

**LEVERAGING
COMMUNITY TO BENEFIT
THE
PUBLIC'S HEALTH: A
LOCAL PERSPECTIVE**

Stephen B. Jackson

AGENDA

Introduction

Brief Description

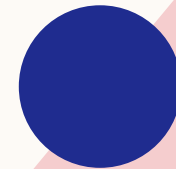
Objectives

Presentation

Summary

Question & Answer Session

Conclusion



INTRODUCTION

Stephen B. Jackson

Career fighting for Civil Rights, Human Rights, Health Equity, and Social Justice.

Social

- Omaha Branch of the National Association for the Advancement of Colored People (NAACP)
- Creighton University's Center for Promoting Health and Health Equality (CPHHE) Advisory Board
- United Way of the Midland's Heartland Blueprint
- Nebraska Urban Area Health Education Center (Omaha Urban AHEC)
- Susan G. Komen Great Plains (Nebraska, South Dakota and North Dakota) Affiliate
- Nebraska Advance Practice Registered Nursing (APRN) Board
- Site Visitor for Public Health Accreditation Board (PHAB)
- Board member of the American Civil Liberties Union of Nebraska (Nebraska ACLU)

Professional

- Manager, Community Benefits for Methodist Health System
- Chief Operating Officer (COO) for the North Omaha Area Health (NOAH) Clinic- a health clinic that offers services at low to no cost.
- Siena Francis House – the largest homeless shelter in the state of Nebraska- as its Chief Operating Officer (COO).
- Supervisor of the Health Promotion Section at the Douglas County Health Department.
- Nebraska DHHS' Division of Public Health's Office of Health Disparities and Health Equity, Congressional District 2 Satellite Office

Education

- Bachelor of Science (B.S.) degree in Chemistry from Jackson State University
- Master's in Public Health (M.P.H.) degree from the University of Iowa alongside completion of some additional medical and graduate level courses.

Personal

- Married to Dr. Donna Stewart, a licensed child psychologist. Two children: Myles (16) and Arie (13).

PRESENTATION DESCRIPTION

This presentation examines the various dimensions of community and its critical role to an effective public health response. This critical role has been a fundamental concept as it pertains to population health for many years. However, making the public health response equitable within a fragmented public health system has been difficult to achieve. This presentation attempts to take a local look at what happens when technology and research ends and the role of the community (i.e., dealing with people) in achieving population health gains begins.

OBJECTIVES

- Describe the various dimensions and complexities of our local community?
- Discuss equality vs equity?
- Highlight the intersections between public health and community

A COMMON DEFINITION OF COMMUNITY EMERGED AS A GROUP OF PEOPLE WITH DIVERSE CHARACTERISTICS WHO ARE LINKED BY SOCIAL TIES, SHARE COMMON PERSPECTIVES, AND ENGAGE IN JOINT ACTION IN GEOGRAPHICAL LOCATIONS OR SETTINGS.

A COMMON DEFINITION FOR PARTICIPATORY PUBLIC HEALTH.

“...WHAT HAPPENS TO ANY OF US, ANYWHERE IN THE WORLD, HAD BETTER BE THE BUSINESS OF ALL OF US.”

MAMMIE TILL-MOSLEY 1955

Locus	Social Ties	Common Interest/ Perspectives	Joint Action	Diversity
Neighborhood	Family	Values	Socialize	Race/Ethnicity
Zip Codes	Friends	Norms	Converse	Socioeconomic status
Village	Partners/Support Group	Mindset	Hangout	Professions
County	Associates	Viewpoints	Intermingle	Sexuality

