2024

Clark County Voices

A Part of the SNHD Community Context Assessment

Nevada Institute for Children's Research & Policy
NICRP
University of Nevada - Las Vegas

This report was prepared by the Nevada Institute for Children's Research and Policy.

NICRP Staff Contributors:

M. Amaris Knight, Ph.D. M.Ed.
Research Associate

Aaron Luna
Research Assistant

Char Frost
Research Assistant

Amanda Haboush-Deloye, Ph.D.
Executive Director

About the Nevada Institute for Children's Research and Policy

The Nevada Institute for Children's Research and Policy (NICRP) is a not-for-profit, non-partisan organization whose primary goal is to advance the well-being of children in Nevada. As a research center in the School of Public Health at the University of Nevada Las Vegas, NICRP is dedicated to conducting academic and community-based research that helps guide the development of policies, practices, and programs which serve to enhance the health and well-being of children and their families. For more information about NICRP, please contact us or visit our website at http://nic.unlv.edu.

Nevada Institute for Children's Research and Policy
School of Public Health, UNLV
4505 S. Maryland Parkway, Box 453030
Las Vegas, NV 89154-3030
Phone: (702) 895-1040
Email: NICRP@unlv.edu
Web: http://nic.unlv.edu

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LIST OF ACRONYMS

AI/AN = American Indian or Alaskan Native

CCA = Community Context Assessment

CCSD = Clark County School District

CHA = Community Health Assessment

CHIP = Community Health Improvement Plan

CHW = Community Health Workers

CSA = Community Status Assessment

DMV = Department of Motor Vehicles

IHS = Indian Health Services

MAPP = Mobilizing for Action through Planning and Partnerships

NICRP = Nevada Institute for Children's Research and Policy

SNHD = Southern Nevada Health District

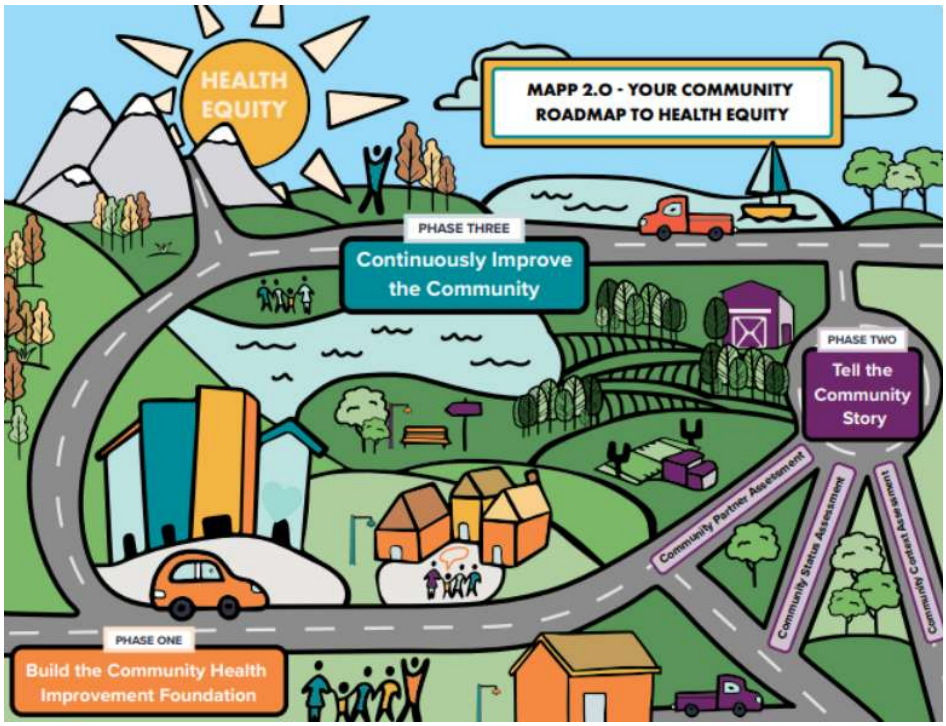
UNLV = University of Nevada Las Vegas

VFW = Veterans of Foreign Wars

INTRODUCTION

Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP)
A regular assessment of the health of the community is an essential function in public health in order to understand the areas of strength and needs for improvement within the community. Therefore, the Southern Nevada Health District (SNHD) collaborated with multiple community organizations and individuals to conduct a Community Health Assessment (CHA). The CHA's intended purpose is to provide an overview of the health information and seeks to identify target populations who may be at an increased risk of poor health outcomes. Findings from the CHA are used to guide the development of a Community Health Improvement Plan (CHIP). The CHIP will direct and guide the development of SNHD's and other community partners' activities through the next three to five years.

MAPP 2.0
Mobilizing for Action through Planning and Partnerships (MAPP) is the framework that was used for this Community Health Assessment. There are several different assessments that are utilized with the larger CHA to provide a comprehensive understanding of the community.



This current report provides the details on one aspect of the Community Context Assessment, gathering community voice through focus groups and interviews with specific populations, one of the assessments conducted during Phase II of this framework.

Community Context Assessment – Focus Groups

The health of our communities can be affected in many ways by their capacity to gain access to affordable, culturally appropriate, and comprehensive health resources that are obtained in a timely manner. Therefore, local health departments are required to evaluate the current services provided by them and how factors such as the population's health, social dynamics, and access to those resources are affecting the engagement of the communities that they serve. One effective way of accomplishing this overarching task is through a Community Context Assessment (CCA). A CCA is a qualitative tool to obtain data from the community such as insights, experiences, and views from people and communities that are currently affected by social systems. Some of the methods that are associated with CCA to

collect data include, but are not limited to, interviews, focus groups, and mapping. For the current CHA, two methods were selected that have been proven effective, the implementation of focus groups and the use of photo voice. It was determined that the focus groups would be utilized with specific adult populations and the photo voice project would be used as a more unique method to include youth perspectives. The results of both assessments will be utilized together to determine priorities within the community. This report will focus on the focus groups.

Focus groups are an essential component of CCA, providing a platform for exploring culturally sensitive and often overlooked aspects of health within hard-to-reach populations. These discussions allow researchers to gather information about social norms, beliefs, and experiences that might not be captured through other research methods. By engaging diverse community members, focus groups help ensure that healthcare program developers and service providers incorporate the perspectives of underrepresented populations.

Purpose of the Current Assessment

The Nevada Institute for Children's Research & Policy (NICRP) was contracted by the Southern Nevada Health District to obtain qualitative data from six priority populations that have difficulty accessing and using healthcare services in the community. The purpose of these targeted discussions is to identify the following: community perceptions of health and current healthy behaviors, community strengths and assets that support healthy living, current barriers to health and wellness, opinions about larger community issues that impact overall health, potential upcoming forces of change that may impact community health, and recommendations from community members about strategies that can be used to better address their unique needs. To answer these questions, NICRP conducted semi-structured focus groups and interviews with members of those six priority populations to capture diverse experiences, viewpoints, and recommendations.

METHODS

As part of its contract with SNHD, NICRP collected data for the CCA from members of the Southern Nevada community. Six priority populations were identified and questions were developed to gather qualitative data to explore their knowledge, attitudes, and opinions on various community health issues. NICRP also developed materials to recruit members from each population to attend focus groups, ultimately holding eight sessions to accommodate members from all populations. To enhance representation, phone interviews were also conducted, ensuring a broader inclusion of voices across the priority population groups.

Priority Populations

As part of a larger effort to better understand how *all* members of the Southern Nevada community understand the impact of community features on health and how they access the healthcare system, NICRP and SNHD determined six priority populations to recruit for the focus groups. These groups include: (1) seniors aged 60 and older, (2) people with disabilities, (3) Veterans, (4) people living in rural areas, (5) American/Indian/ Alaska Native, and (6) people living in the ZIP code 89101. The selection of these groups was based on feedback from the SNHD Steering Committee, as well as preliminary results from the 2024 Community Status Assessment (CSA), a part of the larger CHA. As a note, for the grouping of seniors, the starting age was selected by the steering committee based on a review several

organizations criteria for what age indicates senior status including Medicare, AAPR, and various other government programs and companies that offer benefits. The ages vary from 50-65 and therefore 60 was selected as a reasonable compromise. Members of these communities are often underrepresented in other data sets and may experience specific challenges in accessing health care and have a unique experience that is necessary to understand when making recommendations to improve the overall health of the community.

Question Development

NICRP and SNHD reviewed previous studies that used focus groups to collect data to produce two key tools: a demographic form to gather background information on participants and a discussion guide to help facilitators lead a structured conversation. The demographic form was designed to gather essential background information on each participant, including factors such as age, ethnicity, and family structure. Collecting these details helped ensure that the focus group findings could be placed in the appropriate context, allowing for a more nuanced understanding of the varying perspectives and needs within the community. The demographic form used for each of the six priority populations is available in *Appendix A*.

Additionally, a discussion guide was designed to explore participants' experiences with the healthcare system, community strengths and challenges, and how these factors impact their healthcare access. The questions aligned with those used in the Southern Nevada Health District CSA Survey, and the final guide included 16 questions. These questions addressed participants' understanding of health, specific experiences in accessing care, community strengths and challenges, environmental influences on community perceptions, and recommendations for community improvement. A copy of the discussion guide used for each of the six priority populations is available in *Appendix C*.

Recruitment

Focus group host locations were recruited through emails and phone calls to local community organizations that served and/or represented the members of each priority population asking if they were interested and willing to assist by providing a location to host an in-person focus group and recruit participants. Specific locations included community centers, churches, cultural groups, clubs, and non-profit organizations.

Print and online advertisements were created for each of the 6 priority populations (seniors aged 60 and older, people with disabilities, Veterans, people living in rural areas, American/Indian/ Alaska Native, and people living in the ZIP code 89101). Each of the advertisements indicated the time, location, and purpose of the focus group, and stated that participants would be compensated for their efforts with a $50 gift card. The focus groups set a registration limit of 15 participants for each of the focus groups. Therefore, it was clarified in the advertisement that registration was required and that participants were allowed only to participate in one of the focus groups due to the possibility of individuals fitting into one or more groups. Participants were directed on the flyer to RSVP by scanning a QR code or following a link that would guide them toward a registration form. In addition, multiple locations were contacted to help promote the focus groups and increase the opportunity of having a diverse number of participants. Also, the focus group host organizations helped by promoting the event to the people visiting their establishments. A copy of the recruitment materials can be found in *Appendix D*.

Procedures

At least two members of the NICRP team were present during each focus group to facilitate the discussion and take notes. In addition, one SNHD Representative attended to experience the focus group live and hear the concerns of the community. Upon arrival, participants were asked to complete a brief demographic form and were informed that the group discussion would be audio-recorded to help staff ensure that data were captured accurately. Discussions typically lasted about 1 hour and had an average of 11 participants for each of the focus groups. At least one of the attending team members would prioritize the collection of data by collecting written notes. In addition, community members who were interested in participating but could not attend the scheduled focus groups were given the option to interview with a NICRP staff, using the same set of questions, to gather their perspectives in a manner that reduced barriers to participate.

Attendees of the SNHD Health Assessment Focus Groups

Target Population	Date	Location	No. of Attendants
People with Disabilities	10/7/2024	NAMI Southern Nevada	10
Rural Areas	10/8/2024	Mesquite - Clark County Library	10
89101 ZIP Code	10/15/2024	Chicanos Por La Causa	12
Seniors (60+)	10/16/2024	Whitney Senior Community Center	13
Veterans	10/21/2024	Premier Business Center	10
American Indian / Alaska Native	11/06/2024 & 11/07/2024	UNLV Gateway Building and Inter-Tribal Council	15

Data Analysis

Focus group sessions were audio recorded to capture participants' comments and perspectives. These recordings were combined with the facilitators' written notes to form a detailed understanding of how each priority population described their health experiences accessing healthcare services and challenges facing their community. Finally, responses from each group were examined together to identify shared strengths and concerns, as well as distinct healthcare needs specific to each population.

RESULTS

Demographics

Participants were asked to complete a nine-question demographic form at the start of each focus group. Demographic questions asked about the participant's level of education, race/ethnicity, gender, age marital status, health insurance, primary physician, number of children, and how they heard about the focus group. The demographics for each target population are presented in Appendix A.

Of the 70 total participants, the majority of participants were female (61.4%), between the ages of 41 and 70 (61.5%), and held at least an Associate's Degree (55%). Additionally, the majority of focus group

participants identified as White/Non-Hispanic (39.1%), American Indian/Alaska Native (18.8%), or as Hispanic, Latino, or Spanish (any race/ethnicity) (15.9%).

When examining demographic differences between groups, some interesting points to note include:

- Only the Veterans group had a majority of male participants (80.0%), while the Rural group had the highest percentage of female participants (90.0%).
- Members of the Rural, Veterans, and 89101 Resident groups had at least 50% of their participants identify as White, Non-Hispanic.
- Veterans (70.0%) and People with Disabilities (60.0%) reported the highest levels of education, attaining a Bachelor's degree or higher.

However, all groups showed similar distribution amongst the remaining demographic categories. A full breakdown of all demographic data for each priority population and all participants as a whole can be found in *Appendix A*.

