ActivateCare

NEVADA COMMUNITY HEALTH EQUITY PROJECT

Brief Report

January 2025

CareSource

Purpose

Many factors can impact our health and well-being, including our neighborhoods, homes, jobs, education quality, healthcare access, and support networks. These factors are called social drivers of health (SDOH). For certain historically marginalized communities, these SDOH factors are often worse, leading to poorer health outcomes and health disparities.

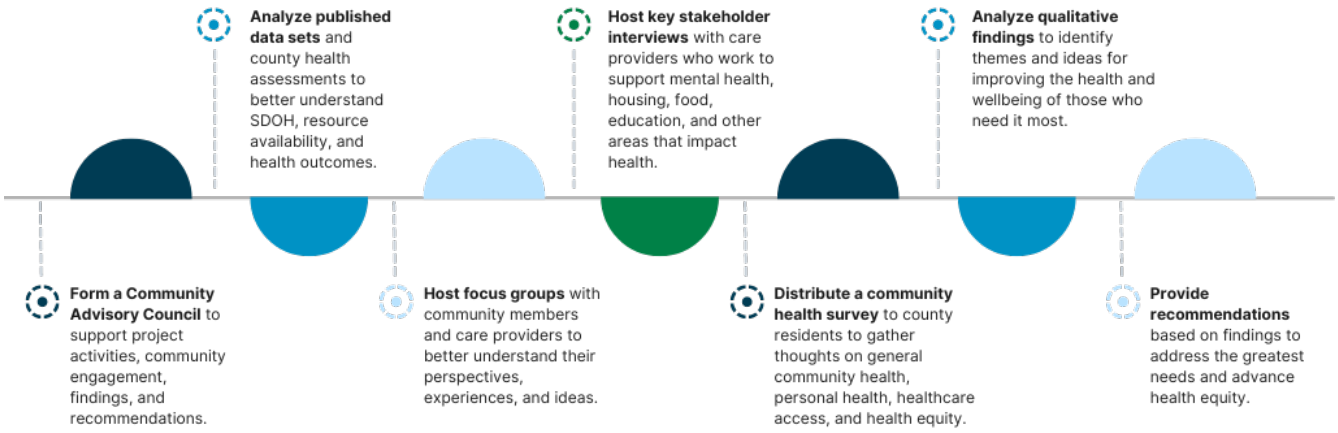
With a focus on certain areas of health and SDOH, including behavioral and mental health, housing and homelessness, maternal health, rural health, and telehealth, we invited community members from Clark, Nye (and surrounding rural communities) and Washoe Counties to participate in focus groups, key stakeholder interviews, and a community health survey to share their experiences and perspectives on the community's strengths and challenges in these focus areas.

What is Health Equity?

"The attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health care disparities."