NORTH OMAHA PROFILE

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BUSINESS STATISTICS SHOW LESS ACCESS IN EASTERN OMAHA

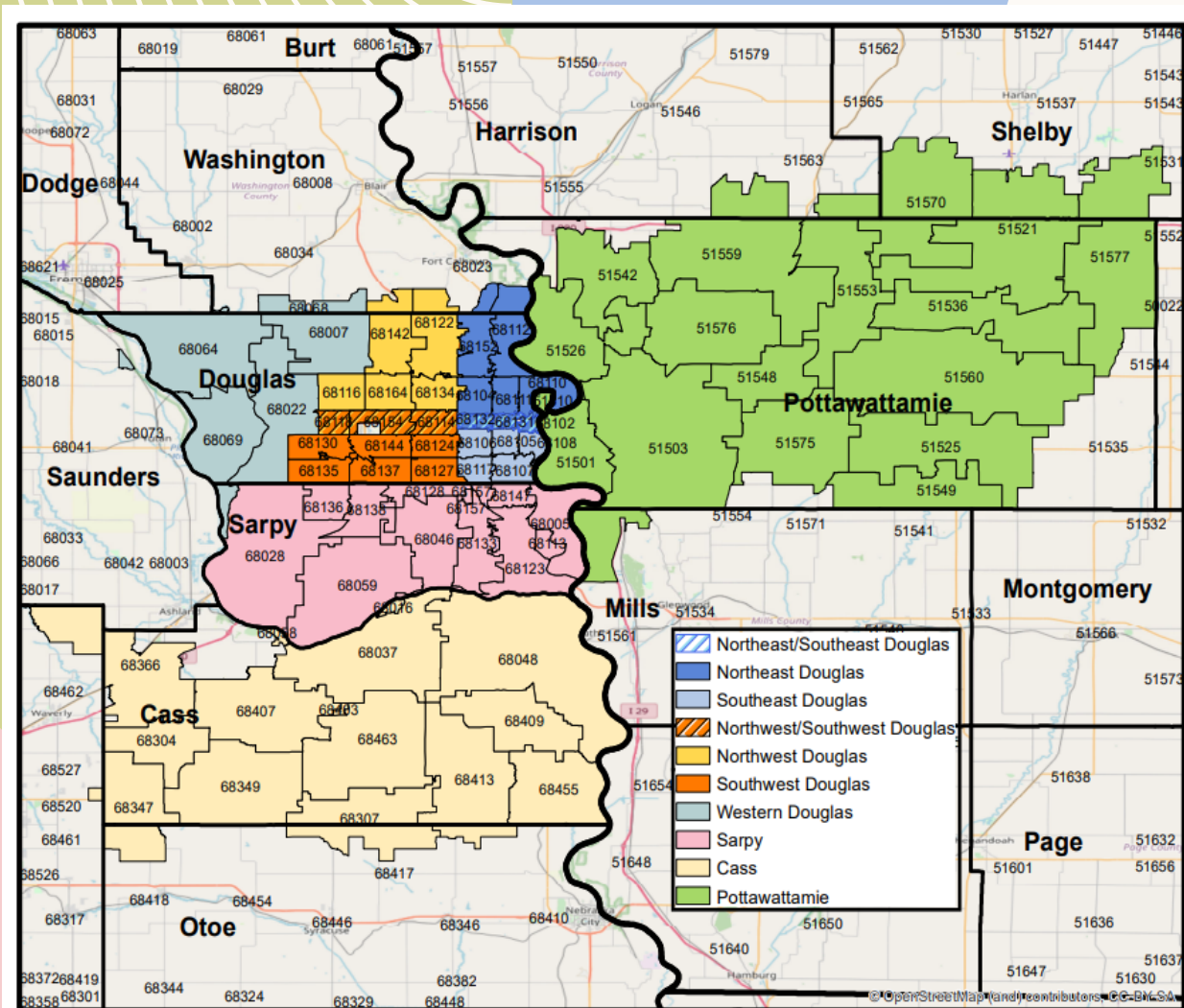
Relative access in
eastern Omaha is
half (or even less)
of what it is in the
rest of urban
Omaha

Physician's offices
Physical/occupational
therapist's offices
Mental health practitioner's
offices
Mental health & substance
abuse centers
Fitness and recreational
sports centers

RACE/ETHNICITY OF NORTH OMAHA POPULATION (ZIP CODES 68104, 68110, 68111)

Census	NonHispanic White	NonHispanic Black	NonHispanic Asian	NonHispanic Other or 2+ Races	Hispanic/ Latino	Total Population
1980	57.70%	39.50%	0.30%	0.20%	1.50%	100.00%
1990	53.00%	43.60%	0.50%	0.20%	1.80%	100.00%
2000	45.50%	46.90%	0.70%	2.40%	3.70%	100.00%
2010	40.20%	45.30%	2.10%	4.10%	7.40%	100.00%
2020	33.20%	38.00%	9.30%	6.30%	12.30%	100.00%

Major takeaways: 1. Black population is largest, but sizeable rises in other populations of color 2. White and Black populations have grown in the Omaha metro, but are smaller in North Omaha today than in 1980



2017-0543-02 Omaha, NE

68111, 68104, 68110

Source: Community Health Development
Partners 2023

EQUITY VS EQUALITY



EQUALITY:
Everyone gets the same—regardless if it's needed or right for them.



