Enhancing Health Equity: Insights from University of Nebraska-Lincoln Grand Challenges Health Equity Symposium 2

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Executive Summary

This white paper provides a summary of the findings from the "Enhancing Health Equity" symposium held on September 25, 2024. The Health Equity Grand Challenges team at the University of Nebraska-Lincoln hosted this event, bringing together experts across various fields to discuss pressing issues of health disparities in Nebraska's underserved populations and solutions to overcome issues. The symposium highlighted critical areas including current efforts to enhance the healthcare workforce of Nebraska in innovative ways, expanding healthcare service delivery, and community engagement with a focus on Native populations. This paper offers detailed reviews of each session, synthesizes key data, and proposes actionable recommendations aimed at promoting health throughout all communities in Nebraska.

Schedule

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

9:05am - 9:35am
Community Outreach & Engagement
Liliana Bronner, PhD, MHSA, MBA
Assistant Dean, Medical Pathway Initiatives, UNMC College of Medicine

9:35am - 10:05am
Statewide Simulation & Next-Gen Healthcare Education
Michael Hollins, MPA, MA
Associate Executive Director, Community & Business Strategy
iEXCEL – Academic Affairs, UNMC

10:05am - 10:35am
Rural Healthcare Workforce Development Program
Nikki Carritt, MPH
Assistant Vice Chancellor for Health Workforce Education Relations, UNMC

10:45am - 11:15am
Telehealth Provision in Nebraska
David Palm, PhD
Director, UNMC Center for Health Polic

11:15am - 11:45am
Panel discussion with morning speakers
Dr. Liliana Bronner
Michael Hollins
Nikki Carritt
Dr. David Palm

1:00pm - 1:30pm
Youth Health Equity Project
Michael Krehbiel, PhD
Youth Development Specialist, UNL Extension

1:30pm - 2:00pm
Nebraska Native Youth Gathering Program
Jessi Coffey, MS, RDN
Director, Whole Child Program
Nebraska Dept. of Education

2:00pm - 2:30pm
AHEC Program
Lydia Sand, MPA
Deputy Director & Program Manager, Nebraska AHEC Program, UNMC

2:40pm - 3:10pm
Increasing Native Healthcare Workers
Siobahn Wescott, MD, MPH
Dr. Susan and Suzette La Flesche Professor of American Indian Health
Associate Professor, UNMC Department of Health Promotion
Director, American Indian Health Program
Director, Nebraska HEALING Project

Speaker Information

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Michelle Krehbiel, PhD
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Jessie Coffey, MS, RDN
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Siobahn Westcott, MD, MPH
Dr. Susan and Suzette La Flesche Professor of American Indian Health
Associate Professor, UNMC
Department of Health Promotion
Director, American Indian Health Program
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Director, Nebraska HEALING Project
https://www.unmc.edu/publichealth/research/multidisciplinary-programs/ne-healing

Introduction

Nebraska, a primarily rural state, has many healthcare ‘deserts’ where general and specialty healthcare providers are lacking. This problem is compounded by the lack of culturally appropriate care for populations comprised of different races, ethnicities, and cultural beliefs. This symposium, second in a three-part series, builds off Symposium 1 that focused on understanding health disparities in Nebraska. Specifically, Symposium 1 identified that these disparities manifest as differences in morbidity, mortality, and overall wellness, disproportionately affecting rural and marginalized populations. This white paper details discussions from our second multidisciplinary symposium with aims to address the imbalance of healthcare delivery in Nebraska, examine efforts of organizations to decrease disproportionate healthcare delivery, and advocate for further intervention.

Problem Definition

Despite efforts to address disproportionate delivery of healthcare services across Nebraska, healthcare deserts are widespread in rural areas and culturally appropriate care is often lacking.

Methodology

This all-day symposium was held virtually via Zoom and comprised of live presentations from eight experts from healthcare, technology, education, and outreach. The morning session concluded with a panel discussion with the first four speakers. All presentations were recorded and are available on our website. All attendees were also asked to follow up with key points and answer several directed questions to shape future symposium and focus community needs.

