

**Nebraska FY 2011
Preventive Health and Health Services
Block Grant**

Annual Report

Annual Report for Fiscal Year 2011

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Executive Summary

The Nebraska Department of Health and Human Services (NDHHS) submits the following **WORKPLAN to describe activities being carried out using Preventive Health and Health Services Block Grant (PHHSBG) funds during Federal Fiscal Year 2011 (October 1, 2010 to September 30, 2011).**

The Centers for Disease Control and Prevention (CDC), United States Department of Health and Human Services has awarded PHHSBG funds to the State of Nebraska annually since 1981. The NDHHS receives and administers the funds as the designee of the Governor of Nebraska.

Funding Assumptions:

The preparation of the FY2011 Workplan is based on the allocation table from CDC, which is assumed to be the true award amount of PHHSBG funds to the State of Nebraska for FY2011. Subsequent changes in the allocation or the amount actually made available for use by the NDHHS will be handled in accordance with the NDHHS policy, the recommendations of the Nebraska Preventive Health Advisory Committee and in compliance with pertinent Public Health Services Act provisions. *Subaward or subcontract of funds are always made contingent upon receipt of sufficient federal funds.*

State Level Allocation of Funds During FY2011:

Pending the integration of newly released Healthy People 2020 national goals and objectives, this Workplan continues to address national-level Healthy People 2010 objectives. The priority areas were selected in consultation with the Nebraska Preventive Health Advisory Committee. The selection was based upon data on the leading public health problems and needs in Nebraska and upon availability of alternate financial resources.

The following amounts have been allocated to priority programs for FY2011:

PROGRAM ALLOCATION

• Diabetes Program.....	\$186,000
• Laboratory Testing Program.....	\$267,000
• Minority Health Program.....	\$86,000
• Oral Health Program.....	\$87,350
• People, Places & Partners Program (Infrastructure).....	\$408,224
• Unintentional & Intentional Injury Program.....	\$242,000
• Worksite Wellness Program.....	\$240,180

Funding History:

Over the past three years, Nebraska's PHHSBG award amount has stabilized following a decade of steady decline, reducing available funds by more than 40% from 1998 to 2008. In order to make the most efficient use of limited PHHS Block Grant dollars in 2008, funds were shifted from two programs which had acquired other funding. That shift allowed NDHHS to expand support for inadequately funded injury prevention, diabetes control, worksite wellness and local/district health departments. Those funds also allowed Nebraska to address oral health care needs among children from low-income households for the first time in FY2009 and to continue that investment in FY2010 and FY2011.

Law:

- United States Code (as of 1-02-2001), Title 42 - The Public Health and Welfare, Chapter 6A - Public Health Service, Subchapter XVII - Block Grants, Part A - PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANTS, Sections 300w through 300w-10.

- *Funds are administered through the Centers for Disease Control and Prevention (CDC) in accordance with the Public Health Service Act, Titles I-V (Public Law 78-410); as added by the Omnibus Budget Reconciliation Act of 1981, Title XIX, Part A, Sections 1901-1907 (Public Law 97-35); amended by Preventive Health Amendments of 1984 (Public Law 98-555); Omnibus Programs Extension of 1988 (Public Law 100-607), and Preventive Health Amendments of 1992 (Public Law 102-531). [The Crime Bill of 1994, Violence Against Women Act, which added Section 1910A, Rape Prevention and Education, was repealed in 2000 by Public Law 106-386.]*
- *The NDHHS will abide by Federal certifications and assurances; use funds in compliance with the PHHS Block Grant law; and maintain the required Nebraska Preventive Health Advisory Committee, including provision of the travel and personal maintenance support.*

State Program Title: DIABETES PROGRAM

State Program Strategy:

Program Goal: The PHHSBG-funded *Diabetes Program* is dedicated to preventing death and disability due to diabetes. The program focuses on people living with diabetes or at risk for developing diabetes and on diabetes care providers. Services are delivered in both rural and urban areas of the state.

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

Primary Strategic Partners:

- External: Community Action Partnership of Western Nebraska; Nebraska Medical Center Diabetes Program, One World Community Health Centers; Santee Public School; CIMRO of Nebraska (Quality Improvement Organization for Nebraska); Certified Rural Health Clinics; Nebraska Heart Institute; Lincoln Lancaster County Health Department; BryanLGH Medical Center and Husker Sports Marketing
- Internal: NDHHS Cardiovascular Health Program; NDHHS Office of Rural Health; NDHHS Nutrition and Physical Activity Program; Breast and Cervical Cancer Program; Comprehensive Cancer Program; NDHHS Health Disparities and Health Equity.

Evaluation Methodology:

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

National Health Objective: 5-5 Diabetes

State Health Objective(s):

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

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

State Health Objective Status

Not Met

State Health Objective Outcome

Nebraska's death rate was 81.6 deaths per 100,000 population in 2010 (where diabetes is listed anywhere on the death certificate.) This reflects 1,706 deaths during that year.

During 2010, 450 Nebraska residents died from diabetes, i.e. diabetes was first-listed cause of death on their death certificate. This number translates into a mortality rate of 21.6 (deaths per 100,000 population, age adjusted to the 2000 US population. Due to updated Census population estimates for the year 2009, the rates for that year have changed slightly, to 80.7 diabetes-related deaths and 21.7 for diabetes deaths.

For more information about the NDHHS Diabetes Prevention and Control Program go to:

http://dhhs.ne.gov/publichealth/Pages/diabetes_index.aspx

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

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

Barriers/Challenges identified:

- Diabetes rates continue to increase in Nebraska and across the nation.

Strategies to Achieve Success or Overcome Barriers/Challenges

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

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

During the first year of the "Defend Against Diabetes" Campaign leveraged matching funds from the Nebraska Heart Institute and Heart Hospital, Lincoln, NE in the amount of \$50,000. The commitment was to have been for two years; however after the first year the hospital was purchased by another health care system and could not honor the second year commitment.

There are a number of partners on the "Defend Against Diabetes" task force that have volunteered their time for meetings, activities and events.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 3 – Inform and Educate

Impact/Process Objective 1:

Primary prevention among Native American children

Between 10/2010 and 09/2011, the NDHHS Diabetes Program and Santee Public School will provide nutrition education curriculum, increased servings of fruits and vegetables and increased opportunities to participate in physical activity each day in order to help prevent obesity and to **serve 100** students attending the Native American School.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, the NDHHS Diabetes Program and Santee Public School provided nutrition education curriculum, increased servings of fruits and vegetables and increased opportunities to participate in physical activity each day in order to help prevent obesity and to 167 students attending the Native American School.

Reasons for Success or Barriers/Challenges to Success

Success is influenced by:

- Long established support of project by the school.
- Commitment of school staff in providing curriculum to provide preventative activities for healthy eating and physical activity.

Barriers/Challenges identified:

- Reports slow to arrive from subawardee school.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

- School added staff to facilitate objectives.
- Curriculum used included "Fruit and Veggies More Matters" and the "Diabetes Education in Tribal Schools" Program.

Activity 1:

Eliminate Risk Factor

Between 10/2010 and 09/2011, Contract with a Native American School (Santee Public School) and continue to maintain the consumption of fruits and vegetables and the engagement in physical activity.

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

Activity Status

Completed

Activity Outcome

- Outcomes include:
- School Food Service Technician prepares healthy snacks and develops school menus to meet the requirement of one serving of fruit and grain at breakfast and one serving of fruit/two servings of vegetables and 2 servings of grains at lunch each day.
- A Physical Activity Curriculum administered to all students K-12 that provides light to moderate physical activity and educational activities that encourage physical activity.
- One Health Education Session provided to each grade (K-12) on the importance of diet and exercise for each grade (New Healthy Plate Curriculum).
- Students were able to meet the dietary guideline's average daily goal of 3-5 servings of vegetables and 3-5 servings of fruits by the administration of the Salad Bar at lunch, and by providing fresh fruits and vegetables as part of the snack program.
- Students are offered 5 or more servings of grain products per week.
- All students engage in light to moderate physical activity for at least 30 minutes per day/three times week
- Grade K receives 20min of daily PE and 30 min of "recess"
- Grades 1-6 receive 30 min of daily PE and 20 min of "recess"

- Grades 7-8 receive 40 min of daily PE
- Grades 9-12 receive 40 min of PE for 2 semesters for all students and any extra-curricular sports activity/participation in addition to this.
- All 9-12 graders are also encouraged/allowed to play basketball and do other activities in the gym during their lunch break with a 50% participation rate on average.
- Encouraged structured play activities during recess and other "free times".
- Wellness Policy Review and Update for all Staff Members.
- Staff Wellness Program Implementation.

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by experienced staff and attention to diabetes prevention.

Barriers/Challenges identified are a lack of evaluation to show decline in the rate of development of diabetes in the student population.

Strategies to Achieve Success or Overcome Barriers/Challenges

Information regarding the program's evaluation needs to be included in the report from the implementation site.

Impact/Process Objective 2:

Increase awareness of the prevention and control of diabetes.

Between 10/2010 and 09/2011, the NDHHS Diabetes Program and "Defend Against Diabetes" Task Force will increase the number of individuals that are aware of diabetes prevention strategies from 0 to **1,000 persons**.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, the NDHHS Diabetes Program and "Defend Against Diabetes" Task Force increased the number of individuals that are aware of diabetes prevention strategies from 0 to **1,958**.

Reasons for Success or Barriers/Challenges to Success

Success was due to the many partners that participated on the "Defend Against Diabetes" campaign.

Strategies to Achieve Success or Overcome Barriers/Challenges

Barriers included the initial short timeline to implement the campaign.

Activity 1:

Conduct "Defend Against Diabetes" social marketing campaign

Between 10/2010 and 09/2011,

- Develop campaign messages.
- Air radio messages.
- Convene task force monthly.
- Conduct Diabetes awareness event.

Activity Status

Completed

Activity Outcome

"Defend Against Diabetes - Get a Game Plan" with Husker Sports Marketing. Many partners are working with the campaign including Nebraska Heart Institute which is a funding co-sponsor.

The campaign focus is primarily on diabetes prevention. The five components of the Game Plan that was promoted include:

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

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

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

The campaign has a developed a webpage. The radio spots and Carl Pelini's picture were placed on the website. The additional funding by Nebraska Heart Institute allowed the campaign to continue through the basketball and baseball seasons. There were 40,000 University of Nebraska Basketball and Baseball programs distributed which included information about the "Defend Against Diabetes" campaign. Over the course of the campaign, the "Defend Against Diabetes" website had 1,958 hits.

Following the baseball season the campaign task force reviewed the campaign. The task force decided to make the campaign less sports and more family oriented. The campaign title was modified to "Defend Against Diabetes - Nebraska Families Team-Up".

A new contractor was used to develop a new marketing campaign. The campaign will still include the five campaign components and added another component to decrease tobacco use. The updated campaign will not use a celebrity for promotion.

The updated campaign will include:

- Outdoor billboards in Lincoln, Omaha, Kearney, Grand Island, Hastings Columbus, Norfolk, Lexington, North Platte, Scottsbluff and Norfolk for 4 months. These billboards would stay up longer if another billboard is not scheduled. These billboards are able to be used multiple times; therefore reuse will defray overall production costs of the billboards.
- Radio spots in Lincoln (10 spots per week for 8 weeks, 2 weeks with live endorsements) and Omaha (2 spots per week for 6 weeks on two stations).
- Printed ad in Lincoln Journal Star 2012 Health and Medical Guide, Omaha World Herald – Live Well Magazine.
- Risk test on “Defend Against Diabetes” website that will have analytics that would capture de-identified information from those taking the risk test. This information would assist us with evaluation of the project and would stay in place on the website.
- Updated website, more family friendly with more information on pre-diabetes, healthy eating, physical activity, resources, and more.

Internal partners include: NDHHS CVH Program; NDHHS Nutrition and Physical Activity Program, Cancer Program, Every Woman Matters/Wisewoman; NDHHS Health Equity and Disparities; and Communications.

Reasons for Success or Barriers/Challenges to Success

Success was influenced by the partners participating in the campaign. Partners volunteered for events. They provided input and feedback on campaign development, implementation and the process of updating the campaign.

Strategies to Achieve Success or Overcome Barriers/Challenges

Short timeline initially to get the campaign implemented.

Essential Service 7 – Link people to services

Impact/Process Objective 1:

Diabetes Clinical Interventions

Between 10/2010 and 09/2011, Diabetes Program, Community Action Partnership of Western Nebraska, Nebraska Medical Center working at OneWorld Community Health Center and Participating Certified Rural Health Clinics will increase the number of clients with diabetes enrolled in community-based programs or who are participating at clinics served by the Nebraska Registry Partnership (NRP) Clinics that had at least one A1c test performed during the previous 12 months from 46% of community-based program clients to **51% of community-based program clients**.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, Diabetes Program, Community Action Partnership of Western Nebraska, Nebraska Medical Center working at OneWorld Community Health Center and Participating Certified Rural Health Clinics increased the number of clients with diabetes enrolled in community-based programs or who are participating at clinics served by the Nebraska Registry Partnership (NRP) Clinics that had at least one A1c test performed during the previous 12 months from 46% of community-based program clients to **81.8%**.

Reasons for Success or Barriers/Challenges to Success

- Success influenced by programs and clinics that recruited patients into the program.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies that were beneficial to success:

- Use of the planned care/chronic care model.

Activity 1:

Diabetes self-care

Between 10/2010 and 09/2011, Contract with two community-based clinics serving primarily minority and low-income clients (Community Action Partnership of Western Nebraska and Nebraska Medical Center Diabetes Program at OneWorld Community Health Center) to provide evidence-based diabetes patient education and interventions, reaching a total of at least 90 new patients with diabetes.

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

Activity Status

Completed

Activity Outcome

The Nebraska Diabetes Prevention and Control Program contracted services with two community-based clinics which are located in western Nebraska and the Omaha metro area.

1. **Community Action Partnership of Western Nebraska (CAPWN)** provided diabetes services for 534 people with diabetes.

Over the past year, 8,011 unduplicated clients were seen at CAPWN. This is a slight increase over the previous year. There was a significant decrease in Medicaid and Medicare clients with an increase in self-pay clients. Over 50% of our clientele are 100% and below the Poverty Level. In 2011, there was a significant decrease in the number of migrant clients. A number of factors may have influenced this decrease including a reduced need for manual labor, abundant rainfall delaying field work and individuals relocating due to lack of available employment.

Available staff includes:

- Physicians (2), Physician Assistants (3), Medical Residents (3)
- Registered Nurse(RN)/Clinical Diabetes Educator (CDE)
 - 3 days per week
 - Manager of Diabetes Control Program, Manager of Quality Assurance Program
- Registered Dietitian (RD)/CDE
 - 1 day per week
- RD for Ryan White program
 - 3 days, quarterly

**Diabetes Educators are available 4 days per week for referrals from medical providers.

Partnering programs are:

- Migrant, Minority Health, HIV/ Ryan White, Reproductive Health and Obstetrics
 - These programs may provide follow-up home visits to ensure comprehension of education provided at the clinic
- Community Action Agency partners: Commodity program, Immunization program, Outreach for Food Assistance, Weatherization and Dental Care
 - Available on-site or at a nearby location

The goal for clients with diabetes and cardiovascular disease at CAPWN is:

- Reduce disparities
- Improve health care to the underserved populations
- Decrease, delay and prevent the complications of diabetes and cardiovascular disease
- Improve of client quality of life

Diabetes Control and Prevention program services include: One-on-one education, group support sessions and screening for blood glucose and blood pressure.

Education

Diabetes education covers all topics of diabetes care to include but not limited to: Pathophysiology, insulin resistance, obesity and weight issues, dietary control, oral medications, insulin actions, acute and long term complications of diabetes, glucometers, and insulin concerns (including injection technique, site selection, storage of insulin, disposal of lancets and syringes, expiration dates). Education is provided through verbal explanation, written materials and DVDs. Written materials are available in English and Spanish.

Group Support

An RD works in collaboration with the CDE planning the monthly diabetic support group meetings (August through May, excluding December). Quarterly, an outside speaker, often a medical provider from the clinic, presents to the group. Topics provide education on diabetes and cardiovascular disease, incorporating a dietary education portion at each session (since diabetes is a major cause of heart disease and stroke, those risk factors are part of the education for the macrovascular complications).

95% of diabetes care is self-management therefore glucose management and motivational support is an important aspect of care. Referrals can be made to the Behavioral Health consultant to assist with denial and adherence issues. Minority Health provides health education classes in Spanish on a regular basis. A session for the Migrant population is held specific for diabetes during migrant season.

Hemoglobin A1c

The August 31, 2011 registry indicated that 75% of the clients with diabetes had a documented A1C, as compared to 71% of the diabetes clients in the October 1, 2010 registry. Patients with two A1C's during this time period increased from 48% in October 2010 to 49.1% in August 31, 2011. Interventions included one-on-one education that utilized a handout on A1c, and an A1C self-management goal form (English and Spanish) to explain the important steps of improved blood glucose control.

Blood Pressure

Novartis pharmaceutical company is challenging CAPWN to improve the number of clients with a controlled blood pressure of less than 140/90 mmHg for the non-diabetic client and less than 130/80 mmHg for the diabetic client. Beginning in October, blood pressure screenings will be offered at no cost, available on a walk-in basis. At the Spring Chronic Care Update, staff was educated on performing blood pressure readings. In October of 2010, 57% of clients in the Cardiovascular registry had a blood pressure less than 140/90 mmHg. The August 2011 registry report indicated 62.1% of the clients with a blood pressure less than 140/90 mmHg. A new self-management goal form has been developed and is being utilized in the clinic for patient education.

