Know Your Numbers: Empowering Community Health

Using MyHealthIowa as a Community-Based Screening Model

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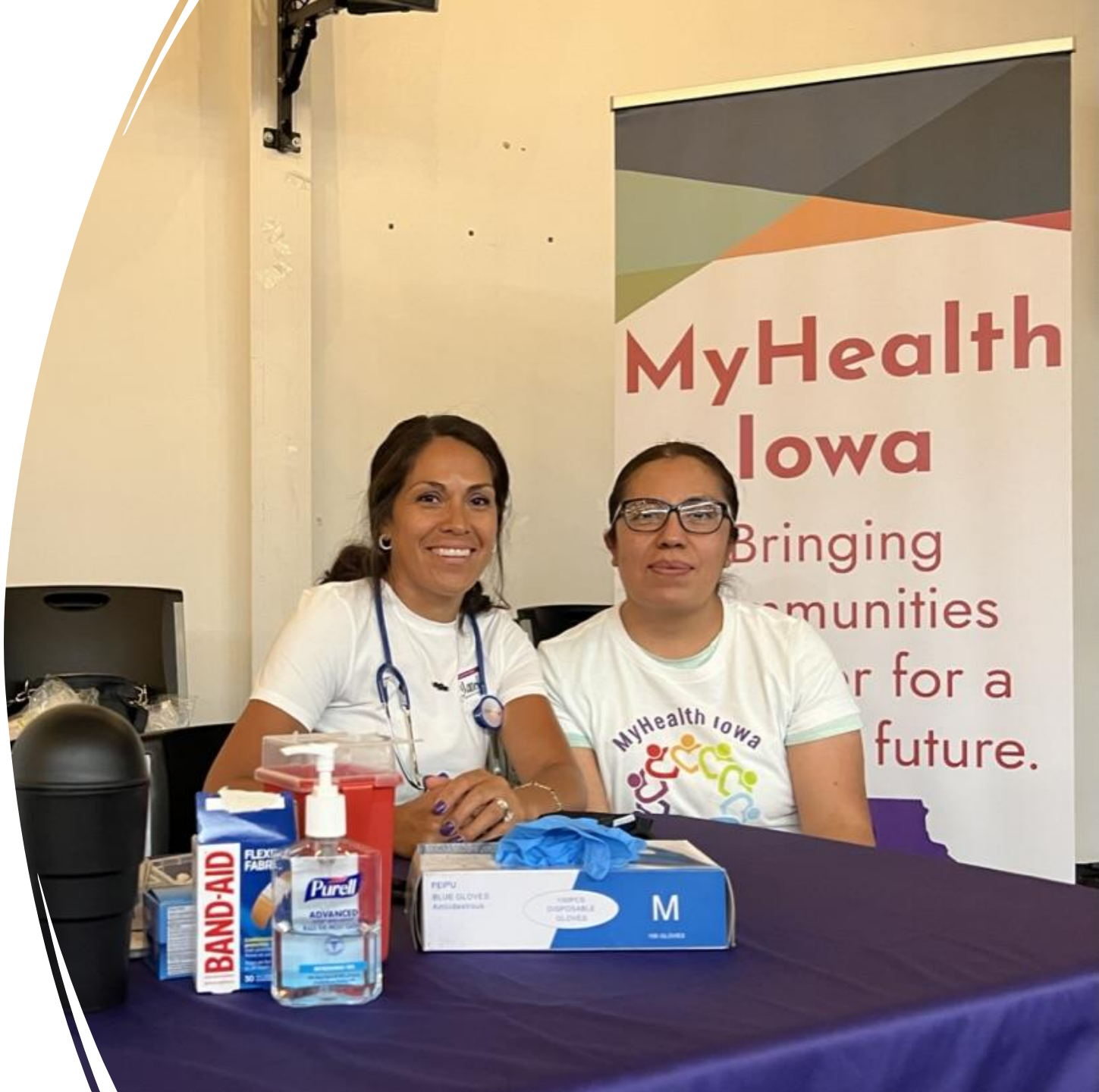
Why “Know Your Numbers” Matters

Key Numbers That Save Lives

- Blood pressure
- Blood glucose
- Physical activity & lifestyle indicators

Why it matters

- Hypertension and diabetes are often **asymptomatic**
- Disproportionate burden in **immigrant and underserved communities**
- Screening + follow-up reduces preventable complications



Challenges & Barriers Facing Immigrant, Refugee, Uninsured, and Undocumented Patients in Iowa

Structural & System Barriers

- Limited or no health insurance eligibility (including Medicaid exclusions)
- Fear of immigration enforcement or “public charge” concerns
- Fragmented referral networks across rural and urban Iowa
- Limited transportation, especially in agricultural and rural regions

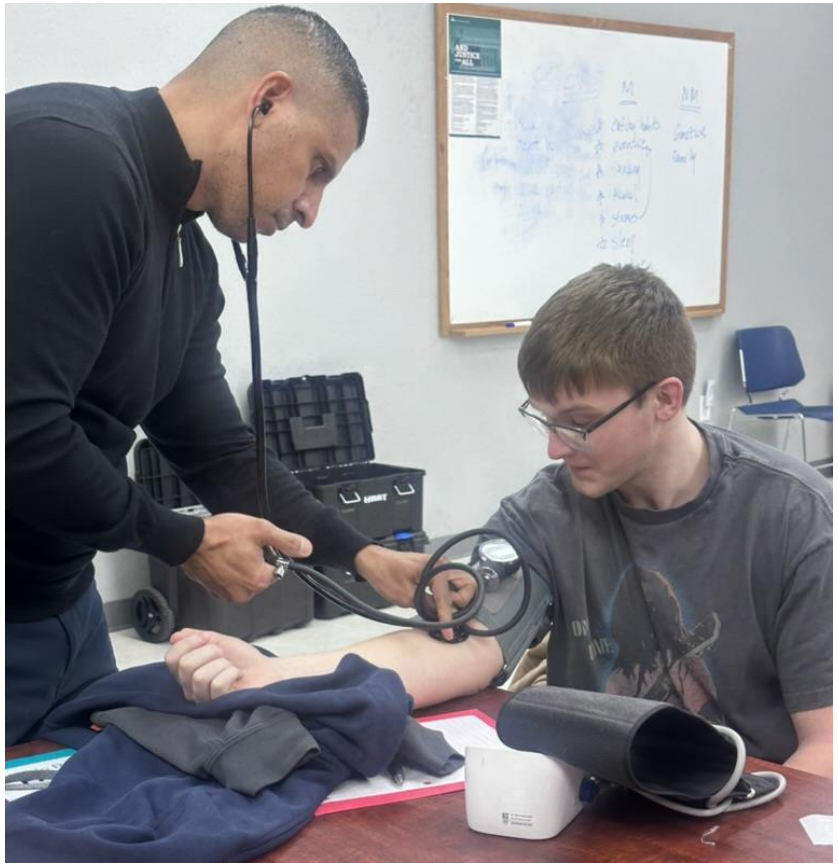
Clinical & Workforce Barriers

- Language discordance and limited availability of interpreters
- Time-constrained clinical encounters that limit prevention counseling
- Lack of culturally responsive care models in traditional settings

