



Sarpy, Cass, and Lancaster Community Health Equity Project

Lancaster County Overview

Background

There are many different factors that can impact our health and wellbeing. For example, our health can be impacted by our neighborhoods, our homes, our jobs, our education, and our support systems. These factors are called social drivers of health (SDOH) and they can impact us differently. For certain marginalized communities, neighborhoods, and towns, these factors might be worse than they are for others, making it harder for people to stay healthy. We invited people in several Nebraska counties to talk to us about their health-related needs, experiences, and ideas for a better future. This brief summary highlights some of what we learned in Lancaster County, including community-driven recommendations to improve the health of those who need it most.

Project Goals

1. Understand the **demographics, social drivers, and health outcomes** of communities across Lancaster County
2. **Map resources and services** that improve access to food, transportation, healthcare, housing, and community or social support
3. **Engage** community members and stakeholders to understand:
 - Strengths and challenges communities experience that impact their health
 - Barriers and facilitators to care and accessibility of resources
 - Community-driven ideas to improve community health and wellbeing
4. **Analyze** the quantitative and qualitative results to inform community-driven, strategic recommendations that seek to improve health equity and can help inform the programs, policies, and service of UnitedHealthcare of Nebraska

Health Equity Definition

"The attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health care disparities."

Healthy People 2030



Methods



Local residents were encouraged to participate in the following ways:

1. Focus Groups and Community Health Surveys:

Any county residents over the age of 19

2. Key Stakeholder Interviews: Health and social service providers with experience supporting individuals across broad domains.

3. Community Advisory Council: Health and social service providers were also engaged through voluntary participation in a council to guide the project.

Who Participated?

78

Community Health Survey

33

Focus Group Participants

4

Languages

10

Key Stakeholder Interviews

“

The element that I think is most impactful in Lincoln is the level of collaboration and cooperation that organizations and individuals have with each other. This community collaborates in ways that I don't see the same thing in other communities at this level. It's not that the others don't, it's that this is qualitatively different.”

Lancaster County Key Stakeholder

Key Findings

Community Strengths

All communities have strengths and it is important to understand those strengths, and use them as a tool to improve health. The top 3 strengths shared include:



Many resources and services



Strong collaboration across social service organizations



Rich diversity

SDOH Challenges

Social drivers can greatly impact the community's health. The top 3 challenges shared include:



Lack of affordable, safe, and stable housing



Lack of mental health services



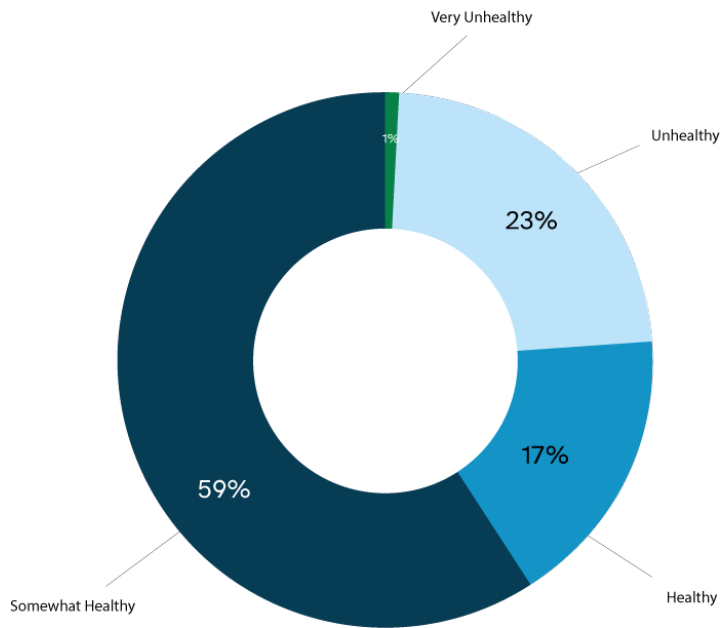
Difficult to use transportation (especially for resettled communities)

Healthcare and Social Care Access

Survey participants experienced barriers accessing medical care, prescription medicine and mental health care.

