Intermountain Health

Southern Nevada Community Health Needs Assessment · 2022

Intermountain Health


Crystal

Healthier Communities—One Day at a Time

Community needs are as vast and diverse as the community members themselves and include medical conditions and the social and environmental conditions influencing health, such as housing and economic opportunity.

In southern Nevada, we value all the elements that contribute to health in the place we call home. By strengthening the social determinants of health, we help set the framework for healthy lives—it is why strong community collaborations, involved community leaders, and robust opportunities help everyone to live healthier, happier lives.

This report shares learnings from work done throughout the Intermountain West with specific data and input from communities, organizations, and individuals here in Nevada.

We strive to be resilient and agile – listening to the unique needs of each community where we live and serve.

We adjusted quickly during COVID-19, and we're glad for the lessons we learned because they highlighted areas of concern throughout our healthcare safety net. This accelerated community awareness and allowed organizations to join community partners in bolstering infrastructure for future public health emergencies. As we return full force to strengthening communities, some health needs rise to the top. Our community members have emphasized the need to improve mental well-being, chronic & avoidable health outcomes, and address and invest in the social determinants of health.

Decades after his passing, we still feel the sentiment of Dr. Martin Luther King, Jr.'s strikingly poignant observation that "Of all the forms of inequality, injustice in health care is the most shocking and inhumane." We know we can make meaningful and essential improvements. As we continue to learn and implement our strengths and assets as an organization and as caregivers, we look forward to improving our communities' health alongside you.

To Health,

Lisa Nichols
Vice President, Community Health
Intermountain Health

Executive Summary

We can best realize our Intermountain mission, helping people live the healthiest lives possible® with a comprehensive understanding of the communities we serve. Therefore, since 2009, we have engaged in a system-wide process to identify local area health needs through a community health needs assessments (CHNA). This local, community approach enhances the understanding of what annually reviewed national benchmarking metrics reveal about community health. This community intelligence comprises of:

- Soliciting community input about local health needs and health disparities
- Collecting quantitative data on health indicators
- Prioritizing data to identify significant needs
- Making the CHNA results publicly available
- Developing implementation strategies to address the significant priorities
- Making the implementation plan publicly available
- Reporting progress on the IRS Form 990 Schedule H (as applicable)

As a result of this extensive needs assessment and prioritization process, described in the following pages, We and each of our hospitals and communities served by clinics identified the significant health needs, including Las Vegas and the surrounding communities, in 2022 as:

Improve Mental Well-Being

Improve Chronic & Avoidable Health Outcomes

Address & Invest in Social Determinants of Health

The 2022 CHNA report informs our Intermountain leadership, public health partners, and community stakeholders of the significant health needs in our communities. This intelligence allows hospitals

and their local partners to develop strategies that leverage our Intermountain and community resources to address those needs throughout our healthcare system.

The Patient Protection and Affordable Care Act (ACA) requires each nonprofit hospital to conduct a CHNA every three years and to develop an implementation plan to address, measure, and report the impact of significant health priorities. This report fulfills a vital component of that requirement by documenting the collection of reliable information through a community health needs assessment that allows the organization to develop meaningful implementation strategies. This work extends into all communities we serve, regardless of hospital presence. These priorities have been reviewed and approved by our Intermountain Board of Trustees, who have final responsibility for our actions and is thus the authorized body for each hospital. Alignment between hospitals and clinics benefits the community as we work to address significant health needs using all our resources.

Why We Care

We expanded our patient community to Nevada by acquiring a network of medical providers and clinics, HealthCare Partners Nevada, in the Las Vegas area in 2019. In June 2022, HealthCare Partners Nevada officially changed our name to Intermountain Health. We have expanded to seven states and own and operate 33 hospitals (including a "virtual" hospital), a medical group of more than 3,800 physicians and advanced practice providers, and 385 clinics - including more than 60 clinics in Las Vegas and the surrounding area.

We strive to be an indispensable community partner as a nonprofit health system by understanding the communities' needs and assets and collaborating to meet those needs. We provide community benefits through community health improvement initiatives, philanthropy, and financial assistance to ensure uninsured and underinsured community residents can access care.

In addition to providing affordable, high-quality care, we are committed to improving the health and well-being of our communities by bringing all our assets to bear, including:

- Inclusive, local hiring and internal workforce development
- Place-based impact investing, including inclusive, local purchasing
- Sustainably operating in support of a healthy environment for us all

Defining the Community

Intermountain Health

We are a team of more than 64,000 caregivers who serve the healthcare needs of people across the Intermountain West, primarily in Utah, Idaho, Nevada, Colorado, Montana, Wyoming, and Kansas. We are an integrated, nonprofit health system with clinics, a medical group, affiliate networks, hospitals, home care, telehealth, health insurance plans, and other services. We also have wholly owned subsidiaries, including Select Health, Saltzer Health, Castell, Tellica, and Classic Air Medical.

