and obesity.

In addition to serving as venues to collect data, the public forums created an opportunity for participants to:

- **Share personal stories** that demonstrated the individuality of communities and assisted the GMU staff in more fully understanding the scope of the identified priorities, and

- **Engage in community networking** and as a result, learn something new about available resources or meet an individual who could assist them.

It became more evident as information was collected that extensive data on community needs is actually already available. What is lacking is a central repository for this information. In addition, inconsistent data collection and inconsistent definition of terms and services makes it difficult to utilize the information effectively. This confirmed the necessity of collaborative efforts in the development of common practice for data collection.

Many of the identified priorities do not fall under the purview of the FHN or other grant funding administered by the GMU. Therefore, as part of the collaborative process, this report and related information will be shared with other agencies and potential funding sources.

METHODOLOGY FOR PUBLIC INPUT/DATA GATHERING

In September of 2011 a **written survey** (Appendix A) was presented to the citizens of the State of Nevada for completion via Survey Monkey. The survey was distributed to the GMU Listserv (500+ individuals and agencies that provide health and human services throughout the state) and the GMU grantees (approximately 80+ agencies). Each of these agencies was asked to forward the announcement to their Listserv and encourage their program participants to complete surveys. Hard copies of the surveys were made available to the public in both English and Spanish. Upon submission of the completed hard copies, survey data was entered on Survey Monkey by GMU staff.

The survey asked questions of service providers and community members about the basic services provided by agencies and requested by community members over the past twelve months. Respondents who were service providers were invited to complete the survey twice, once as a service provider and a second time as a community member. Data regarding whether an individual completed the survey from both perspectives was not collected.

By November 8, 2011, the survey had drawn 1,855 responses. This data was tabulated and the results were presented in the Interim Summary of Results Statewide Needs Survey at the December 8, 2011 GMAC meeting. The Interim Summary was posted on the DHHS website at:
http://dhhs.nv.gov/Grants/Meeting%20Materials/GMAC/2011-12-8_Meeting/InterimSummaryOfNeedsAssessment.pdf.

The survey remained open for submissions until January 31, 2012, with an end result of 3,059 surveys completed.

Public forums (Appendix D) were scheduled across the state. Using the written surveys to stimulate participants thoughts about the needs of their communities, a dialogue was held at each site. Many of the forums were held in collaboration with other community meetings such as local coalitions. A local agency in each of the communities was identified to arrange the location and assist in publicizing the events. Publicity included flyers, news releases, public service announcements and email. Each forum was essentially a community dialogue facilitated by GMU staff and consisting of the following five-step process.

1) Introduction

- A description of the Master Settlement Agreement (MSA) with tobacco companies, the FHN and the changes instituted by SB 421.
- An overview of the GMU and GMAC responsibilities.
- Some "Facts about Nevada," which included Nevada's ranking in comparison to other states and the nation.
- A review of the written survey and method of distribution with an explanation of the process to be used during the forum.

2) Input

- Each attendee was asked to write three clear and concise statements of what they believed to be the primary needs in their community. **Community** was defined as the geographic area where they lived or where services were provided.
- These statements were written on adhesive notes that were then placed on charts under a category such as food, transportation, health care, education or employment.

- Before being posted, each statement was read aloud and clarification of the statement was received from the author (if needed). The statements were applied under the appropriate category with decisions regarding placement made by the group.

3) Categorization

- Once all statements were received, they were grouped in subcategories with other like issues. For instance, the category of health could include subcategories such as lack of financial resources to access health care, lack of providers and lack of public health services. Input from the group ensured that the facilitators assigned the statements to the categories and subcategories identified by the participants of the forum.

4) Prioritization

- The next step was to verbally review every statement charted, give each participant three colored dots and provide the opportunity for participants to attach the dots to the charts beside the three categories or subcategories they felt were most important. If desired, participants could assign more than one dot to a single category or subcategory. The votes were tallied and community priorities were presented in the order they were ranked by the participants.

5) Transcription

- The written information received from the participants in these forums was later transcribed verbatim for each community (Appendix E). This transcription includes the categories, verbatim written responses submitted by participants and a record of the votes cast. No changes were made to the wording or spelling of the of participant comments.

- The transcription also included a list of the agencies represented at each forum, a brief synopsis of the community demographics and a brief summary of significant dialogue that occurred during the forum.

ADDITIONAL DATA GATHERING

Demographic data was obtained from the U.S. Census website, the Nassir Notes compiled by demographers in the DHHS Director's Office, and assessments and reports identified in Appendix F.

THE COMMUNITIES SAY

The following two tables provide the tabulated Survey Monkey results regarding characteristics of respondents to Survey Monkey. The percentages will equal greater than 100% as the respondents were asked to indicate all potential answers that were applicable to them.

How would you describe yourself? Please mark all items that apply. service provider responses

