

**Nebraska FY 2017
Preventive Health and Health Services
Block Grant**

Annual Report

Annual Report for Fiscal Year 2017

Submitted by: Nebraska

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Executive Summary

FINAL 2017 Work Plan

Request to lift restrictions. Nebraska respectfully requests that restrictions be lifted from our Notice of Award so that FY2017 funds can be released.

Executive Summary

On May 17, 2017, the Nebraska Preventive Health Advisory Committee reviewed and recommended programs for funding, contingent upon release of restrictions from Nebraska's Notice of Award dated March 9, 2017.

On May 17, 2017, the Public Hearing was convened.

This Work Plan is for the Preventive Health and Health Services Block Grant (PHHSBG) for Federal Fiscal Year 2017. It is submitted by the Nebraska Department of Health and Human Services (DHHS) as the designated state agency for the allocation and administration of PHHSBG funds.

Funding Assumptions: The total award for the FY 2017 Preventive Health and Health Services Block Grant is \$2,568,275. This amount is based on an allocation table distributed by CDC.

Funding for FY 2017 Sexual Assault-Rape Crisis (HO IPV 40) activities detailed in the Work Plan:

\$36,752 of this total is a mandatory allocation to address sexual offenses. Nebraska passes through the total amount to the Nebraska Coalition to End Sexual and Domestic Violence (the Coalition), an organization that provides leadership, technical assistance and financial support to 20 local domestic violence/sexual assault programs across the state. The Coalition utilizes this funding to reduce the percent of total respondents on the Youth Risk Behavior Survey who report that they were forced to have sex when they did not want to from 8% to 7%. The Nebraska Coalition will continue its social marketing prevention campaign, "Step Up Speak Out." The comprehensive campaign focuses on youth and young adults and also reaches parents, educators, youth-serving adults and the general population. The Coalition will also provide sexual abuse prevention education for its network of local programs. The PHAC approved *additional funding, above and beyond the required set aside*. Additional funding totals \$25,036 and will support "Engaging Men in Preventing Violence Against Women," a program endorsed by the U.S. Department of Justice Office of Violence Against Women (OVW). The Coalition will bring a national expert to provide training at their annual meeting. That expert will also provide subject matter expertise to three local programs as they assess their readiness to engage men in preventing sexual and domestic violence, build their capacity and implement the program in their communities. The other programs and activities that will be funded by this PHHSBG include those described below.

Program: Emergency Health Systems – Stroke Systems of Care

National Health Objective: HDS-3 Stroke Deaths

Nebraska Health Objective: Provide Stroke System of Care training and education to EMS services, critical access hospitals and improve public education

PHHSBG Funding: \$75,500 will be utilized by the DHHS Emergency Health Systems Program to work with primary stroke centers to target hospitals and EMS services to receive stroke system of care training. The EHS Program will also work with the Cardiac Registry project to add a minimal stroke registry data collection set for pre-hospital and hospital providers. The best outcome for a person having a stroke is focused on early and rapid identification, diagnosis, and treatment of stroke in efforts to prevent death and reverse neurological deficits such as paralysis and speech and language impairments. Timely treatment is critical, and PHHS funding for this project will support training for first responders and hospital staff, thereby reducing stroke deaths and negative outcomes of strokes.

Program: Emergency Health Systems

National Health Objective: HDS-17 Awareness of and Response to Early Warning Symptoms of Stroke

Nebraska Health Objective: Provide Stroke System of Care training and education to EMS Services, critical access hospitals and improve public education/awareness

PHHSBG Funding: \$7,000 will be utilized by the Nebraska Emergency Health Systems (EHS) program to provide collaborate with the Nebraska Stroke Advisory Council (NSAC) and the Stroke Region to

incorporate a triage, treatment and transport plan that will help reduce morbidity of stroke patients. Specifically, the EHS program will work with NSAC and the American Stroke Association (ASA) to coordinate public education/awareness materials that will be distributed through a variety of media outlets.

Program: Health Disparities & Health Equity

National Health Objective: ECBP-11 Culturally appropriate community health programs

Nebraska Health Objective: Increase health equity and reduce health disparities in Nebraska.

PHHSBG Funding: \$301,951 will be utilized by the Office of Health Disparities and Health Equity (OHDHE) to identify and increase awareness of health disparities among racial and ethnic minorities and vulnerable populations such as those with intellectual or developmental disabilities in Nebraska; provide cultural and health disparity presentations; provide education and public health service for American Indians; collect and analyze data through the BRFSS regarding social determinants of health; develop reports addressing disparities in social determinants of health, especially among racial and ethnic minorities and vulnerable populations; establish data sets to identify and report behavioral risk factors for refugees in Nebraska; and involve self-advocates in home and community based services (HCBS) waiver audits.

Program: Infectious Disease

National Health Objective: HIV-13 Awareness of HIV Serostatus

Nebraska Health Objective: Limit Human Immunodeficiency Virus (HIV) in Nebraska

PHHSBG Funding: \$30,962 will be utilized by the DHHS HIV Prevention Program to increase the percentage of high-risk persons tested for HIV/AIDS to at least 75% of total tests performed. HIV Program staff will work with partners in high-risk areas to provide anonymous and confidential HIV testing at no cost to the client in order to facilitate follow-up with people who are infected and provide increased access to Disease Intervention Specialists at selected clinics that serve the target population (MSM, IDU). The aim to change risk behaviors and prevent additional transmission of infection.

Program: Infectious Disease

National Health Objective: STD-1 Chlamydia

Nebraska Health Objective: Reduce the prevalence of chlamydia trachomatis infections among Nebraska's adolescent and young adult females and males, aged 15 to 34 years

PHHSBG Funding: \$45,000 will be utilized by the DHHS Infectious Disease Program to contract laboratory services that provide tests for sexually transmitted diseases (STDs) at selected clinics. The services will provide increased access to Disease Intervention Specialists (DIS) and report results in order to facilitate follow-up with people who are infected, the aim of which is to assure change in risk behaviors and prevention of additional infection transmission. Douglas County Health Department STD staff will offer tests and DIS services as well as risk reduction and prevention strategies.

Program: Infectious Disease

National Health Objective: STD-6 Gonorrhea

Nebraska Health Objective: Reduce the prevalence of gonorrhea infections among Nebraska's adolescent and young adult females and males, aged 15 to 34 years

PHHSBG Funding: \$35,000 will be utilized by the Infectious Disease Program to contract laboratory services that provide tests for STDs at selected clinics. The services will provide increased access to Disease Intervention Specialists (DIS) and report results in order to facilitate follow-up with people who are infected, the aim of which is to assure change in risk behaviors and prevention of additional infection transmission. Douglas County Health Department STD staff will offer tests and DIS services as well as risk reduction and prevention strategies.

Program: Injury Prevention

National Health Objective: IVP-2 Traumatic Brain Injury

Nebraska Health Objective: Reduce the number of traumatic brain injuries requiring emergency department visits and hospitalization

PHHSBG Funding: \$36,146 will be utilized by the DHHS Injury Prevention Program to reduce the number of traumatic brain injuries requiring emergency department visits and the number of traumatic brain injuries requiring hospitalization. The Injury Prevention Program will:

- Partner with the Brain Injury Alliance of Nebraska to maintain a statewide Concussion Coalition to provide and guide concussion education, awareness and prevention across the state; and
- Provide and administer subawards to up to four local Safe Kids coalitions to conduct injury prevention programming to reduce traumatic brain injuries in children and youth.

Program: Injury Prevention

National Health Objective: IVP-9 Poisoning Deaths

Nebraska Health Objective: Reduce poisoning deaths in Nebraska, especially those related to prescription drugs

PHHSBG Funding: \$22,130 will be utilized by the DHHS Injury Prevention Program to provide subawards to at least two partners to administer injury prevention programs aimed at reducing unintentional poisonings in children and adults, provide technical assistance to subrecipients about evidence-based interventions to reduce unintentional poisonings and, where applicable, conduct evaluation to determine reach and behavior change as a result of the funded programming.

Program: Injury Prevention

National Health Objective: IVP-16 Age-Appropriate Child Restraint Use

Nebraska Health Objective: Increase observed use of child restraints in Nebraska

PHHSBG Funding: \$74,507 will be utilized by the DHHS Injury Prevention Program to provide child passenger safety training and technical assistance and coordinate Safe Kids Nebraska Child Care Transportation Training. Among the activities are:

- Conducting National Traffic Safety Administration child passenger trainings;
- Conducting meetings with the Nebraska Child Passenger Safety Advisory Committee;
- Providing technical assistance to DHHS Children and Family Services Division trainers, child passenger safety technicians and child care providers regarding child passenger safety;
- Providing subawards to local technicians to conduct child passenger safety seat checks;
- Updating the Safe Kids Nebraska Child Care Transportation Training to reflect emerging best practices in safely transporting children; and
- Providing information, education and technical assistance in response to requests for best practice child passenger safety programming and effective evaluation methods.

Program: Injury Prevention

National Health Objective: IVP-23 Deaths from Falls

Nebraska Health Objective: Reduce the age-adjusted death and injury rates from falls

PHHSBG Funding: \$150,487 will be utilized to provide education about older adult falls and to establish and sustain Tai Chi and Stepping On programs. Activities will include:

- Providing local public health departments and community partners with education about older adult falls and evidence-based practices to help reduce them;
- Providing training and resources to conduct Tai Chi and Stepping On classes;
- Participating in National Older Adult Falls Prevention Day; and
- Conducting Tai Chi training for new instructors and continuing education for current instructors.

Program: Oral Health

National Health Objective: OH-8 Dental Services for Low-Income Children and Adolescents

Nebraska Health Objective: Provide subawards to at least three local health agencies to provide oral screenings, fluoride varnish treatments, education and referrals to dental homes.

PHHSBG Funding: \$171,083 will be utilized to provide subawards to local health departments and FQHCs to provide oral screenings, fluoride varnish treatments, education and referral to a dental home to 2,500 children and their families. Primary focus locations will be WIC and related programs that provide services for new mothers, their children and families; and Early Head Start and preschool classes for children aged 2-3 years and Head Start classes for children aged 4-5 years. Services will be provided by Registered Dental Hygienists with a Public Health Authorization.

Program: Oral Health

National Health Objective: OH-16 – Oral and Craniofacial State-Based Health Surveillance System

Nebraska Health Objective: Work with the DHHS Epidemiology and Informatics Unit to develop one oral health surveillance framework for the State of Nebraska

PHHSBG Funding: \$57,333 will be utilized to develop the oral health surveillance concept plan, including working with the Association of State and Territorial Dental Directors (ASTDD) and the Council of State and Territorial Epidemiologists (CSTE). Funding will also support preparations to conduct a future Nebraska Oral Health Survey of Older Adults, partnering with ASTDD, the State Unit on Aging, Registered Dental Hygienists with a Public Health Authorization and local community organizations.

Program: Public Health Infrastructure

National Health Objective: C-1 Overall Cancer Deaths

Nebraska Health Objective: Impact cancer mortality and incidence on a wide variety of topics

PHHSBG Funding: \$100,000 will be utilized to provide subawards to local health departments, federally qualified health centers, tribal organizations, 501 c 3s and American College of Surgeons Commission on Accredited Cancer Centers. Organizations will be offered the opportunity to apply for up to \$10,000 to implement one of the listed evidence-based activities in the Nebraska Cancer Plan. DHHS will provide technical assistance/subject matter expertise and will provide some data support as part of this project.

Program: Public Health Infrastructure

National Health Objective: PHI-7 National data for Healthy People 2020 Objectives

Nebraska Health Objective: Maintain a comprehensive state-level health data surveillance system and sustain the capacity for collection and analysis of health data for use in development of health status indicators

PHHSBG Funding: \$318,480 will be utilized by DHHS staff to maintain a comprehensive state-level health data surveillance system and sustain the capacity for collection and analysis of health data. The DHHS Epidemiology and Informatics Unit will gather, analyze and report data; develop and enhance Nebraska's public health informatics infrastructure; and provide technical support, mapping, geocoding and updates through the Nebraska Public Health Geographic Information System (GIS). All activities are meant to support the goal of moving DHHS toward being the trusted source of health data in Nebraska.

Program: Public Health Infrastructure

National Health Objective: PHI-17 Accredited public health agencies

Nebraska Health Objective: DHHS and up to 18 local health departments will develop and/or maintain health improvement plans and will prepare for or maintain accreditation from the Public Health Accreditation Board

PHHSBG Funding: \$732,181 will be utilized to support coalition members and partners to implement key strategies from the SHIP; maintain the State's public health accreditation; provide support for local health departments as they prepare for and maintain accreditation; and provide training and educational resources on topics related to core public health competencies, based on perceived need. Training in mental health first aid will be offered to LHDs and state health department staff.

Program: Worksite Wellness Program

National Health Objective: ECBP-8 Worksite health promotion programs

Nebraska Health Objective: Improve the overall health of Nebraska adults through their places of employment

PHHSBG Funding: \$80,000 will be utilized by DHHS to provide sub-awards to two of three worksite wellness councils to conduct evidence-based health promotion activities for workers and to develop sustainability and communications plans.

Administrative Costs

Nebraska equates "Administrative Costs" with "indirect costs" which are charged against salary and fringe benefits of the staff supported by the PHHSBG funds in accordance with the State's current federally approved Indirect Cost Rate (32.6%). Nebraska does not exceed the cap of 10% imposed on Administrative Cost. DHHS uses the funds to support efficient operation of the PHHSBG through provision of legal services, personnel services, information technology services, office space, utilities, printing, phone, building and equipment maintenance. Workforce development activities may be supported with administrative costs, including training related to grants management and monitoring, subject matter expertise and attendance at the PHHS annual meeting for block grant coordinators. For FY17, \$252,744 is allocated for Administrative Costs, or 10% of the basic award.

Nebraska DHHS Administrators, Program Managers and PHHSBG Coordinator are confident that the

current and planned use of funds allocated to Nebraska align with the principles and standards for PHHS Block Grantees. PHHSBG funds support Nebraska's preventive health efforts by:

- Building capacity for state and local health agencies;
- Maintaining accreditation for the state health department and encouraging and providing technical assistance for local health department accreditation;
- Building capacity for epidemiology and informatics;
- Setting priorities through the use of data and strengthened program impact and evaluation of outcomes;
- Strengthening capacity to collect minority health data and utilize alternative public health workforce to move toward equity in health status in Nebraska;
- Emphasizing primary prevention of chronic disease and injury;
- Building community clinical linkages and addressing chronic disease self-management through cross-cutting programs;
- Targeting primary and secondary prevention to disparately affected populations, including support of clinical testing and expanding oral health initiatives;
- Ensuring that existing and planned interventions employ evidence-based best or promising practices;
- Building the capacity of Worksite Wellness Councils to increase involvement of businesses of all sizes in protecting the health of their workers; and
- Increasingly emphasizing the monitoring of program progress to track impact/outcomes and financial accountability.

State Program Title: Emergency Health Systems - Stroke Systems of Care

State Program Strategy:

Stroke is the fourth leading cause of death in Nebraska according to the CDC and accounts for 42.4 deaths per 100,000 populations. The number two leading cause of death in the state is heart disease. The American Stroke Association predicts a 24% increase in the prevalence of stroke between 2010 and 2030. The total costs related to stroke in Nebraska has increased from \$54,000,000 to \$108,000,000 between 2001 and 2010 with the average cost of a stroke hospitalization being \$31,000 to \$38,600. This does not include the cost of any rehab, the long-term home care due to deficits or the cost of skilled nursing facility care if the patient is not able to go home.

The best outcome for a person having a stroke is focused on the early and rapid identification, diagnosis, and treatment of stroke in efforts to prevent death and reverse neurological deficits such as paralysis and speech and language impairments. This requires a timely treatment. In order for this to happen, numerous things must fall into place. Education is critical, and education includes public, hospital, and Emergency Medical Services. To ensure a seamless transition of care from pre-hospital, critical access hospitals, stroke centers, and rehabilitation these agencies will need training on how to interact and utilize the others assessments. This request will focus on public education as well as training for the 64 critical access hospitals and 421 Emergency Medical Service agencies. Emergency Medical Services will be trained to identify a stroke in the field and notify hospitals. Hospitals will be trained to use this stroke alert to have appropriate staff at the ER upon EMS arrival and use the assessment that was done in the field to send the patient straight to CT. Valuable time is wasted when EMS and hospital staff do not work together and the patient misses the 3.5 to 4-hour window that a stroke must be treated within. States that have implemented this type of coordination are seeing much lower door to needle times and as high as 40% to 50% better patient outcomes.

National Health Objective: HDS-3 Stroke Deaths

State Health Objective(s):

Between 10/2017 and 09/2018, DHHS will provide Stroke System of Care training and education to EMS Services, critical access hospitals and improve public education. DHHS will work in collaboration with Nebraska Stroke Advisory Council (NSAC) and the Stroke Region to incorporate a triage, treatment and transport plan that will help reduce the morbidity of stroke patients.

State Health Objective Status

In Progress

State Health Objective Outcome

This objective is in progress.

Reasons for Success or Barriers/Challenges to Success

The Nebraska Stroke Advisory Council (NSAC) and the Stroke Advisory Task Force have not yet met to begin the work of providing training and developing a plan of triage, treatment and transport to help reduce the morbidity of stroke patients.

Strategies to Achieve Success or Overcome Barriers/Challenges

Meetings are scheduled, beginning in January 2018, to begin integration.

Leveraged Block Grant Dollars

No

Description of How Block Grant Dollars Were Leveraged

Grant dollars are not being leveraged at this time.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Provide Stroke System of Care Training

Between 10/2017 and 09/2018, Nebraska Department of Health & Human Services (DHHS) Emergency Health Systems in collaboration with NSAC will provide stroke system of care training to **a minimum of 25** hospitals and the all the EMS services that transport to the respective critical access hospital.

Impact/Process Objective Status

Not Started

Impact/Process Objective Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

The NSAC and ASA have not been able to meet to begin this work. Once they do, work groups will plan for and carry out the training.

Strategies to Achieve Success or Overcome Barriers/Challenges

DHHS has scheduled meetings of the work groups beginning in January, 2018.

Activity 1:

Target Hospitals and EMS services within Stroke Regions

Between 10/2017 and 09/2018, Nebraska Emergency Health Systems will work with primary stroke centers to target hospitals and EMS services in their respective areas to receive stroke system of care training.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

NSAC and ASA work groups have not been able to meet to begin this work.

Strategies to Achieve Success or Overcome Barriers/Challenges

DHHS has scheduled meetings beginning in January 2018.

Activity 2:

Collaborate with NSAC to Provide Training

Between 10/2017 and 09/2018, Nebraska Emergency Health Systems Program will work in conjunction with NSAC to provide training to hospitals and EMS services on stroke system of care training and data collection.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

NSAC and ASA have not been able to meet to begin this work.

Strategies to Achieve Success or Overcome Barriers/Challenges

DHHS has scheduled meetings beginning in January 2018.

Activity 3:

Provide Training

Between 10/2017 and 09/2018, Nebraska EHS Program will provide training for the EMS and hospitals.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

NSAC and ASA work groups have not been able to meet.

Strategies to Achieve Success or Overcome Barriers/Challenges

DHHS has scheduled meetings, beginning in January 2018.

Activity 4:

Develop Stroke Registry

Between 10/2017 and 09/2018, Nebraska EHS Program will work with the Cardiac Registry project to add a minimal stroke registry data collection set for pre-hospital and hospital providers.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

NSAC and ASA work groups have not been able to meet to begin this work.

Strategies to Achieve Success or Overcome Barriers/Challenges

DHHS has scheduled meetings beginning in January 2018.

National Health Objective: HDS-17 Awareness of and Response to Early Warning Symptoms of Stroke

State Health Objective(s):

Between 10/2017 and 09/2018, DHHS will provide Stroke System of Care training and education to EMS Services, critical access hospitals and improve public education. DHHS will work in collaboration with NSAC and the Stroke Region to incorporate a triage, treatment and transport plan that will help reduce the morbidity of stroke patients.

State Health Objective Status

Not Met

State Health Objective Outcome

Work has just begun on this objective.

Reasons for Success or Barriers/Challenges to Success

NSAC and ASA work groups have not been able to meet to begin this work.

Strategies to Achieve Success or Overcome Barriers/Challenges

DHHS has scheduled meetings beginning in January 2018.

Leveraged Block Grant Dollars

No

Description of How Block Grant Dollars Were Leveraged

Block Grant dollars have not been leveraged.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Public Education Campaign

Between 10/2017 and 09/2018, Nebraska Department of Health & Human Services (DHHS) Emergency Health Systems in collaboration with Nebraska Stroke Advisory Council and American Stroke Association will develop **2** public education campaigns to identify the signs and symptoms of a stroke and the proper timely response if a stroke is suspected.

Impact/Process Objective Status

Not Started

Impact/Process Objective Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

NSAC and ASA work groups have not been able to meet to begin this work.

Strategies to Achieve Success or Overcome Barriers/Challenges

DHHS has scheduled work group meetings to begin January 2018.

Activity 1:

Collaborate with NSAC and ASA for Stroke Public Education

Between 10/2017 and 09/2018, Nebraska Emergency Health Systems will work with NSAC and ASA to coordinate public education materials to be distributed through a variety of media outlets.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

NSAC and ASA work groups have not been able to meet to begin this work.

Strategies to Achieve Success or Overcome Barriers/Challenges

DHHS has scheduled meetings to begin January 2018.

Activity 2:

Distribute Public Education Materials

Between 10/2017 and 09/2018, Nebraska Emergency Health Systems Program will NSAC and ASA to distribute through media outlets the educational materials.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

NSAC and ASA work groups have not been able to meet to begin this work.

Strategies to Achieve Success or Overcome Barriers/Challenges

DHHS has scheduled meetings to begin in January 2018.

State Program Title: Health Disparities & Health Equity Program

State Program Strategy:

Program Goal: The PHHS Block Grant-funded **Health Disparities and Health Equity Program** is dedicated to reducing disparities in health status among racial and ethnic minorities and vulnerable populations residing in Nebraska.

Health Priorities:

Identify disparities among racial and ethnic minorities;
Increase awareness of health disparities;
Establish and maintain behavioral risk surveillance system for sub-groups of minority populations and refugees;
Improve access to culturally competent and linguistically appropriate health services for racial and ethnic minorities and vulnerable populations;
Improve data collection strategies for racial, ethnic and other vulnerable populations; and
Expand community-based health promotion and disease prevention outreach efforts to the aforementioned populations.
Specifically, the PHHS Block Grant-funded activities help assure that community health interventions and health promotion services are culturally tailored and linguistically appropriate in order to reduce health disparities.

