NEVADA HEALTH EQUITY RESOURCE REPOSITORY

Companion Report

Prepared by Nadia Strum

Spring 2026

Table of Contents

1. Executive Summary 1
2. Glossary of Acronyms 1
3. End User Guide: How to Use the Repository 4
4. Methodology 5
4.1 Project Context and Approach 5
4.2 Date Range of Included Reports 5
4.3 Search Process and AI-Assisted Compilation 5
4.4 Second AI Prompt: Gap Analysis and Repository Expansion 6
4.5 Role of AI in Repository Development 6
4.6 Link Behavior and Access Notes 7
4.7 Source Material List 8
5. Featured Case Studies 9
6. Repository Maintenance and Future Updates 10

1. Executive Summary

The Nevada Health Equity Resource Repository is a Health in All Policies (HiAP) inspired, AI-powered collection of Nevada state plans, strategic frameworks, needs assessments, program reports, and policy guidance documents created after the end of the COVID-19 Public Health Emergency on May 11, 2023. Developed through an internship with the Nevada Office of Minority Health and Equity (NOMHE), the repository consolidates nearly 200 publicly available resources into a single, navigable reference tool organized across nine areas of public health infrastructure.

The repository spans nine thematic categories: Chronic Disease Prevention, Infectious Disease Support, Behavioral and Mental Health, Maternal and Child Health, Aging and Independent Living, Oral Health and Preventive Care, Food Security and Housing, Disability Support Programs, and Rural and Tribal Community Engagement. Each entry is annotated with standardized metadata including responsible agency, date of last update, actionable components, intended outcomes, funding sources, points of contact, and vulnerable populations served.

Who Can Use This Repository? The repository serves a broad range of stakeholders: state and local health department staff aligning programs with current strategic priorities, policymakers evaluating cross-sector health investments, program managers identifying funding opportunities or partnership models, researchers studying Nevada's post-pandemic public health landscape, community-based organizations and tribal health programs, and academic institutions training public health professionals.

How Can This Information Be Used? Uses include identifying gaps in current state planning efforts, conducting cross-sector analyses of shared health priorities, informing grant applications with existing state frameworks, supporting HiAP initiatives by revealing connections between health and non-health sector strategies, and tracking how state plans address health equity and system capacity.

Why Is This Repository Important? The repository can significantly save time. Instead of searching the Internet for desired plans which could take hundreds of hours, navigating this repository may take just an hour because it provides brief descriptions and direct links to the reports in one place. In fact, 200 hours were dedicated to creating this repository.

This companion report orients users to the repository's structure, explains the methodology behind its compilation, and highlights selected case studies that illustrate the breadth and depth of the resources available.

2. Glossary of Acronyms

The following acronyms appear throughout the repository and this companion report:

Acronym	Full Name
AAPI	Asian American and Pacific Islander
ACL	Administration for Community Living
ADA	American Dental Association
ADRC	Aging and Disability Resource Connection
ADSD	Aging and Disability Services Division

AI	Artificial Intelligence
AIDS	Acquired Immunodeficiency Syndrome
APSR	Annual Progress and Services Report
ARPA	American Rescue Plan Act
BBHWP	Bureau of Behavioral Health Wellness and Prevention
BIPOC	Black, Indigenous, and People of Color
BRFSS	Behavioral Risk Factor Surveillance System
CAPER	Consolidated Annual Performance and Evaluation Report
CASD	Commission on Autism Spectrum Disorders
CCPP	Comprehensive Community Prevention Plan
CDBG	Community Development Block Grant
CDC	Centers for Disease Control and Prevention
CDPHP	Chronic Disease Prevention and Health Promotion
CFS	Council on Food Security
CFSP	Child and Family Services Plan
CHA	Community Health Assessment
CHIP	Community Health Improvement Plan
CHNA	Community Health Needs Assessment
CLAS	Culturally and Linguistically Appropriate Services
CMS	Centers for Medicare and Medicaid Services
COVID	Coronavirus Disease
CRP	Citizen Review Panel
CYSHCN	Children and Youth with Special Health Care Needs
DCFS	Division of Child and Family Services
DHCFP	Division of Health Care Financing and Policy
DHHS	Department of Health and Human Services
DPBH	Division of Public and Behavioral Health
DWSS	Division of Welfare and Supportive Services
EDC	Education Development Center
EHR	Electronic Health Record
EMS	Emergency Medical Services
ESG	Emergency Solutions Grant
FDA	U.S. Food and Drug Administration
FFPNL	Food for People Not Landfills
FFY	Federal Fiscal Year
FSSP	Food Security Strategic Plan
GLS	Garrett Lee Smith
HACCP	Hazard Analysis and Critical Control Points
HCBS	Home and Community-Based Services
HEAP	Health Equity Action Plan
HiAP	Health in All Policies
HIV	Human Immunodeficiency Virus
HMIS	Homeless Management Information System

