

Reaching Racial/Ethnic Minorities with Health Education Needs Assessment Report



Nebraska Office of Minority Health & Health Equity

October 2007



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Health Education
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This publication was supported by the State Partnership Grant Program to Improve Minority Health from the U.S. DHHS Office of Public Health and Science, Office of Minority Health. Its contents are solely the responsibility of the authors and do not necessarily represent the official view of the U.S. DHHS Office of Public Health and Science, Office of Minority Health.



Acknowledgments

This Needs Assessment would not have been possible if not for the interest, communication, and passion of focus group participants across the state of Nebraska. The Nebraska Office of Minority Health and Health Equity would like to extend its deepest appreciation to the focus group participants...

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Introduction

As part of the State Partnership Grant Program to Improve Minority Health from the U. S. DHHS Office of Public Health and Science Office of Minority Health, the Nebraska Office of Minority Health and Health Equity (OMH) conducted fourteen focus group meetings across the state in the fall of 2006 on the topic of reaching minorities with health education. The purpose of the meetings was to assess minority health education needs as part of an effort to strengthen the partnerships between OMH and community organizations to enhance minority health and address health disparities in Nebraska. In particular, OMH wished to determine how it could better help its community partners be more effective in their minority health education efforts.

Eighty-seven organizations participated in the focus groups. The participating communities serve a variety of minority population groups, including non-immigrant, immigrant, and refugee groups. The principal minority groups served across the communities are Native Americans, African Americans, Mexican Americans, other Hispanic populations (from Mexico, Central America and South America), Africans (primarily Somali and Sudanese), Asian Americans (primarily Vietnamese and Laotian), Eastern Europeans, and Middle Easterners.

Health education issues for Native Americans living on reservations are not included in this assessment. Representatives of the Omaha, Winnebago, and Santee tribes were not able to participate in the meeting held at Wayne. A Norfolk-based representative of the Ponca tribe (which does not have a reservation) and a representative of the Northeast Nebraska Public Health Department in Wayne attended the meeting and discussed issues of reaching Ponca and other non-reservation Indians in that area. Their responses have been included in the focus group report for Norfolk.

In spite of the diversity of the participating communities, there were many issues, needs, and requests that were common to multiple locations. This statewide needs assessment summary report has been organized to present both the commonalities and diversity of responses, without reference to specific location. The Appendices provide a full list of responses to each topic by location. The responses for a given location reflect only the experiences and opinions of the individual participants. Since it was not possible to get all the key organizations to the meetings, the information provided should not be considered comprehensive for a given location. Rather, the responses should be interpreted in light of the participating organizations and their representatives.

Participants were encouraged to speak openly and honestly in expressing their views. The report relies on notes and flip chart recordings (which tend to paraphrase and shorten the actual statements) as well as responses on pre-meeting survey forms. Some responses have been edited for purposes of format or clarification. Every effort has been made to maintain the meaning intended by the participant. No attempt was made to assess the level of agreement of the participants on any specific viewpoint. No response has been censored or excluded because of the point of view expressed. The report strives to honestly reflect the information and opinions provided by the focus group participants.

Reaching Racial/Ethnic Minorities with Health Education Statewide Summary

Health education is broadly defined here to include mental and behavioral health as well as physical health issues. It also covers both program-based health education, offered to a relatively wide audience through brochures, meetings, billboards, public service announcements, etc.; and treatment-based health education that provides information and instruction to an individual and/or the family specific to a health problem that is being diagnosed or treated, and usually provided within the context of delivering health care.

Health Education Initiatives

Health education initiatives currently reach minority groups on a wide variety of topics. The health topics listed in Appendix B for a given location may be incomplete in terms of what is going on in the community because they represent only the initiatives for the organizations that participated in the meeting.

Health topics were identified at different levels of generality from very broad (e.g. maternal and child health) to a very specific campaign. For the summary below topics have been grouped at a general level.

Health Education Initiatives Reported in Nearly Every Community

Diabetes	Nutrition
Cardiovascular health	Women's health
Maternal and child health (many topics)	Cancer awareness/screening

Health Education Initiatives Reported in the Majority of Communities

Obesity/weight loss, management	HIV/AIDS/STDs
Physical activity	Substance abuse
Smoking	Oral health
Sex education/pregnancy prevention	Mental health

Other Health Education Initiatives Reported in Two or More Communities

Healthy lifestyles	Eye exams
Healthy relationships	Hearing exams
Chronic disease management	Adult immunizations
Tuberculosis	Wellness clinics
Asthma	Food safety
Men's health	Pandemic flu
Orthopedics	Bioterrorism
Sexual assault/harassment	Prescriptions & medications
Domestic violence	Health access/insurance

Health Education Delivery and Support Programs

Participants frequently mentioned health education delivery and support programs that cover a variety of topics, including:

Health fairs	Bilingual guides
Festivals/cultural events	Health clinics
Health conferences/institutes	Mobile health clinics

Ethnic community centers
Home visitation programs
Promotoras
Community health workers
Health referral systems
Interpreter services
Lunch and learn programs
Newsletters

Nutrition and health forums
Monthly speakers
Personal health history logs
Health networks
Medical transport
Health career fairs
Health educator training
Interpreter training

Minority Health Education Gaps

Minority health education gaps include topics and/or services that aren't reaching minority groups at all in the community or are not reaching them widely or effectively enough.

Health Education Gaps Reported in Nearly Every Community

Mental health, including in some communities: overcoming stigmas and resistance to mental health in certain cultures, depression, child and adolescent mental health counseling, and stress reduction

Health Education Gaps Reported in the Majority of Communities

Routine prevention (screenings/exams)	Substance abuse
Sex education/family planning/ reproductive health	Maternal and child health topics
	Physical activity
	HIV/AIDS/STDs

Other Health Education Gaps Reported in Two or More Communities

Nutrition	Cancer – early detection
Medicare and/or Medicaid information	Cardiovascular health
Food safety	Health coverage access
Oral health	Domestic violence/violence
Women's health	Men's health
Pandemic flu	Health care resource guides

Some participants reported gaps in terms of lack of resources, and specific population groups that are hard to reach. These issues are covered in the “Obstacles to Effective Health Education” section of this report.

Health Education Effectiveness

Health education effectiveness can be assessed broadly in terms of participation and positive impact. Participation pertains primarily to program-based health education and requires program outreach to the targeted group(s), individual interest, and access to participation. This might be as simple as an individual seeing (outreach), picking up (interest), and reading (access) a brochure at a local grocery store. Or, it might be as involved as getting a personal invitation to a health forum and attending the event.

Positive impact occurs when a desired health behavior is adopted and sustained over a period of time. The health education message needs to be communicated effectively enough to

motivate the person to want to follow the recommendations. This is something that often requires repeated encounters with the message. Even for treatment-based health education, instructions may need to be given repeatedly, and in more than one format. Once motivated to take action, the individual needs access to resources that might be needed (e.g., a clinic for screening, a place to exercise, funds for medications), and a supportive environment to adopt and sustain the healthy behavior. In some circumstances, such as health screenings, there may be other layers of health education and services needed to address any detected problems.

Obstacles to Effective Health Education

Focus group participants across the state identified and discussed many types of participation and impact obstacles they faced in effectively reaching minorities with health education. The specific issues raised varied somewhat across communities, both because of the minority population and other characteristics of those communities, and differences in the experiences of the participants. However, there were a number of common issues raised in multiple meetings.

There are widespread difficulties in getting members of minority groups to participate in health education programs, and even greater obstacles to having a positive health impact. Obstacles include cross-cultural conflicts and misunderstandings, specific beliefs and attitudes of certain cultures, language and literacy barriers, poverty and other socioeconomic issues, community outreach problems, limited program resources, health system hurdles, and certain public policies.

Broadly speaking, there are cultural and linguistic divides between those who provide health education and the individuals who are members of the various minority groups they wish to reach. In part, this reflects the great difference in population numbers between the minority groups and the majority population. However, even in proportion to their numbers, minority groups are underrepresented in the health professions.

Cultural Conflicts

Negative feelings between minority groups and the White, non-Hispanic majority are obstacles for many organizations in their efforts to effectively reach minority groups with health education. Ongoing prejudices, lack of trust, feelings of oppression, low expectations, and poor cross-cultural communications and misunderstandings are some of the examples cited by participants. Minority group individuals might respond to health education outreach efforts with indifference or even hostility. Prejudices, insensitivity, and cultural ignorance on the part of some health providers and educators are likely to lead to ineffective outreach efforts and education programs that are not culturally competent. Lack of trust and disrespect are obstacles to developing better cross-cultural understandings and cultural competence. There are also some negative relations and dynamics among different minority groups that can present health education program obstacles for organizations that work with multiple groups.

Specific Cultural Beliefs and Understandings

The cultures of different minority groups, especially among immigrants, have sets of beliefs that can interfere with effective health education. There are major differences between the U.S. health care system and that of the home country for most immigrants. Some cultures do not understand or accept our concept of preventive health behaviors. They might be fatalistic in their attitudes towards illness, or not seek care until there is a severe problem. Language issues

aside, many have inadequate health knowledge and literacy. Some individuals may have serious misunderstandings of certain health issues.

Some individuals believe strongly in certain traditional remedies, considered by our health professionals to be ineffective or even dangerous. The sacred, traditional role of tobacco in Native American culture is an obstacle to smoking prevention/cessation education efforts. Among other examples are cultures that have no concept of mental health, and cultures whose females are discouraged from discussing the human body. Even without cross-cultural conflicts, health-related attitudes in certain cultures are substantial challenges for health education efforts.

Language and Literacy Barriers

Language barriers pose major obstacles in reaching immigrants with health education. These include, among others, lack of health education materials in specific languages, availability and cost of interpreters and translators, difficulty recruiting outreach workers who speak the native language, providers who won't provide interpreters, providers who don't know how to work with interpreters, and the practice of using children to interpret.

These barriers are especially problematic in the context of treatment-based health education where communication is crucial. When bilingual interpreters and translators are available, many are not medically certified or adequately trained in health issues and terminology. In spite of the Title VI and Culturally and Linguistically Appropriate Services (CLAS) regulations and violations reported, many providers still require patients to provide their own interpreter. Often, the patient brings a child to interpret, which poses numerous risks, including those of incomplete and inaccurate communications. Even adult interpreters may be known by the patient, raising confidentiality issues and presenting the risk of less than candid communications.

The lack of culturally appropriate materials in specific languages is a widespread problem. African (Sudanese and Somali) and Asian (Vietnamese and Laotian) materials were especially needed, as well as Spanish, Mayan dialect, Arabic and Eastern European materials.

Low levels of education make it difficult for some individuals to read many of the health education materials, even when written in their native language. In some cases, the materials are written at an inappropriately high reading level (above 6th grade) for any general audience. For individuals with very low literacy, information needs to be presented less verbally and more graphically. Low levels of education also contribute to inadequate health literacy, even for non-immigrants. Some materials and oral presentations use terms that are too technical, and ideas that are too complex instead of a simple message in lay person terms.

Socioeconomic Issues

Culture and language obstacles are often exacerbated by the social and economic circumstances of minority group members. The following discussion is based on issues that were raised in the focus group meetings and in the health education surveys. It is not meant to be an exhaustive discussion of these obstacles.

Many families and individuals across the state live in poverty and struggle to meet basic needs such as food, housing, and transportation; which are a higher priority for them than health education, or even health care. Recommendations on healthy diets are likely to seem irrelevant to parents who experience food insecurity. Those in poverty often lack transportation to health programs and services and appropriate child care arrangements. They often lack health

coverage, which severely limits their options to health services. Even if they receive health screenings, they may lack the funds to pay for medication or other treatments.

Time constraints and basic needs priorities are major obstacles to reaching low-income parents with health education programs and can be a contributing factor to lack of parental involvement in programs that serve children and youth. This especially impacts the African-American community, which has a relatively high percentage of low income, single parents, a group that is likely to place priority on basic needs and have time constraints.