Session 1: Community Outreach & Engagement

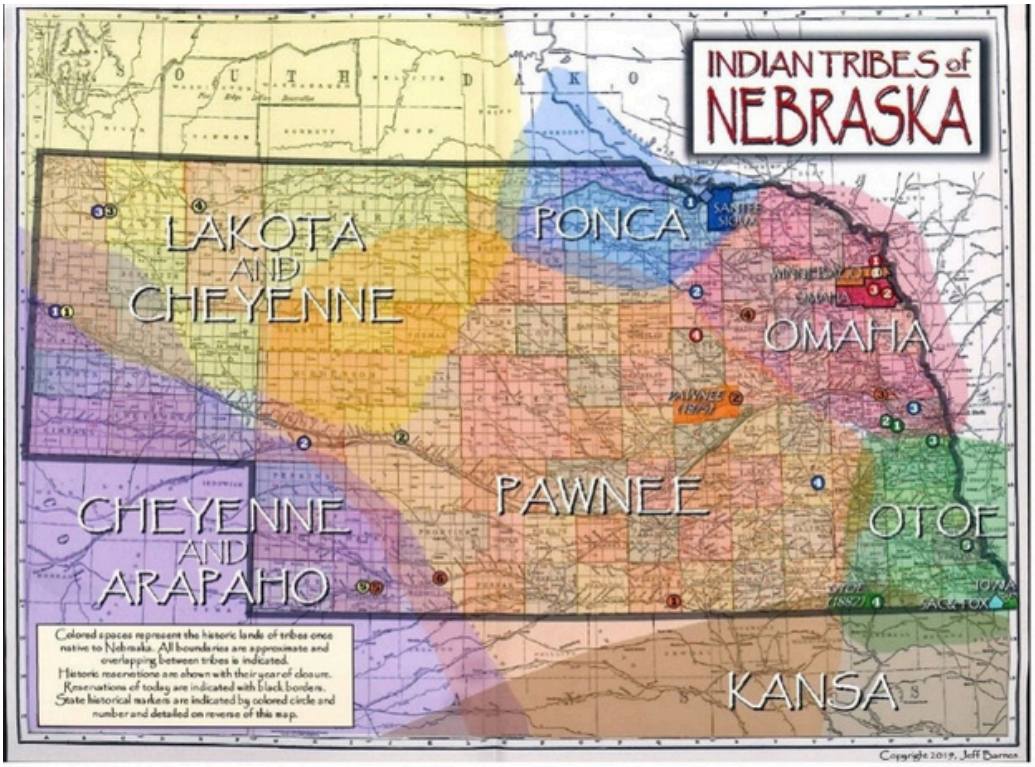
Presenter: Liliana Bronner, PhD, MHSA, MBA; Associate Professor and Assistant Dean, Medical Pathway Initiatives, University of Nebraska Medical Center (UNMC) College of Medicine

Key Messages:
Exploring the why behind the work that everyone does, Dr. Liliana Bronner examines the rationale and respect necessary for community outreach and engagement. Through three areas: engagement in Tribal and Indigenous communities, educational research, and interprofessional education research, Dr. Bronner works to understand how groups, including medical centers like UNMC, are establishing and repairing trust.

Session 1: Community Outreach & Engagement

Engagement in Tribal & Indigenous Communities

Dr. Bronner has been collaborating with tribal and indigenous communities in Nebraska, South Dakota, North Dakota, and Iowa for two decades. Work with these communities includes challenges resulting from historical trauma, cultural differences, limited resources and infrastructure, sovereignty, lack of representation, research ethics, lack of trust, and lack of community connections. Dr. Bronner highlighted that especially for underrepresented communities in research, it is important to remain respectful and ethical as collaboration occurs.



Session 1: Community Outreach & Engagement

Educational Research

The National Institutes of Health (NIH) has funded numerous projects FY 2006-2025, NIH Reporter: educational research, underrepresented youth] and educational research grants since 2005, which includes 5 from NIGMS to Nebraska as well as those specifically conducted to stimulate underrepresented youth in science and healthcare. At this symposium, two teams were highlighted: one focusing on kindergarten through 12thgrade youth in schools and reservations and the other focusing on urban high-school-age Native youth in Omaha and Lincoln. The leading commonality of these two projects highlights how educational research provides opportunities to underserved communities. These programs, focused on the students, teachers, and their families, help the development of underserved communities.

