



COMMUNITY
VOICES IN
HEALTH
PROMOTION

Community Voices in Health Promotion: Insights from University of Nebraska-Lincoln Grand Challenges Health Equity Symposium 3

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Executive Summary

This white paper provides a summary of the findings from the "Community Voices in Health Promotion" symposium held on February 27, 2025. The Health Equity Grand Challenges team at the University of Nebraska-Lincoln hosted this event, bringing together experts across various fields to discuss the pressing issue of health disparities in Nebraska's underserved populations. Based on impact and results from prior symposiums, this symposium highlighted critical areas in community voices including bridging the health disparities gap for minority, rural, low-income, and other underserved populations in Nebraska. This whitepaper offers detailed reviews of each session and the poster session, synthesizes key data, reports on post-attendee survey results, and proposes actionable recommendations aimed at reducing disparities and promoting health equity in Nebraska.



Schedule

9:00am – 9:05am: Welcome

Michelle Hughes, PhD, CCC-A

University of Nebraska-Lincoln (UNL)

9:05am – 9:35am: Myths, Realities, and Health Aspects of Breastfeeding: A Cross-Cultural Examination

Aabha Chaubey, M.Phil, MSW

Development Assistant, Good Neighbor Community Center

9:35am – 10:05am: Community Health Workers/Promotoras: The Workforces for Building the World We Want to See

Johanna Pesante-Daniel

Health Equity Coordinator and Health Literacy Specialist, Public Health Solutions Health Department

10:05am – 10:35am: Strategies for Native Community Empowerment to Improve Health and the Impact of Different Healthcare Perspectives Among Tribal Populations

Nancie Velasquez

Community Health Manager, Ponca Tribe

10:45am – 12:00pm: Panel Discussion

- **Evelyn Martinez, Lead Community Health Worker, 3 Rivers Public Health Department**
- **Lanetta (PoePoe) Edison-Soe, Health Education & Advocacy Program Manager, Asian Community & Cultural Center**
- **Karina Ruiz-Vargas, Lactation Consultant and Birth Doula, Malone Center**
- **Vivian Garcia, Minority Health Outreach Manager, OneWorld Community Health Centers**
- **Lisa Ross, Director of Community Affairs, Good Neighbor Community Center**

12:00pm – 1:30pm: Poster session and Networking during Lunch

- **Paige Castle - Health Educator at the Sarpy/Cass Health Department: Dental Care for Children in Rural Communities**
- **Hannah Ditmars, UNL: How an Interprofessional Collaboration to Provide Tele-Audiology Is Improving Access to Early Hearing Detection and Intervention in Rural Nebraska**
- **Emily Gratopp, Nebraska Extension in Lancaster County: Building a Coalition for Health Equity: Mobilizing Community Leadership and Action**
- **Emily Gratopp, Nebraska Extension in Lancaster County: Co-Creating Culturally Responsive Nutrition Education for Refugee and Immigrant Families for the First 1,000 Days of Life**
- **Hannah Guenther, Nebraska Extension: 20 Collaborative Champions: Nebraska Extension and UNMC Driving Rural Health Impact**
- **Alyssa Wessling, Nebraska Extension: Nutrition Education Programming Fosters Confidence and Independence for Adults with Intellectual and Developmental Disabilities**

1:30pm – 2:00 pm: Strategic Communications in Community-Engaged Health Research

Changmin Yan, PhD

Associate Professor, UNL, College of Journalism and Mass Communications

2:00pm – 2:30pm: Lifting Voices, Breaking Barriers: Health Equity Through Community Health Work

Angel Dale, CHW, CPST

Program Coordinator, Four Corners Health Department

2:40pm – 3:10pm: Community Health Outreach and Engagement

Maria Reyes

Community Health Worker and Spanish Interpreter, Lexington Regional Health Center

3:10pm-3:40: Fostering Health and Wellbeing in the Hispanic Population

TinaMaria Fernandez, BSN, RN, BA

Founder and Executive Director, HOPE-Esperanza

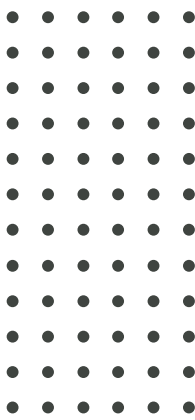
3:40-4:00: Group discussion, concluding remarks, survey completion

Introduction

Nebraska faces a health disparity gap for those of minority, rural, low-income, and other underserved populations. The Health Equity Grand Challenges team at the University of Nebraska-Lincoln has hosted three symposia over 18 months bringing together experts across various fields to discuss the pressing issue of health disparities in Nebraska. Prior symposia focused on understanding health disparities across the state and then narrowed down specifics on enhancing health equity. Based on feedback and insights from these symposia, this third symposium sought out community voices in health promotion and incorporated additional discussion and networking opportunities to highlight and engage with individuals and groups actively working in this space. This white paper details discussions from this multidisciplinary symposium specifically focusing on aims to address health disparities and suggestions for intervention techniques.

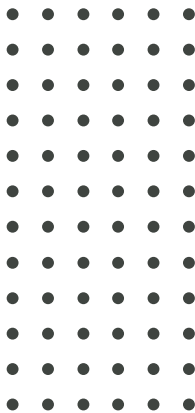
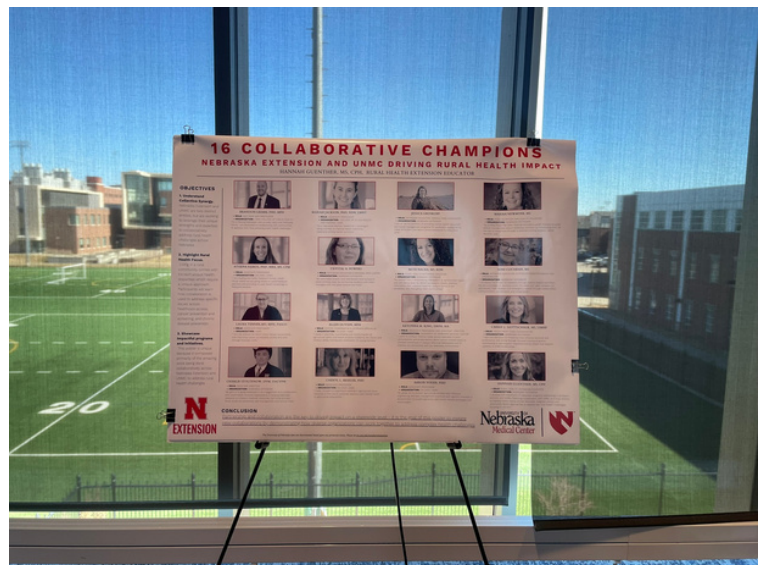
Problem Definition

Underserved populations face health disparities across Nebraska. Despite efforts of individuals and organizations, marginalized communities still suffer from disproportionate delivery of healthcare services, healthcare accessibility, and unequal impact of social determinants of health. Understanding what gaps exist, what specific focuses are most at risk or needed, and what progress has been made allows for a directed understanding of the necessary next steps to address health disparities across the state.



