



COMMUNITY HEALTH IMPROVEMENT PLAN

2019 Annual Progress Report

Community Health Improvement Plan ANNUAL PROGRESS REPORT

■ TABLE OF CONTENTS

Introduction.....	3
Priority Areas	4
Goal 1: Access to Care	4
Goal 2: Chronic Diseases	7
Goal 3: Policy and Funding	9
Summary	11
Table of Progress	12

■ INTRODUCTION

A community health improvement plan (CHIP) identifies major health priorities, overarching goals, and specific strategies to be implemented in a coordinated plan throughout Southern Nevada. The Southern Nevada CHIP is a collective work plan for local public health system partners. For each priority area, workgroups developed 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 organization to ensure that the plan is action-oriented and accountable.

Improving population health requires collaboration by many community partners. The CHIP is the community's commitment to actively pursue opportunities to work together to improve the health of Southern Nevadans. This is the 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.

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PRIORITY AREAS

Access to Care, Chronic Diseases, and Policy and Funding are the priority goal areas for the 2016-2021 CHIP action cycle. Several strategies and measurable objectives for achieving each goal have been developed. These include evidence based best practices and specific actions that were undertaken by community partners.

Goal 1: Access to Care

Access to care is about getting the right care, at the right time, at the right place. Health insurance coverage across Clark County compares poorly to the rest of the nation and fails to meet the Healthy People 2020 target. As a state, Nevada ranks high in provider workforce shortages and residents' inability to afford care. In addition, certain portions of Clark County have been designated as medically underserved areas, including in the central and north sectors of the urban areas and in outlying census tracts.

In the 2011 Community Themes and Strengths Assessment, participants rated healthcare access, quality, and continuity as "poor." As part of the Forces of Change Assessment, community members recognized a number of opportunities and threats resulting from changes in access to care. While residents were hopeful that community-based and reduced-cost care would enhance access, they also acknowledged the many remaining barriers, including cost of care, transportation, and provider shortages.

Priority Area 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 aid 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.

Goal Progress

1. The ECNS has partnered with the 911 dispatch center for medical emergencies to identify and refer callers with low-priority, non-emergency complaints to a nurse who completed additional triage and determined the most appropriate care. Such care was 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 outcome of the ECNS were improved healthcare service navigation at a reduced cost and improved health outcomes. It reduced unnecessary EMS activation, transports, and emergency department use.
2. Funding is a barrier as many of the necessary services provided are not reimbursable/billable. Las Vegas Fire and Rescue (LVFR) currently funds the Nurse Call Line with assistance from Health Plan of Nevada franchise agreement through ambulance fines. LVFR did not have consensus from the other departments to move forward due to support and financial capacity. Therefore, LVFR is paying for the entire cost of the program.
3. Nevada 211 has been working to enhance its presence, resource directory, website, and more. To recruit

additional agencies and enhance their presence within the community, Nevada 211 representatives have increased their attendance from 10 collaborative meetings to 40 meetings per month.

Proposed Revisions to Objectives

- Support LVFR to find additional funding sources for the nurse call line.
- Continue to promote Nevada 211 as a resource in Southern Nevada

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.

Goal Progress

1. The Mobile Health Collaborative (MHC) has been established and addresses both client and provider needs and gaps by uniting efforts. Events are held in communities with identified high needs and high risk. Local clinics reserve a block of appointments for attendees who need quick follow-ups. The events include providers from most insurance companies, plus dental, vision and behavioral and mental health resources and providers. To address the complex social needs of the community, a division of social workers, social need resources with follow up is included in all events. These can range from housing, to utilities and free transportation. Upcoming community events are listed below.

Date	Time	Location	Address	Zip Code
4/22/2020	1-6pm	Walnut Recreation Center	3075 N Walnut Road	89115

As of 2019, the Mobile Health Collaborative became an approved organization of the UNLV School of Medicine Southern Nevada Community Health Improvement Programs (CHIPs) and PUENTES have also been taking an increasing role in the group. The collaborative has grown from five members to over 80 organizations as members, with over 140 student individuals participating in volunteer navigation and advocacy programs.