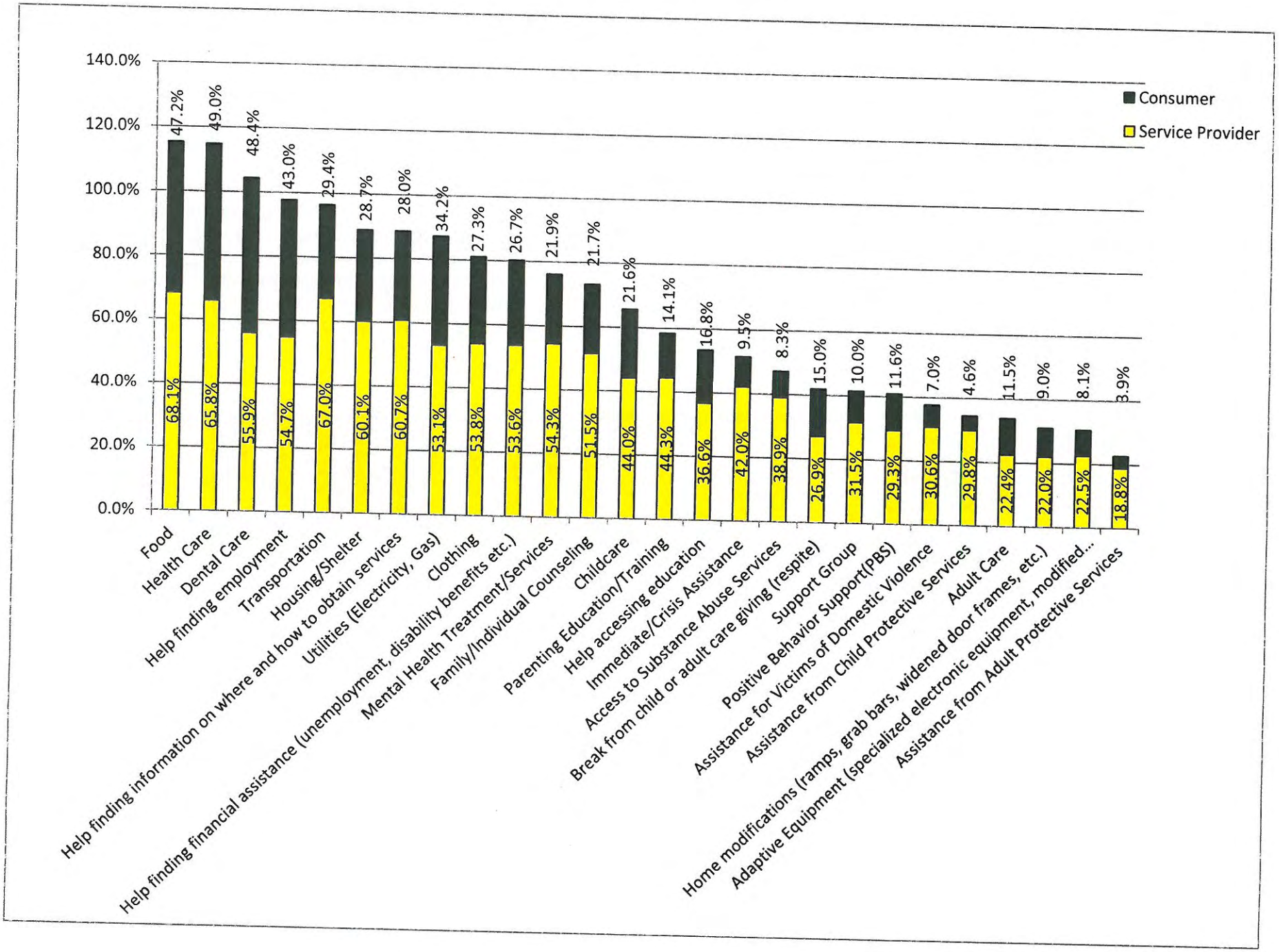
Answer Options	Response Percent	Response Count
Paid provider of direct services to children	27.9%	241
Paid provider of direct services to children with special needs	23.5%	203
Paid provider of direct services to senior citizens	20.1%	174
Paid provider of direct services to adults with special needs	17.4%	150
Social Worker or related profession	27.3%	236
Teacher	13.2%	114
Agency that provides information and referral services	55.3%	478
Agency that provides employment services	11.7%	101
Agency that provides nutrition/food services	25.5%	220
Other (please specify)		276
	answered question	**864**
	skipped question	**2,209**

How would you describe yourself? Please mark all items that apply: community member responses

Answer Options	Response Percent	Response Count
Family with children ages 0-4 years	27.4%	283
Family with children ages 5-12 years	30.2%	311
Family with children ages 13-18 years	24.7%	255
Family with children with special needs	10.7%	110
Senior Citizen (ages 55+)	32.1%	331
Adult with a disability	15.6%	161
Veteran with a disability	4.5%	46
Family member who provides care for a child with special needs	8.4%	87
Family member who provides care for a senior citizen	9.2%	95
Family member who provides care for an individual with disabilities	8.8%	91
Student with a disability	5.0%	52
Other (please specify)		103
answered question		**1,031**
skipped question		**2,042**

The final priorities identified through Survey Monkey are summarized in the following table entitled "Survey Monkey: Combined Overall Responses." The table reflects the priorities identified through the combined responses from both the service providers and community members. The table reads by priority, from left to right. The percentage of service providers weighing in on a particular priority is represented by the yellow portion of the column and the percentage of consumers is represented by the black portion. Note that the percentage for a priority may exceed 100%. For instance, 68.1% of the service providers (depicted in yellow at the bottom of the column) and 47.2% of the community members (depicted in black at the top of the column) noted "food" as their first priority. This represents a combined percentage of 115.3%. An abbreviated version of the top seven priorities is represented in Table II: Top Priorities Identified by Survey Monkey (see Page 10).

Survey Monkey Combined Overall Responses



The following table compares the top seven priorities identified by Survey Monkey from the perspective of the provider and the community member, and tabulates the responses as a combined total. Color coding illustrates that all priorities with the exception of utilities and transportation appear in each column. The only variation is the rank of each priority. While transportation did not make the short list for community members it came in a close eighth.

Table II: Comparison of Top Priorities Identified by Survey Monkey

SURVEY MONKEY PROVIDER RESPONSES	SURVEY MONKEY COMMUNITY MEMBER RESPONSES	SURVEY MONKEY RESPONSES COMBINED
Food	Health Care	Food
Transportation	Dental Care	Health Care
Health Care	Food	Dental Care
Help Finding Information	Help Finding Employment	Help Finding Employment
Housing	Utilities	Transportation
Dental Care	Housing	Housing
Help Finding Employment	Help Finding Information	Help Finding Information

Survey Monkey also provided the public with the opportunity to respond to the question: "If you could tell the people doing this survey one more thing that would help the most to meet the needs of the people living in your household and/or community what would it be?" More than 1,200 responses were received. The majority of responses were repetitious of the information provided through the questions on the surveys. Several responses thanked the agencies for the work that they do for the public. (Upon request, a complete copy of the text can be obtained from the GMU.) In addition, more than 1,500 responses were received from respondents asking for a summary of the results of the survey, with about 70% of the respondents providing an address or email. These individuals will be provided with a link to the report when it is posted on the GMU website.

The results of the Survey Monkey were validated by a **similar, written needs survey completed through the CBSG** programs in May of 2011. The survey was administered by the CBSG grantees to their constituents at the request of the GMU. This survey is completed every three years to fulfill a federal reporting requirement. The 2,976 responses identified Nevada's top seven priorities of need as health care, dental care, food, employment, transportation, housing and utilities. A summary of the results of the entire survey is included in Appendix C.

The results of the CSBG survey combined with the Survey Monkey results from providers and community members, reflect the same needs although in a slightly different order of priority. This comparative information is included in Table I on Page 3 of the Executive Summary.