Other Services-Ophthalmology

Diabetes is the leading cause of new cases of blindness among adults in the United States. A local ophthalmologist offers initial exams at no cost to those clients that do not have federal assistance or private insurance. By August 31, 2011, 356 unduplicated clients with diabetes were served by this program. In spite of providing appointment cards and reminder calls, a "no-show" rate of 30-50% is common to this service.

Other Services-Interpretation

The Minority Health Manager presented "Cultural Sensitivity in the Workplace" at the mandatory CAPWN all-staff workshop in the spring of 2011. This highlighted many issues that affect staff on a daily basis. An audit was conducted in 2010 on the interpretation staff and others that are called on frequently to interpret. Evaluation results for Spanish translation were: Accuracy: 83%, completeness: 33.3% and interpreter influence: 100%. An audit will be repeated in 2011. Interpretation services are provided by staff rather than family. Interpreters are available for Spanish and Sign Language.

Data Collection and Registry Information Sources

CAPWN is progressing to Electronic Medical Records. The health center moved from the Practice Management system of Intergy to Centricity in June of 2011. In weekly meetings of detailed planning the HIT team is in the preparation stages to potentially begin EMR in February 2012. i2i TRACKS will continue as it will allow for a more detailed population based query to be run for diabetes, CVD and depression.

2. Nebraska Medical Center (NMC) Diabetes Program/OneWorld Community Health Center in Omaha

170 patients were seen from 10/1/10 to 9/30/11 for diabetes education by the dietitian, CDE from the NMC Diabetes Center (This was an increase of 22 patients as compared to the previous year). 137 or 80% of these were new patients and 20% were follow-up appointments. Of the 137 new patients seen 22% were diagnosed with gestational diabetes and 3% had pre-diabetes. The remaining 75% were diagnosed with either type 1 or type 2 diabetes.

A total of 128 patients did not show for their appointment leading to a no-show rate of 43% compared to a no-show rate of 40% in 2009/2010. The increase in the no-show rate is currently being evaluated. The

current plan is to provide a phone call reminder one week prior to their appointment. This allows time to fill any openings in the event of a cancellation.

A1c is collected at the initial visit with the dietitian, CDE from NMC, as well as 1-3 month, 3-6 month and 6-12 month follow-up. A1c data was collected from 10/1/10 through 9/30/11. Average A1c at initial visit is 9.2%, 1-3 month follow-up is 7.8%, 3-6 month follow-up is 7.6% and 6-12 follow-up is 7.9%. These results are very similar as compared to fiscal year 2009/2010 with average A1c at initial of 9.9%, 1-3 month follow of 7.9%, 3-6 month follow-up of 7.7% and 6-12 month follow-up of 7.5%.

In 2010/2011 the A1c's trended upward slightly at the 6-12 month follow-up. This is most likely related to patient's not following through with taking their medications over the long-term secondary to financial difficulties. This issue will be addressed further during the 2011/2012 fiscal year.

NMC provided a RD who is a CDE to the OneWorld Community Health Centers for diabetes education. A total of 16 hours per month are offered for individual visits. Currently this is being exceeded as additional appointment times are being added in 30 minute sessions for 4 hours/week. Trained Spanish Interpreters are provided by OneWorld as needed.

Clients are typically seen by one of the diabetes nurse educators via an initial or group session. Diabetes education is provided based off the AADE 7 Diabetes Self-Care Behaviors. The patients are then referred to the dietitian, CDE from NMC for more detailed diabetes education.

A gestational diabetes education program has been developed to meet the need of increased referrals for gestational diabetes. Patients are seen within a week of referral by the diabetes RN via an individual or group class. They are provided a glucometer with instruction as well as basic nutrition guidelines. They are then referred to the dietitian, CDE for a more detailed meal plan. Blood sugar levels and weight gain are monitored every 2-3 weeks by the dietitian, CDE via individual or phone follow-ups.

Spanish education material is provided that is culturally relevant and is purchased through grant funds. Pharmaceutical companies provide some of the initial supplies including insulin kits, education brochures and free glucometers. Additional diabetes supplies are being offered through the HOPE pharmacy for a reduced fee based off income.

A1C data is being collected at a minimum of 3 month intervals on all patients in the program with the exception of those with gestational diabetes and pre-diabetes.

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

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

Barriers/Challenges:

- Low socioeconomic status of the priority populations.

Strategies to Achieve Success or Overcome Barriers/Challenges

- CAPWN will work to provide no cost blood pressure checks for clients with diabetes.

Activity 2:

Nebraska Registry Partnership

Between 10/2010 and 09/2011, Provide technical assistance and training to 9 clinics participating in the Nebraska Registry Partnership (NRP) based on the Planned Care Model and evidence-based diabetes and cardiovascular standards of care. Technical assistance will include implementation and evaluation of a Clinic-based Diabetes Quality Improvement Project, clinic data interpretation, and educational offerings to clinics. The NRP is a web-based diabetes and cardiovascular electronic registry which documents diabetes and cardiovascular indicators. (Indicators include A1c, eye exam, foot exam, microalbumiuria, pneumonia immunization, flu immunization, blood pressure, cholesterol, HDL, LDL, triglycerides, aspirin use, tobacco assessment, tobacco education, and weekly exercise.)

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

Activity Status

Completed

Activity Outcome

The NRP was established to increase the number of clinics in Nebraska utilizing a registry system to improve the care of patients with cardiovascular disease and diabetes. The NRP is composed of NDHHS programs: Cardiovascular Health Program, Diabetes Prevention and Control Program, Office of Rural Health; and external partners: CIMRO of Nebraska, and Nebraska Rural Health Association. In the past year, this program has assisted 7 clinics use DocSite software to record and track clinical measures, educate patients on their condition, and used DocSite as a source of clinical decision support.

The NRP has obtained years of data on cardiovascular disease and diabetes clinical indicators. The NRP provides the clinics with quarterly reports, which the registry coordinator distributes with a written interpretation for each clinic. The coordinator also calls each clinic to discuss the reports and find ways to improve. During this fiscal year 82% (278/341) of clinic patients had at least one A1c. However, 58% had A1c levels under 7%, whereas last year 60% were A1c levels were under 7%.

The NDHHS Diabetes Prevention and Control Program contracted with an independent program evaluator, Kim Galt, PharmD, to help determine the impact the program has on the clinics. She and a representative from the Nebraska Diabetes Prevention and Control Program presented at the 2011 National Rural Health Association's 34th Annual Rural Health Conference in Austin, Texas and at the 2011 Nebraska Healthcare Quality Forum hosted by CIMRO (Nebraska's QIO) on "Successes and Challenges of Using an Electronic Registry in Certified Rural Health Clinics".

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

Expertise of the NDHHS diabetes and cardiovascular staff to operate the program.

Barrier/Challenges identified:

Clinics are declining to participate in the NRP due to concerns with electronic medical records being implemented and the lack of compatibility with the Diabetes/CVH Registry at a reasonable cost. Clinics are unwilling to enter data a second time into the registry after entering data originally into the electronic medical record.

Strategies to Achieve Success or Overcome Barriers/Challenges

The NRP is working to determining the course of action with the registry and how the diabetes and cardiovascular registries can proceed with a clinic declining participation in the project. The NRP has been talking with Blue Cross/Blue Shield (BC/BS), which is working on a registry project, to determine if NRP can participate in the BC/BS project. The NRP has also been talking with the Guideline Advantage program, which is a co-sponsored project of the American Heart Association, American Diabetes Association, and the American Cancer Association. The Guideline Advantage project can pull a limited amount of data from medical records for a registry, decreasing the burden on clinic staff of multiple program data entry.

State Program Title: LABORATORY TESTING PROGRAM

State Program Strategy:

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

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

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

Health Priorities:

STDs:

- Chlamydia is the most common STD in Nebraska, accounting for 5,553 cases in 2009.
- Gonorrhea is the second most common STD in Nebraska, accounting for 1,384 cases in 2009.

HIV/AIDS: During 2009, a total of 146 persons were diagnosed with Human Immunodeficiency Virus (HIV) or Acquired Immunodeficiency Syndrome (AIDS) in Nebraska while 1,673 persons were living with AIDS.

Primary Strategic Partnerships:

STDs: STD Clinics, Family Planning Facilities, Correctional Centers, Student Health Centers, Indian Health Services, Substance Abuse Centers and other medical facilities seeing persons with high-risk behaviors. Contractor: Nebraska Public Health Laboratory at UN Medical Center.

HIV/AIDS: Local Health Departments, Title X Family Planning Clinics, Public Health Centers, Correctional Facilities, Community Based Organizations which provide HIV counseling and testing services across the state of Nebraska. Contractors: Nebraska Public Health Laboratory at UN Medical Center, Heritage Laboratories in Kansas, Center for Disease Detection in Texas.

Evaluation Methodology:

Progress is tracked through the following means:

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

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

National Health Objective: 13-1 HIV-AIDS

State Health Objective(s):

Between 10/2010 and 09/2015, **increase the percentage of high-risk persons among those tested to at least 70%.**

State Health Objective Status

In Progress

State Health Objective Outcome

During FY 2011 grant year 7,984 clients were provided free HIV testing through the Nebraska HIV Prevention Program. Of the 7,984 tested, an estimated 4698 or 58% identified high risk behaviors.

Reasons for Success or Barriers/Challenges to Success

The data entry system used during the reporting time period proved difficult to identify clients who identified Heterosexual contact and had risk factors associated with that behavior. Within that behavior, other behaviors such as multiple partners in the last 3 months or an STD Diagnosis would be identified.

Strategies to Achieve Success or Overcome Barriers/Challenges

During the next Fiscal year a new data entry system and new forms are going to better record variables needed to better gauge risk factors in clients receiving HIV tests. There will also be a greater emphasis on increasing testing in high risk areas.

Leveraged Block Grant Dollars

No

Description of How Block Grant Dollars Were Leveraged

PHHSBG funds were used to support laboratory HIV confirmatory testing and supplement HIV rapid test kits that are purchased for test sites. The Nebraska HIV testing program provides all clients seeking HIV testing with rapid testing so the client can receive results within 20 minutes. For negative test results immediate counseling efforts can work with client to create a plan to maintain their HIV negative health status. For the clients receiving a reactive result immediate confirmatory testing can be completed.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 2 – Diagnose and Investigate

Impact/Process Objective 1:

HIV Lab Testing

Between 10/2010 and 09/2011, the HIV Program, through contracting laboratory services and pre-purchase of rapid test kits, will maintain **6,000** tests conducted; providing anonymous and confidential HIV testing at no cost to the client, in order to facilitate follow-up on infected people, the aim of which is to assure change in risk behaviors and prevention of additional infection.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, the HIV Program, through contracting laboratory services and pre-purchase of rapid test kits, maintained **8515** tests conducted; providing anonymous and confidential HIV testing at no cost to the client, in order to facilitate follow-up on infected people, the aim of which is to assure change in risk behaviors and prevention of additional infection.

Reasons for Success or Barriers/Challenges to Success

Increased use of HIV rapid test kits provided a less expensive initial test for clients seeking HIV testing services.

Strategies to Achieve Success or Overcome Barriers/Challenges

Expansion of HIV testing will continue, using predominantly rapid testing. The use of rapid testing allows clinics the opportunity to complete testing activities in a shorter time period increasing efficiency of clinic activities. Rapid testing provides clients the results of an HIV test within 20 minutes, whereas traditional laboratory testing can take up to a week to receive results. This opportunity to increase testing in

geographic areas identified as high risk will be important to expand the number of clients this program can reach.

Activity 1:

HIV Samples Tested

Between 10/2010 and 09/2011, contract for laboratory testing on samples.

Number of tests to be completed using PHHSBG funds:

- 1,000 HIV EIA tests at \$15.00 per test
- 40 HIV Western Block tests at \$94 per test
- 3270 Rapid Tests @ \$12 per test

Activity Status

Not Completed

Activity Outcome

During FY 2011, the volume of the following tests were:

- 774 Conventional
- 7,741 Rapid tests

Reasons for Success or Barriers/Challenges to Success

With the increased emphasis of rapid testing at test sites, the need for the more expensive EIA and Western Block tests has decreased.

Strategies to Achieve Success or Overcome Barriers/Challenges

With the savings from the increased use of rapid testing, this program anticipates increased HIV testing in Nebraska. An increase in HIV testing could provide more individuals who are unaware of their HIV status an opportunity to be tested and receive education about preventing HIV infection.

National Health Objective: 25-1 Chlamydia

State Health Objective(s):

Between 10/2010 and 09/2015,

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

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

C. Reduce the prevalence of *Chlamydia trachomatis* infections among Nebraska's adolescent and young adult males, aged 15 to 34 years, attending STD clinics to no more than 17.4 percent positive.

State Health Objective Status

In Progress

State Health Objective Outcome

Currently the STD Program has increased screening and testing efforts throughout the state of Nebraska. Numbers for Chlamydia infection have decreased by a few cases but are not significant enough to report.

Reasons for Success or Barriers/Challenges to Success

The reason for success is that block grant funds allow the STD program to offer nontraditional testing/screening to Nebraskans in addition to timely lab results, new dual STD tests, and user friendly lab testing systems for NIPP/Semi-STD sites.

Strategies to Achieve Success or Overcome Barriers/Challenges

The STD program will continue to monitor data that suggests pockets and populations of positivity and place testing energies in those areas of Nebraska. Work will also continue with NPHL to offer the latest in STD testing that is easy for providers and welcoming to both men and women in Nebraska. The STD program will continue to train and educate DIS regarding risk reduction and behavioral modification.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

Block grant funds help to support nontraditional testing and DIS testing out in the field in addition to the expansion of the populations being tested. Data drives our efforts and block grant funds assist the program in making testing opportunities available to Nebraskans that otherwise would not be covered.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 2 – Diagnose and Investigate

Impact/Process Objective 1:

Chlamydia/Gonorrhea Testing

Between 10/2010 and 09/2011, the STD Program, through contracting laboratory services, will maintain **13,000** tests conducted for sexually transmitted diseases at no cost to the client; reporting results in order to facilitate follow-up on infected people, the aim of which is to assure change in risk behaviors and prevention of additional infection.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, the STD Program, through contracting laboratory services, maintained **39,883** tests conducted for sexually transmitted diseases at no cost to the client; reporting results in order to facilitate follow-up on infected people, the aim of which is to assure change in risk behaviors and prevention of additional infection.

Reasons for Success or Barriers/Challenges to Success

The reason for success is that block grant funds allow the STD program to offer nontraditional testing/screening to Nebraskans in addition to timely lab results, new dual STD tests, and user friendly lab testing systems for NIPP sites.

Strategies to Achieve Success or Overcome Barriers/Challenges

The STD program will continue to monitor data that suggests pockets and populations of positivity and place testing energies in those areas of Nebraska. We will also continue our work with NPHL to offer the latest in STD testing that is easy for providers and welcoming to both men and women in Nebraska.

Activity 1:

Chlamydia Samples Tested

Between 10/2010 and 09/2011, provide testing on samples from 131 provider sites. Numbers of tests to be completed:

Chlamydia/Gonorrhea BD Amplified Tests= 16,465

Chlamydia/Gonorrhea BD Urine Tests= 11,056

Activity Status

Completed

Activity Outcome

Chlamydia/Gonorrhea BD Amplified Tests= 21,000

Chlamydia/Gonorrhea BD Urine Tests= 18,883

Reasons for Success or Barriers/Challenges to Success

The reason for success is that block grant funds allow the STD program to offer nontraditional testing/screening to Nebraskans in addition to timely lab results, new dual STD tests, and user friendly lab testing systems for NIPP sites.

Strategies to Achieve Success or Overcome Barriers/Challenges

The STD program will continue to monitor data that suggests pockets and populations of positivity and place testing energies in those areas of Nebraska. We will also continue our work with NPHL to offer the latest in STD testing that is easy for providers and welcoming to both men and women in Nebraska.

National Health Objective: 25-2 Gonorrhea

State Health Objective(s):

Between 10/2010 and 09/2015,

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

Currently the STD Program has increased screening and testing efforts throughout the state of Nebraska. Numbers for Gonorrhea infection have decreased by a few cases but are not significant enough to report.

Reasons for Success or Barriers/Challenges to Success

Success: Testing and screening are being offered to Nebraskans that need to be tested but if not for this program could not afford it.

Barriers: A shortage of trained staff to provide follow-up and timely behavioral modification efforts.

Strategies to Achieve Success or Overcome Barriers/Challenges

The STD program will continue to monitor data that suggests pockets and populations of positivity and place testing energies in those areas of Nebraska. We will also continue our work with NPHL to offer the latest in STD testing that is easy for providers and welcoming to both men and women in Nebraska. The STD program will continue to train and educate DIS regarding risk reduction and behavioral modification.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

Block grant funds help to support nontraditional testing and DIS testing out in the field in addition to the expansion of the populations being tested. Data drives our efforts and block grant funds assist the program in making testing opportunities available to Nebraskans that otherwise would not be covered.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 2 – Diagnose and Investigate

Impact/Process Objective 1:

Chlamydia/Gonorrhea Testing

Between 10/2010 and 09/2011, the STD Program, through contracting laboratory services, will maintain **13,000** tests conducted for sexually transmitted diseases at no cost to the client; reporting results in order to facilitate follow-up on infected people, the aim of which is to assure change in risk behaviors and prevention of additional infection.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, the STD Program, through contracting laboratory services, maintained **39,883** tests conducted for sexually transmitted diseases at no cost to the client; reporting results in order to facilitate follow-up on infected people, the aim of which is to assure change in risk behaviors and prevention of additional infection.

