

History

The Nebraska Office of Minority Health (NOMH) was established in 1992 by the Director of the Department of Health as a result of the publication of the Minority Status Report and grassroots advocacy.

Health Priorities

The Nebraska Department of Health and Human Services (NDHHS) Division of Public Health identified the following health priorities for the people of Nebraska, one of which focuses on eliminating health disparities. Also identified are additional priorities for racial/ethnic minority populations residing in the state.

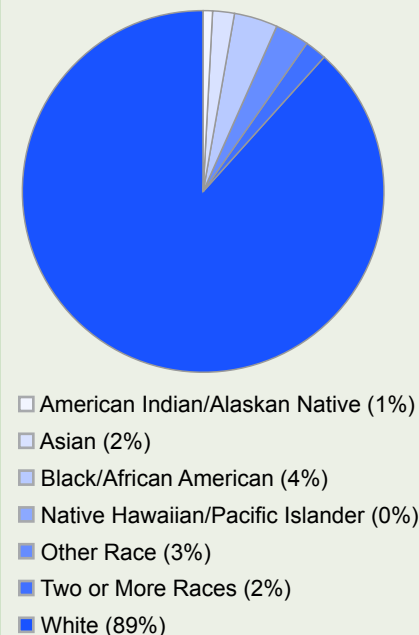
Health Priorities for the General Population	Health Priorities Specifically for Racial/Ethnic Minority Populations
Creating a culture of wellness	Improve access to comprehensive, quality health care services
Becoming the trusted source of state health data	Increase number of health care providers from racial and ethnic minority populations
Addressing health disparities	Reduce infant mortality rates, years of potential life lost
Providing budget transparency	Reduce rates of cardiovascular disease, diabetes
Devising a media and education plan	Reduce risk factors (such as obesity), increase protective factors (such as health screenings) for diseases

Overview

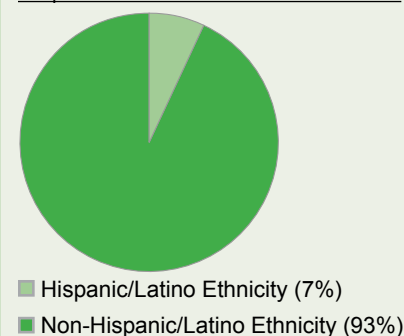
	Funding for MH/HD Activities	Personnel Dedicated to MH/HD	MH/HD Unit	MH/HD Advisory Body	State MH/HD Legislation or Mandate	MH/HD Strategic Plan	Evaluation of MH/HD Activities
Nebraska	✓	✓	✓	✓	✓	✓	✓
Total Affirmative Responses out of 46	30	38	36	36	27	36	39

Total State Population:
1,768,331

Racial Distribution



Hispanic/Latino Ethnic Distribution



Note: People can self-identify as members of any racial group in the Census, as well as report having Hispanic/Latino ethnicity.

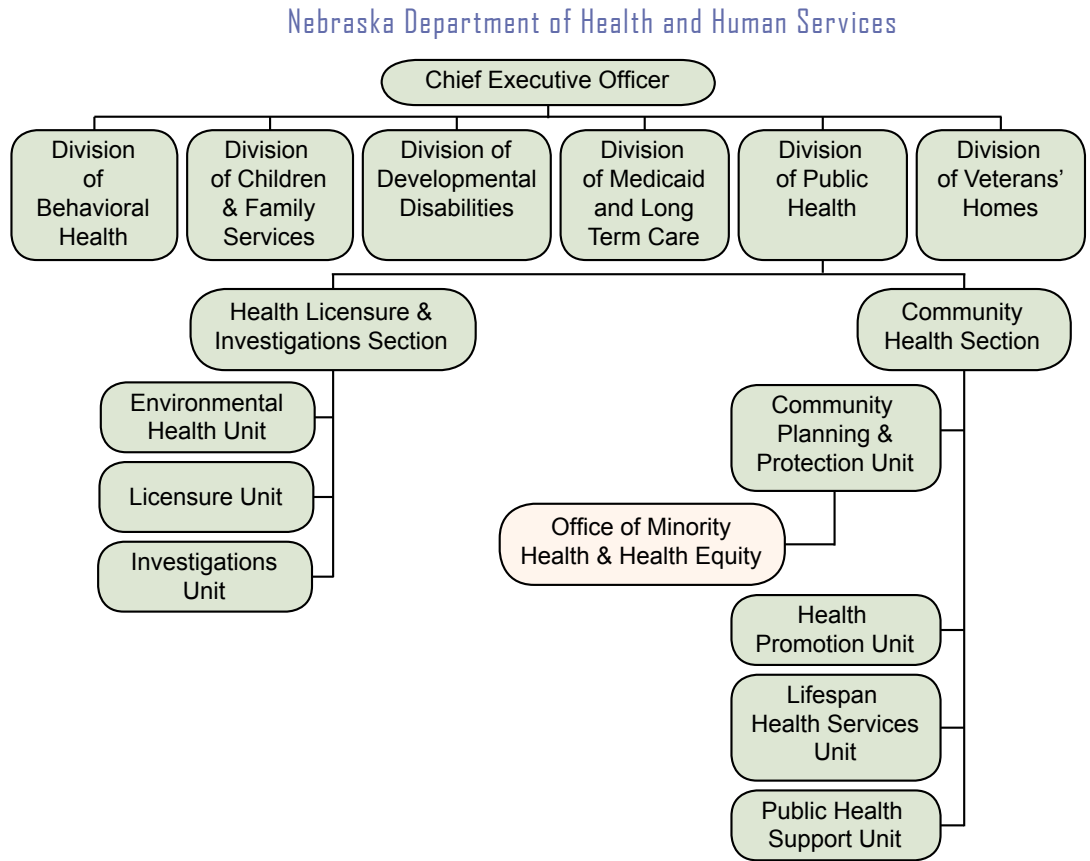
Source: 2006 American Community Survey, US Census Bureau