HOPWA	Housing Opportunities for Persons with AIDS
HPSA	Health Professional Shortage Area
HRSA	Health Resources and Services Administration
HUD	U.S. Department of Housing and Urban Development
ICHH	Interagency Council on Homelessness to Housing
LEP	Limited English Proficiency
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer, and Others
LIHTC	Low-Income Housing Tax Credit
LTSS	Long-Term Services and Supports
MAT	Medication-Assisted Treatment
MCAH	Maternal, Child and Adolescent Health
MCH	Maternal and Child Health
MCHB	Maternal and Child Health Bureau
MMRC	Maternal Mortality Review Committee
MOUD	Medications for Opioid Use Disorder
NGCDD	Nevada Governor's Council on Developmental Disabilities
NHD	Nevada Housing Division
NIDCR	National Institute of Dental and Craniofacial Research
NIH	National Institutes of Health
NLIHC	National Low Income Housing Coalition
NNPH	Northern Nevada Public Health
NOMHE	Nevada Office of Minority Health and Equity
NRS	Nevada Revised Statutes
NVHA	Nevada Health Authority
NWD	No Wrong Door
OAA	Older Americans Act
OCJ	Office of Criminal Justice
OFA	Office of Food and Nutrition Assistance
OSE	Office of State Epidemiology
OUD	Opioid Use Disorder
PHAB	Public Health Accreditation Board
PPC	Patient Protection Commission
PREA	Prison Rape Elimination Act
RHT	Rural Health Transformation
RPE	Rape Prevention and Education
RSV	Respiratory Syncytial Virus
SAMHSA	Substance Abuse and Mental Health Services Administration
SCIP	Statewide Comprehensive Interstate Plan
SCSEP	Senior Community Service Employment Program
SDOH	Social Determinants of Health
SFY	State Fiscal Year
SILC	Statewide Independent Living Council
SNAP	Supplemental Nutrition Assistance Program

SNHD	Southern Nevada Health District
SOR	State Opioid Response
SPIL	State Plan for Independent Living
SSHIP	Silver State Health Improvement Plan
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TAY	Transition Age Youth
TFAD	Task Force on Alzheimer's Disease
TVIS	Title V Information System
USDA	U.S. Department of Agriculture
VA	U.S. Department of Veterans Affairs
VPD	Vaccine-Preventable Disease
WIC	Special Supplemental Nutrition Program for Women, Infants, and Children
WIOA	Workforce Innovation and Opportunity Act
WOARF	Washoe Opioid Abatement and Recovery Fund
YRBS	Youth Risk Behavior Survey

3. End User Guide: How to Use the Repository

The repository is organized as a multi-tab Excel workbook. Each tab corresponds to one of nine health topic areas. Within each tab, entries are organized in a standardized table format with the following columns:

- Plan Name – The official title of the report, plan, or program resource.
- Link to Plan – A hyperlink to the source document or program landing page.
- Type of Report – Classification of the document (e.g., strategic plan, needs assessment, annual report).
- Responsible Agency or Department – The lead state agency or organization.
- Date Last Updated – The most recent publication or revision date.
- Description – A summary of the document's scope and purpose.
- Summary of Actionable Components – Key strategies, goals, or action items outlined in the document.
- Outcomes/Impacts – Intended or reported results.
- Funding Source – Identified funding mechanisms, where available.
- Point of Contact – Agency contact information for follow-up.
- Vulnerable Population – The specific communities or demographics addressed.

