



**Center for Reducing Health Disparities  
Strategic Plan  
2007-2012**

**Background**

Health disparities refer to population-specific difference in the presence of disease, health outcomes, or access to health. Health disparities are complex and multifaceted; moreover, they include socioeconomic differences, environmental injustice, direct and indirect consequences of both intentional and unintentional institutional discrimination, and inadequate access to quality healthcare. Disparities in health among some income, racial, and ethnic groups in the United States are significant and, by many measures, expanding; moreover, racial and ethnic minorities continue to experience higher rates of morbidity and mortality. History has proven that inadequate education, social and economic circumstances, personal lifestyle choices, environmental stressors, and limitations of the health care system can increase health disparities. Threats to health develop when elements of racism, poverty, and problematic community environments converge.

Nebraska has a growing ethnic minority population comprising about 11% of the state's population. Immigrants make up an increasing proportion of the racial and ethnic groups in the state. According to the 2006 American Community Survey by the US Census Bureau people of color and ethnic minorities comprise about 20.7% of the population in Douglas County, with African Americans (11.3%), Latinos (9.3%), and Asian Americans (2.5%) being the largest ethnic minority groups in the county. It is estimated that over 50% of all Sudanese in the U.S. are found in Nebraska, and their corresponding population in Omaha is estimated to number between 5,000 and 7,000 (Health Status of Racial and Ethnic Minorities in Nebraska, 2003). Because of the growing diversity of Nebraska, addressing health disparities among racial and ethnic minorities, the underserved, and rural populations is of utmost concern.

**Vision**

The UNMC Center for Reducing Health Disparities will become a leader in providing research, community engagement opportunities, and education on health disparities within the region and nationally.

**Mission**

The mission of the UNMC Center for Reducing Health Disparities is to collaborate to improve public health and the quality of health and wellness of racial/ethnic minorities, underserved, and urban and rural populations by reducing and ultimately eliminating health disparities.

## **Critical Success Factors:**

### **1. Infrastructure: Build capacity and infrastructure to address health disparities (HD).**

- A. Create a high performance team to manage CRHD programs, projects, and activities.
  1. Develop a plan for administrative oversight of CRHD activities (Director, Assoc. Director, Program Coordinator)
    - a. Develop clearly defined job descriptions, goals, and objectives for all faculty and staff of CRHD
    - b. Positions to be added: Faculty Associates, Research Associate, Associate Director of Research
  2. Formulate professional development plans including goals and objectives for staff and faculty.
  3. Provide outcome reporting on collaborative program progress, timelines, and benchmarks.
  4. Develop Faculty Associate positions (faculty partnering with the Center for mutually beneficial research opportunities) to facilitate UNMC research
- B. Develop Advisory Boards (Advisory Council, Scientific Advisory Committee, Community Advisory Committee, and Urban Native American Advisory Committee)
  - The purpose of the Advisory Council is to provide senior level oversight and direction to the CRHD leadership. (Membership-Drs. J. Noren, R. Pamies, T. Rosenquist.)
  - The purpose of the Scientific Advisory Committee is to provide review and recommendations on research and education programs, projects, and activities of the Center. (Membership TBD)
  - The purpose of the Community Advisory Committee is to provide community insight, review and recommendations on community engagement and community-based participatory research activities. (Membership TBD)
  - The purpose of the Urban Native American Advisory Committee is to provide community insight, feedback, and recommendations on community engagement and research opportunities.
- C. Develop a marketing/public relations plan to increase the visibility and understanding of the CRHD and opportunities for collaboration. Three marketing targets: (1) UNMC faculty, students, and staff; (2) Community organizations, and (3) Community-at-large.
  1. Create and maintain CRHD website for internal and external customers.
  2. Develop newsletters to disseminate information on CRHD efforts to the community.
- D. Review strategic plan annually and update as necessary.

### **2. Research: Develop and increase health disparities research, programs, and activities related to cancer, diabetes, cardiovascular disease, obesity, behavioral/mental health, asthma, infant mortality, and health literacy.**

- A. Develop the CRHD's capacity to conduct clinical, translational, and community based participatory health disparities research.
  1. Hire Associate Director of Research with health disparities research expertise to provide leadership focused on health disparities research.
  2. Hire Research Associate to assist faculty and staff with development of research proposals.

