UNDERSTANDING HEALTH DISPARITIES

Nebraska's Health Divide: Insights from University of Nebraska-Lincoln Grand Challenges Health Equity Symposium 1

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Executive Summary

This white paper provides a summary of the findings from the "Understanding Health Disparities in Nebraska" symposium held on March 18, 2024. The health equity Grand Challenges team at the University of Nebraska-Lincoln hosted this event, bringing together experts across various fields to discuss the pressing issue of health disparities in Nebraska's underserved populations. The symposium highlighted critical areas including pediatric mental health, barriers to healthcare access, and the impact of social determinants of health. This paper offers detailed reviews of each session, synthesizes key data, and proposes actionable recommendations aimed at reducing disparities and promoting health equity in Nebraska.

Schedule
9:00am - 9:05am
Welcome
Michelle Hughes, PhD, CCC-A
University of Nebraska-Lincoln (UNL)

9:05am - 9:35am
Pediatric mental wellness and food security, housing, and financial stability
Megan Connelly, DNP, APRN-NP, NE-BC
Children's Nebraska

9:35am - 10:05am
Health issues and barriers for special underserved populations
Macala Carter
Center for People

10:05am - 10:35am
Mental health needs and sequelae in Nebraskans
Thomas Janousek, PsyD
Nebraska DHHS, Division of Behavioral Health

10:45am - 11:15am
Health disparities in NE
Echohawk Lefthand
Nebraska DHHS, Division of Public Health, Office of Health Disparities & Health Equity

11:15am - 11:45am
Maternal and neonatal health disparities
Ann Anderson-Berry, MD, PhD, FAAP
Children's Nebraska & UNMC

11:45am - 12:30pm
Panel discussion with UNL Extension & Rural Prosperity Nebraska

- *Jean Ann Fischer, MS, RDN, LMNT*
- *UNL Extension*
- *Mary Emery, PhD*
- *Rural Prosperity Nebraska*

Introduction

Nebraska faces significant and growing health disparities that impact the well-being and quality of life of its residents, particularly in underserved communities. This white paper details discussions from a multidisciplinary symposium that aimed to diagnose these disparities and propose effective interventions.

Problem Definition

Despite numerous efforts to address health disparities in Nebraska, gaps continue to widen, especially in mental health services, healthcare accessibility, and the unequal impact of social determinants of health. These disparities manifest as differences in morbidity, mortality, and overall wellness, disproportionately affecting marginalized populations.

Methodology

The symposium included presentations and discussions led by seven experts, analysis of state-wide health reports, and interactive panels that discussed both quantitative and qualitative data. The methodology focused on integrating diverse expert opinions and community feedback to form a holistic understanding of the issues at hand.

“The idea is to foster cross disciplinary collaborations in order to solve some of our big wicked problems that we have in the state of Nebraska and potentially beyond.”

Dr. Michelle Hughes, Principal Investigator

Session 1: Nurturing Minds – Pediatric Mental Wellness and Social Determinants of Health.

Presenter: Dr. Megan Connelly, Vice President of Community Pediatrics & Child Health, Children's Nebraska

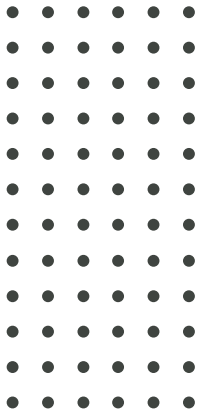
Key Messages:

The data on pediatric mental health in Nebraska reveal that a significant proportion of children suffer from mental or behavioral conditions, with only a fraction receiving the necessary treatment. The state ranks poorly in pediatric wellness, with increasing rates of mental health service needs among children aged 5-17 years. Social determinants of health (SDOH), such as socioeconomic factors, housing, and physical environment, play a crucial role in health outcomes. Disparities in mental health care are evident in Omaha, with different challenges faced in East and West Omaha due to varying socioeconomic conditions. Efforts to address these disparities include community outreach and resource-sharing initiatives led by organizations like Children's Nebraska, which also collaborate with other institutions to improve living conditions and health outcomes for affected families.

Session 1: Nurturing Minds – Pediatric Mental Wellness and Social Determinants of Health.

The Extent of Pediatric Mental Health Issues in Nebraska

Data presented on pediatric mental health in 2022 Kids Count Data Book indicate that one out of five children in Nebraska are diagnosed with mental or behavioral conditions that require treatment, including depression, anxiety, ADHD, and autism. At Children's Nebraska, the prevalence rises to one out of four children. Despite the need, only 62.4% of those requiring mental health counseling receive it. Other studies demonstrate that without intervention, inadequate mental health care results in deteriorating physical, behavioral, and social health. According to the Centers for Disease Control and Prevention (CDC), suicide is the second leading cause of death among individuals aged 10–24 years in Nebraska. In this age group, 17.7% seriously considered suicide, 8.6% attempted it, and 15.5% had a plan for it. Overall, Nebraska ranks 49th out of 51 in pediatric wellness performance.



According to the 2021 Community Health Needs Assessment (CHNA) by Children’s Nebraska, the percentage of children aged 5–17 years who needed mental health services increased from 13.6% in 2015, to 14.8% in 2018, to 18.7% in 2021. Three out of ten parents felt that their children needed mental health services. Although the assessment revealed that parents recognize mental health as the primary health issue affecting adolescents and are aware of community mental health resources, significant disparities exist, especially in metropolitan areas, and less than two-thirds of those in need receive assistance.

Session 1: Nurturing Minds – Pediatric Mental Wellness and Social Determinants of Health.