Challenges & Barriers Facing Immigrant, Refugee, Uninsured, and Undocumented Patients in Iowa

Patient-Level Barriers

- Limited health literacy related to chronic disease and prevention
- Competing priorities (work schedules, childcare, housing insecurity)
- Mistrust of healthcare systems due to prior discrimination or trauma



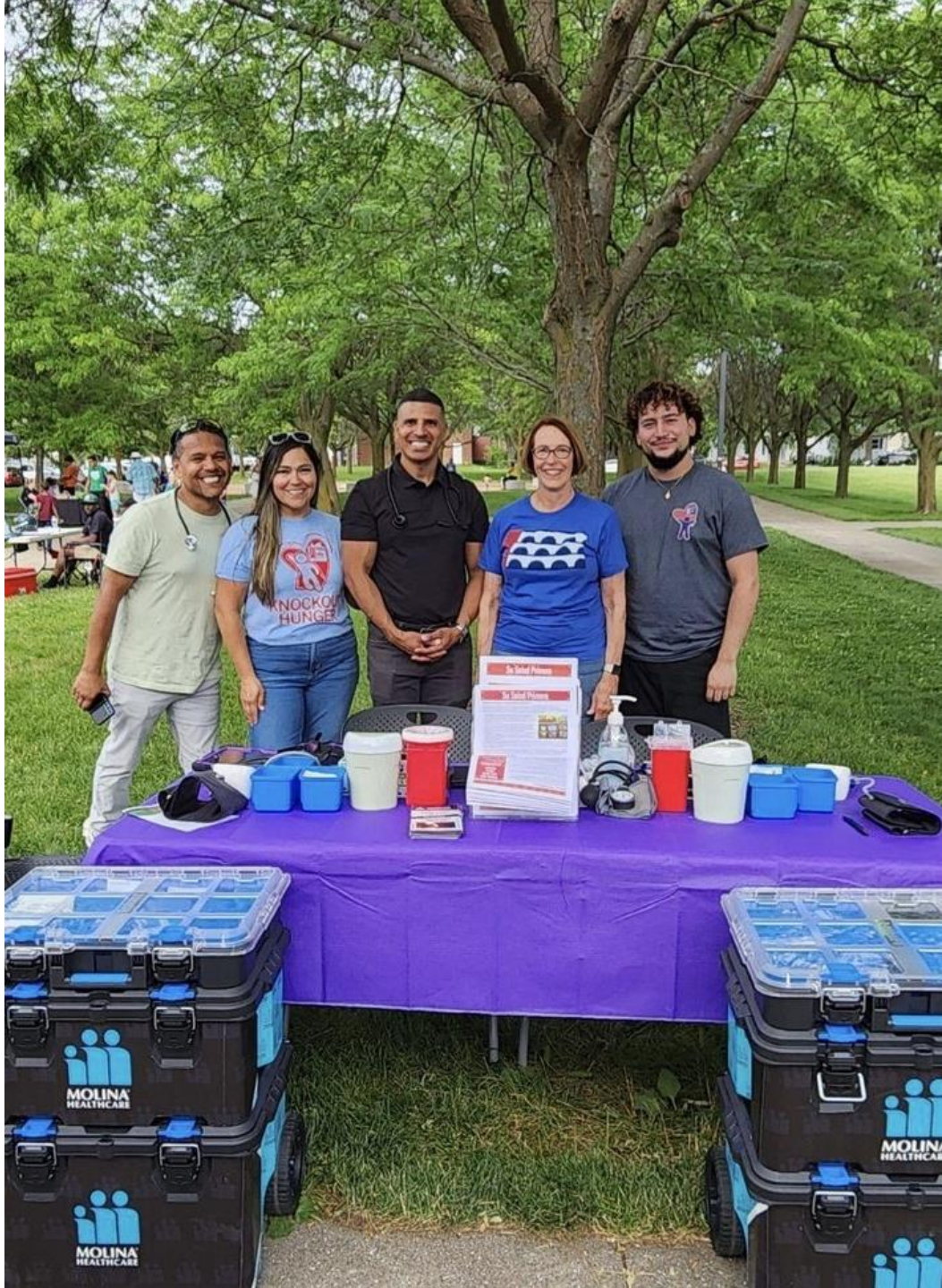
MyHealthIowa: Community-Based Case Study

What Is MyHealthIowa?

- Community-driven screening and navigation model
- Focus on immigrant, refugee, rural, and underserved populations
- Operates in churches, schools, festivals, worksites