Primary Strategic Partners: Minority Health Initiative grantees, the Statewide Minority Health Council, local health departments, health care providers, community- and faith-based organizations, American Indian tribes, Public Health Association of Nebraska, DHHS Division of Developmental Disabilities, Beatrice State Developmental Center and the University of Nebraska at Lincoln (UNL).

Evaluation Methodology: The Minority Health program evaluation plan will be guided by the impacts and outcomes outlined in the Strategic Framework for OMH: Improving Racial and Ethnic Minority Health and Eliminating Racial and Ethnic Health Disparities (OMH Strategic Framework). The Minority Health program evaluation activities will employ both process and outcome evaluation methods.

Process evaluation will be conducted, as appropriate, prior to an activity's initiation in order to ensure that the activity can be successfully implemented as planned. The Office of Health Disparities and Health Equity (OHDHE) will track all the activities monthly, including number of presentations, number of participants, location of participants, demographic info of participants, invitation and attendance records, the status and dissemination of reports.

Outcome evaluations create an overall picture of program success, and they are used to document short-term results. Pre- and post-test methods will be used to measure participant changes in knowledge, attitudes, beliefs, or behaviors as a result of health disparities presentations, chronic disease presentations and cultural intelligence and social determinants trainings. Participant satisfaction surveys will be used for community-based outreach activities for minorities.

Performance measures/indicators:

of refugee surveys completed

of refugee BRFSS data set created

of refugee BRFSS report completed

of Karen refugee community resource brochure created

of health related brochure translated in Karen

of health related brochure printed for Karen community

of health equity stakeholder meetings completed

of CLAS trainings and P3 trainings completed

of minority population growth presentations completed

of disparity presentations completed

% of participants who indicated knowledge increased about minority population growth and health disparities among minorities

% of participants who indicated knowledge increased about CLAS & social determinants

% of stakeholders who indicated satisfaction with Health Equity Plan meetings
% of participants who indicated satisfaction with minority population growth and health disparity presentations and % of participants who indicated satisfaction with CLAS standard, social determinants and P3 trainings
of key social economics disparity identified
of key chronic disease disparities identified and # of key risk factors identified

National Health Objective: ECBP-11 Culturally Appropriate Community Health Programs

State Health Objective(s):

Between 10/2015 and 09/2019, Identify at least 20 of the most critical health disparities and health needs among racial ethnic minorities in Nebraska. Based on identified disparities and needs, work to equalize health outcomes and reduce health disparities through information and education of public health and other stakeholders who serve these populations. Compose a State Health Equity Plan as a method of working towards reducing health disparities.

Health disparities must be eliminated before the health of the nation and Nebraska can be improved. These disparities are often associated with social (cultural barriers), economic (poverty), or environmental disadvantages (substandard housing) (Healthy People 2020 Objective, Chapter 1, The Role of Public Health). The Health Care Home Model (HCHM) has the potential to improve the health of the population by improving access to care (e.g., after hours care and electronic communication), and reducing health disparities (Healthy People 2020 Objective, Priority 4, Improving Population Health).

State Health Objective Status

Met

State Health Objective Outcome

The Office of Health Disparities and Health Equity (OHDHE) has held 10 presentations and trainings aimed at increasing knowledge of minority population growth and health disparities, cultural intelligence and social determinants of health. A total of 520 individuals attended these presentations and trainings. In the coming months, OHDHE will continue to provide trainings and presentations, particularly on Culturally and Linguistically Appropriate Services (CLAS).

OHDHE has completed contracts and begun health education and prevention activities with four federally recognized tribes and organizations that support American Indians. Contracts and activities with two additional tribes will be implemented in the coming months. In collaboration with these tribes and organizations, OHDHE has been able to assist with implementing activities such as a public health education program, a community screening program and a diabetes prevention program. These activities are aimed at improving the health of American Indians in Nebraska.

Data related to socioeconomic factors, leading causes of death, and maternal and child health has been analyzed to identify key disparities among minorities. OHDHE is also in the process of developing several reports and report cards that address disparities in socioeconomic status, health status and health disparities. The Nebraska Disparity Report will be finalized in the coming months, and the American Indian Health Status Report will be published and distributed.

The refugee BRFSS surveys are currently in the process of being entered. Once data entry is complete and the data has been cleaned and recoded, OHDHE will begin to analyze the key risk factors for refugees. Several reports are planned that will summarize the results for various partners and organizations.

Reasons for Success or Barriers/Challenges to Success

The successes of OHDHE depend heavily on continued relationships with community members and stakeholders. Presentations use a very interactive style and leave room for discussion, which provides many audience members with a positive experience. Several audience members requested certain trainings for their partners. Implementing contracts with American Indian organizations and tribes has presented some challenges, but most were overcome through discussion and increased communication.

Strategies to Achieve Success or Overcome Barriers/Challenges

OHDHE will continue to strengthen and build upon relationships with the community to expand the reach of trainings and presentations. OHDHE will continue to work with community partners, while reaching out to potential new partners. OHDHE will work closely with the American Indian tribes to ensure that the activities are completed as scheduled.

Leveraged Block Grant Dollars

No

Description of How Block Grant Dollars Were Leveraged

Block Grant dollars are not leveraged with this activity.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Cultural Intelligence and Health Disparity Presentations

Between 10/2017 and 09/2018, OHDHE will provide presentations, trainings and outreach events regarding minority population growth, health disparities, social determinants of health, health education and cultural intelligence to 17 key stakeholders/community members/organizations to increase awareness of racial and ethnic minorities, refugees, and American Indians in Nebraska.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2017 and 09/2018, OHDHE provided presentations, trainings and outreach events regarding minority population growth, health disparities, social determinants of health, health education and cultural intelligence to 10 key stakeholders/community members/organizations to increase awareness of racial and ethnic minorities, refugees, and American Indians in Nebraska.

Reasons for Success or Barriers/Challenges to Success

OHDHE's reputation as a source for trusted data is continually increasing. As a result, stakeholders, community members and organizations have attended and participated well in presentations. The interactive nature of presentations and time left for discussion and question and answers allows participants to give feedback.

A challenge is the need to find additional partners and organizations with which to work.

Strategies to Achieve Success or Overcome Barriers/Challenges

OHDHE is actively seeking additional partnerships with other agencies and organizations in local communities.

Activity 1:

Minority Population Growth and Health Disparity Presentations

Between 10/2017 and 09/2018, OHDHE will conduct 4 health disparities presentations to stakeholders in Nebraska to increase awareness of the Nebraska minority population growth, key disparities among minorities and the factors that influence disparities and health outcomes.

Activity Status

Not Completed

Activity Outcome

OHDHE has completed two presentations to increase awareness of health disparities and minority population growth. The first presentation took place in October 2017 to 350 nurses at the Nebraska Nurses Association conference in Kearney. The second presentation took place in November 2017 to 20 Community Health Workers (CHWs) as part of the CHW Health Navigation Training in Omaha. In the

coming months, OHDHE is planning to continue its efforts to pilot online Minority Population Growth, Health Disparities and Chronic Disease presentations for stakeholders statewide, which will disseminate information on health disparities and increase awareness of state and federal government initiatives and resources.

Reasons for Success or Barriers/Challenges to Success

Presentations are interactive and incorporate lectures with discussion, question and answer sessions, games, quizzes and other activities. By incorporating a variety of learning styles, OHDHE is able to fully engage participants.

Strategies to Achieve Success or Overcome Barriers/Challenges

To overcome challenges, OHDHE will continue to develop its capacity with the Learning Management System software and will designate staff time needed to learn the software, prepare presentations and troubleshoot inquiries. OHDHE will also continue to use a predominately universal software (i.e. Adobe) to make and conduct presentations. Online resources (i.e. manuals) will be sought to overcome some barriers.

Activity 2:

Provide Cultural Intelligence and Social Determinants Trainings

Between 10/2017 and 09/2018, OHDHE will complete 6 social determinants of health and cultural intelligence trainings to stakeholders in Nebraska to improve access to health services for racial and ethnic minorities, refugees, and American Indians in Nebraska.

Activity Status

Completed

Activity Outcome

OHDHE has completed seven social determinants of health and cultural intelligence trainings to 145 individuals. Six of the presentations were given on cultural intelligence. Three of the six presentations were given to hospice workers, funeral directors and counselors in Lincoln to a total of 30 individuals. These presentations took place in October, November, and December 2017. In October 2017, a presentation on cultural intelligence was given to 65 DHHS health facilities staff in Lincoln. The remaining two presentations were given in November 2017 to 20 CHWs as part of the CHW Health Navigation training, and in December 2017 to 10 adult volunteers at City Impact in Lincoln. One social determinants of health training was also given in October 2017 to approximately 20 individuals at the First-Plymouth Congregational Church, United Church of Christ, in Lincoln.

Reasons for Success or Barriers/Challenges to Success

Presentations appeal to a broad range of learning styles by incorporating lectures, discussion, question and answer sessions, games, quizzes and other activities.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies to achieve success include using previous stakeholder relationships and connections to encourage participation, creating interactive presentations and troubleshooting online delivery of presentations.

Activity 3:

Provide Culturally and Linguistically Appropriate Services (CLAS) Trainings

Between 10/2017 and 09/2018, OHDHE will complete 2 trainings on Culturally and Linguistically Appropriate Services (CLAS) to stakeholders in Nebraska to advance health equity, improve quality, and help eliminate health care disparities.

Activity Status

Not Completed

Activity Outcome

During the current period, OHDHE provided one presentation on CLAS Standards for partners of the Office of Refugee Resettlement Program on December 16, 2017. There were five attendees from different organizations in Lincoln and Omaha. Partners have requested presentations for their stakeholders, partners and medical providers. OHDHE will arrange those presentations in the near future.

Reasons for Success or Barriers/Challenges to Success

Attendees found the presentation very useful and expressed interest in following up and sharing this resource with their partners in their service area. The lack of human resources to fulfill these needs is a possible barrier for the future.

Strategies to Achieve Success or Overcome Barriers/Challenges

The desire for OHDHE to provide technical assistance has arisen as a result of providing the CLAS presentations. This would allow OHDHE to provide not only information, but assist in finding solutions to barriers that each organization may face in achieving adherence to CLAS. This option appeals to many as they begin to take action steps and find a need for some technical assistance to overcome barriers.

Activity 4:**Conduct Community-Based Outreach for Minorities**

Between 10/2017 and 09/2018, OHDHE will participate in 3 community-based outreach events for racial and ethnic minorities, refugees and American Indians in Nebraska.

Activity Status

Not Completed

Activity Outcome

OHDHE has not completed any community-based outreach events. OHDHE is planning to continue its efforts in partnering with community stakeholders (such as the Douglas County Local Health Department, University of Nebraska Medical Center, Ponca Tribe of Nebraska, etc.) to provide information and resources to community members in the upcoming months.

Reasons for Success or Barriers/Challenges to Success

OHDHE is currently working with community stakeholders to arrange events for racial and ethnic minorities, refugees and American Indians.

Strategies to Achieve Success or Overcome Barriers/Challenges

OHDHE will reach out to other local and district health departments and continue to establish contacts via phone and personal visits.

Impact/Process Objective 2:**Educational and Public Health Service for American Indians**

Between 10/2017 and 09/2018, OHDHE will provide public health education and prevention activities/presentations to improve the health of Americans Indians in Nebraska to 6 federally recognized tribes and organizations who have a substantial American Indian clientele.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2017 and 09/2018, OHDHE provided public health education and prevention activities/presentations to improve the health of Americans Indians in Nebraska to 4 federally recognized tribes and organizations who have a substantial American Indian clientele.

Reasons for Success or Barriers/Challenges to Success

Building upon previous activities and relationships with each group has helped in implementing new activities. Contract development with several groups took longer than expected, and implementing certain

activities has been delayed as a result.

Strategies to Achieve Success or Overcome Barriers/Challenges

OHDHE will continue to work closely with all groups to ensure that activities are completed.

Activity 1:

Work with the Ponca Tribe to Provide Education and Public Health Services

Between 10/2017 and 09/2018, OHDHE will contract and work with Ponca Tribe of Nebraska to provide 5 public health education and prevention activities/presentations to improve the health of American Indians in Nebraska.

Activity Status

Completed

Activity Outcome

A public health education program was held within the Ponca Tribe of Nebraska to provide health education sessions to community members. At least 10 sessions were given to individuals. These education sessions included exercise classes, interactive presentations regarding healthy food preparation demonstrations, health screenings, circle of elders, cultural community education classes and disease awareness events.

Reasons for Success or Barriers/Challenges to Success

Ponca has faced some challenges when the person overseeing the project suddenly left. This led to delays in reporting and confusion over which performance measures to implement. Additionally, it has taken time to receive financial information from their finance team.

Strategies to Achieve Success or Overcome Barriers/Challenges

OHDHE has accommodated the Ponca Tribe where appropriate with a deadline extension due to staff turnover and has worked with them to clarify which performance measures are being tracked. Knowledge retention scores have been low, and OHDHE is working with the Ponca Tribe on standardizing the educational information to ensure knowledge gain.

Activity 2:

Work with Omaha Tribe to Provide Education and Public Health Services

Between 10/2017 and 09/2018, OHDHE will contract and work with Omaha Tribe of Nebraska to provide 5 public health education and prevention activities/presentations to improve the health of American Indians in Nebraska.

Activity Status

Completed

Activity Outcome

An Adult Wellness Program was implemented as an eight-week Fall Wellness Challenge in the Omaha Tribe, which was designed to encourage participants to attend nutrition education and physical activities at the Wellness Center every weekday to earn a point. The activities included an interval exercise program, healthy snack demonstrations, weigh-ins and fun physical activities. The Adult Wellness Program held 24 sessions. Eighteen individuals successfully completed the program.

Reasons for Success or Barriers/Challenges to Success

OHDHE had a successful site visit with the Omaha Tribe and was able to help work through issues with the program. The Omaha Tribe had difficulty with the reporting software.

Strategies to Achieve Success or Overcome Barriers/Challenges

OHDHE provided the Omaha Tribe with more clarity to avoid any confusion on the process. Technical assistance helped the Omaha Tribe to work through issues with the reporting software.

Activity 3:

Work with Winnebago Tribe to Provide Education and Public Health Services

Between 10/2017 and 09/2018, OHDHE will contract and work with Winnebago Tribe of Nebraska to provide 5 public health education and prevention activities/presentations to improve the health of American Indians in Nebraska.

Activity Status

Completed

Activity Outcome

Five public health education and prevention activities and presentations have been held with the Winnebago Tribe of Nebraska. The Community Screening Program helped to screen community members and provide referrals as needed. A total of 105 individuals were screened. The Youth Prevention Program promoted physical activity to youth and parents and served 21 individuals. The Diabetes Prevention Program was made available to people at risk of developing diabetes and included education sessions to provide information and equip patients with the tools needed to prevent diabetes. The Diabetes Prevention Program served 29 individuals. The Head Start Nutrition Activity served youth by providing nutrition education and take-home nutrition education for parents. The Walking Wellness Activity served individuals by offering daily group walking activities.

Reasons for Success or Barriers/Challenges to Success

Implementing these programs with Winnebago Tribe has been very successful thus far. Part of this success comes from building on previous work that is similar to the activities they have implemented in the past.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continued collaboration and communication with Winnebago Tribe will be essential to continuing these activities.

Activity 4:

Work with Santee Sioux Tribe to Provide Education and Public Health Services

Between 10/2017 and 09/2018, OHDHE will contract and work with Santee Sioux Tribe of Nebraska to provide 5 public health education and prevention activities/presentations to improve the health of American Indians in Nebraska.

Activity Status

Not Completed

Activity Outcome

OHDHE's contract with Santee Sioux Nation began just recently. As a result, there are currently no activity outcomes. Public Health Education and Prevention Activities will be arranged and implemented in the coming months.

Reasons for Success or Barriers/Challenges to Success

Contract development took much longer than anticipated due to the time it took to communicate proposed changes.

Strategies to Achieve Success or Overcome Barriers/Challenges

The contract is now finalized after a series of productive meetings between OHDHE and Santee Sioux Nation. OHDHE will work closely with Santee Sioux Nation to ensure any other challenges are overcome.

Activity 5:

Work with Chadron Native American Center to Provide Education and Public Health Services

Between 10/2017 and 09/2018, OHDHE will contract and work with Chadron Native American Center to provide 4 public health education and prevention activities/presentations to improve the health of

American Indians in Nebraska.

Activity Status

Not Completed

Activity Outcome

OHDHE's contract with Chadron Native American Center is in the process of being signed. As a result, there are currently no activity outcomes. Public Health Education and Prevention Activities will be arranged and implemented in the coming months.

Reasons for Success or Barriers/Challenges to Success

There were several challenges in the contract development process with Chadron Native American Center, and there were concerns about fiscal management.

Strategies to Achieve Success or Overcome Barriers/Challenges

Most of the challenges faced were solved after discussion with Chadron Native American Center. OHDHE has provided a corrective action plan to address fiscal management concerns.

Activity 6:

Work with Nebraska Minority Resource Center to Provide Education and Public Health Services

Between 10/2017 and 09/2018, OHDHE will contract and work with the Nebraska Minority Resource Center to provide 4 public health education and prevention activities/presentations to improve the health of American Indians in Nebraska.

Activity Status

Not Completed

Activity Outcome

Three activities have been held with the Nebraska Minority Resource Center (NMRC). The Native American Youth Alcohol Consumption Program was created to educate teens on the dangers of alcohol use. As part of the program, an app to collect data on underage drinking was implemented. An activity, Sacred Talking Circle, was also implemented to focus on education and alcohol consumption along with mental and emotional healing through open discussion. An Awareness Campaign was also implemented to recruit more participants in rural parts of northwestern Nebraska.

Reasons for Success or Barriers/Challenges to Success

It has taken more time than anticipated to begin activities with NMRC, but the activities are beginning to pick up.

Strategies to Achieve Success or Overcome Barriers/Challenges

OHDHE will continue to work closely with NMRC to ensure progress. An adjustment has been made to the Awareness Campaign. Initially, NMRC planned to focus on recruiting for one particular activity, but decided to expand the outreach into the Awareness Campaign.

Impact/Process Objective 3:

Minority Data Collection and Analysis

Between 10/2017 and 09/2018, the OHDHE will analyze 3 data sets and collect minority Behavioral Risk Factor data. Socioeconomic, vital statistics, and hospital discharge data will be used to identify health disparities among various racial and ethnic minority groups throughout Nebraska.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2017 and 09/2018, the OHDHE analyzed 2 data sets and collect minority Behavioral Risk Factor data. Socioeconomic, vital statistics, and hospital discharge data will be used to identify health disparities among various racial and ethnic minority groups throughout Nebraska.

Reasons for Success or Barriers/Challenges to Success

OHDHE works with partners such as the University of Nebraska-Lincoln and the University of Nebraska Medical Center (UNMC) Joint Data Center to efficiently and accurately analyze data sets. OHDHE also has knowledgeable staff, including an epidemiologist surveillance coordinator, program analyst and statistical analyst, who are able to collaborate on each project.

Strategies to Achieve Success or Overcome Barriers/Challenges

Data was unavailable for many sub-minority groups, due to either few responses or small population sizes. Some data could not be reported or required cautious interpretation.

Activity 1:**Minority Hospital Discharge Data Project Phase 5**

Between 10/2017 and 09/2018, OHDHE will use the new hospital discharge data set from the previous fiscal year, and work with DHHS and the University of Nebraska Medical Center (UNMC) Joint Data Center to prepare a Nebraska Minority Hospital Discharge report card. The report card will include the leading causes of hospital discharge data for all minority groups (African American, American Indian, Asian, and Hispanic), Hospital discharge disparities for selected diseases for all the minority groups, and bill payment information.

Activity Status

Not Completed

Activity Outcome

OHDHE is currently drafting the Hospital Discharge Report Card. The report is scheduled to be completed in the coming months. This report contains hospital discharge data for all minority groups.

Reasons for Success or Barriers/Challenges to Success

OHDHE worked with partners to analyze the hospital discharge records and identify the leading causes of hospital discharge for all minority groups.

Strategies to Achieve Success or Overcome Barriers/Challenges

OHDHE will continue to work with DHHS and the University of Nebraska Medical Center to ensure the completion and dissemination of the Hospital Discharge Report Card.

Activity 2:**Identify and Summarize Key Socioeconomic Factors for Nebraska Minorities**

Between 10/2017 and 09/2018, OHDHE will identify and summarize key socioeconomic factors for all the racial ethnic minority groups in Nebraska based on US Census Bureau 2011-2015 American Community Survey (ACS) data. This data allows OHDHE staff and partners to identify important socioeconomic factors that influence the health of Nebraskans to reduce health disparities. This is valuable information for minority health initiative grantees, local health departments, and evidence-based chronic disease prevention programs.

Activity Status

Completed

Activity Outcome

OHDHE has identified and summarized data regarding various socioeconomic indicators. OHDHE identified socioeconomic factors that can influence the health of Nebraskans. This updated information will be used in several reports to be completed by OHDHE and in presentations given by OHDHE. Socioeconomic indicators information will also be available for OHDHE partners and grantees, local

health departments and evidence-based chronic disease prevention programs.

Reasons for Success or Barriers/Challenges to Success

Some sample sizes were insufficient to produce reliable data.

Strategies to Achieve Success or Overcome Barriers/Challenges

When necessary, multiple data sources were used to obtain a more complete analysis. Staff expertise was helpful in analyzing the data and identifying key socioeconomic factors that can impact health.

Activity 3:

Summarize Data from 2011-2016 Leading Cause of Death and 2011-2016 Births

Between 10/2017 and 09/2018, OHDHE will identify the top 10 leading causes of death (i.e., cancer, heart disease, and stroke) and the related disparities between minority groups and non-Hispanic Whites. OHDHE will also identify the disparities between minority groups and non-Hispanic Whites related to maternal and child health (i.e., infant mortality, low birth weight). This data allows DHHS to monitor the health status of minorities and plan strategies for future interventions that target key disparities.

Activity Status

Completed

Activity Outcome

OHDHE identified leading causes of death for African Americans, American Indians, Asians, Hispanics and Whites and identified leading causes of death by age group. OHDHE also identified disparities between minorities and non-Hispanic Whites relating to maternal and child health. Charts and graphs were created to demonstrate the disparities. The visuals will be used to enhance reports and presentations in the coming months.

