

**Nebraska Workplan for FFY2010
Preventive Health and Health Services
Block Grant**

Annual Report

Annual Report for Fiscal Year 2010

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Governor: Dave Heineman

State Health Officer: Joann Schaefer M.D.

Block Grant Coordinator:

Barbara Pearson

301 Centennial Mall S.

P.O. Box 95026

Lincoln NE 68509-5026

Phone: 402-471-3485

Fax: 402-471-6446

Email: Barbara.Pearson@nebraska.gov

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Executive Summary

The Nebraska Department of Health and Human Services (NDHHS) submits the following **WORKPLAN to describe activities being carried out using Preventive Health and Health Services Block Grant (PHHSBG) funds during Federal Fiscal Year 2010 (October 1, 2009 to September 30, 2010)**. The Centers for Disease Control and Prevention (CDC), United States Department of Health and Human Services has awarded PHHSBG funds to the State of Nebraska annually since 1981. The NDHHS receives and administers the funds as the designee of the Governor of Nebraska.

Funding Assumptions:

The preparation of the FY2010 Workplan is based on the allocation table from CDC, which is assumed to be the final and true allocation of PHHSBG funds to the State of Nebraska for FY2010. Subsequent changes in the allocation or the amount of funds actually made available for use by the NDHHS will be handled in accordance with the recommendations of the Nebraska Preventive Health Advisory Committee and the policies NDHHS, and in compliance with pertinent Public Health Services Act provisions. *Implementation and subawards of funds are always made contingent upon receipt of sufficient federal funds.*

State Level Allocation of Funds During FY2010:

This Workplan addresses national-level Healthy People 2010 objectives, which were selected in consultation with the Nebraska Preventive Health Advisory Committee. The selection was based upon data related to leading public health problems and needs in Nebraska and upon availability of alternate financial resources.

The following amounts have been allocated to priority programs for FY2010:

PROGRAM ALLOCATION

• Dental Health Program.....	\$140,000
• Diabetes Program.....	\$136,000
• Laboratory Testing Program.....	\$267,000
• Minority Health Program.....	\$86,000
• People, Places & Partners Program (Infrastructure).....	\$408,000
• Unintentional & Intentional Injury Program.....	\$242,000
• Worksite Wellness Program.....	\$280,449

These funded programs will help to achieve identified national **PHHS Block Grant Goals**, focusing on reducing chronic disease and injury, and strengthening local health infrastructure.

1. **Achieve health equity and eliminate health disparities by impacting social determinants of health;**
2. **Decrease premature death and disabilities due to chronic diseases and injuries by focusing on the leading preventable risk factors;**
3. **Support local health programs, systems, and policies to achieve healthy communities;**
4. **Provide opportunities to address emerging health issues and gaps.**

Funding History:

Nebraska's PHHSBG award from CDC had stabilized following a decade of steady decline, amounting over 40% from 1998 to 2008. As other funds became available, two programs were shifted off the PHHS Block Grant, which made funds available to expand support for injury prevention, diabetes control and worksite

wellness as well as to restore funding to local/district health departments. Those funds also allowed Nebraska to address dental health care needs among children from low-income households for the first time in FY2009 and to continue that investment in FY2010.

Law:

Funds are administered through the Centers for Disease Control and Prevention (CDC) in accordance with the Public Health Service Act, Titles I-V (Public Law 78-410); as added by the Omnibus Budget Reconciliation Act of 1981, Title XIX, Part A, Sections 1901-1907 (Public Law 97-35); amended by Preventive Health Amendments of 1984 (Public Law 98-555); Omnibus Programs Extension of 1988 (Public Law 100-607), and Preventive Health Amendments of 1992 (Public Law 102-531). [The Crime Bill of 1994, Violence Against Women Act, which added Section 1910A, Rape Prevention and Education, was repealed in 2000 by Public Law 106-386.]

State Program Title: DENTAL HEALTH PROGRAM

State Program Strategy:

Program Goal: The PHHS Block Grant-funded *Dental Health Program* is dedicated to providing dental care and preventive services, reducing the unmet dental needs of children from low-income and minority households in Nebraska.

Health Priorities:

Dental decay is a significant public health problem for Nebraska children. A school based survey conducted in 2005 showed that approximately 60% of the children surveyed had experienced dental decay by the third grade, almost 17% have untreated dental decay and 13% had decay in seven or more of their teeth.

According to the survey, children from lower-socioeconomic backgrounds tend to have worse oral health status and nearly 30% of children from low income schools have untreated dental decay. Minority children (African American and Hispanic) experience poorer oral health, with approximately 28% of minority children having untreated dental decay and 20% having rampant decay (seven or more teeth with decay experience).

Primary Strategic Partners: Local/District Health Departments, University of Nebraska College of Dentistry, Creighton University School of Dentistry, Central Community College Dental Hygiene Program, local pediatric dentists,

Evaluation Methodology: Subawardees collect data on services, including demographics and specific procedures rendered; conduct process review involving staff, dental professionals and translators aimed at quality improvement. An oral health surveillance system, modeled after the National Oral Health Surveillance System of the Association of State and Territorial Dental Directors (ASTDD).

National Health Objective: 21-12 Dental services for low-income children

State Health Objective(s):

Between 10/2009 and 09/2014, decrease by 5% the percentage of third graders in Nebraska who have untreated dental decay.

State Health Objective Status

Not Met

State Health Objective Outcome

This Outcome Objective is assumed to be unmet. There has not been a follow-up oral health inspection survey among third graders in Nebraska since the baseline "Open Mouth" survey was done in 2005. At this time, sufficient resources have not been secured or allocated to plan and carry out a repeat survey, leaving the extent of untreated dental decay unknown.

During FY2009 and FY2010, the PHHS Block Grant supported preventive oral health projects aimed at young children, one of which became the model for a new oral health grant.

- In the fall of 2009, the NDHHS Office of Oral Health and Dentistry has been re-invented following receipt of a \$1.5 million, three-year HRSA workforce grant. The HRSA grant has allowed Nebraska to address oral health care access shortages by supporting local/district health departments and Federally

Qualified Health Centers in providing preventive oral health services to children under the age of eight years. The service delivery sites are primarily Head Start programs and WIC clinics. Evaluation is being designed with the help of Creighton University Health Services Research Program.

- Also in the fall of 2009, the NDHHS dedicated funds within the Maternal and Child (MCH) Block Grant to support a new Dental Health Director, ending a three-year-long vacancy in that position.
- For more information about the NDHHS Office of Oral Health and Dentistry go to:
<http://www.hhs.state.ne.us/dental/>

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

1. The dedication of the dentist working as a volunteer in central Nebraska, who would become the new NDHHS Dental Health Director.
2. The enthusiasm of a Two Rivers Public Health Department, which became the host of the pilot preventive oral health project for young children.
3. The interest of the chief Administrator of the NDHHS Community Health Section, whose educational background is dentistry.

Barriers/Challenges identified:

1. The vacancy in the position of Dental Health Director from 2006 to 2009 to identify priorities and determine policy around oral health.
2. Uneven access to dental care and preventive services across , with more than 20 rural counties having no dentists.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

1. The position of Director of Dental Health was filled in the fall of 2009 using MCH Block Grant Funds.
2. The new HRSA grant is beginning to provide preventive oral health services in underserved rural and urban areas of the state.
3. The portion of PHHS Block Grant funds allocated for oral health can be aimed at audiences and services that are outside the scope of the HRSA grant.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

In the spring of 2009 NDHHS staff, including the PHHS Block Grant Coordinator wrote grant proposal for funding to the Health Resources and Services Administration (HRSA). The proposal focused on very young children, modeled after the successful pilot project developed using PHHS Block Grant funds.

In the fall of 2009 a three-year, \$1.5 million grant was awarded to Nebraska.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 7 – Link people to services

Impact/Process Objective 1:

Preventive/Evaluative Care

Between 10/2009 and 09/2010, NDHHS Office of Oral Health and Dentistry with contractors will provide evaluative clinics and preventive care for children, oral health education and materials for children and parents, and referral to restorative care to **1,000** children and youth.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, NDHHS Office of Oral Health and Dentistry with contractors provided evaluative clinics and preventive care for children, oral health education and materials for children and parents, and referral to restorative care to **1487** children and youth.

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

- The professional education and experience of providers involved in providing services, including Dental Hygienists with Public Health Authorization and Dentists.
- The participation of the Central Community College Dental Hygiene Program, and the availability of Dental Hygiene students.
- The experience and interest of two District Health Departments who manage the projects through contracts.

Barriers/Challenges identified:

- The huge scope of the unmet need among low-income and rural residents.
- Language barriers, requiring provision of interpreters.
- Cultural differences relating to oral health and accessing public oral health services.
- Large geographic coverage area, with recognized transportation barriers.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

- Develop preventive programs to take into Head Start, early learning sites, WIC clinics and schools. Go where the children and their parents are gathered.

Activity 1:

Evaluative Clinics and Preventive Services

Between 10/2009 and 09/2010, contract with at least two local/district health departments to provide preventive and evaluative services to at least 500 children and youth; the activities include evaluative clinics, tooth brushing programs at grade schools, parent education at worksites, preventive dental care and education at child care settings and xylitol program among young mothers at a high school.

Activity Status

Completed

Activity Outcome

Young Children Priority One oral health project, operated by Two Rivers Public Health Department:

- Oral Health Clinics held at WIC clinics sites: Oral disease prevention education, oral health screening, 5% sodium fluoride varnish and iodine applications, dispensing of homecare supplies and referral. **Provided 329 applications in Lexington, 284 in Kearney and 111 in Holdrege.**

- Head Start Classes and other early learning sites: Oral disease prevention education, oral health screening, 5% sodium fluoride varnish and iodine applications, dispensing of homecare supplies. **Served 126 Head Start children.**
Gibbon Public School: Oral disease prevention education, oral health screening, and data collection, dispensing of homecare supplies and training in toothbrushing techniques. **Served 300 children.**
- Childcare Programs: 5% sodium fluoride varnish and iodine applications, oral disease prevention education/ toothbrush technique training and dispensing of homecare supplies. **Served 200 children in Lexington and 144 in Kearney.**

Sonrisa Project operated by the South Heartland District Health Department:

- Conducted sealant clinic in January 2010 that provided 199 sealants to 29 child patients.
- Conducted two preventive clinics in May and June 2010 that provided evaluations, cleaning, fluoride and X-Rays to 145 children age 3 to 19.

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

- Professional education and dedication of providers of the oral health care.

Barriers/Challenges identified:

- Language and cultural barriers requiring provision of interpreters and training in provision of appropriate care.
- Extent of need among low-income and rural populations of children.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

- Planned in advance for provision of interpreters,
- Focused on prevention in young children in order to reduce future need for restorative care.

Impact/Process Objective 2:

Restorative Care

Between 10/2009 and 09/2010, DHHS Office of Oral Health and Dentistry with contractors will provide restorative dental care procedures to **100** children without a dental home or other sources of oral health care.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, DHHS Office of Oral Health and Dentistry with contractors provided restorative dental care procedures to **88** children without a dental home or other sources of oral health care.

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

- Dedication to improving the oral health of children among the providers of the service.

Barriers/Challenges identified:

- Lack of access to routine oral health care among the children served.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

- the South Heartland District Health Department collaborative with a local public spirited dentist, a school of dental hygiene and a school of dentistry to successfully provide services.

Activity 1:

Restorative Clinics and Van

Between 10/2009 and 09/2010, contract with at least two local/district health departments to organize and conduct restorative clinics to provide at least 200 specific restorative or preventive procedures.

Activity Status

Completed

Activity Outcome

Sonrisa Project operated by the South Heartland District Health Department:

- Conducted four restorative clinics in the fall of 2009, providing 88 patient encounters and 242 procedures.

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

- Attitude of willing collaboration among the various providers of care.

Barriers/Challenges identified:

- Language and cultural barriers in the provision of oral health services, as well as economic barriers among the families of the children needing the restorative service.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

- Clinic procedures set up in advance to address barriers.

State Program Title: DIABETES PROGRAM

State Program Strategy:

Program Goal: The PHHS Block Grant-funded *Diabetes Program* is dedicated to preventing death and disability due to diabetes. The program focuses on individuals with diabetes, especially in rural area; diabetes care providers; and Native American children in one tribal school.

Health Priorities: During the 2004 to 2008 period, the age adjusted death rate due to Diabetes Mellitus in Nebraska was 21.9 per 100,000 population, making it the state's seventh leading cause of death during these years. The number of deaths attributed to Diabetes Mellitus during those years: 395 deaths in 2004, 449 in 2005, 437 in 2006, 472 in 2007 and 470 in 2008.

(The age adjusted rate for 2008 was 23.1 per 100,000 population)

Primary Strategic Partners:

- External: Community Action Partnership of Western Nebraska; Nebraska Medical Center Diabetes Program, One World Community Health Centers; Santee Public School; CIMRO of Nebraska (Quality Improvement Organization for Nebraska); and Certified Rural Health Clinics.
- Internal: NDHHS Cardiovascular Health Program, and NDHHS Office of Rural Health.

Evaluation Methodology:

- The Public Health Support Unit, Health Statistics and Vital Records, collects and reports data including cause of death data.
- The two contracting diabetes clinics gather data on the number of their patients that undergo A1c tests and compare to previous year data.
- The Native American school document the the number of students educated and served fruit and vegetable snacks daily, and the number of students participating in additional physical activity (at least 30 minutes per day on 5 or more of the previous 7 days).
- The Nebraska Registry Project tracks the number of clinics that participate in training and a diabetes quality improvement project. In addition, the Registry Project documents A1c levels and other diabetes and cardiovascular disease indicators.
- Diabetes and pre-diabetes data from the Behavioral Risk Factor Surveillance System (BRFSS), will monitor the prevalence of diabetes and pre-diabetes along with diabetes risk factors among all adult residents in Nebraska. Data from the BRFSS diabetes modules will be used to monitor (among people who have been diagnosed with diabetes) the proportion who receive certain key preventive health services (A1c tests, dilated eye exams, foot exams, visits to a health professional for diabetes), the percentage who have ever taken a diabetes education class, the proportion of those who practice self-care management (self-monitoring of blood glucose, foot self-exams, and the prevalence of retinopathy or related symptoms).

National Health Objective: 5-5 Diabetes

State Health Objective(s):

Between 10/2009 and 09/2014, **Maintain the diabetes death rate at no more than 75 per 100,000 population.**

(This rate pertains to those deaths where diabetes was mentioned anywhere on the death certificate.)

State Health Objective Status

Not Met

State Health Objective Outcome

Nebraska's diabetes death rate was 81.6 deaths per 100,000 population in 2009 (where diabetes is listed anywhere on the death certificate.) This reflects 1,675 deaths during that year.

During 2009, 444 Nebraska residents died from diabetes, i.e., diabetes was the first-listed cause of death on their death certificate. This number translates into a mortality rate of 22.0 (deaths per 100,000 population, age-adjusted to the 2000 US population). Diabetes also remained the seventh leading cause of death among Nebraska residents in 2009.

For more information about the NDHHS Diabetes Program go to: <http://www.hhs.state.ne.us/diabetes/>

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

- Expertise of staff and long term working relationship with partner agencies.

Barriers/Challenges identified:

- Diabetes rates continue to increase in Nebraska as well as the rest of the nation.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

- The Nebraska Diabetes Prevention and Control Program continues to work with its partners to reduce the burden of diabetes by addressing the risk factors for the development of diabetes and by improving the capacity of diabetes providers to help people with diabetes manage their condition.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

During its first year, the "Defend Against Diabetes: Get a Gameplan" marketing campaign leveraged matching funds from the Nebraska Heart Institute & Heart Hospital, headquartered in Lincoln, in the amount of \$50,000 over the first two years of operation.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 3 – Inform and Educate

Impact/Process Objective 1:

Primary prevention among Native American children

Between 10/2009 and 09/2010, Diabetes Program and Santee Public School will provide nutrition education curriculum, increased servings of fruits and vegetables and increased opportunities to participate in physical activity each day in order to help prevent obesity to **serve 100** students attending the Native American School.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, Diabetes Program and Santee Public School provided nutrition education

curriculum, increased servings of fruits and vegetables and increased opportunities to participate in physical activity each day in order to help prevent obesity to 148 students attending the Native American School.

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

- Long established support of project in the school.
- Commitment of school staff to providing the preventive activities.

Barriers/Challenges identified:

- Reports slow to arrive from subawardee school.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

- School added staff to facilitate objectives.

Activity 1:

Eliminate Risk Factor

Between 10/2009 and 09/2010, Contract with a Native American School (Santee Public School) and continue to maintain the consumption of fruits and vegetables and engage in physical activity.

- Incorporated "Fruits and Veggies More Matters" curriculum for elementary students to provide activities and learning experiences to increase fruit and vegetable consumption.
- Provide fruit and vegetable snack each day.
- Provide one fruit and one grain serving at breakfast each day.
- Arrange for increased levels of mandatory daily physical activity; reaching at least 100 students in grades 1 through 12. (Grades 1-6 will participate in 75-150 minutes of physical activity per week. Grades 7-12 will participate in 150-225 minutes per week.)

