

# 2021 - 2022 MINORITY HEALTH INITIATIVE Annual Report

December 1, 2022

In accordance with Nebraska Revised Statute 71-1628.07

**NEBRASKA**

Good Life. Great Mission.

**DEPT. OF HEALTH AND HUMAN SERVICES**

**Office of Health Disparities  
and Health Equity**

Division of Public Health

*Helping People Live Better Lives*

## From the Administrator –

This report was produced by the Nebraska Department of Health and Human Services (DHHS) Office of Health Disparities and Health Equity (OHDHE) to highlight the progress and outcomes of the Minority Health Initiative (MHI) funding for the 2021-2022 period. The Nebraska Legislature has allocated funds to counties in the first and third Congressional Districts with minority populations of five percent or greater, based on the most recent decennial census. MHI funding was distributed on a per capita basis to community stakeholders to eliminate health disparities or differences disproportionately impacting minority populations. Populations served include racial and ethnic minorities, American Indians, and refugees.

The OHDHE modified the program funding focus for the period of July 1, 2021 - June 30, 2022, to include minority community needs assessments via surveys, focus groups or listening sessions. This modification is to ensure visibility of the unique health needs for minority communities in their respective communities across Nebraska. MHI funding was allocated to seventeen Local Health Departments (LHDs) with counties meeting the minority population criteria to Perform an assessment of Minority community needs and develop programming focused on prevention strategies or infrastructure. The following are requirements of the funding:

- Minority community assessment
- Identify consortium of partners who will be instrumental in advising on programming
- Description of Local Health Department role in programming
- Identify two-year programming initiatives (Prevention strategies or infrastructure focus)
- Identify 3 desired outcomes over next 2-3 years as a result of programming

Funding was also appropriated to community health centers in Congressional District 2, funded through Federal Program 330, Public Law 104-299, or the Federal Health Centers Consolidation Act of 1996. These funds are distributed between two organizations (Charles Drew Health Center and OneWorld Community Health Center) that provide an annual report of their MHI related activities.

This report outlines our partners' efforts to identify needs and opportunities to improve minority health outcomes. On behalf of the OHDHE, grantees and contractors, and the individuals served, we thank the Nebraska Legislature for providing MHI funding to improve the health of Nebraska's racial and ethnic minority populations.

For additional information, contact Echohawk Lefthand, Administrator, Office of Health Disparities and Health Equity, at [dhhs.minorityhealth@nebraska.gov](mailto:dhhs.minorityhealth@nebraska.gov).

## Assessment Methods

Local Health Departments utilized various methods to collect data to compile information for their service area. The Nebraska Association of Local Health Directors (NALHD) shared a survey template to facilitate standard data collection. The survey template included the following questions:

- What was the last major health issue you or your family experienced?
- What concerns you most about your health or the health of your family?
- In your experience, what are the top 3 health concerns in Hall and Merrick Counties?" (multiple choice)
- What is something you do to be healthy?
- What would make your neighborhood a healthier place for you and your family?

These questions were used in a standalone survey and in some cases focus group overarching questions. Previous Mobilizing for Action through Planning and Partnerships (MAPP), Community Health Assessments (CHA) and Community Health Improvement Plan (CHIP) results were included where noted. Focus groups and listening sessions were a common theme to collect additional feedback from the community. Lastly data was also extracted from the US Census, American Community Survey, and Place Matters to ensure all populations were included to increase visibility of minority populations.

To obtain the fullest and accurate information, LHDs surveyed minority populations, and some data may be from counties that did not qualify for MHI funding. This additional data is helpful and enables a fuller understanding of the local needs. Minority populations included in the report are those listed in the LHD assessment reports. There may be additional racial and ethnic minority groups that were not reached.

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## Minority Health Initiatives Funding: July 1, 2021-June 30, 2022

Congressional District 1 & 3 Health Departments	Funding Amount	Counties
Central District Health Department	\$159,189.39	Hall and Merrick
Dakota County Health Department	\$90,731.20	Dakota
East Central District Health Department	\$92,119.65	Colfax and Platte
Elkhorn Logan Valley Public Health Department	\$68,284.64	Cuming, Madison, and Stanton
Four Corners Health Department	\$9,063.48	York
Lincoln Lancaster County Health Department	\$431,045.53	Lancaster
North Central District Health Department	\$15,282.58	Cherry and Knox
Northeast Nebraska Public Health Department	\$54,091.63	Cedar, Dixon, Thurston, and Wayne
Panhandle Public Health District	\$146,269.13	Box Butte, Cheyenne, Dawes, Deuel, Garden, Kimball, Morill, Sioux, Scottsbluff, and Sheridan
Public Health Solutions	\$32,618.88	Saline
Sarpy Cass Health Department	\$151,827.55	Sarpy
South Heartland District Health Department	\$42,829.76	Adams, Clay, and Webster
Southeast District Health Department	\$25,416.31	Johnson, Otoe, and Richardson
Southwest Nebraska Public Health Department	\$19,100.82	Chase, Dundy, Keith, and Red Willow
Three Rivers Public Health Department	\$44,073.58	Dodge
Two Rivers Public Health Department	\$141,322.78	Buffalo, Dawson, Phelps, and Kearney
West Central District Health Department	\$34,441.22	Arthur and Lincoln
<b>TOTAL</b>	<b>\$1,557,708.13</b>	