Reasons for Success or Barriers/Challenges to Success

Block grant funds help to support nontraditional testing and DIS testing out in the field in addition to the expansion of the populations being tested. Data drives our efforts and block grant funds assist the program in making testing opportunities available to Nebraskans that otherwise would not be covered.

Strategies to Achieve Success or Overcome Barriers/Challenges

The STD program will continue to monitor data that suggests pockets and populations of positivity and place testing energies in those areas of Nebraska. Work will also continue with NPHL to offer the latest in STD testing that is easy for providers and welcoming to both men and women in Nebraska. The STD program will continue to train and educate DIS regarding risk reduction and behavioral modification.

Activity 1:

Gonorrhea Samples Tested

Between 10/2010 and 09/2011, contract with laboratory to provide testing on samples from 131 provider sites. Numbers of tests to be completed:

Chlamydia/Gonorrhea BD Amplified Tests= 16,465

Chlamydia/Gonorrhea BD Urine Tests= 11,056

GC cultures= 1,368

Activity Status

Completed

Activity Outcome

Chlamydia/Gonorrhea BD Amplified Tests= 21,000

Chlamydia/Gonorrhea BD Urine Tests= 18,883

GC cultures= 1,400

Reasons for Success or Barriers/Challenges to Success

PHHSBG funds help to support nontraditional testing and DIS testing out in the field in addition to the expansion of the populations being tested. Data drives our efforts and block grant funds assist the program in making testing opportunities available to Nebraskans that otherwise would not be covered. The success here is that testing and screening are being offered to Nebraskans that need to be tested

but if not for this program could not afford it. The barriers include a shortage of trained staff to provide follow-up and timely behavioral modification efforts.

Strategies to Achieve Success or Overcome Barriers/Challenges

The STD program will continue to monitor data that suggests pockets and populations of positivity and place testing energies in those areas of Nebraska. Work will also continue with NPHL to offer the latest in STD testing that is easy for providers and welcoming to both men and women in Nebraska. The STD program will continue to train and educate DIS regarding risk reduction and behavioral modification.

State Program Title: MINORITY HEALTH PROGRAM

State Program Strategy:

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

Health Priorities: The PHHSBG supports a portion of the NDHHS Office of Health Disparities and Health Equity (OHDHE), which has the following priority issues:

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

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

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

Evaluation Methodology: The Minority Health Program includes outcome and process evaluation methods:

- Pre and post tests on knowledge gained at education events.
- Copies of publications printed: 2009 edition of the Nebraska Health Status of Racial and Ethnic Minorities report, report cards and public health policy briefs on minority and disparity health issues.
- Report on results of and recommendations for the oversample Minority Behavioral Risk Factor Survey.
- Follow up participant evaluations after presentations of cultural competency curriculum.
- Invitation and Attendance records, with follow up to determine reasons why invited participants did not attend.

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

State Health Objective(s):

Between 10/2009 and 09/2015, identify current health disparities and health needs among racial ethnic minorities, Native Americans, refugees, and newly-arrived immigrants, as well as other vulnerable, at-risk populations in Nebraska. Based on identified disparities and needs, work to equalize health outcomes and reduce health disparities through education to racial ethnic minority, Native American, refugee, and newly-arrived immigrant populations in Nebraska; and health care providers who serve these populations.

State Health Objective Status

In Progress

State Health Objective Outcome

The Office of Health Disparities and Health Equity worked to equalize health outcomes and reduce health disparities among racial and ethnic minorities by analyzing recent data, mapping health indicators, leading causes of death, social economic data and providing this information to state, local, and

community based organizations and other partners. The Office also held community focus groups to gather information from Asians to identify protective factors to lower the incidence of Infant Mortality among other racial and ethnic groups. The Office also conducted needs assessments among the Somali population of Nebraska to identify socioeconomic and health needs. 4 Somali Lay Health ambassadors were also trained to provide health education within their community.

Reasons for Success or Barriers/Challenges to Success

The Office of Health Disparities and Health Equity invested time and resources at community level to engage community individuals to help improve health outcomes at the local level.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Office was able to build relationships with community leaders that will help us reduce health disparities in the future.

Leveraged Block Grant Dollars

No

Description of How Block Grant Dollars Were Leveraged

Not applicable

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 1 – Monitor health status

Impact/Process Objective 1:

Data Collection and Analysis

Between 10/2010 and 09/2011, the Office of Health Disparities and Health Equity will analyze **3** data sources (BRFSS data, American Community survey, and Census data) to identify health disparities among various racial, ethnic, gender and socioeconomic groups throughout Nebraska.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, the Office of Health Disparities and Health Equity analyzed **3** data sources (BRFSS data, American Community survey, and Census data) to identify health disparities among various racial, ethnic, gender and socioeconomic groups throughout Nebraska.

Reasons for Success or Barriers/Challenges to Success

With only one Health Surveillance Coordinator to complete task, the time requirements for data analysis is a challenge. The availability of data by racial ethnic group also created a challenge.

Strategies to Achieve Success or Overcome Barriers/Challenges

This office provides funds for additional modules of the BRFSS in order to collect racial and ethnic demographic that would otherwise not be collected.

Activity 1:

Rural Health Disparities

Between 10/2010 and 09/2011, analyze data sets to identify disparities in health between rural and urban populations in Nebraska. Identify leading causes of death for rural populations who face different issues when it comes to health and health care. Some social determinants of health have greater impact, such as:

- Access to quality health care services
- Access to usual source of on-going care
- Small representation of female or minority physicians

- Health insurance coverage
- Access to adequate employment opportunities
- Poverty
- Unintentional injury accidents
- Educational attainment
- Limited English Proficiency (LEP) population in rural counties
- Language Services and access in rural counties

The impact of social determinants of health has resulted in the following health outcomes for rural residents:

- Lower number of those receiving preventive screenings for various diseases
- Higher prevalence of chronic diseases, such as heart disease and cancer

Activity Status

Completed

Activity Outcome

The project work plan was changed during this period. We have focused on the difference of behavior risk factors among rural and urban areas. We analyzed 2007-2009 combined Nebraska BRFSS data to identify health disparities among rural residents. A report card was created in October 2011 and will be published in January 2012. Some of the key findings from the survey are:

- The urban population indicated 13.8% did not have any kind of health insurance, but the rural populations' percentage was higher at 15.95%.
- The urban population's use of a seatbelt was higher than the rural population's response. The urban population responded that they use seatbelts always or nearly always 90.92% of the time, while the rural population's response was 83.33%.
- Fewer people in the rural population are currently smoking according to the Nebraska Regular BRFSS, 2007-2009 survey. The urban response was 19.42% that currently smoke as compared to the rural population's lower response of 17.09%.
- More people in the rural population have a personal physician, than people in the urban areas. The rural population response in the Nebraska Regular BRFSS, 2007-2009 survey was 13.08% as compared to the urban population's high response of 16.38% that do not have a personal physician.

Reasons for Success or Barriers/Challenges to Success

None at this time.

Strategies to Achieve Success or Overcome Barriers/Challenges

Not at this time.

Activity 2:

Gender Disparities

Between 10/2010 and 09/2011, analyze data sets to identify disparities in health between males and females in Nebraska. Identify leading causes of death by gender. Verify whether:

- Women are at greater risk for some diseases than men; similarly, men are at greater risk for some diseases than women.
- Women, particularly those with low income, are at a slightly greater risk for cardiovascular disease due to being uninsured or not insured, and not getting health screenings to detect warning signs of certain diseases.
- Low income women are more likely to smoke and be overweight.

Activity Status

Completed

Activity Outcome

Based on the 2004-2008 combined Vital Statistics data, some key disparities between genders by race and ethnicity have been identified. This is the first time these differences between genders within different races have been identified. From 2004-2008, African American males were 1.78 times more likely than white males to have a stroke. African American females had a death rate 4.5 times that of white females from diabetes. American Indian males were 5.6 times more likely than white males to die from diabetes. African American females had a death rate 12 times the rate of white females from AIDS.

The different behavioral risk factors by gender were also identified. A preliminary report was created in October 2011. The report is based on the Nebraska BRFSS 2006-2010 combined data, and highlights major health risk factors, preventive health behaviors, measures of health status, and health care issues by race, ethnicity and gender. Some of the key findings from the survey are as follows.

American Indians (29.5%) and Hispanic females (12.2%) have higher rates of depression than whites (6.5%).

- African American males (26%) are two times less likely to report not being able to go to the doctor due to costs within the past 12 months, than African American females (13%).
- American Indian (28.9%) and Hispanic (27.1%) females are almost three times more likely to report having fair or poor health than white females (10.5%).
- African American females (19%) are four times as likely to be mentally unwell for 10 or more days, than African American males (5%).
- Hispanic males (19%) are almost five times less likely to receive emotional support as white males (4%).
- Both Hispanic men (11.8%) and women (14.8%) are two times more likely to have been told they have diabetes than white men (7.4%) and women (6.2%).

Reasons for Success or Barriers/Challenges to Success

None at this time.

Strategies to Achieve Success or Overcome Barriers/Challenges

Not at this time.

Activity 3:

Socioeconomic Status by Congressional District

Between 10/2010 and 09/2011, analyze data sets to identify major socioeconomic disparities, including:

- Housing tenure
- Average household income
- Disability status
- Employment status
- Poverty rate

Produce fact sheets reporting socioeconomic factors that cause disparities within each congressional district of Nebraska.

Activity Status

Completed

Activity Outcome

The data from the American Community Survey for 2005-2009 was summarized and analyzed. The five-year combined data was used to identify the socioeconomic status of minorities in Nebraska's three congressional districts. Three preliminary reports were created in November 2011, which are *The Socioeconomic Status of Minorities in Congressional District 1*, *The Socioeconomic Status of Minorities in Congressional District 2*, and *The Socioeconomic Status of Minorities in Congressional District 3*. The reports include poverty level and median household income. Separate key findings for the congressional districts are listed below.

Congressional District 1

- The Hispanic population of Congressional District 1 had the lowest median age of every race and ethnicity with a median age of 22.2, while the median age for non-Hispanic whites was the highest at 37.6 years.
- Asian (65.8%) and non-Hispanic white (54.3%) families had the highest percentage of households with a married couple family. Only 24.7% of African American and 30.1% of American Indian and Alaska Native households contain a married couple family.
- Non-Hispanic whites had the lowest proportion of less than high school educated population (about 8% for male and about 7% for female) among all racial and ethnic groups. Hispanics had the highest population that had a less than high school education (about 56% for males and 49% for females).
- The largest disparity in median family income is between American Indians at \$34,871 and non-Hispanic Whites at \$64,647, making it almost 2 times higher.
- The greatest disparity in unemployment for both males and females are between American Indians (40.3%, 37.2%) and non-Hispanic whites (14.3%, 19.7%) who are not in the labor force.
- Nebraska minority households had a smaller proportion of the population who lived in owner-occupied homes than non-Hispanic whites.
- Non-Hispanic whites (73%) were almost 5 times more likely to be born in their state of residence than Asians (15%). Asians had the highest percentage of those who were foreign born (71%).
- More than twice the amount of people reported entering the United States between 1990 and 1999 (about 36%), while only about 16% said they entered between 1980 and 1989.

Congressional District 2

- The Hispanic population of Congressional District 2 had the lowest median age of every race and ethnicity with a median age of 23.5, while the median age for non-Hispanic whites was the highest at 36.3 years.
- Asian families (58.4%) had the highest percentage of households with a married couple family. Non-Hispanic white, Hispanic, and American Indian households all had about 50% of their households with married couple families. Only 23.2% of African Americans contained a married couple family.
- Non-Hispanic whites had the lowest proportion of less than high school educated population (about 6% for both genders) among all racial and ethnic groups. Hispanics had the largest population that had a less than high school education (about 49% for males and 46% for females).
- The largest disparity in median family income is between African Americans at \$30,591 and non-Hispanic whites at \$73,544, making it more than 2 times higher.
- There is an employment disparity between American Indian males (36.2%) and non-Hispanic white males (13%) not in the labor force; and Asian females (36%) compared to non-Hispanic white females (21%) who are not in the labor force.
- Nebraska minority households had a smaller proportion of the population who lived in owner-occupied homes than non-Hispanic whites.
- Non-Hispanic Whites and American Indians had the highest percentage (about 62%) of those who were born in the state they were residing at the time they were surveyed. Asians had the highest percentage of those who were foreign born (72%).

Congressional District 3

- The Hispanic population of Congressional District 3 had the lowest median age of every race and ethnicity with a median age of 23.1, while the median age for non-Hispanic whites was the highest at 43 years.
- Non-Hispanic white (55.9%) families had the highest percentage of households with a married couple family while only 24.7% of African American households contain a married couple family.
- Non-Hispanic whites had the lowest proportion of less than high school educated population (about 9% for male and about 8% for female) among all racial and ethnic groups. Hispanics had the highest population that had a less than high school education (about 53% for males and 48% for females).
- The largest disparity in median family income is between American Indians at \$31,267 and non-Hispanic whites at \$54,695, making it almost 2 times higher.
- There is an employment disparity between American Indian males (31%) and non-Hispanic white males (13%) not in the labor force; and African American females (43%) compared to non-Hispanic white females (21%) who are not in the labor force.

- Nebraska minority households had a smaller proportion of the population who lived in owner-occupied homes than non-Hispanic whites.
- Non-Hispanic whites had the highest percentage (76.6%) of those who were born in the state they were residing at the time they were surveyed. Non-Hispanic whites were almost 4 times more likely to be born in their state of residence than Asians. Asians had the highest percentage of those who were foreign born (73.2%).

Reasons for Success or Barriers/Challenges to Success

None at this time.

Strategies to Achieve Success or Overcome Barriers/Challenges

Not at this time.

Activity 4:

Summary of Census 2010 Data

Between 04/2011 and 09/2011, analyze the United States Census 2010 data to identify the changes in race, ethnicity, and total population within Nebraska.

In the coming months, the Census Bureau will release data for a variety of geographic areas or redistricting purposes. Data items such as race, ethnicity, voting age, and housing tallies will be released no later than April 1, 2011. Analysis will begin as soon as data becomes available.

Census Bureau data will be used to identify major changes in population distribution and growth among minority groups throughout Nebraska.

Activity Status

Completed

Activity Outcome

This portion of the project is on track. Data continues to be summarized and analyzed with newly released Nebraska minority population census data. This data has been analyzed to determine the growth or loss of persons who identify as a racial or ethnic minority. Minority population by county and congressional district was also identified. See Activity 5 for a sample of geo-mapping projects. Several Nebraska minority population maps have been created. The racial ethnic minority population in Nebraska has increased by 52.5% since 2000. The white, non-Hispanic population only increased 0.2% during the same time period. In 2000, there were 30 counties in Nebraska with a minority population of 5% or greater; but in 2010, there were 45 counties with a minority population of 5% or more.

Reasons for Success or Barriers/Challenges to Success

Awaiting some 2010 Census data to be released.

Strategies to Achieve Success or Overcome Barriers/Challenges

Not at this time.

Activity 5:

Mapping Nebraska Disparities

Between 10/2010 and 09/2011, create maps displaying major health disparities throughout Nebraska. The leading causes of death will be identified and mapped for each racial and gender group.

Activity Status

Completed

Activity Outcome

Maps showing the health status by racial ethnic groups in Nebraska were also completed. Along with the top five leading causes of death (heart disease, cancer, stroke, chronic lung disease, and accidental death), maps were prepared for the median household income and poverty level for each county. In total,

more than 40 maps have been created and published on OHDHE's website, www.dhhs.ne.gov/healthdisparities.

Maps are available to state, local, and community partners throughout Nebraska to improve efforts in reducing health disparities among racial and ethnic minorities.

Reasons for Success or Barriers/Challenges to Success

The biggest challenge is acquiring the data needed to make accurate and useful maps. Some data is not yet available. Data for comparisons must be from the same year and some data may not be updated as frequently as other data sets.

Strategies to Achieve Success or Overcome Barriers/Challenges

Not at this time.

Activity 6:

Surveillance Data Collection

Between 10/2010 and 09/2011, survey minority populations using the Behavioral BRFSS and Minority BRFSS, adding race, demographic, and social context questions to the survey completed by UNMC.

Activity Status

Completed

Activity Outcome

The OHDHE continues to collaborate with the University of Nebraska Medical Center (UNMC) to survey Nebraska's minority populations using the BRFSS by oversampling minority populations and adding race (including sub-racial groups) and demographic questions to the survey. Surveys are being completed monthly and will continue throughout the year. By the end of September 2011, 9,000 surveys were completed. Data is collected monthly and will continue to be collected throughout the rest of the year. OHDHE paid for two modules: social context and state-added race/ethnicity questions. Because of budget constraints, OHDHE will only be able to add one module for (race/ethnicity questions) next year.

Reasons for Success or Barriers/Challenges to Success

None at this time.

Strategies to Achieve Success or Overcome Barriers/Challenges

Not at this time.

Essential Service 3 – Inform and Educate

Impact/Process Objective 1:

Community Meetings

Between 10/2010 and 09/2011, the OHDHE will conduct **6** community meetings to educate and gather feedback from minority populations about health issues within their communities.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, the OHDHE conducted **7** community meetings to educate and gather feedback from minority populations about health issues within their communities.

Reasons for Success or Barriers/Challenges to Success

Partnerships

Strategies to Achieve Success or Overcome Barriers/Challenges

Partnerships

Activity 1:

Infant Mortality Community Meetings

Between 10/2010 and 09/2011, hold community meetings with Asian women and their families to discuss practices that contribute to better health outcomes for pregnant women, childbirth, and newborns. The project will also include Limited English Proficiency (LEP) populations in rural and urban areas and other at-risk or vulnerable populations.

