

HEALTH EQUITY STATUS REPORT: IMAGE DESCRIPTIONS



What is the purpose of this document?

This is an accompanying document to the Health Equity Status Report to be used by those who require image descriptions for the pictures and graphics throughout the report. Image descriptions give insight into what information a photo or figure is depicting for those who may not be able to see those details. This differs from alternative (alt) text, which provide a general idea of what is shown and can be read by screen readers for the visually impaired, are displayed in place of webpage images should they fail to load, or if you hover your cursor over an image in some .pdf viewing platforms. While both alt text and image descriptions are intended to assist those who are visually impaired in understanding a picture, the goal of the latter is to provide individuals with all of the important information about an image that a sighted person would have.

Alt text:

Salespeople at a meeting in a cafe/coffee shop

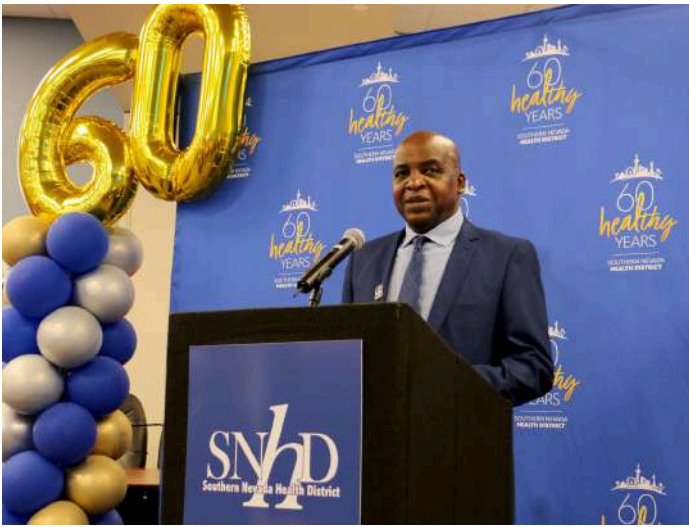


Image

description:

Two people are chatting at a table with coffee and a laptop. A woman has her back to the camera, while the man facing the camera is taking notes and smiling.

Alt text was included for all images in the Health Equity Status Report. This document provides the addition of image descriptions. While these descriptions may not differ much from the alt text for standard photos, there is a great deal of data present in graphs, maps, and charts that would be missed if one is unable to see them. Beside or underneath each picture will include a text box with the page number the figure corresponds to in the Health Equity Status Report and an image description. We hope this document helps permit users of screen readers and visually impaired members of our community to experience the Health Equity Status Report to its fullest extent.



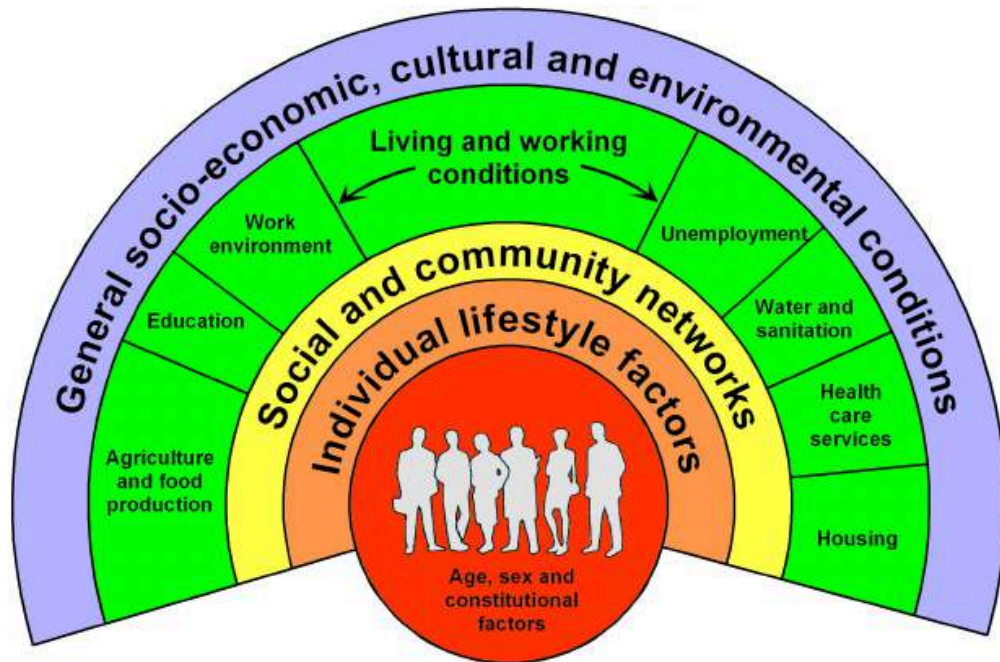
Page 2:

Picture of Dr. Fermin Leguen, a dark skinned man wearing a blue suit, is speaking in front a podium celebrating 60 Healthy Years of the Southern Nevada Health District.