Community Outreach Problems

Problems with health education outreach to minorities are widespread. Many organizations report obstacles in getting information out about a program and getting individuals to participate. The culture, language, and socioeconomic obstacles discussed earlier account for many of the difficulties.

Some population groups are especially difficult for organizations to reach. Males, especially young males, are very hard to reach. Likewise, it is difficult to reach adolescents and young adults of both sexes, especially those not hooked into schools or public assistance programs.

A number of immigrants are undocumented either because they are here illegally or because of problems with their paperwork. The lack of documentation, in particular a Social Security number, cuts them off from many assistance programs, and fear of deportation keeps them (and even some with documentation) away from other programs that would serve them. This is a particularly difficult group to reach with health education and other health services.

No specific racial/ethnic group was identified in more than one community as especially hard to reach, but different groups were reported hard to reach in different communities. Several organizations experience outreach problems caused by certain religious attitudes and/or political pressures in opposition to their health topics or message.

Program Resource Limitations

It is very difficult for organizations to obtain the level of funding they need to meet their health education program needs. It is especially difficult to obtain funding to sustain these programs for the long term needed to be truly effective. Promising programs have ended when funding ran out. Some participants reported problems maintaining community connections due to high staff turnover. Other funding issues include high participation requirements by some funding sources, inflexibility in how funds can be used, excessive paperwork requirements for some grants, and rigid requirements for evaluations. Some questioned whether it was worth the effort to apply for certain grants because of the excessive effort it would take to meet the reporting requirements.

There was widespread concern about the lack of adequate minority population data that are current, local, and specific to different minority groups. Organizations also lacked reliable information on health and other related problems for the different minority groups they needed to serve. Some participants feel that the Office of Minority Health and Health Equity is under resourced in terms of both money and staff, which limits OMH's capacity to help them reach minorities with health education.

Health System Obstacles

There are numerous health education obstacles within the U.S. health system itself, including those arising within public and private health care providers, government agencies, the

insurance industry, the pharmaceutical industry, community assistance organizations, private funding foundations, and public policies. Some of these obstacles affect all population groups; some affect those who are uninsured and/or low-income, and some affect members of various minority groups.

Health care facilities are a primary place for health education, especially education pertaining to the diagnosis and/or treatment of specific health problems. The fragmented, complex health care system is difficult enough to navigate for those who are advantaged by income, education, and health coverage and speak fluent English. Many in minority groups lack some or all of those advantages and face substantial obstacles in accessing health services. For undocumented immigrants, the challenges are even greater. Even when access is obtained, patients who are members of minority groups may receive care that is different and inferior to those of their non-minority counterparts.

Although disease prevention gets considerable publicity, the U.S. health care system is more oriented to medical treatments, than to education and support of measures that would prevent disease. This is also seen as a reactive rather than proactive approach to health care. Prevention efforts are primarily in the form of medical screenings and exams that can detect problems, which if treated, could prevent more serious ones, or detect serious problems at an early enough stage where treatment is more likely to be successful. Health education within the health care system is largely treatment-based and confined to issues directly related to the diagnosis and treatment of a specific health problem.

Visits to the doctor present opportunities and imperatives for preventive health education, but typically it receives very little of the provider's time. Although some practitioners may encourage their patients to adopt more healthy behaviors (e.g., healthy diet, more exercise, reduce stress, etc.), there is little infrastructure to support the patients' efforts, and a wide range of societal pressures that undermine the healthy behavior recommendations. Patients who seek "preventive" health education advice from professionals such as nutritionists or physical fitness experts are not likely to have their costs covered by health insurance. Covered health services are likely to be available only when serious health problems occur as a result of poor diet and inactivity. Likewise, the system offers treatments to quit smoking or control alcohol and drug addictions, but has less involvement in efforts to prevent substance abuse.

For immigrants and refugees, health education is even less accessible through most health care services (even if they can access those services) because of the language and culture barriers discussed earlier. Even communication about a treatment for a specific problem can be difficult.

Health education, especially disease prevention topics, occurs primarily outside the main health care treatment components of the system. Even within large health care institutions such as hospitals and medical schools, health education programs tend to be separate from health care services. Much of the preventive health education reaching minority populations is from community health clinics and community agencies that provide multiple services to their clients.

Public Policy Issues

A number of public policies present obstacles to reaching minorities with health education. One problem of great concern is lack of adequate compliance and enforcement of Title VI of the Civil Rights Act and the language-related CLAS regulations which require health providers to provide interpreters and translators for their limited- and non-English speaking patients. As

discussed earlier, some providers require patients to bring their own interpreter. Participants in one focus group reported that numerous Title VI violation complaints have not resulted in provider compliance. While there was agreement that cost was one reason some providers were not in compliance, there was a difference of opinion on the issue of whether or not providers should be reimbursed for the costs of compliance.

Increasing the number of minorities in the health professions is a widely accepted goal but there are some policies that keep some minorities out of these professions. Higher education and employment obstacles for undocumented immigrants reduce the numbers who could pursue health careers. Some minorities are barred from health professions because offences they committed when they were young are kept on their records.

Another culture and language-related policy barrier is the stringent certification process for health professionals trained in other countries. For example, there are many health professionals trained in Latin American countries who could be providing health care to Spanish-speaking immigrants, but are unable to meet the U.S. testing requirements for certification.

Also of great concern are the restrictions on providing services to undocumented immigrants. In particular, the requirements of a Social Security number for many assistance programs makes it very difficult for organizations to reach this population group with health education and assist them with access to the health care services they may need.

Keys to Effective Health Education

To be effective, health education efforts need to overcome many of the obstacles described above. The “keys” to effectiveness that are identified here include both specific methods that an organization has implemented as well as broad, general approaches that they implement or hope to achieve.

Make Health Education Culturally Competent and Linguistically Appropriate

- Develop an understanding of the culture, including differences between our health care system and that of the home country
- Involve representatives of the minority groups in planning
- Connect the program with community leaders
- Work through a multicultural action committee
- Tie the program into traditions
- Use presenters of the same ethnicity
- Use presenters who are credible, trusted, and accepted by the community
- Use presenters who are native or fluent speakers
- Break the language barrier
- Have information available in various languages
- Have bilingual physicians, health educators, and staff
- Use interpreters who have health training
- Have trusted interpreters available for every encounter

Make the Program Visible, Inviting, and Easy to Access

- Integrate programs into existing programs and services:
 - ~ During meals
 - ~ At social events

- ~ Offer education on healthy and frugal cooking at food banks, with food stamps, with community gardens
- o Have ongoing education at regularly scheduled days and times
- o Combine health education with health care services:
 - ~ Ongoing screening programs
 - ~ Mobile clinics
 - ~ Convenient, one-stop, holistic facilities
- o Locate programs within the community at places people go:
 - ~ At community centers
 - ~ At churches
 - ~ At schools
 - ~ At libraries
- o Have a special, interesting event
- o Have a celebrity presenter
- o Have a health fair with information and free care
- o Offer program free of charge
- o Offer incentives:
 - o Use culturally-centered social marketing strategies
 - o Match topic to the audience
 - o Communicate through Spanish language publications
 - o Outreach to adults through school age children
 - o Have home visitation programs
 - o Use small group, social gatherings in homes
 - o Provide transportation
 - o Use bilingual drivers and schedulers
 - o Provide child care
 - o Provide a safe environment (i.e., citizen status confidential)
 - o Provide non-stigmatizing, non-threatening environment

Offer Motivating and Effective Programs and Materials

- o Use motivational speakers
- o Have energetic programs – with music
- o Provide opportunities for socialization
- o Have face-to-face contact with participants
- o Have one-on-one communication
- o Have group sharing discussions
- o Use effective teaching methods: handouts, discussion, and demonstration
- o Depoliticize health issues
- o Overcome the power differential
- o Create interest in prevention vs. treatment
- o Make specific, practical recommendations
- o Offer realistic, specific alternatives for nutrition, physical activity:
 - ~ Culturally specific food plans in native language
 - ~ Organize play with kids
 - ~ Form activity groups, get neighbors and kids to come along
- o Keep the message simple
- o Present the information in lay person terms
- o Use appropriate literacy level for printed materials
- o Use good visual aids – simple with pictures and diagrams
- o Use billboards

- Use oral presentations and not just printed materials
- Explain the rationale for the recommendations
- Provide contacts for further information
- Provide realistic information on costs and time commitment

Ensure a Supportive Environment for the Individual to Adopt and Sustain Healthy Behaviors

- Encourage family support
- Recognize that housing, food, and transportation are health issues
- Build needed support systems
- Encourage effective community leadership
- Provide good role models
- Raise public awareness of the health issue
- Build partnerships between health education and health care services
- Offer integrated, holistic health programs
- Provide case management
- Work in collaboration
- Have coordinated efforts with centralized funding
- Have sustainable messages and programs, with financial resources needed for repetition
- Make a long-term commitment to support health education efforts for years, not weeks or months

Effective Health Education Initiative

Participants were asked to identify health education initiatives they believe have been effective in reaching minorities. Their responses often identified aspects of programs they thought were effective, and these have been incorporated into the “Keys to Effective Health Education” summary above. Most of the specific health education initiatives that were designated as effective were identified at only one location. The exceptions were diabetes education programs, health fairs, Promotora programs, and anti-smoking campaigns.

Health Education Partnerships

The organizations participating in the focus groups partnered broadly on health education initiatives, not only among themselves, but also with others in the community and beyond (see Appendix G for a list of partners and potential partners by location). Current partners included not only many health service providers, but also a variety of public and private organizations providing community services such as schools, community centers, assistance organizations and libraries, as well as colleges and universities, foundations, and some business establishments, particularly those with high numbers of minority employees.

In response to a question about potential partners, participants identified organizations not currently involved in health education in the community, as well as some that were involved, but not as much as they could be. Many of the potential partners were specific to the community and are summarized below by general categories.

Potential Partners Identified in the Majority of Communities

- Business sector, including major employers of minorities, Chamber of Commerce, and the financial sector
- Foundations, both local and national

Other Potential Partners Identified in Two or More Communities

- Colleges and universities
- Local government
- State agencies
- Churches and other religious congregations
- Media
- Health care providers
- Civic organizations
- Child care providers
- Nursing schools
- Minority health professionals
- Minority community leaders
- Law enforcement

Participants identified a number of benefits to working in partnership to reach minorities with health education.

Benefits of Working in Partnership

- Reach more people: reduce gaps in service, wider coverage, better access to those hard to reach, greater numbers, gain new clients, more awareness in communities
- Efficient use of resources: reduces/avoids duplication, not reinventing the wheel
- Increases expertise: more areas of specialization, pool technical and outreach expertise, increases chance of innovative approaches
- Increases funding and resources: brings in more people, easier fundraising, more resources, expanded networks, shared technology
- Strength in numbers: work towards common goals, mutual support, bigger collaborations are stronger
- Share knowledge with each other: share information on culture and language, increased communication within the community
- Enhances services: more effective, facilitates referrals, enables immediate help, breaks down cultural barriers, more effective education, better buy-in means better results, understanding needs means more help
- Enhances credibility and influence: promote own programs better

In a few focus group meetings, where time allowed, participants were asked to identify some of the keys to working effectively in partnerships on health education and/or what are some of the obstacles. Most responses were specific to the location and are reported in Appendix H.