Activity Status

Completed

Activity Outcome

Santee Public School : 148 students participated.

Snacks and curriculum offered to all the students in the school. This year Santee Public School added a salad bar which is part of the lunch program. This offers unlimited fresh fruits and vegetables to all students grades K-12 at every lunch meal. We continue with a mid-morning snack for all students which contains a fresh fruit or vegetable 75% of the time.

The students do not receive an afternoon snack at this time. With the new salad bar and increasing the fresh fruits and vegetables offered at this time we have decreased the afternoon snack to 2-3 times per week instead of everyday. Data will be compared on the year end report.

- Fresh Fruit and Vegetable Curriculum – 1 time week to all students
- Diabetes Education in Tribal Schools (DEETS) used – 1 x week to all students K-12 (new program to this school year)
 - Daily physical education (minimum for 100-150 min/week) for elementary
 - Fruit or Vegetable Daily AM snack for all student

- (Daily PM Snack provided through the FFVP)
- Daily Structured Play/Recess and/or daily walk for all upper elementary students.
- High School students receive 2 years of physical education/nutrition.
- Review of Current School Wellness Policy & Purpose of Wellness Policy
- Current Status of students BMI & AN Screening results
- Staff Wellness Weight Loss Challenge
- Planted a Student/Community Garden/Tended/Harvested Fresh Vegetables
- Mini-Cooking Classes from produce from Gardens

Defend Against Diabetes Social Marketing Campaign

“Defend Against Diabetes – Get a Game Plan” Campaign with Husker Sports Marketing. Nebraska Heart Institute (NHI) will be a co-sponsor and active participant with the campaign.

The campaign focus is primarily on diabetes prevention. The five components of the Game Plan that we are promoting include:

1. Physical Activity
2. Healthy Weight
3. Healthy Eating – Increase fruit and vegetable consumption
4. Know your Risk for Diabetes
5. See your Health Care Provider

Radio spots have been produced around these five game plan components. Carl Pelini, the Husker Defensive coach at the University of Nebraska is the campaign celebrity. The radio spots began airing with the first football game on September 4, 2010.

As part of the campaign a 3-5 minute pre-recorded interview will be aired during the November 6, Iowa State game. The interview will focus on the campaign and promote an event that will be held on November 13 (November is Diabetes Month) before the Kansas game. This event is in the planning stages. Partners from Nebraska Heart Institute, BryanLGH, and Lincoln Lancaster County Health Department have volunteered to assist with event planning. Other partners have volunteered to assist with the event. Tentatively the event will include blood glucose screening, blood pressure measurement, and the diabetes risk test screening tool.

The campaign has a webpage has been developed. The radio spots and Carl Pelini’s picture will be placed on the website. Additional funding for the next fiscal year will allow the campaign to continue through the basketball and baseball seasons.

We have had many internal and external partners working with us on this campaign. The campaign task force has been meeting almost weekly. Internal partners working with us include the CVH Program; Nutrition and Physical Activity Program, Cancer Program, Every Woman Matters/Wisewoman; Minority Health and Health Equity; and Communications.

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

- Experienced staff and expanding attention to diabetes.

Barriers/Challenges identified:

- Lack of evaluation to show declined in the rate of development of diabetes in the student population.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

Santee Community School

- A prep cook was added to the kitchen staff to assist with meal and snack preparation.

Essential Service 7 – Link people to services

Impact/Process Objective 1:

Diabetes Clinical Interventions

Between 10/2009 and 09/2010, Diabetes Program; Community Action Partnership of Western Nebraska, Nebraska Medical Center working at OneWorld Community Health Center and Participating Certified Rural Health Clinics will increase the number of clients with diabetes enrolled in community-based programs or who are participating at clinics served by the Nebraska Registry Partnership (NRP) Clinics that had at least one A1c test performed during the previous 12 months from 46% of community-based program clients to **51% of community-based program clients**.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, Diabetes Program; Community Action Partnership of Western Nebraska, Nebraska Medical Center working at OneWorld Community Health Center and Participating Certified Rural Health Clinics increased the number of clients with diabetes enrolled in community-based programs or who are participating at clinics served by the Nebraska Registry Partnership (NRP) Clinics that had at least one A1c test performed during the previous 12 months from 46% of community-based program clients to **84% of diabetes clients**.

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

- The existence of the Nebraska Registry Providers that has been able to enter patient data in a more timely manor into the diabetes registry.

Barriers/Challenges identified:

- Expanding prevalence of risk factors for diabetes, increasing the burden on the system of care.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

- Provider education was conducted on Quality Improvement.

Activity 1:

Diabetes self-care

Between 10/2009 and 09/2010, Contract with two community-based clinics serving primarily minority and low-income clients (Community Action Partnership of Western Nebraska and Nebraska Medical Center Diabetes Program at One World Community Health Center) to provide evidence-based diabetes patient education and interventions, reaching a total of at least 90 new patients with diabetes.

- Community Action Partnership of Western Nebraska (CAPWN) will provide culturally appropriate education and interventions for 50 new individuals with diabetes: provide and conduct 12 diabetes education sessions, one-on-one diabetes education, smoking cessation information to currently enrolled persons and newly referred persons. CAPWN will continue to participate in Diabetes Collaborative activities (initiative of the Bureau of Primary Health Care to improve diabetes systems change in clinics.)
- The Nebraska Medical Center (NMC) Diabetes Program will provide evidence-based culturally appropriate diabetes patient education and materials to 40 patients at OneWorld Community Health Center. NMC will conduct one-on-one education sessions.

Activity Status

Completed

Activity Outcome

The Nebraska Diabetes Prevention and Control Program contracts for services in two locations on opposite ends of the state.

1. Community Action Partnership of Western Nebraska (CAPWN) provided services for 547 people with diabetes, 96 patients with diabetes were added to the diabetes registry.

Education is interactive in one-one one education and group education. Monthly group diabetes classes were provided by the Diabetes Program Manager and Dietitian at CAPWN. This year 15 classes were held October 1, 2009 through September 30, 2010. Topics included Medication Assistant Programs, Diabetes Costs, Neuropathy, Tai Chi, Yoga, Controlling Glucose, Healthy Eating, Carbohydrate Counting, Cardiovascular Disease, Retinopathy, Diabetic Research, Lipids and Reducing Fat intake, Traveling with Diabetes and Holiday foods. Speakers besides the CDE Diabetes program manager included the Dietician at the health center, MD, PA-C, CAPWN Wellness director, and a visiting MD and dietician. Visuals and written materials were utilized by the presenter. Participants numbered 88.

The staff utilizes the i2i Tracks data system which allows easy documentation of the Standards of Care for diabetes and cardiovascular disease. The average A1C for this year is 7.7% which is down from 8.0% at this time last year. 98% of the 547 clients with diabetes had a clinic visit that had at least one Alc.

Since the Health Disparities Collaborative (HDC) as we once knew it has dissolved, the work for HRSA and the Bureau of Primary Health Care does continue on for CAPWN.

Economics has been a barrier for many of our clients at the Health Center. To assist our clients with diabetes, the Pharmaceutical reps are generous with donations of glucometers for those clients without federal medical aid or private insurance. The health center utilizes the 340-B program for lower cost meds and glucometer strips. The Medication Assistance Programs through many of the pharmaceuticals are a tremendous help for our clients. CAPWN has a designated person to register the clients with these companies. A small fee is charged for this service. Since Medicaid and Medicare now have restricted the clients on oral meds to providing only one strip per day, and those on insulin to two strips per day, this is proving yet another barrier to good glucose control.

Education for the clients may be in the form of verbal information, videos, pamphlets and booklets, pictures, demonstrations and return demonstrations by the client. These various teaching methods are important to

consider depending on the literacy level of the client. Spanish interpreters are an important part of the health center. 51% of the Diabetic population is Hispanic. We also have people who sign that can be arranged to attend an appointment with a client. If a Hispanic client needs additional support, the Minority program is available for home visits.

2. Nebraska Medical Center Diabetes Program/OneWorld Community Health Center in Omaha provided diabetes self-management education services to 148 clients with diabetes. Of these 148, 114 were new and 34 were for follow-up. Of the new patients 11% had gestational diabetes, 2% were diagnosed with glucose intolerance and the remaining 87% had either type 1 or type 2 diabetes.

Diabetes education for individuals with type 1 diabetes, type 2 diabetes, gestational diabetes and glucose intolerance were provided to clients at One World. Education was provided using both individual appointments and class formats. Phone follow-up for medication titration was provided by the diabetes nurses at One World and/or the diabetes dietitian/CDE. Topics covered during the education sessions are based off the AADE 7 Self-Care Behaviors and include glucose monitoring, education on diabetes medications, exercise, nutrition education, prevention of complications, problem-solving and management of stress and/or depression.

In March of 2010 a program to accommodate patients with gestational diabetes was initiated. This was necessary due to recent changes in the Nebraska Medicaid program. Many pregnant clients at One World are no longer able to qualify for benefits. Patients diagnosed with gestational diabetes will initially meet with a diabetes nurse at One World for a “gestational diabetes class”. During this class patients are taught about the signs, symptoms, and etiology of gdm as well as prevention of complications. They are provided a meter for home glucose monitoring and are educated on basic nutrition guidelines. Patients are then scheduled for an individual appointment with the dietitian for an individualized meal plan. Follow-up appointments are provided by the dietitian/CDE per protocol from the American Dietetic Association.

A1C levels in patients seen at One World with type 1 and type 2 diabetes were reduced. During the fiscal year 2009/2010 A1C's decreased from 9.9% to 7.5% during the 9-12 month period following initiation of diabetes education which is a 2.4% improvement.

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

- Expertise and dedication of local staff providing care for people with diabetes.

Barriers/Challenges identified:

- CAPWN - Blood pressure control is and issue that remains as a difficult barrier.
- Economics has been a barrier for clients with diabetes.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

- CAPWN - Will work with staff members to address blood pressure control.
- To address barriers with clients that have economic issues CAPWN will work with pharmacy companies for assistance with monitors for blood glucose.

Activity 2:

Nebraska Registry Partnership

Between 10/2009 and 09/2010, Provide technical assistance and training to 9 clinics participating in the Nebraska Registry Partnership (NRP) based on the Planned Care Model and evidence-based diabetes and

cardiovascular standards of care. Technical assistance will include implementation and evaluation of a Clinic-based Diabetes Quality Improvement Project, clinic data interpretation, and educational offerings to clinics. The NRP is a web-based diabetes and cardiovascular electronic registry which documents diabetes and cardiovascular indicators. (Indicators include A1c, eye exam, foot exam, microalbumiuria, pneumonia immunization, flu immunization, blood pressure, cholesterol, HDL, LDL, triglycerides, aspirin use, tobacco assessment, tobacco education, and weekly exercise.)

Develop a long-term comprehensive evaluation plan for the NRP.

Activity Status

Completed

Activity Outcome

The Nebraska Registry Partnership (NRP) was established to increase the number of clinics in Nebraska utilizing a registry system to improve the care of patients with cardiovascular disease and diabetes. The NRP is composed of Nebraska Department of Health and Human Services, Cardiovascular Health Program, Diabetes Prevention and Control Program, Office of Rural Health, CIMRO of Nebraska, and Nebraska Rural Health Association. In the past year, we have assisted 6 clinics use DocSite software to record and track clinical measures, educate patients on their condition, and use as a source of clinical decision support.

The NRP has obtained years of data on cardiovascular disease and diabetes clinical indicators. The NRP provides the clinics with quarterly reports, which the registry coordinator distributes with a written interpretation for each clinic. The coordinator also calls each clinic to discuss the reports and find ways to improve. During this fiscal year 88% (331/375) of clinic patients had at least one A1c. However 60% had A1c levels under 7% whereas last year 61% were A1c levels were under 7%.

The Nebraska Department of Health and Human Services (NDHHS) Diabetes Prevention and Control Program contracted with an independent program evaluator Kim Galt, PharmD, to help determine the impact the program has on the clinics. She is able to do this is by site visits with the registry coordinator and documenting the impact in photographs to present to the NRP. The Nebraska Diabetes Prevention and Control Program presented a Poster Presentation at the April 2010 Centers for Disease Control and Prevention, Diabetes Division of Translation conference to showcase this unique photojournaling style of program evaluation.

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

- Expertise of NDHHS staff to operate the program.

Barriers/Challenges identified:

- Clinics are declining to participate due to the issue with Electronic Medical Records being implemented and the lack of compatibility with the Diabetes Registry at a reasonable cost.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

- The Nebraska Registry Partnership is working to determine the course of action with the registry and how diabetes and cardiovascular registries can be incorporated into Electronic Medical Records at a reasonable cost.

State Program Title: LABORATORY TESTING PROGRAM

State Program Strategy:

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

The Laboratory Testing Program helps to accomplish the goals of two statewide disease control programs:

- NDHHS Sexually Transmitted Disease Program aims to control and prevent sexually transmitted diseases and reduce the burden and cost of these infections. By finding cases among high risk populations at public clinics, the overall rate will be reduced.
- NDHHS HIV Prevention Program aims to lower HIV infection, illness and death rates and create an environment of leadership, partnership and advocacy which fosters HIV prevention and the provision of services. By finding cases among high risk populations attending counseling and testing sites, the overall rate will be reduced.

Health Priorities:

STDs:

- Chlamydia is the most common STD in Nebraska, accounting for 5,539 cases in 2008.
- Gonorrhea is the second most common STD in Nebraska, accounting for 1,431 cases in 2008.

HIV/AIDS: As of the end of 2006, a total of 2,241 persons had been reported with Human Immunodeficiency Virus (HIV) or Acquired Immunodeficiency Syndrome (AIDS) in Nebraska; of these 35% are known to have died.

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 UN Medical Center.

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 UN Medical Center, 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: 13-1 HIV-AIDS

State Health Objective(s):

Between 10/2009 and 09/2014, increase the percentage of high-risk persons among those tested to at least 70%.

State Health Objective Status

Met

State Health Objective Outcome

The HIV testing program has been specifically designed to reach people at high risk of infection because of specific behaviors and conditions, including injecting drug use, men having sex with men, and hemophilia.

- In fact, testing sites receive a lower rate of payment for testing samples from people who do not have those risk factors.
- It is estimated that as many as 95% of the persons tested display at least one high risk behavior.

For more information about the NDHHS HIV AIDS Program: <http://www.dhhs.ne.gov/dpc/HIV.htm>

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

- The experience, expertise and compassion of testing site staff.

Barriers/Challenges identified:

- Conservative political environment can lead to discriminatory policies.
- Persistent social stigma associated with HIV/AIDS.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

- Testing sites and satellite locations are deliberately selected to be comfortable for potential clients .

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

PHHS Block Grant funds represent about 41% of total Federal funds available to support HIV testing.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 2 – Diagnose and Investigate

Impact/Process Objective 1:

HIV Lab Testing

Between 10/2009 and 09/2010, the HIV Program, through contracting laboratory services, will maintain **6,000** tests conducted; providing anonymous and confidential HIV testing at no cost to the client, in order to facilitate follow-up on infected people, the aim of which is to assure change in risk behaviors and prevention

of additional infection.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, the HIV Program, through contracting laboratory services, maintained **8684** tests conducted; providing anonymous and confidential HIV testing at no cost to the client, in order to facilitate follow-up on infected people, the aim of which is to assure change in risk behaviors and prevention of additional infection.

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

- Experienced testing site workers.
- Testing sites become trusted because they offer links with services and care for those who test positive.

Barriers/Challenges identified:

- Fear of testing results among potential clients.
- Reluctance to wait days or weeks for results.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

- Utilization of rapid testing technology that gives results in just 15 minutes.

Activity 1:

HIV Samples Tested

Between 10/2009 and 09/2010, contract for laboratory testing on samples.

Number of tests to be completed using PHHSBG funds:

- 2,450 HIV EIA tests at \$20.50 per test
- 39 HIV Western Block tests at \$94 per test

Activity Status

Completed

Activity Outcome

- A total of 8684 tests were performed in calendar year 2010, a portion of which were paid for with PHHS Block Grant funds.
- A total of 59 positive results were found, requiring confirmation with the HIV Western Block test or another confirmatory method.

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

- Quality of testing procedures and follow-up counseling.

Barriers/Challenges identified:

- Stigma surrounding HIV and AIDS; discriminatory practices of segments of society.
- Social and economic difficulty experienced by people living with HIV and AIDS.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

- Open communication about prognosis for people living with HIV or AIDS and about available services and care.

National Health Objective: 25-1 Chlamydia

State Health Objective(s):

Between 10/2009 and 09/2014, **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 17.4 percent positive.

State Health Objective Status

Met

State Health Objective Outcome

It is the aim of Nebraska STD programs to provide testing and screening events that are accessible, affordable, and educational.

- The Nebraska STD program encourages screening events that are of little to no cost to consumers.
- In addition we continue efforts in expansion through program promotion and educational presentations and mailings.

For more information about the STD Program: <http://www.dhhs.ne.gov/std/stdindex.htm>

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

- Providing screening events that is age appropriate.
- Testing throughout the State of Nebraska.
- Community support
- Expertise and compassion of staff at our clinic sites.