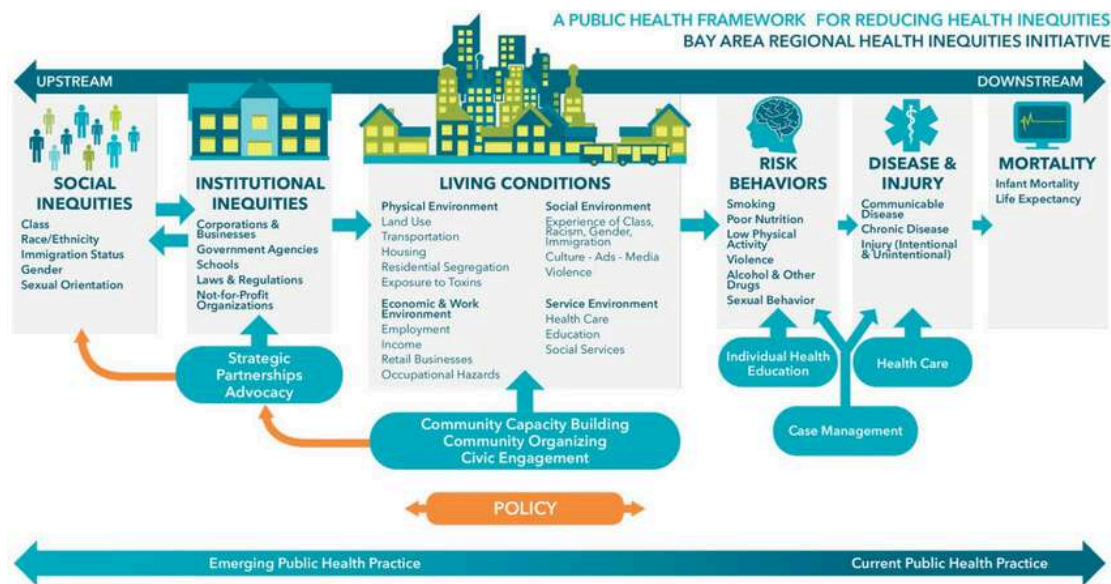
Page 6:

A man with his sleeve rolled up is smiling while a woman in scrubs holds his arm with a medical glove.



Page 8:

This is the rainbow model of health which has a red circle in the center and is surrounded by stacked semicircles that are ordered orange, yellow, green, and light blue. The red center of this model includes age, sex, and other constitutional factors. The orange semicircle is Individual lifestyle factors. Next, the yellow layer is social and community networks. The green layer represents living and working conditions which include agriculture and food production, education, work environment, unemployment, water and sanitation, health care services, and housing. The top layer in blue is titled general socio-economic, cultural, and environmental conditions.



Page 9:

The top left corner of this figure reads 'A Public Health Framework for Reducing Health Inequities' and 'Bay Area Regional Health Inequities Initiative'. There are double ended arrows at the top and bottom of the diagram. The double ended arrow on the top left reads 'Upstream' on the left and 'Downstream' on the right. The arrow at the bottom reads 'Emerging Public Health Practice' on the left and 'Current Public Health Practice' on the right. In between the two sets of arrows are six categories which all have arrows pointing from one category to the next from left to right. The second category has an additional arrow pointing back to the first.

From the left, the first category is Social Inequities, which includes class, race/ ethnicity, immigration status, gender, and sexual orientation. Next is Institutional Inequities which include corporations and businesses, governmental agencies, schools, laws and regulations, and not for profit organizations. The third category is Living Conditions and is broken into the subcategories Physical Environment (land use, transportation, housing, residential segregation, exposure to toxins), Economic and Work Environment (employment, income, retail businesses, occupational hazards), Social Environment (experience of class/racism/ gender/ immigration, culture/ads/media, violence), and Service Environment (health care, education, social services). The next category is Risk Behaviors and is comprised of smoking, poor nutrition, low physical activity, violence, alcohol and other drugs, and sexual behavior. The fourth category is Disease and Injury and includes communicable disease, chronic disease, and intentional and unintentional injury. The final category is mortality, including infant mortality and life expectancy.

Beneath the categories but above the bottom arrow is another double ended arrow titled 'Policy'. This is implemented in Risk Behaviors through individual health education and case management and in Disease and Injury through health care and case management. Living Conditions can implement policy through community capacity building, community organizing, and civic engagement. This directly flows into policy means of impacting Institutional Inequities and Social Inequities through strategic partnerships and advocacy.

Page 10:

A man in a plaid shirt and khakis is speaking passionately at an outdoor podium which has the 'Clark County, Nevada' logo in the front of it. Individuals in the background are listening intently.



Page 11:

Beneath cloudy skies and the sun peeking through the top left corner, seemingly ever-expansive rocks and mountains are illuminated bright reds and oranges. In the center is the Clark County, Nevada logo.



Page 12:

Two adults and one child in semi-formal wear are standing in the middle of a line of a mariachi band holding their instruments. All are smiling at the camera.





Page 14:

Three people in business attire and standing side by side, smiling gleefully.