How the Office of Minority Health & Health Equity Can Help and Other Needs

Participants were asked to identify ways the Nebraska Office of Minority Health & Health Equity could better help them be more effective in their efforts to reach minorities with health education. They were also asked to identify any other needs and to make any additional comments they might have. On the health education initiatives survey, participating organizations were asked what, other than additional staff or funding, they need to enhance their efforts to reach minority populations with effective health education. The responses to all these questions have been combined and are summarized according to the following general categories:

OMH relations and
communications with partners
Networking and collaboration
Data and information
Advocacy and public policy
Outreach to minority populations
Cultural competence and diversity

Language
Minority health professionals
Assessment and strategic planning
Program and project development
Funding and resources
Training
Health services

Some responses are very specific to the Office of Minority Health and others identify a more general need. Some fit easily into more than one category. This is particularly true of responses that identify advocacy and funding needs, which often refer to one of the other categories. In the interest of space, each type of response is listed only in one category. Some responses were given by a number of participants in different communities while others were given by only one participant.

OMH Relations and Communications with Partners

- Have more face-to-face and personal contacts and communications with community partners
- Improve communication
- Offer more encouragement to partners
- Clarify and distinguish OMH's role from community partners
- Provide more information about what OMH does
- Place more trust in local partners and find ways to work within partners' rules to help them help their community
- Be more concerned about program implementation than bean counting
- Do not merge with the Public Health Association of Nebraska
- Have seen improvements in OMH responsiveness, etc. over past two years
- Thanks for the focus group meetings and the opportunity to express what we want and need – keep up the good work

Networking and Collaboration

- Facilitate community networks and partnerships
- Take leadership in forming collaborations (state participation comes with no turf issues)
- Provide networking support across communities
- Provide a list of key contacts for advertising health education opportunities to minority populations
- Need network of community partners who share in the interest of strengthening minority participation in the field of nursing
- Provide list of focus group participants and feedback on what was learned
- Need community contacts – location of education/enrollment sites
- Keep track of who has what resources and facilitate sharing
- Convene groups to exchange information on resources and best practices and facilitate partnerships
- Sponsor meetings to support a dialogue process – round tables, working teams, etc. on minority health

Data and Information

- Advocate for and help provide better minority population data that is accurate, up-to-date, at local level, and specific to different populations

- Provide up-to-date information on health disparities, gaps, and number of uninsured and under insured that is specific to the community
- Make better use of Native Americans for collecting data that is culturally sensitive
- Establish connection to UNL public policy center for data specific to different groups
- Help put together local guides to health services and other resources, including those for low-income and uninsured
- Develop website to be a clearinghouse for minority health information including useful links, calendar of events, catalog of multi-lingual resources, health status reports, best practices, collaboration opportunities, health services by location, and funding opportunities
- Develop a unified, single set of health education resource materials, instead of each entity creating their own handouts
- Forward information on funding opportunities and events to a minority health list-serve
- Provide information on what resources are already available from OMH
- Ensure accuracy of available information
- Share with community partners studies and research on delivering health education
- Need 911 line for health resources
- Distribute minority health status report more widely

Advocacy and Public Policy

- Use authority of state office to open door – “bully pulpit”
- Provide connection to legislators and advocacy assistance
- Provide link for service providers to policy advocacy
- Set the tone for leadership
- Provide analyses on key issues
- Advocate for needed policies and programs
 - ~ More federal and state dollars and grants
 - ~ Minority health and empowerment
 - ~ Non-politicized public policies
 - ~ Health literacy pilot program
 - ~ Comprehensive approach to meeting needs (economic and health)
 - Economic equity in community is a major health issue
 - ~ Policy changes at federal level
 - Policy changes on CLAS
 - Medicaid reimbursements for medical translation and interpretation
 - Increases in Medicaid and Medicare payments
 - ~ Making programs accountable to provide interpreters as needed (they should/could provide interpreters without budget constraints)
 - ~ Enforcement and education on Title VI and CLAS, including businesses
 - ~ Follow-up on patient discrimination complaints (changes not made in spite of reporting Title VI violations)
 - ~ Cultural competence training of doctors and dentists
 - ~ Credentialing programs for immigrant providers
 - ~ Expunging youth offense records to increase health profession opportunities for minorities
 - ~ Opportunities for undocumented minorities to obtain health education
 - ~ Solution to social security number issue for drugs and program access

- ~ Solution to issue of overlooking or under-serving non-reservation Native American groups
- ~ Acknowledgement and addressing of issue of high incarceration rate of Native American youth
- ~ Offering of Lakota or other native language where Native American children are educated
- ~ Reducing burden of health care costs
- ~ Improvement in health care coverage for low-income households
- ~ Transportation services
- ~ Better communication and protocols to allow children in foster care to participate in programs

Community Outreach to Minority Populations

- Raise OMH public profile and awareness of who you are and what you do
 - ~ Through local TV, newsletters, Community Voice
 - ~ Staff more visible and plentiful in local community (e.g., health fairs, interagency meetings)
 - ~ Be there, be present
 - ~ Continue Minority Health Conference and link back to community
- Give voice to community perspective
 - ~ Continue to connect with community
 - ~ Sponsor a “what can we do for you” session
 - ~ Identify leaders in minority communities and ask them to help
 - ~ Talk more to the people
- Develop leaders and recognize leadership
 - ~ Establish program to facilitate sustainable leadership
 - ~ Provide recognition of great efforts in communities – annual awards, media release, spotlights, etc.
 - ~ Host youth leadership conferences
- Increase use of community health workers
- Target younger people with health education, involve parents through groups like 4H
- Need state-wide health education campaigns
 - ~ Need billboards in more areas of the state and posters to include more rural minority health care providers
- Need more public health announcements in English and Spanish
- Get groups of Native Americans together and talk to them (more personal communication)
- Visit reservations and tribal leaders (reservation and non-reservation) to assess resources, gaps, etc.
- Present the case for health education needs to tribal councils and leadership
- Suggest an Indian Health Summit, including tribal leadership and key HHSS people
- Have conversations with organizations: “Here are disparities and here’s how we can address them”
- Establish relationships and conduct education with business owners
- Understand that reaching immigrant and refugee populations require big, different thinking – outside the box/outside the culture

Cultural Competence and Diversity

- Provide more education to health care personnel on cultural issues

- ~ Offer CME's for cultural competence education – reach the physicians
- ~ Provide in-depth, intensive cultural competence education, broader than just interpreters, for all
- Medical school education curriculum should include cultural competence
 - ~ Provide a model class discussion, including minority groups for purposes of cultural competence
- Include Native American cultures within school curriculum

Language

- Provide specific language materials – Spanish, Lakota, Somali, Sudanese, Vietnamese, Laotian, Arabic, Russian, Bosnian, and other non-Spanish dialects from the Americas
- Key is communication – interpretation and translation
 - ~ Provide interpreters, interpreter training, and financing of these services
 - ~ More diverse interpreters, more readily available
 - ~ Continue staff initiatives for interpreters and translation
 - ~ Need certification for medical interpreters
 - ~ Get word out to provider re: medical translation and interpretation – cannot cover now but working on it
 - ~ Need more bilingual health educators

Minority Health Professionals

- Recruit and train more minority health professionals
- Provide scholarships for minorities to go into health professions – especially mental health
 - ~ Work with Lincoln Community Foundation – they have scholarship dollars and need more minority students
- Think long-term – catch high school kids through college, through graduate school, stay and work here in Nebraska in health professions

Assessment and Strategic Planning

- Develop a comprehensive strategic plan for eliminating health disparities – both urban and rural strategies
- Establish common goals that could be incorporated into organizations' strategic plans for minority health
- Sponsor a 2020 visioning process
- Do with work plan as you do with conference – focus on key issues
- Assessment of what is out here, with local input
- Help conduct client satisfaction surveys
- Understand the demographics of minority populations: numerators and denominators
- Allow for differences in functioning in rural areas
- Need quality outcome measures for evaluation

Program and Project Development

- Provide better guidance on Minority Health Initiative project structures/functions
- Develop authority/credibility for programs
- Need health education programs that are scientifically based and medically accurate – not politicized
- Include the target audience in on the program development, implementation, and evaluation process (this would give them a sense of responsibility, empowerment, and self-efficacy)

- Must be holistic – mental health, substance abuse, primary care providers
- Identify and disseminate best practices
 - ~ What is working here and in other peer areas
 - ~ Success stories, number one hot program that works
 - ~ Include logistics (how was this accomplished?)
- Need basic nutritional programs - entire diet of traditional foods
- Intensively fund model program for healthy nutritional lifestyle – conduct study to show benefits
- Provide ideas for programming at collegiate level to connect with experts, resources, programming
- Lead statewide Healthy Lincoln, Activate Omaha type campaign to encompass and set example for all of state

Funding and Resources

- Improve funding procedures and information
 - ~ More timely availability of funds and reimbursements
 - ~ Share information on grants and funding
 - Centralized person sending out information on all grants/funding on all issues – government, private, public, etc., sort by relevancy
 - ~ Short-term shifting priorities are problematic, no time to get a solid program functioning before funding is cut
 - ~ Remove personal/political biases from funding process and incorporate views of public health professionals into planning
- Facilitate increased funding
 - ~ Connect to state and federal funding and facilitate applications
 - ~ Provide mini grants
 - ~ Put Nebraska lottery money into health care
 - ~ Tie dollars generated by minority population groups (i.e. Keno dollars) to benefit those groups
 - ~ Need more corporate resources for health education
 - ~ Help us keep and sustain successful programs
 - Minority health initiatives provide a more direct route to community groups on how the money would be spent
 - Identify successful programs and help fund more of them
- Need funding for specific purposes
 - ~ Add mental health to minority health initiative grants
 - ~ Costs are huge for interpretation and translation – facilitate funding
 - ~ Support for immigrants after Office of Refugee Resettlement dollars expire
 - ~ More funding for health education
 - ~ Need funding for meals and incentives to motivate participation
 - ~ Funds to support young families
 - ~ Need funding for minority health educator on staff
- Need additional resources
 - ~ More resources to manage grants
 - ~ More resources for health for families and for agencies
 - ~ OMH needs more resources
 - Provide more community health coordinators with specialization
 - ~ Need capacity building

Training

- Provide training and workshops
- Need training programs and train the trainer
- Need training – strengthening community
- Need health training for bilingual staff (case management, translation, etc.)
- Provide education on how to use the existing resources
- Need effective marketing tools and training

Health Services

- Need more access to quality health care
- Need affordable health care
- Need locally available health services
 - ~ Collaborate on “mini” community health and education center
- Need free clinics including dentists and optometrists
- Inform and recruit more dentists
- Need transportation to services, funding and drivers
- Doctor’s refusal of Medicaid patients is a problem
- Help people understand how insurance works – what is said and how it’s said
- Bring immigrants into one-stop health care
- Need health education department in health clinics
- Reach illegal children with health screening, prevention, etc.

Strategies to Strengthen Minority Health Partnerships

Many of the community partners’ requests for support from the Office of Minority Health fall within OMH’s strategic plan. These requests not only confirm the importance of OMH’s goals and objectives, they also provide some guidance on how to implement the plan. The OMH strategic plan includes the following goals and objectives:

Goal 1. Become the centralized source of information relevant to the health of minorities in Nebraska.

- Establish and maintain the connections needed to gain access to all current information and analyses relevant to minorities in Nebraska.
- Maintain on the OMH website current minority health data and analyses and direct links to relevant information on other websites.
- Collaborate on the publication of regular reports on minority health.
- Advocate for expanded and improved minority health data collection and coordination 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.

- Educate the general public on health disparities.
- Maintain on the OMH website current and comprehensive information on health equity issues for racial/ethnic minorities in Nebraska and strategies for addressing those issues.
- Partner with the Minority Public Health Association, the Public Health Association, the Offices in the DHHS Division of Public Health, and other key public health leadership

in developing and advocating for a priority public policy agenda for minority health equity, targeting policy makers and elected officials.

- Advocate for improved health coverage for racial/ethnic minorities.
- Establish an ongoing program to educate key policymakers and legislators on issues impacting health disparities and our progress on meeting the goals established by the Minority Health Equity Work Plan.
- Advocate for policies and projects to ensure that counties or local public health districts each have a plan for disaster/emergency planning with specific goals and objectives for racial/ethnic minorities.