"You can't be what you can't see."
-Marian Wright Edelman, American activist for children's and civil rights

Session 1: Community Outreach & Engagement

EInterprofessional Education & Community Engagement

Fifteen significant health needs identified in the 2022-2025 Community Health Needs Assessment and Improvement Plan for Douglas, Sarpy, Cass, and Pottawatomie counties included access to healthcare services; cancer; diabetes; heart disease and stroke; injury and violence; mental health; oral health; nutrition, physical activity, and weight; potentially disabling conditions; prenatal health and infant mortality; respiratory diseases; sexual health; social determinants of health; substance abuse; and tobacco use. A key factor in healthcare needs shortages is an absence of providers, including those connected to the communities they serve. Using these data, UNMC developed interprofessional education and community engagement for UNMC students to engage with their community through interprofessional work and volunteer with high-school and undergraduate students. This work is accomplished through three programs: the Community Collaborative Academy, in which UNMC students get involved with existing community partner programs; the Recruit, Encourage, & Advance Careers in Healthcare (REACH) program, in which UNMC students work with high school educators to create health education activities; and the Long-term Enhanced Advising and Preparation (LEAP) for Medical School program, which advises undergraduate students about the pathways to medical school.

Session 2: Statewide Simulation & Next-Gen Healthcare Education

Presenter: Michael Hollins, MPA, MA; Associate Executive Director, Community & Business Strategy, iEXCEL – Academic Affairs, UNMC

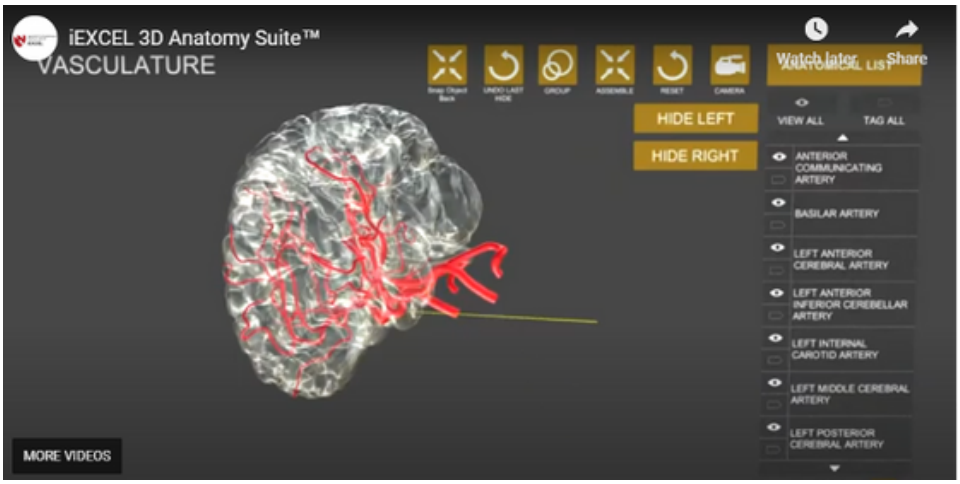
Key Messages:

Michael Hollins of UNMC explores how medicine is evolving with technological advancements. Through the Interprofessional Experiential Center for Enduring Learning (iEXCEL), UNMC connects advanced technology with medicine. Hollins addresses challenges of healthcare, both current and future, while providing solutions necessary to provide equitable healthcare throughout Nebraska.

Session 2: Statewide Simulation & Next-Gen Healthcare Education

What is iEXCEL?

The Davis Global Center, located on the UNMC main campus in Omaha, is a state-of-the-art simulation facility that uses cutting-edge technology such as a 24-foot infinity wall for cross-campus and cross-disciplinary collaboration, holographic theater, 3D training experiences, digital twins, infrared motion tracking, extended reality (XR) experiences, and five-sided laser CAVE for full-body immersion to simulate realistic situations that students and healthcare providers would encounter in practice. Questioning how technology can innovate medicine, iEXCEL merges technological advancements with medicine to create a low-stakes environment for training and teaching across Nebraska to improve healthcare. Examples include simulations of endoscopic surgery, labor and delivery, and biocontainment of infectious diseases to enhance training and interprofessional collaborations. Hollins explained how three-dimensional learning allows visualization of abstract concepts, reduces cost and training time, improves practitioners' ability to practice by using controlled situations, increases access and safety, and improves immersion for students.



Session 2: Statewide Simulation & Next-Gen Healthcare Education

Challenges of Healthcare

Each year approximately 400,000 avoidable deaths due to medical error that occur in the US - the third leading cause of death - which is preventable. iEXCEL's focus on interprofessional education is designed to combat this major problem. Nebraska currently faces nursing shortages and disproportionate distribution of diagnostic and treating practitioners across the state, lack of representation in medicine for people of color, increased number of retiring physicians in the next decade, an increase in the aging population, and lack of access to a primary care physician in most of Nebraskan counties. These challenges are also anticipated to increase in the coming decade and are known significant contributors to preventable medical deaths.