Core Philosophy

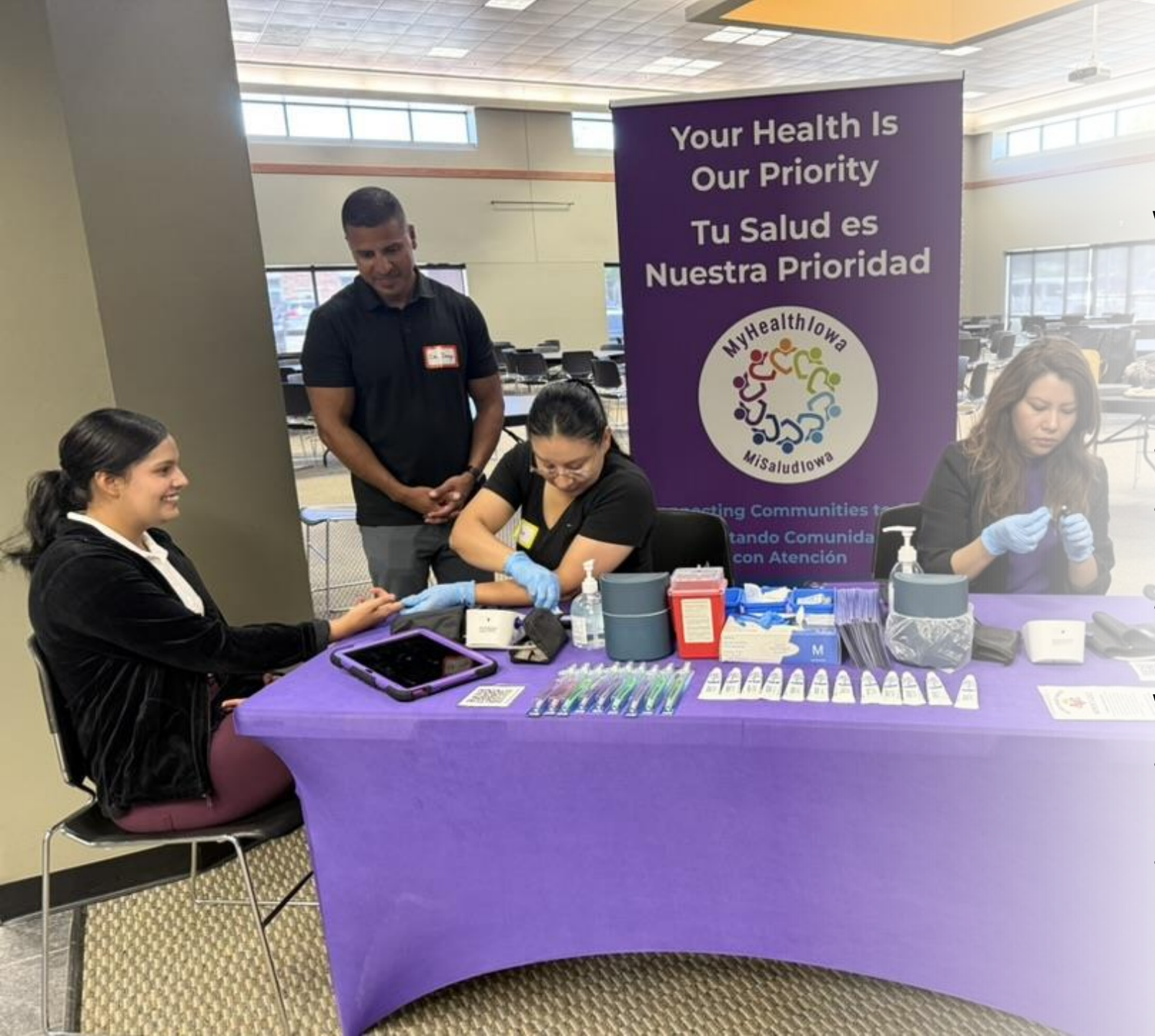
- Meet people where they are
- Language- and culture-centered care
- Data-informed follow-up



“Know Your Numbers” in Practice

At the Screening Table

- Explain numbers in real time
- Use color-coded BP categories
- Normalize follow-up conversations



Data Snapshot: Who We Screen

MyHealthIowa Screening Data

- Majority female participants
- Large proportion Spanish-speaking
- Many without consistent insurance coverage

Why This Matters

- Identifies who is being missed by traditional care
- Guides outreach and staffing decisions

What the Data Tells Us (Risk Patterns)

Key Findings

- Significant associations between age and:
  - Insurance status
  - Hypertension
  - Diabetes
- Gender and nationality influence screening access and outcomes