The Role of Social Determinants of Health (SDOH)

SDOH are defined by the World Health Organization (WHO) as the conditions in which people are born, grow, work, live, and age, along with the broader forces and systems shaping daily life conditions. According to the American Hospital Association, only 20% of health status is influenced by healthcare; the remaining 80% is determined by nonmedical factors such as health behavior (30%), housing and physical environment (10%), and socioeconomic factors (40%) like food security and transportation. Understanding these factors, particularly how they vary across different populations in Nebraska, is crucial for addressing health disparities.

SDOH Disparities across Omaha

The 2021 CHNA by Children's Nebraska revealed that both East and West Omaha face high rates of child mental health concerns, though the underlying reasons differ. West Omaha, characterized by affluent, primarily White communities, attributes mental health issues to social pressures, social media influence, bullying, and drug use. In contrast, East Omaha's high prevalence of mental health issues stems from resource scarcity, limited access to mental health facilities, and the economic strain of parents working multiple jobs. According to the CDC, East Omaha, experiencing high socioeconomic deprivation, reports the highest numbers of mental health conditions, while West Omaha faces a highly stigmatizing environment. The City Health Dashboard further shows that East Omaha suffers more from mental illness (frequent mental distress) and significant financial stress (income inequality).

Session 1: Nurturing Minds – Pediatric Mental Wellness and Social Determinants of Health.

What Can We Do?

Mental health is a public health emergency. In response to an audience question on actionable solutions, Dr. Connelly suggested that education could be a viable approach. Multiple organizations, including Children's Nebraska, food banks, and Lutheran Family Services, provide resources for families in need, but access and awareness of these resources vary significantly. Children's Nebraska has started hosting community events to promote these resources and reduce disparities in Omaha. For instance, an event in Northeast Omaha, in partnership with the University of Nebraska Medical Center, assembled food vendors and invited families to raise awareness about available resources. Additionally, when physicians at Children's Nebraska diagnose a child with asthma, they refer the family to Lutheran Family Services, which assesses and modifies home conditions that could exacerbate the asthma, such as installing new carpeting. Connecting experts with organizations that support families is imperative to address disparities in pediatric mental health.

Addressing this gap in mental health care requires immediate collaborative efforts from healthcare providers, educators, and community leaders to ensure equitable access to mental health services for all children in Nebraska.

Session 2: Barriers to Healthcare for Special Underserved Populations

Presenter: Macala Carter, Executive Director, Center for People

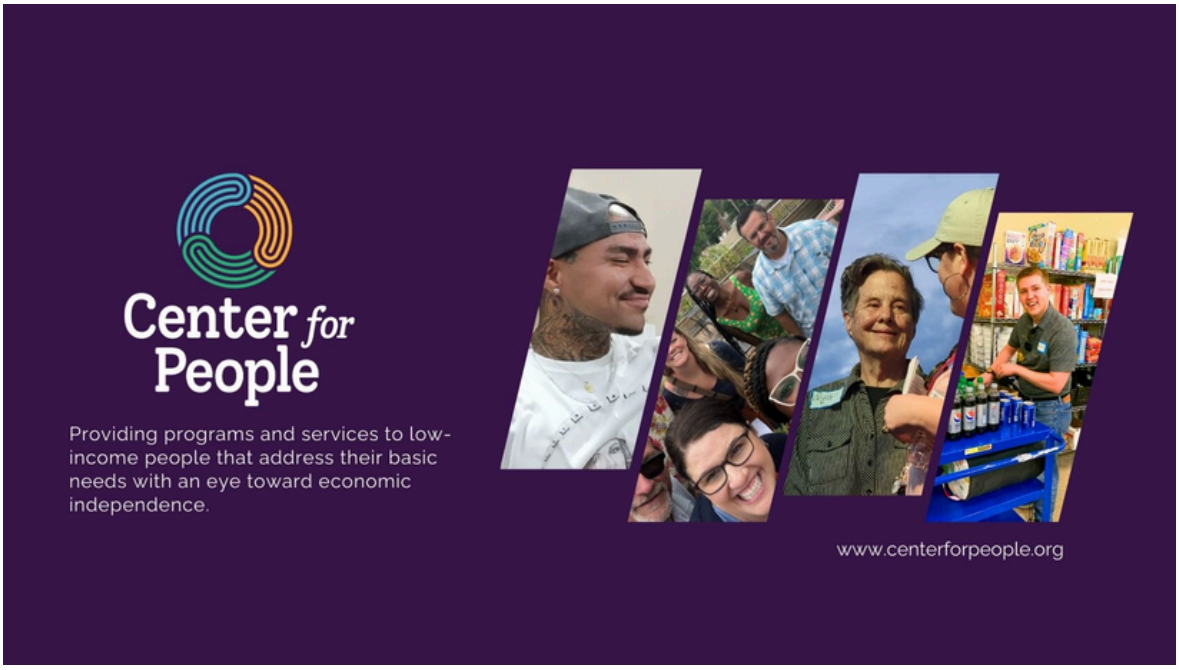
Key Messages:

The session highlighted the significant challenges faced by underserved populations in accessing healthcare in Lincoln, NE. The Center for People, located in an area with high poverty rates, serves over 10,000 individuals weekly, offering essential services like food distribution and healthcare access facilitation. Key barriers identified include complex administrative processes, language barriers, lack of paid time off, and inadequate transportation. To combat these issues, the Center has partnered with local organizations and developed initiatives like a teaching kitchen and a people's pantry to educate and provide resources to the community. These efforts are part of a broader strategy to address health disparities and improve accessibility for all.

