



Nebraska Department of Health and Human Services
Division of Public Health
Office of Health Disparities and Health Equity

2013 – 2017 Strategic Plan

VISION: Health equity for all Nebraskans

MISSION: Improve health outcomes for culturally diverse populations in Nebraska

The overarching goal of the Office of Health Disparities and Health Equity is to be a respected leader in cultural intelligence, health disparity data, and community engagement to address the needs of minority populations in Nebraska.

OHDHE priority areas for 2013 – 2017 are:

- Promote chronic disease prevention, maternal child health promotion, reduction of obesity, and improve physical activity and nutrition among Nebraska's racial and ethnic minority populations
- Enhance awareness of health disparities and advance cultural intelligence
- Establish coordinated data collection, evaluation methods and outcomes, and provide relevant statistical data to assess and identify health status of racial and ethnic minorities
- Expand and sustain statewide community partnerships and collaboration
- Encourage full racial and ethnic minority engagement
- Enhance collaboration/coordination and technical assistance efforts regarding tribal health in Nebraska

Below are the objectives and activities for year one and how they relate the National Partnership for Action (NPA), HHS Action Plan to Reduce Racial and Ethnic Health Disparities and Healthy People 2020 objectives.

- **Promote chronic disease prevention, maternal child health promotion, reduction of obesity, and improve physical activity and nutrition among Nebraska's racial and ethnic minority populations**
 - Promote chronic disease prevention evidence-based programs through a variety of funding sources and opportunities.
 - Work collaboratively with the DHHS Chronic Disease and Physical Activity and Nutrition Programs to provide information to communities and organizations that work with minorities, and to work on program priority/focus areas.

- Collaborate with the Every Woman Matters program to increase awareness and screening rates for breast, cervical, colon cancer and cardiovascular screening for racial and ethnic minority populations.
- Conduct 30 presentations on chronic disease prevention, maternal child health issues and obesity and physical activity & nutrition throughout Nebraska through Community Health Educators and Lay Health Ambassadors.
- Attend 15 outreach events regarding chronic disease prevention, maternal child health issues, physical activity & nutrition, and promote obesity prevention throughout Nebraska.
- Collect data to document factors in infant mortality disparities through the completion of 4 focus groups with Native Americans.

Relates to HP 2020 Objective D-2,3,5,14, ECPB 10.7, 10.8, 10.9, 11, HDS 1,5,16,17, IVP 15, 16, MCH 1,9,10,11, NWS 10,11, 14, 15, 17, 18,19, OH 1,3, PA 1, NPA Goal 1, HHS Action Plan Goal 3

▪ **Enhance awareness of health disparities and advance cultural intelligence**

- Conduct 15 presentations to internal and external groups regarding office mission, vision, and core functions.
- Complete OHDHE cultural intelligence trainings with Minority Health Initiative grantees and stakeholders (18 events).
- Conduct 12 cultural intelligence presentation/training events for internal programs and external organizations.
- Become a referral resource for communities and organizations regarding minority health needs in Nebraska by creating a referral guide on minority programs throughout the state.

Relates to Nebraska SPG Objective 1 and HP2020 Objective HC/HIT-2, AHS-3 and ECBP-11

▪ **Establish coordinated data collection, evaluation methods and outcomes and improve evaluation methods and outcomes provide relevant statistical data to assess and identify health status of racial and ethnic minorities**

- Publish Socioeconomic Status of Minorities reports for Congressional Districts 1, 2, 3 by December 31, 2013.
- Publish Health Status of Hispanics in Nebraska report by December, 2013
- Publish Socioeconomic Status of Native Americans in Nebraska report by December 31, 2013.
- Publish Minority Population in Nebraska profile by December 31, 2013
- Complete Health Status of Racial and Ethnic Minority in Nebraska report by December 31, 2013.
- Determine key performance measures for health disparity data among racial/ethnic minority groups by December 2013.
- Develop Request for Proposal for 2013-2015 that includes that includes evidence-based programs to gather measurable impact and outcomes for MHI projects by March 31, 2013.
- Investigate information to acquire a database for Minority Health Initiative Projects to enhance data collection among projects by December 31, 2013.
- Complete strategic plan for Minority Health State Advisory Council by May 2013 and help monitor collective strategies of the group.
- Attend monthly meetings with Center for Reducing Health Disparities to develop joint data projects.
- Attend regular meetings of the Division of Public Health data priority area work group.
- Provide support and data analysis of the Behavior Risk Factor Survey for Nebraska racial and ethnic minority populations each year.
- Establish a tribal data initiative to collect tribe-specific information. Complete report based on the Behavior Risk Factor Survey for 3 Native American Tribes of Nebraska.

- Conduct 'Data 101' training for office staff to facilitate understanding by December 30, 2013.
- Participate in internal DHHS collaborative public health meetings.

