



# NEVADA MINORITY HEALTH & EQUITY COALITION

2-year Strategic Plan

2022-2024

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## WHO WE ARE

The NMHEC 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 NMHEC is to promote the health and well-being of diverse communities by pursuing research, capacity building, and advocacy that recognizes the unique cultural and linguistic differences of Nevadans.

## OUR VISION

NMHEC recognizes inequality as a co-morbidity and therefore promotes the elimination of preventable health disparities. Our vision of a healthy community is one where:

- All diversity and equity communities have a seat at the table
- Diversity and inclusion within the community is respected and valued by community members, institutions, and policymakers
- Everyone has equitable access to quality primary and behavioral healthcare and social services
- Work is conducted in partnership with community members, organizations, service providers, and local, state and federal government to identify and address the social determinants of health

## ABOUT US

The Nevada Minority Health and Equity Coalition (NMHEC) is made up of a diverse set of community leaders and members who are committed to improving health outcomes for our most disenfranchised and vulnerable populations through capacity building, advocacy, and research. We believe that a community-engaged approach to health is the only way 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.

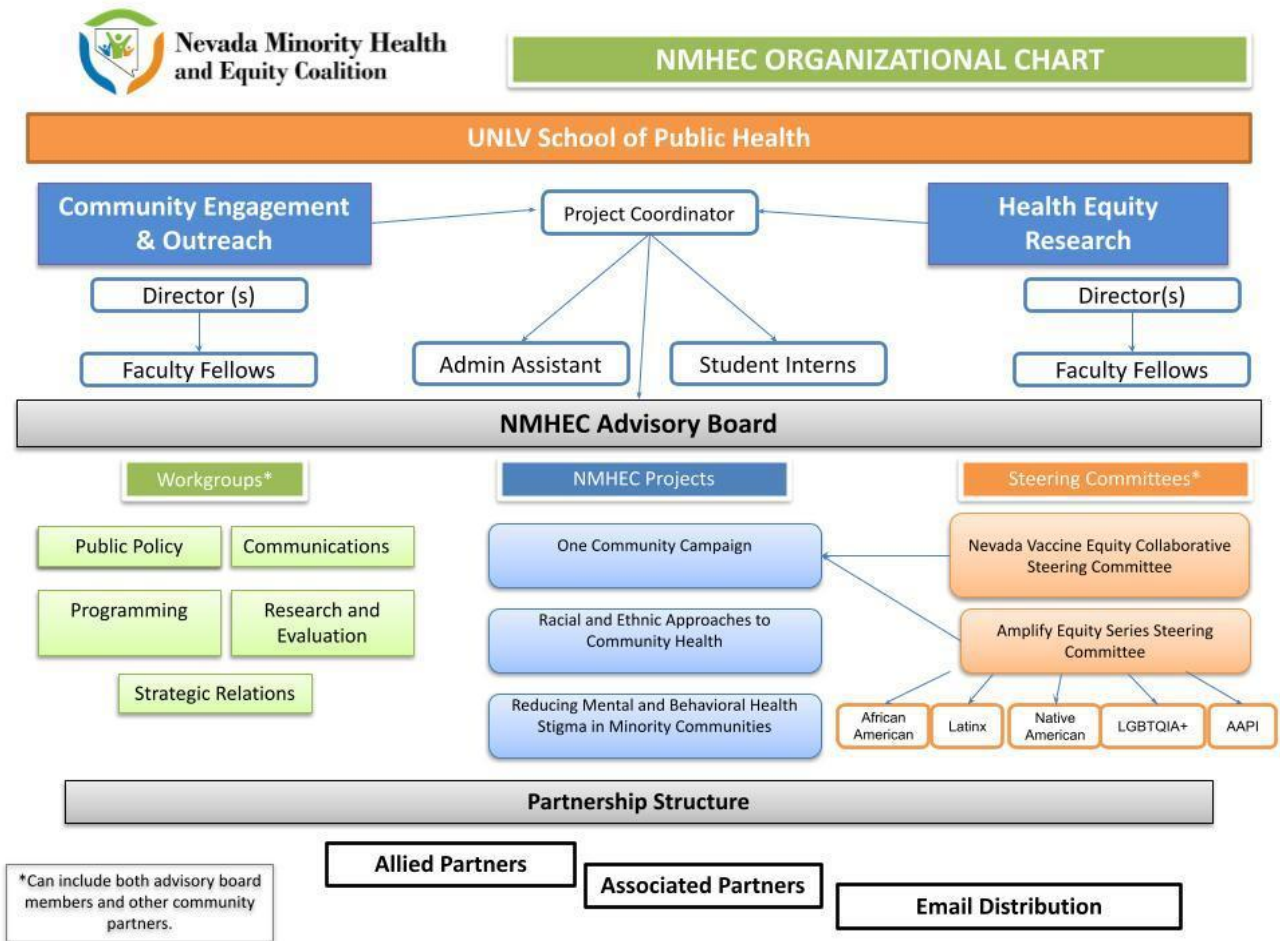
### Organizational Structure

The NMHEC is housed at UNLV's School of Public Health. The leadership team is supported by UNLV School of Public Health representatives – Director of Community Engagement and Outreach, Co-Directors of Health Equity Research and Training, and Director of Communications, along with research and support staff. The director of community engagement assists the board in identifying community problems and policy priorities and also supports capacity-building efforts undertaken by the coalition. The co-directors of

health equity research and training support the identification and submission of grants written in collaboration with community partners focused on addressing health disparities.

The NMHEC advisory board comprises community members and partners from across the state. The Advisory board members are tasked with identifying and prioritizing issues based on community input. Additionally, as pictured in Figure 1, the NMHEC has 5 workgroups that help support major activities of the coalition. These are the Strategic Relations, Programming, Public Policy, Communications, and Research and Evaluation workgroups. Each workgroup is made up of volunteers many of whom work directly in the community. The coalition has also helps to run 5 steering committees centered around priority populations: African American, Latinx, Native American, LGBTQIA+, and AAPI. These steering committees are led by community members who set their own priorities and develop programming that is culturally and linguistically appropriate for their respective groups.

Figure 1: NMHEC Organizational Structures



## NMHEC Leadership

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# Nevada Minority Health & Equity Coalition

## OVERVIEW

The Nevada Minority Health and Equity Coalition (NMHEC) strongly believes that we are as healthy as our most vulnerable. Healthy communities set the foundation for good health and opportunities to thrive. However, this does not occur in all communities, particularly among our disadvantaged and often underserved populations, which often have disproportionate rates of illness, disability, and death. [1] According to the 2021 Nevada Minority Health Report, Nevada’s population in 2019 was comprised of a white majority, with the rest of the population comprising: 29.9% Hispanic, 9.8% Asian/Pacific Islander (API), 8.8% Black, and 1.1% American Indian/Alaska Native (AI/AN). [2] In 2019, chronic diseases represented seven of the top ten leading causes of death in Nevada. Because of their pervasive nature, chronic disease, particularly within vulnerable populations, can exacerbate disparities.

