

Defining a Culture of Health – Collaborative Summit Day 1 Summary

Thank you for participating in the first annual Culture of Health Collaborative Summit. The amount of information and energy shared was a priceless gift. Organizers will continue to work with results in detail and in strategic planning.

The following, as promised, is a brief synopsis of the results of the Summit, Day 1:

Healthcare Disparities in Nebraska

Themes participants identified as strongly related to health disparities and barriers to a Culture of Health in Nebraska included:

- **Poverty**
 - inability to pay for services – healthcare, transportation, career education
 - deficient resources – preventive health, medications, healthy and ample food, housing, utilities
 - local communities in poverty areas - devoid of services and/or resources
- **Cultural Influences**
 - ever-increasing population of immigrants – language and legal barriers to seeking services
 - an aging population – care-giver stress and shortage, co-morbidities, and isolation
 - perceived stigmas around high volume issues– mental health, risky social and occupational behaviors, and sexually transmitted infections
 - differences between rural and urban communities
- **Environment**
 - lack of services in local communities – housing, convenient transportation, local employment
 - limitation in basic or career/technical education centers
 - unsafe communities – violence, unsafe or risky personal behaviors, agricultural work hazards, distance from emergency and tertiary services
- **Education**
 - lack of culturally appropriate education –early childhood health education, healthy eating and activity, and reading literacy
 - lack of ready access to post-secondary training and college-preparatory programs in areas of the state
- **Health Prioritization**
 - lack of health knowledge – increasing obesity, mental health including substance abuse/ inadequate coping
 - healthcare professionals’ lack of knowledge on available community resources/services

What’s Next for the Collaboration

- completing and sharing of definitive analysis of Day 1 and Day 2 results in December
- building partnerships across Nebraska
- planning for the next statewide collaborative summit

Home is Where the Health Is

Dr. Joyce Black synthesized Day 1's takeaways and observed that, "home is where the health is" pointing to the strengthening of homes and local communities as the determinant of a healthier Nebraska. Mental health programming and access to qualified providers in "whole-person" care must be the priorities if Nebraska hopes to move into the top 10 healthiest states in the nation. Safe, supportive communities with strong schools, employment opportunities, healthy foods, and ample housing are needed to provide the infrastructure so that our citizens can focus on personal development and healthy behaviors.

Collaboration is the single unifying concept within all the action plans and projects that were explored at the Summit. Collaboration between all major stakeholders— schools, healthcare providers, insurers, law-enforcement personnel, government agencies, policy makers, farmers, ranchers, teachers, children, adults, elderly, churches, grocers, and retailers – is necessary to change the home and community infrastructure for the better.