- Each community meeting will include a guided discussion and a set of questions to be answered.
- Responses will be quantified and classified into categories to establish a connection between practices and related outcomes.
- A consolidated report of findings will be prepared elaborating on the results of meetings.

Activity Status

Completed

Activity Outcome

The main partner to recruit and conduct the community meetings is an Asian, nonprofit, community based organization who conducted sessions in the cities of Lincoln, Grand Island, Omaha, Kearney, and Scottsbluff. The OHDHE was advised that community meetings would work better if meetings were held by national origin so participants would feel more comfortable having discussions with members from their own country.

Seven community meetings were conducted in Eastern and Western Nebraska. Approximately 90 mothers or pregnant women attended the meetings. The largest Asian minority groups selected Korean, Chinese, and one group of multiple Asian national origin communities (Korea, Vietnam, China, and Japan).

Key findings that were discussed at the meetings:

- The importance of cultural facts linked to tradition was common at meetings, and seem to represent a protective component for Asian women during pregnancy and post-partum, and the wellbeing of the newborn.
- Chinese families expressed deep respect for their elders. They are respected for their wisdom and their advice is used as guidance for decision making, raising a family, passing on traditions, seeking education and health practices within the context of their culture.
- Chinese families achieve higher rates of educational success overall in Nebraska among all other ethnic groups. Chinese women expressed that their overall wellbeing can be attributed to the value they put on higher education. They mentioned more education helps you make better choices, achieve better pay and more stable job positions, which translates into less stress related to safeguarding the family environment and being able to choose from a wider variety of healthy options for diet, physical activity, leisure time, housing, etc.

In general, the meetings uncovered that among all Asian participants, they seem to preserve many aspects of diet, leisure and self-care time, family time traditions, and search for natural options. Some examples of traditional beliefs include emphasizing more fresh vegetables in the diet, less spices (during pregnancy), clear broth as a substantial and yet mild nutrition for the mother to be and the baby. Healthy weight gain was mentioned several times, with the belief that pregnant women should gradually gain weight and gaining too much weight would pose a risk for both the mom and baby.

Families play an important role in the pregnancy. Extended family help take responsibility for the wellbeing of the mother and baby during pregnancy.

Reasons for Success or Barriers/Challenges to Success

The Asian population in Nebraska is represented by a very broad sample of nations, and finding the best way to recruit those members to identify protective factors has been a challenge, especially when OHDHE is distant to understanding the wide array of cultures represented by our Asian communities. The

partner organization has been instrumental in determining the best approach and to identify a sample population in each location.

Recurring self identified protective factors among different groups include the role of the family as a “protective shield” where mother feels safe from any harm; diet is more focused on natural and fresh resources with emphasis on vegetables, and the avoidance of irritants such as spices during gestation. Participants had an opportunity to express their roots and share what they have learned from generation to generation as one of their most cherished treasures, and having a forum to express such traditions with other ethnic groups brings tremendous pride and reaffirmation of the positive aspects that they can bring to the table and balance their learning and acculturation living in this Country while preserving the positive components they have inherited.

One challenge was the lack of an interpreter for the Korean group who could convey faithfully the messages and keep the session fluid.

By having community meetings with diverse groups and partnering with stakeholders from the American public health system, participants learned that there are more things in common than different among Hispanics, Asian and Americans. These groups co-exist at different stages of acculturation - being from diverse countries and from the context of modern life and technology development. Discussion of these similarities during the meetings indicated that there is more in common than initially imagined. This is a great step towards cultural inclusion and acceptance.

Strategies to Achieve Success or Overcome Barriers/Challenges

More emphasis on culturally sensitive and properly trained interpreters will be stressed in the future.

Activity 2:

Unnatural Causes Follow-Up Events

Between 02/2011 and 08/2011, conduct 6 events to follow-up on Unnatural Causes screenings. Meetings will be held in a mini-conference format, approximately 4 hours long, in the cities of Alliance, North Platte, Grand Island, Norfolk, Omaha, and Lincoln. Locations were selected because of their racial ethnic minority make-up and their "hub" location and ability to draw from surrounding communities. Events will emphasize how well-being is not just a matter of making good choices and having access to quality care.

Activity Status

Completed

Activity Outcome

This is the follow-up project to the 2010 Public Health Policy Leadership Summits, which sought to educate and gather information from communities through viewing and discussing the first hour-long episode of the PBS documentary on health disparities entitled *Unnatural Causes*, produced by California Newsreel.

Six follow-up meetings on Unnatural Causes were held in the cities of Alliance, North Platte, Grand Island, Norfolk, Omaha, and Lincoln. The previous meetings produced data and gathered input on a pre-selected set of questions addressing public health as a community issue, and examined possible interventions such as the creation of environmental, housing, and health policies. The follow-up sessions built on the outcomes of the original meetings. The morning was dedicated to presenting the initial Leadership Summit information to a broader audience and included a PowerPoint presentation tailored to each region and included socio-economic indicators that were not available before. In the afternoon, another episode of Unnatural Causes documentary was shown that was more specific to a region and a group discussion was held. Smaller work groups tackled two or more of the discussion questions before resuming the large group to discuss ‘next steps’ and allow participants to network from their communities to begin to lay the ground work for establishing Community Coalitions. Pre- and post-tests were given at each event, and demographic information was collected.

The summits provided a perspective or context to communities of how health and well-being are not just a matter of making good/healthy choices and having access to quality healthcare. Health outcomes are undeniably linked, for better or worse, to our multi-cultural socio-economic condition that shape our lives. This is true for all peoples - indigenous, transplanted, immigrant, refugee, asylee, elderly, disabled, or geographically remote.

Reasons for Success or Barriers/Challenges to Success

Summits were very well received, though not as well attended as this program would have liked. The difference between the initial presentations (an educational piece) and this year's follow-up program was the attendance of more racial ethnic minorities, not just public and private health professionals. More community members were present from all sectors and walks of life, and they had the desire to identify actions needed to organize the 'next steps'. The web address for the Federal Office of Minority Health was provided at each session and a demonstration of the *National Partnership for Action* web site conducted in order to spur county, city, and other communities to form their own coalitions. One recurring theme was the lack of attendance by officials from all levels of government, but most especially the county and city officials, chambers of commerce, and housing & economic development who were invited.

Challenge - None of the 3 local health departments were willing to commit time or staff to conduct a summit in their area. A community organization was partnered with instead.

Strategies to Achieve Success or Overcome Barriers/Challenges

Communities wanted a clear direction as to what they can/should do, but did not feel it would happen without this Office in a leadership position. This is evidenced by requests from each site to have another follow-up meeting. They want clear directions as to what to tackle first, instead of a 'grassroots' effort within communities and counties.

Barriers:

- Someone to take the leadership role and conduct an additional 3 summits next year with strategies for community health improvement as the centerpiece, along with an educational piece.
- Participating communities that establish coalitions need grant funds to tackle larger projects being planned.

Impact/Process Objective 2:

Need Assessment

Between 10/2010 and 09/2011, the OHDHE will conduct 2 needs assessments. The Somali communities will self-identify gaps between current and desired circumstances and identify priorities, barriers, and prioritize activities. An Every Woman Matters (EWM) project will increase African American and Hispanic women participation in the EWM program and improve screening rates.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, the OHDHE conducted 2 needs assessments. The Somali communities will self-identify gaps between current and desired circumstances and identify priorities, barriers, and prioritize activities. An Every Woman Matters (EWM) project will increase African American and Hispanic women participation in the EWM program and improve screening rates.

Reasons for Success or Barriers/Challenges to Success

Relationships that were built with the Somali community.

Strategies to Achieve Success or Overcome Barriers/Challenges

Identifying leaders within the Somali community to build a trusting relationship with.

Activity 1:

Identifying gaps in Somali Communities

Between 10/2010 and 09/2011, document the Somali community self-identified gaps, whether or not they are directly related to health, both the current and desired situation, based on:

- Performing a gap analysis to identify the current situation in Nebraska
- Identifying barriers for change, possible solutions, and growth opportunities
- Identifying priorities, resources, action steps and prioritizing activities

The gap analysis will include training four Somali Lay Health Ambassadors, developing the questionnaire, recruiting participants, and analyzing data and preparing the report.

Activity Status

Completed

Activity Outcome

Four Somali Lay Health Ambassadors (LHAs) were trained and they conducted educational sessions, focus groups, and needs assessment surveys for at least sixty (60) participants. The LHAs also assisted with recruiting and organizing attendees for the activities held in Grand Island, Lexington, South Sioux City, and Omaha in order to gather and evaluate results for continuation of activities. Baseline data was gathered through the needs assessment surveys which will be used as a starting point of a longitudinal study while applying interventions during the subsequent years of this project. The first year of the project has allowed us to train our first statewide Lay Health Ambassadors and initiate/enhance communication between DHHS, stakeholders and the Somali communities. Such bridges of communication have already served as stepping stones for at least one Lay Health Ambassadors to find potential opportunities for professional growth.

Reasons for Success or Barriers/Challenges to Success

Individuals recognized as leaders among Somali communities have not been appointed in many instances, making it difficult to recruit a liaison. In the Somali community, it is very important to count on a leader to represent and connect with the entire community. If a leader is not present or has not been appointed, communication can move very slowly. One of the barriers is language. A leader among Somali communities is consider someone who is an elder, and most of the elder Somalis in Nebraska are Limited English Proficient, and therefore need to appoint a younger people to represent them, making the entire community feel uncomfortable about breaking the "elder" leader tradition.

Identifying a "non-traditional leader" and giving them a different name such as "Lay Health Ambassador" helped change the communities' mind frame of having someone who was not appointed as a decision maker. The new title helped to start credibility with the healthy messages that will translate into trust and acculturation through someone who belongs to their own culture.

Somali women have reached out to join our effort to help their own communities by becoming more involved and to have a voice in the betterment of their life conditions. Somali communities are a male dominant society and with the traditional role of women, this has been a big step for them in taking the lead and feeling comfortable reaching out our office.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Lay Health Ambassador model has been crucial to the success of outreach efforts by providing an educational component and identifying needs to those who may have potential solutions.

Activity 2:

Increasing Enrollment in EWM Program

Between 10/2010 and 09/2011, increase enrollment of African American women and Hispanic women in the Every Woman Matters (EWM) program and improve low screening rates for Douglas County, Sarpy County, and the areas surrounding Grand Island, North Platte, Lexington, and Scottsbluff. Sixteen focus groups will be held to identify why African American and Latina women are dropping out of the program and possible barriers to participation.

Activity Status

Completed

Activity Outcome

Eight educational and promotional events were used to increase enrollment into the Every Woman Matters program. Public health events across Nebraska were used to gain access to our target audience (ie: health fairs tied to different celebrations). Events had to meet specific criteria and participants had to qualify for the program as well as attend an educational session on breast and cervical health and cancer. Partners were located in Scottsbluff, North Platte, Lexington, Grand Island, Wallace and Imperial. Three health fairs played an instrumental role in enrolling women. During this reporting period, more than 500 women were given information and 325 were enrolled. Out of the 325 enrolled, over 75% have been eligible to date. It was a great turnout overall.

Reasons for Success or Barriers/Challenges to Success

Some barriers include:

- Reaching women who actually qualify for the program. Some women were too young to qualify but were nonetheless concerned for their health.
- Many scheduled events in the African American community had already been held before the program began.
- The deductible was too high for some to be screened.

Reasons for Success:

- The most enrollments came from events where participants were able to hear from survivors, both young and old.
- Many women in the rural Panhandle area of Nebraska did not know about the program.

Strategies to Achieve Success or Overcome Barriers/Challenges

- Focus on marketing, advertising, and awareness of the program, in addition to conducting the education.
- Allow for more planning time and use creative ideas for outreach.
- Use Lay Health Ambassadors (LHAs) to serve as liaisons, especially in Hispanic communities. This will make it easier for women to discuss or admit there may be a problem with their breast health.

State Program Title: ORAL HEALTH PROGRAM

State Program Strategy:

Program Goal: The PHHSBG-funded *Oral Health Program* is dedicated to providing oral health care and preventive services, reducing the unmet dental needs of children from low-income and minority households in Nebraska. The PHHSBG funded Oral Health Program leveraged HRSA funds and now coordinates services with the "Oral Health Access for Young Children Program".

Health Priorities:

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

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

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

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

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

State Health Objective(s):

Between 10/2010 and 09/2015, decrease by 5% the percentage of third graders in Nebraska who have untreated dental decay.

State Health Objective Status

In Progress

State Health Objective Outcome

During FY2011, PHHSBG funds were used to support oral health projects operated by local health departments in central Nebraska and helped the NDHHS Office of Oral Health and Dentistry to develop an Oral Health State Plan and perform quality assurance among subaward agencies.

PHHSBG funded projects undertaken during the year included:

- The South Heartland Public Health Department in Hastings has a service area of 4 counties. They continued to operate a dental health project that provided preventive and restorative care to children (under age 18) and planned for provision of preventive services to young children (age one to 8 years).
- The Two Rivers Public Health Department in Holdrege has a coverage are of 7 counties. They continued to operate a dental health project that provided preventive care to young children, focusing on applying fluoride varnish among children in Head Start, WIC clinics and daycare settings, with funding support switching to the HRSA grant as of January 2011. They operated a school-based tooth brushing program in two towns.

- State Plan Summit: The Office of Oral Health and Dentistry brought together stakeholder at a facilitated summit to frame and refine Nebraska's Oral Health State Plan to address the needs of Nebraska's underserved populations, including children from low-income families living in rural areas of the state where access to preventive and restorative oral health care is limited.
- Monitoring and Technical Assistance: The Office of Oral Health and Dentistry contracted with a dental hygienist to provide regular monitoring and technical assistance to the 15 local health departments and Federally Qualified Health Centers which are recipients of funding from their Health Resources and Services Administration (HRSA) Grant.

In collaboration with the Office of Oral Health and Dentistry and its HRSA-funded Oral Health Workforce Grant and with other oral health partners the education and communication objective was also carried out.

Reasons for Success or Barriers/Challenges to Success

- Staff of both local health departments has experience with operating public health projects.
- Director of Two Rivers Public Health is a Dental Hygienist by training and both local health agencies hired staff or contracted with qualified persons.
- Availability and willingness of oral health partners/stakeholders to help shape the future of oral health in Nebraska.

Strategies to Achieve Success or Overcome Barriers/Challenges

- Locate the project in the home county of the current Director of the Office of Oral Health and Dentistry, where the pilot project was developed.
- Select local health departments that have strong professional interest in providing dental services to children.
- Select a geographic area known to be a dental health shortage area, limited access to oral health services.
- Involve oral health stakeholders who are passionate about the topic of oral health in the development and marketing of the new State Oral Health Plan.
- Select a qualified and dedicated dental hygienist to perform technical assistance site visits.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

PHHSBG funds leveraged funds from the Health Resources and Services Administration (HRSA), by creating a pilot project serving young children. The three-year HRSA grant was awarded in 2009, amounting to about \$1.5 million to expand the pilot project to serve additional young children across the state.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 3 – Inform and Educate

Impact/Process Objective 1:

Expand Educational Efforts

Between 10/2010 and 09/2011, the NDHHS Office of Oral Health and Dentistry and Oral Health Stakeholders will distribute oral health education through selected media to **at least 100** public health agencies, oral health clinics and child advocacy providers.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, the NDHHS Office of Oral Health and Dentistry and Oral Health

Stakeholders distributed oral health education through selected media to **100** public health agencies, oral health clinics and child advocacy providers.

Reasons for Success or Barriers/Challenges to Success

- Ready availability of professionally produced printed materials from oral health organizations and federal agencies.
- Willingness of other states to share media they have produced.
- Collaborative spirit of Nebraska's oral health stakeholders.

Strategies to Achieve Success or Overcome Barriers/Challenges

- For most materials and media, utilize existing products from reliable sources rather than creating our own.

Activity 1:

Media Distribution

Between 10/2010 and 09/2011, Identify oral health media, developed by local, state or national oral health programs, duplicate and distribute in collaboration with oral health stakeholders across the state.

Activity Status

Completed

Activity Outcome

The Office of Oral Health and Dentistry (OOHD) adapted with permission of South Dakota "Gummy Germ" videos, which were posted to the OOHD webpage where they have received 550 hits/views.

The Office of Oral Health and Dentistry distributed printed material on request.

The Office of Oral Health and Dentistry began development of a social marketing campaign to deliver two messages:

- (1) Children should be seen by a dentist annually beginning at age one
- (2) Oral health can affect your overall health.

The Office of Oral Health and Dentistry distributed printed material on request amounting to more than 52 thousand pieces during FY2011. The types of requestors included Colleges, Daycares/Preschools, FQHCs, Head Start Centers, Health Departments, Healthcare Professionals, Hospitals, Hygienists, Non-Profits, Schools, and WIC Clinics. The types of materials included booklets, bookmarks, brochures, fact sheets, posters and stickers.

Reasons for Success or Barriers/Challenges to Success

- Availability of oral health media from other sources.
- Staff expertise in writing and knowledge of NDHHS processes.
- Availability of advice from Communication Unit on working with media/advertising contractors.

Strategies to Achieve Success or Overcome Barriers/Challenges

Work collaboratively with Communication Unit staff to develop core messages.

- Plan social marketing utilizing multiple channels different media to maximize effectiveness.

Activity 2:

Education of Primary Care Providers

Between 10/2010 and 09/2011, Collaborate with the HRSA funded "Oral Health Access for Young Children" to educate primary care providers and encourage application of fluoridated varnish in primary care settings.

Activity Status

Completed

Activity Outcome

During FY2011, staff of the Boystown Pediatrics in Omaha undertook a project addressing the lack of access to preventive oral health services in rural Nebraska. The project was called "Improving Access to Oral Health Prevention in Rural Nebraska: Constructing a Resource Toolkit for Primary Care Physicians" through the Great Plains Public Health Leadership Institute.