National data indicates that residents in predominantly minority communities “continue to have lower socioeconomic status, greater barriers to healthcare access, and greater risk for and burden of disease compared to the rest of the population.” [1][3]

Social determinants, including social conditions and psychosocial factors, have proven to be powerful mediators to achieving good health and well-being. [4] These encompass all aspects of where we live, work, and play, including our neighborhoods, education, health care, economic stability, and social and community factors. [5]



Source: HealthyPeople.gov

**“It is time to refocus, reinforce, and repeat the message that health disparities exist and that health equity benefits everyone.”**



In Nevada, these same determinants of health pose a threat to the uniquely diverse makeup of our population. The NMHEC recognizes the multifaceted nature of the root causes of health disparities and has built an alliance between a diverse set of 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 in addressing the needs of Nevada’s large and uniquely diverse populations. Utilizing a community-based participatory research model, we collaborate with community stakeholders to identify and prioritize community-level problems and work strategically to improve health outcomes in Nevada.

The NMHEC was established in 2016. The following is a list of key accomplishments to date:

- In May of 2017, the NMHEC assisted in the development of draft language for AB141, which revised the operational structure and purpose, and re-established funding, for the Department of Health and Human Services (DHHS) - Nevada Office of Minority Health and Equity. NMHEC’s advocacy efforts were recognized as instrumental in the creation and passage of AB141.
- In September of 2018, NMHEC received CDC pass-through funding (Est. \$200,000 over 5 years) as a subcontractor for the Racial and Ethnic approaches to Community Health (REACH) grant. Services included: tobacco education, Quitline promotion, and referrals to cessation resources.
- In April 2018, NMHEC hosted the 1st Annual Nevada Minority Health Impact Summit at Nevada State College. The Impact Summit was attended by more than 125 participants representing various local non-profits, higher education institutions, government entities, and corporate partners with a desire to learn about pressing issues impacting Nevada’s underserved minority communities. The impact summit is an annual endeavor that brings forth policy issues that will improve the health and economic well-being of disadvantaged and underserved populations, including communities of color, in the Silver State.
- In 2019, the NMHEC Advisory Board was expanded to meet increased demands on requests for participation and engagement. An intensive strategic planning process began to better identify a plan for future goals and activities - and to identify priority action items as the workgroups move forward to improve equity and diversity in Nevada.
- In 2020, the NMHEC, in collaboration with the UNLV School of Public Health, received CARES Act funding in the amount of \$1 million to provide COVID education and vaccine promotion.
- A webinar series titled “Amplify Equity” was unveiled in June 2020 and the concept and training platform has become a key communication marketing strategy for the coalition to relay vital information to key stakeholders, partners, and local communities.
- In January 2021, the NMHEC submitted a white paper for publication in collaboration with the Children’s Advocacy Alliance, the UNLV School of Public Health, and the American Heart Association titled, “Childhood Obesity Prevention through a Health Disparities and Health Equity Lens: Overview, Data Indications, and Policy Recommendations for the Silver State.” The white paper outlines key policy focus areas for the future of Nevada’s work on childhood obesity and chronic illness reduction.