| Demographic of survey respondent | Unable to access medical care in the past year | Unable to access prescription medicine in the past year | Unable to access mental health care in the past year |
|----------------------------------|--|---|--|
| All | 31% | 33% | 28% |
| Female | 28% | 34% | 31% |
| BIPOC | 52% | 57% | 29% |
| Income < 20k | 40% | 40% | 36% |

Community Health Perceptions



When asked about community health and wellbeing, Lancaster County survey respondents rate the community's health a **2.9 out of 5.**

Top 3 unhealthy behaviors:

- 1 Alcohol misuse
- 2 Drug misuse
- 3 Poor eating habits

Top 3 health-related concerns for the community:

- 1 Mental health problems
- 2 Cancer
- 3 Obesity

Top Barriers to Health and Social Care



Cost of service or poor insurance coverage



Provider distrust or lack of empathy



Lack of transportation



Language barriers



Unsure where to go



Competing priorities

Foundational Considerations

When seeking to improve healthy equity, consider the following:

- Prioritize community partnerships and engagement
- Consider the role of systemic racism and historical injustices on health and SDOH
- Consider the diversity of identity and experiences of individuals
- Leverage data insights
- Advocate for policy changes

Community-Driven Recommendations

Increase Access and Appropriate Utilization of Health Plan Benefits

- ✓ Expand Non-Emergency Medical Transportation (NEMT)
- ✓ Increase access to mental health services
- ✓ Expand access to rural primary care and specialist services (e.g. oral health and OBGYN)
- ✓ Integrate “no wrong door” approach to community-based social needs screening and interventions
- ✓ Increase access to doula services for Medicaid patients to support birth outcomes

Enhance Culturally Responsive Care to Increase Health Equity

- ✓ Offer stronger multilingual support
- ✓ Implement implicit bias training program
- ✓ Increase food security through culturally appropriate and healthy food access

Advance Health Plan Outreach and Member Engagement

- ✓ Increase trust through community-based information sharing
- ✓ Enhance efficiency and sustainability by utilizing a Community Advisory Council

Conclusion

The Community Health Equity Project revealed the major impact that SDOH has on community health and well-being in Lancaster County, Nebraska. Engaging community members and health and social service providers highlighted unique community strengths and challenges, barriers and facilitators to care, and ideas for addressing health inequities. The community-driven insights and ideas have been shared back with UnitedHealthcare of Nebraska in greater detail to help inform their program, policy, and advocacy initiatives to improve the health and wellbeing of those who need it most.

Acknowledgements

We want to thank all of the community members and health and social service providers of Lancaster County for their participation in the focus groups, key stakeholder interviews, and community health survey. We want to give a special thanks to the Asian Community & Cultural Center, who co-hosted focus groups. We would also like to thank the Community Health Equity Project Community Advisory Council for their strong contributions to the work and UnitedHealthcare for their guidance and collaboration.





Sarpy, Cass, and Lancaster Community Health Equity Project

Cass County Overview

Background

There are many different factors that can impact our health and wellbeing. For example, our health can be impacted by our neighborhoods, our homes, our jobs, our education, and our support systems. These factors are called social drivers of health (SDOH) and they can impact us differently. For certain marginalized communities, neighborhoods, and towns, these factors might be worse than they are for others, making it harder for people to stay healthy. We invited people in several Nebraska counties to talk to us about their health-related needs, experiences, and ideas for a better future. This brief summary highlights some of what we learned in Cass County, including community-driven recommendations to improve the health of those who need it most.

Project Goals

1. Understand the **demographics, social drivers, and health outcomes** of communities across Cass County
2. **Map resources and services** that improve access to food, transportation, healthcare, housing, and community or social support
3. **Engage** community members and stakeholders to understand:
 - Strengths and challenges communities experience that impact their health
 - Barriers and facilitators to care and accessibility of resources
 - Community-driven ideas to improve community health and wellbeing
4. **Analyze** the quantitative and qualitative results to inform community-driven, strategic recommendations that seek to improve health equity and can help inform the programs, policies, and service of UnitedHealthcare of Nebraska

Health Equity Definition

"The attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health care disparities."

Healthy People 2030



Methods



Local residents were encouraged to participate in the following ways:

- 1. Focus Groups and Community Health Surveys:** Any county residents over the age of 19
- 2. Key Stakeholder Interviews:** Health and social service providers with experience supporting individuals across broad domains.
- 3. Community Advisory Council:** Health and social service providers were also engaged through voluntary participation in a council to guide the project.