Goal 3. Become the leading source of information, advocacy and training for cultural competency in the Nebraska health care system.

- Educate public health providers about federal laws that require culturally competent, linguistically appropriate health care that protects minority health care consumers.
- Promote cultural proficiency through curricula for organizations and providers of health care services.
- Ensure the implementation of CLAS standards statewide.
- Increase the number of racial and ethnic minority providers of health care in the state.
- Follow up with the Office of Civil Rights on complaints about providers failing to supply an interpreter.
- Promote training of public health and medical personnel across the state on CLAS and cultural competency, to include current and upcoming students/residents.

Goal 4. Enhance Nebraska's Public Health infrastructure to better meet the health needs of minorities.

- Increase the level of collaboration and cooperation among public health system partners.
- Move public health partners forward to meet the Nebraska Healthy People 2010 goals and objectives.
- Increase levels of funding for minority health programs.

Other Strategies

Several additional, overarching messages emerge from the focus group meetings. These messages are relevant to the Office of Minority Health's efforts to strengthen its relationships with its community partners as it implements its Strategic Plan.

Health education should be more closely integrated and coordinated with health care services.

- To ensure appropriate follow-up to education screenings, etc.
- To ensure appropriate health education in connection with treatments.

Health education and health care services need to be more integrated and coordinated with other social services for those families that struggle to meet basic needs.

- Failing to meet basic needs is likely to have negative health consequences for family members.
- Access to health care services should be addressed in the context of the family's other basic needs.
- Health education is a relatively low priority for families who are struggling with shelter, food, and transportation issues.
- More practical, realistic steps can be identified when taking into consideration the family's status in terms of basic needs.

Many health issues are interrelated and should be addressed comprehensively in health education initiatives.

- Health education program funding should encourage a broad approach rather than addressing a narrow, single issue.

The cultural competence and delivery of health education programs to minority populations are more problematic for community partners than determining what health topics to address.

- OMH should enhance its efforts to help its partners obtain or develop culturally competent and linguistically appropriate materials.
- OMH should enhance its efforts to help partners' outreach efforts to minority populations in their communities.

OMH needs to learn more about its community partners and how they function in different areas of the state.

- More visits to individual community partners at their facilities would provide greater opportunities for OMH to communicate to them about their services and, more importantly, for OMH to look, listen, and learn from those partners.

OMH needs to communicate better to its community partners about its mission, objectives, and services.

- Many requests from the focus group meetings pertain to things OMH is currently doing or is planning to do.
- Better communication would not only result in more services to partners, but also, give the community partners opportunity for feedback on existing or planned OMH services.

Appendix A: Participants and Organizations by Location

Chadron

Linda K. Brockbank	Chadron Native American Center
Tama Dirks	Western Community Health Resources
Kim Engel	Panhandle Public Health District
Carolyn Jones	Western Community Health Resources
Hanson Poor Bear	Native American Health & Human Services Advisory Committee
Joe Simmons	Chadron Native American Center
Russell D. Zephier	Native American Health & Human Services Advisory Committee

Crete

Lori Ehler	BVCA WIC
Janie Fralin	Blue Valley Community Action
Patty Korbelik	Tabitha Health Care Services
Paula Robbins	CATCH, INC
Aloha Schmid	Tabitha Health Care Services
Tracey Unger	BVCA Immunization Coordinator

Grand Island/Hastings

Bill Brennan	St. Francis Medical Center Foundation
Luris Calero	SFMC, Wellness Works/For Su Salud
Doreen Foland	SFMC, Wellness Works/For Su Salud
Tonna Gilbert	Head Start, Hastings
Rosa Guia	South Heartland District Health Department
Maria Hines	Central District Health Department
Candy Houdek	SFMC, Interpreters
Emily Lembke	Hope Harbor
Gerardo Martinez	Mary Lanning Hospital
Odalys Perez	Grand Island Multicultural Coalition
Carni Wells	UNL Cooperative Extension

Kearney

Steph Burge	UNMC School of Nursing
Elinda Chandler	Community Action Partnership of Mid Nebraska
Melissa Nelson	Well Child Clinic for Lexington & Gibbon, CAP
Dora Munoz	Community Action Partnership of Mid Nebraska
Deb Quinn	UNMC School of Nursing, Kearney Division
Bob Smoot	Good Samaritan Hospital
Sara Vasquez	Community Action Partnership of Mid Nebraska
Julie Weir	Community Action Partnership of Mid Nebraska

Lexington

Eusevia Ellis	Community worker
Rebecca Fitch	Tyson Foods
Elizabeth Montes	St. Peter's in the Valley, Multicultural Missioner
Maria Reyes	Parent-Child Center
Dennis Scofield	Two Rivers Public Health Department
Dana Ulelan	Tri-County Hospital
Ella Virula	Parent-Child Center

Lincoln

Derrick Anderson	Downtown Physicians Group
Karen Bahr	Community Health Endowment
Allison Bitz	UNL Women's Center for Research on Children, Youth, Families & Schools
Carol Brown	LanguageLinc
Susan Kash Brown	Southeast Community College
Pat Carlson	Clinic with a Heart
Helen Fagan	BryanLGH Medical Center
Kevin Flores	St. Elizabeth Regional Medical Center
Giovanni Jones	UNL Office of TRIO Programs
Jean Krejci	Lincoln Lancaster County Health Department
Soumya Madabhushi	FIRST Project
TJ McDowell	Malone Center
Malcom Miles	Region V Systems
Carol Mitchell	Lincoln Lancaster County Health Department
Cindy Peters	Lincoln Lancaster County Health Department
Christina Pollard	People's Health Clinic
Modesta Putla	Asian Community and Cultural Center
Dean Settle	Lancaster County Community Mental Health Center

Norfolk

Angel Ausdemone	Norfolk Head Start
Ruth Beckmann	Northeast Nebraska Public Health Department, Wayne
Joe Blankenau	Wayne State College, Wayne
Patti Eckdall	Goldenrod Hills Head Start, West Point
Gretchen Forsell	Northern Nebraska Area Health Education Center
Julia Icaza	Elkhorn Logan Valley Public Health Department
Julie Lingenfelter	New Americans Center
La Rayne Meyer	Elkhorn Logan Valley Public Health Department
Stacie Petersen	Franciscan Care Services
Aurora Reyes	New Americans Center
Deb Schroeder	UNL Cooperative Extension, Cuming County
Michelle Zwiener	Faith Regional Health Services

Omaha

Chad Abresch	UNMC CityMatCH
Brenda Avant	OPS Nurse, Gomez Heritage
Brenda Bell	UNMC Health Disparities program
Dan Blanke	UNO Health Physical Education and Recreation
Kitch Carroll	Lutheran Family Services
Belisia Casebeer	YWCA
Betty Cernech	Visiting Nurse Association
Sylvia Coleman	Alegent Faith Community Nursing Network
Ira Combs	UNMC Minority Health Education Research Office (MHERO)
Jacqueline Cook	Charles Drew Health Center
Theola Cooper	Creighton Community Health Center
Roy Davenport	Greater Omaha Community Action
Taneisha Davis	Nebraska AIDS Project
Margie Dumas	Planned Parenthood of Nebraska and Council Bluffs
Patty Falcone	Douglas County Health Department

Maureen Fitzgerald	UNMC CityMatCH
Barbara Hewins-Maroney	UNO Goodrich Program
Judith Hill	Charles Drew Health Center
Catrice Jackson	YWCA
Kainette Jones	Girls Inc
Ronald Jordan	UNMC College of Nursing
Olga Kordash	Greater Omaha Community Action
Mark Law	UNMC CityMatCH
Faye Likely	Nebraska Aids Project
Ruth Matlock	Greater Omaha Community Action
Sharon Moran	OPS Health Services
Mary Obat	Douglas County Health Department
Pat O'Hanlon	One World Community Health Centers
Gabiela Ortiz	Douglas County Health Department
Suzy Prenger	Planned Parenthood of Nebraska and Council Bluffs
Athena Ramos	Creighton Cardiac Center/ MOTAC
Juliann Rech	Creighton Community Health Center
Gloria Robles	Latina Resource Center
Ronnette Sailors	Alegent Faith Community Nursing Network
Alice Schumaker	UNO Master of Public Health Program
Rahman Strum	Omaha Urban Area Health Education Center
Robyn Sydzyik	American Lung Association of Nebraska
Eva Toelle	Methodist Hospital Renaissance Health Center
William Torrence	UNO Community Health
Jessica Tschirren	UNO Master of Public Health Program/ UNMC
Brandi Tumbleson	March of Dimes
Jeff Vandenberg	Lutheran Family Services, Heartland Refuge Resettlement
Jose Villegas	Chicano Awareness Center
Shavonne Washington-Krauth	Creighton Community Health Center

Scottsbluff/Gering

Olivia Blanco	Community worker
Ramona Blanco	Community worker
Mario Chavez, Sr.	Community worker
Rachel Gomez	Western Nebraska Community College
Dave Micheels	Office of Minority Health & Health Equity District 3
Martin Vargas	Panhandle Community Services
Will Voss	Lakota Lutheran
Bill Wineman	Scotts Bluff County Health Department
Jill Young	Nebraska AIDS Project

Wayne

Julie Nielson	Ponca Tribe of Nebraska
Deb Scholten	Northeast Nebraska Public Health Department

Note: The responses from the Wayne meeting were incorporated with the Norfolk meeting responses for the purposes of this report.

Appendix B: Nebraska Minority Health Education Initiatives

<i>Health Education Topic</i>	Chadron	Crete	Grand Island/ Hastings	Kearney	Lexington	Lincoln	Norfolk	Omaha	Scottsbluff/ Gering
Diabetes	X	X	X	X	X	X	X	X	X
Action Now						X			
blood glucose screening	X		X			X		X	
Cardiovascular	X		X	X		X	X	X	X
Heart Truth	X								
Heart Facts			X						
Search Your Heart									X
cholesterol screening	X		X	X		X			
lipid screening								X	
blood pressure screening					X	X		X	
hypertension				X				X	
cardiac rehabilitation		X							
Heart 4 ART	X								
Salud para su Corazon			X						
Obesity/ weight loss, management		X				X	X	X	
school screenings: obesity, acanthosis							X		
childhood obesity			X	X			X		
Nutrition	X	X	X	X	X	X	X	X	X
nutrition (youth)	X							X	X
Physical activity/ fitness			X					X	
physical activity (youth)	X								X
walking							X	X	
Behavioral health				X		X			
smoking cessation		X		X	X	X			
second-hand smoke								X	
tobacco prevention (youth)	X							X	
healthy lifestyles (youth)	X	X							
healthy living/lifestyle changes				X				X	
substance abuse/prevention				X		X		X	X
substance abuse prevention (teens)	X	X		X		X	X	X	
sex education/family planning						X		X	X
teen pregnancy prevention		X							
children and sexuality							X	X	
abstinence						X		X	
healthy relationships						X	X		
safe sex				X					
HIV/AIDS						X	X	X	X
STD prevention				X		X	X	X	X
Chronic diseases/management		X						X	
Kidney disease				X					
Tuberculosis								X	
Allergies								X	

<i>Health Education Topic (cont.)</i>	Chadron	Crete	Grand Island/ Hastings	Kearney	Lexington	Lincoln	Norfolk	Omaha	Scottsbluff/ Gering
Chronic obstructive pulmonary disease								X	
Asthma	X							X	
Oral health	X		X	X		X	X	X	
Fluoridation							X		
Hygiene							X		
Mold, cleanliness		X							
Women's health		X				X			X
reproductive health	X							X	
Every Woman Matters			X	X	X			X	
cervical cancer awareness		X		X				X	
breast cancer awareness/screening		X	X	X	X	X		X	
Maternal and child health		X	X			X	X		
preconception health		X						X	
childbirth classes		X	X		X				
prenatal health	X	X	X				X	X	
postpartum health		X							
lactation		X							
baby care		X							
preterm birth family support								X	
gestational diabetes							X	X	
SIDS, infant mortality								X	
safe sleep, Back-to-Sleep							X	X	
car seat safety	X	X	X		X	X			
immunizations		X	X		X	X			
child development		X					X		
child behavioral problems						X			
shaken baby								X	
well child checks		X				X	X		
baby sitting						X			
WIC programs		X				X		X	X
Special Delivery Program	X								
Healthy Homes program						X			
lead screening/outreach								X	
lead-free homes		X							
parenting skills		X						X	
Men's health		X				X			
prostate cancer				X				X	
testicular cancer								X	
Elderly health								X	
End-of-life care		X							
Orthopedics		X				X			
Pain management		X							
Cancer - prevention						X		X	
Cancer - early detection		X				X			X

