NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES

STATE HEALTH ASSESSMENT PROCESSES

Memo to 2022-2023 State Health Assessment

Assessment Processes

In 2020/2021, NE DPH, the NALHD, and UNMC COPH created a plan for statewide assessments of the public health system (Nebraska State Public Health System Assessment; Forces of Change Assessment; Statewide Health Assessment and Health Improvement Planning Assessment). The goals of these assessments were to highlight assets, gaps, and a vision for the future of Nebraska's governmental public health system and identify statewide opportunities for improved coordination and collaboration. The assessments explored the current reality of relationships among entities that make up Nebraska's governmental public health system, identify opportunities for improvement, and to craft a vision for the future.

Proposed Strategic Priorities for Nebraska's Public Health System and the Key Initiatives to Transform the Public Health System

The following tables summarize the Strategic Priorities and Key Initiatives to transform the Nebraska Public Health System:

Strategic Priorities for Nebraska's Public Health System		
☐ Prioritize, improve, and commit to collaborative relationships in the Governmental PH System	☐ Work across Governmental Public Health System to build collaborative systems	☐ Optimize Governmental Public Health resources and dollars
☐ Create and implement a framework for an accessible, timely data system	☐ Develop a framework and definition for health equity in Nebraska	☐ Develop the Next Joint Pandemic Plan
Key Initiatives to Transform the Public Health System		
☐ Revise state statute for data sharing	☐ Improve data collection and sharing	☐ Marketing plan for communicating the value of public health
☐ Resource and create a sustainable funding system	☐ Address workforce shortage	☐ Update surveillance infrastructure
☐ Develop legal public health epidemiology expertise	☐ Modernize the EMS System	☐ Develop health information exchange data mining expertise

Nebraska Public Health System Assessment of Essential Service Delivery and Public Health Governance

Purpose

A strong public health infrastructure includes a capable and qualified workforce, up-to- date data and information systems, and agencies that can assess and respond to public health needs (Healthy People, 2030). Local, Tribal, and State health departments play a critical role in ensuring a strong public health system that can assure the conditions so that all people and communities can thrive and be healthy.

Methodology

In early 2021, the Nebraska Division of Public Health (NE DPH) initiated an assessment of the current governmental public health system in Nebraska. Elements of the assessment examined the current essential public health services and the six functions of public health governance: 1) policy development, 2) resource stewardship, 3) legal authority, 4) partner engagement, 5) continuous improvement, and 6) oversight.

Process

The Office of Public Health Practice at the UNMC COPH was asked to perform the assessment after collaborative discussions with NE DPH to ensure the inclusion of questions addressing system level strengths, opportunities, weakness, and threats. Feedback and data were collected using ThinkTank, an anonymous stakeholder engagement platform, which allowed for participants to provide their comments, perceptions, and recommendations. Each essential service included three questions:

1. What are the key assets in place in Nebraska that allow us to successfully meet the Essential Public Health Service? (Think about relationships, programs, infrastructure, organizations, resources, funding, technology, values, beliefs, laws, networks, etc.)
2. What is missing or needs improvement? What are the gaps in Nebraska's public health system that prevent us from meeting the critical components of the Essential Public Health Service? (What's not working?)
3. What would you like to see in place in 5 – 10 years for this Essential Service in Nebraska?

In addition, there were three questions included for public health governance:

1. Reflecting on the six functions of public health governance, what is working well at the local and state level in Nebraska?
2. Reflecting on the six functions of public health governance, what opportunities exist for improvement at the local and state level in Nebraska?
3. What would you like to see in place in 5 – 10 years concerning local and state public health governance.

Between 25 and 30 individuals representing tribal, state, and local health departments, academe, nonprofits, foundations, and other public health organizations participated in the ThinkTank process. The first stage of the analysis was to develop categories or relationships resulting in a number of concepts and themes. The next step was to clarify the meaning of the concepts and themes. Then, the concepts and themes were identified by a brief label (code). Once the data were coded, matrices were developed to identify patterns, comparisons, trends, and inconsistencies. The goal of coding is to rearrange the concepts and themes into categories.

Assessment Results

Each essential service had a unique ThinkTank session with a unique login and password for individuals to use. There was a range of 15-21 unique respondents for each essential service and governance ThinkTank session. The results were categorized by each essential service into the key assets and gaps/opportunities. Additionally, relevant direct quotes were also identified for each. Then, each essential service received recommendations categorized into “Must do” and “Need to do”. Finally, in alignment with Healthy People 2030, urgent and important issues for each essential service were classified as Infrastructure and/or Equity. See tables below.

> **Must do (urgent issues):** These are urgent issues representing critical work that needs to be addressed immediately; this does not mean the solutions will happen quickly, but that we need to start now.
>
> **Need to do (important issues):** These are important issues that need to be addressed within the next 5 - 7 years; infrastructure and capacity are beginning to crumble but with some attention and effort, we can prevent further damage.

