NEVADA COMMUNITY HEALTH COALITION

5-year Strategic Plan

2024-2029

This report was prepared by:

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WHO WE ARE

The NCHC is a partnership of academic, civic, private, and community organizations that aim to address health disparities and inequities in Nevada by **building capacity, informing policy, and conducting research.**

OUR MISSION

The mission of the NCHC is to improve health equity among diverse communities by building capacity through research, education, and advocacy.

OUR VISION

We aspire for every Nevadan to attain health equity and to foster collaborative systems that empower individuals to reach their utmost health potential.

OUR VALUES

Community-Centric Approach

We prioritize the needs of Nevada's diverse communities by working collaboratively and adapting our strategies to address health disparities and promote holistic well-being.

Transformative Power of Sharing

We are committed to fostering an environment where decision-making processes are inclusive and equitable, empowering individuals and communities to co-create and co-own solutions that address health disparities and promote well-being for all.

Cultural Respect and Inclusiveness:

We embrace and celebrate the rich cultural tapestry of Nevada's diverse populations, fostering an environment of respect, humility, and sensitivity within our coalition.

Equity as a Guiding Principle:

We are dedicated to dismantling barriers and creating equitable systems where everyone, regardless of their background, has equal opportunities for optimal health and well-being.

Transparent Communication

Open and transparent communication is fundamental to our coalition. We commit to keeping our partners informed about our initiatives, progress, and challenges to build trust and collaboration.

ABOUT US

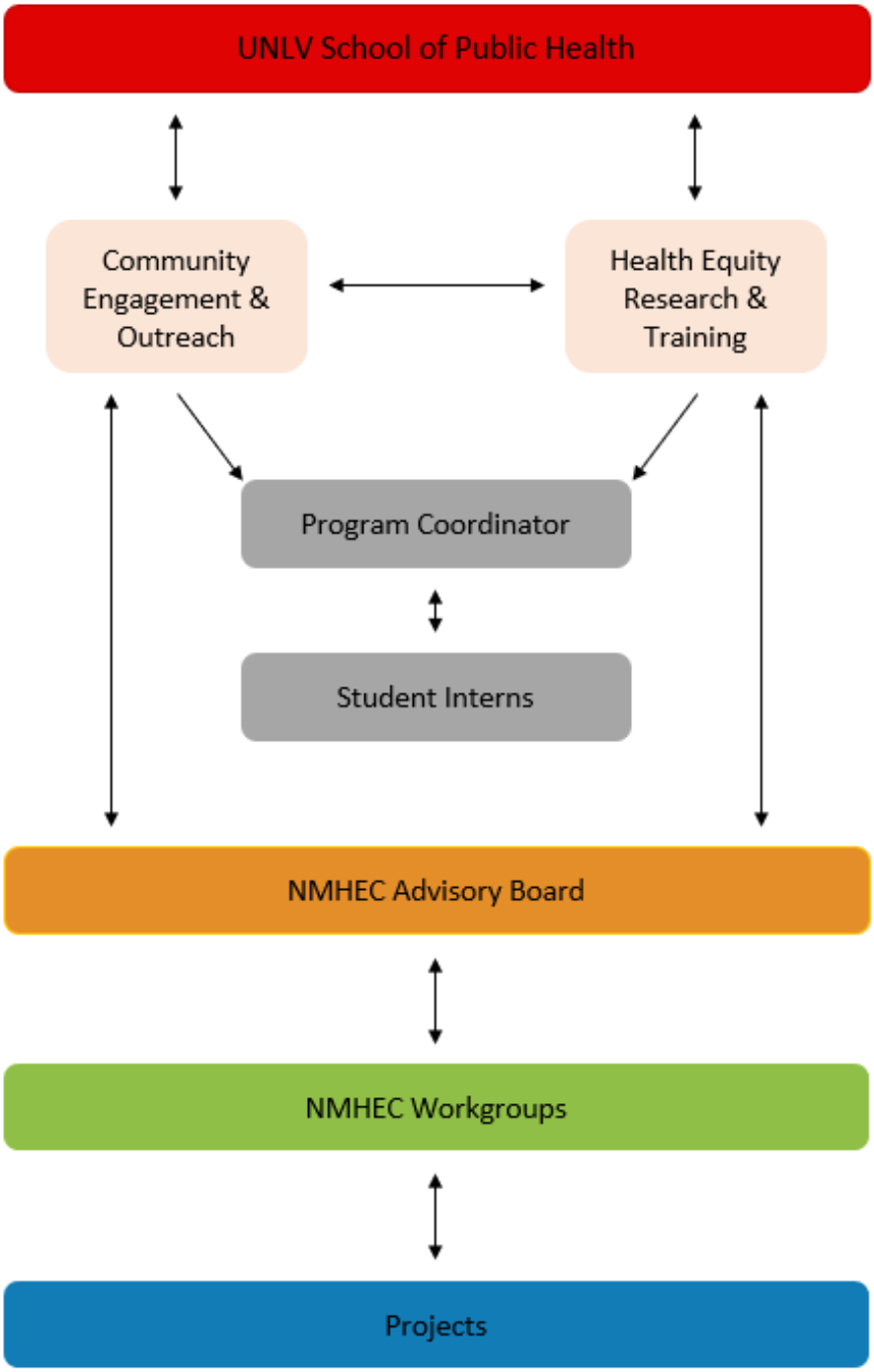
The Nevada Community Health Coalition (NCHC), located in the UNLV School of Public Health, is made up of a diverse set of community leaders and members who are committed to improving the health outcomes of our most disenfranchised and vulnerable populations through capacity building, advocacy, and research. We believe that a community-based participatory approach to health is one of the most effective ways to collectively and collaboratively address the root causes of health inequities. As such, we engage and welcome community partners and leaders from across sectors to help identify priority areas, help inform solutions, and pool resources so that we can move the needle towards better health. NCHC grew from a handful of committed organizations and individuals with an informal membership structure, to a formal partnership structure. Our partnerships represent academic, civic, private, and community organizations serving Nevada's diverse populations. While the partnership is free, agencies do have to apply. Accepted applicants are provided an orientation manual and invited to a new member orientation to ensure they are clear about both their responsibilities to the coalition and the coalition's responsibilities to them