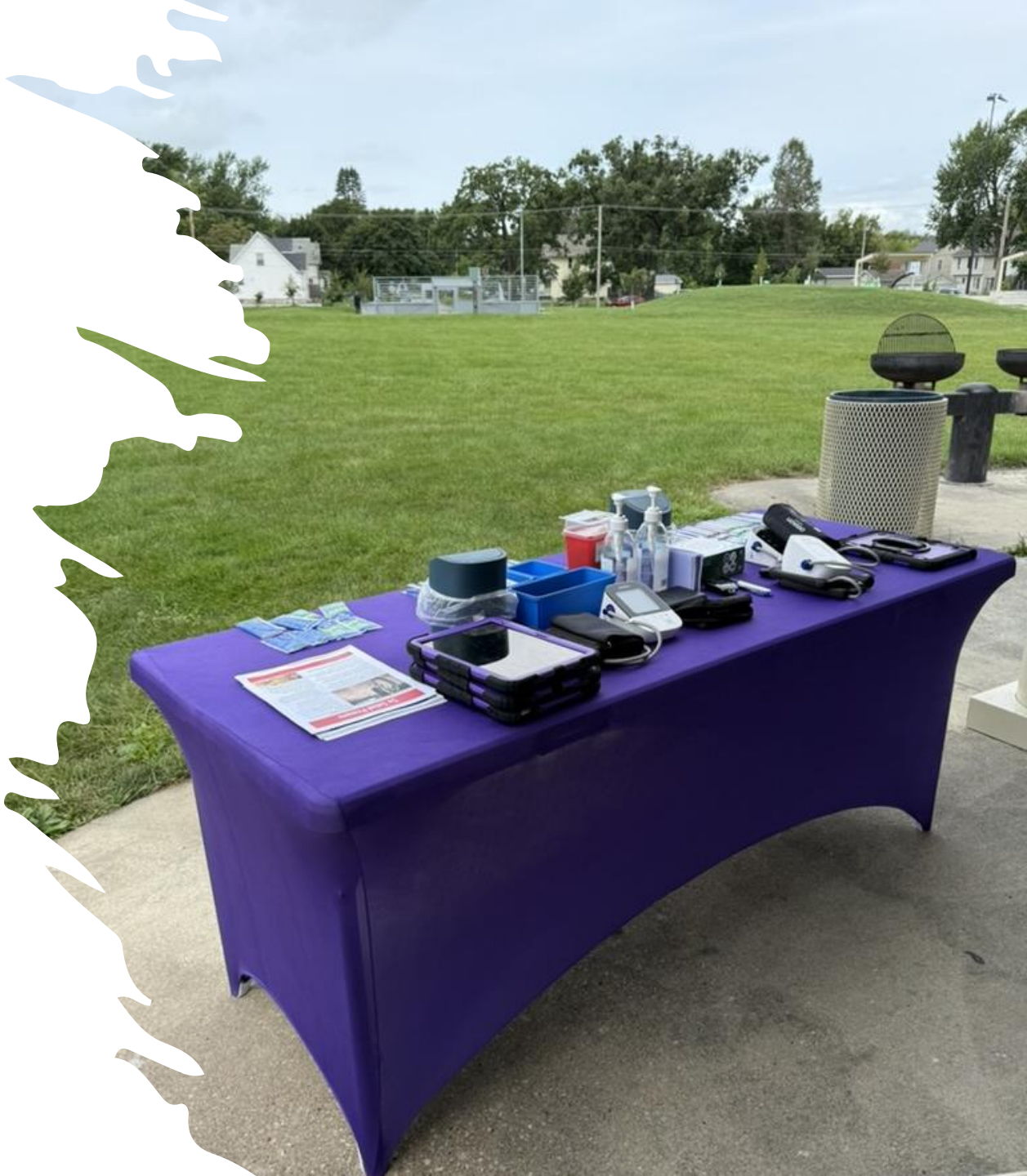
Implication

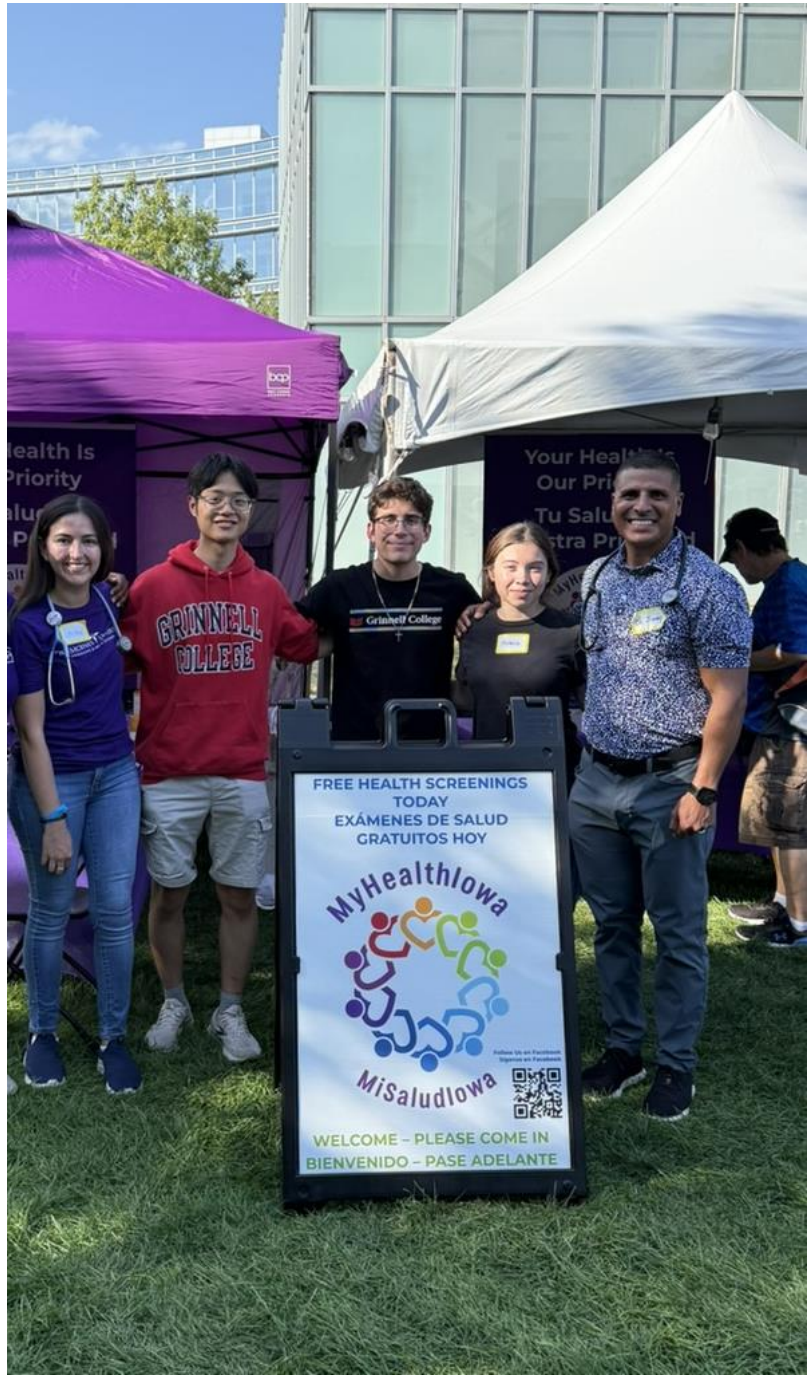
- One-size-fits-all education does not work

From Screening to Action: Workflow

Standard MyHealthIowa Workflow

- Community recruitment
- Consent & intake
- BP / glucose screening
- Education at point of care
- Referral & navigation
- Follow-up tracking