- In 2021, the NMHEC trained 17 student interns from the UNLV School of Public Health, UNLV Social Work program, and the privately funded Anthem Scholars Program. With their help, and in collaboration with over 20 community partners, the NMHEC was able to develop and execute 45 culturally and linguistically appropriate webinars on a range of topics. These webinars reached over 7,500 community members and were held in both Spanish and English.
- In November 2021, the NMHEC also provided a training on Community-Based Participatory Research (CBPR) to 272 individuals in collaboration with the UNR Latino Research Center.

## Strategic Priorities

### NMHEC AIMS

#### The NMHEC aims to:

##### **Capacity Building**

We believe that capacity building is valuable and essential to sustaining long-term impacts. It helps to strengthen skills, knowledge, and resources that can enhance community engagement and the **partnerships' collective** ability to address health disparities. It is the goal of this coalition to support capacity building in areas of policy, advocacy, community-based participatory research, and grant development.

##### **Policy and Advocacy**

We believe that amplifying the voices of our most vulnerable is essential to what we do. It is the commitment of the NMHEC to advance policies and practices that address social determinants of health by **working alongside cross-sectoral partners** and members to **bring light to** community concerns and issues.

##### **Research, Data, and Dissemination**

Research is essential to developing evidence-based interventions that can address and improve health outcomes of the population. In collaboration with research institutions, the NMHEC 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 helps better inform the needs of Nevadans

## TAKING ACTION

The NMHEC leadership understands that in order to meet strategic priorities, an organized and concerted effort is necessary. Therefore, five committees have been established to outline critical activities and metrics.

- Strategic Relations

- Programming
- Public Policy
- Communications
- Research and Evaluation

## Committee Goals and Workplan

### Strategic Relations

The Strategic Relations workgroup aims to identify strategic partners to participate in planning, coordinating, implementing, and evaluating priority initiatives relevant to NMHEC’s mission. The workgroup will help refine the coalition’s brand so that it is recognized as a health equity resource and authority

#### Committee Activities:

- Decide who to engage
- How to engage
- Surveying needs
- Relationship building
- RFP review, coordinate linkages between academic and community partners

Activities	Metric (measures of success)	Frequency	Timeline/Deadline
Assist with populating new or existing workgroups or steering committees	Identify 12 partners to support new and existing workgroups	Annual	By December 31
Review composition of board partners for representation	Annual Review of Board Board is comprised of 51% or more individuals and/or organizations representing diverse populations including, but not limited to: Racial and ethnic identities, LGBTQ+, disability status and physical accessibility needs, religious groups, learning and mental accessibility needs, gender identity, age, nationality, and education	Annual	By December 31
Partner engagement/ increasing visibility:			
Welcome email	# of new partners who receive welcome email	Annual	By December 31
Mid-Year Re-Engagement	# of individuals who join workgroup(s) % completion of partnership surveys	Annual	By May 31
Networking/ Partnership Drive	2 networking / partnership drives conducted	Twice per year	By June 30 By December 31
Recruitment Pitch	1 list of talking points to use during partnership recruitment, provided to Communication workgroup for revisions	Annual	By January 2022
Conduct outreach events to promote partnership	Attend 10 outreach events	10 per year	By December 31

Annual partnership satisfaction/input survey	1 survey conducted with NOMHE support to action outcomes	Annual	By December 31
Advisory Board Development:			
Orientation Advisory Board Training	# of new board members trained	Upon appointment, and annual thereafter	Annual
Board Training	100% participation rate of 2 trainings (CBPR, diversity training & digital leadership techniques)	Annual	By December 31

**Programming**

The Programming workgroup aims to offer engagement opportunities among NMHEC members through meetings, trainings, workshops, and webinars. Members of the committee will plan general coalition meetings, networking opportunities, and will support the board in coordinating the annual summit.