Partnerships

- OMH works with an external Minority Health Advisory Committee that focuses on reducing the gap in health status between minorities and non-minorities; ensures the development of policies, programs, quality assurance, and implementation strategies which are designed to significantly impact the morbidity, mortality, and disability rates of minorities; encourages collaboration among state and local public health departments and community-based agencies; promotes working with existing programs in order to make the Nebraska Department of Health and Human Services more culturally competent; provides input in setting funding priorities that will address problems identified through needs assessments and community input; and ensures assistance to communities, agencies, and organizations in identifying minority needs and the appropriate resources to address them.
- Minority Health/Health Disparities (MH/HD) activities are conducted and coordinated across the majority of the Nebraska Department of Health & Human Services program offices.
- NOMH maintains partnerships with an array of external entities active in MH/HD including: local health departments; local, tribal, other state and federal government agencies; MH/HD advisory bodies; community- and faith- based and non-profit organizations; corporations; health systems; foundations; schools; universities; professional associations; clinical networks; and the media.

Organization, Infrastructure and Resources

The following is a simplified organizational chart that demonstrates the location of the state's racial/ethnic minority health focal point in relation to the State/Territorial Health Official and other key public health offices:



Strategic Planning

The Nebraska Department of Health & Human Services (NDHHS) has made the elimination of health disparities a central priority for the agency. The NDHHS addresses health disparities in the state through its Office of Minority Health and Health Equity (NOMH) and other state health programs in which health disparities are most often encountered. The NOMH identifies and advocates for populations that are disproportionately affected by illness and whose health concerns are often overlooked. With finite resources, the NOMH allocates resources to minority-serving public health institutions that meet the greatest need while simultaneously helping to develop local synergies in existing structures. To optimize existing resources and focus acquisition of new resources, it has laid out the following goals in its strategic plan. The NDHSS did not report information regarding tracking of its strategic goals.

- Goal 1:** Become the centralized source for information relevant to the health of minorities in Nebraska
- Goal 2:** Provide strong and effective leadership in advocating for policies and programs to ensure access of racial/ethnic minorities to comprehensive health services in Nebraska
- Goal 3:** Become the leading source of information, advocacy and training for cultural competency in the Nebraska health care system
- Goal 4:** Enhance Nebraska's public health infrastructure to better meet the health needs of racial/ethnic minorities

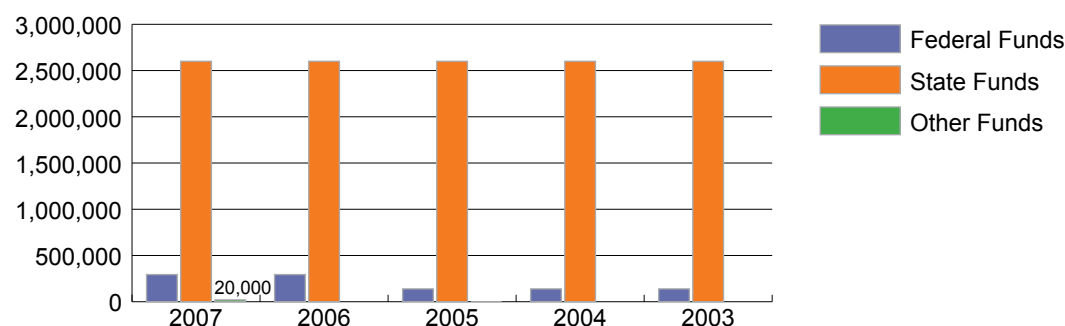
Human Capital Investments

The following staff dedicates all or part of their work hours to MH/HD activities at the NDHHS:

Job Category	Total Number Dedicated to MH/HD	% of Work Hours Each Spends on MH/HD Activities
Administrator/Director	1	100%
Program/Policy Officer	4	100%
Health Surveillance Specialist	1	100%
Health Educator	3	100%
Administrative/Clerical Staff	1	100%

Financial Investments

The NDHHS reported the following annual budget for minority health and health disparities (MH/HD) for fiscal years 2003-2007. State funds are primarily derived from Tobacco Settlement dollars. The totals reported below may not include funding for all activities related to MH/HD, such as those described in the following section, and may therefore be an underestimate of the total agency-wide investment in MH/HD.



Activities

Annual Minority Health Conference

Since 1993, NOMH has held a statewide Minority Health Conference that brings together key stakeholders in the state's health care and minority communities to learn about health disparity issues and trends, share promising practices in health disparities, participate in joint health disparities planning, and form professional networks and partnerships. Health screenings are also offered at the Conference.

Partners

NOMH, OMH/USDHHS, NDHHS, Nebraska Minority Public Health Association, Minority Health Advisory Committee (statewide), Public Health Association of Nebraska, St. Elizabeth Hospital of Lincoln

Activity Outcomes

Increased awareness among the public health workforce regarding health disparities, dissemination of promising health disparity practices, and provision of opportunities for peer networking within the health disparities field

Evaluation Methods

Analysis of feedback from conference attendees regarding activities, workshops, and sessions

Activities continued...

Minority Health Grant Initiatives

The NOMH provides minority healthcare organizations and providers, including some county health departments, with two-year grants to support local health disparities interventions and activities, particularly in the areas of cardiovascular disease, diabetes, obesity and culturally/linguistically appropriate health services. The 23 grantees must demonstrate that they are culturally competent in their operations and health service delivery, including proportions of racial/ethnic minority staff in non-support positions and racial/ethnic minority membership on their boards, and that their efforts have an impact on health disparities affecting the populations the grantees serve. Grant funds are pro-rated to counties in Congressional Districts 1 and 3 that have 5% or greater racial/ethnic minority populations. Review teams are comprised of racial/ethnic minorities in Nebraska who are knowledgeable about public health, disease prevention, health promotion, and health disparities.

Funding

Nebraska Tobacco Settlement funding

Activity Outcomes

Improved access to culturally competent health care for minorities, empowered minority communities and health care providers, and reduced health disparities in communities served

Evaluation Methods

Each grantee, with NOMH guidance, defines its own evaluation plan and measures. These are approved and reviewed quarterly.

State Partnership Mini-Grants

The NOMH provides annual mini-grants to faith-based organizations, community-based organizations, tribes and minority-serving organizations. The mini-grants serve as 'seed monies' to attract and leverage additional funding to support health disparities interventions and activities.

Partners and Funding

NOMH, Federal OMH/USDHHS State Partnership Grant

Activity Outcomes

Improved access to culturally-competent health care and reduced racial/ethnic health disparities in target populations

Native American Public Health Act (NAPHA)

In 1991, the State of Nebraska passed the Native American Public Health Act (NAPHA), which responded to the State's severe health disparities among American Indians and the unique socio-economic and political factors that must be considered in order to address these disparities. NAPHA provides support to each of the sovereign Tribes of Nebraska (Winnebago, Ponca, Omaha, Santee-Sioux) to develop their own public health capacities to address prioritized issues in their communities. Discretionary support is also provided to enhance the public health systems serving major American Indian populations in the Nebraska Panhandle.

Partners and Funding

Omaha Tribe of Nebraska, Iowa; Winnebago Tribe of Nebraska, Iowa; Ponca Tribe of Nebraska (Iowa and South Dakota); Santee Sioux Nation, Nebraska; American Indian community-based organizations in Nebraska's Panhandle, i.e., northwest Nebraska; and various Tribal and local public health service providers

Activity Outcomes

A broad range of projects were created to reduce the risk of diabetes, cardiovascular disease, child abuse/neglect, youth drug/alcohol/tobacco abuse, and negative birth outcomes and to improve access to health, mental health/substance abuse, and educational services.

Evaluation Methods

Tribes define their own evaluation plans and measures in partnership with the NOMH

Nebraska's primary contact for racial/ethnic minority health and health disparities is:

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