Healthy People 2030

Methods



Total Participation

157
Community Members

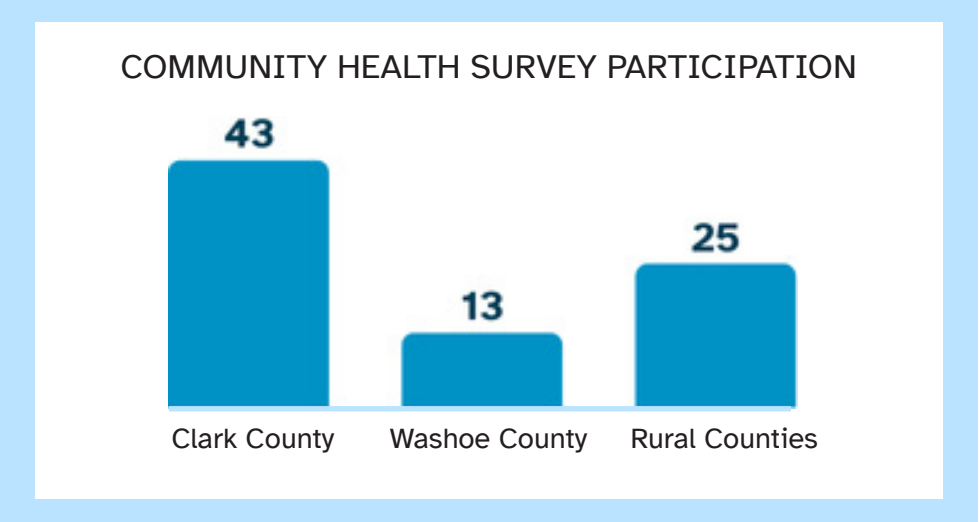
Community Advisory Council

The Community Advisory Council comprised 11 key stakeholders across Clark, Nye, and Washoe Counties who represented diverse communities, populations, and SDOH domains. The council provided insight and guidance throughout the project on our research approach and methodology, community engagement, and data interpretation.

> "I think one of the mistakes we often make is that we assume that we know what communities need, and sometimes we will insert a strategy or a project, that has great intentions, but may not be exactly what that local community needs."
>
> Key Stakeholder

Community Health Survey

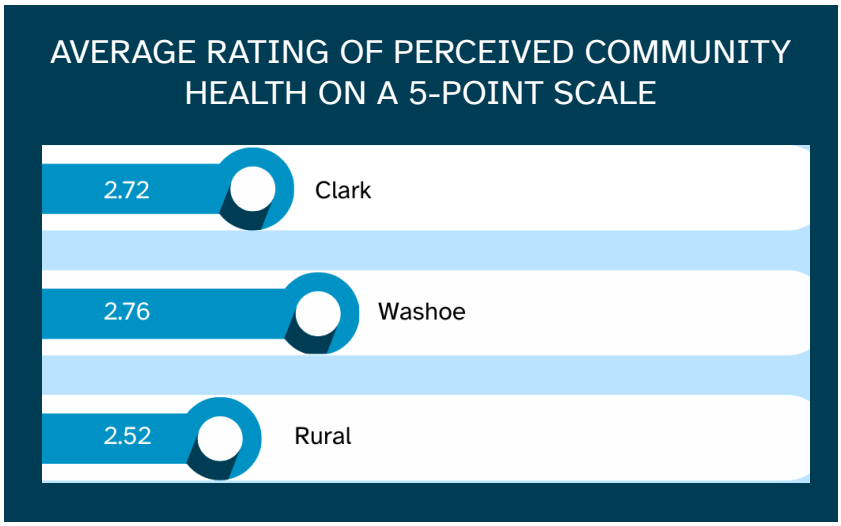
The community health survey included 24 closed-ended questions that asked community members questions related to general community health, personal health, healthcare access, health equity, and experiences with discrimination.



Key Survey Takeaways

Community Health

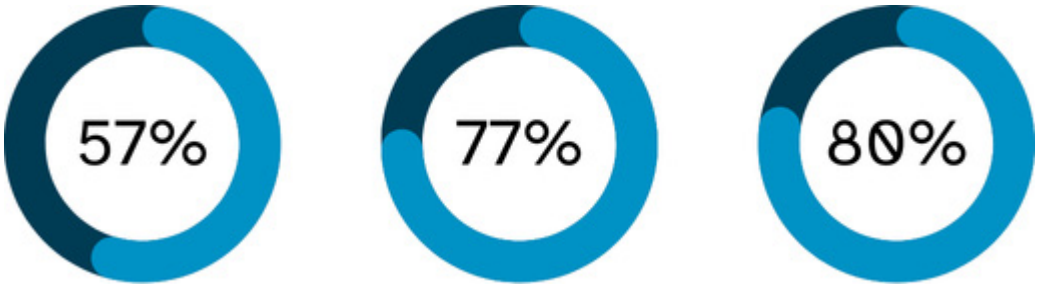
Addiction and substance misuse, followed by **mental health problems** (e.g. depression, anxiety, isolation, and feeling overwhelmed) were considered by participants to be the worst health problems in their community.



Access Barriers

Access to **lower cost housing** was the top priority for participants across the three regions.

PERCENT OF SURVEY PARTICIPANTS RANKING SAFE AND LOW COST HOUSING “VERY DIFFICULT” TO ACCESS



Clark County | Washoe County | Rural Counties

Although nearly half of Clark and Washoe participants indicated that they go to a doctors office when sick or injured, around a quarter of participants in both counties indicated that they **“don’t seek medical attention”** when sick or injured. This could be due to the lack of trust of the medical system.