All Populations

Members of all priority populations were asked the same 16 questions (including relevant prompts to elicit more detailed feedback) to compare differences in the general attitudes and opinions regarding health in their community. Detailed responses from each individual group can be found in the next section. Below is an overview of responses from all the groups organized by overarching topic.

Perceptions of Health & Healthy Behaviors

All focus groups were asked to explain what health means to them and to describe the behaviors and habits they engage in to stay healthy. Participants in all groups described health as something that is ***more than just the absence of illness***; health allows people to feel good about themselves, handle stress, enjoy their life and time spent with family, and balance physical, mental, and spiritual wellness. Additionally, those residing in 89101 and individuals with disabilities highlighted ***not needing or taking medication as a sign of health***. Individuals in other groups – rural residents, Veterans, and those identifying as American Indian or Alaskan Native (AI/AN) – pointed to having ***stable access to mental and physical healthcare*** without delays as an important sign of health.

Outside of these responses, some unique features were noted amongst members of three groups:

- **89101**: Members of this group also felt that living longer and having stable housing are additional markers of health.
    - *"Housing is really important to me in regards to health…you cannot have anything if you don't have a stable home."*
- **Seniors (60+)**: Members of this group focused more on independence, discussing being able to take responsibility for one's own wellbeing and making independent decisions are an important part of being healthy.
- **AI/AN**: Similar to seniors, those in the AI/AN group highlighted the ability to self-advocate, but also stay connected to self-care and a strong support system as indicators of health. They also

stressed the importance of regular exercise, despite barriers experienced due to the local climate.

The most common healthy behavior reported by multiple groups was the use of ***preventive care***, including annual checkups. This was prioritized by those in the 89101, Disabilities, and Veterans groups. Additionally, those residing in 89101 and individuals with disabilities agreed that ***proper diet and nutrition*** were important healthy habits for them. Individuals with disabilities and those residing in rural areas also pointed to ***exercise*** via participation in sports and using available recreation facilities and programs as some of their healthy habits.

Additional unique responses from three groups are provided below:

- **89101**: Residents of this ZIP code also identified drinking water as a top healthy behavior.
- **Disabilities**: Individuals in this group added going to the dentist and engagement with peer support groups as important healthy habits.
- **AI/AN**: Members of this group did not provide any of the responses reported above. The focus of their discussion was on ensuring their family had medical insurance coverage and the awareness and utilization of available mental health services.

Table 1. Perceptions of Health & Healthy Behaviors - Across Group Comparisons

	89101	DISABILITIES	RURAL	SENIORS	VETERANS	AI/AN
PERCEPTIONS OF HEALTH	• No illness or medications • Feeling good about self • Awareness of sexual, mental, & physical health • Living longer • Stable housing	• No medications • Feeling capable & calm; able to handle stress	• Being physically & mentally well • Having access to doctors	• Happy life & being active • Being approach-able to others • Taking responsibility for one's wellbeing • Making independent decisions	• Enjoy life & family • Access to mental & physical care without delays	• Feeling your best physically, mentally, & spiritually • Stable access to healthcare • Connected to self-care • Ability to exercise • Support system (family) • Ability to self-advocate
HEALTHY BEHAVIORS	• Preventive care • Nutrition • Drinking water	• Nutrition • Participate in sports • Go to the dentist • Engage in peer support groups	• Preventive checkups • Using available recreation facilities & programs	• Self-advocacy • Informed decision-making for health	• Annual checkups	• Family medical insurance coverage • Awareness & utilization of mental health services

Community Strengths & Assets

To learn more about the positive aspects of their communities that serve to support health, all focus groups were asked to discuss what they saw as strengths and helpful resources within their communities. The common response provided by multiple groups (rural residents, seniors, Veterans, and AI/AN individuals) related to ***group activities and community events*** at places like recreation centers, the library, and the Las Vegas Indian Center. Those in the rural, senior, and veteran groups also identified specific programs that support seniors and Veterans in the community. Additionally, members of the 89101, rural, and senior groups identified the ***accessibility of food*** – whether through grocery stores, a local food bank, or neighborhood food drives – as a positive aspect of their community. Individuals with disabilities and those identifying as AI/AN expressed an additional commonality, regarding the support provided from the ***Southern Nevada Health District****;* specifically related to immunizations and care for uninsured individuals. Lastly, residents of 89101 and those with disabilities discussed the ***ease of getting around the area***, either via public transportation or with a car. One member of the group of people with disabilities did share that they have seen recent improvements:

> *"A lot of places are becoming more accessible for those with any kind of physical disability. I have a brother who's intellectually and developmentally disabled and as his condition has progressed, we have needed things like family restrooms or we need different types of seating in public places."*

Some unique responses provided by four groups are provided below:

- **89101**: Residents of this ZIP code named The Center as an important resource in their community for health and social services. Specifically, group members discussed visits to The Center to receive primary care from a nurse practitioner, obtain a bus pass, and acquire a temporary ID. Spanish speaking individuals from this group also identified the medical system in Nevada as helpful: they feel respected, receive consistent communication from clinics, and can easily access medication from pharmacies.
- **Disabilities**: Members of this group discussed the University of Nevada Las Vegas (UNLV) as a helpful resource for low-cost options for health care, as well as HELP of Southern Nevada as a place of support. Additionally, mobile showers for unhoused individuals were identified as another community asset.
- **Rural**: Rural residents identified support received from churches, particularly in providing equipment such as walkers and wheelchairs.
- **AI/AN**: Individuals in this group specified the diabetes program at the Las Vegas Paiute Reservation clinic as being a good community asset.

Table 2. Community Strengths & Assets - Across Group Comparisons

	89101	DISABILITIES	RURAL	SENIORS	VETERANS	AI/AN
COMMUNITY STRENGTHTS & ASSETS	• Available groceries • The Center • Medicaid; Working medical system, respectful with Spanish-speaking staff • Consistent communication from clinics • Pharmacies have medicine available & helpful staff • Public transportation	• Immunizations from SNHD • Low-cost options at UNLV • HELP of Southern NV • Mobile showers for the homeless	• Food banks stocked by Three Square • Recreation Center • Library resource fairs • Collaborative community events • Senior & Veteran programs • Churches provide equipment	• Whitney Community Center & Whitney Library offer consistent food drives • Community Center offers activities for all ages • Library provides creative activities for the elderly • Senior Center hosts engaging activities	• City of Henderson's Veteran Forum • Community events to disseminate information • Veteran support organizations like VFW	• Sewing group at the Las Vegas Indian Center • Support from SNHD for uninsured • Diabetes program at Las Vegas Paiute Reservation Clinic • Community members looking out for one another in neighborhoods

Barriers to Health & Wellness

Members of all focus groups were also asked about any barriers to health and wellness they currently experience, especially those that prevented them or their families from getting necessary care. Four out of the six groups (those with disabilities, seniors, Veterans, and AI/AN individuals) cited a ***shortage of medical providers*** in the area, especially specialists, as a real hindrance to staying healthy. They described long wait times and the need to travel out of state to get the care they need. Getting to medical appointments posed another difficulty for multiple groups. Residents of 89101, rural residents, seniors, and Veterans all noted ***transportation*** was sparse and/or unaffordable, especially in times of emergencies. On member of the rural group expounded on this:

> *"I think what is needed, I think prevention is great, but recently I had to get radiation last year for breast cancer and there is nothing here… there needs to be someone else to get you over there when you are not feeling well. That is an important need."*

Additionally, ***limited access to mental health services*** was identified by members of the rural, Veterans, and AI/AN groups. ***Financial barriers*** were also mentioned. Those in the 89101, disabilities, senior, and AI/AN groups discussed challenges they experienced due to rising prescription costs, delays in receiving medication, limited coverage or eligibility for certain needs, and the high cost of preferred treatments. One member of the disabilities group provided an example of how this impacted them:

> *"There was time when I didn't have healthcare and had to be hospitalized. Luckily, I was able to get on Medicaid. But the doctors I see at* [behavioral health provider] *…my*

insurance wasn't covering everything and the co-pays were $37 every time I went (2-3 times a week). Couldn't afford that."

Lastly, individuals in the 89101 group and those identifying as AI/AN also pointed out ***limited availability of fresh and healthy foods***.

Additional, unique responses were also provided by all groups:

- **89101**: Residents mentioned language barriers and a lack of accessible ID services as major challenges, as well as difficulty with communication due to phones being hard to replace.
- **Disabilities**: Members of this group found it overall more difficult to access care, noting that primary care physicians had high caseloads and there were limited options for trauma-informed care.
- **Rural**: Rural residents reported inadequate local healthcare facilities available to them for emergencies.
- **Seniors**: Members of this group discussed a negative experience of receiving care, in which doctors did not listen to their needs or questions.
- **Veterans**: Veterans explained challenges experienced due to ineffective communication within Veteran's Affairs, bad experiences with physician's assistants, and that the care they received often treats symptoms rather than root causes. Those on active duty shared additional difficulties due to the pressure to appear fit for duty, which impacts their health decisions.
- **AI/AN**: Members of this group described their experiences of limited and inconsistent support from the Indian Health Service (IHS), and the need to postpone medical visits due to work commitments. Notably, when discussing difficulties accessing mental health services, members also reported not getting services they needed because they could not find a good fit for care; this was attributed to a lack of cultural representation amongst available mental health providers.

Harassment & Discrimination

To learn more about individual experiences in accessing care, all focus groups were asked to describe any experiences they may have had where they felt harassed or discriminated against. Only members of the rural and Veterans' groups reported not having any such experiences. A common shared response from those in the disabilities, senior, and AI/AN groups was the ***feeling of being "dismissed" by doctors***. This was described as doctors discussing health indicators in a judgmental way (rather than educational), not listening to patients, or attributing physical symptoms to a psychological condition without further testing. One member of the disabilities group expressed the distress this causes on behalf of the group:

"*Medical providers always look for another adult to speak to instead of the individual receiving their care. Doctors need to ask the right questions. You want to be heard.*"

Two groups shared additional unique experiences:

- **89101**: This group discussed the difficulties that transpeople face in receiving care due to discrimination.
- **AI/AN**: Members of this group reported an overall lack of cultural competency in healthcare, especially when seeking alternative treatments or marginalization when utilizing medicine or methods of care that differ from conventional Western medicine. One member of the group provided their own take on experiences:

> *"I haven't really experienced it myself, but I do not because my husband is white. If I was by myself, I do not know if it would be different, but I can see how it could happen especially in mental health."*

Impacts of Identity on Health

Members of the people with disabilities, veteran, and AI/AN groups were asked a follow-up question to learn what it is about that part of their identity that affects their health. Each group identified unique challenges they experienced:

- **Disabilities:** Members of this group focused on issues of safety and public facilities. They pointed to a need for more companion bathrooms, recommending that handicap stalls should be located in the first space, rather than the last, with enough room to move a wheelchair around inside to shut the door. They also described difficulties using insurance to get necessary medical devices such as prosthetics and hearing aids.
- **Veterans:** This group discussed difficulties in receiving thorough care for both mental and physical issues. They noted that mental health issues will often go undetected and that many Veterans often wait until a medical crisis occurs before seeking help. With the rise of telehealth, members of this group felt these virtual visits are not as thorough as in-person checkups. One member shared their experience:

> "The provider in the hospital was horrible, they do not want to see you face to face. How are you going to be able to properly diagnose me over a screen?"

- **AI/AN:** Members of this group described difficulties seeking alternative treatments that better align with cultural practices, and attributes this to a lack of representation amongst healthcare providers. They also shared concerns about the quality of care received at the Indian Health Service (IHS), as they felt medication was the default solution to health issues rather than using a holistic approach. Getting services at IHS was also described as difficult to arrange, due to long travel times (out-of-state clinic) and complicated scheduling. Lastly, the group noted there is a lack of communication from within members of their community in regard to spreading health information about available resources.

