

**Nebraska FY 2016  
Preventive Health and Health Services  
Block Grant**

**Annual Report**

**Annual Report for Fiscal Year 2016**

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## Executive Summary

### Executive Summary

On May 18 and June 7, 2016, the Nebraska Preventive Health Advisory Committee reviewed and recommended programs for funding, contingent upon receipt of funding for FY 2016.

On May 18, 2016, the Public Hearing was convened.

This Work Plan is for the Preventive Health and Health Services Block Grant (PHHSBG) for Federal Year 2016. It is submitted by the Nebraska Department of Health and Human Services (DHHS) as the designated state agency for the allocation and administration of PHHSBG funds.

**Funding Assumptions:** The total award for the FY 2016 Preventive Health and Health Services Block Grant is \$2,553,275. This amount is based on an allocation table distributed by CDC.

**Funding for FY 2016 Sexual Assault-Rape Crisis (HO IPV 40) activities detailed in the Work Plan:** \$36,752 of this total is a mandatory allocation to the Nebraska Coalition to End Sexual and Domestic Violence (Nebraska Coalition) which utilizes this funding to reduce the percent of total respondents on the Youth Risk Behavior Survey who report that they were forced to have sex when they did not want to from 8% to 7%. The Nebraska Coalition will continue its social marketing prevention campaign, "Step Up Speak Out." The comprehensive campaign focuses on youth and young adults but also reaches parents, educators, youth-serving adults and the general population. The Nebraska Coalition will also provide sexual abuse prevention education for its network of 20 local domestic violence/sexual assault programs.

The various programs and activities that will be funded by this PHHSBG include the following.

**Program:** [Emergency Medical Services \(EMS\) Program](#)

**National Health Objective:** AHS-8 Rapid Prehospital Emergency Care (EMS)

**Nebraska Health Objective:** Increase the proportion of persons who have access to rapidly responding prehospital emergency medical services, both basic life support and advanced life support.

**PHHSBG Funding:** \$30,000 will be utilized by the DHHS Emergency Medical Services/Trauma Services Program to provide leadership development training to new and existing EMS leaders. Many of Nebraska's EMS providers are volunteers serving rural locations. EMS leaders are volunteers who may or may not have management, budgeting, administrative, billing and other skills required of squad leaders. Leadership development training will equip them with necessary skills that will result in less leader turnover, an active membership roster and ultimately result in better response times.

**Program:** Emergency Medical Services (EMS) Program

**National Health Objective:** HO PREP-2 Emergency Personnel Activation

**Nebraska Health Objective:** Increase the proportion of persons who have access to rapidly responding prehospital emergency medical services, both basic life support and advanced life support.

**PHHSBG Funding:** \$30,000 will be utilized by the Nebraska EMS/Trauma Program to provide Leadership Training to develop a new age of leaders to address the changing EMS environment in Nebraska. An increase in chute times, such as that experienced in Nebraska, can be attributed in large part to a failing service. With a shrinking volunteer pool, EMS services need to be trained on how to meet community needs with even more limited resources, or potentially changing the model under which they operate.

**Program:** Health Disparities & Health Equity Program

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

**Nebraska Health Objective:** Identify and increase awareness, establish and maintain behavioral risk surveillance system for sub-groups of minority populations and refugees, provide education and improve access to health services for racial and ethnic minorities, refugees and American Indians

**PHHSBG Funding:** \$239,965 will be utilized by the Office of Health Disparities and Health Equity (OHDHE) to identify and increase awareness of health disparities among racial and ethnic minorities in

Nebraska; provide education to expand community-based health promotion; provide training on cultural competency to improve access to health services for racial and ethnic minorities, refugees and American Indians in Nebraska; and to identify the health status and health needs for refugees in Nebraska. OHDHE will collect and analyze data, survey minority population growth and create and disseminate minority reports and report cards. Activities will include:

- Collecting and analyzing data from sources including birth, death and hospital discharge and minority surveillance data to identify health disparities among various racial and ethnic minority groups throughout Nebraska;
- Providing presentations, trainings and outreach events related to minority population growth, health disparities, health education and cultural intelligence to increase awareness of racial and ethnic minorities, refugees and American Indians in Nebraska;
- Performing Behavior Risk Factor Surveillance Survey and needs assessment among refugees across the state to identify their specific health status and health needs;
- Begin development of a State Health Equity Plan to work towards achieving health equity.

**Program:** Infectious Disease Program

**National Health Objective:** HIV-13 Awareness of HIV Serostatus

**Nebraska Health Objective:** Expand health promotion capacity to deliver public health programs and policies across the life span

**PHHSBG Funding:** \$10,000 will be utilized by the DHHS HIV Program to increase the percentage of high-risk persons tested for HIV/AIDS to at least 70% of total tests performed. HIV Program staff will provide anonymous and confidential HIV testing at no cost to the client in order to facilitate follow-up with people who are infected and provide increased access to Disease Intervention Specialists at selected clinics that serve the target population (MSM, IDU). The aim is to assure change in risk behaviors and prevention of additional transmission of infection.

**Program:** Infectious Disease Program

**National Health Objective:** STD-1 Chlamydia

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

**PHHSBG Funding:** \$46,579 will be utilized by the DHHS STD Program to contract laboratory services that provide tests for STDs at selected clinics. The services will provide increased access to Disease Intervention Specialists (DIS) and report results in order to facilitate follow-up with people who are infected, the aim of which is to assure change in risk behaviors and prevention of additional infection transmission. Douglas County Health Department STD staff will offer tests and DIS services as well as risk reduction and prevention strategies.

**Program:** Infectious Disease Program

**National Health Objective:** STD-6 Gonorrhoea

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

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

**Program:** Injury Prevention Program

**National Health Objective:** IVP-2 Traumatic Brain Injury

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

**PHHSBG Funding:** \$92,000 will be utilized by the DHHS Injury Prevention Program to reduce the number of traumatic brain injuries requiring emergency department visits and the number of traumatic brain injuries requiring hospitalization. The Injury Prevention Program will:

- Contract with the Brain Injury Alliance of Nebraska to maintain a statewide Concussion Coalition to

- provide and guide concussion education, awareness and prevention across the state;
- Develop or purchase and distribute educational materials about concussions; and
- Provide subawards to up to four Safe Kids coalitions to conduct injury prevention programming to reduce traumatic brain injuries in children and youth.

**Program:** Injury Prevention Program

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

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

**PHHSBG Funding:** \$73,122 will be utilized by the DHHS Injury Prevention Program to provide child passenger safety training and technical assistance and coordinate Safe Kids Nebraska Child Care Transportation Training. Among the activities are:

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

**Program:** Injury Prevention Program

**National Health Objective:** IVP-23 Deaths from Falls

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

**PHHSBG Funding:** \$101,000 will be utilized to provide education about older adult falls and to establish and sustain Tai Chi and Stepping On programs. Activities will include:

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

**Program:** Oral Health Program

**National Health Objective:** OH-4 No Permanent Tooth Loss

**Nebraska Health Objective:** Expand health promotion capacity to deliver public health prevention programs and policies across the lifespan and expand the capacity to collect, analyze and report health data.

**PHHSBG Funding:** \$96,083 will be utilized to train care providers in long-term care facilities to provide daily oral care for residents. Specific activities include:

- Training care providers in long-term care facilities in the use of the Tool Kit for Care Providers, enhancing daily oral health care among residents and providing early detection of oral health issues needing attention;
- Integrating oral health awareness education into three areas:
  - Registered Dental Hygienists with the Public Health Authorization will train care providers in long-term care facilities;
  - Parents of young children who receive fluoride treatments will receive education about the importance of good oral health care for the entire family;
  - Local health agencies will provide resources, information and education about oral health care.
- Monitoring and evaluating activities of subawardees and the Office of Oral Health & Dentistry.

**Program:** Oral Health Program

**National Health Objective:** OH-8-Dental services for low-income children and adolescents

**Nebraska Health Objective:** Provide fluoride varnish treatments, education and referrals to dental homes

**PHHSBG Funding:** \$171,083 will be utilized to provide subawards to up to five local health departments,

FQHCs and/or community contractors. Specific activities include:

- Providing education and preventive therapy and distributing oral health care supplies to clients who are of low-income in public health settings that are non-traditional for dental care (e.g., Early Head Start, Head Start, WIC);
- Utilizing Registered Dental Hygienists with a Public Health Authorization in the delivery of services; and
- Monitoring and evaluating the work of local community agencies.

**Program:** Oral Health Program

**National Health Objective:** OH-16 Oral and craniofacial state-based health surveillance system

**Nebraska Health Objective:** Develop an oral health surveillance system for Nebraska

**PHHSBG Funding:** \$81,083 will be utilized to develop an oral health surveillance system for Nebraska. The DHHS Office of Oral Health & Dentistry (OOHD) will work with the DHHS Epidemiology & Informatics Unit to develop the surveillance system. Specific activities include:

- Developing an oral health surveillance framework and concept plan for Nebraska;
- Completing the 2015-2016 Nebraska Oral Health Survey of Young Children;
- Preparing for the 2017-2018 Nebraska Oral Health Survey of Older Adults.

**Program:** Public Health Infrastructure

**National Health Objective:** C-1 Overall Cancer Deaths

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

**PHHSBG Funding:** \$40,000 will be utilized to issue an RFA to local health departments, federally qualified health centers, tribal organizations, 501 c 3s and American College of Surgeons Commission on Accredited Cancer Centers. Funding will support implementation of screening activities addressed in the Nebraska Cancer Plan. Nebraska Comprehensive Cancer Control staff will provide technical assistance and subject matter expertise to recipient organizations.

**Program:** Public Health Infrastructure

**National Health Objective:** C-18 Receipt of Counseling about Cancer Screening

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

**PHHSBG Funding:** \$40,000 will be utilized to issue an RFA to local health departments, federally qualified health centers, tribal organizations, 501 c 3s and American College of Surgeons Commission on Accredited Cancer centers. Funding will support colorectal screening projects. Nebraska Comprehensive Cancer Control staff will provide technical assistance and subject matter expertise to recipient organizations.

**Program:** Public Health Infrastructure

**National Health Objective:** ECBP-10 Community-based primary prevention services

**Nebraska Health Objective:** Implement four community-based prevention projects

**PHHSBG Funding:** \$190,218 will be utilized to issue RFAs and select subawardees to implement community-based prevention projects addressing chronic disease, oral health, trauma and injury prevention. DHHS staff will review applications, select awardees and monitor progress of projects. DHHS staff will also work with sub-awardees and/or contractors to expand the "Living Well" project, providing support for persons who experience both mental illness and chronic disease.

**Program:** Public Health Infrastructure

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

**Nebraska Health Objective:** Maintain a comprehensive state-level health data surveillance system and sustain the capacity for collection and analysis of health data

**PHHSBG Funding:** \$365,733 will be utilized by DHHS staff to maintain a comprehensive state-level health data surveillance system and sustain the capacity for collection and analysis of health data. DHHS staff will identify all relevant health indicators for local health department reporting, update and execute analysis program and generate and disseminate reports. DHHS staff will review Healthy People 2020 objectives and latest trends, analyze Nebraska data for selected objectives and prepare a report for use by the state and local health departments and support accreditation efforts. DHHS will maintain the Nebraska Joint Public Health Data Center and will recruit and train an Informatician who will develop the Nebraska Public Health Informatics Strategic Plan and coordinate all public health informatics activities.

**Program:** Public Health Infrastructure

**National Health Objective:** PHI-17 Accredited public health agencies

**Nebraska Health Objective:** Achieve accreditation for the State Public Health Department

**PHHSBG Funding:** \$635,574 will be utilized to support activities related to continuing development of the State Health Improvement Plan (SHIP), maintaining public health accreditation, supporting local health departments in achieving or maintaining accreditation, providing ongoing quality assurance and program improvement and providing training and educational resources related to core public health competencies and mentoring to increase capacity to implement evidence-based programs and prepare for accreditation.

**Program:** Worksite Wellness Program

**National Health Objective:** ECBP-8 Worksite health promotion programs

**Nebraska Health Objective:** Provide support to worksite wellness councils

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

### **Administrative Costs**

Nebraska equates "Administrative Costs" with "Indirect Costs" which are charged against salary and fringe benefits of the staff supported by the PHHSBG funds in accordance with our current federally approved Indirect Cost Rate (46.2%). Nebraska does not exceed the cap of 10% imposed on Administrative Cost. DHHS uses the funds to support efficient operation of the PHHSBG through provision of legal services, personnel services, information technology services, office space, utilities, printing, phone, building and equipment maintenance. For FY16, \$155,000 is allocated for Administrative Costs, or 6.2% of the basic award.

Nebraska DHHS Administrators, Program Managers and PHHSBG Coordinator are confident that the current and planned use of funds allocated to Nebraska align with the principles and standards for PHHS Block Grantees. PHHSBG funds support Nebraska's preventive health efforts by:

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

**Funding Priority:** Under or Unfunded, Data Trend

## **State Program Title: Emergency Medical Services and Trauma Systems Program**

### **State Program Strategy:**

#### **Health Priority:**

In the 18 months between December 2013 and June 2015, the number of Nebraska licensed EMS providers dropped by 13% from 8,436 to 7,367. In the same period, the number of licensed EMS agencies dropped by 3% from 426 to 414. Not only did the number of providers and services decrease, but the number of licensed EMS instructors fell from 311 to 266, a 14% drop. The State of Nebraska has an average population growth of 0.8% per year according to the US Census.

Many of the EMS agencies that are still licensed have very small personnel rosters. Of the 419 agencies, 170 (41%) of them have 10 or fewer licensed members. A total of 35 (8%) have five or fewer, with a handful having only two licensed providers.

A supermajority (75%) of the EMS providers in the State of Nebraska are at the EMT licensure level. The EMT pass rate on the National Registry of Emergency Medical Technician's (NREMT) cognitive examination for 1/1/2014-12/31/2015 has stalled at around 77% cumulative (66% first attempt). The results of the Emergency Medical Responder (EMR) have risen to and 89% cumulative (87% first attempt), and Paramedic levels have all risen to 94% cumulative (86% first attempt). The Advanced Emergency Medical Technician (AEMT) is lower at 63% cumulative pass rate (38% first attempt); however, AEMT accounts for less than 1% of total individuals testing. Persons passing the NREMT exam for a licensure level are generally eligible to become licensed, active EMS providers.

#### **Primary Strategic Partners:**

State licensed EMS-instructors, the Nebraska Instructor's (EMS) Society, state approved EMS training agencies.

#### **Evaluation:**

Create a written report which reflects the following:

- Number of licensed EMS Instructors attending.
- Number of approved EMS training agencies represented.
- A summary of the topics and content presented.
- A comparison of candidate pass rates on the state's licensure examination.

The major markers of success will include comparing the cumulative NREMT pass rate of the EMT level following the activities funded by this grant. Additionally, we will compare the number of licensed EMS providers as part of Nebraska EMS service to the ones previously stated.

## **National Health Objective: AHS-8 Rapid Prehospital Emergency Care (EMS)**

### **State Health Objective(s):**

Between 10/2016 and 09/2017, DHHS will provide leadership training to new leaders in EMS. Adequately trained EMS leadership will result in an EMS service that has an active membership roster, is more sustainable and better trained and will result in better response times.

### **State Health Objective Status**

Met

### **State Health Objective Outcome**

25 EMS providers across the state attended a four-day Leadership Academy. This academy was Level III and IV of a four-part training where attendees focused on "Moving your Organization Forward" and "Your Specific Role and Challenges."



### **Reasons for Success or Barriers/Challenges to Success**

Attendees were asked to complete an evaluation at the end of the Academy. All evaluations showed the training was well-received, and many asked to attend Level V. Many asked for other members of their department to attend as well. The training increased attendees' competence in leadership and management and provided excellent opportunities for networking and technical assistance/support.

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

This Leadership Academy has been well received statewide. The class was full within a month of sending out invitations. Communication and announcements of future classes are needed for the continued success of the academy to help promote EMS leadership across the state. Nebraska's Governor fully supported the Leadership Academy. His support was a key in securing trainers and attendees.

### **Leveraged Block Grant Dollars**

Yes

### **Description of How Block Grant Dollars Were Leveraged**

General (state) funds were used to cover remaining expenses from the host site.

## **OBJECTIVES – ANNUAL ACTIVITIES**

### **Impact/Process Objective 1:**

#### **EMS Leadership Development**

Between 10/2016 and 07/2017, Nebraska Department of Health & Human Services (DHHS) EMS/Trauma Program will provide leadership development training to 26 new and existing EMS leaders.

### **Impact/Process Objective Status**

Met

### **Impact/Process Objective Outcome**

Between 10/2016 and 07/2017, Nebraska Department of Health & Human Services (DHHS) EMS/Trauma Program provided leadership development training to Met new and existing EMS leaders.

