

COUNTY HEALTH RANKINGS 2015

Joseph P. Iser, MD, DrPH, MSc

Chief Health Officer, Southern Nevada Health District

Introductions and Welcome

OVERVIEW OF TODAY'S MEETING

Welcome and Introductions, Joseph P. Iser, MD, DrPH, MSc

What is the County Health Rankings? Nancy Williams, MD, MPH

1. Summary of 2015 Clark County Health Rankings, Nancy Williams, MD, MPH

2. Utilization of County-Level Data for Community Health Improvement in Southern Nevada-Ying Zhang, PhD, MPH

3. Partnerships to Improve Community Health-Deborah Williams, MPH

4. Supporting Community Health Improvement in Southern Nevada, Demetria Patton, JD

INTRODUCTIONS

Introductions – Who is here today and have you used County Health Rankings in your community?

If you used the Rankings did you 1) Looked at the data only 2) Used the rankings to engage partners 3) Use data to inform work 4) Use rankings as a call to action or solicit funding

Reflection question: *During the presentation can you think of any key stakeholders you need to share this information with?*

Next Dr. Williams will provide an overview of the County Health Rankings

**County Health
Rankings & Roadmaps**

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

COUNTY HEALTH RANKINGS 2015

Nancy Williams, MD, MPH

Medical Epidemiologist, SNHD

Introduction to the County Health Rankings



Support
provided by

Robert Wood Johnson
Foundation



OUTLINE

Why Rankings?



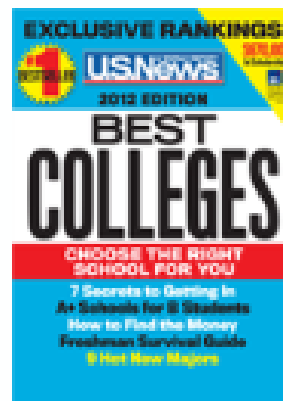
Rankings: Model and Measures

Roadmaps: Moving Forward with Action

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program



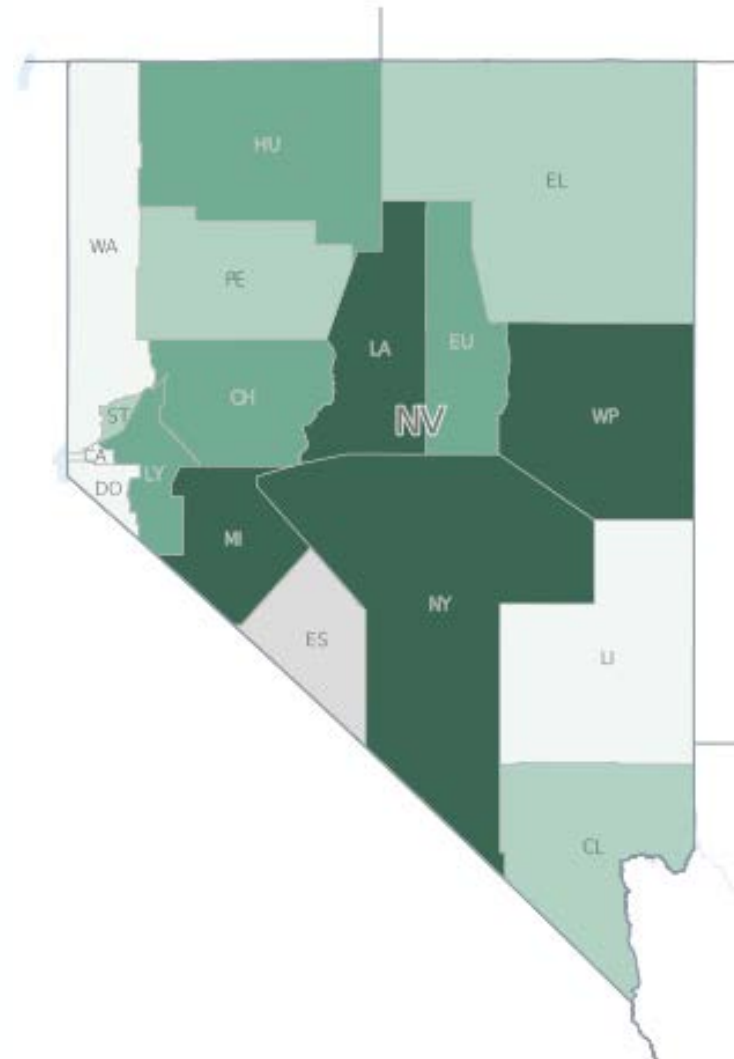
WHY RANK?

- ▶ Simplify complex data



WHY RANK?

- ▶ Simplify complex data
- ▶ Media coverage
- ▶ Add context



WHY RANK?

- ▶ Simplify complex data
- ▶ Media coverage
- ▶ Add context
- ▶ Call to action



WHY RANK?

- ▶ Simplify complex data
- ▶ Media coverage
- ▶ Add context
- ▶ Call to action
- ▶ Starting point



County Health Rankings Logic Model



OUTLINE

Why Rankings?

Rankings: Model and Measures



Roadmaps: Moving Forward with Action

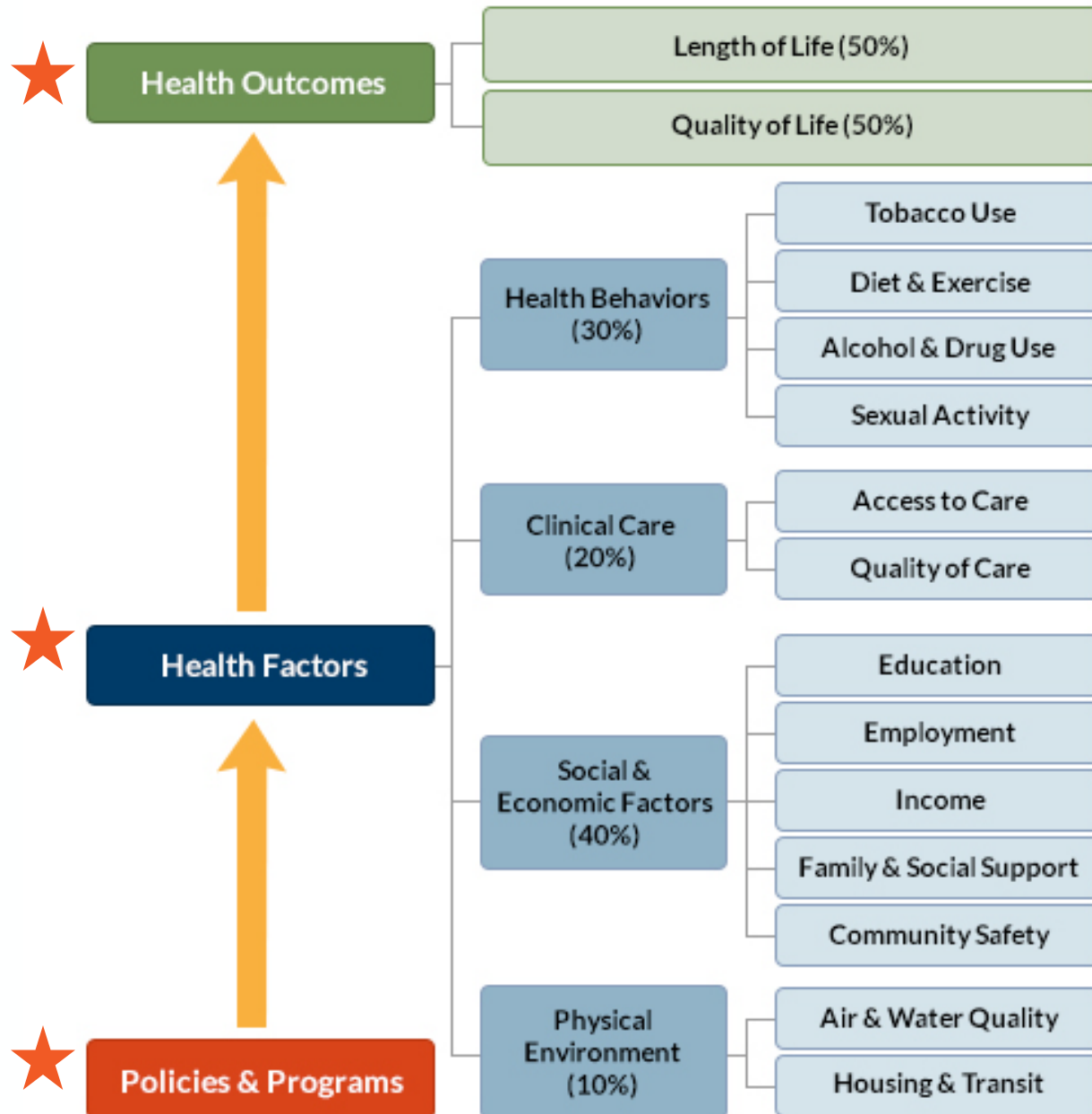
COUNTY HEALTH RANKINGS: 2 RANKINGS



County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program



HOW MEASURES ARE SELECTED

- ▶ Actionable measures
- ▶ Valid, reliable, recognizable
- ▶ County-level
- ▶ Free or low cost
- ▶ Up-to-date as possible
- ▶ Fewer measures better than more



County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

HEALTH RANKINGS ▾ ROADMAPS TO HEALTH ▾ RWJF CULTURE OF HEALTH PRIZE ▾ MORE ▾ Search

HOW HEALTHY IS YOUR COMMUNITY?