ORGANIZATIONAL STRUCTURE

The organizational structure of NCHC is integral to the success of the coalition and is comprised of staff dedicated to the coalition, advisory board, and workgroups. The NCHC is supported by a full-time program coordinator, a portion of time from the UNLV School of Public Health Director of Community Engagement and Outreach, a portion of time by two Co-Directors of Health Equity Research, as well as researchers, support staff, and student interns. The leadership team provides oversight of day-to-day coalition activities, develops and submits grant applications, manages the coalition budget, and oversees the implementation of grants. The project coordinator supports day-to-day coalition activities such as overseeing interns, social media, coordinates all meetings, and provides support as needed.

The NCHC advisory board is made up of community members, partners, and leaders who meet regularly to discuss coalition priorities, partnerships, workgroups, budgets, and grant-funded projects. The Advisory board members identify coalition priorities based on community input, provide input on the structure and function of the coalition, and assist with strategic planning...

NCHC has established workgroups in specific areas to ensure community involvement. Each worksgroup has a specific focus and the workgroups decide on their activities. Ideally, each workgroup is co-chaired by a member of the advisory board and by a coalition partner. NCHC staff work with the groups to create annual plans to be able to track their progress and outcomes and provide staffing support to assist with logistics.


UNLV School of Public Health
Community Engagement & Outreach
Health Equity Research & Training
Program Coordinator
Student Interns
NMHEC Advisory Board
NMHEC Workgroups
Projects

Nevada Community Health Coalition

OVERVIEW

The Nevada Community Health Coalition (NCHC) strongly believes that we are as healthy as our most vulnerable. While healthy communities set the foundation for opportunities to thrive our disadvantaged and underserved populations, disproportionately suffer from illness, disability, and death[1]. According to the 2022 U.S. Census' American Community Survey, Nevada's population in 2022 was comprised of a white minority-majority(49.1%), with the rest of the population comprising: 30.3% Hispanic, 9.9% Asian/Pacific Islander (API), 9.4% Black, 1.5% American Indian/Alaska Native (AI/AN) people[1]. In 2021, chronic diseases represented six of the top ten leading causes of death in Nevada[2]. Because of their pervasive nature, chronic diseases, particularly within vulnerable populations, can exacerbate disparities.