2. During 2018-2020, the Regional Transportation Commission of Southern Nevada (RTC) supported the *Community Health Improvement Plan* goal to “increase affordable transportation resources in Clark County and access to health/social services care” through the following efforts:
 - RTC fixed-route bus service, paratransit, and specialized services, such as the Veterans Medical Transportation Network that takes veterans to medical appointments, provides access to healthcare destinations. Additionally, Silver STAR loop routes connect senior living communities to grocery stores and shopping, and Flexible Demand Response provides door-to-door service in Sun City Anthem, Sun City Summerlin, and Centennial areas.
 - Bus frequency and/or service increased for routes serving the following hospitals: 1) Summerlin Hospital (Route 201, Lake Mead), 2) Mountain View Hospital (Route 215, Cheyenne), and the VA Hospital (Downtown Veterans Express). Additionally, Route 217 (Warm Springs/Lake Mead Parkway) now offers East Henderson residents two-way service to St. Rose de Lima Hospital.
 - GOMed is envisioned to improve access to health care by connecting downtown Las Vegas and the Las

Vegas Medical District through autonomous vehicles shuttles. The project will also include innovative pedestrian safety devices and smart transit shelters. Funding is provided by a \$5.3 million U.S. Department of Transportation BUILD grant.

- On Board: Your Future Mobility Plan includes a strategy to “enhance service for seniors, veterans, and people with disabilities”. On Board proposes expanding services to more areas and people, which would increase mobility for our region’s residents who have the greatest need. Expanded programs will make it easier for these community members to participate in daily life and ensure they have access to employment, health facilities, and essential services. Additionally, On Board recommends adding new technology to make it easier to plan, book, and pay for trips, and building a future high capacity transit network.
- Southern Nevada Coordinated Public Transit-Human Services Transportation Plan update aims to enhance mobility for seniors, people with disabilities, and low-income individuals. The plan brings together public, private, and non-profit transportation and human service providers to: 1) develop an inventory of existing transportation services, 2) identify needs, duplication of services, and gaps, 3) assess existing and potential funding sources, and 4) identify goals, strategies and an action plan.

Proposed Revisions to Objectives

- Mobile Health Collaborative enhance its presence and website directory to increase client and provider participation.
- Condense strategies to focus efforts on local strategic collaboration

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.

Goal Progress

Nevada Health Link worked closely with its network of over 750 agents, brokers and enrollment professionals across the state who helped to connect Nevada families and individuals with affordable health insurance that met their needs.

- During the open enrollment Nov. 1- Dec. 15, 2019 Nevada Health Link enrolled 77,410 for 2020 plan year
- Nevada Health Link offered 27 qualified health plans through three insurance carriers – Health Plan of Nevada and SilverSummit, which returned to the Exchange from the previous year, as well as Anthem HMO Co., which rejoined the Exchange for Plan Year 2020.
- All 27 plans were available to Nevada residents in Clark, Nye and Washoe counties. SilverSummit and Anthem HMO Co. offered 17 plans to residents in Nevada’s 14 rural counties including Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Pershing, Storey and White Pine.
- Six carriers offered 17 stand-alone dental plans to Nevada residents statewide.

Proposed 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 is contingent upon the policy changes.

Goal 2: Chronic Diseases

Chronic disease is a long-lasting illness or condition that can be controlled but not cured. Chronic diseases are among the costliest yet most preventable of health issues. Most chronic diseases can be prevented or controlled through behavioral changes, early detection, and adequate and appropriate monitoring and treatment. Lack of exercise or physical activity, poor nutrition, tobacco use, and excessive alcohol consumption are among the major behavioral risk factors of chronic disease.

In the Community Themes and Strengths assessment, the status of Southern Nevada's built environment was determined to be "poor." Improved access to parks and healthy foods would not only improve the built environment but could also positively impact wellbeing and reduce chronic disease burden in the region.