	Chadron	Crete	Grand Island/ Hastings	Kearney	Lexington	Lincoln	Norfolk	Omaha	Scottsbluff/ Gering
<i>Health Education Topic (cont.)</i>									
Colorectal cancer				X		X			
Mental health		X				X	X		X
suicide prevention						X			
self-esteem								X	
stress - coping strategies				X					
grief and loss (middle school)		X							
Sexual assault/harassment		X				X			
Domestic violence	X	X					X		
Eye exams					X			X	
Hearing exams					X			X	
Immunizations - all ages		X		X			X		
Wellness checkups/ physicals			X	X		X	X		
Cuidese Bien "Take care of yourself"			X						
ABC's for Good Health									X
Food safety		X	X						
Pandemic flu		X	X				X		
West Nile							X		
Bioterrorism		X					X		
First aid							X		
Prescription & medication education						X	X		
Health literacy						X			
Biomedical research								X	
Workforce - health aspects of careers		X					X		
Diversity education						X			
Health gaps								X	
Disability awareness								X	
Access to care		X							
Health resources - using the system							X		
Health insurance								X	
Health insurance: alternative resources							X		
Hospital admissions/advance directives					X				
Medicare/Medicaid education							X		
Medicaid outreach		X							
Kids Connection		X						X	
<i>Health Education Delivery & Support Programs</i>									
Health fairs	X		X		X	X			
Minority Health Festival									X
Bi National Health Week						X		X	
Health conferences									
Multicultural Health Conference									X
Women's Minority Health Conf.									X
Women's Health Conference						X			
Undoing Racism in Public Health								X	

	Chadron	Crete	Grand Island/ Hastings	Kearney	Lexington	Lincoln	Norfolk	Omaha	Scottsbluff/ Gering
<i>Health Education Delivery & Support Programs (cont.)</i>									
Nutrition & Health Education Forums									X
Cultural events									
Pow-Wows	X						X		
Coming of Age ceremony	X								
Juneteenth celebration						X			
Community health clinics				X		X		X	
Minority health clinic					X				
Minority health case management & education		X							
Mobile health clinics					X	X			
Well child clinic				X	X				
Ethnic community centers	X					X			
Child Development Network						X			
Promotoras			X	X					
Health outreach workers							X		X
Community health workers									X
Community guides						X			
Bilingual health services referrals							X		
Language interpreter line		X							
Public health nurse phone line		X							
Community support workers (substance abuse/mental health)									X
Home visitation		X	X	X		X			
Speakers in homes			X			X			
Health Care Institute			X						
Interpreter health training		X				X	X		
"My medical manager" health history log						X			
Food pantry (nutrition)	X								
Medical transport				X		X			
Health careers							X	X	
Lunch & learn								X	
Bi-monthly newsletter								X	
Black Family Health & Wellness								X	
Monthly speakers								X	
Health educator training								X	
Worksite health								X	
Cultural competency training								X	
Family centered practice				X					
Financial assistance to underinsured for medication and follow up				X					

Appendix C: Nebraska Minority Health Education Gaps

	Chadron	Crete	Grand Island/ Hastings	Kearney	Lexington	Lincoln	Norfolk	Omaha	Scottsbluff/ Gering
<i>Health Topic Gaps</i>									
Cardiovascular					X		X		
Obesity/weight loss, management						X	X	X	
Nutrition education (low/middle income)		X					X	X	
Nutrition (healthy foods availability)	X								
Food safety		X	X		X		X		
Physical activity	X				X		X		
physical activity resources/areas	X	X							
physical activity- youth			X						
Mental health			X	X	X	X	X	X	X
depression				X					
stress reduction for low-income families				X					
child/adolescent mental health counseling		X							
overcoming stigmas						X			
dealing with resistance to mental health in certain cultures						X		X	
Behavioral health									
substance abuse, treatment		X	X				X		X
drug prevention - meth, teens	X	X					X		
sex education/ family planning			X		X				
Preconception health								X	
teen pregnancy prevention			X						X
abstinence							X		
HIV/AIDS	X	X				X			
STD prevention		X			X		X		
Oral health	X		X		X	X			
Women's health						X			X
reproductive health		X	X			X			
Every Women Matters - Hispanic women				X					
Maternal and child health									
prenatal care		X				X			
childbirth classes					X				
car seat safety (more trained inspectors)			X						
lead testing			X						
home safety (kids home alone)			X						
foster care								X	
Men's health: cancers (prostate, colon, testicular), going to doctor		X				X	X	X	
Cancer - early detection						X			X
Sexual assault/harassment						X			
Violence								X	
domestic violence		X	X						
anger management			X						
Routine prevention (annual exams, screenings)		X			X	X	X	X	
Immunizations - adult							X		

	Chadron	Crete	Grand Island/ Hastings	Kearney	Lexington	Lincoln	Norfolk	Omaha	Scottsbluff/ Gering
<i>Health Topic Gaps (cont.)</i>									
End-of-life issues			X						
Tuberculosis (refugee populations)					X				
Pandemic flu preparedness			X			X	X		
Emergency preparedness - tornados			X						
Farm safety							X		
Behavioral change								X	
Empowerment to sustain healthy behaviors								X	
<i>Health System Information/Access Gaps</i>									
Health literacy								X	
Understanding the American health care concept of prevention						X			
Navigating the health care system									X
Guides to health care resources for low-income and uninsured			X			X	X		
Health coverage access			X			X	X		X
Info on health coverage options		X	X						X
Medicaid, Medicare			X						X
Information on availability of women physicians, especially OB-GYN and Every Woman Matters						X			
Information on women providers for Sudanese women						X			
Info for Spanish-speaking mothers on access to resources						X			
Organ donation			X						
Health field job opportunities	X								

Appendix D: Nebraska Minority Health Education Obstacles

	Chadron	Crete	Grand Island/ Hastings	Kearney	Lexington	Lincoln	Norfolk	Omaha	Scottsbluff/ Gering
<i>Cultural Conflicts</i>									
Lack of cultural understanding in community		X							
Cultural dynamics among refugees								X	
Lack of trust by minority population		X							X
History of bad relations with White population	X								
Ongoing prejudices	X								
Feelings of oppression	X								
Insensitive health providers	X						X		
Educators' negative attitudes & low expectations							X		
Lack of health staff and providers from minority population groups						X			
Lack of trust						X			
Cultural misunderstandings/ poor communications						X	X		
Lack of knowledge about cultural beliefs & differences					X				
Lack of community support		X							
Dilution of Native American traditions							X		
Creating cultural friendly environment to make everyone feel welcome							X		
Understanding Sudanese culture						X			
Understanding cultural differences and associated issues						X			
Cultural specific strategies								X	
<i>Specific Cultural Beliefs and Understandings</i>									
Cultural attitudes about time							X		
Cultural attitudes about mental health						X			
Immigrant women's attitudes about talking about their bodies			X						
Native American cultural attitudes about tobacco							X		
Attitudes about reproductive health		X							
Traditional health remedies							X		
Differences between home country and U.S. health care systems						X			
Some do not understand or accept concept of preventive health care			X			X	X		X
Dealing with fatalistic attitudes						X			
<i>Language and Literacy Barriers</i>									
Development of CLAS resources						X			
Lack of appropriate educational/informational materials						X			
Cultural and linguistic appropriate resources						X			
Resources in Vietnamese, Arabic, Hispanic, Eastern European and Sudanese languages						X			
Language barriers		X		X	X		X	X	
Using children to interpret						X			
Lack of confidentiality with interpreters							X		
Lack of interpreters						X			
Cost of interpreters						X			
Lack of well-trained bilingual staff			X			X	X		

	Chadron	Crete	Grand Island/ Hastings	Kearney	Lexington	Lincoln	Norfolk	Omaha	Scottsbluff/ Gering
<i>Language and Literacy Barriers (cont.)</i>									
Employers don't recognize value or use of employees' bilingual talents			X						
Lack of incentives for bilingual services			X	X					
Translation services not always available during working hours							X		
Language - lack of Vietnamese & Laotian materials						X			
Lack of Spanish language materials							X		
Lack of resources for African languages					X				
Resources in Mayan and other non-Spanish dialects from the Americas			X						
Vietnamese resources					X				
African language interpreters and translators					X			X	
Immigrant and refugee interpreters and translators		X						X	
Translators						X			
Lack of certified medical interpreters (bilingual, bicultural, & literate)				X					
Providers requiring patients to bring their own interpreters						X			
Providers who don't know how to use interpreters							X		
Too much reliance on printed materials						X			
Materials that are too verbal, not graphic enough							X		
Lack of literacy in native language			X	X	X	X			
Presentation not in lay person terms						X			X
Too high of reading level of some materials			X			X	X	X	
Low levels of education		X					X		
Lack of user-friendly and understandable resources						X			
<i>Socioeconomic Issues</i>									
Poverty	X					X			X
Basic needs priorities							X		X
Health not a priority/ lack of interest								X	
Food insecurity	X								X
Funds for medication						X			
Need for child care			X			X	X		
Housing - unsafe, overcrowded		X							X
Lack of transportation		X	X			X	X		X
Transportation with adequate safety features, e.g., child car seats, safety restraints		X							
Transportation to services/programs	X	X							
Feelings of hopelessness about health disparities	X						X		
Depression	X								
High Native American rates of substance abuse							X		
Lack of health literacy								X	
Lack of parental involvement								X	
Lack of time to participate/ other priorities							X	X	
Single-parent families		X							
High health-risk population		X							
Low levels of education		X							
Medically Underserved Area		X							

	Chadron	Crete	Grand Island/ Hastings	Kearney	Lexington	Lincoln	Norfolk	Omaha	Scottsbluff/ Gering
<i>Community Outreach Problems</i>									
Difficulties reaching out	X								
Finding competent minority group members who have the time to assist with outreach efforts							X		
The need to funnel information through one or two trusted people							X		
Recruiting adult Hispanics to participate in programs and follow through with implementation							X		
Not aware of health education event								X	
Not aware of health problem								X	
Not aware of organization's credibility				X				X	
Identifying places for outreach								X	
Identifying prevalent health problems of different population groups								X	
Location/travel/delivery of services								X	
Production and design of message to youth								X	
Poor attendance/ getting people to attend			X			X	X	X	
Young people not trusting churches								X	
Attitudes and pressures from certain religious congregations						X			
Politics								X	
Disseminating information to the community								X	
Prioritizing and targeting minority populations						X			
Getting minorities to participate in health education programs							X		
Reaching individuals not hooked into schools or DHHS, e.g., single, employed men, non-college young adults			X			X			
Reaching Native Americans						X			
Reaching Native American adolescents (heart health)							X		
Reaching Native American males							X		
Reaching young men								X	
Reaching African Americans						X			
Reaching Sudanese			X						
<i>Program Resource Limitations</i>									
Funders' requirements for high participation rates								X	
Connecting people with resources/staff turnover							X		
Inadequate program money/ funding/ resources	X	X	X			X		X	
Lack of state support: money and staff							X		
Outdated minority population count/ inadequate data	X	X				X			X
Sustainability/ program funding not long term						X		X	
Lack of programs that effect behavior change								X	
Trust that program will continue								X	
Inflexible funding	X								X
Continuity of information and message bearers			X						
Sustained repetition of programs								X	
Money		X							
Lack of funding sources for special populations				X					
Lack of funding for interpreters and translators				X					