Participants were also asked to identify Statewide Public Health System Assets. See Appendix A in the State Health Assessment for an inventory table of statewide assets by Essential Services.

Essential Services: Nebraska Urgent and Important Issues

Essential Service (ES) #1:	Urgent Issues to Address Now	Important Issues to Address in 5-7 Years
Assess and monitor population health status, factors that influence health, and community needs and assets. *"There does not seem to be effective collaboration and facilitation of data sharing with partners (specifically as a result of conservative interpretation of laws governing data management at DHHS). It's hard to get data from DHHS and they are the collector and keeper of so much of NE's public health data."*	Infrastructure Revise state statute for data sharing and identify stakeholders that should be involved	Infrastructure Improve training and skills at both local and state levels (workforce shortage)
	Infrastructure Use of more DHHS data dashboards for real-time data dissemination (e.g., COVID-19 dashboard but for other health topics)	Infrastructure Provide academic programs to meet the needs of public health practice and research (needs more balance)
	Infrastructure Address the workforce shortage	Equity Conduct a systematic review of data that should be collected beyond only the public health system; regularly assess the type of and processes used to collect data
Essential Service (ES) #2:	**Urgent Issues to Address Now**	**Important Issues to Address in 5-7 Years**
Investigate, diagnose, and address health problems and hazards affecting the population. *"Nebraska Public Health Lab is an asset, plus the collaboration that exists amongst labs in the state."* *"Collaboration between DHHS, local health departments, and the Tribes has increased in the wake of the COVID-19 pandemic."*	Infrastructure Provide skill-building and training for local and state public health professionals (workforce shortage)	
	Infrastructure Improve workforce training and pipeline to Nebraska public health jobs (academic programs that integrate all realms including chronic disease and injury prevention; recruit students to stay in Nebraska)	
	Infrastructure Improve electronic case reporting (real-time reporting from physician offices, labs)	

Essential Service (ES) #3:	Urgent Issues to Address Now	Important Issues to Address in 5-7 Years
Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it. *"More inclusion of diverse communities needs to be included in planning. It at times seems to be the same partners that are involved in planning at the community level."* *"The involvement of priority populations in the development of prevention and health promotion strategies (EVERY. TIME.)"* *"It is imperative to engage stakeholders and community members with lived experience."*	**I**nfrastructure Connect public information officers to ensure message connectedness (e.g., joint information centers)	**E**quity Ensure public health students receive education about public health communication (including addressing community needs)
	Equity Quantify health literacy goals (identify gaps and opportunities)	**E**quity Assess public health communication efforts (bring Public Information Officers (PIOs) together; get community feedback)
	Equity Note health literacy wins from pandemic experience and set whole system goals (translation of documents into multiple languages)	**I**nfrastructure Conduct a systematic review of data that should be collected beyond only the public health system; regularly assess the type of and processes used to collect data
	Equity Connect health literacy to health equity and make it a priority in all that public health does in NE	
	Equity Build and enhance collaboration and trust with people from the communities that we are trying to serve statewide	
	Equity Build interpretation/ translation services capacity	
	Infrastructure/**E**quity Improve training and skills at both local and state levels (workforce shortage)	

Essential Service (ES) #4:	Urgent Issues to Address Now	Important Issues to Address in 5-7 Years
Strengthen, support, and mobilize communities and partnerships to improve health. *"Across our public health system, we often rush to plan interventions based on grant funding timelines and requirements and fail to involve the community in the development of the intervention. We fail to engage the community voice effectively."* *"The right parties aren't always at the table when decisions are being made. New partners aren't readily included in discussions and often have to fight to get a seat at the table."*	Infrastructure Enhance relationships with statewide partnerships (with schools, churches, community collaboratives)	Equity Include Tribal health departments in official public health department legislation and other important conversations
	Equity Connect health literacy to health equity and make it a priority in all that public health does in NE	
	Infrastructure Establish strong community networks with a focus on community engagement prior to disasters and pandemics	
	Infrastructure Develop better relationships with local businesses and nontraditional partners to improve systems and response	
	Infrastructure Compensate local volunteers and individuals for their participation, time, and expertise (power sharing)	