Who Participated?

40

Community Health Survey

12

Focus Group Participants

7

Key Stakeholder Interviews

“

Particularly in Cass County, because it is more of a rural community...we as a community can support each other. Like we all will figure out a way to make it work.”

Cass County Key Stakeholder

Key Findings

Community Strengths

All communities have strengths and it is important to understand those strengths, and use them as a tool to improve health. The top 3 strengths shared include:



Strong community and neighborly support



Religious organizations provide a trusted source of support



Individuals value the free and low-cost services that are available to them

SDOH Challenges

Social drivers can greatly impact the community’s health. The top 3 challenges shared include:



Food security and other needs are compounded by a lack of transportation



Lack of affordable, safe and stable housing



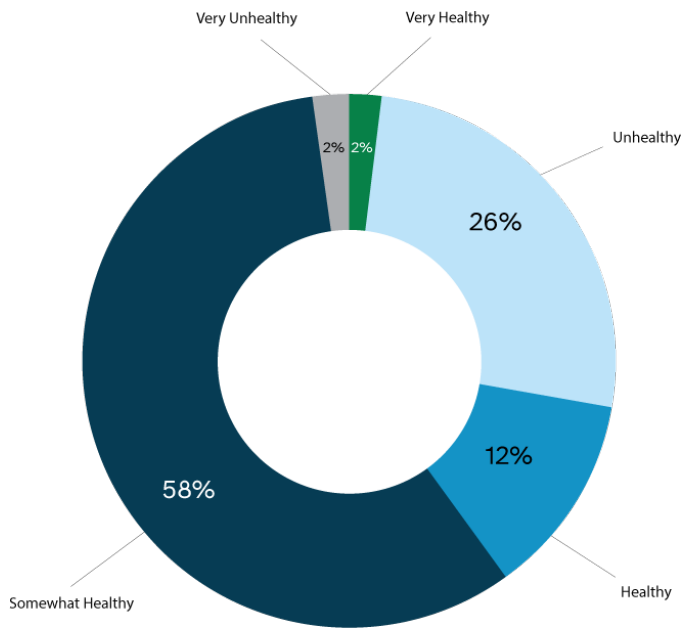
Lack of behavioral health services

Healthcare and Social Care Access

Survey participants experienced barriers accessing medical care, prescription medicine and mental health care.

| Demographic of survey respondent | Unable to access medical care in the past year | Unable to access prescription medicine in the past year | Unable to access mental health care in the past year |
|----------------------------------|--|---|--|
| All | 23% | 27% | 30% |
| Female | 22% | 25% | 31% |
| BIPOC | 60% | 60% | 80% |
| Income < 20k | 40% | 40% | 60% |

Community Health Perceptions



When asked about community health and wellbeing, Cass County survey respondents rate the community's health a **2.9 out of 5.**

Top 3 unhealthy behaviors:

- 1 Alcohol misuse
- 2 Drug misuse
- 3 Not enough exercise

Top 3 health-related concerns for the community:

- 1 Mental health problems
- 2 Obesity
- 3 Cancer

Top Barriers to Health and Social Care



Cost of service or poor insurance coverage



Lack of transportation



Scarcity of resources



Distrust of provider



Service restrictions or limitations



Unsure where to go



Competing priorities

Foundational Considerations

When seeking to improve healthy equity, consider the following:

- Prioritize community partnerships and engagement
- Consider the role of systemic racism and historical injustices on health and SDOH
- Consider the diversity of identity and experiences of individuals
- Leverage data insights
- Advocate for policy changes

Community-Driven Recommendations

Increase Access and Appropriate Utilization of Health Plan Benefits

- ✓ Expand Non-Emergency Medical Transportation (NEMT)
- ✓ Increase access to mental health services
- ✓ Expand access to rural primary care and specialist services (e.g. oral health and OBGYN)
- ✓ Support school-based health services
- ✓ Integrate “no wrong door” approach to community-based social needs screening and interventions
- ✓ Increase access to doula services for Medicaid patients to support birth outcomes