### **Reasons for Success or Barriers/Challenges to Success**

This Academy is geared towards EMS providers for current leaders, new leaders, and anyone with an interest in the leadership and management of EMS. It is designed to give participants the basic tools and information needed to quickly and successfully step into the role of a leader. The content is engaging, and attendees find the information applicable. All evaluations showed the academy was well-received and worthwhile.

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

This Leadership Academy has been well received statewide. Communication and announcements of future classes are needed for the continued success of the academy to help promote EMS leadership across the state.

### **Activity 1:**

#### **Determine and contract site and logistics**

Between 10/2016 and 02/2017, Nebraska EMS/Trauma program will identify a site and contract with the community college at that location to handle the logistics of the four day training.

### **Activity Status**

Completed

### **Activity Outcome**

A community college in the central part of the state was selected as the host site. This college was contracted to set up training room, refreshments, and hotel accommodations. There were no issues

during the academy.

**Reasons for Success or Barriers/Challenges to Success**

Choosing a host site in the central part of the state allows easy travel for attendees from across the state, which takes eight hours to travel from one end to the other. The college is accustomed to hosting training sessions for large groups and provides easy access to a wide variety of audio visual capabilities.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

A centrally located site with large group seating capabilities, AV equipment, and on-site food options ensures a successful outcome for the academy. More focus is allowed on the learning rather than the logistics of hosting. Also, providers are more likely to attend when travel time is minimized.

**Activity 2:**

**Contract with industry experts to provide training**

Between 10/2016 and 07/2017, Nebraska EMS/Trauma Program will contract with SafeTech Solutions to provide the training.

**Activity Status**

Completed

**Activity Outcome**

SafeTech Solutions was contracted to provide all instruction material and instructors for the Leadership Academy. Two representatives were on hand for the duration of the academy.

**Reasons for Success or Barriers/Challenges to Success**

SafeTech Solutions is a consulting firm with many years of experience in the EMS field. Their Leadership Academy is designed towards EMS providers wanting to advance into a leadership position. The sessions are not long lectures, they encourage participation, many small group exercises, and students practice what they have learned. If something is not working for the group, the agenda is changed to meet the needs of the group.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Using an outside consulting firm brings in new ideas and techniques. Keeping away from long lectures, the students are more engaged and apt to learn more. The providers take this new knowledge and implement in their services.

**Activity 3:**

**Host training**

Between 10/2016 and 07/2017, Nebraska EMS/Trauma Program will host EMS Leadership Development Training for new and existing EMS leaders.

**Activity Status**

Completed

**Activity Outcome**

25 participants completed the Leadership Academy Levels III and IV.

**Reasons for Success or Barriers/Challenges to Success**

This Leadership Academy is focused on the needs of EMS providers wanting to transition into a leadership role. The class sessions are geared towards participation, group activities, and not long lectures. The trainings have been well received due to this format.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Continue to use the contracted consulting firms for the Leadership Academy. Communication and announcements of future classes are also needed for the continued success of the academy to help promote EMS leadership across the state.

**National Health Objective: PREP-2 Emergency Personnel Activation**

**State Health Objective(s):**

Between 10/2016 and 09/2017, Nebraska EMS/Trauma Program will provide Leadership Training to develop a new age of leaders to address the changing EMS environment in Nebraska. An increase in chute times, such as that experienced in Nebraska, can be attributed in large part to a failing service. With a shrinking volunteer pool, EMS services need to be trained on how to meet community needs with even more limited resources, or potentially changing the model under which they operate.

**State Health Objective Status**

Met

**State Health Objective Outcome**

25 EMS providers statewide attended and completed the Leadership Academy that covered Levels III and IV. The Leadership Academy covers topics needed to help EMS providers meet community needs with limited resources and ensure their service operates successfully.

**Reasons for Success or Barriers/Challenges to Success**

This Leadership Academy is designed to limit in-class lecture and focus on participation, group activity, and role-playing. This type of instruction has been well received by attendees who have been eager to recommend others to attend. The two levels cover the subjects of "Moving Your Organization Forward" and "Your Specific Role and Challenges." Attendees are to take the knowledge learned and apply it to their services.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

No challenges were encountered. The class was well received as evidenced by the evaluations completed at the end of the course. Continued communication of upcoming Academies will be needed to ensure more successful Academies completed.

**Leveraged Block Grant Dollars**

Yes

**Description of How Block Grant Dollars Were Leveraged**

General (state) funds were used to help cover remaining costs from the host site.

**OBJECTIVES – ANNUAL ACTIVITIES**

**Impact/Process Objective 1:**

**EMS Leadership Training**

Between 10/2016 and 09/2017, Nebraska DHHS EMS/Trauma Program will conduct 2 levels of EMS Leadership Training.

**Impact/Process Objective Status**

Not Met

**Impact/Process Objective Outcome**

Between 10/2016 and 09/2017, Nebraska DHHS EMS/Trauma Program conducted In process levels of EMS Leadership Training.

**Reasons for Success or Barriers/Challenges to Success**

One Leadership Academy was completed in November, 2016. This Academy was well attended and found to be very helpful by the attendees.

Planning is in progress for a separate course for EMS Instructors.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

The Leadership Academy is designed for students to interact and do group work instead of just lecture. This type of lecture has been well received by all participants.

When planning the EMS Instructors' course, we are looking to utilize a similar type of course that promotes interaction instead of just lecture. Attendees report that they learn and retain more of the information to use during EMS instruction.

**Activity 1:****Identify and invite participants**

Between 04/2017 and 07/2017, DHHS EMS/Trauma Program staff will identify EMS leaders to participate in the leadership academies and invite them to participate.

**Activity Status**

Not Started

**Activity Outcome**

N/A

**Reasons for Success or Barriers/Challenges to Success**

Planning has started for the next Leadership Academy with tentative dates in July, 2017. A host site has been contacted as well as the contracted consulting firm that facilitates the course.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Since this will encompass the first two levels of the Leadership Academy, advertising will be key so that EMS providers statewide can participate in this great learning opportunity. Many participants of past classes have recommended names of future participants.

**Activity 2:****Host training**

Between 10/2016 and 09/2017, Nebraska EMS/Trauma will host two levels of leadership training.

**Activity Status**

Not Completed

**Activity Outcome**

One Leadership Academy was completed in November, 2016. This Academy was well attended and found to be very helpful by the attendees.

Planning is in progress for a separate course for EMS Instructors.

**Reasons for Success or Barriers/Challenges to Success**

The Leadership Academy is designed for students to interact and do group work instead of just lecture. This type of lecture has been well received by all participants.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

When planning the EMS Instructors course, Nebraska is looking to utilize a similar type of course that promotes interaction instead of just lecture. Attendees learn and retain more of the information to use during EMS instruction.

Advertising of the courses is key to having EMS participants from across the state attend.

## **State Program Title: Health Disparities & Health Equity Program**

### **State Program Strategy:**

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

#### **Health Priorities:**

- Identify disparities among racial and ethnic minorities;
- Increase awareness of health disparities;
- Establish and maintain behavioral risk surveillance system for sub-groups of minority populations and refugees;
- Improve access to culturally competent and linguistically appropriate health services for racial and ethnic minorities;
- Improve data collection strategies for racial, ethnic and other vulnerable populations; and
- Expand community-based health promotion and disease prevention outreach efforts to the aforementioned populations.

Specifically, the PHS Block Grant-funded activities help assure that community health interventions and health promotion services are culturally tailored and linguistically appropriate in order to reduce health disparities.

**Primary Strategic Partners:** Minority Health Initiative grantees, the Statewide Minority Health Council, local health departments, health care providers, community- and faith-based organizations, Native American tribes, Public Health Association of Nebraska, and the University of Nebraska at Lincoln (UNL).

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

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

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

Performance measures/indicators:

# of refugee surveys completed

# of refugee needs assessment workforce meetings completed

# of health equity stakeholder meetings completed

# of CLAS trainings and P3 trainings completed

# of minority population growth presentations completed

# of disparity presentations completed

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

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

% of stakeholders who indicated satisfaction with Health Equity Plan meetings

% of participants who indicated satisfaction with minority population growth and health disparity

presentations and % of participants who indicated satisfaction with CLAS standard, social determinants and P3 trainings

# of key social economics disparity identified  
# of key chronic disease disparities identified and # of key risk factors identified  
# of target indicators for the state health equity plan identified

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

### **State Health Objective(s):**

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

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

### **State Health Objective Status**

In Progress

### **State Health Objective Outcome**

Currently, four presentations have been completed to over 65 individuals, with many more planned for the coming months. These presentations focused on minority population growth and health disparities. Presentations of chronic disease have also been planned. Three trainings have been completed on cultural intelligence and social determinants of health. Three reports (the Nebraska Disparities Report, the Nebraska Immigrant Report, and the American Indian Health Status Report) are being updated and finalized.

Over 50 reports were distributed at conferences and to MHI grantees, local health departments, universities, and other stakeholders. For the full reports, please visit:

[http://dhhs.ne.gov/publichealth/Pages/healthdisparities\\_researchandreports.aspx](http://dhhs.ne.gov/publichealth/Pages/healthdisparities_researchandreports.aspx)

Meetings are being held to finalize the Refugee Needs Assessment and to create a Health Equity Plan. Health Equity Plan strategy meetings have already taken place with contractor to better understand and explain the project. The stakeholder meetings will take place in the coming months, data from the meetings will be gathered and meetings with contractor will take place to develop and approach writing the State Health Equity Plan.

### **Reasons for Success or Barriers/Challenges to Success**

- Small population or response sizes limit data analysis
- Health data is unavailable for many sub-minority groups
- Certain definitions of various diseases are updated and thus conflict with prior definitions and data

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

- Double-checking data, analyses and reports is necessary to ensure the correct use of definitions and data
- Working with community partners helps to increase outreach

### **Leveraged Block Grant Dollars**

Yes

### **Description of How Block Grant Dollars Were Leveraged**

OHDE is providing staff funded through general funds to assist with presentations and other funding

activities. OHDHE also partnered with the DHHS Office of Minority Health to provide additional support for the health equity plan project. Reports provided by the OHDHE have been used by various stakeholders at the local, state, and regional level.

## **OBJECTIVES – ANNUAL ACTIVITIES**

### **Impact/Process Objective 1:**

#### **Cultural Intelligence and Health Disparity Presentations**

Between 10/2016 and 09/2017, OHDHE will provide presentations, trainings and outreach events regarding minority population growth, health disparities, health education and cultural intelligence to 32 groups including stakeholders/community members/organizations to increase awareness of racial and ethnic minorities, refugees, and American Indians in Nebraska.

#### **Impact/Process Objective Status**

Not Met

#### **Impact/Process Objective Outcome**

Between 10/2016 and 09/2017, OHDHE provided presentations, trainings and outreach events regarding minority population growth, health disparities, health education and cultural intelligence to 4 groups including stakeholders/community members/organizations to increase awareness of racial and ethnic minorities, refugees, and American Indians in Nebraska.

#### **Reasons for Success or Barriers/Challenges to Success**

Of the suggested 32 trainings to be completed during the timeframe of 10/01/16 to 9/30/17, four of have been completed, with many trainings scheduled for the coming months. One presentation on Minority Populations was given to 11 individuals, a presentation on Social Determinants of Health was given to 43 individuals, and two presentations on Cultural Intelligence were completed for OHDHE partners and for the Nebraska DHHS Every Women Matters program. There will be at least two CLAS (Culturally and Linguistically Appropriate Services) trainings in the next quarter, along with four chronic disease presentations scheduled at People's City Mission. Additionally, two CATCH Kids series will be completed, and they are already in session.

- Travel restrictions and budget constraints have created new challenges.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

- OHDHE is working with the Nebraska DHHS Human Resources training and development staff to produce an online version of various trainings which will make the training process more convenient and widely available.

### **Activity 1:**

#### **Minority Population Growth and Health Disparity Presentations**

Between 10/2016 and 09/2017, OHDE will conduct 5 disparities presentations to stakeholders in Nebraska to increase awareness of the Nebraska minority population growth, key disparities among minorities and the factors that influence disparities and health outcomes.

#### **Activity Status**

Not Completed

#### **Activity Outcome**

OHDHE completed one presentation on Minority Populations in Nebraska to 11 professionals. This training was sponsored by an OHDHE partner, Roper and Sons Funeral Services on a monthly basis. The professionals who attended and completed the needed paperwork received continuing education credit for non-peer reviewed nursing credits, licensed mental health practitioners, social workers and also funeral directors.

#### **Reasons for Success or Barriers/Challenges to Success**

- Peer reviewed nursing credits are currently not offered.

- The partnership with Roper and Sons Funeral Services has been very successful, though there is a need to find additional, new partners for the program.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

- OHDHE is working to be able to offer peer reviewed nursing contact hours or continuing education credits.
- OHDHE is looking into additional possible partnerships with other agencies and organizations in the local communities.

**Activity 2:**

**Provide Cultural Intelligence and Social Determinants Trainings**

Between 10/2016 and 09/2017, OHDHE will complete 10 trainings on cultural intelligence and 5 social determinants trainings to stakeholders in Nebraska to improve access to health services for racial and ethnic minorities, refugees, and American Indians in Nebraska.

**Activity Status**

Not Completed

**Activity Outcome**

Currently, OHDHE has completed one training on the topic of social determinants of health to 43 professionals in the local community at First-Plymouth Church. The presentation received a positive evaluation. OHDHE has also completed 2 presentations on cultural intelligence. One presentation was completed for Roper and Sons Funeral Services on Self-Care across Cultures, which included pieces from the curriculum People are People are People: Increasing your CQ. The second training was completed for Nebraska DHHS Every Women Matters program for their Community Health Workers training. There were 11 community members/professionals attending.

**Reasons for Success or Barriers/Challenges to Success**

- There is a need to communicate to interested groups the trainings being offered.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

- Continue to strengthen and build on the relationships with the community to spread the word regarding the trainings offered.
- Continue working on the process of peer reviewed nursing contact hours.

**Activity 3:**

**Provide Culturally and Linguistically Appropriate Services (CLAS) Trainings**

Between 10/2016 and 09/2017, OHDHE will complete 4 trainings on culturally and linguistically appropriate services (CLAS) to stakeholders in Nebraska to advance health equity, improve quality, and help eliminate health care disparities.

**Activity Status**

Not Started

**Activity Outcome**

N/A

**Reasons for Success or Barriers/Challenges to Success**

OHDHE did not provide any CLAS trainings during this time period. There is potential for a webinar, as a couple agencies have requested a webinar for new employees. OHDHE will work with those agencies to get the webinar scheduled for February or March, 2017.

- The focus has been on other areas of the OHDHE work plan.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

- Three separate agencies have contacted OHDHE to complete a webinar.



- OHDHE and the three agencies will discuss whether to complete the webinars individually for each agency or to host one joint webinar.

#### **Activity 4:**

##### **Provide Health Education Regarding Chronic Disease**

Between 10/2016 and 09/2017, OHDHE will complete 4 presentations on chronic disease modules to minority populations, refugees and American Indians in Nebraska.

#### **Activity Status**

Not Completed

#### **Activity Outcome**

Though OHDHE has not yet completed any chronic disease presentations, a series of presentations with the People's City Mission at the men's shelter has been arranged. The trainings will take place at the Curtis Center on a weekly basis for ten weeks. Collaborations with various agencies in Western Nebraska have also been affirmed, and there are plans to provide health education programs regarding chronic disease in 2017.

#### **Reasons for Success or Barriers/Challenges to Success**

Scheduling these presentations in winter generally results in fewer attendees; therefore, the presentations will be scheduled in the spring when weather is more conducive to travel.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

- Making contacts via phone and by personal visits will help to get better results than contacting agencies by email.
- Working with community partners is key in providing presentations to individuals they serve.

#### **Activity 5:**

##### **Conduct Community-Based Outreach for Minorities**

Between 10/2016 and 09/2017, OHDHE will participate in 3 community-based outreach events for racial and ethnic minorities, refugees and American Indians in Nebraska, as well as work with partners to implement CATCH Kids Club curriculum at 2 organizations targeting youth.

#### **Activity Status**

Not Completed

#### **Activity Outcome**

OHDHE has not completed any community-based outreach events at this time. OHDHE has not completed a CATCH Kids series during this period; however, a CATCH Kids series has started at two locations and will be completed in January 2017. The CATCH Kids series runs for six separate sessions. They do not necessarily run consecutively, as long as the six sessions are completed. The CATCH program is being done at Sidney Public Schools in both the spring and fall and at Roosevelt Elementary school in Scottsbluff, NE each spring.

#### **Reasons for Success or Barriers/Challenges to Success**

- There is a need to make updates and changes in the actual programming.
- Some partners are struggling with funding for food and snacks.
- It is difficult to gather commitment from some organizations for the 6 weeks session.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

- OHDHE will work with agencies on suggesting other avenues for food (i.e. food banks or a backpack program) for children who participate.
- Because CATCH Kids is a sound and interactive program, staff is working to present it to more organizations working with youth.

