

HEALTH EQUITY EQUATION NEWSBRIEF

March 2018

Welcome to the 10th edition of Health Equity Equation

Resources:

- [The State of Health in All Policies \(ASTHO\)](#)
- [Using OI to address Racial Equity](#)
- [Quick Guide to Health Literacy](#)
- Evidence-based practice: [Using Teach-back:](#)
- [Health Literacy Universal Precautions Toolkit 2nd edition](#)

SAVE THE DATE:

1. Minority Health 2018 Conference:
April 18th, 2018
Register online at: [Link](#)
For more info, contact: [Link](#)
2. Current Practices of Maternal Behavioral Health 2018 Conference:
April 3rd, 2018
Register online at: [Link](#)
For more info, email: Jackie.Moline@nebraska.gov

WHAT IS HAPPENING IN DHHS?

Health Equity Collective Impact: This cross-divisional collaborative group last met on Feb. 12, 2018. The purpose of the group is to increase the level of continuous communication between programs and divisions. There is a lot of equity-focused work going on across the department that might not otherwise be visible to colleagues. For example, at the most recent meeting a group member from the Division of Children and Family Services asked: In what ways do other divisions or programs inform the public or various groups about how to access economic assistance programs, including food assistance and health care? CFS has **four Community Support Specialists** stationed around the state, for the purpose of training others and assisting individuals on how to obtain economic assistance? They are available to train community health workers, work with individuals with disabilities, and assist immigrant and refugee-serving programs, and others! For a copy of the map and contact information for the Community Support Specialists, contact Mai Dang.

State Health Improvement Plan (SHIP) Equity Priority: The effort seeks to grow organizational capacity for health equity. Aspects of the work include **a shared language about equity, understanding the resources organizations may need in order to become equity-focused, and training/technical assistance needs for change and growth in health equity.** The group seeks to align with the Heartland Regional Health Equity Council, a four-state collaboration (NE, IA, KS, MO) that operates under the federal Office of Minority Health. Recent activities of the SHIP Equity Priority group have been to collaborate on “telling the story” of why people-serving organizations would want to build their capacity for equity-focused work, and identifying performance measures. Co-leads for this group are Josie Rodriquez and Elizabeth Dee. New group members are always welcome!

Division of Public Health Strategic Plan Equity Priority: This group is focused on growing an equity focus within the Division of Public Health. Key activities are (as with the SHIP) **adopting a common language framework for how we talk about equity (or equality, disparities, diversity, and more); identifying strategies to advance the adoption of CLAS standards (Culturally and Linguistically-appropriate services) both within our organization and in external organizations through our contracts and sub awards; and looking at how the Division gathers and reports population data.** How consistently and meaningfully do the many data sets produced by the Division of Public Health describe disparities in actionable ways? New group members are needed. If you don't have time for long-term participation consider volunteering for a short-term cycle of project activity (90 days). Contact Strategic Plan Manager Julie Lubisi for more information!

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NEXT HEALTH EQUITY COLLECTIVE IMPACT MEETING:

**Monday,
May 14TH 2018,**

**10 - 11:30 AM,
Lincoln NSOB LLB.**

All are welcome!

For more info about [the Health Equity Equation](#), and *the Health Equity Collective Impact* group that meets quarterly, contact Mai Dang at mai.dang@nebraska.gov.

Working Definition of “Health Equity”:

Health Equity is when people have full and equal access to opportunities that enable them to lead healthy lives. Achieving health equity involves an underlying commitment to reduce—and, ultimately, eliminate—disparities in health and in its determinants, including social determinants.

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DEPT. OF HEALTH AND HUMAN SERVICES

Division of Developmental Disabilities (DD):

- DD continues working with a contractor and a Provider Advisory Group to complete our Rate Rebase and Objective Process (OAP) Redesign.
- A public hearing for DD’s new 403 regulations was held on January 19, 2018, and work has begun to revise DD’s current 404 regulations.
- DD is redesigning their public website and developing a Policy Manual for participants, families, providers, and the general public.

Minority Health 2018 Conference: The conference has a great line-up of speakers. This year’s theme is *“Health Equity: We are all in this Together.”* Tracks are offered including Health Prevention, Refugee/Immigrant Data, Social Determinants of Health, Organizational Capacity, and Cultural Intelligence. Breakout sessions include: diabetes among American Indians, local rural refugee and immigrant projects and research, connecting to community resources, emotional trauma and recovery, data enhancement and cultural intelligence. Full agenda and registration information: [Link](#). Exhibit space is also available. Keynote speakers include: [Alexis Bakos](#), PhD, MPH, RN Senior Advisor to the Deputy Assistant Secretary for Minority Health, and Acting Director of the Division of Policy and Data in the HHS Office of Minority Health. Dr Bakos will discuss partnerships that facilitate achieving health equity. [Esther Lucero](#), CEO of the Seattle Indian Health Board, and Marshall “Itai” Jeffries, Board of Director’s member and Associate Professor at Green River College in Seattle, WA, will speak on historical trauma.

Title V CLAS and Literacy Innovations Project: In this project activity, partners from within and outside the department are working to identify innovative strategies to advance the adoption of CLAS and literacy standards in health and human services organizations. [What motivates change?](#) The group members are in consensus that we – and organizations – don’t change because someone says we must, but rather because we own our own desires to be better. [What’s missing in our methods to advance CLAS and working for equity?](#) Group members are clear that organizational self-assessment is limited in value. How well I think I am doing is not nearly as valuable as seeking input from my customers about how well they think I am doing. Also, it would be great value to better understand the customers (the disadvantaged or disenfranchised) we are not reaching. From these discussions, the group is developing a project design that begins by inviting organizations and partners to describe their own motivations for organizational improvement and offering better service to their communities. Another development is assessment tools designed to measure trust, cultural responsiveness, and literacy practices through the lens of consumers and of community members who are not using services. For more information about this group, contact Mai Dang.