Essential Service (ES) #5:	Urgent Issues to Address Now	Important Issues to Address in 5-7 Years
Create, champion, and implement policies, plans, and laws that impact health. *"Recent investment in powerful tech tools to use beyond COVID... need to loop these together with the long-planned data solutions of the data committee COVID has proven we can move quickly... Can we move quickly based on existing plans? Need to connect the two."*	Infrastructure Prioritize data modernization via sustainable internal structure (local public health does not have efficient capacity)	Infrastructure Establish public health law experts who can correctly interpret the law
	Infrastructure Streamline planning between local and state (clarify roles)	Infrastructure Create a public health law center
	Infrastructure Clarify authority and autonomy of local and tribal public health departments	Infrastructure/Equity Improve reporting and data for rural areas
	Infrastructure Establish clear lines and levels of authority to design, implement and make decisions	Infrastructure Determine how to make progress implementing public health plans given the barrier of restrictions put upon public health leadership
	Infrastructure Increase public health workforce (numbers and competency/ expertise)	
	Infrastructure/Equity Reconcile best practices and politically acceptable policies (match science to awareness of public to implement effective public health services)	

Essential Service (ES) #6:	Urgent Issues to Address Now	Important Issues to Address in 5-7 Years
Utilize legal and regulatory actions designed to improve and protect the public's health. *"Public health needs to return to its roots in sanitation, disease prevention, and reducing environmental hazards that pose public health risk. Almost half of all food safety programs are now operated by agencies other than health departments."*	**I**nfrastructure/**E**quity Improve tribal barriers to access of public health data	
	Infrastructure Support the data release bill	

Essential Service (ES) #7:	Urgent Issues to Address Now	Important Issues to Address in 5-7 Years
Assure an effective system that enables equitable access to the individual services and care needed to be healthy. *"Need training and education around Diversity, Equity, and Inclusion of public health and health care workers and not only in Omaha and Lincoln. We have a perception that inequality does not exist in rural Nebraska, and this is not true."* *"Increased capacity at the local level to use real time data to address inequities."* *"A care coordinated system that includes primary care, public health, and other community-based organizations that address clinical, personal risk factors, and the SDOH."* *"Improve statewide health delivery systems assessment and planning to be more comprehensive (including behavioral and mental health and others)."*	**I**nfrastructure/**E**quity Create champions that recognize the value of public health within the business community and other non-traditional partners	**I**nfrastructure Solve statutory issues including: • Data sharing • Sharing county level data • Review of public health laws for enhancements and updates
	Equity Explore reimbursement of social determinants of health services	**I**nfrastructure Establish common benchmarks and data metrics
	Equity Explore reimbursement of behavioral health services (Medicaid, Blue Cross Blue Shield, United Health Care – funding pilot projects; apply for CCMI grants)	**I**nfrastructure Use new technologies
	Infrastructure/**E**quity Increase flexibility of grant requirements with nontraditional partners	**I**nfrastructure Modernize EMS system
	Infrastructure/**E**quity Increase diversity of workforces and partnerships	
	Equity Sign the health equity policy (DPH)	

Essential Service (ES) #8:	Urgent Issues to Address Now	Important Issues to Address in 5-7 Years
Build and support a diverse and skilled public health workforce. *"More funding to help current public health staff further their education."* *"Recruiting and training more public health workers from racial/ethnic minority communities."* *"Better linkages between public health agencies in Nebraska and MPH graduates."* *"Expand training and relationships beyond state and local health departments to other community-based organizations, primary care, and others. Especially in Diversity, Equity, and Inclusion (DEI)."*	Infrastructure Use workforce development grant to create stronger pipelines between public health students and Division of Public Health	
	Infrastructure Be thoughtful of how we can expand on the other important skill sets not included in formal PH education (political savvy, finance, and budgeting)	
	Infrastructure With all of the turnover right now, need rolling trainings and onboarding opportunities	
	Infrastructure Get student pipeline back on track between COPH and DPH	
	Infrastructure Take advantage of designated workforce funds coming down	
	Infrastructure Get current workforce trained on evidence-based public health	

Essential Service (ES) #9:	Urgent Issues to Address Now	Important Issues to Address in 5-7 Years
Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement. *"Epidemiological personnel in underserved communities."* *"Having a well-functioning integrated system instead of multiple different systems (i.e.: VRAS, NEDSS, Salesforce, RedCap, Guardian and NESIIS). As an analogy, when you have to maintain a neck injury, it is critical that one person, 'one system,' has responsibility to ensure a good outcome. When multiple people or "systems" are introduced the risk of injury or 'errors' increases."* *"Given the influx of new public health staff, it is less likely that the majority of public health staff at this point are not trained in quality improvement methods, especially from a lens of public health quality improvement."* *"Performance Management System - Having a system that includes state and all local health departments that is user-friendly. A system that allows a public-facing component where outcomes can easily be shared."*	**I**nfrastructure Establish common PH System metrics that we are tracking statewide using local, state, tribal data (funding, workforce evaluation of gaps, turnover) with a visual dashboard	**I**nfrastructure Increase the number of accredited health departments
	Infrastructure Basic training on demand for those new to the field in evaluation, data, research, and QI	**E**quity Figure out how to improve our ability to capture and incorporate into planning input from customers, clients, and community - shared power and influence
	Infrastructure/**E**quity Surveillance infrastructure and data systems are dated, and we need to update for today and the future	
	Equity Continue to include and provide support to our Tribal health departments	