Relates to Nebraska SPG Objective 3, HP2020 Objective AHS-3 and PHI-7, HHS Action Plan Goal 5

▪ **Expand and sustain statewide community partnerships and collaboration**

- Develop a flow chart (map) of partners and key stakeholders and understand the role of each organization September 30, 2013
- Provide 15 presentations to internal and external groups regarding office mission, vision and core functions by December 2013.
- Invite internal supervisors/administrators of public health office to 3 OHDHE staff meetings.
- Provide monthly information to partners/collaborators on OHDHE list serve.

Relates to Nebraska SPG Objective 2 and HP2020 Objective HC/HIT-2, ECBP-11, and PHI-7, HHS Action Plan Goal 2

▪ **Encourage full racial and ethnic minority engagement**

- Establish a stakeholder coalition to establish a model that includes core competencies for Lay Health Ambassadors/CHWs in Nebraska.
- Work with the Every Woman Matters program to enhance the Patient Navigator curriculum.
- Reinvigorate the regional Minority Health Council.
- Recruit a broad representation to the Statewide Minority Health Council, including refugees.
- Complete the Statewide Minority Health Council strategic plan (with metrics).

Relates to SPG Objective 2 and HP2020 Objective for Social Determinates of Health, HHS Action Plan Goal II

▪ **Enhance collaboration/coordination and technical assistance efforts regarding tribal health in Nebraska**

- Provide technical assistance on a continuous basis to Nebraska Tribes and organization who primarily serve Native Americans.
- Provide the four federally recognized tribes with headquarters in Nebraska, and the community/faith-based organizations located in Nebraska (and who primarily serve Native Americans) with information on funding opportunities, trainings, data releases, and other activities related to public health.

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Health People 2020 Objectives

D-Diabetes

- 2- (Developmental) reduce the death rate among persons with diabetes
 - 2.1 (developmental) Reduce the rate of all-cause mortality among persons with diabetes
 - 2.2 (Developmental) Reduce the rate of cardiovascular disease deaths in persons with diagnosed diabetes.
- 3- Reduce the diabetes death rate
- 5- Improve glycemic control among persons with diabetes
 - 5.1 Reduce the proportion of persons with diabetes with an A1c value greater than percent
 - 5.2 Increase the proportion of the diabetic population with an A1c value less than 7 percent
- 14- Increase the proportion of persons with diagnosed diabetes who receive formal diabetes education

ECPB- Education and Community Based Programs

- 10.7 Increase the number of community based organizations (including local health departments, Tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services chronic disease programs.
- 10.8 Increase the number of community based organizations (including local health departments, Tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services nutrition.
- 10.9 Increase the number of community based organizations (including local health departments, Tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services physical activity.
- 11 (Developmental) Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs.

HDS- Heart disease Stroke

- 1-(developmental) Increase overall cardiovascular health in the U.S. population
- 5-Reduce the proportion of persons in the population with hypertension
 - 5.1 Reduce the proportion of adults with hypertension
 - 5.2 Reduce the proportion of children and adolescents with hypertension
- 16- increase the proportion of adults aged 20 years and older who are aware of the symptoms of and how to respond to a heart attack
 - 16.1 increase the proportion of adults aged 20 years and older who are aware of the early warning symptoms and signs of a heart attack and the importance of accessing rapid emergency care by calling 9-1-1 or another emergency number
 - 16.2 Increase the proportion of adults aged 20 years and older who are aware of the early warning symptoms and signs of a heart attack.
 - 16.3 Increase the proportion of adults aged 20 years and older who are aware of the importance of accessing rapid emergency care for a heart attack by calling 9-1-1 or another emergency number
- 17- (Developmental) Increase the proportion of adults aged 20 years and older who are aware of the symptoms of and how to respond to a stroke
 - 17.1 Increase the proportion of adults who are aware of the early warning symptoms and signs of a stroke and the importance of accessing rapid emergency care by calling 9-1-1 or another emergency number

17.2 Increase the proportion of adults aged 20 years and older who are aware of the early warning symptoms and signs of a stroke

17.3 Increase the proportion of adults aged 20 years and older who are aware of the importance of accessing rapid emergency care for a stroke by calling 9-1-1 or another emergency number

IVP- Injury and Violence Prevention

15- Increase safety belts

16- Increase age-appropriate vehicle restraint system use in children

16.1 Increase age-appropriate vehicle restraint system use in children aged 0 to 12 months

16.2 Increase age-appropriate vehicle restraint system use in children aged 1 to 3 years

16.3 Increase age-appropriate vehicle restraint system use in children aged 4 to 7 years

16.4 Increase age-appropriate vehicle restraint system use in children aged 8 to 12 years

MCH- Maternal, Infant, and Child Health

1- Reduce the rate of fetal and infant deaths

1.1 Reduce the rate of fetal deaths at 20 or more weeks of gestation

1.2 Reduce the rate of fetal and infant deaths during perinatal period (28 weeks of gestation to 7 days after birth)

1.3 Reduce the rate of all infant deaths (within one year)

1.4 Reduce the rate of neonatal deaths (within the first 28 days of life)

1.5 Reduce the rate of post neonatal deaths (between 28 days and 1 year)

1.6 Reduce the rate of infant deaths related to birth defects (all birth defects)

1.7 Reduce the rate of infant deaths related to birth defects (congenital heart disease)

1.8 Reduce the rate of infant deaths from sudden infant death syndrome (SIDS)

1.9 Reduce the rate of infant deaths from sudden unexpected infant deaths (includes SIDS, Unknown Cause, Accidental Suffocation, and Strangulation in bed)