Methodology

This all-day symposium was held in a hybrid in-person and Zoom format on February 27, 2025. The hybrid format was selected based on feedback from prior symposium to emphasize the in-person connections paired with access for geographically disperse attendees. Seven presentations were split by a panel discussion, lunch, and poster session, then concluded with a whole group discussion. All presentations were recorded and are available on our website. All attendees were also asked to follow up with key points and answer several directed questions to shape future symposium and focus community needs. This targeted survey resulted in 45 individual responses, and aggregate results are also reported at the conclusion of this whitepaper.

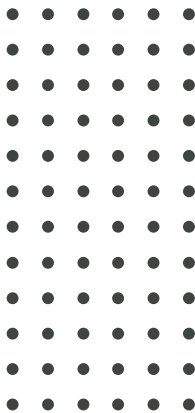


Session 1: Myths, Realities, and Health Aspects of Breastfeeding: A Cross-Cultural Examination

Presenter: Aabha Chaubey, PhD, Development Assistant, Good Neighbor Community Center

Key Messages:

The Good Neighbor Community Center serves community members of Lincoln and Lancaster County through services such as food distribution, basic and emergency assistance, the MENA hope project, SNAP outreach, Grandparents' Christmas room, tax assistance, transportation assistance, legal aid, and social development. In this presentation, Dr. Aabha Chaubey explores breastfeeding across cultures through cultural significance, societal challenges, and first-time mothers while advocating for underserved communities.



Session 1: Myths, Realities, and Health Aspects of Breastfeeding: A Cross-Cultural Examination

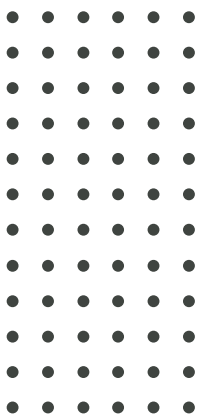
Significance of Breastfeeding

Breastfeeding provides improvements in maternal health, including a reduced risk of certain cancers, weight loss, hormonal benefits, and reduced risk of type 2 diabetes.



Cultural Perspectives Of and About Breastfeeding

Dating back to early human records (e.g., Egyptian hieroglyphics), historical information provides evidence of breastfeeding. However, beginning with the industrial revolution, the movement of mothers to external employment limited breastfeeding and created the need for formula. Throughout the late 19th and 20th century, marketing campaigns continued to push formula as the best method to feed a baby and societal changes influenced the popularity of breastfeeding and formula choices. Into the late 20th century societal norms changed again, with increased return toward breastfeeding over formula and led to more accommodations for nursing mothers.



Session 1: Myths, Realities, and Health Aspects of Breastfeeding: A Cross-Cultural Examination

Challenges and Misconceptions of Breastfeeding Today include protecting rights, financial burden, modern lifestyle, and access to resources for diverse groups. Dr. Chaubey also discussed misconceptions surrounding differing cultural diets, cultural taboo(s) of breastfeeding, and media/marketing on public perception of and response to breastfeeding.

First Time Mothers

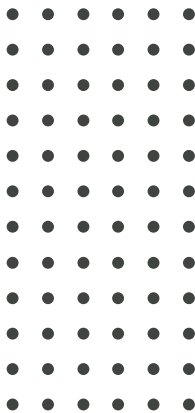
By interviewing mothers in the Lincoln area, Dr. Chaubey also developed case studies of first-time mothers to assess four areas: cultural beliefs and attitudes, perception of breastfeeding, social and familial influence, and health and practical concerns. These studies found that breastfeeding has significant meaning across cultures but is not always well supported externally. Improved cultural competency from healthcare providers and community focused policy could lead to positive perspectives of breastfeeding. Dr. Chaubey stressed that providers and policy could be best addressed by improving resources that specifically address education and awareness, community support, cultural sensitivity in healthcare, and policy changes that would support first-time mothers, improve access and accessibility, and help improve public perception.

Session 2: Community Health Workers/Promotoras: The Workforce for Building the World We Want to See

Presenter: Johanna Pesante-Daniel, Public Health Solutions

Key Messages:

Developing and growing with the community, Community Health Workers (CHW) have a unique understanding of the communities they serve. Johanna Pesante-Daniel presented the importance and value of investing and developing Community Health Workers through detailed history of the title, work provided by individuals, the unique challenges CHWs face, and necessary steps needed to overcome these challenges and to evolve with healthcare to support their communities.



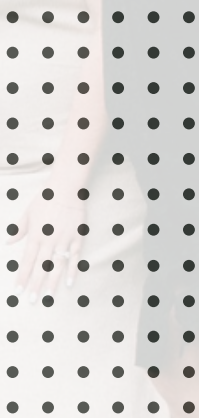
Session 2: Community Health Workers/Promotoras: The Workforce for Building the World We Want to See

Community Health Worker/Promotora

Frontline health workers that directly interact with community members including outside of traditional healthcare settings, and that support individuals during healthcare processes encapsulate the broad base of Community Health Workers. In the 1960s, “Promotoras de salud” provided structure to community health workers and aimed to educate and to reduce barriers that communities of marginalization, stigma, and oppression faced, specifically in Latino, Hispanic, and immigrant communities. Promotoras have been shown to provide effective communication within their communities resulting in improved health outcomes. The benefits of community health workers/Promotoras discussed by Pestante-Daniel at this symposium include accessibility and outreach, cost-effect care, health education and promotion, disease prevention and early detection, and maternal and child health.

Challenges and the Future of CHWs

CHWs face major challenges centered around limited numbers and sustainability. Current systems have issues with recruitment, training, compensation, and recognition within health systems; making both adding additional CHWs challenging and ineffective, and preventing robust retainment of established CHWs. Pestante-Daniels highlighted how defining current challenges will allow for solutions (including clarifying role, career pathways, cultural training for CHW and healthcare staff, documentation standards for reimbursement, and evaluation of training programs) and future growth of CHW members. The value of continued collaboration (between CHWs and the community, and other healthcare providers and CHWs) and investment into CHW programs was also highlighted to continue to build trust and have a profound impact on health outcomes.



Session 3: Strategies for Native Community Empowerment to Improve Health and the Impact of Different Healthcare Perspectives Among Tribal Populations

Presenter: Nancie Velasquez, Ponca Tribe

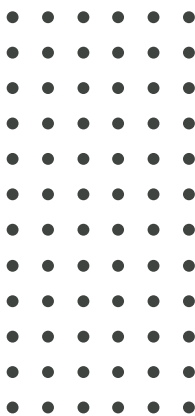
Key Messages:

The Ponca Tribe is represented across Nebraska and Iowa through administrative offices, clinics, Tribal Affairs, and Tribal courts in Omaha, Lincoln, Norfolk, Niobrara, and Sioux City. As a Community Health Worker in Niobrara, Nancie Velasquez represents members of the community and aids in navigating the health system. At this symposium, Nancie Velasquez discusses barriers, challenges, and historical bias that affect the Ponca Tribe and, more broadly, Native Americans across the United States.