Barriers/Challenges identified:

- Conservative political and parental environment that promotes abstinence only.
- Testing in smaller communities decreases autonomy and increases dual relationships that leave consumers leery of getting tested.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

- Offering testing at non-traditional sites, such as concerts, festivals homeless shelters and libraries.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

PHHS Block Grant funds that subsidize the cost of testing for STD's in Nebraska represent about 42% of the total funds available for laboratory testing.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 2 – Diagnose and Investigate

Impact/Process Objective 1:

Chlamydia/Gonorrhea Testing

Between 10/2009 and 09/2010, the STD Program, through contracting laboratory services, will maintain **12,000** tests conducted for sexually transmitted diseases at no cost to the client; reporting results in order to facilitate follow-up on infected people, the aim of which is to assure change in risk behaviors and prevention of additional infection.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, the STD Program, through contracting laboratory services, maintained **35,019** tests conducted for sexually transmitted diseases at no cost to the client; reporting results in order to facilitate follow-up on infected people, the aim of which is to assure change in risk behaviors and prevention of additional infection.

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

- Experienced and supportive clinic staff that are trusted advocates.
- Staff willing to think outside the box and be creative with screening events and work time.

Barriers/Challenges identified:

- Some clinics are under-staffed and over-burdened.
- Various pockets of providers who don't have a full understanding of what the program can offer.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

- Provide educational presentations regarding what the program can provide.
- Increase networking within desired communities and establish a buy-in that is feasible.

Activity 1:

Chlamydia Samples Tested

Between 10/2009 and 09/2010, provide testing on samples from 131 provider sites. Numbers of tests to be completed:

- 10,300 **Chlamydia**/Gonorrhea BD Amplified Tests, at \$11.85 per test
- 4,081 **Chlamydia**/Gonorrhea BD Urine Tests at \$13.50 per test

Activity Status

Completed

Activity Outcome

- A total number of 35,019 dual testes were performed in the calendar year of 2010, a portion of which were paid for with PHHS Block Grant funds.
- Of those tested 7.88% were found to be positive

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

- Quality of testing collection support
- Staff performance

Barriers/Challenges identified:

- Fear of confidentiality and positivity

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

- Provide educational presentations regarding what the program can provide.
- Increase networking within desired communities and establish a buy-in that is feasible.

National Health Objective: 25-2 Gonorrhea

State Health Objective(s):

Between 10/2009 and 09/2014,

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

Not Met

State Health Objective Outcome

It is the aim of the Nebraska STD programs to provide testing and screening events that are accessible, affordable, and educational.

- The Nebraska STD program encourages screening events that are of little to no cost to consumers.
- In addition we continue efforts in expansion through program promotion and educational presentations and mailings.

Data collecting to track progress toward this long-term objective has been established.

For more information about the STD Program: <http://www.dhhs.ne.gov/std/stdindex.htm>

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

- Providing screening events that is age appropriate.
- Testing throughout the State of Nebraska.
- Community support
- Expertise and compassion of staff at our clinic sites.

Barriers/Challenges identified:

- Conservative political and parental environment that promotes abstinence only.
- Testing in smaller communities decreases autonomy and increases dual relationships that leave consumers leery of getting tested.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

- Offering testing at non-traditional sites, such as concerts, festivals homeless shelters and libraries.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

PHHS Block Grant funds that subsidize the cost of testing for STD's in Nebraska represent about 42% of the total funds available for laboratory testing.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 2 – Diagnose and Investigate

Impact/Process Objective 1:

Chlamydia/Gonorrhea Testing

Between 10/2009 and 09/2010, the STD Program, through contracting laboratory services, will maintain **12,000** tests conducted for sexually transmitted diseases at no cost to the client; reporting results in order to facilitate follow-up on infected people, the aim of which is to assure change in risk behaviors and prevention of additional infection.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, the STD Program, through contracting laboratory services, maintained **35,019** tests conducted for sexually transmitted diseases at no cost to the client; reporting results in order to facilitate follow-up on infected people, the aim of which is to assure change in risk behaviors and prevention of additional infection.

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

- Experienced and supportive clinic staff that are trusted advocates.
- Staff willing to think outside the box and be creative with screening events and work time.

Barriers/Challenges identified:

- Some clinics are under-staffed and over-burdened.
- Various pockets of providers who don't have a full understanding of what the program can offer.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

- Provide educational presentations regarding what the program can provide.
- Increase networking within desired communities and establish a buy-in that is feasible.

Activity 1:

Gonorrhea Samples Tested

Between 10/2009 and 09/2010, contract with laboratory to provide testing on samples from 131 provider sites. Numbers of tests to be completed:

- 10,300 Chlamydia/**Gonorrhea BD Amplified Tests**, at \$11.85 per test
- 4,081 Chlamydia/**Gonorrhea BD Urine Tests** at \$13.50 per test
- 2,984 **Gonorrhea Cultures** at \$10.00 per test

Activity Status

Completed

Activity Outcome

- A total number of 35,019 dual testes were preformed in the calendar year of 2010, a portion of which were paid for with PHHS Block Grant funds.
- Of those tested 7.88% were found to be positive

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

- Quality of testing collection support
- Staff performance

Barriers/Challenges identified:

- Fear of confidentiality and positivity

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

- Provide educational presentations regarding what the program can provide.
- Increase networking within desired communities and establish a buy-in that is feasible.

State Program Title: MINORITY HEALTH PROGRAM

State Program Strategy:

Program Goal: The PHHS Block Grant-funded *Minority Health Program* is dedicated to reducing disparities in health status among racial/ethnic minorities residing in Nebraska.

Health Priorities: The PHHS Block Grant supports a portion of the NDHHS Office of Health Disparities and Health Equity, which has as its Priority Issues:

- Improve access to health services for racial/ethnic minorities
- Improve data collection strategies
- Increase racial/ethnic minority representation in science and health professions
- Develop a relevant and comprehensive research agenda
- Expand community-based health promotion and disease prevention outreach efforts.

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: Local health departments, health care providers, community- and faith-based organizations, Native American tribes, the Nebraska Minority Public Health Association, the Statewide Minority Health Council, and Minority Health Initiative grantees.

Evaluation Methodology: The Minority Health Program evaluation includes:

- Pre and post tests on knowledge gained among target audiences,
- Attendance records,
- Reports from local health departments on the number of strategic plans that address health access challenges among racial-ethnic minority communities, and include minority leaders
- Copies of publications printed: 2009 edition of the Nebraska Health Status of Racial and Ethnic Minorities report, report cards and public health policy briefs,
- Report on results of oversample Minority Behavioral Risk Factor Survey,
- Follow up participant evaluations after presentations of cultural competency curriculum,
- Attendance data and participant evaluations of statewide conference.

National Health Objective: 7-11 Culturally appropriate community health promotion programs

State Health Objective(s):

Between 10/2009 and 09/2014, increase the competence of the staff of Nebraska's health departments at both the state and local/district levels to develop culturally and linguistically appropriate minority health programs and services.

State Health Objective Status

Met

State Health Objective Outcome

The Office of Health Disparities and Health Equity (OHDHE) conducted Culturally and Linguistically Appropriate Services (CLAS) training, cultural competency training, New Americans lunch and learn events, as well as a Building Relationships with Native American Populations training, and a New Immigrants Orientation Conference.

The OHDHE worked with the local health departments (LHDs) on pandemic influenza, cultural competency levels and understanding responsibilities for Title VI of the Civil Rights Code. Health departments have developed the capacity and expertise needed to work successfully with minority populations.

The OHDHE has improved the collection and analysis of data to increase understanding about the extent of health disparity problems and the basis for decisions affecting allocation of funds to address those disparities.

For more information about the NDHHS Office of Health Disparities and Health Equity: <http://www.dhhs.ne.gov/healthdisparities/>

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

- Recognized need to work with local health departments.

Barriers/Challenges identified:

- The Nebraska public health system, made up of 20 local health departments (LHDs) statewide, maintains a good rapport with Nebraska Department of Health and Human Services, Division of Public Health, but the role and services of the OHDHE is not very well known. Many LHDs struggle with health promotion and outreach to minority populations.
- Access barriers, including language, culture, cost of health care, lack of insurance, knowledge of how, when, where, and why to access health services, and the availability of healthcare during evening and weekend hours, continue to be priority concerns statewide. These access barriers reinforce the difficulty in responding to the increase of refugees and immigrants with limited English proficiency, limited knowledge of preventive health care, and the healthcare system.
- Up to date, accurate health data for minorities is the bedrock for addressing health disparities. Implicit in any efforts to reduce health disparities, are:
 - health promotion and disease prevention interventions that are driven by accurate health data for a population;
 - Interventions that are culturally and linguistically appropriate for the intended audiences;
 - Interventions being evidence based; and interventions implemented in manners that are respectful of the cultures and lifestyle needs (work schedules, for example). Cultural aspects include religious holidays and religious restrictions with respect to blood, bodily fluids, birthing, dying, treating illnesses as both physical and spiritual in their origin and manifestation, gender rules, etc.
 - Nebraska relies heavily, almost exclusively, on BRFSS oversampling for health data on minorities. Local public health departments rely upon the OHDHE to provide data and training, as well as interpretation and translation resources for limited English proficient and/or other racial ethnic minority populations.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

- Document community engagement efforts on health promotion activities.
- Increase data on resources and translation/interpretation needs.
- Continue to work with and identify Lay Health Ambassadors to bridge communication gaps.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

Minority Health Initiative funding coordinated with PHHSBG funds

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 5 – Develop policies and plans

Impact/Process Objective 1:

Minority Health Data

Between 10/2009 and 09/2010, Office of Health Disparities and Health Equity staff will analyze **3** data sets for racial ethnic minority populations.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, Office of Health Disparities and Health Equity staff analyzed **3** data sets for racial ethnic minority populations.

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

- Oversampling can be conducted by BRFSS process.
- Data was consolidated and analyzed for the minority oversample for the Behavioral Risk Factor Surveillance System 2007-2008 Social Context and Reaction to Race modules; and the 2008-2009 minority oversample to show the health status of immigrants in Nebraska.
- The OHDHE also established the first searchable database in Nebraska from the 2008 hospital discharge data.

Barriers/Challenges identified:

- Limited availability of alternative sources of minority health data.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

- Expand efforts to collect data.

Activity 1:

Survey Nebraska Minority Populations

Between 10/2009 and 09/2010, survey Nebraska minority populations using Behavioral Risk Factor Surveillance System (BRFSS), with oversampling of minority populations and adding race demographic and social context questions to the survey and conduct preliminary analysis of data collected in 2009.

Activity Status

Completed

Activity Outcome

At the end of September 2010, a total of 12,122 telephone land-line surveys had been completed, with approximately 8% of them assessing minority populations.

The minority oversample included 3,520, of which 1,760 were minorities.

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

- Monitoring progress of BRFSS completions.

Barriers/Challenges identified:

- One of the challenges of collecting data is the limited knowledge of English for some participants. Another factor is the the lack of telephones at residences.
- There are currently 13 interviewers with bilingual skills for English/Spanish, but no other languages are available. The desire is to have more interviewers with additional bilingual skills available.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

- As an alternative to increasing bilingual interviewers, consider mailing survey forms to participants in their own language.

Activity 2:

Establish Searchable Data Set

Between 10/2009 and 09/2010, use the preliminary analysis of consolidated 2008 hospital discharge data to establish a searchable data set for minority populations.

Activity Status

Completed

Activity Outcome

The data set was completed in February 2010. This is the first hospital discharge data set in Nebraska to include information about racial ethnic populations. Information was used from inpatient and emergency room patients, including the reason for the visit and who paid for the care. The data set is record-based, meaning if an individual is admitted to the hospital on two separate occasions this would be documented as two separate records. This data set includes the following information:

Total emergency room records with race/ethnicity information provided: 71,168

- American Indian (Non-Hispanic) – 5,259
- Asian (Non-Hispanic) – 5016
- African American (Non-Hispanic) – 14,647
- Other (Non-Hispanic) – 1,083
- White (Non-Hispanic) – 27,825
- Hispanic – 17,338

Total inpatient records with race/ethnicity information provided: 24,382

- American Indian (Non-Hispanic) – 1,938
- Asian (Non-Hispanic) – 887
- African American (Non-Hispanic) – 2,268
- Other (Non-Hispanic) – 389
- White (Non-Hispanic) – 12,483
- Hispanic – 6,417

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

- Racial and ethnic population data available for the first time.

Barriers/Challenges identified:

- There is a lack of race/ethnicity demographic data on many hospital discharge records. Approximately 10% include the information.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

- Collaborate with the Nebraska Hospital Association to increase the availability of data.
- Partner with Vital Statistics office to identify data sets which do contain race and ethnicity information.

Activity 3:

Health Status of Immigrants

Between 10/2009 and 09/2010, analyze BRFSS and minority oversample data for 2007 and 2008 to show the health status of Nebraska immigrants.

Activity Status

Completed

Activity Outcome

The data set was cleaned and analyzed. The preliminary report and analysis has been prepared and is currently being reviewed. This is the first data report available on immigrants in Nebraska. Of interest:

- Thirteen percent of Nebraskans aged 18 to 64 years do not have health insurance, while the uninsured foreign born populations are at 30%.
- It is more likely for foreign born individuals (32%) than United States born (20%) to have five or more servings of fruits and vegetables per day.
- About half of the respondents to the study say they are very satisfied with their life.
- Forty percent of adults have limited activity due to arthritis.

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

- Since 2008, the state has added race and ethnicity questions to the Behavioral Risk Factor Surveillance System (BRFSS).

Barriers/Challenges identified:

- Other data not readily available.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

- With funding from PHHS Block Grant, the OHDHE was able to contract with the University of Nebraska-Lincoln to consolidate data and establish the searchable data set.

Activity 4:

Analyzing Data

Between 10/2009 and 09/2010, conduct analysis of BRFSS and minority oversample data from the 2007 and 2008 Social Context and Reaction to Race modules.

Activity Status

Completed

Activity Outcome

The data set was cleaned and analyzed. The draft report is being reviewed.

- It is most likely for a White person to say they never think about their race, second are Asians. It was most likely for a Hispanic person to say they constantly think about their race.
- It's more likely for an African American to say they were treated worse than other races in their workplace. Whites and Asians are more likely to say they were treated the same as other races in their workplace.
- it is more likely for someone of Native American descent (10.3%) to experience physical symptoms because of their race than African Americans (8.9%).

A temporary Data Analyst was hired in February 2010. She provides support to Health Surveillance Specialist in evaluating and collecting data, editing reports, and technical assistance for grantees. Savannah Mentzer has produced fact sheets on Behavioral Health, Immigrant and Refugee Access to Health Care, Refugee Mental Health, Diabetes, Heart Disease, and Obesity.

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

- Availability of staff with expertise in data analysis.

Barriers/Challenges identified:

There is a lack of state and national health data for racial ethnic minorities:

- Current sources for racial ethnic minority health data are limited, (Hospital discharge data, BRFSS, Fetal Infant Mortality Review, for example) and often only projections and extrapolations can be made as to why a certain health factor, such as infant mortality exists (e.g.: Do the infants of African American and American Indian mothers die more often due to low birth weight or infrequency of prenatal health visits or SIDS?).
- Some data sources used are inadequate: (e.g.: hospital discharge data).
- Other data sources are inaccurate (e.g.: minority oversample for Behavioral Risk Factor Surveillance System (BRFSS), which does not include enough numbers for a given population, such as American Indian, to make conclusive statements about a health risk or health protective factor for a certain illness or condition; or the methods used to conduct the BRFSS do not account for how persons interviewed are self reporting and may reflect not "actual" but "expected" behavior.
- Various dialects of Spanish, in addition to 100 other languages, are spoken in Nebraska, including Vietnamese, Arabic, French, and Chinese. More bilingual interviewers for the major language groups of Nebraska are needed to ensure that data collected in the BRFSS is accurate.
- Data collected is also inconclusive: fetal infant mortality reviews lack a conclusive explanation of higher survival rates among low birth weight babies born to smoking and non-smoking mothers. Despite having higher mortality rates and lower infant mortality rates, the protective factors for Latina mothers are not documented, nor is it known whether those protective factors are constant as Latina mothers become 3rd and 4th generation Nebraskans.
- Minority populations are undercounted in Censuses, both in urban and rural areas. This is sometimes due to fear of deportation of family members who do not have lawful presence in this country and state, or because of the rapid growth of minority populations, or even because minority populations are more likely to be more transient due to number of refugees and immigrants and the available employment in either meat packing corporations or in agricultural occupations.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

The Office of HDHE works to strengthen or add to existing data collection activities in order to have more reliable health data for minorities:

- Researching and implementing additional methods for sampling through the BRFSS, along with developing additional sources of data collection.
- Conducting surveys to determine needs, along with a variety of health indicators,
- Continue to collect, analyze, monitor data collection activities of the Division of Public Health, NDHHS,
- Developing health status reports for minority populations that examine social determinants of health;
- Issuing report cards as to specific health outcomes; and
- Making available the results of surveys of patients and providers related to access barriers such as culture and language.

Activity 5:

Hospital Discharge Report

Between 10/2009 and 09/2010, use the preliminary analysis of the 2007-2008 hospital discharge data to develop a Nebraska Minority Hospital Discharge Report.