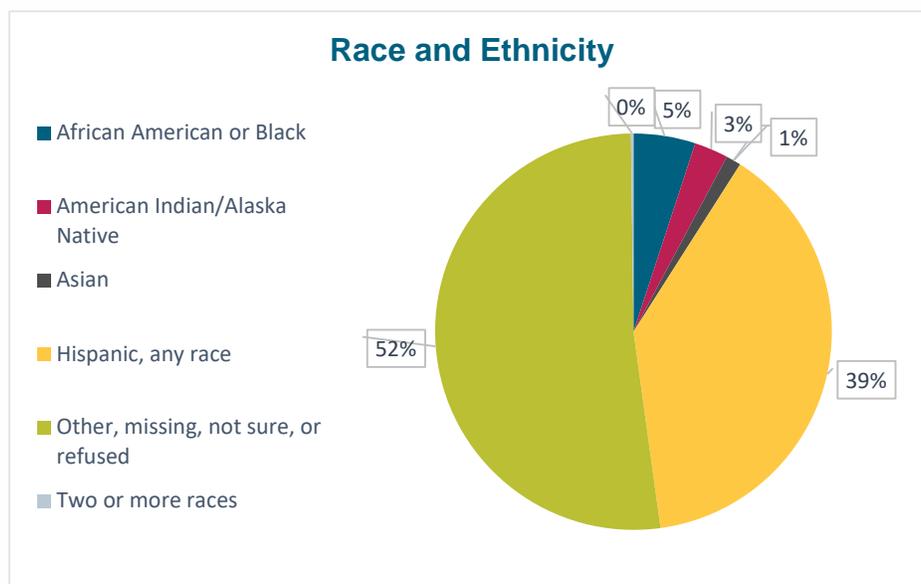
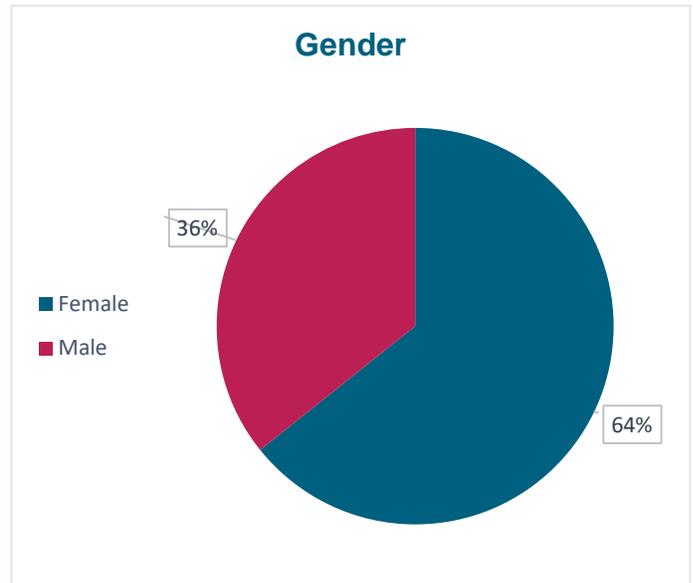
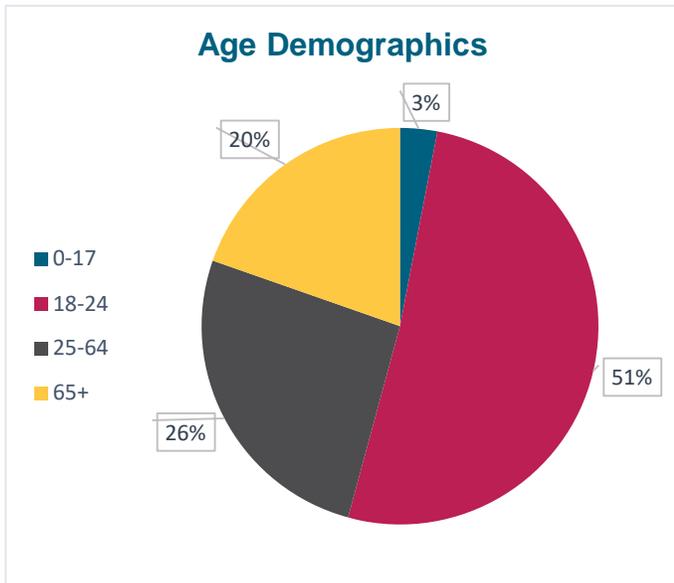
### Congressional District 2 Community Health Centers funded by Federal Program 330

<b>Charles Drew Health Center</b>	\$688,550.50
<b>One World Community Health Center</b>	\$688,550.00
<b>TOTAL</b>	<b>\$1,377,101.00</b>

# Overall Participant Demographics

The age, gender, race, and ethnicity of survey respondents were collected. These numbers represent the combined totals of all participants contributing to needs assessments through surveys, focus group, listening sessions, or other processes.

There was substantial variation in data collection methods across projects. As such, the totals broken down into sections do not correspond to combined/overall number of 8,462 participants. The data displayed represents the entirety of demographic data reported.



**KEY AREAS IDENTIFIED BY LOCAL HEALTH DEPARTMENTS**

Local Health Department Assessment Areas																				
Notes	Area Identified	CDHD	DCHD	ECDHD	ELVPHD	FCHD	LLCHD	NCDHD	NNPHD	PPHD	PHS	SCHD	SHDHD	SEDHD	SWNPHD	3RPHD	2RPHD	WCDHD	#	
1	Healthcare Access	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	13
2	Mental Health	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	12
3	Chronic Disease	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	11
4	Language Barriers/CLAS	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	10
5	Healthy Food	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	10
6	Exercise	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	8
7	Health Insurance	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	8
8	Addictions and Care	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	7
9	Transportation	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	6
9	Dental Care/Dentists	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	6
	COVID-19	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	5
	Obesity/Weight Mgt	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	4
10	Immigrant Support	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	4
11	Elder Care	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	4
12	Provider/Clinic Shortage	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	3
13	Sexual Behavior	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	2
	Cultural Barriers	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	2
14	Child Care	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	2
	Housing/Homelessness	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	2
	Infectious Disease	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	1
15	Domestic Violence	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	1
	Emergency Services	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	1
	Vision	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	1
	Sleep-Lack of	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	1
	Tribe-LHD Disconnect	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	1
	Cyber Crime	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	1

**NOTES:**

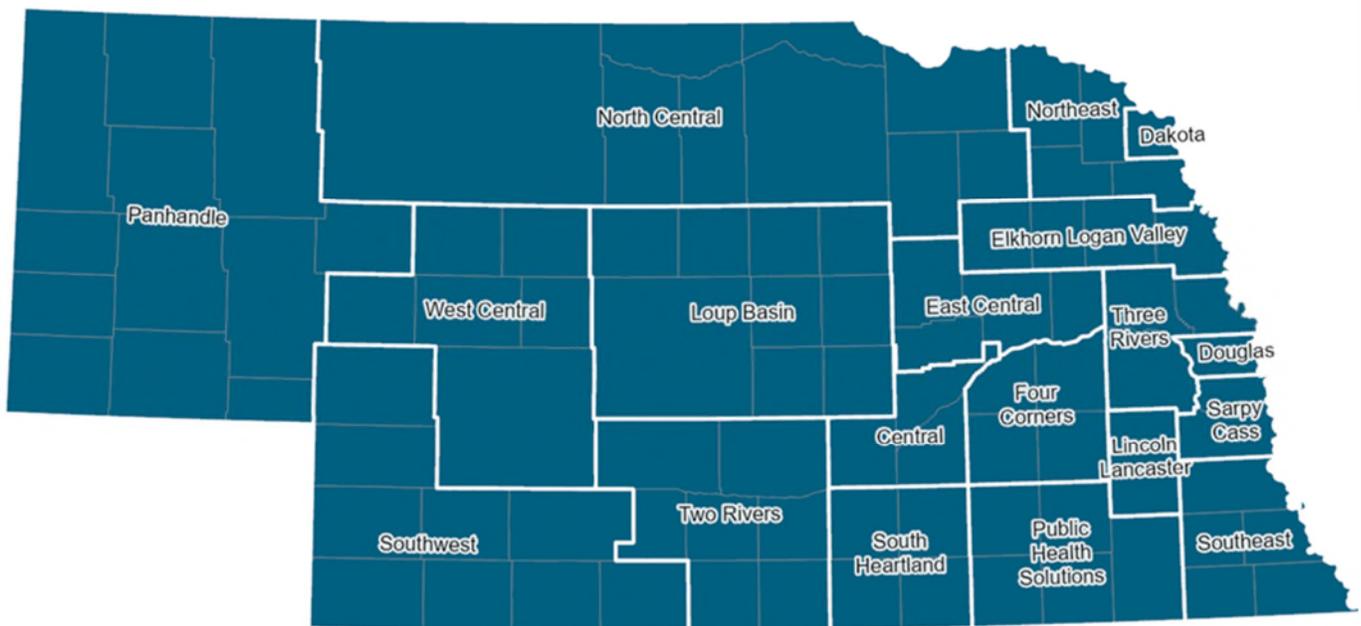
- 1-Includes access to after hours clinics, bilingual services, affordable services, affordable payment plans, affordable medication, health screenings, where to get care, health education
- 2-Mental health also include suicide prevention and counselors
- 3-Chronic disease includes diabetes, cardiovascular disease, high blood pressure, cancer
- 4-Language barriers, culturally appropriate health services, cultural respect, lack of cultural centers
- 5- Includes poor eating habits, food insecurity, better nutrition, healthy cooking
- 6-Includes needing to exercise, lack of exercise, place to exercise
- 7- Includes access when don't have insurance, coverage by Medicare/Medicaid, affordable insurance
- 8-Includes drug abuse, alcohol abuse, tobacco, facilities for treatment & prevention
- 9- Includes dentists not accepting Medicare
- 10-Includes community resources, education opportunities and family support
- 11-Includes facilities for aging issues, preventive care
- 12- Includes provider not located in their county, clinics too far away
- 13-Includes early sexual behavior and sex trafficking
- 14-Child care includes after school programs
- 15-Includes shelter for, prevention and education