3. Employ Graduate Assistant to assist faculty and staff with development of research proposals.
  4. Develop health disparities research collaboration network with College of Public Health, other UNMC investigators, and UNO investigators to facilitate research activities and funding opportunities.
  5. Develop Faculty Associate positions to foster health disparities research and increase expertise of the Center.
  6. Create a Request for Proposals (RFP) to support UNMC faculty to conduct health disparities research.
  7. Examine external institutions and agencies' capacity to develop research collaborations and partnerships.
- B. Facilitate health disparities research among faculty.
1. Consult with Center faculty and staff on strategies for recruitment, enrollment and retention of underrepresented minority participants in research protocols.
  2. Assist faculty and staff with increasing recruitment and enrolling underrepresented minority participants into research protocols.
  3. Provide Spanish translation services on approved IRB documents to increase the number of Spanish speaking participants in research.
  4. Create a listserv of UNMC/UNO faculty interested in health disparities research.
  5. Create a database of potential underrepresented minority participants for health disparities research.
- C. Develop capacity for conducting community-based participatory research.
1. Educate and train faculty and staff to develop expertise in community-based participatory research.
  2. Hire research associate with interest in community-based participatory research.
  3. Develop educational opportunities with target populations to build trust with researchers.

### **3. Community Engagement: Leverage community support to reduce health disparities through engaging partners**

- A. Create a forum for joint planning between the North Omaha and South Omaha Community Care Councils
- B. Develop and participate in community events, projects, and programs designed to educate and reduce health disparities.
- C. Form and expand community partnerships [Baseline: 61 organizations (as of 12/2007)]
  1. Cultivate relationships with new potential community partners including local health departments across the state.
  2. Formalize community partnerships with written MOUs.
- D. Ensure quality and meaningful partnerships within diverse communities including racial/ethnic minorities, underserved, rural populations, and refugees.
  1. Develop and implement a community asset mapping process/community assessments.
  2. Create a feedback/evaluation process (internal/external) to measure effectiveness of programs, projects, and events – community partners, survey, focus groups.
- E. Cultivate fiscal resources for community engagement opportunities including community health screenings and wellness education.

- 4. Education: Increase knowledge about health disparities including causes, preventative techniques, and interventions**
- A. Formulate service-learning opportunities for UNMC students, faculty, and staff that educate on health disparities.
  - B. Develop and disseminate educational materials on health disparities.
    - 1. Develop a health disparities course for the College of Public Health.
    - 2. Develop a series of educational fact sheets related to community questions about research, specific conditions, diseases, and populations relating to health disparities
    - 3. Utilize the various media mediums to educate on health disparities research, diseases, conditions, and/or specific populations (Examples: Radio Lobo, newsletters, NOAH, TV, etc.)
  - C. Create community education seminars on health disparities.

## ADDENDUM 1: CRHD Proposed Activities for July 1, 2008-June 30, 2009

Consistent with the mission of the UNMC, the Nebraska Medical Center, and the College of Public Health, the primary goal for the Center for Reducing Health Disparities is to improve community health through community engagement/outreach, health education, and research.

Below are the key areas of focus for community engagement and health education activities in both North and South Omaha for 2008-2009.