Table 3. Barriers to Health & Wellness - Across Group Comparisons

	89101	DISABILITIES	RURAL	SENIORS	VETERANS	AI/AN
OVERALL BARRIERS TO HEALTH & WELLNESS	• Transportation • Medicaid has low coverage for dentists • Food stamps limit healthy options • Phones difficult to replace • Lack of accessible ID services • Language barriers	• Affordability of services • Lack of specialists • Long waits for specialists • Primary care physicians overloaded • Limited trauma-informed care	• Lack of transportation to cities for emergencies • Limited mental health services • Inadequate local healthcare facilities for emergencies	• Transportation • Income based home healthcare limit eligibility • Rising prescription costs • Delays receiving medication • Long waits for specialists • Doctors not listening to patients	• Transportation • Provider shortage • Long wait times • Lack of access to mental health services • Ineffective communication within VA • Bad experience with physician assistants • Treatment of symptoms rather than root cause • Pressure to appear fit for duty	• Financial obstacles to receive preferred treatment • IHS: out-of-state, long wait times, difficulty scheduling • Long wait times for therapy & difficulty finding a good fit • Minimal local farms or fresh meat suppliers • Postponed medical visits due to work
EXPERIENCES OF HARRASSMENT & DISCRIMINATION	• Transpeople have difficulty receiving medical care due to discrimination	• Physical symptoms dismissed as mental issue without ruling out physical condition	• No experiences reported	• *"White Coat Syndrome"* • Doctor's not listening to patients	• No experiences reported	• Physicians focus on medical history in judgmental way • Lack of cultural competency in healthcare • Discrimination at ERs • Marginalization when using conventional health models
	DISABILITIES		**VETERANS**		**AI/AN**	
IMPACT OF IDENTITY ON HEALTH	• Safety issues • Cleanliness of public facilities • Need more companion bathrooms • Insurance barriers to getting necessary medical equipment		• Years of service impact physical and mental health • Mental health issues go undetected • Difficulty maintaining follow-ups • Wait until crisis before seeking help • Telehealth limits thorough evaluations		• Lack of AI/AN representation in mental health services • No support for alternative treatments • Lack of communication about available resources within group	

Larger Community Issues Impacting Health

To learn more about larger concerns within their communities, all six groups were asked to share the main issues that cause them concern. Homelessness, substance use, and affordable housing emerged as the most common concern from multiple groups. Residents of 89101 and those in the Veterans' group elevated ***homelessness*** as a top issue, especially as it causes despair, pain, and a loss of pride. Individuals with disabilities and 89101 residents discussed ***substance use*** as a major issue, especially marijuana and other drug use in public spaces. Additionally, residents of 89101, Veterans, and seniors discussed difficulties with finding ***affordable housing***. Seniors explained that to quality for assistance, one often needs to be below the poverty level which leaves many ineligible for support but still unable to afford adequate accommodations; they also noted limited availability of affordable senior housing and recent increases in rent costs. Veterans shared there is a lack of veteran-friendly housing communities in the area. Those in 89101 shared that low wages from employment do not pay enough to afford housing in their area, especially when third-party agencies that help connect people with jobs keep 40% of the wages earned. They also noted that having a criminal record prevents access to housing and employment, so that unhoused individuals arrested for trespassing have an even more difficult time changing their situation. Additionally, members of this group described difficulty in completing rental agreement transactions.

Outside of these concerns, four groups provided unique responses regarding issues that concern them in their communities:

- **89101**: Residents discussed the difficulty of finding medical care of transgender people and noted that day care rates are too high.
- **Disabilities**: Members of this group also described difficulty finding foods that meet stricter dietary needs and shared concerns about the limited enforcement of ADA-compliant spaces.
- **Rural**: Rural residents talked about inconsistent quality they received from hospital services, possible due to the high turnover of doctors.
- **AI/AN**: Members of this group brought up the most unique concerns, not discussing any of the abovementioned issues. They spoke about the generational trauma and stigma they deal with when accessing services, and the prevalence of chronic illness in their community such as diabetes and high blood pressure. Additionally, they are concerned about the disconnect between younger generations and their Native culture – especially since there are limited resources for Native community gatherings and cultural practices.

Built Environment

All groups were also asked to think about the pieces of the built environment within their communities that were most concerning and had the most impact on health. During this discussion there was one issue that was brought up by members of all six groups: ***pedestrian safety***. Incomplete sidewalks, being forced to walk on the street, unlit areas, and dangerous crosswalks were noted by all groups. The next most common concern was ***feeling unsafe*** due to the presence of homeless individuals, gangs, and substance use in public areas; this was reported by every group except those identifying as AI/AN. One rural resident described a recent experience:

> *"I went to an officer and asked him what they were doing about the gangs, but they denied them. I showed him the pictures of all the tagging around the neighborhood. The officer only says that we {Mesquite} are a growing city and that's meant to happen."*

Additionally, safety regarding ***traffic and parking lots*** was discussed by members of the disabilities, Veterans, and AI/AN groups, especially in regard to accessing disabled parking spots, dangerous traffic patterns in construction zones, and speeding drivers. Members of the 89101, disabilities, and senior groups also noted concerns related to ***heat exposure*** in public areas, especially when waiting in food lines or for public services. Because of this, access to public restrooms, drinking water, and shaded areas are essential, especially for those experiencing homelessness.

Two groups provided additional unique responses:

- **Disabilities**: While members of this group did note that some places have accommodations for their needs (i.e. Walmart's low sensory hours), they also explained that self-checkout areas are often too high for people with wheelchairs to use. However, they did appreciate that the ability to get groceries via curbside pickup or delivery was continued after COVID.
- **AI/AN**: Members of this group explained that Las Vegas' 24/7 lifestyle causes mental fatigue and that poor air quality limits their ability to engage in healthy activities. They also noted that poor community planning has led to an unhealthy built environment in which there is a lack of affordable fresh food but high availability of inexpensive, processed foods. One member specified:

  > *"This is the worst place I have ever lived in regards to food access. We do not have a food system. Everything is important and impregnated with chemicals."*

Table 4. Community Issues & Built Environment - Across Group Comparisons

	89101	DISABILITIES	RURAL	SENIORS	VETERANS	AI/AN
COMMUNITY ISSUES	• Homelessness • Substance use in public spaces • Low wages • Criminal record prevents access to housing and employment • Day care rates too high • Difficulty getting transgender care	• Substance use in public spaces • Difficulty finding foods for dietary needs	• Inconsistent hospital service quality	• Limited affordable senior housing • Increasing rent costs • Housing assistance requires being below poverty line	• Homelessness • Lack of veteran-friendly housing communities	• Chronic illness • Generational trauma & stigma accessing services • Disconnect between youth and Native culture • Limited resources for Native cultural practices
BUILT ENVIRONMENT	• Incomplete sidewalks; difficulty using stroller •	• Nutrition • Participate in sports • Go to the dentist • Engage in peer support groups	• Preventive checkups • Using available recreation facilities & programs	• Self-advocacy • Informed decision-making for health	• Annual checkups	• Family medical insurance coverage • Awareness & utilization of mental health services

Forces of Change

All groups were asked to consider any current events or trends, such as policy, technology, or other impending changes that may significantly impact the health of their communities as a whole. Only two groups identified such items:

- **89101**: Members of this group discussed the upcoming switch to identification requirements to obtain a REAL ID. Requirements include a full legal name, date of birth, Social Security number, two proofs of address, and lawful status, according to the Department of Homeland Security. Gathering these documents may prove to be challenging for people in this community; this makes it difficult to obtain a form of identification which is needed to obtain a job, find housing, and access social services.
- **Seniors**: During COVID, accessibility to food greatly increased with the expansion of delivery services of groceries and meals. Now that funding is ending for many public programs that provide this service, members of this group noted that Meals On Wheels is the only option left remaining for them to get affordable food delivered to them.

Community Needs & Recommendations

To get a better sense of how to support communities better in the future, all groups were asked what they would like to see implemented by the Southern Nevada Health District and other community organizations that would help to improve their health. Five out of the six groups emphasized the need for a more ***streamlined or centralized way to access healthcare and social services***. This includes creating better connections between the Clark County School District and families transitioning from early intervention to school (Disabilities group), establishing a central healthcare location with various specialists to limit the need for travel (Seniors group), a "*one-stop shop*" for Veterans' resources (Veterans group), and to train social service specialists for Native communities (AI/AN group). To assist in this endeavor, multiple groups also requested that ***more information*** be disseminated about currently available resources. Members of the disabilities group recommended more advertisements about services provided by SNHD and their satellite locations. Veterans would like to see a pamphlet listing all services and resources available to them. Those in the AI/AN group also recommended organizing more health fairs and community-building events. One member of the Veterans' group explained why these supports are so important:

> "*There is no initial sit-down and education on how the VA works, how the health system works. It took me 2 and a half years to find out that I could get chiropractic services.*"

Additionally, multiple groups described the types of services and resources that are lacking that they want created or expanded to better serve the needs of their communities. Those in the 89101, disabilities, rural, and senior groups pointed out the need for more ***support for those experiencing homelessness and who cannot afford adequate housing***. Rural residents specifically requested a homeless shelter and detox facility as beneficial additions to their community. One group member shared their experience that highlighted this need:

> "*We found a bed at a detox center in Vegas for someone looking for help, but we did not have a way to take him over there. The person felt discouraged and tried to steal a beer to get booked and transported to a detention facility. The person was ultimately released and the peer support specialist had to let him walk away without being able to get help.*"

This aligns with the need for ***more comprehensive mental health services*** that are affordable, accessible, and effective as recommended by those in the 89101, disabilities, rural, and AI/AN groups. Members of the 89101 and senior groups also noted the need for ***more accessible food*** options; including more food drives and food banks within the neighborhood (89101) and the expansion of food delivery services for those unable to leave their homes (seniors). Those residing in 89101 and with disabilities also pointed out the need for more access to affordable dental care. Lastly, 89101 residents and those identifying as AI/AN mentioned the need for more affordable ***public transportation***, and to address other transportation barriers that might make it difficult to access healthcare services.

Each group also provided additional recommendations that were specific to the unique needs of their communities:

- **89101**: Members of this group discussed the need for more language services, including interpreters, translation, and English classes. They also examined the need for more community-based support services such as community health workers (CHWs), assistance to apply for disability, and pro-bono attorneys that can help with family court and fighting court fines.
- **Disabilities**: This group pointed out the need for more support in schools, including making free lunch available to all students, keeping social workers in schools, and expanding early intervention and prevention programs. They also requested more trees and shade structures in public areas, as well as safe injection sites.
- **Rural**: Members of this group hope to see the recruitment and retention of more healthcare providers, including specialists, within their local community. They also requested more programs specifically for adults, as they noted that many current community-based programs are geared towards youth.
- **Seniors**: This group recommended building more community and senior centers to help alleviate overcrowding at current locations and improve access to services that are used the most.
- **Veterans**: Members of this group would like to see improved partnerships between Veterans' Affairs and community providers.
- **AI/AN**: Again, this group provided the most unique responses mostly related to the incorporation of their cultural heritage. Members of this group feel it is important to foster cultural awareness in healthcare to be able to address generational trauma, as well as promote frameworks to reconnect Native youth to their culture. Additionally, this group also requested free or low-cost physical activity programs and enhanced support for seniors (e.g., specialized medication coverage).

Table 5. Community Needs & Recommendations - Across Group Comparisons

	89101	DISABILITIES	RURAL	SENIORS	VETERANS	AI/AN
COMMUNITY NEEDS & RECOMMEND -ATIONS	• Streamline social services • More mental health services • Decent & affordable housing • More food drives/banks • Affordable public transportation • Affordable dental care • Language services • More CHWs • Pro-bono attorneys • Assistance to apply for disability	• CCSD connect families to resources • Sustaining help after creating service • Help for unhoused • More mental health services • Advertise about SNHD services • Dental care • Support in schools • More trees/shade • Safe injection sites	• Homeless shelter • More mental health services • Detox center • More healthcare providers, including specialists • More programs for adults	• Centralized healthcare location with various specialists • Increase affordable housing • Expand food delivery services • More community and senior centers	• One-stop shop for veterans' resources • Better communica-tion about available services • Advocates and specialized resource centers • Improved partnerships between VA and community providers	• Social service specialists for Native communities • Health fairs & community-building events • Increase AI/AN representation in mental health services • Cultural awareness in healthcare • Reconnect youth to Native culture • Address barriers to transportation • Free/low-cost physical activity programs • Support for seniors

Focus Group Summary for 89101 Focus Group

Perceptions of Health & Healthy Behaviors - 89101

Participants in the focus group shared that to them, health means more than just the absence of illness. It is about living longer, staying aware of their sexual, mental, and physical health, and having stable housing. This was emphasized by a participant:

> *"Living longer, [having] your awareness of your sexual health, physical health, and mental health. Understanding those things is part of your health."*

Another noted, *"Housing is really important to me in regards to health… you cannot have anything if you don't have a stable home."* These reflections highlight the multiple layers of how social determinants of health are essential components of a balanced and healthy life.

To maintain their health, participants prioritize drinking water, visiting the doctor for preventive care, and eating nutritious foods. However, they face challenges in pursuing these practices, particularly due to financial constraints. One participant shared, *"There are healthy options out there, but it is*

sometimes difficult to get to those options." This difficulty stems from various factors. For example, relying on food stamps often limits their choices, making it harder to prioritize healthier options. Additionally, nutritious foods tend to be more expensive and less accessible in the area, while unhealthy alternatives are often cheaper and readily available. These challenges highlight the difficult balance many faces in trying to maintain good health while navigating financial and geographical obstacles.

Community Strengths & Assets - 89101

Participants acknowledged The Center as a vital resource within the community, offering crucial services that help address some of their most pressing health and accessibility needs. They appreciated the availability of HIV checkups and the presence of a nurse practitioner, which provide accessible healthcare options. The Center also assists with transportation by providing bus passes, enabling those individuals to reach essential services and appointments more easily. Additionally, participants noted that The Center issues a type of ID when they do not have one from the DMV. As one participant stated, "*The Center is full of good resources.*" Another added, "*I like The Center in this area. Everyone there is tight-knit and wants to help each other.*"

Barriers to Health and Wellness - 89101

Participants mentioned transportation is a significant barrier to accessing healthcare, employment, and essential services, especially for those receiving federal assistance who would greatly benefit from free or reduced bus fares. They noted that reliable transportation could improve their access to vital programs, such as food banks, which many struggle to reach due to limited transportation options. As one participant stated, "*There needs to be more food banks and better quality of food in those food banks.*" Participants highlighted that having more often food drives would benefit them, but only if they were in the surrounding area and not across town. Additionally, language barriers further complicate access, preventing some people from fully understanding and utilizing the services available to them. A participant suggested, "*Language barriers… there need to be more translation or more English classes for people.*" These challenges prevent them from being consistent with their health habits or feeling comfortable asking for assistance and reaching out to the available resources.