## Funding Locations – Minority Health Initiatives Contract Map

Funding was allocated to Local Health Departments to perform an assessment of minority community needs and develop programming focused on prevention strategies or infrastructure. The data presented in the following individual project pages depict the variation in program activities across LHDs. Each LHD submitted a report to OHDHE on their respective Needs Assessment and these reports were used to develop this summary.

Information on the use of funds distributed to community health centers in the second Congressional District 2 funded by Federal 330 program follows the LHD pages.

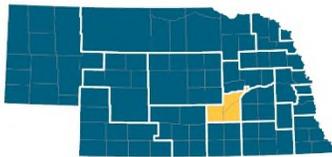
### Nebraska Local Health Departments



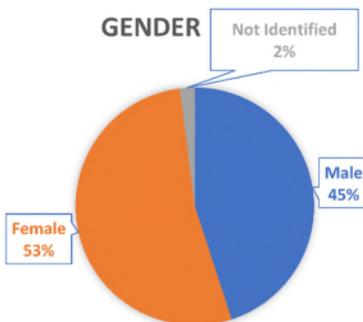
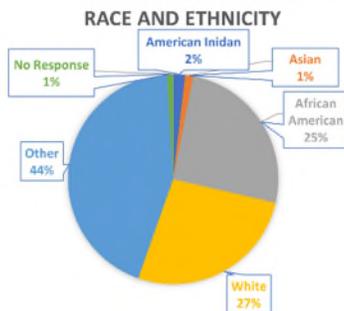


## Central District Health Department 2021-2022 Minority Health Initiative

**MHI Funds Received**  
**\$159,189.39**



### Survey Demographics



### Assessments

Utilized a community health survey developed by NAHLD and facilitated 20 focus groups with community leaders and members.

### Minority Population Included

Hispanic, Somali, Sudanese and Arabic communities

### Assessment results

*Survey – 325 collected*

Participants identified COVID-19 and Diabetes were major health issues their families had recently experienced. COVID-19 continues to be a concern about their health, along with healthcare access and other chronic diseases.

### *Focus Groups*

Common needs/topics were food security, recreation/entertainment opportunities, mental health services and needs, socialization needs, and connections between access to service information/navigation and providers. Also mentioned was difficulty with language barriers.

### Partner Identification

Nebraska Association of Local Health Departments, the Multi-Cultural Health Coalition, and Sage Collaborative, Inc.

### 2-3 Year Goals

- Reduce written and spoken language barriers to access health care and healthy lifestyle.
- Expand CHW community network to be reflective of populations served.



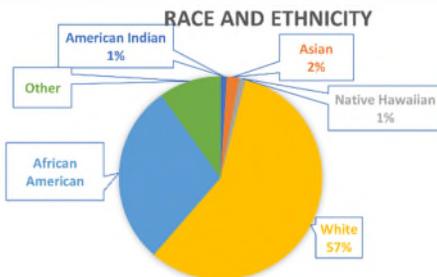
## Dakota County Health Department 2021-2022 Minority Health Initiative

**MHI Funds Received**  
**\$90,731.20**



### Survey Demographics

Gender not provided



### Assessments

Utilized a community health survey developed with the Minority Health Advisory Committee and two listening sessions

### Minority Population Included

Hispanic, Asian, African American, American Indian/Alaskan Native communities

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### Assessment Results

*Survey - 297 collected*

Participants indicated the primary health concerns as diabetes, cancer, mental health, and heart disease. The lack of health insurance and cost of healthcare, language barriers, and transportation were also identified. Language and cost were the primary barriers for accessing medical care.

### *Listening Session*

Participants identified high blood pressure, high cholesterol, obesity and poor nutrition. Transportation and doctors not speaking the same language were barriers for medical care and participating in community events.

### Partners Identification

Advisory Committee members representing Tyson Meats, a law firm, a real estate agency, Unity in Action, Migrant Education program with Nebraska Department of Education, Growing Community Connections. Northeast Community College assisted with listening sessions.

### 2-3 Year Goals

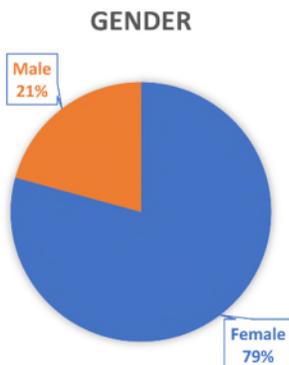
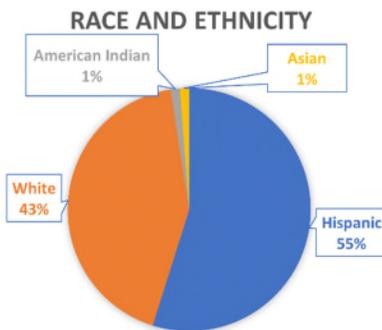
- Education sessions or workshops were requested by listening session participants, along with better advertising of resources and community information.

## East Central District Health Department 2021-2022 Minority Health Initiative

**MHI Funds Received**  
**\$92,119.65**



### Survey Demographics



### Assessments

Developed their own 48 question survey and facilitated two focus groups and a listening session

### Minority Population Included

Hispanic, Asian, and American Indian/Alaskan Native communities

### Assessment results

*Survey – 82 collected (47 identified as minority)*

Participants identified top three health concerns of the community were mental health, obesity, and diabetes.