Activity Status

Completed

Activity Outcome

A preliminary draft on the *Hospital Discharge Report* was completed in August 2010 and is currently being reviewed. This is the first time a minority hospital discharge report was reported in Nebraska.

Who paid for the majority of emergency room visits for each race and ethnicity:

- Self-pay was the most common (35.0%) form of payment among non-Hispanic American Indians
- Medicaid was the most common (34.7%) form of payment among non-Hispanic Asians
- Self-pay was the most common (33.0%) form of payment among non-Hispanic African Americans
- Medicaid was the most common (27.1%) form of payment among Hispanics
- Medicaid was the most common (45.5%) form of payment among other non-Hispanics
- Commercial Insurance was the most common (28.7%) form of payment among non-Hispanic Whites

Who paid for the majority of inpatient care for each race and ethnicity:

- Medicare paid for 36.1% of non-Hispanic American Indian inpatient hospital stays
- Medicaid paid for 39.6% of non-Hispanic Asian inpatient hospital stays
- Medicaid paid for 48.8% of non-Hispanic African American inpatient hospital stay
- Medicaid paid for 36.2% of Hispanic inpatient hospital stays
- Medicaid paid for 61.7% of other non-Hispanic inpatient hospital stays
- Medicare paid for 46.8% of non-Hispanic White inpatient hospital stays

The top five leading causes of hospital discharge for inpatients:

- **Hispanics** were: Puerperal State (20.4%), Live Born Infant (18.6%), Ill Defined (7.1%), Heart (6.2%), and Other Genito/Urinary (4.6%).
- **Non-Hispanic Whites** were: Heart (11.6%), Puerperal State (8.3%), Live Born Infant (7.4%), Other Genito/Urinary (6.0%), and Musculoskeletal (5.2%).
- **Non-Hispanic African Americans** were: Puerperal State (16.5%), Live Born Infant (14.6%), Heart (10.0%), Ill Defined (3.7%), and Other Genito/Urinary (3.6%).
- **Non-Hispanic Asians** were: Live Born Infant (15.4%), Puerperal State (15.4%), Heart (9.2%), Ill Defined (3.9%), and Other Genito/Urinary (3.3%).
- **Non-Hispanic American Indian/Alaska Natives** were: Heart (16.5%), Puerperal State (8.0%), Live Born Infant (7.2%), Musculoskeletal (5.2%), and Adverse Effects (5.0%).

The top five leading causes of hospital discharge for all ages and all ethnic groups were: Injury, Musculoskeletal, Puerperal State, Acute Respiratory Infection, and Other Genito/Urinary.

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

- Availability of staff with expertise in data analysis.

Barriers/Challenges identified:

- Time limitations among already busy staff.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

- Plan to devote time to continued analysis of data.

Activity 6:

Disparity Fact Book

Between 10/2009 and 09/2010, develop a user-friendly "Disparity in Nebraska Fact Book" based on 2003-2007 data that provides summary minority data, overall minority health status and highlights selected minority indicators and interests.

Activity Status

Completed

Activity Outcome

The preliminary draft of the *Disparity in Nebraska Fact Book* was finished and is currently being reviewed. This fact book provides statistics on key health disparities in an easy to use, organized format.

The final report includes data on key health disparities among minority populations, including:

- Hispanics are much less likely to be insured. From 2003 to 2007, 41% of Hispanics or Latino adults in Nebraska reported no health insurance, compared to 14.6% of non-Hispanic White adults.
- The infant mortality rate for African Americans (14.2/1,000 live births) was 2.5 times the rate for non-Hispanic Whites (5.7/1,000 live births).
- The teen birth rate for American Indian girls (8.2/1,000 females aged < 17) was 4.1 times the rate for non-Hispanic White girls (2/1,000 females aged < 17).
- American Indians had the highest rate for diabetes deaths (98.7/100,000), which was 4.8 times the rate for non-Hispanic Whites (20.6/100,000).
- The mortality rate due to homicide was 11.4 times as high for African Americans (22.8 age-adjusted death rate per 100,000 population) and 5.1 times as high for American Indians (10.1/100,000) than the rate for non-Hispanic Whites (2/100,000)
- Over half (56.1%) of American Indian adults ages 18 and above reported smoking cigarettes, compared to 18.9% of Hispanic adults and 27.1% of non-Hispanic White adults.

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

- Expertise of staff in writing consumer level reports.

Barriers/Challenges identified:

- Selection of relevant data to feature in the publications.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

- Plan made to disseminate the "Disparity in Nebraska Fact Book".

Activity 7:

Health Status of Racial Ethnic Minorities Report

Between 10/2009 and 09/2010, complete the 2009 final report, providing an assessment of the current health status of Nebraska's racial ethnic minority populations and how it has changed over time and publish 2009 health status report cards and data sheets.

Activity Status

Completed

Activity Outcome

The draft of the *Health Status of Racial and Ethnic Minorities Report* was finished in February 2010. The final report was finished at the end of September 2010.

This report provided a comprehensive look at a variety health related issues, concerns, and the disparate outcomes experienced by some of Nebraska's historically medically underserved residents. The final report includes data on the health status of racial and ethnic minorities, including the following:

- Between 2000 and 2007, Nebraska's racial and ethnic minority population grew by 28% (from 214,152 to 274,191).
- African American adults (34%) and American Indian adults (31%) had the highest prevalence of arthritis diagnoses for 2003-2007, an increase of over 40% for American Indians and 32% for African Americans since the 1999-2002 timeframe.
- Between 1998-2002 and 2002-2007, African Americans were the only major racial or ethnic group in Nebraska to experience an increase in cancer incidence (about 2%). Cancer incidence declined by over 21% for the Asian population, almost 20% for the Hispanic or Latino population, and about 16% for the American Indian population.
- As a group, American Indians made strong progress toward the 2010 target objectives for heart disease and stroke. While still having the highest coronary heart disease mortality rate and the second highest death rate from all forms of heart disease and stroke, rates for each dropped by over 50%, and reported cholesterol screening increased by 90%.
- Between 1998-2002 and 2002-2007, Hispanics or Latinos achieved a 45% reduction in the firearm injury mortality rate, reductions of approximately 30% in homicide and motor vehicle fatality rates, a 17% reduction in unintentional injuries, and an almost 8% reduction in the suicide rate.

While not achieving the 2010 objectives for maternal, infant and child health between 1998-2002 and 2003-2007, racial and ethnic minority groups made progress on six of the nine objectives:

- reduced rates of infant mortality and neonatal mortality,
- lower percentages of babies born at low and very low birth weights,
- lower SIDS death rates, and
- increased rates of smoking abstinence during pregnancy

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

- Expertise of staff and commitment to finish the report.

Barriers/Challenges identified:

- Time limitation among already busy staff.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

- Regular updates ensure the *Health Status of Racial and Ethnic Minorities Report* remains current and a useful resource for policymakers, service providers, and others interested in minority health issues.

Impact/Process Objective 2:

Training, Technical Assistance and Conference Support

Between 10/2009 and 09/2010, Office of Health Disparities and Health Equity staff will increase the percent of health administrators, public health managers and employees, physicians, and health care providers who have direct knowledge of Nebraska's diverse populations and their health care needs from 2% to 5%.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, Office of Health Disparities and Health Equity staff increased the percent of health administrators, public health managers and employees, physicians, and health care providers who have direct knowledge of Nebraska's diverse populations and their health care needs from 2% to 3.

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

- Staff experience and expertise:
 - Cultural competency and CLAS (cultural and linguistically appropriate standards) training were offered to local public health departments, Behavioral Health regions, Public Health administrators and Health Program Managers.
 - A Curricula was written by the OHDHE and presented to several groups. The OHDHE staff skills enabled tailoring the training content to be adaptable for different audiences.

Barriers/Challenges identified:

- Time limitations on already busy staff.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

- Organizations were requested to identify the best dates for their training. This strategy resulted in trainings being scheduled close together during a time additional community outreach was being conducted. Staff were stretched thin meeting needs of two programs.

Activity 1:

Cultural Competency Curriculum

Between 10/2009 and 09/2010, plan, organize and co-host cultural competency trainings for behavioral health providers and state employees through presentations of the Kaleidoscope curricula, developed by the Office of Health Dispartieiss and Health Equity.

Activity Status

Completed

Activity Outcome

Cultural Competency Curricula. The OHDHE developed a curriculum that consists of 10 modules, ranging in content from a historical timeline, to stereotypes, to disparities – all of which is covered in a 3-day time period (24 hours of content). Beginning in March 2010, the Training has been presented across the State of Nebraska in 8 separate training sessions (to date), to a variety of health professionals and other stakeholders, with an average of 25 students per session. training has been presented to :

- Behavioral Health Region V (Lincoln, Lancaster County)
- Behavioral Health Region VI (Papillion, Sarpy/Cass Counties)
- Mid Nebraska Community Alliance Partners (Kearney, Buffalo County)
- Golden Rod Hills Community Alliance (Wisner, Cuming County)
- Behavioral Health Region III (Kearney, Buffalo County)
- Central Community College (Hastings, Adams County)
- Southeast Community College (Lincoln, Lancaster County)
- Behavioral Health Region I (Scottsbluff, Scotts Bluff County)

Additionally, an overview was presented at this year's *LifeSpan Health Conference* (Kearney, Buffalo County)

A pre-test was given to participants before the training and the same test was given again after completing the training (post-test). The results were evaluated to identify increased understanding of course material. The questions were scored using a scale from 1 to 5, with 1 being the lowest score and 5 being the highest. Pre-test scores were compared to post-test scores by subtracting the mean pre-test score from the mean post-test score for each question. Every question showed a gain in score. Of the 9 questions, 7 of them showed a significant gain (a T-test result greater than 0.05).

An evaluation to assess the effectiveness of the curriculum was performed.

- Approximately 89% of all participants were satisfied or very satisfied with how efficient the registration process was and all participants were satisfied or very satisfied with the comfort and accessibility of the facility. About 92% said they were satisfied or very satisfied with the promotional information for this meeting.
- Most participants (96%) agreed that the program was relevant to their needs and the teaching methods used were effective in learning the content. Almost 26% agreed the audiovisual material and/or handouts were not an asset to their learning.

Unnatural Causes. The PBS documentary on health disparities entitled *Unnatural Causes* was used to provide training in Nebraska communities and gather information on community health issues. Locations were selected based on the racial ethnic minority populations of 10% or greater of the total community population. Date and locations of presentations were:

- July 22, 2010 - Scottsbluff, Grand Island, and Papillion/LaVista
- August 12, 2010 - Lexington, Hastings, and Omaha
- September 9, 2010 - Sidney, Kearney, Lincoln, Norfolk, and Columbus
- September 20, 2010 - North Platte and South Sioux City
- September 27, 2010 - Crete and Wayne

Pre and post tests were given at each of the 14 events and table discussions garnered input from a preselected set of questions designed to address public health as a community issue and to examine possible interventions. The project was executed through a collaborative partnership of the following organizations:

- NDHHS Office of Health Disparities and Health Equities (OHDHE)
- NDHHS Office of Men's & Women's Health

- The Nebraska Minority Public Health Association
- The Statewide Women’s Health Advisory Council
- Public Health Association of Nebraska
- State Associations of County and City Health Officials (SACCHO)
- The Statewide Minority Health Advisory Council, and select local public health departments, community based health organizations, faith-based organizations, and non-profit organizations, and various Tribal health organizations also participated.

Community data was collected to better address public health as a community issue and examine possible interventions such as the creation of environmental, housing, and health policies. The series emphasized how well-being is not just a matter of making good choices or having access to quality care. Our health outcomes in Nebraska are inextricably linked - for better or worse - to our multi-cultural social condition which surrounds and shapes our lives.

Infant Mortality Community Meetings. Community meetings were held to identify factors among Nebraska’s Hispanic communities which give the better outcomes in terms of infant mortality. Meetings were held in:

Scottsbluff	Imperial	Gering
North Platte	Lexington	Grand Island
Hastings	Havard	Crete
Columbus	Schuyler	Wakefield

Standard questions were used at each meeting to discuss lifestyle, diet, physical activity, traditions and beliefs related to pregnancy, newborn, family and social structure. Rural communities in Latin American countries experience higher physical activity levels in their daily lives, i.e., collecting fire wood for stoves and walking 1-2 hours to care for livestock. Participants also identified eating together, staying in close communication with family, and the traditional cultural belief that women should not smoke or drink among the reasons for better pregnancy health, delivery outcomes and healthier newborns. More fresh fruits, vegetables and legumes were eaten, with fewer meats. Hispanic cultures also reinforce family and society obligations to provide a good environment and support during pregnancy. Many of their health beliefs around pregnancy, delivery and newborns have a common foundation with medical approaches.

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

- Expertise and experience of staff.

Barriers/Challenges identified:

Cultural Competency Curricula. So far the training has been very successful; however, there are **barriers** that have limited its success. The first is the time commitment – 3 consecutive days of learning is not the most ideal situation for health professional to be away from their usual work activities. Training has been modified to meet the need of the participants' workplace. OHDHE has repackaged the curriculum into 1 day sessions over 3 weeks or 3 months, whichever is the ‘best’ fit for the requesting organization. The second barrier is the need for attendees to receive either CEU/CMEs for attending the training – in all instances this has not been done. Lastly, OHDHE needs to acquire more full-time staff in order to better cover the demand for this training. Currently we are running into situations where someone from the Lincoln office or the Grand Island office would have to provide training in Scottsbluff – an 8 hour or 5.5 hour drive respectively.

Cultural Competency and CLAS presentations and training were offered to local public health departments and their boards of health, but many were not conducted. The H1N1 outbreak across the nation affected Nebraska and pre-empted normal planning and activities.

The Unnatural Causes Summits were originally planned for June through August. However, partners decided to wait until July to have more time to prepare. Multiple events were held on Thursday nights across the state. Thursday's were selected due to non-interference with church meetings or school functions.

Community Meetings. The group in Grand Island is continuing to meet to discuss family issues faced by first generation parents when trying to pass protective traditions to their families. The same group is taking a parenting class together and offering support to each other.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

The OHDHE is very fortunate to have inhouse expertise. The Cultural Competency Curricula was drafted, prepared for publishing, and presented by staff. OHDHE has been able to develop and present a quality product, one that is in continuous demand.

Unfortunately, by altering the Unnatural Causes timeframe and family summer evening activities in full swing, attendance was low, even though a meal, babysitting, and (where needed) interpreters were provided. Initial feedback from participants at Unnatural Causes was that the event would have been better as a 4-hour session. Several cities have requested follow-up events to show episodes that more closely mirrors their community. These future events will use the recommended format.

Community Meetings. Families feared their immigration status being exposed and were reluctant to sign up for meetings. Recruiters played a very important role by providing them the confidence to step forward and participate.

Activity 2:

Missing Links Conference

Between 10/2009 and 09/2010, sponsor the annual Missing Links IV Conference in July 2010.

Activity Status

Completed

Activity Outcome

The Missing Links Conference attracted approximately 125 attendees.

- Plenary sessions included The Pillars of Discrimination, Operationalizing Cultural Competence, and the National Partnership for Action.
- Two breakout tracks were offered, one targeting care providers, and the other administrative and policy. Workshop sessions included Cultural Change and Adaptation, Cultural Perceptions of the US Healthcare System, and an overview of the OHDHE's Cultural Competency Curricula.

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

- History of sponsorship of conference over the past several years.

Barriers/Challenges identified:

- The biggest barrier experienced in organizing the Missing Links Conference was the budget restrictions faced by many organizations. This had a significant impact on attendance by preventing many from travel and/or paying the registration fee.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

- The Missing Links Conference registration fee was set relatively low and the usual 2-day format changed to 1-day to reduce participant expenses.

Activity 3:

Technical Assistance

Between 10/2009 and 09/2010, provide technical assistance to recipients of Minority Health Initiative grants in the collection and evaluation of data and resolution of methodology problems.

Activity Status

Completed

Activity Outcome

Technical assistance is provided to Minority Health Initiative grantees by project officers on as as-needed basis. A format technical assistance meeting was held and Project Officers meet with their grantees on a regular basis to provide support and guidance.

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

- Expertise of staff.

Barriers/Challenges identified:

- Time constraints among already busy staff.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

- Plan to continue regular monitoring and technical assistance contacts.

State Program Title: PEOPLE, PLACES AND PARTNERS PROGRAM

State Program Strategy:

Program Goal: The PHHS Block Grant-funded *People, Partners and Places 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 health departments. *(The program name was chosen to clarify the fundamental parts of public health infrastructure.)*

Health Priorities: NDHHS selected as priority activities: assuring availability of health data 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 assessment 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 the NDHHS.
- Capacity building at the local level to provide all three Core Functions of Public Health and carry out all Ten Essential Services of Public Health.

Primary Strategic Partnerships:

- BRFSS: Survey and study partners: External – CDC, Local Public Health Departments, University of Nebraska Medical Center. Internal – NDHHS programs including Child Protective Services, Mental Health, Tobacco Free Nebraska, Nebraska State Patrol. Users of survey results and reports – Legislators, NDHHS programs, Local Public Health Departments, University of Nebraska, Voluntary Associations, general public (both printed and electronic data access).
- Health Data: External – Local health departments, university researchers, university educators of health professionals, community-based organizations. Internal – NDHHS Offices and Units within the Division of Public Health.
- Community Health Development: Local Public Health Departments (County and District), Public Health Association of Nebraska, NACCHO, NALBOH, ASTHO, Nebraska Public Health Law Committee, Nebraska Turning Point Committee, UNMC College of Public Health.