Harassment & Discrimination - 89101

Another pressing issue mentioned in this session was about how transgender individuals in the community face discouraging challenges, including difficulty accessing gender-affirming surgeries, hormone therapy, and other medical services due to a lack of qualified providers and supportive policies. One participant stated, "*There are only specific doctors that would handle transpeople… I had people turn me away.*" This lack of access leaves many feeling unsupported within their community.

Larger Community Issues Impacting Health - 89101

Participants discussed several pressing issues affecting their community's quality of life and accessibility to services. One of the biggest issues is homelessness and drug use in the area. While these individuals

are not perceived as a danger to others, participants emphasized the need for assistance to address these issues. As one participant expressed,

> *"There are a lot of people that struggle with homelessness and possibly also drug use… They never bother me, but I feel sad."*

Participants expressed significant concerns about the lack of accessible ID services, which they identified as a major barrier to accessing essential programs and support. One participant explained,

> *"Not having an ID is a big hindrance to accessing any programs or any help. There should be a kind of system to get your IDs more efficiently."*

They shared that it currently takes months to schedule an appointment online with the Nevada Department of Motor Vehicles (DMV), creating prolonged delays. For individuals without access to technology or the internet, scheduling and keeping track of these appointments becomes even more challenging. These issues make it nearly impossible for many to secure the identification needed to move forward with their lives.

Navigating homelessness further compounds these challenges, as participants described the difficulty of accessing resources. One participant noted, *"The navigation of being homeless is very hard... You go from office to office to access resources."* Another highlighted the criminalization of homelessness, adding, *"The place you can get in without ID, it's jail."* These systemic barriers perpetuate cycles of hardship, limiting opportunities for individuals to stabilize their lives. Many shared that receiving faster assistance with obtaining IDs could drastically improve their situation, enabling them to apply for jobs and programs. As one participant expressed, *"If I can find a way to get my ID a little quicker, I can get back to work and get on my feet."*

Built Environment - 89101

Participants emphasized that homelessness is a significant and growing issue in their community, due to the lack of affordable housing and limited pathways to secure stable living arrangements. Leasing is often the only feasible option, but it presents numerous challenges, especially for those with unstable incomes, who recently moved into the city, or who have poor credit histories. The city's extreme weather further exacerbates the harsh realities of being homeless in Las Vegas. Individuals experiencing homelessness endure extreme heat during the summer and bitter cold in the winter, with little to no shelter to protect them from these conditions.

The lack of access to necessities intensifies their struggles. Participants shared that local businesses often deny homeless individuals access to restrooms and drinking water, leaving them with few options to meet even the most fundamental needs. Beyond these barriers, they highlighted infrastructure issues that pose additional risks. In some areas, incomplete sidewalks force individuals to navigate unsafe terrain, particularly for those with children or physical limitations. One participant described their daily challenge:

> *"Near Lowe's area… there is no sidewalk. I have to walk into the street or walk over the dirt with the stroller."*

These obstacles not only compromise safety but also underscore the neglect and marginalization faced by people living in this area.

Summary of Recommendations - 89101

- **Increase support for support centers in the community:** The Center was recognized as a vital resource for both the homeless population and members of the LGBTQ+ community. Expanding support for grassroots organizations like it would help address the needs of more individuals who may otherwise be overlooked.
- **Improve ID accessibility**: Provide same-day issuance to avoid delays and help residents access services. An ID is a required document to apply for jobs and programs. Participants highlighted that it is impossible to obtain an ID with the current situation with DMV.
- **Enhance public transportation for low-income residents**: Offer reduced or free bus fare options to facilitate access to healthcare and services.
- **Increase mental health and substance use support**: Flexible programming and additional community health workers.
- Streamline social service applications and disability assistance: Simplify the application process for essential services.
- **Increase support for those experiencing homelessness:** Simplify housing application processes and requirements for obtain housing assistance. Provide additional shelter throughout the community to protect those outside from extreme weather conditions.
- **Improve local infrastructure:** Complete and enhance sidewalks and crosswalks for pedestrian safety.

Focus Group Summary for People with Disabilities

Perceptions of Health & Healthy Behaviors – People with Disabilities

Participants described health as a blend of managing physical fitness, proper nutrition, and medications. For a participant who disclosed having Type 2 diabetes, health involves managing insulin and blood sugar levels that require adherence to a disciplined lifestyle involving diet, medication, and exercise. Additionally, participants expressed that health is also the understanding that health is composed of multiple layers that interact one with another. *"Status of your wellbeing overall in general: physical, spiritual, social, professional, mental health"* reflects the multi-faceted approach to the understanding of health that was discussed during the focus group. Personal health routines, regular dental visits, and self-care practices were highlighted as essential components for a healthy lifestyle, with one participant noting,

> *"I just like taking care of myself in general like knowing how I'm feeling; knowing when I'm off because I'm really sensitive."*

This perspective demonstrates that health is not limited to any one aspect but is a dynamic interaction of various factors that require ongoing attention and care.

Community Strengths & Assets - Disabilities

Participants noted that community efforts to improve accessibility have made a positive impact, particularly in housing and public spaces designed to accommodate diverse needs. One participant shared:

> *"A lot of places are becoming more accessible for those with any kind of physical disability. I have a brother who is intellectually and developmentally disabled and as his condition has progressed, we have needed things like family restrooms or we need different types of seating in public places."*

The participant also mentioned that more ADA-compliant housing options include features like wide doorways, roll-in showers, and accessible amenities such as a pool with a lift and a ramp. Also, public spaces equipped with family restrooms and specialized seating options offer more comfort for individuals with physical and intellectual disabilities.

Local institutions have also contributed to these advancements by offering accessible services. For instance, the University of Nevada, Las Vegas (UNLV) and the Southern Nevada Health District (SNHD) provide low-cost health clinics, immunizations, and other essential services designed to meet the needs. Participants also praised initiatives that emerged during the pandemic and have since been retained, such as curbside pick-up services, which offer convenience and reduce barriers for those with mobility challenges. Additionally, sensory-friendly shopping hours at certain stores create a calmer and more welcoming environment for individuals with sensory sensitivities. These community-driven efforts demonstrate a growing awareness of the importance of accessibility, empowering individuals with disabilities to navigate daily life more comfortably and confidently.

Barriers to Health and Wellness – People with Disabilities

People with disabilities face numerous obstacles when trying to access essential health services and resources, making daily life more difficult and often isolating. For individuals using wheelchairs, physical barriers like inaccessible shelves in stores or poorly designed infrastructure can prevent them from independently meeting basic needs. For example, those with hearing impairments encounter additional challenges, such as difficulty understanding verbal instructions or directions in public spaces, which can leave them feeling unsafe and unsupported.

Mental health conditions, such as bipolar disorder, introduce yet another layer of complexity, as consistent access to healthcare professionals and medication is vital for stability. One participant described the personal struggle of managing their condition:

> *"Bipolar disorder has a lot of ups and downs. Sometimes I feel like I don't need the meds and I stop… that backfires on you. Having access to doctors affects your health."*

This statement highlights the delicate balance required to manage chronic mental health conditions and the potential consequences of interrupted care. Participants stressed that improving accessibility,

whether through better physical accommodations or more reliable healthcare access, is essential for fostering independence, safety, and well-being for individuals with disabilities.

The process of managing follow-up care presents another layer of difficulty. Upon discharge from medical facilities, participants noted that while they receive referrals and resources, they are left to navigate the healthcare system on their own. One participant explained,

> *"A lot of times when you're released from these facilities, they give you resources, but then it's up to you to make the appointments."*

This responsibility can feel overwhelming, particularly for those already struggling with physical or mental health challenges. Many expressed that this lack of coordinated care often discourages them from pursuing the treatment they need, perpetuating a cycle of unmet health needs and declining well-being.

Participants also emphasized the need for more assistance in navigating complex health and disability services. Many expressed the overwhelming nature of managing these systems on their own, particularly for those unfamiliar with the intricacies of insurance, disability services, and healthcare providers. One participant explained,

> *"Having access to somebody to help, like an advocate or case manager. People need someone to help them navigate systems (insurance, disability services, doctors)."*

This highlights the critical role of support in reducing stress and improving outcomes for individuals trying to access care. In addition to navigating services, managing the sheer volume of paperwork and administrative tasks also presents a significant barrier. One participant shared, *"Just filling out a sheet with information about yourself seems like it's just too much to do, and you put it off."* The overwhelming nature of this process, combined with the fear of making mistakes or missing important steps, often leads to delays in accessing services or benefits. For many, this paperwork feels like an insurmountable task, further complicating their ability to secure necessary resources.

Harassment & Discrimination - Disabilities

Participants also shared that stigma and bias in healthcare settings are significant issues that impact their willingness to seek care. Many described negative past experiences with doctors that have created internal barriers, leading to a reluctance to visit healthcare providers. These experiences, which range from being dismissed by medical professionals to feeling disrespected, contribute to a sense of mistrust and alienation. As one participant expressed, the emotional toll of these encounters can prevent individuals from prioritizing their health:

> *"I just don't want to go back to that doctor… it's easier to avoid it than face being treated poorly again."*

Larger Community Issues Impacting Health - Disabilities

Participants identified affordable healthcare as a pressing issue, highlighting the gaps in insurance coverage for frequent and specialized care. Many shared experiences of struggling to afford necessary medical services, even when insured. One participant recalled a particularly challenging time:

> *"There was a time when I didn't have healthcare and had to be hospitalized. Luckily, I was able to get on Medicaid. But the doctors I see at* [behavioral health provider] *…my insurance wasn't covering everything, and the co-pays were $37 every time I went (2-3 times a week). Couldn't afford that."*

For those requiring ongoing therapy or counseling, high co-pays make consistent care financially unsustainable, leaving individuals unable to address critical mental or physical health needs.

Beyond financial barriers, participants described systemic challenges, such as long wait times to access specialists, such as rheumatologists and neurologists. One participant shared the frustration of receiving only a week's supply of medication, only to discover they would not be able to see a doctor for months. These prolonged delays can exacerbate medical conditions, leading to worsening health and added stress. Even after securing an appointment, participants reported facing lengthy in-office wait times, a hurdle that becomes especially burdensome for those relying on public transportation or ride services. In such cases, some choose to disregard their care altogether, prioritizing their limited resources over enduring an inefficient healthcare system.

Logistical barriers also play a significant role in preventing individuals from accessing healthcare. Time constraints, particularly for employed individuals, create additional obstacles. Since most appointments are scheduled during regular working hours, typically Monday through Friday, those with jobs often face scheduling conflicts that make it difficult to prioritize health. One participant explained,

> *"Time constraints; most appointments are during the day, Monday – Friday; they conflict with working hours for their job."*

This issue is particularly pressing for those without flexible work hours or paid leave, as taking time off for medical care can be financially burdensome or even result in job loss.

Beyond these logistical and emotional barriers, participants also emphasized the importance of trauma-informed care and cultural sensitivity within healthcare. They pointed out that these essential approaches are inconsistently applied in Clark County, leaving many patients without the support they need. Trauma-informed care, which recognizes the impact of past trauma on an individual's health and well-being, is especially important for individuals with histories of abuse, neglect, or discrimination. Similarly, cultural sensitivity ensures that healthcare providers are aware of and respect the diverse backgrounds and experiences of their patients. As one participant stated, *"There is a lack of awareness and education about trauma-informed care & cultural sensitivity. Trauma-informed care should be in every aspect of healthcare."* This sentiment reflects a growing demand for a more compassionate and

inclusive healthcare system, one that recognizes the unique needs of each individual and creates an environment where all patients feel respected, understood, and supported.

Built Environment – People with Disabilities

Participants highlighted several key areas where improvements in accessibility and support are urgently needed, particularly in public facilities and services. One area of concern was the design and placement of essential facilities like bathrooms, with many participants emphasizing the importance of these spaces being both accessible and strategically located. *"Bathrooms should be closer to entrances and kept well-maintained,"* one participant suggested, underscoring the need for thoughtful planning that prioritizes ease of access for all individuals, particularly those with mobility challenges.

In addition to bathroom access, participants described other environmental barriers that hinder mobility and safety, such as incomplete sidewalks and inadequate lighting. These issues are particularly problematic in areas lacking ADA-compliant infrastructure, creating feelings of insecurity and physical barriers that limit the freedom of movement. Without safe, well-lit paths and accessible sidewalks, individuals with disabilities face unnecessary risks, making it difficult to navigate public spaces. These environmental obstacles can contribute to a sense of isolation and exclusion, further exacerbating the difficulties faced by individuals with mobility challenges.

