HEALTH EQUITY EQUATION NEWSBRIEF

July 2017

Welcome to the 5th edition of Health Equity Equation

Highlights:

Various refugee health education has been provided by the refugee health coordinator. Understanding the U.S. medical care system was provided to the Yezidis at Yazda with Shirley Tachenko-Achord (Lincoln Lancaster County Health Department), and at the Good Neighbor Center to Iraqis in Lincoln with Sharon Baker (UNMC College of Nursing). Vaccine importance and female genital cutting education was provided to the Somali Community Center in Omaha in July. For more information, contact Kristin Gall at Kristin.Gall@nebraska.gov.

Historical Trauma training. Register link.

Resources:

- Racial (In)Equity Infographic. The National Association of Chronic Disease Directors has released a new resource: "Moving to Institutional Equity: A Tool to Address Racial Equity for Public Health Practitioners."
- See more resources here.

WHAT IS HAPPENING IN DHHS?

DHHS Division of Developmental Disabilities (DDD): In May, CMS (The Centers for Medicare and Medicaid Services) approved two Home Based Community Services (HCBS) Waiver applications and DD Service Coordination staff continue to work with participants and guardians to transition to the new waivers by 9/30/17. The new waivers allow for an *increase in self-directed opportunities and provider options*. In addition, DD is in the process of growing Quality Management teams which include a Program Accuracy Team and a new Quality Assurance Team. DD is drafting new regulations, which will be Title 403, and revising current regulations under Title 404.

Health Equity in All Policies:
In June, the Social Determinants of Health workgroup of the Infant Mortality CoIIN (Collaborative Innovation and Improvement Network) met to "test" instruments designed to help users understand Health Equity in All Policies. The group used a Health Equity Review Planning Tool available from the State of Washington, developed to help users understand the potential impact on various communities or populations before public health policy decisions are made. Purpose statements for the tool include: *Better understand the different impacts of proposals; Identify ways to modify proposed policies or projects to ensure they will reduce health inequities, not make them worse; and Strengthen or initiate relationships and collaborations*. The group found that use of the tool not only enhanced our understanding of both positive and negative consequences of policy, but also completely changed our understanding of the process of policy development. In the Division of Public Health, an Equity priority group in the Strategic Planning process will continue to consider the topic of Health Equity in All Policies.

Maternal Child Health Block Grant and Equity-related Priorities:
In Lifespan Health Services (Public Health), the federal application for the Maternal Child Health (MCH) Block Grant was submitted in July, with numerous priorities and strategies for improving equity among women and children. In some areas, such as *breastfeeding* and *access to prenatal care*, priority statements reflect concerns about disadvantage experienced by women in African American and American Indian communities, and strategies to increase involvement of consumers and organizations serving those groups in grant activities. In the priority to *improve access to health care services by disadvantaged groups*, the grant addresses the social and structural determinants of health, by launching new efforts to improve implementation of CLAS and literacy standards. In some priorities, resources are specifically targeted to empower local ownership of solutions, such as the *Place Matters Learning Community*. The MCH block grant has been in existence for over 90 years, lifting up the lives and well-being of women and children in the United States. Here in Nebraska, we see the opportunities for innovation and equity-focused work! For more information about the MCH Block Grant contact: Kathy Karsting at Kathy.karsting@nebraska.gov.

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COMING EVENT:

The HEALTH EQUITY COLLECTIVE IMPACT group will meet in person in August and November.

- **Thursday, August 17, 2017**, 9:30 AM-11:00 AM. at Lincoln NSOB 5B.

- **Monday, November 20, 2017,** 1:30 PM-3:00 PM. at Lincoln NSOB 3B.

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.

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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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How should equity measured?

One of the more perplexing topics in equity-focused work is how to measure equity. Candidate measures include *health disparities* of course, yet for some proponents the focus on the "differences between us" is unsatisfactory. For those of us working in the area of social determinants of health, we would like to measure our capacity to influence the *distribution of opportunities and burdens in society* in more nuanced ways than waiting for health outcomes including illness and death. For others measurement of *policies and practices that produce equitable outcomes* makes sense, such as tracking Culturally-and-Linguistically-appropriate services and literacy standards and their impacts. The following include some more ideas for measuring equity, drawn from several resources.

- The state of Michigan measures the difference by race in *psychosocial life experiences* of women of childbearing age, by looking at self-reported experiences of racial discrimination, intimate partner violence, number of major stressful events, and number of female-headed households. They also consider households without available transportation, affordable housing, and neighborhood safety. Report link.

- The Prevention Institute, instead of measuring health and social conditions of individuals, proposes *measurements about the environments and communities in which people live* and raise their families. Proposed measures of equity include measures of safety, violence, and incarceration; pollution, physical activity, and quality and availability of healthy food. Report link.

- Here at DHHS, in the Division of Public Health, a small group has been working on measuring *equity as a function of geography* rather than race, as a distributive aspect of opportunity and resources. To do this, state maps have been developed portraying measures of Food Security, Social Connectedness, Education, and Access for every county in Nebraska. The idea is to stimulate community engagement and conversation on such questions as: What does it mean when only a portion of Nebraska counties have access to reliable, high-speed broadband internet? What is our interpretation of equity when we consider the areas with high measures of "no car and no grocery store within one mile of home?"

  Reviewers are needed to give feedback on the equity maps and accompanying brief narratives. If you can help, please contact Mai Dang at mai.dang@nebraska.gov.