Page 15:

Shoulder-and-up smiling photo of Jessica Johnson, a fair skinned woman with straight brown hair just past her shoulders, wearing a colorful shirt against a gray brick background.



Page 16:

Four individuals in business casual attire embracing each other and smiling at the camera. Three people are holding plaques which read 'World AIDS Day'.

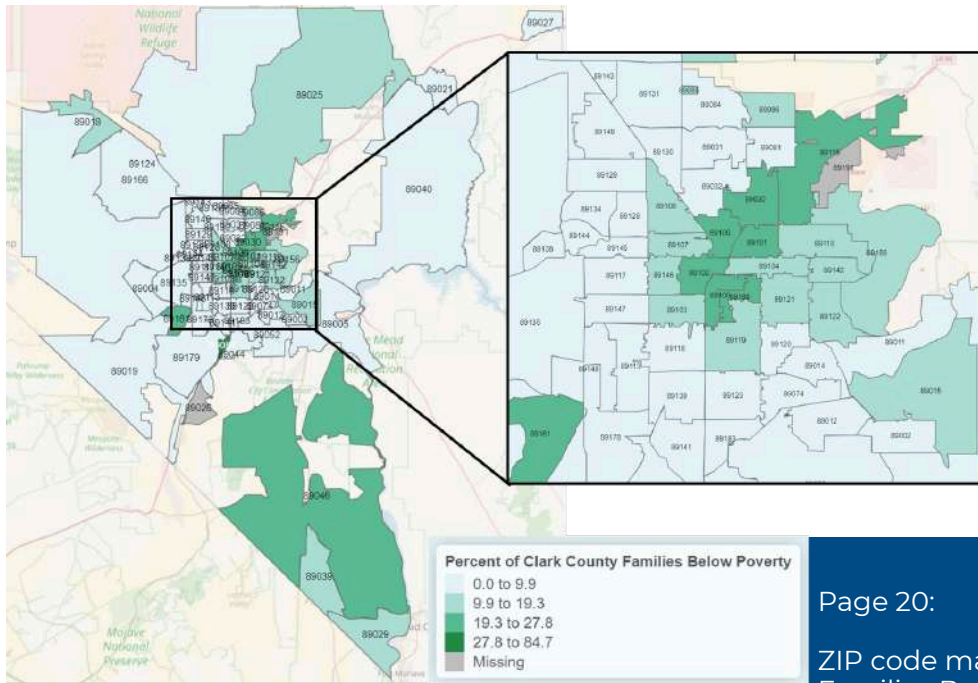
Page 18:

Four individuals, all wearing grey shirts, are standing outside behind a table which has assorted fruits and vegetables on it.



Page 19:

Three women wearing SNHD shirts are smiling. They are standing in front of a booth with teddy bears, lip balm, and hand sanitizer.



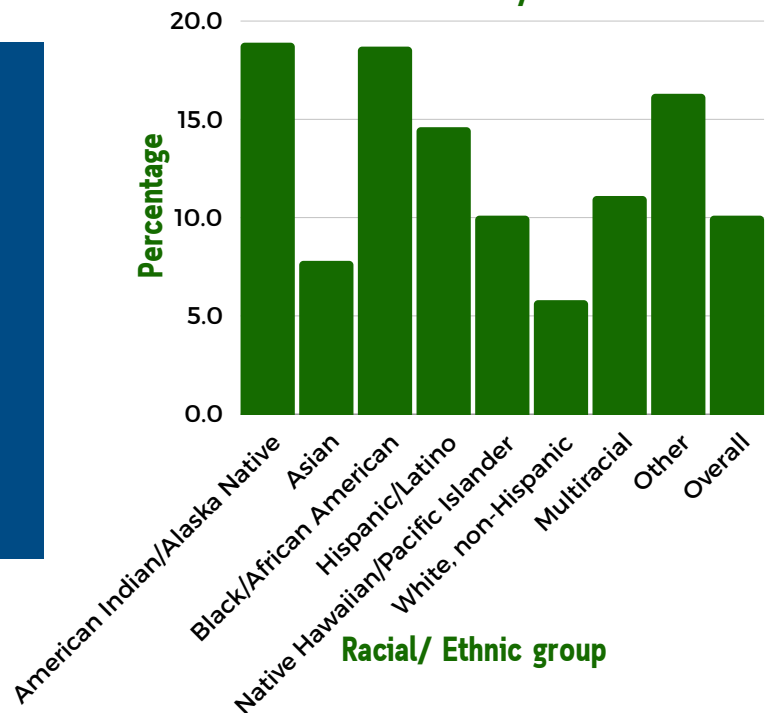
Page 20:

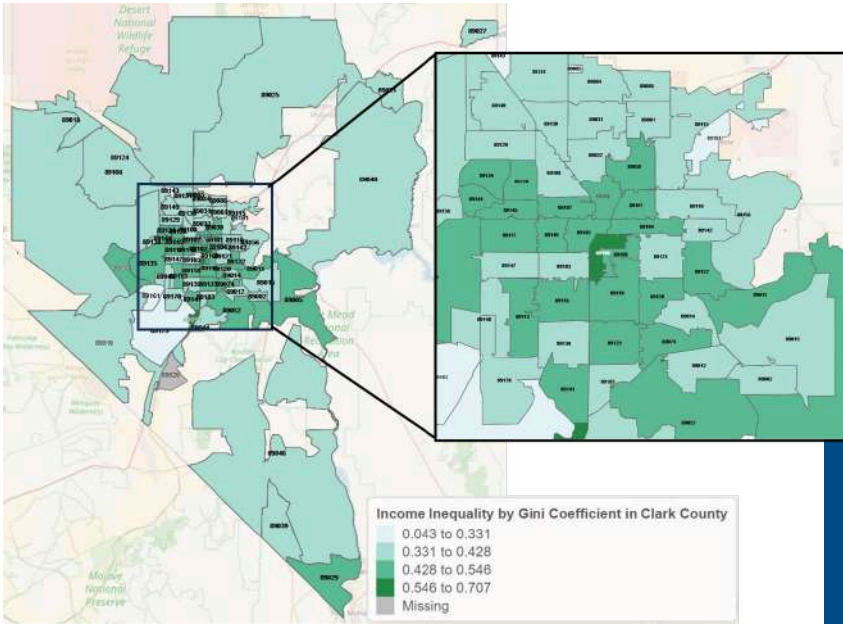
ZIP code map of Clark County Percent of Families Below Poverty with a pop out for the metropolitan area. The percentages are broken into 5 groups- 0%-9.9%, 9.9% to 19.3%, 19.3% to 27.8%, 27.8% to 84.7%, and missing. South of the metro area most ZIP codes are in the second or third quartiles of poverty. Aside from ZIP codes 89025 and 89018 which are in the second lowest quartile and 89026 which has missing data, ZIP codes outside of the metro area had higher incomes. In the metropolitan area there is a concentration of 3rd and 4th quartile rankings in the central and northeast areas. The surrounding areas are predominantly in the lowest quartile.

Page 20:

Bar graph of Percent of Families Below Poverty by Race/ Ethnicity. The x axis is racial group, the y axis is Percentage. American Indian/ Alaska Native and Black/ African American are both slightly under 20%, Other is just above 15% while Hispanic/ Latino was just under. Multiracial group was slightly above 10%, overall and Native Hawai'ian and Pacific Islander percentages are at 10%, Asian families were about 7-8%, and White, non-Hispanic families had the lowest percentage at about 6%.

Percent of Clark County Families Below Poverty By Race/ Ethnicity





Page 21:

ZIP code map of Clark County income inequality with a pop out for the metropolitan area. The income inequality Gini coefficients are broken into quintiles: .043 to .331, .331 to .428, .428 to .546, .546 to .707, and missing. Outside of the metro area most ZIP codes are in the second income inequality group, aside from 89029 which is in the third group and 89179 which is in the first. Apart from Nellis AFB in zip code 89191, the metro area mostly has income inequality at the third highest group. The worst income inequality is at the center of the metro area- zip code 89109.



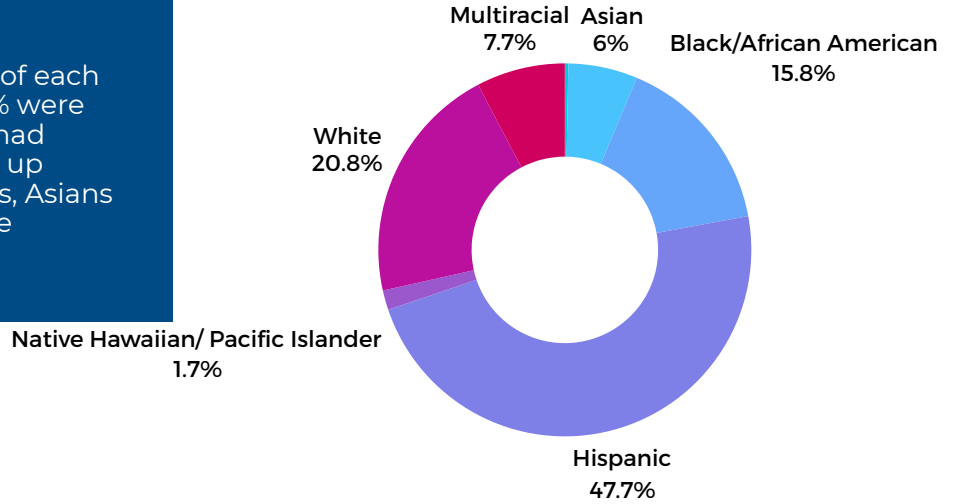
Page 22:

Three women wearing business casual attire are sitting around a table smiling at the camera.

