



Community Health Improvement Plan
**SEMI-ANNUAL
PROGRESS REPORT**

March 1, 2017

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■ INTRODUCTION

Improving population health requires collaboration by many community partners. The Community Health Improvement Plan (CHIP) is the community’s commitment to actively pursue opportunities to work together to improve the health of Southern Nevadans. This is the semi-annual update to the CHIP. It represents the commitment and hard work of all the community partners.

This has been a remarkable journey for Southern Nevada Health District and our partners. We are grateful to the array of community partners who have contributed to the success of the CHIP. Together we will make Southern Nevada a healthier place to live, learn, work, and play as we continue to cultivate a culture of health.

■ PRIORITY AREAS

Access to Care, Chronic Diseases, and Policy and Funding are the priority areas for the 2016-2020 CHIP action cycles. Community members organized into priority issue workgroups. The workgroups established broad long-reaching goals, measurable objectives, strategies, and action steps. Outcome and performance indicators were also selected. Each action step has been assigned to a specific individual or organization to ensure that the plan is action-oriented and accountable. Details of the progress made can be viewed on the Healthy Southern Nevada website at www.HealthySouthernNevada.org.

Access to Care

VISION — To increase equitable access to healthcare services in a manner that ensures citizens receive appropriate, affordable, high quality, and compassionate care.

GOAL AREA 1.1 — HEALTHCARE ACCESS AND NAVIGATION

Develop a sustainable system to provide assistance with healthcare navigation to the citizens of Southern Nevada that identifies the right service, for the right person, at the right time.

The main objectives within this goal are threefold: to set up and fund an Emergency Communication Nurse System (ECNS) linked to the 911 system for alternative care disposition, to be able to refer to social services, and to have a direct link to resources and connection with Nevada 211.

Progress —

1. The ECNS will partner with the 911 dispatch center for medical emergencies to identify and refer callers with low-priority, non-emergency complaints to a nurse who will complete additional triage and determine the most appropriate care. Such care might be an alternative to emergency response, such as care in home, referral to primary care, self-transport to an urgent care center or health clinic, etc. The expected outcomes of the ECNS are improved healthcare service navigation at a reduced cost and improved health outcomes.
2. Southern Nevada CHIPs (SNV CHIPs) has partnered with Clark County Fire Department, North Las Vegas Fire Department, Henderson Fire Department, and Las Vegas Fire and Rescue to identify vulnerable members of the community accessing health and social services through the area's first response agencies. Clients referred to SNV CHIPs are provided with a needs assessment, education, referrals, and advocacy. Expected outcomes of SNV CHIPs include an increase in a Quality of Life Index from time of referral to case closure as well as a reduction in the use of the 911 system to access health and social services. They are working on sustainability and transitioning from a volunteer and student workforce to hired staff in order to provide services year round, and with greater consistency.
3. Nevada 211 has been working to enhance its presence, resource directory, website, and more. Leveraging the existing resource through improved collaborations with other agencies as well as shared marketing strategies will benefit the community through improved awareness of and access to health and human services available in the community.

Potential revisions to objectives — As the 911 ECNS pilot study is implemented and data collected, objectives will be reviewed for needed updates.

GOAL AREA 1.2 — HEALTHCARE WORKFORCE RESOURCES AND TRANSPORTATION

Develop a sustainable system to provide healthcare resources to the citizens of Southern Nevada that overcomes barriers of quantity, type, specialty, and geography.

Progress — Although the main objective of this group was to identify gaps, early in the data review process the group realized the data itself had multiple gaps and the number of providers being added to the community was not adequate to meet the community need. Furthermore, the length of time required and manpower commitment required to collect accurate data would not be able to keep pace with provider and insurance changes. It was observed that there were several communities that demographically rated high healthcare access when reviewing provider plotting, but rated extremely low provider access when reviewing non-acute 911 call volume and social needs indices. The workgroup chose to address the key stakeholder-perceived community needs noted above and collect data to understand the communities' perception of their own needs.