Session 2: Barriers to Healthcare for Special Underserved Populations

The Center for People

The Center for People is strategically located in an area with the highest poverty rate in Lincoln, NE. To be eligible for the organization's services, individuals must be at or below the poverty line. The Center serves over 2,300 unique families weekly, totaling more than 10,000 people. During spring break in 2024, the Center for People assisted over 24,000 individuals. In addition to food services, they distribute diapers to 660 babies, with 80% of the parents employed in one or two jobs. The Center collaborate with various local entities, such as Lincoln Public Libraries and UNL Extension, to expand their reach and impact. In collaboration with Lincoln’s Public Transportation, the Center assists an average of 37 visitors per week in accessing its services.



Session 2: Barriers to Healthcare for Special Underserved Populations

Difficulties in Accessing Health Care

Most clients of the Center for People respond negatively to health access surveys asking if they have health insurance, access to a primary care physician, the ability to choose their physician, or maintain preventive health services. This indicates a profound lack of access to essential health care resources. Notably, 14% consider the emergency department their primary health provider, significantly above the national average.

Barriers

- ***Confusing Process:*** Many individuals feel embarrassed to address non-medical concerns within the patient-doctor relationship, such as appointment scheduling, filling out insurance forms, or managing referrals, leading to a reliance on emergency services.
- ***Language:*** Clients often find medical forms confusing if not available in their primary language or if the terminology is too specialized. Although the Center for People helps verbally with forms, this support is not available in doctors' offices, where forms must be completed independently and quickly.
- ***No Paid Time Off (PTO):*** 60% of low-wage workers lack paid leave, making it challenging to schedule medical appointments during work hours. This often results in delayed care or reliance on after-hours services like emergency departments.
- ***Transportation:*** Despite 91.7% of households having at least one vehicle, reliable transportation remains a significant barrier, especially in Nebraska where a higher-than-average number of adults lack daily living transportation (CDC NCHS Data Brief 490, January 2024).

Session 2: Barriers to Healthcare for Special Underserved Populations

Creating Solutions at the Center for People

The Center for People hosts food distribution programs attended by 2,300 families lacking access to healthy foods and nutritional education. In partnership with DHHS, they have developed a teaching kitchen and a people's pantry to provide nutritious food options and educational resources on meal preparation. For instance, they introduced recipe cards for spaghetti squash, leading to increased uptake and broader educational efforts. Additionally, the center has constructed a greenhouse with 15 raised beds and provides families with DIY bucket gardens, making gardening accessible regardless of budget or housing situation. Educational videos further support these initiatives. Ms. Carter's closing remark emphasized the need to "Go where the population is," indicating plans to expand these programs across Nebraska.

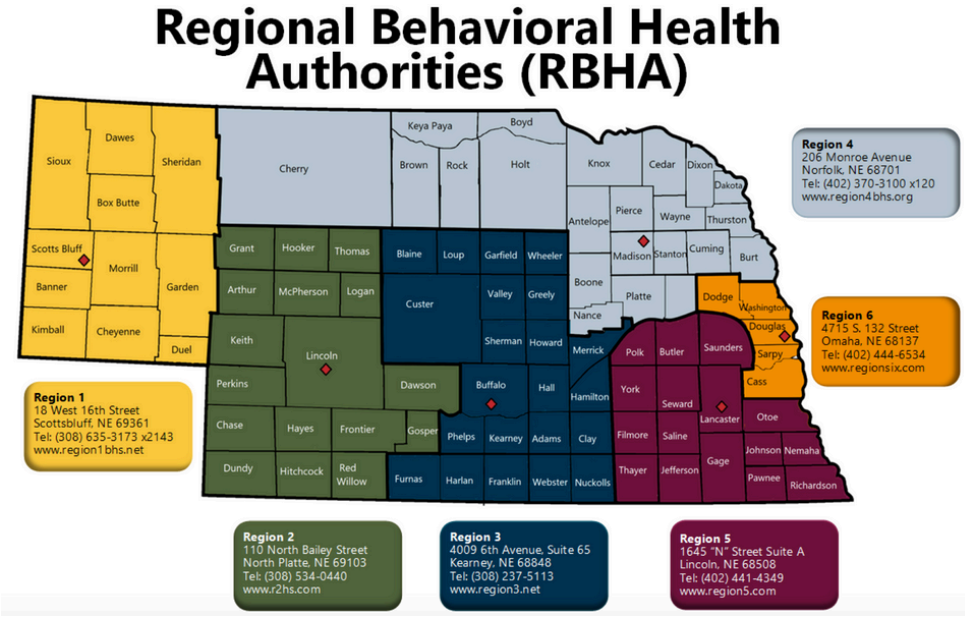
Complicated administrative processes, language barriers, and inadequate transportation severely restrict healthcare access for underserved populations, compelling us to unite in advocating for community-driven solutions and comprehensive systemic reforms.

Session 3: Mental Health Needs and Sequelae in Nebraska

Presenter: Dr. Thomas Janousek, Deputy Director of Clinical Excellence – Nebraska DHHS, Division of Behavioral Health (DBH)

Key Messages:

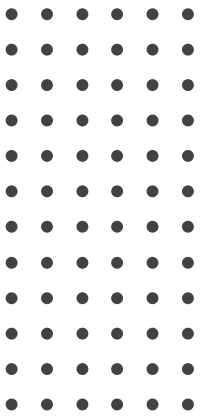
Dr. Thomas Janousek discussed the state's public behavioral health system, focusing on mental health needs and services in Nebraska. The DBH, funded by Nebraska's discretionary Medicaid allocations, provides various services not covered by Medicaid through six behavioral health regions. These services include psychotherapy, community support, and crisis interventions. The session highlighted that one in five Nebraskans suffer from behavioral health conditions, with a significant shortage of mental health providers, especially in rural areas. Barriers to accessing mental health services include cost, insurance coverage limitations, and stigma. The DBH's strategies to improve access include increasing service awareness and integrating behavioral health into primary care settings.