Cost presented as the leading barrier to medical care and prescription medications for participants across all three regions; while **lack of trust, unaware of where to go, and transportation** were additional leading barriers for medical care and mental health care.

Compared to urban residents, rural residents reported **less social isolation, higher health literacy, and greater access to nutritious foods**. On the contrary, rural residents face **greater barriers to accessing healthcare services** than their urban counterparts.

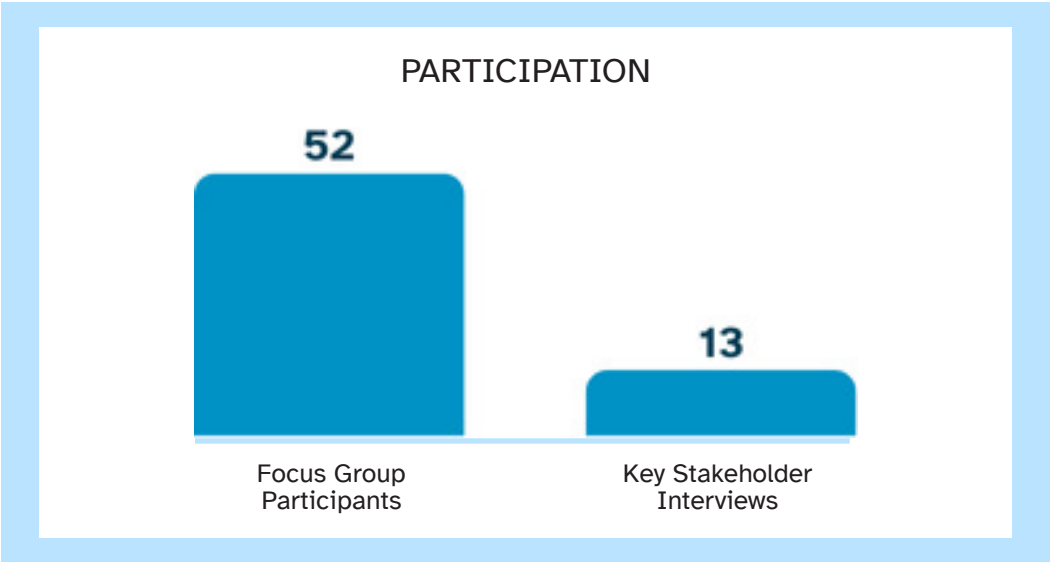
Health Equity

Female and BIPOC survey participants reported higher level of difficulty accessing health-related social needs care compared to the general population of participants.

When attributing **experiences of discrimination** to demographic factors, **race** was the leading attributable factor for participants of Clark County, while **education/income and physical or cognitive ability** were the leading factors in Washoe County and **age** was the leading factor in the rural counties.

> “I’m scared to put that I have insurance and I'll just get the bill. I'd rather not put that I have Medicaid so they'll treat me better. Just send me the bill and then I'll have Medicaid pay for it. I've done that like three times. Just because I don't want you to know that I carry that blue card, 'cause you have no love.”
>
> Focus Group Participant, Clark County

Focus Groups and Key Stakeholder Interviews



Findings

For each of the focus group and stakeholder topic areas, data was analyzed using a Thematic Analysis approach to create themes and key takeaways related to strengths, challenges, and recommendations in the given area. Below, each of the following topic areas have 3 sections. The sections are defined as the following:

- **Strengths**: Community resources or services that are helpful or supportive
- **Challenges and barriers to care**: Aspects that prevent individuals from accessing or utilizing social or health care related to the given topic area
- **Strategic recommendations**: Strategies that a health plan or managed care organization can use to help address the challenges and use the strengths to improve outcomes for the population of interest.

Please note that not all of the groups or areas mentioned were studied in every county. The strengths, challenges, and suggestions below may be relevant to many places, but they are specific to the county where the group was part of the study. The list below highlights the main ideas that were shared.