The kick-off public forum for the GMU's Statewide Community Needs Assessment was held at the GMAC meeting in September 2011 and was attended by a total of 72 individuals in three locations via video conference. Unfortunately, while video technology can provide a valuable communication link, it does not foster an environment where participants can freely dialogue and physically move about in the second prioritization segment of the forum. Because the data generated during this forum did not include the prioritization (or voting) segment, it is not comparable to the input received at the other thirteen forums and has not been included in the overall analysis of data. It was noted that, during the other thirteen forums, many participants changed their minds about what they believed to be priorities after listening to and dialoguing with fellow participants. This does not mean the input received during the GMAC forum is any less important. As stated previously, it is simply not comparable to the final input received at the other face-to-face forums.

The following table reflects the responses provided by attendees at the GMAC forum in order of priority. It should be noted that four of these priorities are reflective of the top seven priorities identified in the face-to-face public forums – health care, housing, transportation, mental health and substance abuse services. The stated need for services for individuals with special needs may appear to be unique to the GMAC forum but was included under family supports at other forums.

TABLE III: GMAC Meeting Community Input: September 8, 2011

	CARSON CITY 33	LAS VEGAS 30	ELKO 9	COMBINED 72
Services for Individuals with Special Needs	14	13	4	31
Transportation	17	8	3	28
Mental Health & Substance Abuse Services	12	8	6	26
Health Care	7	15	0	22
Housing	10	6	4	20

A total of **320 individuals participated in the thirteen additional face-to-face public forums across the state**. The locations of the forums were selected in order to ensure that input was collected from various geographic areas across the state. Five forums were held in Clark County where 72% of the population resides. A table presenting a "Public Forum Input Summary of Clark County" is included at the end of Appendix D. Announcements were sent to surrounding communities for each of the forum sites and participants drove as far as two hours to attend these events.

TABLE IV: Public Forum Input

The following table provides a summary of the top categories of need identified across the state during the public forums. The first column (blue) identifies the categories in priority order based on public input from the entire state. The heading (yellow) indicates the community, date of the forum and number of attendees. The numbers in the white boxes indicate the votes cast for each of the categories. Each community representative had three votes, which they could use to support as few as one or as many as three priorities. The last column is the total number of votes for each category. Appendix E includes a copy of transcriptions of all of the input from community forums and a chart summary of the input from the Clark County forums. A comparison of this data with the Survey Monkey input and CSBG data is shown in Table I.

COMMUNITY	WINNE-MUCCA	ELKO	ELY*	PAH-RUMP	LAS VEGAS	RENO HSN	RENO* UNR	SILVER SPRINGS	HAW THORNE	HENDER-SON	LAS VEGAS	LAS VEGAS	LAS VEGAS	TOTALS
DATE OF EVENT	10/3/11	10/4/11	10/5/11	10/9/11	11/3/11	11/8/11	11/8/11	11/10/11	12/5/11	2/8/12	2/9/12	2/9/12	2/10/12	
# OF ATTENDEES	12	43	14	31	31	31	12	41	18	9	21	37	18	320
Family Supports: Children and Seniors	3	10	10	7	5		6		4	13	11	17	11	97
Health Care	2	17	9		4	16	11	11		2	6	10	6	94
Housing	11	5	5	20		5			6		4	11	3	70
Public Transportation	2		5	23		9		10	6		4			59
Education		5			7			6			8	21	1	48
Mental Health/ Substance Abuse		6	5	8		14			4			6		43
Employment	3			10	5	4		5	6	2			4	39
Senior Services				5				5		1		20		31
Food				5		5				4	10			24
Youth Activities/School				7			9		5					21
Tobacco Cessation					8			4						12
Community Education		5					8							13
Service Delivery/ Benefit Access	5												4	9
New Thinking/Collaboration		6	2				1							9
Disabilities						4					3	2		9
Equal Access to Services							7							7
Information & Referral					1								4	5
Dental										1				1

* Ely and Reno - UNR identified only six priorities in total.

- If two subcategories received the same number of votes, they were both reported even if that increased the number of priorities to eight (e.g., Pahrump had five votes for food and five votes for seniors).

- The priority categories were identified by forum participants in each community. Differing perspectives led to some inconsistencies. For instance, the category of Family Supports: Children and Seniors was identified as the first priority overall with 97 votes. However, at the UNR forum in Reno, Family Supports was identified as fifth in priority with just six votes. In that session, participants actually considered support for children as part of Youth Activities/School, which they identified as third in priority with nine votes. Had services for children been identified in the Family Supports category, Family Supports would have weighed in as the first priority for that group.

- The subcategory of Basic Needs was identified within Family Supports on this chart.

WHAT'S HAPPENING NOW

As stated by Mike Willden, DHHS Director, and others in the community, "Nevada is at the top of many of the bad lists and at the bottom of many of the good lists."

This section provides a brief overview of what is currently happening in relation to the top priorities of need identified by the written surveys and public forums. Included are:

- Pertinent highlights of Nevada's ranking in comparison to the rest of the nation;
- Overviews of planning activities;
- Highlights of discussions held at forums and tabulated data from Survey Monkey, which define and clarify barriers to obtaining services, and
- Basic information about services funded by the State of Nevada as they relate to the FHN and the highest ranked priorities.

(Note that more detailed information about programs and services funded through the GMU is available in the FY11 Annual Report posted on the GMU website. Additional, specific tabulations of Survey Monkey input regarding barriers to accessing services that did not land in the top seven ranked priorities is included in Appendix B.)

As stated in the Nassir Notes of February 2012, the Kaiser Family Foundation measures **state economic distress** by taking into account the number of home foreclosures in the state, the change in the unemployment rate, and the change in the number of people receiving benefits through the Supplemental Nutritional Assistance Program (SNAP), formerly known as food stamps.

- **Nevada ranked 17th in the nation for economic distress.**

- Nevada remains **first in the foreclosure rate** with 1 in 118 homes in foreclosure; the national average is 1 in 570 homes.

- Nevada has tied for second with the greatest change in unemployment in all 50 states (14.9% in 2010 and 13.4% in December 2011). Although **Nevada ranked highest in the unemployment rate in the nation**, the decrease in the unemployment rate from previous months improved Nevada's distress ranking.

- As of December 2011, 353,889 individuals in Nevada were receiving SNAP benefits. Even with the recent increase in the use of the SNAP federal benefits, it is estimated by the DHHS that **only 60% of the individuals who have eligibility to SNAP benefits are participants in the program.**

The Nassir Report also states the following significant information about **Nevada funding**.

- **Nevada is ranked 50th in the nation in federal spending**, receiving $7,321 per capita versus $10,460 nationally.
- Nevada's **state and local tax burden per capita is lower than the national average**. Nevada's state and local tax rate (state and local tax burden per capita divided by income per capita) is one of the lowest in the nation.