On April 1, 2022, we merged with SCL Health, two organizations striving to provide better healthcare outcomes for lower costs. At the time of merging, SCL Health had a proven track record of efficiency across Colorado, Montana, and Kansas and excellent quality, safety, and patient satisfaction outcomes — and we (our Intermountain Health system) had similar success in Utah, Idaho, and Nevada. Combining their operational and clinical programs will strengthen that focus and is ongoing. Complete integration of the community health needs assessment process will occur by 2025. You can access our most recent SCL Health CHNA reports here.

We are committed to making healthcare more affordable and providing quality care regardless of a patient's ability to pay. In addition, we strive to create an inclusive, non-discriminating environment that offers meaningful and equitable access to all programs, benefits, and activities.

Our mission, helping people live the healthiest lives possible®, is supported by a clear vision and strong values that guide us. Financial circumstances should not dictate whether a person has access to basic medical care at our facilities. That's why we assist those in our communities who cannot afford care. We also believe a comprehensive understanding of the communities we serve is essential to expanding our role as we focus even more intensely on prevention and wellness and strive to improve the health of those who live in our communities.

For this assessment, we define our community by geography and the identities of the people we serve, including underrepresented, medically underserved, low-income, and minority populations. Therefore, this report will only focus on the communities served by our clinics in Nevada. Nevertheless, here is our complete set of community health needs assessments for the communities we serve.

Using zip codes specific to each community, based on where our patients live, we can understand the health needs of communities each clinic serves by neighborhood, county, and local health district and a state-as-a-whole. In addition, each zip code and specific clinic community is aligned with public health geographic boundaries (as defined by Healthy Southern Nevada https://www.healthysouthernnevada.org/ and County Health Rankings https://www.countyhealthrankings.org/) to encourage collaboration and more reliable data.

We also considered the unique demographics and identities of the communities we serve beyond geography. Therefore, we include inclusive indicators of identity throughout the assessment, including but not limited to race, ethnicity, age, gender, sexual orientation, gender identity, preferred language, and disability status.

Thinking broadly about the opportunity to access healthcare in our communities, we recognize the following access points through hospitals in our service area:

Nevada:

- Centennial Hills Hospital Medical Center | Las Vegas
- Desert Springs Hospital Medical Center | Las Vegas
- Desert View Hospital | Pahrump
- Dignity Health Urgent Care | Henderson
- Henderson Hospital | Henderson
- Horizon Specialty Hospital | Las Vegas
- Kindred Hospital Las Vegas Flamingo | Las Vegas
- Mesa View Regional Hospital | Mesquite
- Mountain View Hospital | Las Vegas
- Southern Hills Hospital & Medical Center | Las Vegas
- Spring Valley Hospital Medical Center | Las Vegas
- St. Rose Dominican Hospital – Blue Diamond | Las Vegas
- St. Rose Dominican Hospital – North Las Vegas | Las Vegas
- St. Rose Dominican Hospitals – Rose de Lima Campus | Henderson
- St. Rose Dominican Hospital – Sahara Campus | Las Vegas
- St. Rose Dominican Hospital – San Martin Campus | Las Vegas
- St. Rose Dominican Hospital – Siena Campus | Henderson
- St. Rose Dominican Hospital – West Flamingo | Las Vegas
- Summerlin Hospital Medical Center | Las Vegas
- Sunrise Children's Hospital | Las Vegas
- Sunrise Hospital & Medical Center | Las Vegas
- University Medical Center of Southern Nevada | Las Vegas
- Valley Hospital Medical Center | Las Vegas

Here is a quick understanding of the demographics of the community we serve in southern Nevada:

U.S. Census Quick Facts 2022	Clark County	Nye County	Nevada	The U.S.
Population (2022)	2,322,985	54,738	3,177,772	333,287,557
Population per square mile (2020)	287.1	2.8	28.3	93.8
Land area in square miles (2020)	7,891.65	18,181.91	109,860.46	3,533,038.28
Persons Under 18	22.7%	16.7%	22.2%	22.2%
Persons 65 years and over	15.4%	30.6%	16.5%	16.8%
Language other than English spoken at home, percent of persons age five and older	33.7%	12.1%	29.9%	21.7%
High school graduate or higher (age 25 years+)	86.4%	86.5%	87.0%	88.9%
Bachelor's degree or higher (age 25+)	25.8%	12.7%	26.1%	33.7%
Persons in poverty	15.1%	14.9%	14.1%	11.6%
Persons without health insurance, under 65 years	13.8%	12.9%	13.7%	9.8%

Race and Hispanic origin:	Clark County	Nye County	Nevada	The U.S.
American Indian and Alaska Native	1.3%	2.0%	1.7%	1.3%
Asian	10.9%	2.1%	9.1%	6.1%
Black or African American	13.6%	4.0%	10.6%	13.6%
Hispanic or Latino	32.3%	16.6%	29.9%	18.9%
Native Hawaiian and Other Pacific Islander	1.0%	0.7%	0.9%	0.3%
White, not Hispanic or Latino	39.7%	73.2%	46.6%	59.3%

Community Health Needs

Assessment Governance

The Patient Protection and Affordable Care Act (ACA) requires all nonprofit hospitals to complete a community health needs assessment (CHNA) every three years. Understanding the needs of our community is core to our Intermountain mission and vision. Our community health needs assessment (CHNA) and community health implementation strategy (CHIS) guide the strategic focus of our work. In addition, we work collaboratively with other organizations to understand the needs, disparities, and strengths within each community we serve beyond just our hospitals and clinics.