The toolkit contains an instructive DVD and was designed to increase the knowledge and comfort among primary care providers regarding fluoride varnish application. By the end of FY2011, nearly 400 fluoride varnish toolkits had been assembled, and 200 of them have been distributed to rural public health nurses to share with providers in their communities. The rest are slotted for providers in Omaha and Lincoln.

Reasons for Success or Barriers/Challenges to Success

Reasons for Success:

- The availability of oral health partners/stakeholders with the knowledge, skills and resources to develop the project.
- Support from an inter-disciplinary Dental and Medical Home Task Force, organized by NDHHS staff in the Lifespan Health Services Unit, Early Childhood Systems Project, Together for Kids and Families Initiative.

Challenge: The direct, day-long training originally envisioned for primary care physicians, carried out by the Director of the Office of Oral Health and Dentistry and a pediatric dentist did not prove to be feasible.

Strategies to Achieve Success or Overcome Barriers/Challenges

Seek and join with existing collaborative projects, which aim to achieve similar goals.

Essential Service 7 – Link people to services

Impact/Process Objective 1: **Preventive/Evaluative Care**

Between 10/2010 and 09/2011, NDHHS Office of Oral Health and Dentistry with contractors will provide evaluative clinics and preventive care for children, oral health education and materials for children and parents, and referral to restorative care to **1,000** children and youth.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, NDHHS Office of Oral Health and Dentistry with contractors provided evaluative clinics and preventive care for children, oral health education and materials for children and parents, and referral to restorative care to **1604** children and youth.

Reasons for Success or Barriers/Challenges to Success

- Local health department experienced in provision of oral health services to children.
- Availability of people interested in helping make the school-based tooth brushing program work.

Strategies to Achieve Success or Overcome Barriers/Challenges

- Focus on evidence based best practice and promising practice in designing prevention programs.
- Select local health departments with experienced project management staff, who know how to recruit and develop agreements with needed providers of oral health service.

Activity 1:

Evaluative Clinics and Preventive Services

Between 10/2010 and 09/2011, contract with at least two local/district health departments to provide preventive and evaluative services to at least 500 children and youth. Provide evaluative clinics including fluoride varnish and antimicrobial application, tooth brushing programs at grade schools, and education of parents and caregivers.

Activity Status

Completed

Activity Outcome

The Two Rivers Public Health Department completed their PHHSBG funded pilot project. The project continues under the HRSA workforce grant)

The Two Rivers Public Health Department also operated a school-based tooth brushing program, targeting at risk children in grades K-6 in Gibbon, Nebraska and 3 Kearney, Nebraska elementary schools (school names are Emerson, Kenwood and Central) . The project reported 257 children from Emerson in grades K-5 and 345 children from Gibbon in grades K-5 participated in the in-school brushing program, for a total of 602 children. In addition, 325 children from Kenwood in grades K-5 and 310 children from Central in grades K-5 participated. These children received tooth brushing supplies for home use and education only, for a total of 635 children.

South Heartland District Health Department provided preventive/evaluative clinics and restorative clinics to children in their coverage area. They provided care to 367 children, placing sealants on 681 teeth.

Reasons for Success or Barriers/Challenges to Success

Schools trust the quality of services offered by the local health department.

Parents rely upon the local health department to provide useful oral health services to their children.

Strategies to Achieve Success or Overcome Barriers/Challenges

Select local health departments with the capacity to carry out the project.

Impact/Process Objective 2:

Restorative Care

Between 10/2010 and 09/2011, DHHS Office of Oral Health and Dentistry with contractors will provide restorative dental care procedures to 100 children without a dental home or other sources of oral health care.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, DHHS Office of Oral Health and Dentistry with contractors provided restorative dental care procedures to 107 children without a dental home or other sources of oral health care.

Reasons for Success or Barriers/Challenges to Success

Objective was met despite of shift of focus of the South Heartland District Health Department's project, to comply with restrictions under Nebraska law, from providing routine and restorative care (effectively serving as the dental home for those children) to provision of preventive services for young children.

Strategies to Achieve Success or Overcome Barriers/Challenges

Utilize processes developed in the pilot project as a model for other counties.

Activity 1:

Restorative Clinics

Between 10/2010 and 09/2011, contract with at least two local/district health departments to organize and conduct restorative clinics to provide at least 200 specific procedures or referrals to restorative care.

Activity Status

Completed

Activity Outcome

South Heartland provided restorative care to 107 children.

Reasons for Success or Barriers/Challenges to Success

- Experienced local health departments to plan and organize the service.
- Availability of students from the community college dental hygiene program to help
- Dentists willing to volunteer to provide professional services.

Strategies to Achieve Success or Overcome Barriers/Challenges

- Work with existing, experienced agencies with strong working relationships to oral health stakeholders like the dental hygiene program and licensed dentists willing to volunteer their services.

State Program Title: PEOPLE, PLACES AND PARTNERS PROGRAM

State Program Strategy:

Program Goal: The PHHSBG-funded *People, Partners and Places Program* is dedicated to supporting and strengthening Nebraska's capacity to protect the health of everyone living in Nebraska primarily through organized governmental agencies, specifically the state health department and local/regional health departments (*The program name was chosen to clarify the fundamental parts of public health infrastructure*).

Health Priorities: NDHHS selected as priority activities: assuring availability of health data necessary to planning and evaluating health programs and increasing the effectiveness of health department staff:

- Maintaining information and data resources at the state level in order to respond to requests for information from the local level, enable public health entities to conduct community needs assessment and provide a basis for formulating health policies and appropriate intervention strategies.
- Facilitating strategic planning at the state and local level, instituting performance standards and maintaining a well-trained public health workforce, critical to the success of all of the activities carried out by the NDHHS.
- Capacity building at the local level to provide all three Core Functions of Public Health and carry out all Ten Essential Services of Public Health.

Primary Strategic Partnerships:

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

Evaluation Methodology:

- BRFSS: Survey documents and reports, disposition codes for every call, surveyor training records, call monitoring and call back records by supervisors, response rate calculation. The Nebraska BRFSS Unit strives to maintain a high Council of American Survey Research Organizations (CASRO) rates.
- Health Data: Report completion dates, data request response dates, data quality assurance procedures, and feedback from users of data.
- Community Health Development: Observation of operations of local public health departments, Reports from Local Public Health (LHD) Departments (including copies of their Health Improvement Plans, Performance Standards Assessment Results, Annual LHD Reports), Reports from Contractors, Observation of Presentations by LHD staff.
- PHHS Block Grant Coordinator: Written twice-yearly reports from all subaward projects, site visit reports, personal and telephone contact.

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

State Health Objective(s):

Between 10/2010 and 09/2015, **maintain Nebraska's health surveillance system at the state and local level and develop processes for collection and analysis of needed health data on all**

populations for use in development of health status indicators. Information will be provided to at least ten types of end users (decision makers, health planners, health program staff, medical and health professionals, community coalitions, and the public).

State Health Objective Status

In Progress

State Health Objective Outcome

NDHHS has maintained state and local health information data with yearly updates. This information is shared regularly with NDHHS public health epidemiologists, Local Health Departments and principal investigators of grants received by NDHHS.

Reasons for Success or Barriers/Challenges to Success

NDHHS has developed a mutually beneficial relationship with the Nebraska State Data Center at the University of Nebraska-Omaha. The mission of the Nebraska State Data Center is to provide census summary information, therefore 2010 Census population counts were provided by the Nebraska State Data Center. NDHHS and the Nebraska State Data Center have a long-standing positive staff relationship which allows for ease in communication. Also, the two organizations share information with each other. NDHHS provides the Nebraska State Data Center with Nebraska birth and death summary information used for population estimates and projections.

Strategies to Achieve Success or Overcome Barriers/Challenges

The NDHHS has maintained relationships with important partners in information sharing and analysis. These partners provide information that is input into the Community Health Assessment (CHA) data system. Partners include:

>> Nebraska Commission of Law Enforcement: All adult and juvenile arrests

>> Nebraska Hospital Association: Inpatient and e-code/injury data

>> Nebraska Cancer Registry: Annual data

Leveraged Block Grant Dollars

No

Description of How Block Grant Dollars Were Leveraged

Positions that provide reports (Vital Statistics, BRFSS and Cancer Registry) are partially funded by block grant funds.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 1 – Monitor health status

Impact/Process Objective 1:

Data and Surveillance

Between 10/2010 and 09/2011, NDHHS staff will provide health data to **5,000** users of data.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, NDHHS staff provided health data to **6000** users of data.

Reasons for Success or Barriers/Challenges to Success

The availability of the CHA spreadsheet has contributed to reaching more users.

Strategies to Achieve Success or Overcome Barriers/Challenges

An up-to-date CHA spreadsheet requires timely reception of raw data and critical analysis of the information.

Activity 1:

Data Collection and Analysis

Between 10/2010 and 09/2011, Identify 492 health indicators, populate a multi-sheet spreadsheet with current data for these 492 indicators for use by local health departments, update and execute analysis programs, generate and disseminate reports electronically, write narrative highlights of data analysis, and consult with Information Systems & Technology (IS&T) programmers regarding a Behavioral Risk Factor Surveillance (BRFSS) Query-System.

Activity Status

Completed

Activity Outcome

The Statistical Analyst III ensured that the CHA spreadsheet was correctly populated for each indicator. The Lead Program Analyst wrote narrative highlights of BRFSS prevalence data for local health departments and state end users.

Reasons for Success or Barriers/Challenges to Success

The computer program, SAS, was used to populate the CHA spreadsheet. Mutually supportive and experienced staff were able to work on this task, allowing completion in a timely manner.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Statistical Analyst III received assistance in the SAS language that was crucial to correctly populate the CHA spreadsheet. NDHHS decided to focus on writing BRFSS reports for local health departments and allowed the Lead Program Analyst the time needed to complete this task.

Activity 2:

Final Progress Report for Healthy People 2010

Between 10/2010 and 09/2011, Analyze current data for Nebraska Healthy People 2010 objectives and determine progress toward target rates from baseline rates for each objective. Prepare final report, including tables, charts and narrative.

Activity Status

Not Completed

Activity Outcome

The Lead Program Analyst's workload was re-prioritized and the decision was made not to have the Healthy People 2010 Final Report completed as originally planned. Discussion is ongoing regarding the structure of the Nebraska Healthy People 2020 initiative. People outside NDHHS (stakeholders and users of HP2020) are involved in planning this initiative.

Reasons for Success or Barriers/Challenges to Success

Redirection of the Lead Program Analyst's workload resulted in partial completion of this project. We anticipate completion of an abbreviated Final Healthy People 2010 Report during the next fiscal year.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Lead Program Analyst's attention to this project will continue. A status summary of Nebraska Healthy People 2010 objectives will be completed.

Impact/Process Objective 2:

Increase usage of BRFSS minority survey data

Between 10/2010 and 09/2011, Contractor Abt Associates (Mike Battaglia) will develop 1 new procedure and guideline on how to re-weight BRFSS minority oversample responses and merge state sample with minority sample together.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, Contractor Abt Associates (Mike Battaglia) developed 1 new procedure and guideline on how to re-weight BRFSS minority oversample responses and merge state sample with minority sample together.

Reasons for Success or Barriers/Challenges to Success

Contractor Abt Associates (Mike Battaglia) developed 1 new procedure and guideline on how to re-weight BRFSS minority oversample responses and merge state sample with minority sample together. The new method was applied to the 2007 BRFSS data (minority oversampling and state regular sampling). The result of the re-weighting met the state needs.

Strategies to Achieve Success or Overcome Barriers/Challenges

1. Identified experts on the BRFSS survey weighting methodology. The state BRFSS program contacted two candidates from which Mike Battaglia from Abt Associates was selected.
2. Applied the new method to the 2007 BRFSS data and verified its effectiveness.

Activity 1:**Explore options**

Between 10/2010 and 09/2011, explore the options available to allow for the greatest use and representativeness of the Minority Oversample data from 2001 through 2010.

Activity Status

Completed

Activity Outcome

Mike Battaglia from Abt Association and staff from the University of Nebraska-Lincoln, Survey Research and Methodology Program, were contacted as potential contractors. Mike Battaglia was selected to develop a new method to re-weight the state minority BRFSS oversampling data with the state BRFSS regular data.

Reasons for Success or Barriers/Challenges to Success

The state BRFSS data user group had several meetings and conference calls with two candidates and discussed the weighting issue as it pertained to Nebraska BRFSS. Based on his expertise and knowledge of BRFSS surveys, Mike Battaglia was selected to develop the method and guideline for re-weighting the data.

Strategies to Achieve Success or Overcome Barriers/Challenges

1. Ask recommendations from the state BRFSS user group.
2. Discuss the weighting issue with potential candidates and select the best option.

Activity 2:**Identify re-weighting procedures**

Between 10/2010 and 09/2011, Identify some promising techniques that could greatly enhance the use of BRFSS minority oversampling and state survey data.

Activity Status

Completed

Activity Outcome

Various weighting trimming methods were used to combine minority oversampling and state regular BRFSS data. These methods were applied to the 2007 BRFSS data (minority oversampling and state regular sampling) and the result of the re-weighting met the state needs.

Reasons for Success or Barriers/Challenges to Success

The new approach divided the state regular samples and minority oversampling samples into 23 mutually exclusive and exhaustive poststrata. The base sampling weights were calculated for the 23 poststrata. The design weight involved sampling adjustments to the base sampling weights. Various weighting trimming methods were used to reduce the variability in the data.

Strategies to Achieve Success or Overcome Barriers/Challenges

1. Combined the two separate samples (regular and minority oversampling) together and divided them into 23 mutually exclusive and exhaustive poststrata.
2. Used various weighting trimming methods to reduce the variability in the final weights.

Activity 3:

Develop guideline for re-weighting method

Between 10/2010 and 09/2011, develop a guideline on how to use the new re-weighting method

Activity Status

Completed

Activity Outcome

A technical report was developed by Contractor Abt Associates (Mike Battaglia) to re-weight BRFSS minority oversample responses and merge state sample with minority oversample together.

Reasons for Success or Barriers/Challenges to Success

The technical report provides step-by-step guideline on how to weight the combined minority oversampling and regular BRFSS data from formation of poststrata, base sampling weights, design weights and poststratification to population control totals. It also includes some recommendations for the 2010 Nebraska BRFSS data in consideration of the addition of cell phone surveys.

Strategies to Achieve Success or Overcome Barriers/Challenges

1. Weighted the 2007 BRFSS data as an example in the technical report.
2. Included recommendations for how to weight the 2010 Nebraska BRFSS data in consideration of the addition of cell phone surveys.

Impact/Process Objective 3:

Conduct BRFSS survey and data reports

Between 10/2010 and 09/2011, Contractor UNMC will collect **20,000** completed telephone and mail BRFSS interviews and produce reports for state agency and local health departments.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, Contractor UNMC collected **26,280** completed telephone and mail BRFSS interviews and produce reports for state agency and local health departments.

Reasons for Success or Barriers/Challenges to Success

Between 10/1/2010 and 09/30/2011, Contractor UNMC collected 20,618 landline telephone completes, 5,044 cell phone completes and 618 mail completes. An online and interactive BRFSS query system was developed to produce reports for state agency and local health departments.

Strategies to Achieve Success or Overcome Barriers/Challenges

A collaborative effort of CDC, state public health programs and Nebraska local health departments was utilized. Additionally, UNMC has had experienced and qualified staff to conduct the BRFSS. The UNMC interview complete rates have been among the top three in US for the last few years.

Activity 1:**Conduct BRFSS survey**

Between 10/2010 and 09/2011, contract with UNMC to compile 20,000 completed BRFSS interviews on 3 questionnaires.

Activity Status

Completed

Activity Outcome

Between 10/1/2010 to 9/30/2011, UNMC compiled 26,280 completed BRFSS interviews on 3 questionnaires.

Reasons for Success or Barriers/Challenges to Success

Between 10/1/2010 and 09/30/2011, contractor UNMC collected 20,618 landline telephone completes, 5,044 cell phone completes and 618 mail completes. An online and interactive BRFSS query system was developed to produce reports for state agencies and local health departments.

Strategies to Achieve Success or Overcome Barriers/Challenges

Due to the size of the Nebraska BRFSS, there is always a big challenge in terms of having enough funding to support it. CDC, state public health programs and Nebraska local health departments all contributed funds for this large BRFSS survey.

Activity 2:**Provide technical assistance for BRFSS data users**

Between 10/2010 and 09/2011, contract with UNMC to provide technical assistance to state agency and local health departments.

Activity Status

Completed

Activity Outcome

Between 10/1/2010 to 9/30/2011, UNMC participated in over 15 meetings or conference calls to provide technical assistance to state agency and local health departments such as the 2012 BRFSS questionnaire design and minority oversampling weighting.

Reasons for Success or Barriers/Challenges to Success

1. The 2012 BRFSS questionnaire and survey design were completed at a lower cost.
2. The weighting method of minority oversampling was successfully developed to combine regular and minority oversampling data together.

Strategies to Achieve Success or Overcome Barriers/Challenges

1. UNMC was closely involved with state BRFSS program on the 2012 BRFSS survey design and technical support.
2. The expertise of Abt Associates on the BRFSS weighting methodology was very helpful in establishing a guideline for weighting the BRFSS regular and minority oversampling data.

