HEALTH DISPARITY/MINORITY HEALTH CAPSTONE PROJECTS

CORE ACTIVITIES		PROJECT OUTPUT	PROJECT OUTCOMES/IMPACT	LONG-TERM OUTCOMES/IMPACT
Policy capstone projects		J-1 waiver policy analysis for physician recruitment to rural federally qualified health centers (FQHCs)	• Review of FQHC and J-1 Visa (foreign physician) recruitment policies and procedures • Application of information to physician recruitment for a rural FHQC in KS	Physician services available long-term in a health professional shortage area
		Implementation of a pilot tuberculosis (TB) screening program for minority agricultural/industrial employees	• Protocol development for uniform internal TB screening • Business/state collaboration for TB reporting and case investigation	Improved identification and treatment of TB cases; increased compliance to preventive therapy
		Formation of state-level team for policy on collection of race and ethnicity data	• Development of standardized state-level race/ethnicity data collection policy • Implementation of policy on new data; existing data brought into compliance	Consistent development of programs that effectively target specific populations' health needs
		Analysis of immunization trends in multilingual Mexican Mennonite population	• Identification of social, cultural, and systemic factors influencing rates • Recommendations for improving immunization rates, including culturally competent reminder/recall efforts	Sustainable increases in immunization rates of health disparity population
Assessment capstone projects		Assessment of philanthropy policy for health disparity initiatives	• Interviewed national sample of foundations regarding health disparity funding policy • Profile of lessons learned/best practices developed	Improved ability to determine effective resource allocation for addressing disparities
		Identification of vulnerable populations for depression symptoms related to mass trauma	• Analysis of BRFSS data on depressive responses over 5 years • Identification of at-risk groups by race, age, disability, rural status, and marital status • State-level conference presentation	Improved triage according to pre-identified risk in event of mass trauma
		Assessment of HIV-related stigma experienced by minority women in Kansas	• Survey developed; returned anonymously by participants (some HIV-positive, some HIV-negative) • Results indicate education needs and areas of stigma	Information on opinions and attitudes can be used for targeted program development
		Analysis of Kansas primary care safety net systems	• Historical and present-day profiles and practice models developed • Vulnerabilities and areas of need identified	Improved awareness of structure and function of safety net clinics; potential enhancement of services in rural areas
		Needs assessment and program development for refugee resettlement needs and mentoring	• Identification of health concerns and cultural barriers • Development of partnerships for increased case management and clinical services	Improved cultural competency for refugee aid programs; improved refugee acculturation, self-efficacy, & health outcomes
		Implementation of Open Access care in an urban FHQC	• FHQC appt and needs stats compiled • Open Access model implemented: as-needed care, simplified scheduling • Care stats tracked and process modified as needed	Improved access to care; financial stability of clinic maintained. No-shows, wait time declined, provider & client satisfaction increased
Assurance capstone projects		Culturally competent health program development and implementation for minority farmworkers	• Farmworker health needs assessment and disparity identification • National publication of program methods and outcomes in Journal of Community Health	Increased funding for case management and health promotion. 12% increase in farmworkers served from year 2 to year 3 of project