Summary of Recommendations - Disabilities

- **Expand Trauma-Informed Care in Healthcare:** Healthcare providers should receive training in trauma-informed care to ensure a welcoming environment that encourages patients to seek and continue care.
- **Increase Mental Health and Disability Services:** Expand mental health resources and support for individuals with disabilities, including offering mental health days for employees with disabilities and promoting accessible, timely services.
- **Support Community Access Initiatives:** Ensure consistent availability of ADA-compliant facilities, including affordable and accessible transportation, wider doorways, family restrooms, enhanced sidewalks, and special seating in public places.
- **Advocacy and Case Management Services:** Increase the availability of advocacy and case management services, particularly for individuals navigating complex healthcare and disability systems. These services could help individuals with insurance claims, medical appointments, and the process of accessing disability services, making these systems more navigable.
- **Training Healthcare Providers:** Train healthcare professionals on trauma-informed care and cultural sensitivity to ensure that individuals with diverse backgrounds, including those with disabilities, feel respected, understood, and supported. This should be standard practice across all healthcare institutions.
- **Simplifying Paperwork:** Streamline the paperwork required for healthcare and social services. Assisting with filling out forms or creating online systems that simplify the process could help reduce administrative burdens and make accessing resources more efficient.

Focus Group Summary for People Living in Rural Areas

Perceptions of Health & Healthy Behaviors - Rural

Participants in the focus group emphasized health as a combination of both physical and mental wellness, with a strong focus on the importance of preventive checkups and having reliable access to doctors. They shared that being well is not just about the absence of illness, but about maintaining overall well-being through regular health screenings and addressing both physical and mental health needs. The community members expressed a need for consistent healthcare services and doctors, especially those with specialized skills, to ensure they could manage both chronic conditions and mental health issues.

Community Strengths & Assets - Rural

The community benefits come from several key resources that support both health and social engagement. The participants mentioned food banks, a recreation center, library resource fairs, and senior and veteran programs. The recreation center in particular, *"looks like is being regularly used by many people, including young people,"* serving as a hub for social and physical activities. Additionally, local organizations provide valuable support, with food banks offering a mix of healthy and non-healthy produce, though the variety is limited by what is provided by Three Square.

Also, a participant shared that individuals who may be more introverted or prefer less social interaction have access to information that fits their style of communication, *"I feel library and grocery stores still have reliable poster boards"* that offer important community information. In addition, participants shared programs for seniors and Veterans. For example, the Baptist Church's assistance in providing walkers and wheelchairs. These services create a safety net, fostering community cohesion and well-being.

Barriers to Health and Wellness - Rural

Participants in the focus group face significant barriers to accessing healthcare, primarily due to transportation challenges and a lack of specialized medical professionals in their area. One participant shared,

> *"I think what is needed, I think prevention is great, but recently I had to get radiation last year for breast cancer and there is nothing here… there needs to be someone else to get you over there when you are not feeling well. That is an important need."*

This sentiment was echoed by another participant who recounted the difficulty of securing detox services for someone in urgent need:

> *"We found a bed at a detox center in Vegas for someone looking for help, but we did not have a way to take him over there. The person felt discouraged and tried to steal a beer to get booked and transported to a detention facility. The person was ultimately*

released and the peer support specialist had to let him walk away without being able to get help.”

These personal stories highlight the frustration and desperation felt by many in the community who are unable to access critical services due to transportation barriers. The issue of transportation is compounded by the limited availability of healthcare providers in the area. There are few doctors, and even fewer with specialized skills, meaning that individuals needing specialized care (whether it's for cancer treatment, mental health services, detox, etc.) often must travel to nearby cities like St. George or Las Vegas. This lack of immediate access to care exacerbates health challenges for community members, leaving them to struggle without timely medical intervention.

Larger Community Issues Impacting Health - Rural

The lack of immediate local care is particularly problematic for those without reliable transportation, making it almost impossible to access timely help in emergencies. Mental health services are absent at local hospitals, and the quality of service at Mesa Hospital is inconsistent, with frequent staff turnover affecting patient care. As one participant noted,

> *“It is not as bad as it used to be years ago, but if you find a doctor you really like they are just gone. Then, you can find a new doctor but you might like them or not. Also, if you have insurance, there are limited places that you can go to.”*

Additionally, the absence of a homeless shelter or detox center forces individuals to travel to Las Vegas, which is especially difficult for those without transportation. Affordable housing is also a critical concern, with rising prices and a waiting list that makes it difficult for residents to find stable housing. These challenges create a strain on the community, affecting both safety and residents' overall well-being.

Built Environment - Rural

Participants also expressed concern about the safety and quality of life in their community, citing poor lighting in public areas, gang activity, and a lack of resources for vulnerable populations. For instance, around the Dollar Tree store, inadequate lighting contributes to a sense of insecurity, as homelessness becomes more visible with tents, sleeping bags, and trash littering the area. This situation is compounded by a lack of attention from local authorities. As one participant recounted,

> *“I went to an officer and asked him what they were doing about the gangs, but they denied them. I showed him pictures of all the tagging around the neighborhood. The officer only said that we [Mesquite] are a growing city, and that is meant to happen.”*

This response illustrates the frustration residents feel as they struggle to address the challenges in their community, especially when local authorities appear to dismiss the severity of the issues.

These environmental and social challenges significantly impact the community's health and wellness, highlighting the need for more comprehensive resources and services to ensure a safer and healthier environment for all.

Summary of Recommendations - Rural

- **Increase Health Care Access:** More doctors, especially specialists, are needed in the area to reduce travel for appointments and ensure consistent care for chronic conditions, cancer treatments, mental health support, and detox services.
- **Address Transportation Barriers:** Create a transportation assistance program to help residents access medical appointments in nearby cities, including volunteer rides or a community shuttle service.
- **Expand Mental Health Services:** Increase mental health services at local hospitals and clinics and implement mobile units or partnerships with community centers to provide counseling and screenings.
- **Develop Detox and Homeless Services:** Establish a local detox center and homeless shelter to provide immediate care and supportive services, reducing the need for residents to travel for these critical services.

Focus Group Summary for Seniors (60+)

Perceptions of Health & Healthy Behaviors - Seniors

Participants shared diverse perspectives on what it means to stay healthy, with many highlighting the nature of health that encompasses not only physical well-being but also emotional and mental factors. Staying healthy, for them, goes beyond just the ability to engage in physical activities; it also includes the freedom to make informed choices about their health. One participant explained, *"It [health] means to me to have your life, it takes over everything,"* underscoring how fundamental health is to overall quality of life. Another participant emphasized the significance of mobility in maintaining health, stating,

> *"It is able to be active. If you are not able to move around and do your daily activities, you are not healthy."*

This statement reflects how essential physical movement is in defining health. Furthermore, many participants expressed the importance of being their own health advocates. One shared, *"When I think about health, I think of being my own advocate,"* illustrating the value placed on self-empowerment and the ability to navigate healthcare choices, including deciding between conventional and natural treatments.

Community Strengths & Assets - Seniors

Participants highlighted several strengths within their community, particularly the support provided by the Whitney Community Center, Whitney Library, and the Senior Center. These facilities offer a variety of activities that foster social events and creativity among seniors and other residents. As one participant explained,

> *"The center [The Whitney Community Center] here contributes because they have all types of activities and they do a lot of things for the community. There is always*

something here from Monday through Friday. I think they really support the community here. The Whitney Library, they do a lot as well."

The Whitney Community Center, in particular, hosts programs that bring together both seniors and younger members of the community, creating a sense of inclusion and shared experiences. Similarly, the Whitney Library enhances community life with creative activities designed to keep seniors mentally engaged. The Senior Center also plays a vital role, offering popular events that many residents enjoy. However, limited enrollment for these activities often leaves some seniors unable to participate, especially for paid programs that fill up quickly. This has led to feelings of exclusion for those who miss out. Despite these challenges, these centers remain integral to fostering connection and support, enriching the lives of community members.

Barriers to Health and Wellness - Seniors

While participants valued their health, they also faced several barriers that hindered access to adequate healthcare. Access to specialists were reported to be a significant challenge, with patients having to wait weeks for appointments. One individual shared, "*My dermatologist was so much booked up that I had to wait a while to get an appointment,*" illustrating the difficulty in securing timely care. Rising prescription prices were another hurdle, making it harder for individuals to stay on top of their medication. "*Everything has increased by 5 to 10 dollars. So, everything has gone up and comes out of pocket,*" one participant explained, reflecting the growing financial strain on those trying to manage their health. Additionally, the search for nearby healthcare practitioners often meant long travel times, further complicating access to care.

Harassment & Discrimination – Seniors

A common frustration was that doctors often did not take enough time to listen to their concerns, leaving many feeling dismissed. One participant noted, "*Especially in the elderly community, doctors do not pay attention to what we are saying.*"

Larger Community Issues Impacting Health - Seniors

Participants highlighted significant challenges with both food access and transportation in their community, particularly for seniors. While the Whitney Library and Whitney Community Center host food drives offering a variety of items, many seniors struggle to attend due to long wait times, lack of seating, and the need to carry heavy bags without assistance. These difficulties are made worse in extreme weather, as one participant shared:

> "*Senior citizens and people with disabilities must stand in the heat… younger people can do it, but for us that we are a lot older and not healthy... it is hard to get to that food.*"

In one instance, a person standing in line during temperatures over 100 degrees fainted, this is a clear example of the risks for seniors.

Transportation issues further compound these challenges. Public buses often require long walks to reach, and crowded bus stops can feel unsafe, particularly when shared with homeless individuals. While RTC Paratransit offers a door-to-door service for $3 per one-way trip, frequent use can quickly become expensive for seniors on limited incomes. Insurance plans like UnitedHealthcare provide a set number of rides per year, but these are often exhausted quickly since every trip counts toward the limit. Together, these barriers make it especially difficult for seniors to access essential services and navigate their community safely.

Built Environment - Seniors

Safety concerns were another prominent issue in the community. Participants expressed fear and frustration over the presence of homelessness, frequent traffic accidents, and unsafe pedestrian conditions. One participant explained the feeling of discomfort caused by the presence of homeless individuals near bus stops, stating that it contributed to a lack of safety. Another issue that compounded safety concerns was the lack of respect from drivers for pedestrians, particularly along high-traffic areas like Boulder Highway. "*Drivers do not respect the pedestrians,*" one participant shared, underscoring the hazardous conditions for those trying to cross major roads. Additionally, the absence of sidewalks on certain streets further compounded the danger, making it difficult for seniors and individuals with mobility aids to navigate the area safely. As one participant put it, "*It is hard to walk on the streets… there are areas with missing sidewalks,*" highlighting the environmental barriers that make it challenging for residents to move freely and safely within their community.

These combined issues – from healthcare access and transportation barriers to safety concerns and community challenges – paint a picture of a community in need of more resources, better infrastructure, and greater support to ensure the health and safety of its residents, especially the elderly and those with mobility challenges.

Summary of Recommendations - Seniors

- **Improve Doctor-Patient Communication:** Ensure doctors take more time to listen to patient concerns, especially within the elderly community, to ensure that their health needs are properly addressed.
- **Establish a Centralized Medical Center:** Create a central location in the community where seniors and other residents can access various medical services and specialists in one place, reducing the need for multiple trips across town.
- **Increase Community and Senior Centers:** Expand the availability of community and senior centers to alleviate overcrowding, ensuring that more residents can participate in programs and services.
- **Improve Affordability and Accessibility of Services:** Make community services more affordable, especially for low-income seniors.
- **Enhance Community Safety Infrastructure:** Build more sidewalks and safer pedestrian crossings to improve mobility and safety.
- **Improve Food Drive Accessibility:** Provide seating, shade, and assistance with carrying heavy items for seniors at food drives, and explore more convenient food delivery options for those unable to attend.

Focus Group Summary for Veterans

Perceptions of Health & Healthy Behaviors - Veterans

Veterans defined health as the ability to enjoy life with family, highlighting the importance of both physical and mental well-being. They emphasized that self-care is essential for supporting others, with one participant explaining, *"Be able to take care of yourself first before being able to assist your family or anyone else."* The value of enjoying time with loved ones was also underscored, as another shared, *"Be able to enjoy yourself and your family."* Integrating physical and mental health was seen as crucial, with one veteran noting, *"The whole healthcare concept, exercise, mental health is important as well and have access to that."* Veterans highlighted that true health means being proactive focusing not only on managing illnesses but on maintaining an active lifestyle and seeking preventive care. They acknowledged that access to both mental and physical healthcare plays a vital role in achieving these goals, as mental health struggles often remain invisible yet deeply impactful without proper attention.

Community Strengths & Assets - Veterans

Despite the challenges Veterans face, several community strengths provide support and opportunities for connection. Local initiatives and organizations demonstrate a commitment to addressing Veterans' needs, fostering a sense of belonging and advocacy. One notable strength is the City of Henderson's Veteran Forum, which creates a direct line of communication between Veterans and city leadership. This platform allows Veterans to voice their concerns and share ideas with the mayor, who listens and works toward actionable solutions. Events like these also highlight the community's willingness to prioritize Veterans' issues and make systemic improvements.

Veteran-focused organizations, like the Veterans of Foreign Wars (VFW), play a vital role in supporting Veterans by providing financial assistance and connecting them to valuable resources. By requiring proof of need, the VFW ensures that aid reaches those who truly require it, while also guiding Veterans who may not qualify toward alternative resources. This approach strengthens trust and reinforces a sense of community among Veterans.

Additionally, community events such as the City of Henderson's car shows offer a creative and engaging way to connect with Veterans. These events go beyond recreation, serving as platforms to raise awareness about available services and resources in a relaxed, welcoming atmosphere. They foster meaningful connections and demonstrate the community's commitment to supporting its Veterans in both practical and enjoyable ways.