Reasons for Success or Barriers/Challenges to Success

The results were used to update existing reports and to provide information to OHDHE partners and grantees regarding the largest health disparities in Nebraska.

Strategies to Achieve Success or Overcome Barriers/Challenges

Multiple data sources were used to gain a more complete analysis. Staff expertise was helpful in analyzing the data and identifying key socioeconomic factors that can impact health.

Activity 4:

Minority Behavioral Risk Factor Surveillance Data Collection

Between 10/2017 and 09/2018, OHDHE will continue to survey minority populations using the Nebraska Behavioral Risk Factor Surveillance System (BRFSS) in partnership with the University of Nebraska-Lincoln. Every year, eight race-related questions are added to the survey to ensure additional information from minority populations is available.

Activity Status

Completed

Activity Outcome

OHDHE has continued to survey minority populations using the Behavioral Risk Factor Surveillance System. This is an ongoing process. PHHS funds are vital in supporting Nebraska's ability to continue the survey.

Reasons for Success or Barriers/Challenges to Success

There are often language barriers when surveying participants with limited English proficiency. It is often necessary to simplify technical text while keeping the integrity of the survey.

Strategies to Achieve Success or Overcome Barriers/Challenges

Questionnaires were mailed to participants in their native language, and surveys were completed on an ongoing basis.

Impact/Process Objective 4:

Minority Reports and Report Cards

Between 10/2017 and 09/2018, OHDHE will develop **3** reports addressing disparities in socioeconomic status, health status and minority population growth.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2017 and 09/2018, OHDHE developed **1** reports addressing disparities in socioeconomic status, health status and minority population growth.

Reasons for Success or Barriers/Challenges to Success

Data is often unavailable for many sub-minority groups, either due to few responses or small population sizes; therefore, some data could not be reported or required cautious interpretation. Before updating can occur, OHDHE must wait for complete data sets.

Strategies to Achieve Success or Overcome Barriers/Challenges

OHDHE continuously prepares and edits all documents to make updating the reports efficient.

Activity 1:

Finalize Nebraska Disparity Report (2018)

Between 10/2017 and 09/2018, OHDHE will update the Nebraska Health Disparities Report with the latest data to elucidate major disparities and identify targets for the State Health Equity Plan. The report will provide trend data for three five-year periods (2001-2005, 2006-2010, 2011-2015). This updated report will provide a comprehensive look at many health-related issues and concerns and the disparate outcomes experienced by some of Nebraska's historically medically underserved minority residents. Regular updates ensure the report remains up-to-date and continues to be a useful resource for policymakers, service providers, and those interested in minority health issues.

Activity Status

Not Completed

Activity Outcome

OHDHE has completed a draft of the Nebraska Disparity Report. The report is now being formatted and revised. Each chapter is being reviewed and updated as needed. The report will be finalized in the coming months.

Reasons for Success or Barriers/Challenges to Success

Some data was not available until very recently. When new data becomes available, chapters are updated with the most recent data.

Strategies to Achieve Success or Overcome Barriers/Challenges

The report has been prepared and revised in such a way to make it easy to update with new information.

Activity 2:

Publish and Distribute American Indian Health Status Report

Between 10/2017 and 09/2018, OHDHE will publish and distribute the Nebraska American Indian Health Status Report. This report will present health status facts on the American Indian population in Nebraska and will show the contrast between the American Indian population and the non-Hispanic/Latino White majority population. This report allows DHHS to monitor the health status of Nebraska American Indians and plan strategies for future intervention.

Activity Status

Not Completed

Activity Outcome

The Nebraska American Indian Health Status Report has been completed. The report is currently under review and will be published in the coming months.

Reasons for Success or Barriers/Challenges to Success

Some health indicators had small sample sizes that affected the analysis or interpretation of results. The DHHS Communications and Legislative Services office must review reports before publication.

Strategies to Achieve Success or Overcome Barriers/Challenges

To correct for small population sizes, multiple years were combined and sub-populations were not separated out.

Activity 3:**Complete Risk Factors for Nebraska LEP Population Report**

Between 10/2017 and 09/2018, based on the questions OHDHE added to the 2011-2015 Nebraska BRFSS, key risk factors will be identified in a report for Nebraska's foreign born populations. The report will be published in paper and disseminated at professional meetings; published on the Nebraska DHHS website; and information will be used in presentations to community members, partners, and stakeholders.

Activity Status

Not Completed

Activity Outcome

A draft of the Risk Factors for Nebraska LEP Populations has been completed. The report will be edited and finalized in the coming months. This report addresses the disparities between Nebraska's limited English speaking populations and those fluent in English.

Reasons for Success or Barriers/Challenges to Success

This report will be helpful in identifying the disparities among LEP populations in regard to health status, access to health care, chronic disease and preventive care.

Strategies to Achieve Success or Overcome Barriers/Challenges

Regular meetings between staff and the supervisor enabled the project to stay on track.

Activity 4:**Finalize and Publish the Risk Factors for Nebraska Immigrant (Foreign-Born) Report**

Between 10/2017 and 09/2018, based on the questions OHDHE added to the 2011-2015 Nebraska BRFSS, key risk factors will be identified in a report for Nebraska's foreign born populations. The report will be published in paper and disseminated at professional meetings; published on the Nebraska DHHS website; and information will be used in presentations to community members, partners, and stakeholders.

Activity Status

Not Completed

Activity Outcome

A draft of the Risk Factors for Nebraska Immigrants Report has been completed. The report will be edited and finalized in the coming months. This report identifies the disparities between the foreign-born and United States-born populations and will be used in upcoming presentations.

Reasons for Success or Barriers/Challenges to Success

OHDHE funded additional BRFSS modules to collect more information that is helpful for analysis. Due to the small amount of data within certain groups, some data may not be significant enough to provide useful information.

Strategies to Achieve Success or Overcome Barriers/Challenges

Regular meetings between staff and the supervisor enabled the project to stay on track. Due to low sample sizes, some data required cautious interpretation.

Impact/Process Objective 5:**Refugee Needs Assessment Project Phase 2**

Between 10/2017 and 09/2018, OHDHE will establish **3** Nebraska Refugee BRFSS data sets to identify and report Behavioral Risk Factors for refugees in Nebraska, Karen refugees in Nebraska, and the refugees served by the Asian Center in Nebraska. OHDHE will conduct 1 taskforce meeting to share the status of the statewide Refugee BRFSS survey in 2017.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2017 and 09/2018, OHDHE established **3** Nebraska Refugee BRFSS data sets to identify and report Behavioral Risk Factors for refugees in Nebraska, Karen refugees in Nebraska, and the refugees served by the Asian Center in Nebraska. OHDHE will conduct 1 taskforce meeting to share the status of the statewide Refugee BRFSS survey in 2017.

Reasons for Success or Barriers/Challenges to Success

Data entry was delayed by the temporary break in service of the individual hired to enter the survey data.

Strategies to Achieve Success or Overcome Barriers/Challenges

Background information is being compiled for future reports, and a template has been designed to make the creation of the reports as efficient as possible.

Activity 1:**Refugee Needs Assessment Workforce Meetings**

Between 10/2017 and 09/2018, along with partners and refugee community members, OHDHE will conduct 1 taskforce meeting to share the status of the statewide Refugee BRFSS survey in 2017.

Activity Status

Not Completed

Activity Outcome

Data for the Refugee BRFSS survey is currently being entered. Once data entry is complete, OHDHE will hold a task force meeting to share the status and preliminary results of the project.

Reasons for Success or Barriers/Challenges to Success

The organizations that assisted with completing the Refugee BRFSS survey are eager to hear more about how the project is progressing. OHDHE's offer to share information helped to engage organizations and communities.

Strategies to Achieve Success or Overcome Barriers/Challenges

Once data entry is complete, OHDHE will convene a task force meeting with partners and refugee community members. OHDHE will share results of the survey and engage discussion about needs.

Activity 2:

Clean, Recode and Analyze Refugee Behavioral Risk Factor Surveillance Survey Data

Between 10/2017 and 09/2018, the data collected during the Refugee Behavioral Risk Factor Surveillance Survey will be entered, recoded and analyzed in order to identify the key findings of the survey and key risk factors for various populations.

Activity Status

Not Completed

Activity Outcome

Survey data is currently being entered. Once data entry is complete, the data will be recoded, cleaned and analyzed.

Reasons for Success or Barriers/Challenges to Success

The individual hired to complete data entry was unable to work for a month, leading to a delay in completing entry of the survey information. Once the data entry is completed, recoding and analysis will take place in order to identify the key findings.

Strategies to Achieve Success or Overcome Barriers/Challenges

The individual hired to enter survey data has returned to complete the data entry process.

Activity 3:

Identify and Report Behavioral Risk Factors for Karen Refugees in Nebraska

Between 10/2017 and 09/2018, OHDHE will work with the Karen Society of Nebraska to identify and report behavioral risk factors for Karen refugees in Nebraska. Data specific to Karen refugees will be analyzed in order to identify the key trends and behavioral risk factors in the Karen community. These findings will be compiled into a report.

Activity Status

Not Completed

Activity Outcome

Once data entry is complete, behavioral risk factors for Karen refugees in Nebraska will be identified and compiled into a report.

Reasons for Success or Barriers/Challenges to Success

Data entry is not yet complete; therefore, work on this activity has not begun.

Strategies to Achieve Success or Overcome Barriers/Challenges

A template and background information is being compiled into a report format, so the information will be easily entered once available.

Activity 4:

Identify and Report Behavioral Risk Factors for the Refugees Served by the Asian Center

Between 10/2017 and 09/2018, OHDHE will work with the Asian Center to identify and report behavioral risk factors for the refugees that the Asian Center serves. Data specific to refugees served by the Asian Center will be analyzed in order to identify key trends and behavioral factors in the community. These findings will be compiled in a report for the Asian Center.

Activity Status

Not Completed

Activity Outcome

Once data entry is complete, behavioral risk factors for refugees served by the Asian Center will be identified and compiled into a report.

Reasons for Success or Barriers/Challenges to Success

Data entry is not yet complete; therefore, work on this activity has not begun.

Strategies to Achieve Success or Overcome Barriers/Challenges

A template and background information are being compiled into a report format, so the information will be easily entered once available.

Impact/Process Objective 6:**Self-Advocate Involvement in HCBS Waiver Audits**

Between 10/2017 and 09/2018, OHDHE will conduct **50** audits of the Home and Community Based Services (HCBS) audits incorporating self-advocate participation, in partnership with the Division of Developmental Disabilities.

Impact/Process Objective Status

Not Started

Impact/Process Objective Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

To accomplish this work, the Division of Developmental Disabilities (DDD) will create a new position of Quality Assurance Coordinator. The Coordinator will serve as the liaison with the OHDHE and oversee this project. There has been a delay in the hiring of the new staff due to extended procedures required during Nebraska's hiring freeze. DDD has received approval to create and fill the position, and the State's Department of Administration Services is working to complete the approval process to interview and hire a qualified Coordinator.

Strategies to Achieve Success or Overcome Barriers/Challenges

DDD is working with the Department of Administrative Services and the Department of Health and Human Services' Division of Human Resources to complete the hiring process for a Quality Assurance Coordinator.

Activity 1:**Establish a Team of Self-Advocates**

Between 10/2017 and 09/2018, OHDHE will partner with the Division of Developmental Disabilities Quality Assurance Coordinator and provider and advocacy organizations to establish a team of self-advocates to assist with in-home HCBS audits.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

There were unexpected delays in hiring the Quality Assurance Coordinator for DDD. The Coordinator will oversee this project. In the absence of a Coordinator, work has not yet begun. Once the Coordinator is hired, work will begin in earnest to identify and train self-advocates who will assist with in-home HCBS audits.

Strategies to Achieve Success or Overcome Barriers/Challenges

DDD is in the process of hiring the Quality Assurance Coordinator, who will serve as the liaison with OHDHE, review applications from self-advocates and select who will join this initiative.

Activity 2:

Train the Identified Self-Advocates and Specialists

Between 10/2017 and 09/2018, OHDHE will partner with the Quality Assurance Coordinator to train the identified self-advocates and Quality Control Specialists to assist with HCBS participant audits.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

The Quality Assurance Coordinator is a new position and has not yet been filled. Once hired, one anticipated challenge is the various communication styles of self-advocates and participants, including people who are non-verbal.

Strategies to Achieve Success or Overcome Barriers/Challenges

OHDHE and DDD will apply best practices to make the training and survey as inclusive as possible. DDD will work with self-advocates to establish ways of communicating to ensure the training is clear and self-advocates feel prepared to administer the survey. It may take multiple trainings to ensure that self-advocates are comfortable in their understanding of the purpose of the questions and how to administer the survey.

Activity 3:

Complete Waiver Participant Audits

Between 10/2017 and 09/2018, OHDHE will partner with DDD Quality Control Specialists and self-advocates to complete at least 50 HCBS waiver participant audits.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

Once the Quality Assurance Coordinator is hired, DDD staff will partner with self-advocates to schedule and conduct in-person participant satisfaction surveys to gather evaluations of the services they receive and how they can be improved. The information collected through the surveys will inform the Division's improvement efforts. DDD projects that improvements will be reflected in the following year's survey responses.

Strategies to Achieve Success or Overcome Barriers/Challenges

DDD will pilot the survey to verify that participants with a wide range of intellectual and developmental disabilities understand what the questions mean. DDD will continually request feedback from self-advocates as well as participants throughout the project to see what would make the survey questions and process better. A quality improvement lens will be utilized throughout the audit process.

Impact/Process Objective 7:

Social Determinants of Health Project

Between 10/2017 and 09/2018, OHDHE will develop 2 resources to address social determinants of health in the Karen community. OHDHE will create a resource brochure, translate at least 2 brochures, and print and distribute at least 300 documents. OHDHE will also provide 2 trainings (Lunch and Learns) to the Karen refugee community.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2017 and 09/2018, OHDHE developed 0 resources to address social determinants of health in the Karen community. OHDHE will create a resource brochure, translate at least 2 brochures, and print and distribute at least 300 documents. OHDHE will also provide 2 trainings (Lunch and Learns) to the Karen refugee community.

Reasons for Success or Barriers/Challenges to Success

OHDHE is in the process of working with the Karen Society to gather information, select topics and ensure accuracy of translations. OHDHE's relationship with the Karen Society is strong and provides the foundation for a mutually beneficial partnership.

Strategies to Achieve Success or Overcome Barriers/Challenges

OHDHE has a close partnership with the Karen Society; they are active in helping in select topics and ensuring the accuracy of translations.

Activity 1:**Create and Distribute a Karen Refugee Community Resource Brochure**

Between 10/2017 and 09/2018, OHDHE will create a brochure for the Karen community that will list useful resources to help individuals more easily navigate resources in their communities.

Activity Status

Not Completed

Activity Outcome

OHDHE has started to research possible resources to include in the brochure for the Karen community. The brochure will be completed in the following months.

Reasons for Success or Barriers/Challenges to Success

A template for the brochure is being created so that resources can be easily added and revised.

Strategies to Achieve Success or Overcome Barriers/Challenges

OHDHE will work with the Karen community to ensure the resources chosen are suitable.

Activity 2:**Translate Health Related Brochures into Karen**

Between 10/2017 and 09/2018, OHDHE will assist in translating at least 2 health related brochures or documents into the Karen language to address the language barrier faced by many in the community.

Activity Status

Not Completed

Activity Outcome

OHDHE is working with the Karen community to determine on which topics the Karen community most needs information. Once the topics are determined, brochures relating to those topics will be translated.

Reasons for Success or Barriers/Challenges to Success

OHDHE has a close partnership with the Karen Society; they will assist in selecting topics and ensuring the accuracy of translations.

Strategies to Achieve Success or Overcome Barriers/Challenges

OHDHE will work with the Karen community to ensure that the brochures and documents are relevant to the community.

Activity 3:

Print and Distribute Health Related Documents within the Karen Community

Between 10/2017 and 09/2018, OHDHE will work with the Karen Society of Nebraska to select at least 2 health related brochures and print at least 300 copies to distribute throughout the Karen community. These documents will provide educational information aimed at increasing the community's access to healthcare and improving economic stability.

Activity Status

Not Completed

Activity Outcome

OHDHE has not yet started printing health-related brochures for the Karen community. Once OHDHE and the Karen community have selected relevant brochures, printing and distribution will begin.

Reasons for Success or Barriers/Challenges to Success

Partnering with the Karen Society of Nebraska will allow OHDHE to select relevant materials and to identify and connect with individuals who will benefit from this information.

Strategies to Achieve Success or Overcome Barriers/Challenges

OHDHE will work with the Karen community to ensure that the brochures and documents are relevant to the community.

Activity 4:

Complete 2 Trainings (Lunch and Learns) to the Karen Refugee Community

Between 10/2017 and 09/2018, the Karen refugee community will complete at least 2 trainings (Lunch and Learns) on what is included in the brochures that were translated and/or created and how to use the selected brochures.

Activity Status

Not Completed

Activity Outcome

OHDHE has not yet completed the Lunch and Learns, as the brochures are not yet complete. Once the brochures have been completed and distributed, OHDHE will set up several training sessions to ensure that information is clear to all participants.

Reasons for Success or Barriers/Challenges to Success

A translator may be needed for the Lunch and Learns, depending on the audience.

Strategies to Achieve Success or Overcome Barriers/Challenges

OHDHE will work with the Karen community to identify and invite participants to the Lunch and Learns, to ensure that information is relevant and to locate and provide translators as needed.

State Program Title: Infectious Disease Program

State Program Strategy:

Program Goal: The PHS Block Grant-funded **Infectious Disease Program** is dedicated to limiting infection with two Sexually Transmitted Diseases (STDs), Chlamydia and Gonorrhea, as well as Human Immunodeficiency Virus (HIV) in Nebraska. This program provides free testing of samples at selected sites for residents of Nebraska who are at risk of infection with HIV and STDs. Subsidizing the cost of laboratory testing makes testing accessible to all, increases awareness of disease status and ultimately helps prevent the spread of infection.

Certain sites are identified where higher risk populations are more likely to be served. Higher risk is defined by the STD Program as adolescents and young adults aged 15 to 34 and black females. Higher risk is defined for the HIV/AIDS Program as men who have sex with other men (MSM), heterosexual contact with a person known to be at risk for HIV infection, and injection drug use (IDU).

The Infectious Disease Program helps to accomplish the goals of two statewide disease control programs:

- DHHS Sexually Transmitted Disease Program aims to control and prevent the transmission of STDs and reduce the disease burden and cost of treating these infections. By identifying cases among high risk populations at public clinics, the overall rate of infection will be reduced.
- DHHS HIV Prevention Program aims to lower HIV infection, illness and death rates and create an environment of leadership, partnership and advocacy that fosters HIV prevention and the provision of services. By identifying cases among high risk populations, providing counseling and testing sites and related services, the overall rate of infection will be reduced.

Health Priorities:

STDs:

- Chlamydia is the most common STD in Nebraska, accounting for 7,970 cases in 2015.
- Gonorrhea is the second most common STD in Nebraska, accounting for 1,704 cases in 2015.

Primary Strategic Partnerships:

STDs: STD clinics, family planning facilities, correctional centers, student health centers, Indian Health Services, substance abuse centers and other medical facilities seeing persons with high-risk behaviors. Contractor: Nebraska Public Health Laboratory at the University Nebraska Medical Center (UNMC).

HIV/AIDS: Local health departments, Title X Family Planning Clinics, public health centers, correctional facilities, community-based organizations which provide HIV counseling and testing services across the state of Nebraska. Contractors: Nebraska Public Health Laboratory at UNMC, Heritage Laboratories in Kansas, Center for Disease Detection in Texas.

Evaluation Methodology:

Progress is tracked through the following means:

STDs: Monitoring performance of laboratory contractor through reports and billing, calculation of rates using U.S. Census figures for comparison, calculation of cost benefit using CDC formula.

HIV/AIDS: Monitoring performance of laboratory contractors through lab testing documents and billing, and clinic patient service forms, generating data using Counseling and Testing (CTS) and Program Evaluation and Monitoring System (PEMS).

National Health Objective: HIV-13 Awareness of HIV Serostatus

State Health Objective(s):

Between 10/2017 and 09/2018, increase the percentage of high-risk persons tested for HIV/AIDS to at least 75% of total tests performed.

State Health Objective Status

In Progress

State Health Objective Outcome

Testing has begun. As the testing continues, DHHS will target high-risk communities and populations to encourage testing and identification of HIV.

Reasons for Success or Barriers/Challenges to Success

Stigma related to HIV status continues to be a barrier for testing. Concern over confidentiality of health information can also deter people from being tested. DHHS continually looks for ways to work with providers and partners to help reduce stigma and increase trust.

Strategies to Achieve Success or Overcome Barriers/Challenges

The program supports HIV testing at multiple sites throughout Nebraska. The program also supports testing sites by funding outreach and educational activities in three communities to increase HIV testing among high risk individuals.

Leveraged Block Grant Dollars

No

Description of How Block Grant Dollars Were Leveraged

Block Grant dollars are not leveraged for this Objective.

OBJECTIVES – ANNUAL ACTIVITIES**Impact/Process Objective 1:****HIV lab testing**

Between 10/2017 and 09/2018, the HIV Program, through contracting laboratory services and purchase of rapid test kits, will conduct **800** tests. The HIV Program will provide anonymous and confidential HIV testing at no cost to the client in order to facilitate follow-up with people who are infected and providing increased access to Disease Intervention Specialists at selected clinics that serve the target population (MSM, IDU). The aim is to assure change in risk behaviors and prevention of additional transmission of infection.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2017 and 09/2018, the HIV Program, through contracting laboratory services and purchase of rapid test kits, conducted **2117** tests. The HIV Program will provide anonymous and confidential HIV testing at no cost to the client in order to facilitate follow-up with people who are infected and providing increased access to Disease Intervention Specialists at selected clinics that serve the target population (MSM, IDU). The aim is to assure change in risk behaviors and prevention of additional transmission of infection.

Reasons for Success or Barriers/Challenges to Success

2117 HIV tests were completed by contracting laboratory services during the reporting period.

Strategies to Achieve Success or Overcome Barriers/Challenges

The program supports HIV confirmation laboratory testing throughout Nebraska at no charge to high risk individuals. The need for testing continues to grow, and funding for testing is a challenge.