We can best realize our Intermountain mission of helping people live the healthiest lives possible® with a comprehensive understanding of the community's health needs served by our hospitals, clinics, and health plans. We are committed to routinely assessing the community's health needs through a comprehensive assessment process that engages community members and analyzes the most current health status information. We use the assessment to inform our system-wide and local strategies to improve community health. We currently do this assessment every three years.

> ***Like the World Health Organization, we believe that "health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."***

Since 2017, our operational leaders have monitored a Community Health Index to understand public health outcomes more broadly. The selection of this metric was based on the following criteria:

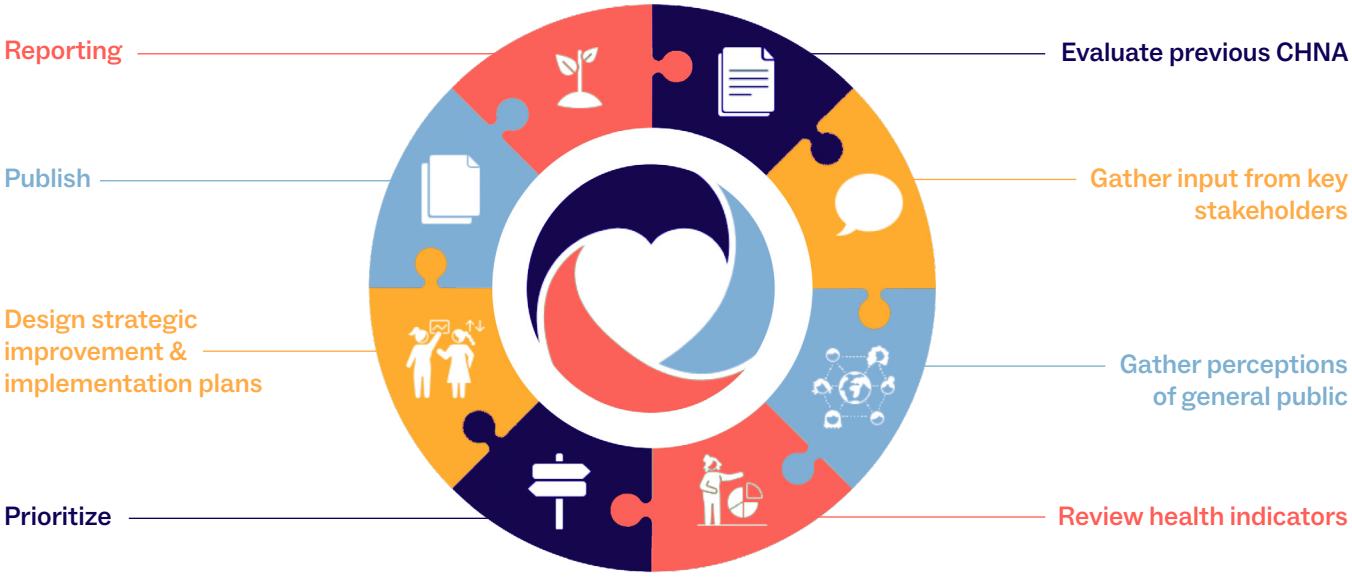
- National benchmark capabilities, but also reported at a state level
- Longitudinal data available for trend analysis
- Metrics aligned with CHNA
- Utilized by community partners
- Inclusion of health-related drivers, such as the social determinants of health

America's Health Rankings® (AHR) from the United Health Foundation continues to be the source of this Community Health Index. Their yearly publication, the Annual Report, is the longest-running annual assessment of the nation's health state-by-state. This report aligns with the World Health Organization's definition of health. It analyzes a comprehensive set of behaviors, public health and healthcare policies, community and environmental conditions, and clinical care data to provide a holistic view of the health of the people in the nation.

While this metric allows us to understand health in the communities we serve quickly, it has limitations in the scope of indicators included and its lack of community input. Therefore, while we consider AHR to be the foundation of health indicators for our 2022 CHNA process, the CHNA allows us to better understand local needs and disparities and include important indicators relevant to the communities.

Our Intermountain governing Board of Trustees gives the final approval of the significant health priorities and CHNA report. The Affordable Care Act (ACA) requires the CHNA and Implementation Plans to be approved and adopted by "an authorized body of the hospital facility." An "authorized body of the hospital facility" means (i) The governing body (that is, the board of directors, board of trustees, or equivalent controlling body) of the hospital organization that operates the hospital facility." We are governed by a Board of Trustees, which sets policy, creates goals, approves operating budgets, evaluates management's performance, and ensures we operate in the community's best interest. While each hospital has a local governing board engaged in the CHNA process, they do not approve or manage the operations of the hospitals. Our Intermountain Board of Trustees has final responsibility for our actions. It is thus the authorized body for each of our hospitals and clinics. Our Intermountain Board of Trustees reviewed and approved our priorities on Wednesday, November 30, 2022.