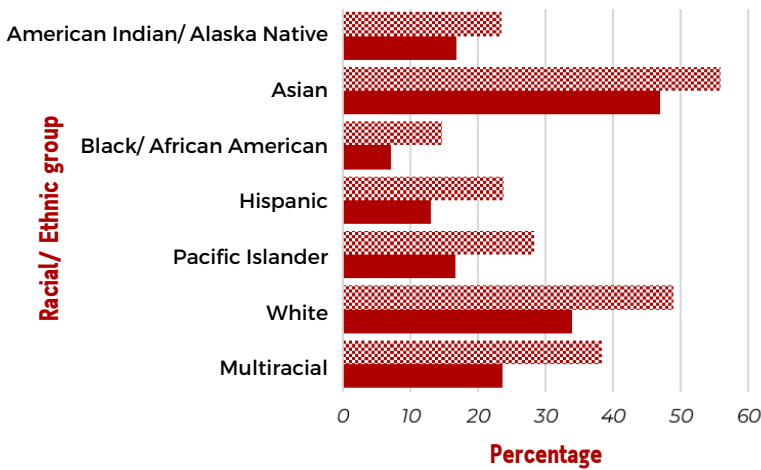
Page 23:

A donut chart depicts the percentage of each race/ethnicity enrolled in CCSD. 47.7% were Hispanic/Latino, White non-Hispanic had 20.8%, Black/African Americans made up 15.8%, 7.7% were multiracial individuals, Asians accounted for 6%, and 1.7% were Native Hawaiian/Pacific Islander.

CCSD School Enrollment by Race/ Ethnicity



4th and 8th Grade Math Proficiency Percentages by Race/ Ethnicity



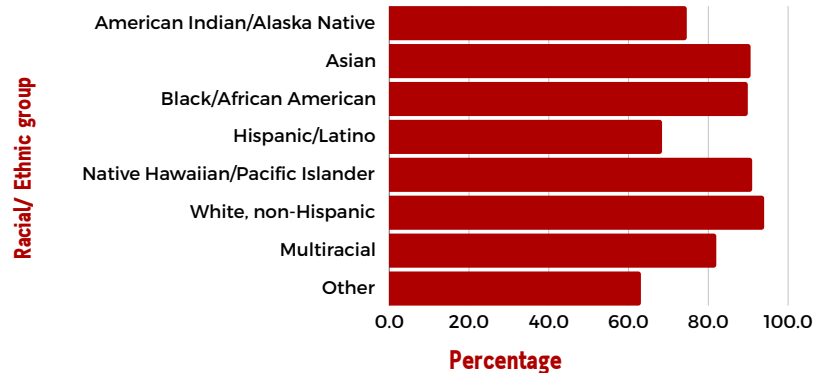
Page 23:

A double row chart of 4th and 8th Grade Math Proficiency Percentages by Race/ Ethnicity where the x axis is Percentage and the y axis is Racial/ Ethnic Group. American Indian/ Alaska Natives had a 4th grade proficiency of around 23% and 8th grade proficiency of about 18%. Asian students had a 4th grade proficiency of around 55% and 8th grade proficiency of 46%. Black/ African Americans had a 4th grade proficiency of about 15% and 8th grade of 8%. 4th grade Hispanic proficiency was slightly less than 25% and 8th grade proficiency was about 12%. Pacific Islanders had a 4th grade proficiency of about 27% and an 8th grade proficiency of about 18%. Math proficiency for White students is nearly at 50% for 4th grade and 33% for 8th grade. Multiracial students had around 38% proficiency in 4th grade and 25% for 8th.

Page 24:

Row chart of Percent of Those Over 25 years old with a High School Diploma by Race/ Ethnicity. The y axis is racial group, the x axis is Percentage. Asian, Black/ African American, Native Hawaiian/ Pacific Islander, and White, non-Hispanic groups are all around 90%, multiracial individuals were slightly above 80% and American Indian/ Alaska Native were a little below. Hispanic/ Latinos were around 65% and those of other races were just above 60%.

Percentage of Those Over 25 years old with a High School Diploma By Race/ Ethnicity

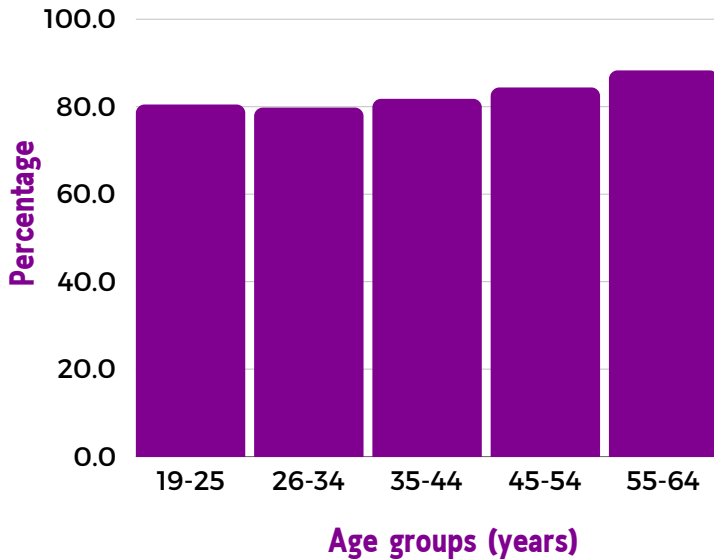




Page 25:

In a grade school classroom, a tall woman wearing an Aces t-shirt is smiling while pointing to someone off-camera. Children in the background are smiling and engaged, and one is raising his hand to be called on.