HEALTH and DENTAL CARE

The **Health Division has recently initiated a statewide Community Health Assessment (CHA) group.** The CHA will assist with Nevada's application for a national, voluntary public health department accreditation through the Public Health Accreditation Board (PHAB). The accreditation is a vehicle for health authorities to put in place and improve critical infrastructures that are components of a quality public health organization. The three-legged platform for accreditation consists of:

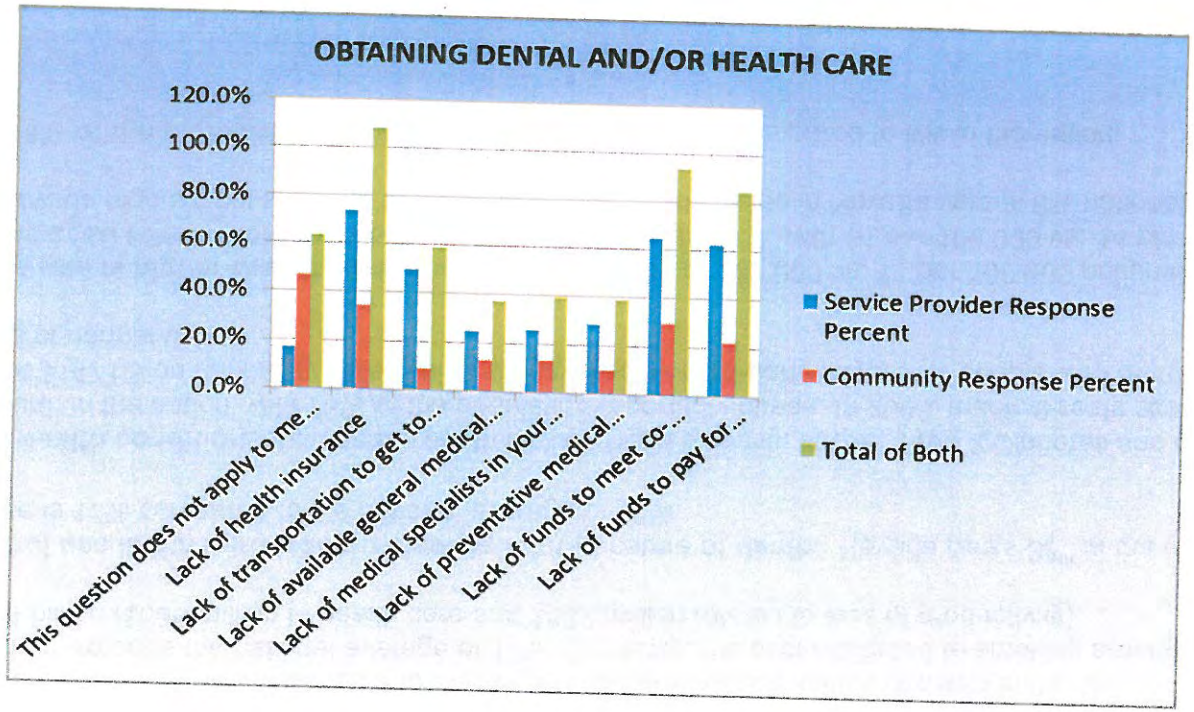
- A community health assessment (CHA);
- State/community health improvement plan (HIP), and
- An organizational strategic plan.

The CHA has identified a Nevada Health Data Workgroup and is in the process of:

- Creating an assessment collaborative;
- Defining their process;
- Identifying commonalities/differences;
- Looking for gaps in assessment indicators, and
- Sharing current information.

Staff from the GMU has been asked to participate in the CHA group and will be sharing both this report and any other information obtained that relates to health and dental care services.

Barriers to accessing health and dental care identified in Survey Monkey are reflected below, with additional specific data available in Appendix B.



Communities further defined the barriers to accessing health or dental care in the following ways.

- Many individuals and providers identified a **lack of insurance or funds** as a barrier to accessing health care. Related to the barrier of lack of insurance, the State of Nevada has numerous **health care subsidy programs that are underutilized** including Medicaid and Children's Health Assistance Program (CHAP).

- Most of the rural, less populated areas of Nevada **lack medical specialists** to provide services.

  - Many residents of Nevada who live in the northern part of the state go to bordering states, such as California and Utah to obtain services. This incurs additional expenses for travel and time.
  - Dialysis services are needed three to four times per week by 14 residents of Ely but can only be obtained in Elko, which is a minimum two-hour drive. After discovering this during the community's own needs assessment, residents of Ely made inquiries and learned that 12 people can support a dialysis machine in a community.

- **Numerous health care needs assessments** have been completed and/or are in process (see Appendix F). These assessments include, but are not limited to the following.

  - Assessment of Health Care Needs in Northern Nevada by St. Mary's Hospital (report expected June of 2012)
  - Southern Nevada Immunization and Health Coalition: Analyzing NV Childhood Immunization Rates
  - Health Care Services Needs Assessment of Nevada's Native American Population
  - Health People Nevada 2010-2011
  - Minority Health in Nevada 2010

Facts about Nevada and Health Care

The following information is taken from the Nassir Notes (key comparisons) and provides additional information on Nevada's ranking in areas that may be addressed by funding from the FHN.

- **Nevada ranks 49th in the nation for mortality attributed to smoking and 51st for environmental tobacco smoke exposure.** Smoking is a leading cause of health issues and the single most preventable cause of death in the U.S. Nevada, with 21% of the population smoking, exceeds the national average of 17%. Currently, the cost attributed to smoking among adults in Nevada is estimated at $1.4 billion ($565 million in health care and $832 million related to loss of productivity).

- **Excessive alcohol use is the third leading lifestyle related cause of death.** Nevada ranks 38th in the nation in binge drinking. Nevada's average is 17% compared to the national average of 16%.

- **Obesity-related health conditions** that lead to death include heart disease, stroke, Type 2 Diabetes and certain types of cancer. Nevada ranks fourth in the nation, with 23% of the population reportedly obese. In 2008, medical costs associated with obesity were estimated at $147 billion nationally. Medical costs covered by third-party payers for people who are obese were $1,429 higher than those of normal weight.

- Nevada's **suicide rate is higher than the national average** at 18 per 100,000 vs. 11 per 100,000 nationally. The **suicide rate among Nevadans aged 65+ is more than twice the average for the U.S**. with 31 per 100,000 vs. 14 per 100,000 nationally. Ten percent of Nevada high school students report having attempted suicide in Nevada versus 6% nationally.