Schedule of Community Events

Date	Time	Location	Address	Zip Code	Status	Comments
3/30/2017	2-8 pm	Hartke Park	1900 E. Tonopah Ave. North Las Vegas	89030	Approved	Excellent community location
6/29/2017			City of Las Vegas		Pending	Heat concerns, reviewing with officials and community for indoor location; change hours to 4-9pm
9/29/2017	2-8pm	Molasky Park	1065 E. Twain Las Vegas	89169	Pending	Lack of parking concerns, may move to Cambridge Center
12/7/2017	2-8pm	Heritage Park	300 S. Race Track Rd. Henderson	89015	Approved	

The collaborative has grown from five members to more than 50 partner agencies and local community stakeholders such as religious organizations, food banks, and community and senior centers. This group addresses logistics, follow-up care, services, data collection, and publicity. The group is creating its own logo and examining the potential to apply for grants as a community of intersectoral partnerships.

Potential Revisions to Objectives — Group activities have out-distanced the original goals. These activities will continue to be observed for the next six months. Data will be collected from the events in March and June. This data and the observations will direct the updates for this objective within the Access to Care priority.

GOAL AREA 1.3 — HEALTH INSURANCE

Provide health insurance coverage opportunities to the people of Southern Nevada to meet the Healthy People national coverage goal of 100 percent by 2020.

Progress — Health insurance enrollment data was received following the 2015-2016 enrollment period. The data was reviewed by the Southern Nevada Health District and developed into the enrollment report. This report was given to Nevada Health Link and partners and is available on the Healthy Southern Nevada website. Strategies have been developed to address these gaps. With the current proposed changes to the Affordable Care Act (ACA) it is uncertain what the community needs will be. The landscape of public insurance will continue to be monitored and addressed.

Potential Revisions to Objectives — There is a strong potential for revisions to the health insurance strategies. These are dependent upon the changes at the state and federal level. The goal to increase the number of insured adults and children will continue; however, the process of how it will be achieved is in question at this point.

Chronic Diseases

VISION — To achieve a healthier population in Southern Nevada by reducing risks and behaviors that contribute to chronic disease.

GOAL AREA 2.1 — OBESITY

Promote and enhance interventions to reduce obesity in Southern Nevada by increasing physical activity and promoting healthy diets.

Progress — The Fit and Strong Program has been discontinued and the Walk With Ease Program has not yet been implemented in Las Vegas. The majority of the other activities are progressing toward their expected goals and some are exceeding them. To date:

- the Neon to Nature mobile app has been downloaded 7,647 times; the app helps locate walking and bicycle trails throughout Southern Nevada
- 100 people completed the Lifestyle Change Challenge
- 500 girls enrolled in the Girls on the Run program
- 100 school gardens have been built

Staff is also working to be able to track this information/progress in a user-friendly format on the Healthy Southern Nevada website.

Potential revisions to objectives — There are no proposed changes at this time.

GOAL AREA 2.2 — TOBACCO USAGE

Enhance interventions to reduce disease burden and lowered quality of life associated with tobacco use and secondhand smoke exposure in Southern Nevada.

Progress — The majority of the activities are on track to meet or exceed their goals. To date:

- more than 160,000 youth participate in tobacco prevention programs
- a question to ascertain e-cigarette and hookah use among youth will be added to Youth Risk Behavior Surveys in 2017
- nearly 60 worksites in Clark County have expanded tobacco or e-cigarette policy
- more than 12,000 smoke-free apartment units have been designated in Southern Nevada.

Potential revisions to objectives — There are no proposed changes at this time.

Policy and Funding

VISION — To improve transparency in public health funding for key stakeholders and the public, thus ensuring a knowledgeable public and key stakeholders in the decision-making process.

GOAL AREA 3.1 — POLICY

Educate the community and stakeholders about the influence of public health on the success of Southern Nevada and use health data and a Health in All Policies (HiAP) approach to formulate policy and drive decision making.

Progress — Southern Nevada Health District with UNLV students and key legislators are creating infomercials, fact sheets, and infographics to be available to the legislature and the general public that address health equity and the social determinants of health. A subcommittee led by Jessica Johnson and Jamie Ross has created an opioid fact sheet and other resources on the opioid issues in Southern Nevada. These are available on the Healthy Southern Nevada website.

The system to increase access to reliable public health policy data is being put in place to increase transparency within public health funding. The system is not expected to be available until late 2017.

Potential revisions to objectives — This may change as this year's legislature progresses, community input increases, and the changes to the ACA evolve. This goal area will be closely monitored.

GOAL AREA 3.2 — FUNDING

Establish and promote awareness of Southern Nevada's public health funding landscape using education and transparent data resources to increase data-driven health policy and funding decision making.