2022 CHNA Methodology



Collaborating to Understand Our Community

Fulfilling our mission requires a comprehensive understanding of the strengths and needs of every community served. We gain community health understanding through a CHNA. The CHNA provides extensive information about the community's health status, needs, and assets. A CHNA is completed at least every three years in each community we serve, with our first CHNA conducted in Nevada in 2022.

We have a highly collaborative approach to the CHNA. Following best practices implemented in our other market regions and working closely with the Southern Nevada Health District, we partnered with community leaders in Clark and Nye County to better understand the unique community needs and health experiences. Next, over 30 leaders and community partners, including our clinic staff, were interviewed. Publicly reported health indicators were also reviewed to identify significant risk factors and causes of illness. Afterward, those same leaders and staff were asked to prioritize their essential needs.

Gather Community Input

Staff from our Strategic Research team (researchers) Invited participants representing a broad range of interests to participate in an in-depth interview to share their perspectives on the health needs in their community. The researchers facilitated the conversations alongside our Intermountain leaders, holding interviews virtually. These community conversations took place between January and June 2022. Researchers manually and digitally recorded the interviews and then transcribed them. See Appendix A for the interview guide.

The following organizations participated in an interview:

- Catholic Charities
- City of Las Vegas
- City of Mesquite
- Comagine Health (formerly HealthInsight)
- Communities in Schools
- Juvenile Justice
- Latin Chamber of Commerce
- LGBTQ Center of Southern Nevada, aka The Center
- Naturium
- Nye County HHS
- Regional Transportation Commission of Southern Nevada
- Southern Nevada Health District
- St. Rose Siena - Dignity Health
- Three Square Food Bank
- UNLV - Academic Health Sciences Center
- UNLV - Mojave Child/Adolescent Psych and Mental Health
- UNLV - Nevada Institute for Children's Research and Policy
- UNLV - School of Public Health

The researchers reviewed transcripts of interviews for a qualitative, thematic analysis. Researchers analyzed themes by frequency (the number of times an interview participant mentions a topic) and severity (weighted by notetakers as critical comments that resulted in an empathetic response during the meeting) using Dedoose, a collaborative web-based tool designed for qualitative analysis.

Review Health Indicators

Selecting reliable, meaningful health indicators is essential to the 2022 CHNA. First, we created an inventory of health indicators used in the 2019 assessment and compared those indicators with published needs assessments and annual reports from the Southern Nevada Health District. Researchers reviewed indicators from the Community Health Dashboard within the Healthy Southern Nevada website (https://www.healthysouthernnevada.org/) and included them in this report. Indicators for Nye County were collected and reviewed using County Health Rankings.

Prioritization

We engaged our employed and community partners in a rigorous prioritization process to identify significant health needs for us to prioritize our community health work in our hospital communities. Prioritization involved identifying dimensions to prioritize, analyzing those dimensions, inviting key stakeholders to evaluate health issues based on those dimensions, and calculating scores to identify significant health needs.

We identified dimensions for prioritization using practices established by public health professionals. The dimensions reflect community health needs assessment best practices, ACA requirements, and our Intermountain strategic goals.

Dimensions of prioritization included:

- **Affordability**: The degree to which addressing this health issue can result in more affordable healthcare
- **Alignment**: The degree to which the health issue aligns with our or stakeholder organizations' mission and strategic priorities.
- **Community Input**: The degree to which community input meetings highlighted it as a significant health issue.
- **Feasibility**: The degree to which the health issue is feasible to change, considering resources, evidence-based interventions, and existing groups working on it.
- **Health Equity**: The degree to which the health issue disproportionately affects population subgroups by race/ethnicity.
- **Seriousness**: The degree to which the health issue is associated with severe outcomes such as mortality and morbidity, severe disability, or significant pain and suffering.
- **Size**: The number of people affected by the health issue.
- **Value**: The degree to which we have the opportunity to positively impact and improve the quality of life for the people we serve.

Each dimension was weighted equally. Researchers calculated dimensions of Affordability, Community Input, Health Equity, and Size using the Hanlon Method, a validated objective method for reviewing and prioritizing baseline data. Following the Hanlon methods guidelines, researchers assigned ratings for each health indicator databased on the following criteria:

- **Affordability**: Reduction of costs associated with addressing the health issue being small (1), moderate (2), or large (3), provided by our Intermountain Population Health Analytics team and validated using the Centers for Disease Control and Prevention.
- **Community input**: Not mentioned by the community as an issue (1); mentioned, but not a common theme (2); common theme mentioned by several community members (3).
- **Health equity**: Calculated by aggregating health indicators by age (65+), race, ethnicity, gender, education, and income to identify potential health disparities. 1 = no disparity, 2 = disparity in two of the aggregates, 3 = disparity in three or more of the aggregates.
- **Size**: Prevalence: 1 = 0 – 9%; 2 = 10 – 24%; 3 = ≥ 25%; incidence: 1 = 0-49 per 100k; 2 = 50-99 per 100k; 3 = 100+ per 100k. Scales reflect national metrics.