Barriers to Health and Wellness - Veterans

Participants described a military culture that often discourages seeking medical or mental health support due to the stigma attached to it. Many Veterans felt pressured to avoid seeking help. During services, they avoid disclosing medical problems due to fearing it could harm their careers or label them as unfit for duty. As one veteran shared,

> *"If I tell them anything that is going wrong, they are going to take me away from flying status or take my weapon."*

This reluctance to address health concerns often led to long-term consequences, as Veterans felt obligated to prioritize the needs of their troops during service over their own. The system's barriers further exacerbated the issue, with one participant noting, *"From the military during annual checkups, you will never see someone if you don't write something negative on it."* The long-term consequences of this dynamic were significant, leaving Veterans with untreated conditions that often surfaced only after leaving service.

Veterans highlighted significant barriers to accessing quality care, including long wait times for appointments and inconsistent experiences with providers. One participant expressed frustration, stating, *"If I have a problem now and I have to wait three weeks for an appointment, I will be better by then."* Others reported negative interactions with physician assistants, with one veteran sharing, *"I had terrible experiences with physician assistants. It triggers my PTSD. I do not want them."* The variability in care quality along with providers who seemed more focused on efficiency than patient concerns, further limited the quality of care that they are receiving.

Larger Community Issues Impacting Health - Veterans

Veterans shared numerous challenges in accessing healthcare after military service, often facing significant delays in receiving annual medical exams. Many reported waiting until a health crisis forced them to seek care, as one veteran explained, *"If you are in a crisis, you feel the pressure to go, but you might be too late."* Shortages of behavioral health providers and inconsistencies in VA services further exacerbate these issues. For Veterans who relocate, transferring medical records adds another layer of frustration. As one participant put it,

> *"I came from the East Coast; the VA should already have my record. I shouldn't have to go over and over through the same story."*

Telehealth services also drew criticism, with many Veterans expressing dissatisfaction over the lack of connection and thoroughness in virtual appointments. They felt that telehealth often failed to address both physical and mental health needs adequately. One veteran voiced their frustration, saying,

> *"The provider in the hospital was horrible. They do not want to see you face-to-face. How are you going to be able to properly diagnose me over a screen?"*

This reliance on virtual care, combined with delays in accessing in-person services and limited mental health resources, leaves many Veterans struggling to manage their health effectively.

To address these challenges, Veterans recommended several improvements to the VA system. Many emphasized the need for a mentorship program or centralized resource center to help Veterans

navigate the often-overwhelming array of benefits and services. One veteran highlighted the confusion of transitioning, stating,

> *"In the transition assistance, they give you a thick book about the benefits of the VA. There is no way that you can go through it and understand what is in there."*

Another added,

> *"There is no initial sit-down and education on how the VA works, how the health system works. It took me two and a half years to find out that I could get chiropractic services."*

Participants also stressed the importance of strengthening collaboration between the VA and community healthcare providers. The process for community providers to gain VA certification was described as overly complex, with one veteran sharing, *"There is a lot of hoops to jump through to become an approved provider by the VA."* To streamline this process, they suggested assigning a liaison to assist community providers with certification, which could enhance service delivery and expand the network of support available to Veterans.

Built Environment - Veterans

Veterans highlighted the critical role of a safe and welcoming environment in supporting their overall well-being, but many expressed concerns about the conditions in their communities. Areas near Base Nellis were frequently described as unsafe due to high rates of homelessness, drug activity, and limited policing. One participant shared, *"There are two schools across my street, but it is drug-infested on the other side."* These issues contribute to a sense of vulnerability, particularly for those living in these areas.

Housing was another concern, as Veterans noted a lack of dedicated communities designed to accommodate Veterans or retired military members. One veteran remarked,

> *"There are not many Veterans/military-friendly communities. I am surprised that we do not have more with the number of Veterans and military members living in Las Vegas."*

Rent increases and limited affordable housing options make it even harder for Veterans to secure and maintain stable living conditions, compounding their stress.

Infrastructure problems pose significant barriers to Veterans' safety and accessibility. Inadequate sidewalks and poor traffic management create hazardous conditions for pedestrians, particularly in construction zones. For Veterans who rely on mobility aids such as wheelchairs or walkers, these obstacles make it even more difficult to navigate their communities. The lack of proper infrastructure in some areas exacerbates these challenges, leaving Veterans feeling vulnerable and unsafe.

Summary of Recommendations - Veterans

- **Create a Veteran Mentorship Program:** Establish a mentorship program to guide newly transitioned Veterans through the VA system, helping them understand available services and provide emotional support during their adjustment to civilian life.
- **Centralize Veteran Resources Online:** Develop a single, user-friendly website that consolidates all veteran services, making it easier for Veterans to find the information they need without feeling overwhelmed.
- **Enhance Communication within VA Services:** Improve record-sharing across states and ensure Veterans receive consistent care, including better access to in-person healthcare options, to streamline their experience with the VA system.
- **Increase Mental Health Support for Veterans:** Expand mental health services by increasing the number of behavioral health providers and promoting mental health awareness, reducing stigma, and ensuring Veterans can access timely support.
- **Facilitate Partnerships with Community Providers:** Designate a VA liaison to assist local providers in qualifying to offer services to Veterans, improving the accessibility and variety of care available in the community.

Focus Group Summary for American Indian and Alaska Native (AI/AN)

Perceptions of Health & Healthy Behaviors – AI/AN

Participants expressed that health includes physical, mental, and spiritual wellness. For these individuals, health is not simply about the absence of disease but about *"feeling your best mentally, physically, and spiritually."* They mentioned that staying healthy involves both mental and physical self-care. Health was closely tied to self-treatment practices, with participants noting that how they care for their minds and bodies directly impacts their well-being. A significant part of feeling healthy is the ability to exercise regularly; however, they pointed out that the extremes of Las Vegas's climate, the high temperatures during summer, and the chill of winter, can create barriers to maintaining a consistent physical activity routine.

Support systems, especially family, were identified as important to one's overall sense of health. They also mentioned the importance of stable access to healthcare, with one participant noting that having reliable healthcare coverage gives a sense of security. As described by these participants, health is not just a problem for one individual but one that encompasses the entire family.

Participants mentioned that maintaining mental health can be especially challenging given the lifestyle in Las Vegas, which some felt drains mental energy and resilience over time. This 24/7 lifestyle was described as mentally exhausting, with prolonged exposure contributing to stress.

Community Strengths & Assets – AI/AN

Amongst this group, there was a limited discussion on current supportive resources within their community. One participant shared information about the social support they receive from attending a

sewing group at the Las Vegas Indian Center, while another talked about their experience using the diabetes program at the clinic on the Las Vegas Paiute Reservation.

Barriers to Health and Wellness – AI/AN

A common concern was the need to travel out of state for specialized care through the Indian Health Service (IHS), with Arizona being one of the facilities that most of the participants shared of visiting. As another participant explained,

> *"I also have to travel to Arizona. I have tried to go to the IHS here first in Las Vegas, but for the services that they couldn't provide, I have to go to Parker."*

This travel requirement, combined with the limited IHS services in Las Vegas, highlights the considerable gap in healthcare resources available to AI/AN families in Clark County.

Participants also pointed out the limitations of IHS services. While IHS provides essential care, it does not meet all the medical needs of families, forcing them to seek care in other places. This inconsistency often leads to difficult decisions about healthcare, with some postponing care due to the financial and logistical burdens. The strain of travel, along with the time away from work and family, only adds to these challenges.

The quality and accessibility of IHS services were repeatedly cited as major issues. One participant described a situation where delayed communication about lab results led to a serious, undiagnosed issue in a family member. This lack of timely care has led to distrust in the IHS system and a feeling of frustration. This same participant expressed a desire for a healthcare environment where their concerns are taken seriously, with someone available to explain medical terminology in simpler terms and advocate for their needs. A medical professional who takes the time to go over all the results of any medical examination and explain medical terms in a way that can be easy to understand. Many other is the group shared their frustration and desired improvements.

Participants shared numerous barriers they encounter when seeking healthcare and mental health services. Long wait times and a shortage of therapists familiar with AI/AN culture were major concerns. One participant recounted an experience with an IHS therapist who frequently canceled appointments and failed to address cultural aspects of care, even directing the participant to watch Christian religious videos as a form of therapy. This experience left the participant feeling overlooked and unsupported, and many others resonated with the point that there is a need for mental health professionals who are culturally competent and consistent. As one participant noted, *"There is not a lot of Native American representation in therapy."* This lack of culturally relevant care has resulted in many community members feeling disconnected from the mental health system, with some avoiding seeking help altogether. They expressed the need for culturally responsive healthcare, voicing a desire for healthcare professionals who are knowledgeable about AI/AN cultures, values, and health traditions, which they believe would lead to a more effective and positive healthcare experience.

Financial constraints also play a significant role in having access to health. Participants explained that even with insurance, out-of-pocket costs for specialist visits and mental health care can be restrictive.

Furthermore, the high demand for therapy services has led some providers to refuse certain insurance plans, limiting access to affordable mental healthcare. Participants highlighted the challenge of finding a therapist who is a good fit, saying it can take months to secure an appointment and often feels mentally draining to find a professional with whom they feel comfortable. One mother shared her experience, stating,

> *"For us (parents and younger child), we have a medical support system, but my older children have to go to Arizona to the IHS or reservation to get medical care."*

This illustrates the difficulties families face in securing care locally.

Harassment & Discrimination – AI/AN

Participants shared several experiences of discrimination within healthcare settings. One participant noted that while she has not personally faced discrimination, she believes it is because her white partner is present during medical visits, suggesting that racial bias might be different in her case. She said,

> *"I haven't really experienced it myself, but I do know that it is because my husband is white. If I was by myself, I do not know if it would be different but I can see how it could happen, especially in mental health."*

However, other participants recounted feeling marginalized, particularly when seeking emergency care. One shared, *"Regular ER emergency, and general primary care physicians are not so compassionate."* They felt dismissed, which negatively impacted the quality of care they received.

Cultural insensitivity was also a significant concern, especially for those seeking alternative treatments. Participants explained that requests for nontraditional therapies are often met with resistance or are unsupported by medical staff who focus solely on conventional practices. This disregard for culturally relevant health practices led to feelings of exclusion and, for some, a reluctance to seek care. Additionally, many participants expressed frustration with healthcare providers who focus on basic health metrics, such as weight and preexisting conditions, without addressing broader aspects of wellness. This approach often left patients feeling judged or blamed for their health challenges rather than supported in making informed health decisions.

Economic factors also contribute to discrimination. Participants pointed out that limited financial resources often create barriers to accessing preferred treatments. For example, alternative therapies can be costly, making it difficult for individuals to include these options in their healthcare plans. Participants felt that navigating the healthcare system requires significant financial resources, leaving those without money at a disadvantage in advocating for their own care. These experiences highlight the need for healthcare providers to be more culturally sensitive, offer diverse treatment options, and address the economic inequities that impact AI/AN individuals' access to quality care.

Larger Community Issues Impacting Health - AI/AN

Participants identified diabetes and high blood pressure as common health concerns within the AI/AN community, linking these issues to limited access to healthy food options in Las Vegas. One participant expressed frustration with the lack of fresh, affordable food, saying,

> *"This is the worst place I have ever lived in regards to food access. We do not have a food system. Everything is imported and impregnated with chemicals."*

Many noted that grocery stores in the area mostly offer processed or expensive organic items that are not always fresh or healthy. Another participant added, *"It is almost impossible and you really need money to have access to healthy food."* The high cost of healthier options, combined with the difficulty of finding fresh produce, creates a major barrier to maintaining a balanced diet and managing chronic health conditions.

The group also discussed the lack of representation and support for alternative medicine. Several participants expressed a preference for non-traditional treatment options but struggled to find practitioners who respected these choices. One participant noted that traditional Western medicine does not always meet their needs and expressed a desire for healthcare providers and insurance companies to understand and support alternative approaches. Many also voiced the need for culturally responsive healthcare, hoping to find professionals knowledgeable about AI/AN cultures, values, and health traditions, which they believe would lead to a more effective and positive healthcare experience.

The group also discussed the lack of accessible healthcare information, mentioning that many AI/AN individuals in Las Vegas are unaware of available resources or programs they may be eligible for. One participant pointed out the broader issue of limited representation, saying, *"There is a lack of representation for mental health."* Participants emphasized the need for stronger support systems to strengthen community connections, preserve cultural ties, and create a more welcoming environment for AI/AN individuals in Las Vegas.

Participants also highlighted the lack of community support for AI/AN individuals, noting that opportunities to engage with their culture were limited. They emphasized that there are few events or spaces promoting cultural engagement, and the absence of these opportunities contributes to a growing sense of cultural disconnection. Prior to COVID-19, the Clark County School District (CCSD) offered programs through Indian Education to support AI/AN students, but these services have largely disappeared, further deepening the gap for younger generations. This lack of cultural support affects their ability to connect with their heritage, leaving some feeling disconnected from their identity.