	Chadron	Crete	Grand Island/ Hastings	Kearney	Lexington	Lincoln	Norfolk	Omaha	Scottsbluff/ Gering
<i>Health System Obstacles</i>									
Difficult health care system to access						X			
High cost of follow-up for treatments and meds						X		X	
Lack of follow-up						X			
No provider reimbursement (soft dollars)								X	
Reactive, not proactive health institutions								X	
Disparities in health care								X	
Continuity of services (coordination & collaboration)								X	
Lack of health coverage/access to services		X	X			X		X	X
Profit motive of drug companies								X	
<i>Public Policy Issues</i>									
Lack of recognition of funding needs for some agencies serving non-reservation Native Americans	X								
Need for policy change								X	
Certification barriers for health professionals trained in Latin American countries			X						
Undocumented Hispanic population		X							
Addictive additives in commercial cigarettes							X		
Social Security number requirement for most assistance programs							X		
Lack of CLAS/ Title VI enforcement			X			X			
Issues of permission for children in foster care to participate in programs								X	
Environmental barriers, e.g., no paved sidewalks		X							

Appendix E: Nebraska Minority Health Education Keys to Effectiveness

	Chadron	Crete	Grand Island/ Hastings	Kearney	Lexington	Lincoln	Norfolk/ Wayne	Omaha	Scottsbluff/ Gering
<i>Make Health Education Culturally Competent and Linguistically Appropriate</i>									
Culturally and linguistically appropriate		X			X	X		X	X
Understanding the population								X	
Understand differences between our system and the ones in their home countries						X			
Culturally appropriate, tied into traditions	X					X	X		
Tied to Native American traditional wellness, spiritual beliefs							X		
Cultural competence, sensitivity			X						
Minority representation in planning		X							
Connected with leaders of community						X			
Work through multicultural action committee							X		
Presenters who are trusted, accepted by community, credible			X		X	X	X	X	X
Presenters/providers of the same ethnicity								X	X
Fluent/native speakers			X		X				
Bilingual health educators						X	X		
Health training for interpreters						X			
Trusted interpreter available for every encounter						X			
Bilingual staff and physicians						X			
Information available in various languages								X	
Break the language barrier								X	
<i>Make the Program Visible, Inviting, and Easy to Access</i>									
Incentives	X	X	X		X		X	X	X
raffles					X				
food (at appropriate times of day)					X	X			
prizes, gifts							X		
baby clothes		X							
first aid kits									
gift certificates							X		
water bottles								X	
vouchers for fruit or vegetables	X							X	
pay stipends								X	
Special, interesting event		X					X	X	
health fairs			X			X			
health fairs with information and free care		X							
health fairs at worksite		X							
Ongoing health education at regularly scheduled days/times	X								
Ongoing education/screenings	X								X
Billboards					X				X
At libraries							X		
Outreach to children						X			
Integrated into existing programs, services	X							X	
during meals	X						X		
with mobile clinics						X			

	Chadron	Crete	Grand Island/ Hastings	Kearney	Lexington	Lincoln	Norfolk/ Wayne	Omaha	Scottsbluff/ Gering
<i>Make the Program Visible, Inviting, and Easy to Access (cont.)</i>									
education on healthy and frugal cooking at food banks, with food stamps, with community gardens						X			
In schools			X		X		X		
Home visitation			X	X			X		
Small groups, social activities in homes			X						
At social events		X	X						
At churches					X				
Spanish language publications							X		
Provide information on program and procedures								X	
Accessibility/convenience - within community, where people go e.g., churches or community centers					X	X	X	X	X
Mobile education								X	
Convenient, one-stop, holistic facility						X			
On-sight screening								X	
Transportation			X		X	X		X	
Childcare					X	X		X	
Free of charge								X	
Bilingual drivers, schedulers			X						
Access to health educator at diagnosis - as part of the health care process								X	
Provide assistance with enrollment								X	
Healthy traditional foods							X		
Culturally centered social marketing strategies								X	
Match topic to audience (relevance, prevalence)							X	X	
Non-stigmatizing, non-threatening environment, e.g., "discussion" rather than "therapy" groups						X	X	X	
Safe environment (citizen status confidential)							X		
Celebrity speaker, spokesperson									X
<i>Offer Motivating and Effective Programs and Materials</i>									
Motivational speakers	X								
Energetic programs - with music									X
Socialization		X	X						
Face-to-face contact with participants							X		X
One-on-one		X	X	X		X	X	X	
Small group presentations							X		
Group discussions			X					X	
Practical, specific					X				
Effective teaching methods: handouts, discussion and demonstration								X	
Realistic alternatives for nutrition, physical activity						X			X
Play with kids, free stuff, use groups in less safe areas, get neighbors and kids to come along						X			
Cultural specific food plans in native language							X		
Depoliticize health issues								X	
Overcome power differential, non-condescending						X			
Explanation of rationale								X	

	Chadron	Crete	Grand Island/ Hastings	Kearney	Lexington	Lincoln	Norfolk/ Wayne	Omaha	Scottsbluff/ Gering
<i>Offer Motivating and Effective Programs and Materials (cont.)</i>									
Realistic information on costs and time commitment					X				
Create interest in prevention vs. treatment								X	
Simple message								X	
Presented in lay persons terms							X		X
Appropriate literacy level in printed materials						X			
Good visual aids - simple with pictures and diagrams		X	X				X		
Oral presentation - not just printed materials					X	X			
Contacts for further information					X				
State of the art treatment programs									X
<i>Ensure a Supportive Environment for Adopting and Sustaining Healthy Behaviors</i>									
Supportive environment/ support systems	X				X	X		X	
Family support							X		
Build support system							X		
Revitalize family and teach parenting skills							X		
Effective Tribal leadership							X		
Good role models (e.g., smoke free work place)									X
Raise public awareness of issue						X		X	
Addressing comprehensive issues	X								
Overcoming poverty						X	X		
Recognition that housing, food, transportation are health issues									X
Partnership between education and care						X			
Integrated, holistic programs						X			
Case management		X							
Collaboration								X	
Coordinated efforts with centralized funding								X	
Sustainable message, with financial resources for repetition	X								
Long-term commitment to support health education efforts for years, not weeks or months						X			

Appendix F: Nebraska Minority Health Education Effective Programs

	Chadron	Crete	Grand Island/ Hastings	Kearney	Lexington	Lincoln	Norfolk/ Wayne	Omaha	Scottsbluff/ Gering
<i>Effective Programs</i>									
Diabetes education	X		X			X	X		X
Fresh fruit & vegetable vouchers for cholesterol screening follow-up	X								
Heart 4 ART	X								
Pow-Wow 5k Run	X								
Nurse at Indian Center	X								
Get Up and Move									X
Truth Campaign (anti-smoking)									X
Health fairs		X	X		X				
Health fair at Juneteenth						X			
Teaching how health system works						X			
TCOC "do you know your numbers" (cholesterol and blood sugars)						X			
"If you don't give time to your health today"						X			
Curves waives initiation fee if you bring in proof of mammogram this month						X			
"My Medical Manager" personal health history log						X			
Facilities partnership between local health department and mental health						X			
Immigrant health clinics that move them to medical homes						X			
Smoking cessation information where smokers gather						X			
Cancer screening						X			
Health screening with follow-up built into system						X			
Mental health cultural education						X			
Nutrition			X						
Prenatal/prepared childbirth			X						
Promotoras			X	X					
Cuidise Bien (home gatherings)			X						
Safe kids car seat checks			X						
Salud para su Corazon			X						
Johnson & Johnson/UCLA Health Care Institute grant, books			X						
Lunch & learn		X							
Operation Great Start							X		
NOAH - newsletter/paper								X	
Youth Expression								X	
Activate Omaha								X	
Black Family Health & Wellness Association								X	
Safe Sleep Initiative								X	
Metropolitan Omaha Tobacco Action Committee								X	
Omaha Healthy Start - "Fathers for a Lifetime"								X	
Minority Health Communication Network								X	
Take a Loved One to the Doctor								X	
Every Woman Matters								X	
Nutrition and Healthy Works								X	
Back to Sleep								X	
5 a Day								X	

Appendix G: Minority Health Education Focus Group Organizations & Partnerships

Chadron

Participating Organizations

Chadron Native American Center
Panhandle Public Health District
Western Community Health Resources
Native American Health and Human Services Advisory Committee

Other Partner Organizations

Public schools	UNL Extension
Chadron State College	Panhandle Community Services
Nebraska Department of Health & Human Services	Juvenile justice
Public and private medical providers	Inter Church Ministries
Indian Health Service	YMCA and other recreation providers
Domestic Violence – Family Rescue/Doves	Jo Johnson O'Malley
Nebraska Foundations	Christian Relief Services
Panhandle Partnership	Wal-Mart
Hospitals	Chadron Job Corps
Regional West Medical Center	Youth Built

Potential Partners

Business sector

Crete

Participating organizations

CATCH, Inc.	Blue Valley Community Action (including health services, Every Woman Matters, WIC)
Tabitha Health Care Services	

Other partner organizations

Public Health Solutions	Nebraska Department of Health & Human Services
Crete medical professionals	Schools
Nursing homes	UNL Extension
Doane College	Libraries
Hospitals	Employers of minorities (Farmland)
Clinics	

Potential partners

Clubs and organizations	Civic groups
Media (public service announcements)	City government
Worksites	Financial institutions
Tabitha health	Robert Woods Johnson Foundation
Childcare providers	Office of Minority Health and Health Equity

Grand Island/Hastings

Participating organizations

St. Francis Medical Center Foundation
St. Francis Medical Center
Wellness Works/For Su Salud
Grand Island Multicultural Coalition
Head Start Child and Family Development Program

Hope Harbor
UNL Extension
Mary Lanning Hospital
Central District Health Department
South Heartland District Health Department

Other partner organizations

Schools
Churches
Educational service units (ESU)
Businesses with minority employees
YMCA
Crisis center
Nebraska Department of Health & Human Services
Central Nebraska Community Services
Health care providers
Homeless shelters
Parish nurses

WIC
National Guard community liaison
Central Nebraska Early Childhood Migrant Education Resource Center
Area Health Education Center (AHEC)
Community colleges
Safe kids
Local foundations
Wellness works
Nike
Physicians

Potential partners

University of Nebraska Medical Center
Third City Community Clinic
Student wellness center
Insurance community
Wellness Co-op (Welcoa)
Outreach community clinics

Small business: Union de Pequeños Negocios
County foundations
Social business foundations
City/county governments
Nebraska Dental Association
American Diabetic Association

Kearney

Participating organizations

Good Samaritan Hospital, Kearney
Community Action Partnership of Mid Nebraska

Well Child Clinic for Lexington and Gibbon
UNMC School of Nursing, Kearney Division

Other partner organizations

Tri-County Hospital

Potential partner organizations

University of Nebraska at Kearney

Lexington

Participating organizations

Parent-Child Center
Tri-County Hospital

Two Rivers Public Health Department
Tyson Foods

Other partner organizations

Lutheran Family Services
Plum Creek Medical
Office of Minority Health and Health Equity

Haven House Shelter
Kiwanis
Lexington Community Foundation

Community Action of Mid Nebraska (WIC, food pantry, immunizations, EWM, Minority Health Clinic, Well Child Clinic)

St. James
Central Health Center
Schools
County Sheriff's office

Potential partners

Welcome Center
Chamber of Commerce
Central Community College
Orthman's (farm implement)

Peter Kiewit
Red Cross
Salvation Army
Ministerial Association
Plum Creek Auto
Platte Valley Auto
UNL Extension

Monroe (automotive)
Wal-Mart
U.P. Railroad foundation
Library

Lincoln

Participating organizations

People's Health Center
LanguageLinc
Lincoln-Lancaster Co. Health Dept.
Lancaster County Community Mental Health Center
Downtown Physicians Group
FIRST Project
BryanLGH Medical Center
Community Health Endowment

St. Elizabeth Regional Medical Center
Region V Systems
Asian Community and Cultural Center
Clinic with a Heart
Southeast Community College
Malone Center
UNL Office of TRIO Programs
UNL Women's Ctr./Ctr. for Research on Children, Youth, Families and Schools

Other partner organizations

Public schools
Community Learning Centers
MilkWorks
Community and cultural centers
Volunteer medical providers
Physicians – for credentials/backup
City Mission
Matt Talbot kitchen
The Gathering Place
UNL Extension
UNL Dental College
UNL (some staff, departments)
Lincoln Medical Education Partnership
Lincoln Area Agency on Aging
Lincoln Information for the Elderly
Nebraska AIDS Project
Nursing schools – community outreach
Home visiting nurses

Woods Foundation
Kim Foundation (mental health)
United Way
Office of Minority Health and Health Equity
Kiwaniis
Sertoma
YWCA
Lincoln Action Program
Literacy Council
Housing Authority
State and local government
WorkWell Worksite Wellness
Churches, temples, mosques
Lancaster County Medical Society
Lancaster County Abstinence Coalition
Rape/Spouse Abuse Crisis Center
Men's Health Initiative
Lancaster County General Assistance Dept.