EQUITY:
Everyone gets what they need—understanding the barriers, circumstances, and conditions.



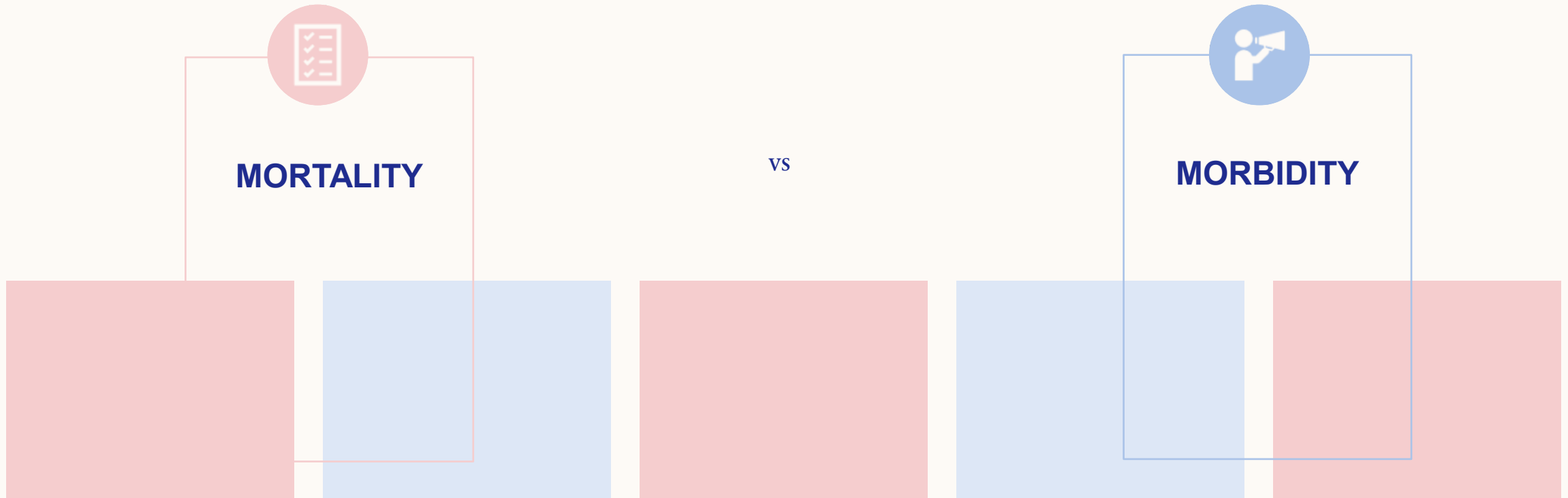
EQUALITY:
Everyone gets the same – regardless if it's needed or right for them.



EQUITY:
Everyone gets what they need – understanding the barriers, circumstances, and conditions.



PUBLIC HEALTH INDICATORS



SOCIAL DETERMINANTS OF HEALTH

SCENARIOS

- Social determinants of health (SDOH) are the nonmedical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies, racism, climate change, and political systems. Centers for Disease Control and Prevention (CDC) has adopted this SDOH definition from the World Health Organization.