Built Environment – AI/AN

The unique environment of Las Vegas poses challenges for AI/AN individuals, both in terms of safety and cultural connection. One participant noted, *"People are speeding down the street constantly going down neighborhoods,"* pointing to the lack of safety in certain areas. Additionally, they mentioned issues like poor lighting that further hindered their sense of security outside the home. For the AI/AN

community, a safe environment extends beyond personal security. It also includes spaces where individuals feel culturally supported and connected, and many participants felt that Las Vegas does not provide this sense of belonging.

Poor air quality was also mentioned as a factor that complicates outdoor physical activities. One participant shared,

> *"I did have to take at least 1-2 days off from work in the last year because the air quality is so bad. I go out running or riding my bike, doing healthy things, and getting sick because of it."*

This restriction further limits opportunities for physical activity, adding another layer of difficulty in pursuing a healthy lifestyle.

Summary of Recommendations – AI/AN

- **Expand Indian Health Service (IHS) Offerings:** Advocate for increased funding to enhance the scope of IHS services in Las Vegas, reducing the need for out-of-state travel for specialized care.
- **Facilitate Partnerships with Local Providers:** Designate an IHS liaison to assist local healthcare providers in offering culturally competent services to AI/AN individuals, improving access to both general and specialty care.
- **Provide Culturally Responsive Mental Health Services:** Establish training programs for mental health professionals on AI/AN cultural practices and values to ensure therapy is respectful and relevant to community needs.
- **Support Alternative Medicine Access:** Collaborate with insurance companies to expand coverage for alternative therapies and traditional healing practices, ensuring AI/AN preferences are supported.
- **Improve Food Accessibility:** Partner with local farms and organizations to create urban gardens and food assistance programs offering fresh, affordable produce for AI/AN families.

DISCUSSION

Focus group participants viewed this initiative as an excellent opportunity to share their valuable insights and lived experiences regarding healthcare access and community well-being in Southern Nevada. They discussed barriers that significantly impact their ability to receive adequate care, unmet needs that hinder their quality of life, and strengths within the Southern Nevada Health District (SNHD) that could be further leveraged to support the community. While participants acknowledged several aspects of the current system that are functioning well, such as the availability of certain community services and supportive programs, they also emphasized pressing systemic issues that demand immediate attention.

A recurring theme was the limited access to affordable healthcare, which creates significant challenges for low-income families and other vulnerable populations. Participants noted that the rising cost of

medical care, coupled with increasing prescription prices, often forces individuals to choose between essential healthcare services and other necessities. Transportation difficulties further compound this problem, with many community members struggling to reach healthcare facilities due to inadequate public transit routes, high costs for specialized transport services, and the physical demands of navigating unsafe or inaccessible areas. Additionally, the shortage of both physical and mental healthcare services emerged as a critical issue, with long wait times for specialist appointments and a lack of behavioral health providers leaving many without timely or comprehensive care. Together, these systemic barriers underscore the need for targeted interventions to bridge gaps in service delivery and promote equitable access to healthcare across Southern Nevada.

Limitations

The findings presented are based on feedback from focus groups, which may not fully capture the diverse experiences and perspectives within each community, including, people living in the 89101-ZIP code, AI/AN individuals, people with disabilities, rural residents, seniors, and Veterans. Participants' insights are subjective and reflect personal experiences, which may not encompass broader systemic issues or variations within specific subpopulations. Additionally, the geographic focus on Clark County limits the generalizability of these findings to other regions with differing demographic and resource contexts. While the discussions emphasized key themes such as healthcare access and well-being, other critical areas like employment, education, or intergenerational dynamics were not explored in depth. Furthermore, the sample size of the focus groups only provides a small representation of the focal population in order to increase the depth of the information obtained, therefore the findings may not represent the full spectrum of challenges faced by these communities. In future studies sample sizes can be increased with additional time and funds to hold multiple focus groups per population to ensure that data collection stops when saturation is reached. Given this data collection method is one of many employed to understand the focal populations, it was deemed sufficient for the CHA.

Key Findings

The focus groups revealed significant challenges in accessing timely and affordable healthcare services across all populations. Participants highlighted **issues that significantly impacted their access to healthcare**, such as:

- limited availability of specialists,
- long wait times,
- financial barriers, and
- inadequate public transit and costly alternatives.

Cultural and systemic insensitivity, including the lack of trauma-informed care and culturally competent providers, was especially pronounced among American Indian/Alaska Native (AI/AN) communities and people with disabilities.

Each community provided **unique perspectives on health**.

- **AI/AN** participants viewed health holistically, encompassing physical, mental, and spiritual well-being. However, they faced significant barriers, including limited medical treatments at the local

Indian Health Service (IHS), the need for out-of-state travel for specialized care, and a lack of culturally sensitive mental health services.

- **People with disabilities** emphasized the need for better physical accessibility, consistent healthcare, and advocacy support to navigate complex systems. They also noted stigma and logistical challenges in mental health care.
- **Seniors** highlighted the importance of mobility, affordability, and self-advocacy in maintaining health, while also facing rising prescription costs, long wait times, and unsafe pedestrian infrastructure.
- **Veterans** reported difficulties transitioning from military to civilian healthcare systems, citing delayed services, poor communication within the VA, and limited mental health support.
- **Rural** residents dealt with isolation, the lack of local healthcare providers, and transportation barriers, with the absence of mental health and detox services being particularly acute.
- **Residents of the 89101-ZIP** code noted food insecurity, homelessness, and unsafe living conditions as major factors affecting their health.

Environmental and infrastructure concerns emerged as additional barriers to health and safety, with common themes emerging across multiple groups:

- **Seniors, Veterans, & People with Disabilities:** Poorly maintained infrastructure, such as incomplete sidewalks and inadequate lighting, created safety risks.
- **Rural & AI/AN:** Extreme weather and poor air quality limited physical activity.

Participants from all groups highlighted the following **recommendations**:

- Expanding healthcare access through centralized services, mobile units, and increased funding for mental health and disability support.
- Addressing transportation barriers with affordable, reliable options was seen as crucial for low-income residents and those in rural areas.
- Enhancing food security by improving access to fresh, affordable produce and making food drives more accessible was also emphasized.
- Promoting culturally responsive and trauma-informed care through targeted training for providers.
- Increasing community safety through improved infrastructure, such as sidewalks and pedestrian crossings, and addressing homelessness and drug-related issues.

These findings underscore the urgent need for systemic improvements to address the diverse health challenges faced by Southern Nevada communities.

Implications for Future Research & Intervention

Addressing these concerns will take a concerted effort on the part of the local healthcare system, SNHD, and community partners. Immediate strategies for improvement include:

- More affordable transportation options for increased access to services.
- Completed and enhanced sidewalks for pedestrian safety.
- Broader dissemination of information about currently available resources and services.

- Training for professionals in cultural competency, trauma informed care, and incorporating traditional practices into healthcare regimens.

Additionally, longer term strategies to consider that would help to address the common issues expressed by members of each group include:

- Increasing the availability and affordability of safe housing.
- Establishing healthcare hubs in multiple locations throughout the area that include a variety of healthcare providers and social services.
- Creating incentives that make it easier to recruit and retain medical specialists, mental health providers, and other support professionals in geographic locations throughout the county.
- Providing more spaces and opportunities for cultural groups to celebrate their heritage and educate the general population.
- Implementing policies that make it less complicated to obtain identification and secure employment.

While this assessment looked to produce a comprehensive view of the needs of a variety of groups, certain segments of the population were not represented. Future efforts could continue to identify groups not represented in conventional surveys, such as other cultural and racial groups as well as individuals identifying as LGBTQ+. Gathering information from healthcare providers across different fields and specialties is also encouraged to better understand their challenges in providing the types of care and support that community members have identified as needs.

ACKNOWLEDGMENTS

Thank you to the SNHD CHA Steering committee for their guidance throughout the overall process and to all community partners who participated in this assessment process. Your contributions to this process and to the overall health of the community are invaluable. We look forward to our continued collaborative efforts to create a healthy community for everyone.

APPENDIX A. GROUP DEMOGRAPHIC INFORMATION

	ALL (N=70)	PEOPLE W/ DISABILITIES (n=10)	RURAL AREA (n=10)	89101 ZIP RESIDENT (n=12)	SENIORS (n=13)	VETERANS (n=10)	American Indian / Alaska Native (n=15)
	%	%	%	%	%	%	%
GENDER							
Male	34.3%	50.0%	10.0%	33.3%	15.4%	80.0%	26.7%
Female	61.4%	50.0%	90.0%	58.3%	84.6%	20.0%	60.0%
Other	2.9%	0.0%	0.0%	8.3%	0.0%	0.0%	6.7%
Prefer not to Answer	1.4%	0.0%	0.0%	0.0%	0.0%	0.0%	6.7%
AGE							
18-20	1.4%	0.0%	0.0%	0.0%	0.0%	0.0%	6.7%
21-30	10.0%	30.0%	0.0%	16.7%	0.0%	0.0%	13.3%
31-40	10.0%	10.0%	0.0%	16.7%	0.0%	10.0%	20.0%
41-50	24.3%	20.0%	10.0%	33.3%	0.0%	60.0%	26.7%
51-60	18.6%	40.0%	30.0%	16.7%	0.0%	20.0%	13.3%
61-70	18.6%	0.0%	40.0%	0.0%	61.5%	0.0%	6.7%
71-80	8.6%	0.0%	20.0%	0.0%	23.1%	10.0%	0.0%
80+	1.4%	0.0%	0.0%	0.0%	7.7%	0.0%	0.0%
Blank / Missing	7.1%	0.0%	0.0%	16.7%	7.7%	0.0%	13.3%
Prefer not to Answer	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
RACE							
White, Non-Hispanic	38.6%	30.0%	70.0%	50.0%	46.2%	50.0%	0.0%
Hispanic, Latino, or Spanish (any race/ethnicity)	15.7%	50.0%	30.0%	25.0%	0.0%	0.0%	0.0%
Native Hawaiian or other Pacific Islander	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Asian	2.9%	10.0%	0.0%	0.0%	0.0%	10.0%	0.0%
Black or African American	14.3%	10.0%	0.0%	16.7%	30.8%	30.0%	0.0%
Alaska Native or American Indian	18.6%	0.0%	0.0%	0.0%	0.0%	0.0%	86.7%
Multiracial	10.0%	0.0%	0.0%	8.3%	23.1%	10.0%	13.3%
Prefer not to Answer	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

	ALL (N=70)	PEOPLE W/ DISABILITIES (n=10)	RURAL AREA (n=10)	89101 ZIP RESIDENT (n=12)	SENIORS (n=13)	VETERANS (n=10)	American Indian / Alaska Native (n=15)
	%	%	%	%	%	%	%
MARITAL STATUS							
Single	44.3%	40.0%	40.0%	66.7%	30.8%	10.0%	66.7%
Married	27.1%	40.0%	30.0%	0.0%	30.8%	40.0%	26.7%
Widowed	4.3%	0.0%	10.0%	0.0%	15.4%	0.0%	0.0%
Separated	5.7%	0.0%	0.0%	16.7%	7.7%	10.0%	0.0%
Divorced	17.1%	10.0%	20.0%	16.7%	15.4%	40.0%	6.7%
Other	1.4%	10.0%	0.0%	0.0%	0.0%	0.0%	0.0%
EDUCATION LEVEL							
Less than 9th grade	1.4%	0.0%	0.0%	0.0%	7.7%	0.0%	0.0%
9th to 12th grade, no diploma	4.3%	10.0%	0.0%	16.7%	0.0%	0.0%	0.0%
High School Diploma or GED	20.0%	10.0%	10.0%	33.3%	38.5%	10.0%	13.3%
Some College, no degree	18.6%	10.0%	20.0%	16.7%	15.4%	0.0%	40.0%
Associate's degree (e.g. AA, AS)	18.6%	10.0%	30.0%	25.0%	7.7%	20.0%	20.0%
Bachelor's degree (e.g. BA, AB, BS)	15.7%	30.0%	10.0%	8.3%	15.4%	20.0%	13.3%
Graduate/ Professional Degree	21.4%	30.0%	30.0%	0.0%	15.4%	50.0%	13.3%
Prefer not to Answer	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
HEALTH INSURANCE							
Yes	92.9%	100.0%	80.0%	100.0%	92.3%	100.0%	86.7%
No	5.7%	0.0%	20.0%	0.0%	7.7%	0.0%	6.7%
Blank / Missing	1.4%	0.0%	0.0%	0.0%	0.0%	0.0%	6.7%
DO YOU HAVE A PRIMARY PHYSICIAN?							
Yes	84.3%	80.0%	80.0%	75.0%	92.3%	90.0%	86.7%
No	15.7%	20.0%	20.0%	25.0%	7.7%	10.0%	13.3%
HOW MANY CHILDREN DO YOU HAVE?							
0	45.7%	80.0%	50.0%	50.0%	15.4%	30.0%	53.3%
1	14.3%	20.0%	10.0%	16.7%	30.8%	10.0%	0.0%
2	20.0%	0.0%	10.0%	25.0%	15.4%	40.0%	26.7%
3	8.6%	0.0%	0.0%	0.0%	23.1%	10.0%	13.3%
4	8.6%	0.0%	30.0%	0.0%	15.4%	10.0%	0.0%
5	1.4%	0.0%	0.0%	0.0%	0.0%	0.0%	6.7%
8	1.4%	0.0%	0.0%	8.3%	0.0%	0.0%	0.0%