Evaluation Methodology:

- BRFSS: Survey documents and reports, disposition codes for every call, surveyor training records, call monitoring and call back records by supervisors, response rate calculation.
- 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.
- PHHS Block Grant Coordinator: Written twice-yearly reports from all subaward projects, site visit reports, personal and telephone contact.

National Health Objective: 23-2 Public health access to information and surveillance data

State Health Objective(s):

Between 10/2009 and 09/2014, **maintain Nebraska's health surveillance system at the state and local level and develop processes for collection and analysis of needed health data on all populations for use in development of health status indicators. Information will be provided to at least ten types of end users (decision makers, health planners, health program staff, medical and health professionals, community coalitions, and the public).**

State Health Objective Status

Met

State Health Objective Outcome

- The PHHS Block Grant partially supported the operation of the Nebraska Behavioral Risk Factor Surveillance System. The report of survey results for 2007-2008 was made available online and in printed form during the year.
- The PHHS Block Grant partially supported the work of a Statistical Analyst III to maintain five databases (Vital Statistics, BRFSS, Hospital Discharge, STD data and Cancer Registry),
- The PHHS Block Grant also partially supported a Lead Program Analyst, to prepare BRFSS reports for the local/district health departments and to prepare the Data Definitions and Sources document that provided information for more than 500 indicators.

For more information about Nebraska's BRFSS: <http://www.dhhs.ne.gov/brfss/>

For more information about Nebraska's data and statistics: <http://www.dhhs.ne.gov/stats.htm>

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

- Expertise of staff and long-standing operation of BRFSS program, which is highly ranked among the states.
- Expertise of data management staff.

Barriers/Challenges identified:

- Time constraints, demand by programs for data specific to their needs.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

- Increasing use of technology for storage and manipulation of data.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

PHHSBG funding represents a small fraction of the total funds available to operate the BRFSS. It represents about a third of the total funds needed to support two senior data management staff.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 1 – Monitor health status

Impact/Process Objective 1:

Data and Surveillance

Between 10/2009 and 09/2010, NDHHS staff will provide health data to **5,000** users of data.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, NDHHS staff provided health data to **5000** users of data.

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

- Well established system for analyzing and disseminating data.

Barriers/Challenges identified:

- Increasing demand for data by NDHHS programs to establish need and track progress.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

- Ongoing analysis of data tailored to needs of end-users.

Activity 1:

Data Collection and Analysis

Between 10/2009 and 09/2010, identify over 500 health indicators, populate a multi-sheet spreadsheet with current data for these 500+ indicators for use by local health departments, update and execute analysis programs, generate and disseminate reports electronically, write narrative highlights of data analysis, and consult with Information Systems & Technology (IS&T) programmers regarding a Behavioral Risk Factor Surveillance (BRFS) Query-System.

Activity Status

Completed

Activity Outcome

Behavioral Risk Factor Surveillance System (BRFSS):

- A total of 16,335 landline surveys were completed statewide during calendar year 2010.
- A total of 100 cell phone surveys were completed statewide during calendar year 2010.
- Nebraska's survey completion rate was ranked the highest in the nation in 2010 (68.4% completion) based on Council of American Survey Research Organization (CASRO) standards.

Data Analysis:

- 435 of the 492 health indicators in the 20-sheet spreadsheet were updated.
- Narrative highlights of data analysis of the 2007-2008 BRFSS results were prepared and disseminated to local health departments.

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

- Staff of both data collection and data management areas have served Nebraska long-term and are dedicated to providing quality data to use in monitoring health status and planning and evaluating program effectiveness.
- A coordinated data system exists where BRFSS data collected in Nebraska is analyzed and interpreted and reports prepared by staff within the same department.

Barriers/Challenges identified:

BRFSS:

- Many residents no longer have landline phones,
- Maintaining quality of call results.

Data Management:

- 65 of the 492 health indicators require 2010 census figures which will become available in April of 2011. NDHHS data management staff must wait for the Census Bureau to finalize 2011 decennial census results in order to complete the update of the remaining 65 health indicators.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

BRFSS:

- Acquiring cell phone numbers to survey people who do not have a landline phone.
- Perform systematic, unobtrusive monitoring of calls.
- Establish protocol with repeated attempts to complete surveys.

Data Management:

- Plan for processing data when final Census figures are available.

Activity 2:

Data Analysis Plan for Healthy People 2020

Between 10/2009 and 09/2010, Review proposed national Healthy People 2020 objectives and develop proposed objectives for Nebraska Healthy People 2020 initiative.

Activity Status

Completed

Activity Outcome

Data Management:

Reviewed proposed national Healthy People 2020 objectives and compared to list of Nebraska HP2010 objectives to determine changes, additions, and deletions. Compiled list of proposed Nebraska HP2020 objectives along with data sources. Presented them to Healthy People 2020 Coalition for review and discussion. Incorporated input from Coalition into draft proposed list of Nebraska HP2020 objectives.

A final list of proposed Nebraska HP2020 objectives will be prepared after the final set of U.S. Healthy People 2020 objectives are made available.

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

- Input from Healthy People 2020 Coalition members was very helpful in selecting and prioritizing new objectives to be added for Nebraska in 2020.

Barriers/Challenges identified:

- None identified.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

- None identified

National Health Objective: 23-11 Performance standards

State Health Objective(s):

Between 10/2009 and 09/2014, **Increase the capacity of Nebraska's governmental public health agencies to carry out all 3 Core Functions and all 10 Essential Services of Public Health, focusing primarily on the funded programs within the NDHHS Division of Public Health and 18 LB692 Local/District Public Health Departments.**

(Note: LB692 was the legislative bill under which the current system of district health departments was established and is funded beginning in May 2001. For the first time, all 93 Nebraska counties are covered by local/district health departments.)

State Health Objective Status

Met

State Health Objective Outcome

Work coordinated by the Office of Community Health and Performance Management:

- During the reporting period, the Division of Public Health provided two training opportunities for the 18 local health departments. (Departments that meet the requirements of state law IB 692 for funding support)
 - One training was a sharing meeting for all departments between state program staff and local health department staff.
 - The other training was an evaluation work day, where local health department staff and state program staff learned the basics of program evaluation and had a chance to develop their own evaluation plans.
- Site visits were made to the 17 local health departments that receive funding for Healthy Communities grants and technical assistance calls were held approximately every 6 weeks.
- An internal "integration team" meeting was held for state program staff to talk about ways that state programs can collaborate better.
- Five local health departments worked through the Mobilizing for Action through Planning and Partnerships (MAPP) process. One department has submitted a local action plan and the others are still working on their plans.
- NDHHS staff who work on the Healthy Communities grants to the local health departments wrote an evaluation plan and are evaluating their work with the departments.

For more information about Nebraska's local health departments: <http://www.dhhs.ne.gov/puh/oph/lhd.htm>

Work coordinated by the PHHS Block Grant Coordinator:

- Training and provision of technical assistance to managers of NDHHS programs receiving PHHSBG funds, contractors and subgrantees.
- Organizing entry of information into BGMIS and editing for submission to CDC for both annual PHHSBG Workplan and Annual Report.
- Monitoring of progress in achieving workplans and expenditure of funds.
- Recruitment of members and facilitation of meetings and public hearings for the Nebraska Preventive Health Advisory Committee.
- Arrange for Worksite Wellness activities for State Employees.
- Preparation and editing of Success Stories portion of the Annual Report.
- Supervision of staff of the Office of Oral Health and Dentistry and the Diabetes Programs, which receive PHHS Block Grant funds. Additionally, the PHHSBG Coordinator supervises staff of the Cardiovascular Health, Comprehensive Cancer, Renal Disease and Smoking Research Programs.

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

- The state program staff work well together and are willing to collaborate which makes working with the local health departments much easier. They provide consistent information and technical assistance as a result.

Barriers/Challenges identified:

- Time constraints on all NDHHS staff involved in the jointly funded Nebraska Healthy People projects.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

- NDHHS staff continue to work together, plan strategically, and evaluate work.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

Nebraska Healthy Communities grants are supported by several programs within the NDHHS Division of Public Health, totalling \$633,500. The pooled funds are administered through the NDHHS Office of Community Health and Performance Management.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 5 – Develop policies and plans

Impact/Process Objective 1:

Support for Local/District Health Departments

Between 10/2009 and 09/2010, NDHHS staff, contractors, and local health department staff members will provide technical assistance and training opportunities to **18** local/district health departments.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, NDHHS staff, contractors, and local health department staff members provided technical assistance and training opportunities to **18** local/district health departments.

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

Regarding Office of Community Health and Performance Management activities:

- The NDHHS staff work well together and are able to plan technical assistance and training opportunities smoothly.
- The local health department staff members are generally willing to learn and to ask for help when needed.
- The local health department staff members give the NDHHS staff feedback often to allow modifications of activities to meet their needs.
- The educational attainment and expertise of the Performance Improvement Manager.

Barriers/Challenges identified:

Regarding the Office of Community Health and Performance Management:

- One local health department does not wish to receive technical assistance, but does attend some training opportunities.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

Regarding the Office of Community Health and Performance Management:

- Continue to invite this department to participate in our activities.
- Continue to work together to plan technical assistance and training opportunities for local health departments.
- Continue to ask for feedback to improve our work.

Activity 1:

Technical Assistance

Between 10/2009 and 09/2010, NDHHS staff assess the technical assistance needs of local/district health departments. Staff members gather models and standards including evidence-based program information to share with local/district health departments. NDHHS staff also plan and arrange technical assistance and training opportunities. Technical assistance is provided in the form of monitoring progress reports, one-on-one mentoring, conducting site visits, coordinating group update and sharing conference calls.

Activity Status

Completed

Activity Outcome

NDHHS staff assessed the needs of local health department staff and provided two trainings during the reporting period.

- One was a sharing opportunity between local and state health department staff.
- The other was an evaluation work day where local health department staff was able to learn about program evaluation and practice writing their own evaluation plan.
- NDHHS staff provided intensive technical assistance to local health departments.

- Conducted technical assistance phone calls approximately every 6 weeks, where local health department staff report on their progress implementing evidence-based strategies, questions are asked, and ideas are shared.
- Conducted site visits to each of the 17 local health departments that have a grant from NDHHS.
- Reviewed progress reports and final reports and provided written feedback to the local health departments on what they are doing well and what they can improve.
- Provided mentoring on a one-on-one basis.

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

- Created a system for working with the local health departments and we implement the system closely. The state program staff are committed to this process. We also ask for feedback from the local health departments and make modifications based on their comments.

Barriers/Challenges identified:

- Scattered locations of local/district health departments and extensive travel distance to site visits.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

- Monitoring, technical assistance and site visit duties are shared among several staff of the Division of Public Health. Technical assistance is provided by NDHHS staff with expertise in the particular topic or approach (tobacco, physical activity, worksite wellness)
- Plan to continue to work together and to evaluate our progress.

Activity 2:

Financial Assistance

Between 10/2009 and 09/2010, NDHHS provides funds to local/district health departments to conduct a comprehensive community assessment and health prioritization process (Mobilizing for Action through Planning and Partnerships [MAPP]). Based on local health priorities, NDHHS provides additional funds for local health departments to implement evidence-based programming. PHHSBG are used to leverage funds from state and other federally funded programs, pooled to provide financial assistance of this type to local/district health departments.

Activity Status

Completed

Activity Outcome

MAPP process completion:

- During the reporting period, NDHHS provided funds (\$15,000 to 4 departments; \$5,000 to one department) to 5 local health departments to conduct the Mobilizing for Action through Planning and Partnerships process (MAPP). Two departments have written local action plans based on their assessment processes. The other departments are completing their action plans. Six additional departments applied for funding in June 2010 and will have 18 months to complete their MAPP processes.

Healthy Communities Grants:

- Seventeen local health departments received funding to implement an evidence-based strategy to make policy, systems, or environmental change in their region. They received between \$30,000 to \$45,000 each.

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

- State program staff are working well together and are pooling funds to provide grants to local health departments. The staff members also provide consistent technical assistance and information to the departments. Without this collaboration, we would not be able to provide this funding to the local level.

Barriers/Challenges identified:

- Limited and fluctuating availability of funds to support Nebraska Health Communities grants.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

- Continue to collaborate and to provide funding opportunities to local health departments.

Impact/Process Objective 2:

State Level Oversight

Between 10/2009 and 09/2010, PHHS Block Grant Coordinator will evaluate **16** projects or programs funded with PHHS Block Grant dollars, monitoring progress in achieving State Health Objectives, Impact Objectives and Activities as described in Nebraska's application to CDC.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, PHHS Block Grant Coordinator evaluated **16** projects or programs funded with PHHS Block Grant dollars, monitoring progress in achieving State Health Objectives, Impact Objectives and Activities as described in Nebraska's application to CDC.

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

- Experience and expertise of PHHS Block Grant Coordinator, who has been in the position for 24 years.

Barriers/Challenges identified:

- Time constraints because of multiple work assignments.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

- Delegation of tasks whenever possible.

Activity 1:

Monitor and Support

Between 10/2009 and 09/2010, The PHHS Block Grant Coordinator monitors subaward performance, reviews written reports, holds one-on-one meetings and telephone contacts, participates in group telephone consultation, meets with program staff members on location, conducts technical assistance and training, and attends funded activities to observe progress.

Activity Status

Completed

Activity Outcome

Work coordinated by the PHHS Block Grant Coordinator:

- Training and provision of technical assistance to managers of NDHHS programs receiving PHHSBG funds, contractors and subgrantees.
- Organizing entry of information into BGMIS and editing for submission to CDC for both annual PHHSBG Workplan and Annual Report.
- Monitoring of progress in achieving workplans and expenditure of funds.
- Recruitment of members and facilitation of meetings and public hearings for the Nebraska Preventive Health Advisory Committee.
- Arrange for Worksite Wellness activities for State Employees.
- Preparation and editing of Success Stories portion of the Annual Report.
- Supervision of staff of the Office of Oral Health and Dentistry and the Diabetes Programs, which receive PHHS Block Grant funds. Additionally, the PHHSBG Coordinator supervises staff of the Cardiovascular Health, Comprehensive Cancer, Renal Disease and Smoking Research Programs.

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

- Experience and expertise of PHHS Block Grant Coordinator.

Barriers/Challenges identified:

- Time constrains.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

- Delegation of tasks where feasible.

Essential Service 8 – Assure competent workforce

Impact/Process Objective 1:

Training and Educational Resources

Between 10/2009 and 09/2010, NDHHS staff and contractors will provide training on relevant topics, based on perceived need, to 18 local/district health departments.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, NDHHS staff and contractors provided training on relevant topics, based on perceived need, to 18 local/district health departments.

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

- NDHHS staff worked together to conduct a needs assessment of local health departments and determined which trainings to provide. A sharing opportunity was provided and an evaluation training was provided.

Barriers/Challenges identified:

- Availability of local/district health department staff who are very busy in their local-level jobs.
- Travel distances are barriers to attending training on the other side of the state.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

- Continue to work together to conduct needs assessments of local health departments and to provide training opportunities.

Activity 1:

Training Sessions

Between 10/2009 and 09/2010, NDHHS staff members coordinate training opportunities by identifying resources (e.g., presenters, materials), arranging locations and presenters, marketing the training sessions, and arranging the registration and evaluation processes.

Activity Status

Completed

Activity Outcome

Two trainings were provided to local health departments during the reporting period.

- The local health departments told NDHHS staff what type of training they wanted. NDHHS staff were able to find appropriate presenters and provide the training.
- A sharing session was held where local health department staff presented information on the evidence-based strategies that they are implementing. State staff participated by sharing ideas and information based on their topic expertise.
- An evaluation work day was provided where local health department staff members learned about program evaluation and had a chance to create their own evaluation plans. NDHHS staff members arranged the locations and presenters for these trainings and arranged the registration and evaluation processes.

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

- Willingness of NDHHS to design training opportunities around actual or perceived needs of local health department staff.

Barriers/Challenges identified:

- Competition for the time and attention of busy staff of the local health departments.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

- Continue to work together with state and local staff to determine training needs and provide learning opportunities.
- NDHHS staff asked for and received feedback from local/district health department staff regarding their perceived training needs.

Activity 2:**Mentoring**

Between 10/2009 and 09/2010, NDHHS staff provide one-on-one mentoring to local/district health department staff members to increase their capacity to write grants, develop and implement health promotion programs, improve programming, and evaluate interventions and activities.

Activity Status

Completed

Activity Outcome

NDHHS staff provided one-on-one mentoring to local health department staff members during the reporting period.

- Staff provided assistance in grant writing to some departments, meeting with local health department staff about how to write SMART objectives and work plans.
- NDHHS staff work with local health departments to improve their implementation of evidence-based strategies and to make policy, systems, and environmental changes. Sometimes staff talked over the phone with local health department staff and sometimes they met in person. Positive relationships were built as a result of the mentoring activities.