Essential Service (ES) #10:	Urgent Issues to Address Now	Important Issues to Address in 5-7 Years
Build and maintain a strong organizational infrastructure for public health. *"Epidemiological personnel in underserved communities."* *"Difficulty in cash flowing positions when grant payments are so delayed."* *"Contracting process with DHHS is slow and cumbersome."* *"Support from key local and state government officials."*	Infrastructure Develop a pipeline from academic public health/health professions/data to local and state health departments	Infrastructure/Equity Resourcing and creating a sustainable funding system that meets the needs of communities
	Equity Emphasize rural workplaces and governmental public health	Infrastructure/Equity Maintain strong relationships between state, local, tribal public health departments, and academic public health (core public health organizations)
	Equity The public health workforce needs to look like the community	Infrastructure Make public health infrastructure a focus not an afterthought
	Infrastructure Define what a strong public health system looks like and what is the cost (state and local)	Infrastructure Public health needs to reward workers for the work they do and not their passion we are competing with many other entities right now making it more difficult to recruit and retain
	Infrastructure Governmental public health system plus academic public health needs to talk about WE (as a whole)	

Local and State Governance

In addition to questions focused on key assets, gaps, and opportunities in the delivery of the 10 essential public health services, respondents were also asked questions about areas of strength, as well as gaps, within public health governance in Nebraska. Specifically, participants were asked to reflect upon the six (6) functions of public health governance at the state and local level.

Responses are segmented by focus.

State Governance	Urgent Issues to Address Now	Important Issues to Address in 5-7 Years
State Governance Recommendations (culled from 6 functions of public health assessment) *"Local Boards of Health are actively engaged with their departments."* *"The requirements in state law on governance of local health departments appear to be working fairly well."* *"It would be nice if local boards of health were comprised of individuals who know about health and public health. County Commissioners are not well prepared to guide organizations that make decisions about the public's health."*	Infrastructure Make the DPH a separate Department outside of DHHS umbrella (this experiment may have failed)	Infrastructure Facilitate consistent state public health leadership
	Infrastructure Create a neutral oversight body	Infrastructure Determine the level of support for a neutral oversight body - state board of public health that meets the National Association of Local Boards of Health (NALBOH) expectations

Summary of Governmental Public Health System Retreats

Purpose

As part of the redesigned state health assessment process, the NE DPH partnered with the UNMC COPH and NALHD to collaboratively facilitate a set of retreats in 2021/2022. The purpose of these retreats was to take a deeper dive into public results of the governmental public health systems assessments and gather input from public health department representatives on the selected Nebraska public health system priorities.

Processes

The first retreat, held in November 2021, took place over two days focused on exploring Nebraska's governmental public health system, relationships, and function. Participants aimed to seek agreements about strategic opportunities for the system. The second retreat, held in May 2022, aimed to increase capacity and readiness for developing a statewide plan to address health disparities and increase health equity.

State and Tribal/Local Public Health Systems Retreat - November 2021

This retreat focused on exploring the current reality of relationships among entities that make up Nebraska's governmental public health system, identify opportunities for improvement, and to craft a vision for the future. Participants were invited to explore within their own microsystems (state/local/tribal) their role, current health of relationships with other microsystems, tension points, roadblocks, broken record conversations, and unintended consequences produced by the overall system.

The next section describes the November 2021 retreat and includes documentation of participants' work during their time together.

State and Tribal/Local Public Health Systems Retreat - November 2021

Attendees to the retreat were asked "What key initiatives would we implement to transform the public health system in Nebraska?". Nine major categories of focus or actionable initiatives (outlined in the following tables) were prioritized, as well as (1) key activities associated with each initiative and (2) key entities that would need to be involved.

Categories of Focus or Actionable Initiatives

Revise state statute for data sharing •Statute clean-up for public data access	**Key Activities** • Comprehensively review language • Work with someone to introduce **Key Entities** • Friends of Public Health • Department of Health and Human Services (DHHS) • Key Stakeholders (Tribal Nations, Local Health Departments, researchers, nonprofits) • State Senators
Improve data collection and sharing • Develop Collective Data Team to assess needs & implement solutions • Finalize a plan and designate resources to lead data initiatives for the public health system	**Key Activities** • Fix legal issues that limit sharing • Roll out through a public dissemination event, marketing, and creation of a dashboard **Key Entities** • Local and Tribal Health Department representatives • DHHS staff • Healthcare systems • Nebraska Emergency Management Agency (NEMA) • HCCS • Nebraska Association of Local Health Directors (NALHD) • University of Nebraska Medical Center (UNMC) College of Public Health
Marketing plan for communicating the value of public health • Include ROI • Help build political and social will • Make the case for sustainable investments in public health • Streamline dissemination of information	**Key Activities** • Convene a taskforce • Hire a marketing company • Identify key messages that could be disseminated statewide to enhance credibility and trust that include: ◦ A unified message/one voice ◦ Varied methods of communication ◦ Diverse audiences ◦ A range of topics **Key Entities** • DHHS staff • Local and Tribal Health Department representatives • UNMC College of Public Health • Nebraska Association of Local Health Directors (NALHD) • Nebraska Hospital Association