Activity 1:**HIV Samples Tested**

Between 10/2017 and 09/2018, contract for laboratory testing on samples, including those serving the target population (MSM and IDU). Number of tests to be completed:

4 HIV Confirmatory tests at \$94 per test
800 Rapid Tests at \$12 per test.

Activity Status

Completed

Activity Outcome

Current objective is complete. The program has exceeded 800 rapid tests during the reporting period, and 4 Confirmatory tests have been completed during the reporting period.

Reasons for Success or Barriers/Challenges to Success

The objective is complete. No major challenges occurred. The program has provided HIV testing throughout Nebraska at no charge to individuals.

Strategies to Achieve Success or Overcome Barriers/Challenges

The program supports HIV testing throughout Nebraska to high risk individuals at no charge.

National Health Objective: STD-1 Chlamydia

State Health Objective(s):

Between 10/2015 and 09/2019,

A. Reduce the prevalence of *Chlamydia trachomatis* infections among Nebraska's adolescent and young adult females, aged 15 to 34 years, attending Family Planning clinics to no more than 6.0 percent positive.

B. Reduce the prevalence of *Chlamydia trachomatis* infections among Nebraska's adolescent and young adult females, aged 15 to 34 years, attending STD clinics to no more than 14.0 percent positive.

C. Reduce the prevalence of *Chlamydia trachomatis* infections among Nebraska's adolescent and young adult males, aged 15 to 34 years, attending STD clinics to no more than 17 percent positive.

State Health Objective Status

In Progress

State Health Objective Outcome

This objective is in progress. DHHS works with a testing laboratory that analyzes and reports test results. Follow up contact is made with persons testing positive for STDs.

Reasons for Success or Barriers/Challenges to Success

DHHS provides the following:

1. STD counseling and education.
2. STD outreach include testing and prevention in non-traditional settings;
3. STD screening for all clinic clients aged 15-24 and;
4. Partner services for newly identified positives.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies are focused on testing in locations of high morbidity and screening offered to those individuals in at-risk age groups.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

DHHS has been fortunate to have state general funds that help provide testing/treatment for high-risk individuals and their partners. Tests are provided at no cost to people who are marginalized, under-insured and uninsured.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Chlamydia/Gonorrhea Testing

Between 10/2016 and 09/2017, STD Program will contract laboratory services that will provide tests for STDs at selected clinics to **4,000** individuals, including adolescents and young adults, aged 15 to 34 years. The services will provide increased access to Disease Intervention Specialists (DIS); and report results in order to facilitate follow-up with people who are infected, the aim of which is to assure change in risk behaviors and prevention of additional infection transmission. Douglas County Health Department STD staff will offer tests and DIS services as well as risk reduction and prevention strategies.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2016 and 09/2017, STD Program will contract laboratory services that provided tests for STDs at selected clinics to **5000** individuals, including adolescents and young adults, aged 15 to 34 years. The services will provide increased access to Disease Intervention Specialists (DIS); and report results in order to facilitate follow-up with people who are infected, the aim of which is to assure change in risk behaviors and prevention of additional infection transmission. Douglas County Health Department STD staff will offer tests and DIS services as well as risk reduction and prevention strategies.

Reasons for Success or Barriers/Challenges to Success

Barriers and challenges to a reduction in positivity vary greatly. DHHS provides the following:

1. STD counseling and education.
2. STD outreach include testing and prevention in non-traditional settings;
3. STD screening for all clinic clients ages 15-24 and;
4. Partner services for newly identified positives.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies are focused testing in locations of high morbidity and screening offered to individuals in at-risk age groups

Activity 1:

Chlamydia Samples Tested

Between 10/2016 and 09/2017, provide testing on samples from 131 provider sites, including those serving the target population (adolescents and young adults, aged 15 to 34). Numbers of tests to be completed:

- Chlamydia/Gonorrhea Gen Probe Amplified Tests = 3000.
- Chlamydia/Gonorrhea Gen Probe Urine Tests = 520.

Activity Status

Completed

Activity Outcome

Completed

Reasons for Success or Barriers/Challenges to Success

Barriers and challenges to a reduction in positivity vary. DHHS provides the following:

1. STD counseling and education.
2. STD outreach include testing and prevention in non-traditional settings;
3. STD screening for all clinic clients ages 15-24 and;
4. Partner services for newly identified positives.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies are focused testing in locations of high morbidity and screening offered to individuals in at-risk

age groups. DHHS has been fortunate to have state general funds that help provide testing/treatment to high risk individuals and their partners. Tests are provided at no cost to people who are marginalized, under-insured and uninsured.

National Health Objective: STD-6 Gonorrhea

State Health Objective(s):

Between 10/2015 and 09/2019,

- A. Reduce the prevalence of *Gonorrhea* infections among Nebraska's adolescent and young adult females, aged 15 to 34 years, attending Family Planning clinics to no more than 0.4 percent positive.
- B. Reduce the prevalence of *Gonorrhea* infections among Nebraska's adolescent and young adult females, aged 15 to 34 years, attending STD clinics to no more than 5.6 percent positive.
- C. Reduce the prevalence of *Gonorrhea* infections among Nebraska's adolescent and young adult males, aged 15 to 34 years, attending STD clinics to no more than 7.5 percent positive.

State Health Objective Status

In Progress

State Health Objective Outcome

In progress. DHHS is currently providing testing and follow-up services for persons at-risk for gonorrhea.

Reasons for Success or Barriers/Challenges to Success

DHHS provides:

- 1. STD counseling and education;
- 2. STD outreach include testing and prevention in non-traditional settings;
- 3. STD screening for all clinic clients ages 15-24 and;
- 4. Partner services for newly identified positives.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies are focused testing in locations of high morbidity and screening offered to those individuals in at risk age groups. Tests are provided at no cost to people who are marginalized, under-insured and uninsured.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

DHHS has been fortunate to have state general funds that help provide testing/treatment to high risk individuals and their partners. Tests are provided at no cost to people who are marginalized, under-insured and uninsured.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Chlamydia/Gonorrhea Testing

Between 10/2017 and 09/2018, STD Program will contract laboratory services and will provide tests for STDs at selected clinics to **4,000** individuals, including adolescents and young adults, aged 15 to 34 years. The services will provide increased access to Disease Intervention Specialists (DIS); and report results in order to facilitate follow-up with people who are infected, the aim of which is to assure change in risk behaviors and prevention of additional transmission of infection. Douglas County Health Department STD staff will offer tests and DIS services as well as risk reduction and prevention strategies.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2017 and 09/2018, STD Program will contract laboratory services and provided tests for STDs at selected clinics to **5000** individuals, including adolescents and young adults, aged 15 to 34 years. The services will provide increased access to Disease Intervention Specialists (DIS); and report results in order to facilitate follow-up with people who are infected, the aim of which is to assure change in risk behaviors and prevention of additional transmission of infection. Douglas County Health Department STD staff will offer tests and DIS services as well as risk reduction and prevention strategies.

Reasons for Success or Barriers/Challenges to Success

DHHS provides the following:

1. STD counseling and education;
2. STD outreach include testing and prevention in non-traditional settings;
3. STD screening for all clinic clients ages 15-24 and;
4. Partner services for newly identified positives.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies are focused testing in locations of high morbidity and screening offered to those individuals in at-risk age groups. Tests are provided at no cost to people who are marginalized, under-insured and uninsured.

Activity 1:

Gonorrhea Samples Tested

Between 10/2017 and 09/2018, DHHS will contract with laboratory to provide testing on samples from 131 provider sites, including those serving the target population (adolescents and young adults, aged 15 to 34). Numbers of tests to be completed:

- Chlamydia/Gonorrhea Gen Probe Amplified Tests = 2,000
- Chlamydia/Gonorrhea Gen Probe Tests = 2,000

Activity Status

Completed

Activity Outcome

This activity has been completed. DHHS contracted with a laboratory that provided testing on samples from 131 provider sites. In excess of 2,000 Chlamydia/Gonorrhea Gen Probe Tests and Amplified tests were completed.

Reasons for Success or Barriers/Challenges to Success

DHHS provides the following:

1. STD counseling and education;
2. STD outreach include testing and prevention in non-traditional settings;
3. STD screening for all clinic clients ages 15-24 and;
4. Partner services for newly identified positives.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies are focused testing in locations of high morbidity and screening offered to individuals in at-risk age groups. DHHS has been fortunate to have state general funds that help provide testing/treatment to high risk individuals and their partners. Tests are provided at no cost to the marginalized, under-insured and uninsured.

State Program Title: Injury Prevention Program

State Program Strategy:

Program Goal: The PHHS Block Grant-funded **Injury Prevention Program** is dedicated to the prevention of unintentional and intentional injuries, injury-related hospitalizations, long-term disability and deaths.

Health Priorities: The Injury Prevention Program focuses on prevention of traumatic brain injury in youth, consistent child restraint use among children up to 10 years, reduction of falls among older adults. The basis for establishment of these focus areas is listed below:

- Injuries are the fifth leading causes of death for Nebraskans.
- For Nebraskans aged 1 through 44 years, unintentional injuries are the leading cause of death.
- In Nebraska, more years of potential life are lost due to injury than any other cause of death.
- Falls are the leading cause of injury hospital discharge for all ages combined in Nebraska. Falls are also the second leading cause of unintentional injury death in Nebraska.
- Statewide, the leading cause of injury death is motor vehicle crashes, followed by falls and suicide.
- Eight percent of respondents to the Youth Risk Behavior Survey reported that someone forced them to have sex when they did not want to.

Primary Strategic Partnerships:

Unintentional Injury:

External: Safe Kids Coalitions, Child Passenger Safety Technicians and Instructors, Local Public Health Departments, Nebraska Office of Highway Safety, Nebraska Safety Council, local hospitals, Nebraska State Patrol, Brain Injury Alliance of Nebraska, Nebraska Athletic Trainer's Association, parents and the general public.

Internal: DHHS programs including Epidemiology and Informatics Unit (CODES Crash Outcome Data Evaluation System); Nutrition and Physical Activity for Health; Community and Rural Health Planning Unit, EMS/Trauma System; Lifespan Health Services Unit; Maternal and Child Health; Public Health/Child Care Licensing, Child and Family Services.

Intentional Injury:

DHHS contracts with the Nebraska Coalition to End Sexual and Domestic Violence (Nebraska Coalition) in addressing use of the Sex Offense Set-Aside funds. The Nebraska Coalition provides technical assistance to a network of 20 domestic violence and sexual assault programs across the state.

Evaluation Methodology:

Unintentional Injury: Process and outcome evaluation will be used to evaluate progress. DHHS will collect and monitor reports from Safe Kids Coalitions, Child Passenger Technicians, Tai Chi and Stepping On instructors and other entities receiving contracts and subawards. Staff will access and analyze Death Data and Hospital Discharge Data for results and trends, provide data results to partner programs and monitor program participant survey results.

Intentional Injury:

Sex Offense Set-Aside: DHHS will collect and analyze data from Youth Risk Behavior Survey and reports from Nebraska Coalition on evaluation of social media campaign, including website hits and materials distributed.

Source: DHHS Vital Statistics, DHHS Hospital Discharge Data, Nebraska Coalition to End Sexual and Domestic Violence.

National Health Objective: IVP-2 Traumatic Brain Injury

State Health Objective(s):

Between 10/2016 and 09/2020,

- Reduce the number of traumatic brain injuries requiring emergency department visits to less than 828 per 100,000 Nebraska children among children aged 1 to 14 years
- Reduce the number of traumatic brain injuries needing hospitalization to less than 24 per 100,000 Nebraska children among children aged 1 to 14 years.

State Health Objective Status

In Progress

State Health Objective Outcome

Data is not available at this time to determine ED visit or hospitalization rates. Work continues with internal and external partners toward achieving these objectives.

Reasons for Success or Barriers/Challenges to Success

The DHHS Injury Prevention program has cultivated and maintained strong partnerships internally and externally. A Concussion Coalition has been established to increase education about brain injuries and to reduce their occurrence and severity. The Coalition has also engaged in policy work. Return to Learn and Return to Play legislation have been adopted in Nebraska. The Injury Prevention Program has also worked with internal partners including the Home Visiting Program. A home safety checklist has been developed and piloted.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Program has developed strong partnerships both internally and externally. Nebraska's State employees are not allowed to directly inform or develop policy. External partners request and utilize data and information from the Injury Prevention Program to inform their policy work.

Leveraged Block Grant Dollars

No

Description of How Block Grant Dollars Were Leveraged

Block Grant dollars are not currently being leveraged for this project.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Concussion/TBI awareness and prevention

Between 10/2017 and 09/2018, DHHS Injury Prevention Program and the Brain Injury Alliance of Nebraska will maintain 1 statewide concussion coalition to provide and guide concussion education, awareness and prevention across the state.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2017 and 09/2018, DHHS Injury Prevention Program and the Brain Injury Alliance of Nebraska maintained 1 statewide concussion coalition to provide and guide concussion education, awareness and prevention across the state.

Reasons for Success or Barriers/Challenges to Success

Leadership is provided by the Injury Prevention Program and the Brain Injury Alliance of Nebraska (BIAN). Quarterly meetings are held with excellent participation. Work groups that are meeting as part of

the Coalition include community sports, health care education and return to learn. There is strong engagement and commitment among all partners.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies that have been used for success include convening a leadership team that participated in the National Leadership Academy for the Public's Health, a program sponsored by CDC. The leadership team includes the Injury Prevention Program manager, the BIAN Executive Director, the trauma nurse coordinator from Children's Hospital and the Sports Medicine Program Coordinator from the University of Nebraska Medical Center. A broad range of partners are involved including health care, the Nebraska School Activities Association, Department of Education, local public health, the University of Nebraska and others.

Activity 1:

Nebraska Concussion Coalition

Between 10/2017 and 09/2018, DHHS will partner with the Brain Injury Alliance of Nebraska to regularly convene the Concussion Coalition to provide and guide concussion education, awareness and prevention across the state. Focus areas of the Concussion Coalition may include Return to Learn, community sports and healthcare provider education. Other partners will include local/district health departments, local Safe Kids programs, Nebraska State Athletic Trainers' Association, Nebraska School Activities Association, YMCA, the Nebraska Medical Association, and other community partners such as hospitals.

Activity Status

Not Completed

Activity Outcome

The Concussion Coalition meets quarterly. The next meeting is scheduled for January. At that meeting, the Coalition will be using a facilitator to conduct strategic planning.

Reasons for Success or Barriers/Challenges to Success

Nebraska has worked extensively to provide education on "Return to Learn" and "Return to Play." The Concussion Coalition has educated educators and health professionals about when it is appropriate for students to return to educational activities and physical activities following a concussion or head injury. Partners across the state are highly engaged in learning and educating others.

There are still instances in Nebraska of coaches and others who downplay the serious nature of concussions.

Strategies to Achieve Success or Overcome Barriers/Challenges

Educating the public remains a top priority of the Injury Prevention program and the Concussion Coalition. The Coalition continually identifies members/partners who can reach additional audiences for accurate, up-to-date information.

Impact/Process Objective 2:

TBI prevention sub-awards

Between 10/2017 and 09/2018, DHHS Injury Prevention and Control Program will provide sub-awards to 4 local Safe Kids coalitions to conduct injury prevention programming to reduce traumatic brain injuries in children and youth.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2017 and 09/2018, DHHS Injury Prevention and Control Program provided sub-awards to 4 local Safe Kids coalitions to conduct injury prevention programming to reduce traumatic brain injuries in children and youth.

Reasons for Success or Barriers/Challenges to Success

There are six active local Safe Kids coalitions across Nebraska, and four of the coalitions submitted grant applications.

Four subawards have been issued to local Safe Kids programs addressing child passenger safety, poisoning prevention and bicycle safety. Subaward agreements were completed in December. Subrecipients have just begun their activities.

Strategies to Achieve Success or Overcome Barriers/Challenges

Local Safe Kids programs are well-connected in their communities and leverage support from organizations that are involved with children and social services organizations that serve them. The Safe Kids Coordinator provides technical support to the local Safe Kids programs during the application process and throughout the grant period. This occurs through emails, phone calls and bi-monthly conference calls.

Activity 1:

Administer TBI prevention sub-awards

Between 10/2017 and 09/2018, DHHS will administer sub-awards. Administration will include any or all of the following activities:

- Developing an application and process to determine which local Safe Kids programs will receive funding;
- Providing funding to local Safe Kids programs to administer injury prevention programs aimed at reducing traumatic brain injuries in adolescents and youth;
- Providing technical assistance to awardees about evidence based interventions to reduce traumatic brain injuries
- Where applicable, conducting evaluation to determine reach and behavior change as a result of the Safe Kids injury prevention programs that are funded.

Activity Status

Not Completed

Activity Outcome

Mini-grants were awarded to the following local Safe Kids programs in these injury prevention areas that specifically address causes of TBI:

- Three Rivers - Child Passenger Safety/Occupant Protection and Bicycle Safety
- Lincoln Lancaster County - Child Passenger Safety/Occupant Protection
- South Central - Bicycle Safety and Child Passenger Safety/Occupant Protection

One additional subaward was issued to Public Health Solutions addressing poisoning prevention.

Reasons for Success or Barriers/Challenges to Success

- An application was developed and sent to eligible Safe Kids programs in September of 2017.
- Mini-grants were provided to four local Safe Kids programs.
- A majority of the local Safe Kids coalitions have received PHHS Block Grant subaward funding in previous years, so they are able to begin implementing activities readily, once subaward agreements are fully executed.
- The local coalitions have well-established relationships with community partners.
- The local Safe Kids Coordinators have been in their positions for multiple years, and this provides consistency in programming.
- The Injury Prevention program staff has remained stable for several years, so expectations and working relationships are clear and solid.

Strategies to Achieve Success or Overcome Barriers/Challenges

- The DHHS Injury Prevention program has awarded mini-grants to Safe Kids programs in previous years, which has led to excellent relationships with the local programs.
- The DHHS Safe Kids Coordinator utilized national injury prevention resources to assist with the development work plans and grant activities.

- The DHHS Safe Kids Coordinator will provide progress/evaluation report templates for each subrecipient to track grant activity outcomes and measure progress.

National Health Objective: IVP-9 Poisoning Deaths

State Health Objective(s):

Between 10/2017 and 09/2020, Reduce the age-adjusted death rate due to unintentional poisoning to less than 6 per 100,000 Nebraskans.

Reduce the number of unintentional poisonings requiring emergency department visits to less than 18.8 per 100,000 Nebraskans.

Reduce the number of unintentional poisonings needing hospitalization to less than 96.6 per 100,000 Nebraskans.

State Health Objective Status

In Progress

State Health Objective Outcome

New data is not yet available. A subaward was established with the Nebraska Pharmacists Association (NPA) to conduct poison prevention and medication disposal programming. The project just started in October of 2017. Impact and outcomes will be measured throughout the project.

Reasons for Success or Barriers/Challenges to Success

Local Safe Kids Coalitions have conducted poison prevention programming in the past. Their knowledge of the subject matter and the relationships they have within their communities makes them poised to provide timely and trusted information and to influence attitudes and behavior.

The Nebraska Regional Poison Control program is an established entity in the state and an expert resource for the local safe Kids programs to use/partner with when doing poisoning prevention work. The Nebraska Regional Poison Center provide free, 24-hour emergency telephone service designed to assess and make treatment recommendations during possible poisonings. The Nebraska Regional Poison Center also provides public and professional education programs, collects data on poisonings, conducts research in the field of clinical toxicology and assists first responders during hazardous materials incidents.

Strategies to Achieve Success or Overcome Barriers/Challenges

The DHHS Injury Prevention program has a strong partnership with NPA. NPA is well-established and well-respected, making them a trusted statewide authority on the issue of unused medications.

A challenge to meeting this health objective is the short timeframe of the project. This short time-frame will make it difficult to make a big impact on poisoning deaths overall.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

Approximately \$200,000 in state general funds are awarded yearly to the Nebraska Pharmacists Association to conduct statewide medication disposal activities. PHHS Block Grant funds supplement those funds and direct outreach and medication disposal activities specifically to community organizations that work with older adults and children. These two populations are at risk for unintentional poisonings, especially medication overdosing.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Poisoning prevention sub-awards

Between 10/2017 and 09/2018, Nebraska DHHS Injury Prevention Program will provide sub-awards to local partners to engage in poisoning prevention activities to **at least 2** partners.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2017 and 09/2018, Nebraska DHHS Injury Prevention Program provided sub-awards to local partners to engage in poisoning prevention activities to **2** partners.

Reasons for Success or Barriers/Challenges to Success

Two subawards were established in the first few months of the reporting period. One subaward is with a local Safe Kids Program that is associated with a local health department. That health department has solid connections in the community.

The Nebraska Pharmacists Association (NPA) has established itself in the state as the leader in medication disposal programming. Messaging from the NPA is trusted.

Strategies to Achieve Success or Overcome Barriers/Challenges

Local Safe Kids programs will provide poison prevention programming in local schools.

The NPA has engaged an extensive network of pharmacies across the state that participate in the "Nebraska Meds Project." <http://www.nebraskameds.org/> The project coordinates the collection and disposal of leftover medications. This network provides a strong foundation for engaging in prevention activities.

An excellent resource for local and state poisoning prevention is the Nebraska Regional Poison Center because it provides statewide public and professional education programs, collects data on poisonings, conducts research in the field of clinical toxicology and assists first responders during hazardous materials incidents.

Activity 1:

Administer poison prevention sub-awards

Between 10/2017 and 09/2018, •Develop an application and process to determine which local organizations will receive funding;

•Provide funding to local programs to administer injury prevention programs aimed at reducing unintentional poisonings in children and adults.

•Provide technical assistance to subrecipients about evidence based interventions to reduce unintentional poisonings.

•Where applicable, conduct evaluation to determine reach and behavior change as a result of the funded programming.

Activity Status

Not Completed

Activity Outcome

The Nebraska Pharmacists Association (NPA) and Safe Kids Public Health Solutions were both awarded funding to conduct activities to reduce unintentional poisonings.

NPA's activities are focused on expanded educational activities targeting the proper disposal of unused medications as they relate to young children and older adults.

Safe Kids Public Health Solutions will conduct poison prevention activities in schools.

Reasons for Success or Barriers/Challenges to Success

NPA has a history of providing medication disposal. That history leads to NPA being recognized as a leader and a trusted resource for information.

The local Safe Kids Program has established community partners. Relationships with those partners engender trust and support.

Strategies to Achieve Success or Overcome Barriers/Challenges

Funding just became available in October. Receiving and reviewing applications and establishing subaward agreements filled the first months of the project. The actual work by subrecipients is just beginning.