Source: HealthyPeople.gov

National data indicate that residents in predominantly minority communities "continue to have lower socioeconomic status, greater barriers to health-care access, and greater risk for and burden of disease compared to the rest of the population[3,4]. Social determinants are determined by the places we live, work, play, and worship. Our level of education, access to health care access, and economic stability are proven powerful factors for achieving good health and well-being [5, 6].

"It is time to refocus, reinforce, and repeat the message that health disparities exist and that health equity benefits everyone"

In Nevada, social determinants of health threaten our diverse population. The NCHC recognizes the multifaceted nature of the root causes of health disparities and has built an alliance among

community partners to strategically identify community issues and work towards closing the gaps to improve health.

Your zip code should not determine how long you live, but it does.

Our work is a crucial component of addressing the needs of Nevada's large and diverse communities. Using a community-based participatory research model, we will collaborate with community partners to identify, prioritize, and develop plans to address community-level problems that contribute to negative health outcomes in Nevada.

STRATEGIC PRIORITIES

Capacity Building

Capacity building is necessary for building long-term impact. It enhances partnerships' collective ability to address health disparities by strengthening skills and knowledge and providing resources that enhance community engagement. This coalition aims to support capacity building in areas of policy, advocacy, community-based participatory research, and grant development.

Policy and Advocacy

Giving a voice to our most vulnerable is essential to what we do. The NCHC is committed to work alongside cross-sectoral partners to highlight community concerns and advance policies and practices that address social determinants of health.

Research, Data, and Dissemination

Research is essential to developing evidence-based interventions that can improve population health outcomes. In collaboration with research institutions, the NCHC is committed to:

1. Identifying and contributing to interdisciplinary research needs that address the intersection between social determinants and health
2. Collecting, analyzing, and disseminating data that better informs the needs of Nevadans

TAKING ACTION

The NCHC leadership understands that to meet strategic priorities, an organized and concerted effort is necessary. Therefore, a series of short-term (ST) and long-term (LT) goals and objectives were created, and four workgroups have been established to address critical activities and metrics.

NCHC Goals and Objectives

Goal 1: Build Capacity- To enhance coalition capacity, our objective is to strengthen internal cohesion, optimize strategic partnerships, and foster community engagement to create a resilient and collaborative coalition that can effectively address shared challenges, leverage diverse expertise, and achieve sustained positive impact.

Activities

- **Objective 1: Build Internal Capacity**-Enhance internal coalition capacity by fostering a culture of collaboration, refining communication channels, and bolstering organizational structures.
    - Develop a process to enhance coalition capacity to recruit interns (ST)
        - Recruit interns from communications programs to support communications and social media.
    - Promote student development through greater integration in coalition activities
        - Create volunteer activities (LT)
        - Market coalition to SPH students across diverse channels (LT)
        - Invite UNLV students to participate in workgroups (ST))
        - Create a service learning experience (LT)
    - Identify funding to be able to recruit staff from northern and rural areas of Nevada –(LT)
    - Create communication strategies for effective outreach, engagement, and collaboration
        - Newsletter (ST)

        - Announcements (ST)
        - Video (intro videos for coalition advertising) (LT)
        - Hot Topics/social media (ST)
    - Increase collaboration with partners to produce trainings and webinars

- **Objective 2: Expand Partnerships**-Expand coalition capacity by cultivating strategic partnerships, fostering collaboration, and leveraging external expertise to enhance collective impact and achieve shared goals.
    - Expand partnership networks by increasing rural representation
    - Conduct presentations to groups/coalitions to expand awareness (Rural Nevada Health Network, NACO)