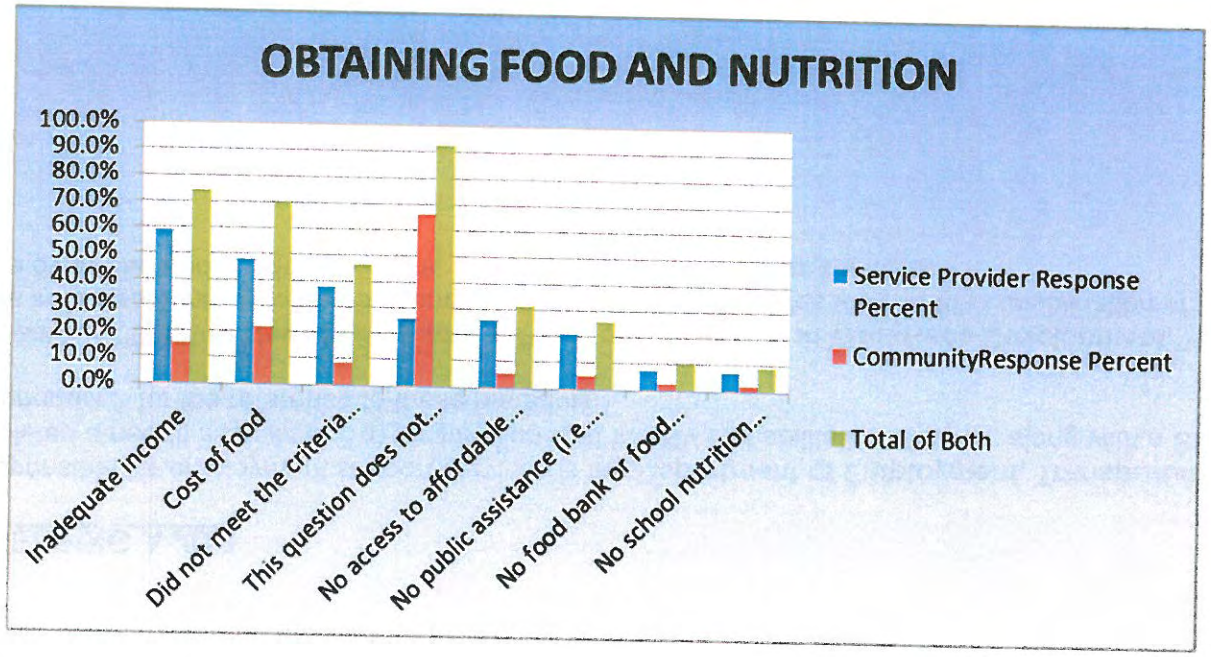
- Nevada reports **10% of the population participated in illicit drug** use compared to 8% in the nation.

Food and Nutrition:

In response to the identified need for food/nutrition in the Interim Needs Assessment and recommendations of the GMAC, the Director of DHHS directed the GMU to publish a Request for Proposals (RFP) committing SFY 12 Title XX Funds and SFY 13 FHN funds to develop a **statewide strategic plan addressing food insecurity**. A contract with Social Entrepreneurs Inc. (SEI) was executed to facilitate the process. The initial planning meeting was held on April 30, 2012 in collaboration with the DHHS, the Department of Agriculture, the

Department of Administration and the Department of Education (DOE). The meeting worked toward the development of recommendations for state efficiencies requested by the Governor's Office and the formation of a steering committee to continue further research and development of the strategic plan. A staff member of the GMU is an active participant in the process, which is anticipated to conclude by the end of December 2012.

Barriers to obtaining food and nutrition were identified as follows in Survey Monkey.



Additional barriers to obtaining food identified during forums included the following.

- **Lack of information** on how and where to obtain public benefits.
- **Lack of access to public benefits** (e.g., Winnemucca no longer has a welfare office).
- **Difficulty in completing applications** for public benefits.

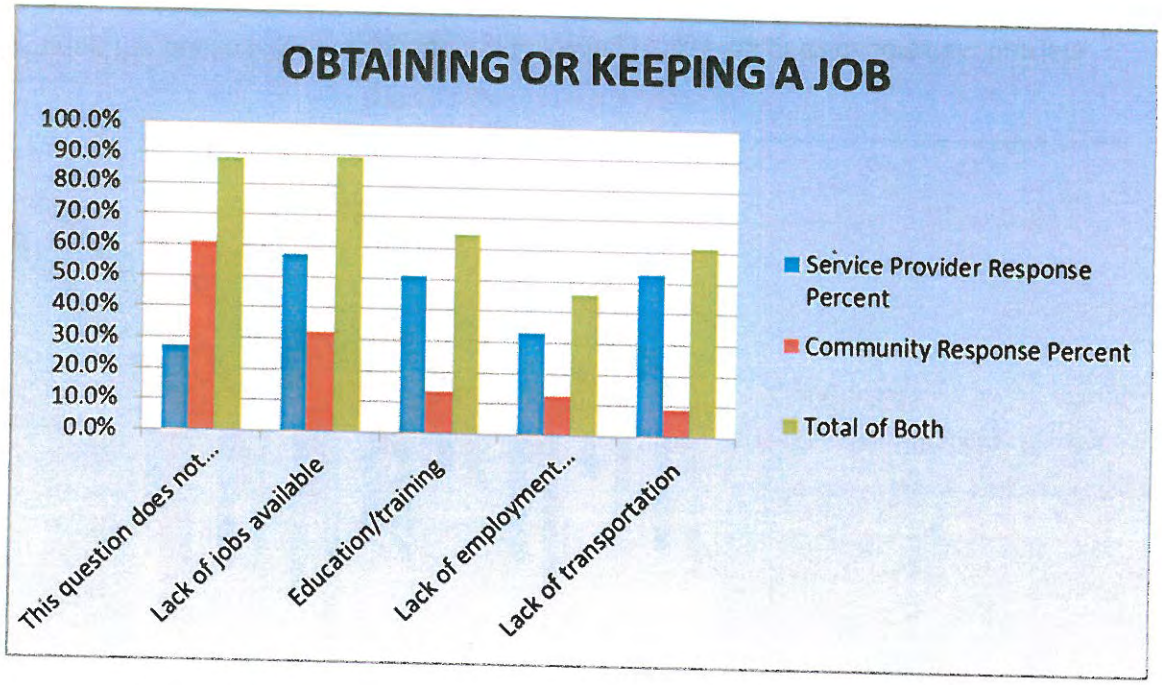
- **Underutilization of public benefits**
  - The DHHS estimates **approximately 60% of eligible state residents receive the SNAP benefit.**
  - **Nevada is 53rd in the nation in participation in federally funded school lunch programs** (behind Puerto Rico and Guam). Not all Nevada schools participate in subsidized lunch and breakfast programs.
  - The **Summer Food Service Program (SFSP) for children is accessed by only 4% of the eligible children within the state.**
- **Lack of access to food sources** in the neighborhood.
  - North Las Vegas has a limited numbers of stores available as the retail industry has not caught up with residential growth.
  - Hawthorne has only one grocery store, whose contract with the fresh produce provider expired for three months last year and there was no fresh produce available through that provider.