Navigating by Topic: Select the appropriate tab at the bottom of the workbook to browse resources within a specific health domain. Use Excel's built-in filter and search features (Ctrl+F) to locate entries by keyword, agency, or population.

What Should I Look at First? After selecting the tab of interest, users are advised to look at descriptions and/or summary of actionable components columns first to find the report of interest.

Accessing Source Documents: Each entry includes a hyperlink in the "Link to Plan" column. Where possible, links navigate directly to the source document (e.g., a PDF report). In some cases, the link directs to a landing page or program website; users should search for the resource by its listed plan name once on the page.

4. Methodology

4.1 Project Context and Approach

This repository was developed as part of an internship with the Nevada Office of Minority Health and Equity (NOMHE) within the Department of Health and Human Services. The central project goal was to design a Health in All Policies (HiAP) inspired, AI-powered repository of Nevada state plans created after the COVID-19 Public Health Emergency ended on May 11, 2023. The HiAP framework guided the repository's design by encouraging a cross-sector view of how state plans across different agencies collectively shape health outcomes and community wellness.

Development involved identifying eligible state plans published after the public health emergency, extracting key details (responsible agencies, funding sources, target populations, and equity considerations), developing standardized data fields, and organizing the repository to encourage cross-sector collaboration. Each plan was also examined for how it addresses health equity, cultural responsiveness, and system capacity.

4.2 Date Range of Included Reports

The repository focuses on plans and reports created after May 11, 2023, when the federal COVID-19 Public Health Emergency declaration expired. This date marks the transition from emergency response to long-term infrastructure rebuilding. The majority of entries reflect documents that were created from 2023 through 2025. A small number of multi-year plans with earlier publication dates are included where they remain actively implemented or represent the most current resource on a given topic.

4.3 Search Process and AI-Assisted Compilation

Repository compilation combined AI-assisted discovery with manual verification. For each of the nine categories, an AI tool was prompted using the following structured query:

> *"Nevada has numerous cross-sectoral, state-level plans that influence health and community wellness. Design a Health in All Policies (HiAP) inspired repository of plans created post May 11, 2023, in Nevada. Search for all Nevada [action plan / needs assessment / other reports] since May 11, 2023 for [category] that disproportionately present in minority populations. Provide: Plan name, Link to plan, Type of report, Responsible agency or department, Date last updated, Description, Summary of Actionable Components, Outcomes, Funding source, Point of contact, Vulnerable population/demographic considerations."*

This prompt was executed in three rounds per category—first targeting action plans, then needs assessments, and finally other report types. The Nevada Minority Health Reports (2023–2025) served as a guiding reference to concentrate on diseases and conditions disproportionately affecting minority populations. AI-generated results were supplemented with manual Google searches, and all entries were verified for accuracy, link validity, and completeness.

4.4 Second AI Prompt: Gap Analysis and Repository Expansion

Following the initial compilation described in Section 4.3, a second AI prompt was developed to identify structural gaps in the repository's coverage. While the first prompt focused on discovering and cataloging existing state plans within each of the nine thematic categories, the second prompt was designed to perform a systematic gap analysis, examining what types of reports, data sources, and topic areas were underrepresented or missing entirely. The rationale for this second round was that the initial compilation, while comprehensive, relied on the availability and discoverability of published plans and could not fully account for reports that were recently released, hosted on less prominent platforms, or that spanned cross-cutting topics not neatly captured by a single category search.

The second prompt directed the AI tool to review the existing repository contents against known Nevada public health infrastructure and identify missing reports across several dimensions. AI tool was prompted using the following structured query:

> *""Review the attached Excel file Repository.xlsx, which contains a Nevada Health Equity Resource Repository organized across 9 tabs by health topic. For each tab, analyze the existing entries (plan names, responsible agencies, and descriptions) and identify gaps — specifically, any well-known Nevada state plans, federal grant reports, community health assessments, or strategic documents that are relevant to that tab's topic but are missing from the repository. Search the web for current Nevada health reports from state agencies (DHHS, DPBH, ADSD), local health districts (SNHD, Washoe County, Carson City), tribal health authorities, UNR/UNLV research centers, and relevant federal programs (CDC, HRSA, SAMHSA, CMS, HUD). For each missing report found, provide: Plan Name, Link, Type of Report, Responsible Agency, Date Last Updated (year only), a brief Description, and Funding Source if available. Organize your findings by tab."*

This gap analysis resulted in 24 additional entries being accepted into the repository, bringing the total from approximately 170 to 195 entries. New additions were distributed across all nine tabs.