Progress — UNLV students, under the direction of their dean, are working on this assessment; it is expected to be available before June 2017. This report is expected to be the cornerstone for campaigns to increase stakeholder understanding of current public health funding in Southern Nevada.

Potential revisions to objectives — The strategies are expected to develop clarity as the report is completed and as any federal changes that support public health funding occur.

■ DISCUSSION

In the CHIP we stated that the purpose of monitoring the implementation was important for understanding three questions:

1. Are we doing the work we said we would do?
2. Are we having an impact?
3. Are we addressing the social determinants of health, causes of higher health risks and poorer health outcomes of specific populations, and health inequities in our community?

Some of the answers to these questions are contained in the Table of Progress. Question 1 is answered in the progress column. Progress can be defined in how it relates to expectations as one of the following: below, met, exceed, or evolving. The CHIP is a dynamic process and, as such, changes are to be expected, hence the category for evolving. These changes may be due to the ability of the group to move forward faster than the strategies or it may be due to changes in regulations and data findings that will affect various programs.

Some of the answers to question 2 can be found under comments. But six months is very early to be expecting measurable impact in the form of community assessments and outcomes. At this six month juncture, the CHIP impact can be measured in the increase in collaboration and the development of a shared vision between new and nontraditional partners.

The answer to question 3 is expected to be revealed closer to the completion of the report. Although data collection will continue and findings will be published, there may be undefined secondary outcomes. These may include other partners identifying gaps that the CHIP reveals and addressing them within their particular community or stakeholders mobilizing similar projects and strategies in other communities.

■ CONCLUSION

Overall the CHIP has shown a tremendous increase in partnerships and non-competitive collaborations. Our rural and frontier neighbors are observing our successes and looking for transferability of some strategies. The partners are becoming more flexible in adapting to changing data. Data is becoming more responsive to stakeholder need and identifying community perceptions. The CHIP process is an excellent method to increase collaboration and a shared community direction. The progress that has been made for these newly formed priorities is remarkable. Impact will be more readily accessed toward the end of the second year, 2018.

Update details can be accessed on www.HealthySouthernNevada.org.

TABLE OF PROGRESS

Strategy	Lead	Target Date	Progress <i>below, met, exceed, evolving</i>	Comments
Access to Care				
GOAL AREA 1.1 — HEALTHCARE ACCESS AND NAVIGATION				
911 with ECNS support	Sarah McCrea LVFR	July 2017	Met	On track for a July 17, 2017 go-live date of a one to two year scalable pilot, 1-2 nurses on staff 10-24 hours/day; funding dependent.
Social service referral	SN CHIP Lex Anderson	July 2016	Exceeds	Linked to LVFR, CCFD and NLVFD, working with HFD and additional agencies; has received grant funds for positions and data collection.
Robust resources connected to Nevada 211	Sarah McCrea LVFR and Michele Johnson, Financial Guidance Center	July 2017	Evolving	Increase community awareness and utilization of Nevada 211 through increased and targeted marketing strategies; Increase provider partnerships with Nevada 211 to improve directory potentials; refer clients of SNV CHIPs and the Community Nurse Call Line to Nevada 211 as appropriate.
GOAL AREA 1.2 — PROVIDER AND TRANSPORTATION				
<i>Increase healthcare workforce to increase access</i>				
Collaborate with insurance companies	Adele Solomon SNHD	Dec 2016	Exceeds	It was determined to bring services to the population, assist them in increasing their capacity to navigate the multiple systems. See strategic partnerships.
Assess providers by zip code	Lei Zhang SNHD	Mar 2017	Evolving	Data review showed provider scarcity in multiple areas. Because of the seriousness and magnitude the group has moved to action. Data refinement and collection will continue and be collected in the community. See strategic partnerships.
Strategic partnerships to address gaps	HealthInsight	June 2017	Exceeds	Due to above, the group started action. Lead — Laura Culley, MD UNLV; co-lead — Adele Solomon. Data is being refined and collected in communities. 50+ agencies partner to address high risk community needs. The “Mobile Health Collaborative” (MHC) mobilizes services in communities. MHC is a development of this group.
<i>Improve transportation resources to increase access</i>				
Affordable and accessible transportation resources	Nevada 211	Dec 2016	Met-Evolving	Nevada 211 call system has been upgraded. Other transportation options are being developed.
Directory of transportation resources to stakeholders	Nevada 211	June 2017	Met-Evolving	Nevada 211 call system has been upgraded. The inclusion of telehealth and community health workers and the ACA changes are expected to have further impact. This will continue to be tracked and addressed.
GOAL AREA 1.3 — HEALTH INSURANCE				
Increase insured adults and children	Nevada Health Link	July 2017	Evolving	Insurance enrollment data was received following the 2015-2015 enrollment period. The insurance report was given to Nevada Health Link and partners and is available on the HSN website.
Develop partnerships to identify gaps, target outreach and increase publicity	Nevada Health Link	July 2017	Evolving	For the 2016-2017 enrollment strategies have been developed to address these gaps. With the current proposed changes to the ACA it is uncertain what the future community needs will be. The landscape of public insurance will continue to be monitored and addressed.