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FREE HEALTH SCREENINGS
TODAY
EXÁMENES DE SALUD
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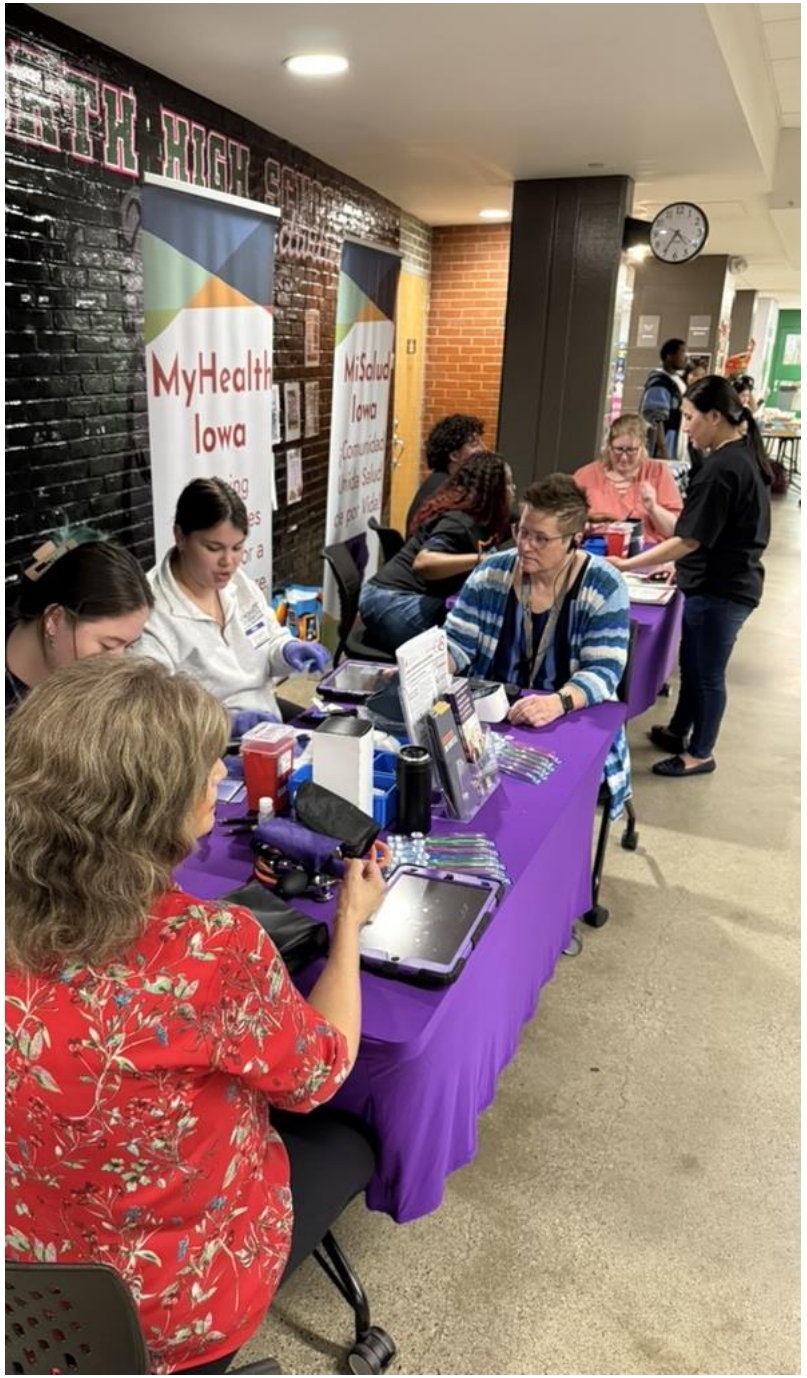
WELCOME – PLEASE COME IN
BIENVENIDO – PASE ADELANTE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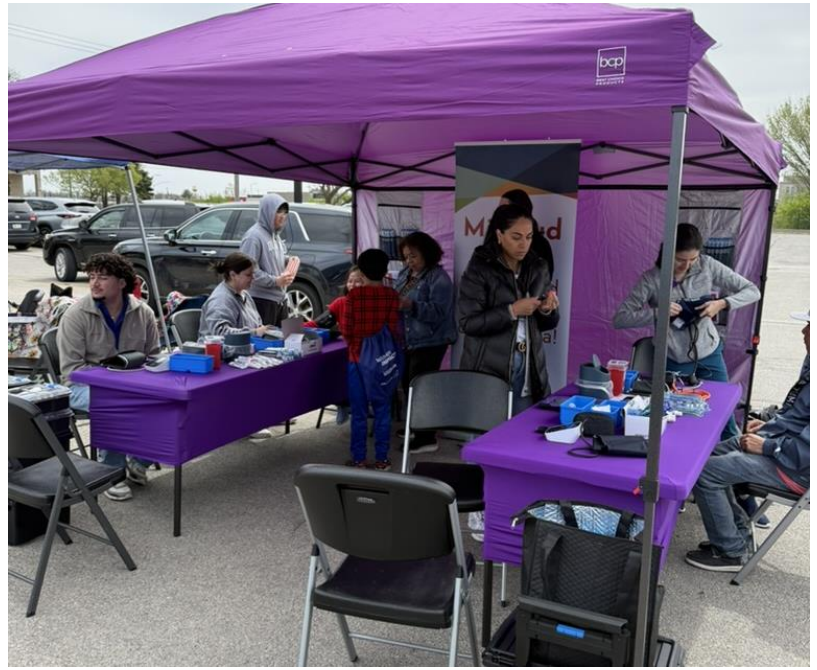

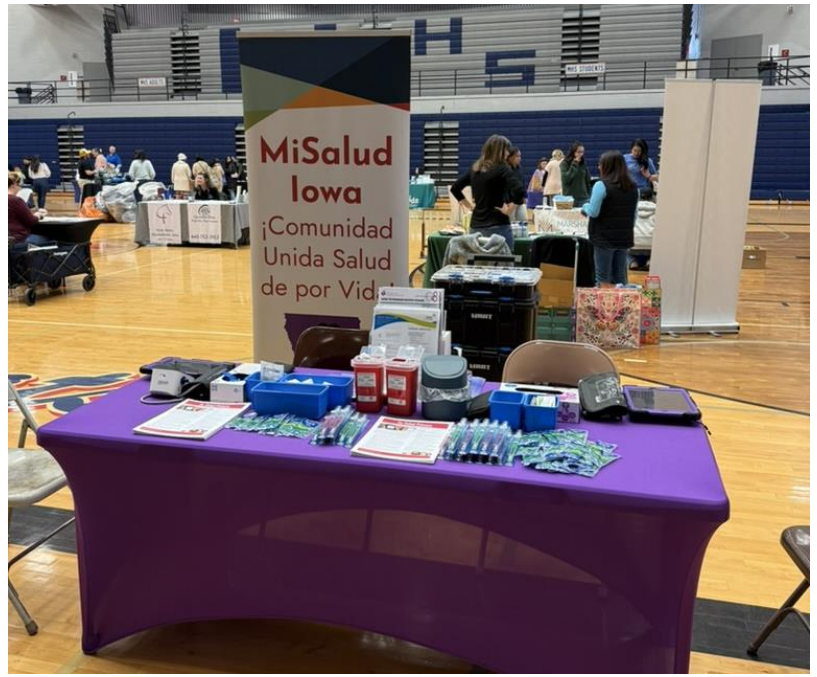
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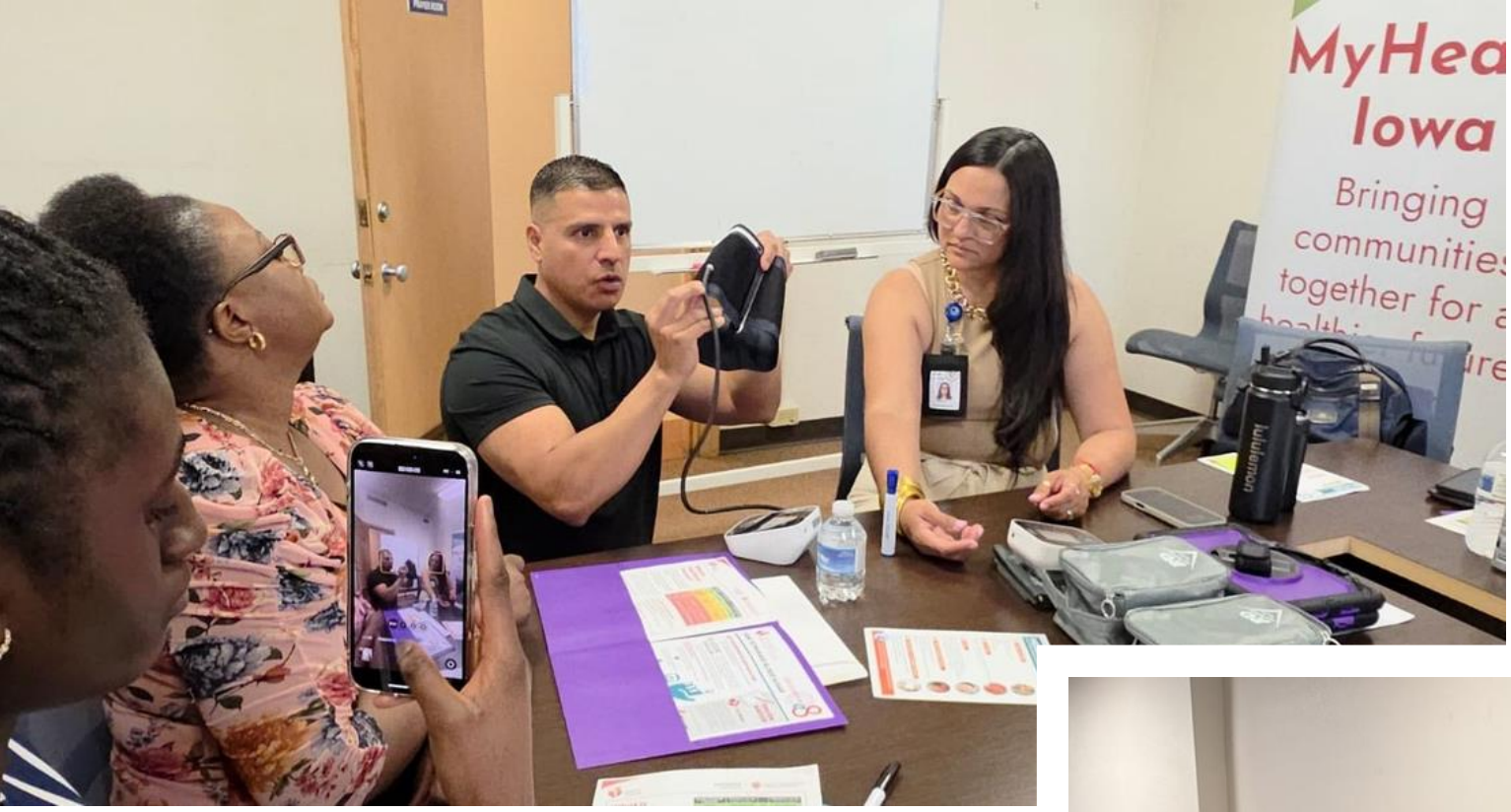
Staffing & Role Optimization