OBTAINING AND KEEPING A JOB

The public agency responsible for employment support services is the **Department of Employment, Transportation and Rehabilitation (DETR).** DETR completed a needs assessment in conjunction with the NV Rehabilitation Council, along with a SFY 2011 State Plan and annual report. (See Appendix F for the reference to these materials.)

In addition, in a report entitled **"Moving Nevada Forward: A Plan for Excellence in Workforce Development,"** DETR discusses the redirection of $5 million in federal funding to improve employment services. Activities include the consolidation of three boards into one, reducing administrative overhead and duplicative costs, and applying funds to direct services.

The following barriers to obtaining and keeping a job were identified from Survey Monkey.



Public comment during the GMU forums reflected the following **common threads regarding employment.**

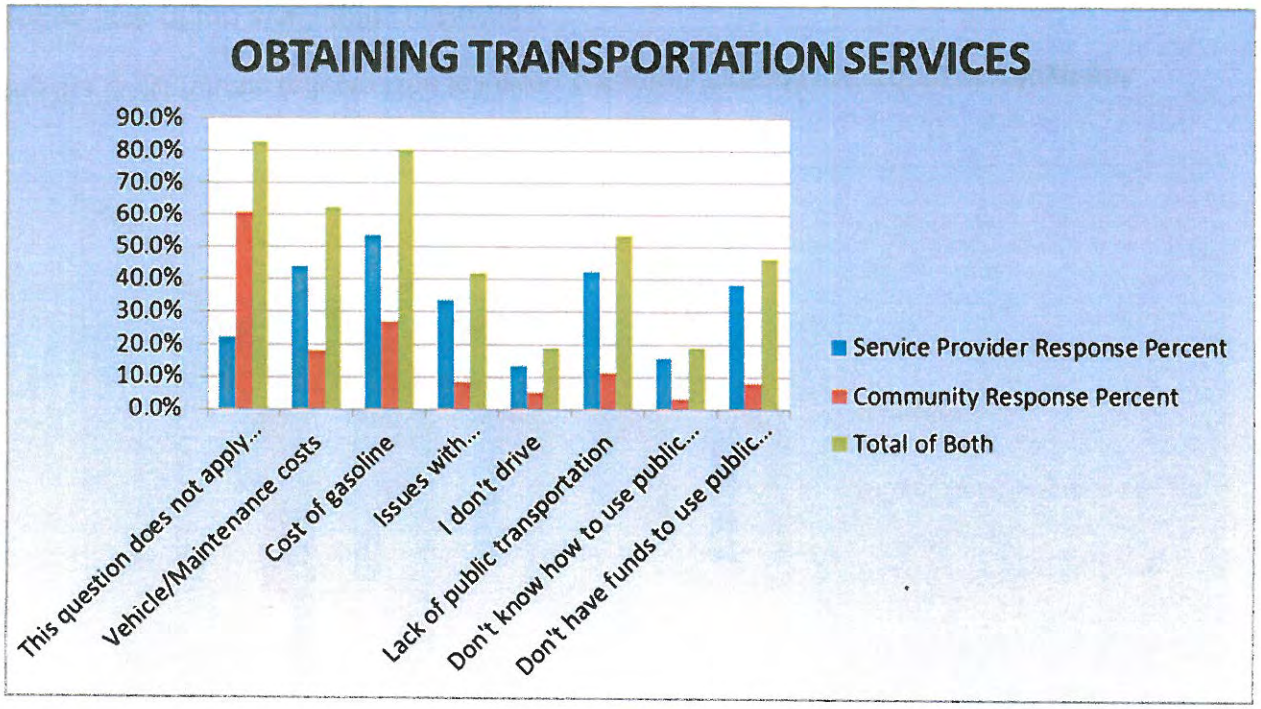
- There is a **serious lack of job availability** in Nevada.
- For the past 14 months **Nevada has led the nation in unemployment**, which has had a significant impact on the level of poverty and public service need.
- While DETR and other agencies have some funding that can help job seekers obtain birth certificates, Social Security cards, equipment, tools and work attire, **insufficient funds are available for these basic employment necessities**.
- A barrier to both employment and accessing public benefits is **homelessness**. Without an address there is no way to mail necessary documents to individuals.
- If community members could find employment, they would be able to meet many of the basic needs expressed as priorities throughout this report.

Transportation

Transportation needs differed significantly across the state based upon population density. Approximately 72% of the population resides in Clark County, with a major portion of the remaining population residing in rural communities. Because issues regarding transportation are specific to communities, it may be appropriate for each community to develop their own strategic plan and to share best practices for specific communities.

- **Washoe County Transportation Coalition,** initially established with Medicaid Infrastructure Grant (MIG) funds, is a collaborative effort to update the local Regional Transportation Authority (RTA) assessment for Washoe County and develop alternative options. The coalition has developed a strategic plan that includes maximizing the use of senior center and church vehicles that may otherwise sit dormant for part of the day. This may be a model program for the rest of the state.

Barriers to transportation identified by Survey Monkey include the following.



Public comment expressed during the public forums included the following examples of transportation barriers.

- Rural communities have less significant issues accessing services within the community and greater problems finding transportation to larger communities to access services.

- **Ely has no public bus service or train service connecting it to other communities** and has only one commercial airline flight to Salt Lake City, Utah, per week. Elko and Reno are a minimum of two hours away by automobile.
- Residents of **Humboldt County (Winnemucca)** have in excess of 50% of its residents residing on ranches with no access to public transportation services.
- Elko is also considered a rural community but has a public bus, train and airline service.
- Las Vegas has a much more sophisticated urban transportation system built to meet the needs of the visiting resort population and the urban population. The residents of Las Vegas, however, continue to see gaps in their service.

Help Finding Information

The DHHS has **two existing resources that provide information and referral** – 2-1-1 and Aging and Disability Resource Centers (ADRC). In addition, there are numerous and, sometimes redundant, paper resource directories developed across the state by both private and public agencies.