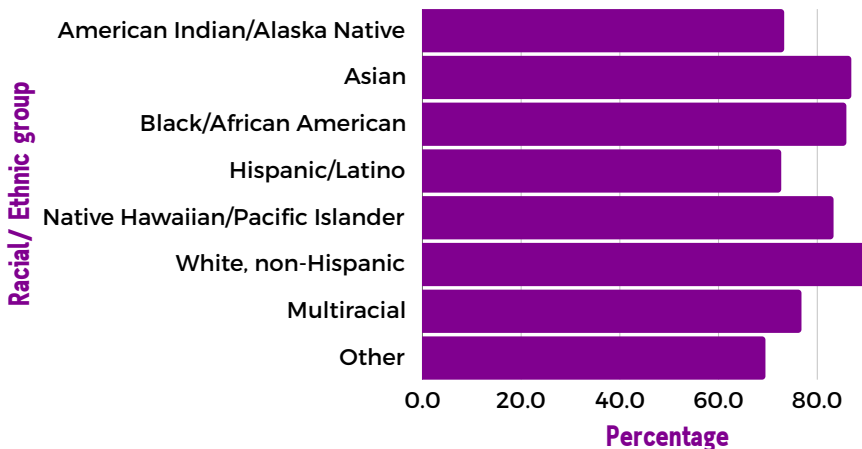
Percentage of Clark County Adults with Insurance Coverage by Age



Page 26:

Bar graph of Percent of Adults with Insurance Coverage by Age. The x axis is age in years, the y axis is Percentage. 19-25 and 26-34 year olds had about 80% coverage, and coverage rose gradually in subsequent age groups 33-44, 45-54, and 55-64 ended at almost 90%.

Percentage of Clark County Adults with Insurance Coverage by Race/ Ethnicity

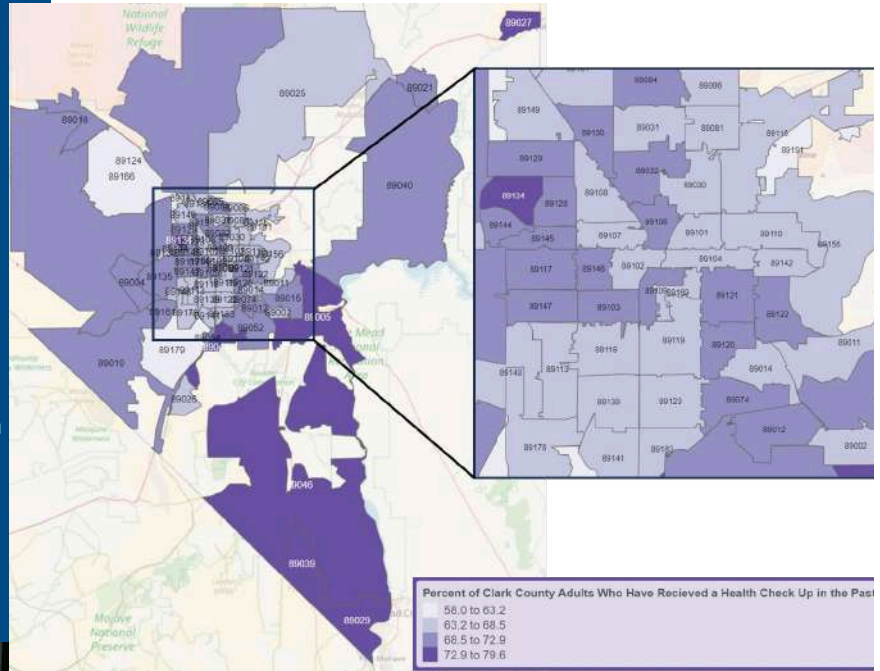


Page 26:

Row chart of Percent of Adults with Insurance Coverage by Race/ Ethnicity. The y axis is racial/ ethnic group, the x axis is Percentage. Asian, Black/ African American, Native Hawaiian/ Pacific Islander, and White non-Hispanic groups all have coverage in the low to mid 80s. American Indian/ Alaska Native, Hispanic/ Latino, and multiracial persons have coverage in the low to mid 70s, and those of other races have coverage just below 70%.

Page 27:

ZIP code map of Clark County Percent of Adults Who Have Received a Health Check Up in the Past Year with a pop out for the metropolitan area. The percentages are broken into 5 groups- 58.0%-63.2%, 63.2% to 68.5%, 68.5% to 72.9%, 72.9% to 79.6%, and missing. South of the metro area most ZIP codes are in the highest quartile of receiving a health checkup. Aside from ZIP codes 89179, 89124, and 89166 which are in the lowest quartile and 89026 which has missing data, ZIP codes outside of the metro area had check up rates in the middle two quartiles. In the metropolitan area there is a concentration of lower quartiles in the northeast and southwest, and ZIP code 89134 in the suburban northwest is in the highest quartile.