Resource and create a sustainable funding system • Create standard operating procedures around strategic collaborative planning of funding • Inventory current funding streams to locals to identify gaps and opportunities	**Key Activities** • Create a public health funding taskforce • Assess current resources (understand the current system) • Vision and mapping with interdisciplinary work group • Implement and evaluate change **Key Entities** • DHHS Leadership and finance • Tribal Public Health representatives • Mix of Local Health Department representatives (big and small) • UNMC College of Public Health • University of Nebraska Lincoln (UNL) Public Policy Center • Legal • Finance/Procurement

Address workforce shortage • Design and identify resource needs for shared workforce (state/local); plan for how to orchestrate • Explore workforce sharing • Develop a strategic public health workforce plan	**Key Activities** • Convene a taskforce of DHHS Division of Public Health and Local Health Department (LHD) representatives to develop consensus on priority positions for defining and sharing positions between LHDs and the Division of Public Health as well as amongst LHDs **Key Entities** • DHHS Staff (Caryn Vincent, Sara Houston, Felicia Quintana-Zinn, Rochelle) • Susan Bockrath (NALHD) • Human Resources representatives from Governmental Public Health System entities • Local Public Health representatives (Kim Engel, Michele Bever, Shannon Vanderheiden, Pat Lopez, Teresa Anderson, Lindsay Huse)

Update surveillance infrastructure	**Key Activities** • Communicate data modernization initiative to local health departments and recruit local participation • Identify opportunities for improvement (timeliness, accessibility, efficiency) • Implement updates **Key Entities** • DHHS Division of Public Health staff • Local and Tribal Health Department representatives • Epidemiologists at the local level

Develop legal public health epidemiology expertise • Change laws to be inclusive of Tribes • Increase legal-epi training opportunities for students and working professionals • Prioritize legal epi in surveillance and policy development	**Key Activities** • Review and update NE Public Health Law Atlas • Create a training institute for applied training for public health practitioners and legal professionals **Key Entities** • National Institute for Public Health Law • Association of State and Territorial Health Officials (ASTHO) • National Association of County and City Health Officials (NACCHO) • National Association of Counties (NACO) • HHS Committee (for some aspects) • State attorneys • Boards of Health • Local Health Directors
Modernize the EMS System	**Key Activities** • Convene taskforce to review current system and make recommendations for modernization • Implement recommendations **Key Entities** • DHHS Division of Public Health, Office of Emergency Health System Staff • Legislators • Volunteer Emergency Medical Services (EMS) staff statewide (especially rural)
Develop health information exchange data mining expertise	**Key Activities** • Identify what data are available, what is missing, and what the data would be used for • Implement pilot projects to test usability • Share lessons learned **Key Entities** • DHHS Division of Public Health Staff • CyncHealth • Local and Tribal Health Department representatives • Nebraska Hospital Association

Achieving Equal Access to Healthcare and Health Outcomes for All Nebraskans

Achieving health equity through reducing health disparities was reported as both a strategic opportunity for Nebraska's governmental public health system and as a key area of focus in transforming the system as a whole. Attendees noted how the pandemic exacerbated health inequities and cast a spotlight on social determinants of health. The State recommended hosting a health equity conversation in the spring of 2022. To shape this conversation and ensure the necessary voices would be present, participants were asked two key questions:

1. What are the critical conversations we need to have around health equity in Nebraska?
2. Who must be present for these conversations?

Discussion Question 1

What are the critical conversations we need to have around health equity in Nebraska?