*Focus Groups – 23 Participants*

Concerns identified diabetes, obesity, fatty liver, work injuries (specifically hands and back injuries), mental health, depression, stress, and violence as health issues they were facing.

*Listening sessions – 11 Participants*

Revealed concerns in the community were access to good insurance, healthcare assistance resources and transportation barriers.

### Partner Identification

CHI Health Schuyler, Columbus Community Hospital, and Good Neighbor Community Health Center.

### 2-3 Year Goals

Not provided.



# Elkhorn Logan Valley Public Health Department

## 2021-2022 Minority Health Initiative

**MHI Funds Received**  
**\$68,284.64**



### Assessments

Utilized a survey and listening session

### Minority Population Included

Hispanic/other, Black/African American, American Indian/Alaskan Native, and Asian communities

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### Assessment results

*Survey – 617 collected*

The key findings from the survey were mental health, diabetes, and alcohol/tobacco/drug use.

*Listening Session*

Elkhorn Logan Valley used the survey results as discussion points for listening sessions. As a result, they were able to select an evidenced-based program to introduce to the community.

### Partners

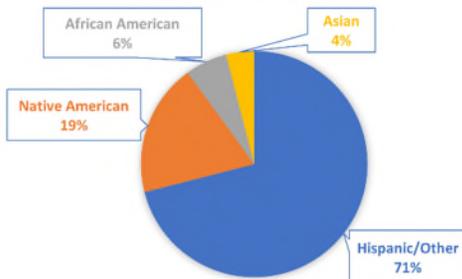
Juvenile Diversión, Dios es Amor Apostolic Church, Casa Verdad y Vida, Marantha Asamblea Apostolica Church, Northeast Community College, Franciscan Healthcare, NENCAP, Bright Horizons, The Bridge, UNL Extension Office West Point, Appleseed, Midtown Health Center, Madison Presbyterian Church, Tyson, and Wellscapes.

### 2-3 Year Goals

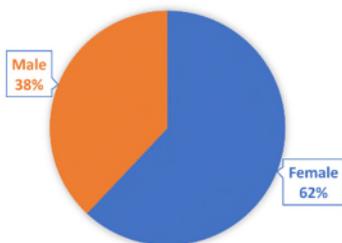
- Implement Eating Smart, Being Active, an evidence-based curriculum, and guest speakers on mental health and substance abuse prevention.

## Survey Demographics

RACE AND ETHNICITY



GENDER





# Four Corners Health Department 2021-2022 Minority Health Initiative

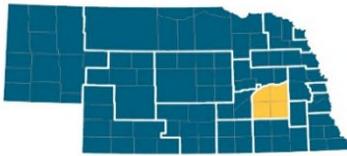
**MHI Funds Received**  
**\$9,063.64**

### Assessments

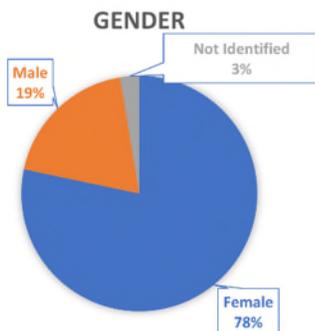
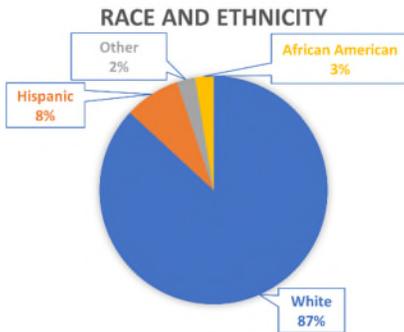
Utilized a community health survey developed by NALHD in York County

### Minority Population Included

Hispanic, African American, Asian, American Indian/Alaskan Native communities



### Survey Demographics



### Assessment Results

*Surveys – 47 collected (6 identified as a minority)*

Survey participants stated their major health issues were mental health, COVID-19, lack of sleep, heart disease, diabetes, and cancer, with additional concerns about access to transportation, fresh produce and healthcare.

Focus groups were not held due to COVID-19 surge.

### Partner Identification

UNL Extension office, civic organizations, Mundo Latino Publications, and York College. A Minority Equity Community Coalition was formed of community members.

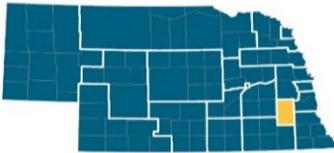
### 2-3 Year Goals

- Hire a bilingual Community Health Worker.
- Identify community champions and form a Minority Equity Advisory Workgroup.



# Lincoln Lancaster County Health Department 2021-2022 Minority Health Initiative

**MHI Funds Received**  
**\$431,045.53**



## Survey Demographics

Not provided

### Assessment

Utilized a 5-question survey, community conversations, and a sophisticated system of data analysis using geo-mapping. Historically underrepresented groups were oversampled

### Minority Population Included

Hispanic, Asian, African American, American Indian/Alaskan Native, Guatemalan, El Salvadorian, Vietnamese, Chinese, Karen, Iraqi and Yazidi communities

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### Assessment Results

*Survey – 1,800 collected (365 identified as a minority)*

Key areas identified were mental health, chronic disease prevention, diabetes, infectious disease, and circulatory system issues. In addition, healthcare access, exercise, healthy food, increasing culturally and linguistically appropriate services, access to culturally appropriate services, and cultural respect were also noted.

### *Community Conversations – 11 events*

Two-hour community conversations were organized with the five local cultural centers to identify community felt health disparities.

### Partners

Asian Community and Cultural Center, Indian Center, Ponca Tribe of Nebraska, Good Neighbor Community Center, Malone Center, and El Centro de las Americas.

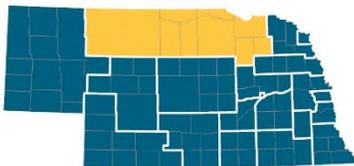
### 2-3 Year Goals

- Provide mental health awareness and increase access to affordable support services that are culturally and linguistically appropriate.
- Reduce barriers to access of affordable health care and education that is culturally and linguistically appropriate.
- Increase chronic disease prevention, education, and screening that is affordable, culturally sensitive and community drive.



# North Central District Health Department 2021-2022 Minority Health Initiative

**MHI Funds Received**  
**\$15,282.58**



## Assessments

Utilized a community health survey developed by NALHD, community health assessment (CHA), two focus groups and interviews

## Minority Population Included

American Indian/Alaskan Native, Hispanic, Asian communities

## Assessment Results

*Surveys – 39 NALHD surveys, 261 CHA surveys*

Common concerns were diabetes, cardiovascular diseases, mental health problems, and cancer.

*Focus Groups – 21 participants*

*Cherry County* found concerns in the lack of rest home to care for elderly, inadequate healthy youth activities, a disconnect between South Dakota IHS and tribal population in the area, healthcare providers access, cyber-crime, sex trafficking, lack of resources for domestic violence advocates and victims, and substance abuse.