Solutions

To combat these challenges, UNMC integrates technology and accessibility across Nebraska. Technologies such as tele-surgery, remote diagnostics and monitoring, 3D medical imagery, and wearable technology are cutting-edge options for advancing healthcare in rural and other underserved areas. Using the technology of iEXCEL, UNMC is establishing a future healthcare environment with interprofessional growth in mind. To address provider shortages, UNMC has developed their Kearney campus to include medicine by Fall 2026. To improve and advance training of exisiting professions, UNMC also hosted interactive training, with outdoor simulation days, to assist fire and rescue departments of western Nebraska and provided interactive training with the state stroke task force. In addition, UNMC plans to bring the technological advancements of interactive learning to UNMC Kearney campus to be made available for students.

Session 3: A Healthier Rural Nebraska: Health Care Workforce

Presenter: Nikki Carritt, MPH, Assistant Vice Chancellor for Health Workforce Education Relations, UNMC

Key Messages:

Rural and urban healthcare face barriers that can be detrimental to individuals who need care and deter individuals who might pursue healthcare careers. Such barriers are examined in this presentation by Nikki Carritt from UNMC. Barriers include a lack of adequate care within reasonable distances and a lack of diversity in the healthcare workforce that is not representative of the demographics of the state. Healthcare providers are also affected by travel distance and large provider areas, and support and integration into communities. Through examinations of the healthcare workforce in Nebraska, Carritt shares solutions for enhancing access to quality and affordable healthcare, particularly in rural and other underserved areas.

Session 3: A Healthier Rural Nebraska: Health Care Workforce

Nebraska Healthcare Workforce

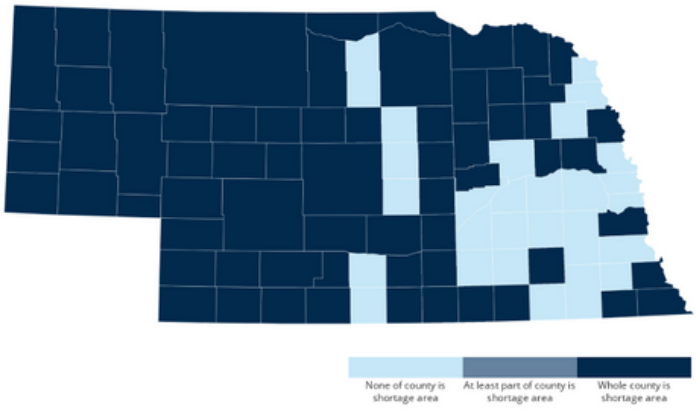
Through the “Status of the Nebraska Healthcare Workforce Report” by UNMC, the status of Nebraska’s healthcare workforce is assessed and reported every two years. Through state-wide evaluation, UNMC evaluates and assesses programming effectiveness and gaps that may need to be addressed. Many practicing healthcare workers in Nebraska completed medical or dental training in Nebraska and stayed in the state to practice. Compared to the national average of 47.8% of practicing physicians remaining in the same state they received their medical education, 86.6% of practicing dentists and 52.2% of practicing physicians completing their healthcare education in Nebraska stay in Nebraska. This is a strong start to providing local and connected practitioners, although significant gaps still exist. For example, while for the past 23 consecutive years, UNMC has held enrollment growth over various programs spanning five campuses statewide, Nebraska also lacks specific providers and these lacks disproportionally affect rural regions and areas of care.

Session 3: A Healthier Rural Nebraska: Health Care Workforce

Growth and Challenges of Healthcare Workforce

By 2030, it is projected that the healthcare workforce will experience growth in many professions, such as physicians (+19%), physician assistants (+63%), advanced practice registered nurses (+127%), but it is important to recognize that many of these professions are currently at a deficit within the state. There are also declines projected for primary care physicians (-9%) and dental professionals (-1%), which are two professions in which Nebraska already faces shortages. Challenges for rural healthcare in Nebraska include 21 counties without a primary care physician, 24 counties without a dentist, additional counties without primary care specialists such as OB/GYNs or pediatricians and attracting and retaining healthcare professionals in rural Nebraska. Currently, 83% of providers practice in our metropolitan areas, in which only 65% of the population resides. Additionally, despite coverage in urban areas, care is still challenged by a misalignment of healthcare professional diversity with the diversity of the state.