Potential partners

Hospitals
Home health care
Other state offices

Urgent care places – LinCare
Office of Minority Health and Health Equity
Physicians of color

Good Neighbor Center
Lincoln Council on Alcohol and Drugs
Women's Commission
UNL health education programs
Media (newspaper does some)
Woods Foundation
United Way
Center for People in Need
Building Strong Families

Churches in Medically Underserved Areas
Employers of minorities (Cook Foods, Smart Chicken, Deeter Foundry)
Grocery stores and restaurants serving minority populations
Residents at Lincoln Medical Education Partnership
Churches/faith-based organizations
Insurance companies
Lincoln Literacy Council

Norfolk

Participating organizations

Northeast Nebraska Public Health Department
Ponca Tribe of Nebraska
Elkhorn Logan Valley Public Health Department
Faith Regional Health Services
New Americans Center
Goldenrod Hills Head Start

Norfolk Head Start
Wayne State College
Northern Nebraska Area Health Education Center
UNL Cooperative Extension, Cuming County
Franciscan Care Services

Other partner organizations

Public schools
Colleges
Churches
Businesses (Hy-Vee, Wal-mart)
Workforce Development
Hospital
Nebraska Department of Health & Human Services
Salvation Army
Service clubs (Kiwanis, Optimists, Lions)
Health clinics
UNL Extension
Multicultural Action Committee
Goldenrod Hills Community Action
WIC

Local and community governments
United Way
U.S. Department of Agriculture
Northeast Early Child Care Partnerships
Nebraska Senior Health Insurance Information Program (SHIIP)
Libraries
Doctor's offices
University of Nebraska Medical Center
Nebraska AIDS Project
Omaha Tribe
Winnebago Tribe
American Indian Relief
Probation officers

Potential partners

Pharmacies
Churches and pastoral societies
Prevention Pathways
Media
National funding sources – Alegent, Food companies, Ford Foundation, Robert Wood Johnson Foundation, Kellogg Foundation
Juvenile Diversion officers
Nebraska Department of Health & Human Services

U.S. Department of Agriculture
Nebraska Coalition for Public Advocacy
Federation of Latinos Counties
Social Sciences Research Center at Wayne State College
Cornell University
Mexican American Commission
Private colleges
Nursing programs at colleges
Members of minority population groups

Omaha

Participating organizations

Charles Drew Health Center
Creighton Community Health Center
Creighton Cardiac Center
Omaha Public Schools
Nebraska Aids Project
UNMC Minority Health Education Research Office (MHERO)
UNMC Health Disparities Program
UNMC College of Nursing
UNMC CityMatCH
Alegent Health Faith Community Nursing Network
Omaha Urban Area Health Education Center
Planned Parenthood of Nebraska and Council Bluffs
Latina Resource Center
Chicano Awareness Center
March of Dimes

Other partner organizations

Boys and Girls Club
Interfaith Health Services
Mercy Housing
Refugee Task Force
Urban League
Prevent Blindness Network
College of St. Mary
Creighton University College of Nursing
Our Healthy Community Partnership
Activate Omaha
Omaha Healthy Start
Baby Blossoms
MENA Project
Building Strong Families
Southern Sudan Community Organization
Blue Cross/Blue Shield

Potential partners

Behavioral Risk Factor Survey (through districts)
Nebraska Department of Health & Human Services
Churches
Schools
Parent-teacher events
Universities – UNO, UNMC, CU – at ground level and as whole, to increase national funding opportunities
Nursing schools
Media
Fitness centers
Pharmaceutical companies
Business sector

One World Community Health Centers
American Lung Association of Nebraska
Douglas County Health Department
UNO Masters of Public Health Program
UNO Health, Physical Education & Recreation
UNO Goodrich Program
UNO Community Health
YWCA
Girls Inc.
Methodist Hospital Renaissance Health Center
Greater Omaha Community Action
Lutheran Family Services, Heartland Refugee Resettlement
Visiting Nurse Association

Nebraska Cardiovascular Fitness
Eppley Cancer Center
All Stars
Boys Town National Institute
Minority Outreach Resource Education
Centers for Disease Control
Omaha Healthy Kids
Dairy Council
Together, Inc.
Goodwill
Salvation Army
Nebraska Department of Health & Human Services
Omaha Community Foundation
American Heart Association
Area hospital NICU's
Bergan Mercy Hospital

Chamber of Commerce (redefined to increase involvement)
Service organizations
Neighborhood associations
Philanthropists
Law enforcement
Politicians
Day care centers
Smaller foundations and funders
Omaha Community Foundation
Impacted community itself for “cultural competency”
Community at large

Scottsbluff/Gering

Participating organizations

Panhandle Community Services
Western Nebraska Community College
NE AIDS Project

Scotts Bluff County Health Department
Lakota Lutheran Center

Other partner organizations

Schools - public, alternative and private colleges
Panhandle Community Health Center
UNL Extension
University of Nebraska Medical College – Western Division
Panhandle Partnership
Nebraska Department of Health & Human Services
Congregations (some)
Kiwanis

Rotary
Panhandle Community Ministry
Regional West Medical Center
Local banks
Newspaper
Local broadcast media (TV, radio)
Wal-Mart

Potential partners

YMCA
Some churches
Minority health professionals
Minority community leaders
Boys and Girls Club (don't have one)
Chamber of Commerce

United Way (board members)
Cabela's
Target
City and county government agencies
Horizons medical group
Faith-based ministries

Appendix H: Nebraska Minority Health Education Partner Benefits & Obstacles

	Chadron	Crete	Grand Island/ Hastings	Kearney	Lexington	Lincoln	Norfolk	Omaha	Scottsbluff/ Gering
Benefits of Health Education Partnerships		NA*		NA					
<i>Reach More People</i>			X					X	
Reduce gaps in service	X								
Increases access to target population that are hard to reach									X
Reaches more people - wider ranges and greater number						X			
More awareness in communities						X			
<i>Efficient Use of Resources</i>	X						X		
Reduces duplication	X		X			X			
Wise use of resources						X		X	
Efficient use of funds						X			
Not reinventing the wheel							X		
<i>Increases Expertise</i>					X				
More areas of specialization					X				
Brings in more expertise			X			X		X	
Pool technical and outreach expertise						X			
Increases chance of innovative approaches						X			
<i>Increased Funding and Resources</i>							X		X
Brings in more people									X
Easier fundraising					X		X		
Additional funding					X				
More resources (money, people, space)			X					X	
Grants more likely to be funded			X						
Expanded networks/resources			X						
Share technology							X		
<i>Strength In Numbers</i>						X			
Bigger collaborations are stronger						X			
Work toward common goals	X								
Mutual support					X				
<i>Sharing of Knowledge with Each Other</i>	X								
Share info on culture/linguistics with each other						X			
Information sharing							X		
Increased communication with community							X		
<i>Enhances Services</i>					X				
Facilitates referrals					X				
Enables immediate help					X				
More effective/ clients better served					X			X	

	Chadron	Crete	Grand Island/ Hastings	Kearney	Lexington	Lincoln	Norfolk	Omaha	Scottsbluff/ Gering
Enhances Services (cont.)									
Dedicated staff helps ensure success						X			
Better buy in, better understand of need and better results						X			
More effective education/knowledge			X						
Breaking down cultural barriers	X								
Enhances Credibility/ Influence									
Promote own programs							X	X	X
Partnership Effectiveness Keys									
		NA	NA	NA	NA		NA		NA
Need good cultural understanding	X								
Need shared values and goals	X								
Need to be flexible, adaptable	X								
Ask: how will it benefit them?/how will this help me?						X			
Generic - not promoting one company over another						X			
Plan, be specific, include business plan								X	
Infrastructure at universities/colleges that facilitates community engagement								X	
Get to know other agencies								X	
Avoid duplication and competition								X	
Be concerned for the people who need service								X	
Give recognition to what is working: best practices, success stories								X	
Demonstrate internally a genuine interest in cultural competence								X	
Partnership Obstacles									
	NA	NA	NA	NA	NA			NA	NA
Funding issues						X			
Turf issues						X			
Lack of resources-financial and human						X			
Follow-up requirements - may be too limited to expect too much						X			
Large agencies assume smaller agencies to provide effort in kind - not understanding capabilities of smaller agencies						X			
Smaller agencies not involved in planning project/grant applications						X			
Don't have many ethnic centers - not one for each population						X			
Organizations image or reputation, or political opposition						X			
Funding issues - rules of grants, etc.						X			
More groups means more turf issues						X			
Keeping things generic and equal						X			
Competition for space and logos on pamphlets						X			
Logistics of getting people together							X		
Political issues on publicity- logos, font size, billing							X		
Dealing with other agencies protocols related to funding							X		
Partners already overloaded - lack of time for follow-through							X		
Trust issues							X		
Communications style differences							X		

Appendix I: How OMH Can Help and Other Needs

	Chadron	Crete	Grand Island/ Hastings	Kearney	Lexington	Lincoln	Norfolk	Omaha	Scottsbluff/ Gering
OMH Relations and Communications with Partners									
Face-to-face communication	X								
More clarity in roles	X								
Thanks for the focus group meeting		X							
Capacity building						X			
Figure out how to work within our rules to help us to help people						X			
Establish uniqueness and difference from local health departments						X			
Over last two years have seen improvement on OMH- responsiveness, etc						X			
Thank you for listening to us – keep up the good work						X			
Better communication							X		
Place more trust in local partners							X		
Like these focus groups – like being asked what they want and need, and like that we came to them							X		
Do not merge with Public Health Association of Nebraska								X	
Clarify OMH role								X	
Make sure we are well defined								X	
More encouragement – personal contacts – visits									X
More info about what OMH does									X
Networking and Collaboration									
More collaboration					X				
Provide networking support across communities					X				
Take leadership in collaborations (state participation comes with no turf issues)						X			
A list of key contacts for advertising health education opportunities to minority populations.						X			
Keep track of who has what resources and facilitate sharing							X		
Facilitate community networks and partnerships								X	
Convene groups to exchange information on resources and best practices, and facilitate partnerships								X	
Provide participant list								X	
Provide feedback on what was learned from focus group meetings								X	
Network of community partners who share in the interest of strengthening minority participation in the field of nursing								X	
Sponsor meetings to support a dialogue process – round tables, working teams, etc. on minority health								X	
Need community contacts – location of education/enrollment sites								X	
Data and Information									
Local data – better usage of Native Americans for collecting data that is culturally sensitive.	X								
Updated comprehensive census, county specific		X							
More information targeted to providers on minority health issues			X						
More mass media materials			X						