Priority Area 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.

Goal Progress

The Office of Chronic Disease Prevention and Health Promotion at SNHD has collaborated with community partners to develop and implement several strategies to increase physical activity and promote healthy diets within the community.

- Along with the Las Vegas Aces and CCSD, SNHD launched the 2nd annual Slam Dunk Health Program in 102 CCSD Elementary Schools with over 13,300 students participating.
- Sponsored and evaluated the Walk and Roll Program at 9 CCSD schools. Walking and biking to/from school increased by over 18%.
- Created and facilitate the Partners for a Healthy Nevada – School Wellness Taskforce, a subcommittee of our obesity prevention coalition dedicated to school wellness issues.
- Worked with the City of Henderson to conduct a 10-minute walk to parks assessment in priority census tracts. Data and findings were used to update the City's Parks and Recreation Master Plan with recommendations to improve walkable access to parks and recreation facilities.
- SNHD worked with City of Henderson, the Southern Nevada Food Council and the Downtown Henderson Farmers Market Manager to support the farmers market in Downtown Henderson to begin to accept SNAP benefits as of January 2020.
- Launched the *Comunidad en Accion* program – an evidence-based program to promote healthy eating, including fruit and vegetable consumption and physical activity among Hispanics in faith-based settings.
- Implement an annual 'Soda Free Summer' initiative that encourages individuals to reduce or eliminate sugar-sweetened beverages including soda over the summer.
- Staff conducted a Nutrition Environment Measurement Survey for Vending (NEMS-V) on the SNHD vending machines and works with the Nevada Department of Education, Training and Rehabilitation's Business Enterprise Program to address compliance issues and support policy implementation.

Proposed 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.

Goal Progress

The Office of Chronic Disease Prevention and Health Promotion at SNHD has collaborated with community partners to develop and implement interventions to reduce disease burdens associated with tobacco use and secondhand smoke.

- Tobacco Prevention Program (TPP) staff worked with University Medical Center and SNHD Family Health Clinic to implement bi-directional electronic referrals to the Nevada Tobacco Quitline via the UMC electronic health record system. In 2019, nearly 4,000 electronic referrals were made to the Quitline by UMC. This is the highest number of electronic referrals from any healthcare institution in the State of Nevada to date.
- A youth-focused social media campaign highlighting the misperceptions of e-cigarettes/vapor products was developed.
- Since 2017, adult cigarette smoking rates have dropped from 17.8% in Clark County to 15% in 2018 (BRFSS). Youth cigarette smoking rates have declined in Clark County from 5.9% in 2015 to 5.4% in 2017 (YRBS). 2019 Clark County data is not yet available.
- SNHD's TPP implemented 32 youth tobacco prevention outreach events in high school and other community venues reaching over 20,000 teens in 2019.
- SNHD's TPP supported development of the North Las Vegas Tobacco-Free Parks and Recreational facility policy. The policy covers 34 parks and recreational locations. It prohibits smoking and tobacco use of any kind, including the use of vapor devices at any park, trail or recreational facility if within 100 feet of sporting fields, spectator areas, restrooms, entrances to all recreation facilities, all sport and play areas.
- SNHD's TPP assisted 180 worksites with voluntary expansion of tobacco policy. Staff developed downloadable and printed signs, and window clings that can be requested by businesses and organizations who expand their policy. An example of expanded tobacco policy would be to prohibit smoking and the use of electronic cigarettes outdoors near entrances and exists to buildings.

Proposed revisions to objectives

- There are no proposed changes at this time.

Goal 3: Policy and Funding

Policy and funding are recognized as factors that impact how the public health system functions and how the system can meet the needs of the population it serves. Inadequate funding streams for healthcare, education, and other related areas have been identified as strategic issues that need to be addressed in order to improve the health of the Southern Nevada community. The Southern Nevada community has chosen to focus on increasing opportunities for sharing information and providing education, broad cross-sector collaboration and integration of Health in All Policies (HiAP). A HiAP strategy assists policymakers to integrate health, well-being, and equity concepts during all phases of community policies and services.