Meet a Community Health Worker **NANCIE VELASQUEZ**

Nancie has been serving as the Community Health Manager for the Ponca Tribe of Nebraska, and her dedication to the role is truly inspiring. Her leadership, deep understanding of community health, and commitment to her team and the people she serves have made a meaningful impact across the Tribe.

The Ponca Tribe is proud to recognize Nancie's contributions to our health program. Her guidance and passion are essential to its continued growth and success. Thank you, Nancie, for your outstanding service and for being such a valued leader in our community!



Session 3: Strategies for Native Community Empowerment to Improve Health and the Impact of Different Healthcare Perspectives Among Tribal Populations

Tribal Challenges and Barriers

Historically and ongoing, tribal challenges include generational poverty, discrimination, and lack of access to quality healthcare.

Solutions to Challenges and Barriers

Through advocacy of evidence-based programs and chronic disease self-management programs, Velasquez works with both the broader community and leadership of the Ponca Tribe to combat these challenges. During her presentation, Velasquez discussed solutions using incentives, health promotion programs, collaboration with community leaders to promote and validate these programs, and promotion of positive community values.



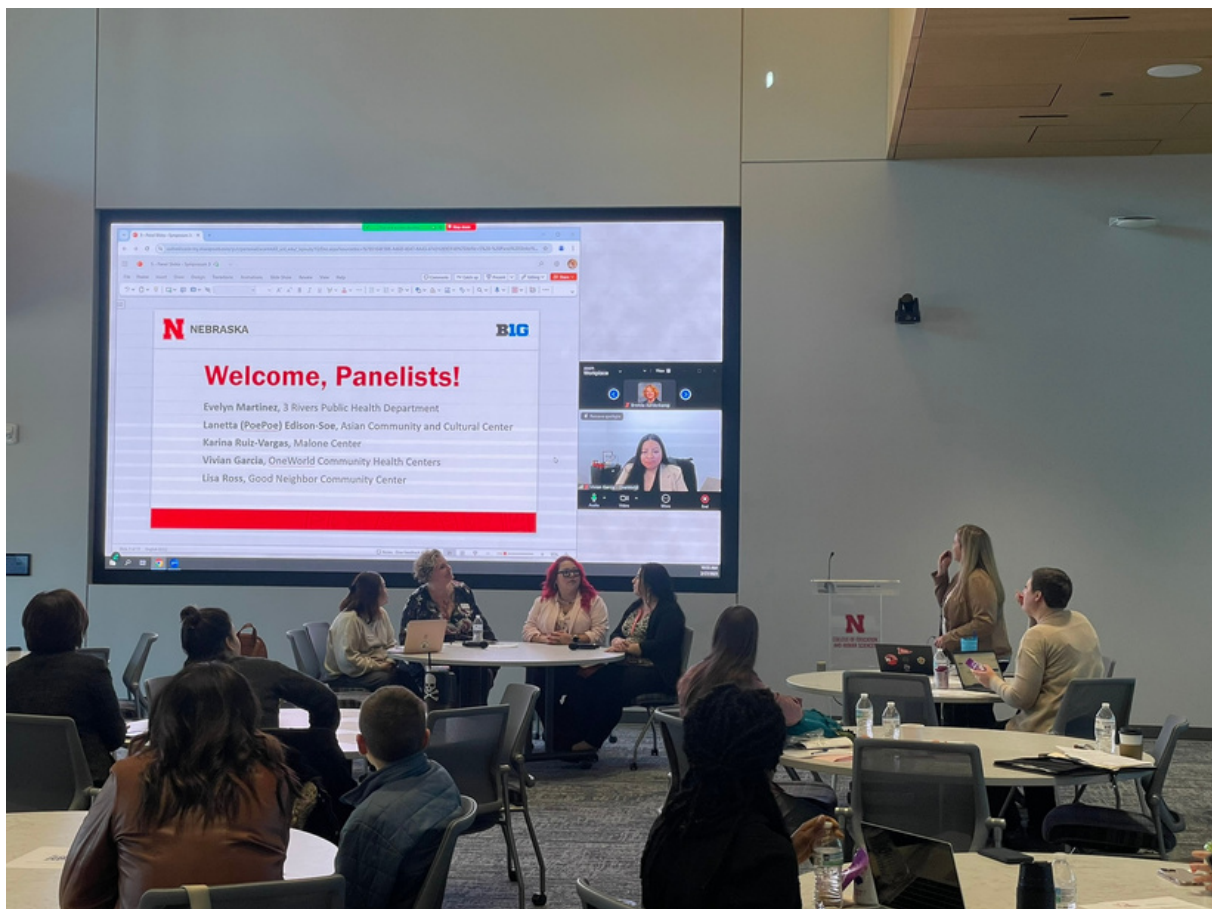
Breaking Down Bias

Another challenge discussed was bias that Native American members and communities face in healthcare. National data provides evidence of racial bias and stereotypes, longer hospital wait times, inadequate treatment, and discounting and/or prevention of traditional rituals. CHWs including Velasquez work to promote cultural awareness through training of a healthcare providers, to improve the healthcare environment, promote a welcoming and accepting interaction, and increase collaboration of traditional medicine with western medicine as possible solutions to these challenges.

Panel Discussion on Community Health Workers (CHWs)

Key Message:

This panel discussion explored the vital role of CHWs in bridging gaps between healthcare systems and underserved populations, particularly immigrant and refugee communities. Panelists highlighted the fears and challenges many individuals face when accessing care, including concerns about immigration status, healthcare costs, limited transportation, language barriers, and a lack of culturally competent mental health services. These issues are particularly pressing in communities such as the Afghan population, where oral health, PTSD, and chronic disease management remain major concerns.



Panel Discussion on Community Health Workers (CHWs)

CHWs were recognized as trusted, relatable figures who help connect individuals to care by building trust, overcoming cultural and language barriers, and empowering patients to take an active role in their health. They serve as liaisons between providers and communities—offering education, coordinating care, conducting home visits, and supporting screenings and preventative services.

However, challenges persist. Misunderstandings around the CHW role, both in the community and among healthcare providers, can limit their effectiveness. The discussion emphasized the need for clearer definitions of CHW responsibilities, stronger provider-CHW collaboration, and more community-informed care models. Panelists recommended centralized, multilingual resources that simplify access to services, improve referral coordination, and provide ongoing CHW training and accreditation. Tools like community-facing apps, one-stop referral hubs, and culturally relevant health education were proposed to support both CHWs and the communities they serve.