National Health Objective: IVP-16 Age-Appropriate Child Restraint Use

State Health Objective(s):

Between 10/2016 and 09/2020, maintain observed use of child restraints in Nebraska at 98 percent.

State Health Objective Status

Not Met

State Health Objective Outcome

The observed child restraint usage rate for 2017 was 97%.

Reasons for Success or Barriers/Challenges to Success

- Shift in societal attitude; increase in acceptance of use of seat belts and child passenger restraints
 - Implementation of laws related to child passenger restraints
 - Consistent focus on child passenger safety as a priority topic
 - Longevity of service of the Injury Prevention Coordinator
 - DHHS Safe Kids Coordinator is a child passenger safety technician
 - Long-term interest in child passenger safety among advocates for childhood safety, parents and caregivers
 - Implementation of the Statewide Safe Kids Nebraska Child Care Transportation Training
 - Partnership with Nebraska Office of Highway Safety
- Barriers/challenges*
- Continuing resistance to the use of child restraints among Nebraska's rural population
 - Child passenger safety (CPS) technicians must meet re-certification criteria every two years to maintain certification
 - Maintaining CPS technicians in rural areas

Strategies to Achieve Success or Overcome Barriers/Challenges

- Explore potential to expand awareness efforts in rural areas of the state
- Nebraska Safe Kids Coordinator continues to gain knowledge and experience as a Child Passenger safety technician
- Partner organizations promote and defend current child restraint use laws and educate parents and caregivers about benefits of consistent use

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

- Nebraska Office of Highway Safety, part of the Nebraska Department of Motor Vehicles, contributes to child passenger safety efforts by offering \$2,500 annual mini-grants to car seat inspection fitting stations. The money is used to purchase car seats.
- Nebraska Highway Safety Office also financially supports the Nebraska Child Passenger Safety Technician (CPST) update. The update is held once a year and offers the CPSTs the opportunity to receive continuing education credits to maintain their certification.
- Many local Safe Kids coalitions build on the financial support provided by Safe Kids Nebraska and leverage funds from local businesses to support their child passenger safety activities.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Child Passenger Safety Programs

Between 10/2017 and 09/2018, DHHS Injury Prevention Program, partners and contractors will maintain **98** percent observed use of child restraints.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2017 and 09/2018, DHHS Injury Prevention Program, partners and contractors maintained **97** percent observed use of child restraints.

Reasons for Success or Barriers/Challenges to Success

Successes

- Maintaining long-standing partnership with the Nebraska Office of Highway Safety
- Statewide network of over 350 child passenger safety technicians
- Current re-certification rate for child passenger safety technicians is 65%, which is about 10% higher than the national average.

There are 23 child seat inspection stations across Nebraska, and about 60 car seat check events were conducted statewide in FY2016. Events bring public awareness to the issue of child passenger safety. They also educate care givers about the proper use of child restraints and give them access to child restraints at low or no cost.

Barriers/challenges

- A large geographic area of Nebraska is rural. Many rural areas lack consistent presence of child passenger safety technicians and car seat check inspections or events.
- Parents may lack general understanding of the importance of transporting children in car seats and therefore not prioritize the purchase and use of car seats.

Strategies to Achieve Success or Overcome Barriers/Challenges

In an effort to improve public awareness about child passenger safety, the Safe Kids Nebraska coordinator is exploring other social media forms to communicate with the Child Passenger Safety (CPS) technicians, instructors and other stakeholders involved in the child passenger safety program. Safe Kids Nebraska used Block Grant funds to purchase car seats to be distributed at car seat check events across Nebraska.

Three local safe Kids programs are increasing their efforts to educate caregivers about age appropriate car seat use by utilizing PHHS BG mini-grant funding.

Activity 1:

Child Passenger Safety Certification Training

Between 10/2017 and 09/2018, DHHS staff will partner with the Nebraska Office of Highway Safety (NOHS) to conduct four National Highway Traffic Safety Administration Certification child passenger safety technician trainings (contingent upon outside funding). Staff will establish the training schedule, promote the classes and identify needed resources in conjunction with the Nebraska Child Passenger Safety Advisory Committee and NOHS.

Activity Status

Not Completed

Activity Outcome

No classes have been completed yet, but the schedule for classes has been established.

Grand Island, March 7 - RENEWAL CLASS ONLY

Grand Island, March 8-10

Omaha, April 24-26

Nebraska City, May 2-5
Lincoln, June
Lincoln, August 1-4
Scottsbluff, October

Reasons for Success or Barriers/Challenges to Success

- DHHS has cultivated and maintained strong working relationships with the Nebraska Office of Highway Safety, local Safe Kids programs and child passenger safety technicians.
- There are 18 child passenger safety instructors in Nebraska.
- The training curriculum is maintained by Safe Kids Worldwide, a national organization.
- DHHS Injury Prevention Program contracts with an external web designer to maintain the Safe Kids Nebraska website. All of the training schedules are listed on the website and promoted through emails, newsletters and social media.

Strategies to Achieve Success or Overcome Barriers/Challenges

- Local CPST instructors are recruiting new individuals to take the CPST training.
- Additional information about being a CPST and how to register for classes has been posted and is kept updated on www.safekidsnebraska.org
- An interest form has been made available on the Safe Kids Nebraska website. DHHS staff follow up with persons indicating interest.

Activity 2:

Provide technical assistance

Between 10/2017 and 09/2018, DHHS staff will provide technical support to over 350 child passenger safety technicians through various means, including newsletters, e-mail lists, mailings, technical updates and grant funding.

Activity Status

Not Completed

Activity Outcome

These activity outcomes can be difficult to measure. There is very fluid communication between the DHHS Safe Kids Coordinator and the more than 350 child passenger safety technicians (CPST) and the 18 CPST instructors. The Safe Kids coordinator sends out numerous emails and other correspondence to the CPSTs and CPSIs throughout the year. These communications provide information such as continuing education resources, technical information about car seats, information about car seat check events and opportunities for funding.

Reasons for Success or Barriers/Challenges to Success

- The Safe Kids Coordinator has been a CPST for more than seven years and is trusted and respected.
- The DHHS Injury Prevention Coordinator is a Child Passenger Safety Instructor, and the motor vehicle safety coordinator is a CPS instructor. Combined they have more than 20 years of experience in the field of child passenger safety.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Safe Kids Nebraska Coordinator utilizes national child passenger safety resources and experts to assist with technical assistance requests.

Activity 3:

Provide mini-grants

Between 10/2017 and 09/2018, DHHS will provide a minimum of 10 mini-grants to local child passenger safety technicians to conduct community car seat check events.

Activity Status

Not Completed

Activity Outcome

One application has been received and will be funded. More applications will be received, as most events will occur now that we have turned the calendar to 2018.

Reasons for Success or Barriers/Challenges to Success

- Long-established working relationships between the state-level staff and the Safe Kids Coalitions and Child Passenger Safety Technicians.
- The DHHS Injury Prevention Coordinator is a Child Passenger Safety Instructor, and the Safe Kids Coordinator is a Child Passenger Safety (CPS) Technician.
- Re-certification rate for CPS Technicians in Nebraska is higher than the national average.
- Nebraska Safe Kids has a network of eight local programs that are well connected in their local communities. These local relationships influence volunteerism that makes the child passenger safety program and car seat check events successful. The Safe Kids Nebraska website has a public calendar of events that lists the community car seat check events.

Strategies to Achieve Success or Overcome Barriers/Challenges

Promotion of the mini-grants just started. All eight local Safe Kids coalitions have been made aware of the grants. The grant application is also available online at www.safekidsnebraska.com. Any child passenger safety technician or community organization interested in conducting community car seat checks is eligible to apply for a mini-grant.

Activity 4:**Provide Child Care Transportation Training Technical Assistance**

Between 10/2017 and 09/2018, DHHS will provide technical assistance to child passenger safety technicians and child care providers related to the Safe Kids Nebraska Child Care Transportation Training.

Activity Status

Not Completed

Activity Outcome

The Safe Kids Nebraska coordinator provides technical assistance to child care providers by responding to phone calls and emails. Assistance is provide on topics such as connecting with trainers, purchasing car seats, Nebraska child care regulations, Nebraska car seat laws, resources and other best practices related to child passenger safety.

Reasons for Success or Barriers/Challenges to Success

- Long-established relationships among the state staff, local Safe Kids programs and Child Passenger Safety Technicians across Nebraska.
- The established relationship with staff members from the DHHS Licensing program.
- All training materials and resources including a list of Lead Trainers are available on the Safe Kids Nebraska website.

Strategies to Achieve Success or Overcome Barriers/Challenges

- There are approximately 40 certified child passenger safety technicians in Nebraska approved to be Lead Trainers. They provide the Safe Kids Nebraska Child Care Transportation Training.
- The Safe Kids Nebraska Child Care Transportation Training was developed to be administered with or without the use of computers and other technologies.
- The DHHS Injury Prevention program provides all printed curriculum materials free of charge for instructors and students.

Impact/Process Objective 2:**Education and information**

Between 10/2017 and 09/2018, DHHS Injury Prevention Program and partners will provide education and information to **100** Child Passenger Safety Technicians, local public health departments, child care providers, Safe Kids coalitions and the general public.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2017 and 09/2018, DHHS Injury Prevention Program and partners provided education and information to **30** Child Passenger Safety Technicians, local public health departments, child care providers, Safe Kids coalitions and the general public.

Reasons for Success or Barriers/Challenges to Success

The DHHS Safe Kids Coordinator maintains a list of Child Passenger Safety Technicians (CPSTs) for use in disseminating and updating child safety information. The coordinator also provides technical assistance for CPSTs, local health departments, child care providers and Safe Kids coalitions via email, telephone contacts and in-person meetings. The coordinator has expertise and is respected by the constituent group.

Strategies to Achieve Success or Overcome Barriers/Challenges

The DHHS Injury Prevention program contracts with a third party entity to develop and maintain a website www.safekidsnebraska.org. The Safe Kids Nebraska website is updated on a regular basis and includes a statewide events calendar that is available to the public. The calendar has information about car seat check events and car seats.

Activity 1:**Provide public information**

Between 10/2017 and 09/2018, the DHHS Injury Prevention Program and partners will provide information to the public about child safety seat use and restraint laws through various means, including participating in Child Passenger Safety Week and responding to requests from the public, school districts, hospitals or public health departments.

Activity Status

Not Completed

Activity Outcome

PHHSBG funding is available to purchase child safety seats for Car Seat Check Events* held during Child Passenger Safety Week (September 23-29, 2018). DHHS contracts with an external provider to maintain the Safe Kids Nebraska website. The website contains current information about community seats check events, inspection stations and contact information for local Safe Kids Coalitions. Child Safety Seat educational information is distributed to the community upon request. Educational child passenger safety posters were developed and are being distributed to medical providers.

* Car Seat Check-Up Events are held in public locations, such as shopping center parking lots, usually for a period of three to four hours. Parents and caregivers bring their child's safety seat, motor vehicle and child to the event. Trained personnel (Child Passenger Safety Technicians) perform an evaluation for all children in the vehicle who are under 13 years of age.

Reasons for Success or Barriers/Challenges to Success

Safe Kids Nebraska has been an established program in Nebraska for approximately 20 years and is known statewide as the expert organization about child passenger safety.

Strategies to Achieve Success or Overcome Barriers/Challenges

- The DHHS Safe Kids Nebraska Coordinator has extended extra effort in managing the state child

- passenger safety technician contact list.
- The DHHS Safe Kids Coordinator provides geographically specific CPST lists to local Safe Kids coordinators to improve re-certification rates.

National Health Objective: IVP-23 Deaths from Falls

State Health Objective(s):

Between 10/2014 and 09/2019, reduce the age-adjusted death and injury rates from falls to:

- Less than 9.4 deaths per 100,000 Nebraskans.
- Less than 220.6 hospitalizations per 100,000 Nebraskans.
- Less than 2,009 emergency department (ED) visits per 100,000 Nebraskans.

State Health Objective Status

In Progress

State Health Objective Outcome

Data is not available at this time. Tai Chi and Stepping On are beginning implementation as planned.

Reasons for Success or Barriers/Challenges to Success

The DHHS Injury Prevention program has cultivated and maintains strong partner relationships. Many entities providing Tai Chi and/or Stepping On have done so for several years or have partnered on other projects with Injury Prevention and are therefore engaged and committed to the process. DHHS is recognized as the trusted organization for Tai Chi and Stepping On information and guidance. Partner organizations look to the State to ensure fidelity to the evidence-based programs.

Strategies to Achieve Success or Overcome Barriers/Challenges

DHHS continually evaluates both program fidelity and participant satisfaction. Trainers receive feedback regarding teaching techniques, and they in turn provide success stories from participants. Expanding Tai Chi and Stepping On to more areas of the State is desirable but difficult given limited funding and staff time to cultivate new partners.

Leveraged Block Grant Dollars

No

Description of How Block Grant Dollars Were Leveraged

Block Grant dollars are the sole source of funding for this objective.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Older adult falls

Between 10/2017 and 09/2018, DHHS Injury Prevention Program, partners and contractors will conduct 2 meetings of the Older Adult Falls Prevention Coalition.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2017 and 09/2018, DHHS Injury Prevention Program, partners and contractors conducted 1 meetings of the Older Adult Falls Prevention Coalition.

Reasons for Success or Barriers/Challenges to Success

One meeting has been held. Additional meetings are scheduled.

Strategies to Achieve Success or Overcome Barriers/Challenges

The DHHS Injury Prevention program cultivates and maintains strong partner connections. Partnerships are a major key to the success of the Older Adult Falls Coalition.

Activity 1:

Older Adult Falls Coalition meetings

Between 10/2017 and 09/2018, DHHS will provide education on the scope of the problem of older adult falls in Nebraska and evidence-based prevention strategies to public health partners and other community partners through Falls Coalition activities.

Activity Status

Not Completed

Activity Outcome

The Older Adult Falls Coalition held one meeting in December. In 2018, the Coalition will engage in strategies to further educate and engage local health and community partners in Falls Coalition activities.

Reasons for Success or Barriers/Challenges to Success

DHHS is a trusted source of evidence-based education and programming related to older adult falls and injury prevention in general.

Strategies to Achieve Success or Overcome Barriers/Challenges

Meetings are generally held via phone which makes them accessible to partners from around the state. Traveling by car from west to east across the state can take up to nine hours, so phone meetings are highly desirable when possible.

Activity 2:

Older Adult Falls Prevention Day

Between 10/2017 and 09/2018, DHHS will provide education on older adult falls prevention by participating in the National Older Adult Falls Prevention Day (activities include local community events, distribution of materials, and media releases).

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

Older Adult Falls Prevention Day is September 22, 2018. DHHS has issued "save the date" reminders to partners and has initiated planning discussions for participation.

Strategies to Achieve Success or Overcome Barriers/Challenges

The DHHS Injury Prevention team has participated in Older Adult Fall Prevention Day for a number of years. In 2018, the team will build on the successes of former years.

Activity 3:

Tai Chi training

Between 10/2017 and 09/2018, DHHS will facilitate Tai Chi training for new instructors and Tai Chi update training for current Tai Chi instructors.

Activity Status

Not Completed

Activity Outcome

A new instructor training was held in November, 2017. Fourteen new instructors successfully completed

the training. DHHS will hold update trainings for instructors in 2018.

Reasons for Success or Barriers/Challenges to Success

Fourteen new instructors were trained. A reason for the success of the training is the commitment of the trainer and the site coordinators.

Strategies to Achieve Success or Overcome Barriers/Challenges

An in-state master trainer is used to provide the training. If Nebraska had to look beyond its borders for a master training, costs would likely increase, and it could be difficult to find a trainer who would have the same commitment to partners and to program fidelity.

Activity 4:

Tai Chi instructor development

Between 10/2017 and 09/2018, DHHS will enhance Tai Chi instructor development through the use of technical assistance and site visits provided by a Tai Chi consultant.

Activity Status

Not Completed

Activity Outcome

A newly created training DVD was distributed to funded sites in November and December. The DVD included preloads, amendments and enhancements such as Tai Chi warm-up and cool-down demonstrations.

Reasons for Success or Barriers/Challenges to Success

Tai Chi instructors, including those who have been teaching for several years, report that the DVD is very valuable. The DVD was filmed in partnership with Aging Partners, a local Area Agency on Aging.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Master Trainer who has trained many of the instructors did the demonstrations for the DVD. Instructors were familiar/comfortable with the pace and style of her instruction.

Impact/Process Objective 2:

Stepping On

Between 10/2017 and 09/2018, DHHS Injury Prevention and Control Program staff will maintain 3 sites to implement the evidence-based fall prevention program Stepping On.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2017 and 09/2018, DHHS Injury Prevention and Control Program staff maintained 6 sites to implement the evidence-based fall prevention program Stepping On.

Reasons for Success or Barriers/Challenges to Success

Sites that have implemented Stepping On have seen positive results and desire to continue the program. They promote the program among their peers and encourage others to participate.

Strategies to Achieve Success or Overcome Barriers/Challenges

The DHHS Injury Prevention program has well-established relationships with program partners. Continuity with the programs has strengthened implementation.

Activity 1:

Train the trainers

Between 10/2017 and 09/2018, through partners, DHHS will recruit and train Stepping On trainers. Contracts will be established with the trainers.

Activity Status

Not Completed

Activity Outcome

Training dates have been established for March, 2018.

Reasons for Success or Barriers/Challenges to Success

The commitment of trainers and community partners contributes to the success of this program. Increasingly, a barrier for DHHS program staff is the cumbersome and lengthy internal process of developing contracts.

Strategies to Achieve Success or Overcome Barriers/Challenges

Injury Prevention staff will continue to find ways to work within the current system for establishing contracts, starting very early to make sure that they can be executed in time for deliverables to be achieved.

Activity 2:**Stepping On Implementation**

Between 10/2017 and 09/2018, DHHS will develop an application for sites/partners to implement Stepping On locally. Staff will review applications, select sites and engage sub-award agreements with selected sites.

Activity Status

Completed

Activity Outcome

Five local health departments and one Area Agency on Aging have been awarded funding to implement Stepping On.

Reasons for Success or Barriers/Challenges to Success

DHHS staff work together to develop a comprehensive application and to review applications. Several applicant sites have implemented Stepping On in the past, so staff have historical knowledge of their abilities and reach.

Strategies to Achieve Success or Overcome Barriers/Challenges

Leader trainers are available in-state which makes it easier and less costly to provide the training.

Activity 3:**Stepping On Program Technical Assistance**

Between 10/2017 and 09/2018, DHHS staff will provide technical support to the sites implementing the Stepping On program.

Activity Status

Not Completed

Activity Outcome

A Master Trainer provided updates to Nebraska trainers during October via email and a teleconference. This Master Trainer participates in the Stepping On licensee semi-annual calls through the Wisconsin Institute for Healthy Aging (WIHA).

Reasons for Success or Barriers/Challenges to Success

The commitment of the trainers and the local partners is vital to the success of the program. DHHS has one part-time staff member who focuses on both Tai Chi and Stepping On. That staff member arranges for training and technical assistance. In-state Master-Trainers are accessible for technical assistance as well.

Strategies to Achieve Success or Overcome Barriers/Challenges

The trainers have maintained current knowledge which they are able to pass on in classes.

National Health Objective: IVP-40 Sexual Violence (Rape Prevention)

State Health Objective(s):

Between 10/2016 and 09/2019, the percent of total respondents on the Youth Risk Behavior Survey (YRBS) who report that they were forced to have sex when they did not want to will decrease from 8% to 7%.

The Nebraska Coalition to End Sexual and Domestic Violence (Nebraska Coalition) uses the YRBS as its primary data source for this objective. The YRBS is a random sample survey that targets public high school students, grades 9 – 12, in Nebraska. It is the only state level source of information on sexual violence among Nebraska high school students. The Nebraska Department of Education and DHHS administer the survey in the fall of even calendar years and release the findings the following year. The 2013 YRBS had an overall response rate of 70%; thus, the CDC was able to weight the data to be representative of all public high school students in Nebraska.

The Nebraska Coalition will also use the National Intimate Partner and Sexual Violence Survey (NISVS) to inform its efforts towards this objective. The Centers for Disease Control and Prevention (CDC) National Center for Injury Prevention and Control launched the NISVS in 2010 with the support of the National Institute of Justice and the Department of Defense. The survey is an ongoing, nationally representative telephone survey that collects information about sexual and intimate partner violence and stalking among women and men aged 18 or older in the United States. While respondents are older than the 11–17 target age ranges for this particular objective, the survey asks respondents about their experiences with violence throughout their lifetime, including childhood. The CDC breaks down the data by state.

State Health Objective Status

In Progress

State Health Objective Outcome

Data is not available at this time.

Reasons for Success or Barriers/Challenges to Success

The DHHS Injury Prevention program partners with the Nebraska Coalition to End Sexual and Domestic Violence (Coalition) on these activities that serve as a complement to the State's Rape Prevention Education (RPE) monies. Nebraska's RPE Project Officer with the CDC was in the state for a site visit in the summer of 2017. Among her observations was one that Injury Prevention staff had already identified: the need for impact evaluation. DHHS and the Coalition have just begun a focus on activities designed to establish a logic model for sexual violence prevention, review and implement evidence-based or evidence-informed interventions, update the State's strategic plan, reestablish a statewide prevention coalition and develop evaluation that will better measure impact.

Strategies to Achieve Success or Overcome Barriers/Challenges

DHHS has a strong working relationship with the Coalition. The relationship spans many years and other Divisions within DHHS. The Coalition has a strong working relationship with the network of local domestic violence/sexual assault programs that implement prevention programs across the state. The Coalition has received confirmation from programs that receive RPE dollars that they will commit and actively work towards increasing the network's capacity to implement and evaluate its prevention programs using a public health approach and based on the effective principles of prevention.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

Because of the good relationships internally and externally, DHHS is able to leverage Block Grant Dollars to fully complement RPE dollars and State funds that support the work of the Coalition to End Sexual and Domestic Violence. The braided funding helps Nebraska to implement comprehensive sexual violence prevention strategies based on a public health approach and effective principles of prevention.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Engaging Men to Prevent Sexual Violence

Between 10/2017 and 09/2018, the Nebraska Coalition to End Sexual and Domestic Violence will implement 1 pilot test of the Engaging Men to Prevent Sexual Violence program in up to three local programs.