9- Reduce preterm deaths

9.1 Reduce total preterm deaths

9.2 Reduce late preterm and live birth at 34 to 36 weeks of gestation

9.3 Reduce the live births at 32 to 33 weeks of gestation

9.4 Reduce very preterm or live births at less than 32 weeks of gestation

10- Increase the proportion of pregnant women who receive early and adequate prenatal care

10.1 increase the proportion of pregnant women receive prenatal care beginning in first trimester

10.2 increase the proportion of pregnant women who receive early and adequate prenatal care

11- Increase abstinence from alcohol, cigarettes, and illicit drugs among pregnant women

11.1 increase abstinence from alcohol among pregnant women

11.2 increase abstinence from binge drinking among pregnant women

11.3 increase abstinence from cigarette smoking among pregnant women

11.4 increase the abstinence from illicit drugs among pregnant women

NWS- Nutrition and Weight Status

10-Reduce the proportion of children and adolescents who are considered obese

10.1 Reduce the proportion of children aged 2 to 5 years who are considered obese

10.2 Reduce the proportion of children aged 6 to 11 years who are considered obese

- 10.3 Reduce the proportion of adolescents aged 12 to 19 years who are considered obese
- 10.4 Reduce the proportion of children and adolescents aged 2 to 19 years who are considered obese
- 11- (Developmental) Prevent inappropriate weight gain in youth and adults
 - 11.1 (Developmental) Prevent inappropriate weight gain in children aged 2 to 5 years
 - 11.2 (Developmental) Prevent inappropriate weight gain in children aged 6 to 11 years
 - 11.3 (Developmental) Prevent inappropriate weight gain in adolescents aged 12 to 19 years
 - 11.4 (Developmental) Prevent inappropriate weight gain in adults aged 20 years and older
- 14- Increase the contribution of fruits to the diets of the population aged 2 years and older
- 15- Increase the variety and contribution of vegetables to the diets of the population aged 2 years and older
 - 15.1 Increase the contribution of total vegetables to the diet of the population aged 2 years and older
 - 15.2 Increase the contribution of dark vegetables, orange vegetables, and legumes to the diets of the population aged 2 years and older
- 17- Reduce consumption of calories from solid fats and added sugars in the population aged 2 years and older
 - 17.1 Reduce consumption of calories from solid fats
 - 17.2 Reduce consumption of calories from added sugars
 - 17.3 Reduce consumption of calories from solid fats and added sugars
- 18-Reduce the consumption of saturated fats in the population aged 2 years and older
- 19-Reduce the consumption of sodium in population aged 2 years and older

OH- Oral Health

- 1- Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth
 - 1.1 Reduce the proportion of children aged 3-5 years with dental caries experience in their primary teeth
 - 1.2 Reduce the proportion of children aged 6 to 9 years dental caries experience in their primary or permanent teeth
 - 1.3 Reduce the proportion of adolescents aged 13 to 15 years with dental caries experience in their permanent teeth
- 3- Reduce the proportion of adults with untreated dental decay
 - 3.1 Reduce the proportion of adults aged 35 to 44 years with untreated dental decay
 - 3.2 Reduce the proportion of adults aged 65 to 74 years with untreated coronal caries
 - 3.3 Reduce the proportion of adults aged 75 years and older with untreated root surface caries

PA- Physical Activity

- 1- Reduce the proportion of adults who engage in no leisure-time activity

HC/HIT- Health Communication and Health Information Technology

- 2- Increase the proportion of persons who report that their health care providers have satisfactory communication skills
 - 2.1 Increase the proportion of persons who report that their health care providers always carefully listened to them

2.2 Increase the proportion of persons who report that their health care providers always explained things so they could understand them

2.3 Increase the proportion of persons who report that their health care providers always showed respect for what they had to say

2.4 Increase the proportion of persons who report that their health care providers always spent enough time with them

AHS- Access to Health Services

3- Increase the proportion of persons with a usual primary care provider

ECBP- Educational and Community –Based Programs

11 (Developmental) Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs.

HC/HIT

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ECBP- Educational and Community –Based Programs

11 (Developmental) Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs.

PHI- Public Health Infrastructure

7- (Developmental) Increase the proportion of population-based Healthy People 2020 objectives for which national data are available for all major population groups