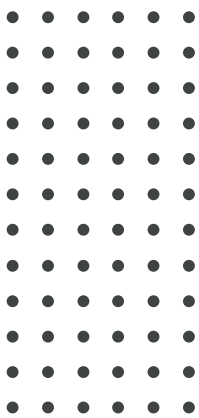
Strengthening Public Health with Community Health Workers



Poster Session and Networking

Key Message

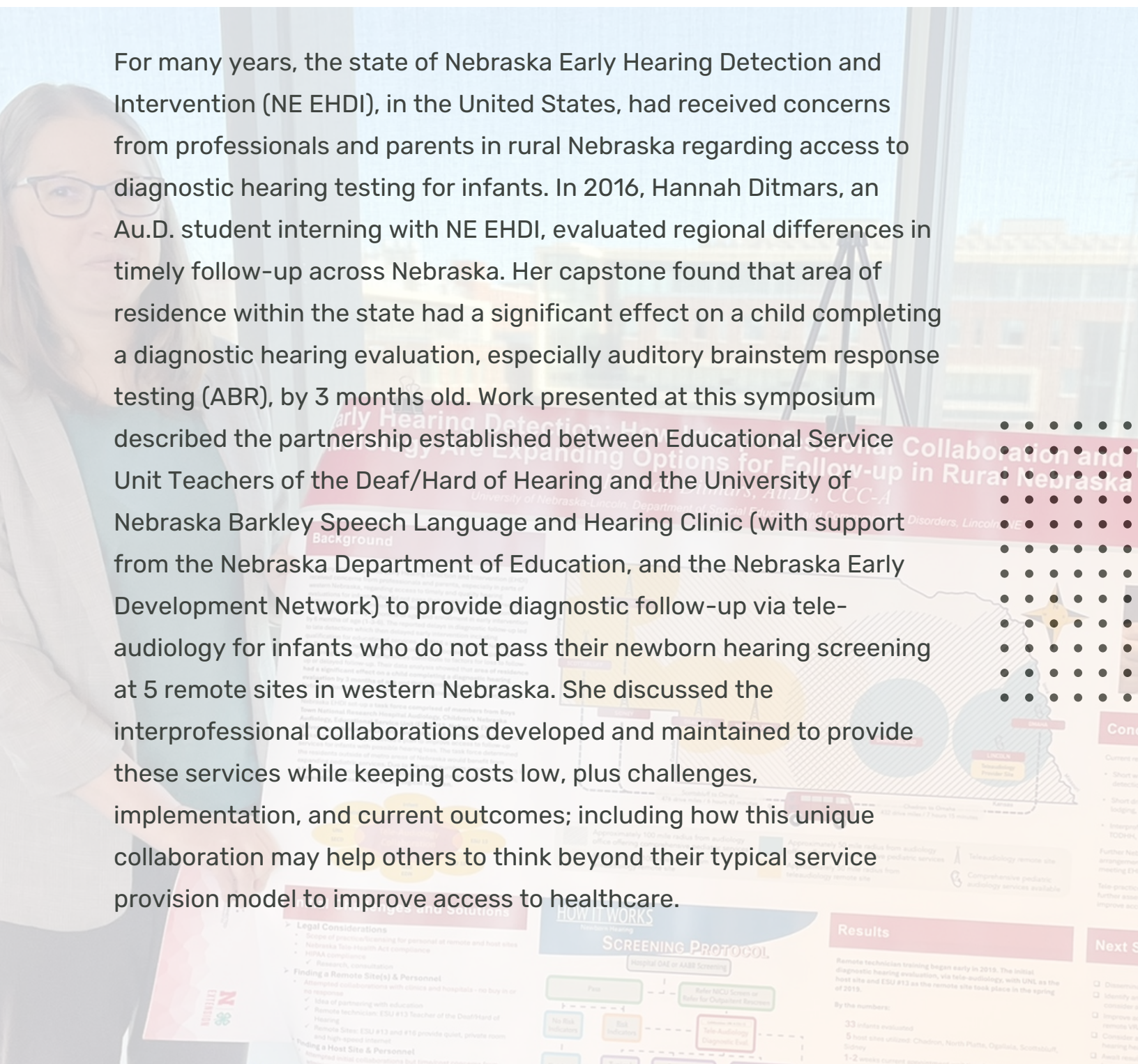
Six posters were presented at lunch and remained available throughout the day, facilitating networking and including information on healthcare, access, resources, and research. Topics in healthcare provision included dental care in rural communities (presented by Paige Castle, Health Educator at Sarpy/Cass Health department) directed at information presentations to the communities being served and how interprofessional collaboration to provide tele-audiology in improving access to early hearing detection and intervention in rural Nebraska (presented by Hannah Ditmars, UNL). Building community and increasing research into and structure for community access was discussed in several ways including by: Emily Gratopp of Nebraska Extension for “Building a coalition for health equity: mobilizing community leadership and action” and Hannah Guenther also of Nebraska Extension with “20 Collaborative Champions: Nebraska Extension and UNMC Driving Rural Health Impact.” Provision of resources to underserved communities was described through several angles including: by co-creating culturally responsive nutrition education for refugee and immigrant families for the first 1,000 days of life (presented by Emily Gratopp, UNL) and nutrition educational programming [to] foster confidence and independence for adults with intellectual and developmental disabilities (presented by Alyssa Wessling, Nebraska Extension). Symposium participants met with presenters at the breaks and during networking periods.



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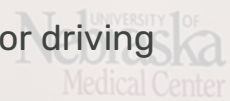
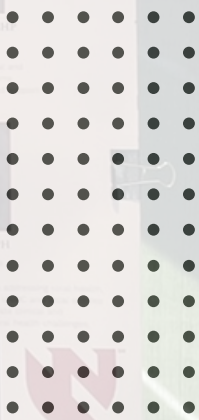
How an Interprofessional Collaboration to Provide Tele-Audiology Is Improving Access to Early Hearing Detection and Intervention in Rural Nebraska, Hannah Ditmars, UNL

For many years, the state of Nebraska Early Hearing Detection and Intervention (NE EHDI), in the United States, had received concerns from professionals and parents in rural Nebraska regarding access to diagnostic hearing testing for infants. In 2016, Hannah Ditmars, an Au.D. student interning with NE EHDI, evaluated regional differences in timely follow-up across Nebraska. Her capstone found that area of residence within the state had a significant effect on a child completing a diagnostic hearing evaluation, especially auditory brainstem response testing (ABR), by 3 months old. Work presented at this symposium described the partnership established between Educational Service Unit Teachers of the Deaf/Hard of Hearing and the University of Nebraska Barkley Speech Language and Hearing Clinic (with support from the Nebraska Department of Education, and the Nebraska Early Development Network) to provide diagnostic follow-up via tele-audiology for infants who do not pass their newborn hearing screening at 5 remote sites in western Nebraska. She discussed the interprofessional collaborations developed and maintained to provide these services while keeping costs low, plus challenges, implementation, and current outcomes; including how this unique collaboration may help others to think beyond their typical service provision model to improve access to healthcare.



