

Minority Health Initiative 2015-2017

The Nebraska Legislature appropriates \$1.58 million annually for the purpose of implementing a minority health initiative in counties with minority populations of five percent or greater in the first and third Congressional Districts as determined by the most recent federal decennial census (Nebraska State Statute 71-1628.07). Per the United States Census, minority populations include Black/African American, American Indian/Native American, Asian/Pacific Islander, Other, Two or more Races, and Hispanic populations. Projects are to target, but not be limited to infant mortality, cardiovascular disease, obesity, diabetes, and asthma.

For the 2015-2017 project period, 15 applications were awarded funding, and contracts were created for an additional three projects. Following are summaries of all of the MHI projects.

Blue Valley Community Action. Through education, guidance, and support this project will provide participants with the skills and knowledge to promote chronic disease prevention, maternal and child health promotion, reduce obesity, and improve physical activity among the minority population in York County. In addition, it will raise awareness of post-partum depression and other mental health issues related to challenges facing new immigrants.

Carl T. Curtis Health Center/Omaha Tribe. Provide diabetes self-management education (DSME) to the Native American minority population of Thurston County. Project goal is to serve a minimum of 80 minority participants to complete a 10-week DSME curriculum series and gain knowledge and skills in the management of Diabetes on the Omaha and Winnebago reservations. Participants will undergo baseline biometrics as well as complete pre/post testing to assess knowledge gain through DSME curriculum series. Each cohort will complete an annual follow up to assess knowledge retention and follow up biometrics.

Central District Health Department. Central District Health Department will focus on diabetes and use the evidence-based Road to Health and Diabetes Prevention Program (DPP) to improve access to health services for adult minorities, and focus on obesity prevention among minority youth using the evidence-based CATCH Kids in Hall and Merrick Counties. CATCH Kids offers physical activity and nutrition education for participating youth to improve health outcomes and reduce obesity. Community Health Workers will work collaboratively to achieve these goals.

Chadron Native American Center. Chadron Native American Center will continue a wellness program in Dawes and Sheridan counties to include wellness checks and an evidence-based National Diabetes Prevention Program (originally led by the National Institute of Health and supported by Centers for Disease Control and Prevention).

Community Action Partnership of Mid-Nebraska. Mid will utilize a Community Health Worker in Buffalo, Dawson, Kearney, Phelps, and Webster counties to increase linkages between health systems and community resources for minorities to promote healthier

lifestyles. Grant will target minorities who are obese and likely have comorbidity of cardiovascular disease and diabetes. The Community Health Worker will be a traveling team member between the five-county area, working with Head Start, Women, Infants, and Children (WIC) programs, Mid's Immunization Clinic, the Help Care Clinic in Kearney, Plum Creek Medical Group in Lexington; and Two Rivers Public Health Department in Kearney and Phelps county.

Community Action Partnership of Western Nebraska. CAPWN's Minority Health Program will reduce health disparities by using implementing three strategies: 1) Increase use of team-based care in health systems; 2) Increase and or promote linkages between health systems and community resources for minorities; and 3) Identify patients with undiagnosed hypertension and people with pre-diabetes. The Community Health Workers employed through this project will work with local health care facilities to encourage a multidisciplinary team approach to manage patients with high blood pressure and diabetes. The CHWs will work increase the number of referrals for minorities to local community resources and the number of minorities who access community resources. The CHWs will carry out community screenings in order to identify individuals who were previously unaware that they had high blood pressure or were pre-diabetic.

Dakota County Health Department. Will utilize Community Health Workers within Dakota County to implement the Road to Health education program, and work with the local minority population to educate and implement practical methods directly impacting the negative affect of diabetes on our community by providing guidance on healthy eating and routine physical activity.

East Central District Health Department. Through prevention programs, ECDHD will reduce the incidence and economic burden of diabetes and improve the quality of life for minority persons in the two-county area who have or are at-risk for diabetes.

Elkhorn Logan Valley Public Health Department. Programs geared toward minority residents of Cuming, Stanton and Madison Counties will be initiated to decrease the prevalence of obesity among minorities. Activities include implementation of obesity self-management programs for minorities; promotion of the consumption of healthful foods for minority infants and toddlers, and assistance with development and adoption of policy changes at childcare centers with high minority enrollment; and breastfeeding promotion and education for minority women.