Session 3: Mental Health Needs and Sequelae in Nebraska

The Division of Behavioral Health (DBH) serves as the primary behavioral health authority for the State of Nebraska, responsible for administering and coordinating the public behavioral health system. This includes planning, funding, oversight, and technical assistance for a network of community-based services.

The DBH receives state funding through Nebraska's discretionary Medicaid allocations to support behavioral health services and infrastructure. The coverage extends services for Medicaid-eligible individuals which are not covered by Medicaid providers, similar services for individuals between 120-160% below the poverty level, and offers marketplace subsidies for individuals with other coverage. Services are primarily delivered through six behavioral health regions, each with an administrative structure tailored to community-specific programs. Dual-covered services (e.g., services covered by DBH and Medicaid) include psychotherapy, community support, peer support, assertive community treatment, medication management, withdrawal management, and medical crisis stabilization (e.g., The 988 Project). Unique services not covered by Medicaid include crisis response, mental health respite, hospital diversion, therapeutic consultation, and emergency community support. The behavioral health infrastructure features the 988 crisis line, the NE Family Helpline, an open beds database, integrated care development (in partnership with the Nebraska Medical Association), workforce development (e.g., Project ECHO, opioid education for medical doctors), and specialized discharge planning for individuals in the Lincoln Regional Center. In FY2022, DBH served 46% females and 54% males, with 71.1% aged between 25-64 years. While Medicaid covers most youth, DBH-supported individuals included 12.6% classified as youth, mainly for crisis and non-Medicaid services.

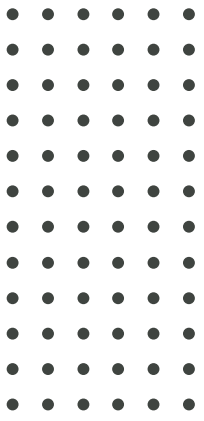


Session 3: Mental Health Needs and Sequelae in Nebraska

The Extent of Behavioral Health Conditions in Nebraska

Approximately one in five Nebraskans is estimated to have one or more behavioral health conditions, yet 83 of the state's counties (89%) are classified as mental health shortage areas. Rural counties face significant disadvantages, with 29 counties lacking any mental health coverage (NPM 2022). Despite a 46% increase in licensed mental health providers, these providers practice predominantly in urban areas. Given that individuals with mental illness typically have a life expectancy 25 years shorter than the general population, addressing these shortfalls is critical.

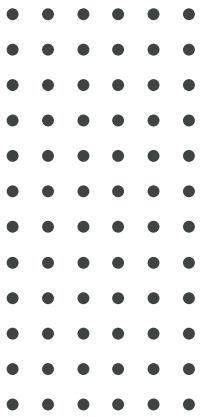
Understanding community needs is the first step. Only 40% of individuals with mental illness receive treatment, and just 12% of those with substance use disorders (SUD) receive treatment. Overall, 50.8% of individuals report using alcohol, yet only 7% of those with 12+ years of alcohol dependence receive treatment. Marijuana is among the top three substances used and the most prevalent illicit drug. Opiates are used by 3.3% of the population and are on the rise, followed closely by methamphetamine. Of those with 12+ years of illicit drug use, only 11% received SUD services. Complicating treatment and recovery, 39.6% of admissions to DBH-funded services report one or more substance uses.



Session 3: Mental Health Needs and Sequelae in Nebraska

Behavioral Health Providers – Barriers to Access

Access to services hinges on availability, affordability, and appropriateness. A needs assessment in the South Heartland region, which includes Hastings and its surrounding rural areas, identified 135 providers and 139 high-use consumers. 67% of consumers had no insurance or were on Medicaid. The top five barriers to access were general cost (43%), out-of-pocket costs from high-deductible insurance copays (31%), lack of insurance coverage for services (28%), stigma (27%), and difficulty in seeking help (26%). Only 36% of individuals in the needs assessment felt that services were well advertised. Thus, the top two improvements suggested were increased awareness of services (48%) and increased public education about mental health issues (40%). While 76% of consumers see medical providers as helpful for people with behavioral health issues, only 36% reported that their medical provider communicated with their behavioral health provider, leading to unnecessary repetition, lost information, and increased patient time requirements. Other barriers include the logistics of paperwork, assessment, and reassessment. Encouragingly, the use of evidence-based assessment tools was common (70%).