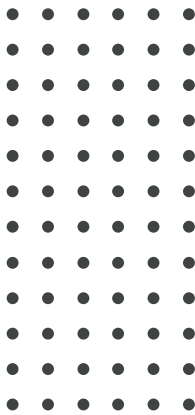
16 Collaborative Champions: Nebraska Extension and UNMC Driving Rural Health Impact, Hannah Guenther, Nebraska Extension

Rural communities in Nebraska face unique health challenges, including limited healthcare access, higher rates of chronic disease, and environmental exposures. Addressing these disparities requires innovative, collaborative efforts that leverage the expertise of diverse organizations. Nebraska Extension, with presence and local expertise across all 93 counties, and the University of Nebraska Medical Center (UNMC), with research and clinical knowledge, represent two distinct entities with complementary missions. This presentation highlighted efforts address critical areas such as cancer prevention, chronic disease management, workforce development, and health equity; and showcased specific programs, such as initiatives targeting sleep health, nutrition education, and environmental safety, while emphasizing measurable impacts on individuals and communities. Together, through strategic partnerships, these collaborators are share how they are driving impact on a statewide level, and their goal to inspire new collaborations by demonstrating how diverse organizations can work together to address complex health challenges, particularly for driving meaningful improvements in rural health.



Nutrition Education Programming Fosters Confidence and Independence for Adults with Intellectual and Developmental Disabilities, Alyssa Wessling, Nebraska Extension

Adults with intellectual and developmental disabilities (IDD) experience significant health disparities, particularly in terms of food access, nutrition, and food safety, which contributes to poor health outcomes and reduced quality of life. This presentation shares programming aimed to provide adults with IDD opportunities for hands-on, experiential learning regarding cooking skills and food safety, while also offering developmentally appropriate nutrition education and food access resources. The goal of this community-based nutrition education intervention is to foster greater independence in the kitchen, cultivate healthy eating habits, and ultimately enhance overall well-being in this underserved population. By addressing the unique needs of adults with IDD, these interventions seek to bridge gaps in health equity and promote improved access to nutrition-related knowledge and resources.



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Building a Coalition for Health Equity: Mobilizing Community Leadership and Action, Emily Gratopp, Nebraska Extension in Lancaster County

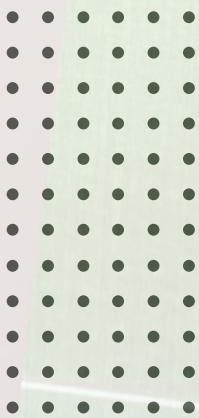
The Lincoln Health Equity Coalition works to advance health equity through connection, capacity-building, and action, ensuring every person has fair and just opportunities for a healthy, high-quality life.

Founded in 2021 as part of Well Connected Communities, the Coalition prioritizes community voices in defining and addressing health inequities. The Coalition conducted nine focus groups with 92 participants, including community members and stakeholders from social services, healthcare, and education. Thematic analysis identified five key priorities: 1) Balanced healthy lifestyles, 2) Medical care access, 3) Transportation, 4) Access to education, information, and resources, and 5) Creating healthier communities & neighborhoods. These priorities led to a core initiative: youth engagement in health equity solutions. Through two Photovoice projects, youth documented health inequities through photography, amplifying community concerns. Two Youth Health Equity Projecta researched resource-sharing strategies and community engagement methods, leading to: Health Equity Referrals Handouts, ensuring access to vital resources and Health Equity Archetypes, a framework for organizations to assess service accessibility and improve equity.

Co-Creating Culturally Responsive Nutrition Education for Refugee and Immigrant Families for the First 1,000 Days of Life, Emily Gratopp, Marusa Jonas, Zahraa Rida, & Tara Dunker, UNL

With funding from the National Association of County and City Health Officials (NACCHO), Nebraska Extension collaborated with the Arabic, Kurdish, Pashto, and Dari communities in Lincoln, NE, from December 2023 to July 2024, to co-create culturally responsive nutrition education materials. The project focused on the first 1000 days of life, aligning with the Dietary Guidelines for Americans while tailoring materials for Middle Eastern families. Materials were translated into Arabic (Sudanese and Middle Eastern), Pashto, Dari, and Kurdish (specific to Yazidi).

The multi-expert team included Nebraska Extension faculty specializing in infant and toddler nutrition, five culture-specific experts (Culture Brokers), and eight families with infants and toddlers. These community members contributed cultural expertise, recipe development, and photo-staging to create practical, culturally relevant handouts for nationwide use. The process followed an interactive cycle of feedback and revisions, ensuring the materials reflected both cultural values and infant and toddler feeding recommendations. A key challenge was addressing the oral traditions of these cultures, where information is traditionally passed down verbally. This was resolved by integrating QR codes with a 'scan to listen' option in native languages, making materials accessible and overcoming literacy differences. Additionally, involving families ensured the inclusion of food and family imagery that resonates with each culture. This innovative, community-engaged approach bridged gaps in foodways and literacy, resulting in effective, culturally tailored resources that support the nutritional needs of diverse families.



Dental Care for Children in Rural Communities, Paige Castle, Health Educator at the Sarpy/Cass Health Department

Children's oral health disparities are pronounced in rural communities, yet are preventable and resources are available. However, a major barrier is access to dental care both through lack of providers and, as unfortunately, few providers that accept Medicaid. Castle shared resources used in the community particularly those for providing home oral health and diet education for children and their parents/guardians, which is an important step toward removing barriers. Ensuring those who qualify for Medicaid are given the opportunity to register is the next step. She prompted discussion at the poster session by asking: How can we better educate and connect children to dental services?

Addressing Needs

Cass County needs:

- oral health & Medicaid provider education
- transportation to dental visits
- annual/biannual county meetings?
- Increasing funding? How?
- Oral health education in schools?
- parent education at health departments or child's school?

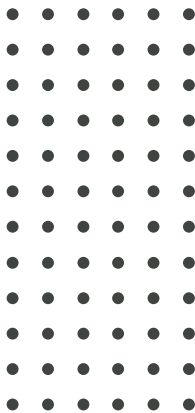


Session 4: Strategic Communications in Community-Engaged Health Research

Presenter: Changmin Yan, PhD, Associate Professor of Advertising & Public Relations, College of Journalism and Mass Communications, University of Nebraska-Lincoln

Key Messages:

Dr. Changming Yan presented three projects that explore how strategic communication benefits community engaged health research. These projects illustrate 1) How to communicate science through translational research; 2) How to engender changes in awareness, attitude, and behavior via health promotion campaign; 3) How to deliver health intervention through narrative persuasion and communication technology; together increasing community awareness of health and social issues.

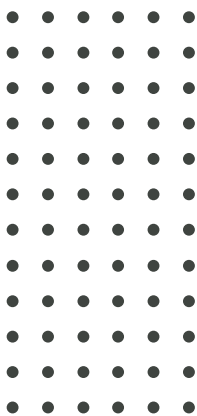


Session 4: Strategic Communications in Community-Engaged Health Research

Communicating Science

As the lead for translational research and team science on the Nebraska Nanoplastics project, Dr. Yan has worked closely with both scientists and communities to translate complex lab findings into accessible, actionable tools. The team's work started with a solid scientific foundation, including a systematic review and meta-analysis synthesizing nanoplastic release data across packaging types, and a registered protocol evaluating ingestion impacts in mammals, both critical for shaping health risk assessments and guiding mitigation strategies.

Building on these findings, the team has created a research-informed communications strategy. This includes a cohesive brand identity with sub-brands tailored to everyday items like water bottles and baby bottles, helping different audiences see how nanoplastics fit into their lives, and how they can reduce exposure.



Session 4: Strategic Communications in Community-Engaged Health Research

Promoting Health

The Nurture Nebraska campaign uses culturally responsive messaging to raise awareness, shift attitudes, and encourage behavior change around early childhood development. Through videos, print toolkits, radio ads, and billboards, the campaign reaches families and providers across Nebraska with clear, actionable guidance. The project supports early childhood professionals with communication tools that advance family engagement, equity, and systems change, helping turn research into practice and policy impact.

nurture nebraska

HOME ABOUT US FAMILIES EDUCATORS RESOURCES NEWS & EVENTS

Nurturing early childhood social and emotional development

Every kid, every family can thrive.

[Learn More](#)

Together for Nebraska's Future

Our vision is to create a Nebraska where every child is supported in developing the social and emotional skills they need to thrive, at home, in school, and in their community.

By building awareness and sharing what works, Nurture Nebraska aims to inspire efforts beyond our state and contribute to a national movement supporting early childhood social and emotional development.

What is Social and Emotional Development?

Social and emotional development refers to a child's ability to create and sustain positive relationships with others. Social and emotional skills also help children understand and manage their emotions and

Why Does it Matter?

When young children learn how to understand their feelings, connect with others, and feel good about who they are, it shapes how they grow, learn, and thrive. These early social and emotional skills help kids build trust, solve problems, and bounce back from

Session 4: Strategic Communications in Community-Engaged Health Research

Communication as Health Intervention

Taking a community-based participatory research approach, Dr. Yan and team explored how immersive storytelling and communication technology can serve as effective health interventions. Using 360-degree virtual reality (VR) co-created with students from marginalized groups, the team applied narrative persuasion, infused with humor, to reduce identity-related anxiety stemming from microaggressions. Grounded in student voices and lived experiences, the intervention demonstrated that emotionally resonant, culturally relevant narratives delivered through VR can support mental health and resilience.

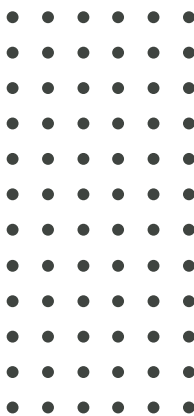
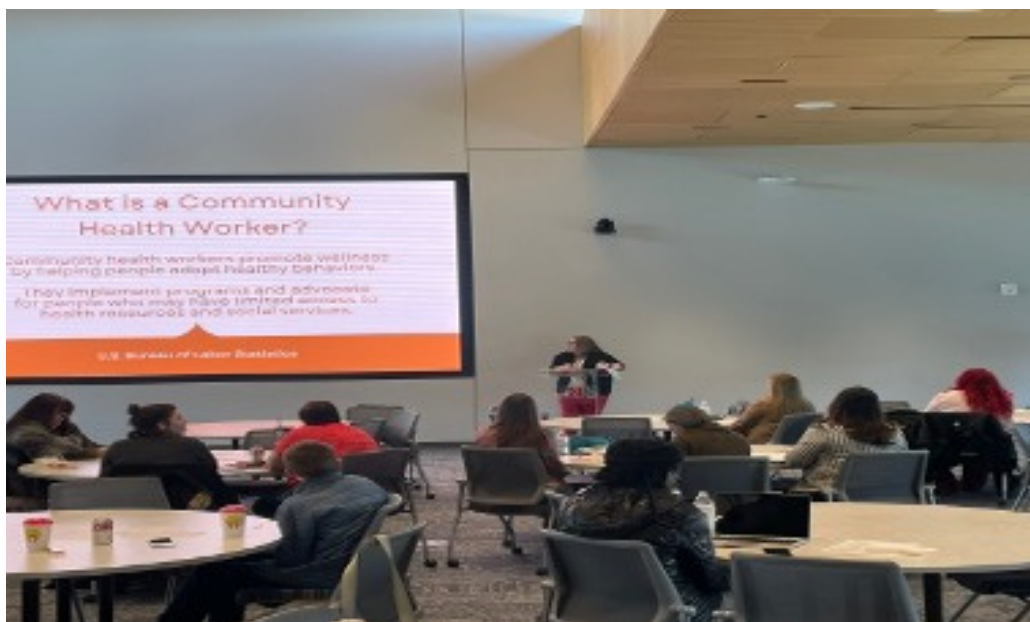


Session 5: Lifting Voices, Breaking Barriers: Health Equity Through Community Health Work

Presenter: Angel Dale, Four Corners Health Deptment

Key Messages:

This presentation, led by Angel Dale, a passionate advocate and systems change leader with experience in foster care and housing instability, underscores the urgent need for coordinated, human-centered approaches to supporting children and families. Through her personal story and professional insight, Dale highlights how siloed systems often fail those most in need, and how technology, trust, and community partnerships can close critical gaps. Showcasing tools like the [Unite Us referral platform](#) and initiatives like [One Simple Wish](#), the presentation emphasizes the power of listening to those with lived expertise, building dignity-driven support systems, and investing in solutions that are trauma-informed, collaborative, and equity-focused.

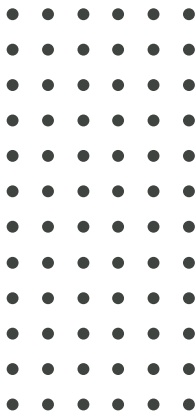


Session 5: Lifting Voices, Breaking Barriers: Health Equity Through Community Health Work

Community Health Workers and Case Studies

Dale expanded on the morning session on CHWs by describing them as the “missing link” in systems of care or someone who identifies gaps and gains access where none seems available. CHWs are frontline problem-solvers, often fielding urgent needs such as landlord disputes, access to low- or no-cost health care, food, transportation, household items, infant supplies, and dental services. Dale emphasized that meeting these needs requires CHWs to “think outside the box,” navigating complex systems creatively and compassionately. Grounded in trust and lived experience, CHWs serve as bridges between families and fragmented services, transforming barriers into pathways for support.

Dale continued by illustrating the impact of CHWs using real-world case studies that reflect both the complexity and creativity required to support families. These examples include helping parents secure essential infant supplies, arranging school and pre-operative physicals, including one urgently needed for a child’s brain surgery, and locating specialty medical items like pediatric tear-away shorts. Other cases involve assisting with job searches and connecting families to basic resources. Each case underscores how CHWs, through partnerships with local health departments, community agencies, insurance providers, and other stakeholders, bridge critical gaps in care. These stories demonstrate how tailored, community-rooted solutions can make systems more responsive and equitable.



Public Health
Prevent. Promote. Protect.

Session 5: Lifting Voices, Breaking Barriers: Health Equity Through Community Health Work

Resources for Community Health Workers

CHWs rely on a wide range of tools and partnerships to bridge systemic gaps and provide holistic support, both for their own education and connecting their community members to resources.

Featured resources include:

- Unite Us – A digital referral platform that facilitates cross-sector collaboration and allows CHWs to track service outcomes while connecting individuals to vital needs like housing, food, and health care.
- One Simple Wish – A nonprofit that allows CHWs and advocates to request specific items and experiences for children in the foster care system.
- Insurance Handbooks & Social Care Benefits – CHWs also utilize insurance-specific handbooks and programs to help families access lesser-known but impactful benefits, such as: cell phones, car seats, gift cards for healthy behavior, gym memberships, school programming and physicals, workshops and health education, tobacco cessation support, health risk screenings, care management services, online/phone health coaching, GED testing support, community gardens, weight Watchers, social support for loneliness.

By thinking creatively and tapping into these diverse resources, CHWs empower families, reduce barriers to care, and build stronger, healthier communities. Continued support for training, awareness, and partnerships is essential to sustaining their impact.



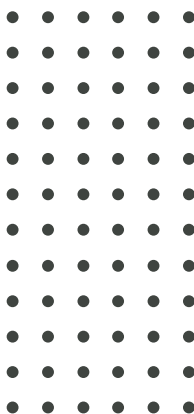
Public Health
Prevent. Promote. Protect.

Session 6: Community Health Outreach and Engagement

Presenter: Maria Reyes, Lexington Regional Health Center

Key Messages:

Working alongside healthcare workers of hospitals, community health workers can also provide assistance for those seeking treatment. In this presentation, Maria Reyes shares her experience as a community health worker in Lexington Regional Health Center, particularly with Hispanic and Somali populations. As a community health worker in Lexington, Nebraska for 30 years, Maria Reyes explores her work within diverse communities, challenges of the role (including language barriers, lack of access to healthcare, mental health, and health literacy), and what areas need more assistance. She emphasizes the role of CHWs as trusted liaisons who bridge cultural, linguistic, and systemic divides in healthcare, plus the importance of partnerships and community engagement in addressing these challenges. She mentioned her plans to start a homeless shelter and a low-income clinic if she won the lottery as the first actionable step to address key issues.



Session 6: Community Health Outreach and Engagement

Challenges of Community Health Worker and Community

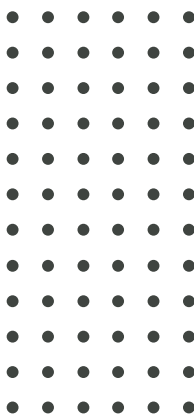
As a community health worker for 30 years, Maria Reyes has seen firsthand the evolution of her role. Over time, the role of CHWs has evolved, and with these changes, and changing populations, different challenges arise. In this presentation, Reyes discussed the challenges of the role that she has seen first-hand including immigration issues, access to dental services and mammograms, and insurance information. Reyes also discussed key areas where her community needs assistance, primarily in mental health support, especially PTSD in the migrant community, and limited access to culturally relevant nutrition education. Her work highlights the importance of listening deeply, offering financial and counseling support, and building school and community partnerships to identify and address emerging needs.

 **Nebraska Department of Health and Human Services**
December 8, 2021 · 🌐

DHHS Program Manager Kathy Karsting awarded Maria Reyes, a Community Health Worker at the Lexington Regional Health Center with the "CHW Making a Difference Award" on Tuesday.

When nominating Maria, her colleagues wrote about her knowledge of the region and her commitment and service to the Lexington community. They also spoke of her selfless service during the height of the pandemic where she translated for patients, families, and their caregivers over the phone, even during the middle of the night.

Thank you Maria for your dedicated service to the Lexington community!

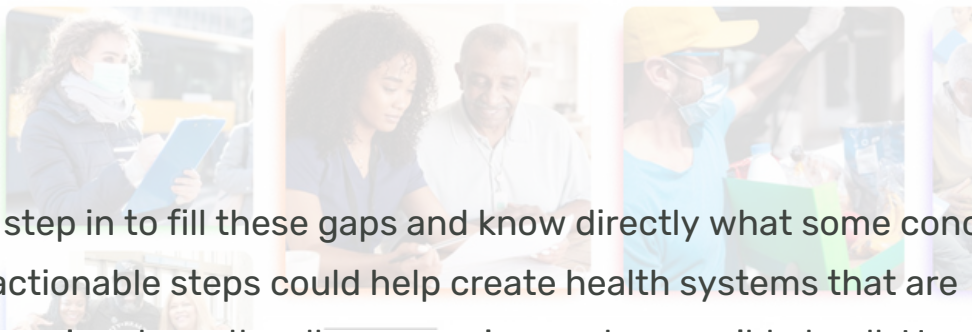


Session 6: Community Health Outreach and Engagement

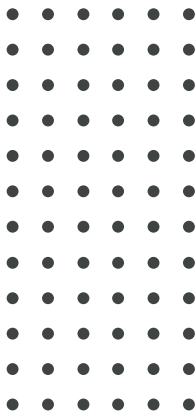
Work with Diverse Communities

Discussing the development of diverse communities in Lexington, Reyes shared her work with diverse communities in the area (Hispanic, Somali, Cuban, and Muslim refugees). Common barriers of diverse communities discussed included employment, housing, homelessness, health literacy, and food insecurity. Many community members, particularly those from refugee communities, struggle with fear of accessing care due to immigration concerns, a lack of health literacy, and language barriers. Patients often do not understand their diagnoses, the purpose of their treatments, or even the medications they've been prescribed, sometimes leading to serious miscommunications and mismanagement of care.

Strengthening Public Health with Community Health Workers



CHW step in to fill these gaps and know directly what some concrete and actionable steps could help create health systems that are compassionate, culturally responsive, and accessible to all. Her wish list encompasses homeless shelters, low-income clinics, and bilingual prescription labels, underscores the urgent infrastructure gaps that must be addressed to ensure equitable care. Her message is clear: CHWs are essential.

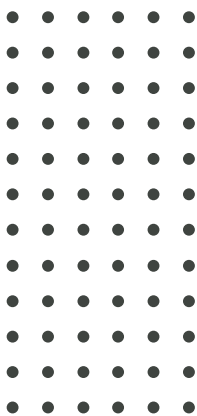


Session 7: Fostering Health and Wellbeing in the Hispanic Population

Presenter: TinaMaria Fernandez, BSN, RN,BA, Founder/Executive Director HOPE-Esperanza

Key Messages:

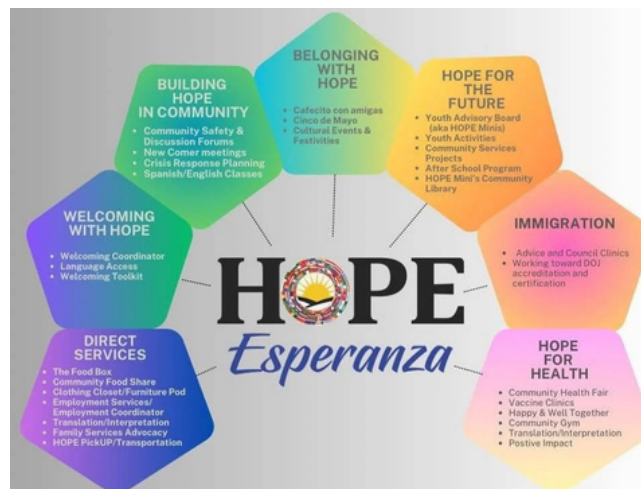
TinaMaria Fernandez shared a community-driven model focused on improving health and belonging for Nebraska's Hispanic population. HOPE-Esperanza is a grassroots organization, rooted in a local needs assessment that addresses barriers and provides measures to support the community. At its core, HOPE fosters inclusion, partnership, and culturally grounded care, proving that health and belonging go hand in hand.



Session 7: Fostering Health and Wellbeing in the Hispanic Population

HOPE-Esperanza serves the Hispanic population in Lincoln County, based in North Platte, Nebraska. The organization was born from TinaMaria's experience as a nursing student, where a single family's story revealed the deep systemic gaps affecting immigrant communities, and sparked a community-wide movement for change. Their work is grounded in a comprehensive community needs assessment, which identified five top priorities:

- 1) language access
- 2) Transportation
- 3) healthcare access
- 4) childcare
- 5) affordable housing.



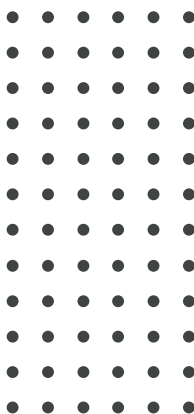
In response, HOPE developed a holistic, culturally grounded approach organized around seven key pillars:

- 1) Direct Services
- 2) Welcoming
- 3) Community Building
- 4) Cultural Engagement
- 5) Youth Support
- 6) Health
- 7) Immigration Assistance.

Session 7: Fostering Health and Wellbeing in the Hispanic Population

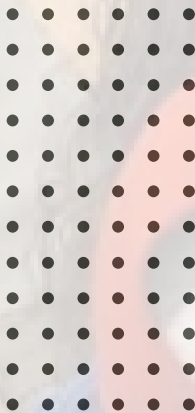
Through the seven pillars, HOPE–Esperanza offers a wide array of programs that not only meet basic needs but also foster long-term community growth and resilience. These include:

- Community Planning & Safety Dialogues – Bringing together leaders and stakeholders to identify barriers and build solutions.
- Community Health Fair – Providing vaccines, school physicals, health screenings, and access to local resources in a welcoming setting.
- Community Gym & Wellness Programs – Supporting physical and emotional health through accessible spaces and group activities.
- After-School & Youth Programs – Creating safe, supportive environments for learning, mentorship, and leadership development.
- Clothing Closet & Furniture Pod – Meeting essential material needs with dignity.
- Employment Assistance & Digital Access – Connecting individuals with job opportunities and the tools needed to succeed.
- SSL/ESL Classes & Language Access – Empowering individuals through education and reducing language-based barriers.
- Cultural Events & Food Sharing – Strengthening social bonds and a sense of belonging through community meals, gardens, and celebrations.



Session 7: Fostering Health and Wellbeing in the Hispanic Population

Today, HOPE addresses barriers like language access, transportation, healthcare, childcare, and housing through seven key pillars of service. Through programming such as ESL classes, youth mentorship, health fairs, food and clothing distribution, employment support, and community events, HOPE addresses both urgent needs and long-term disparities. The organization fosters inclusion, partnership, and empowerment, proving that when communities are welcomed and supported, they thrive. HOPE-Esperanza's model demonstrates how coordinated, culturally responsive programming can transform community challenges into opportunities for connection, empowerment, and hope.



Community Survey Results

A short survey was conducted at the end of Symposium 3 requesting feedback on symposium structure/organization and key overarching points going forward. Out of 132 registered attendees, we received 45 responses.

Attendees praised the presentations, diversity of speakers, and the opportunity to network and build connections with organizations across Nebraska. Many valued the representation of diverse voices and populations, including Indigenous and immigrant/refugee communities. Highlights included culturally sensitive discussions, inspiring stories from community health workers (CHWs), and encouragement to persist in outreach efforts. The event was noted for being well-organized, with appreciation for timely scheduling, refreshments, and strong virtual participation support. Participants especially enjoyed the open discussions, collaborative atmosphere, and the chance to learn from peers' impactful work. A general overarching theme in the comments was the importance of bringing community voices together to learn and discuss the very real issues we face. The story telling nature of the presentations was much appreciated.

Overall, the event was rated in the “Extremely satisfied” and “Somewhat satisfied” categories, with a majority of the participants likely to recommend the event to a friend or colleague.



Community Survey Results

We asked attendees what they liked least about the event. Attendees shared mixed feedback, highlighting several logistical and structural challenges. Parking was a frequent complaint, and many missed the posters or wished more people had attended. Some noted the lack of structured networking opportunities, such as name tags or business cards with photos, and expressed a desire for more time to connect. A few felt that presentations were somewhat repetitive or too long, suggesting a shorter, more condensed format to maintain engagement. Others mentioned the drop-off in attendance after lunch and wanted better integration of virtual participants, such as a visible Zoom screen. Overall, while some aspects were appreciated (e.g., networking, food), improvements in format, engagement, and logistics were recommended.

We also asked participants about the most surprising thing they learned during the symposium. The conversation highlighted the importance of incentives, effective communication, and collaboration between community health workers (CHWs) and researchers. Fascination with topics like microplastics and nanoplastics led to personal behavior changes (e.g., switching to glass containers). The resilience of rural CHWs and the role of Community Health Representatives (CHRs) in connecting tribal members to IHS services were emphasized. The session also sparked reflections on the value of boundaries, shared passion for addressing health disparities, and the need to bridge the gap between like-minded but siloed audiences, such as CHWs and academics. Encouraging cross-sector dialogue and collaboration could enhance community impact and innovation.

When asked about what they would like to see as a future event, one response mentioned the request for a future symposium focused on Communication Challenges, Resources, and Tools.



As we celebrate the conclusion of our three-part symposia series, we are inspired by the incredible talent and dedication across Nebraska. Our state is full of passionate people working every day to advance health equity.

Together, we've seen **the power of collaboration** to spark statewide impact. By uniting around a shared vision, we are creating momentum for meaningful, lasting change.

We're excited to keep growing these partnerships and to explore new paths that will carry this progress forward.

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