

HEALTH EQUITY EQUATION NEWSBRIEF

December 2017

Welcome to the 8th edition of Health Equity Equation

Highlights:

✚ **The Social Determinants of Health Equity:** The NE team of the Infant Mortality CoIN (Collaboration and Innovation Improvement Network) learning network has completed work on a set of maps and narrative briefs developed to engage community members in conversation about unequal distribution of resources and opportunity in the state. [Final work products link.](#)

✚ **Publicly-available Datasets related to Equity:** The federal Office of Minority Health advances health equity through the National Partnership for Action to End Health Disparities. Within this framework, there is a federal interagency health equity team (FIHET) which in November 2016 published a compendium of datasets. [Link.](#)

SAVE THE DATE:

Current Practices of Maternal Behavioral
Health 2018 Conference:

April 3rd, 2018

For more information, contact:
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WHAT IS HAPPENING IN DHHS?

Division of Public Health, Epidemiology & Informatics:

The communicable disease epidemiologists and the local health departments work together to review communicable disease investigation data. These reviews help improve data completeness and quality, including demographic information like address and race/ethnicity on all investigations. The communicable disease epidemiologists are also going to start collecting “preferred language” on case report forms for mosquito and tick borne diseases including: Lyme disease, Zika, dengue, Rocky Mountain spotted fever, and chikungunya. These efforts can help reduce data gaps which will enhance analysis efforts to identify and describe infectious disease disparities.

Division of Developmental Disabilities (DD):

- ✚ All participants have successfully transitioned to the new Home and Community Based Service (HCBS) waivers.
- ✚ DD is updating the Individual Support Plan (ISP) to streamline information to one document, focus on person-centered outcomes and to reflect the approved waivers.
- ✚ DD has been and will continue to provide outreach and education through presentations throughout the State, brochures, and the DD website about eligibility for services, and general information for participants, families, DD providers, and other interested parties.
- ✚ Tammy Westfall joined DD on December 1st, as the Deputy Director for Policy and Communication.

Heartland Regional Health Equity Council (RHEC):

Nebraska is a member of the Heartland RHEC, along with Kansas, Iowa, and Missouri. The mission of the RHECs across the country is to provide a regional infrastructure that promotes strategies to address inequities, aligned with a federal infrastructure to promote federal action to address health disparities and support regional strategies. From DHHS, Josie Rodriguez of the Office of Health Disparities and Health Equity is the immediate past co-lead of the Heartland RHEC, and continues as an active member. New Heartland RHEC member Kathy Karsting from Lifespan Health Services joined in November. The RHEC relationship reinforces access to important resources for equity advocates. Links: [Federal view](#); [the Heartland RHEC](#). The RHEC has been of increasing interest because several activities are closely aligned with our own DHHS Strategic Plan Equity Priority, and the State Health Improvement Plan Equity Priority.

*The purpose of the Health Equity Equation is to enhance continuous communication across
DHHS Divisions about our equity-focused work.*

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NEXT HEALTH EQUITY COLLECTIVE IMPACT MEETING:

Monday,
February 12TH 2018,
10 - 11:30 AM,
Lincoln NSOB 3B.

For more information 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.



A Business Case for Health Equity: In the current government environment, it is more and more common to think about public health priorities in business terms, such as return on investment. In 2015, the Ohio Mental Health and Addiction Services, working with the Ohio Disparities and Cultural Competency Advisory Committee, developed a document entitled, “A Business Case for Promoting Equity in the Behavioral Health Care System through Culture and Linguistic Competency.” Some of the strategic directions identified in the paper include: **decrease direct costs to large employers by better addressing chronic and behavioral health conditions, which in turn decrease indirect costs due to absenteeism and lower productivity; capitalize on incentives to provide culturally competent care; build partnerships with community to better support the health and cultural needs of an employer’s diverse workforce; embrace population health improvement models such as the Robert Wood Johnson Foundation’s Culture of Health to broaden the holistic context for health, well-being, and equity beyond the delivery of health care services; and enhance recruitment and retention of a diverse workforce.** [Report link.](#)

The Case for CLAS (Culturally- and Linguistically-Appropriate Services): The 15 CLAS standards speak to the provision of quality health care services that are responsive to the cultural and communication needs of all persons in a diverse society. Yet there are few enforceable requirements that would compel an organization to adopt CLAS standards. In a national webinar presentation on Dec. 14, Godfrey Jacobs of the national Office of Minority Health (OMH) and Program Manager for the OMH Initiative “Think Cultural Health,” gave the following reasons to consider adoption of CLAS standards in an organization: **CLAS supports achievement of mission, by creating a welcoming and proficient environment to deliver customer service; CLAS standards improve quality by reducing errors and waste due to miscommunication; CLAS standards provide a mechanism for organizations to adapt to demographic shifts in the population; legislation and policy increasingly require states to achieve goals of better care, smarter spending, and healthier people, which are all aided by CLAS; compliance with accrediting bodies; and reducing risk of litigation over diagnosis and treatment errors related to poor communication.** Find out more about the CLAS standards and Think Cultural Health: [Link.](#)

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