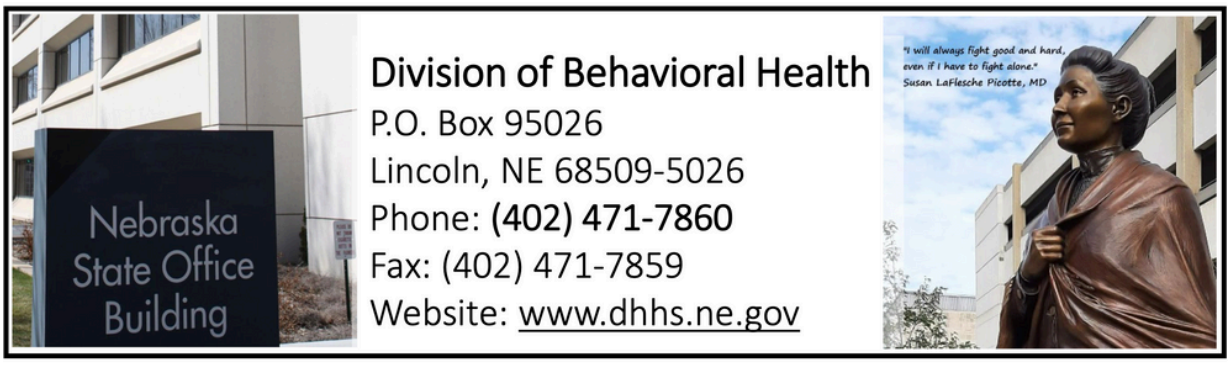


Session 3: Mental Health Needs and Sequelae in Nebraska

Solutions

To resolve barriers to access, increasing participation from all healthcare providers is essential. Separate surveys show low participation and interest in evidence-based behavioral health training among primary care providers (34% and 53%, respectively) but high among behavioral health providers (95%). Therefore, a significant challenge lies in expanding access for primary care providers. There is a perceived gap in behavioral health services, with specialized services being particularly difficult to access.

One viable solution is integrating primary care and behavioral health through education about available services, addressing a current barrier for both providers and consumers. Such integration will likely reduce access barriers, as primary care often serves as the initial point of contact for many individuals. Other potential solutions include increasing the number of trained professionals and emphasizing the importance of behavioral health within physical care. The healthcare system becomes more fragmented in rural areas, thereby heightening the need to link the continuum of care to help individuals access services in these regions.



Session 4: Health Disparities in Nebraska

Presenter: Echohawk Lefthand, Administrator, Office of Health Disparities, Division of Public Health, Nebraska DHHS

Key Messages:

Echohawk Lefthand discussed health equity and highlighted the importance of eliminating barriers such as poverty and discrimination to ensure equitable health opportunities for all. Mr. Lefthand emphasized education as a critical tool for improving job opportunities and overall community health. He outlined strategic approaches to tackle structural and social determinants of health through community engagement, transparency, and robust partnerships. Mr. Lefthand also presented the "Pathways to Population Health Equity" roadmap, a strategic framework used by his office to address health disparities by engaging with communities, forming strategies, and sustaining improvements across four key portfolios: physical and mental health, social and spiritual wellbeing, community conditions, and root causes.

NEBRASKA

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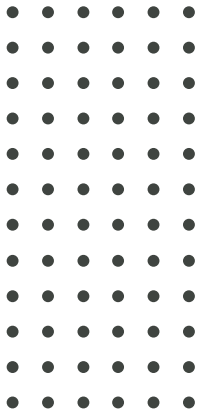
Session 4: Health Disparities in Nebraska

Understanding Health Equity

Mr. Lefthand opened his presentation by defining health equity, using a definition from the Robert Wood Johnson Foundation: "Health equity means that everyone has a fair and just opportunity to be as healthy as possible. To achieve this, we must remove obstacles to health such as poverty, discrimination, and their consequences, which include powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and healthcare." He explained that equity is both a process and an outcome that involves understanding historical contexts, social determinants, and strategies to mitigate health disparities. Education is crucial, as it leads to job opportunities and additional prospects.

Health equity requires an understanding of how these processes affect different populations and the steps needed to resolve these issues. The goal is to guide communities towards healthier conditions through partnership alignment to improve Social Determinants of Health or SDOH and addressing barriers linked to historical factors.



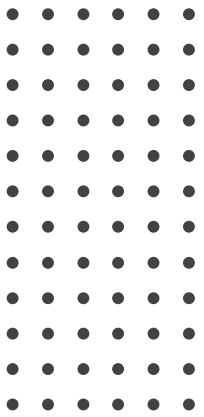
Session 4: Health Disparities in Nebraska

Strategies to Advance Health Equity

Key strategies for achieving health equity involve examining structural or systemic determinants and addressing social determinants of health. Structural determinants include:

1. Opportunities and access: How can we increase these?
2. Resources and means: How can we best utilize these?
3. Institutional policies and practices: How do we address these?
4. Influence and power: How can we share power with marginalized populations?
5. Participation in decision-making processes: How can we involve marginalized populations in these processes?

Approaches to address structural determinants include sustained coordination among sectors like education, housing, transportation, and healthcare, emphasizing community voices through shared leadership and collaborative programming. This requires data collection and reporting systems that accurately reflect impacts, along with accountability and enforcement in policies and practices to develop and maintain trust. Mobilizing SDOH—education, economic stability, social community context, community structure, environment, and healthcare—is a challenge. Developing trust with those you serve is vital, and health equity hinges on relationships and transparency. Mr. Lefthand used an analogy to emphasize the importance of meaningful community interactions: while many might hesitate to ask a coworker "What is the matter?" when they seem off, a parent would immediately ask "What happened?" if their child acted out. Similarly, we should engage in meaningful conversations with the community.



Session 4: Health Disparities in Nebraska

Roadmap to Advancing Health Equity – The Office of Health Disparities (OHD) Approach

The OHD employs the "Pathways to Population Health Equity" roadmap, which includes four steps: evaluate, learn, change, and sustain. The process begins with forming a health equity team and identifying the issue. The next step is to build relationships with communities at risk. After that, a balanced strategy is developed collaboratively, followed by actions to advance and sustain equity.

