

HEALTH EQUITY EQUATION NEWSBRIEF

April 2018

Welcome to the 11th edition of
Health Equity Equation

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.

Save the date:

Healthy Youth Nebraska 2018

*Addressing Risks, Resiliency &
Barriers to Success*

Tuesday, September 18th, 2018

Resources:

[Countering Health Inequities](#)

WHAT IS HAPPENING IN DHHS?

The 2018 Minority Health Conference:

From the Director of the Office of Health Disparities and Health Equity, Josie Rodriguez: The conference was held on 04/18/2018, in Kearney, Nebraska, at the Younes Center. This year's theme was "[Health Equity: We are all in this together.](#)" The conference was attended by over 140 participants from all across Nebraska and from other states. The conference opened with a keynote presentation from a representative from the HHS Office of Minority Health, providing information on priorities at the national level and resources available for those working in minority health. The luncheon keynote speakers provided valuable information on American Indian socio-political histories, policies/laws that have impacted American Indians, the nature of historical trauma as intergenerational (being passed from one generation to the next), and the importance of healing through cultural practices. Unconscious bias was the topic of the final presentation of the day, and participants truly enjoyed the engagement of the speaker and the tips she provided on how to recognize unconscious bias and how we can work to improve the effects. The conference had a variety of speakers who provided wonderful information on topics affecting the health of all Nebraskans. Attendees took advantage of the resources and information provided by the conference vendors and the networking opportunities the conference provides. All of the presentations provided at this Conference can be found at [here](#).

From an attendee, Jennifer Auman, Program Manager for the Nebraska Home Visiting Program: The 2018 Minority Health Conference really focused in on the concept of equity. I took advantage of going to sessions that were on several different tracks, going a little outside of my comfort zone in order to learn something new. What I enjoyed most was a sense of personal engagement, as each session was interactive with case studies, small groups and discussion that emphasized personal perspective and growth. I was most impressed with a session called "Balance through Health Equity: an Exercise by the Seattle Indian Health Board" facilitated by Marshall Jeffries and Esther Lucero. They created a spirit of intimacy in our group, with openness and learning about each other. Strangers unexpectedly became friends, and a sense of relationship was created. In the activity, we were asked to use descriptor terms to write down an important aspect of our identity, a descriptor we feel is important in defining ourselves, one experience we are proud to be identified with, and one painful experience. All the descriptors were fairly general, but listening to the stories about both positive and negative experiences connected me with exactly the thing we were after--the true meaning of equity and fairness-- and the effects of those experiences in creating who we are. I came out of the session enthused and wholly satisfied with the time spent. Well done, Office of Health Disparities and Health Equities, well done!

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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 social determinants.

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The Third Annual Current Practices of Maternal Behavioral Health Conference: The conference was attended by over 200 health professionals. There was an equity exhibit table hosted by Elizabeth (Betsy) Dee of the Office of Health Disparities & Health Equity and Kathy Karsting of the Maternal Child Adolescent Health Program. Betsy and Kathy challenged themselves to provide a collection of materials on equity topics that communicate in infographic and health-literate style. Some of the materials popular with participants included: health disparities among racial and ethnic groups in Nebraska; disparities in premature births; graphics describing the significance of social determinants including incarceration, education, health coverage, literacy and poverty; disparities in oral health among different racial and income groups in the US; information on CLAS and literacy standards; a call to action for nurses to improve health literacy; the significance of health insurance in addressing health disparities; and the evidence-based “teach-back” method to improve patient understanding in health care. For more information, contact Kathy @ karthy.karsting@nebraska.gov.

SHIP Equity Priority: This group within the State Health Improvement Plan is working on advancing two key areas: organizational capacity to do equity work; and data systems to better describe and support work toward equity. In the Organizational Capacity workgroup, members are currently tackling two work products. The first is to promote – through development of a glossary, with examples – use of a common language about equity. From disparity to diversity to discrimination and many more in between, we have words to put to unequal distribution of opportunity and optimal outcomes, but we don’t all use terms in similar ways to maximize effect and understanding. The other activity is focusing on building details into an “organizational framework.” What does an organization look like when equity work is being achieved? You can join this important work! Contact Julie Lubisi for more information at julie.lubisi@nebraska.gov.

Another place where equity-related work is occurring in the DHHS system is in **the Behavioral Health System of Care (SoC)**. This initiative is focused on Nebraska youth with mental health needs and emotional disturbances. Members are interested in assuring improved systems and service delivery including: medical interpretation; CLAS (culturally- and linguistically-appropriate services); and making sure youth and families are truly at the center of care planning. Find out more about this important transformational work in Nebraska [here](#). Also in Nebraska, we benefit from a **Society of Care** model, serving American Indian youth and families with behavioral health and wellness services. The term Society of Care has been adopted by the participants in the Society of Care because the term is considered more culturally welcoming than “system.” This group is committed to creating opportunities for Native youth and families to participate as leaders and advisors for the Society of Care, not only as recipients. The Society of Care works constantly to build trust and engagement within Native communities, with the tagline of “Accessible Culturally Competent Behavioral Health You Can Trust and Afford.” Find out more about the Society of Care from Greg Donovan at gdonovan@icindn.org.

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