Recommendations for Critical Conversation Topics	
☐ Define what health equity is (create a common definition)	☐ What is the greatest priority and most urgent needs?
☐ Define what health equity means and why health equity exists	☐ What are the barriers – why aren't existing capabilities filling the need?
☐ Understanding health equity	☐ Social determinants of health
☐ We must be willing to recognize the historical systems in place that underpin inequities and commit to change	☐ Housing, education, food security, access to health care, language barriers
☐ Health equity literacy	☐ Recognition of the political and legal determinants of health (up steam of social determinants)
☐ Stakeholder understanding of the issue	☐ Need to look at policies that prevent services
☐ Why is it important to define health equity and why it is very different from equality	☐ How are we doing now? Identify gaps, concerns, areas for improvement
☐ Health equity as a lens through which to view each other disease of public health importance	☐ How to ensure consistent access to care within a reasonable amount of time that is reasonably priced?
☐ What do we mean when we say we are doing equity work?	☐ How to best resource the work so that it is ongoing, dependable, locally responsive, and accountable
☐ Set clear, attainable goals for what our state should look like w/ equity and inclusion	☐ Open and honest discussion on the challenges w/ current MHI funding (state and local perspectives) and how to improve the process
☐ How to frame the conversation to achieve highest chance of success	☐ What did we learn from our CHA & CHIP?
☐ Recognition and understanding of structural and systemic barriers to health equity	☐ Need to hear from the people who are underserved first to hear their experiences

☐ Health equity for whom?	☐ How do we begin to share and distribute power w/ communities?
☐ Where is health equity need not currently being met? (Populations, locations)	☐ Trust building with communities
☐ What does health equity look like for the different geographies in NE?	☐ Share resources with community organizations who help reach out to communities
☐ What work is already focused on this and who is leading it?	☐ Communities need to be at the table
☐ Identify best practice models within our state or nationwide	☐ Rural needs must be a part of the conversation
☐ Diversity in our public health system	☐ Rural access to dental and mental health
☐ Buy-in from local health care system	☐ Access in rural communities

Discussion Question 2

Who must be present for these conversations?

Recommendations for Critical Conversation Topics	
☐ Governments, health systems, people who experience inequity, public health, partners already doing the work	☐ Public – We can talk amongst ourselves but need for normalizing the language and concepts in the public
☐ Governor's Office	☐ People with lived experience
☐ Local health directors and staff involved in the work (State Health Department (SHD) staff, CEO)	☐ Hire experts of Black, Indigenous, and People of Color (BIPOC)
☐ DHHS (team leadership, etc.), LHDs, NALHD, Federally Qualified Health Centers (FQHCs), Hospitals, Nebraska Medical Association (NMA)	☐ Representatives from underserved populations
☐ Associations (NMA, Nebraska Hospital Association (NHA), NPA, FQHCs, and others)	☐ Prominent community members in specific communities
☐ State and local public health	☐ Community organizers
☐ Tribal partners	☐ Local representatives
☐ All Tribes	☐ Leaders from a variety of impacted groups
☐ Health systems (UNMC, Catholic Health Initiatives (CHI), Methodist) and local/rural hospital providers	☐ Community leaders representing minorities (maybe 2-3 per LHD)
☐ Rural clinic providers	☐ Community organizations already doing this work
☐ UNMC College of Public Health	☐ Local community organizations

☐ Populations identified from the social U index	☐ Internal conversations – People who want to be a part of the discussion
☐ Medical community	☐ Cultural coalitions
☐ Physician representatives	☐ Community group (especially in frontier areas)
☐ Dental representatives	☐ All cultural centers
☐ Legislators	☐ Different disability advocacy groups (HoH, vision, mobility)
☐ Data folks	☐ Faith based orgs, clinical partners, members of the community who are historically underserved
☐ Insurance companies (Medicaid, Medicare, Private, Business entities)	☐ Organizations who serve the underserved
☐ Each microsystem	☐ Community/grassroots organizations

COVID-19 Lessons Learned

Attendees to the retreat also convened conversations regarding COVID-19. The purpose of this conversation was to (1) identify key successes and (2) improve future efforts.

COVID-19 Response Successes. As the COVID-19 pandemic continues, it is important to examine both areas of improvement as well as response successes. Participants of the retreat identified many gratifying accomplishments:

Collaboration

- Renewed and created partnerships across groups (state, local, tribal, etc.)
- Relationships – feds, DHHS, state, community partners (came together, stuck together, and grew together)
- Legislature allocated funding for response; did it quickly and funding was flexible
- Collaboration with schools
- Most relationships were strengthened across the governmental PH system
- Connections and relationships made and strengthened

Innovation

- Had to learn how to think out of the box – new ways to work and new resources. New ways to utilize technology
- Rapid and early deployment of the response (National guard deployed people fast; great partnership with the state)
- Successful testing strategies – out in the field early; Test Nebraska

Data

- Brought to light the importance of data- driven decision making
- Need to prioritize demographic data
- State and local information sharing; fusion cells
- Health Equity: Not everyone gets what they need. The pandemic was a very real example of the disparities and highlighted if not exacerbated them, but brought the issue to the forefront

COVID-19 Areas of Improvement. Participants of the retreat identified areas of improvement, for both current response efforts and in planning for future emergency responses. Areas of improvement were classified under Policy Level, Community Level, and Capacity Level:

Policy Level

- Create a more diverse workforce
- Need more effective and efficient communication
- Language accessibility
- Behavioral health expertise needed in the room the entire time
- Standardize process early and communicate it
- Appropriate and timely messaging that teaches priorities and are tailored for multiple/all audiences
- More formal structure for how to communicate from LHDs

Community Level

- Prioritize vulnerable populations
- Lack of county-level data
- Early involvement of stakeholders

Community Level

- Not enough workforce
- Epi capacity
- Staff burnout
- Some PH workforce not used in response (not mobilized)
- Building leadership around health equity (planning)
- Directors (LHD) at many tables (overwhelmed system)

Next Steps

Key recommendations from the retreat were: 1) convene a group of state, local, and tribal health department representatives to guide further development of opportunities to transform the overall public health system, and 2) schedule and plan for a retreat that focuses on health equity (May 2022).

Local and State Public Health Systems Retreat - May 2022

This retreat focused on building a common understanding of, language for, and commitment to Innovation, Access, and Belonging both at the system level and for all Nebraskans. UNMC CoPH partnered with Inclusive Communities, an established and respected Nebraska-based nonprofit organization which "envisions a society that is strengthened by diversity, inclusion, respect, equity, and justice for all people." Inclusive Communities works to achieve this vision by "confronting prejudice, bigotry, and discrimination." The agency provides a suite of services to help audiences confront their biases and ACT (affirm, confront, and transform) "to make inclusive changes at the individual, peer group/community, and system levels." The following sections describe the May 2022 retreat and include documentation of participants' work during their time together.

Learning Objectives

- Build awareness and create a mindset shift of 'why' health equity is an expectation that is not optional.
- Increase tools, skills, and resources to lead this change.
- Give space to build cross-functional relationships and learn common language

Hosts & Facilitators

- Nebraska Department of Health and Human Services Division of Public Health (DHHS NE DPH)
- UNMC – College of Public Health (Contractor)
- Nebraska Association of Local Health Directors (NALHD)
- Inclusive Communities

Total Attendees: 60

Participants at May 2022 Retreat

Methodology

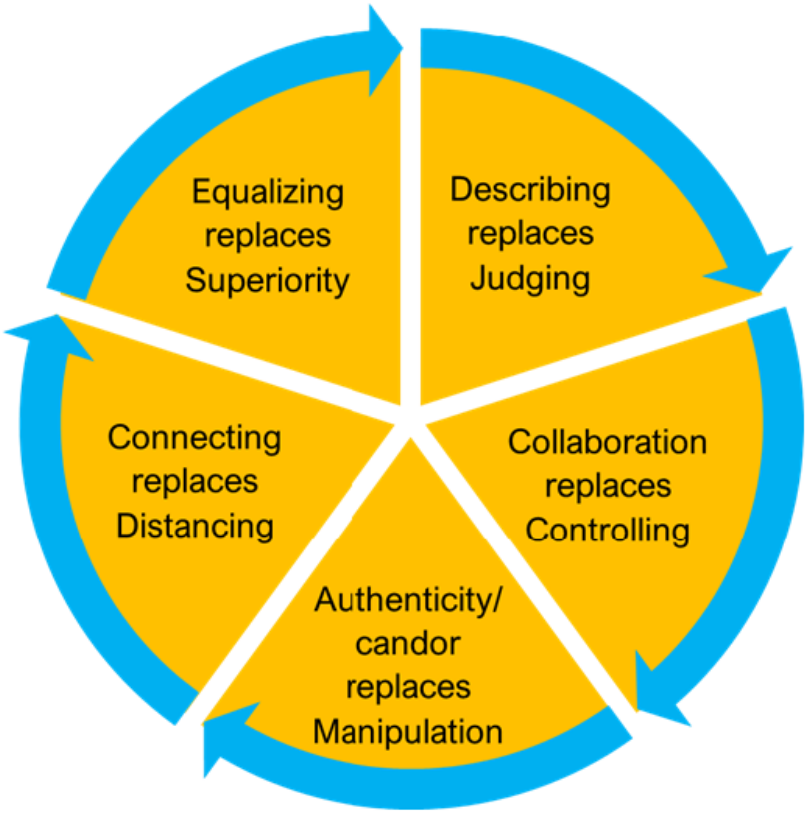
Inclusive Communities facilitators described the concept of "VUCA," which is an abbreviation describing environments or realities that are Volatile, Uncertain, Complex, and Ambiguous. The Inclusive Communities facilitation team walked participants through a "VUCA" exercise to help participants characterize the Public Health landscape and their leadership experiences. This was an important step for both providing common language and describing shared experiences in the wake of COVID-19 public health response. The facilitators elaborated on each term, providing a common language for participants to begin describing their current reality. From here, participants were challenged to begin approaching their public health work from a place of Vision, Understanding, Clarity, and Agility. Participants worked in small groups to discuss several questions and report out to the large group. Facilitators prompted small groups to consider the need for shifting to a new way of thinking and being – both individually as leaders in public health and as a system in order to effectively operate in a post-COVID-19 world. Upon completing the VUCA discussion, participants were encouraged to reflect on their own capacity to lead change toward health equity by creating spaces that invite innovation, access, and belonging.