Researchers then asked key stakeholders to participate in a multi-voting technique to consider the dimensions of Alignment, Feasibility, Seriousness, and Value. We identified several groups throughout the organization, including regional, operational, and clinical leadership teams and our community advisory committees, to participate in this part of the prioritization process. After a presentation of the CHNA results and health needs identified through the Hanlon prioritization analysis, participants received an online survey to confidentially vote for the health priorities based on the previously mentioned dimensions. Participants included internal leaders, Intermountain Community Relations Committee Board members, and advisory panels.

Our Executive Leadership Team and Regional Executive Teams reviewed the comprehensive prioritization results and approved our organization's final significant health needs. Our Intermountain Board of Trustees reviewed and approved priorities on Wednesday, November 30, 2022.

Significant Community Health Need

We reviewed the final calculation of priority scores based on ratings across the eight dimensions. We identified the significant health needs for all hospital and clinic communities, including those in Nevada, to be:

Improve mental well-being, improve chronic & avoidable health outcomes, and address & invest in the social determinants of health.

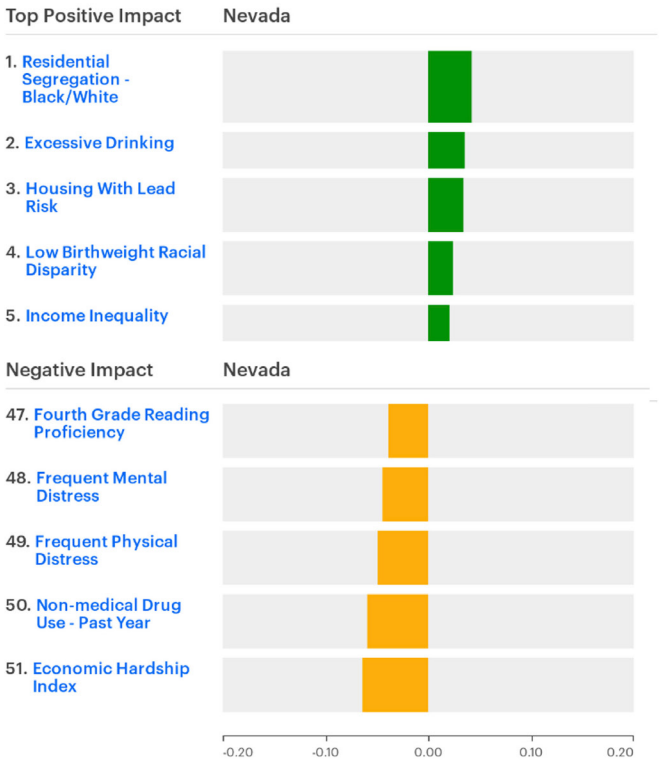
Community Health Needs Assessment Results

Understanding community input and health indicators is essential to prioritizing health needs and creating meaningful implementation plans. The following summary reflects the overall themes from the interviews. In addition, it includes the perspective of underrepresented, medically underserved, low-income, and minority populations and the organizations that advocate for them.

Seven significant health concerns are listed in order of perceived significance as follows:

- **Mental Health for adults and children** includes concerns about children being isolated during COVID-related remote learning and lacking general mental health support at home or school. In addition, there was a clear need for more crisis care, inpatient care, and outpatient treatment with a need to focus on upstream prevention and Adverse Childhood Experiences/trauma.
- **Substance use and misuse in adults and children**, the most notable concern being alcohol use.
- **Access to, and trust in, affordable healthcare**, particularly for underrepresented communities. There was a noted lack of primary care/pediatric and behavioral health providers and concern that specialty care for children generally had to be sought out of state. Concerns were particularly prevalent for Black and Latinx children, with concerns expressed that undocumented families were fearful of seeking care. In addition, interview participants believe that children had high absenteeism due to a lack of dental and vision care. There were also concerns about pharmaceutical costs.
- **Lack of affordable, safe, and quality housing**, especially near healthcare providers.
- **Managing and preventing chronic disease**, predominantly obesity, and obesity-related chronic illnesses.
- **Suicide**
- **Transportation**

In national health rankings, Nevada scored 46th in clinical care, 39th in healthy behaviors, 38th in health outcomes, and 41st in social and economic factors that impact health. Access to care is a critical issue in Nevada, with 12.7% of adults reporting that they avoided care due to cost (the average in the United States is 8.8%). See the figure below for more information on Nevada's results from the most recent America's Health Rankings Annual Report:



Measure	2022 Value	2022 Rank
Social and Economic Factors *	-0.338	41
Physical Environment *	0.059	24
Clinical Care *	-1.003	46
Behaviors *	-0.475	39
Health Outcomes *	-0.278	38
Overall *	-0.410	42
Demographics - Annual *	•	•