Strategy	Lead	Target Date	Progress <i>below, met, exceed, evolving</i>	Comments
Chronic Diseases				
GOAL AREA 2.1 — OBESITY				
Increase activities and access to activities for adults and children	SNHD	Sept 2017	Met	48 schools participating in a “functional Fitness Program.” Overall about ¾ of the way through the planning process for updating and revising the Regional Bike and Pedestrian Plan for Southern Nevada and hope to wrap up the final plan by March 2017.
Increase access to fruits and vegetables and healthy food	SNHD	Sept 2017	Met	SNHD secured a grant to offer a nutrition incentive program at local farmers markets for SNAP recipients that provided \$2 in free produce for every \$5 spent on SNAP eligible foods. At one point in 2016, 6 local markets and 1 community garden (and its mobile market) were participating in the program. The program helped to increase SNAP purchases at participating locations by almost 20 percent. The grant ended in December; however two of the markets are pursuing other grant funding to continue to offer nutrition incentives.
Decrease consumption of sugar-sweetened beverages	SNHD	Sept 2017	Met	The SNHD Soda Free Summer Initiative launched in June 2016 and ran throughout August 2016. This year the Hispanic population was a priority focus. Online and in-person community classes were incorporated into the 2016 initiative which reached 400 people at community events or educational workshops.
GOAL AREA 2.2 — TOBACCO USAGE				
Decrease smoking rates for youth and adults	SNHD	June 2017	Exceed	161,650 young people participate in existing youth tobacco prevention programs (events, activities, and trainings) (goal: 160,000). Staff participated in YRBS steering committee call and advocated for addition of a hookah use question. As a result, the question will be on the 2017 YRBS survey instrument and we will obtain a prevalence rate at that time.
Promote quitting among adults and youth	SNHD	June 2017	Below	Since July 2016 there has been an average of 22 healthcare provider Nevada Tobacco Quitline referrals per month and the average monthly call volume totals 107 per month.
Expand clean air policies	SNHD	Sept 2017	Met	57 worksites or organizations have expanded policies (PICH Yr 2 report) 12,002 smoke-free multi-unit housing units available in Clark County (PICH Yr 2 report) 155 smoke-free meeting venues available in Clark County (PICH Yr 2 report)

Strategy	Lead	Target Date	Progress <i>below, met, exceed, evolving</i>	Comments
Policy and Funding				
GOAL AREA 3.1 — POLICY				
Increase community awareness of relationship between SDoH, PH and success of Southern Nevada	SNHD	April 2017	Evolving	SNHD with UNLV students and key legislators created one infomercial and more are being reviewed, supporting fact sheets will be available to the general public that address health equity and the social determinants of health. A subcommittee led by Jessica Johnson has created an opioid fact sheet and other resources on the opioid issues in Southern Nevada.
Increase access to reliable data for public health decisions	SNHD	Sept 2017	Below	The system is being put in place to increase transparency within PH Funding. The system is not expected to be available until September.
GOAL AREA 3.2 — FUNDING				
Assess the landscape to PH funding in Southern Nevada	SNHD	Dec 2016	Evolving	UNLV students, under the direction of their dean, are working on this assessment; it is expected to be available before June 2017.
Increase stakeholder understanding of current PH funding in Southern Nevada	SNHD	Feb 2017	Below	This has not started and the above report is expected to show a current comparison.

CHIP details are available on www.HealthySouthernNevada.org.

For questions please contact Adele Solomon solomon@snhdmail.org.