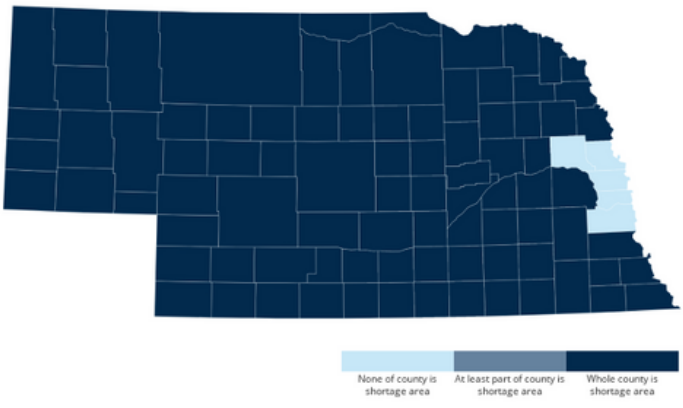
Health Professional Shortage Areas: Primary Care, by County, April 2025 - Nebraska



RHIhub

Source: data.HRSA.gov.

Health Professional Shortage Areas: Mental Health, by County, April 2025 - Nebraska



RHIhub

Source: data.HRSA.gov.

Session 3: A Healthier Rural Nebraska: Health Care Workforce

Solutions

To address the landscape of Nebraska healthcare workforce, UNMC has developed Pathway Programs to recruit and retain individuals from rural and urban communities to address healthcare needs of rural and underserved communities. These include the Rural Health Opportunities Program (RHOP), Kearney Health Opportunities Program (KHOP), and the Urban Health Opportunities Program (UHOP). Working with partner undergraduate institutions across the state, these programs provide full tuition scholarships at undergraduate institutions for students who are accepted into the program, guaranteed admission to UNMC in a professional field of choice, and many other opportunities for prospective students to stay in Nebraska and practice healthcare and improve population health outcomes. To address rural-specific issues, UNMC has advanced their Kearney campus to include medical training to address the needs of the rural Nebraska healthcare workforce and surrounding regions by providing rural-based clinical experiences and access to the same resources available on the UNMC-Omaha campus. In addition to student support, the UNMC-Kearney campus offers continuing education support for rural practitioners and healthcare workers. Continuing education has been demonstrated to improve retention of professionals thereby supporting continuity of care and establishing a depth of experience providers in a region.

Session 4: Using Telepractice (Telehealth) to Expand Access to Health Care Services in Nebraska

Presenter: David Palm, PhD, Director, Center for Health Policy, College of Public Health, UNMC

Key Messages:

Barriers to healthcare have been a limiting factor of equitable healthcare. However, with telepractice/telehealth becoming a popular alternative to traditional medical practice in the past few years, opportunities are expanding to mitigate some of the limitations that underserved communities encounter. While an alternative, telepractice is not perfect and still faces barriers limiting access for underserved populations, particularly in rural areas. In this presentation, Dr. David Palm explores current barriers within healthcare, how telehealth can reduce those barriers, and the future of telehealth.

Session 4: Using Telepractice (Telehealth) to Expand Access to Health Care Services in Nebraska

Barriers to Healthcare

Barriers limiting access to healthcare that were addressed in this presentation included a shortage of health professionals, limited or no health insurance coverage, low provider reimbursement, lack of transportation, cultural and health literacy, and lack of trust in the health care system. Dr. Palm restated a key issue in case – that the number of primary care professionals is on a downward trend, and 88 of 93 Nebraska counties are considered health professional shortage areas (HPSAs) specifically for mental and behavioral health provision. These shortages disparately affect population groups such as rural, racial/ethnic minorities, elderly, low-income, and immigrant populations who have limited access to healthcare and are most affected by these barriers. Limited access to healthcare can magnify the effects of social determinants of health, leading to an increase in risk factors and subsequent worsened health outcomes.

Session 4: Using Telepractice (Telehealth) to Expand Access to Health Care Services in Nebraska

What Can Telehealth Do?