Impact/Process Objective Status

Not Started

Impact/Process Objective Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

The Coalition brought an expert, Rus Funk, to the State last year. He provided education and information about Engaging Men to Prevent Sexual Violence. The Coalition laid the groundwork at that time for local sexual violence/domestic violence programs to consider pilot testing the program in their areas. A handful of programs expressed initial interest. The Coalition has since learned that as many as three local programs are poised to begin the work. The Coalition hosted a conference call on December 19, 2017, for these three programs. Rus Funk joined the call to gather data on the programs' current efforts to engage men, including successes, barriers, needs and goals. This call was the first of many calls. Rus and the Coalition's Prevention Coordinator will also provide an in-person workshop in each community.

Strategies to Achieve Success or Overcome Barriers/Challenges

Nebraska's Preventive Health Advisory Committee heard of the Engaging Men project and voted to provide additional PHHS support beyond the Sex Offense Set-Aside allocation to help the Coalition implement the program.

Activity 1:

Provide training for local programs

Between 10/2017 and 09/2018, The Coalition will provide information and training at its statewide conference regarding the Engaging Men to Prevent Sexual Violence program. Advocates from the state's 20 local programs will learn ways to include men in their community outreach efforts.

Activity Status

Not Completed

Activity Outcome

The Coalition is working with Rus Funk and the three local programs to schedule local events. The dates will most likely fall in the summer of 2018.

Reasons for Success or Barriers/Challenges to Success

As local programs contact their community partners to attend a one-day community-based workshop on engaging men in sexual violence prevention, some advocates report that their community partners are leery of inviting a "national expert" into their communities for fear that the expert will not understand the needs of their specific community.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Coalition has conducted one-on-one phone calls with each pilot side to have a candid conversation

about what they need from the engaging men project, what kind of training would benefit their community, etc. The Coalition is emphasizing to programs that this is a flexible project that will be based on each community's strengths and needs. The Coalition has brainstormed ways in which programs can relay this to their community partners to ease questions about inviting a "national expert" to their town. The Coalition and Rus Funk will continue to build a rapport with programs and their community partners via ongoing technical assistance, phone calls, etc., up until and after the community events.

Activity 2:

Provide subject matter expertise

Between 10/2017 and 09/2018, The Coalition will contract with a subject matter expert to work with up to three local programs to test pilot utilizing the Engaging Men to Prevent Sexual Violence in their communities. Subject matter expertise will include assessing capacity, developing a strategic plan, and training specific to their community and capacity.

Activity Status

Not Completed

Activity Outcome

The Coalition hosted a conference call on December 19, 2017, for these three local programs. Rus Funk joined the call to gather data on the programs' current efforts to engage men, including successes, barriers, needs and goals. The Coalition has conducted one-on-one phone calls with each pilot site to have a candid conversation about what they need from the engaging men project, what kind of training will benefit their community, and other details.

Reasons for Success or Barriers/Challenges to Success

The Coalition's Prevention Coordinator has good relationships with the local programs that are pilot sites for the Engaging Men project. Local programs are highly engaged in the intervention and hope to see positive outcomes. Programs are also active in their respective communities. They are working with a number of partners and groups to engage men in sexual violence prevention; in fact, the challenge may be zeroing in on a few of the initiatives for this particular project.

Strategies to Achieve Success or Overcome Barriers/Challenges

Evaluation is a barrier. Most local programs, and even the Coalition, tend to evaluate in quantitative terms (number of brochures distributed, number of calls received, etc.). DHHS is working with the Coalition to increase awareness of results-based or impact evaluations so that interventions can address attitudes and behaviors. The Engaging Men to Prevent Sexual Violence Project will walk the Coalition and programs through planning, implementing, and evaluating a sexual violence prevention strategy. The work the Coalition and network is taking under the RPE grant program will enhance the network's capacity to evaluate sexual violence prevention strategies in a more meaningful manner as well.

Impact/Process Objective 2:

Sexual Violence Prevention Summit

Between 10/2017 and 09/2018, the Coalition to End Sexual and Domestic Violence will provide sexual violence prevention training to **up to eight** sexual/domestic violence advocates.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2017 and 09/2018, the Coalition to End Sexual and Domestic Violence provided sexual violence prevention training to **up to eight** sexual/domestic violence advocates.

Reasons for Success or Barriers/Challenges to Success

The Coalition has identified topics and is preparing a calendar of training opportunities.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Coalition has recently restructured its staff and added a position that oversees the coordination of training.

Activity 1:

Sexual Violence Prevention Summit

Between 10/2017 and 09/2018, The Coalition will provide financial support for up to eight local sexual/domestic violence advocates to attend the national Sexual Violence Prevention Summit. Advocates will apply for support, attend workshops related to sexual violence, evaluate their experience, and provide written reports of what they learned. The written reports will be disseminated among the state's 20 local domestic violence/sexual assault programs. Advocates may be asked to present at Coalition trainings or meetings.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

PHHS funds (over and above the required set-aside) provided for this activity two years ago, and it had a huge impact on those who attended. The Coalition published a special newsletter to highlight the experiences of the advocates who attended and their lessons learned. Those advocates have touted the importance of the experience of attending the national Sexual Violence Prevention Summit to their peers. The national summit occurs in late summer, 2018.

Strategies to Achieve Success or Overcome Barriers/Challenges

Local programs trust the Coalition as a funding source and partner. That relationship will help local programs to see the benefit of and encourage the application of advocates to apply for support to attend the Summit. The National Sexual Assault Conference is also highly regarded in the sexual violence prevention field. Advocates and Directors are aware of the quality of training and information that is shared at the conference. Past scholarship recipients will most likely encourage their peers to apply for the scholarship as well.

Impact/Process Objective 3:

Social media sexual abuse prevention

Between 10/2016 and 09/2017, the Nebraska Coalition to End Sexual and Domestic Violence staff will maintain 1 sexual assault primary prevention social marketing campaign.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2016 and 09/2017, the Nebraska Coalition to End Sexual and Domestic Violence staff maintained 1 sexual assault primary prevention social marketing campaign.

Reasons for Success or Barriers/Challenges to Success

The correct dates for this activity are 10/2017 and 9/2018.

The Coalition is on target to meet this goal. Nebraska's RPE Project Officer with the CDC suggested the Coalition assess whether or not its Step Up, Speak Out campaign fits with the Coalition's overarching prevention goals or plan, and if so, to formally evaluate the campaign. The Coalition identified a few overarching goals for the campaign when it was initially created, but it has not laid out a formal plan or evaluation plan for the project.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Coalition looks forward to working with DHHS and the statewide prevention coalition to examine if the

social marketing campaign still fits with the state's prevention plan, and if so, to identify ways to evaluate its impact and outcomes.

Activity 1:

Step Up Speak Out Website

Between 10/2016 and 09/2017, the Nebraska Coalition will maintain the Step Up Speak Out (SUSO) website. Based on the premise that youth utilize social networking and digital media, the website provides education for youth, parents, teachers, and community members about bystander engagement (stepping up and speaking out when sexual assault occurs), healthy relationships (clues to identify when a relationship is abusive), supporting a friend who is experiencing violence and creating a safety plan for someone who has experienced sexual violence.

Activity Status

Not Completed

Activity Outcome

The correct dates for this activity are 10/1/2017 and 9/30/2018.

The Coalition set a goal to increase traffic to the Step Up, Speak Out website by 5%, from a goal of 6,280 in FY2017 to a goal of 6,594 in FY2018; however, the Coalition set this goal early in 2017, prior to knowing its performance for the fiscal year. Website traffic actually *decreased* 12% in FY2017. Based on the Coalition's FY2017 performance, a more attainable goal for FY2018 website traffic is 5,407 visits. The Coalition is on target for reaching this goal with 1,514 website visits as of December 31, 2017.

Reasons for Success or Barriers/Challenges to Success

In FY2017, the Coalition had to limit the amount of material local domestic violence/sexual assault programs could receive to ensure enough material for equal distribution throughout the state. At this time, the Coalition does not know if this limitation will affect the number of people drawn to the campaign website.

Strategies to Achieve Success or Overcome Barriers/Challenges

In FY2017, the Coalition had to limit the amount of material local domestic violence/sexual assault programs could receive to ensure enough material for equal distribution throughout the state. At this time, the Coalition does not know if this limitation will affect the number of people drawn to the campaign website.

Activity 2:

Step Up Speak Out social media outreach

Between 10/2016 and 09/2017, the Nebraska Coalition will maintain Facebook, Twitter, and YouTube sites to build communication about healthy relationships, bystander engagement and resource and service access for victims. Effectiveness of this component is measured by number of site visits and followers.

Activity Status

Not Completed

Activity Outcome

The correct dates for this activity are 10/1/2017 to 9/30/2018.

The Coalition set a goal to increase Facebook likes by 17% and Twitter followers by 21%. The Coalition is on target for meeting this goal with 333 Facebook likes (the goal being 390 by September 2018) and 240 Twitter followers (the goal being 288 by September 2018).

Reasons for Success or Barriers/Challenges to Success

The Coalition's Prevention Coordinator continually works with statewide partners and the local domestic violence/sexual assault programs to drive traffic to Facebook and Twitter. She ensures relevant and timely updates to information provided.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Coalition may be able to lift campaign material limits in the near future if there seems to be a sufficient amount of material to last through the FY2018 grant period. This may impact the number of followers and likes.

Activity 3:

Produce and distribute public education material

Between 10/2016 and 09/2017, the Nebraska Coalition will provide SUSO posters, brochures and other campaign material to local programs and communities. The Nebraska Coalition will distribute one new recently created brochure on bystander engagement (how to become an upstander rather than a bystander), two new pocket cards with bystander engagement and healthy relationship tips and other information and promotional material. These materials will include information about prevention, access to services and how social media may be used to bully victims of sexual violence versus supporting and believing victims of violence. Effectiveness of the social media outreach will ultimately be measured by a reduction in the number of youth who report being forced to have sex.

Activity Status

Not Completed

Activity Outcome

The correct dates for this activity are 10/1/2017 to 9/30/2018.

The Coalition increased the amount of campaign material it planned to distribute by 10% in FY2018. The goal is to distribute 30,500 items in FY2018. The Coalition has distributed 1,014 items as of December 31, 2017.

Reasons for Success or Barriers/Challenges to Success

In FY2017, the Coalition had to limit the amount of material local domestic violence/sexual assault programs could receive to ensure enough material for equal distribution throughout the state. The Coalition may be able to lift those limits in the near future if there seems to be a sufficient amount of material to last through the FY2018 grant period. Programs believe these materials are helpful in the classroom, particularly as a way to increase dosage with students.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Coalition recognizes a need to evaluate the Step Up, Speak Out campaign to determine if these materials are having an impact. The Coalition looks forward to working with DHHS and the statewide prevention coalition to examine if the social marketing campaign still fits with the state's prevention plan, and if so, to identify ways to evaluate its impact and outcomes.

State Program Title: Oral Health Program

State Program Strategy:

Program Goal: The PPHS Block Grant-funded **Oral Health Program** is dedicated to improving and protecting the oral health status of Nebraskans across the lifespan. The Office of Oral Health and Dentistry (OOHD) will actively promote oral health awareness and dental disease prevention through access to care.

Health Priorities: The program will focus on addressing dental disparities within the current health care system, with special emphasis on rural residents, young children and the elderly. Nebraska convenes an Oral Health Advisory Panel (OHAP) that reviews statistics and trends and recommends priorities for the OOHD. The OOHD has completed the 2016 Nebraska Oral Health Assessment Report. The report was approved by DHHS in February 2017 and will be reviewed by the OHAP. The State Assessment Report and OHAP will guide and support OOHD's program priorities.

Primary Strategic Partners:

- External: Local county and district health departments, Federally Qualified Health Centers (FQHCs), Head Start and Early Head Start Programs, WIC, University of Nebraska Medical Center Colleges of Dentistry and Public Health and others.
- Internal: DHHS programs including Epidemiology and Informatics Unit, Tobacco Free Nebraska Program, Office of Health Disparities and Health Equity and Community and Rural Health Planning, School Health, Performance Management, Refugee Health, and other internal programs.

Evaluation Methodology:

The Oral Health Program will work with the DHHS Division of Public Health Epidemiology & Informatics Unit and the Epidemiologist on staff in the Health Promotion Unit to develop an evaluation process for the oral health programs. A scan of available data sources was completed during 2015 that identified dozens of existing databases that are used to inform program decisions and document efficacy of interventions. OOHD will utilize BRFSS, HP2020, Nebraska OH Survey information along with the most helpful evaluation methods and sources and work with the Epidemiology & Informatics Unit to gather consistent data for short- and long-range analysis.

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National Health Objective: OH-8 Dental Services for Low-Income Children and Adolescents

State Health Objective(s):

Between 10/2017 and 09/2018, OOHD will provide subawards to at least three local health agencies to provide oral screenings, fluoride varnish treatments, education and referrals to dental homes. The target audience will be children and their families through Head Start, Early Head Start, WIC, and other identified community programs where families with low income can be reached.

State Health Objective Status

In Progress

State Health Objective Outcome

Three subawards were established with local health agencies to provide oral screenings, fluoride varnish treatments, education and referrals to dental homes. The target audience is children ages 0-5 and their families through Early Head Start/Head Start, WIC and childcare centers as identified by the local health

agencies.

Reasons for Success or Barriers/Challenges to Success

The Office of Oral Health and Dentistry (OOHD) was successful in identifying two local health departments (LHDs) and one Federally Qualified Health Center (FQHC) to participate in the program. The LHDs are Lincoln-Lancaster County Health Department and Northeastern Nebraska Public Health Department, and the FQHC is OneWorld Community Health Centers, Inc. OOHD has cultivated and maintained good working relationships with each of these entities.

Strategies to Achieve Success or Overcome Barriers/Challenges

The OOHD was able to identify a local health department that previously did not have an oral health prevention program to participate. A barrier for some subrecipients in the past has been the ability to utilize all of the funds they requested. OOHD will work closely with subrecipients to ensure that their activities progress and that they are identifying need for technical assistance related to appropriate expenditure of funds.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

Two previously funded local health departments have been able to increase the preventive oral health services provided to their service areas under a different HRSA Oral Health Workforce grant. State funds supplement PHHS funds in supporting the State Dental Health Director position.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Oral Health Access to Young Children

Between 10/2017 and 09/2018, at least three Local Health Departments (LHDs), FQHCs, and community contractors will provide fluoride varnish treatments, education, and referral to a dental home to **2500** children and their families.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2017 and 09/2018, at least three Local Health Departments (LHDs), FQHCs, and community contractors provided fluoride varnish treatments, education, and referral to a dental home to **0** children and their families.

Reasons for Success or Barriers/Challenges to Success

Two of the three local programs have started providing services, including oral screenings, fluoride varnish, dental education and referral to a dental home; however, the first quarter reports have not been received showing number of children aged 0-5 who have received preventive oral health services. The subaward for the third local program has been established. The agency is in the process of hiring staff to implement the preventive oral health program. Once staff is hired, the OOHD staff will provide on-site program training, as this agency has not had a preventive oral health program before.

Strategies to Achieve Success or Overcome Barriers/Challenges

It can be difficult to locate area Public Health Registered Dental Hygienists. OOHD worked with the LHD newest to the program to locate a Public Health Registered Dental Hygienist who will provide the preventive oral health services for children and their families.

Activity 1:

Fluoride varnish, education and referral to dental home

Between 10/2017 and 09/2018, LHDs, FQHCs, and community contractors will provide education

combined with preventive therapy (fluoride varnish treatments) and the distribution of toothbrushes and fluoride toothpaste to clients in various public health settings that are non-traditional for dental care. The primary focus locations are: 1) WIC and related programs that provide services for new mothers, their children and families, and 2) Early Head Start and preschool classes for children aged 2-3 years, and Head Start classes for children aged 4-5 years. Services will be taken to the patients and will be provided by Registered Dental Hygienists with a Public Health Authorization.

Activity Status

Not Completed

Activity Outcome

Two of the three local programs started providing preventive oral health services this fall. First quarter reports are due at the end of January 2018.

Reasons for Success or Barriers/Challenges to Success

Two of the three participating local health departments received similar funding in previous years. They are familiar with the project and provide good service. First quarter reports will be submitted at the end of January 2018.

The third local program is in the process of hiring staff to implement the program in early 2018.

Strategies to Achieve Success or Overcome Barriers/Challenges

OOHD provides ongoing technical assistance and conducts at least one site visit during the grant period. Established relationships with LHDs ensures success of the project.

Activity 2:

Monitoring and evaluation

Between 10/2017 and 09/2018, the Dental Health Coordinator will monitor and evaluate the progress of the local community agencies through quarterly reports, conference calls and site visits. The OOHD will ensure clinical quality control is in place for clinical screenings and application of fluoride varnish. The Dental Health Coordinator will work with the Chronic Disease Epidemiologist, Dental Health Director, and others within the DHHS Division of Public Health to evaluate the outcomes of the program.

Activity Status

Not Completed

Activity Outcome

Subawards were established with two LHDs and one FQHC. First quarter reports are due at the end of January 2018. OOHD has been in contact with local programs via email and phone calls providing technical assistance as needed.

Reasons for Success or Barriers/Challenges to Success

With funding from a different source, OOHD has very recently hired an epidemiologist. The epidemiologist has been in OOHD's strategic plan for several years. An epidemiologist will be helpful in establishing, monitoring and evaluating programmatic aspects of this and other OOHD projects.

Strategies to Achieve Success or Overcome Barriers/Challenges

Nebraska's Division of Public Health has been working diligently on subrecipient monitoring. Organizational changes are in process that will shift some of the burden of financial monitoring to designated staff, while programmatic monitoring will be provided by program staff. OOHD is embracing the opportunity to focus more fully on programmatic monitoring and clinical quality control, both of which will happen during the spring and summer of 2018.

National Health Objective: OH-16 Oral and Craniofacial State-Based Health Surveillance System

State Health Objective(s):

Between 10/2017 and 09/2018, OOHD will work with DHHS's Epidemiology and Informatics Unit to develop one oral health surveillance framework for the State of Nebraska.

State Health Objective Status

In Progress

State Health Objective Outcome

OOHD is working with DHHS's Epidemiology and Informatics Unit staff to finalize annual reports from previous program years. This data will be utilized in developing an oral health surveillance framework for the State of Nebraska.

Reasons for Success or Barriers/Challenges to Success

Temporary epidemiology support was provided through a contract with a recent graduate student. The contractor analyzed the data from previous program years and drafted annual program reports. OOHD staff will work with the DHHS Epidemiology and Informatics Unit staff to finalize the reports and to ensure the reports meet epidemiology reporting standards.

An Oral Health Epidemiologist was very recently hired to provide full-time epidemiology support to all OOHD activities.

Strategies to Achieve Success or Overcome Barriers/Challenges

The OOHD has a good relationship with the DHHS Epidemiology and Informatics Unit staff, and is able to contact them for epidemiology assistance on PHHS Block Grant activities. The Epidemiology and Informatics Unit is utilizing some PHHS funds to develop data governance guidelines, structure and strategic plan. Oral health epidemiology will be a part of the overall governance plan.

OOHD has just hired an Oral Health Epidemiologist through a different grant.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

PHHS funding is braided with other grant funds to provide epidemiology support. OOHD has a grant through HRSA, and the E&I Unit is utilizing PHHS and other sources in developing the data governance plan. The salary of the State Dental Director is support both by PHHS and State general funds.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Develop an oral health surveillance framework for Nebraska

Between 10/2017 and 09/2018, OOHD and the Epidemiology & Informatics Unit will develop 1 surveillance concept plan that will enable DHHS to track oral health status and service needs among various populations in Nebraska.

Impact/Process Objective Status

Not Started

Impact/Process Objective Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

OOHD staff will work with the Epidemiology & Informatics Unit to develop a surveillance concept plan. The oral health surveillance framework will be part of the overall epidemiology strategic plan.

An Oral Health Epidemiologist was just hired who will provide full-time epidemiology support for all OOHD activities.

Strategies to Achieve Success or Overcome Barriers/Challenges

Temporary epidemiology support was provided utilizing PHS Block Grant funds for the OOHD. The OOHD is able to work with Epidemiology & Informatics Unit staff for episodic epidemiology assistance on PHS Block Grant activities.

Activity 1:

Develop an oral health surveillance concept plan

Between 10/2017 and 09/2018, OOHD and the Epidemiology & Informatics Unit will develop the oral health surveillance concept plan. Activities that may be included in developing the concept plan include working with the Association of State and Territorial Dental Directors and the Council of State and Territorial Epidemiologists; reviewing current Nebraska data; reviewing other states' surveillance systems.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

An Oral Health Epidemiologist was just hired. She will begin work the end of January and will provide full-time epidemiology support for all OOHD activities.

Strategies to Achieve Success or Overcome Barriers/Challenges

The process for creating and classifying a new position, hiring and onboarding a new employee is quite lengthy and usually results in rejection due to Nebraska's current hiring freeze. OOHD reached out to the University of Nebraska to create a contracted position. The hiring process was complicated by staffing changes at the University and changed expectations during the hiring process. The process is finally complete, and the new epidemiologist begins work the end of January 2018.

Activity 2:

Prepare for the 2017-2018 Nebraska Oral Health Survey of Older Adults

Between 10/2017 and 09/2018, OOHD will prepare to conduct a future Nebraska Oral Health Survey of Older Adults. Nebraska has not conducted an oral health survey for this population. Among the activities that may be included in the preparation phase are: identifying and establishing a memorandum of understanding or contracts with each of the partners (ASTDD, State Unit on Aging, Public Health Registered Dental Hygienists, and local community organizations) who will assist in completing the Nebraska Oral Health Survey of Older Adults.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

OOHD will work on the Oral Health Survey of Older Adults during remainder of the funding year. OOHD will utilize the guidelines provided by the ASTDD for conducting an older adult oral health survey.

Strategies to Achieve Success or Overcome Barriers/Challenges

Survey partners will be identified, and initial planning meetings will be established. OOHD underwent a survey of third graders during the last two years of PHS funding, and similar protocols will be established with the older adult survey.