Note: all additional reports found by AI were analyzed and some were excluded. Only relevant reports were retained and included into the repository.

4.5 Role of AI in Repository Development

Artificial intelligence played a central and enabling role throughout the development of this repository. The scope of the project: identifying, reviewing, extracting standardized metadata from, and organizing nearly 200 state-level plans, needs assessments, program reports, and policy guidance documents across nine distinct health domains would have been extraordinarily difficult to accomplish within the timeframe of a single internship without AI assistance. A manual approach to this work would have required searching dozens of agency websites individually, reading each multi-page document in full, and hand-entering data into standardized fields for every entry. Conservative estimates suggest this process could have taken several

hundred hours of labor if conducted entirely by hand. AI tools compressed this timeline dramatically by generating structured search results, drafting initial metadata extractions, and identifying cross-sector connections that might otherwise have been missed.

Specifically, AI was used in two distinct phases. In the first phase (Section 4.3), a structured prompt was used to systematically discover and catalog plans across all nine thematic categories, generating initial entries with plan names, responsible agencies, descriptions, funding sources, and vulnerable population considerations. In the second phase (Section 4.4), a separate AI prompt was developed to conduct a gap analysis of the completed repository, identifying structural gaps in coverage such as missing surveillance data sources, legislative reports, county-level publications, and cross-cutting topics that the initial compilation had not fully captured. This second round added 24 entries to the repository.

However, AI is a tool that augments human judgment, it does not replace it. Several important cautions should be considered and actively managed when using AI in public health research and infrastructure projects of this nature. First, AI-generated content can contain inaccuracies, including fabricated plan names, incorrect agency attributions, outdated links, or hallucinated data points that sound plausible but do not correspond to real documents. Every AI-generated entry in this repository was manually verified against the original source, and entries that could not be confirmed were excluded. Second, AI tools may reflect biases present in their training data, potentially overrepresenting well-documented programs from larger agencies while underrepresenting smaller, community-based, or tribal initiatives that have less online visibility. The gap analysis prompt was specifically designed to counteract this tendency by searching for underrepresented report types. Third, AI outputs can be inconsistent in formatting, tone, and level of detail, requiring human review to ensure standardization across all entries.

Users of this repository should be aware that while AI significantly accelerated the compilation process and expanded the breadth of resources identified, every piece of information in the final product has been reviewed by a human researcher. AI is a powerful and helpful tool for public health infrastructure work, it can surface documents that might otherwise be overlooked, suggest organizational frameworks, and process large volumes of information efficiently but the responsibility for accuracy, completeness, and appropriate contextualization ultimately rests with the people who oversee and verify the work. Future maintainers of this repository are encouraged to use AI tools to assist with updates and expansion, but should always verify AI-generated content against original sources before accepting it into the repository.

4.6 Link Behavior and Access Notes

Every entry in the repository includes a hyperlink intended to connect users to the original source document. However, users should be aware that link behavior varies depending on how the publishing agency hosts its materials:

- Direct document links take the user to the full PDF or web-based version of the report.
- Landing page links take the user to the agency’s program page, where the specific document can be located by searching for its plan name.
- Program webpage links connect to an ongoing initiative’s homepage rather than a static report, as the resource is maintained as a living web presence.

Links were verified at the time of repository compilation. As agencies periodically reorganize their websites, some links may change over time. If a link is no longer active, users are encouraged to search the agency's main website using the plan name listed in the repository.