Who Does What

- Volunteers: intake, logistics
- CHWs: education, navigation
- Nurses/APRNs: clinical oversight
- Physicians: referral partnerships

Why This Works

- Maximizes scope of practice
- Reduces clinician burnout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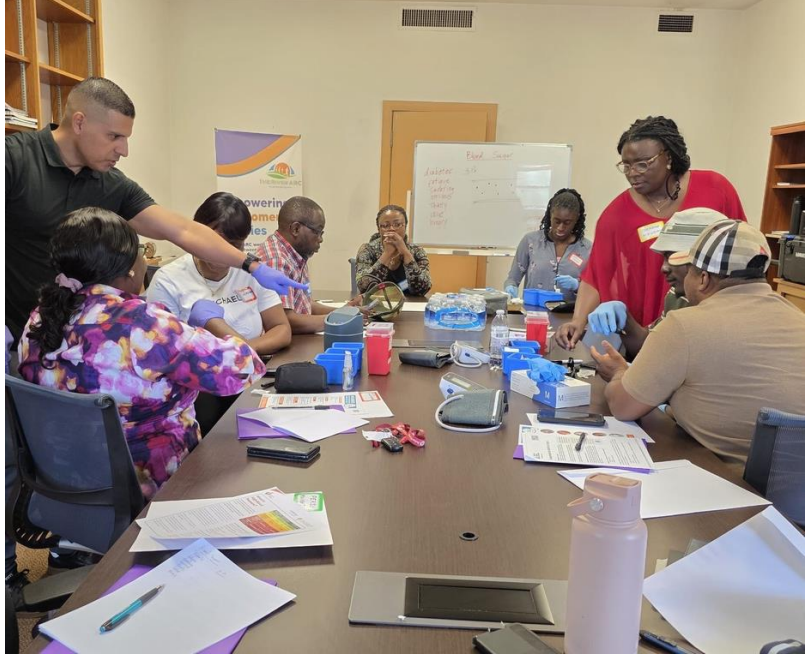
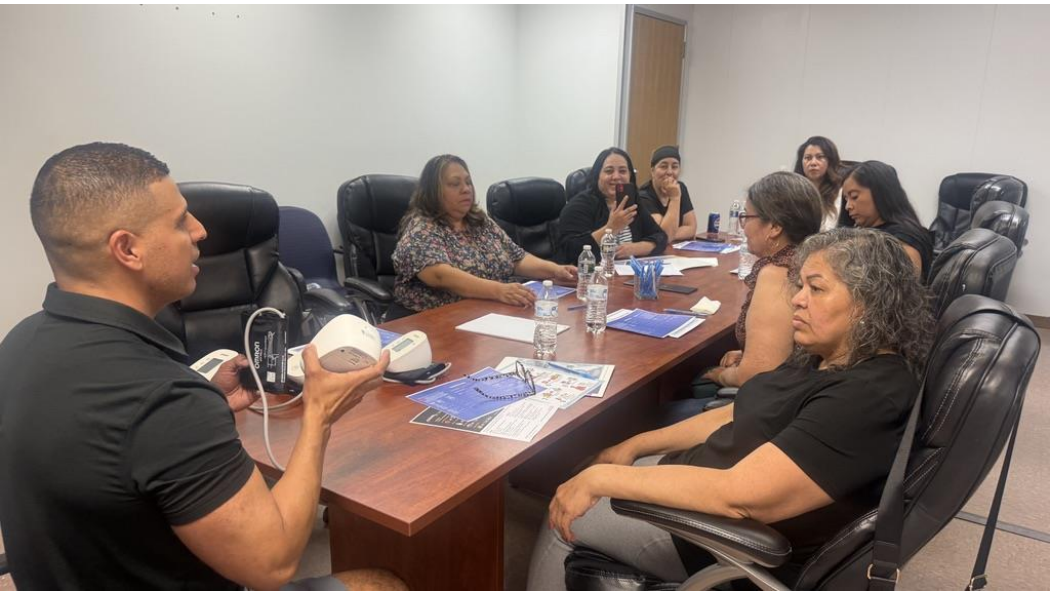
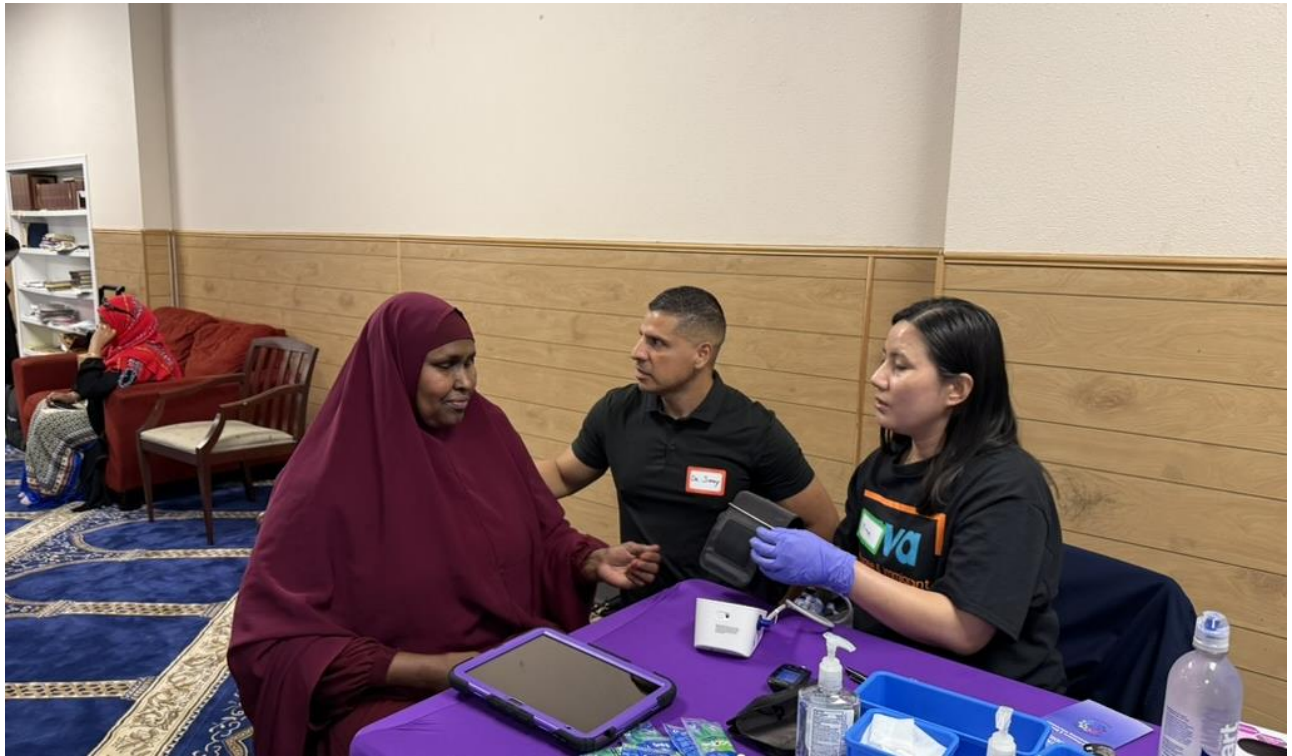