Telehealth is the ability to use electronic information and telecommunications to support long-distance healthcare, education, and healthcare support when the patient and provider are in separate physical locations. Examples include patient education to target modifiable risk factors such as diet or smoking cessation, speech therapy, dermatology, radiology, interpreter services, remote patient monitoring, behavioral health, and chronic care management for patients with conditions such as diabetes or high blood pressure. The use of telepractice reduces barriers to care access, especially for people with transportation or mobility problems. Additionally, it leads to decreased patient costs in time and travel, a high level of patient satisfaction, reduced risk of spreading infectious diseases to providers and other patients, and an effective means of education for rural healthcare providers. While helpful to providing services, there are still limitations to telehealth services. Limitations discussed in this presentation included: lack of skills and interest in using telepractice among healthcare providers, lack of adequate internet access for patients, difficulties building patient-provider relationships, low digital literacy, reimbursement issues, privacy and security concerns of patients, and professional licensure limitations on coverage.

Session 4: Using Telepractice (Telehealth) to Expand Access to Health Care Services in Nebraska

Long-term Prospects of Telehealth

The future of telehealth could allow more timely service delivery and better coordination of healthcare to reduce fragmented care across multiple providers. Benefits may include reduced unnecessary trips to the emergency department, reduced health disparities, reduced patient wait times, and improved management of chronic diseases. Utilizing telehealth can offer providers the ability to reduce costs, increase productivity, and increase patient access to healthcare. As the use of telepractice increases, healthcare systems, state licensure boards, rural broadband internet providers, practitioners, and patients will need to adapt to the evolution of this technology.

Session 5: Enhancing Health Equity: NE Extension Youth Health Equity Project

Presenter: Michelle Krehbiel, PhD, Youth Development Specialist, UNL Extension

Key Messages:

This session highlighted western Nebraska community engagement for identification of health and community needs. The Nebraska Extension Youth Health Equity Project focused on growing investigative minds of local youth through community-centered research projects. Through partnership and engagement with communities, the youth were able to develop research projects, with specific topics of interest to them and their communities, to present at a centralized and large audience forum. This can both increase awareness at local community and centralized and enable youth to engage with and lead change within their communities. Dr. Michelle Krehbiel of the University of Nebraska-Lincoln (UNL) examines the Nebraska Extension Youth Health Equity Project, research conducted, and outcomes examined through this project.

Session 5: Enhancing Health Equity: NE Extension Youth Health Equity Project

Purpose of Project

Through collaboration of the University of Nebraska-Lincoln, Nebraska Family, Career, and Community Leaders of America (FCCLA), and Nebraska Department of Health and Human Services (DHHS), the Nebraska Extension Youth Health Equity Project developed informal education for the youth of rural Nebraska. The purpose of this project was to examine local health equity issues in rural Nebraska communities through adult and youth partnerships and engage in learning and determining local health equity needs.

Research

Through adult mentoring, youth aged 8 to 19 learned the basic skills to engage and conduct research within their community. Twenty-four teams of 200 youth learned about local health equity and social detriments of health to determine local needs. Over the course of a year, ~400 hours of combined work, research topics explored food insecurity, vaping, sleep habits, mental health and well-being, driving safety, and technology use.

Session 5: Enhancing Health Equity: NE Extension Youth Health Equity Project

Outcomes

Research collected was displayed at a UNL showcase and on a UNL podcast, recognized at an FCCLA conference, and enacted through community change in rural Nebraska. Participation in the broader showcase allows participants to explore and learn from other projects, and for inclusion of state government leaders at the capital. Evaluation of the project participants identified increased empowerment, broader perspectives, and development of awareness and knowledge. Increasing knowledge of local needs allowed for further awareness of the challenges faced in Western Nebraska. Additional development of Nebraska Extension through partnership will allow for growth of current programs and expansion of future programs.

Session 6: Nebraska Native Youth Gathering: Honoring Culture as Strength

Presenter: Jessie Coffey, MS, RDN, Director, Whole Child Program, Nebraska Department of Education

Key Messages:

The Native communities are an underserved population that have encountered generations of unequitable healthcare and opportunity. In this presentation, Jessie Coffey examines the Nebraska native Youth Gathering, a program focused on growing and cultivating native youth of Nebraska through partnership and community collaboration. This program empowers Native youth and educators to unite toward a prosperous future.

Session 6: Nebraska Native Youth Gathering: Honoring Culture as Strength

The Nebraska Native Youth Gathering

The Nebraska Native Youth Gathering is a program developed in 2018 by Echohawk Lefthand and Michelle Parker to teach youth and teachers about culture, career opportunities and highlight indigenous people in healthcare. Through collaborative partnerships across the state of Nebraska, the program builds trust to strengthen Native student leaders. Coffey provided an overview of the program and the areas that the the Nebraska Native Youth Gathering typically focuses on – including: social emotional learning, school safety, physical activity, mental health, health services, family engagement, community involvement, employee wellness, 21st century community learning centers, and nutrition services.