	Chadron	Crete	Grand Island/ Hastings	Kearney	Lexington	Lincoln	Norfolk	Omaha	Scottsbluff/ Gering
Data and Information (cont.)									
Help put together guide to available health services					X				
Provide information on where uninsured can go for health services					X				
Website information: useful links, health fairs/events, multilingual resources, health services by location					X				
Catalog, clearinghouse, coordinated distribution						X			
Keep running resources guide, confidentiality						X			
Information on what resources are already available from OMH to be accessed						X			
Be umbrella for the process of resource materials: clearinghouse for topics, multiple languages, unified health education—one set of information instead of each entity creating their own handouts						X		X	
Sort through the information available and ensure accuracy						X			
Communicable disease coming into state- share info with providers, do focus groups with minority population groups themselves						X			
Can OMH access Homeland Security info on immigrants and refugees coming into state? – Communicable disease						X			
Share studies/research on delivering health education with community partners						X			
Establish connection with UNL Public Policy Center for data - need data specific to different groups						X			
Provide better demographic, disparities, gaps information that's up-to-date and specific to the community						X			
Must have accurate numbers at community level						X			
Be a clearinghouse on funding opportunities, resources, best practices and collaboration opportunities							X		
Have an interactive website for resources							X		
Keep sending good information from DHHS							X		
Share best practices - get out information on what other agencies have done							X		
911 hotline for health resources							X		
Guides for health and other resources							X		
Updated information on health education							X		
Establish a minority health list serve for sharing information on funding, activities								X	
Distribute minority health status report card more widely								X	
Minority health calendar to include links to organization web sites								X	
Publish health status reports								X	
Marketing materials								X	
Help in data collection								X	
Advocate for better minority health data collection								X	
Data on under or uninsured numbers								X	
Provide up-to-date health materials									X
Ready access to latest minority health stats									X
Advocacy and Public Policy									
Address issue of overlooking or under-serving non-reservation groups	X								
Incarceration rate of Native American Youth needs to be acknowledged and addressed	X								

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Advocacy and Public Policy (cont.)									
Offer Lakota or native language where Native American children are educated	X								
Advocacy to make other programs accountable to provide interpreters as needed: programs should/could provide interpreters without budget constraints		X							
Advocate for more federal and state dollars and grants		X							
Enforcement and education on Title VI/ CLAS			X						
Follow-up on patient discrimination complaints			X						
Physician changes not made in spite of Title VI violation reports			X						
Need increases in Medicaid and Medicare payments: need better program			X						
Advocate for cultural competence training of doctors and dentists			X						
Advocate and support credentialing programs for immigrant providers			X						
Help solve Social Security number issue for drugs/program			X						
Enforcement and education of cultural competence, including businesses			X						
Use authority of state office to open door -“bully pulpit”						X			
Provide connection to legislators						X			
Provide advocacy assistance						X			
Most people want to comply with CLAS, but cannot afford to, need policy changes at federal level and financial support for providers to meet CLAS standards						X			
Advocate for Medicaid reimbursements for MTI						X			
Health insurance issues-reduce burden of health care costs; improve healthcare coverage for low income						X			
Enforcement of CLAS - huge issue						X			
Most people want to comply with CLAS, but cannot afford to						X			
Set the tone for leadership						X			
Minority health advocacy and empowerment								X	
Advocate for non-politicized public policies								X	
Advocate for health literacy pilot program								X	
Provide link for service providers to policy advocacy								X	
Support opportunities for undocumented minorities to obtain health education (DREAM Act)								X	
Better communication and protocols to allow children in foster care system to participate in programs (parental permission issues)								X	
Increase health profession opportunities for youth by expunging youth offense records								X	
Advocate for health coverage									X
Advocate for transportation									X
Advocate for comprehensive approach to meeting needs (economic as well as health)									X
Community Outreach to Minority Populations									
Get groups of Native Americans together and talk to them.	X								
OMH coordinators become more visible/plentiful in local community (e.g., attend local health fairs and local interagency meetings)		X							

	Chadron	Crete	Grand Island/ Hastings	Kearney	Lexington	Lincoln	Norfolk	Omaha	Scottsbluff/ Gering
Community Outreach to Minority Populations (cont.)									
Raise OMH public profile and awareness		X							
Need more public health announcements in English and Spanish			X						
Recognition of great efforts in communities						X			
Annual awards - media release/spotlights/ etc						X			
Sponsor a “what can we do for you” session						X			
Community-wide plan for distribution						X			
Education with business owners - establish relationship						X			
State wide education						X			
Reaching immigrant and refugee pops-requires big, different thinking- outside the box/outside the culture						X			
Be there, be present						X			
Have conversation with organizations: “Here are disparities and here’s how we can address them.”						X			
Identify leaders in cultural communities and ask them to help us with educating groups						X			
Continue to connect with community						X			
Need billboards in more areas of the state and posters to include more rural minority health care providers							X		
Target younger people with health education and disease prevention; involve parents through such groups as 4H							X		
Present the case for health education needs to tribal councils and leadership							X		
Visit reservations and tribal leaders (reservation and non-reservation) to assess resources, gaps, etc							X		
Suggest Indian Health Summit, including tribal leadership and key DHHS people							X		
Continue Minority Health Conference and link back to community								X	
Establish program to facilitate sustainable leadership within community								X	
Develop leaders and recognize leadership								X	
Increase visibility								X	
Make community aware of what we offer (local TV, newsletter, Community Voice)								X	
Give voice to community perspective								X	
Increase use of community health workers								X	
Youth leadership conferences – help develop community leaders									X
Talk more to the people									X
Cultural Competence and Diversity									
Recognition of Lakota people in panhandle	X								
Provide more educating of health care personnel on cultural issues						X			
Offer CME’s for cultural competence education – reach the physicians						X			
Provide in-depth, intensive cultural competence education, broader than just interpreters, for all						X			
Provide a model class discussion, including minority groups for purpose of cultural competence						X			
Medical school education curriculum should include cultural competency								X	

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Language									
Materials printed in Lakota would be helpful	X								
Provide specific language materials		X							
Provide interpreters, interpreter training				X					
Literature in different languages, especially African languages					X				
Translation services					X				
More diverse interpreters, more readily available – AT&T line does not always offer necessary language.					X				
Key is communication-interpretation and translation						X			
Have several people from within groups work on translation- make sure it is accurate						X			
Resources in Arabic, Bosnian, Russian- place to go where you know it's good						X			
Large role is in medical translation and interpretation (MTI)						X			
Get word out to provider re: MTI and cannot cover now but working on it						X			
Translations is not end all but is one piece						X			
Need more Spanish language resources							X		
More bilingual health educators							X		
Continue staff initiatives for interpreters & translation								X	
Certification for medical interpreters								X	
Minority Health Professionals									
Inform and recruit more dentists			X						
Recruit more minority health professionals					X				
Efforts to recruit diverse pops into medical care field						X			
Scholarships for minorities into health professions - especially mental health						X			
Think long term--catch high school kids through college through grad school, stay and work here in NE in health programs						X			
Work with Lincoln Community Foundation-they have scholarship money and need minority students						X			
Promote training of minority health professionals							X		
Need scholarships for minorities for health care professional training							X		
Need more minority students for health careers								X	
Assessment and Strategic Planning									
Understand rural vs. metro		X							
Help conduct client satisfaction surveys					X				
Assessment of what is out here-consistency (with local input)						X			
Do with work plan as you do with conference-focus on key issues						X			
Allow for differences in how rural areas function							X		
Understand that rural areas have different resources							X		
Understand demographics of minority populations: numerators and denominators							X		
Sponsor a 2020 visioning process								X	

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Assessment and Strategic Planning (cont.)									
Develop a comprehensive, strategic plan for eliminating health disparities - both urban and rural strategies								X	
Establish common goals that could be incorporated into organizations strategic plans for minority health								X	
Quality outcome measures for evaluation									X
Recognize the needs in the Panhandle are different than other places									X
Recognize the geographic diversity within the Panhandle – demographic, sub-geographic									X
Need to understand severe poverty in this area and basic needs									X
Program and Project Development									
Better guidance on project structures/functions - MHI	X								
Basic nutritional program – entire diet of traditional foods	X								
Intensively fund model program for healthy nutritional lifestyle program - conduct study to show benefits	X								
Holistic-primary care providers and mental health, substance abuse						X			
Provide ideas for programming at collegiate level to connect with experts, resources, programming						X			
Collect and disseminate best practices, including logistics (how was this accomplished?)						X			
Lead Healthy Lincoln campaign to encompass all state- Lincoln should set example for balance of state- Activate Omaha?						X			
Strategies to motivate people to participate							X		
Need ideas for motivating people to participate							X		
Develop authority/credibility for programs								X	
Recognize what is working: best practices, success stories								X	
Adopt models, best practices from other peer areas								X	
Health education programs that are scientifically based and medically accurate – not politicized								X	
Include the target audience in on the program development, implementation and evaluation processes. This would give them a sense of responsibility, empowerment, and self-efficacy								X	
Figure out number one hot program that works									X
More specialized programs									X
Economic equity in community is a major health issue.									X
Funding and Resources									
More timely availability of funds and reimbursements	X								
Increased flexibility from funders to continue to braided funding to reach common goals	X								
Put Nebraska lottery money into healthcare			X						
Mini grants					X				
Gain additional resources					X				
Assure funding from feds gets to the local level						X			
Costs are huge for interpretation and translation- facilitate getting financial resources						X			
Funding: connect to state federal funding; facilitate apps						X			

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Funding and Resources (cont.)									
Add mental health to Minority Health Initiative Grants						X			
Share info re: grants/funding						X			
Centralized person sending out info on all grants/funding on all issues- govt. Private/public etc.- sort by relevancy						X			
Tie dollars generated by minority population groups (i.e. Keno dollars) to benefit those groups						X			
Costs are huge for interpretation and translation- facilitate getting financial resources						X			
Support for immigrants after Office of Refugee Resettlement dollars expire						X			
OMH needs more resources							X		
More dollars for health education							X		
Need funding for meals and incentives to motivate participation							X		
More resources for health for families and for agencies							X		
Short-term shifting priorities are problematic, no time to get a solid program functioning before funding is cut								X	
Remove personal/political biases from funding process and incorporate views of public health professionals into planning								X	
Dollars to support young families								X	
Need funding for minority health educator on staff								X	
More corporate resources for health education								X	
More resources to manage grants								X	
Keep the funding coming									X
Help us keep successful programs and sustainability									X
Identify success programs and help fund more of them to reach people									X
More flexibility for use of funds									X
Provide more community health coordinators with specialization									X
Minority Health Initiatives provide a more direct route on how the money would be spent to community groups									X
Training									
Local training and support on community outreach		X							
Provide education on how to use the existing resources					X				
Training-strengthening community						X			
Health training for bilingual staff (case management, translation, etc.)						X			
Provide training								X	
Provide workshops								X	
More training programs and train the trainer									X
Effective marketing tools and training									X
Health Services									
Transportation – van(s) to transport to services in area – funding/drivers	X								
Health services – available locally	X								
Collaborate on a “mini” community health and education center		X							

	Chadron	Crete	Grand Island/ Hastings	Kearney	Lexington	Lincoln	Norfolk	Omaha	Scottsbluff/ Gering
Health Services (cont.)									
Patients still need access			X						
Doctors' refusal of Medicaid patients is a problem			X						
Help people understand how insurance works-what is said and how it's said									
Bring immigrants into one-stop health care						X			
Need health education department in health clinics						X			
Reach illegal children with health screening, prevention, etc.							X		
Free clinics including dentists and optometrists							X		
Affordable health care								X	
Transportation to services								X	
Access to quality health care								X	
Remember that people with insurance struggle, too.								X	