Established by Executive Order in February 2006, the **Nevada 2-1-1 Partnership** was created to implement a multi-tiered response and information plan. **This project is currently funded by a variety of sources including, but not limited to, SSBG/Title XX and the FHN.** 2-1-1 is an easy to remember telephone number that connects people with important community services. Available information includes basic human services, physical and mental health resources, employment support services, programs for children, youth and families, support for seniors and persons with disabilities, volunteer opportunities and donations, and support for community crisis and disaster recovery. 2-1-1 is currently available 24 hours per day, seven days per week.

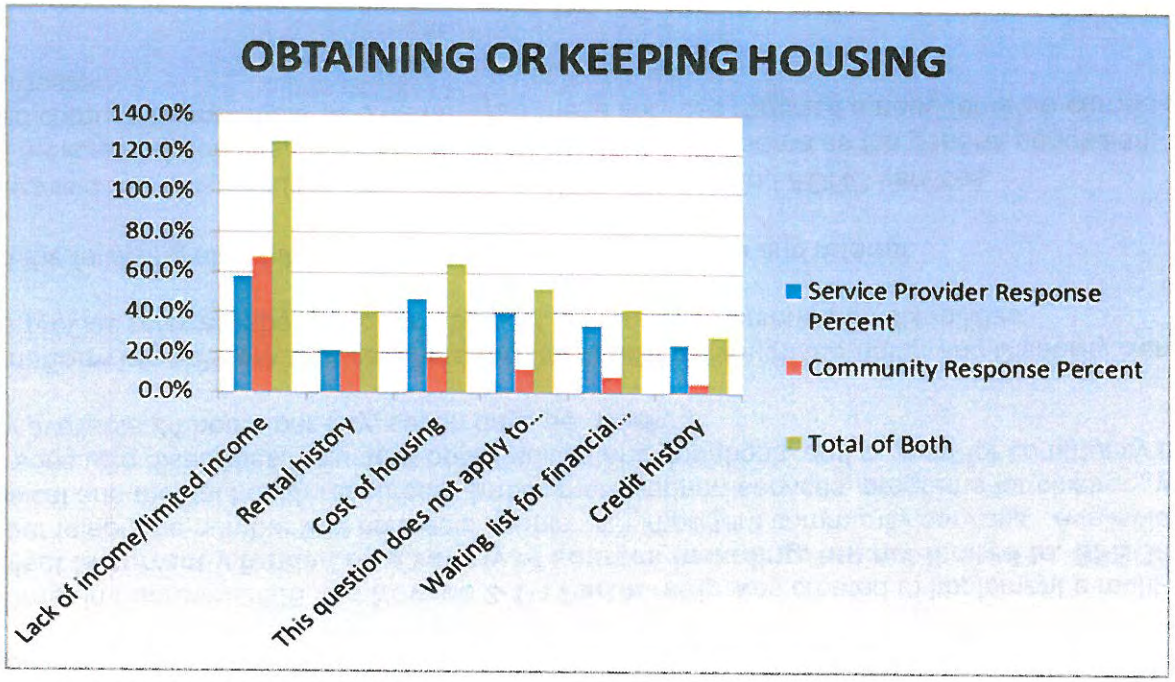
The **ADRCs are part of a nationwide network that receives federal funding** through the Aging and Disability Services Division (ADSD). The four centers in Nevada provide referrals specific to the needs of seniors and persons with disabilities.

The public forums revealed the following about the two major sources of information and referral.

- Community members and service providers were often not aware of 2-1-1 and ADRC services.
- The basic needs of seniors and persons with disabilities are essentially the same as the general population.
- Those providers and community members who had utilized these services reported a need for more current information and an improved referral process.

Housing/ Shelter

Barriers to housing/shelter were identified in Survey Monkey as follows.



Housing barriers are unique to communities.

- The definition agreed upon in forums for affordable housing was 33% of the gross income of the family unit. For individuals who earn **minimum wage, it is frequently impossible to locate affordable housing**.
- Nevada has the **highest foreclosure rate in the nation**.
- **Winnemucca and Ely have almost no rental units or low income housing available** to the community and none are anticipated to be constructed in the near future.
- **Elko does not have vacant, affordable housing available to its residents.** Elko County has the lowest unemployment rate in the state and has available housing, but not within the affordable range for individuals who are employed at minimum wage.
- **Sufficient subsidies for low-income housing are not available**.

DEMOGRAPHICS

The following demographics may be significant to funding decisions as they apply to the FHN and the identified priorities.

Nevada's population has increased dramatically over the last two decades. The growth of the state, coupled with changes to the overall demographic make-up, has created service challenges. Following are major trends that have affected the state.

- **Dramatic increase to population and projections of continued growth**. (Nevada is the only state that has maintained a growth rate of 25% or greater for the last three decades. U.S. Census data indicates Nevada was the fastest growing state in the nation between 2000 and 2010, with the population increasing by 35%).
- **Growth of the senior population**.
- **Rapid growth of Nevada's minority population** between 2000 and 2010, approaching 46% increase in 2010.
- **Unemployment rates that have remained the highest in the nation** for the past 12 months.
- Increase in the **number of Nevada's citizens living in poverty**.

Being mindful of the uniqueness of counties, the following tables were developed to:

- Demonstrate population, ethnicity and age distribution in Nevada;
- Reflect income, cost of housing, food and unemployment, and
- Compare Nevada to the nation as a whole.

