HEALTH EQUITY EQUATION NEWSBRIEF

June 2017

Welcome to the 4th edition of Health Equity Equation

The Health Equity Equation is designed to enhance the continuous flow of communication across DHHS Divisions about our equity-focused work. It has emerged from a *Health Equity Collective Impact* (HECI) group that started meeting in the fall of 2016. Everything we do "adds up" to achieving impact!

This issue is the 4th edition of *the Health Equity Equation*. In May, the *HECI* group recommended we broaden circulation beyond group members to include DHHS Unit Administrators and DHHS staff working on equity in the State Health Improvement Plan, and Public Health Strategic Plan.

Everyone is invited to contribute to future editions. Our purpose is to spread the word about equity-focused work, events, and resources.

For more information about *the Health Equity Equation*, and *the Health Equity Collective Impact* group that meets quarterly, please contact Mai Dang at mai.dang@nebraska.gov.

WHAT IS HAPPENING IN DHHS?

DHHS Division of Developmental Disabilities (DDD) and Division of Medicaid and Long-term Care (MLTC) received approval from CMS (The Centers for Medicare and Medicaid Services) on two Home Based Community Services (HCBS) Waiver applications. The renewal of the DD Adult Day Services was approved with and effective date of May 1, 2017, and the Comprehensive DD waiver for children and adults was approved by CMS effective June 1, 2017. The new waivers allow for an increase in self-directed opportunities and non-agency independent provider options. DD service coordination staff are facilitating the transition for waiver participants from the old waivers to the approved waivers.

The DD Bridges program (an extension of the Beatrice State Developmental Center Intermediate Care Facility) will close in June. All the individuals who had resided at Bridges have either moved or are completing final steps in the process to move to a lesser restrictive services in the community.

DHHS Division of Behavioral Health (DBH) **has joined Project ECHO**! Project ECHO was first launched in 2003 in New Mexico. An acronym for "Extension of Community Healthcare Outcomes," Project ECHO is a telementoring, guided practice model for health care professionals. Participating clinicians are linked to inter-disciplinary specialist teams via technology. Expert mentors share their expertise with primary care providers, enabling local providers to treat patients with complex conditions in their own communities. Project ECHO outcomes include better access for rural and underserved communities; reduced disparities; better quality and safety; rapid dissemination of best practices; greater consistency in care and practice; and greater efficiency. DBH offered an initial orientation session to launch Project ECHO in Nebraska on May 18, 2017. For more information, contact Tamara Gavin in the DBH at Tamara.Gavin@nebraska.gov.

Moreover, **NE Peer Support and Wellness Specialist Skills Training** will be conducted by DBH on June 19-23. In this training, on-line CLAS (Clturally-and-Linguistically-Appropriate Services) training was incorporated as a requirement for all participants. Find out more about the Nebraska Peer Support Training here: Link, or contact Cynthia Harris for more information at Cynthia.harris@nebraska.gov.

In the **Behavioral Health System of Care** for Nebraska, Guiding Principles include providing culturally-responsive services and supports, and a priority to enhance the cultural and linguistic appropriateness of services to match family needs. Find out more about the Behavioral Health System of Care here: SystemofCare - Link 1 or here SystemofCare - Link 2 or contact Bernie Hascall for more information at Bernie.Hascall@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, and to be added to the mailing list, contact: **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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Resources highlights: Don't miss these great new resources to help illuminate equity topics and why equity is important!

From the Robert Wood Johnson Foundation: "What is Health Equity, and What Difference Does a Definition Make?"

The National Equity Atlas is an online comprehensive data resource to track, measure, and make the case for inclusive growth. Link for the Atlas. On the site, you can find a detailed report from 2014 about the Omaha-Council Bluffs area as an example of using data to link sustained economic prosperity and equitable growth. For example, the report looks at median hourly wage by educational attainment and race/ethnicity in 2012, and shows that medial hourly wage for "White" people outpace the earnings for "People of Color" for all educational attainment categories except Master's degree or higher. The Omaha-Council Bluffs report examines key indicators for Inclusive Growth by asking these questions: Is economic growth creating more jobs? Is the region growing good jobs? Is inequality low and decreasing?

The Uninsured Outreach Mapping Tool can be used to identify where the uninsured reside at the Census Block level (populations from 600-3,000) to get health care services and coverage to the uninsured. Link

DHHS Division of Public Health, Maternal Child Adolescent Health Program (MCAH) begins a new **CLAS and Literacy project**: Within priorities to improve life course health outcomes for populations of mothers, children, youth, and families in Nebraska are several that point to improving access to services and supports for families in our increasingly diverse populations. Nested within these priorities are attention to disparities suggesting that some groups have more difficulty than others making full use of benefits, services, and resources. The World Health Organization's work on the structural and social determinants of health outcomes in populations points to barriers that exist *within our organizations and institutions* that may lead to differential consequences for some groups and not others. One place to see these possible barriers is in the use, or non-use, of Culturally- and Linguistically-Appropriate Services (CLAS) standards, and in the literacy standards (or reading level proficiency) used in health and human services organizations. The project launched by MCAH will involve both internal (DHHS) and external (community) partners to explore, develop, and test strategies to advance adoption of CLAS and literacy standards in organizations. The project will run from July 2017 through December of 2018. For more information about the project, contact Kathy Karsting or Mai Dang. For more information about CLAS standards, see the federal HHS Office of Minority Health website or link. For more information on health literacy, consider this link.