Inclusive Communities transitioned participants into a discussion about five behaviors which often provoke defensiveness: 1. Judging, 2. Controlling, 3. Manipulating, 4. Distancing, and 5. Superiority.

These were then contrasted with five behaviors which invite collaboration: 1. Describing, 2. Collaborating, 3. Authenticity/Candor, 4. Connecting, and 5. Equalizing (see Image below).

Facilitators provided participants with concrete skills to help identify, address, and prevent defensiveness in their public health leadership through communication and de-escalation strategies.

5 Behaviors that Invite Collaboration



Methodology

Once participants were equipped to identify their own defensive or collaborative mindsets and behaviors, Inclusive Communities shifted to a conversation about identity and intersectionality. Participants answered the question "When you consider your primary stakeholders that your department relies upon for information, are they representative of the folks in the community with the most disparate health outcomes?"

The group response indicated there is a disconnect between the identities of their stakeholders and the communities with the most disparate health outcomes. One participant indicated "We don't always have the community at the table," and another shared "We can't make assumptions about whether or not we truly represent the populations that we serve – our identities are rich and complex. We need to define "diversity" more broadly."

The final activities of the retreat offered participants the opportunity to continue learning from Inclusive Communities and then apply their new vocabulary and skills to co-create a vision for health equity in Nebraska. Inclusive Communities delivered their ACTion Workshop educating participants on the concepts of Intersectionality and Identity. After providing participants with common definitions, the group discussed the roles and importance of identity and intersectionality in public health work. Participants completed their time with Inclusive Communities armed with a toolkit of terms, strategies, and group wisdom to support their work identifying a vision for health equity in Nebraska.

Participants developed key visioning elements with the intention that the Vision and supporting conversation would serve as the foundation for a state health equity workgroup to build a strategic plan. Participants were posed the question "What will we see in place after five years as a result of our health equity work in Nebraska?"

A modified World Café (The World Café, 2019) was used to provide all participants with a chance to listen and share and learn from each other.

This included time for participants to break into smaller groups within key topic areas: COMMUNITY, CONTENT & SERVICES, or LEADERSHIP. Within each section, small groups would answer guiding questions:

COMMUNITY: What does achieving health equity look and feel like for NE community members?

CONTENT & SERVICES: What projects and initiatives have been huge successes? What big investments have really paid off?

LEADERSHIP: What does it look like to work in Public Health? How are we collaborating in new ways? How are we working differently? What big shifts have we made in the way that we do business?

Participants answered these questions and then rotated to a new table within their section to cross-pollinate ideas. The facilitator then checked in with the group, requesting examples of responses. The following table summarizes them.

Visioning from the Retreat

The final part of the Visioning Café was co-creation of Guiding Statements that represented the collective wisdom and vision of the group and answering the overarching question "What will we see in place after five years as a result of our health equity efforts?" Based on the guiding vision statements, the participants' vision is one that includes the following themes:

- Accessible System & Services
- Empowered Community
- Empowered Workforce
- Internal Equity
- Multisector Support & Partnership
- Shared Data
- State-Local Alignment
- Being a Valued Field

Community	Content & Services	Leadership
☐ **Employers also take responsibility for equity** ☐ **Workforce that looks like/speaks the language of the people they serve** ☐ **Vulnerability over defensiveness** ☐ **Belonging/ownership** ☐ **Access without barriers:** • Programs/services • Language • Financial/economic • Providers • Transportation • Education	☐ **Big investments:** • Wrap around with projects • Wrap around with community need ☐ **Embraced foundational public health services statewide at local level** ☐ **Data systems give clear picture of health outcomes** ☐ **Elected officials support vision of equity and public health** ☐ **Local capacity to apply social vulnerability indices (SVI) to environmental issues**	☐ **State and local public health workforce reflects the state's population – Racial and Ethnic Diversity** ☐ **PH is a sought-after field/profession** ☐ **Funding follows where we need to go** ☐ **Proactive in providing PH services to community:** • Communication • Education • Meet people where they are

References

Healthy People 2030. Public Health Infrastructure. Accessed, 9/7/2022
https://health.gov/healthypeople/objectives-and-data/browse-objectives/public-health-infrastructure

The World Café (2019). http://theworldcafe.com/key-concepts-resources/world-cafe-method/

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PH-PUB-13 3/2024