

Steve Sisolak
Governor



Richard Whitley
Director

State of Nevada
**Department of Health and
Human Services**

Nevada Patient Protection Commission

Health Equity Plan

November 17, 2022



Helping people. It's who we are and what we do.



As information concerning health equity considerations continues to evolve, the Patient Protection Commission reserves the right to update or revise this Plan at any time. All Plan updates or revisions will be considered from the Chair, Commissioners, Commission staff, or the general public. All appropriate Plan updates or revisions will be properly agendaized at a regularly scheduled Commission meeting to ensure open, public discussion and input from all Commissioners.

Feedback is welcome from the general public in an effort to continuously improve this plan and support the Commission's statement to health equity. Please email all feedback regarding this Plan to: ppcinfo@dhhs.nv.gov.





Background on Health Equity

Health equity is achieved when every person has the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances. Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment. (Source <https://www.cdc.gov/chronicdisease/healthequity/index.htm>)

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. (Source <https://www.who.int/about/governance/constitution>)





2021 Nevada Minority Health Report

Nevada's health disparities can be seen in the number and populations that acquire certain chronic diseases. Chronic disease such as heart disease, stroke, some cancers, respiratory disease, diabetes and liver disease represent five of the top 10 leading causes of death within our state. In Nevada, these health problems are most often found among American Indians, Asian Pacific Islanders and Blacks of non-Hispanic descent.

Source:

[https://dhhs.nv.gov/uploadedFiles/dhhsnv.gov/content/Programs/Office_of_Analytics/Minority%20Health%20Report%202021\(2\).pdf](https://dhhs.nv.gov/uploadedFiles/dhhsnv.gov/content/Programs/Office_of_Analytics/Minority%20Health%20Report%202021(2).pdf)



Patient Protection Commission Commitment to Health Equity

Mission, Vision and Values

“The Commission is designed to provide a forum for all stakeholders to come to the table and work together on the critical task of improving health care access and affordability in Nevada,”

-Governor Sisolak

The PPC is charged with **examining disparities in the quality and cost of health care** between different groups, **including minority groups and other distinct populations in Nevada.** [NRS 439.916.1\(d\)](#)

- *To demonstrate the PPC’s commitment to **health equity** through its work, the PPC is proposing an action plan to ensure health equity is a core component of the Commission’s current prioritized work to examine affordability and cost containment.*



Patient Protection Commission

Guiding Principles for Integrating Health Equity

- ❖ The PPC recognizes the **ubiquity of health inequities** in Nevada and is dedicated to reducing and eliminating those inequities to achieve its mission of improving health care access and affordability in Nevada.
- ❖ The PPC will employ health equity concepts in **all aspects** of its work.
- ❖ The PPC's work will be informed by a **diverse group** of stakeholders who each bring unique value to the Commission.
- ❖ The PPC will **educate itself** about health inequities and potential health policy solutions.
- ❖ The PPC will **actively collaborate** with other state agencies and organizations working towards health equity.



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Strategies to Advance Health Equity

1. Design and implement the Health Care Cost Growth Benchmark with equity considerations
 - ***Identify and Collect Data***
 - Medicare, Medicaid, Commercial, Veterans Health Administration, and State Correctional System
 - ***Phase I and Phase II Analyses***
 - Analyze price disparities among providers by geography
 - Include household wages in formula
2. Monitor to ensure the Cost Growth Benchmark does not unintentionally cause any health inequities
3. Within the scope of the Commission, ensure governing bodies are representative of the state's demographics
4. Invite the [Nevada Office of Minority Health and Equity](#) (NOMHE) to present information and potential strategies to the Commission for framing policy solutions through a health equity lens



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Resources

- Nevada Department of Health and Human Services, Director's Office, Office of Minority Health and Equity
 - <https://dhhs.nv.gov/Programs/CHA/MH/>
- World Health Organization (WHO). (2022). Constitution.
 - <https://www.who.int/about/governance/constitution>
- Centers for Disease Control and Prevention (CDC). (2022). *What is Health Equity*.
 - <https://www.cdc.gov/healthequity/whatis/index.html>
- WHO. (2022). Health inequities and their causes.
 - <https://www.who.int/news-room/facts-in-pictures/detail/health-inequities-and-their-causes>
- America's Health Rankings. (2021). *2021 Annual Report*.
 - <https://www.unitedhealthgroup.com/content/dam/UHG/PDF/2021/America%27s-Health-Rankings-2021-Annual-Report.pdf>