Page 28:

Two men are sitting down behind a table. The man on the right has a big smile and his arm in a blood pressure cuff with its accompanying monitor lying on the table. The man on the left is smiling softly while monitoring the blood pressure reading.



Page 29:

A man with a peppered beard is sitting near the wall on the inside of a barbershop. He is wearing a dark blue beanie, a white shirt, and an Executive Cuts Barbershop apron. He has a blood pressure cuff on and is smiling.



Page 30:

A group of 8 people are standing side by side outside in front of a vaccines.gov tent wearing Health Truckers of America thermals and hats. They have their arms around each other's shoulders and are smiling.



Page 31:

Group of four individuals sitting on a panel with laptops, water bottles, and microphones in front of them. A woman second from the left is speaking, the other three individuals are listening and taking notes.



Page 32:

A man is sitting at a table with informational materials on it. He is handing a pamphlet to a person off camera with a warm smile.

Page 33:

A group of young soccer players are wearing neon green SNHD Arm-in-Arm jerseys with matching socks. They are standing behind one of the jerseys encased in a frame.



Page 34:

A group of school children and a few adults all donning black sunglasses smile or smolder into the camera.



Page 35:

Two women are in a doctor's office. One woman has her back to the camera, exposing her left shoulder. The other woman is carefully placing a circular patch to her skin.



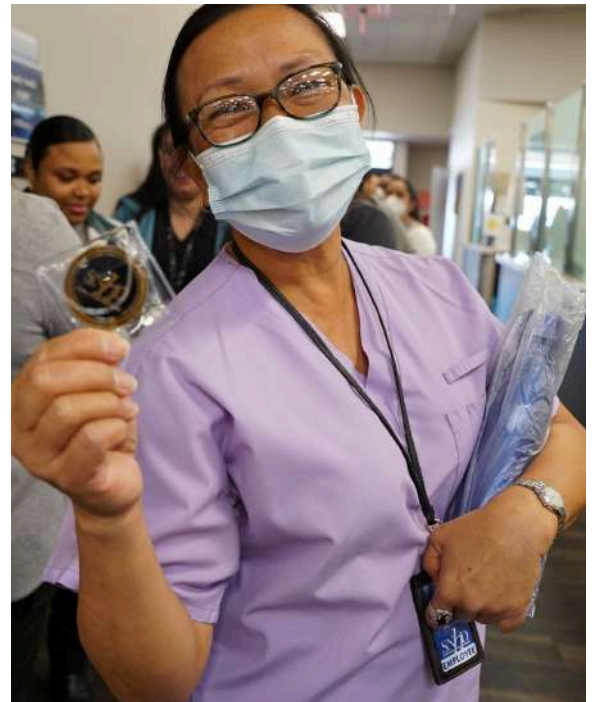


Page 36:

A woman wearing a surgical mask, medical gloves, and glasses is focusing a vaccine needle into the exposed arm of a man holding up his sleeve and smiling softly looking off camera.

Page 37:

A woman in scrubs, glasses, and a surgical mask is holding an SNHD coin to the camera in her right hand and an SNHD water bottle in her left. Her eyes are squinting behind her glasses as if she is smiling.



COMMITMENT



We are committed to providing quality service and collaborating with internal and external partners to **achieve mutual goals** and strengthen our community's health.

We carry out our responsibilities and report in a **transparent manner**. We strive to employ our capacities in a creative and agile way, embracing good leadership and stewardship principles to achieve long-term sustainability.



ACCOUNTABILITY

RESPECT



We recognize and appreciate the **dignity and worth of every person**, regardless of their background, traditions, talents, or skills. We build positive relationships that foster inclusion and belonging for all, ensuring access to services based on needs.

We pursue **quality and innovation** in everything we do, from our policies and systems to our services and interactions. We embrace the pursuit of excellence and a culture of improvement in our interactions with patients, partners, colleagues and other stakeholders.



EXCELLENCE

SERVICE

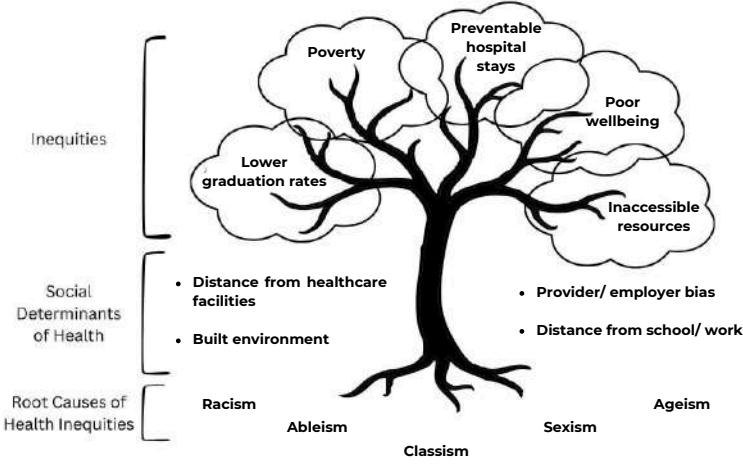


We strive to provide an **exceptional experience** for everyone through accessible, compassionate services to our patients, clients, co-workers and communities.

