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Nevada Patient Protection Commission

**Health Equity Plan**

**DRAFT**



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



# Background on Health Equity

**Health equity** is a basic principle of public health in which all people have the right to reach their full health potential.

- **Health:** a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

**Health** is a product of **personal choices** (diet, exercise, not smoking), **good health care** (access and quality), and **social and economic opportunities** (community support, quality of schooling, neighborhoods, cleanliness of water, access to healthy foods, clean air, etc.), which have an impact on the health equity of Nevadans.





## Background on Health Equity, cont.

**Health equity** is achieved when *everyone*, regardless of race/ethnicity, gender, income, creed, sexual orientation, age, geography, or disability status has an opportunity to attain his or her full health potential and no one is disadvantaged because of social position or other socially determined circumstances (e.g., government policies, corporate decisions, neighborhood action, media tactics, etc.).

When socially determined circumstances lead to differences in health outcomes, there are health inequities.

- **Health Inequities:** *preventable* differences in health status or in the distribution of health resources between different population groups, arising from the social conditions in which people are born, grow, live, work and age.





# Health Inequities in Nevada

There are significant health disparities in Nevada from the state level down to the individual level.

- **Geographic**

- In 2019-2020, Nevada had the lowest amount of public health funding nationwide at \$72 per person while the District of Columbia had the highest at \$874 per person.
- A large proportion of Nevada is rural which can contribute to a lack of access to health care providers, medical facilities, safe places to walk, and fresh, healthy foods.

- **Primary Care Providers**

- In 2021, Nevada had the lowest number of primary care providers per 100,000 population at just 191.1 while the District of Columbia had the highest at 494.0

- **E-cigarette Use**

- In 2020, 6.7 percent of Nevadans reported using e-cigarettes.

- **Non-medical Drug Use**

- In 2021, 17.2 percent of Nevadans reported using prescription drugs non-medically or illicit drugs (excluding cannabis).





# Highlights from the *2021 Health Disparities Report*

- A 13 percent increase in low birthweight in Hispanic infants between 2003-2006 and 2016-2019 from 6.7 percent to 7.6 percent.
- A 64 percent increase in food insecurity in households headed by an adult with a high school education between 2003-2007 and 2015-2019 from 9.8 percent to 16.1 percent.
- A 31 percent increase in physical inactivity in Hispanic adults between 2011-2013 and 2017-2019 from 25.3 percent to 33.1 percent.
- An increase in income inequality since 2011, although the ratio is still lower than the national ratio
  - Nevada (4.36) vs United States (4.85)
  - Healthiest state: Utah (3.70)
  - Least-healthy state: New York (5.74)





# The PPC's 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 work to examine affordability and cost containment.





# Guiding Principles for Integrating Health Equity into the PPC's Work

- ✓ 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.





# Strategies to Advance Health Equity

- 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
- Monitor to ensure the Cost Growth Benchmark does not unintentionally cause any health disparities
- Ensure governing bodies are representative of the state's demographics
- 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>
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  - <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>