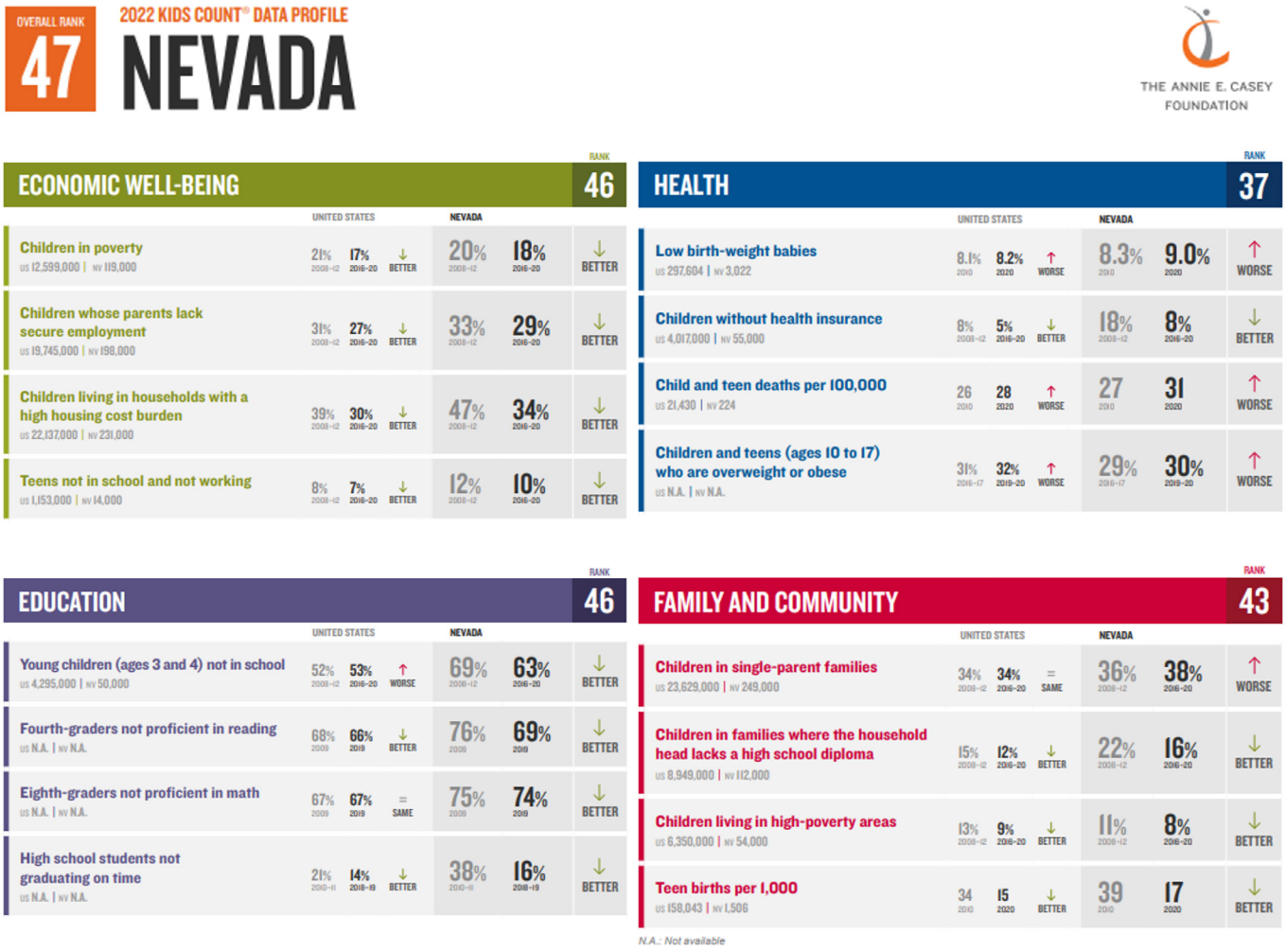
* Value indicates a score. Higher scores are healthier and lower scores are less healthy.
† Not included in the overall score
• Data Unavailable

See Appendix B for a complete list of indicators for Nye and Clark counties. For additional data and insights, visit https://www.healthysouthernnevada.org or the 2021 Southern Nevada Health District Community Health Assessment: healthysouthernnevada.org/content/sites/snhd/reports/2022Update_SNHD_CHA.pdf