	ALL	PEOPLE W/ DISABILITIES	RURAL AREA	89101 ZIP RESIDENT	SENIORS	VETERANS	American Indian / Alaska Native
	%	%	%	%	%	%	%
# OF CHILDREN UNDER 18 IN YOUR HOUSEHOLD?*							
	N=38	n=2	n=5	n=6	n=11	n=7	n=7
0	55.3%	100.0%	80.0%	16.7%	63.6%	71.4%	28.6%
1	13.2%	0.0%	20.0%	50.0%	0.0%	0.0%	14.3%
2	18.4%	0.0%	0.0%	33.3%	0.0%	28.6%	42.9%
3	2.6%	0.0%	0.0%	0.0%	0.0%	0.0%	14.3%
N/A	5.3%	0.0%	0.0%	0.0%	18.2%	0.0%	0.0%
Blank / Missing	5.3%	0.0%	0.0%	0.0%	18.2%	0.0%	0.0%
DO YOUR CHILDREN HAVE HEALTH INSURANCE (UNDER 18 ONLY)?**							
	N=15	n=0	n=1	n=6	n=0	n=2	n=6
Yes	93.3%	N/A	100.0%	100.0%	N/A	100.0%	83.3%
No	0.0%	N/A	0.0%	0.0%	N/A	0.0%	0.0%
Unsure	0.0%	N/A	0.0%	0.0%	N/A	0.0%	0.0%
N/A	0.0%	N/A	0.0%	0.0%	N/A	0.0%	0.0%
Blank / Missing	6.7%	N/A	0.0%	0.0%	N/A	0.0%	16.7%
DO YOUR CHILDREN HAVE A PRIMARY PHYSICIAN (UNDER 18 ONLY)?**							
	N=15	n=0	n=1	n=6	n=0	n=2	n=6
Yes	73.3%	N/A	0.0%	66.7%	N/A	100.0%	83.3%
No	13.3%	N/A	100.0%	16.7%	N/A	0.0%	0.0%
Unsure	6.7%	N/A	0.0%	16.7%	N/A	0.0%	0.0%
N/A	0.0%	N/A	0.0%	0.0%	N/A	0.0%	0.0%
Blank / Missing	6.7%	N/A	0.0%	0.0%	N/A	0.0%	16.7%
	ALL (N=70)	PEOPLE W/ DISABILITIES (n=10)	RURAL AREA (n=10)	89101 ZIP RESIDENT (n=12)	SENIORS (n=13)	VETERANS (n=10)	American Indian / Alaska Native (n=15)
	%	%	%	%	%	%	%
REFERRAL SOURCE							
Email	17.1%	40.0%	10.0%	16.7%	0.0%	40.0%	6.7%
Facebook	14.3%	0.0%	0.0%	0.0%	0.0%	0.0%	66.7%
Website	2.9%	0.0%	0.0%	8.3%	7.7%	0.0%	0.0%
Phone Call	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Other	64.3%	60.0%	90.0%	75.0%	92.3%	60.0%	20.0%
Blank / Missing	1.4%	0.0%	0.0%	0.0%	0.0%	0.0%	6.7%

**Note: Population shown for this question includes only those who reported having at least 1 child.*

***Note: Population shown for this question includes only those who reported having at least 1 child under the age of 18.*

APPENDIX B. GROUP DEMOGRAPHIC FORM

DISCUSSION GROUP DEMOGRAPHIC FORM

Thank you for participating in our discussion group today! We want to be able to describe the participants of each of our focus groups and so we are asking you to complete this form to collect basic demographic information. THANK YOU!

1. **What is the highest level of education you have completed?**
   b) Less than 9th grade
   c) 9th to 12th grade, no diploma
   d) High school diploma or GED
   e) Some college, no degree
   f) Associate's degree (e.g. AA, AS)
   g) Bachelor's degree (e.g. BA, AB, BS)
   h) Graduate or professional degree
   i) Prefer not to Answer

2. **Which of the following best describes your racial and ethnic background? (Please choose all that apply.)**
   a) White, Non-Hispanic
   b) Hispanic, Latino, or Spanish (any race/ethnicity)
   c) Alaska Native or American Indian
   d) Asian
   e) Black or African American
   f) Native Hawaiian or other Pacific Islander
   g) Other:_____
   h) Prefer not to Answer

3. **What is your gender?**
   a) Male
   b) Female
   c) Other
   d) Prefer not to Answer

4. **What is your age?** _____

5. **Marital Status**
   a. Single
   b. Married
   c. Widowed
   d. Separated
   e. Divorced
   f. Other_____

6. **Do you have health insurance?**
   a. Yes
   b. No

7. **Do you have a primary physician?**
   a. Yes
   b. No

8. **How many children do you have?** _____
   If you have children:
   8a. # of children under 18 in your household? _____
   8b. Do your children have health insurance (under 18 only)?
   a. Yes
   b. No
   c. Unsure

   8c. Do your children have a primary physician (under 18 only)?
   d. Yes
   e. No
   f. Unsure

9. **How did you hear about this discussion group today?**

a) Email
b) Facebook
c) Website
d) Phone Call
e) Other
_____

APPENDIX C. FOCUS GROUP QUESTIONS

Hello everyone, I'm _____ with the Nevada Institute for Children's Research and Policy. Thank you so much for taking time out of your day to help us better understand the health needs of Clark County residents. We are conducting a Community Health Needs Assessment and would like to ask you a few questions about your views regarding what the most important health needs are in your community. Please know that we will keep all of your responses confidential and will not include any identifying information from examples you may share. We are asking that everyone in the group also respects group member privacy and does not share personal information shared in the group. We would like to record the focus group to be sure we capture all the information discussed. The recording is only used in our office by our staff and will not be shared publicly. Is there anyone who is not ok with being recorded?

First, we would like to know more about **what health means to you.**

- What do you do to stay healthy?
    - PROMPT: Do you feel that being a having a disability/being a veteran/living in this ZIP code/living in rural CC/being of native descent affects your health?
- Have you experienced any situation that prevented you or your family member from getting the necessary health care?
    - PROMPT: Was it due to transportation?
    - PROMPT: Money/Insurance?
    - PROMPT: Lack of knowledge regarding where to seek such medical services?
    - PROMPT: What barriers keep you from being healthy>
- When thinking about your experiences trying to get health care, have you ever felt harassed or discriminated against for any reason?
    - PROMPT: If yes, what do you think contributed to that? (For example: gender, race, SES)

Specific Group Question:

- In your opinion, what are some of the biggest community health issues facing people with disabilities/Veterans/89101/Urban Natives/Rural in Southern Nevada?
    - PROMPT: What would you say are some of the biggest barriers to improving these issues?
- What type of support services would be helpful for people with disabilities/Veterans/89101/Urban Natives/Rural who live in Clark County?
- In your opinion, what is one thing that Clark County does well in regard to people with disabilities/Veterans/89101/Urban Natives/Rural?

Thank you for your valuable feedback. We are now onto our last set of questions, which will discuss your opinions about **health issues in your community**. When we say community, we ask that you consider this to mean any place in Southern Nevada that you live, work, or frequently visit.

- Community Strengths & Assets
    a. What strengths and resources do community members have?

    b. What skills and strengths do you have that you are proud of?
        i. How can these skills and strengths help your community?
    c. What is a key health issue that you or your community has experienced?
    d. How would you want SNHD to work with our community's strengths to improve health?
- Built Environment
    a. What physical strengths and resources exist in the built environment of your community? (i.e. sidewalks, food security, parks and recreational centers, etc.)
    b. Think about what makes a place feel safe, accessible, and good to be in. What helps a place (i.e. building, park) feel welcoming and accessible to:
        i. People with disabilities?
        ii. Limited English speakers?
        iii. People of different races and ethnicities?
        iv. People with limited income
        v. People of different genders and sexual orientations?
- Forces of Change
    a. What is occurring or might occur that affects the health of your community or your local public health system?
    b. How do these forces of change impact your communities, particularly those who experience marginalization and oppression?
    c. Think about forces of change – outside of your control – that affect your community. What has occurred recently that may affect our community? What may occur in the future?
    d. What barriers keep you from being healthy?

That concludes our questions, thank you all so much for your time and participation!

APPENDIX D. FOCUS GROUP RECRUITMENT MATERIALS

Nevada Institute For Children's Research & Policy
NICRP
University of Nevada - Las Vegas

COMMUNITY HEALTH DISCUSSION GROUP FOR PEOPLE WITH DISABILITIES

WE WANT TO HEAR FROM CLARK COUNTY RESIDENTS AGEs 18 - 60 LIVING WITH A DISABILITY

Join us for a discussion about the overall health of the community that you live in.

October 7, 2024, 1 pm

NAMI Southern Nevada, 2820 W Charleston Blvd, Ste. 19

Participants will receive a $50 GIFT CARD!
***Limited to one group per participant for this effort.**

Group is limited to only 15 participants. Register today at bit.ly/470UFzJ

Learn more at HealthySouthernNevada.org

Southern Nevada Health District

HEALTHY SOUTHERN NEVADA

Nevada Institute For Children's Research & Policy
NICRP
University of Nevada - Las Vegas

COMMUNITY HEALTH DISCUSSION GROUP FOR RURAL COMMUNITIES

WE WANT TO HEAR FROM RESIDENTS IN RURAL CLARK COUNTY

Join us for a discussion about the overall health of the community that you live in.

October 8, 2024, 5:30 pm

Mesquite Library, 160 W 1st N St, Mesquite, NV

Participants will receive a $50 gift card.

Limited to participation in one discussion group per participant for this effort.

Group is limited to only 15 participants. Register today at bit.ly/3XN1NMY

Learn more at HealthySouthernNevada.org

COMMUNITY HEALTH

DISCUSSION GROUP

FOR RESIDENTS OF 89101

WE WANT TO HEAR FROM RESIDENTS IN 89101 ZIP CODE

Join us for a discussion about the overall health of the community that you live in.

October 15, 2024, 5:30 pm

Chicanos Por La Causa

555 N Maryland Pkwy, Las Vegas, NV 89101

Participants will receive a $50 gift card.

Limited to participation in one discussion group per participant for this effort.

SCAN ME

Group is limited to only 15 participants. Register today at bit.ly/3MQZqT8

Learn more at HealthySouthernNevada.org

COMMUNITY HEALTH DISCUSSION GROUP FOR OLDER ADULTS

WE WANT TO HEAR FROM CLARK COUNTY RESIDENTS AGES 60 AND OVER

Join us for a discussion about the overall health of the community that you live in.

October 16, 2024, 12:00 pm

Whitney Senior Center
5712 Missouri Ave, Las Vegas, NV 89122

Participants will receive a $50 gift card.

Limited to participation in one discussion group per participant for this effort

SCAN ME

Group is limited to only 15 participants. Register today at bit.ly/3XAnkY9

Learn more at HealthySouthernNevada.org

Nevada Institute For Children's Research & Policy
NICRP
University of Nevada - Las Vegas

COMMUNITY HEALTH DISCUSSION GROUP FOR VETERANS

We want to hear from Clark County Residents who SERVED IN THE MILITARY
Join us for a discussion about the overall health
of the community that you live in.

October 21, 2024,6pm

Premier Business Center
1489 W. Warm Springs Rd, Ste. 110, Henderson, NV 89128

Participants will receive a $50 gift card.
Limited to one group per participant for this effort.

Group is limited to only 15 participants. Register today at bit.ly/4dtB1Ox

Learn more at HealthySouthernNevada.org

COMMUNITY HEALTH

DISCUSSION GROUP

AMERICAN INDIAN/ALASKA NATIVE

We want to hear from Urban Indigenous resident of Clark County.
Join us for a discussion about the overall health
of the community that you live in.

November 6, 2024,
11 am - 12 pm
UNLV Gateway Building
2nd Floor - Room 268
4700 S Maryland Pkwy
Las Vegas, NV 89119

November 7, 2024,
11 am - 12 pm
6 pm - 7 pm
Inter-Tribal Council of Nevada
2920 S. Rainbow Blvd. #160
Las Vegas, NV 89146

Participants will receive a $50 gift card.

Limited to participation in one discussion group per participant for this effort.

SCAN ME

Group is limited to only 15 participants. Register today at bit.ly/4f9TX67

Learn more at HealthySouthernNevada.org

Southern Nevada Health District

HEALTHY SOUTHERN NEVADA

Nevada Institute For Children's Research & Policy
NICRP
University of Nevada - Las Vegas

COMMUNITY HEALTH DISCUSSION GROUP

AMERICAN INDIAN/ALASKA NATIVE

We want to hear from Urban Indigenous resident of Clark County.
Join us for a discussion about the overall health
of the community that you live in.
You can participate either **in person** or via **phone interview**

November 14, 2024,
6:00 p.m. - 7:00 pm
UNLV Gateway Building
3rd Floor - Room 334
4700 S Maryland Pkwy
Las Vegas, NV 89119

If you would prefer a **phone interview**, please indicate your preference on the registration form.

Participants will receive a $50 gift card.
Limited to participation in one discussion group per participant for this effort.

SCAN ME

Group is limited to only 15 participants. Register today at bit.ly/3YC8L6B

Learn more at HealthySouthernNevada.org