WHAT IS HAPPENING IN DHHS?

The Nebraska 2017-2021 State Health Improvement Plan includes Equity as one of five priorities. The Equity Priority team has identified two goal areas: Organizational Capacity, and Identify and Utilize Data. Teams are still discussing potential activities and will develop action planning by late summer. You can view the performance dashboard (still in progress!) at: www.dhhs.ne.gov/CommunityHealthPerformance

The DHHS Division of Public Health 2017-2021 Strategic Plan includes Equity as one of six priorities toward our capacity as a high performing organization. This Equity Priority team has identified six goal areas of which action plans will be developed by late summer. These are: Demographic data standards; Evidence-based practices; Equity framework; Equity in all policies; CLAS in contracts/subgrants; and Training and Tools.

Across the Divisions... In February and March, Kathy Karsting, from Division of Public Health, spoke to audiences of providers and staff with the Division of Children and Family Services. The topic was, “The Lifecourse Significance of Childhood Adversity.” In her talk about the adverse childhood experiences studies and population health science, Kathy shared with family workers population perspectives on improving outcomes of wellbeing and equity. In April, Alyson Goedken, from Division of Children and Family Services, presented at a statewide conference sponsored jointly by the Divisions of Public Health and Behavioral Health: the Current Practices of Maternal Behavioral Health conference. In her presentation, Alyson provided the audience of over 100 health and behavioral health providers current information about Nebraska’s commitment to improve outcomes for children, youth, and families in the child welfare system. We are learning from each other!

DHHS Division of Developmental Disabilities (DDD) and Division of Medicaid and Long-term Care (MLTC) received initial approval from the Centers for Medicare and Medicaid (CMS) for the State Transition Plan (STP). The STP is a MLTC-led collaborative plan for implementation of the federal home and community-based final settings rule. For more information about the transition plan for DDD, contact is Katie.Weidner@nebraska.gov.
**HEALTH EQUITY EQUATION NEWSBRIEF**  
April 2017

**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.

**What is Health Equity in All Policies?**

New approaches to achieving equity involve new methods and mindsets. The CoIIN Social Determinants of Health workgroup meets on May 15, 3-4:30 pm, to continue our review of tools and dialogue about meaningful use of resources. Are you interested in joining this conversation? Contact Mai Dang to be added to the mailing list and receive more details.

**Health Literacy:** DHHS Communications and Legislative Services has evaluated a new [readability test tool](LINK) as the standard. The new tool measures based on six different scales:
- Flesch Kincaid Reading Ease
- Flesch Kincaid Grade Level
- Gunning Fog Score
- Coleman Liau Index
- Automated Readability Index (ARI)
- SMOG Index

When all six of the factors are averaged, it appears that the overall grade level of content is lower as compared to Flesch Kincaid alone, making this new tool a more accurate representation of readability and reading level.

**In the CoIIN* Social Determinants of Health Workgroup, Division of Public Health,** two small trials were conducted recently to test organizational assessment tools related to equity-focused work. One group tested an assessment approach to understanding the extent to which Cultural and Linguistically-Appropriate Services standards are being used in program services. Another group tested an instrument called the Organizational Change Readiness Belief Scale, the OCRBS, validated as a means to understand how members of an organization feel about a climate of change. The techniques of small-scale rapid-cycle quality improvement depend on willing groups and individuals participating, sharing data and responses. A big thanks to all who participated in these two PDSA (plan-do-study-act) activities!

*CoIIN: Collaboration and Innovation Implementation Network, a national learning community.*

**The Office of Health Disparities and Health Equity, Public Health,** held their annual Minority Health Conference on April 19, 2017 at the Cornhusker Marriott Hotel in Lincoln, NE. This year’s theme was “Expanding Your Lens to Advance Health Equity”. Five learning tracks were available and thirty-one speakers addressed diverse topics that assisted participants in enhancing their understanding of health equity. National keynote speakers included Jeanne Ayers, Assistant Health Commissioner for the state of Minnesota, and William Jahmal Miller, Deputy Director of the Office of Health Equity for the California Department of Health. Corstella Henley, representing the federal Region VII Office of Minority Health, also joined the slate of national speakers. This year’s conference brought in a 155 participants from Nebraska, Kansas, and even Hawaii, Scotland, and Germany. Congratulations to the DHHS Office of Health Disparities and Health Equity for such an important and successful event. If you are interested in viewing the presentations from the conference sessions, you can access them at the Office of Health Disparities and Health Equity website located at [Conference Link](Conference Link).