OHD focuses on six key performance indicators: mortality, life expectancy, burden of disease, mental health, the uninsured/underinsured, and access to care. Mr. Lefthand then discussed the Balanced Strategy Portfolios Pathways to Population Health Equity, which consists of four portfolios: P1 Physical and Mental Health, P2 Social and Spiritual Wellbeing, P3 Community Conditions, and P4 Root Causes. P1 and P2 are essential for creating thriving individuals, while P3 and P4 aim to create thriving environments. These portfolios are interdependent; for instance, engaging the root causes also necessitates including them in mental and physical health programs. The Pathways also feature compass assessments that evaluate core transformation skills related to organizational operations and discussions around health equity, helping to build and consistently maintain a balanced portfolio.

Session 5: Maternal and Neonatal Health Disparities

Presenter: Dr. Ann Anderson-Berry, University of Nebraska Medical Center and Children's Nebraska.

Key Messages:

The fifth session, led by Dr. Ann Anderson-Berry from the University of Nebraska Medical Center and Children's Nebraska, focused on maternal and neonatal health disparities. In the U.S., which has a high maternal mortality rate of 23%, nearly 83% of these deaths are preventable. Dr. Anderson-Berry highlighted significant racial disparities in maternal and neonatal outcomes in Nebraska, with Black women and babies facing considerably higher risks. She discussed the contributing factors including healthcare access, structural racism, and clinical support. Dr. Anderson-Berry also touched on the Birth Equity initiative adopted by Nebraska hospitals, aiming to reduce these disparities through various strategies, such as improving hospital practices and policies related to maternity care.

1 in 5

About 20% of women reported mistreatment while receiving maternity care.

1 in 3

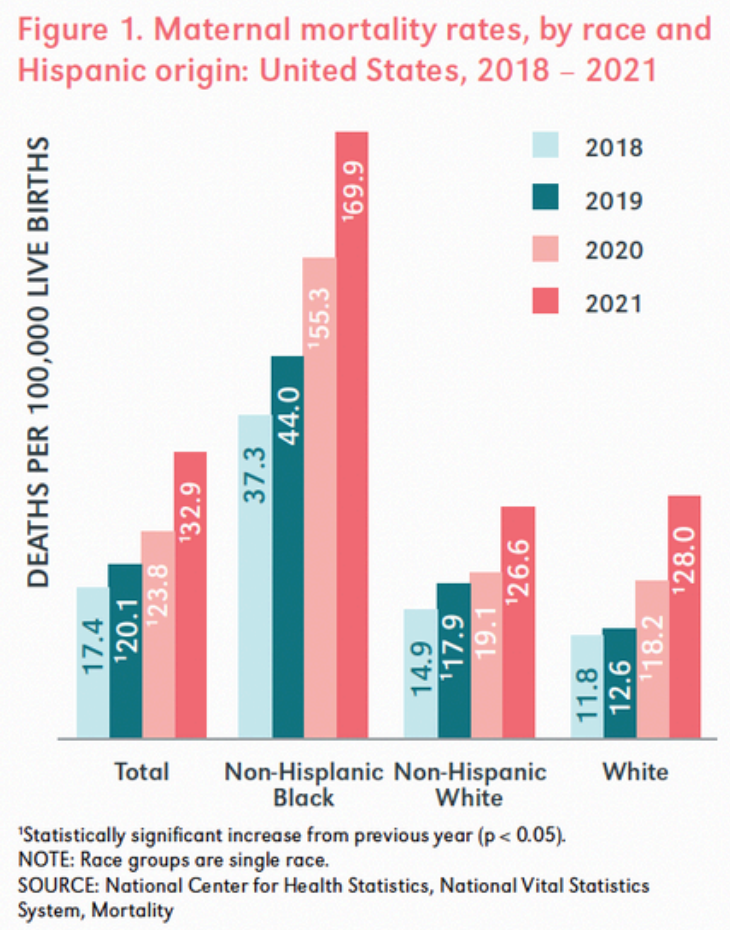
About 30% of Black, Hispanic, and multiracial women reported mistreatment.

45%

Almost half of women held back from asking questions or sharing concerns during their maternity care.

Session 5: Maternal and Neonatal Health Disparities

Problems: The United States has one of the highest maternal mortality rates at 23%, with nearly 83% of these deaths deemed preventable. Dr. Anderson-Berry provided in-depth data on maternal and neonatal health disparities in Nebraska. She highlighted that maternal death rates in the state have increased by 40% over the past five years and disproportionately affect Pacific Islanders, Black individuals, and American Indians. For instance, the maternal mortality rate among Black women is approximately 13%, with these individuals being twice as likely to die from conditions like hemorrhage or embolism compared to White women.



Session 5: Maternal and Neonatal Health Disparities

Problems: The pre-term birth rate in the United States stands at 10.4%, whereas it is slightly higher in Nebraska at 11.3%. These rates often correlate with maternal diagnoses of hypertension, diabetes, and other diseases during pregnancy, as well as external factors such as smoking. Racial disparities also disproportionately affect neonates, with 15% of Black babies born premature, nearly 1.5 times higher than the rate among other groups. The factors contributing to these disparities include access to healthcare, geography, disease prevalence, clinical support, and structural racism, among others. Dr. Anderson-Berry elaborated on clinical studies showing the impact of structural racism on maternal and neonatal DNA, epigenetic responses to chronic stress, and the increased prevalence of chronic diseases later in life.