Southern Nevada residents and stakeholders identified several weaknesses and threats to the community's health during the Community Themes and Strengths Assessment, the Local Public Health Systems Assessment and Forces of Change Assessment; many of these shortcomings could be impacted through policy changes.

Priority Area 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 in All Policies (HiAP) approach to formulate policy and drive decision making.

Goal Progress

Southern Nevada Health District has partnered with stakeholders on key legislations and policies that benefit the health of Clark County residents.

- Assisted with apartment and condominiums to voluntarily expand tobacco policy. Staff developed a smoke free multi-unit housing (MUH) (apartments/condominiums) toolkit. This toolkit includes information on the benefits of smoke/tobacco-free policies, applicable laws around smoke-free housing, and promotes the Nevada Tobacco Quitline. The toolkit was distributed to property managers as a method to expand smoke-free policies in multi-unit housing. Staff provides technical assistance to and encourages MUH management to expand and implement smoke-free policy. Nearly 60,000 smoke-free units are available on our searchable online smoke-free housing directory located on the gethealthclarkcounty.org and vivasaludable.org websites.
- Supported passage of SB 263 (e-cigarette/vapor bill) during the 2019 NV legislative session. The law incorporated e-cigarettes/vape products under the Nevada Clean Indoor Air Act. (meaning you cannot vape where you cannot smoke in Nevada)
- Supported passage of the Dental Care Bill (AB 223). The law directs the state to apply for a waiver to provide dental care services to adults with diabetes who are eligible for Medicaid.
- Supported Maternal Mortality Review Program (AB 169). The program establishes a committee to review incidents of maternal mortality and severe morbidity and submit a report with findings and recommendations
- Supported Safe Sun Exposure for Students (SB 159). The bill requires each public and private school to adopt a policy concerning safe exposure to the sun.

Proposed revisions to objectives

- Continue to advocate for policies that support Public Health Improvement Funds.

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.

Goal Progress

UNLV students, under the direction of their dean, completed an assessment to evaluate PH funding in Southern Nevada. SNHD briefed the Nevada Legislative Committee on Health Care on the Southern Nevada Health District Funding Analysis with an emphasis on highlighting limitations on underfunding. The following initiatives were selected and briefed to help improve funding

- Increase the Environmental Health regulatory fees by 10% due to the low cost to SNHD and medium risk stakeholder pushback.
- Once fees have been raised, funds may be used to bolster the current grant writing program by hiring another permanent grant writer with a greater focus on collaborative efforts with other health agencies in the Las Vegas area.

Potential revisions to objectives

- Expand funding opportunities to review public health topic-specific areas where state or local governments could develop capacity to bring additional public health dollars to the state.

SUMMARY

The Southern Nevada Health District 2019 Annual Report for the Community Health Improvement Plan (CHIP) is a collaboration between the community partners and SNHD dedicated to making Clark County a healthier community. The annual report highlighted the many great achievements that occurred throughout the year. SNHD and the many community partners are fulfilling the purpose of performing valuable work throughout the community with an emphasis on the most vulnerable populations.

In the CHIP update we stated that the purpose of monitoring the implementation was important for understanding three questions: Are we doing the work we said we would do? Are we having an impact? 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?

We are connecting people to health care facilities and professionals; developed and will continue developing programs to reduce obesity and tobacco use; and have helped to institute policies that will benefit the health of the community. However, as this CHIP indicates we still have work to do to reach the goal of 100% insured and having adequate funding. This offers an opportunity for continued improvement and support of both the federal and state government.

The summary of recommended modifications to the 2016-2021 CHIP can be found below. With these amendments in place, our teams can move forward swiftly into the next year and prepare for work on the 2021 CHIP process.