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

- NDHHS staff are supportive of the development of the skills of local health department staff members. They are willing to provide the resources and information necessary to improve those skills.

Barriers/Challenges identified:

- Time constraints, challenge finding time on busy schedules to hold meetings, phonecalls, etc

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

- Schedule technical assistance phone calls on a regularly reoccurring calendar.
- We will continue to work together to provide mentoring opportunities.

State Program Title: UNINTENTIONAL AND INTENTIONAL INJURY PROGRAM

State Program Strategy:

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

Health Priorities:

- Injuries are the fourth leading causes of death for Nebraskans.
- For Nebraskans age 1 – 34 years, unintentional injuries are the leading cause of death.
- In Nebraska, more years of potential life are lost due to injury than to any other cause of death
- Falls are the leading cause of injury hospital discharge for all ages combined in Nebraska. They were the second leading cause of unintentional injury death.
- Statewide, motor vehicle crashes are the leading cause of injury death. Suicide is the second leading cause of injury death.
- One in eight adult women, or more than 84,000 adult women in Nebraska, has experienced one or more completed forcible rapes during her lifetime.
-

Primary Strategic Partnerships:

Unintentional Injury:

External: Safe Kids Coalitions and Chapters, Child Passenger Safety Technicians and Instructors, Local Public Health Departments, Nebraska Office of Highway Safety, Nebraska Safety Council, local hospitals, Nebraska State Patrol, parents and the general public;

Internal: NDHHS epidemiology, Nutrition and Physical Activity for Health, Unit on Aging, EMS/Trauma, Lifespan Health.

Intentional Injury:

Sexual Offense Set-Aside funds are contracted to the network of 19 local sexual assault crisis centers which are supported by the Nebraska Domestic Violence Sexual Assault Coalition. The local programs partner with schools, universities, faith-based organizations and a range of community organizations, as well as local crisis response teams, law enforcement and medical providers.

Suicide: Nebraska Suicide Prevention Coalition, University of Nebraska Public Policy Center, Nebraska Interfaith Ministries, Bryan LGH, NDHHS Behavioral Health and Lifespan Health.

Evaluation Methodology:

Unintentional Injury: Collection and monitoring of reports from Safe Kids Coalitions and Chapters, and Child Passenger Technicians. Access Death Data and Hospital Discharge Data, analyze results and trends. Provide data results to partner programs. Monitor program participant survey results.

Intentional Injury:

Rape Set-Aside: Collection and analysis of reports from local programs for both preventive education and victim services, surveillance surveys among victims, workshop evaluation data.

Suicide: Access death data, hospital discharge data, and Child Death Review Team data, analyze results and trends.

Source: NE DHHS Vital Statistics, 2007, NE DHHS Hospital Discharge Data, Nebraska Domestic Violence Sexual Assault Coalition.

National Health Objective: 15-20 Child restraints

State Health Objective(s):

Between 10/2009 and 10/2014, Increase use of child restraints to 98%.

State Health Objective Status

Not Met

State Health Objective Outcome

This State Health Objective has not yet been achieved as stated in the FY2010 Workplan.

- The observed child restraint use rate for 2008 was 96.8%.
- The observed child restraint use rate declined in 2009 to 95.1%.
- The observed child restraint use rate declined further in 2010 to 91.5%.

An annual observational survey of child safety seat use in Nebraska's rural and urban counties is conducted between August and November. Among the children observed in the 2010 study, 91.5% were riding in child safety seats/booster seats. This rate is lower than the 2009 rate (95.1%) but still markedly higher than the rate observed when this series of surveys began in 1999 (56.2%).

Rural and urban comparisons:

Total observed child restraint use in rural counties decreased from 94.5% in 2009 to 90.5% in 2010; urban counties from 95.4% in 2009 to 92.4% in 2010.

Of the children observed during the 2010 survey to be in safety seat/booster seats, 8% were in the front seat, and 92% were in the rear seat of the vehicles. Significantly more children in rural counties were in safety seat/booster seats in the front seat (19.9%) than in urban counties (1.4%). Children age 12 and under are safest in the back seat away from air bags.

Of the children not in safety belt/booster seats, 22% were observed in the front seats of the vehicles, and 78% in the rear seats. The proportion of children in rural counties riding in the front seat of vehicles not in safety seat/booster seats was 38.5%, and in urban counties 9.6%. *(Source: Nebraska Office of Highway Safety)*

Successes achieved have resulted from:

1. Maintaining long-standing partnership with the Nebraska Office of Highway Safety.
2. Maintaining effective working relationship with Safe Kids Chapters and Coalitions.

Barriers/Challenges identified:

1. There was a vacancy in the Nebraska Safe Kids coordinator position for several months in FY2010.
2. Safe Kids Worldwide has seen significant reduction in funding from the private sector (General Motors) for child restraints programming called Safe Kids Buckle Up . This resulted in a reduction in hours and available funds to conduct programming among several Safe Kids Chapter coordinators in the state of Nebraska.

The consistent use of approved child passenger restraints reduces risk of injury and death.

- During 2009, a total of 8 children, ages 0-14, were killed and 1,508 children were injured on Nebraska roadways.
- During 2009, a total of 627 children in Nebraska (ages 0-15) involved in all motor vehicle crashes, 219 (34.9%) were not restrained (car seat, booster seat, or seat belt not used). Involved is defined as fatality, disabling injury or visible but not disabling injury. In crashes where restraint use is not known, it is included with restraint "not used".

According to Nebraska Crash Outcome Data Evaluation System (CODES) data, when in a motor vehicle crash, unrestrained occupants:

- Were 16 times more likely to be killed in a crash (1.6% vs. 0.1%)
- Were 5 times more likely to be treated in hospitals (1.5% vs. 0.3%) and twice more likely to be treated in emergency rooms (11.2% vs. 5.7%)
- Had twice higher average hospital charges.

For more information on the NDHHS Injury Prevention and Control Program and the Safe Kids:

<http://www.hhs.state.ne.us/hpe/safekids.htm>

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

1. Shift in societal attitude; increase in acceptance of use of seatbelts and child passenger restrains.
2. Implementation of laws related to child passenger restraints.
3. Consistent focus on child passenger safety as a priority topic.
4. Longevity of service of the Injury Prevention Coordinator,
5. Long-term interest in child passenger safety among advocates for childhood safety, parents and caregivers.

Barriers/Challenges identified:

1. Continuing resistance to the use of child restraints among Nebraska's rural population.
2. There was a vacancy in the Nebraska Safe Kids coordinator position for several months in FY2010.
3. Safe Kids Worldwide has seen significant reduction in funding from the private sector (General Motors) for child restraints programming called Safe Kids Buckle Up. This resulted in a reduction in hours and available funds to conduct programming among several Safe Kids Chapter coordinators in the state of Nebraska.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

1. Explore potential to expand awareness efforts in rural areas of the state.
2. The Nebraska Safe Kids Coordinator vacancy was filled in July 2010 and became a Certified Child Passenger Safety Technician in the fall of 2010. A half-time Injury Surveillance Specialist was also hired to provide help with data analysis and report preparation, bringing the Injury Program to 2.5 FTEs for the first time.
3. No solution has been identified to the reduction in funding available from Safe Kids Worldwide.
4. Partner organizations promote and defend current child restraint use laws* and work to educate parents and caregivers about the benefits of consistent use.

** Nebraska state law requires all children up to age 6 to ride in a federally approved car seat or booster seat that is appropriate for the child's age, height and weight. Children aged 6 to 18 must be in a seat belt if they are not in a booster seat. Nebraska law prohibits children under age 18 from riding in cargo areas in any vehicle. Drivers and front seat passengers must wear a seat belt or be in a child safety seat.*

In a report called "Childhood Injury in Nebraska: 2003 to 2007", published by the NDHHS in May 2010, measures were identified to prevent motor vehicle-related injuries among Nebraska's children: child safety seat distribution and education programs; consistent use of child safety seats or seat belts appropriate to weight and age of the child; mass media campaigns targeted at reducing alcohol-impaired driving; and implementation of strict graduated licensing.

Broader Nebraska Strategies:

Childhood injury is a leading priority of the NDHHS Injury Prevention and Control Program. "Nebraska Injury Prevention and Control Facts 2010: Issue One" declares: Many, if not most, injuries are preventable.

Strategies to preventing injuries among children include: (1) parent and caregiver education; (2) proper use of technology, such as child safety seats, home safety devices, and sports equipment, and (3) legislation.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

Strategies specific to identified Barriers/Challenges:

Nebraska Office of Highway Safety, part of the Nebraska Department of Motor Vehicles, contributes to child passenger safety efforts by offering \$5000 annual mini-grants to car seat inspection fitting stations. The money is used to purchase car seats.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 3 – Inform and Educate

Impact/Process Objective 1:

Public Education and Support

Between 10/2009 and 09/2010, Nebraska DHHS Injury Prevention Program and Partners will provide information and technical assistance in response to requests for best practice programming and effective evaluation methods to 130 Child Passenger Safety Technicians, Local Public Health Departments and Safe Kids programs.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, Nebraska DHHS Injury Prevention Program and Partners provided information and technical assistance in response to requests for best practice programming and effective evaluation methods to 130 Child Passenger Safety Technicians, Local Public Health Departments and Safe Kids programs.

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

1. The long-established working relationships between the state-level staff and the Safe Kids Coalitions/Chapters and Child Passenger Safety Technicians.
2. The NDHHS Injury Prevention Coordinator is a Child Passenger Safety Instructor and the Safe Kids Coordinator is a Child Passenger Safety (CPS) Technician.
3. Recertification rate for CPS Technicians in Nebraska is higher than the national average.

Barriers/Challenges identified:

1. There was a vacancy in the Nebraska Safe Kids coordinator position for several months in FY2010.
2. Safe Kids Worldwide has seen significant reduction in funding from the private sector (General Motors) for child restraints programming called Safe Kids Buckle Up. This resulted in a reduction in hours and available funds to conduct programming among several Safe Kids Chapter coordinators in the state of Nebraska.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

- During the FY2010 vacancy in the Safe Kids Coordinator position, the Injury Prevention Coordinator, who is a certified Child Passenger Safety instructor, provided the necessary technical assistance to meet this goal.
- A new Safe Kids Coordinator was hired in July 2010 and became a Certified Child Passenger Safety Technician in the fall of 2010.
- Also, a half-time Injury Surveillance Specialist was hired to provide help with data analysis and report preparation, bringing the Injury Program to 2.5 FTEs for the first time.

Activity 1:

Public Information

Between 10/2009 and 09/2010,

- Respond to calls from the public, school districts, hospitals or public health departments on questions about child safety seat use and restraint laws on a continuous basis.
- Participate in Child Passenger Safety Week in producing press releases and promoting the national theme to Safe Kids groups, public citizens, hospitals, public health departments and technicians

Activity Status

Completed

Activity Outcome

- PHHSBG funding was provide to purchase child safety seats for Car Seat Check Events* held during Child Passenger Safety Week.
- Child Safety Seat educational information was distributed to the community upon request.

** Car Seat Check-Up Events are held in in public locations, such as shopping center parking lots usually for a period of 3 to 4 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 old. They check for:*

- *Correct selection (the seat the correct size for the child),*
- *Harnessing (the child correctly secured in the seat),*
- *Installation (the seat correctly installed in the vehicle), and*
- *Recalls issued (for a manufacturing defect with the seat).*

Reasons for Success or Barriers/Challenges to Success

Successes assumed to be influenced by:

1. The long-established working relationships between the state-level staff and the Safe Kids Coalitions / Chapters and Child Passenger Safety Technicians.

2. The NDHHS Injury Prevention Coordinator is a Child Passenger Safety Instructor and the Safe Kids Coordinator is a Child Passenger Safety (CPS) Technician.
3. Recertification rate for CPS Technicians in Nebraska is higher than the national average.

Barriers/Challenges identified:

1. There was a vacancy in the Nebraska Safe Kids coordinator position for several months in FY2010.
2. Safe Kids Worldwide has seen significant reduction in funding from the private sector (General Motors) for child restraints programming called Safe Kids Buckle Up . This resulted in a reduction in hours and available funds to conduct programming among several Safe Kids Chapter coordinators in the state of Nebraska.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

1. A new Nebraska Safe Kids Coordinator was hired in July 2010 and became a Certified CPS Technician in the fall of 2010.
2. No solution has been identified to the reduction in funding available from Safe Kids Worldwide.

Essential Service 4 – Mobilize Partnerships

Impact/Process Objective 1:

Child Passenger Safety Programs

Between 10/2009 and 09/2010, Nebraska DHHS Injury Program, partners and contractors will increase the rate of observed use of child restraints from 96% to 97%.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, Nebraska DHHS Injury Program, partners and contractors increased the rate of observed use of child restraints from 96% to 95%.

Reasons for Success or Barriers/Challenges to Success

This Impact Objective has not yet been achieved as stated in the FY2010 Workplan.

- The observed child restraint use rate for 2008 was 96.8%.
- The observed child restraint use rate declined in 2009 to 95.1%.
- The observed child restraint use rate declined further in 2010 to 91.5%.

Child safety seat use is surveyed annually through observations conducted in rural and urban counties in Nebraska, between August and November. Among the children observed in the 2010 study, 91.5% were riding in child safety seats/booster seats. This rate is lower than the 2009 rate (95.1%) but still markedly higher than the rate observed when this series of surveys began in 1999 (56.2%). *(Source: Nebraska Office of Highway Safety)*

Successes assumed to be influenced by:

1. Maintaining long-standing partnership with the Nebraska Office of Highway Safety.

Barriers/Challenges identified:

1. There was a vacancy in the Nebraska Safe Kids Coordinator position for several months in FY2010.

2. Safe Kids Worldwide has seen significant reduction in funding from the private sector (General Motors) for child restraints programming called Safe Kids Buckle Up . This resulted in a reduction in hours and available funds to conduct programming among several Safe Kids Chapter coordinators in the state of Nebraska.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

1. A new Nebraska Safe Kids Coordinator was hired in July 2010 and became a Certified Child Passenger Safety Technician in the fall of 2010. .
2. No solution has been identified to the reduction in funding available from Safe Kids Worldwide.

Activity 1:

Child Passenger Safety Training

Between 10/2009 and 09/2010,

- Conduct four National Highway Traffic Safety Administration child passenger trainings (contingent upon outside funding).
- Conduct meetings with the Nebraska Child Passenger Safety Advisory Committee to establish a training schedule.

Activity Status

Completed

Activity Outcome

In 2010, Nebraska Child Passenger Safety Advisory meetings were held and 5 training events were held in

Scottsbluff, Grand Island, Omaha (2), and Lincoln.

- A total of 94 new technicians were certified during FY2010.
- There are now 398 certified technicians in Nebraska.

Reasons for Success or Barriers/Challenges to Success

Successes assumed to be influenced by:

1. The long-established relationships between the state-level staff and the Safe Kids chapters and Child Passenger Safety Technicians.
2. Injury Prevention Coordinator is a certified Child Passenger Safety Instructor.
3. Recertification rate for Nebraska is higher than the national average.

Barriers/Challenges identified:

1. There was a vacancy in the Nebraska Safe Kids coordinator position for several months in FY2010.
2. Safe Kids Worldwide has seen significant reduction in funding from the private sector (General Motors) for child restraints programming called Safe Kids Buckle Up . This resulted in a reduction in hours and available funds to conduct programming among several Safe Kids Chapter coordinators in the state of Nebraska.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

1. Explore potential to expand awareness efforts in rural areas of the state.

2. A new Nebraska Safe Kids Coordinator was hired in July 2010 and became a Certified Child Passenger Safety Technician in the fall of 2010.
3. No solution has been identified to the reduction in funding available from Safe Kids Worldwide.
4. Partner organizations promote and defend current child restraint use laws and work to educate parents and caregivers about the benefits of consistent use.

Activity 2:

Technical Assistance

Between 10/2009 and 09/2010,

- Provide technical assistance to Child Passenger Safety Technicians to conduct child passenger advocacy trainings to communities across the state.
- Provide technical support to over 400 Child Passenger Safety Technicians through newsletters, e-mail lists, mailings, technical updates and grant funding.
- Provide a minimum of 10 mini-grants to local technicians to conduct child passenger safety seat checks in their communities.

Activity Status

Completed

Activity Outcome

In 2010, more than 37 Child Passenger Safety events were held. NDHHS sponsored events in the following communities, Tilden, Superior, Plattsmouth, Bellevue, Sidney, Bayard, Gering, Benkelman, Lincoln, Columbus, O'Neil and provided technical assistance to these events when needed. Approximately 130 Child Passenger Safety Seats were distributed through 16 mini-grants awarded by NDHHS.

Reasons for Success or Barriers/Challenges to Success

Successes assumed to be influenced by:

1. The long-established working relationships between the state-level staff and the Safe Kids Coalitions / Chapters and Child Passenger Safety Technicians,
2. The NDHHS Injury Prevention Coordinator is a Child Passenger Safety Instructor and the Safe Kids Coordinator is a Child Passenger Safety (CPS) Technician.
3. Recertification rate for CPS Technicians in Nebraska is higher than the national average.
4. Nebraska Safe Kids has a network of 12 local chapters that are well connected in their local communities. These local relationships influence voluntarism that makes the child passenger safety program and car seat check up events successful.

Barriers/Challenges identified:

1. There was a vacancy in the Nebraska Safe Kids coordinator position for several months in FY2010.
2. Safe Kids Worldwide has seen significant reduction in funding from the private sector (General Motors) for child restraints programming called Safe Kids Buckle Up . This resulted in a reduction in hours and available funds to conduct programming among several Safe Kids Chapter coordinators in the state of Nebraska.
3. Some rural areas lack CPS Technicians with sufficient experience to meet the criteria for getting funds to hold check-up events.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

1. A new Nebraska Safe Kids Coordinator was hired in July 2010 and became a Certified Child Passenger Safety Technician in the fall of 2010.
2. No solution has been identified to the reduction in funding available from Safe Kids Worldwide.

Essential Service 9 – Evaluate health programs

Impact/Process Objective 1:

Child Passenger Safety Program Evaluation

Between 10/2009 and 09/2010, Nebraska Injury Prevention Program and contractor will conduct **one** comprehensive evaluation of the child passenger safety program.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, Nebraska Injury Prevention Program and contractor conducted **one** comprehensive evaluation of the child passenger safety program.

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

- Availability of several years worth of comprehensive data records about child passenger safety seat events from several years and technical capacity to share with the evaluator.
- Flexibility of evaluation contractor; willingness to use both phone and in-person interviews as well as written responses.

Barriers/Challenges identified:

- Large volume of evaluation assignments concurrently being processed by the contractor.
- Difficulty experienced by contractor in connecting and communicating with members of the State Child Passenger Advisory Committee.
- Work assignment shift due to the vacancy in the Safe Kids Coordinator position.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

- Extended dates for completion of documents.
- The evaluation of the past several years of operation of the child passenger safety program will be ongoing during the next fiscal year. Specifically, the evaluation will research and develop an Inventory of Strategies for Increasing Child Restraint Use.
- New Safe Kids Coordinator hired and trained, relieving the Injury Prevention Coordinator of the added work load.

Activity 1:

Child passenger safety evaluation

Between 10/2009 and 09/2010,

- Contract with an outside evaluator to conduct a retrospective evaluation of the effect of the child passenger safety program.

Activity Status

Completed

Activity Outcome

Successfully negotiated a contract with a veteran evaluator, who is also an Associate Dean for Research and Director of the Creighton University Health Services Research Program (CHRP), to carry out the retrospective evaluation of the long-standing child passenger safety component of the NDHHS Injury Program.

By the end of FY2010, several documents were developed and disseminated to the stakeholders associated with the child passenger safety program. Documents included analysis of program strengths and weaknesses, opportunities of growth and an inventory of strategies to improve child passenger safety education and restraint use.

Reasons for Success or Barriers/Challenges to Success

Successes assumed to be influenced by:

- The recognized skill and depth of experience of evaluator under contract.

Barriers/Challenges identified:

- Time constraints on the part of the contractor because of other work being conducted
- Time constraints on the part of the NDHHS Injury Prevention Coordinator required to take on other duties until the Safe Kids Coordinator position was filled.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

- Extended expected completion dates for documents.

National Health Objective: 15-27 Falls

State Health Objective(s):

Between 10/2009 and 09/2014, **Reduce deaths and injuries from falls**

State Health Objective Status

Not Met

State Health Objective Outcome

This State Health Objective was intended to state has not yet been achieved.

The two age groups with the highest rates of death and injury due to falls are the elderly and children.

- In Nebraska, falls remain the leading cause of all injury hospitalizations and outpatient treatment.
- Falls remain the second leading cause of unintentional injury deaths.
- Falls were the leading cause of injury-related hospital visits among Nebraska youth under 20 years old. There were a total of 3 deaths and 62,535 hospital visits from 2003 to 2007.
- From 2004 to 2008, the age-adjusted death rate due to unintentional fall injuries was 7.7 per 100,000 Nebraskans. Such deaths were most common among adults aged 85 years and older (202 per 100,000 persons). Among adults aged 75 years and older, death rates due to unintentional fall injuries were higher for males than for females (76 per 100,000 males vs. 47 per 100,000 females among adults aged 75-84 years old; 227 per 100,000 males vs. 192 per 100,000 females among adults aged 85 years and older).

Impact and activity objectives for FY2010, developed to reduce falls, were all met.

For more information on the NDHHS Injury Prevention and Control Program's reports on falls: <http://www.hhs.state.ne.us/hew/hpe/injury/FallsReport2009.pdf>

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

1. The good working relationships between the staff of the NDHHS Injury Program and the local health departments.
2. Increasing interest among advocates for fall prevention.

Barriers/Challenges identified:

1. Lack of understanding among general population about the cost to society resulting from falls, and low expectations for efficacy of interventions.
2. There was a vacancy in the Nebraska Safe Kids coordinator position for several months during FY2010.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

1. Explore potential to strengthen awareness efforts in across the state.
2. A new Nebraska Safe Kids Coordinator was hired in in July 2010, relieving the Injury Prevention Coordinator of added duties taken on during the vacancy.

Strategies identified in the Nebraska Injury Prevention and Control Facts 2010 ▪ Issue 3:

Measures to prevent fall related injuries in children include adult supervision near fall hazards (e.g. stairs, playgrounds); installing home safety devices, such as window guards and stair gates; and wearing bicycle helmets and protective sports equipment

The Injury Surveillance staff prepared a report on older adult falls which further established the need develop falls prevention programming and to target the programming. Data from this report was presented as well as best practice strategies to address older adult falls.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

The NDHHS receives about \$125,000 from other federal funding sources, a portion of which supports Injury Prevention Coordinator who also works on falls prevention activities.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 3 – Inform and Educate

Impact/Process Objective 1:

Older Adult Falls

Between 10/2009 and 09/2010, Injury Prevention Program, partners, and contractors will provide education on the scope of the older adult falls problem in Nebraska and evidence-based practices to address the problem to 50 public health and community partners.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, Injury Prevention Program, partners, and contractors provided education on the scope of the older adult falls problem in Nebraska and evidence-based practices to address the problem to 50 public health and community partners.

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

- The good working relationship with local advocates for senior citizen injury prevention.

Barriers/Challenges identified:

- There was a vacancy in the Nebraska Safe Kids coordinator position for several months during FY2010.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

1. The Nebraska Safe Kids Coordinator vacancy was filled in July 2010.
2. The NDHHS Injury Surveillance staff prepared and distributed a report on older adult falls. Data from this report was presented as well as best practice strategies to address older adult falls.

Activity 1:

Older Adult Falls Prevention Education

Between 10/2009 and 09/2010, 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 by presentations at Falls Coalition Meetings.

Provide education on older adult falls prevention by participating in the National Older Adult Falls Prevention Day; activities include local community events, and media releases.

Activity Status

Completed

Activity Outcome

Activities planned for National Older Adult Falls Prevention Day included a Governor's Proclamation and media releases, on Sept 23, 2010.

Events were also held locally, including activities at a local senior center and Tai chi demonstrations.

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

- Availability of a contractor who arranged for the Governor's Proclamation on the occasion of the National Older Adult Falls Prevention Day. The ceremony was attended by a representative of the Falls Coalition.

Barriers/Challenges Identified:

- Other activities could not be carried out as extensive as planned because the vacancy in the Safe Kids Coordinator position, which required the Injury Prevention Coordinator to take on added duties.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

- The Nebraska Safe Kids Coordinator vacancy was filled in July 2010.

Other Strategies:

Continued development of Falls Coalition, initiated two years ago. The Coalition is made up of representatives of public health agencies, area agencies on aging and local hospitals.

Impact/Process Objective 2:

Childhood Falls

Between 10/2009 and 09/2010, Nebraska Injury Prevention, partners and contractors will conduct **2** childhood injury prevention workshops.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, Nebraska Injury Prevention, partners and contractors conducted **1** childhood injury prevention workshops.

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

- Long-term working relationship between the staff of the Injury Program and the local health departments.

Barriers/Challenges identified:

1. There was a vacancy in the Nebraska Safe Kids coordinator position for several months in FY2010.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

- A new Nebraska Safe Kids Coordinator was hired in July 2010.

Activity 1:

Childhood Injury Prevention Workshops

Between 10/2009 and 09/2010,

- Plan and coordinate two childhood injury prevention workshops to include playground safety and falls prevention.

Activity Status

Not Completed

Activity Outcome

- A comprehensive playground safety workshop was held May 10, 2010 in Lincoln.
- The workshop was offered to a variety of organizations across the state. Nebraska Safe Kids sponsored the event and contracted with the National Program for Playground Safety to provide the training.
- Approximately 40 people attended the workshop from a variety of settings including park and recreation departments, schools, pre-schools/daycares, local health departments and Safe Kids organizations. Attendees reported very positively about the event.

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

- People involved in the Safe Kids network helped to market the workshop. and attended
- Local Health Departments helped market the workshop.

Barriers/Challenges identified:

- Lack of staff time caused by the vacancy in the Safe Kids Coordinator position caused the second workshop not to be held.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

1. The Nebraska Safe Kids Coordinator vacancy was filled in July 2010.
2. A half-time Injury Surveillance Specialist was hired to provide help with data analysis and report preparation, bringing the Injury Program to 2.5 FTEs for the first time.

Essential Service 4 – Mobilize Partnerships

Impact/Process Objective 1:

Older Adult Fall Prevention

Between 10/2009 and 09/2010, NDHHS Injury Program, Public Health Departments and community partners, contractors will implement **14** Tai Chi classes in their communities.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, NDHHS Injury Program, Public Health Departments and community partners, contractors implemented **14** Tai Chi classes in their communities.

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

- The working relationships between the state-level staff and local health departments.

Barriers/Challenges identified:

1. There was a vacancy in the Nebraska Safe Kids coordinator position for several months in FY2010.
2. Maintaining quality of instruction can be a challenge.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

1. The Nebraska Safe Kids Coordinator vacancy was filled in July 2010.
 2. Evaluation tools were borrowed from other states that had been funded by CDC to implement the Tai Chi Program. A contractor who had previous Tai Chi experience was able to conduct site visits and provide feedback to instructors; this is helping to assure some quality control.
- Further development of Falls Coalition.

Activity 1:

Program Development and Maintenance

Between 10/2009 and 09/2010,

- Provide Public Health Departments and community partners with training and resources to conduct Tai Chi classes in their communities.
- Develop evaluation tools to measure the falls program through formative or process evaluation.
- Collaborate with state agencies and local health departments on reducing older adult falls.

Activity Status

Not Completed

Activity Outcome

Tai Chi was initiated during FY2010 and is continuing during FY2011 by three local/district health departments according to best practice guidelines.

During FY2010, a total of 14 Tai Chi classes were conducted.

- Each department is conducting a two to five twelve-week-long classes. The classes as well as the implementation are being evaluated. Participants are completing pre-post written tests as well as pre-post physical assessments.
- Written assessment tools that were used by the contractor have helped to give feedback to help with improving instructors. Early anecdotal evaluations from participants are very positive.

Additional training was provided to individuals who had previously attended Tai Chi training. These individuals are implementing Tai Chi classes in communities in collaboration with the Public Health Departments.

Evaluation tools were borrowed from other states that had been funded by CDC to implement the Tai Chi Program. Revisions were made to adapt them for our use. A contractor who had previous Tai Chi experience was able to conduct site visits and provide feedback to instructors; this is helping to assure some quality control.

By the end of FY2010, not all classes had been completed. Evaluations will be completed during FY2011.

Reasons for Success or Barriers/Challenges to Success

Successes assumed to be influenced by:

1. Early anecdotal evaluations from participants are very positive.

Barriers/Challenges identified:

1. There was a vacancy in the Nebraska Safe Kids coordinator position for several months in FY2010.
2. The quality of the instructors can also be a challenge.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

- A new Nebraska Safe Kids Coordinator was hired in July 2010. A half-time Injury Surveillance Specialist was also hired to provide help with data analysis and report preparation, bringing the Injury Program to 2.5 FTEs for the first time.
- Written assessment tools that were used by the contractor have helped to give feedback to help with improving instructors.

National Health Objective: 15-35 Rape or attempted rape

State Health Objective(s):

Between 10/2009 and 09/2014, **reduce the incidence of sexual assault to no more than 6.0% among women in Nebraska age 18 and up.**

Defining sexual assault is the use of coercion or physical force to subject, or attempt to subject, a person to sexual penetration or other sexual contact against his/her will, including unwanted sexual comments or advances, acts to traffic or any other act directed against a person's sexuality, regardless of their relationship to the person, in any setting or situation. This includes such acts involving a person who is unable to consent due to age, illness, disability, influence of alcohol or drugs or any other condition that prevents an individual from consenting.

State Health Objective Status

Not Met

State Health Objective Outcome

The long-term objective has not yet been achieved. The 2007 BRFSS reported:

- 5.5% female respondents said they had "ever" experienced unwanted sexual contact (prevalence measure), and
- 6.6% of female respondents said they had experienced unwanted sexual contact in the past 12 months (incidence measure).

However, 4 out of the 5 activities associated with this objective have been met,

For more information on the Nebraska Domestic Violence Sexual Assault Coalition or the local programs, go to: <http://ndvsac.org/>

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

- The long standing working relationship between the NDHHS staff and the staff of the Nebraska Domestic Violence Sexual Assault Coalition.
- The long standing working relationship between the Nebraska Domestic Violence Sexual Assault Coalition and the local service (rape crisis) centers.

Barriers/Challenges Identified:

- Unavailability of incidence data. The BRFSS Sexual Assault Module has not been used since 2007. There are no plans to use that module in the future. Therefore, incidence of sexual assault is no longer a feasible measure to use as a state level objective.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

- For FY2011, Nebraska has shifted PHHS Block Grant funds to support an awareness campaign and has adopted state level objective related to increased awareness.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

During FY2010, PHHS Block Grant funds were used to expand the educational activities carried out using \$221,000 in Rape Prevention and Education funds received by the NDHHS Injury program and contracted through the NDHHS Division of Children and Family Services.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 3 – Inform and Educate

Impact/Process Objective 1:

Sexual Assault Prevention Education

Between 10/2009 and 09/2010, NDHHS Division of Children and Family Services and contractors Nebraska Domestic Violence Sexual Assault Coalition and 19 community-based sexual assault services will maintain **1,000** sexual assault prevention presentations and/or activities to residents of Nebraska within the context of the bystander engagement model of primary prevention.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, NDHHS Division of Children and Family Services and contractors Nebraska Domestic Violence Sexual Assault Coalition and 19 community-based sexual assault services maintained **1040** sexual assault prevention presentations and/or activities to residents of Nebraska within the context of the bystander engagement model of primary prevention.

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

- Long standing practice of local service centers providing presentations to schools and other sites.
- Each program focuses their efforts for primary prevention on a different population. By coordinating these efforts Nebraska was able to meet the goal of 1000 presentations.

Barriers/Challenges Identified:

- Reluctance of schools to allow presentations, lending to one-time-only contact with the audience of students, and presumably diminished impact on their knowledge and future behavior.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

- Planning and coordination: With the help of the Nebraska Domestic Violence Sexual Assault Coalition, the coordination of the presentations would not have occurred. The Coalition also provided trainings and technical support to the programs to help ensure quality of programming across the state of Nebraska.

Activity 1:

Presentations to Youth

Between 10/2009 and 09/2010, 19 sexual assault/domestic violence programs across the state will conduct at least 700 sexual assault prevention-related presentations and/or activities at local schools or youth organizations targeting ages pre-school to college age. The programs will provide sufficient dosage by offering 3 presentations and/or activities with the same group of youth.

Activity Status

Completed

Activity Outcome

Between 10/2009 and 09/2010, 19 sexual assault/domestic violence programs (local service centers) across the state conducted 707 sexual assault prevention-related presentations and/or activities at local schools or youth organizations targeting ages pre-school to college age.

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

- Experience of local program (service center) staff in making presentations.
- Availability of resources and technical assistance from the staff of the Nebraska Domestic Violence Sexual Assault Coalition.
- Many successes are in correlation with the passage of the Lindsay Ann Burke Act. Many of the local domestic violence and sexual assault programs have been able to gain access to schools that at one time did not seem interested in having primary prevention programming. One program stated that prior to this legislation they were only providing programming to one middle school, with the passage of the legislation they are now presenting in all three middle schools.

Barriers/Challenges Identified:

- Many of the barriers that were met by the 19 programs were based on sufficient dosage. The programs were asked to provide activities and presentations to the same group of youth at a minimum of three times. Some programs reported great success with this. For example the Bright Horizons program has successfully provided weekly healthy relationship skills to an after school program in O'Neill Elementary School and monthly to St. Mary's Elementary school.
- Other programs struggled for the following reasons:
 - It is difficult to fit presentations into an already packed schedule
 - Some schools have their own curriculum that addresses bullying and good touch/bad touch and feel that anything beyond that is not necessary.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

- Sufficient Dosage is a difficult barrier to overcome. However, through training and technical assistance from the Nebraska Domestic Violence Sexual Assault Coalition the 19 programs understanding of how to provide sufficient dosage will increase. NDVSAC also will be implementing a regional group supervision mentality, which will bring regions together to share what works for them and what does not work. This will allow the programs to share and unify across county lines. NDVSAC also spent a whole day discussing how to create and maintain effective collaborations. It is the hope of NDVSAC that through this the programs will begin to be able to forge long lasting relationships with schools and other youth serving agencies.
- The programs voted to combine the PHHS Block Grant money to create a sustainable state wide multi-component primary prevention campaign. It is the hope that through this change PHHS can become a greater support to the programs.

Activity 2:

Presentations to Key Service Providers

Between 10/2009 and 09/2010, 19 sexual assault domestic violence programs across the state will conduct 200 sexual assault prevention presentations about bystander engagement to community leaders involved with youth.

Activity Status

Completed

Activity Outcome

Between 10/2009 and 09/2010, 19 sexual assault domestic violence programs across the state conducted 233 sexual assault prevention presentations about bystander engagement to community leaders and adults.

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

- Some successes that were experienced were that after a presentation for Tri-Valley Health System; doctors requested teens and relationships packets to discuss and distribute with teens while conducting school health screenings. Another program provided informational materials to teachers through posters, flyers and school newsletters. All the programs agreed that the passage of Lindsay Ann Burke Act has provided new opportunities to train school personnel. For example, one program was contacted after a teacher in-service about working with the school on reviewing the new teen dating violence policy that was put in place this year.

Barriers/Challenges Identified:

- The programs reported their numbers regarding presentations to key service providers and adults together.
- The barriers encountered are that many adults and key service providers would rather hear about services and basics about the issues. Discussing primary prevention is very difficult.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

- The Nebraska Domestic Violence Sexual Assault Coalition held a prevention summit that focused on creating collaborations and building buy-in from adults and key service providers. The programs walked away from that day with a working plan to begin to engage those key stakeholders.

Activity 3:

Presentations to Adults

Between 10/2009 and 09/2010, The 19 sexual assault/domestic violence programs will provide 100 sexual assault prevention presentations to parents about bystander engagement.

Activity Status

Completed

Activity Outcome

Between 10/2009 and 09/2010, 19 sexual assault domestic violence programs across the state conducted 100 sexual assault prevention presentations about bystander engagement to parents.

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

- Many of the programs achieved successes with in this category. One of the programs that is based out of Fremont, Nebraska was invited to an evening parent and faculty meeting to discuss healthy relationships and bystander engagement. The parents had recognized this as an issue and sought to understand what they could do to be a part of the solution. Another program participated in a local community event known as Destination Downtown. They were able to do an activity that started them thinking about gender roles and how those affect relationships. The response they received was a willingness on the part of the community to broaden the scope of thinking around issues of violence in their community.

Barriers/Challenges Identified:

- Some people still do not recognize sexual assault as an important community issue, but the programs are actively seeking to reach out to parents and incorporate them into the primary prevention activities and solutions.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

- At the Prevention Summit, many of the programs recognized the need to include parents and other adults that don't work with youth on a regular basis. Some programs are seeking to form advisory councils that will require there to be at least one parent to be present. This will create a word of mouth "buzz" effect that will get parents talking with each other. It is through this effort to actively incorporate more adult pieces that will make our primary prevention movement that much stronger.

Activity 4:

Develop evaluation plan

Between 10/2009 and 09/2010, The Nebraska Domestic Violence and Sexual assault Coalition Prevention Coordinator will facilitate the process and create a best practices and resource manual for the 19 programs. This will assist the subgrantees with their current efforts while offering practical ways to improve upon what they are currently doing within their communities.

Activity Status

Not Completed

Activity Outcome

The Prevention Coordinator has worked with the programs to begin to look at what types of evaluations they are currently utilizing. The first full program evaluation is scheduled to be completed and disseminated on December 13, 2010.

- The Illinois Rape Myth Scale has been identified as the measurement tool to be utilized by the programs for adults and college students. With high school students and younger, the prevention coordinator is working with the programs to encourage the schools to utilize the youth risk behavior survey. By standardizing risk scales it is our hope to be able to identify trends and adapt as necessary.
- Also the Prevention Coordinator performed two webinars a month for 6 months for the local programs that addressed all the content that will be in the best practices manual.
- The Prevention Coordinator has also implemented annual work plan check-ins and will be also be adding regional groups to allow for peer mentorship between the programs, to ensure that ownership of the evaluation and primary prevention process is taken. Estimated completion date for the best practices resource guide is March 1, 2011

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

- Expertise of current Prevention Coordinator in Public Health theory and practice.

Barriers/Challenges Identified:

- The activities to keep the goal are in process, but the time frame was too ambitious to achieve for 19 various communities across the state. The Prevention Coordinator will work with each program to look at what they are currently doing for pre and post tests and work to create the best possible evaluation for their community. This will assist us in learning about what programs are working and where the programs need to adjust.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

- Nebraska recently had Sandra Cashman of the CDC come for a site visit for Rape Prevention Education. Through this site visit the prevention coordinator obtain valuable information about meeting the programs where they are at evaluation wise and training them and building them up to the level we would like to see them achieve. The Prevention Coordinator will begin these training and one on one conversations after the first of the year.

Activity 5:

Create and update presentation materials

Between 10/2009 and 09/2010, Nebraska Domestic Violence and Sexual Assault Coalition Prevention coordinator will lead the committee to develop an updated version of Reaching and Teaching Teens curricula, soon to be called Step Up/Speak Out.

Activity Status

Completed

Activity Outcome

The Coalition staff led the committee to update the curricula. The updated curriculum will retain its original name but will be a part of the Step up Speak out operations. The Curriculum was completed and it will be sent to the printer on December 17, 2010.

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

- Existence of state developed curricula to modify, other models to emulate and expertise to do the update.

Barriers/Challenges Identified:

- Time constraints for already busy staff.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

- The next step is to hold Train-the-trainer sessions that will occur for the programs after the first of the year 2011.

National Health Objective: 18-1 Suicide

State Health Objective(s):

Between 10/2009 and 09/2014, Reduce the suicide rate to no more than 8.2 per 100,000 population in Nebraska.

State Health Objective Status

Not Met

State Health Objective Outcome

The state-level, long-term objective has not yet been achieved. However, the following activities were successfully carried out:

- Nebraska Youth Suicide Prevention Summit, held January, 2010 in partnership with the University of Nebraska Public Policy Center, the Nebraska Suicide Prevention Coalition and NDHHS Behavioral Health. The activities served as a springboard for community coalitions as well as the activities of the Garret Lee Smith Youth Suicide Prevention Grant.
- LOSS (Local Outreach to Suicide Survivors) has been implemented in Lincoln/Lancaster County - called a "Postvention" program.

For more information on the NDHHS Injury Prevention and Control Program:

<http://www.hhs.state.ne.us/hpe/injury/>

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

1. Growing interest in suicide prevention among health advocates.

Barriers/Challenges identified:

1. Persisting societal stigma associated with suicide and mental health issues.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

1. Collaborated to apply for funding to address suicide education and prevention.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

PHHS Block Grant funds have been utilized for Suicide Prevention efforts to build collaborative partnerships. This collaboration has resulted in Nebraska's successful application for the SAMHSA Garrett Lee Smith funds for youth suicide prevention in the amount of \$500,000/year for three years.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 4 – Mobilize Partnerships

Impact/Process Objective 1:

Suicide Prevention

Between 10/2009 and 09/2010, The Injury Prevention Program, in collaboration with the Nebraska Suicide Prevention Coalition and the UNL Public Policy Center will conduct **one** suicide prevention summit.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, The Injury Prevention Program, in collaboration with the Nebraska Suicide Prevention Coalition and the UNL Public Policy Center conducted **one** suicide prevention summit.

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

- Strong working relationship between the Nebraska Suicide Prevention Coalition and the UNL Public Policy Center.

Barriers/Challenges identified:

- Cultural differences between urban and rural areas of the state make it challenging form consensus on suicide prevention and education priorities.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

- Use of facilitator to build consensus and improve relationships among stakeholders.

Activity 1:

Suicide Prevention Summit

Between 10/2009 and 09/2010, Collaborate with the UNL Public Policy Center and the Suicide Prevention Coalition to plan and conduct one Suicide Prevention Summit.

Activity Status

Completed

Activity Outcome

A Suicide Prevention summit was held on January 29, 2010 in Lincoln, NE. Approximately 200 participants attended either in person or via telehealth.

- In addition to the 75 participants at the Lincoln site, approximately 100 participants participated via telehealth to 25 sites.
- The goal of the event was to provide an overview of suicide as a public health concern in Nebraska, present opportunities to discuss local needs related to suicide prevention, and featured an introduction to best practices in suicide prevention.
- The Summit proved to be a starting point for several local coalitions who have since formed to address the issue in their communities.
- The keynote speaker was Tom Osborne, current University of Nebraska Athletic Director, former Nebraska Football coach and former congressman. He spoke of experiences in congress when the Garrett Lee Smith Act was passed (for youth suicide prevention funding) as well as a coach and working with young people. His remarks were very powerful and helped set the tone for the conference.

The presentations included a keynote speaker, suicide data, and best practices. Round table discussions to facility community interaction and the development of local resources were also held.

Reasons for Success or Barriers/Challenges to Success

Successes assumed to be influenced by:

- Ability to secure a prominent state figure as the Keynote speaker.

Barriers/Challenges identified:

- Significant travel distances required to attend the summit.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

- Planned use of Nebraska's extensive telehealth network

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 to provide data-driven, comprehensive worksite health promotion services statewide.

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

Evaluation Methodology: Tracking changes in health status data, data from LiveWell health assessment survey, reports from participating businesses on changes in health care and insurance costs, and aggregate biometric data obtained from employees,

National Health Objective: 7-5 Worksite health promotion programs

State Health Objective(s):

Between 10/2008 and 09/2014, maintain support for worksite health promotion in Nebraska, building capacity to conduct evidence-based health promotion activities for workers and document improvement in health status of workers.

State Health Objective Status

Met

State Health Objective Outcome

PHHS Block Grant funds were used to support worksite wellness in the following ways:

1. Contracted with Lincoln-Lancaster County Health Department to support operation of a local worksite wellness council. WorkWell has 125 member companies, reaching about 130,000 employees and family members. Member businesses receive technical assistance and training, and access to a high quality health risk appraisal tool called the LiveWell Survey. For more information about WorkWell: <http://lincoln.ne.gov/city/health/educat/workwell/WhatIsWorkwell.pdf>. WorkWell also manages the Governor's Excellence in Wellness Award, which has been presented to a total of 96 Nebraska businesses in its first three years of existence. For more information about the award, go to: <https://www.nebraska.gov/wellness/index.cgi>
2. Made subawards to local and district health departments to support their development of worksite wellness activities among businesses in their coverage areas. These are examples of "Nebraska Healthy Communities" projects, jointly funded within the Division of Public Health. Worksite wellness activities were carried out by the Panhandle Public Health Department, the Loup Basin Public Health Department, the Two Rivers Public Health Department and Three Rivers Public Health Department.
3. Contracted with the Nebraska Sports Council to offer state employees opportunities to participate in team challenge events called "Live Healthy Nebraska".

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

- Skillful management of of WorkWell by Lisa Henning, the employee of the Lincoln-Lancaster County Health Department who holds the title of Executive Director of WorkWell.
- Growing acceptance among businesses of worksite wellness as a sound investment.
- Growing interest among employees in worksite wellness as a benefit.

Barriers/Challenges identified:

- Current economic conditions that limit the discretionary funding available for businesses to implement worksite wellness.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

- Offering no-cost technical assistance and links to low-cost worksite wellness activities.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

The \$50,000 in PHHS Block Grant funds invested in the Lincoln-Lancaster County contract for WorkWell represents about 30% of the annual operational budget of WorkWell. Member companies pick up the remaining 70%.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 5 – Develop policies and plans

Impact/Process Objective 1:

Worksite Wellness Capacity

Between 10/2009 and 09/2010, NDHHS staff and subawardees and contractors will develop **100** worksites actively engaged in worksite health promotion activities.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, NDHHS staff and subawardees and contractors developed **140** worksites actively engaged in worksite health promotion activities.

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

- Expertise of WorkWell Executive Director acting as a mentor to other Local Health Departments in developing worksite wellness in their coverage areas.

Barriers/Challenges identified:

- Slow economic recovery, limiting resources available to businesses wanting to implement worksite wellness activities.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

- Local Health Departments have gained experience and training to facilitate worksite wellness activities in business of all sizes in both urban and rural areas of the state.

Activity 1:

Training and Technical Assistance

Between 10/2009 and 09/2010, provide technical assistance and training to at least 120 worksites

Activity Status

Completed

Activity Outcome

1. Lincoln-Lancaster County Health Department WorkWell achievements during FY2010:

- Provided 125 WorkWell member companies in Southeast Nebraska with technical assistance, and links to resources on-line.
- "Worksite Wellness 101" was attended by 19 people from 13 different companies.
- Tobacco cessation facilitation training was attended by 19 people.
- The team challenge "Live Healthy Nebraska" attracted 4,300 employees from WorkWell member companies.
- The health risk appraisal LiveWell Survey was completed by 3,024 workers from 42 companies. The LiveWell Survey was released to the National Network of Wellness Councils to be utilized in several other states.
- The Governor's Excellence in Wellness Award was presented to a 33 Nebraska businesses from across the state in the fall of 2010. There are two levels of awards ("Sower" and "Grower" for both large and small businesses. A "Worksite Wellness 201" webinar offered assistance to 12 Sower level recipients in achieving the Grower level of award.

2. The Panhandle Public Health Department, the Loup Basin Public Health Department, the Two Rivers Public Health Department and the Three Rivers Public Health Department continued development of worksite wellness activities among businesses in their coverage areas.

- The Panhandle Public Health Department reported working with 28 worksites, including county governments, to create a culture of health. Panhandle PHD is a recipient of the Governor's Excellence in Work Site Wellness Award as of fall 2010.
- The Loup Basin Public Health Department reported partnering providing educational resource kits to 26 worksites, training forums to 15 worksites, biometric screening to 10 worksites and policy assistance to 10 worksites.
- Two Rivers Public Health Department reported targeting school employees, focusing on policy development and environmental change.
- Three Rivers Public Health Department reported administering a health risk assessment (HRA) mostly through worksites, A total of 2,500 people have completed the HRA in the first 2 years)

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

- Administrative expertise at WorkWell built over the past 24 years with the support of the PHHS Block Grant.
- Resources and guidance available from Nebraska's local worksite wellness councils: WorkWell, and Wellness Council of the Midlands (WELCOM).

Barriers/Challenges identified:

- Fewer resources and less technical assistance available in Central and Western Nebraska.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

- Starting in FY2011, provide financial support for development of the Panhandle Worksite Wellness Council, with mentor function performed by the Executive Director of WorkWell.

Essential Service 7 – Link people to services

Impact/Process Objective 1:

Active Participation

Between 10/2009 and 09/2010, NDHHS staff and contractor will provide opportunities to participate in at least two challenge activities, individually or as a member of a team, to **1,000** State Employees.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, NDHHS staff and contractor provided opportunities to participate in at least two challenge activities, individually or as a member of a team, to **1406** State Employees.

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

- The improvements made in technical capacity of the website when the "N-Lighten Nebraska" program became the "Live Healthy Nebraska" program in the spring of 2010. The website is easier to use and offers several additional resources to participants.
- Increased interest on the part of state employees in participating in challenge events aimed at improving their health.

Barriers/Challenges identified:

- State employees are scattered in many locations across the state, some without easy access to computers.
- Not all state departments and not all administrators and supervisors take an active role in encouraging participation by their employees.
- Confusion among some state employees about the distinction between the NDHHS sponsored Live Healthy Nebraska

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

- Increased marketing to encourage state employees to sign up for a team through electronic and printed media.

Activity 1:**Live Healthy Nebraska**

Between 10/2009 and 09/2010, subsidize the cost for State Employees to register for Live Healthy Nebraska, a physical activity and nutrition (weight loss) challenge; contractor (Nebraska Sports Council) manages registration, tracking and evaluation.

Activity Status

Completed

Activity Outcome

The Nebraska Sports Council operated team challenge events now called "Live Healthy Nebraska".

- In the fall 2009 event, a total of 500 state employees participated in the "N-Lighten Nebraska"
- In the 10-week-long event in the spring of 2010, a total of 906 state employees from 160 teams participated.

Teams were formed to provide mutual support for making improvements in nutrition/healthy eating for weight loss or for increased physical activity or both. During the spring 2010 challenge, the Nebraska Sports Council reported that all Nebraskans participating in Live Healthy Nebraska lost 17,498 pounds and racked up 192,856 activity hours.

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

- Positive experiences of participants, who were able to use the website to record their progress and to access resources.

Barriers/Challenges identified:

- Busy personal schedules of workers and low priority placed by them on improving/protecting their own health.
- Perceived high cost to participate in Live Healthy Nebraska; \$20 registration fee changed for each participant.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

- Marketing team participation to state employees encouraging them to sign up for a team.
- PHHS Block Grant subsidizes the cost to register, which with a subsidy from a local food store reduces the cost per person to only \$5,