



## 2024 UnitedHealthcare Health Plan of Nevada Medicaid Community Investment Request Form

UnitedHealthcare Health Plan of Nevada Medicaid (UHC) is committed to supporting organizations who make an impact on the health and well-being of our community and our members. The goal of our community investment partnerships is to improve health outcomes in our community and to help people live healthier lives. Programs and sponsorships that focus on increasing access to care, maternal and child health, health equity, behavioral health and substance use disorders, support for the justice involved, housing supports, and other social drivers of health will be given priority.

<b>Name of Organization:</b> Northern Nevada Public Health (NNPH), Clinical and Community Health Services Division, Immunizations Program		<b>Legal Name, if different:</b> Washoe County Health District	
<b>Mailing Address:</b> 1001 E. 9 <sup>th</sup> Street, Reno, NV 89512			
<b>Phone:</b> 775-328-2400		<b>Employer Identification (EIN):</b> 88600138	
<b>Name of President, CEO, or Executive Director:</b> Chad Kingsley, MD MBA (District Health Officer) <b>Phone:</b> 775-328-2400 <b>E-mail:</b> ckingsley@nnph.org			
<b>Name of Contact for this form:</b> Susie Deller <b>Phone:</b> 775-447-4879 <b>E-mail:</b> sdeller@nnph.org			
<b>Website:</b> <a href="https://www.nnph.org/programs-and-services/cchs/immunization-program/index.php">https://www.nnph.org/programs-and-services/cchs/immunization-program/index.php</a>	<b>Facebook:</b> <a href="https://www.facebook.com/NorthernNevadaPublicHealth">https://www.facebook.com/NorthernNevadaPublicHealth</a>  <a href="https://www.facebook.com/NNPHenEspaol/">https://www.facebook.com/NNPHenEspaol/</a>	<b>Twitter:</b> <a href="https://x.com/NNPH_Org">https://x.com/NNPH_Org</a>	<b>Instagram:</b> <a href="https://www.instagram.com/nnph_org/">https://www.instagram.com/nnph_org/</a>
<b>Type of organization: (501(c)(3), educational institution, municipality, or Nevada Medicaid provider)</b>  Municipality and Nevada Medicaid provider			
<b>Organization Annual Budget:</b> \$ 1,155,599 for the Immunizations Program within NNPH, Community and Clinical Health Services			
<b>Amount requested for this community investment:</b> \$50,000			

**1. Please tell us about your organization:**

Northern Nevada Public Health's (NNPH) Immunization Program aims to help ensure our community is vaccinated against a variety of communicable diseases, thus preventing disease outbreaks in our community. Our focus is vaccinating those who are uninsured and underinsured by reaching out to this community and meeting their vaccination needs. We also ensure vaccine providers in both the public and private sector throughout the community are compliant with vaccine storage and handling guidelines as well as vaccine administration guidance.

**2. Please provide a brief overview of the program this funding would support, including any pertinent timelines and dates, as well as data points supporting the need for the program.**

This funding will be used to purchase COVID-19 vaccine that will be administered to adults who are uninsured or underinsured. Last year, the federal government provided vaccines at no cost to this population. This program, the "Bridge Program," is no longer supported by the federal government. The new formulation COVID-19 vaccine for the 2024-2025 respiratory season will be ready for purchase August or September. There will be no provision to provide this vaccine to adults who are uninsured or underinsured without substantial cost to the client. Cost is approximately \$130 per dose. Those without insurance will most likely not be able to afford this vaccine. Last year, NNPH alone gave 511 adult doses of COVID vaccine to people who were uninsured/underinsured. Pharmacies within the community also gave vaccines at no cost through the Bridge Program to people with no insurance coverage. If we do not provide COVID vaccine to this uninsured population, we can expect to see a marked increase in COVID-19 cases and strains on our local healthcare system. We intend to purchase this vaccine as soon as it is available and administer it at local public points of distribution throughout the fall. We have tentatively planned two large events for distribution alongside influenza vaccine in October and in November targeting the uninsured. Any remaining doses from this funding will be offered in our clinic to uninsured/underinsured adults.

**3. Please explain how this program will support UHC Medicaid priorities: increasing access to care, maternal and child health, health equity, behavioral health and substance use disorders, support for the justice involved, housing supports and other social drivers of health:**

Providing this COVID-19 vaccine at no cost will allow access to this vaccine to those who have no other affordable way to attain protection against this highly communicable disease. Most who do not have health insurance cannot afford health insurance and most likely will not pay to get this updated vaccine that protects against the most current strains and variations of COVID-19 due to costs. Providing no-cost COVID-19 vaccines will help stop the spread of this disease and help ease strains on our local healthcare system during respiratory season.

**4. What specific population(s) will this program serve?**

Uninsured and underinsured adults will receive COVID-19 vaccines purchased with these funds.

**5. What results do you hope to achieve in the first 6 months of this project and by the end of the project? What reporting will you provide to show outcomes and success?**

We hope to administer all the doses of COVID-19 vaccine purchased with this funding by December 31, 2024, to adults who are uninsured/underinsured to keep the spread of COVID-19 low and not creating more stress on our local healthcare system during respiratory season. Any remaining doses will be offered in our clinic to adults who are uninsured/underinsured until they are all gone. We track on a daily basis the number of doses administered for each funding source and are able to show a cumulative total for any given timeframe, for any funding source.

**6. Please list key project activities and deliverables below:**

<b>Key Activity</b>	<b>Deliverable</b>	<b>Timing</b>
Purchase vaccines	Purchase adult doses of COVID-19 vaccines.	Purchase early September to administer in the fall
Administer COVID-19 vaccines	Administer COVID-19 vaccines to uninsured and underinsured adults to protect during respiratory season	October-December (possibly into early 2025 if we have doses remaining from 2 large events in October and November)

**7. How will you promote the program and partnership to ensure members of the community and UHC Medicaid members are being served?**

Our primary dissemination process will be to have public points of distribution for the uninsured/underinsured to receive both COVID and flu vaccines at the same time. We have two events in the planning process at this point in time with the expectation of using most of the COVID-19 vaccine doses purchased with this money during these two public events. Any leftover doses of COVID-19 vaccine will be made available in our clinic to those who are uninsured or underinsured until they are gone. These events will be publicized with all forms of media – TV, radio, and social media. Press releases will be sent, weekly social media posts will be made, paid social media will be bought, and we expect recorded or live coverage by television and radio. We would like to have United Healthcare banners present possibly stating vaccines provided by UHC. We typically have live/recorded media coverage at large COVID-19 and flu vaccination events by all three major local networks as well as from some Spanish speaking media outlets.

**8. Please provide a budget for requested funds:**

Expense	Amount	Explanation
COVID-19 vaccine	\$50,000	These vaccines will be administered to adults who are uninsured or underinsured to help prevent contraction of COVID-19 and the spread of COVID-19 into our community, which could stress our local healthcare system once again.
<b>Total</b>	<b>\$50,000</b>	

**CEO/President/Executive Director Signature:**

X   
 District Health Officer

**Community investment recipients will work collaboratively with UnitedHealthcare Health Plan of Nevada Medicaid to promote the proposed program.**

**Review Process:** Submissions will be reviewed initially for organizational fit and financial viability. Submissions that meet organizational objectives will be brought before the Leadership Team for discussion and consideration. Submitters will be notified if request is approved. UnitedHealthcare Health Plan of Nevada Medicaid will contact to submitter of this request for additional information, if needed.

**Upon approval of this community investment request, you will be required to provide an invoice, W9 and 501(c)(3) letter, if applicable.**