Support of the Program

In 2024, over 500 Native youth, school staff, parents, and community partners from all over the state of Nebraska joined the Nebraska Native Youth Gathering to connect and learn. Opportunities to connect with peers, gain traditional Native knowledge, skills and practices, share personal experiences, and consider future career and college pathways have resulted in positive interactions and learning experiences. Teachers working with Native youth engaged in cultural and identity learning to better support their students.

Session 7: Nebraska AHEC Program

Presenter: Lydia Sand, MPA, Deputy Director & Program Manager, Nebraska AHEC Program, UNMC

Key Messages:
In this presentation, Lydia Sand of UNMC examines collaboration between the Nebraska Area Health Education Center Program (AHEC) and underserved populations of Nebraska. The major goals of this collaboration are improvements of the state's healthcare worker distribution and representation for people of color. Sand expressed optimism for future progress of healthcare in Nebraska based on improvements in these two areas.

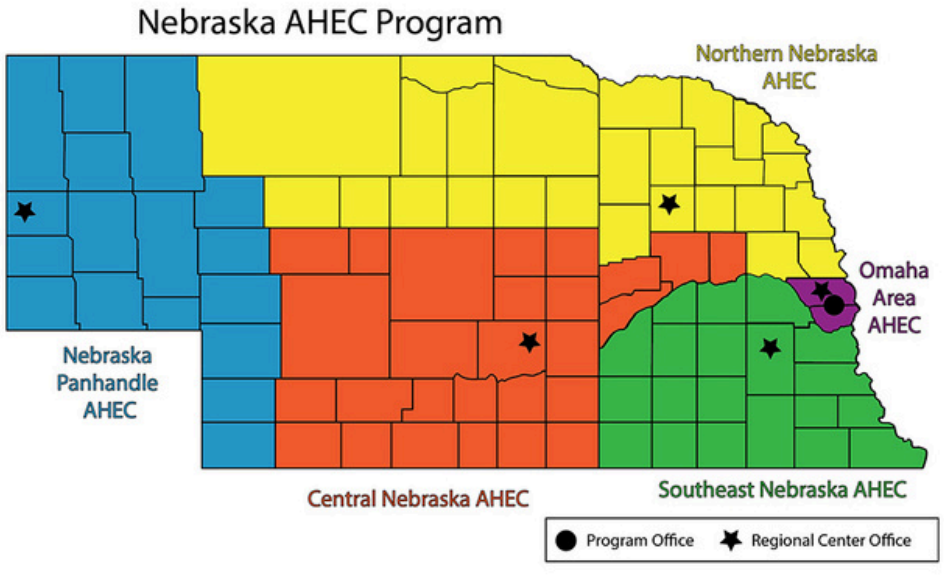
Session 7: Nebraska AHEC Program

AHEC Program

Serving five regional centers – the Nebraska Panhandle, Central Nebraska, Southeast Nebraska, the Omaha Area, and Northern Nebraska – the AHEC Program provides educational programs and services bridging academic institutions and communities to improve the health of Nebraskans with a focus on rural and underserved populations.

Focus of Program

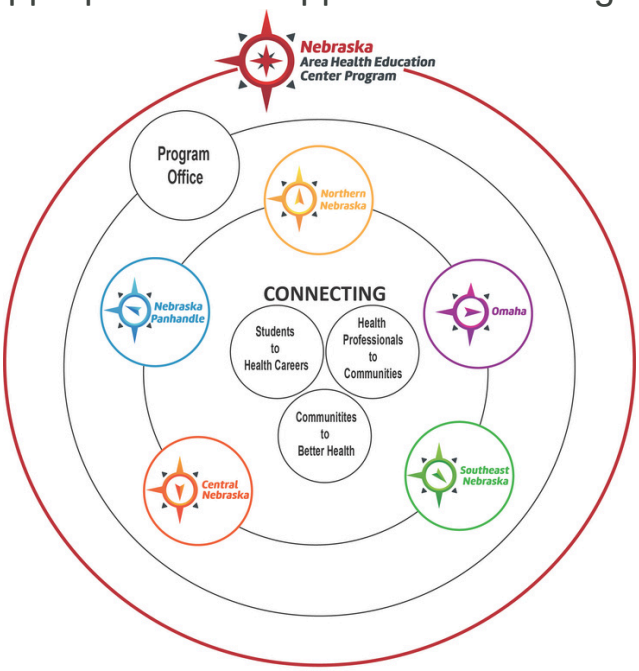
Three focus areas of the program discussed in this presentation included distribution of workforce through the state, diversity of culturally competent primary care workforce representative of communities served, and practice transformation with an emphasis on rural and underserved areas and communities. These focus areas were identified from state data showing that between 2010 and 2021, nonmetropolitan health providers including diagnosing and treating practitioners, and health technologists and technicians decreased from 29% to 17% and 37% to 27%, respectively.