*Knox county* found concerns in the lack of dental providers, presence of suicide counselors, inadequate after hour healthcare access, providers without tribal experience, transportation and cost for healthcare when needed, lack of a halfway house for substance abuse and domestic violence.

*Interviews – 14*

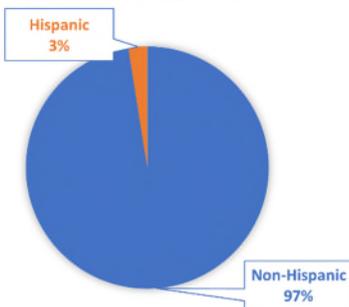
The most concerning health issues were cardiovascular, cancer, and mental health.

## Partner Identification

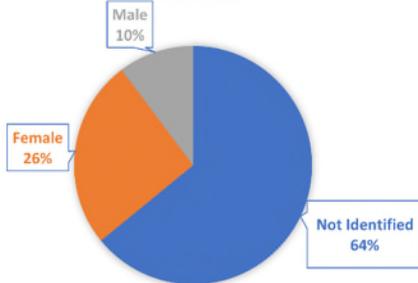
8 hospitals in the area, Holt County Economic Development, Good Samaritan Society, NorthStar, ESU7 Ainsworth, Central Nebraska Community Action Partnership, Region 4 Behavioral Health Systems, Proteus Inc., The Evergreen Assisted Living, Legal Aid of Nebraska, UNL Public Policy Center, Calvary Bible Church, NCDHD Board of Health, and 4 school systems.

## Survey Demographics

RACE AND ETHNICITY



GENDER



## 2-3 Year Goals

- Develop strategies to improve cardiac and mental health.
- Establish a task force in both Cherry and Knox County to advise minority health infrastructure improvements.



# Northeast Nebraska Public Health Department

## 2021-2022 Minority Health Initiative

**MHI Funds Received**  
**\$54,091.63**



**Survey Demographics**  
Not provided

### Assessments

Utilized a community health survey developed by NALHD and two listening sessions with participants identified through census and social vulnerability index.

### Minority Population Included

American Indian/Alaskan Native and Hispanic communities

### Assessment Results

*Survey – 611 collected*

Top concerns identified were mental health, COVID-19 and cancer. Access to health care and healthy food, getting enough exercise, heart disease, and substance use were also major health concerns.

*Listening Sessions*

Sessions identified needs for bilingual healthcare, clinics with realistic payment plans, access to healthy foods, access to healthcare without insurance, nutrition and exercise opportunities, provider engagement in community, reliable health information, and health screenings.

### Partner Identification

Northeast Nebraska Rural Health Network, Providence Medical Center, Pender Community Hospital, Winnebago Public Health Department, UNMC College of Nursing – Norfolk, Pender Medical Clinic, Carl T. Curtis Health Education Center, Evangelical Covenant Church, Northeast Nebraska Community Action Program, Providence Community Pharmacy, Keller Pharmacy, and Pender Apothecary

### 2-3 Year Goals

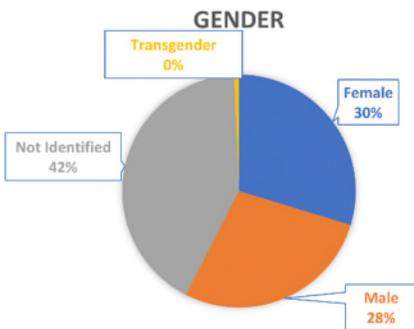
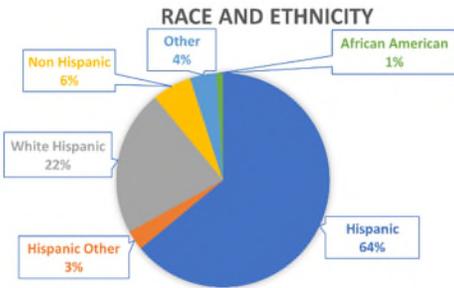
- Improve access to care through increasing health professionals understanding of CLAS standards and cross-cultural services in the minority communities.
- Continue hold listening sessions in the Hispanic community to increase awareness and access to health information and care.
- Increase and enhance partnership activities between Tribal Public Health Departments and NNPHD.

## Panhandle Public Health District 2021-2022 Minority Health Initiative

**MHI Funds Received**  
**\$146,269.13**



### Survey Demographics



### Assessments

Utilized a MAPP process that included a survey and focus groups

### Minority Population Included

Hispanic, Native American/ Alaskan Native, Asian communities

### Assessment Results

*Surveys – 529 (515 identified as a minority)*

Participants identified diabetes, alcohol/drug/tobacco use, mental health, cancer, heart disease, getting enough exercise, access to healthy food, asthma, safety of community, and disease as major health concerns.

*Focus groups – 37 participants*

Common deficiency concerns were lack of immigrant support, language services, services for people with disabilities/handicap, housing, mental health services/providers, and after school programs or senior centers. Common access concerns were to transportation, and healthy foods (grocery stores or restaurants). Other common community health concerns were with the availability of childcare, poor air quality, healthcare costs/insurance/hours/locations, prevalence of alcoholism and addiction, and homelessness. Participants also noted unwelcoming healthcare facilities with long wait times and discriminatory interactions with providers in health system and emergency services (ambulance & police).

### Partner Identification

Advisory committee members from Box Butte General Hospital, Empowering Families/Immigrant Legal Center, Panhandle Research and Extension Center, Guardian Light Family Services, Gordon-Rushville Public School, Nebraska Commission for the Blind and Visually Impaired, Nebraska Minority Resource Center, Open Range Beef, Panhandle Equality, and Regional West Medical Center.

### 2-3 Year Goals

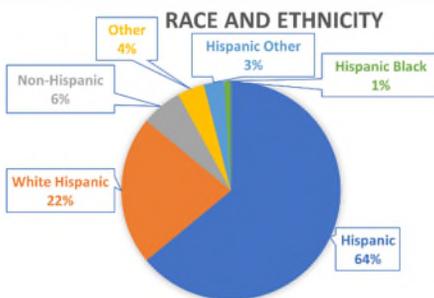
- Use evidence-based strategies to increase access to mental health services, availability of translation and interpretation, cultural competency, and data collection and sharing.

**MHI Funds Received**  
**\$32,269.13**



### Survey Demographics

Gender not provided



### Assessments

Utilized a community health survey, two focus groups, and interviews

### Minority Population Included

Hispanic, and Asian (Vietnamese, Kanjobal and Kitche) communities

### Assessment Results

*Surveys – 529 collected (339 identified as a minority)*

Participants identified diabetes, high blood pressure, asthma, cancer, cholesterol levels, the risk of getting COVID-19, access to healthcare, mental health, and dental services as major health concerns. Lost or reduced income impacted the ability of respondents to seek healthcare, afford health insurance and/or purchase food. Access to out-of-town healthcare services is hampered by transportation, long waiting times and language barriers. Many participants noted a lack of Spanish speaking mental health providers.