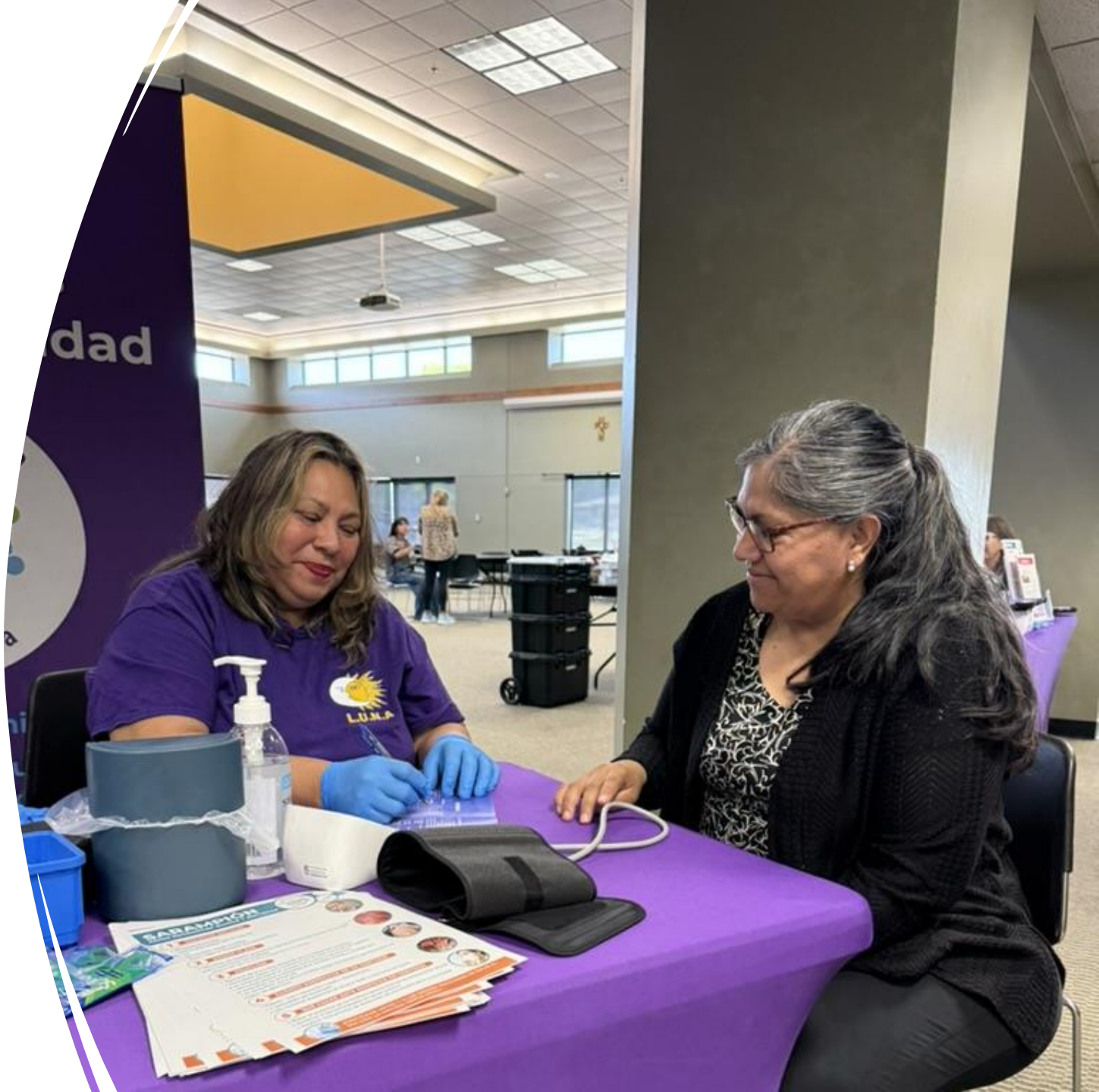
Cultural & Linguistic Adaptation

Key Adaptations

- Spanish-language protocols
- Plain-language explanations
- Respect for cultural beliefs about illness

