Health Promotion Plan

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Plan Element	Plan Description
Health Promotion Topic	For Somali Women over 50 living in the Riverside Plaza public housing complex, does the use of mobile health clinics reduce the occurrence of hypertension compared to no mobile health clinics?
Target Population Group	The target population of this health promotion is Somali Women over 50 living in the Riverside Plaza public housing complex, located in South Minneapolis.
Aim of the Plan	The aim of the plan is to prevent or reduce the occurrence of hypertension among Somali Women over the age of 50 in the Riverside Plaza public housing complex, through the use of a mobile health clinic. Being that this is a low income community, as they live in public housing, there are certain barriers to healthcare that a mobile health clinic may be able to resolve. A mobile health clinic would be especially helpful in preventive health care, such as helping to prevent high blood pressure. Specific measures that the mobile health clinic will take to reduce the occurrence of hypertension amongst this population include: ● Regular blood pressure checks ○ This will help detect when someone is pre-hypertensive.

	Early detection can help people to lower high blood pressure before a person needs medication. ● Lifestyle coaching ○ Lifestyle changes such as diet and exercise can help manage blood pressure, and health professionals can assist patients in making these changes. ● Medication management ○ Mobile health clinics help patients to organize their medication. For patients who are already hypertensive, this medication management is a means (Lu et al., 2015)
Two Factors for Effective Communication	I will distribute written information and make announcements in both English and Somali, to make sure that I am able to effectively communicate with my target population. (Lightfoot et al., 2015)
Distribution Strategy	I will distribute written material around the neighborhood. Additionally, I will be making announcements at local

	community centers and masjids, as the Somali people in the community frequent both of these places.
Stakeholders	I will be asking for help from local community leaders, such as clan elders, imams, and others to help with my project. ● These groups can help me to recruit my target population and get them to be receptive to using a mobile health clinic– as it is not something that common. Additionally, I will need the help of healthcare workers, community organizers, and funders to run my mobile health clinic. ● Doctors and nurses can help with patient education, blood pressure checks, and health screenings. ● A pharmacist can work at the mobile health clinic to help specifically with medication management, and answering any relevant questions. (Malone et al., 2020)
Community Assets	A permit will be needed from city officials to run and operate the clinic, this can be done through the Minnesota Department of Health.
Objective for Evaluation	Increase control of high blood pressure in adults — HDS-05

Remember to attach your Infographic with your submission.

References:

Lightfoot, E., Blevins, J., Lum, T., & Dube, A. (2016). Cultural health assets of Somali and Oromo refugees and immigrants in Minnesota: Findings from a community-based participatory research project. *Journal of Health Care for the Poor and Underserved*, *27*(1), 252–260. https://doi.org/10.1353/hpu.2016.0023

Lu, C.-H., Tang, S.-T., Lei, Y.-X., Zhang, M.-Q., Lin, W.-Q., Ding, S.-H., & Wang, P.-X. (2015). Community-based interventions in hypertensive patients: A comparison of three health education strategies. *BMC Public Health*, *15*(1). https://doi.org/10.1186/s12889-015-1401-6

Malone, N. C., Williams, M. M., Smith Fawzi, M. C., Bennet, J., Hill, C., Katz, J. N., & Oriol, N. E. (2020). Mobile Health Clinics in the United States. *International Journal for Equity in Health*, *19*(1). https://doi.org/10.1186/s12939-020-1135-7