Search by county or select a state SEARCH



Choose a state to begin

VT
MA
CT
DE
DC
NH
RI
NJ
MD

See what affects health

Select a Measure ▾ Select your State ▾ GO

HOW CAN ROADMAPS TO HEALTH HELP YOU?



GET STEP-BY-STEP GUIDANCE FROM THE ACTION CENTER

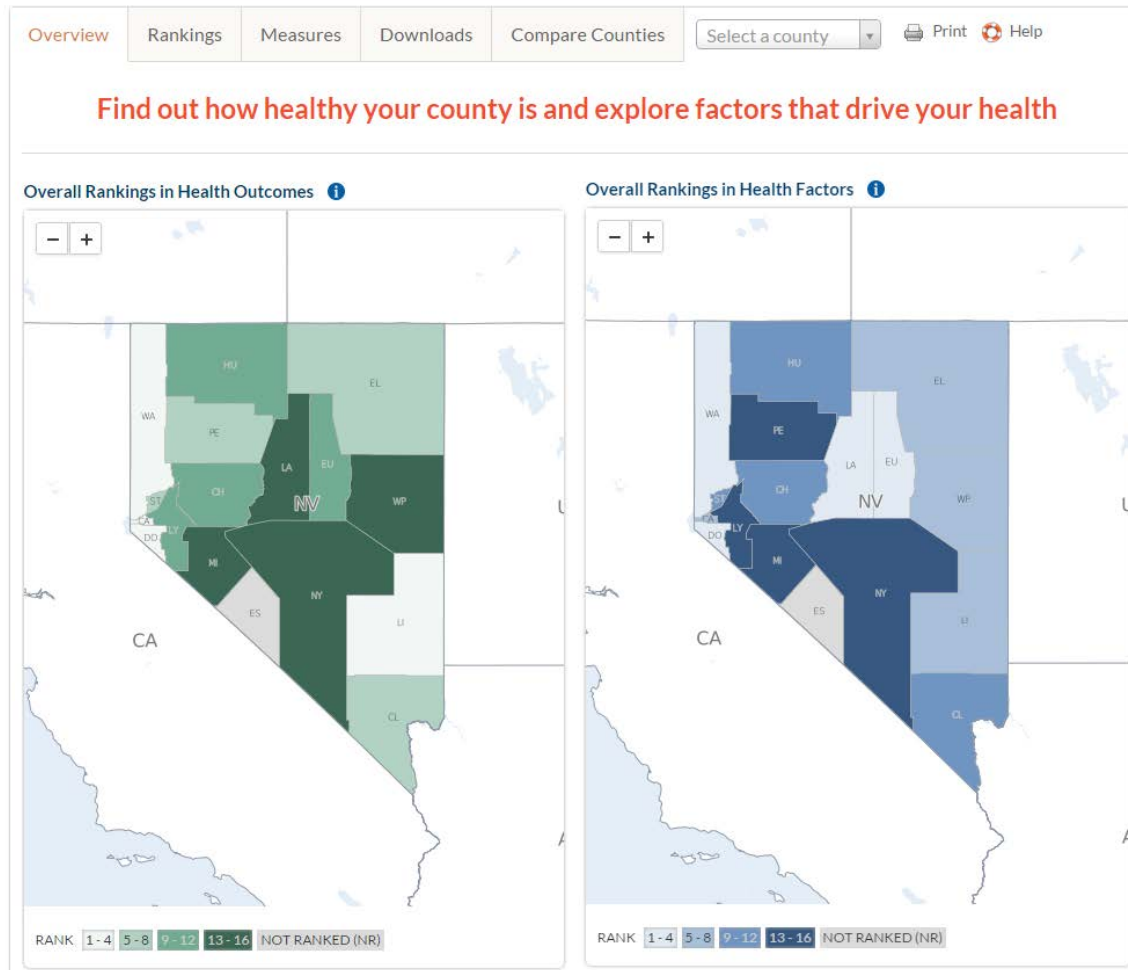
RWJF CULTURE OF HEALTH PRIZE



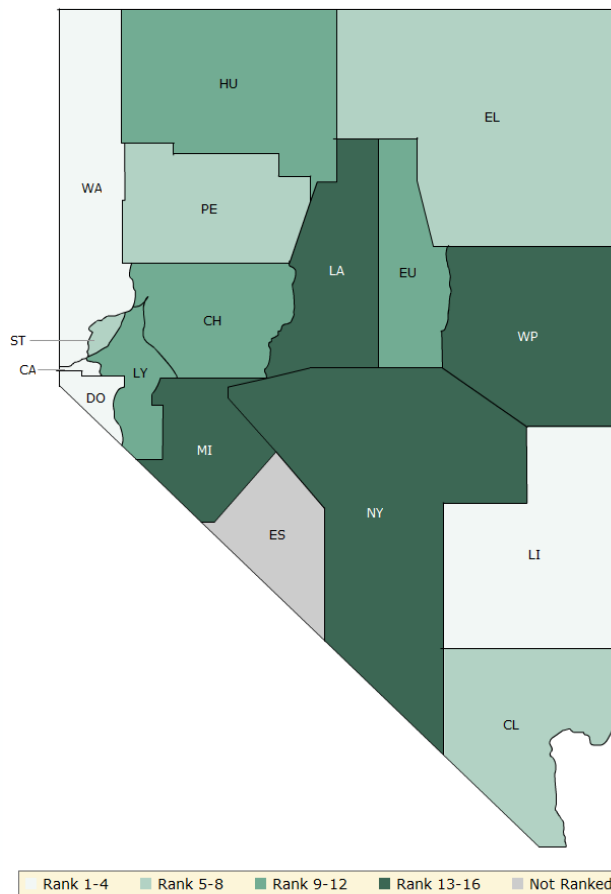
LEARN MORE

www.countyhealthrankings.org

2015 HEALTH OUTCOMES RANKINGS

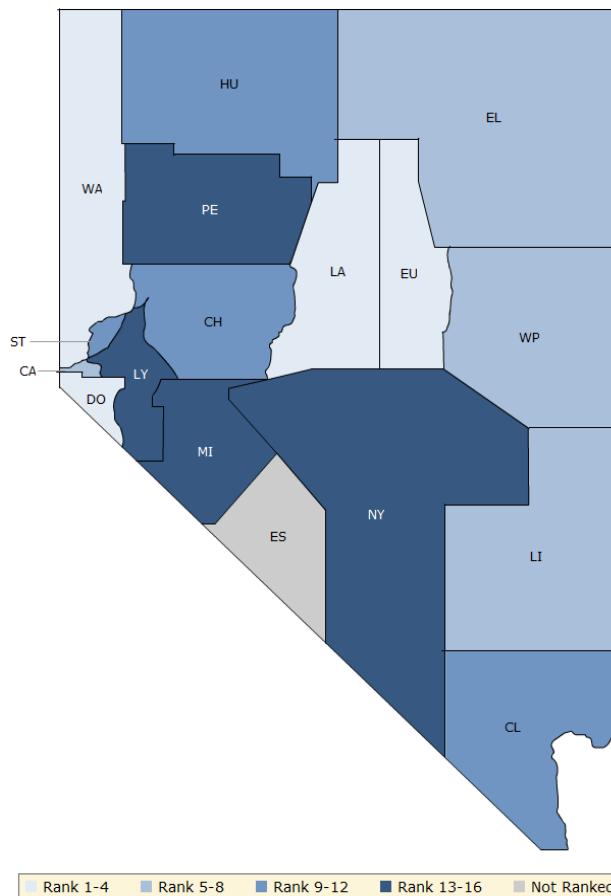


2015 HEALTH OUTCOMES RANKINGS



- ▶ Nevada overall
 - 1st: Lincoln County
 - 16th: Nye County
- ▶ Southern Nevada
 - Clark County (6th)
 - Esmeralda County (N/A)
 - Lincoln County (1st)
 - Nye County (16th)

2015 HEALTH FACTORS RANKINGS



▶ Nevada overall

- Douglas County (1st)
- Mineral County (16th)

▶ Southern Nevada

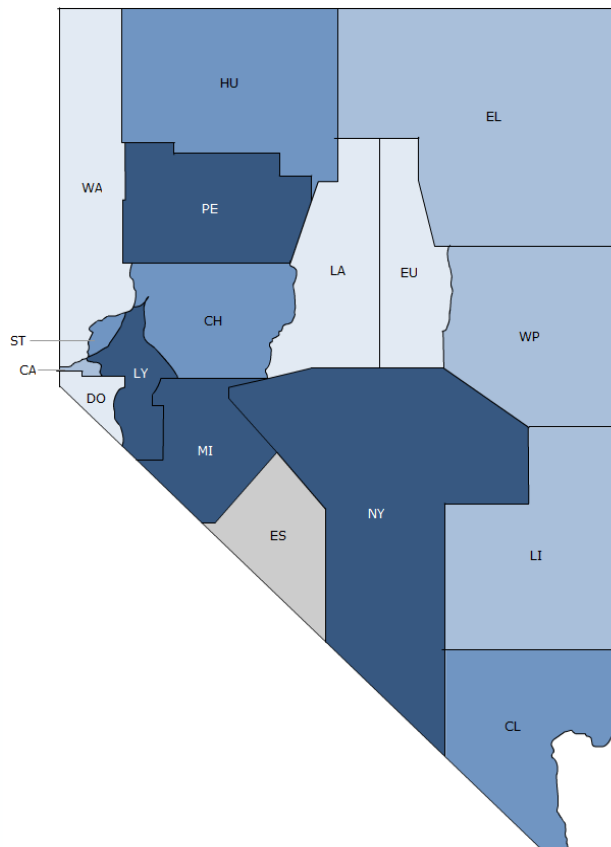
- Clark County (12th)
- Esmeralda County (N/A)
- Lincoln County (8th)
- Nye County (15th)

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

WEBSITE – LIVE DEMO



<http://countyhealthrankings.org/>

MEASURING PROGRESS

- ▶ Use ranks as tool
- ▶ Change and data take time
- ▶ Learn more about what you can do measure progress at www.countyhealthrankings.org/measuring-progress



OUTLINE

Why Rankings?

Rankings: Model and Measures

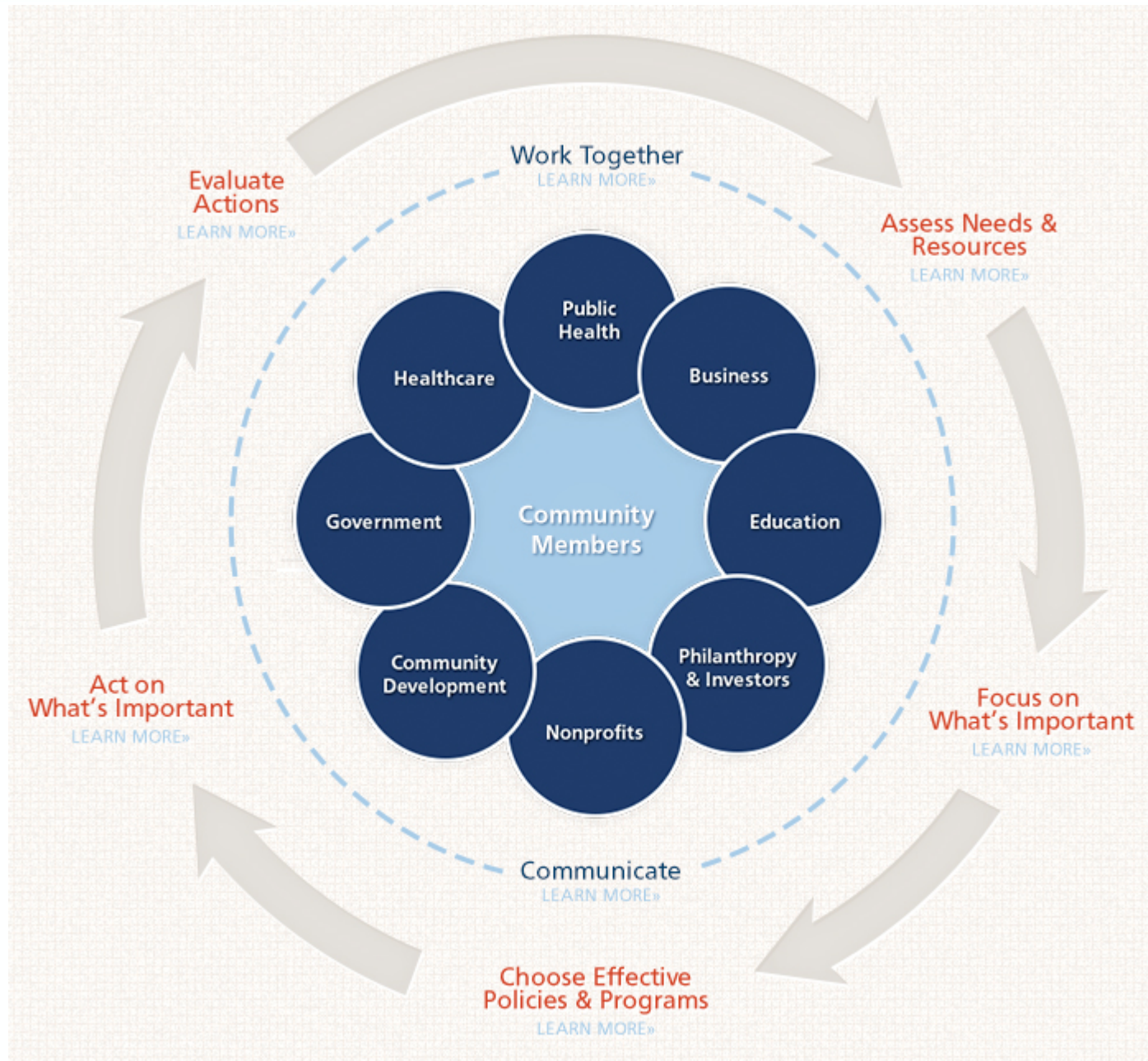
Roadmaps: Moving Forward with Action



County Health Rankings & Roadmaps

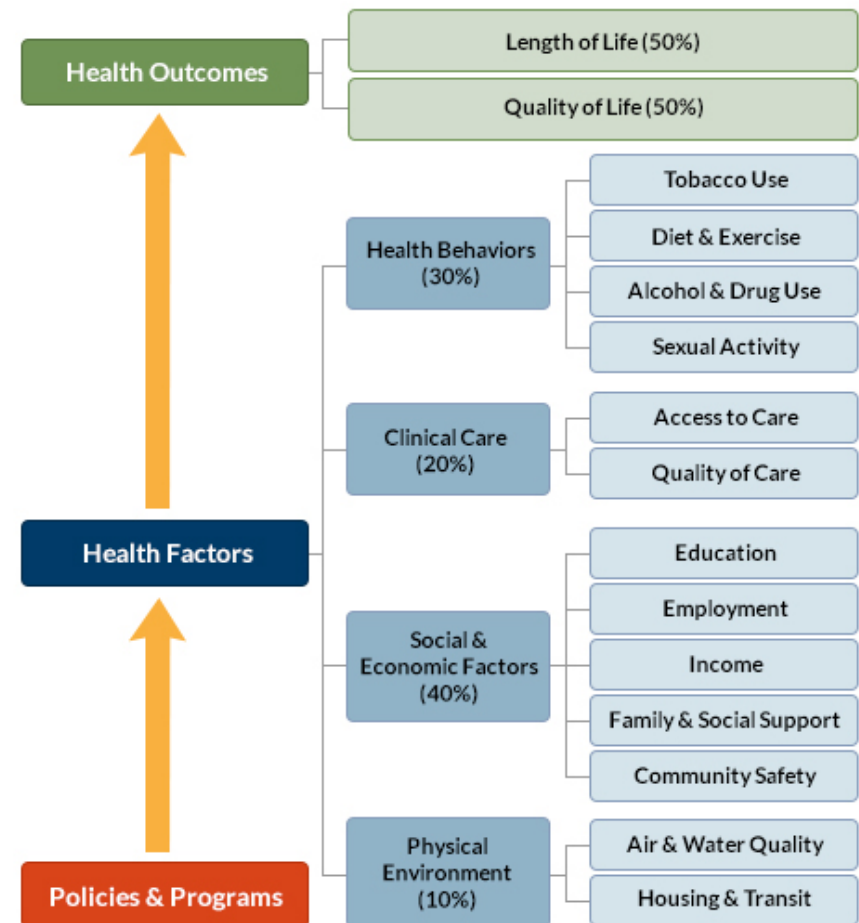
Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program



FOUNDATION OF ROADMAPS

- ▶ It takes everyone
- ▶ Move quickly to the left side of the cycle to take action
- ▶ Evidence-informed action
- ▶ Focus across the health factors—including social and economic factors
- ▶ Policy, systems, and environmental change



WHAT WORKS FOR HEALTH

Find effective programs and policies at

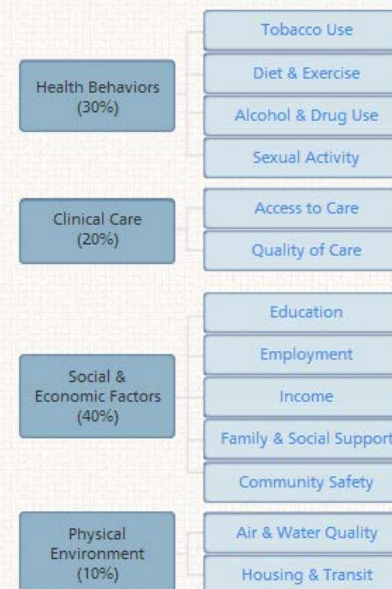
<http://www.countyhealthrankings.org/roadmaps/what-works-for-health>

What Works for Health

What Works for Health provides communities with information to help select and implement evidence-informed policies, programs, and system changes that will improve the variety of factors we know affect health.

WANT TO LEARN MORE? - View our 4 minute [What Works for Health Tutorial](#).

To learn more about strategies that could work in your community, select a health factor of interest (the light blue boxes on the far right) in the model below.



County Health Rankings model ©2012 UWPHI

OTHER HEALTH RANKINGS

- ▶ Center for Disease Control & Prevention (CDC) also offers county-level rankings
- ▶ Community Health Status Indicators (CHSI)
 - County-to-county comparisons, but...
 - Not confined to other counties within the state
 - Compares U.S. counties similar in population size and other factors

wwwn.cdc.gov/communityhealth

OTHER HEALTH RANKINGS

- ▶ America's Health Rankings (United Health Foundation)
 - State-by-state comparisons
 - Includes separate Senior health rankings

<http://www.americashealthrankings.org/>

SUMMARY – COUNTY HEALTH RANKINGS

County Health Rankings...

- ▶ Can be an incentive for communities to take action
- ▶ Are an organized source of health outcome and health factor data, trends, and comparisons
- ▶ Can be combined with other data sources and evaluation tools to achieve even more robust assessments of communities' health status

COUNTY HEALTH RANKINGS 2015

Ying Zhang, PhD, MPH

Senior Scientist, SNHD

*Utilization of County-Level Data for Community
Health Improvement in Southern Nevada*



Support
provided by

Robert Wood Johnson
Foundation



County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

What We Do With County Health Rankings

COMMUNITY HEALTH ASSESSMENT

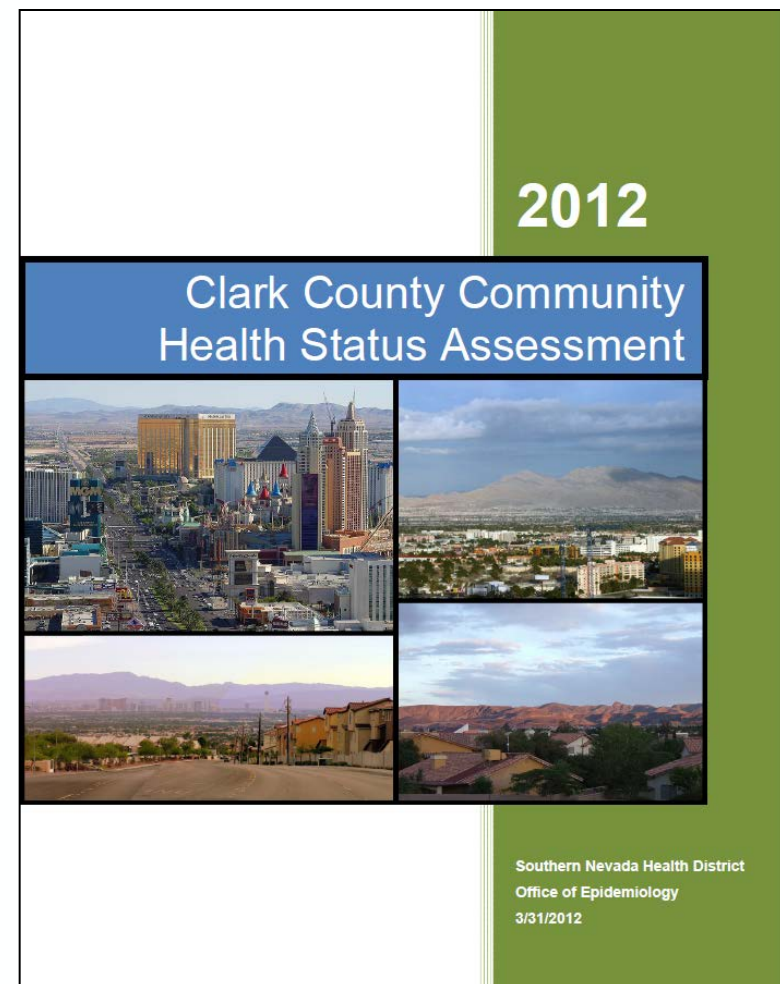
- ▶ Community Health Status Assessment
 - Information about the health of our residents and factors important to our community health status
- ▶ Community Themes and Strengths Assessment
 - What is important to our community, how quality of life is perceived by community members, and what assets we have that can be used to improve community health
- ▶ Forces of Change Assessment
 - What influence and change the health and quality of life and the local health system
- ▶ Local Public Health System Assessment
 - The competencies, capacities, and future directions of our local public health and health care delivery systems

COMMUNITY HEALTH ASSESSMENT

- ▶ **Community Health Status Assessment**
 - Information about the health of our residents and factors important to our community health status
- ▶ Community Themes and Strengths Assessment
 - What is important to our community, how quality of life is perceived by community members, and what assets we have that can be used to improve community health
- ▶ Forces of Change Assessment
 - What influence and change the health and quality of life and the local health system
- ▶ Local Public Health System Assessment
 - The competencies, capacities, and future directions of our local public health and health care delivery systems

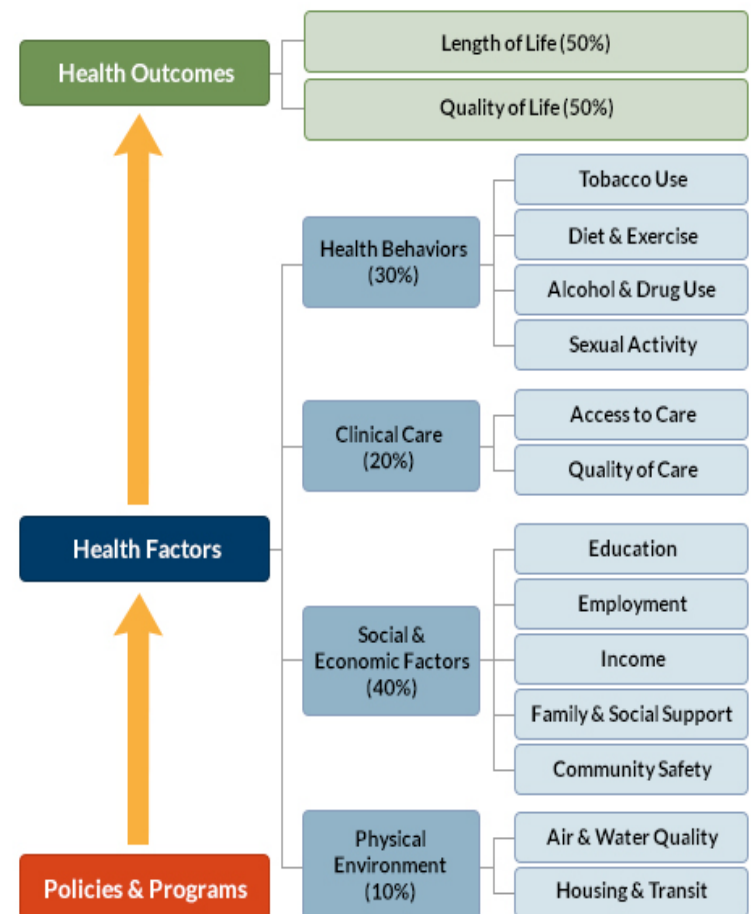
CLARK COUNTY COMMUNITY HEALTH STATUS ASSESSMENT

- ▶ First drafted in 2012
- ▶ Updates in progress



CLARK COUNTY COMMUNITY HEALTH STATUS ASSESSMENT

- ▶ Demographic Characteristics
- ▶ Socioeconomic Characteristics
- ▶ Health Resource Availability and Quality
- ▶ Quality of Life
- ▶ Environmental Health Indicators
- ▶ Maternal and Child Health
- ▶ Health Status
- ▶ Communicable Disease



HEALTH OUTCOMES

	Clark County	Top US Performers	Nevada	Rank (of 16)	
Length of Life				4	
Premature death	6,933	5,200	7,065		
Quality of Life				10	
Poor or fair health	18%	10%	17%		√
Poor physical health days	3.7	2.5	3.7		√
Poor mental health days	3.8	2.3	3.7		√
Low birth weight	8.3%	5.9%	8.2%		√

HEALTH FACTORS

	Clark County	Top US Performers	Nevada	Rank (of 16)	
Health Behaviors				7	
Adult smoking	21%	14%	21%		√
Adult obesity	25%	25%	25%		√
Food environment index	7.5	8.4	7.4		
Physical inactivity	22%	20%	21%		√
Access to exercise opportunities	90%	92%	87%		√
Excessive drinking	17%	10%	18%		√
Alcohol-impaired driving deaths	34%	14%	33%		
Sexually transmitted infections	429	138	404		√
Teen births	45	20	44		√

HEALTH FACTORS

	Clark County	Top US Performers	Nevada	Rank (of 16)	
Clinical Care				8	
Uninsured	25%	11%	25%		√
Primary care physicians	1,829:1	1,045:1	1,777:1		√
Dentists	1,779:1	1,377:1	1,790:1		√
Mental health providers	666:1	386:1	637:1		√
Preventable hospital stays	52	41	52		
Diabetic monitoring	77%	90%	77%		√
Mammography screening	54.4%	70.7%	56.2%		√

HEALTH FACTORS

	Clark County	Top US Performers	Nevada	Rank (of 16)	
Social & Economic Factors				12	
High school graduation	62%		64%		√
Some college	54.8%	71%	55.5%		√
Unemployment	10%	4%	9.8%		√
Children in poverty	24%	13%	23%		√
Income inequality	4.2	3.7	4.3		√
Children in single-parent households	37%	20%	36%		√
Social associations	3.3	22	4.2		
Violent crime	715	59	611		
Injury deaths	63	50	68		√

HEALTH FACTORS

	Clark County	Top US Performers	Nevada	Rank (of 16)	
Physical Environment				14	
Air pollution - particulate matter	12	9.5	12.5		√
Drinking water violations	0%	0%	1%		√
Severe housing problems	23%	9%	22%		√
Driving alone to work	79%	71%	78%		√
Long commute - driving alone	31%	15%	28%		√

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

What We Have In Addition to County Health Rankings

POPULATION PROJECTION

Year	Total Population	Change Previous Year	Percentage Change
2013	2,031,723		
2014	2,051,946	20,224	1.0%
2015	2,069,967	18,021	0.9%
2016	2,085,920	15,953	0.8%
2017	2,103,756	17,836	0.9%
2018	2,120,173	16,417	0.8%
2019	2,136,172	15,999	0.8%
2020	2,151,890	15,718	0.7%
2021	2,167,333	15,443	0.7%
2022	2,182,738	15,405	0.7%
2023	2,198,239	15,501	0.7%
2024	2,213,760	15,521	0.7%

POPULATION PROFILE – AGE/GENDER

2010 Demographic Profile: Age and Sex										
Age Group	Clark County					Nevada				
	Number			Percentage		Number			Percentage	
	Male	Female	Total	Male	Female	Male	Female	Total	Male	Female
0 to 4	70,755	67,944	138,699	3.6%	3.5%	95,661	91,624	187,285	3.5%	3.4%
5 to 9	69,258	66,223	135,481	3.5%	3.4%	93,920	89,430	183,350	3.5%	3.3%
10 to 14	68,295	65,407	133,702	3.5%	3.3%	93,748	89,594	183,342	3.5%	3.3%
15 to 19	67,383	63,501	130,884	3.4%	3.2%	93,711	88,212	181,923	3.5%	3.3%
20 to 24	65,686	62,994	128,680	3.4%	3.2%	91,430	86,611	178,041	3.4%	3.2%
25 to 29	75,449	73,301	148,750	3.9%	3.8%	100,472	96,266	196,738	3.7%	3.6%
30 to 34	74,893	71,606	146,499	3.8%	3.7%	98,276	93,253	191,529	3.6%	3.4%
35 to 39	74,446	71,430	145,876	3.8%	3.7%	97,525	93,227	190,752	3.6%	3.4%
40 to 44	73,733	68,398	142,131	3.8%	3.5%	99,266	92,177	191,443	3.7%	3.4%
45 to 49	70,991	66,984	137,975	3.6%	3.4%	99,265	93,974	193,239	3.7%	3.5%
50 to 54	63,805	63,186	126,991	3.3%	3.2%	92,390	90,839	183,229	3.4%	3.4%
55 to 59	55,114	57,835	112,949	2.8%	3.0%	81,383	84,042	165,425	3.0%	3.1%
60 to 64	50,535	53,535	104,070	2.6%	2.7%	75,019	77,392	152,411	2.8%	2.9%
65 to 69	38,121	40,993	79,114	2.0%	2.1%	57,013	59,251	116,264	2.1%	2.2%
70 to 74	27,579	29,248	56,827	1.4%	1.5%	40,759	42,048	82,807	1.5%	1.6%
75 to 79	18,900	20,629	39,529	1.0%	1.1%	27,718	29,935	57,653	1.0%	1.1%
80 to 84	11,726	14,572	26,298	0.6%	0.7%	17,242	21,585	38,827	0.6%	0.8%
85+	7,232	12,573	19,805	0.4%	0.6%	11,113	19,271	30,384	0.4%	0.7%
Total	983,901	970,359	1,954,260	50.3%	49.7%	1,365,911	1,338,731	2,704,642	50.5%	49.5%

POPULATION PROFILE – RACE/ETHNICITY

Race/Ethnicity	Number	Percentage
2000		
White non-Hispanic	849,400	61.7
Black non-Hispanic	129,862	9.44
American Indian	9,131	0.66
Asian/Pacific Islander	85,229	6.20
Hispanic (All Races)	302,143	21.96
Total	1,375,765	100
2010		
White non-Hispanic	965,829	49.5
Black non-Hispanic	213,414	10.9
American Indian	10,682	0.5
Asian/Pacific Islander	192,700	9.9
Hispanic (All Races)	568,644	29.1
Total	1,951,269	100

VISITORS TO LAS VEGAS

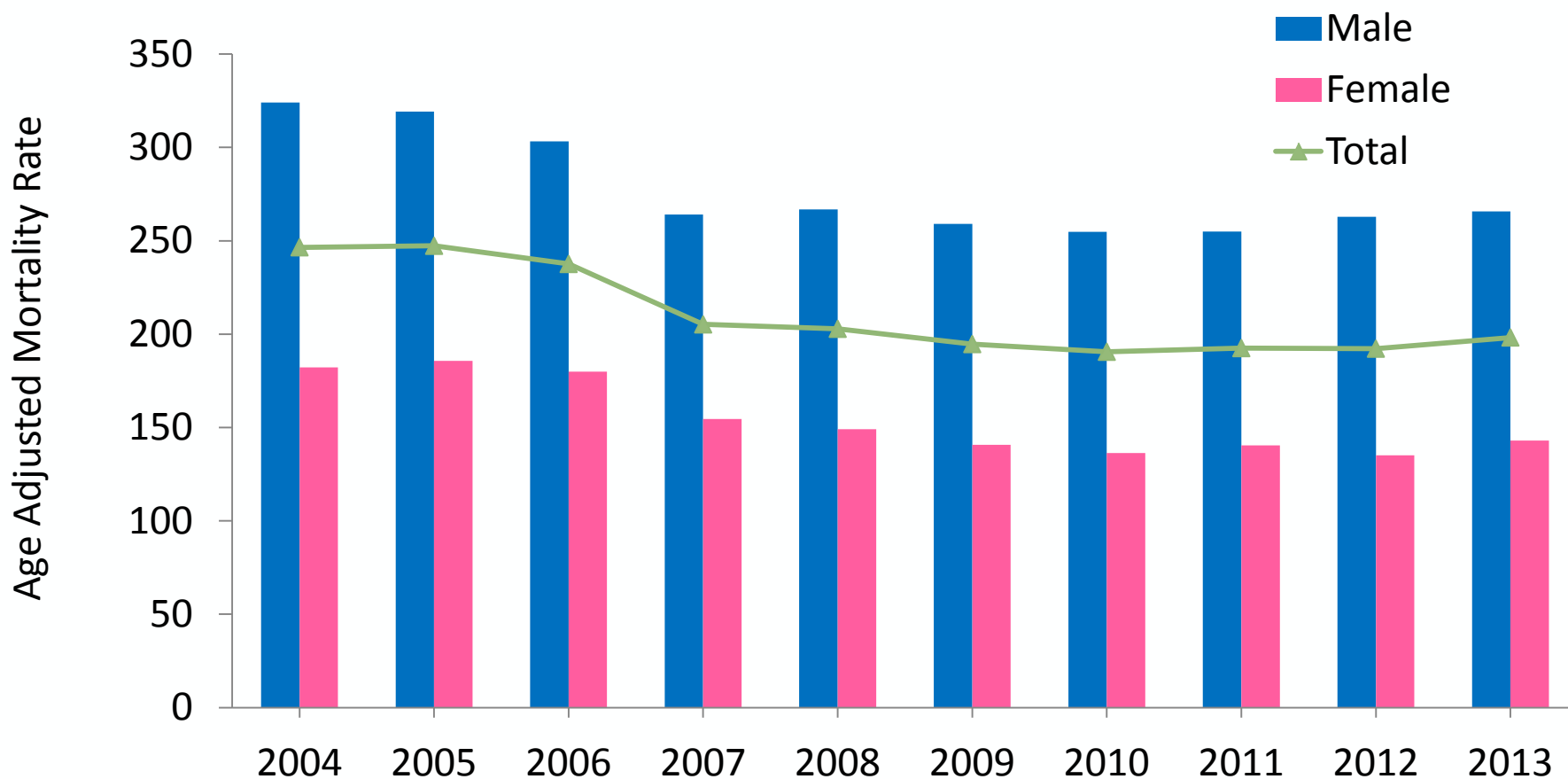
	2007	2008	2009	2013	2014
Visitor Volume	39,196,761	37,481,552	36,351,469	39,668,221	41,126,512
Airline Passengers	47,729,527	44,074,707	40,469,012	41,857,059	42,869,517
Convention Attendance	6,209,253	5,899,725	4,492,275	5,107,416	5,169,054

BEHAVIORAL RISK FACTORS BY SPECIAL POPULATIONS

Behavioral Risk Factors	Male	Female	WNH	BNH	Hispanic
Adult Obesity	27.6%	27.1%	27.1%	35.4%	27.5%
Youth Obesity	16.7%	7.9%	7.9%	17.4%	14.5%
Adult Little or No Exercise	19.6%	24.2%	19.3%	21.8%	26.1%
Youth Little or No Exercise	16.1%	18.9%	13.8%	18.8%	20.3%
Adult Current Cigarette Smoker	9.0%	8.0%	10.0%	2.3%	3.1%
Youth Current Cigarette Smoker	7.3%	8.4%	8.9%	NA	8.0%
Adult Recent Binge Drinking	9.5%	4.2%	6.5%	1.1%	4.5%
Youth Recent Binge Drinking	15.3%	14.7%	11.7%	8.5%	20.8%

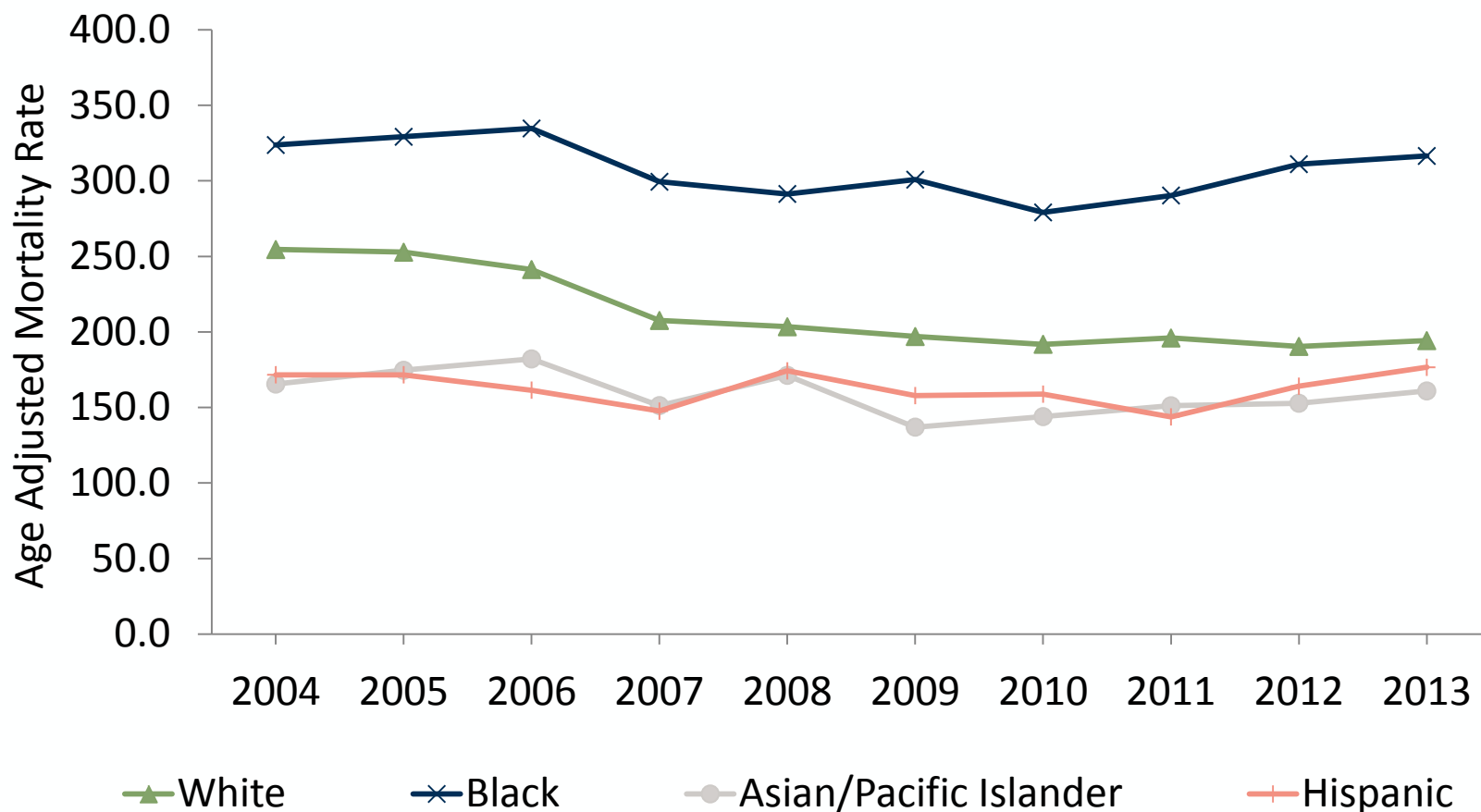
DISEASE MORTALITY BY GENDER

Age-Adjusted Mortality Rate Caused by Disease of Heart by Gender, Clark County, Nevada, 2004-2013



DISEASE MORTALITY BY RACE/ETHNICITY

Age-Adjusted Mortality Rate Caused by Disease of Heart by Race/Ethnicity, Clark County, Nevada, 2004-2013



MORTALITY AMONG CHILDREN AND YOUTH

Leading Causes of Deaths, Ages 0-24 Years, Clark County, Nevada, 2004-2013

Rank	Age Groups					
	< 1	1-4	5-9	10-14	15-19	20-24
1	Congenital Anomalies 372	Unintentional Injury 109	Unintentional Injury 38	Unintentional Injury 63	Unintentional Injury 315	Unintentional Injury 529
2	Preterm/Low Birth Weight 146	Congenital Anomalies 36	Malignant Neoplasms 22	Suicide 24	Homicide 146	Homicide 199
3	Unintentional Injury 125	Homicide 32	Congenital Anomalies ****	Malignant Neoplasms 22	Suicide 101	Suicide 186
4	Maternal Complications 104	Malignant Neoplasms 22	Chronic Lower Respiratory Disease ****	Homicide 20	Malignant Neoplasms 40	Heart Disease 73
5	Neonatal Hemorrhage 61	Heart Disease 15	Homicide ****	Congenital Anomalies 13	Heart Disease 20	Malignant Neoplasms 55

FINDINGS OF COMMUNITY HEALTH ASSESSMENT

- ▶ The health and wellbeing of Southern Nevada is characterized by decreasing trends in some poor health behaviors such as smoking, drinking, as well as behaviorally driven diseases such as obesity and HIV.
- ▶ Areas of concern include:
 - Maternal child health
 - Prescription drug poisoning
 - Rising Syphilis and Chlamydia rates
 - High rates of suicide
 - Injury deaths among children and youths
 - Immunization rates among persons aged < 3 and > 65 are low

FINDINGS OF COMMUNITY HEALTH ASSESSMENT

- ▶ Both the health of the population and the local public health system are threatened by:
 - High rates of unemployment and underemployment and the general lack of synergy between education and economy
 - Lack of social services and engagement, community partnerships and leadership
 - Lack of funding and support for public health and education
 - Environmental changes and water shortage

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

MOVING TO ACTIONS ...

County Health
Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

COUNTY HEALTH RANKINGS 2015

Deborah Williams, MPA, MPH, CHES

*Manager, Office of Chronic Disease Prevention and Health Promotion,
SNHD*

Moving from Data to Action:

Partnerships to Improve Community Health



Support
provided by

Robert Wood Johnson
Foundation



PARTNERSHIPS TO IMPROVE COMMUNITY HEALTH (PICH)

- ▶ Centers for Disease Control and Prevention (CDC)
- ▶ Chronic diseases are the leading causes of death and disability in the US and Clark County
- ▶ PICH supports implementation of PSE strategies, especially populations experiencing a disproportionate burden
- ▶ When multiple sectors work together health improvements can be amplified and accelerated

PICH SHORT-TERM OUTCOMES

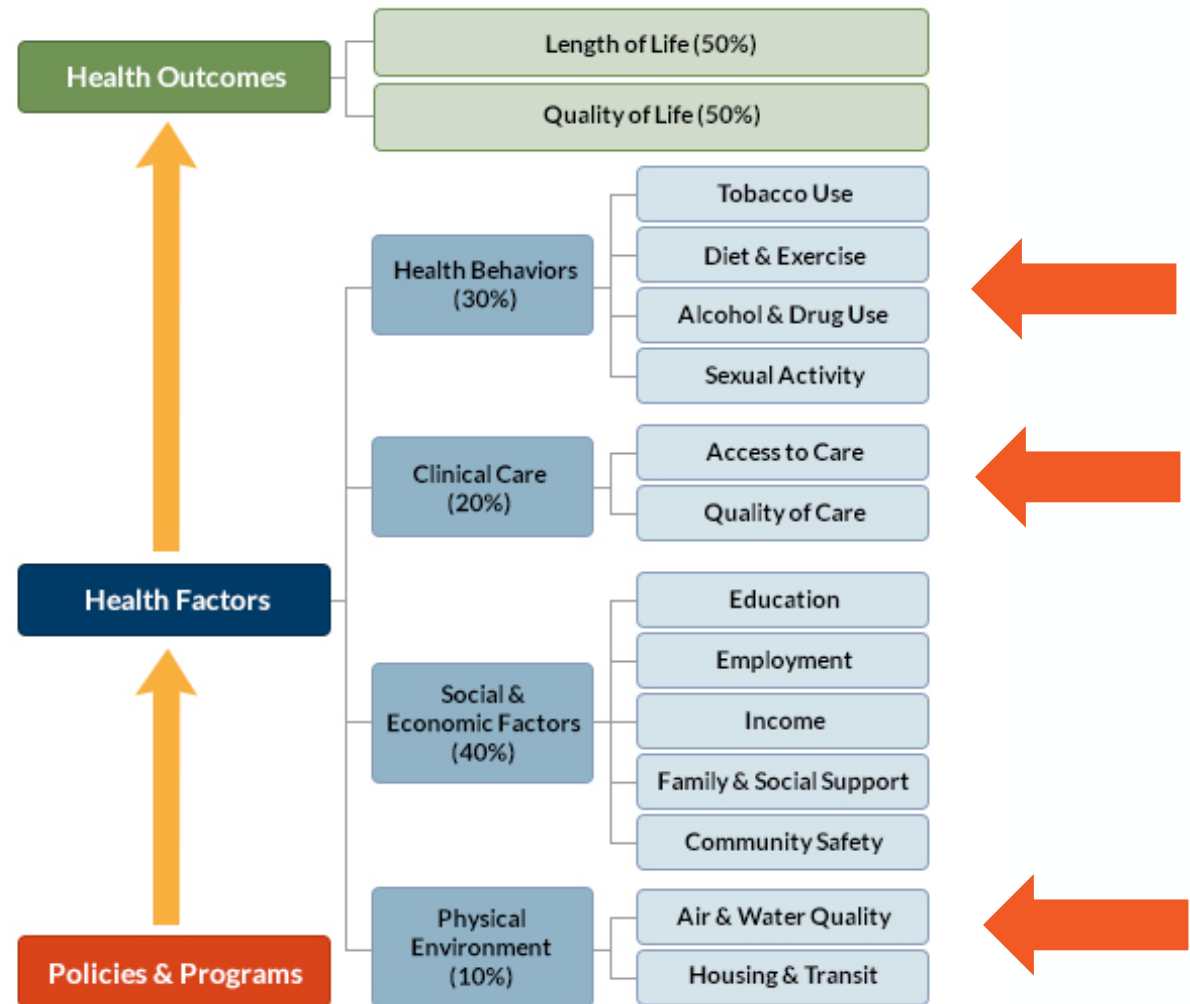
- ▶ Increased access to smoke-free or tobacco-free environments
- ▶ Increased access to environments with healthy food or beverage options
- ▶ Increased access to physical activity opportunities
- ▶ Increased opportunities for chronic disease prevention, risk reduction, or management through clinical and community linkages

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

- **Broad community engagement**
- **Evidence-informed programs and policies implemented**
- **Policy, system, and environmental (PSE) changes**



SOUTHERN NEVADA PARTNERSHIPS TO IMPROVE COMMUNITY HEALTH

SMOKE-FREE ENVIRONMENTS

- ▶ Increase the number of comprehensive smoke-free cities
- ▶ Increase the number of smoke-free meeting venues
- ▶ Increase the number of worksite smoke-free policies
- ▶ Increase the number of multi-unit housing smoke-free policies
- ▶ Increase the number of tobacco-free youth social venues
- ▶ Increase the delivery of brief tobacco use interventions by providers

SOUTHERN NEVADA PARTNERSHIPS TO IMPROVE COMMUNITY HEALTH

ACCESS TO HEALTHY FOODS AND BEVERAGES AND OPPORTUNITIES FOR PHYSICAL ACTIVITY

- ▶ Increase access to healthy foods and beverages through implementation of healthy vending policies
- ▶ Increase the number of Farmers' Markets offering SNAP benefit matching programs to promote the purchase of fruits and vegetables among low income residents
- ▶ Increase the number of CCSD sites offering increased access to physical activity opportunities
- ▶ Increase the number of jurisdictions implementing Complete Streets policies

SOUTHERN NEVADA PARTNERSHIPS TO IMPROVE COMMUNITY HEALTH ACCESS TO HEALTHY FOODS AND BEVERAGES AND OPPORTUNITIES FOR PHYSICAL ACTIVITY

- ▶ Update and revise the Regional Bicycle and Pedestrian Plan for Clark County
- ▶ Amend the Regional Open Space Plan for Southern Nevada to include a regional signage and marking policy
- ▶ Develop a tool kit to support child care provider implementation of the national “Caring for Our Children” nutrition and physical activity standards

SOUTHERN NEVADA PARTNERSHIPS TO IMPROVE COMMUNITY HEALTH ACCESS TO CHRONIC DISEASE PREVENTION, RISK REDUCTION OR MANAGEMENT

- ▶ Increase the number of free diabetes risk reduction and management programs available in English and Spanish to adults with, or at risk of, type 2 diabetes in Clark County
 - Texting
 - On-line

COMMUNITIES PUTTING PREVENTION TO WORK AND COMMUNITY TRANSFORMATION GRANT ACCOMPLISHMENTS

- ▶ Tobacco-free policies were implemented in Clark County organizations protecting approximately 600,000 employees and clients per year
- ▶ 3,760 smoke-free multi-unit housing units were identified and listed in a directory at www.gethealthyclarkcounty.org
- ▶ 33 miles of trails and more than 11 miles of bike lanes have been striped making it safer and easier to bike in Clark County

COMMUNITIES PUTTING PREVENTION TO WORK AND COMMUNITY TRANSFORMATION GRANT ACCOMPLISHMENTS

- ▶ Evidence-based physical activity and nutrition curriculum has been institutionalized in after-school programs serving more than 12,000 children each month
- ▶ 90 child care centers have implemented nutrition and physical activity policies in their centers
- ▶ Implementation of Electronic Benefit Transfer (EBT) at 6 Farmers' Market sites and at 2 local farmers' retail sites expanding access to low SES families

COMMUNITIES PUTTING PREVENTION TO WORK AND COMMUNITY TRANSFORMATION GRANT OUTCOMES

- ▶ Highlights from the 2013 Youth Risk Behavior Survey results, CPPW: Southern Nevada Health District High School Survey Trend Analysis Report:
 - In 2013, 8.3% of Clark County high school students were current smokers; In 2010 (pre-CPPW), 12.8%
 - In 2013, 15.6% of Clark County high school students reported drinking a can, bottle, or glass of soda or pop one or more times per day during the past seven days; In 2010 (pre-CPPW), 20.3%

COMMUNITIES PUTTING PREVENTION TO WORK AND COMMUNITY TRANSFORMATION GRANT OUTCOMES

- ▶ OOE analysis of 3 years of CCSD height and weight data:
 - The percentage of overweight students in the sample decreased from 18.5% (2010/11) to 17.8% (2013/14)
 - The percentage of obese students in the sample decreased from 23.2% (2010/11) to 22% (2013/14)
 - Decreases were seen in both African American and Hispanic students at unhealthy weights in the sample:
 - AA 41.9% (2010/11) to 39.7% (2013/14)
 - Hispanic 48% (2010/11) to 45.5% (2013/14)

SOUTHERN NEVADA PARTNERSHIPS TO IMPROVE COMMUNITY HEALTH

Working together we can improve the
health of our community

Thank You



County Health
Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

COUNTY HEALTH RANKINGS 2015

Demetria Patton, JD

Accreditation Coordinator, SNHD

*Supporting Community Health Improvement in
Southern Nevada*



Support
provided by

Robert Wood Johnson
Foundation



County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

Action Center

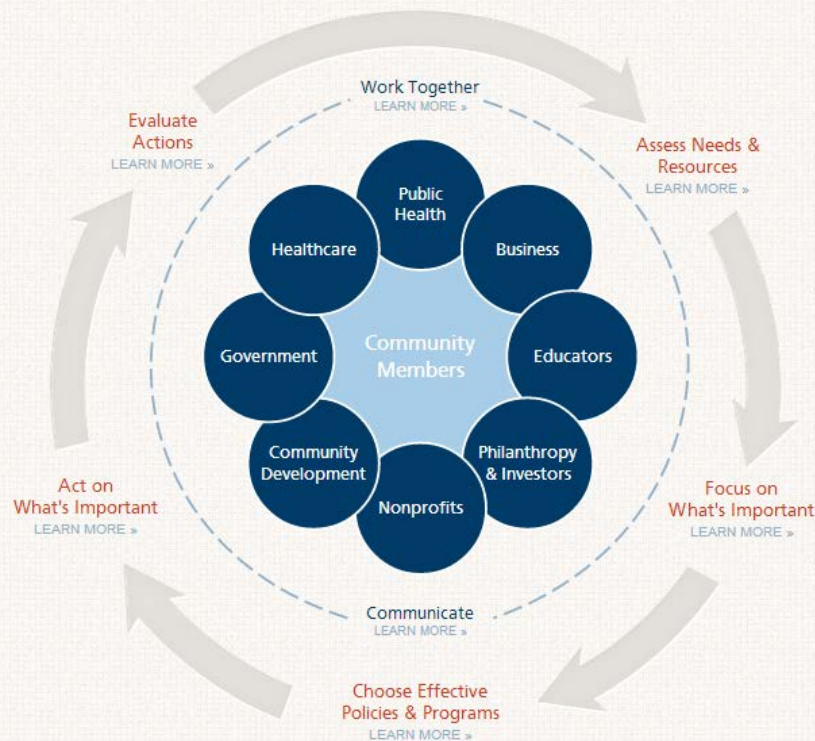
Action step guides


Each step on the Action Cycle is a critical piece of making communities healthier. There is a guide for each step that describes key activities within each step and provides suggested tools, resources, and additional reading. You can start at Assess or enter the cycle at any step. Work Together and Communicate sit inside because they are needed throughout the Cycle.

Guides for community members

At the core of the Action Cycle are people from all walks of life because we know we can make our communities healthier if we all get involved. There is a guide for each of the different types of people in the blue bubbles. These guides provide information on the role that each can play in improving the health of communities along with guidance on what they can do during each action step.

Select an Action Step or community member to learn more



 Ready to take action, but not sure what to do next? Our team offers personalized, free help.

[Get Help >](#)

PUBLIC HEALTH ACCREDITATION

- ▶ The measurement of a health department's performance against a set of nationally recognized, practice-focused and evidenced-based standards
- ▶ The goal of the voluntary national accreditation program is to improve and protect the health of the public by advancing the quality and performance of state, local, Tribal, and territorial public health departments.



*Advancing
public health
performance*

WHAT IS A PHAB STANDARD & MEASURE?

STANDARD 1.1: Participate in or lead a collaborative process resulting in a comprehensive community health assessment.			
MEASURE	PURPOSE	SIGNIFICANCE	
<p>Measure 1.1.1 T/L</p> <p>Tribal/local partnership that develops a comprehensive community health assessment of the population served by the health department</p>	<p>The purpose of this measure is to assess the health department's collaborative process for sharing and analyzing data and information concerning population health, health challenges, and community resources to develop a community health assessment of the population of the jurisdiction served by the health department.</p>	<p>The development of a Tribal/local level community health assessment requires partnerships with other members of the Tribe/community to access data, provide various perspectives in the analysis of data and determination of factors that impact health outcomes, present data and findings, and share a commitment for using the assessment. Assets and resources in the Tribal/local community must be addressed in the assessment, as well as health challenges. Data are not limited to traditional public health data but include, for example, quality of life, attitudes about health behavior, socioeconomic factors, environmental factors (including the built environment), and social determinants of health. Data are provided from a variety of sources and through various methods of data collection.</p>	
REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN
<p>1. Participation of representatives from a variety of sectors of the Tribal or local community</p>	<p>1. The health department must document that the process for the development of a community health assessment includes participation of partners outside of the health department that represent Tribal/community populations and health challenges.</p> <p>The collaboration must include various sectors of the community, as appropriate for the community: for example, local government (for example, elected officials, law enforcement, correctional agencies, housing and community development, economic development, parks and recreation, planning and zoning, schools boards, etc.), for-profits (for example, businesses, industries, and major employers in the community), not-for-profits (for example, chamber of commerce, civic groups, hospitals and other health care providers, local Childhood and Women's Death Review organizations, public health institutes, environmental public health groups, groups that represent minority health, etc.), community foundations and philanthropists, voluntary organizations, health care providers (including hospitals), academia, the state health department and Tribal health departments located in the health department's jurisdiction, and military installations located in the health department's jurisdiction.</p>	<p>1</p>	<p>5 years</p> <p>Documentation must include the month and year.</p>

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

WORKING TOGETHER

- ▶ Community Health Assessment Steering Committee
 - 15-20 community partners comprising different sectors in the community
 - Assess needs & resources
 - Focuses on what's important
 - Choose effective policies and programs
 - Act on what's important
 - Evaluate Actions
 - All centered around the CHA & CHIP process



UNLV



**American
Heart
Association®**

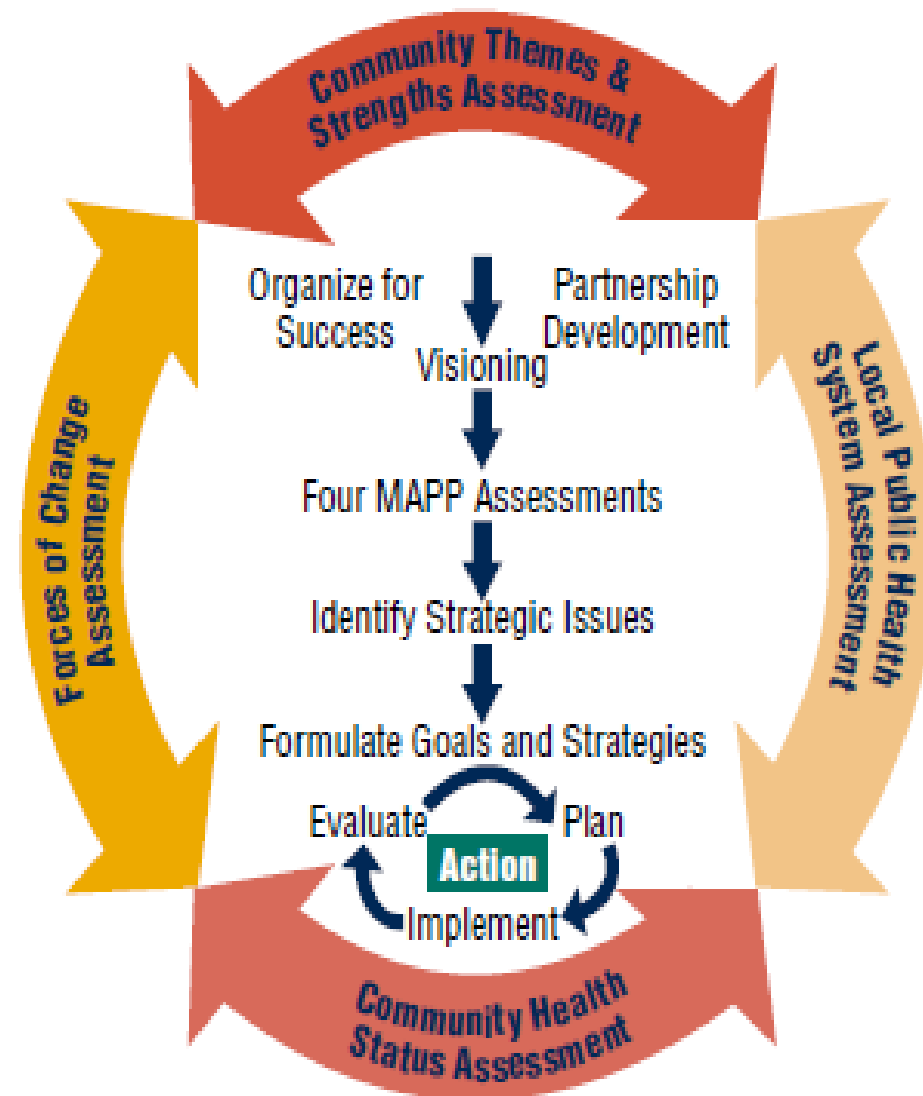
life is why™



Dignity Health™

MAPP

- ▶ Mobilizing for Action through Planning and Partnerships (MAPP) is a community-wide strategic planning process for improving public health.
- ▶ A method to help communities prioritize public health issues, identify resources for addressing them, and take action.
- ▶ MAPP is the process SNHD is using to complete the Community Health Assessment Community Health Improvement Plan and inform the agency's Strategic Plan.



HEALTHY SOUTHERN NEVADA

- ▶ Web-based source of community health information and population data
 - Data from County Health Rankings
 - Community Dashboard
 - Demographics Dashboard
 - Disparities Dashboard



HEALTHY SOUTHERN NEVADA

▶ Other Tools and Resources

- Healthy People 2020 Tracker
- Socio Needs Index (zip codes with high socio-economic need)
- Promising Practices Database
- Community Needs Assessment Guide
 - ▶ Assess, Prioritize and Design



HEALTHY SOUTHERN NEVADA

- ▶ Partnership with the Community
 - United Way
 - UNLV-Community Health Sciences and School of Nursing
 - SNHD
 - Dignity Health
 - University of Nevada School of Medicine




HEALTHY SOUTHERN NEVADA

PHYSICAL ACTIVITY AMONG ADOLESCENTS

Location	Status	Percent	Source	Measurement Period
----------	--------	---------	--------	--------------------

Comparison: NV State Value

Period: 2010 

County Clark

25.1

County Health Rankings

2010

SUMMARY OF 2015 RANKINGS

- ▶ Where we live matters to our health
- ▶ Rankings highlight considerable disparities in health based on where we live
- ▶ Health is more than health care – many factors influence health beyond clinical care

UTILIZATION OF COUNTY-LEVEL DATA FOR COMMUNITY HEALTH IMPROVEMENT

- ▶ State of Nevada
- ▶ Rural and Frontier Counties of Nevada
- ▶ Next Steps for Public Agencies, Organizations and Community Partners



**Comments/
Questions?**