Activity 3:**Determine BRFSS user needs**

Between 10/2010 and 09/2011, determine BRFSS user needs for assistance in conducting point-in-time surveys, question development and special analysis

Activity Status

Completed

Activity Outcome

Between 10/1/2010 to 9/30/2011 Nebraska BRFSS program had 14 meetings to determine BRFSS user needs for assistance in conducting point-in-time surveys, question development and special analyses. The 2012 BRFSS design was determined by September 2011. The design combined needs of CDC, state programs and local health department at a reasonable cost. The minority oversampling weighting method was developed by the Abt Associates.

Reasons for Success or Barriers/Challenges to Success

Collaborative efforts from State BRFSS program, others state public health programs and local health departments made this activity successful.

Strategies to Achieve Success or Overcome Barriers/Challenges

1. Held regular meetings with BRFSS users (i.e. state programs and local health departments) and engaged them in the survey development process from the start and constantly assessed their needs in terms of data analysis.

Activity 4:

Provide BRFSS reports

Between 10/2010 and 09/2011, provide BRFSS reports and fact sheets for state agency and local health departments.

Activity Status

Completed

Activity Outcome

A comprehensive state BRFSS report (2007-2008) was published in October 2010, and the 2009-2010 report is under development. The comprehensive report not only presented results of interviews conducted in 2007 and 2008 at the state level, but it also included results for each local health department. The report addressed major health risk factors, such as smoking and physical inactivity, preventive health behaviors and cancer screening.

Between 10/1/2010 to 9/30/2011, five fact sheets and 20 indicator reports based on the 2009 and 2010 BRFSS data were published for state agency and local health departments.

An online BRFSS query system was developed in 2011 and was released to the public in September 2011. The system allows users to create dynamic reports based on the 2007-2010 BRFSS data.

Reasons for Success or Barriers/Challenges to Success

Support from other CDC grants, such as the CPPW grant and the public health infrastructure grant, allowed additional personnel to produce fact sheets and reports, and to develop the online query system.

Strategies to Achieve Success or Overcome Barriers/Challenges

By collaborating with and engaging other CDC grantees (i.e. from the CPPW and the public health infrastructure grant), the state BRFSS program was able to leverage resources in terms of additional personnel to produce fact sheets, reports, and develop the online query system.

National Health Objective: 23-11 Performance standards

State Health Objective(s):

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

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

State Health Objective Status

In Progress

State Health Objective Outcome

We continue to help increase the capacity of Nebraska's governmental public health agencies to carry out the Core Functions and Essential Services of Public Health by working with the local health departments to complete the Mobilizing for Action through Planning and Partnerships process (MAPP), Healthy Communities Grants, and training opportunities. We worked with 6 local health departments to complete the MAPP process including the Local Public Health System Assessment which includes a review of their ability to meet the 10 Essential Services. Local public health departments complete an action plan to address gaps. The block grant helps support grants to local health departments to implement interventions to make their communities healthier. We provide technical assistance and training to increase their capacity to do health promotion. This relates to several Essential Services.

Reasons for Success or Barriers/Challenges to Success

Local health departments are implementing the 2nd or 3rd round of MAPP which indicates support for regular community assessment. The funding provided through the block grant has made this support and buy-in possible. The local health departments are also implementing evidence-based strategies that result in policy, systems, and environmental changes with the help of local coalitions. These strategies have led to significant community changes.

Strategies to Achieve Success or Overcome Barriers/Challenges

We have created a system of providing technical assistance and support to local health departments that is successful. We have established good relationships and communication that have created trust between the local and state health departments.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

The local health departments contribute some of their own funds to complete both the MAPP and Healthy Communities grant activities.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 5 – Develop policies and plans

Impact/Process Objective 1:

Support for Local/District Health Departments

Between 10/2010 and 09/2011, NDHHS staff, contractors, and local health department staff members will provide technical assistance and training opportunities to **18** local/district health departments and their key partners.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, NDHHS staff, contractors, and local health department staff members provided technical assistance and training opportunities to **18** local/district health departments and their key partners.

Reasons for Success or Barriers/Challenges to Success

Many DHHS staff members provided intensive technical assistance and training to the 18 local health departments. We provided technical assistance on the MAPP process helping 6 departments complete their local health assessments. We provided technical assistance for Healthy Communities grants helping 17 departments work toward policy, systems, and environmental changes in their communities. We provided a number of trainings to increase skill level including the topics of: Worksite Wellness, Policy Change, and Quality Improvement.

Strategies to Achieve Success or Overcome Barriers/Challenges

Good collaboration across NDHHS programs has led to this level of technical assistance.

Activity 1:

Technical Assistance

Between 10/2010 and 09/2011, NDHHS staff assess the technical assistance needs of local/district health departments. Staff members gather models and standards including evidence-based program information to share with local/district health departments. NDHHS staff also plan and arrange technical assistance and training opportunities. Technical assistance is provided in the form of monitoring progress reports, one-on-one mentoring, conducting site visits, coordinating group update and sharing conference calls.

Activity Status

Completed

Activity Outcome

Staff provided technical assistance on the MAPP and Healthy Communities grant activities by monitoring progress reports (2 per year per department), completing one site visit with each grantee, providing written feedback, and coordinating group update and sharing conference calls (22 calls completed).

Reasons for Success or Barriers/Challenges to Success

The strong collaboration among DHHS staff has led to the success of this activity.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Office of Community Health and Performance Management coordinated technical assistance activities. Having one program coordinate efforts made it easier to be successful.

Activity 2:

Financial Assistance

Between 10/2010 and 09/2011, NDHHS provides funds to local/district health departments to conduct a comprehensive community assessment and health prioritization process (Mobilizing for Action through Planning and Partnerships [MAPP]). Based on local health priorities, NDHHS provides additional funds for local health departments to implement evidence-based programming. PHHSBG are used to leverage funds from state and other federally funded programs, pooled to provide financial assistance of this type to local/district health departments.

Activity Status

Completed

Activity Outcome

We provided grants to 6 local health departments to complete the MAPP process (\$15,000 per department). We also completed grants to 17 local health departments at the beginning of the grant period to implement evidence-based programming (various amounts; Healthy Communities grants). We provided new Healthy Communities grants to 13 local health departments toward the end of the grant period.

Reasons for Success or Barriers/Challenges to Success

By completing the MAPP process, the health departments identified local public health priorities. Through the Healthy Communities grants, local health department are making policy, systems, and environmental changes.

Strategies to Achieve Success or Overcome Barriers/Challenges

Over time, we have developed strong working relationships with local health departments which has led to their commitment to this type of work.

Impact/Process Objective 2:

State Level Oversight

Between 10/2010 and 09/2011, PHHS Block Grant Coordinator will evaluate **16** projects or programs funded with PHHS Block Grant dollars, monitoring progress in achieving State Health Objectives, Impact Objectives and Activities as described in Nebraska's application to CDC.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, PHHS Block Grant Coordinator evaluated **18** projects or programs funded with PHHSBG dollars, monitoring progress in achieving State Health Objectives, Impact Objectives and Activities as described in Nebraska's application to CDC.

Reasons for Success or Barriers/Challenges to Success

The Block Grant Coordinator was able to help evaluate 18 grants to local health departments funded with PHHSBG dollars. These included the Healthy Communities Grants to local health departments. The Coordinator monitored the progress of all projects or programs funded with Block Grant dollars.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Block Grant Coordinator maintains positive relationships and good communication with project/program coordinators. This makes it very easy to evaluate progress.

Activity 1:

Monitor and Support

Between 10/2010 and 09/2011, The PHHS Block Grant Coordinator monitors subaward performance, reviews written reports, holds one-on-one meetings and telephone contacts, participates in group telephone consultation, meets with program staff members on location, conducts technical assistance and training, and attends funded activities to observe progress.

Activity Status

Completed

Activity Outcome

The Block Grant Coordinator monitored the performance of all PHHS Block Grant subawards during the reporting period. The Coordinator did this by reviewing reports written by program coordinators, conducting technical assistance, and attending funded activities to observe progress. The Coordinator attended site visits with local health departments that received Block Grant funding, in addition to worksite wellness programs completed by other subawardees.

Reasons for Success or Barriers/Challenges to Success

The Block Grant Coordinator has set up a coordinated system that allows her to keep track of progress. This system and strong working relationships help make this effort successful.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Block Grant Coordinator communicates with subawardees frequently and thoroughly.

Essential Service 8 – Assure competent workforce

Impact/Process Objective 1:**Training and Educational Resources**

Between 10/2010 and 09/2011, NDHHS staff and contractors will provide training on relevant topics, based on perceived need, to 18 local/district health departments.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, NDHHS staff and contractors provided training on relevant topics, based on perceived need, to 20 local/district health departments.

Reasons for Success or Barriers/Challenges to Success

NDHHS staff was able to provide a number of training and educational resources for 20 local health departments. We provided training on worksite wellness, policy change, and quality improvement. In addition, we provided sharing opportunities where local health departments could learn about best practices from each other.

Strategies to Achieve Success or Overcome Barriers/Challenges

NDHHS staff worked together at the beginning of the funding period to establish a schedule for trainings. This allowed us to focus on important topics and a specific timeline.

Activity 1:**Training Sessions**

Between 10/2010 and 09/2011, NDHHS staff members coordinate training opportunities by identifying resources (e.g., presenters, materials), arranging locations and presenters, marketing the training sessions, and arranging the registration and evaluation processes.

Activity Status

Completed

Activity Outcome

NDHHS staff members coordinated training sessions for local health departments and their stakeholders. We provided opportunities to learn about worksite wellness, policy change, and quality improvement. We also provided an opportunity to learn about best practices from other health departments. NDHHS staff members coordinated the sessions, arranged locations and presenters, marketed the sessions, and evaluated the sessions.

Reasons for Success or Barriers/Challenges to Success

We provided four training opportunities for local health departments that were well attended. We had representatives from 20 local health departments at the trainings.

Strategies to Achieve Success or Overcome Barriers/Challenges

Asking the local health department staff members what trainings they needed and were interested in helped make this effort successful. NDHHS staff also pooled resources to plan the trainings.

Activity 2:**Mentoring**

Between 10/2010 and 09/2011, NDHHS staff provide one-on-one mentoring to local/district health department staff members to increase their capacity to write grants, develop and implement health promotion programs, improve programming, and evaluate interventions and activities.

Activity Status

Completed

Activity Outcome

NDHHS staff worked across many programs to provide one-on-one mentoring to local health department staff members. We worked closely with staff as they prepared grants, helping them formulate ideas and complete the process accurately. We also helped them identify health promotion programs that are evidence-based. Finally, staff helped local health departments evaluate their program activities to determine their successes and weaknesses.

Reasons for Success or Barriers/Challenges to Success

We worked with 18 local health departments throughout the funding period to provide mentoring to staff members.

Strategies to Achieve Success or Overcome Barriers/Challenges

NDHHS staff has worked to establish strong relationships with local health department staff. These existing relationships allow us to provide better technical assistance and mentoring to staff.

State Program Title: UNINTENTIONAL AND INTENTIONAL INJURY PROGRAM

State Program Strategy:

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

Health Priorities:

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

Primary Strategic Partnerships:

Unintentional Injury:

External: Safe Kids Coalitions and Chapters, Child Passenger Safety Technicians and Instructors, Local Public Health Departments, Nebraska Office of Highway Safety, Nebraska Safety Council, local hospitals, Nebraska State Patrol, Brain Injury Association of Nebraska, parents and the general public;
Internal: NDHHS epidemiology, Nutrition and Physical Activity for Health, Unit on Aging, EMS/Trauma, Lifespan Health.

Intentional Injury:

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

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

Evaluation Methodology:

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

Intentional Injury:

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

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

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

National Health Objective: 15-12 Emergency department visits

State Health Objective(s):

Between 10/2010 and 09/2015, - For children aged 1 to 14, reduce the number of all terrain vehicle injuries requiring emergency room visits and hospitalization to less than 68 per 100,000.

- For children aged 1 to 14, reduce the number of traumatic brain injuries needing emergency room visits to less than 539 per 100,000 Nebraska children.
- For children aged 1 to 14, reduce the number of traumatic brain injuries needing hospitalizations to less than 28 per 100,000 Nebraska children.

State Health Objective Status

In Progress

State Health Objective Outcome

During FY 2011, Safe Kids Nebraska was able to award funding to 11 different local Safe Kids Chapters. Injury prevention programming was conducted in the following areas: bicycle safety, water safety, sports safety, home safety, child passenger safety and pedestrian safety. These areas were supported for funding because injuries in these areas can lead to traumatic brain injuries.

- Child safety seats were provided for 10 community check-up events, where more than 200 child safety seats were checked.
- 30 coaches participated in Youth Sports Injury Prevention Workshops.
- Bicycle Safety Rodeos were held and more than 500 helmets were fitted.
- "Kids Don't Float and They Don't Drive the Boat" signs were created to be placed at 30 sites.
- Home safety activities included home safety education, checklists, "Cribs for Kids" which included distribution of more than 40 pack 'n plays, and distribution of other home safety devices.
- Child pedestrian safety and walk to school activities involved more than 300 children.
- School bus transportation safety education was provided to more than 60 school bus drives.

NDHHS Injury Prevention Program contracted with Husker Sports Network to conduct a statewide media awareness/education campaign about concussions and traumatic brain injuries. Husker Sports Network has a state wide reach. The organization is developing a broader coalition to address the topic of concussions and traumatic brain injuries and has received a three year financial commitment from BryanLGH Medical Center. The name of the campaign is "Heads Up Nebraska. More information can be found at <http://www.bryanlgh.com/headsupnebraska>. NDHHS Injury Prevention Program developed a website with concussion education and resources that fulfill the requirements associated with LB 260.

Reasons for Success or Barriers/Challenges to Success

Reasons for Success:

1. Two new safe Kids Chapters were established in the State.
2. The Safe Kids Nebraska coordinator communicates with local Safe Kids chapters on a weekly basis.
3. NDHHS Injury Prevention Program developed a website with concussion education and resources that fulfill the requirements associated with LB 260.

Barriers and challenges identified:

1. The ATV safety education is fragmented across the state.
2. Some local Safe Kids Chapters conduct ATV safety education but none were able to build on their current efforts because of limited financial and time resources.
3. Other local Safe Kids Chapters were contacted and some expressed interest in conducting ATV safety education programming but with limited time and financial resources no additional education was completed.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies to Achieve Success or Overcome Barriers/Challenges

1. The State Safe Kids Coordinator contacted other Safe Kids Coalitions in Iowa that conduct ATV safety education for guidance.
2. Organizations in the state were contacted to request partnering resources to expand ATV education across the state.
3. NDHHS Injury Prevention Program developed a website with concussion education and resources that fulfill the requirements associated with LB 260.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

Nebraska DHHS Injury Prevention Program contracted with Husker Sports Network to conduct a statewide media awareness/education campaign about concussions and traumatic brain injuries. Husker Sports Network has a state wide reach. The organization is developing a broader coalition to address the topic of concussions and traumatic brain injuries and has received a three year financial commitment from BryanLGH Medical Center. The name of the campaign is "Heads Up Nebraska. More information can be found at <http://www.bryanlgh.com/headsupnebraska>

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 4 – Mobilize Partnerships

Impact/Process Objective 1:

ATV Training

Between 10/2010 and 09/2011, NDHHS Injury Prevention Program and partners will identify 2 organizations in the state to partner with to establish ATV safety trainings.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, NDHHS Prevention Program and partners identified 0 organizations in the state to partner with to establish ATV safety trainings.

Reasons for Success or Barriers/Challenges to Success

1. ATV safety education is fragmented across the state.
2. Some local Safe Kids Chapters conduct ATV safety education but none were able to build on their current efforts because of limited financial and time resources.
3. Other local Safe Kids Chapters were contacted and some expressed interest in conducting ATV safety education programming but with limited time and financial resources no additional education was completed.

Strategies to Achieve Success or Overcome Barriers/Challenges

1. The State Safe Kids Coordinator contacted other Safe Kids Coalitions in Iowa that conduct ATV safety education for guidance.
2. Organizations in the state were contacted to request partnering resources to expand ATV education across the state.

Activity 1:

Build relationships

Between 10/2010 and 09/2011, contact state agricultural and safety organizations to investigate current ATV safety programming being conducted in the state.

Activity Status

Completed

Activity Outcome

The NDHHS Injury Prevention Program Safe Kids Coordinator contacted the University of Nebraska extension, University of Nebraska-Kearney Safety Center and the Nebraska Safety Council about current ATV trainings they offer. Some local Safe Kids Chapters also provide ATV safety training during local Safe Kids days and community health fairs.

Reasons for Success or Barriers/Challenges to Success

Reasons for Success

1. Local Safe Kids Chapters are very well connected and respected in their local communities.

Barriers and challenges identified:

1. The ATV safety education is fragmented across the state.
2. Some local safe Kids Chapters conduct ATV safety education but none were able to build on their current efforts because of limited financial and/or time resources.
3. Other local Safe Kids Chapters were contacted and some expressed interest in conducting ATV safety education programming but with limited time and/or financial resources no additional education was completed.

Strategies to Achieve Success or Overcome Barriers/Challenges

1. The State Safe Kids Coordinator contacted other Safe Kids Coalitions in Iowa that conduct ATV safety education for guidance.
2. Organizations in the state were contacted to request partnering resources to expand ATV education across the state.

Impact/Process Objective 2:

ATV Safety Programming

Between 10/2010 and 09/2011, NDHHS Injury Prevention Program and partners will provide funding to conduct ATV safety trainings to 4 Safe Kids Chapters.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, NDHHS Injury Prevention Program and partners provided funding to conduct ATV safety trainings to 0 Safe Kids Chapters.

Reasons for Success or Barriers/Challenges to Success

1. ATV safety education is fragmented across the state.
2. Some local safe Kids Chapters conduct ATV safety education but none were able to build on their current efforts because of limited financial and time resources.
3. Other local Safe Kids Chapters were contacted and some expressed interest in conducting ATV safety education programming but with limited time and financial resources no additional education was completed.