*Focus Groups – 6-8 participants each*

Groups found health concerns with COVID-19, cholesterol, diabetes, mental health, and dental problems. Overall community health needs expressed were public transportation for healthcare, health clinics with accessible hours, serving low-income individuals regardless of insurance/immigration status, and more outdoor space for healthy activities including sidewalks and parks/recreation. Also mentioned was improving communication in more languages and simpler terms about healthy living, available resources, community activities/events.

### Partner Identification

Crete Public Schools, Wilber Public Schools, Wilber Senior Center, City of Crete, Doane College, Hilltop Fitness Center, Partners for Insightful Evaluation, and Partners for a Healthy Community Steering Committee.

### 2-3 Year Goals

- Develop and implement a language access plan.
- Organize trainings on health literacy.
- Establish an interpreter training program.

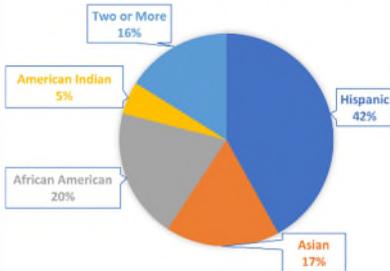
## Sarpy Cass Health Department 2021-2022 Minority Health Initiative

MHI Funds Received  
\$151,827.55

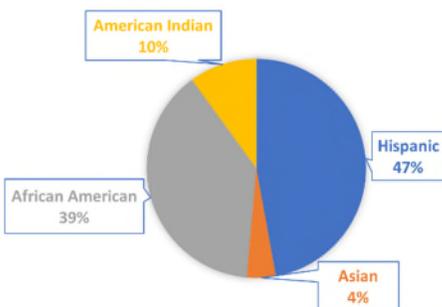


### Assessment Demographics

CHNA RACE AND ETHNICITY



NALHD RACE AND ETHNICITY



### Assessments

Developed a survey, a community health needs assessment (CHNA), and four listening sessions

### Minority Population Included

Hispanic (Mexican, Guatemalan and Central American), Asian (Chinese, Vietnamese, Korean, Myanmar, Karen, and Nepali), and African American communities

### Assessment Results

*Surveys—122 NALHD (80 minorities), 702 CHNA (81 minorities)*  
Participants identified healthcare access, affordable and safe housing, access to healthy and affordable food, access to mental health services, transportation, language barriers, and educational opportunities as major concerns.

### *Listening Sessions – 44 participants*

The three common important components of health identified were 1) that health is a significant issue, 2) human connection is important, and 3) language issues impede health and happiness. Many cultural protective factors were mentioned during sessions. Maintaining family supports, social connections and independence through aging was important to participants as they navigated barriers in transportation, language, educational opportunities, community resources, and access to services including mental health. Additional concerns included income and employment, citizenship, discrimination, and stigma experienced. Language access and lack of cultural understanding of immigrant experiences were expressed as a significant barrier to health insurance and healthcare access.

### Partner Identification

Intercultural Senior Center, Latino Center of the Midlands, Lift Up Sarpy, Sarpy Health Start/ESU #, Worlds Speaks Omaha, and The Wellbeing Partners.

### 2-3 Year Goals

- Develop a community-driven health equity plan through partnerships and community participation.
- Enhance infrastructure and workforce capacity to address cultural/linguistic barriers of racial ethnic minorities by adopting CLAS.

# South Heartland District Health Department

## 2021-2022 Minority Health Initiative

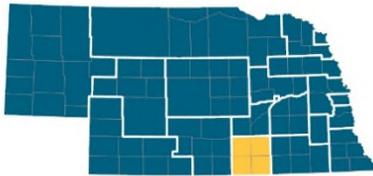
**MHI Funds Received**  
\$42,829.76

### Assessment

Utilized a Community Themes & Strength Assessment (CTSA) survey and two listening sessions

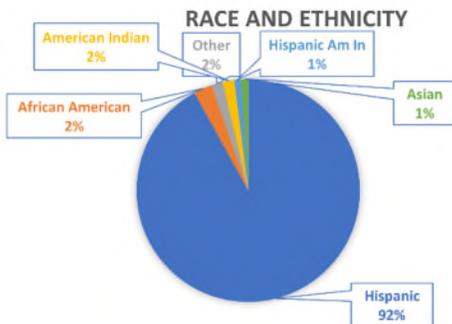
### Minority Population Included

Hispanic, African American, Asian communities



### Survey Demographics

Gender not provided



### Assessment Results

*Survey – 1215 collected (300 identified as a minority)*

Participants identified not managing stress, poor eating habits, and not enough exercise, as the top concerns impacting their health. 90% of respondents felt the cost of medical care prevented them or family members from accessing care. 65% of those surveyed felt healthcare hours were inconvenient and there were language and cultural barriers.

*Listening Sessions – 36 participants*

Common concerns from sessions were lack of health insurance, cost of health care, access to care, transportation issues, language barriers, and access for immigrant populations.

### Partner Identification

Schmeckle Research, United Way, two area hospitals, Hispanic nail shops in Hastings, clinics, and local schools.

### 2-3 Year Goals

- Establish a minority to care advisory group .
- Increase bilingual staff to help increase health services support and reduce barriers to care for minorities.



# Southeast District Health Department 2021-2022 Minority Health Initiative

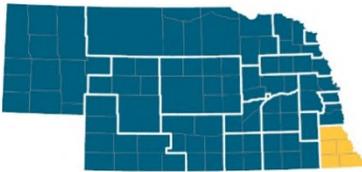
**MHI Funds Received**  
**\$25,416.31**

### Assessments

Utilized a minority needs assessment survey and focus groups

### Minority Population Included

Hispanic communities



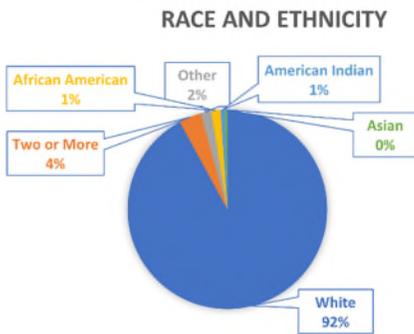
### Assessment Results

*Survey – 103 collected (4 identified as a minority)*

Due to the small response rate, the survey was not considered valid so not results were reported. The main contributing factor to not obtaining minority responses were COVID-19 restrictions which prevented community level engagement at places of employment which was where minority populations were best engaged in this jurisdiction. Efforts were made to pivot and engage through community agencies through focus groups.

### **Survey Demographics**

Gender not provided



### *Focus Groups*

These were scheduled at community agencies, but results were not provided.

### Partner Identification

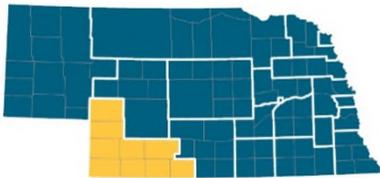
Not provided.