Summary of 2020 Recommended Changes

Priority Area 1: Access to Care

- Modify 1.1 to continue to support LVFR to search for sustainable funding for nurse call line
- Modify 1.1 to continue to promote Nevada 211 as a resource in Southern Nevada
- Modify 1.2 to allow MHC to enhance its presence and website directory to increase client and provider participation
- Modify 1.2 to condense strategies to focus efforts on local strategic collaboration
- Modify 1.3 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 is contingent upon the policy changes.

Priority Area 2: Chronic Disease

- No recommended changes

Priority Area 3: Policy and Funding

- Modify 3.1 to continue to advocate for policies that support Public Health Improvement Funds
- Modify 3.2 to expand funding opportunities to review public health topic-specific areas where state or local governments could develop capacity to bring additional public health dollars to the state

TABLE OF PROGRESS

Strategy	Lead	Target Date	Progress <i>below, met, exceed, evolving</i>	Performance Indicator
Goal 1: Access to Care				
GOAL AREA 1.1 — HEALTHCARE ACCESS AND NAVIGATION				
911 with ECNS support	LVFR	July 2021	Evolving	Two-year scalable pilot, 1-2 nurses on staff 10-24 hours/day during peak hours revealed a decrease in unnecessary EMS activation, transports, and emergency department use.
Social Service Referrals	SN CHIP	July 2016	Exceeds *Original goal met July 2016-SN CHIP continues to exceed	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	Financial Guidance Center	July 2021	Evolving	Increased provider partnerships with Nevada 211 to improve directory potentials, such as increasing their attendance from 10 collaborative meetings to 40 meetings per month.
GOAL AREA 1.2 — HEALTHCARE WORKFORCE RESOURCES AND TRANSPORTATION				
<i>Increase healthcare workforce to increase access</i>				
Collaborate with insurance companies	Nevada Health Link	Dec 2021	Met-Evolving	Nevada Health Link offered 27 qualified health plans offered through three insurance carriers – Health Plan of Nevada and SilverSummit, which returned to the Exchange from the previous year, as well as Anthem HMO Co., which rejoined the Exchange for Plan Year 2020.
Assess providers by zip code	SNHD	Mar 2017	Met *Original goal met Mar 2017	SNHD Informatics team has developed an application to display provider by zip codes. The provider map can be located at http://map.cchd.org/clark-county-healthcare-facilities/
Strategic partnerships to address gaps	UNLV	June 2021	Met-Evolving	80+ 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	Regional Transportation Center (RTC)	Dec 2021	Met-Evolving	RTC fixed-route bus service, paratransit, and specialized services, such as the Veterans Medical Transportation Network that takes veterans to medical appointments, provides access to healthcare destinations. Bus frequency and/or service increased for routes serving the following hospitals: 1) Summerlin Hospital (Route 201, Lake Mead), 2) Mountain View Hospital (Route 215, Cheyenne), and the VA Hospital (Downtown Veterans Express). GOMed is envisioned to improve access to health care by connecting

				downtown Las Vegas and the Las Vegas Medical District through autonomous vehicles shuttles. On Board: Your Future Mobility Plan includes a strategy to “enhance service for seniors, veterans, and people with disabilities”. On Board proposes expanding services to more areas and people, which would increase mobility for our region’s residents who have the greatest need.
Directory of transportation resources to stakeholders	Nevada 211	June 2021	Evolving	Nevada 211 call system has been upgraded. Nevada 211 is enhancing its presence in the community by increasing their collaborative meeting attendance from 10 to 40 meetings a month.
GOAL AREA 1.3 — HEALTH INSURANCE				
Increase insured adults and children to 100%	Nevada Health Link	July 2021	Evolving	2019 Nevada Health Link enrolled about 78k consumers. Most recent data reveal an increase of insured children aged 0-17 years from 90.3% to 93.2%. Adults aged 18-64 years increased from 78.6% to 83.5%
Develop partnerships to identify gaps, target outreach and increase publicity	Nevada Health Link	July 2021	Evolving	Nevada Health Link worked closely with its network of over 750 agents, brokers and enrollment professionals across the state who helped to connect Nevada families and individuals with affordable health insurance that met their needs.