4.7 Source Material List

The repository was compiled by reviewing publicly available documents and program information from the following primary sources:

i. **Nevada Minority Health Reports (2023–2025)** — Core data source documenting health disparities across racial, ethnic, and linguistic populations in Nevada.

ii. **Silver State Health Improvement Plan (SSHIP) 2023–2028** — Nevada's overarching public health strategic plan that defines priority health areas and measurable objectives statewide.

iii. **Nevada Title V Maternal and Child Health Block Grant Applications and Needs Assessments** — Federal–state reporting documents that identify maternal and child health priorities, performance measures, and resource allocations.

iv. **Division of Public and Behavioral Health (DPBH) strategic plans and program reports** — Provides insight into behavioral health, chronic disease, and communicable disease programming at the state level.

v. **Aging and Disability Services Division (ADSD) state plans and annual reports** — Documents services and strategic priorities for older adults and individuals with disabilities across Nevada.

vi. **Nevada Health Equity Action Plan (HEAP)** — The state's foundational framework for addressing health equity, including goals and accountability metrics.

vii. **Council on Food Security annual reports and legislative briefs** — Tracks Nevada's food insecurity data and informs legislative action on hunger and nutrition programs.

viii. **Nevada State–Tribal Consultation Policy and related tribal engagement documents** — Establishes protocols for government-to-government engagement with Nevada's tribal nations on health matters.

ix. **Centers for Disease Control and Prevention (CDC) and CMS program guidance applicable to Nevada** — Provides federal context for state-level implementation of chronic disease, behavioral health, and coverage programs.

x. **Agency program websites and publicly accessible document libraries** — Supplementary source used to locate current program descriptions, contact information, and supporting documentation.

xi. **Milbank Memorial Fund Primary Care Scorecard and Reports (2025–2026)** — National primary care benchmarking data with state-level indicators on workforce, financing, and chronic disease outcomes relevant to Nevada.

xii. **County Health Rankings & Roadmaps (University of Wisconsin Population Health Institute / Robert Wood Johnson Foundation)** — Annual county-level health data providing comparative health outcome and health factor measures across all Nevada counties.

5. Featured Case Studies

The following case studies illustrate the range and depth of resources contained in the repository. Each represents a different health topic area and document type, demonstrating how the repository can support cross-sector planning and targeted program development.

Case Study 1: Bureau of Behavioral Health Wellness and Prevention Strategic Plan (2025–2030)	
Category	Behavioral and Mental Health
Description	This statewide strategic plan presents findings from a comprehensive needs assessment of Nevada's behavioral health prevention, early intervention, treatment, and recovery systems. It defines priority focus areas with specific strategies, timelines, and clearly identified roles for state agencies, regional behavioral health policy boards, and community partners.
Key Actions	Align behavioral health programs statewide, expand access across the continuum of care, and establish measurable indicators for prevention and recovery system performance.

Case Study 2: Nevada Title V MCH Needs Assessment (2025–2030)	
Category	Maternal and Child Health
Description	This federally required five-year assessment establishes maternal and child health priorities across women's/maternal health, perinatal/infant health, child health, adolescent health, and children and youth with special health care needs. It incorporates extensive stakeholder engagement and prioritization scoring to identify evidence-based strategies.
Key Actions	Define statewide MCH priorities, select National and State Performance Measures, implement five-year evidence-based strategies, and reduce disparities in maternal and child health outcomes.

Case Study 3: Nevada Council on Food Security 2024 Annual Report	
Category	Food Security and Housing
Description	The 2024 annual report from the Governor's Council on Food Security summarizes statewide food insecurity data and trends, reviews CFS accomplishments, and presents policy recommendations. The report documents expanded community food access grants and deepened engagement with tribal nations in food security planning.

Key Actions	Expand Nevada Community Food Access grants, strengthen regional coordination among food banks and pantries, and advance legislative priorities around food rescue and SNAP outreach.

6. Repository Maintenance and Future Updates

We recognize that The Nevada Health Equity Resource Repository is intended as a living document and not static and will require periodical updates. As state agencies publish new strategic plans, needs assessments, and program reports, the repository should be updated to reflect the most current resources available. Users who identify broken links, outdated entries, or additional resources for inclusion are encouraged to contact the Office of Minority Health and Equity (NOMHE) within the Nevada Department of Health and Human Services. It is also recommended to update this repository every 2 years.