### 2-3 Year Goals

Not provided.

## Southwest Nebraska Public Health Department 2021-2022 Minority Health Initiative

MHI Funds Received  
\$19,100.82



**Survey  
Demographics**  
Not provided

### Assessments

Utilized a survey developed by SWNPHD and listening sessions

### Minority Population Included

Hispanic communities

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### Assessment Results

#### *Survey – Not provided*

Participants identified their top health concerns were diabetes and cancer. The two largest barriers to healthcare were cost and affordable health insurance. The survey indicated 71% of respondents didn't have health insurance and 89% have not applied to Medicaid. Respondents also noted that they were unable to find health information in their primary language. Interpretation services were also identified as a need with 53% of those surveyed stating they required these services when accessing healthcare.

#### *Focus Groups – at least 5 participants for each*

Participants engaged in conversations focused on preventative care related to COVID-19, influenza, and diabetes. These focus groups allowed dialog on how to live a healthier lifestyle to prevent respiratory infections, control diabetes, and lifestyle changes that support healthy living and decreased stress.

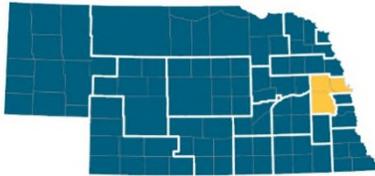
### Partner Identification

Trusted community member champions and advisory groups in participating counties, civic groups, and businesses.

### 2-3 Year Goals

- Continue to use community champions and utilize their rapport with minority communities to address the needs identified from survey results.

**MHI Funds Received**  
**\$44,073.58**



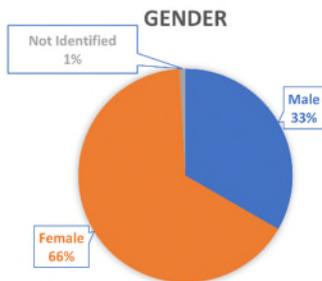
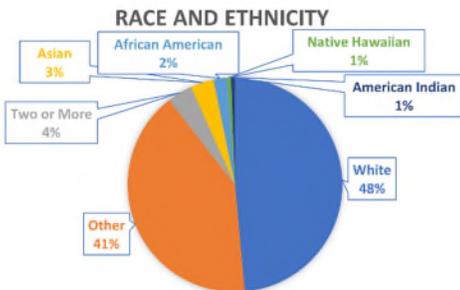
### Assessments

Utilized a community health survey developed by NAHLD and 4 focus groups

### Minority Population Included

Hispanic, Asian, African American, American Indian/Alaskan Native, Latino, Mextiza, Mexican and Peruvian

### Survey Demographics



### Assessment Results

*Surveys – 360 collected (339 were valid)*

Participants identified access to healthcare, diabetes, mental health, cancer, and alcohol/drugs/tobacco use as the main health concerns. An oral health program was established.

*Focus Groups – 63 participants*

The most common needs/topics were the absence of health insurance, COVID-19, cancer, dental health, addiction, heart problems, mental health, obesity, and diabetes. There is an interest in improving personal medical understanding and increasing the use of interpreters. The fear of future chronic disease impacts mental health.

### Partner Identification

Washington Elementary School and St. Patrick’s Catholic Church.

### 2-3 Year Goals

- Recruit and establish a minority health coalition representing minority populations.
- Create a directory of mental health services and resources for minority populations.
- Develop a Language Access Plan and ensure 3RPHD staff are competent in health literacy and health equity principles.



# Two Rivers Public Health Department 2021-2022 Minority Health Initiative

**MHI Funds Received**  
**\$141,322.78**

### Assessments

Utilized a community health survey developed by NALHD and 5 focus groups

### Minority Population Included

Hispanic, Asian, African American, El Salvador, Columbia, Guatemala, Somali and Kenya



### Assessment Results

*Surveys – 137 collected*

Survey participants identified mental health, diabetes and alcohol/drugs/tobacco use as primary health concerns, along with heart disease and cancer. Key activities to be healthy include exercise and physical activity, diet and food, and medical interventions.

*Focus Groups – 26 participants*

The barriers of the lack of easy transportation, access to healthcare, language barriers and inadequacy of insurance coverage. Specific issues identified include the lack of dental services, pediatric care, and mental health services.

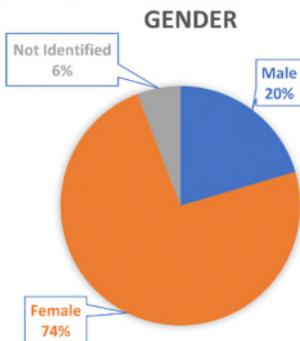
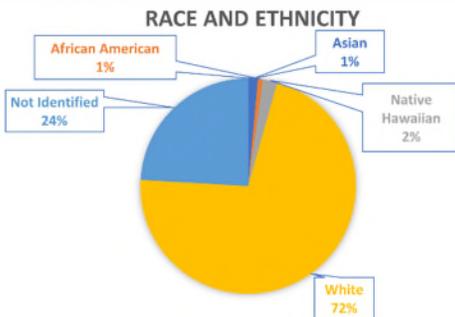
### Partner Identification

St. John Parish Church, Midwest Somali Community Center, and Somali International Community Center, Total Care, Tyson Foods, public libraries and schools.

### 2-3 Year Goals

- Assist individuals medical appointment transportation.
- Increase collaboration with Minority Advisory Committee and membership.

## Survey Demographics





# West Central District Health Department 2021-2022 Minority Health Initiative

**Minority Funds Received**  
**\$34,441.22**

### Assessments

Utilized a community health survey developed by NALHD and six focus groups

### Minority Population Included

Hispanic



### Assessment results

*Survey – 478 collected (306 identified as a minority)*

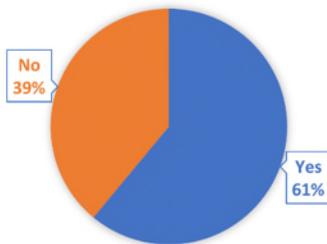
The key areas of concern are diabetes, COVID-19, dental, high blood pressure, cancer and asthma. They were most concerned about financial costs for medical care, no health insurance, and limited language/interpretation assistance.

*Focus Groups – 62 participants*

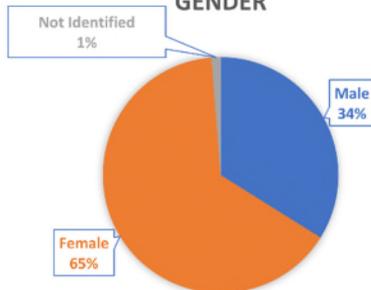
Their last major health issue experienced was diabetes, COVID-19, dental problems, obesity, mental health, high blood pressure, cancer and asthma.

## Survey Demographics

HISPANIC



GENDER



### Partners

Nebraska Total Care, Nebraska DHHS, Community Connections, Mid-Plains Community College, Families First Partnership, Early Childhood Network, Medicaid Services, UNL Extension, Child Advocacy

### 2-3 Year Goals

Not provided.