Page 38:

Image of the SNHD CARES acronym breakdown. C stands for Commitment and reads 'We are committed to providing quality service and collaborating with internal and external partners to achieve mutual goals and strengthen our community's health.' A is for Accountability and says 'We carry out our responsibilities in a transparent manner. We strive to employ our capacities in a creative and agile way, embracing good leadership and stewardship principles to achieve long-term sustainability.' R represents Respect and is exhibited by 'We recognize and appreciate the dignity and worth of every person, regardless of their background, traditions, talents, or skills. We build positive relationships that foster inclusion and belonging for all, ensuring access to services based on needs.' E is for Excellence and reads 'We pursue quality and innovation in everything we do, from our policies and systems to our services and interactions. We embrace the pursuit of excellence and a culture of improvement in our interactions with patients, partners, colleagues, and other stakeholders.' Finally is S for Service. In this, SNHD pledges 'We strive to provide an exceptional experience for everyone through accessible, compassionate services to our patients, clients, co-workers, and communities.'

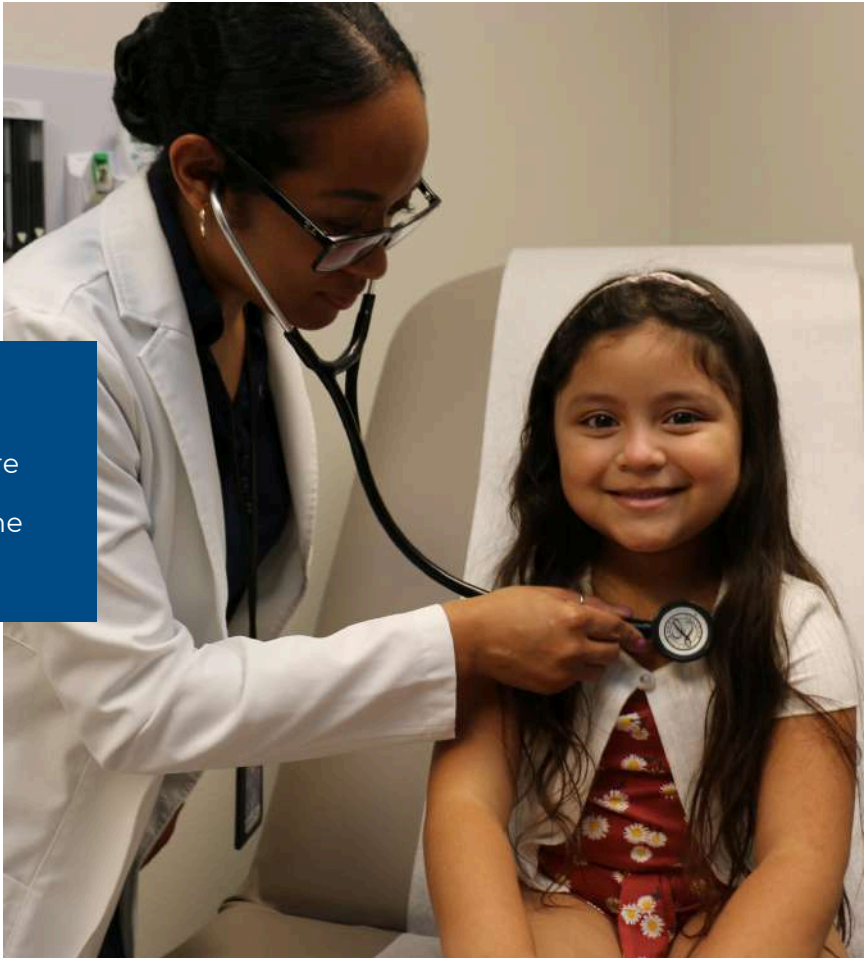
Causes and Effects of Health Inequity



Page 39:
 NACCHO diagram of a tree roots, trunk, and leaves where the roots represent root causes of health inequities including racism, ableism, classism, sexism, and ageism. The trunk represents social determinants of health such as distance from healthcare facilities, built environment, provider/ employer bias, and distance from school or work. This results in the leaves of the tree representing inequities like lower graduation rates, poverty, preventable hospital stays, poor wellbeing, or inaccessible resources.



Page 40:
 A woman in a white coat and a young girl are in a doctor's office. The woman is using a stethoscope to check the girl's heartbeat. The girl is smiling to the camera.





Page 42:

A building taken from outside on a sunny day that says 'Southern Nevada Health District'.