**Note: "Urban Nevada" includes data from Clark and/or Washoe counties, and "Rural Nevada" includes data from Nye and surrounding rural counties.*

"Mortality is a simple way. We've always measured it like that, but it's the things that people are living with that are sometimes a much bigger deal than those that they're dying from...We need to measure that as well."

Community Advisory Council member

Behavioral and Mental Health in Urban Nevada

STRENGTHS

- Several trusted mental health facilities and programs foster support networks
- Trusted SDOH resources, such as programs that offer assistance with food, housing, employment, and other non-medical needs are beneficial

CHALLENGES AND BARRIERS

- Medicaid beneficiaries often experience gaps in coverage for key mental or behavioral health services
- Behavioral and mental health workforce shortages in certain areas have negative impacts on care quality and access
- Specific populations (e.g., youth, middle-aged adults, and minority groups) report experiencing added challenges due to limited resources, access barriers, and poorer treatment
- Awareness and misconceptions about mental health lead to roadblocks in care

"We are almost last in the majority of behavioral health services throughout the United States. We have overworked and overwhelmed psychiatry that then leads to overprescribing and not really addressing the issues that we have so that then becomes this hindrance."

Key Stakeholder, Clark County

COMMUNITY-DRIVEN STRATEGIC RECOMMENDATIONS FOR A HEALTH PLAN

- Enhance peer support opportunities through direct provision or integration with existing CBOs and programs
- Expand wraparound and streamlined services for patients with complex needs
- Improve crisis response through supporting state and local efforts
- Strengthen preventative care initiatives (including dental and behavioral health)

Housing in Urban Nevada

STRENGTHS

- Helpful organizations facilitate access to housing and resources
- On-the-ground outreach efforts seek to address homelessness
- Local advocacy efforts promote housing access and fair treatment

CHALLENGES

- Disparities in housing access across racial and other groups
- Overall lack of safe, affordable housing
- Challenges with shelters, emergency housing, and housing programs
- Housing and health intersections - those who have both poor mental health and lack of safe, affordable housing can face worse outcomes for each

"Affordable housing...it's extremely difficult. We have, just like I'm sure a lot of other communities you talk to, outrageous cost of living. To find something that is cost appropriate is very difficult."

Key Stakeholder, Clark County

COMMUNITY-DRIVEN STRATEGIC RECOMMENDATIONS FOR A HEALTH PLAN

- Increase on-the-ground engagement and CBO collaboration to support housing
- Increase provider training and awareness on supporting patients with housing challenges
- Improve health plan benefits for unhoused community members
- Improve behavioral health support for those experiencing both mental health and housing challenges
- Directly fund and partner with housing support programs
- Advocate to reduce housing eligibility restrictions

Maternal Health in Urban Nevada

STRENGTHS

- Increased recognition and integration of doulas
- Impactful organizations that support maternal and child health
- Positive experiences with Medicaid-covered mental health care for pregnant and postpartum mothers

CHALLENGES

- Workforce challenges and maternal care deserts
- Maternal health disparities and lack of equity
- Lack of patient-centered care and experiences with stigma and discrimination
- Maternal mental health challenges
- Medicaid coverage challenges, including understanding eligibility, delayed enrollment, and poor knowledge of services of benefits

> "We have one of the highest rates in our country, Nevada as a state, our rate is abysmal for maternal and infant health."
>
> Key Stakeholder, Washoe County

COMMUNITY-DRIVEN STRATEGIC RECOMMENDATIONS FOR A HEALTH PLAN

- Foster CBO and community partnerships to improve support for pregnant and postpartum patients
- Improve the involvement of both the clinical and non-clinical maternal workforce, such as doulas
- Increase MCO visibility and plan awareness to patients to ensure they are utilizing all necessary services and covered benefits
- Provide value-added services for maternal health in collaboration with community-based partners

"What I have noticed in our city is that there is a critical lack of diversity in healthcare professionals. Not only existing healthcare professionals, but also people who are going into the healthcare field. I spoke recently at a nursing conference. It was to about 600 nurses just graduating. So looking out at 600 nurses, so I saw about two or three [who were Black], and everyone else was either female and either white or Asian. That's a problem in Black maternal health. If I look at it through that lens, it's a really big problem. I'm certainly not suggesting that you have to be Black to give Black women good health care. [But] I know that we all understand that more diversity and inclusion across all sectors improves health outcomes. So that's a problem."