Strategies to Achieve Success or Overcome Barriers/Challenges

1. The State Safe Kids Coordinator contacted other Safe Kids Coalitions in Iowa that conduct ATV safety education for guidance.
2. Organizations in the state were contacted to request partnering resources to expand ATV education across the state.

Activity 1:

Technical Assistance

Between 10/2010 and 09/2011, provide technical assistance to the Safe Kids Chapters awarded grants to conduct ATV safety trainings.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

1. No grants were awarded to Safe Kids Chapters so this objective was not started.

Strategies to Achieve Success or Overcome Barriers/Challenges

1. The State Safe Kids Coordinator contacted other Safe Kids Coalitions in Iowa that conduct ATV safety education for guidance.
2. Organizations in the state were contacted to request partnering resources to expand ATV education across the state.

Impact/Process Objective 3:

Concussion/TBI awareness and prevention

Between 10/2010 and 09/2011, NDHHS Injury Prevention Program, Brain Injury Association of Nebraska will implement 1 concussion awareness and prevention training.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, NDHHS Injury Prevention Program, Brain Injury Association of Nebraska implemented 2 concussion awareness and prevention training.

Reasons for Success or Barriers/Challenges to Success

1. NDHHS Injury Prevention Program has an excellent partnership with the Brain Injury Association of Nebraska.
2. LB 260, the Concussion Awareness Act, was passed by Nebraska State Legislature in 2011. The bill takes effect July 2012.
3. NDHHS Injury Prevention Program contracted with the Brain Injury Association of Nebraska to conduct a media awareness/education campaign about concussions and traumatic brain injuries.
4. NDHHS Injury Prevention Program contracted with Husker Sports Network to conduct a statewide media awareness/education campaign about concussions and traumatic brain injuries.
5. Husker Sports Network is in the early stages of developing a broader coalition to address the topic of concussions.

Barriers or Challenges to Success

1. Many residents and volunteer coaches are not knowledgeable about the dangers of concussions and do not see the importance of attending a workshop.
2. The coaches who are targeted to attend the workshops are often volunteers with limited time to attend such trainings.

Strategies to Achieve Success or Overcome Barriers/Challenges

1. NDHHS Injury Prevention Program partnered with the Brain Injury Association of Nebraska and utilized the political/public attention associated with the passage of LB260 to recognize the need for a concussion workshop.
2. Safe Kids Lincoln Lancaster County was able to secure a grant from Safe Kids USA to conduct 2 sports injury prevention workshops.
3. Husker Sports Network is in the early stages of developing a broader coalition to address the topic of concussions.
4. NDHHS Injury Prevention Program developed a website with concussion education and resources that fulfill the requirements associated with LB 260.

Activity 1:

Concussion Awareness and Prevention Training

Between 10/2010 and 09/2011, partner with the Brain Injury Association of Nebraska to implement a concussion awareness and prevention training. Other partners will include local/district health departments and Safe Kids chapters.

Activity Status

Completed

Activity Outcome

LB 260, the Concussion Awareness Act, was passed by the Nebraska Legislature in April 2011. NDHHS Injury Prevention Program contracted with the Brain Injury Association of Nebraska to conduct a media awareness campaign about LB 260 and traumatic brain injuries. NDHHS Injury Prevention Program contracted with Husker Sports Network to develop and implement a media campaign about LB260 and concussion awareness. The campaign is titled "Heads Up Nebraska" and more information can be found at <http://www.bryanlgh.com/headsupnebraska>

NDHHS Injury Prevention Program developed a website with approved concussion training and resources that fulfill the requirements associated with LB 260.

Reasons for Success or Barriers/Challenges to Success

1. NDHHS Injury Prevention Program has an excellent partnership with the Brain Injury Association of Nebraska.
2. LB 260, the Concussion Awareness Act, was passed by Nebraska State Legislature in 2011. The bill takes effect July 2012.
3. NDHHS Injury Prevention Program contracted with the Brain Injury Association of Nebraska to conduct a media awareness/education campaign about concussions and traumatic brain injuries.
4. Husker Sports has statewide media reach.
5. NDHHS Injury Prevention Program developed a website with approved concussion training and resources that fulfill the requirements associated with LB 260.

Strategies to Achieve Success or Overcome Barriers/Challenges

1. NDHHS Injury Prevention Program partnered with the Brain Injury Association of Nebraska and utilized the political/public attention associated with the passage of LB260 to recognize the need for a concussion workshop.
2. Safe Kids Lincoln Lancaster County was able to secure a grant from Safe Kids USA to conduct 2 sports injury prevention workshops.
3. Husker Sports is developing a coalition of local and state entities to broaden the reach and incorporate social media. A local hospital has agreed to a 3 year commitment on the project.
4. NDHHS Injury Prevention Program developed a website with approved concussion training and resources that fulfill the requirements associated with LB 260.

National Health Objective: 15-20 Child restraints

State Health Objective(s):

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

State Health Objective Status

Not Met

State Health Objective Outcome

This State Health Objective has not yet been achieved as stated in the FY2011 Workplan.

- The observed child restraint use rate for 2008 was 96.8%.
- The observed child restraint use rate declined in 2009 to 95.1%.
- The observed child restraint use rate declined further in 2010 to 91.5%.
- The observed child restraint use rate increased in 2011 to 95.1%.

An annual observational survey of child safety seat use in Nebraska's rural and urban counties is conducted between August and September. Among the children observed in the 2011 study, 95.1% were riding in child safety seats/booster seats. This rate is higher than the 2010 rate (91.5%) and markedly higher than the rate observed when this series of surveys began in 1999 (56.2%).

Rural and urban comparisons:

Total observed child restraint use in rural counties increased from 90.5% in 2010 to 93.0% in 2011; urban counties increased from 92.4% in 2010 to 96% in 2011.

Of the children observed during the 2011 survey to be in safety seat/booster seats, 2.9% were in the front seat, and 97.1% were in the rear seat of the vehicles. Significantly more children in rural counties were in safety seat/booster seats in the front seat (5.1%) than in urban counties (1.9%). Children age 12 and under are safest in the back seat away from air bags.

Of the children not in safety belt/booster seats, 11.5% were observed in the front seats of the vehicles, and 88.5% in the rear seats. The proportion of children in rural counties riding in the front seat of vehicles not in safety seat/booster seats was 18.2%, and in urban counties 6.7% (*Source: Nebraska Office of Highway Safety*).

Successes achieved have resulted from:

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

Barriers/Challenges identified:

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

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

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

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

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

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

Kids: http://dhhs.ne.gov/publichealth/Pages/hpe_safekids.aspx

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

1. Shift in societal attitude; increase in acceptance of use of seatbelts and child passenger restraints.
2. Implementation of laws related to child passenger restraints.
3. Consistent focus on child passenger safety as a priority topic.
4. Longevity of service of the Injury Prevention Coordinator,
5. Safe Kids Coordinator is a child passenger safety technician.
6. Long-term interest in child passenger safety among advocates for childhood safety, parents and caregivers.
7. Two new Safe Kids Chapters were established in the state.

Barriers/Challenges identified:

1. Continuing resistance to the use of child restraints among Nebraska's rural population.

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

Strategies to Achieve Success or Overcome Barriers/Challenges

1. Explore potential to expand awareness efforts in rural areas of the state.
2. The Nebraska Safe Kids Coordinator has gained a year of experience as a Child Passenger safety technician.
3. No solution has been identified to the reduction in funding available from Safe Kids Worldwide.
4. Partner organizations promote and defend current child restraint use laws* and work to educate parents and caregivers about the benefits of consistent use.
5. Two new Safe Kids Chapters were established in the state.

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

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

Broader Nebraska Strategies:

Childhood injury is a leading priority of the NDHHS Injury Prevention and Control Program. "Nebraska Injury Prevention and Control Facts 2010: Issue One" declares: Many, if not most, injuries are preventable. Strategies to preventing injuries among children include: (1) parent and caregiver education; (2) proper use of technology, such as child safety seats, home safety devices, and sports equipment, and (3) legislation.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

Strategies specific to identified Barriers/Challenges:

- Nebraska Office of Highway Safety, part of the Nebraska Department of Motor Vehicles, contributes to child passenger safety efforts by offering \$5000 annual mini-grants to car seat inspection fitting stations. The money is used to purchase car seats.
- Many local Safe Kids chapters build on the financial support provided by Safe Kids Nebraska and leverage funds from local businesses to support their child passenger safety activities.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 3 – Inform and Educate

Impact/Process Objective 1:

Public Education and Support

Between 10/2010 and 09/2011, NDHHS Injury Prevention Program and Partners will provide information and technical assistance in response to requests for best practice programming and effective evaluation methods to 130 Child Passenger Safety Technicians, Local Public Health Departments and Safe Kids programs.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, NDHHS Injury Prevention Program and Partners provided information and technical assistance in response to requests for best practice programming and effective evaluation methods to 130 Child Passenger Safety Technicians, Local Public Health Departments and Safe Kids programs.

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

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

Barriers/Challenges identified:

1. CPS technicians do not always update their profiles on the national CPS Certification website which can make it difficult to disseminate important information to them.
2. Safe Kids Worldwide has seen significant reduction in funding from the private sector (General Motors) for child restraints programming called Safe Kids Buckle Up. This resulted in a reduction in hours and available funds to conduct programming among several Safe Kids Chapter coordinators in the state of Nebraska.

Strategies to Achieve Success or Overcome Barriers/Challenges

1. NDHHS Safe Kids Nebraska coordinator has extended extra effort in managing the state child passenger safety technician contact list.
2. Safe Kids Nebraska coordinator has explored other social media forms to communicate with the CPS technicians, instructors and other stakeholders involved in the child passenger safety program.
3. No solution has been identified to the reduction in funding available from Safe Kids Worldwide.

Activity 1:

Public Information

Between 10/2010 and 09/2011,

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

Activity Status

Completed

Activity Outcome

- PHHSBG funding was provide to purchase child safety seats for Car Seat Check Events* held during Child Passenger Safety Week.
- Child Safety Seat educational information was distributed to the community upon request.
- In key areas of need two new Safe Kids Chapters were established in the state.

** Car Seat Check-Up Events are held in public locations, such as shopping center parking lots usually for a period of 3 to 4 hours. Parents and caregivers bring their child's safety seat, motor vehicle, and child to the event. Trained personnel (Child Passenger Safety Technicians) perform an evaluation for all children in the vehicle who are under 13 years old. They check for:*

- Correct selection (the seat the correct size for the child),
- Harnessing (the child correctly secured in the seat),
- Installation (the seat correctly installed in the vehicle), and

- Recalls issued (for a manufacturing defect with the seat).

Reasons for Success or Barriers/Challenges to Success

Successes assumed to be influenced by:

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

Barriers/Challenges identified:

1. Safe Kids Worldwide has seen significant reduction in funding from the private sector (General Motors) for child restraints programming called Safe Kids Buckle Up. This resulted in a reduction in hours and available funds to conduct programming among several Safe Kids Chapter coordinators in the state of Nebraska.
2. CPS technicians do not always update their profiles on the national CPS Certification website which can make it difficult to disseminate important information to them.

Strategies to Achieve Success or Overcome Barriers/Challenges

1. No solution has been identified to the reduction in funding available from Safe Kids Worldwide.
2. NDHHS Safe Kids Nebraska coordinator has extended extra effort in managing the state child passenger safety technician contact list.
3. Safe Kids Nebraska coordinator has explored other social media forms to communicate with the CPS technicians, instructors and other stakeholders involved in the child passenger safety program.

Essential Service 4 – Mobilize Partnerships

Impact/Process Objective 1:

Child Passenger Safety Programs

Between 10/2010 and 09/2011, NDHHS Injury Program, partners and contractors will increase the rate of observed use of child restraints from 96% to 97%.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, Nebraska DHHS Injury Program, partners and contractors increased the rate of observed use of child restraints from 96% to 95.1%.

Reasons for Success or Barriers/Challenges to Success

This State Health Objective has not yet been achieved as stated in the FY2011 Workplan.

- The observed child restraint use rate for 2008 was 96.8%.
- The observed child restraint use rate declined in 2009 to 95.1%.
- The observed child restraint use rate declined further in 2010 to 91.5%.
- The observed child restraint use rate increased in 2011 to 95.1%.

An annual observational survey of child safety seat use in Nebraska's rural and urban counties is conducted between August and September. Among the children observed in the 2011 study, 95.1% were riding in child safety seats/booster seats. This rate is higher than the 2010 rate (91.5%) and markedly higher than the rate observed when this series of surveys began in 1999 (56.2%).

Successes assumed to be influenced by:

1. Maintaining long-standing partnership with the Nebraska Office of Highway Safety.
2. Two new Safe Kids Chapters were established in the state.

Barriers/Challenges identified:

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

Strategies to Achieve Success or Overcome Barriers/Challenges

No solution has been identified to overcome the reduction in funding available from Safe Kids Worldwide.

Activity 1:

Child Passenger Safety Training

Between 10/2010 and 09/2011,

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

Activity Status

Completed

Activity Outcome

In 2011, Nebraska Child Passenger Safety Advisory meetings were held and 5 training events were held in Scottsbluff, Kearney, Omaha (2), and Lincoln.

- A total of 72 new technicians were certified during FY2011.
- There are now 359 certified technicians in Nebraska.

Reasons for Success or Barriers/Challenges to Success

Successes assumed to be influenced by:

1. The long-established relationships between the state-level staff and the Safe Kids chapters and Child Passenger Safety Technicians.
2. Injury Prevention Coordinator is a certified Child Passenger Safety Instructor.
3. There are 18 CPS Instructors in the Nebraska.
4. Recertification rate for Nebraska is higher than the national average.

Barriers/Challenges identified:

1. Safe Kids Worldwide has seen significant reduction in funding from the private sector (General Motors) for child restraints programming called Safe Kids Buckle Up. This resulted in a reduction in hours and available funds to conduct programming among several Safe Kids Chapter coordinators in the state of Nebraska.
2. CPS Technicians do most of their work on a volunteer basis so it can be difficult to recruit residents of Nebraska to become CPS technicians.

Strategies to Achieve Success or Overcome Barriers/Challenges

1. Explore potential to expand awareness efforts in rural areas of the state.
2. No solution has been identified to the reduction in funding available from Safe Kids Worldwide.
3. Partner organizations promote and defend current child restraint use laws and work to educate parents and caregivers about the benefits of consistent use.
4. Safe Kids Nebraska coordinator has explored other social media forms to communicate with the CPS technicians, instructors and other stakeholders involved in the child passenger safety program.

Activity 2:

Technical Assistance

Between 10/2010 and 09/2011,

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

Activity Status

Completed

Activity Outcome

In 2011, more than 60 Child Passenger Safety events were held across the state. NDHHS sponsored events in the following communities: Ainsworth, Fairbury, Superior, Fremont, Sidney, Bayard, Gering, Genoa, Lincoln, O'Neill and provided technical assistance to these events when needed. More than 200 child safety seats were checked and approximately 100 Child Passenger Safety Seats were distributed through 10 mini-grants awarded by NDHHS.

Reasons for Success or Barriers/Challenges to Success

Successes assumed to be influenced by:

1. The long-established working relationships between the state-level staff and the Safe Kids Coalitions / Chapters and Child Passenger Safety Technicians,
2. The NDHHS Injury Prevention Coordinator is a Child Passenger Safety Instructor and the Safe Kids Coordinator is a Child Passenger Safety (CPS) Technician.
3. Recertification rate for CPS Technicians in Nebraska is higher than the national average.
4. Nebraska Safe Kids has a network of 14 local chapters that are well connected in their local communities.

These local relationships influence volunteerism that makes the child passenger safety program and car seat check up events successful.

Barriers/Challenges identified:

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

Strategies to Achieve Success or Overcome Barriers/Challenges

1. No solution has been identified to the reduction in funding available from Safe Kids Worldwide.
2. Two new Safe Kids Chapters were established in the state.

Essential Service 9 – Evaluate health programs

Impact/Process Objective 1:

Child Passenger Safety Program Evaluation

Between 10/2010 and 09/2011, NDHHS Injury Prevention Program and contractor will distribute results and recommendations based on a comprehensive evaluation of the child passenger safety program to **14** Safe Kids chapters and coalitions and child passenger safety instructors.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, NDHHS Injury Prevention Program and contractor distributed results and recommendations based on a comprehensive evaluation of the child passenger safety program to **14**

Safe Kids chapters and coalitions and child passenger safety instructors.

Reasons for Success or Barriers/Challenges to Success

The evaluation contractor completed the evaluation of the child passenger safety program in October of 2011. During the semi-annual statewide Safe Kids in person meeting all 14 local Safe Kids chapter coordinators received the results and recommendations. The child passenger safety instructors also received the evaluation results and recommendations during their annual in person meeting.

Strategies to Achieve Success or Overcome Barriers/Challenges

The new state Safe Kids Coordinator has built good professional working relationship with the coordinators and child passenger safety instructors.

Activity 1:

Child passenger safety evaluation

Between 10/2010 and 09/2011, contract with an outside evaluator to provide results and recommendations from a retrospective evaluation of the child passenger safety program.

Activity Status

Not Completed

Activity Outcome

By the end of FY2010, several documents were developed and disseminated to the stakeholders associated with the child passenger safety program. Documents included analysis of program strengths and weaknesses, opportunities of growth and an inventory of strategies to improve child passenger safety education and restraint use. During FY 2011, the evaluator intended to further investigate the implementation of the strategies to improve child passenger safety education and restraint use but this did not occur.