"Nebraska has significantly higher rates of maternal mortality than our midwestern counterparts: 26.2 versus 20.2 in Iowa and 22.0 in Kansas" (Centers for Disease Control and Prevention, 2022). Further, "51% of Nebraska counties are considered maternity care deserts, compared to 32.6% in the U.S." (March of Dimes Where You Live Matters Report, 2022).

Session 5: Maternal and Neonatal Health Disparities

Solutions:

To address these issues, the Birth Equity initiative has been adopted by 75% of birthing hospitals in Nebraska. This comprehensive strategy aims to reduce disparities by helping hospitals implement measures to decrease inequities in maternal healthcare, use race/ethnicity data from medical records to identify, track, and educate about disparities in their communities, and actively engage patients, providers, and staff. Other broader actions include extending Medicaid for maternity leave, enacting paid family leave, implementing doula reimbursement policies, and providing culturally-matched doulas to birthing mothers.

Session 6: Panel Discussion with UNL Extension

Presenter: Jean Ann Fischer, Food Nutrition and Health, and Dr. Mary Emery, Rural Prosperity Nebraska, University of Nebraska-Lincoln

Key Messages:

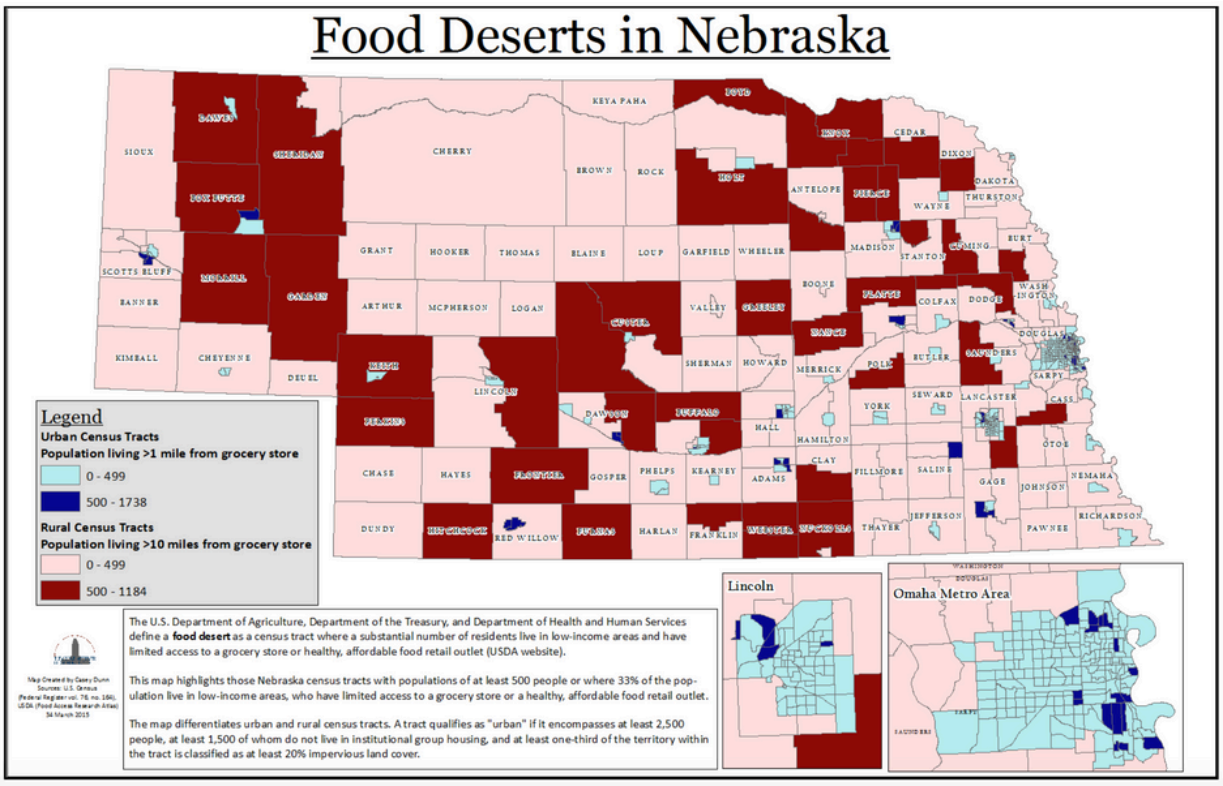
This session included a series of presentations by UNL Extension faculty. Dr. Mary Emery highlighted the significant health disparities in Nebraska's rural areas, primarily affecting its older, white, and poorer populations. These disparities are exacerbated by healthcare, pharmacy, and food deserts, as well as a general mistrust of science and public health coupled with structural inequities.

The session also included a roundtable discussion following the symposium on understanding these disparities. Key points from this discussion focused on improving data collection, ensuring community involvement, and better utilizing existing resources. Specific strategies discussed included making events more accessible by providing food and childcare, and using innovative methods like photo voice to engage older community members. The dialogue concluded with the recognition that practical applications are crucial for actual change, highlighting steps like integrating medical and behavioral definitions and simplifying Medicaid options to improve comprehension and implementation at the community level.

Session 6: Panel Discussion with UNL Extension

Problems:

Dr. Emery provided an overview of the health disparities experienced by rural communities in Nebraska, which predominantly consist of the state's older, White, and poorer populations. These groups also face higher rates of unemployment and substance use disorders. The top three challenges in rural Nebraska include healthcare deserts, pharmacy deserts, and food deserts, all of which are exacerbated by a lack of access to reliable transportation. Fragmented policies and resources, a mistrust of science and public health, and the underlying causes of structural inequity—such as ableism, ageism, xenophobia, racism, homophobia, classism, and sexism—are key factors that significantly contribute to the perpetuation of inequities and the challenges in addressing health disparities in Nebraska.



