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Nevada Statewide Cardiovascular Health Learning Collaborative

Background

The National Cardiovascular Health Program (CDC-RFA-DP-23-0004) supports opportunities for recipients and other expert stakeholders to participate in a statewide Cardiovascular Health Learning Collaborative (LC).

The LC may be an alliance of public health entities, housing, commerce, and transportation agencies, health systems, health care providers, clinical quality improvement organizations, health information technology experts, public and private payers, pharmacists, mental and behavioral health professionals, community-based health care professionals, community organizations, safety net providers, health departments, tribal organizations, among others. These partners may also directly intervene on a clinical or community basis to address social determinants of health (SDoH).

The LC will facilitate communication and the exchange of ideas between health systems, community health organizations, and public health entities. The LC will leverage technical and financial resources to support programs to improve cardiovascular health outcomes for all persons but specifically focus on those with or at the highest risk of poorer health outcomes.

LC Goals

- Prioritizing populations and communities within census tracts with 40% or greater crude rate prevalence of hypertension.

- Serving populations and communities within census tracts with 40% or greater crude rate prevalence of hypertension due to unfair opportunity structures and social determinants of health challenges, such as limited access to care, lack of housing, food insecurity, unstable employment, lack of transportation, or lack of childcare.

- Achieving optimal health outcomes for the identified populations through culturally informed programs that use focused strategies to advance universal health equity goals.

Regions

Geographically, Nevada is the seventh largest State in the country. The State is comprised of 17 counties covering 110,540 square miles; those counties include three (3) classified as urban (Clark and Washoe counties and Carson City), three (3) classified as rural (Douglas, Lyon, and Storey counties), and 11 frontier counties.[1] Approximately, 90.9% (2.9 million people) of Nevada's population reside in three (3) urban counties. In contrast, the rest of the population is distributed throughout the remaining counties, which comprise 86.9% of the State's total area.[2]

The State has two (2) major metropolitan areas: Las Vegas/Henderson/North Las Vegas, which, with over two (2) million people, represents almost three-quarters of Nevada's population, and Reno/Sparks/Carson City, with a population around 500,000 (or 15% of the statewide total). These two (2) metropolitan areas are on the State's southern and western edges but 450 miles apart and separated by climate, economy, and culture. The remainder of Nevada's population is highly dispersed in low-density cities, towns, and hamlets with populations from 50,000 to a few hundred.

In recognition of Nevada's unique geography, population distribution, and demographics the Cardiovascular Health Program (the Program) proposes a Learning Collaborative (LC) construct designed to meet regional needs and employ the regional expertise of the LC partners by organizing the statewide LC into three regional working groups, the northwest, southern, and rural/frontier LC workgroups. The LC will meet monthly, as a body, and the LC partners will independently pursue region-specific plan, do, study, act (PDSA) activities as work groups meeting ad-hoc and reporting to the statewide learning collaborative.

LC CONSTRUCT

- Learning Collaboratives will be comprised of 23-0004 subrecipients and qualified volunteer stakeholders from health systems, higher education, and community-based organizations.

- The work of the LC will be driven by data gathered from The Program's recent Geographic Information Systems (GIS) mapping project.[3]

- The regional LCs work groups will be led by 23-0004 sub-recipient (s).

- The regional LCs will report to the statewide LC comprised of Program staff, sub-recipients, and qualified stakeholders.

- The LC/CDPHP will review and analyze regional LC reporting.

- The LC /CDPHP will prepare all required deliverables for statewide reporting and CDC reporting.

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[1]Griswold, et al. (2021). Nevada Rural and Frontier Health Data Book – Tenth Edition. Nevada Office of Rural Health, Office of Statewide Initiatives. University of Nevada, Reno, School of Medicine

[2] Nevada Legislature, Research Division. (2021). Research Division Content | Reapportionment and Redistricting in Nevada: 2020 U.S. Census Data.
[3]https://app.powerbi.com/view?r=eyJrIjoiNDVkZjc5YjctMDgwZC00YzdhLWJmOTMtMzc2YzQ5MTRlOGRkIiwidCI6ImY5YzZjYmRhLW M5ZDktNGJlZi1iYmI4LWVkZGY3NDgzNGU2ZSIsImMiOjZ9&pageName=ReportSection

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│            │  │              │  │ Rural/Frontier  │
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