Enhance Culturally Responsive Care to Increase Health Equity

- ✓ Implement implicit bias training program
- ✓ Increase food security through culturally appropriate and healthy food access

Advance Health Plan Outreach and Member Engagement

- ✓ Increase trust through community-based information sharing
- ✓ Enhance efficiency and sustainability by utilizing a Community Advisory Council
- ✓ Enhance client health and service utilization through collaboration with faith-based organizations

Conclusion

The Community Health Equity Project revealed the major impact that SDOH has on community health and well-being in Cass County, Nebraska. Engaging community members and health and social service providers highlighted unique community strengths and challenges, barriers and facilitators to care, and ideas for addressing health inequities. The community-driven insights and ideas have been shared back with UnitedHealthcare of Nebraska in greater detail to help inform their program, policy, and advocacy initiatives to improve the health and wellbeing of those who need it most.

Acknowledgements

We want to thank all of the community members and health and social service providers of Cass County for their participation in the focus groups, key stakeholder interviews, and community health survey. We want to give a special thanks to Southeast Nebraska Community Action (SENCA) who co-hosted focus groups with us. We would also like to thank the Community Health Equity Project Community Advisory Council for their strong contributions to the work and UnitedHealthcare for their guidance and collaboration.





Sarpy, Cass, and Lancaster Community Health Equity Project

Sarpy County Overview

Background

There are many different factors that can impact our health and wellbeing. For example, our health can be impacted by our neighborhoods, our homes, our jobs, our education, and our support systems. These factors are called social drivers of health (SDOH) and they can impact us differently. For certain marginalized communities, neighborhoods, and towns, these factors might be worse than they are for others, making it harder for people to stay healthy. We invited people in several Nebraska counties to talk to us about their health-related needs, experiences, and ideas for a better future. This brief summary highlights some of what we learned in Sarpy County, including community-driven recommendations to improve the health of those who need it most.

Project Goals

1. Understand the **demographics, social drivers, and health outcomes** of communities across Sarpy County
2. **Map resources and services** that improve access to food, transportation, healthcare, housing, and community or social support
3. **Engage** community members and stakeholders to understand:
 - Strengths and challenges communities experience that impact their health
 - Barriers and facilitators to care and accessibility of resources
 - Community-driven ideas to improve community health and wellbeing
4. **Analyze** the quantitative and qualitative results to inform community-driven, strategic recommendations that seek to improve health equity and can help inform the programs, policies, and service of UnitedHealthcare of Nebraska

Health Equity Definition

"The attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health care disparities."

Healthy People 2030



Methods



Local residents were encouraged to participate in the following ways:

- 1. Focus Groups and Community Health Surveys:** Any county residents over the age of 19
- 2. Key Stakeholder Interviews:** Health and social service providers with experience supporting individuals across broad domains.
- 3. Community Advisory Council:** Health and social service providers were also engaged through voluntary participation in a council to guide the project.

Who Participated?

80

Community Health Survey

20

Focus Group Participants

11

Key Stakeholder Interviews

“

I think there's enough of us that have that mentality that we think that all boats are gonna rise when you lift one or two up. So you might as well just lift them up and connect 'em. And so, I think that helps a lot because we're communicating the same messages.”

Sarpy County Key Stakeholder

Key Findings

Community Strengths

All communities have strengths and it is important to understand those strengths, and use them as a tool to improve health. The top 3 strengths shared include:



Strong collaboration among local service organizations



Religious organizations provide a trusted source of support



Individuals value the resources that are available to them

SDOH Challenges

Social drivers can greatly impact the community's health. The top 3 challenges shared include:



Lack of affordable, safe and stable housing



Need for more nutritious food options



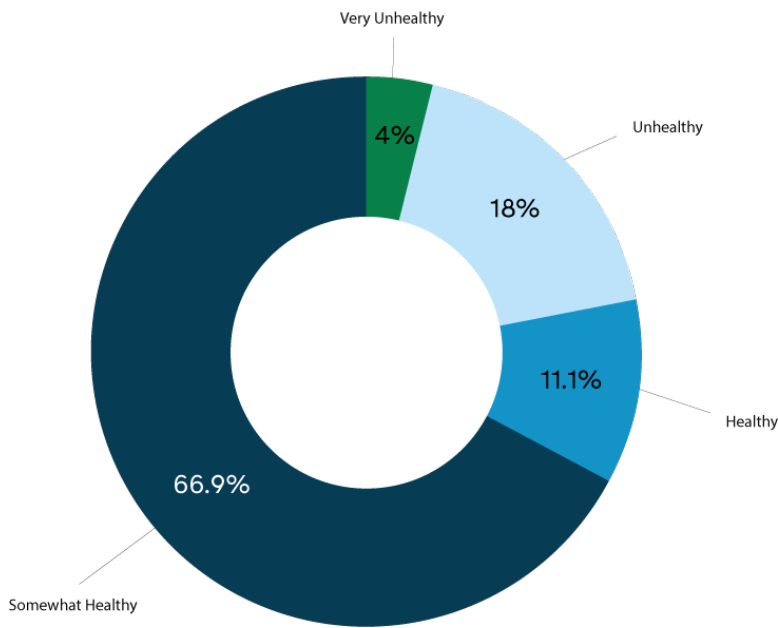
Limited public transportation, and lack of programs to support personal vehicle maintenance

Healthcare and Social Care Access

Survey participants experienced barriers accessing medical care, prescription medicine and mental health care.

| Demographic of survey respondent | Unable to access medical care in the past year | Unable to access prescription medicine in the past year | Unable to access mental health care in the past year |
|----------------------------------|--|---|--|
| All | 28% | 31% | 35% |
| Female | 26% | 32% | 33% |
| BIPOC | 39% | 29% | 48% |
| Income < 20k | 30% | 45% | 40% |

Community Health Perceptions



When asked about community health and wellbeing, Sarpy County survey respondents rate the community's health a **2.6 out of 5.**

Top 3 unhealthy behaviors:

- 1 Alcohol misuse
- 2 Poor eating habits
- 3 Not enough exercise

Top 3 health-related concerns for the community:

- 1 Mental health problems
- 2 Obesity
- 3 Diabetes

Top Barriers to Health and Social Care



Cost of service or poor insurance coverage



Lack of transportation



Unsure where to go



Lack of certain services



Distrust of provider



Competing priorities



Service restrictions or limitations

Foundational Considerations

When seeking to improve healthy equity, consider the following:

- Prioritize community partnerships and engagement
- Consider the role of systemic racism and historical injustices on health and SDOH
- Consider the diversity of identity and experiences of individuals
- Leverage data insights
- Advocate for policy changes

Community-Driven Recommendations

Increase Access and Appropriate Utilization of Health Plan Benefits

- ✓ Expand Non-Emergency Medical Transportation (NEMT)
- ✓ Increase access to mental health services
- ✓ Expand access to rural primary care and specialist services (e.g. oral health and OBGYN)
- ✓ Integrate “no wrong door” approach to community-based social needs screening and interventions
- ✓ Increase access to doula services for Medicaid patients to support birth outcomes

Enhance Culturally Responsive Care to Increase Health Equity

- ✓ Implement implicit bias training program
- ✓ Increase food security through culturally appropriate and healthy food access

Advance Health Plan Outreach and Member Engagement

- ✓ Increase trust through community-based information sharing
- ✓ Enhance efficiency and sustainability by utilizing a Community Advisory Council
- ✓ Enhance client health and service utilization through collaboration with faith-based organizations

Conclusion

The Community Health Equity Project revealed the major impact that SDOH has on community health and well-being in Sarpy County, Nebraska. Engaging community members and health and social service providers highlighted unique community strengths and challenges, barriers and facilitators to care, and ideas for addressing health inequities. The community-driven insights and ideas have been shared back with UnitedHealthcare of Nebraska in greater detail to help inform their program, policy, and advocacy initiatives to improve the health and wellbeing of those who need it most.

Acknowledgements

We want to thank all of the community members and health and social service providers of Sarpy County for their participation in the focus groups, key stakeholder interviews, and community health survey. We want to give a special thanks to the local organizations that co-hosted focus groups, including Lift Up Sarpy and the Housing Foundation of Sarpy. We would also like to thank the Community Health Equity Project Community Advisory Council for their strong contributions to the work and UnitedHealthcare for their guidance and collaboration.