Session 6: Roundtable Discussion with Speakers and UNL Planning Grant Group

Highlights of the Roundtable Discussion with Speakers and the UNL Grand Challenges Health Disparities Planning Grant Group

Following the morning symposium "Understanding Health Disparities in Nebraska," the team and invited speakers engaged in a debriefing roundtable discussion. They reflected on the presented information and brainstormed pathways forward, integrating with existing resources and prioritizing future symposia. Key takeaways centered on data collection and availability, inclusion of the community in all aspects, and optimization of existing resources.

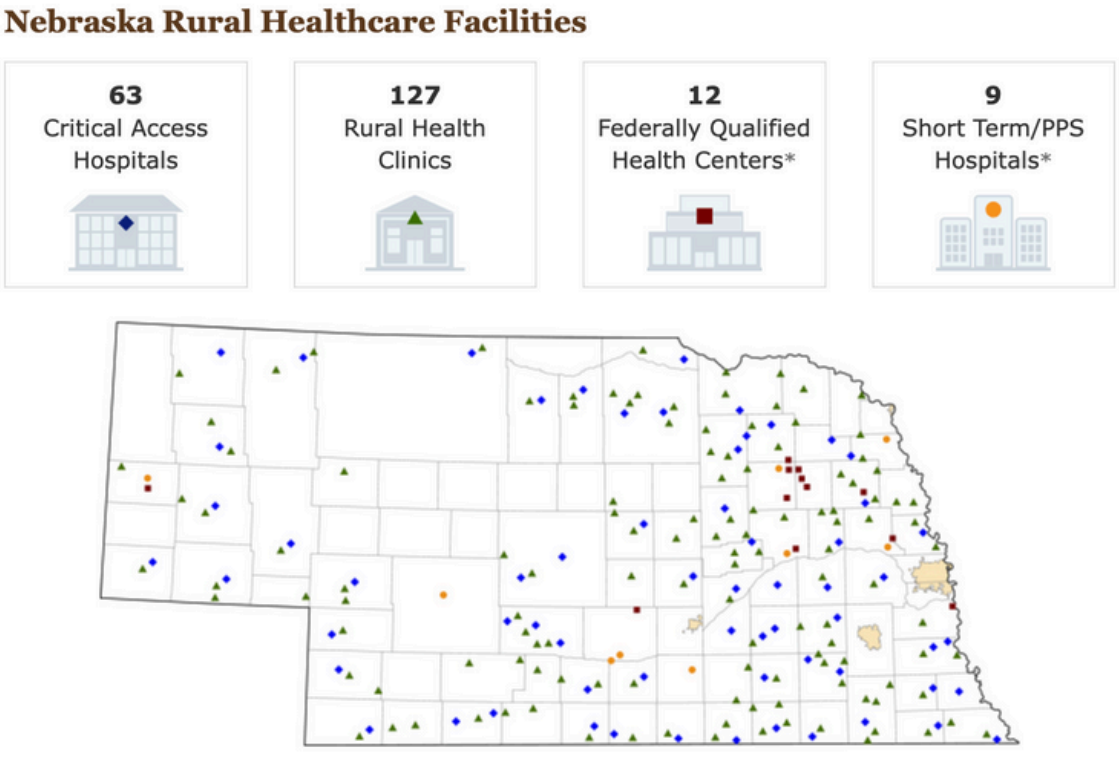
Three main areas were identified for data collection: 1) To collect better data, we need more balanced and representative participants in focus groups, as results likely vary based on the timing and location of these groups; 2) Current reports are lacking data from adolescents; and 3) We are working towards uniformity in data collection by refining and developing a better framework to collect data consistently across the state.

Inclusion of community participation is crucial to the ODH approach. The speakers unanimously agreed that incorporating the community into the process and sharing findings with them are essential for successful changes. Tips to increase interest included offering food and childcare, and scheduling events in convenient locations and times. Other suggestions involved using photo voice, a qualitative research method, to encourage local students to share their views, and assisting older community members in grant writing.

Session 6: Roundtable Discussion with Speakers and UNL Planning Grant Group

Highlights of the Roundtable Discussion with Speakers and the UNL Grand Challenge's Health Disparities Planning Grant Group

Ultimately, while these approaches help us understand our communities' needs, change only results from practical applications. Immediate first steps include implementing self-analysis programs by DHHS and others, reconciling behavioral and medical definitions, and simplifying the options in Medicaid services to enhance understanding for clinicians and patients. These discussions underscore our rationale for hosting this symposium, specifically focused on various aspects of health disparities relevant to Nebraska, to expand our understanding of current community needs, interests, ongoing programs, approaches, successes, and challenges.



UNDERSTANDING HEALTH DISPARITIES

This Grand Challenges project represents a bold step forward in improving healthcare access for underserved populations. Spearheaded by a cross-disciplinary team from the University of Nebraska-Lincoln, this initiative is dedicated to empowering these communities through innovative education and training, while pioneering cutting-edge technological solutions to bridge health disparities. Initially focused on Nebraska, the project aims to refine these strategies for national and international application. Spanning from September 2023 to August 2025, the initiative harnesses a rich blend of expertise in health, engineering, and the arts and humanities. Engaging in symposia, community outreach, and collaborative strategy development, this project sets a robust foundation for future efforts to address one of the Grand Challenges: **achieving health equity**.

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