Understanding the Health of Children in Nevada

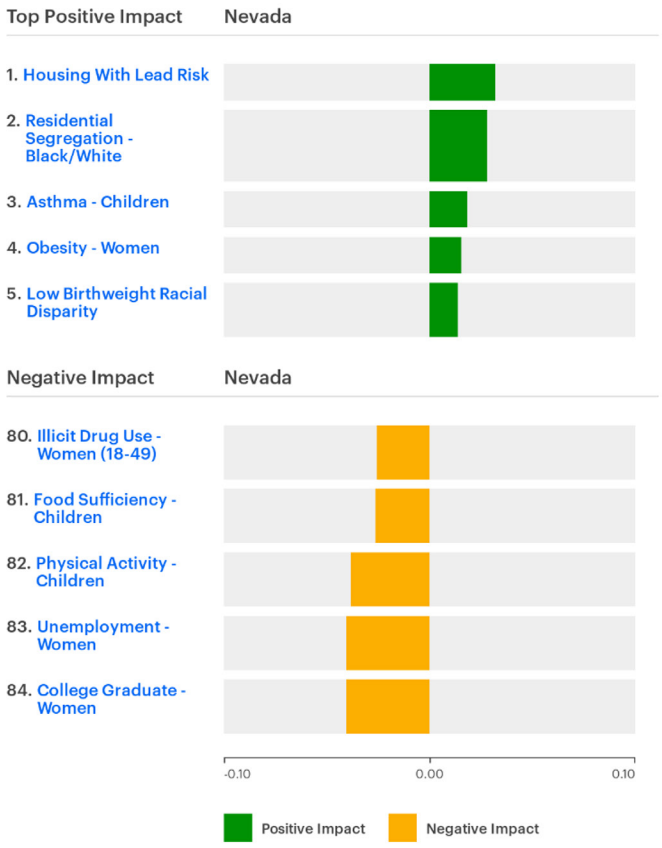
Following the recommendations of community partners in Clark and Nye County, we intentionally focused on children's health. We conducted interviews with a community-based organization in high school dropout prevention, Nevada WIC, medical providers in pediatrics and behavioral health, juvenile justice services, and an academic children's advocacy center (See Appendix A for a complete list of partners interviewed).

Children in Nevada are a particularly vulnerable community, and their outcomes rank similarly to adults. There are only 59.5 available pediatricians for every 100,000 children, which significantly limits access and hurts health outcomes. While improvements have occurred over the past ten years, Nevada continues to fall behind the national average in health-related products. For example, Nevada is 43rd in family and community, 46th in education, and 46th in economic factors. All these areas represent areas that impact a child's ability to be healthy now and in the future.



Additionally, there are significant gaps in clinical care for children in Nevada. According to the Health of Women & Children report from America's Health Rankings, Nevada currently ranks 50th. This includes adequate prenatal care, well-child visits, immunizations, developmental screenings, and adequate insurance.

Nevada's 2022 HWC Ranking: #41



Measure	2022 Value	2022 Rank
Social and Economic Factors - Women and Children *	-0.528	44
Physical Environment - Women and Children *	0.150	16
Clinical Care - Women and Children *	-1.072	50
Behaviors - Women and Children *	-0.372	36
Health Outcomes - Women and Children *	-0.089	24
Overall - Women *	-0.352	38
Overall - Children *	-0.350	43
Overall - Women and Children *	-0.401	41
Demographics - Health of Women and Children * †	•	•

* Value indicates a score. Higher scores are healthier and lower scores are less healthy.
† Not included in the overall score
• Data Unavailable

This CHNA identified behavioral health conditions and frequent mental distress as the most significant public health concerns among community leaders in Nevada, especially for youth. While Nevada slowed its teen suicide rates in recent years, the state remains 15th highest in the nation for death by suicide and is ranked 51st in youth mental health measures, indicating high mental health needs and low access to care. Mental health among youth continues to be a significant issue in the state, and the trend is expected to worsen when the 2021 data is released. Additionally, all 17 counties in Nevada are designated Health Professional Shortage Areas resulting in a severe lack of access to support or prevent mental health suicides and concerns among youth in Nevada.

Policy level gaps were frequently referenced during the pediatric interviews. Specifics included concerns about an underfunded public health system with meager Medicaid reimbursement rates, a need for workforce development, and a highly competitive and profit-driven healthcare environment that does not always serve underrepresented communities.

The pediatric interviews also referenced other social needs, including food insecurity, low educational attainment, and income instability.

Proposed Solutions

While Nevada ranks poorly in nearly all aspects of healthcare and health, there is a robust opportunity for improvement through health policy and community partnership collaboration. For example, access to care and mental health resources are two of the most significant health challenges that Clark County faces. With approximately 75% of the state's population, Clark County has only one primary care physician for every 1,760 residents. And statewide, Nevada has the highest percentage of one-star acute-care hospitals of any state, the lowest rating given by the Centers for Medicare & Medicaid Services. In addition, while medical students study in Nevada, only 39% of graduates will remain in Nevada to begin clinical practice or pursue additional training—the rest plan to leave the state. Nevada residents deserve more; we can make it happen with the right strategies.

In collaboration with community stakeholders, we will use the CHNA information to create a comprehensive Community Health Implementation Plan (CHIP). The CHIP will include resources, collaborations, and partnerships that we will seek to address the needs of the community identified by the CHNA. These initiatives and strategies will be published and tracked over time to ensure they are followed to completion. We are looking to:

- Continue our efforts to understand the community's needs and structure our services to address those needs.
- Ensure financial assistance for our low-income and medically underserved patients.
- Use our philanthropy to support aligned needs.

