Community Alliance
Omaha, NE

Angie Berg
Program Director
402-884-7223
aberg@commall.org

Populations of Focus
Nebraska Health Disparities

Identified sub-populations: African American & Hispanic/Latino

- **Community Alliance serves the greater Omaha metro area**
  - Home to 42% of the state's population of people with serious mental illness
- **Vital Statistics provided by the Nebraska DHHS (2003-2007)**
  - Access to Health/Preventive Care (reported having no health insurance)
    - 41% Hispanic; 24% African Americans; 14% White
  - Diagnosed with high cholesterol by a physician
    - 33% African American; 31% White; 28% Hispanic
  - Death rate due to diabetes by race/ethnicity
    - 74% African American; 42% Hispanic; 20% White
  - Diagnosed with high blood pressure by a physician
    - 32% African American; 22% Hispanic; 23% White

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Target Sub-Population Goals

Race/Ethnicity	Target	YTD Totals
African-American	60	23
American Indian	4	10
Asian	2	3
Hispanic/Latino	10	9
White	123	109
Native Hawaiian/ Pacific Islander	1	0
Total	**200**	**154**

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Implementation Practices

- Literature and educational materials available in Spanish
- Culturally sensitive wellness sessions
- FQHC partner, OneWorld, provides services to the largest Hispanic/Latino population in the Omaha Metro area
  - OneWorld serves 25,000 patients a year, 70% Hispanic/Latino
  - This collaboration engages more Hispanic/Latino individuals
- Workforce is better prepared
  - Diverse and bilingual project staff
  - Provide agency wide, mandatory, and on-going cultural training
  - Additional training by Mid-America Addiction Technology Transfer Center (ATTC)

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Challenges, Barriers and Solutions

- **Engaging identified sub populations to Primary Care Services.**
  - Staff is sensitive to the role that family plays in the client's recovery
  - Bilingual medical providers, nurse, and front desk staff ease access and communication
- **Transportation is barrier for non-Medicaid clients**
  - Primary Care Clinic centrally located in area familiar to clients and is easily accessed by public transportation
- **Lack of resources available for specialty services for zero-income and non-Medicaid clients**
  - Non-insured clients without income can receive assistance with sliding scale referrals and specialist through participation with an existing program with our FQHC partner
- **Limited language proficiency with behavioral health staff**
  - Technical assistance or support would be helpful to overcome this challenge
  - Managed care company will provide interpretation services (telephonic and/or face-to-face)

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Data & Collection Measures

- Crossroads program utilizes Electronic Health Record (EHR) and TRAC to track data and outcomes
- EHR generates reports which can be used to measure health status and improvements of specific target populations. Reports include:
  - Engagement in specific wellness services (group or individual)
  - Tracking stages of change for readiness to quit tobacco
  - Quarterly reassessment due dates and results
  - Specialty referral appointment status
  - Kept, missed, rescheduled, and cancelled appointments

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Success to Date

National Outcome Measures (NOMs)	No. of Consumers	% Improved at 2nd Interview	Percent Change
Functioning: Were healthy overall	27	37.00%	88.90%
Functioning: Were functioning in everyday life	28	82.10%	50.00%
Functioning: No serious psychological distress	28	17.90%	15.80%
Functioning: Were never using illegal substances	20	20.00%	13.30%
Functioning: Were not using tobacco products	28	3.60%	-12.50%
Functioning: Were not binge drinking	27	0.00%	-8.00%
Retention: Retained in the Community	28	3.60%	0.00%
Stability in Housing: had a stable place to live in the community	27	7.40%	0.00%
Education and Employment: were attending school regularly and/or currently employed/retired	28	3.60%	50.00%
Crime and Criminal Justice: had no involvement with the criminal justice system	28	3.60%	3.70%
Perception of Care: client perception of care	28	N/A	N/A
Social Connectedness: were socially connected	28	42.90%	4.80%

- Case to Care training offered for every program within Community Alliance.
  - Each program set goals specific to their program, including client/staff health literacy, increased collaboration with PCP, smoking cessation
  - Energy and excitement for overall health and wellness sparked!
- "Slim Possible" weight loss program is one of most well attended and popular wellness programs to date at CA!

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Looking Ahead…

- Sustaining services for identified sub-populations
  - Transformation of all agency staff to take on Health Navigator role in physical health needs similar to their current role with behavioral health needs.
- Within the next 6 months…
  - Continue to increase awareness and cultural competency among staff members through informational presentations regarding selected sub-populations.

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