1. **Bi-National Health Week & Health Fair** - The South Omaha Community Care Council in partnership with the Consulate of Mexico, UNMC, and ConAgra Foods Inc. work together to sponsor a week long community health education series that culminates with a large health fair serving approximately 650 -700 families. Support is also provided for 2-3 other regional health fairs in South Omaha.
2. **Black Family Health & Wellness Association (BFHWA) Health Fair** – BFHWA is a community based organization supported by the North Omaha Community Care Council. BFHWA in collaboration with the Care Council, UNMC, and other community groups sponsors a health fair that attracts over 700 participants each year for health education/prevention information, screenings, and outreach. The BFHWA does follow-up screenings in June of each year focused on participants who had abnormal readings and offer them more extensive consultations with a paid RN.
3. **Black Family Health & Wellness Association Fall Health Conference** - BFHWA also has a fall health conference that attracts approximately 125-150 participants.
4. **Come Back Home Youth Summit** is an educational conference held in North Omaha that will target vulnerable youth who are already involved in the legal system and their families. This conference will take place in October 2008 and will strive to teach youth to recognize the dangers and consequences of gang involvement, to create a sense of hope for the future, and empower youth to make healthy choices. The target will be 150 youth and parents.
5. **Young Professional Latina Leadership Retreat** - A group of Latinas leaders that are part of corporate organizations is applying for a grant to host a retreat for young professional Latinas to help them transition from school into a career successfully.
6. **ALLSTARS program** – This program is designed to prevent risky behaviors such as alcohol, tobacco, and other drug use, violence, and premature sexual activity among youth. The Community Outreach unit has successfully run the ALLSTARS program with the UNMC adopt-a-schools program for eleven years. The program has expanded to include three additional schools as requested by Omaha Public Schools. Currently, the program serves approximately 50 students per semester with an average graduation rate of 80 to 85%.
7. **Eastern Nebraska Community Action Program (ENCAP) Health Outreach Program** – This is a senior adult program for individuals aged 60 and over in partnership with ENCAP. Each month seniors participate in health education workshops and/or

screenings on diabetes, cardiovascular disease, prostate and breast cancer, and glaucoma. The group averages 65 to 70 participants per workshop.

8. **Summer Health Enrichment Program** for students enrolled in Community Learning Center at North High School and Monroe Middle School.
9. **Partnership with the American Heart Association** to reduce coronary heart disease and prevent stroke.
10. **Promotores de Salud Capacity-Building Initiative** – This is a new program which will build capacity of lay health educators (Promotores). It will consist of basic skills training on community engagement and teaching, specialized medical education, and a mentoring program to foster relationships with community organizations to assist in meeting the needs for health education in communities. It is targeted to train 25 people in the first year that will work within the Latino community.
11. **Spanish-Language Mental Health Support Group** – The mental health support group is a new program and will focus on areas such as depression, stress, and self-esteem. Group meetings will be held monthly and will serve approximately 20 people per meeting.
12. **Radio Lobo Health Education & Promotion Show** – Radio Lobo show will be hosted once a week and will cover various health topics such as tobacco, violence, cancer, cardiovascular disease, and many other topics. The weekly program is one-hour in length and will reach approximately 70,000 listeners per show. Plans are to increase health promotion and educational programming depending on available funding.
13. **Black Barbershop Health Outreach Program**- This is a new program which is targeted to begin in July 2008 focusing on providing health education and screenings in local barber shops in North Omaha. The program will focus on education on hypertension and diabetes. It is targeted to approximately 150 African-American men who frequent barbershops. The goal is to use a setting that is social and unthreatening for patrons to engage them in early detection on health issues. The barbershop owners and workers would help educate their customers on the value of prevention and health promotion. Initiation of this program depends on available funds.
14. **North Omaha Youth Health Careers Advisory Council** – This program started its senior high division with focus on students from North High Schools Community Learning Center After School Program. Six students were actively engaged in the program which met bi-weekly with healthcare and academic professionals. Students participated in interactive fieldtrips to UNMC's McGoogan Library, Pathology, and Genetics departments. In addition, the students developed a student survey on health issues.
15. **Tobacco Prevention Program** has been funded by Tobacco Free Nebraska since 2002. The program continues to be a major component of the services provided to the Hispanic community by the Center for Reducing Health Disparities. This program focuses on

tobacco education and prevention in children, youth, and adults, with a highly demonstrated success ascribed to the culturally sensitive approach that has been used.

16. **Community Planning Group Partnership** to focus on addressing the high incidence of sexually transmitted diseases in Douglas County. The Community Planning Group (CPG) conducted a youth HIV/AIDS Awareness day with approximately 300 youth participating in workshops at the Hope Center. CPG also implemented a Latino and National Black HIV/AIDS Awareness Day, and partnered with the Center for Reducing Health Disparities to sponsor the Native American HIV/AIDS Awareness Day.
17. **Center for Reducing Health Disparities Leadership** (Director, Program Coordinator, Community and Clinical Liaisons) attend monthly meeting of community care councils. The Center has developed a Community Advisory Board which meets bi-annually. One of major initiative for this year is an Awards Dinner/Luncheon to recognize individuals or community groups who are making significant contributions to reducing health disparities in the community.