- **Objective 3: Build Community Capacity**-Build capacity by empowering and mobilizing communities, promoting inclusive engagement, and build community capabilities through targeted skill development initiatives to address health inequities.
    - Provide training and skill development
        - Continue promoting, revising, and building the "Build Capacity Series" (ST)
        - Health literacy training (LT)
        - Increase collaboration with partners to produce trainings and webinars
    - Foster workforce development
        - DEI organizational assessment-workplace badges/ accreditation (LT)

Goal 2: Research, Data, Dissemination- To advance health equity by conducting impactful research, implementing robust data collection strategies, and facilitating widespread dissemination to eliminate disparities.

Activities

- **Objective 1: Research -**Conduct translational mixed methods research on the social determinants of health
    - Partner with the Center for Health Disparities to conduct interdisciplinary research (ST)
    - Identify and apply for funding opportunities (ST)
    - Create research questions that are relevant and address gaps (ST)
- **Objective 2: Data**- Identify Data Resources
    - Develop resources (i.e. fact sheets, webpage) to help people identify reputable sources. (ST)
    - Develop a webpage or google doc of data resources (ST)
- **Objective 3 Dissemination**- Facilitate dissemination of new and existing data and research
    - Develop user-friendly reports and infographics to effectively communicate research findings to a broad audience. (ST)
    - Host Impact Summit to share research results and engage with community members. (ST)
    - Amplify key messages through media outlets to raise awareness about health disparities and equity issues. (LT)
    - Timely sharing of research (internal, partner, national) updates, resources, and best practices through the Community Announcements.

Goal 3: Policy & Advocacy- To actively engage with policymakers, community leaders, and advocacy organizations to influence and shape inclusive policies that address health disparities, promote equitable access to resources, and empower minority communities, thereby fostering a legislative landscape that prioritizes health equity and social justice across the state.

<u>Activities</u>

- **Objective 1: Inform Policy:** To systematically inform policy development by providing evidence-based research, compelling data, and insightful recommendations to policymakers.

- Facilitate discussions within the Policy Workgroup to review policy initiatives of partner organizations and workgroup members (ST)
- Engage with legislators during the interim sessions to build relationships (ST)
- Collaborate with partners to monitor bills that impact health equity (ST)
- Create a process for people to submit stories to share with legislators (LT)
- Take action (testify, communicate) on bills that impact health equity
- Develop fact sheets and policy briefs (ST)
- Secure funding to conduct a health impact analysis (LT)
- Conduct a post-legislative analysis of successful and failed legislation (ST)

- **Objective 2: Educate Public on Policy -** To proactively educate the public on policies related to health equity, utilizing accessible and engaging communication channels to raise awareness, enhance understanding, and foster community involvement
  - Conduct advocacy training tailored for different groups (ST)
  - Update Advocacy webpage (ST)
  - Disseminate policy/advocacy information (ST)

REFERENCES

1. U.S. Census Bureau. "ACS Demographic and Housing Estimates." American Community Survey, ACS 1-Year Estimates Data Profiles, Table DP05, 2022, https://data.census.gov/table/ACSDP1Y2022.DP05?g=040XX00US32. Accessed on June 13, 2024.
2. *Minority Health Report 2023.* (2023). Office of Analytics. Department of Health and Human Services. https://dhhs.nv.gov/uploadedFiles/dhhsnvgov/content/Programs/Office_of_Analytics/Minority%20Health%20Report%202023(1).pdf
3. Centers for Disease Control and Prevention. CDC Health Disparities and Inequalities Report – United States, 2013. MMWR 2013;62 (Suppl 3):1-189.
4. CDC. Surveillance of health status in minority communities—Racial and Ethnic Approaches to Community Health Across the U.S. (REACH U.S.) Risk Factor Survey, United States, 2009. MMWR 2011;60 (No. SS-6).
5. *Healthy People 2030*, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved [March 3, 2024], from https://health.gov/healthypeople/objectives-and-data/social-determinants-health
6. Brennan Ramirez LK, Baker EA, Metzler M. Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2008