State Program Title: Public Health Infrastructure Program

State Program Strategy:

Program Goal: The PHS Block Grant-funded **Public Health Infrastructure Program** is dedicated to supporting and strengthening Nebraska's capacity to protect the health of everyone living in Nebraska, primarily through organized governmental agencies, specifically the state health department and local/regional/tribal health departments. *(The program name was selected to reflect the public health planning, management and surveillance functions carried out.)*

Health Priorities: DHHS selected as priority activities:

- Assuring availability of health data and public health informatics expertise necessary to planning and evaluating health programs and increasing the effectiveness of health department staff.
- Maintaining information and data resources at the state level in order to respond to requests for information from the local level, enable public health entities to conduct community needs assessments and provide a basis for formulating health policies and appropriate intervention strategies.
- Facilitating strategic planning at the state and local level, instituting performance standards and maintaining a well-trained public health workforce, critical to the success of all of the activities carried out by DHHS.
- Building capacity at the local level to provide all three Core Functions of Public Health and carry out all Ten Essential Services of Public Health.
- Partnering with local health departments, FQHCs and tribes to implement evidence-based projects addressing Health People 2020 Objectives.

Primary Strategic Partnerships:

- Health data: External -- Local health departments, university researchers, university educators of health professionals, community-based organizations. Internal -- DHHS Offices and Units within the Division of Public Health.
- Epidemiology and informatics: UNMC, medical facilities, Nebraska Health Information Exchange
- Community health development: Local Public Health Departments (County and District), Public Health Association of Nebraska (PHAN), National Association of County and City Health Officials (NACCHO), National Association of Local Boards of Health (NALBOH), Association of State and Territorial Health Officials (ASTHO), Nebraska Public Health Law Committee, Nebraska Turning Point Committee, UNMC College of Public Health.

Evaluation Methodology:

- Health Data: Report completion dates, data request response dates, data quality assurance procedures, and feedback from users of data.
- Community Health Development: Observation of operations of local public health departments, reports from Local Public Health (LHD) Departments (including copies of their Health Improvement Plans, Performance Standards Assessment Results, Annual LHD Reports), reports from contractors, observation of presentations by LHD staff.
- Evidence-based community prevention projects: Review of written reports from subaward projects, site visit and grant monitoring reports and personal and telephone contact.

National Health Objective: C-1 Overall Cancer Deaths

State Health Objective(s):

Between 10/2017 and 09/2018, To impact cancer mortality and incidence on a wide variety of topics, DHHS will issue an RFA in October of 2017 and fund no less than 4 but no more than 6 awards to Local Health Departments, Federally Qualified Health Centers, 501 c 3 Organizations, Tribal Organizations or American College of Surgeons Commission on Cancer Accredited Cancer Centers to implement listed activities in the revised Nebraska Cancer Plan. Awarded projects will be one year in scope.

State Health Objective Status

In Progress

State Health Objective Outcome

The RFA has been released and applications are being scored. The CCC program manager and PHHS block grant coordinator anticipate that high quality projects will be funded.

Reasons for Success or Barriers/Challenges to Success

The Injury Prevention Program shared an RFA template which aided the process of developing an RFA consistent with the internal needs of DHHS.

DHHS partner programs shared the RFA widely among their partners, so there was good saturation of the funding opportunity.

Strategies to Achieve Success or Overcome Barriers/Challenges

The DHHS contracting and subawarding process is lengthy. Staff have started early to contact DHHS's Legal team to learn what will be required in the subaward agreements, with the goal of speeding up that part of the process.

Leveraged Block Grant Dollars

No

Description of How Block Grant Dollars Were Leveraged

N/A

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Cancer Related Evidence Based Projects

Between 10/2017 and 09/2018, Nebraska Comprehensive Cancer Control (NE CCCP) staff will increase the number of cancer related evidence based projects from 4 to 6.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2017 and 09/2018, Nebraska Comprehensive Cancer Control (NE CCCP) staff increased the number of cancer related evidence based projects from 4 to 0.

Reasons for Success or Barriers/Challenges to Success

CCCP staff are currently reviewing applications for funding. Six entities submitted applications. Once review is complete and subaward agreements are established, work will begin.

Strategies to Achieve Success or Overcome Barriers/Challenges

To achieve success the CCC program manager has already begun to work with Legal services to ensure a timely subawarding process.

Activity 1:

Issue RFA

Between 10/2017 and 09/2018, NE CCCP will issue a competitive RFA to local health departments, federally qualified health centers, tribal organizations, 501 c 3s, and American College of Surgeons Commission on Cancer Accredited Cancer Centers. Organizations will be offered the opportunity to apply for up to \$10,000 to implement one of the listed evidence based activities in the Nebraska Cancer Plan.

Activity Status

Completed

Activity Outcome

CCCP issued the RFA in December. Applications are currently being reviewed by the CCC program manager and PHHS block grant coordinator.

Reasons for Success or Barriers/Challenges to Success

The Injury Prevention Program shared an RFA template with the CCC program. The template incorporates DHHS requirements and helps to clearly communicate expectations and lay the foundation for subrecipient monitoring and outcome evaluation.

Strategies to Achieve Success or Overcome Barriers/Challenges

The CCC Program Manager participates in DHHS's Grants Management Community of Practice, a group that meets regularly to increase and share knowledge about managing grants and monitoring subrecipients. Lessons learned are incorporated into all work of the CCC Program.

Activity 2:**Provide technical assistance**

Between 10/2017 and 09/2018, NE CCCP will provide technical assistance to awardees to ensure quality projects.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

This activity will begin once the subawards are in place.

Strategies to Achieve Success or Overcome Barriers/Challenges

CCCP has strong relationships with partners and prospective partners. The programs is a trusted source of information and leadership regarding cancer.

National Health Objective: PHI-7 National Data for Healthy People 2020 Objectives**State Health Objective(s):**

Between 10/2014 and 09/2019, maintain at least one comprehensive state-level health data surveillance system, sustaining the capacity for collection and analysis of needed health data on all populations for use in development of health status indicators.

State Health Objective Status

In Progress

State Health Objective Outcome

During FY2017, critical data sets are being maintained to provide essential information to justify programs and to show progress. The block grant supports a position that provides required information for the accreditation process. DHHS uses block grant funds to support the accreditation process and to implement the State Health Improvement Plan (SHIP) and the Division Strategic Plan.

Reasons for Success or Barriers/Challenges to Success

The employment of veteran statisticians and data analysts contributes to the success of the project. Administrative support has also played a key role in the success of the project. There is continued support from the State's Chief Medical Officer and Director of the Division of Public Health as well as the Deputy Directors for maintaining the role of the Department as a trusted source of data. One challenge is having a broad enough net to pull in all available data and enough staff time to be able to enter or analyze all available data. In the case of developing Nebraska's Healthy People 2020, relying

on many users to supply information consistently is a challenge.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies to achieve success include: assuring continuity of supervision for the statistician and data analyst positions and capitalizing on the experience and background of the supervisor.

Leveraged Block Grant Dollars

No

Description of How Block Grant Dollars Were Leveraged

PHHSBG are not being leveraged on this project.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Data and surveillance

Between 10/2017 and 09/2018, DHHS Epidemiology and Informatics Unit will provide health data to **5,000** users of data.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2017 and 09/2018, DHHS Epidemiology and Informatics Unit provided health data to **3,938** users of data.

Reasons for Success or Barriers/Challenges to Success

The DHHS Epidemiology and Informatics (E&I) Unit employs veteran statisticians and data analysts, a key to the success of the project. E&I also leverages sources of the Office of Health Statistics, particularly the Vital Records Program Manager who provides essential data support.

Strategies to Achieve Success or Overcome Barriers/Challenges

E&I experienced in a delay in delivery of key data sources in 2017 which influenced data preparation and responding to some data requests.

Activity 1:

Data gathering, analysis and reporting

Between 10/2017 and 09/2018, DHHS will identify all relevant health indicators for local health department reporting, update and execute analysis programs and disseminate Public Health Indicators electronically (e.g., the 2016 Vital Statistics Report). At least 5,000 users log on to the NE DHHS public website every year. The expected outcomes of this work include: (1) enhanced and ongoing availability of data upon which local health departments rely; (2) moving DHHS toward the goal of being the trusted source of health data, and (3) supporting applications for public health accreditation at the state and local levels.

Activity Status

Not Completed

Activity Outcome

The 2016 Vital Records Annual Report was completed and released.

Reasons for Success or Barriers/Challenges to Success

E&I employs a veteran statistician, a key to the success of this project.

Strategies to Achieve Success or Overcome Barriers/Challenges

E&I began developing data governance guidelines and priorities in the fall of 2017. That work is

continuing and will inform the ongoing work of this project.

Activity 2:

Nebraska HP2020 Basic Report

Between 10/2017 and 09/2018, DHHS will update Nebraska HP 2020 objective data on the Division's online dashboard.

Activity Status

Not Completed

Activity Outcome

Completing the mortality portion of the NE Vital Stats Report allowed computing some of the HP2020 objectives.

Reasons for Success or Barriers/Challenges to Success

A delay in the completion of the 2016 mortality file was the chief barrier to completing the HP 2020 objectives.

Strategies to Achieve Success or Overcome Barriers/Challenges

Once the 2016 mortality file is complete, the HP 2020 objectives will be finished.

Activity 3:

Enhance data quality, utilization and integration

Between 10/2017 and 09/2018, the DHHS Epidemiology and Informatics Unit, working with the University of Nebraska Medical Center's College of Public Health, will continue to enhance data quality, utilization and integration and will improve data utilization to support public health practices. Activities may include determining data integration strategies; linking data (i.e., hospital discharge data (HDD) with death certificate data, HDD with the Cancer Registry, HDD with Parkinson's Disease); geocoding HDD, cancer and vital records to support public health surveillance and social determinants of health; supporting internal public health programs and external partnerships; conducting pilot project similar to CDC's 500 Cities Project.

Activity Status

Not Completed

Activity Outcome

There are several outcomes, including:

- Data linkage project between Parkinson's disease (PD) registry and Death Certificate Project to identify potential PD cases in death certificates and update status of existing PD cases
- Small area estimation of population health outcomes project: with technical assistance of CDC, E&I created five indicators of estimations at census tract level and GIS mapped using the 2011-2015 Nebraska Behavioral Risk Factor Surveillance System (BRFSS) data:
 - Diagnosed diabetes among adults aged ≥ 18 years
 - Doctor visit for routine checkup within the past year among adults
 - Mental health not good for ≥ 14 days during the past 30 days among adults aged ≥ 18 years
 - Obesity (BMI ≥ 30) among adults aged ≥ 18 years
 - Adults aged ≥ 18 who are current smokers

Reasons for Success or Barriers/Challenges to Success

A dedicated working team meets regularly to discuss strategies for meeting state and local needs by maximizing the value of existing data sources and also reaching out to CDC for technical assistance.

Strategies to Achieve Success or Overcome Barriers/Challenges

E&I staff will continue to work together to meet state needs and will incorporate learning from the data

governance project.

Activity 4:

Chronic Renal Disease data collection and analysis

Between 10/2017 and 09/2018, The DHHS Chronic Renal Disease Program database maintains client information and payment data and runs necessary reports to better manage the Program and serve clients. Additionally, the database provides demographic information regarding Nebraskans with end-stage renal disease. Technical assistance contracts with the Nebraska Pharmacists Association and a nephrologist provide timely information and support to the Program.

Activity Status

Not Completed

Activity Outcome

The DHHS Chronic Renal Disease Program database continues to be an extremely useful tool to manage client data and client communications. As of 1/3/18, there are nearly 1,200 client records in the database with nearly 500 active clients. The composite active client is disabled, Caucasian, either single; widowed or divorced and over 55 years of age. Technical assistance contracts with the Nebraska Pharmacists Association and a nephrologist helped update the Renal Program's Reimbursable Drug Formulary for a February 2018 launch.

Reasons for Success or Barriers/Challenges to Success

Before the development of the database, there were some clients with applications that were older than 40 years. Since the database has been developed DHHS has worked to secure updated client applications, and now the only clients with applications older than seven years have been transplanted. This is a HUGE success for the Program, and it wouldn't have been possible without the database developed with PHHS Block Grant support.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Program continues to work closely with the DHHS Information Systems and Technology team to maintain and refine the database.

Impact/Process Objective 2:

Develop and enhance Nebraska's public health informatics infrastructure

Between 10/2017 and 09/2018, DHHS Epidemiology and Informatics Unit will update 1 Nebraska Public Health Informatics Development Plan based on the public health informatics needs assessment.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2017 and 09/2018, DHHS Epidemiology and Informatics Unit updated 0 Nebraska Public Health Informatics Development Plan based on the public health informatics needs assessment.

Reasons for Success or Barriers/Challenges to Success

Nebraska has been under a hiring freeze for a couple of years. In that context, it has been very difficult to establish this new position. There has been a good deal of turnover in the DHHS human resources (HR) department, adding to the challenge. In the fall of 2017, E&I worked with the new DHHS HR representative to express the importance of the position and to urge his support in creating and classifying the position.

Strategies to Achieve Success or Overcome Barriers/Challenges

The process to establish a new classification is lengthy and ultimately requires approval of Nebraska's Governor. Continued challenges are to obtain approval for the position, unstable funds and the statewide hiring freeze.

Activity 1:

Establish Informatics classification with State Personnel

Between 10/2017 and 09/2018, Working with DHHS Human Resources, the Epidemiology and Informatics Unit will continue working with the State's Department of Administrative Services to develop a job classification for public health informatics. If classified, staff will work to recruit, hire and onboard a qualified informatician to aid with following activities.

Activity Status

Not Completed

Activity Outcome

The E&I Unit Administrator met with DHHS's HR manager and discussed the needs and procedures to create the classification in November and December 2017.

Reasons for Success or Barriers/Challenges to Success

Due to staff changes at HR office, the E&I Unit Administrator had to orient a new HR manager in order to move forward with creating and classifying the informatician position.

Strategies to Achieve Success or Overcome Barriers/Challenges

E&I will continue to work with HR for preparation of the necessary documents and to move forward with advertising, interviewing and hiring.

Activity 2:

Establish and develop Nebraska Data Governance Committee

Between 10/2017 and 09/2018, DHHS Epidemiology and Informatics Unit will continue to develop the nascent Nebraska Data Governance Committee, whose charge will be, among other things, to conduct public health informatics needs assessment, develop a data and informatics strategic plan, conduct surveillance evaluations and collaborate with ASTHO's Public Health Informatics Workforce Committee.

Activity Status

Not Completed

Activity Outcome

At the end of 2017, the Division of Public Health (DPH) had established the platform and infrastructure for the Data Governance Program. This includes the development of a list of improvement activities and recommended priorities for consideration in 2018. Two initiatives were started. The Data Governance Program now has a leadership structure and a plan for continued efforts.

Reasons for Success or Barriers/Challenges to Success

Because of previous years of Block Grant supported efforts, the DPH has made significant progress to move forward its capacity for data governance and business intelligence. DHHS has experienced disparate governance across data programs, but has now developed the framework for a Division-wide formal Data Governance system that will support the vision of DPH as the trusted source for public health data. DPH partnered with a healthcare technology company and a talented consultant, which allowed for a rapid development cycle that would not otherwise have been achievable. Additionally, DPH has support--and even pressure--from community stakeholders which helps keep the project a priority. The project will require additional funding and staffing resources which are challenging during successive statewide budget reductions and hiring freeze. DPH has worked closely with the agency Information Systems & Technology (IS&T) team to identify opportunities to leverage action and key action proposals.

Strategies to Achieve Success or Overcome Barriers/Challenges

DPH has worked closely with the agency IS&T to identify strategies to leverage action and proposals for next steps during 2018. DPH has considered opportunities to partner with local university/colleges to utilize students for small projects that will help achieve some goals and serve as valuable learning for students. DPH is also discussing funding strategies to leverage Block Grant funding with other financial resources for the maximum benefit this year. DPH has applied to fellowship/intern programs that would

offer advanced service to DPH and experience for public health professionals.

Activity 3:

Provide training

Between 10/2017 and 09/2018, DHHS Epidemiology and Informatics Unit will provide training for (internal) epidemiologists, data analysts and program managers and training for (external) entities utilizing public health data.

Activity Status

Not Completed

Activity Outcome

The E&I team has begun assessing needs and developing a training structure that will be finalized and implemented during 2018.

Reasons for Success or Barriers/Challenges to Success

Like most E&I departments, Nebraska's experiences a rather high turnover in epidemiology staff. Training for others takes a back seat to hiring, onboarding and training E&I staff in an environment of high turnover.

Strategies to Achieve Success or Overcome Barriers/Challenges

E&I will continue to participate in the Data Governance development and will include training in the planning.

Impact/Process Objective 3:

Nebraska Public Health Geographic Information System

Between 10/2017 and 09/2018, the DHHS Epidemiology and Informatics Unit will provide technical support, mapping, geocoding and updates to **1 state and 20** health departments and other users.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2017 and 09/2018, the DHHS Epidemiology and Informatics Unit provided technical support, mapping, geocoding and updates to **1 state and 20 health departments and other users** health departments and other users.

Reasons for Success or Barriers/Challenges to Success

E&I has started geocoding within DHHS and has begun providing technical support. The project is just beginning and will continue in earnest in 2018. E&I staff assisted the chronic disease epidemiologist in creating a map of Omaha Service/storage locations and also met with a coworker for GIS advancement.

Strategies to Achieve Success or Overcome Barriers/Challenges

Implementation has started with the technical support and geocoding; however, the project is ongoing. More is expected before the project is complete with potential for additional geocoding projects in sight.

Activity 1:

Provide GIS services

Between 10/2017 and 09/2018, The DHHS Epidemiology and Informatics Unit will provide GIS services for programs within Nebraska's Division of Public Health including but not limited to producing maps to demonstrate health status, disparities, health care services, outbreaks and risk factors.

Activity Status

Not Completed

Activity Outcome

E&I has created a map of counties affected by BMI, updated West Nile Virus (WNV) maps, created a map of minimum infection rate cumulative WNV map, updated two maps for the Lifespan Health program on race & ethnicity, updated the Parkinson's map, created a map of Nebraska with affected Salmonella counties, created two maps of C. hominis & C. Parvum for presentation, printed two posters for food borne program, printed 16 posters for an event at the state's Capitol, printed seven posters for the Division of Child & Family Services to display, created two maps for the Epidemiology officer to present and updated human clinical and blood donor WNV maps.

Reasons for Success or Barriers/Challenges to Success

Many projects were clearly defined, and the strategy to prioritize each with the given deadlines was developed. Several projects were displayed for the public while others were added to the DHHS public website earning compliments from coworkers and the public.

Strategies to Achieve Success or Overcome Barriers/Challenges

Asking the important questions before starting a project helped to prioritize the projects at the very beginning. This allowed for a continuous workflow and fewer interruptions to complete on time.

Activity 2:

Coordinate internal GIS activities

Between 10/2017 and 09/2018, the DHHS Epidemiology and Informatics Unit will coordinate internal GIS activities including surveillance and assessment.

Activity Status

Not Completed

Activity Outcome

E&I compiled data for Program-to-Program, a program within DHHS to inform DPH and other Divisions about the work of various DHHS programs. E&I staff set up and staffed the display, answering questions and sharing information with DHHS staff. E&I updated local health department contact information, met with DHHS's Bioterrorism team, updated the public water systems map and posted it to DHHS website, met with the OCIO, the Division of Child & Family Services, UNL, the webmaster and IS&T for web mapping demonstration and decision-making.

Reasons for Success or Barriers/Challenges to Success

Meetings were well attended, and interest has been increasing. More information is creating more curiosity for future projects.

Strategies to Achieve Success or Overcome Barriers/Challenges

Including more people/areas into GIS has expanded the use and interest, creating more meetings and GIS users.

Activity 3:

Provide technical consultation and guidance

Between 10/2017 and 09/2018, the DHHS Epidemiology and Informatics Unit will provide technical consultation and guidance for internal and external GIS applications.

Activity Status

Not Completed

Activity Outcome

E&I is incorporating more GIS users into the web mapping component of the software.

Reasons for Success or Barriers/Challenges to Success

License issues with the software and access for everyone has been challenging. Training for the new component of web mapping has also been limited to training locations.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continued assistance from the OCIO is helpful and will be needed to implement the complete change. Working closely with them for future training and updates will be helpful.

Activity 4:

Actively participate in GIS steering committee

Between 10/2017 and 09/2018, the DHHS Epidemiology and Informatics Unit will actively participate in the statewide GIS steering committee meetings.

Activity Status

Completed

Activity Outcome

The E&I Unit Administrator attended the GIS Council meeting.

Reasons for Success or Barriers/Challenges to Success

Under Nebraska's travel restrictions, receiving approval for travel is difficult.

Strategies to Achieve Success or Overcome Barriers/Challenges

E&I will continue participation with the GIS Council and will incorporate lessons learned into the Data Governance project.

National Health Objective: PHI-17 Accredited Public Health Agencies

State Health Objective(s):

Between 10/2017 and 09/2018, DHHS and up to 18 local health departments* will develop and/or maintain health improvement plans and will prepare for potential accreditation from the Public Health Accreditation Board.

*Nebraska has 20 Local/District Public Health Departments.

State Health Objective Status

In Progress

State Health Objective Outcome

Nebraska' state health department and four local health departments have achieved national public health accreditation through the Public Health Accreditation Board (PHAB). In addition, 18 local health departments have completed or are in the process of completing or maintaining health improvement plans.

Reasons for Success or Barriers/Challenges to Success

Successes

Block grant dollars were used to support local health department accreditation efforts through subaward opportunities. These opportunities allowed local health departments to focus on completing pre-requisites for accreditation and filling gaps in meeting standards and measures established by the PHAB.

Barriers/Challenges

With local health departments at various stages in the accreditation process, at times it can be challenging to plan trainings relevant to the needs of all health departments.

Strategies to Achieve Success or Overcome Barriers/Challenges

Successes

Monthly accreditation community of practice webinars are conducted with local health departments. These webinars allow local health departments an opportunity to share progress towards accreditation and discuss resources needed to meet public health standards and measures. Trainings are provided during these webinars to address various topics on accreditation.

Strategies to Overcome Barriers/Challenges

Ongoing communication with local health departments enables DHHS to provide appropriate technical assistance and resources needed to make progress towards accreditation.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

Block Grant funds are leveraged to help fund a Performance Improvement Manager for the Nebraska Division of Public Health to lead accreditation efforts for the Division including coordinating meetings, maintaining accreditation status, and ensuring that gaps are being filled. These efforts have led to updates of the State Health Improvement Plan and Division of Public Health Strategic Plan. In addition, the Performance Improvement Manager provides support and technical assistance to Nebraska's local health departments around accreditation preparation.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Implementation of State Health Improvement Plan (SHIP) Activities

Between 10/2017 and 09/2018, SHIP coalition members and partners will implement 5 key strategies from the State Health Improvement Plan.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2017 and 09/2018, SHIP coalition members and partners implemented 0 key strategies from the State Health Improvement Plan.