### **Impact/Process Objective 2:**

#### **Minority Data Collection and Analysis**

Between 10/2016 and 09/2017, the Office of Health Disparities and Health Equity will analyze **3** data sets and collect minority Behavioral Risk Factor data. Socioeconomic, vital statistics, and hospital discharge data will be used to identify health disparities among various racial and ethnic minority groups throughout Nebraska.

#### **Impact/Process Objective Status**

Not Met

#### **Impact/Process Objective Outcome**

Between 10/2016 and 09/2017, the Office of Health Disparities and Health Equity analyzed **2** data sets and collect minority Behavioral Risk Factor data. Socioeconomic, vital statistics, and hospital discharge data will be used to identify health disparities among various racial and ethnic minority groups throughout Nebraska.

#### **Reasons for Success or Barriers/Challenges to Success**

OHDHE is currently working on updating and analyzing new data for minority hospital discharges, socioeconomic factors for minorities, and the top ten leading causes of death in Nebraska. Currently, some data is not yet available. Updating will begin once the new datasets are received. OHDHE is also continuing to survey minority populations using the Nebraska Behavioral Risk Factor Surveillance System (BRFSS).

- Data is unavailable for many sub-minority groups, often due to small population sizes or few responses to surveys.
- It is very difficult to evaluate hospital discharge data without a link to databases and subsequent updates of information.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

- The OHDHE has knowledgeable staff, including an epidemiologist surveillance coordinator, program analyst, and research analyst who work well together.
- The OHDHE will use data to create charts in order to visualize the disparities between each racial/ethnic minority group and to compare them to data for non-Hispanic Whites.

### **Activity 1:**

#### **Minority Hospital Discharge Data Project Phase 4**

Between 10/2016 and 09/2017, per the created hospital discharge dataset with minority information in the previous fiscal year, OHDHE will join together with DHHS and University of Nebraska Medical Center (UNMC) Joint Data Center to summarize leading causes of hospital discharge data for all minority groups, including African American, American Indian, Asian, and Hispanic.

#### **Activity Status**

Not Completed

#### **Activity Outcome**

The OHDHE worked with partners to analyze the hospital discharge records with all the minority information, and the leading causes of hospital discharge for all minority groups will be identified. A race index was created and will be used for updates.

#### **Reasons for Success or Barriers/Challenges to Success**

- Nearly all HDD records do not contain Hispanic information and it is very difficult to obtain Hispanic information for HDD.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

- A Spanish/Hispanic surname matching strategy was adopted. Centers for Disease Control and Prevention (CDC) provided a list of Hispanic family names. In total, 53,392 inpatients were found with

Spanish/Hispanic surnames.

- HDD was linked to the Cancer Registry, Birth Certificates and Death Certificate records to match cases reported as Hispanic. In total, 8,889 were identified.

**Activity 2:**

**Identify and Summarize Key Socioeconomic Factors for Nebraska Minorities**

Between 10/2016 and 09/2017, OHDHE will identify and summarize key socioeconomic factors for all the racial ethnic minority groups in Nebraska based on US Census Bureau 2011-2015 American Community Survey (ACS) data. The data allows OHDHE staff and partners need to identify important socioeconomic factors that influence the health of Nebraskans to reduce health disparities. This is valuable information for minority health initiative grantees, local health departments, and evidence-based chronic disease prevention programs.

**Activity Status**

Not Started

**Activity Outcome**

N/A

**Reasons for Success or Barriers/Challenges to Success**

Work on this activity has not yet been started as the data was just released. In the coming months OHDHE will begin work with the new data on this activity.

- Work on this activity was not able to take place due to lack of data.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

- Data has just been released, and OHDHE staff will begin to identify socioeconomic factors that influence the health of Nebraskans in the coming months.

**Activity 3:**

**Summarize 2011-2015 Leading Cause of Death Data and 2011-2015 Birth Data**

Between 10/2016 and 09/2017, OHDHE will identify the top 10 leading causes of death (i.e., cancer, heart disease, stroke) and the related disparities between minority groups and non-Hispanic Whites. OHDHE will also identify the disparities between minority groups and non-Hispanic Whites related to maternal child health (i.e., infant mortality, low birth weight). This data allows DHHS to monitor the health status of minorities and plan strategies for future interventions that target key disparities.

**Activity Status**

Not Completed

**Activity Outcome**

OHDHE is awaiting the new data relating to causes of death and will then update the top ten leading causes of death accordingly. Some data relating to disparities within maternal child health are already being analyzed.

**Reasons for Success or Barriers/Challenges to Success**

- Multiple data sources should be used to obtain a more complete analysis.
- There are sometimes insufficient sample sizes to produce reliable data.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

- Staff expertise is helpful in the analysis and dissemination of health information.
- When sample sizes are small, multiple years of data can be combined to produce more reliable data.

**Activity 4:**

**Minority Behavioral Risk Factor Surveillance Data Collection**

Between 10/2016 and 09/2017, OHDHE will continue to survey minority populations using the Nebraska

Behavioral Risk Factor Surveillance System (BRFSS) in partnership with the University of Nebraska-Lincoln. Every year, we add eight race-related questions to the survey to ensure additional information from minority populations.

**Activity Status**

Not Completed

**Activity Outcome**

OHDHE has continued to survey minority populations using BRFSS. This is an ongoing process.

**Reasons for Success or Barriers/Challenges to Success**

- There are often language barriers when surveying participants with limited English proficiency.
- It is often necessary to simplify technical text, while keeping in place the integrity of the survey.
- Face-to-face meetings can require extensive travel time.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

- Questionnaires were mailed to participants in their native language.
- Surveys were completed monthly and throughout the year.

**Impact/Process Objective 3:**

**Minority Reports and Report Cards**

Between 10/2016 and 09/2017, OHDHE will develop **3** reports and report cards addressing disparities in socioeconomic status, health status and minority population growth.

**Impact/Process Objective Status**

Not Met

**Impact/Process Objective Outcome**

Between 10/2016 and 09/2017, OHDHE developed **3** reports and report cards addressing disparities in socioeconomic status, health status and minority population growth.

**Reasons for Success or Barriers/Challenges to Success**

All original reports have been completed and are currently under review or being updated. The Nebraska Disparities Report is being revised and will be updated when data has been received. The American Indian Health Status Report is currently being reviewed. Lastly, the Nebraska Immigrant Report is being updated with the most current information.

- Some data has not yet been received.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

- Continually preparing and revising all documents.

**Activity 1:**

**Update Nebraska Disparity Report**

Between 10/2016 and 09/2017, OHDHE will work on an updated version of the Nebraska Health Disparities Report with the latest data to elucidate major disparities and identify targets for the State Health Equity Plan. The report will provide trend data for three five-year periods (2001-2005, 2006-2010, 2011-2015). This updated report provides a comprehensive look at many health-related issues and concerns and the disparate outcomes experienced by some of Nebraska's historically medically underserved minority residents. Regular updates ensure the report remains up-to-date and continues to be a useful resource for policymakers, service providers, and those interested in minority health issues.

**Activity Status**

Not Completed

**Activity Outcome**

OHDHE is currently working on formatting and revising the existing Nebraska Disparities Report in order to ensure that the new data will be efficiently entered. Each chapter is being reviewed and updated as needed.

**Reasons for Success or Barriers/Challenges to Success**

- Waiting for complete data before updating can occur.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

- Staff is currently preparing other portions of the report than can be updated until the data is available.

**Activity 2:****Finalize and Publish American Indian Health Status Report**

Between 10/2016 and 09/2017, finalize and publish Nebraska American Indian Health Status Report to include 2010 - 2014 data. This report will present health status facts on the American Indian population in Nebraska and will show the contrast between American Indian population and the Non-Hispanic/Latino White majority population. This report allows DHHS to monitor the health status of Nebraska American Indian and plan strategies for future intervention.

**Activity Status**

Completed

**Activity Outcome**

The Nebraska American Indian Health Status Report has been completed. The report is currently under review and is expected to be approved in mid-February.

**Reasons for Success or Barriers/Challenges to Success**

- Some data had low sample sizes.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

- Use of the staff's familiarity with disparity data and reporting methods.

**Activity 3:****Complete Risk Factors for Nebraska Immigrant Report**

Between 10/2016 and 09/2017, based on the questions added by OHDHE to the 2011-2014 Nebraska BRFSS, identify the key risk factors and create report regarding risk factors for Nebraska's foreign born populations. The report will be published in paper and disseminated at professional meetings, published on the Nebraska DHHS website, and the information will also be used in presentations to community members, partners, and stakeholders.

**Activity Status**

Completed

**Activity Outcome**

The original Nebraska Immigrant report has been completed, and OHDHE is currently working on updating the report based on new data.

**Reasons for Success or Barriers/Challenges to Success**

- Due to low amount of data within certain groups, some data may not be significant enough to give useful information.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

- Continuously updating and revising reports to have current information.
- Omitting groups in certain indicators where the low amount of data may make the inclusion of such

groups misleading.

**Impact/Process Objective 4:**

**Refugee Needs Assessment and Health Equity Plan Meetings**

Between 10/2016 and 09/2017, OHDHE will collect **8** meetings focused on the refugee health project and the State Health Equity Plan. Three of these meetings will be needs assessment taskforce meetings to guide and carry out the needs assessment. The remaining five meetings will be to discuss the needs and develop an approach to writing the State Health Equity Plan.

**Impact/Process Objective Status**

Not Met

**Impact/Process Objective Outcome**

Between 10/2016 and 09/2017, OHDHE collected **3** meetings focused on the refugee health project and the State Health Equity Plan. Three of these meetings will be needs assessment taskforce meetings to guide and carry out the needs assessment. The remaining five meetings will be to discuss the needs and develop an approach to writing the State Health Equity Plan.

**Reasons for Success or Barriers/Challenges to Success**

Three meetings were held for the Refugee Needs Assessment Workforce during the months of November and December, 2016. Meetings have also taken place during December and January to discuss the State Health Equity Plan. OHDHE is currently meeting partners and facilitators at least once a week to review state and national literature related to health disparities in anticipation of these meetings. Additionally, OHDHE is working on pursuing committed action plans from stakeholders who serve minority populations in Nebraska and will bring together organizations that have health equity as part of their mission or strategic goal.

- Identifying key stakeholders and organizations to participate in the above mentioned meetings.
- Finding interpreters who will be able to adequately communicate the Refugee Needs Assessment.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

- Involving partners with whom OHDHE has had previous collaborations.
- Ensuring collective impact model is used during health equity plan meetings.
- Considering and addressing all feedback for the Refugee Needs Assessment.

**Activity 1:**

**Refugee Needs Assessment Workforce Meetings**

Between 10/2016 and 09/2017, along with partners and refugee community members, OHDHE will form a refugee needs assessment taskforce and conduct 3 taskforce meetings to guide and carry out the behavioral risk factor surveillance survey across the state.

**Activity Status**

Completed

**Activity Outcome**

**Activity Outcome**

Various planning meetings took place to determine stakeholders to invite to the Refugee BRFFS meetings. Three meetings were completed in Lincoln, Omaha and Grand Island. Seventeen attendees were at the meeting in Lincoln, held at the Asian Community and Culture Center. In Omaha, a meeting was held with 16 attendees at the University of Nebraska. There were also seven attendees at the Grand Island meeting. All meetings covered information on OHDHE, BRFFS, the Refugee Task Force and funding sources. Additionally, there was a discussion surrounding possible actions on the next steps for the Task Force.

**Reasons for Success or Barriers/Challenges to Success**

- Some challenges with Omaha stakeholders regarding how to successfully complete the surveys.

- Finding free, accessible and available meeting locations with parking.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

- Work with refugee community leaders to assist in completing surveys and ensure project success.
- Invite partners that have helped in previous collaborations.
- Provide continuous communication to keep momentum.

**Activity 2:**

**Refugee Behavioral Risk Factor Surveillance Survey**

Between 10/2016 and 09/2017, in collaboration with the refugee needs assessment taskforce, 1500-2000 refugee BRFSS surveys will be completed by refugee community members across the state to help identify the health status and health needs for refugees in Nebraska's communities. CDC 2016 BRFSS core section questions plus several special questions related refugee needs will be used.

**Activity Status**

Not Completed

**Activity Outcome**

A draft questionnaire has been completed and there has been feedback on how to improve the questionnaire. Initial outreach has been completed to possible interpreters who speak the languages necessary to communicate the survey.

**Reasons for Success or Barriers/Challenges to Success**

- Finding payment for interpreters' time and travel.
- Finding accommodation for families for the completion of the survey.
- Yes or no questions may not capture correct information.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

- Find a culturally sensitive interpreter who is from the community.
- Use focus groups, and keeping questions short.

**Activity 3:**

**Health Equity Plan Meetings**

Between 10/2016 and 09/2017, OHDHE will hold a total of 5 meetings in Omaha, Lincoln, Grand Island, and two other locations in Nebraska with key stakeholders who work with minority populations to collectively discuss the needs and gaps in coordinated efforts to advance health equity in Nebraska. Meetings will be held to develop strategies to facilitate the reduction of health disparities and advance health equity in Nebraska. OHDHE will gather, organize, collect data, and meet with stakeholders to begin the development of a State Health Equity Plan.

**Activity Status**

Not Completed

**Activity Outcome**

In partnership with the Office of Minority Health Resource Center (OMHRC), OHDHE will lead activities comprising the delivery and facilitation of seven meetings across the state of Nebraska that will result in the creation and utilization of a Health Equity Plan for Nebraska. This partnership will expand the state's ability to collect information and develop a collective plan to advance health equity in the State, with input from partners in rural and urban locations. Meetings are scheduled during the month of March, 2017.

**Reasons for Success or Barriers/Challenges to Success**

- Pursuing committed action plans from stakeholders who serve minority populations in Nebraska.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

- Involving key stakeholders who serve minority populations in Nebraska.
- Choosing suitable facilitators to run and report the meetings.

**Activity 4:****Summarize the 2016 Community Needs Assessment Meetings**

Between 10/2016 and 09/2017, OHDHE will complete at least 4 community needs assessment meeting summaries and findings for the Asian community, Hispanic community, and refugee community that were conducted in 2016.

**Activity Status**

Completed

**Activity Outcome**

Accomplished seven community meetings with 112 Attendees. Sites for meetings included the Eastern Nebraska Office of Aging in Service Foster Grandparents program (Omaha), Timber Creek Apartments (Omaha), Saddle Creek Sudanese Community Center (Omaha), South Sioux Sudanese refugee community, an Omaha Residential Hispanic community, Catholic Charities Refugee and Immigrant Resettlement Agency (Omaha), and Community Stakeholders.

**Reasons for Success or Barriers/Challenges to Success**

- More communities could have been reached, but there was no budget for interpreters.
- Not collaborating with the local health department.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

- Continually interact with agencies and continue to offer resources and programs.
- Stay involved in local and regional meetings.



## **State Program Title: Infectious Disease Program**

### **State Program Strategy:**

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

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

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

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

### **Health Priorities:**

#### **STDs:**

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

#### **Primary Strategic Partnerships:**

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

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

#### **Evaluation Methodology:**

Progress is tracked through the following means:

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

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

## **National Health Objective: HIV-13 Awareness of HIV Serostatus**

### **State Health Objective(s):**

Between 10/2016 and 09/2017, increase the percentage of high-risk persons tested for HIV/AIDS to at least 75% of total tests performed.

**State Health Objective Status**

Not Met

**State Health Objective Outcome**

Other funding sources have provided needed funds for this activity.

**Reasons for Success or Barriers/Challenges to Success**

Other funding sources have provided needed funds for this activity.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Other funding sources have provided needed funds for this activity.

**Leveraged Block Grant Dollars**

No

**Description of How Block Grant Dollars Were Leveraged**

Not applicable.

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

Between 10/2016 and 09/2017, the HIV Program, through contracting laboratory services and pre-purchase of rapid test kits will conduct **800** tests. The HIV Program will provide anonymous and confidential HIV testing at no cost to the client in order to facilitate follow-up with people who are infected and providing increased access to Disease Intervention Specialists at selected clinics that serve the target population (MSM, IDU). The aim is to assure change in risk behaviors and prevention of additional transmission of infection.

**Impact/Process Objective Status**

Not Met

**Impact/Process Objective Outcome**

Between 10/2016 and 09/2017, the HIV Program, through contracting laboratory services and pre-purchase of rapid test kits conducted **0** tests. The HIV Program will provide anonymous and confidential HIV testing at no cost to the client in order to facilitate follow-up with people who are infected and providing increased access to Disease Intervention Specialists at selected clinics that serve the target population (MSM, IDU). The aim is to assure change in risk behaviors and prevention of additional transmission of infection.

**Reasons for Success or Barriers/Challenges to Success**

Other funding sources provide the needed resources to complete this activity.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Other funding sources provide the needed resources to complete this activity.