Key Stakeholder, Clark County

Nearly 50% of Nevada's counties can be classified as "maternal care deserts," lacking hospitals or birth centers with obstetric care and obstetric providers, compared to just over 30% for the US average (Where You Live Matters: Maternity Care in Nevada 2023). This is a significant issue in Nevada's rural and frontier areas, forcing pregnant women to seek care in Reno or Las Vegas and more often than not, going without important monitoring and prenatal care.

Rural Health in Nye and Surrounding Counties

STRENGTHS

- Close-knit communities foster strong support for neighbors
- Despite provider shortages, locally respected and trusted providers are strongly relied on
- Telehealth, where available, increases access to care

CHALLENGES

- Lack of transportation and geographic isolation exacerbate access issues
- SDOH resources to support health-related social needs are more scarce
- There are major healthcare deserts for both physical and behavioral/mental health
- Residents experience bias and stigma from some providers

> "One of the problems that we're experiencing here locally in Pahrump with healthcare is an ever-evolving turning primary care providers. The majority of primary care comes from Las Vegas. They come here long enough to build up their case load and once they've got it built they're back in Las Vegas. And so it is the rare person here that has a primary care provider that they've known for very long."
>
> Key Stakeholder, Nye County, Pahrump

COMMUNITY-DRIVEN STRATEGIC RECOMMENDATIONS FOR A HEALTH PLAN

- Provide stronger transportation benefits for accessing healthcare
- Expand provider networks and increase access to healthcare facilities
- Address scarcity of SDOH resources through funding and partnerships
- Address trust and sustainability concerns with local communities

Telehealth in Urban and Rural Nevada

STRENGTHS

- Removes the need to travel for appointments
- Some prefer virtual over face-to-face interactions
- Supports court-ordered tele-mental health
- Typically offers more provider choices
- More convenient when facing competing priorities

CHALLENGES

- Limited broadband regionally
- High cost of internet
- Distrust of technology and/or provider - privacy concerns

> "We have some individuals who don't have a place of privacy. That's one of our requirements, we will do a session with you over the phone, but you have to be at a place where you can have privacy. And that's a little bit difficult for some folks because the kids are at home and the husband's at home, or they're using McDonald's Wi-Fi in order to connect to the telehealth session. So there's no privacy for them."
>
> Key Stakeholder, Rural

COMMUNITY-DRIVEN STRATEGIC RECOMMENDATIONS FOR A HEALTH PLAN

- Improve technology infrastructure
- Leverage available funding and policy opportunities to improve bandwidth and technology access
- Design tailored telehealth models regionally and increase awareness
- Train and support both patients and providers
- Address licensing and credentialing barriers
- Address reimbursement and incentive barriers

Conclusion

The Nevada Community Health Equity Project helped us to understand how social drivers of health can affect the health of different communities and demographics across the state of Nevada, with a specific focus on Clark, Nye and Washoe counties. We talked to a variety of community members and key stakeholders living and working in these different communities to better understand what works well in the community, the challenges people face, and ideas to improve access to care, promote health and wellbeing, and ultimately increase health equity for everyone. The experiences and community-driven ideas have been shared in greater detail with CareSource so that it can inform their Medicaid bid and shape their potential programs, policies, and advocacy to advance the health and well-being of their plan members.

Acknowledgements

We would like to thank all of the community members and health and social service providers of Carson City, Clark, Elko, Lyon, Nye, and Washoe counties for their participation in the focus groups, key stakeholder interviews, and community health survey and for providing rich perspectives and ideas. We would especially like to thank the service organizations that co-hosted focus groups with community members - Baby's Bounty (Clark County), Children's Cabinet (Washoe County), Nevada Homeless Alliance (Clark County), Nye Communities Coalition (Nye County), and Southern Nevada NAMI (Clark County). We would also like to thank the Nevada Community Health Equity Project Community Advisory Council for their strong contributions to the project and CareSource for their collaboration on the successful completion of this work.

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