Committee Activities:

- Events/meetings
- Trainings and workshops to be held

Activities	Metric (measures of success)	Frequency	Timeline/Deadline
Education & Professional Development Activities:	# registered # participants 80% satisfaction /approval upon review of survey data (to measure meeting quality)	Twice per year	By December 31 & June 30
Coalition Meetings:	# registered # participants 80% satisfaction /approval upon review of survey data (to measure meeting quality)	3 per year	Fall, Spring (April Minority Health Month), Summer
Impact Summit 1-day summit: Building community and academic partnerships.	# registered # participants 80% satisfaction /approval upon review of survey data (to measure meeting quality) to include take-a-ways: call to action, tools, session objectives Secure 2 sponsors	1 per year (suggested Minority Health Month or during/close to legislative session)	By Spring 2021

**Public Policy**

The Public Policy workgroup aims to gather input from coalition members on **policies and practices that may be addressed by key decision-makers and policymakers**. In addition, the members of this committee will be instrumental in developing educational material on important issues for stakeholders.

Committee Activities:

- Work with NMHEC members and supporters who want to or are able to/ authorized to advocate on certain policy issues
- Identify NMHEC policy priorities
- Provide advocacy training to coalition members

Activities	Metric (measures of success)	Frequency	Timeline/Deadline
Identify NMHEC policy priorities	Conduct policy priority survey  Committee prepares recommendation for the board  Board votes and approves on policy priorities	September/October (odd years)  January (even years)  February (even years)	September/October (odd years)  January (even years)  February (even years)
Develop policy briefs on priority issues Inform legislators on BDRs (before session) Inform legislators on bills (during session)	2 policy briefs developed	June/July (even years)	June/July (even years)
Offer legislator meet & greet	1 meet and greet conducted Number of people attended Number of legislators attended	Every other year before each legislative session	During the biennial session
Provide Advocacy Training to coalition members	1 training held Advocacy training provided to coalition members Number of members trained	November/December (even years)	November/December (even years)
Track bills that support identified NMHEC policy priorities .	Number of bills determined to improve minority health and equity that are prioritized by the coalition Number of bills passed/failed	Oct (even year)-June (odd year)	During the legislative session

	Number of written and verbal testimonies provided on legislation		
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**Communications**

The Communications workgroup aims to increase the awareness of health disparities affecting Nevadans and foster collaboration among academic and community partners.

Committee Activities:

- Develop a Communication and Dissemination Plan as a guiding document for the coalition
- Determine what content we want to communicate
- Methods of communication
- Develop social media guidance
- Provide recommendations to update website

Activities	Metric (measures of success)	Frequency	Timeline/Deadline
Social Media	Cumulative of all the posts Engagements Impressions Reach Clicks Likes Growth over time across platforms	Monthly	By December 31.
Newsletter	3 newsletters # of newsletters sent # of opens # of clicks	3 times per year	October 1 April 1 (Special edition for Minority Health Month) July 1
Media	4 published media efforts (both external media and internal media within UNLV news) Articles Letters to the editor Other free media (Newspaper, TV, Radio/Podcasts)	Quarterly	By December 31
Website	1,000 page views Total page visits (overall NMHEC pages) Analysis of top pages visited, top links clicked, and original source that led user to website	Monthly	By December 31
Email Engagement	24 emails to engage members Average # of opens Average # of clicks	2 per month	By December 31

### Research and Evaluation

The Research and Evaluation Workgroup aims to support engagement between researchers and community organizations, forming partnerships that support research and implementation efforts to increase health equity. Members of this workgroup also support the evaluation of NMHEC activities by helping to inform priority areas, develop metrics, and measure progress toward meeting NMHEC’s goals and objectives.

The Research and Evaluation Workgroup is in charge of guiding the development of priority areas and ensuring that the coalition work aligns with our mission.