OPPORTUNITIES

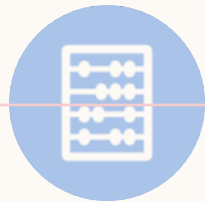


HOW WE GET THERE



GOVERNMENT

- Federal
- State
- Local



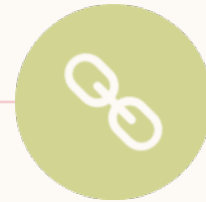
BUSINESS

- Profit
- Nonprofit



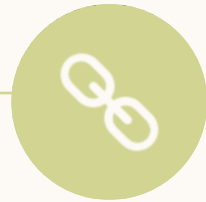
ACADEMIA

- Secondary
- Post Secondary
- Professional



PHILANTHROPY

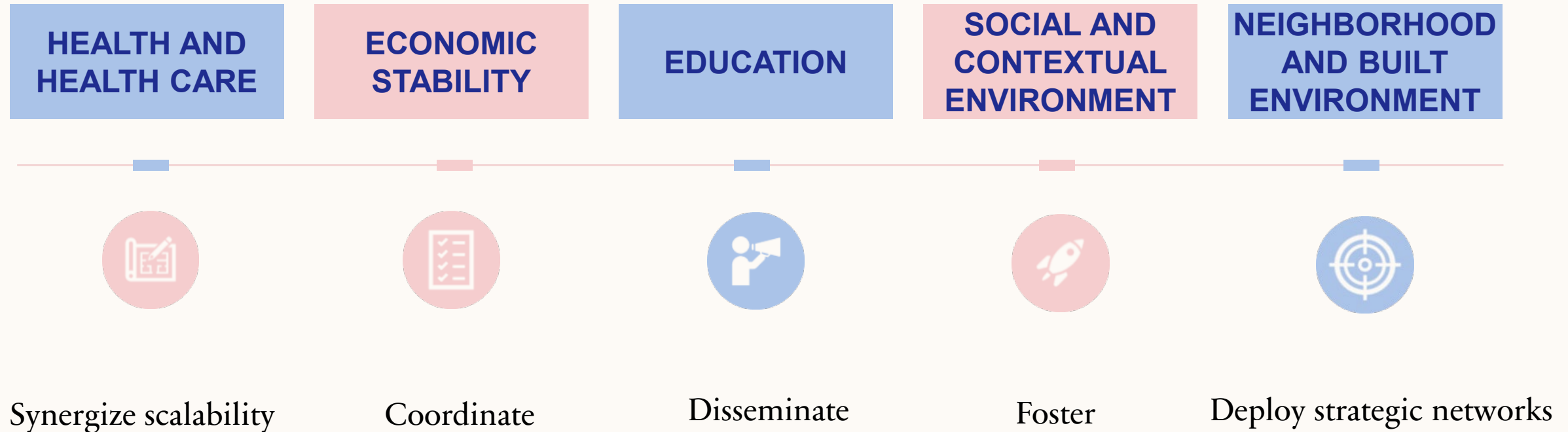
- Mission Alignment
- Capacity Building



COMMUNITY

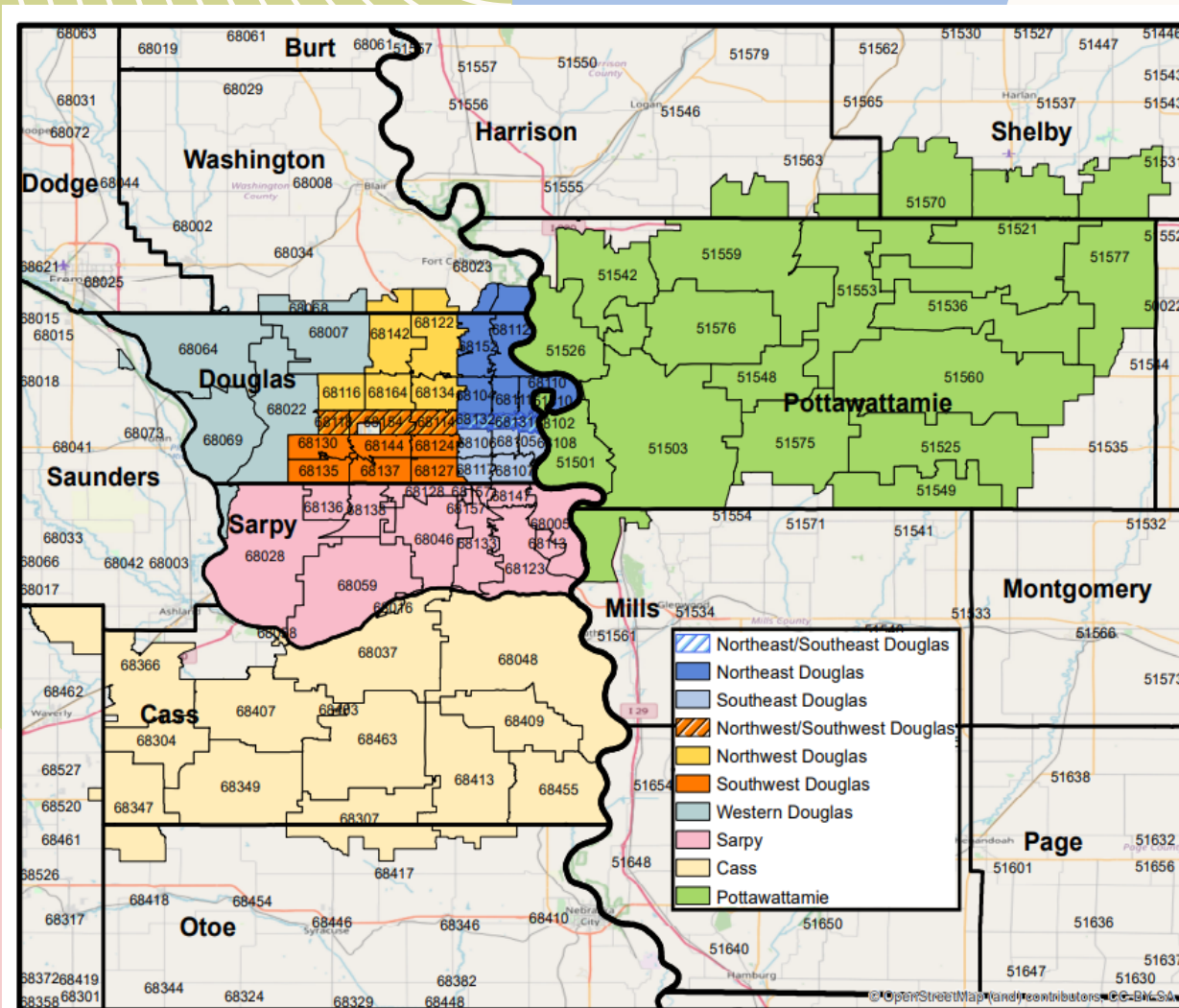
- Space
- Time

INTERSECTIONS BETWEEN PUBLIC HEALTH AND COMMUNITY



NORTH OMAHA PROFILE

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2017-0543-02 Omaha, NE

68111, 68104, 68110

OMAHA SUMMARY: The Good, The Bad, and the Mixed

The Good:

- Omaha metro Black poverty continues to fall
- Now at lowest level since at least 1990!!
- Now just barely above U.S. average (smallest gap since 1990)

• Married couples as a % of Black households & families

at highest level of all 13 ACS five-year datasets

Omaha Metro Poverty Rates

Black Married Couples: 8.7%

Black "Single Moms": 38.4%

The Bad:

- Omaha metro Black homeownership at lowest level (32%) since at least 1990; Large gap vs. U.S.

The Mixed:

- Omaha metro Black bachelor's degrees were below, then above, now again below U.S. average
- After big decline, Omaha Black unemployment % was among U.S. best; now steady & near U.S.
- Omaha metro Black no health insurance rates have declined but remain above U.S.

BUSINESS STATISTICS SHOW LESS ACCESS IN EASTERN OMAHA

Relative access in eastern Omaha is half (or even less) of what it is in the rest of urban Omaha

Physician's offices
Physical/occupational therapist's offices
Mental health practitioner's offices
Mental health & substance abuse centers
Fitness and recreational sports centers

Source: Community Health Development Partners

Source: Community Health Development Partners 2023

SUMMARY

Intersections are where SDOH lie within the communities we hope to serve. However, success only happens if we engage identified communities early (investment vs inoculation) with equitable resources so there are not large barriers to overcome to achieve desired outcomes.

SOURCES

Resources:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1446907/>

https://score.tools.who.int/fileadmin/uploads/score/Documents/Enable_data_use_for_policy_and_action/100_Core_Health_Indicators_2018.pdf

<https://fhop.ucsf.edu/selecting-health-indicators-public-health-surveillance-changing-health-care-environment>

https://www.douglascountyhealth.com/images/CHNS/CHA/2021_PRC_CHNA_Report_-_Omaha_Metro_Area.pdf

THANK YOU

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