Session 7: Nebraska AHEC Program

Outcomes of Program

The AHEC program bridges academic communities with rural and urban community needs by partnering with high school students, pre-health college students, and Nebraska Universities. In two years (from 2021 to 2023) the program exposed 6,054 students to health careers across Nebraska. AHEC focuses on recruiting youth into healthcare careers, training youth, community, and early career healthcare providers, and retention of trained individuals with a focus on the nonmetropolitan areas. Through the development of a statewide resource, the Careers in Healthcare book, AHEC outlined various healthcare professions, skills required for professional development, educational needs for distinct healthcare professions, and Nebraska colleges offering healthcare education. This resource can be distributed at different levels including high schools (career development planning), provider offices and continuing education resources, and others. Sand hopes that these resources provide a platform for building continuity of care and alleviating provider shortages, therefore supporting improved access to community care appropriate and supported for the region at need.



Session 8: Nebraska AHEC Program

Presenter: Siobhan Wescott, MD, MPH, UNMC, American Indian Health Program, Nebraska HEALING project

Key Messages:
Indigenous cultures have been surviving in this land for centuries through innovation, cooperation, and strong community foundations and support. Dr. Siobahn Wescott analyzes the relationship of indigenous cultures with healthcare and health-related research. As healthcare evolves, it remains important to hold awareness of the past and future position that indigenous peoples and communities hold. Dr. Wescott's work seeks to apply lessons from community groups to advancing new healthcare approaches and improve engagement with different communities.

Session 8: Nebraska AHEC Program

Indigenous Culture and Healthcare

Dr. Wescott's previous work with Indians into Medicine at the University of North Dakota and her current work at the University of Nebraska Medical Center, focuses on engagement with and exposure of indigenous youth to current career opportunities in healthcare. Several topics of this work include information on locations of medical school, accessibility to medical school, and programming for and from an indigenous perspective.

Session 8: Nebraska AHEC Program

Indigenous Culture and Research

Indigenous culture in research, especially healthcare-related research, has a negative history. Dr. Wescott explains that current limitations have arisen through a lack of involvement and inclusion in studies, to misrepresentation of practices, history, and individuals, to significant lacks in protection for patients and communities. Examining misrepresentation of indigenous culture provides a lesson from history to inform improved practices. Through the journal article “Five Miles from Tomorrow”, a medical student created a fictitious story presenting a lack of respect from the medical community. This case study serves as a lesson for medical students broadly and, while centering a fictional story, represents lived experiences, Today, patient protections are better represented in research through community individual institutional boards that protect individual and community rights. Yet, these past issues create a culture lacking trust. Creating a healthcare environment that is inclusive and representative of all communities, especially American Indian and Alaskan Native, allows for healthcare to co-exist with indigenous culture. The NE-HEALING project (Nebraska Health, Education, Advocacy and Leadership) supports UNMC to “come alongside tribal communities and support ongoing or new health education” where the communities decide what is needed and UNMC provides expertise and funding.

ENHANCING HEALTH EQUITY

The "Enhancing Health Equity" symposium sought expertise from a panel of experts in community challenges and healthcare equity focused on actionable and state-specific goals and outcomes. Addressing Nebraska's healthcare disparities requires sustained collaboration across disciplines, institutions, and communities. This symposium demonstrated emerging solutions including expanding culturally responsive care and workforce diversity, integrating next-generation technologies, and community-based education pathways. Yet the barriers remain significant, especially in rural areas and for marginalized populations. Continued action, investment, and policy support are essential. This symposium highlights how **Nebraska has both the vision and the capacity** to lead in building a more equitable healthcare system rooted in local support and guidance for direction and goals to leverage technologically advancement, and that is culturally attuned.

AUTHORS

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