TABLE V: SNAPSHOT OF THE STATE OF NEVADA BY COUNTY

Census Data: Population, Ethnicity and Age

	U.S. CENSUS 2000	% POPU-LATION CHG 2000 TO 2010	U.S. CENSUS 2010	POPU-LATION DEN-SITY	WHITE	BLACK	HISPANIC AND/OR LATINO ORIGIN	AMER-ICAN INDIAN ALASKA NATIVE	ASIAN	UNDER 18 YEARS OF AGE	65 YEARS OF AGE & OLDER
U.S.	281,421,906	9.7%	308,745,538	87.4	72%	12.6%	16.3%	.9%	4.8%	24%	13%
NEVADA	1,998,257	35.1%	2,700,551	24.6	66%	8.1%	26%	1.2%	7.2%	25%	12%
Churchill	23,982	3.7%	24,877	5.0	82%	1.6%	12%	5%	2.7%	25%	15%
Clark	1,375,765	41.8%	1,951,269	247.3	61%	10.5%	29%	1%	8.7%	25%	11%
Douglas	41,259	13.9%	46,997	66.2	90%	0.4%	11%	2%	21.5%	20%	20%
Elko	45,291	7.8%	48,818	2.8	80%	0.8%	23%	5%	0.9%	29%	9%
Esmeralda	971	-19.4%	783	0.2	84%	0.0%	15%	4%	0.4%	17%	26%
Eureka	1,651	20.4%	1,987	0.5	89%	0.1%	12%	2%	0.1%	24%	13%
Humboldt	16,106	2.6%	16,528	1.7	79%	0.5%	24%	4%	0.7%	27%	10%
Lander	5,794	-0.3%	5,775	1.1	84%	0.3%	21%	4%	0.4%	28%	12%
Lincoln	4,165	28.3%	5,345	0.5	91%	2.3%	6%	1%	0.7%	27%	18%
Lyon	34,501	50.7%	51,980	26.0	85%	0.8%	15%	3%	1.4%	25%	16%
Mineral	5,071	-5.9%	4,772	1.3	73%	4.1%	9%	16%	1.1%	18%	23%
Nye	32,485	35.3%	43,946	2.4	86%	2.0%	14%	2%	1.3%	21%	23%
Pershing	6,693	0.9%	6,753	1.1	82%	3.7%	22%	3%	1.3%	20%	13%
Storey	3,399	18%	4,010	15.3	92%	1.0%	6%	2%	1.6%	18%	18%
Washoe	339,486	24.1%	421,407	66.9	77%	2.3%	22%	2%	5.2%	24%	12%
White Pine	9,181	9.2%	10,030	1.1	86%	3.9%	13%	4%	1.0%	22%	15%
Carson City	52,457	5.4%	55,274	366	81%	1.9%	21%	2%	2.1%	21%	17%

The data noted on the "Snapshot of the State of Nevada by County: Population, Ethnicity and Age" was obtained from the 2010 U.S. Census, Quick Facts for Nevada and Counties.

***Population Density** was obtained from the 2010 U.S. Census report and is reflective of "persons per square mile" (PSM).*

TABLE VI: SNAPSHOT OF THE STATE BY COUNTY

Census Data: Income, Housing Costs, Cost of Food and Unemployment Rates

	MEDIAN INCOME PER HH 2006 – 2010	PER CAPITA INCOME 2006-2010	MEDIAN VALUE OWNER OCCUPIED HOUSING 2006-2010	COST OF FOOD INDEX 2011	UNEMPLOY-MENT RATE DEC 2011	PERSONS LIVING BELOW POVERTY 2006-2010	CHILDREN LIVING IN POVERTY
U.S.	51,914	27,334	188,400	1.00	9.6%	13.8%	21.6%
NEVADA	55,726	27,589	254,200	.969	13.4%	11.9%	21.3%
Churchill	51,597	22,997	188,300	.981	10.0%	11.7%	18.2%
Clark	56,258	27,422	257,300	.961	13.0%	11.7%	22.2%
Douglas	60,721	35,239	375,800	.931	14.0%	7.1%	14.5%
Elko	67,038	26,879	178,200	.999	7.0%	8.3%	11.2%
Esmeralda	39,712	34,571	77,300	1.347	6.0%	11.2%	17.1%
Eureka	61,400	30,306	87,400	1.141	6.0%	16.2%	12.5.%
Humboldt	55,656	25,965	138,100	.983	7.0%	12.0%	14.5%
Lander	66,525	25,287	103,400	1.102	5.0%	12.2%	12.4%
Lincoln	44,695	18,148	151,900	.927	12.0%	10.6%	18.3%
Lyon	48,433	21,041	185,000	.948	16.0%	12.8%	24.6%
Mineral	35,446	23,226	114,200	1.185	12.0%	19.1%	24.6%
Nye	41,181	22,687	161,700	.956	15.0%	18.9%	27.8%
Pershing	56,491	17,519	134,500	1.146	12.0%	13.7%	22.0%
Storey	61,525	31,079	239,200	.981	12.0%	5.6%	13.6%
Washoe	55,658	29,687	295,700	.981	12.0%	12.6%	20.4%
White Pine	48,545	21,615	117,500	1.135	8.0%	15.5%	15.2%
Carson City	52,067	27,568	270,500	1.062	12.0%	14.0%	21.5%

*The **Median income and per capita income** were obtained from the 2010 Census data, Quick Facts for Nevada and Counties.*

*The **median household income** is commonly used to generate data about geographic areas and divides households into two equal segments with the first half of households earning less than the median household income and the other half earning more.[1] The median income is considered by many statisticians to be a better indicator than the average household income as it is not dramatically affected by unusually high or low values."[2] The U.S. Census Bureau uses the following definitions of median and mean income:*

Median income is the amount which divides the income distribution into two equal groups, half having income above that amount, and half having income below that amount. Mean income (average) is the amount obtained by dividing the total aggregate income of a group by the number of units in that group. The means and medians for households and families are based on all households and families. Means and medians for people are based on people 15 years old and over with income

Median Owner Occupied Housing Values *were obtained from the 2010 U.S. Census data tables and is reflective of costs from 2006 – 2010.*

The ***Cost of Food Index*** *was developed as a relative price index by the Nielsen Company to allow for comparison of local food prices to the national average.*

The Unemployment rates *were obtained from the Department of Employment Training and Rehabilitation (DETR) and are reflective of December 2011.*

The statistics above were retrieved from the 2010 U.S. Census Quick Facts data, Table 1: 2010 Poverty and Median Income Estimates-Counties (source U.S. Census, Small Area Estimates Branch release date 11.2011), and the Northern Nevada Food Bank data.

SUMMARY

The intent of this document is to provide public input to assist the GMAC and the Director of the DHHS in making recommendations for the distribution of the FHN and the grant awards under this funding stream. Other than establishing the priorities identified by the public, and providing information from other sources that may clarify the identified priorities, an expansive analysis of the data has not been included. This information, along with input from other sources, is intended to promote an independent decision-making process. A gap analysis, although not included in this report, may be available through the division responsible for a specific service. These analyses may be obtained from the DHHS or from the individual divisions directly related to the issues. An example of gap analysis is the data regarding the underutilization of SNAP benefits in the state.

Although the gathering of input from the public was intended for use in the determination of the allocation of the FHN, it is has become apparent from the extensive input from the community that the results of this assessment may have a more far reaching impact in the development of grant awards from other funding streams. A complete overview of the GMU funding streams can be found in the document entitled "Facts About Funding Streams" (Appendix G). The priorities identified in this report may also be of assistance in the development of future budget recommendations for the DHHS as a whole, working toward the reduction of information silos and the increased collaboration in strategic planning. The recurring theme of potential "new thinking" and the need for collaboration provide an impetus for this opportunity for change.