Reasons for Success or Barriers/Challenges to Success

Limited time resources did not allow the evaluator to work with the child passenger safety program stakeholders to improve their child passenger safety education strategies.

Strategies to Achieve Success or Overcome Barriers/Challenges

The State Safe Kids Coordinator assisted the child passenger safety stakeholders with interpretation of the evaluation results. The State Safe Kids Coordinator was also available to provide technical assistance with the improvement and implementation strategies to improve child passenger safety education programming.

National Health Objective: 15-27 Falls

State Health Objective(s):

Between 10/2010 and 09/2015, Reduce the age adjusted death and injury rates from falls to:

- Less than 7.7 deaths per 100,000 Nebraskans.
- Less than 226.5 hospitalizations per 100,000 Nebraskans.
- Less than 1,859 ED visits per 100,000 Nebraskans.

State Health Objective Status

In Progress

State Health Objective Outcome

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

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

- In Nebraska, falls remain the leading cause of all injury hospitalizations and outpatient treatment.
- Falls remain the second leading cause of unintentional injury deaths.

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

Impact and activity objectives for FY2011, developed to reduce falls, were all met.

For more information on the NDHHS Injury Prevention and Control Program's reports on falls:
http://dhhs.ne.gov/publichealth/Pages/hew_hpe_injury_index.aspx

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

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

Barriers/Challenges identified:

1. Lack of understanding among general population about the cost to society resulting from falls and low expectations for efficacy of interventions.

Strategies to Achieve Success or Overcome Barriers/Challenges

1. Explore potential to strengthen awareness efforts in across the state.

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

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

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

Leveraged Block Grant Dollars

No

Description of How Block Grant Dollars Were Leveraged

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

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 3 – Inform and Educate

Impact/Process Objective 1:

Older Adult Falls

Between 10/2010 and 09/2011, Injury Prevention Program, partners, and contractors will provide education on the scope of the older adult falls problem in Nebraska and evidence-based practices to address the problem to **50** public health and community partners.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, Injury Prevention Program, partners, and contractors provided education on the scope of the older adult falls problem in Nebraska and evidence-based practices to address the problem to 50 public health and community partners.

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

- The good working relationship with local advocates for older adult injury prevention.

Strategies to Achieve Success or Overcome Barriers/Challenges

1. The NDHHS Injury Surveillance staff prepared and distributed a report on older adult falls. Data from this report was presented as well as best practice strategies to address older adult falls.

Activity 1:**Older Adult Falls Coalition Meetings**

Between 10/2010 and 09/2011, provide education on the scope of the problem of older adult falls in Nebraska and evidence-based prevention strategies to public health partners and other community partners by presentations at Falls Coalition Meetings.

Activity Status

Completed

Activity Outcome

Activities planned for National Older Adult Falls Prevention Day, September 22, 2011, included media releases and prevention materials provided to local senior centers and other community groups.

The Injury Prevention Program has included a member of the Older Adult Falls Coalition on the Injury Community Planning Group. This will facilitate additional activities.

Reasons for Success or Barriers/Challenges to Success

Fall prevention materials were very well received by the local senior centers. These included bookmarks and placemats which were created with materials adapted from CDC materials. Materials were also distributed at community events.

Strategies to Achieve Success or Overcome Barriers/Challenges

The availability of a contractor facilitated development and distribution of the fall prevention materials. Several Falls Coalition members were very involved in planning and took the lead in providing materials at local/community events.

Activity 2:**Older Adult Falls Day**

Between 10/2010 and 09/2011, provide education on older adult falls prevention by participating in the National Older Adult Falls Prevention Day; activities include local community events, and media releases.

Activity Status

Completed

Activity Outcome

Activities planned for National Older Adult Falls Prevention Day, September 22, 2011, included media releases and prevention materials provided to local senior centers and other community groups. An article highlighting the importance of the physician's role in fall prevention was also published in the Nebraska Medical Association journal.

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

Reasons for Success or Barriers/Challenges to Success

Fall prevention materials were very well received by the local senior centers. These included bookmarks and placemats which were created with materials adapted from CDC materials. Materials were also distributed at community events.

Strategies to Achieve Success or Overcome Barriers/Challenges

The availability of a contractor facilitated development and distribution of the fall prevention materials. Several Falls Coalition members were very involved in planning and took the lead in providing materials at local/community events.

Impact/Process Objective 2:

Tai Chi Training

Between 10/2010 and 09/2011, Nebraska Injury Prevention Program will provide Tai Chi instructor training and Tai Chi instructor update training to 25 community Tai Chi instructors.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, Nebraska Injury Prevention Program provided Tai Chi instructor training and Tai Chi instructor update training to 46 community Tai Chi instructors.

Reasons for Success or Barriers/Challenges to Success

Tai Chi training had been conducted in Nebraska previously. However, the infrastructure to effectively implement the program at that time was not in place.

Strategies to Achieve Success or Overcome Barriers/Challenges

The training created a great deal of interest in Tai Chi.

Activity 1:

Tai Chi Instructor Training

Between 10/2010 and 09/2011, conduct Tai Chi training and Tai Chi update training for new and current Tai Chi instructors.

Activity Status

Completed

Activity Outcome

One Tai Chi training class and one update training were held in September, 2011. A second class is planned for October, 2011.

Reasons for Success or Barriers/Challenges to Success

There was more interest than expected in the training classes, which encouraged us to plan a second class.

Strategies to Achieve Success or Overcome Barriers/Challenges

Previous training had created interest in the Tai Chi Program. The commitment of the local health departments and their ability to collaborate with community partners has been a big factor in the success of this program. Another factor has been our ability to use an experienced Tai Chi instructor to provide technical assistance and support.

Activity 2:

Tai Chi Instructor Development

Between 10/2010 and 09/2011, enhance Tai Chi instructor development through the use of technical assistance and site visits provided by a Tai Chi consultant.

Activity Status

Completed

Activity Outcome

An update training class was held for previously trained instructors. Technical assistance in the form of site visits and conference calls was provided to instructors who are implementing the Tai Chi program.

Reasons for Success or Barriers/Challenges to Success

The use of the Tai Chi consultant has been very successful. She has been able to provide valuable feedback to instructors.

Strategies to Achieve Success or Overcome Barriers/Challenges

Providing technical assistance to instructors who are implementing the program has been valuable in both improving instructor skills as well helping them troubleshoot implementation issues. We are fortunate to have an experienced instructor who has worked with the Master Trainer who is local to Nebraska.

Essential Service 4 – Mobilize Partnerships

Impact/Process Objective 1:

Older Adult Fall Prevention

Between 10/2010 and 09/2011, NDHHS Injury Program, Public Health Departments and community partners, contractors will implement 14 Tai Chi classes in their communities.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, NDHHS Injury Program, Public Health Departments and community partners, contractors implemented 9 Tai Chi classes in their communities.

Reasons for Success or Barriers/Challenges to Success

Three local district health departments implemented Tai Chi classes in their communities. Because of staff changes in one department, fewer classes than previously planned, were held.

Strategies to Achieve Success or Overcome Barriers/Challenges

Additional training is being held to increase the number of instructors. Additional support and technical assistance has also been provided.

Activity 1:

Program Development and Maintenance

Between 10/2010 and 09/2011,

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

Activity Status

Completed

Activity Outcome

Tai Chi training and an update class were held to train new instructors and update current instructors. Evaluation tools, including participant attendance sheets, pre and post participant questionnaires, and pre and post clinical assessments were provided to the sites that were implementing the program. Site visits by the Tai Chi consultant and the Injury Prevention Program coordinator were also part of evaluation efforts.

Reasons for Success or Barriers/Challenges to Success

The use of the Tai Chi consultant has proved to be invaluable. The evaluation tools were very useful in quantifying results; those results were also provided back to the local programs that had done the implementation.

Strategies to Achieve Success or Overcome Barriers/Challenges

The evaluation tools provided us with valuable feedback as well as lessons learned. The clinical assessments and questionnaires provided concrete data on the effectiveness of the program, while the site visits gave us valuable information on issues surrounding implementation and sustainability.

National Health Objective: 15-35 Rape or attempted rape

State Health Objective(s):

Between 10/2010 and 09/2015, **the percent of female respondents who report that they were forced to have sex when they did not want to will decrease to 13%.**

Eventually, the goal will be to increase the knowledge of healthy relationships and decrease the sexual violence supportive attitudes in youth ages 11-18. Staff of the Nebraska Domestic Violence Sexual Assault Coalition (NDVSAC) will work with the Department of Education to include questions on knowledge and attitudes in the Youth Risk Behavior Survey.

The NDVSAC will also monitor the implementation of the National Intimate Partner and Sexual Violence Surveillance System developed by the Centers for Disease Control and Prevention's National Center for Injury Prevention and Control (NCIPC), in collaboration with the National Institutes of Justice (NIJ) and the Department of Defense (DoD). Data reports obtained will be use to create future goals as needed.

State Health Objective Status

In Progress

State Health Objective Outcome

Between 10/2010 and 9/2015, the percent of female respondents who report that they were forced to have sex when they did not want to will decrease to 13%.

Reasons for Success or Barriers/Challenges to Success

Obtaining accurate and complete data is a challenge. Nebraska has not had the amount of participation in the Youth Risk Behavior Survey in order to be weighted. Because the results are un-weighted, the information gives some information to draw conclusions, but is not data that can be analyzed using the mathematical procedure to make the data representative of the population. The survey is conducted every two years during the spring semester and provides data representative of 9th through 12th grade students in public and private schools.

In 2005, when the NE results were weighted, of the 3,755 respondents, grades 9-12, 12% of females have been forced to have sexual intercourse when they didn't want to. (YRBS, 2005 weighted). The national YRBS of 2009 showed that 10.5% of females and 4.5% of males responded that they had ever been physically forced to have sexual intercourse.

Nebraska's un-weighted results/data for 2009 are a little higher percent than the national result and about the same as was found for NE in 2005.

Of the 1,518 respondents grades 9-12, 12.3% (N= 187) of females indicated that they were forced to have sex when they did not want to(2009).

Of the 1,362 respondents grades 9-12, 7.2% (N=98) of males indicated that they were forced to have sex when they did not want to(2009).

The new National Intimate Partner and Sexual Violence Surveillance System will assist Nebraska to formulate goals and develop plans.

In the meantime, Nebraska decided to alter the method of fund distribution from allocating the funds to nineteen separate programs to supporting a statewide campaign. The first year of the statewide sexual assault prevention campaign using social networking was successful, although, not without some challenges. Successes include the launch of the Step Up Speak Out website that provides education to youth, parents, and the community members, especially teaching the bystander approach. Providing media packets to the nineteen local programs was completed, but, the program's directors expected pre-recorded public service announcements rather scripts that they needed to record. In general, there was some disconnect between the program director's expectations and the implementation.

Strategies to Achieve Success or Overcome Barriers/Challenges

During this second year, lessons learned will be incorporated into the plan. To overcome the disconnect between the program director's expectations and the implementation, the prevention coordinator of the Nebraska Domestic Violence Sexual Assault Coalition plans to schedule periodic planning and feedback opportunities for the local program directors.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

The sexual assault prevention set-aside resources are used with the Rape Prevention and Education resources to achieve the goals of the statewide sexual assault prevention plan.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 3 – Inform and Educate

Impact/Process Objective 1:

Sexual Assault Primary Prevention

Between 10/2010 and 09/2011, NDVSAC will develop 1 state level multi-component primary prevention campaign.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, NDVSAC developed 1 state level multi-component primary prevention campaign.

Reasons for Success or Barriers/Challenges to Success

The NDVSAC worked in collaboration with Perfect 11 to identify ways to create a prevention social marketing campaign that would work for the nineteen (19) programs. Perfect 11 created three options for the network of Domestic Violence and Sexual Assault (DV/SA) from which the programs could choose. No barriers to the completion of this objective were identified.

Strategies to Achieve Success or Overcome Barriers/Challenges

By providing the DV/SA program with a choice in the campaign, the programs were able to have buy-in into what the campaign would and could look like.

Activity 1:

Develop a multi-component plan

Between 10/2010 and 12/2010,

- The "Step up, Speak out" Campaign will follow the Nebraska Sexual Violence Prevention Plan and be geared towards youth ages eleven to seventeen. NDVSAC and Perfect Eleven, a public relations and marketing firm, will be following the one campaign, one voice principal. There will be monthly activity packets with press releases, PSA templates, posters, and brochures that will be disseminated

to the local programs. Along with activity packets collateral items will be disseminated based on population.

- The “Step up, Speak out” Campaign will utilize Facebook, twitter, flicker and YouTube to leverage for communication and promotion of the campaign. NDVSAC will also begin to work with the local programs to form brand ambassadors. These brand ambassadors will be the youth that will help in the local programs with the activities and to begin to create a buzz about the campaign.
- Part of what the “Step up, Speak out” Campaign will entail is the maintenance and implementation of a contest module on the Step up Speak out website. The contest module will allow for the following; online voting, sending campaign videos to friends, uploading photos and videos. This tool can be maintained for future year’s contests.

Activity Status

Completed

Activity Outcome

A “Step Up, Speak Out” campaign based on the principles of the “bystander approach” to primary prevention of sexual assault was developed with the assistance of Perfect Eleven, a public relations and marketing firm. The local programs were presented with three options and voted on the option to use.

Reasons for Success or Barriers/Challenges to Success

The development of the campaign was successful.

Strategies to Achieve Success or Overcome Barriers/Challenges

None needed.

Impact/Process Objective 2:

Sexual assault primary prevention campaign

Between 10/2010 and 09/2011, NDVSAC will implement 1 statewide campaign.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, NDVSAC implemented 1 statewide campaign.

Reasons for Success or Barriers/Challenges to Success

At the beginning of the project, the NDVSAC had strong support of the “Step Up, Speak Out” (SUSO) campaign from the programs. As the year progressed, NDVSAC received some feedback to make improvements to the campaign. The SUSO website was launched and Facebook and twitter accounts were developed. “Engaging Men and Boys” and “Healthy Relationships” brochures and posters were provided to the local programs. Radio PSA scripts were created and distributed to the programs to record on their own. A video contest proposal was outlined and presented to the local programs. The contest would request community youth to create a video to illustrate the “bystander approach” to sexual assault prevention. Submitted videos would be reviewed and approved prior to posting in the SUSO website. Video equipment and editing software were the intended prizes to be awarded. The programs provided feedback and the video contest was tabled.

Strategies to Achieve Success or Overcome Barriers/Challenges

The success of this project is based on the continuous quality improvement approach used by NDVSAC. The progress of the PHHSBG funded media campaign was discussed at the Director’s meetings and NDVSAC learned that more communication with the programs is needed. While the programs feel that the campaign is visually attractive and a good idea in concept, they made suggestions to improve the campaign. Program directors suggested that the posters & brochures would be electronically customizable by the programs; that the radio Public Service Announcements (PSAs) be pre-recorded, and that the video contest plan be improved. Programs suggested that they wanted to receive a media

campaign “in a box” that would provide them with all of the necessary materials and guidelines up front. Program directors also suggested that the SUSO website be updated more frequently. The last suggestion is to create a youth advisory committee to create greater awareness of the SUSO campaign.

Activity 1:

Media Component

Between 12/2010 and 09/2011, The NDVSAC will develop press releases and media packets that will be disseminated to local domestic violence/sexual assault programs. The project coordinator will work with the program directors to identify media outlets. Six PSA and media packets will be created and distributed.

Activity Status

Completed

Activity Outcome

The "Be a Man" Brochure and the Teen Dating Violence Poster was distributed in January. The Brand Ambassador Guide was distributed to the local programs. The new SUSO website was launched on 2/24/11. Sexual Assault Awareness Month (SAAM) Posters were distributed at end of March. Each program was asked to print and add their program's contact information to the poster prior to distribution. A series of webinars was held for the program directors about primary prevention and bystander intervention. In August, the first regional prevention conference was held in Kansas City, the prevention coordinator was an organizer and presented at this conference. The prevention coordinator also began working with the Legal Director to incorporate prevention into the Batterer Intervention Programs and to raise awareness of bystander engagement. At the September Director's meetings, collateral give-a-way items were dispersed to the programs to be used in their communities. Items included many products that promote the SUSO website, such as wrist bands, journals, notepads, tote bags, posters for Domestic Violence (DV) Awareness Month, magnets, button-type pins etc.

Reasons for Success or Barriers/Challenges to Success

With the collaboration of Perfect11, a marketing firm, the SUSO campaign was well organized and materials were distributed to the programs for awareness months (DV and SAAM). The use of these materials (posters, brochures) helped to unify the bystander intervention message throughout the state. A barrier to the online video contest was an issue of communication and the prevention coordinator resigned her position during this timeframe.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies for achieving success include gathering more input from the program directors to increase their investment in primary prevention activities. The online video contest is also being discussed in more detail and suggestions are solicited from the program directors in order to have this effectively move forward.

Activity 2:

Social Marketing Component

Between 12/2010 and 09/2011, based on the premise that youth utilize social networking sites, NDVSAC has built a SUSO website to engage youth and provide parents, teachers, and community members about bystander engagement and healthy relationships. To complement the SUSO website, NDVSAC will create and maintain Facebook, twitter, flicker and YouTube pages that will leverage the communication and promotion of the campaign. Effectiveness of this component is measured by number of site visits and followers. The first year will be the baseline.

Activity Status

Completed

Activity Outcome

Facebook and twitter accounts were created. Effectiveness of this component was measured by number of site visits and followers.

During the first year, the number of "hits" to the site that was launched 2-24-11 was 704 unique visitors from the United States. The average time on the site is 4:59 minutes.

Other data includes:

- Facebook: 27 likes
- