S
ocial factors, such as early life experiences, education, income, employment, housing, community, race and ethnicity, as well as, the economic environment, play a direct and indirect role on the short and long term health outcomes of Nevadans.\(^1\) The impacts, however, are disproportionately felt among our most vulnerable populations, such as those living in poverty, those of an ethnic minority, the young, the elderly and the disabled. Thus, the primary function of the Office of Minority Health is to improve the health of vulnerable populations in Nevada through the strategic development of policies and programs that focus on eliminating health disparities across the state.

Where Nevada Ranks?

The United Health Foundation who publishes the *Annual American’s Health Rank* report which conducts a state by state assessment of health based on behaviors, community and environment, policy, clinical care and outcomes ranked Nevada 35\(^{th}\) in the nation in 2016. While an improvement from 2015, the current score, indicates that there is still much work to be done to improve the health of Nevadans, especially in minority populations.\(^2\)

Nevada:

- Cardiovascular rates of mortality are higher among Blacks compared to Whites\(^2\)

“The future health of the nation will be determined to a large extent by how effectively we work with communities to eliminate health disparities among those populations experiencing a disproportionate burden of disease, disability, and death.”

Centers for Disease Control & Prevention

- The rate of children living in poverty has increased from 16.4% to 23.9%, a 46% increase over the last 20 years\(^2\)
- Diabetes rates higher among Native American and Blacks compared to Hispanics and Whites\(^2\)
- 60% of Blacks and Hispanics in Nevada have less than a High School diploma compared to 7.5% of whites\(^3\)
- 37.9% of Blacks and Hispanics in Nevada make less than $15,000 compared to 7% of whites\(^3\)
- 62.8% of Blacks and Hispanics in Nevada make between $15,000-$24,999 compared to 12.6% of whites\(^3\)

Nevada Office of Minority Health

The Nevada Office of Minority Health (NOMH) was established after the Nevada State Legislature passed Assembly Bill 580 during the 2005 legislative session. The NOMH was developed to provide guidance on implementing state-wide initiatives to address health disparities across the state by contributing to the development of policies, increase public health awareness, provide technical assistance and build community capacity.\(^4\)
The Mission to the NOMH is:

To improve the quality of health care services and equity for members of minority groups

To increase access to health care services for members of minority groups

To disseminate information to and to educate the public on matters concerning health care issues of members of minority groups

The Vision to the NOMH is:

To achieve optimal levels of health, equity and wellness for all minorities in the state.

Responsibility of the NOMH

Given the diverse nature of the Nevada, the NOMH would hold the responsibility of informing and developing strategic action that would improve the health of vulnerable populations across the state. The NOMH would be able to fulfill its mission and vision by:

- Identifying, assessing and analyzing issues related to the health status of minority populations and to communicate this information where needed;
- Participate in, and lead when appropriate, the development of minority needs assessments, service strategies and the collection of minority health data;
- Provide reference and resource information on minority health issues;
- Engage internal and external entities to support initiatives that address specific minority health needs, including target health care program resources to meet these needs;
- Monitor programs, policies and procedures for inclusiveness and responsiveness to minority health needs; and
- Facilitate the development and implementation of research and scientific investigations to produce minority specific findings.

Recommendations to Improve Functioning of the NOMH

Under the current structure, it is difficult to carry out the mission and vision of the NOMH due to lack of funding to operate at a basic level and provide staff support fulfilling the responsibilities of NOMH.

Therefore, the following steps are recommended:

1. Amend the definition of minority group in NRS.232.472.
2. Amend the name to the Nevada Office of Minority Health and Equity (NOMHE).
3. Establish a nine voting member advisory board that represents the diversity and geographic distribution of minorities in Nevada.
4. Provide funding for three state staff members to operate the NOMHE.

Assembly Bill 141

Assembly Bill 141 aims to amend current Nevada Revised Statute and proposes the changes listed above. Given the need of staff, there is a fiscal note attached to this bill.

References