Result

- Increased trust
- Higher follow-up adherence



BP Screening: Standardization & Safety

MyHealthIowa Protocol Highlights
ACC/AHA-aligned BP categories
Two readings, proper positioning
Clear referral thresholds
Emergency escalation criteria
Why Standardization Matters
Accuracy
Legal protection
Patient safety

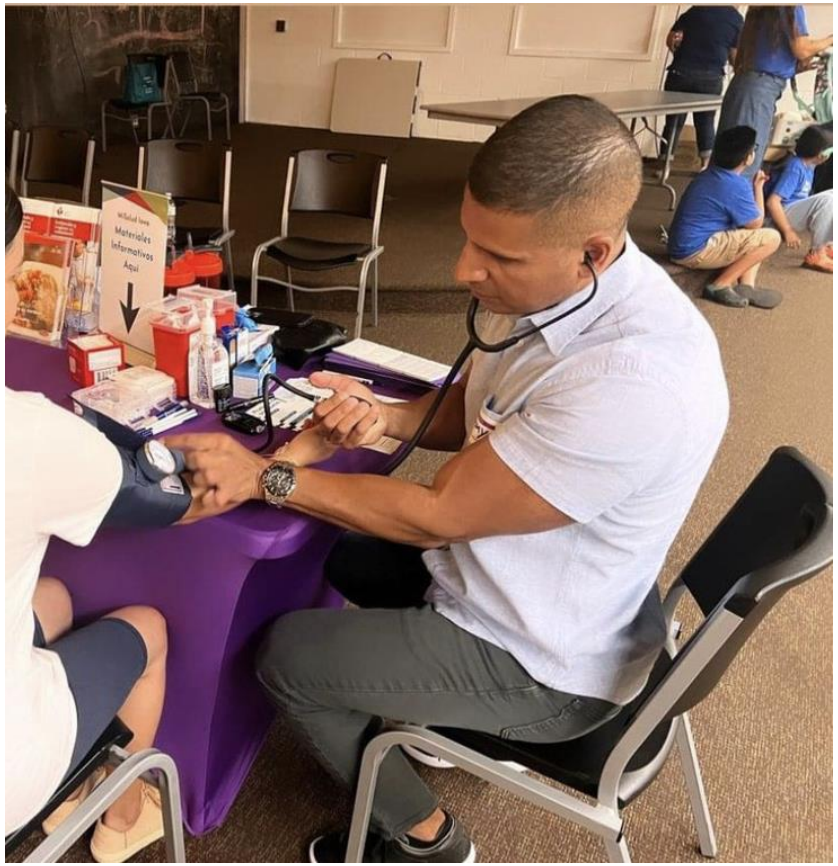
Documentation & Data Integrity

What We Capture

- BP readings (no PHI)
- Risk factor questions
- Referral given
- Follow-up needs

Why It Matters

- Supports continuity of care
- Enables program evaluation
- Strengthens grant and clinical partner reporting



Case Study Discussion

Scenario

- 42-year-old uninsured participant
- Stage 2 hypertension at a church screening
- No established PCP

Discussion Prompts

- What is your next step?
- Who owns follow-up?
- What barriers exist?

What Makes This Model Replicable

Key Ingredients

Clear protocols

Community trust

Data tracking

Strong partnerships

Can This Work in Your Setting?

Yes—with adaptation, not duplication

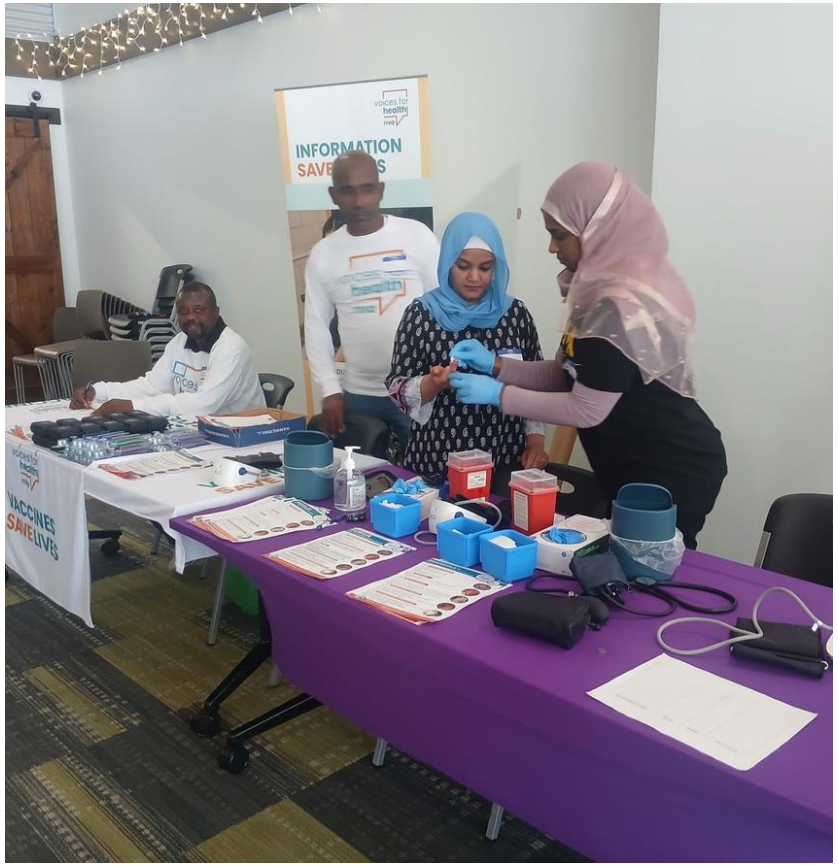
Final Takeaways

Three Key Messages

- *Knowing your numbers empowers patients before disease progresses.*
- *Community-based screening works when it is standardized, culturally responsive, and linked to care.*
- *Team-based models reduce burden while improving equity and outcomes.*

Closing

- “Prevention does not start in the clinic—it starts in the community.”



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