## **Congressional District 2 – Community Health Centers Funded by Federal Program 330**

Minority Health Initiative funding to community health centers in Congressional District 2 that are funded by Federal Program 330 are distributed monthly. These funds are not included in the MHI projects and reported information is for calendar year 2021.

<b>Community Health Center</b>	<b>Amount</b>
Charles Drew Health Center	\$688,550.00
OneWorld Community Health Center	\$688,550.00
<b>TOTAL</b>	<b>\$1,377,110.00</b>

# Charles Drew Health Center

## Community Health Center funded by federal program 330 in Congressional District 2

Charles Drew Health Center utilized funding to address minority populations, homeless and public housing primary care populations. The information below is for all people served by the organization.



**13,238** individuals served  
**74.6%** identify with minority racial or ethnic groups



88.3% at high risk for a cardiovascular event received medication



44.1% screened for obesity and received follow-up care



82.6% screened for tobacco use had cessation counseling as needed



79% screened for depression had a follow-up plan



61% of patients diagnosed with high blood pressure controlled their rates



33% of diabetic patients had a HbA1c of less than 9%



75.1% of children at moderate to high risk for cavities received sealants



64.5% of children were fully immunized by their 2<sup>nd</sup> birthday



39.6% of women aged 50-74 were screened for breast cancer and 31% of women aged 21-64 were screened for cervical cancer

# OneWorld Community Health Center

## Community Health Center funded by federal program 330 in Congressional District 2

The OneWorld Community Health Center provides medical, dental, and behavioral healthcare with a focus on reaching underserved populations. Key indicators for individual and public health address diabetes, hypertension, birth weight and preventive dental care.



**43,348** individuals served  
**78%** identify with minority racial or ethnic groups



42,750 screenings were for COVID-19 were completed



75,300 vaccinations administered



9,000 received dental care. 54% were pediatric cases



33% were best served in a language other than English



68% with high blood pressure were minorities. 67% had rates under control



79% of diabetic patients maintained or improved HbA1c rates



85% of prenatal patients began their care in the first trimester



Of 864 deliveries, only 6.7% were low birth weight

## Definitions of Key Terms

**Community health workers (CHWs):** an umbrella term used to define other professional titles; an individual who serves as a liaison/link between public health, health care, behavioral health services, social services, and the community to assist individuals and communities in adopting healthy behaviors; conducts outreach that promotes and improves individual and community health; facilitates access to services, and improves the quality and community understanding of the service delivery in Nebraska; a trusted member of, or has a good understanding of, the community they serve; able to build trusting relationships and link individuals with the systems of care in the communities they serve; builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support, and advocacy.

**Health disparity:** preventable differences in the burden of disease, injury, violence, or in opportunities to achieve optimal health experienced by socially disadvantaged racial, ethnic, and other population groups, and communities. Health disparities exist in all age groups, including older adults.

**Interpretation:** rendering of oral messages from one language to another.

**Social determinants of health (SDOH):** the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

**Translation:** rendering of written information from one language to another.

## Appendix A – 2010 Decennial US Census

LHD	All	Min. Total	%	Hisp/Latino	White	Black/Af Am	AI/AN	Asian	HI/PI	Other	2 or More	Combine other/2+
<b>CDHD</b>	35,576	16,795	47.2	14,105	58,781	939	273	656	41	100	681	781
<b>Counties: Hall, Hamilton, Merrick</b>												
<b>Dakota</b>	21,006	9,410	44.8	7,419	11,596	641	466	621	43	4	216	220
<b>County: Dakota</b>												
<b>ECDHD</b>	51,992	9,784	18.8	8,897	42,208	208	150	185	11	54	279	333
<b>Counties: Boone, Colfax, Nance, Platte</b>												
<b>ELVPHD</b>	57,002	7,420	13	5,665	49,582	476	490	197	12	24	556	580
<b>Counties: Burt, Cuming, Madison, Stanton</b>												
<b>FCHD</b>	44,216	2,061	4.7	1,178	42,155	238	117	163	8	34	323	357
<b>Counties: Butler, Polk, Seward, York</b>												
<b>LLCHD</b>	285,407	44,705	15.7	16,685	240,702	9,636	1,674	9,895	131	379	6,305	6,684
<b>County: Lancaster</b>												
<b>NCHD</b>	41,945	2,507	6	855	39,438	67	1,093	94	4	19	377	396
<b>Counties: Antelope, Brown, Cherry, Holt, Knox, Pierce</b>												
<b>NNDHD</b>	22,535	5,610	24.9	1,213	16,925	158	3,939	64	16	15	205	220
<b>Counties: Dixon, Thurston, Wayne</b>												
<b>PPHD</b>	88,403	15,218	17.2	11,200	73,185	387	1,902	562	71	40	1,056	1,096
<b>Counties: Banner, Box Butte, Cheyenne, Dawes, Deuel, Garden, Grant, Kimball, Morrill, Sioux, Scotts Bluff, Sheridan</b>												
<b>PHS</b>	55,176	5,006	9.1	3,709	50,170	221	195	346	7	35	493	528
<b>Counties: Fillmore, Gage, Jefferson, Saline, Thayer</b>												
<b>SCHD</b>	184,081	26,866	14.6	12,177	157,215	6,201	624	3,397	169	238	4,060	4,298
<b>Counties: Sarpy (Congressional District 1), Cass</b>												
<b>SHDHD</b>	46,218	4,609	10	3,276	41,609	264	141	466	19	31	412	443
<b>Counties: Adams, Clay, Nuckolls, Webster</b>												
<b>SEDHD</b>	36,568	2,945	8.1	1,582	33,623	419	363	196	19	19	347	366
<b>Counties: Johnson, Nemaha, Otoe, Richardson</b>												
<b>SWPHD</b>	39,957	2,513	6.3	1,832	37,444	133	114	92	6	14	322	336
<b>Counties: Chase, Dundy, Frontier, Furnas, Hayes, Hitchcock, Keith, Perkins, Red Willow</b>												
<b>2RPHD</b>	94,797	14,907	15.7	11,922	79,890	1,096	233	768	49	80	759	839
<b>Counties: Buffalo, Dawson, Franklin, Gosper, Harlan, Phelps, Kearney</b>												
<b>3RPHD</b>	56,925	5,400	9.5	4,108	51,525	303	167	234	38	59	491	550
<b>Counties: Dodge, Washington</b>												
<b>WCDHD</b>	39,433	3,640	9.2	2,656	35,793	239	176	196	5	19	349	368
<b>Counties: Arthur, Hooker, Lincoln, Logan, McPherson, Thomas</b>												



**Office of Health Disparities and Health Equity**  
Division of Public Health

402-471-0152

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[www.dhhs.ne.gov/healthdisparities](http://www.dhhs.ne.gov/healthdisparities)