Reasons for Success or Barriers/Challenges to Success

SHIP workgroups met in November 2017 to discuss action steps for the coming year. The groups also talked about progress on activities associated with the SHIP.

Reasons for Success or Barriers/Challenges to Success

The Office of Community Health and Performance Management (OCHPM) within the Nebraska Division of Public Health has a highly skilled team that developed a solid priority choosing and goal setting process. The Office had significant participation as each priority launched their planning phase. Early recruitment was helpful, and having a structured facilitation strategy made the planning process efficient and effective. The Division launched this SHIP with four other "Co-Launch" partners to best model collective impact and public health partnership for state health planning.

Strategies to Achieve Success or Overcome Barriers/Challenges

OCHPM's approach to this SHIP included quality improvements and process improvements informed by our evaluation of the last plan. OCHPM intentionally recruited for expansive participation and created facilitation strategies to move quickly from talk to action. This was valuable in the priority selection process and resulted in a high number of volunteers interested in implementation; however, as is common in projects like this, participation wanes as time progresses. The challenge is maintaining sufficient representation and energy around implementation. Securing key group leaders has been a focus of the new SHIP Manager and developing action plans for 2018 to ensure active implementation. The Co-Launch partnership has been quite valuable as OCHPM strategizes opportunities for success. There has been some confusion about the role OCHPM plays in the project, so clear communication will be important moving forward. OCHPM is working on a communication plan for the SHIP to ensure consistency in messaging, transparency in the work and continuous updates about progress.

Activity 1:**Provide support to coalition members and partners**

Between 10/2017 and 09/2018, DHHS staff will provide funding and support to coalition members and partners to implement key strategies from the SHIP. DHHS staff help coordinate coalition implementation work groups by planning quarterly meetings, reporting opportunities, conference calls, and other support. DHHS staff will establish and manage contracts to help coalition members complete activities related to the SHIP.

Activity Status

Not Completed

Activity Outcome

A meeting was held in November 2017 with all coalition members to discuss planning for the coming year. OCHPM will provide ongoing support and technical assistance to coalition members throughout the year.

Reasons for Success or Barriers/Challenges to Success

The OCHPM provided technical assistance to all five priority work groups as they developed teams and action plans. The Office partnered with a facilitation expert to lead the goal setting process which includes identifying success measures, barriers for action, a five-year strategy map and a six-month action plan. The Office coordinated multiple meetings (virtual and in person) to establish capacity for implementation. OCHPM continues to utilize a performance dashboard system for reporting, and trains new partners for use to empower ownership and transparency.

Strategies to Achieve Success or Overcome Barriers/Challenges

Utilizing a facilitation expert was a key strategy to help teams make progress in the beginning stages of the planning process. This also created inertia within teams to have an 'external partner' push for decision making and accountability.

Impact/Process Objective 2:**Maintain public health accreditation**

Between 10/2017 and 09/2018, the DHHS Office of Community Health and Performance Management will increase the number of annual reports to the Public Health Accreditation Board for the Nebraska Division of Public Health from 1 to 2.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2017 and 09/2018, the DHHS Office of Community Health and Performance Management increased the number of annual reports to the Public Health Accreditation Board for the Nebraska Division of Public Health from 1 to 1.

Reasons for Success or Barriers/Challenges to Success

OCHPM is currently in the process of preparing to submit the second annual report to the Public Health Accreditation Board (PHAB) since achieving accreditation.

The second annual report is due to PHAB in May 2018. Quality improvement initiatives are currently being implemented across the Division. The OCHPM's Performance Improvement Manager will organize and compile all required reporting components for the annual report.

Strategies to Achieve Success or Overcome Barriers/Challenges

DHHS is working on many quality improvement processes that will be reported in the accreditation annual report including the updates and implementation of core plans essential to maintaining accreditation.

Activity 1:

Submit annual report to the Public Health Accreditation Board

Between 10/2017 and 09/2018, The Office of Community Health and Performance Management will submit its second annual report to the Public Health Accreditation Board which is a requirement to maintain accreditation status for the DHHS Division of Public Health.

Activity Status

Not Completed

Activity Outcome

Preparation is occurring for annual report submission due in May 2018.

Reasons for Success or Barriers/Challenges to Success

The annual report will be submitted in May 2018. DHHS is working on many improvements that will lead to accreditation maintenance. In addition, DHHS is in the process of updating various plans that are essential to public health accreditation. Examples of these plans include the State Health Improvement Plan, the Division of Public Health's Strategic Plan and the Division's workforce development plan.

Strategies to Achieve Success or Overcome Barriers/Challenges

The OCHPM's Performance Improvement Manager will organize and compile all required reporting components for the annual report. The OCHPM is working with Units within the Division of Public Health to gather required documentation and make needed improvements for the annual report.

Activity 2:

Update plans and other key documents to maintain public health accreditation

Between 10/2017 and 09/2018, In addition to the annual report, the Office of Community Health and Performance Management will update required documentation to maintain public health accreditation through the Public Health Accreditation Board. This documentation will provide evidence the Division meets all the standards and measures over the 12 PHAB domains. Documentation provides evidence of the activities Nebraska is doing in support of public health for residents.

Activity Status

Not Completed

Activity Outcome

The OCHPM within the Division of Public Health is leading efforts to update plans that are required to maintain public health accreditation.

Reasons for Success or Barriers/Challenges to Success

OCHPM utilized its team of trained facilitators to implement a coordinated and intentional planning process for all of the internal efforts. OCHPM has invited the Division to make the shift from "meeting accreditation standards" to serving as a high performing organization. This language and culture shift is valuable and accepted but does take time; as a result, OCHPM is utilizing change strategies for maximum impact.

Strategies to Achieve Success or Overcome Barriers/Challenges

The OCHPM ensures that plans are being updated. The Office continues to hold planning meetings and tracks progress using a Results Based Accountability (RBA) dashboard software system.

Activity 3:

Make at least one quality improvement in at least 6 of the 12 PHAB domains

Between 10/2017 and 09/2018, The Office of Community Health and Performance Management will facilitate an improvement in at least 6 of the 12 PHAB domains based on the results of our accreditation site visit report. An example of an improvement that will be made is to create a formal policy for ethical decision-making.

Activity Status

Not Completed

Activity Outcome

Improvements have been started in many of the domains, with more on the horizon. These QI projects are spread across the Division of Public Health.

Reasons for Success or Barriers/Challenges to Success

The OCHPM has worked with all units within the Division to identify opportunities for improvement.

Strategies to Achieve Success or Overcome Barriers/Challenges

The OCHPM's Performance Improvement Manager coordinates accreditation-related strategies across the Division. Having a point of contact for these activities has been an important component for the Division's accreditation efforts.

Activity 4:**Track performance measures using a dashboard**

Between 10/2017 and 09/2018, The Office of Community Health and Performance Management will track performance of State Health Improvement Plan, Strategic Plan, and other key performance measures on the performance dashboard. This allows DHHS, Division of Public Health to track key performance indicators and initiate quality improvements when necessary.

Activity Status

Not Completed

Activity Outcome

DHHS is using a performance dashboard to measure progress on the State Health Improvement Plan, Strategic Plan and other internal strategies.

Reasons for Success or Barriers/Challenges to Success

DHHS is using a dashboard tool (Results Based Accountability platform) that is working well. The platform provides a quick, visual representation of progress made and yet to be made. A person does not need in-depth knowledge of a performance measure to "see" where progress is happening and where additional work needs to be done.

Strategies to Achieve Success or Overcome Barriers/Challenges

Establishing performance measures that are results based is time-intensive and, in some cases, requires a paradigm shift. Many are still accustomed to counting numbers (brochures distributed, immunizations administered) rather than measuring results (impact of activities, difference made in the health of populations).

Impact/Process Objective 3:**Support for local health departments**

Between 10/2017 and 09/2018, Office of Community Health and Performance Management staff, contractors, and local health department staff members will provide subject matter expertise, funding and training opportunities related to health improvement plan implementation and accreditation preparation to **18** local health departments and key partners.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2017 and 09/2018, Office of Community Health and Performance Management staff, contractors, and local health department staff members provided subject matter expertise, funding and training opportunities related to health improvement plan implementation and accreditation preparation to **19** local health departments and key partners.

Reasons for Success or Barriers/Challenges to Success

Successes

During the reporting period, the OCHPM has provided subaward opportunities to 18 local health departments and one tribal health department. These subawards will allow the health departments to complete prerequisites in order to apply for public health accreditation.

Barriers/Challenges to Success

While local health departments are grateful for the funding that is provided through the subawards, there has been an indication from the departments that more financial assistance is needed due to the time and resources needed to obtain public health accreditation.

Strategies to Achieve Success or Overcome Barriers/Challenges

The subawards that have been established with the local health departments will allow them to complete essential components of public health accreditation which include community health assessments, community health improvement plans, department strategic plans, quality improvement plans, and communication plans. The subawards also will allow local health departments to update policies and procedures that enable them to perform essential public health services.

OCHPM staff provides detailed instructions on subaward application requirements. The Office also provides technical assistance and feedback for health departments through phone calls and email communications. OCHPM is the designated liaison between the State health department and local health departments.

Activity 1:

Provide subject matter expertise

Between 10/2017 and 09/2018, DHHS staff will assess the needs of local health departments. Staff members will gather models and standards including evidence-based programs and accreditation information to share with local health departments. DHHS staff will also plan and arrange technical assistance and training opportunities. Technical support will be provided in the form of monitoring progress reports, one-on-one mentoring, conducting site visits and coordinating group updates and conference calls.

Activity Status

Not Completed

Activity Outcome

OCHPM provides technical assistance and support to 18 local health departments. Methods of technical assistance include phone calls and monthly webinars. Site visits with local health departments will be conducted in 2018.

Reasons for Success or Barriers/Challenges to Success

Successes

Monthly accreditation community of practice calls are conducted with local health departments. These webinars educate local health departments on the Public Health Accreditation Board (PHAB) standards and measures. The webinars also allow local health departments to share resources, lessons learned and barriers experienced during the accreditation process.

Barriers/challenges to success

Each local health department is at a different stage in the accreditation process. It can be challenging at times to select trainings that are appropriate for all departments.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies to achieve success

Regularly scheduled webinars have allowed DHHS staff to monitor accreditation progress for all local health departments. Since local health departments are at various stages in the application process, the

webinars provide an opportunity for learning from each other and for sharing helpful tips and hints.

Strategies to overcome barriers/challenges

Regular communications with all local health departments have allowed DHHS staff to identify barriers and challenges that departments are experiencing with accreditation readiness.

Activity 2:

Financial Assistance

Between 10/2017 and 09/2018, DHHS will provide funds for local health departments to prepare for public health accreditation. PHHSBG funds are used to leverage funds from state and other federally funded programs to provide financial assistance of this type to local health departments. Up to 18 awards will be made to local health departments.

Activity Status

Completed

Activity Outcome

During the reporting period, DHHS has provided funding through subawards to 18 local health departments and one tribal health department. The subawards allow the health departments to prepare or apply for public health accreditation.

Reasons for Success or Barriers/Challenges to Success

Successes

OCHPM provides technical assistance and support to local health departments through monthly community of practice webinars. The webinars allow local health departments to share accreditation-related resources and ask questions about acceptable documentation.

Barriers/challenges to success

DHHS has limited staff who are experienced in Public Health Accreditation Board (PHAB) documentation requirements.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies to achieve success

Regular feedback is sought on what is needed from local health departments for accreditation readiness. DHHS staff use this feedback to provide meaningful webinar topics and information for the health departments.

Strategies to overcome barriers/challenges

Ongoing communication with the health departments allow information and resources to be provided.

Activity 3:

Provide mock accreditation site visits and documentation training

Between 10/2017 and 09/2018, The Office of Community Health and Performance Management will provide mock site visits and documentation training to local health departments as necessary. Two local health departments will be in the process of uploading documentation for accreditation and staff will support those efforts.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

A mock site visit will be provided to one local health department during the spring of 2018. Additional mock site visits will be scheduled as other health departments are notified of PHAB site visit dates.

Successes

Ongoing communication and technical support to local health departments have allowed DHHS staff to support local health departments in applying for national public health accreditation. Once local health departments have applied for accreditation, DHHS staff schedule mock site visits with the health departments.

Barriers/Challenges

The OCHPM staff existing job responsibilities and duties limit the amount of dedicated time available to review accreditation documentation for local health departments.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies to Achieve Success

The OCHPM partners with a trained Public Health Accreditation Board (PHAB) site visitor from the Public Health Association of Nebraska to provide accreditation technical support to health departments. This is a valuable asset which allows the Office to provide effective and efficient mock site visits.

Strategies to Overcome Barriers/Challenges

Ongoing communication with local health departments allows the OCHPM to determine where all health departments are in the accreditation process. The Office is then able to respond appropriately to the local health departments' technical assistance and resource needs.

Impact/Process Objective 4:

Training and educational resources

Between 10/2017 and 09/2018, DHHS staff and contractors will provide training on relevant topics related to core public health competencies, based on perceived need to 19 health departments (one state and 18 local).

Impact/Process Objective Status

Not Started

Impact/Process Objective Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

Successes

During the reporting period, a community of practice webinar was provided to health departments on public health accreditation documentation. Future trainings will be provided to health departments based on reported and perceived needs.

Barriers/Challenges to Success

DHHS staff existing job responsibilities and requirements limit the amount of dedicated time that some employees are able to dedicate to training efforts.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies to Achieve Success

A public health accreditation community of practice group was established in 2014 to provide a forum for health departments to discuss the accreditation process. This group continues and enables local health departments to communicate where they are in the accreditation process and share documentation and resources with one another.

Strategies to Overcome Barriers/Challenges

Monthly webinars and ongoing communication with this group has allowed DHHS to identify relevant trainings to assist the local health departments through the accreditation process. In addition, surveys are distributed periodically to seek feedback on what type of trainings are needed.

Activity 1:

Training Sessions

Between 10/2017 and 09/2018, DHHS staff members will coordinate training opportunities for local health

department staff by identifying resources (e.g., presenters, materials), arranging locations and presenters, marketing the training sessions, and arranging the registration and evaluation processes. Staff will also coordinate training opportunities for Division of Public Health staff based on the workforce development plan.

Activity Status

Not Completed

Activity Outcome

During the reporting period, an accreditation community of practice webinar was offered to local health departments on accreditation documentation. Additional topics for future training will be identified with input from local health departments.

Reasons for Success or Barriers/Challenges to Success

Successes

Ongoing communication with local health departments enables DHHS staff to determine where health departments are in the accreditation process and identify training needs.

Barriers/Challenges

DHHS staff existing job duties have made it challenging in some instances to provide dedicated time to coordinate trainings and learning sessions for local health departments.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies to Achieve Success

During the reporting period, an accreditation community of practice webinar was offered to local health departments on accreditation documentation. Using webinar technology allowed for an inexpensive way to reach a larger number of participants who may not have been able to travel to an in-person training due to geographical distance or financial restrictions.

Strategies to Overcome Barriers/Challenges

One program within DHHS coordinated training opportunities for the health departments. This office will continue to seek input from health departments on training needs.

Activity 2:

Mentoring

Between 10/2017 and 09/2018, DHHS staff will provide one-on-one mentoring to local health department staff members to increase their capacity to implement evidence-based programs and prepare for accreditation including planning, assessment, and quality improvement.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

Successes

Ongoing collaboration among DHHS staff led to enhanced coordination of mentoring efforts. In addition, DHHS partners with a trained Public Health Accreditation Board (PHAB) site visitor to provide technical support to local health departments. This has been helpful in mentoring public health departments on accreditation activities.

Barriers/Challenges to Success

Existing job duties and other program priorities limit the amount of dedicated time that DHHS staff are available to provide mentoring to local health departments.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies to Achieve Success

DHHS staff from the OCHPM coordinated technical assistance and mentoring for local health departments. OCHPM is leading the Division of Public Health's accreditation efforts and is knowledgeable about public health accreditation.

Strategies to Overcome Barriers/Challenges

Regular communication and planning efforts among DHHS staff enables coordinated efforts in providing mentoring to the local health departments.

State Program Title: Worksite Wellness Program

State Program Strategy:

Program Goal: The PHHS Block Grant-funded **Worksite Wellness Program** is dedicated to improving the overall health of Nebraska adults through their places of employment.

Health Priorities: Building capacity among employers to provide data-driven, comprehensive worksite health promotion services statewide, primarily through Nebraska's worksite wellness councils and local health agencies.

Primary Strategic Partners: Local worksite wellness councils (WorkWell, Panhandle Worksite Wellness Council and WELCOM), local health departments and human services agencies, hospitals, state government, local health coalitions, public schools, universities and colleges, Nebraska DHHS Programs, Nebraska Sports Council, employers.

Evaluation Methodology: The project will be evaluated by tracking changes in health status data through Behavioral Risk Factor Surveillance Survey; LiveWell health assessment survey; reports from participating businesses on changes in health care and insurance costs; aggregate, de-identified biometric data obtained from employee health risk assessments; environmental and policy change information from the Nebraska Worksite Wellness Survey; and the Governor's Award database.

National Health Objective: ECBP-8 Worksite Health Promotion Programs

State Health Objective(s):

Between 10/2017 and 09/2018, DHHS will provide subawards to two worksite wellness councils in order for them to conduct evidence-based health promotion activities for workers and to develop sustainability plans.

State Health Objective Status

Met

State Health Objective Outcome

During the reporting period, DHHS established subawards with WorkWell and the Panhandle Worksite Wellness Council. These subawards will enable the worksite wellness councils to provide continued support for development, implementation and technical assistance for comprehensive worksite wellness initiatives for businesses served by these councils.

Reasons for Success or Barriers/Challenges to Success

Successes

Communication with the worksite wellness councils during the subaward application process enabled clear expectations to be established for the implementation of the activities in the subaward.

Barriers/Challenges to Success

Lack of sustainable funding has led to some concerns among the worksite wellness councils about future programming efforts.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies to Achieve Success

Ongoing bimonthly phone calls with the councils have allowed open communication regarding programming efforts.

Strategies to Overcome Barriers/Challenges

The two worksite wellness councils are developing sustainability and communication plans to aid in sustainability efforts.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

PPHS Block Grant funding has helped to complement the CDC 1305 and 1422 Public Health Actions for Prevention Grants. Funding leveraged from PPHS Block Grant has helped to amplify the funding that is being provided to the worksite councils through the DHHS Chronic Disease Prevention and Control Program implementing the 1305 and 1422 grants.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Promote worksite wellness

Between 10/2017 and 09/2018, subawardees and contractors will provide technical assistance designed to encourage active engagement in worksite health promotion activities to **150** worksites.

Impact/Process Objective Status

Not Started

Impact/Process Objective Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

Nebraska DHHS has provided funding support to the worksite wellness councils to enhance the capacity of the councils to provide effective support to worksites across Nebraska. Subaward opportunities were established with the worksite wellness councils. These subawards provided funding and established clear expectations for the worksite wellness councils.

Strategies to Achieve Success or Overcome Barriers/Challenges

Scheduled calls with the worksite wellness councils has helped to strengthen communication among the councils and has enabled them to coordinate efforts more effectively.

Activity 1:

Training and technical assistance

Between 10/2017 and 09/2018, Two worksite wellness councils will provide technical assistance and training to at least 150 worksites.

The worksite wellness councils, partially supported by the PHHSBG, distribute newsletters and provide training seminars, peer learning/idea sharing, assistance with preparing to meet the qualifications for the Governor's Wellness Award and phone counseling.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

Ongoing communication and coordination between DHHS and the worksite wellness councils has allowed the councils to provide effective support to businesses across Nebraska.

Strategies to Achieve Success or Overcome Barriers/Challenges

Subaward opportunities have been established with the worksite wellness councils. These subawards define expectations and strategies that the worksite wellness councils will implement during the coming year.

Activity 2:

Training and technical assistance for evidence-based interventions

Between 10/2017 and 09/2018, Wellness councils will provide technical assistance and training to employers specific to evidence-based interventions for active living, healthy eating and breastfeeding. Depending on Council needs, training may feature implementation of the CDC Worksite Physical Activity Toolkit, the Nebraska Walking Worksite Initiative, the Nebraska Healthy Beverage Guide, the WalkIts Toolkit for Walkable Worksites, healthy meetings and strategies for implementing workplace lactation programs.

Activity Status

Not Completed

Activity Outcome

The two worksite wellness councils have been actively recruiting businesses to join the council memberships. Technical assistance was provided to businesses that are members of the worksite wellness councils. In addition, trainings are being scheduled for members of the worksite wellness councils.

Reasons for Success or Barriers/Challenges to Success

Ongoing communication and coordination between DHHS and the worksite wellness councils has allowed the councils to provide effective support to businesses across Nebraska.

Strategies to Achieve Success or Overcome Barriers/Challenges

Subaward opportunities have been established with the worksite wellness councils. These subawards define expectations and strategies that the worksite wellness councils will implement during the coming year.

Activity 3:

Develop and implement sustainability plan

Between 10/2017 and 09/2018, Wellness councils will develop and begin implementing sustainability plans, exploring myriad funding resources in an effort to become self-sustaining.

Activity Status

Not Completed

Activity Outcome

The worksite wellness councils have begun drafting sustainability plans. In addition, sustainability is a topic of discussion during council advisory meetings. During 2018, these plans will be strengthened, and communications planning will be added to support sustainability efforts.

Reasons for Success or Barriers/Challenges to Success

During the reporting period, subawards were established with the worksite wellness councils. The subawards allowed the wellness councils to plan for sustainability for worksite wellness efforts. Sustainability of worksite wellness efforts were discussed frequently during the subaward project period, and draft plans are in the process of being developed.

Strategies to Achieve Success or Overcome Barriers/Challenges

Regularly scheduled calls and quarterly reports will ensure the worksite wellness councils are making progress with sustainability plans.

Activity 4:

Develop communications plan

Between 10/2017 and 09/2018, subawardees and contractors will develop communications plans to encourage and enhance sustainability.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

Ongoing communication between DHHS and the Worksite Wellness Councils has allowed clear expectations to be established for communications and sustainability plans.

Strategies to Achieve Success or Overcome Barriers/Challenges

Subawards have been established with the Worksite Wellness Councils. These subawards have provided financial support to the Councils to enable them to provide worksite wellness programming to businesses in the State as a public health intervention.