The Community Health Implementation Strategy is anticipated by the end of 2023.

Conclusion

We are grateful for the support of community members and agencies for their participation in understanding local community health needs and developing strategies to improve health. We will publish our next CHNA in 2025 and look forward to continuing collaborations to improve the health of our community.

Our Intermountain Health CHNA was completed by our Community Health and Strategic Research Departments with expert guidance from our local public health collaborators.

Send written comments on this Community Health Needs Assessment to: **2022CHNAcomments@imail.org**.

For more information about the CHNA, contact:

Lisa Nichols, AVP, Community Health, Intermountain Health **lisa.nichols@imail.org**

Stephanie Croasdell Stokes, Senior Consultant, Strategic Research, Intermountain Health **stephanie.stokes@imail.org**

Appendix A

Interview Questions

Community-Based Organizations & Partners

1. Can you briefly tell me about your organization, your role, and how long you have worked there?
    a. How long have you been a part of the Nevada community?
    b. Who would you consider to be the people you serve or support in your organization and role?

We are committed to helping people live the healthiest lives possible, and one of the ways we fulfill our mission is by working to improve the overall health of the communities where we live and serve.

2. What would you say are the 2-3 health issues that detract most from the lives and quality of lives of the people you serve or support?
    a. From your experience, what exactly is it about [health issue discussed] that detracts so much from the quality of life of the people you serve or support?
    b. From your experience, what are the primary things causing that health issue, or the primary barriers that get in the way of preventing or solving that issue? What policy barriers are there?
    c. What groups or types of individuals, if any, have you seen are particularly vulnerable to, or affected by, that health issue?
3. What, if any, other things have you seen to significantly harm the quality of life for the people you serve that you haven't mentioned yet? Thinking about the root causes, or upstream drivers, to health, what do you think is most contributing to lost quality of life? And why?
4. What do you think would help most to improve the health and quality of life of the people you serve?
    a. In other words, what do you think would help most to improve things with the health issues you've mentioned? What do you think would help most to address the causes and barriers to solutions for those health issues?
5. How could Intermountain Health better or best support you and your organization around the health issues you've identified?

The following organizations participated in an interview, in addition to our frontline Intermountain caregivers:

- Catholic Charities
- City of Las Vegas
- City of Mesquite
- Comagine Health (formerly HealthInsight)
- Communities in Schools
- Juvenile Justice
- Latin Chamber of Commerce
- LGBTQ Center of Southern Nevada, aka The Center
- Naturium
- Nye County HHS
- Regional Transportation Commission of Southern Nevada
- Southern Nevada Health District
- St. Rose Siena - Dignity Health
- Three Square Food Bank
- UNLV - Academic Health Sciences Center
- UNLV - Mojave Child/Adolescent Psych and Mental Health
- UNLV - Nevada Institute for Children's Research and Policy
- UNLV - School of Public Health

Appendix B

HEALTH OUTCOMES	CLARK	NYE
Premature Death	7,400	10,800
Poor or Fair Health	21%	22%
Poor Physical Health Days	4.1	4.7
Poor Mental Health Days	4.4	5.1
Low Birthweight	9%	10%

HEALTH FACTORS	CLARK	NYE
Adult Smoking	17%	23%
Adult Obesity	30%	36%
Food Environment Index	8	4.3
Physical Inactivity	27%	29%
Access to Exercise Opportunities	96%	16%
Excessive Drinking	18%	19%
Alcohol-Impaired Driving Deaths	26%	29%
Sexually Transmitted Infections	619.6	199.9
Teen Births	22	29
Uninsured	14%	13%
Primary Care Physicians	1,760:1	3,100:1
Dentists	1,590:1	5,340:1
Mental Health Providers	450:01:00	590:01:00
Preventable Hospital Stays	4,225	4,201
Mammography Screening	32%	30%
Flu Vaccinations	36%	31%

SOCIAL & ECONOMIC FACTORS	CLARK	NYE
High School Completion	86%	86%
Some College	58%	48%
Unemployment	14.70%	9.70%
Children in Poverty	18%	22%
Income Inequality	4.3	4
Children in Single-Parent Households	29%	27%
Social Associations	3.4	5.2
Violent Crime	757	167
Injury Deaths	73	131

PHYSICAL ENVIRONMENT	CLARK	NYE
Air Pollution - Particulate Matter	10.1	7.1
Drinking Water Violations	Yes	Yes
Severe Housing Problems	20%	14%
Driving Alone to Work	77%	77%
Long Commute - Driving Alone	34%	26%

Additional Information

For additional data and insights, visit **healthysouthernnevada.org**

2021 Southern Nevada Health District Community Health Assessment:

These reports, provided by America's Health Rankings, provide a high-level state summary of community health indicators:

Annual Report

Senior Report

Women & Children Report

You can find AHR-specific sources at **americashealthrankings.org/about/methodology/data-sources-and-measures**

Data source: Country Health Rankings, 2022