

HEALTH EQUITY EQUATION NEWSBRIEF

October 2018

Welcome to the 14th edition of
Health Equity Equation

Big 10 Health Equity Initiative

Nebraska participates in a planning activity intended to result in a coordinated initiative among the 14 universities and 11 state health departments of the Big 10 states. The effort is supported by the Big 10 Academic Alliance. The challenges of thinking about equity work across such diverse organizations and states are significant; at the same time the potential for combining expertise and resources to address common issues is immense. For example, it's been suggested this is a unique approach to addressing the social determinants of health and equity on a significant population-level scale. Combined with research capacity of universities, might this be a chance for discovering the impact of minimum wage laws on child health, or to take housing affordability strategies to scale? For more information about the BTAA and Health Equity Initiative, contact Kathy Karsting.

WHAT IS HAPPENING IN DHHS?

RHEC update: Funding will end on Dec. 31, 2018 for national technical assistance and support of the Regional Health Equity Councils (RHECs). RHECs are independent, non-governmental organizations located in 10 regions of the country. Each council comprises leaders and stakeholders from both non-federal public and private sectors from within that region. The RHECs were created to implement the goals of the NPA and, therefore, advance the agenda to eliminate health disparities. The NPA is the National Partnership for Action to End Health Disparities, created in 2006. Nebraska has been actively represented in the Heartland RHEC, comprised of Nebraska, Kansas, Missouri and Iowa. RHEC supporters are seeking to develop new approaches to sustain these equity-focused collaborations that span state boundaries. See more about the RHECs [here](#).

Community Health Worker (CHW) workforce development: Integrating CHWs on health teams in community and clinical settings is becoming widely recognized as a strategy to advance population health. CHWs have ties with local communities that enable them to be credible educators and navigators for those who otherwise might not access health services in meaningful ways. CHWs help make the workforce more diverse, and Title V Maternal Child Health in Nebraska is helping support the development of the CHW workforce, with participation of CHWs themselves. Other DHHS programs, including the Office of Women's and Men's Health, and the Office of Health Disparities and Health Equity, also are very engaged with CHWs. The Title V contribution will be, in 2019, to work with a handful of local public health departments to convene regional networking events for and with CHWs. One aspect of this emerging workforce is the challenge for peer collaboration and support, when organizations might employ only one CHW, or the CHW is a volunteer. For more information of the CHW Regional Gatherings, contact Kathy Karsting at Kathy.Karsting@nebraska.gov.

The Nebraska Childhood Lead Poisoning Prevention Program has received funding from the Centers for Disease Control and Prevention (CDC). This three-year grant starts in October 2017 and goes through September 2020, for approximately \$400,000 each year. Nebraska has some of the oldest housing in the United States and this remains a lead issue. Lead poisoning prevention among children is an important equity issue, as it is often associated with lower socio-economic status where limited housing choices, food insecurity, and poverty may place a child at risk. Strategies of the NeCLPPP include: 1. Strengthen blood lead level testing, 2. Strengthen surveillance, 3. Strengthen population-based interventions, and 4. Strengthen processes to identify lead-exposed children and direct the families to appropriate services. Grant funds cannot be used for direct testing or screening of children. For more info, contact Amelia at Amelia.Ugarte-Valdez@nebraska.gov.

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NEXT HEALTH EQUITY COLLECTIVE IMPACT MEETING:

**Monday,
November 19TH**

10 - 11:30 AM, NSOB 3B
All are welcome!

For more info about [the Health Equity Equation](#), and *the Health Equity Collective Impact* group that meets quarterly, contact Mai Dang mai.dang@nebraska.gov.

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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DEPT. OF HEALTH AND HUMAN SERVICES

Division of Medicaid and Long-term Care (MLTC) continues to collaborate with other departments to promote health equity for vulnerable and unique populations within Medicaid.

- Have weekly meetings with CFS and each MCO to collaborate on physical and behavioral health needs for youth who are wards of the state. Needs are identified and people work toward the best plan of care.
- DPH notifies MLTC when an infant is born with a birth defect, via the birth defect registry. The infant and family are then referred to the MCO for initiation of care management services.
- Coming soon:
 1. Children who have a blood lead level, identified through physician screening and registry with DPH, will also be referred to their MCO by MLTC for care management.
 2. Care coordination will be initiated for members identified through SRT as being ABD and AD waiver eligible. There will be a referral system for their MCO for care management services as well.

For more info, contact Laura Stang, Laura.Stang@nebraska.gov.

Division of Developmental Disabilities (DD):

- DD continues to draft the Policy Guide on DD regulations, HCBS waivers, and “how-to” processes for information and guidance for the public. When completed, the DD Policy Guide will be posted on the public website.
- Currently drafting updates to Titles 403 and 404 regulations to meet the Governor’s vision of brevity and supporting waiver amendments.
- DD is continuing to improve the public website and is working with CLS on the system-wide redesign, including simplifying language and eliminating excess or unused items.

For more info, contact Pam Hovis, Pam.Hovis@nebraska.gov.

JourneyStart: On Sept. 26, a group working to advance CLAS and literacy standards in organizations heard a presentation from [Community Science](#) about JourneyStart, a web-based cultural competency assessment and coaching platform for health organizations. The Community Science team is seeking small-to-mid-sized organizations to test their approach at no cost until June 2019. For more info on JourneyStart and the opportunity to participate in the model test, contact Kathy Karsting.