**Activity 1:****HIV Samples Tested**

Between 10/2016 and 09/2017, contract for laboratory testing on samples, including those serving the target population (MSM and IDU). Number of tests to be completed:

4 HIV Confirmatory tests at \$94 per test

800 Rapid Tests at \$12 per test.

**Activity Status**

Not Completed

**Activity Outcome**

Other funding sources provide the needed resources to complete this activity.

**Reasons for Success or Barriers/Challenges to Success**

Other funding sources provide the needed resources to complete this activity.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Other funding sources provide the needed resources to complete this activity.

**National Health Objective: STD-1 Chlamydia****State Health Objective(s):**

Between 10/2015 and 09/2019,

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

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

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

**State Health Objective Status**

In Progress

**State Health Objective Outcome**

In the past three month this program has been able to secure and complete 2,812 Chl/GC samples for analysis.

**Reasons for Success or Barriers/Challenges to Success**

Persons aged 15 to 34 years represent the two highest age groups for Chlamydia. Attempts to lower positivity are difficult nationwide.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Offered flexible testing opportunities, opened testing sites with specific at-risk clients, and continued to support outreach in high morbidity/low services populations.

**Leveraged Block Grant Dollars**

No

**Description of How Block Grant Dollars Were Leveraged**

Not applicable.

**OBJECTIVES – ANNUAL ACTIVITIES****Impact/Process Objective 1:****Chlamydia/Gonorrhea Testing**

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

**Impact/Process Objective Status**

Not Met

**Impact/Process Objective Outcome**

Between 10/2016 and 09/2017, STD Program will contract laboratory services that provided tests for STDs at selected clinics to **2,812** individuals, including adolescents and young adults, aged 15 to 34 years. The services will provide increased access to Disease Intervention Specialists (DIS); and report results in order to facilitate follow-up with people who are infected, the aim of which is to assure change in risk behaviors and prevention of additional infection transmission. Douglas County Health Department STD staff will offer tests and DIS services as well as risk reduction and prevention strategies.

**Reasons for Success or Barriers/Challenges to Success**

This program foresees no barriers.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Keep offering flexible testing opportunities, testing sites with specific at risk clients, and support outreach in high morbidity/low services populations.

**Activity 1:**

**Chlamydia Samples Tested**

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

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

**Activity Status**

Completed

**Activity Outcome**

Ch/Gc lab analysis has been made available to 131 NIPPP sites statewide, in locations that serve the underserved and uninsured, in various locations that include high morbidity areas.

**Reasons for Success or Barriers/Challenges to Success**

None at this time.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Plan is to stay the course at this time.

**National Health Objective: STD-6 Gonorrhea**

**State Health Objective(s):**

Between 10/2014 and 09/2019,

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

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

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

**State Health Objective Status**

In Progress

**State Health Objective Outcome**

In the past three months, this program has been able to secure and complete 2,812 Chl/GC samples for

analysis.

**Reasons for Success or Barriers/Challenges to Success**

Persons aged 15 to 34 years include the two highest age groups for Chlamydia. Attempts to lower positivity are difficult nationwide.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

- Flexible testing opportunities
- Testing sites with specific at-risk clients
- Continued support for outreach in high morbidity/low services populations

**Leveraged Block Grant Dollars**

No

**Description of How Block Grant Dollars Were Leveraged**

Not applicable.

**OBJECTIVES – ANNUAL ACTIVITIES**

**Impact/Process Objective 1:**

**Chlamydia/Gonorrhea Testing**

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

**Impact/Process Objective Status**

Not Met

**Impact/Process Objective Outcome**

Between 10/2016 and 09/2017, STD Program will contract laboratory services and provided tests for STDs at selected clinics to **2,812** individuals, including adolescents and young adults, aged 15 to 34 years. The services will provide increased access to Disease Intervention Specialists (DIS); and report results in order to facilitate follow-up with people who are infected, the aim of which is to assure change in risk behaviors and prevention of additional transmission of infection. Douglas County Health Department STD staff will offer tests and DIS services as well as risk reduction and prevention strategies.

**Reasons for Success or Barriers/Challenges to Success**

The program foresees no barriers.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Keep offering flexible testing opportunities and testing sites with specific at risk clients, and continue to support outreach in high morbidity/low services populations.

**Activity 1:**

**Gonorrhea Samples Tested**

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

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

**Activity Status**

Completed

**Activity Outcome**

Ch/Gc lab analysis has been made available to 131 NIPPP sites statewide, in locations that serve the underserved and uninsured, in various locations that include high morbidity areas.

**Reasons for Success or Barriers/Challenges to Success**

None at this time.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Plan to stay the course at this time.

DRAFT

## **State Program Title: Injury Prevention Program**

### **State Program Strategy:**

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

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

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

### **Primary Strategic Partnerships:**

#### **Unintentional Injury:**

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

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

#### **Intentional Injury:**

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

### **Evaluation Methodology:**

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

#### **Intentional Injury:**

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

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

## **National Health Objective: IVP-2 Traumatic Brain Injury**

### **State Health Objective(s):**

Between 10/2016 and 09/2020,

- **Reduce the number of traumatic brain injuries requiring emergency department visits to less than 725 per 100,000 Nebraska children among children aged 1 to 14 years**
- **Reduce the number of traumatic brain injuries needing hospitalization to less than 20 per 100,000 Nebraska children among children aged 1 to 14 years.**

### **State Health Objective Status**

In Progress

### **State Health Objective Outcome**

In progress. Data is not available at this time.

DHHS partners with the Brain Injury Alliance of Nebraska (BIAN) and the Nebraska Office of Highway Safety to address the causes of TBI.

The DHHS Injury Prevention Program and the BIAN have collaborated to form The Nebraska Concussion Coalition. This coalition held its first meeting in October 2013. Quarterly meetings are held with excellent participation. Work groups that are meeting as part of the Coalition include community sports, health care education and Return to Learn.

DHHS partners with the Nebraska Office of Highway Safety to conduct child passenger safety activities. The Safe Kids Nebraska Child Care Transportation Training continues to be provided to fulfill the requirements of the new DHHS Child Care Regulations. The curriculum is updated based on input from the trainers.

### **Reasons for Success or Barriers/Challenges to Success**

Successes

- The Concussion Awareness Act of 2012 requires athletic programs both public and private to make concussion training available to coaches, athletic trainers, nurses, athletes, parents and other relevant parties.
- Trainings, fact sheets and resources are posted on the Nebraska Injury Prevention and Control website.
- The Nebraska Injury Prevention and Control program has a website dedicated to concussions.
- Return to Learn legislation went into effect July 2014.

Challenges

- It is believed that with the passage of the Concussion Awareness Act in July 2012 and the Return to Learn legislation, awareness of concussions has increased, which may result in more accurate reporting and concern for concussions. The added awareness may actually increase the rate of concussions recorded in Nebraska.
- The majority of Nebraska is rural, and it can be difficult for rural areas to obtain trained personnel who are experts on concussions.

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

- Develop and implement public service announcements to raise awareness about the symptoms and consequences of concussions.
- Utilize print ads and radio, television, and social media sites.
- Monitor the rates of TBI in Nebraska and the rates of sports-related concussions among youth.
- Conduct surveys of coaches, athletic directors, and youth who sustained sports-related concussions to evaluate the implementation of the Concussion Awareness Act.



- Partner with the Brain Injury Alliance of Nebraska, the Nebraska State Athletic Trainers Association, Nebraska School Activities Association, Department of Education, Safe Kids and other community organizations to raise awareness about the Concussion Awareness Act and the symptoms, management and consequences of concussions.
- Partner with the Brain Injury Alliance of Nebraska to assist with the development, implementation and awareness of Return to Learn practices.

**Leveraged Block Grant Dollars**

No

**Description of How Block Grant Dollars Were Leveraged**

None at this time.

**OBJECTIVES – ANNUAL ACTIVITIES**

**Impact/Process Objective 1:**

**Concussion/TBI awareness and prevention**

Between 10/2016 and 09/2017, DHHS Injury Prevention Program and the Brain Injury Alliance of Nebraska will maintain 1 statewide concussion coalition to provide and guide concussion education, awareness and prevention across the state.

**Impact/Process Objective Status**

Met

**Impact/Process Objective Outcome**

Between 10/2016 and 09/2017, DHHS Injury Prevention Program and the Brain Injury Alliance of Nebraska maintained 1 statewide concussion coalition to provide and guide concussion education, awareness and prevention across the state.

**Reasons for Success or Barriers/Challenges to Success**

Leadership is provided by the Injury Prevention Program and the Brain Injury Alliance of Nebraska (BIAN). Quarterly meetings are held with excellent participation. Work groups that are meeting as part of the Coalition include community sports, health care education and return to learn. There is strong buy-in and commitment among all partners.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

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

**Activity 1:**

**Nebraska Concussion Coalition**

Between 10/2016 and 09/2017, DHHS will partner with the Brain Injury Alliance of Nebraska to regularly convene the Concussion Coalition to provide and guide concussion education, awareness and prevention across the state. Focus areas of the Concussion Coalition may include Return to Learn, community sports and healthcare provider education. Other partners will include local/district health departments, local Safe Kids programs, Nebraska State Athletic Trainers' Association, Nebraska School Activities Association, YMCA, the Nebraska Medical Association, and other community partners such as hospitals.

**Activity Status**

Not Completed

### **Activity Outcome**

One Concussion Coalition meeting was held in October, 2016; another is scheduled for January 2017. The Coalition discussed Return to Learn activities as well as healthcare provider education.

### **Reasons for Success or Barriers/Challenges to Success**

The commitment of partners has been key to the success of the Coalition activities. Strong leadership has also been a factor in the success. The issue is very timely with a great deal of attention both statewide and nationally.

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

Coalition members are committed to addressing this issue.

### **Impact/Process Objective 2:**

#### **TBI prevention sub-awards**

Between 10/2016 and 09/2017, DHHS Injury Prevention and Control Program will provide sub-awards to 4 local Safe Kids coalitions to conduct injury prevention programming to reduce traumatic brain injuries in children and youth.

### **Impact/Process Objective Status**

Exceeded

### **Impact/Process Objective Outcome**

Between 10/2016 and 09/2017, DHHS Injury Prevention and Control Program provided sub-awards to 6 local Safe Kids coalitions to conduct injury prevention programming to reduce traumatic brain injuries in children and youth.

### **Reasons for Success or Barriers/Challenges to Success**

#### *Reasons for Success*

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

Six sub awards have been issued to local Safe Kids programs addressing the following injury areas: teen driver safety, fire safety, home safety and bicycle safety. Subaward agreements were just completed in December. Programs have just begun their activities.

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

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

### **Activity 1:**

#### **Administer TBI prevention sub-awards**

Between 10/2016 and 09/2017, DHHS will administer sub-awards. Administration will include any or all of the following activities:

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

### **Activity Status**

Not Completed

### **Activity Outcome**

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

- Three Rivers - Distracted Driving
- Lincoln Lancaster County - Home Safety
- South Central - Bicycle Safety
- Douglas County - Teen Driver safety

### **Reasons for Success or Barriers/Challenges to Success**

- An application was developed and sent to eligible Safe Kids programs in September of 2016.
- Six grants were provided to local Safe Kids programs.
- A majority of the local Safe Kids coalitions have received PHHS Block Grant subaward funding in previous years, so they are able to begin implementing activities readily.
- The local coalitions have well-established relationships with community partners.
- The Injury Prevention program staff has remained stable for several years, so expectations and working relationships are clear and solid.

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

- The DHHS Injury Prevention program has awarded mini-grants to Safe Kids programs in previous years, which has developed an excellent relationship with the local programs.
- The DHHS Injury Prevention staff (Safe Kids Coordinator) utilized national injury prevention resources to assist with the development work plans and grant activities.
- The DHHS Injury Prevention staff (Safe Kids Coordinator) will provide grantees progress/evaluation report templates to track grant activity outcomes and to measure progress.

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

#### **State Health Objective(s):**

Between 10/2016 and 09/2020, **increase observed use of child restraints in Nebraska to 98 percent.**

#### **State Health Objective Status**

In Progress

#### **State Health Objective Outcome**

2016 data not available yet. 2015 rate was 96.9%

### **Reasons for Success or Barriers/Challenges to Success**

- Partnership with Nebraska Office of Highway Safety.
- Network of over 350 Child Passenger safety technicians across the state.
- About 20 car seat inspection stations across the state and dozens of community car seat check events occur across the state.

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

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

### **Leveraged Block Grant Dollars**

No

## Description of How Block Grant Dollars Were Leveraged

None at this time.

## OBJECTIVES – ANNUAL ACTIVITIES

### Impact/Process Objective 1:

#### **Child Passenger Safety Programs**

Between 10/2016 and 09/2017, DHHS Injury Prevention Program, partners and contractors will increase the rate of observed use of child restraints from 96.9 percent to **98 percent**.

#### **Impact/Process Objective Status**

Not Met

#### **Impact/Process Objective Outcome**

Between 10/2016 and 09/2017, DHHS Injury Prevention Program, partners and contractors increased the rate of observed use of child restraints from 96.9 percent to **96.8**.

#### **Reasons for Success or Barriers/Challenges to Success**

- The re-certification rate for child passenger safety technicians is consistently higher than the national average.
- Efforts are made to focus on car seat check activities and child passenger safety education activities in rural areas of the state.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

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

### Activity 1:

#### **Child Passenger Safety Certification Training**

Between 10/2016 and 09/2017, DHHS staff will partner with the Nebraska Office of Highway Safety (NOHS) to conduct four National Highway Traffic Safety Administration Certification child passenger safety technician trainings (contingent upon outside funding). Staff will establish the training schedule, promote the classes and identify needed resources in conjunction with the Nebraska Child Passenger Safety Advisory Committee and NOHS..

#### **Activity Status**

Not Completed

#### **Activity Outcome**

Tentative dates have been set for five trainings.

Grand Island, March 22-25, 2017

Norfolk, April 24-28, 2017

North Platte, May 31-June 2, 2017

Omaha, TBD 2017

Lincoln, September 20-23, 2017

#### **Reasons for Success or Barriers/Challenges to Success**

Nebraska has a group of 20 child passenger safety instructors who teach the classes and are committed to improving car seat use.

These instructors have good relationships with local partners so the classes can be conducted.

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

- Local CPST instructors are actively recruiting new individuals to take the CPST training.
- Additional information about being a CPST and how to register for classes is posted and is kept updated on [www.safekidsnebraska.org](http://www.safekidsnebraska.org)

### **Activity 2:**

#### **Provide technical assistance**

Between 10/2016 and 09/2017, DHHS staff will provide technical support to over 350 child passenger safety technicians through various means, including newsletters, e-mail lists, mailings, technical updates and grant funding.

#### **Activity Status**

Not Completed

#### **Activity Outcome**

These activity outcomes can be difficult to measure. There is very fluid communication between the DHHS Safe Kids Coordinator and the more than 350 child passenger safety technicians (CPST) and the 20 CPST instructors. The Safe Kids coordinator sends numerous emails and other correspondence to the CPSTs and CPSIs throughout the year. These communications provide information such as continuing education resources, technical information about car seats, information about car seat checks and opportunities for funding.

#### **Reasons for Success or Barriers/Challenges to Success**

The DHHS Safe Kids Coordinator is partnering with the Nebraska Highway Safety Office to hold a child passenger safety technician continuing education update. This update is planned for April 19, 2017.

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

- The Safe Kids Nebraska Coordinator utilizes national child passenger safety resources and experts to answer questions.

### **Activity 3:**

#### **Provide mini-grants**

Between 10/2016 and 09/2017, DHHS will provide a minimum of 10 mini-grants to local child passenger safety technicians to conduct community car seat check events.

#### **Activity Status**

Not Started

#### **Activity Outcome**

N/A

#### **Reasons for Success or Barriers/Challenges to Success**

This activity has not started yet.

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

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

### **Activity 4:**

#### **Provide Child Care Transportation Training Technical Assistance**

Between 10/2016 and 09/2017, DHHS will provide technical assistance to child passenger safety technicians and child care providers related to the Safe Kids Nebraska Child Care Transportation Training.

**Activity Status**

Not Completed

**Activity Outcome**

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

**Reasons for Success or Barriers/Challenges to Success**

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

**Strategies to Achieve Success or Overcome Barriers/Challenges**

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

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

Between 10/2016 and 09/2017, DHHS Injury Prevention Program and partners will provide education and information to **100** Child Passenger Safety Technicians, local public health departments, child care providers, Safe Kids coalitions and the general public.

**Impact/Process Objective Status**

Not Met

**Impact/Process Objective Outcome**

Between 10/2016 and 09/2017, DHHS Injury Prevention Program and partners provided education and information to **30** Child Passenger Safety Technicians, local public health departments, child care providers, Safe Kids coalitions and the general public.