Indian Center, Inc. This project will focus on obesity, diabetes, and cardiovascular disease and increase health care capacity and decrease health disparities among minorities in Lancaster County. To address these health disparities in a synergetic way, a coalition of nine partner organizations serving minorities in Lancaster County has been formed for this project. These organizations serve American Indians, Hispanic/Latinos, Blacks (i.e., new immigrants and refugees from Africa), African Americans, Asian/Pacific Islanders, and other persons. Strategies employed include: 1) Ensure access to and/or promote physical

activities; 2) Increase use of team-based care in health systems; and 3) Increase and/or promote linkages between health systems and community resources for minorities. The coalition of partners is committed to follow and adhere Culturally Linguistically Appropriate Services (CLAS) Standards to address the needs of the target population in health and health care.

Mary Lanning Healthcare Foundation. *El Paquete Total* (EPT) will serve the Hispanic population of Adams and Clay Counties offering health, wellness, education, nutrition, and exercise components to address obesity and diabetes. The program focuses on a “total family” wellness concept by offering individual disease management using American Association of Diabetes Educators (AADE) seven self-care behaviors as well as education and support programs to family members. Some activities include home visits, diabetes disease management, case management interventions, and advocacy.

Northeast Nebraska Public Health Department. This project is designed to assist people; first, to identify their risk level for developing cardiovascular disease and/or diabetes; second, to provide education and guidance to develop preventive goals which will decrease that risk and third, to provide continued support from Community Health Workers to encourage reaching those goals.

One World Community Health Centers. OneWorld Community Health Centers, Inc., implements *promotora* programs in Sarpy and Dodge Counties. *Promotoras* are volunteer community health workers who impact health outcomes for minorities by increasing their use of health care. OneWorld will recruit and train *promotoras* from Sarpy and Dodge counties. The *promotoras* will learn about heart disease, diabetes and obesity as well as nutrition and exercise. They will also learn how to screen for heart disease, diabetes and obesity. 1,000 individuals in Sarpy and Dodge Counties will be screened. The *promotoras* will follow-up with individuals at risk for heart disease, diabetes or obesity. The *promotoras* will connect those individuals to community resources including OneWorld or other providers as a medical home in order to manage and improve their health conditions.

Public Health Solutions. Program will utilize the Diabetes Prevention Program as the evidence-based model and include a Community Health Worker in the program. The primary goal of this program is to increase awareness about diabetes, provide health screenings to identify those at risk of developing diabetes, pre-diabetic, and diabetic clients. The primary goal of the *Mi Vida, Mi Salud* Program is to minimize the detrimental impact diabetes has on the local Hispanic population. The project targets young women, families, and men to take a multi-generational approach to diabetes prevention/management.

Santee Sioux Nation. Project will provide diabetes self-management education (DSME) to the Native American minority population of Knox County. Project goal is to serve a minimum of 30 minority participants to complete a 10 week DSME curriculum series and gain knowledge and skills in the management of diabetes on the Santee Sioux Nation reservations. Participants will undergo baseline biometrics as well as complete pre/post

testing to assess knowledge gain through DSME curriculum series. Participants will complete an annual follow up to assess knowledge retention and follow up biometrics.

Southeast Nebraska District Health Department. The purpose of this project is to address health disparities within the minority populations found in Johnson, Otoe, and Richardson Counties. The project focuses on increasing and/or promoting linkages between health systems and community resources for minorities. The health department believes working with community partners and evidence-based interventions will affect positive impact.

Southwest Nebraska Public Health Department. SWNPHD is providing health screenings for cardiovascular disease, diabetes, and obesity; health education for prevention and management of chronic disease, referrals to community resources, and follow-up to ensure compliance with referrals.

West Central District Health Department. By utilizing Community Health Workers, the project will educate minority populations on health-related topics which include obesity, cancer, cardiovascular disease, diabetes, and mental health issues. Additionally, the Community Health Workers will serve as members of the care delivery team by serving as an advocate for the clients. The Community Health Worker will collaborate with a team comprised of a physician, nurse or allied health worker, or assistant to deliver health education or basic screening services while the providers conduct medical exams and will also serve as a translator when necessary.