Strategy	Lead	Target Date	Progress <i>below, met, exceed, evolving</i>	Comments
Goal 2: Chronic Diseases				
GOAL AREA 2.1 — OBESITY				
Increase activities and access to activities for adults and children	SNHD	Sept 2017	Exceeds <i>*Original goal met Sept 2017-SNHD continues to exceed the goal.</i>	Las Vegas Aces, CCSD, and SNHD launched the 2nd annual Slam Dunk Health Program in 102 CCSD schools. Sponsored and evaluated the Walk and Roll Program at 9 CCSD schools. Created and facilitated the Partners for a Healthy Nevada – School Wellness Taskforce. Worked with the City of Henderson to conduct a 10-minute walk to parks assessment in priority census tracts.
Increase access to fruits and vegetables and healthy food	SNHD	Sept 2017	Exceeds <i>*Original goal met Sept 2017-SNHD continues to exceed the goal.</i>	Increased the number of farmers markets that accept SNAP. Worked with City of Henderson to conduct a Food Retail Market Feasibility Study. Launched the <i>Comunidad en Accion</i> program.
Decrease consumption of sugar-sweetened beverages	SNHD	Sept 2017	Met <i>*Original goal met Sept 2017</i>	Implement an annual ‘Soda Free Summer’ initiative. Updated the SNHD Healthy Vending Policy. Conducted a Nutrition Environment Measurement Survey for Vending (NEMS-V) on the SNHD vending machines
GOAL AREA 2.2 — TOBACCO USAGE				
Decrease smoking rates for youth and adults	SNHD	June 2017	Exceeds <i>*Original goal met Sept 2017-SNHD continues to exceed the goal.</i>	SNHD’s tobacco prevention program (TPP) implemented 32 youth tobacco prevention outreach events. Youth and adult rates have declined. Created a youth-focused social media campaign surrounding misconceptions.
Promote quitting among adults and youth	SNHD	June 2017	Exceeds <i>*Original goal met Sept 2017-SNHD continues to exceed the goal.</i>	Electronic referrals to NV Tobacco Quitline.
Expand clean air policies	SNHD	Sept 2017	Exceeds <i>*Original goal met Sept 2017-SNHD continues to exceed the goal.</i>	Supported development of North Las Vegas Tobacco-Free Parks and Recreational facility policy.

Strategy	Lead	Target Date	Progress <i>below, met, exceed, evolving</i>	Comments
Goal 3: Policy and Funding				
GOAL AREA 3.1 — POLICY				
Increase community awareness of relationship between SDoH, PH and success of Southern Nevada	SNHD	April 2021	Evolving	SNHD assisted with apartment and condominiums to voluntarily expand tobacco policy. Supported passage of SB 263 (e-cigarette/vapor bill) during the 2019 NV legislative session Supported passage of the Dental Care Bill (AB 223) Supported Maternal Mortality Review Program (AB 169). Supported Safe Sun Exposure for Students (SB 159).
Increase access to reliable data for public health decisions	SNHD	Sept 2021	Evolving	The Healthy Southern Nevada website was launched to provide local health data, resources, best practices, news articles and information about community events. The intent was to give our community the tools we need to read and understand the public health indicators that affect the quality of our residents' lives. The next evolution of this site will include a strong lead from SNHD epidemiologists to guide indicator development and analysis.
GOAL AREA 3.2 — FUNDING				
Assess the landscape to PH funding in Southern Nevada	SNHD	Dec 2021	Met-Evolving	UNLV students, under the direction of their dean, completed an assessment to evaluate PH funding in Southern Nevada.
Increase stakeholder understanding of current PH funding in Southern Nevada	SNHD	Feb 2021	Met-Evolving	SNHD briefed Nevada Legislative Committee on the Southern Nevada Health District Funding Analysis with an emphasis on highlighting limitations on underfunding.

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