**Reasons for Success or Barriers/Challenges to Success**

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

**Strategies to Achieve Success or Overcome Barriers/Challenges**

The DHHS injury prevention program contracts with a third party entity to develop and maintain a website [www.ssafekidsnebraska.org](http://www.ssafekidsnebraska.org). The Safe Kids Nebraska website is updated on a regular basis and includes a statewide events calendar that is available to the public. The calendar has information about car seat check events and car seat.

**Activity 1:****Provide public information**

Between 10/2016 and 09/2017, the DHHS Injury Prevention Program and partners will provide information to the public about child safety seat use and restraint laws through various means, including participating in Child Passenger Safety Week and responding to requests from the public, school districts,

hospitals or public health departments.

**Activity Status**

Not Completed

**Activity Outcome**

PHHSBG funding is available to purchase child safety seats for Car Seat Check Events\* held during Child Passenger Safety Week (September 17-23, 2017) . DHHS contracts with an external provider to maintain the Safe Kids Nebraska website. The website contains information about community seats check events, inspection stations and contact information for local Safe Kids Coalitions. Child Safety Seat educational information is distributed to the community upon request. Educational child passenger safety posters were developed and are being distributed to medical providers.

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

**Reasons for Success or Barriers/Challenges to Success**

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

**Strategies to Achieve Success or Overcome Barriers/Challenges**

- DHHS Safe Kids Nebraska Coordinator has extended extra effort in managing the state child passenger safety technician contact list.
- The DHHS Safe Kids Coordinator provided geographically specific CPST lists to local Safe Kids coordinators to improve re-certification rates.

**National Health Objective: IVP-23 Deaths from Falls**

**State Health Objective(s):**

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

- **Less than 8.2 deaths per 100,000 Nebraskans.**
- **Less than 220.6 hospitalizations per 100,000 Nebraskans.**
- **Less than 2,009 emergency department (ED) visits per 100,000 Nebraskans.**

**State Health Objective Status**

In Progress

**State Health Objective Outcome**

Data is not available at this time.

**Reasons for Success or Barriers/Challenges to Success**

Project is in progress. DHHS has a part-time staff person who coordinates and supports the Older Adult Falls Coalition. Committed partners have reported increased success.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

In progress. Additional partnerships have made the Coalition more successful An example of a new partner is staff from a Trauma Center.

**Leveraged Block Grant Dollars**

No

**Description of How Block Grant Dollars Were Leveraged**

None at this time.

## OBJECTIVES – ANNUAL ACTIVITIES

### **Impact/Process Objective 1:**

#### **Older adult falls**

Between 10/2016 and 09/2017, DHHS Injury Prevention Program, partners and contractors will conduct 2 meetings of the Older Adult Falls Prevention Coalition.

#### **Impact/Process Objective Status**

Not Met

#### **Impact/Process Objective Outcome**

Between 10/2016 and 09/2017, DHHS Injury Prevention Program, partners and contractors conducted 1 meetings of the Older Adult Falls Prevention Coalition.

#### **Reasons for Success or Barriers/Challenges to Success**

One meeting has been held.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

Partners are committed and willing to share resources.

### **Activity 1:**

#### **Older Adult Falls Coalition meetings**

Between 10/2016 and 09/2017, DHHS will provide education on the scope of the problem of older adult falls in Nebraska and evidence-based prevention strategies to public health partners and other community partners through Falls Coalition activities.

#### **Activity Status**

Not Completed

#### **Activity Outcome**

One meeting has been held.

#### **Reasons for Success or Barriers/Challenges to Success**

Partners are engaged and committed.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

Partners are committed.

### **Activity 2:**

#### **Older Adult Falls Prevention Day**

Between 10/2016 and 09/2017, DHHS will provide education on older adult falls prevention by participating in the National Older Adult Falls Prevention Day (activities include local community events, distribution of materials, and media releases).

#### **Activity Status**

Not Started

#### **Activity Outcome**

N/A

#### **Reasons for Success or Barriers/Challenges to Success**

Activity will begin at a later date.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

DHHS's Injury Prevention program is intentional and very good at engaging partners and leveraging their



talents and abilities. The involvement of partners was key to the success of prior Fall Prevention Awareness Day activities. Resources from the national initiative will be valuable.

**Activity 3:**

**Tai Chi training**

Between 10/2016 and 09/2017, DHHS will facilitate Tai Chi training for new instructors and Tai Chi update training for current Tai Chi instructors.

**Activity Status**

Not Completed

**Activity Outcome**

One training is scheduled for January.

**Reasons for Success or Barriers/Challenges to Success**

Training is scheduled, and partners are engaged.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

A contracted trainer is available and committed to the success of the program.

**Activity 4:**

**Tai Chi instructor development**

Between 10/2016 and 09/2017, DHHS will enhance Tai Chi instructor development through the use of technical assistance and site visits provided by a Tai Chi consultant.

**Activity Status**

Not Completed

**Activity Outcome**

Site visits will be scheduled for future dates.

**Reasons for Success or Barriers/Challenges to Success**

A consultant is available to complete site visits.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

A consultant/trainer is available to conduct site visits and is very committed to the success of the program.

**Impact/Process Objective 2:**

**Stepping On**

Between 10/2016 and 09/2017, DHHS Injury Prevention and Control Program staff will establish 3 sites to implement the evidence-based fall prevention program Stepping On.

**Impact/Process Objective Status**

Met

**Impact/Process Objective Outcome**

Between 10/2016 and 09/2017, DHHS Injury Prevention and Control Program staff established 4 sites to implement the evidence-based fall prevention program Stepping On.

**Reasons for Success or Barriers/Challenges to Success**

Subawards are being established; training is scheduled.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Stepping On is an evidence-based practice that has been well-received in Nebraska. Building on prior successes will be key to moving forward.

**Activity 1:**

**Train the trainers**

Between 10/2016 and 09/2017, DHHS will recruit and train Stepping On trainers. Contracts will be established with the trainers.

**Activity Status**

Not Completed

**Activity Outcome**

Training is scheduled for February.

**Reasons for Success or Barriers/Challenges to Success**

Two master trainers are available in-state. They are competent and available to trainers.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Two master trainers are available to provide training.

**Activity 2:**

**Stepping On Implementation**

Between 10/2016 and 09/2017, DHHS will develop an application for sites/partners to implement Stepping On locally. Staff will review applications, select sites and engage sub-award agreements with selected sites.

**Activity Status**

Not Completed

**Activity Outcome**

Applications have been developed, submitted by sites and reviewed by staff. Subawards are being developed.

**Reasons for Success or Barriers/Challenges to Success**

Sites are committed to implementing the program.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Sites are committed to implementing the program based on evidence-based guidelines.

**Activity 3:**

**Stepping On Program Technical Assistance**

Between 10/2016 and 09/2017, DHHS staff will provide technical support to the sites implementing the Stepping On program.

**Activity Status**

Not Started

**Activity Outcome**

N/A

**Reasons for Success or Barriers/Challenges to Success**

Programs are scheduled for training in February.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Training will be held in February.

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

**State Health Objective(s):**

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

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

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

**State Health Objective Status**

In Progress

**State Health Objective Outcome**

In progress.

**Reasons for Success or Barriers/Challenges to Success**

In progress. Data not available at this time.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

In progress. Data not available at this time.

**Leveraged Block Grant Dollars**

No

**Description of How Block Grant Dollars Were Leveraged**

None at this time.

**OBJECTIVES – ANNUAL ACTIVITIES**

**Impact/Process Objective 1:**

**Social media sexual abuse prevention**

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

**Impact/Process Objective Status**

Met

**Impact/Process Objective Outcome**

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

**Reasons for Success or Barriers/Challenges to Success**

The Step Up Speak Out social marketing campaign is being maintained.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

New resources are being developed based on input and feedback from program participants.

**Activity 1:****Step Up Speak Out Website**

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

**Activity Status**

Not Completed

**Activity Outcome**

The SUSO website is being maintained. Additional resources are being developed.

**Reasons for Success or Barriers/Challenges to Success**

Nebraska Coalition staff are committed and competent. They are intentional about developing and maintaining good partnerships.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Commitment of Nebraska Coalition staff.

**Activity 2:****Step Up Speak Out social media outreach**

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

**Activity Status**

Not Completed

**Activity Outcome**

Work has begun to maintain these communication strategies.

**Reasons for Success or Barriers/Challenges to Success**

Staff members have expertise in social media.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Staff expertise and commitment.

**Activity 3:****Produce and distribute public education material**

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

believing victims of violence. Effectiveness of the social media outreach will ultimately be measured by a reduction in the number of youth who report being forced to have sex.

**Activity Status**

Not Completed

**Activity Outcome**

Work has begun to develop these resources.

**Reasons for Success or Barriers/Challenges to Success**

Nebraska Coalition staff members are competent and committed. They constantly educate themselves about current marketing trends and ways to effectively communicate the message to inspire action.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

The Nebraska Coalition staff members are skilled. They work to establish and maintain foundational education and resource information.

DRAFT

## **State Program Title: Oral Health Program**

### **State Program Strategy:**

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

**Health Priorities:** The program will focus on addressing dental disparities within the current health care system, with special emphasis on young children and the elderly. Nebraska convenes an Oral Health Advisory Panel (OHAP) that meets quarterly. The OHAP reviews statistics and trends and recommends priorities for the OOHD. The OHAP has reviewed a draft State Oral Health Plan that is in the approval process with DHHS. The OHAP and draft State Oral Health Plan guide and support OOHD's emphases.

### **Primary Strategic Partners:**

- External: Local county and district health departments, Federally Qualified Health Centers (FQHCs), Head Start and Early Head Start Programs, WIC, University of Nebraska Medical Center College of Dentistry and others.
- Internal: DHHS programs including Epidemiology and Informatics Unit, Together for Kids and Families, Tobacco Free Nebraska Program, Office of Health Disparities and Health Equity and Community and Rural Health Planning. Other internal programs include the programs that work with the CDC 1305 grant which include the Heart Disease and Stroke Program, Diabetes Program and the Nutrition and Activity for Health (NAFH) Program.

### **Evaluation Methodology:**

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

## **National Health Objective: OH-4 No Permanent Tooth Loss**

### **State Health Objective(s):**

Between 10/2016 and 09/2017, **OOHD will implement at least one oral health program aimed at increasing oral health awareness and improving preventive oral care access among adults aged 65 and older.**

### **State Health Objective Status**

In Progress

### **State Health Objective Outcome**

The Office of Oral Health and Dentistry (OOHD) developed a collaborative plan with the University of Nebraska Medical Center College of Dentistry (UNMC COD) in FY2013. The project was designed to increase the capacity of dental hygienists who hold a public health authorization to instruct caregivers of residents in long term care facilities how to provide proper daily oral health care. The training of dental hygienists was designed by an instructor in clinical techniques at UNMC COD. In FY2014 OOHD successfully designed and implemented the toolkit developed. In FY2015 additional funding became available allowing continued training of dental hygienists, a survey of long-term care and assisted living facilities in NE, and exploring the possibility to modifying the training to serve other special population groups such people with developmental disabilities.

In FY2016 funds are being used to continue training dental hygienists and modifying the existing

Enduring Smiles training to serve care providers of those with developmental and intellectual disabilities.

### **Reasons for Success or Barriers/Challenges to Success**

#### Successes:

1. Well established relationship between the Office of Oral Health and Dentistry and the UMNC CODentistry.
2. Expertise of the UNMC COD instructor of dental hygiene in clinical techniques.
3. Extensive network of stakeholders connected with the OOHD.
4. A decrease in permanent tooth loss will be tracked through BRFSS.

#### Barriers/Challenges:

1. Work load demands of UNMC COD instructors.
2. Limited availability of dental hygienists with public health authorization.
3. Vast distances across Nebraska for dental hygienists to travel to training. For some dental hygienist this includes traveling to provide presentations at long term care facilities.
4. Difficulty in establishing evaluation measures for the effectiveness and long term outcomes of instruction of caregivers.
5. Rapid turnover in caregiver staff and limited daily oversight in care given.
6. Rapid turnover in population to which care is given.

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

1. Dental Health Coordinator at the OOHD will increase the contact with instructors at UNMC COD to provide technical assistance.
2. A Dental Hygiene Researcher at UNMC COD has joined the project team and is involved in developing means to evaluate the outcomes of instruction.
3. To assist in the training of new caregiver staff at long term care and assisted living facilities the Enduring Smiles training has been recorded on a DVD and distributed to all licensed long term care and assisted living facilities throughout Nebraska.

### **Leveraged Block Grant Dollars**

Yes

### **Description of How Block Grant Dollars Were Leveraged**

The OOHD has other financial resources including State funds to support the Dental Health Director and Health Resources and Services Administration (HRSA) Grants to States to Support Oral Health Workforce Activities. Those resources are braided with the PHHSBG funds to have the longest reach and most effect possible. In addition, there are in-kind contributions of the Oral Health Advisory Panel Members. During FY2016 the OOHD continues to explore additional funding sources to further leverage PHHSBG funds.

## **OBJECTIVES – ANNUAL ACTIVITIES**

### **Impact/Process Objective 1:**

#### **Improving adult oral health status**

Between 10/2016 and 09/2017, OOHD and partners will implement 12 prevention, education and/or oral health care awareness opportunities for adults across the state.

#### **Impact/Process Objective Status**

Not Started

#### **Impact/Process Objective Outcome**

N/A

### **Reasons for Success or Barriers/Challenges to Success**

#### Successes:

1. The first training was carried out in FY2013. Twenty dental hygienists were trained in FY2013. The

statewide educational long distance web service called "poly com" was used to reach dental hygienists in the western part of the state. Nebraska is very large, geographically. The two major population centers, Omaha and Lincoln, are in the east. Travel from east to west can take as many as eight hours.

2. During FY2014 the dental hygienists completed over 35 presentations at different long term care facilities across Nebraska.

3. The care provider presentations are available in both print and electronic format for use of ongoing training of staff in long term care facilities.

4. Four additional dental hygienists were trained in FY2014.

5. Two additional trainings for registered dental hygienists with public health authorization were held during FY2015.

Barriers/Challenges to success:

1. Work load demands of UNMC COD instructors.

2. Vast distances across Nebraska for dental hygienists to travel to training. For some dental hygienist this includes traveling to provide presentations at long term care facilities. Nebraska is a large, rural state. It is possible to drive an hour or more between towns, and some towns include little more than a co-op.

3. Rapid turnover in caregiver staff and limited daily oversight in care given.

4. Rapid turnover in population to which care is given.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

1. Dental Health Coordinator at the OOHD will increase the contact with instructor at UNMC COD to provide technical assistance.

2. Additional trainings of registered dental hygienists with public health authorization will be provided, increasing the number of presentations made to care providers in long term care and assisted living facilities.

3. Dental Health Coordinator at the OOHD will work with the Instructor of Clinical Technique at the UNMC COD to look at expanding the use of the toolkit with care providers of other population groups

**Activity 1:**

**Train care providers**

Between 10/2016 and 09/2017, trained Registered Dental Hygienists (RDH) with a Public Health Authorization who have completed the Tool Kit for Care Providers training will train care providers in long-term care facilities to provide daily oral care for residents. Better daily care will result in better oral health and earlier detection of dental decay in older adults.

**Activity Status**

Not Started

**Activity Outcome**

N/A

**Reasons for Success or Barriers/Challenges to Success**

Successes:

1. Six trainings have been conducted for Registered Dental Hygienists with a Public Health Authorization. Over 40 RDHs have completed the training.

Barriers/Challenges to success:

1. Work load demands of UNMC COD instructor.

2. Vast distances across Nebraska for dental hygienists to travel to training. For some dental hygienists, this includes traveling to provide presentations at long term care facilities.

3. Identifying the correct partners to include in the expansion of the tool kit to provide trainings to care providers of those with developmental disabilities.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

1. The UNMC COD Instructor of Clinical Technique will provide additional trainings to registered dental hygienists with a public health authorization for care providers at long term care facilities. Additional trainings for care providers of other population groups will be provided as they are identified and the



training modified.

2. The UNMC COD Instructor of Clinical Technique will work with the Dental Health Coordinator and other identified partners to modify the tool kit to train care providers of those with developmental and intellectual disabilities.

**Activity 2:**

**Adult oral health awareness**

Between 10/2016 and 09/2017, DHHS will integrate oral health awareness education into three areas:

- 1) Registered Dental Hygienists with the Public Health Authorization will train care providers in long term care facilities;
- 2) Parents of young children who receive fluoride treatments will receive education regarding the importance of good oral health care not only for their children, but the entire family;
- 3) Local health agencies will provide resources, information and education about overall oral health care.

**Activity Status**

Not Started

**Activity Outcome**

N/A

**Reasons for Success or Barriers/Challenges to Success**

Successes:

1. Over forty Registered Dental Hygienists (RDH) with a Public Health Authorization have been trained to use the tool kit to train care providers in long term care facilities.
2. Educational materials were distributed at several health fairs and conferences. Print materials were also distributed to community agencies via the OOHD website.

Barriers/Challenges to success:

1. Programs providing education to parents of young children have recently started.
2. New educational items will be made available via the OOHD website.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

1. During FY2016, RDH will continue to provide oral health awareness via the trainings provided in long term care facilities.
2. During FY2016, parents of young children who receive fluoride treatments will receive education regarding the importance of good oral health care for the entire family.

**Activity 3:**

**Monitoring and evaluation**

Between 10/2016 and 09/2017, the Dental Health Coordinator will monitor and evaluate the progress of trainings for Registered Dental Hygienists with a Public Health Authorization and training of care providers through periodic written reports, phone calls and site visits. The Dental Health Coordinator will work with the Chronic Disease Epidemiologist, Dental Health Director, and others identified within the DHHS Division of Public Health to evaluate the outcomes of the program.

**Activity Status**

Not Started

**Activity Outcome**

N/A

**Reasons for Success or Barriers/Challenges to Success**

Successes:

1. The OOHD Dental Health Coordinator will meet with the Instructor of Clinical Technique regarding the "train the trainer" tool kit.
2. The OOHD Dental Health Coordinator and the Instructor of Clinical Technique communicate via email and phone conversations about the progress of the tool kit.

Barriers/Challenges to success:

1. Work load demands of UNMC COD Instructor of Clinical Technique.
2. There have been delays in establishing subawards this year.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

1. Increase the frequency of communication between the OOHD and the UNMC COD.
2. The OOHD Dental Health Coordinator developed templates to assist the Instructor of Clinical Technique in developing a work plan, budget, and budget narrative.

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

**State Health Objective(s):**

Between 10/2016 and 09/2017, OOHD will provide subawards to at least five local health agencies to provide fluoride varnish treatments, education and referrals to dental homes. The target audience will be children and their families through Head Start, Early Head Start, WIC, and other identified community programs where families with low income can be reached.

**State Health Objective Status**

In Progress

**State Health Objective Outcome**

The Office of Oral Health and Dentistry has established relationships with four local public health departments and one federally qualified health center to carry out the work of the Oral Health Access for Young Children Program during FY2016.

**Reasons for Success or Barriers/Challenges to Success**

Successes:

1. Five subawards have been established with four local public health departments and one federally qualified health center to carry out the work of the Oral Health Access for Young Children program.

Barriers/Challenges to success:

1. Local health departments find it difficult to sustain oral health care programs and activities in the face of shrinking dollars.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

In FY2017 at least four communities will implement the Oral Health Access for Young Children program in WIC, Head Start, Early Head Start and Childcare Centers.

The OOHD Dental Health Director provides technical support for LHDs to help them sustain oral health activities. Among the strategies shared are focusing on preventive care and activities for which reimbursement is available.

**Leveraged Block Grant Dollars**

Yes

**Description of How Block Grant Dollars Were Leveraged**

OOHD has other financial resources including State funds to support the Dental Health Director. Those resources are braided with the PHHSBG funds to have the longest reach and most effect possible. In addition, Oral Health Advisory Panel Members provide in-kind donations. During FY2016 the OOHD will explore additional funding sources to further leverage PHHSBG funds.

## OBJECTIVES – ANNUAL ACTIVITIES

### **Impact/Process Objective 1:**

#### **Oral Health Access to Young Children**

Between 10/2016 and 09/2017, at least five Local Health Departments (LHDs), FQHCs, and community contractors will provide fluoride varnish treatments, education, and referral to a dental home to **2500** children and their families.

#### **Impact/Process Objective Status**

Not Started

#### **Impact/Process Objective Outcome**

N/A

#### **Reasons for Success or Barriers/Challenges to Success**

##### Successes:

1. Subawards have been awarded to five community agencies.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

1. Awarded community agencies will continue to implement the Oral Health Access for Young Children program.
2. The Dental Health Director and Dental Health Coordinator will work the communities to address any questions or concerns the local agencies may have.

#### **Activity 1:**

##### **Fluoride varnish, education and referral to dental home**

Between 10/2016 and 09/2017, LHDs, FQHCs, and community contractors will provide education combined with preventive therapy (fluoride varnish treatments) and the distribution of toothbrushes and fluoride toothpaste to clients in various public health settings that are non-traditional for dental care. The primary focus locations are: 1) WIC and related programs that provide services for new mothers, their children and families, and 2) Early Head Start and preschool classes for children aged 2-3 years, and Head Start classes for children aged 4-5 years. Services will be taken to the patients and will be provided by Registered Dental Hygienists with a Public Health Authorization.

#### **Activity Status**

Not Started

#### **Activity Outcome**

N/A

#### **Reasons for Success or Barriers/Challenges to Success**

##### Successes:

1. Subawards have been established to fund Oral Health Access for Young Children program in five communities across Nebraska.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

1. In FY2016, awarded community agencies will implement the Oral Health Access for Young Children programs.
2. The Dental Health Director and Dental Health Coordinator will work the communities to address any questions or concerns the local agencies may have.

#### **Activity 2:**

##### **Monitoring and evaluation**

Between 10/2016 and 09/2017, the Dental Health Coordinator will monitor and evaluate the progress of the local community agencies through quarterly reports, conference calls and site visits. The OOHD will ensure clinical quality control is in place for clinical screenings and application of fluoride varnish. The

Dental Health Coordinator will work with the Chronic Disease Epidemiologist, Dental Health Director, and others within the DHHS Division of Public Health to evaluate the outcomes of the program.

**Activity Status**

Not Started

**Activity Outcome**

N/A

**Reasons for Success or Barriers/Challenges to Success**

Successes:

1. Subawards to five community agencies have been awarded in FY2016.

Barriers/Challenges to Success:

1. OOHD will explore having online or fillable PDF reporting templates for local communities to use would be helpful.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

1. The OOHD staff will work with the local agencies to address any questions or concerns they may have implementing the Oral Health Access for Young Children program.
2. The Dental Health Coordinator will work with the DHHS communications office to develop more efficient reporting templates.
3. The Dental Health Coordinator will monitor and evaluate each local community agency through quarterly reports, site visits and conference calls.
4. The Dental Health Coordinator and Dental Health Director will make at least one site visit to each local agency during FY2016.

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

**State Health Objective(s):**

Between 10/2016 and 09/2017, OOHD will work with DHHS's Epidemiology and Informatics Unit to develop one oral health surveillance framework for the State of Nebraska.

**State Health Objective Status**

In Progress

**State Health Objective Outcome**

The Office of Oral Health and Dentistry (OOHD) is working with DHHS's Epidemiology and Informatics Unit to identify existing oral health data available in Nebraska. During FY2014 the two offices worked together to supervise the Dental Intern in the compilation and analysis of the data. The Intern and the State Dental Health Director worked on developing a Draft State Dental Health Plan which established the need for an oral health surveillance system for Nebraska. That Plan has been revised and renamed the 2016 Nebraska State Oral Health Assessment & Dental Disease Burden Report. It is going through the final stages of the internal DHHS approval process.

**Reasons for Success or Barriers/Challenges to Success**

Successes:

1. In FY2014, a contract was established with the University Of Nebraska – Lincoln, Department of Educational Psychology to hire a graduate student to work as the Dental Intern for the OOHD between September 2014 and August 2015. The intern assisted in conducting a data quality assessment of the available oral health data. The intern worked with the State's Epidemiology Unit during this process.
2. State Dental Health Director and the Dental Intern drafted a State Dental Health Plan.
3. The 2016 Nebraska State Oral Health Assessment & Dental Disease Burden Report has been written and is going through the final stages of the internal NDHHS approval process.

Barriers/Challenges:

1. There is very little oral health data in Nebraska, and it has been difficult to access the data that does exist.
2. Lack of funding to support an active oral health surveillance system in the state.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

1. The 2016 Nebraska State Oral Health Assessment & Dental Disease Burden Report will be approved in FY2016.
2. The 2015-2016 Nebraska Oral Health Survey of Young Children (Head Start and 3rd Graders) field survey screenings were completed in the 2015-2016 and fall of the 2016-2017 school years. The data is being compiled. The new data will be compared to the Open Mouth Survey of 3rd Graders conducted in 2005.
3. The OOHD will continue to look for additional funding sources to support an ongoing oral health surveillance system.
4. The OOHD will work with the Epidemiology and Informatics Unit to create and maintain an oral health surveillance system in Nebraska.

**Leveraged Block Grant Dollars**

Yes

**Description of How Block Grant Dollars Were Leveraged**

The OOHD has other financial resources including State funds to support the Dental Health Director and Maternal Child Health Block Grant funds to support the 2015-2016 Nebraska Oral Health Survey of Young Children. Those resources will be braided with the PHHSBG funds to have the longest reach and most effect possible. In addition, Oral Health Advisory Panel Members provide in-kind donations. During FY2016 the OOHD will explore additional funding sources in order to further leverage PHHSBG funds.

**OBJECTIVES – ANNUAL ACTIVITIES**

**Impact/Process Objective 1:**

**Develop an oral health surveillance framework for Nebraska**

Between 10/2016 and 09/2017, OOHD and the Epidemiology & Informatics Unit will develop 1 surveillance concept plan that will enable DHHS to track oral health status and service needs among various populations in Nebraska.

**Impact/Process Objective Status**

Not Started

**Impact/Process Objective Outcome**

N/A

**Reasons for Success or Barriers/Challenges to Success**

Successes:

1. A Dental Intern was hired via a contract with the University Of Nebraska – Lincoln, Department of Educational Psychology during FY2014. The intern looked at the current data related to oral health in Nebraska.
2. State Dental Health Director and the Dental Intern have drafted a State Dental Health Plan.
3. The 2016 Nebraska State Oral Health Assessment & Dental Disease Burden Report has been written and is going through the final stages of the DHHS approval process.

Barriers/Challenges to success:

1. There were difficulties in gathering the existing oral health data.
2. Lack of funding to support an active oral health surveillance system in the state.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

1. The OOHD will continue to reach out to agencies to acquire more oral health data as it is identified.
2. Additional funding will be sought for the development and ongoing support of an oral health surveillance system in the State.

**Activity 1:****Develop an oral health surveillance concept plan**

Between 10/2016 and 09/2017, OOHD and the Epidemiology & Informatics Unit will develop the oral health surveillance concept plan. Activities that may be included in developing the concept plan include working with the Association of State and Territorial Dental Directors and the Council of State and Territorial Epidemiologists; reviewing current Nebraska data; reviewing other states' surveillance systems.

**Activity Status**

Not Started

**Activity Outcome**

N/A

**Reasons for Success or Barriers/Challenges to Success**Successes:

1. A Dental Intern was hired via a contract with the University Of Nebraska – Lincoln, Department of Educational Psychology during FY2014. The intern is looked at the current data related to oral health in Nebraska.
2. State Dental Health Director and the Dental Intern looked at other states' dental health plans and surveillance systems in preparation for writing the Nebraska State Dental Health Plan.
3. State Dental Health Director and the Dental Intern have drafted a State Dental Health Plan.
4. The 2016 Nebraska State Oral Health Assessment & Dental Disease Burden Report has been written replacing the drafted State Dental Health Plan and is in the final stages of the internal NDHHS approval process.
5. Plans are underway to conduct 2015-2016 Nebraska Oral Health Survey of Young Children (Head Start and 3rd Graders) starting in the fall of 2015. A survey of 3rd Graders has not been conducted in Nebraska since 2005. There has never been a survey of this kind of Head Start children in Nebraska.

Barriers/Challenges to success:

1. There is very little obtainable oral health data in Nebraska, and it has been difficult to access the data that does exist.
2. Lack of funding to support an oral health surveillance system in the state.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

1. Once approved, the 2016 Nebraska State Oral Health Assessment & Dental Disease Burden Report will be essential when applying for future funding.
2. The OOHD will research and apply for additional funding to support an Oral Health Surveillance System in Nebraska.
3. The OOHD completed the 2015-2016 Nebraska Oral Health Survey of Young Children in the Fall of the 2016-2017 school year and will compare the data to the 2005 survey.

**Activity 2:****Completion of the 2015-2016 Nebraska Oral Health Survey of Young Children**

Between 10/2016 and 09/2017, OOHD will complete the 2015-2016 Nebraska Oral Health Survey of Young Children at third grade and Head Start sites not surveyed in 2015. Analysis of survey data will be completed which will provide data for the final 2015-2016 Nebraska Oral Health Survey of Young Children. The final report will include a comparison of the 2005 Open Mouth survey of third graders in Nebraska to the new 2015-2016 data related to third graders.

**Activity Status**

Not Completed

**Activity Outcome**

The OOHD has completed the field screening portion of the survey and is in the process of entering the data of the 2015-2016 Nebraska Oral Health Survey of Young Children for analysis, which includes Head Start and 3rd Grade students across the state. The survey will provide data and analysis related to the

current oral health status of Nebraska's children. 3rd Grader data will be compared to the 2005 Open Mouth Survey of Third Graders in Nebraska.

### **Reasons for Success or Barriers/Challenges to Success**

#### Successes:

1. An agreement was established with the ASTDD for a national consultant to assist in the survey design and analysis of the data.
2. A contract was established with a national consultant to conduct the calibration training of survey screeners.
3. Screeners were identified and completed calibration training on August 7, 2015.
4. Screenings have been completed across Nebraska by contracted calibrated screeners including Public Health Registered Hygienists; Residents in the University of Nebraska Medical Center, College of Dentistry Pediatric Residency Program; and the Dental Health Director and Dental Health Coordinator.
6. A DHHS staff member has been identified to assist the OOHD in the collection and entry of screening data in to the selected database.

#### Barriers/Challenges to Success:

1. Acquiring the required information to establish contracts with identified screeners created a delay in screeners conducting the survey.
2. A delay in receiving the database software for the DHHS staff person to enter the survey data.
3. Challenges in getting schools to respond to initial participation letter.
4. Challenges coordinating the participating schools' schedules with the schedule of the screeners.

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

1. The Dental Health Director and Dental Health Coordinator traveled to additional sites in Nebraska to assist in completing the screenings.
2. The identified DHHS staff member and the OOHD will work together to enter the survey screening data into the database.
3. The ASTDD consultant will work with the OOHD to complete the data analysis and comparison to the 2005 Open Mouth Survey of Third Graders in Nebraska.
4. The OOHD will produce a final report of the 2015-2016 Nebraska Oral Health Survey of Young Children.

### **Activity 3:**

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

Between 10/2016 and 09/2017, OOHD will prepare to conduct the 2017-2018 Nebraska Oral Health Survey of Older Adults. Nebraska has not conducted an oral health survey for this population. Among the activities that may be included in the preparation phase are: identifying and establishing a memorandum of understanding or contracts with each of the partners (ASTDD, State Unit on Aging, Public Health Registered Dental Hygienists, and local community organizations) who will assist in completing the 2017-2018 Nebraska Oral Health Survey of Older Adults.

#### **Activity Status**

Not Started

#### **Activity Outcome**

N/A

### **Reasons for Success or Barriers/Challenges to Success**

#### Barriers/Challenges to Success:

1. The 2015-2016 Nebraska Oral Health Survey of Young Children had to be completed in the fall of 2016 rather than the spring due to school scheduled. Because of that delay, planning for the Nebraska Oral Health Survey of Older Adults has been delayed.

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

1. The OOHD will utilize the Basic Screening Survey of Older Adults manual from the Association of State

and Territorial Dental Directors (ASTDD) and technical assistance to create the future Nebraska Oral Health Survey of Older Adults.

2. An ASTDD consultant will work with the OOHD to complete the data analysis.

3. The OOHD will produce a final report of the future Nebraska Oral Health Survey of Older Adults.

DRAFT



## **State Program Title: Public Health Infrastructure Program**

### **State Program Strategy:**

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

**Health Priorities:** DHHS selected as priority activities:

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

### **Primary Strategic Partnerships:**

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

### **Evaluation Methodology:**

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

## **National Health Objective: C-1 Overall Cancer Deaths**

### **State Health Objective(s):**

Between 10/2016 and 09/2017, To impact cancer mortality and incidence on a wide variety of topics, DHHS will issue an RFA in October of 2016 and fund no less than 2 but no more than 4 awards to Local Health Departments, Federally Qualified Health Centers, 501 c 3 Organizations, Tribal Organizations or American College of Surgeons Commission on Cancer Accredited Cancer Centers to implement listed activities in the revised Nebraska Cancer Plan. Awarded projects will be one year in scope.

**State Health Objective Status**

In Progress

**State Health Objective Outcome**

The request for proposals has been released, and applications are currently being scored by a team of experts.

**Reasons for Success or Barriers/Challenges to Success**

Nebraska Comprehensive Cancer Control Program (CCCP) was able to leverage a wide network of supportive partners.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

CCCP utilized a wide network of partners to disseminate requests for proposals. Established relationships with numerous partners ensures wide dissemination and support.

**Leveraged Block Grant Dollars**

No

**Description of How Block Grant Dollars Were Leveraged**

Block grant dollars were not leveraged.

**OBJECTIVES – ANNUAL ACTIVITIES****Impact/Process Objective 1:****Cancer Related Evidence Based Projects**

Between 10/2016 and 09/2017, Nebraska Comprehensive Cancer Control (NE CCCP) staff will increase the number of cancer related evidence based projects from 0 to 2.

**Impact/Process Objective Status**

Not Met

**Impact/Process Objective Outcome**

Between 10/2016 and 09/2017, Nebraska Comprehensive Cancer Control (NE CCCP) staff increased the number of cancer related evidence based projects from 0 to 0.

**Reasons for Success or Barriers/Challenges to Success**

This work is still in progress. The request for proposals has been released, and proposals are currently being reviewed by subject matter experts.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

CCCP leveraged an extensive network of supportive partners to disseminate the request for proposal widely.

**Activity 1:****Issue RFA**

Between 10/2016 and 10/2016, NE CCCP will issue a competitive RFA to local health departments, federally qualified health centers, tribal organizations, 501 c 3s, and American College of Surgeons Commission on Cancer Accredited Cancer Centers. Organizations will be offered the opportunity to apply for up to \$10,000 to implement one of the listed screening activities in the Nebraska Cancer Plan.

**Activity Status**

Completed

**Activity Outcome**

A request for proposals was issued and distributed through the DHHS website as well as through partner

distribution lists.

**Reasons for Success or Barriers/Challenges to Success**

One reason for success is the extensive network of supportive partners across the state of Nebraska.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Nebraska Comprehensive Cancer Control Program leveraged long-standing partnerships to disseminate the request for proposals.

**Activity 2:**

**Provide technical assistance**

Between 10/2016 and 09/2017, NE CCCP will assemble a team to provide technical assistance to awardees to ensure quality projects.

**Activity Status**

Not Started

**Activity Outcome**

N/A

**Reasons for Success or Barriers/Challenges to Success**

This activity has not been started because the requests for proposals were returned January 13, 2017, and have not been scored yet.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Applications will be scored by a team of experts relevant to each project.

**National Health Objective: C-18 Receipt of Counseling about Cancer Screening**

**State Health Objective(s):**

Between 10/2016 and 09/2017, DHHS will issue an RFA to specifically address colorectal cancer screening rates in Nebraska. The program will fund two entities to engage in evidence based activities designed to increase colorectal cancer screening rates outlined in the Nebraska Cancer Plan.

**State Health Objective Status**

In Progress

**State Health Objective Outcome**

The request for proposals has been released, and applications are currently being scored by a team of experts.

**Reasons for Success or Barriers/Challenges to Success**

Nebraska Comprehensive Cancer Control Program was able to leverage a wide network of supportive partners.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

CCCP used a wide network of partners to disseminate request for proposals.

**Leveraged Block Grant Dollars**

No

**Description of How Block Grant Dollars Were Leveraged**

Block grant dollars were not leveraged.

## OBJECTIVES – ANNUAL ACTIVITIES

### **Impact/Process Objective 1:**

#### **Cancer Screening Projects**

Between 10/2016 and 09/2017, NE CCCP staff will increase the number of colorectal screening projects from 0 to 2.

#### **Impact/Process Objective Status**

Not Met

#### **Impact/Process Objective Outcome**

Between 10/2016 and 09/2017, NE CCCP staff increased the number of colorectal screening projects from 0 to 0.

#### **Reasons for Success or Barriers/Challenges to Success**

This work is in progress. The request for proposals has been released, and submissions are currently being reviewed by experts relating to each proposal.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

CCCP leveraged an extensive network of supportive partners to disseminate the request for proposal widely.

### **Activity 1:**

#### **Issue RFA**

Between 10/2016 and 10/2016, NE CCCP staff will issue an RFA and distribute widely.

#### **Activity Status**

Completed

#### **Activity Outcome**

A request for proposals was issued and distributed through the DHHS website as well as through partner distribution lists.

#### **Reasons for Success or Barriers/Challenges to Success**

One reason for success is the extensive network of supportive partners across the state of Nebraska.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

CCCP leveraged long standing partnerships to disseminate the request for proposals.

### **Activity 2:**

#### **Provide technical assistance**

Between 11/2016 and 09/2017, NE CCCP will assemble a team of subject matter experts who will provide technical assistance to awardees to ensure quality projects.

#### **Activity Status**

Not Started

#### **Activity Outcome**

N/A

#### **Reasons for Success or Barriers/Challenges to Success**

This activity has not been started, because the requests for proposals were returned January 13, 2017, and they have not been scored yet.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

Applications will be scored by a team of experts relevant to each project.

**National Health Objective: ECBP-10 Community-Based Primary Prevention Services**

**State Health Objective(s):**

Between 10/2016 and 09/2017, DHHS staff will issue RFAs and establish subawards for two to five community-based prevention projects addressing areas such as injury prevention, violence, mental illness, tobacco use, chronic disease, oral health and trauma and administer the Living Well program.

**State Health Objective Status**

In Progress

**State Health Objective Outcome**

DHHS hopes to issue an RFA and establish subawards before the end of the grant term.

**Reasons for Success or Barriers/Challenges to Success**

Past successes have included excellent relationships with local health departments and health-related organizations that widely distribute RFA opportunities.

Challenges include Nebraska's hiring freeze, and experience with last year's subawardees being unable to spend all the funds they requested for their projects.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

DHHS staff will work with the Preventive Health Advisory Committee to determine priority for these external funding opportunities.

**Leveraged Block Grant Dollars**

No

**Description of How Block Grant Dollars Were Leveraged**

PHHSBG dollars have not been leveraged.

**OBJECTIVES – ANNUAL ACTIVITIES**

**Impact/Process Objective 1:**

**Community Based Prevention Projects**

Between 10/2016 and 09/2017, community-based organizations chosen through a competitive grant process will implement 4 population-based primary prevention services in areas including injury, violence, mental illness, tobacco use, unintended pregnancy, chronic disease and nutrition.

**Impact/Process Objective Status**

Not Started

**Impact/Process Objective Outcome**

N/A

**Reasons for Success or Barriers/Challenges to Success**

DHHS has built and maintains good working relationships with local health departments and health-serving organizations. There is usually very good response to RFAs.

A similar objective last year resulted in local health departments and health-related organizations being unable to expend all of their funds, resulting in DHHS having to return money to the CDC at the end of the grant period. This is a challenge.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

DHHS will work with the Preventive Health Advisory Committee to strategize for future success, or to prioritize funding to other projects.

**Activity 1:**

**Issue RFA**

Between 10/2016 and 09/2017, DHHS staff will develop and issue an RFA to invite external entities, including local health departments, tribal health departments, and other non-profit agencies, to apply for funds to carry out projects addressing one of two goals: 1) continue and expand current primary and secondary preventive services, incorporating evidence-based strategies and well-established models shown to be effective in similar settings, or 2) improve staff capacity or competency through participation in training and/or education in order to improve the effectiveness of future delivery of public health interventions, both primary and secondary.

**Activity Status**

Not Started

**Activity Outcome**

N/A

**Reasons for Success or Barriers/Challenges to Success**

DHHS has a good history of working with subrecipients. Staff members work to develop and maintain good working relationships with subrecipients and to educate themselves about grant management.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

DHHS is reviewing reasons that many subrecipients were unable to spend all the funds they requested through a similar activity last year.

**Activity 2:**

**Select sub-awardees**

Between 10/2016 and 09/2017, DHHS staff will review and rate applications and choose sub-awardees.

**Activity Status**

Not Started

**Activity Outcome**

N/A

**Reasons for Success or Barriers/Challenges to Success**

An RFA has not been released, so there are no applications to rate.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

If DHHS decides, with the input of the Preventive Health Advisory Committee, to issue an RFA, the internal process is in place to efficiently rate applications and choose sub-awardees.

**Activity 3:**

**Monitor progress of sub-awardees**

Between 10/2016 and 09/2017, DHHS staff will provide technical assistance, monitor progress and review reports (narrative and financial) of sub-awardees.

**Activity Status**

Not Started

**Activity Outcome**

N/A

**Reasons for Success or Barriers/Challenges to Success**

An RFA has not been released, so there are no subrecipients needing technical assistance or monitoring.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

DHHS staff members have asked for and are receiving greater training in understanding the expectations in the OMB Uniform Guidance and by DHHS internal auditors and the State Auditor. Effective grant monitoring is important for DHHS.

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

**State Health Objective(s):**

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

**State Health Objective Status**

In Progress

**State Health Objective Outcome**

During FY2016, critical data sets are being maintained to provide essential information to justify programs and to show progress. The block grant supports a position that provides required information for the accreditation process. DHHS uses block grant funds to support the accreditation process and to implement the State Health Improvement Plan (SHIP) and the Division Strategic Plan.

**Reasons for Success or Barriers/Challenges to Success**

The employment of veteran statisticians and data analysts contributes to the success of the project. Administrative support has also played a key role in the success of the project. There is continued support from the Deputy Directors and new (as of 11/1/16) State Health Director for maintaining the role of the Department as a trusted source of data.

One challenge is having a broad enough net to pull in all available data and enough staff time to be able to enter or analyze all available data. In the case of developing Nebraska's Healthy People 2020, relying on many users to supply information consistently is a challenge.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

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

**Leveraged Block Grant Dollars**

No

**Description of How Block Grant Dollars Were Leveraged**

PHHSBG are not being leveraged on this project.

**OBJECTIVES – ANNUAL ACTIVITIES**

**Impact/Process Objective 1:**

**Build capacity of Nebraska's public health informatics**

Between 10/2016 and 09/2017, DHHS Epidemiology and Informatics Unit lead staff will increase the number of DHHS public health informaticians from 0 to 1.

**Impact/Process Objective Status**

Not Met

**Impact/Process Objective Outcome**

Between 10/2016 and 09/2017, DHHS Epidemiology and Informatics Unit lead staff increased the number of DHHS public health informaticians from 0 to 0.

### **Reasons for Success or Barriers/Challenges to Success**

Barriers and challenges:

- Continually working on job description and classification with DHHS Human Resources (HR).
- High rate of staff turnover in DHHS HR.
- Current statewide hiring freeze, in place for the foreseeable future.
- Successfully navigating DHHS positions through mission critical approval process.
- Uncertainty regarding continued PHHSBG funding (not knowing if there will be available funding beyond September 30, 2017) makes it difficult for DHHS administration to approve hiring for the position.

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

Continue to work with HR on getting this position approved and posted for hiring.

#### **Activity 1:**

##### **Recruit, hire and train Informatician**

Between 10/2016 and 09/2017, Working with DHHS Human Resources, the Epidemiology and Informatics Unit lead staff will recruit, hire and train an informatician to develop Nebraska's public health informatics strategic plan and coordinate public health informatics activities.

##### **Activity Status**

Not Completed

##### **Activity Outcome**

Currently working with DHHS HR and State Personnel to revise the job description. To begin with, there was not a classification of the Public Health Informatics at DHHS. The process to establish a new classification is lengthy and ultimately requires approval of Nebraska's Governor. Continued challenges are to obtain approval for the position, unstable funds, and statewide hiring freeze that went into effect after the PHHSBG Work Plan was submitted.

### **Reasons for Success or Barriers/Challenges to Success**

Barriers and challenges:

- Continually working on job description and classification with DHHS HR.
- High rate of staff turnover in DHHS HR.
- Difficulty obtaining approval for full-time positions not already part of the Governor's business plan.
- Current statewide hiring freeze in place for the foreseeable future.
- Establishing "mission critical" nature of work so that hiring for the position will be approved for hiring.
- Uncertainty regarding continued PHHSBG funding (not knowing if there will be funding available beyond September 30, 2017) makes it difficult for DHHS administration to approving hiring for the position.

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

Staff will continue to work with HR on getting this position approved and posted for hiring.

#### **Impact/Process Objective 2:**

##### **Data and surveillance**

Between 10/2016 and 09/2017, DHHS staff will provide health data to **5,000** users of data.

##### **Impact/Process Objective Status**

Not Met

##### **Impact/Process Objective Outcome**

Between 10/2016 and 09/2017, DHHS staff provided health data to **10,000** users of data.

### **Reasons for Success or Barriers/Challenges to Success**

Completion of the NE Vital Statistics Report allows it to be loaded to an Intranet setting. Now that the



mortality file for 2015 has been completed, work can be done to complete the NE Vital Statistics Report. DHHS estimates approximately 10,000 people will access this report between 10/2016 and 09/2017.

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

The 2015 NE mortality file must be completed before the 2015 Nebraska Vital Statistics Report can be completed. With the 2015 mortality file, the remainder of the 2015 Vital Statistics Report will be completed.

#### **Activity 1:**

##### **Data gathering, analysis and reporting**

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

##### **Activity Status**

Not Completed

##### **Activity Outcome**

The 2015 NE Vital Stats Report requires completed files for Births, Deaths, Marriages and Divorces. The 2015 NE death file has just recently been completed and the other three have been completed for some time. The 2015 NE Vital Stats Report will now be completed.

##### **Reasons for Success or Barriers/Challenges to Success**

With the completion of the 2015 NE death file, the 2015 NE Vital Stats Report will be completed.

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

It was important that the mortality section of the 2015 NE Vital Stats Report be included since so many indicators are computed using the mortality file.

#### **Activity 2:**

##### **Nebraska HP2020 Basic Report**

Between 10/2016 and 09/2017, DHHS will update Nebraska HP 2020 objective data on our online dashboard.

##### **Activity Status**

Not Completed

##### **Activity Outcome**

Completing the mortality portion of the NE Vital Stats Report allowed computing some of the HP 2020 objectives.

##### **Reasons for Success or Barriers/Challenges to Success**

The delay in the completion of the 2015 mortality file was the chief barrier to completing the HP 2020 objectives.

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

Once the 2015 mortality file was complete, the 2020 HP objectives will be finished.

#### **Activity 3:**

##### **Enhance data quality, utilization and integration**

Between 10/2016 and 09/2017, DHHS and the University of Nebraska Medical Center's College of Public Health, through a collaborative Joint Data Center, will update the existing data inventory, conduct routine

data linkages (such as Cancer Registry to death certificate and hospital discharge data) and continue development of the "Public Health Master Person Index."

**Activity Status**

Not Completed

**Activity Outcome**

1. Updated the Mother Index.
2. Completed pilot project linking Hospital Discharge Data and Death Data.
3. Prepared data and technical support to Parkinson's Disease and Cancer for several studies.

**Reasons for Success or Barriers/Challenges to Success**

The reason for our success is having a close relationship with UNMC and Office of Health Statistics.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Activity 4:**

**Chronic Renal Disease data collection and analysis**

Between 10/2016 and 09/2017, The DHHS Chronic Renal Disease Program database maintains client information and payment data and runs necessary reports to better manage the Program and serve clients. Additionally, the database provides demographic information regarding Nebraskans with end-stage renal disease. Technical assistance contracts with the Nebraska Pharmacists Association and a nephrologist provide timely information and support to the Program.

**Activity Status**

Not Completed

**Activity Outcome**

The DHHS Chronic Renal Disease Program database is an extremely useful tool to manage client information and data. As of 12/21/16, the database holds over 1,100 client records and generates numerous reports that aid in managing client data and client communications. Of the 476 active Program clients, 48% are female, 52% are male. 51% are disabled, 31% are retired. Most clients are Caucasian (61%) followed by African American (26%). 38% are married, with 61% either divorced, single or widowed. And, 28% fall between the ages of 55-64, with 23% between the ages of 65-74. Additionally, during the reporting period, client records were converted from paper files to electronic ones that are attached to the appropriate client's record in the database.

**Reasons for Success or Barriers/Challenges to Success**

Determining the data provided in "Activity Outcome" above would not be easily possible without the database. The database's creation and maintenance has been a huge success; in fact, data used to be collected by hand (pen and paper!) prior to automating data collection with the support of PHHSBG funding.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

The Program worked closely with the DHHS Information Systems and Technology group to develop and refine the database which helped the database become the useful tool it is.

**National Health Objective: PHI-17 Accredited Public Health Agencies**

**State Health Objective(s):**

Between 10/2016 and 09/2017, DHHS and up to 18 local health departments\* will develop and/or maintain health improvement plans and will prepare for potential accreditation from the Public Health Accreditation Board.

\*Nebraska has 20 Local/District Public Health Departments.

**State Health Objective Status**

In Progress

**State Health Objective Outcome**

Currently, Nebraska has three health departments (2 local and 1 state) that have achieved national public health accreditation through the Public Health Accreditation Board (PHAB).

**Reasons for Success or Barriers/Challenges to Success**

Reasons for Success:

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

Barriers/Challenges to Success:

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

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Strategies to Achieve Success:

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

Strategies to Overcome Barriers/Challenges:

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

**Leveraged Block Grant Dollars**

Yes

**Description of How Block Grant Dollars Were Leveraged**

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

**OBJECTIVES – ANNUAL ACTIVITIES****Impact/Process Objective 1:****Implementation of State Health Improvement Plan (SHIP) Activities**

Between 10/2016 and 09/2017, SHIP coalition members and partners will implement 5 key strategies from the State Health Improvement Plan.

**Impact/Process Objective Status**

Not Started

**Impact/Process Objective Outcome**

N/A

**Reasons for Success or Barriers/Challenges to Success**

The State Health Improvement Plan (SHIP) has recently been updated. The new priorities were selected in July 2016 and we are currently working with statewide partners to create action plans to implement the SHIP. The action plans should be created by Spring 2017, leaving time for implementation of key strategies prior to the end of the reporting period.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

DHHS is working through a comprehensive action planning process that will soon result in implementation plans. A large number of community partners is interested in working on the new state priorities. They are motivated to help create improvements which should help lead to the success of this objective.

DHHS was without a permanent State Health Director for almost two years. The new Director began work November 1, 2016. His leadership and support will be instrumental moving forward.

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

Between 10/2016 and 09/2017, DHHS staff will provide funding and support to coalition members and partners to implement key strategies from the SHIP. DHHS staff help coordinate coalition implementation work groups by planning quarterly meetings, reporting opportunities, conference calls, and other support. DHHS staff will establish and manage contracts to help coalition members complete activities related to the SHIP.

**Activity Status**

Not Started

**Activity Outcome**

N/A

**Reasons for Success or Barriers/Challenges to Success**

This activity is in progress. DHHS is working with many community partners and stakeholders to create comprehensive action plans. DHHS is being intentional in taking time up front to create the necessary buy-in to implement successful strategies.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

DHHS has utilized trained facilitators to help with the planning process.

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

Between 10/2016 and 09/2017, the DHHS Office of Community Health and Performance Management will increase the number of annual reports to the Public Health Accreditation Board for the Nebraska Division of Public Health from 0 to 1.

**Impact/Process Objective Status**

Not Started

**Impact/Process Objective Outcome**

N/A

**Reasons for Success or Barriers/Challenges to Success**

The report is due in May 2017. DHHS is working on many activities that will be reported in the annual report.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

DHHS is working on many quality improvement processes to report in the accreditation annual report including improvements in at least four of the Domains.

**Activity 1:**

**Submit annual report to the Public Health Accreditation Board**

Between 10/2016 and 09/2017, The Office of Community Health and Performance Management will submit an annual report to the Public Health Accreditation Board which is a requirement to maintain accreditation status for the DHHS Division of Public Health.

**Activity Status**

Not Started

**Activity Outcome**

N/A

**Reasons for Success or Barriers/Challenges to Success**

The report is not due until May 2017 so we have not started it yet. We are working on many improvements that will be outlined in the annual report.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

We are documenting the work that will help generate the annual report.

**Activity 2:**

**Update plans and other key documents to maintain public health accreditation**

Between 10/2016 and 09/2017, In addition to the annual report, the Office of Community Health and Performance Management will update required documentation to maintain public health accreditation through the Public Health Accreditation Board. This documentation will provide evidence the Division meets all the standards and measures over the 12 PHAB domains. We will update the State Health Improvement Plan, Strategic Plan, Workforce Development Plan, and Performance Management/Quality Improvement Plan. Documentation provides evidence of the activities Nebraska is doing in support of public health for residents.

**Activity Status**

Not Completed

**Activity Outcome**

DHHS has made considerable progress on updating documentation including the State Health Improvement Plan and Strategic Plan. Work will soon begin on the Workforce Development and Performance Management/Quality Improvement Plans.

**Reasons for Success or Barriers/Challenges to Success**

DHHS has a team of trained facilitators working on the update of these plans. The trained facilitators have helped the process proceed smoothly.

DHHS Human Resources, under administrators who have recently resigned, did not approve a workforce re-assessment. That assessment would help guide the workforce plan.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

The Office is working with Human Resources interim leadership to educate them regarding the State Health Improvement Plan, the workforce assessment and to help them understand the value of the workforce assessment in addressing public health infrastructure and needs.

**Activity 3:**

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

Between 10/2016 and 09/2017, The Office of Community Health and Performance Management will facilitate an improvement in each of the 12 PHAB domains based on the results of our accreditation site visit report. An example of an improvement that will be made is to create a formal policy for ethical decision-making.

**Activity Status**

Not Completed

**Activity Outcome**

Improvements have been started in at least four of the Domains so far, with more on the horizon. Employees from across the Division have come together to implement the various improvements. An example is a group of employees who are creating a policy for involvement of customers/target audience in the development of health promotion messages and interventions.

**Reasons for Success or Barriers/Challenges to Success**

The Office is making a presentation to each of the Division's nine Units to ask them to choose an area on which to improve related to PHAB standards and measures and the site visit report.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Meeting with all employees through the Units has resulted in buy-in and creative planning. Involvement of all employees also facilitates communication and Division-wide support.

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

Between 10/2016 and 09/2017, The Office of Community Health and Performance Management will track performance of State Health Improvement Plan, Strategic Plan, and other key performance measures on the performance dashboard. This allows DHHS, Division of Public Health to track key performance indicators and initiate quality improvements when necessary.

**Activity Status**

Completed

**Activity Outcome**

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

**Reasons for Success or Barriers/Challenges to Success**

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

**Strategies to Achieve Success or Overcome Barriers/Challenges**

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

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

Between 10/2016 and 09/2017, Office of Community Health and Performance Management staff, contractors, and local health department staff members will provide subject matter expertise, funding and training opportunities related to health improvement plan implementation and accreditation preparation to **18** local health departments and key partners.

**Impact/Process Objective Status**

Met

### **Impact/Process Objective Outcome**

Between 10/2016 and 09/2017, Office of Community Health and Performance Management staff, contractors, and local health department staff members provided subject matter expertise, funding and training opportunities related to health improvement plan implementation and accreditation preparation to **18** local health departments and key partners.

### **Reasons for Success or Barriers/Challenges to Success**

Reasons for Success:

During the reporting period, the Office of Community Health and Performance Management has provided subaward opportunities to 18 local health departments. These subawards will allow local health departments to complete prerequisites in order to apply for public health accreditation.

Barriers/Challenges to Success:

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

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

Strategies to Achieve Success:

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

Strategies to Overcome Barriers/Challenges:

Office of Community Health and Performance Management staff provides detailed instructions on subaward application requirements. In addition, the Office provides technical assistance and feedback to local health department applicants through phone calls and email communications.

### **Activity 1:**

#### **Provide subject matter expertise**

Between 10/2016 and 09/2017, DHHS staff will assess the needs of local health departments. Staff members will gather models and standards including evidence-based programs and accreditation information to share with local health departments. DHHS staff will also plan and arrange technical assistance and training opportunities. Technical support will be provided in the form of monitoring progress reports, one-on-one mentoring, conducting site visits and coordinating group updates and conference calls.

#### **Activity Status**

Completed

#### **Activity Outcome**

Technical assistance and support is provided to 18 local health departments. Methods of technical assistance include phone calls, site visits, and monthly webinars.

### **Reasons for Success or Barriers/Challenges to Success**

Reasons for success:

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

Barriers/challenges to success:

Each of the local health departments is at a different stage in the accreditation process. This can make it

challenging at times to select trainings that are appropriate for all departments.

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

Strategies to achieve success:

Regularly scheduled webinars have allowed DHHS staff to monitor accreditation progress for all local health departments. Since local health departments are at various stages in the application process, the webinars provide an opportunity for learning from each other and for sharing helpful tips and hint.

Site visits with local health departments allow DHHS staff to engage in meaningful conversations on accreditation readiness and other public health topics. These methods help DHHS staff provide effective technical assistance and support to local health departments.

Strategies to overcome barriers/challenges:

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

### **Activity 2:**

#### **Financial Assistance**

Between 10/2016 and 09/2017, DHHS will provide funds for local health departments to prepare for public health accreditation. PHHSBG funds are used to leverage funds from state and other federally funded programs to provide financial assistance of this type to local health departments. Up to 15 awards will be made to local health departments.

#### **Activity Status**

Completed

#### **Activity Outcome**

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

#### **Reasons for Success or Barriers/Challenges to Success**

Reasons for success:

Technical assistance and support were provided to local health departments through monthly community of practice webinars. These webinars allowed local health departments to share accreditation-related resources and ask questions about acceptable documentation.

Barriers/challenges to success:

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

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

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

Strategies to overcome barriers/challenges: Ongoing communication with the local health departments allow information and resources to be provided.

### **Activity 3:**

#### **Provide mock accreditation site visits and documentation training**

Between 10/2016 and 09/2017, The Office of Community Health and Performance Management will provide mock site visits and documentation training to local health departments as necessary. Four local health departments will be in the process of uploading documentation for accreditation and staff will support those efforts.



**Activity Status**

Not Started

**Activity Outcome**

N/A

**Reasons for Success or Barriers/Challenges to Success**

Reasons for Success:

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

Barriers/Challenges to Success:

The Office of Community Health and Performance Management staff existing job responsibilities and duties limit the amount of dedicated time available to review accreditation documentation for local health departments.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Strategies to Achieve Success:

The Office of Community Health and Performance Management has two staff members who are trained Public Health Accreditation Board (PHAB) site visitors. This is a valuable asset which allows the Office to provide effective and efficient mock site visits.

Strategies to Overcome Barriers/Challenges:

Ongoing communication with local health departments allow the Office of Community Health and Performance Management to determine where all health departments are in the accreditation process. The Office is then able to respond accordingly to the local health departments' technical assistance and resource needs.

**Impact/Process Objective 4:****Training and educational resources**

Between 10/2016 and 09/2017, DHHS staff and contractors will provide training on relevant topics related to core public health competencies, based on perceived need to 19 health departments (one state and 18 local).

**Impact/Process Objective Status**

Not Met

**Impact/Process Objective Outcome**

Between 10/2016 and 09/2017, DHHS staff and contractors provided training on relevant topics related to core public health competencies, based on perceived need to 14 health departments (one state and 18 local).

**Reasons for Success or Barriers/Challenges to Success**

Reasons for Success:

During the reporting period, a training was provided to health departments on Public Health Accreditation Board (PHAB) requirements for re-accreditation and other accreditation-related topics. Future trainings will be provided to health departments based on perceived needs.

Barriers/Challenges to Success:

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

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Strategies to Achieve Success:

A public health accreditation community of practice group was established in 2014 to allow local health departments to discuss the accreditation process. This group has enabled local health departments to communicate where they are in the accreditation process and share documentation and resources with one another.

**Strategies to Overcome Barriers/Challenges:**

Monthly webinars and ongoing communication with this group has allowed DHHS to identify relevant trainings to assist the local health departments through the accreditation process.

**Activity 1:**

**Training Sessions**

Between 10/2016 and 09/2017, DHHS staff members will coordinate training opportunities for local health department staff by identifying resources (e.g., presenters, materials), arranging locations and presenters, marketing the training sessions, and arranging the registration and evaluation processes. Staff will also coordinate training opportunities for Division of Public Health staff based on the workforce development plan.

**Activity Status**

Not Completed

**Activity Outcome**

During the reporting period, a webinar was conducted for local health departments with the Public Health Accreditation Board (PHAB). This webinar provided updates and covered topics relating to public health accreditation. Additional training opportunities will be provided in the future for local health departments and the Division of Public Health.

**Reasons for Success or Barriers/Challenges to Success**

Reasons for Success:

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

Barriers/Challenges to Success:

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

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Strategies to Achieve Success:

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

Strategies to Overcome Barriers/Challenges:

One program within DHHS coordinated training opportunities for the health departments. This office regularly sought input from local health departments on training needs.

**Activity 2:**

**Mentoring**

Between 10/2016 and 09/2017, DHHS staff will provide one-on-one mentoring to local health department staff members to increase their capacity to implement evidence-based programs and prepare for accreditation including planning, assessment, and quality improvement.

**Activity Status**

Not Completed

**Activity Outcome**

DHHS staff provided one-on-one mentoring to local health department staff members. DHHS staff worked with local health departments to:

- Prepare subawards, helping them formulate ideas and complete the process accurately
- Provide technical assistance on accreditation-related activities
- Provide feedback on strengths and weaknesses of their implementation efforts.

**Reasons for Success or Barriers/Challenges to Success**

Reasons for Success:

Ongoing collaboration among DHHS staff led to enhanced coordination of mentoring efforts. In addition, two staff members at DHHS are trained Public Health Accreditation Board (PHAB) site visitors. This has been helpful in mentoring public health departments on accreditation activities.

Barriers/Challenges to Success:

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

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Strategies to Achieve Success:

DHHS staff from the Office of Community Health and Performance Management coordinated technical assistance and mentoring to local health departments. This Office is leading the Division of Public Health's accreditation efforts and is knowledgeable about public health accreditation.

Strategies to Overcome Barriers/Challenges:

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

**State Program Title: Worksite Wellness Program**

**State Program Strategy:**

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

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

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

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

**National Health Objective: ECBP-8 Worksite Health Promotion Programs**

**State Health Objective(s):**

Between 10/2016 and 09/2017,

**DHHS will provide subawards to two worksite wellness councils in order for them to conduct evidence-based health promotion activities for workers and to develop sustainability plans.**

**State Health Objective Status**

Met

**State Health Objective Outcome**

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

**Reasons for Success or Barriers/Challenges to Success**

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

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Ongoing bimonthly phone calls with the councils have allowed open communication to occur on programming efforts that are happening.

**Leveraged Block Grant Dollars**

Yes

**Description of How Block Grant Dollars Were Leveraged**

PPHS Block Grant funding has helped to support the CDC 1305 and 1422 Public Health Actions for Prevention

Grants. Funding leveraged from PPHS Block Grant have helped to amplify the funding that is being provided to the worksite councils through the DHHS Chronic Disease Prevention and Control Program implementing the 1305 and 1422 grants.

## **OBJECTIVES – ANNUAL ACTIVITIES**

### **Impact/Process Objective 1:**

#### **Promote worksite wellness**

Between 10/2016 and 09/2017, subawardees and contractors will provide technical assistance designed to encourage active engagement in worksite health promotion activities to 150 worksites.

#### **Impact/Process Objective Status**

Met

#### **Impact/Process Objective Outcome**

Between 10/2016 and 09/2017, subawardees and contractors provided technical assistance designed to encourage active engagement in worksite health promotion activities to 253 worksites.

#### **Reasons for Success or Barriers/Challenges to Success**

During the reporting period, the worksite wellness councils have provided technical assistance and support to 253 worksites. Nebraska DHHS has provided funding support to the worksite wellness councils to enhance the capacity of the councils to provide effective support to worksites across Nebraska. Subaward opportunities were established with the worksite wellness councils. These subawards provided funding and established clear expectations for the worksite wellness councils.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

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

### **Activity 1:**

#### **Training and technical assistance**

Between 10/2016 and 09/2017, Two worksite wellness councils will provide technical assistance and training to at least 145 worksites.

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

#### **Activity Status**

Not Completed

#### **Activity Outcome**

During the reporting period, the two worksite wellness councils have recruited businesses to join the council memberships. Training will occur in upcoming months to businesses who are members of the worksite wellness councils.

#### **Reasons for Success or Barriers/Challenges to Success**

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

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

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

**Activity 2:**

**Training and technical assistance for evidence-based interventions**

Between 10/2016 and 09/2017, Wellness councils will provide technical assistance and training to employers specific to evidence-based interventions for active living, healthy eating and breastfeeding. Depending on Council needs, training may feature implementation of the CDC Worksite Physical Activity Toolkit, the Nebraska Walking Worksite Initiative, the Nebraska Healthy Beverage Guide, the WalkIts Toolkit for Walkable Worksites, healthy meetings and strategies for implementing workplace lactation programs.

**Activity Status**

Not Completed

**Activity Outcome**

During the reporting period, the worksite wellness councils have been recruiting businesses to join council memberships. Training for evidence-based interventions will occur in coming months.

**Reasons for Success or Barriers/Challenges to Success**

Ongoing communication between Nebraska DHHS and the worksite wellness councils has enabled both parties to lay out clear and defined expectations of the collaborative work that will occur around training and technical assistance to Nebraska businesses under the worksite wellness councils.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Subaward funding opportunities and scheduled calls with the worksite wellness councils have led to clear expectations regarding what will occur around worksite wellness programming efforts for Nebraska businesses.

**Activity 3:**

**Develop and implement sustainability plan**

Between 10/2016 and 09/2017, Wellness councils will develop and begin implementing sustainability plans, exploring myriad funding resources in an effort to become self-sustaining.

**Activity Status**

Not Started

**Activity Outcome**

N/A

**Reasons for Success or Barriers/Challenges to Success**

During the reporting period, subawards were established with the worksite wellness councils. The subawards will allow the wellness councils to develop sustainability plans in order to become self-sustaining. These sustainability plans will be developed during the subaward project period and will be finalized by the conclusion of the subaward project.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

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