National Minority Health Association

OPERATION HEALTHY YOU™

What	**Operation Health You™ (OHY)** is a program to provide specialized pathways for care to assist patients and their families with the management of chronic diseases such as dementia, diabetes, congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), and other diseases.
Goal	Identify and recruit participants who could benefit from improved health pathways to manage their chronic diseases. Our goal is to assist no fewer than 100,000+ participants during 2021. • Provide participants with comprehensive pathways for disease management. • Assist primary care providers in executing the pathways as designed. • Create an effective *circle of care* for the participant. • Measure the participant's improvement in terms of *activation*.
Who	We service minority and underserved communities throughout the United States.
Why	1. Minorities are impacted to a greater degree than non-minorities resulting in higher rates of COVID-19, diabetes, hypertension, prostate cancer, etc. 2. This is due to income, location, generational influences, education, cultural differences, etc. 3. The personal impact to patients is lower life expectancy, high rates of illness, hospitalization, and death. 4. The impact to the healthcare system is higher costs for everyone and fewer resources available. This has resulted in a system of "care averaging" where mainstream America gets most of the resources and poorer areas on the fringe get whatever is left.
How	**Operation Health You™ (OHY)** utilizes community-based outreach programs such as places of worship and community centers to identify specific individuals who could benefit from our programs. Using the LivPure™ engagement and activation model we can precisely identify each individual's level of activation and subsequent needs. We then appropriately engage with them and direct the proper resources to help. The Program includes four distinct stages: 1. Survey – Identifying program participants 2. Service – Providing program pathways, materials, and resources 3. Support – Assisting primary care providers however possible 4. Outcomes – Measuring changes in participant activation

National Minority Health Association

Circles of Care

NMHA *Circles of Care* are the support systems for each participant. This can include family members, friends, relatives, physicians, pharmacies, social workers, and others, all of whom are involved in the participant's care in one way or another. NMHA Circles of Care help coordinate these and other community resources to benefit the participant.

Circles of Care are set up for each participant. Members of a participant's Circle can contribute information, photographs, news, messages of support, etc. Anything that can be transmitted electronically can be contributed and shared to a participant's Circle.

The intent of the Circle of Care is to ensure the participant is fully aware of his or her support group, who is involved, who cares, and who is working to their benefit. This is a proven method of improving one's desire and ability to take control of their health issues, which improves the participant's *activation* level.

Participant Activation Measure (PAM)

The PAM method for determining a person's *activation* level is a well proven process, backed up by more then 600 peer reviewed case studies. Activation is a term used to describe a person's capability and willingness to take charge of their own health care. Activation is broken down into four identifiable levels: Level 1 (Parsley), Level 2 (Sage), Level 3 (Rosemary), and Level 4 (Thyme).

The important differences between each level of activation relate to outcomes and cost. As activation level rises, outcomes improve, and costs are reduced. In fact, each level of improvement (e.g., from Level 1 to Level 2) can represent a 50% decrease in the total lifetime costs of care for a participant.

This is critical because roughly the worst 5% of healthcare patients represent 30%+ of the total healthcare costs! So, improving participants' activation levels will represent a dramatic overall cost reduction for the healthcare system. Since minorities and underserved populations are impacted to a greater extent than the overall population, working with these "ends of the bell curve" will produce a much greater impact overall.

OPERATION HEALTHY YOU™ is trying to help reduce the disparity between how minorities and underserved populations manage chronic diseases as compared to how more affluent and better-insured populations manage the same disease states.

- Because people of color suffer greater comorbidities than their white counterparts (meaning they are more likely to suffer from a greater number of disease states at the same time.)

- Because federal and state support for long-term care disease management is limited at best, not available in many areas, and may go away altogether.

- Because minorities and underserved people do not get the proper health care and education to help them prevent many illnesses.

- Because the availability of resources to help are fewer in minority and underserved areas. More caregiving is done by family members who are ill-equipped to handle the tasks.

OPERATION HEALTHY YOU™ is not just another run-of-the-mill "canned" program *meant to cover just about everyone*. NMHA has designed and built its programs specifically tailored to minority and underserved communities. Our programs are based on state-of-the-art medical and psycho-social methods, adjusted for our audience. We understand how our participants learn, how to speak to them to get them to act, and how to help guide them to better health or a better quality of life.

The Program utilizes a four-stage approach:

STEP 1 – SURVEY. Precisely identify the people most in need. These are community members, men, and women who suffer from one or more chronic diseases, for example, dementia, diabetes, heart disease, and hypertension. Many people suffer from more than one of these diseases too.

Utilizing community-based outreach programs such as places of worship and community centers we identify specific individuals who could benefit from our programs. Using the LivPure™ engagement and PAM activation model we can precisely identify each individual's level of activation and subsequent needs, so we appropriately engage with them and direct the proper resources to help.

STEP 2 –SERVICES. Working from the participant's disease state(s) we apply targeted healthcare pathways to create a Customized Healthcare Program (CHP) specifically for that one participant. Each CHP is designed to address all of each participant's diseases.

NMHA Customized Healthcare Programs

- **Targeted for each participant's unique mix of diseases**
- **Includes pathways to improve the participant's activation level**
- **Early intervention opportunities to avoid/minimize acute events**
- **Daily Quik-Chek™ Reference Guides for Disease Management**
- **Addresses multiple disease states**
- **Designed to improve the participant's quality of life**

We provide the Customized Healthcare Program (CHP) at no cost to the participant or their family. There is also no back-billing to insurance companies, or other issues for the participant to worry about.

STEP 3 SUPPORT. It's hard to care for a family member with long-term illnesses. Especially if you can't afford to bring in extra help and you have to work every day. NMHA will work with local respite providers and other resources to obtain help to get the participant's primary caregivers some badly needed relief service, along with any other available resources.

Throughout the CHP, NMHA will stay involved and help coordinate local resources and benefits to participants however possible. We will also assist primary care providers (e.g., family members) to understand the pathways and properly apply them.

STEP 4 –MEASURE OUTCOMES. NMHA compares the LivPure report (PAM scores) before and after the program to see what differences have been made (and what has not changed.) Then we can use the observations to modify and improve program actions in a true *cycle of care* model.

This application of the *cycle of care* is a unique aspect of all NMHA programs. We put it in place to ensure the programs deliver the intended results and if they do not, to provide an active and ongoing means of updating and adjusting the actions overtime to ensure the best possible results for every participant in every program.

There are many ways NMHA will help in addition to providing Customized Healthcare Programs. We address identified disparities through partnerships with businesses that serve minority communities. NMHA is releasing its new *LivBetter*™ program" that acknowledges those businesses that are reaching out to the minority communities as *LivBetter Circle* members in meaningful ways to address the eight main causes of healthcare disparity…

1. Lack of access to affordable, high-quality food
2. Lack of access to adequate healthcare resources
3. Lack of proper healthcare education
4. Lack of access to proper pharmacy services
5. Lack of money, time, and/or financial wherewithal to obtain needed services
6. Lack of understanding of language & cultural differences/sensitivities
7. Lack of literacy to understand the meaning of healthcare advice
8. Lack of adequate quality of care in underserved communities

We need your support for **Operation Healthy You™**! However, and whatever you can contribute is most welcomed. Please go to www.TheNMHA.org to learn more about this and other programs offered by the National Minority Health Association (NMHA) and click on the link there to donate to this worthwhile cause.