

# HEALTH EQUITY EQUATION NEWSBRIEF

January 2018

Welcome to the 9<sup>th</sup> edition of  
Health Equity Equation

## Highlights:

✚ “*Omaha Metro Develops the Common Quill Health Equity Cohort*” is the title of a report found on the website [Healthequityguide.org](http://Healthequityguide.org). The report describes a collaboration of mid-career public health leaders in Douglas and Sarpy/Cass counties working to advance health equity “from behind the scenes and in public settings to advance a health equity agenda in health department and cross-sector decision-making.” [Link](#).

✚ **Health Navigation Nebraska:** REGISTER NOW for this *free* online course, designed for individuals working in communities who can connect people to health services. Registration deadline is **January 31, 2018**. For more information: [Link](#).

## SAVE THE DATE:

Current Practices of Maternal Behavioral  
Health 2018 Conference:

**April 3<sup>rd</sup>, 2018**

Register online at:

<https://2018cpmbh.eventbrite.com>

For more information, contact:  
[Jackie.Moline@nebraska.gov](mailto:Jackie.Moline@nebraska.gov)

## WHAT IS HAPPENING IN DHHS?

### **Division of Developmental Disabilities (DD):**

- ✚ DD has begun the implementation of a new format for the participant service plan which is the Individual Support Plan. All information about the participant’s goals, needs, services and supports can be found in one location.
- ✚ DD has begun looking at the objective assessment process used to develop the participant’s budget amount for DD services. DD is looking at steps for streamlining and updating the process.
- ✚ A public hearing for DD’s new 403 regulations is scheduled for January 19, 2018.

**Region VII Health Equity Council:** Comprised of Iowa, Kansas, Missouri, and Nebraska, the RHEC VII annual meeting was held in Omaha in early November. One of the working committees is Partnership. The focus of the Partnership Committee has been the development of signed memoranda of understanding (*MOUs*) with state, regional, and national organizations describing the commitment of both parties in working toward equity and the principles of the National Partnership for Action to End Health Disparities (*NPA*) which is the foundation of the RHECs nationwide. The MOUs also describe specific collaborations such as shared educational events between the RHEC and the partner organization. Two examples of partner organizations signing MOUs include the Midwest Public Health Training Institute and Wichita State University. What is the impact of such partnerships and MOUs? The Partnership Committee is challenged to identify quantitative measures, but qualitatively we see the MOUs represent ways to amplify awareness of the NPA as well as demonstrate the diversity of settings and contexts where equity-focused work can and does occur. For more information on the NPA, see [Link](#). For more on the Region VII Health Equity Council, see [Link](#). For more information about the Partnership Committee, contact Kathy Karsting.

**Resource:** [The National Research Center on Hispanic Children and Families](#) has released a resource guide, with accompanying webinar and fact sheet, on Developing Culturally Responsive Approaches to Serving Diverse Populations: A Resource Guide for Community-based Organizations. The seven key components identified in developing culturally responsive approaches include: **defining cultural competency**, **choosing evidence-based interventions designed to meet the needs of the population served**, **needs assessment**, **measurement**, **collaboration**, **workforce diversity**, and **budgeting**. According to the report, being culturally responsive requires time and resources to do well. [Link](#).

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## **NEXT HEALTH EQUITY COLLECTIVE IMPACT MEETING:**

**Monday,**  
**February 12<sup>TH</sup> 2018,**  
**10 - 11:30 AM,**  
**Lincoln NSOB 3B.**

All are welcome!

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](mailto:mai.dang@nebraska.gov).

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### **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



**Community Health Workers and Equity:** One of the most innovative and exciting areas around equity work in Nebraska is our emerging workforce of Community Health Workers (CHW). In Nebraska there is currently no specific training or role preparation required in order to become a community health worker. An organization that wishes to hire a community health worker is free to determine how the role will function and receive supervision. According to the American Public Health Association, *a CHW is a trusted member of, or has a good understanding of, the community they serve. They are able to building trusting relationships and are able to link individuals with the systems of care in the communities they serve. A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support, and advocacy.* Most examples of early work in the community health worker movement were focused on addressing adult health and chronic disease topics such as cardiovascular disease, cancer screening, and diabetes prevention and self-care. More recently, projects that focus on peer-to-peer support for parents of children with special health care needs, prenatal care, and childhood obesity are emerging. In the Division of Public Health, several offices and programs are engaged in developing the CHW workforce, including Women’s and Men’s Health, Health Disparities and Health Equity, Health Promotions, and Maternal Child Adolescent Health. While CHWs are not, nor intended to be, licensed health professionals, it is vital that health professionals and others take the time to learn about CHWs and participate in developing the role of the CHW as a respected member of integrated, interdisciplinary health care teams – in community as well as clinical settings. CHWs can contribute to effectively reaching underserved and disadvantaged groups in order to address some of our most entrenched health disparities. For more information on the emerging CHW workforce in Nebraska, including a project inventory, cross-walk of national policy resources, and bibliography of state and national resources related to the development of the CHW practice field, contact Kathy Karsting or see [Link](#).

### **What do work schedules have to do with health and equity?**

According to a report from Health Impact Partners and the Center for Popular Democracy, a great deal. When jobs in the service industry or other occupations offer only rotating, on-call, irregular, or evening shifts, research shows higher levels of stress and poor mental health outcomes. Low-income workers are among the most likely to hold part-time employment with irregular hours. Unpredictable schedules may be associated with unpredictable incomes, and less access to healthy housing, food, education, and health care. Unpredictable hours may cause significant challenges for parents seeking reliable childcare. For a fact sheet, “[Organizing for #HealthyHours](#)” (Nov. 2017) and the full report, “[Scheduling Away Our Health: How Unpredictable Work Hours Affect Health and Well-being](#)” (July 2016), see [Link](#).