Committee Activities:

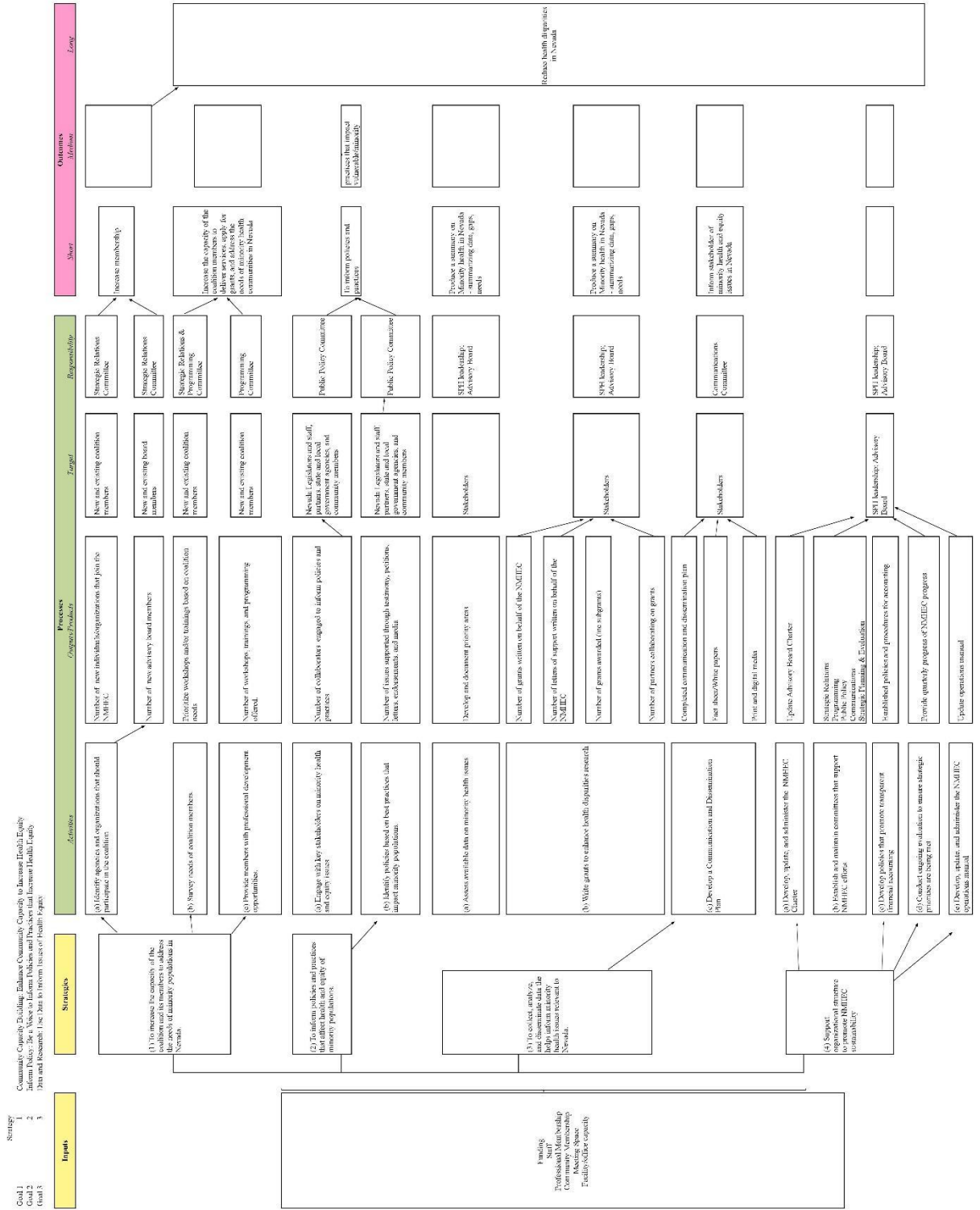
- Help inform priority areas
- Develop metrics
- Evaluate progress towards meeting goals and objectives

Activities	Metric (measures of success)	Frequency	Timeline/Deadline
Develop a 2-year strategic plan for 2022-2023	Completed Plan	Biennially	Complete by March 2022
Conduct evaluation of NMHEC	Completed Evaluation	Quarterly	April (Jan-Mar) July (Apr-Jun) October (Jul-Sept) January (Oct-Dec)
Develop an evaluation form for trainings, professional development, & workshops	1 evaluation form developed	One time, update as needed	Complete by March 2022
Develop a peer-reviewed publication related to a NMHEC project	1 peer-reviewed publication developed	Annually	By December 31
Develop and distribute a flyer to promote the Research and Evaluation Workgroup to faculty	1 flyer developed and distributed	One time, update as needed	By December 31
Hold a research collaboration networking session for faculty	1 session held	Annually	By December 31

*Health is more than absence of disease; it is about economics, education, environment, empowerment, and community. The health and well-being of the people is critically dependent upon the health system that serves them. It must provide the best possible health with the least disparities and respond equally well to everyone.*

*~ Jocycelyn Elders*

# APPENDIX A : LOGIC MODEL



## REFERENCES

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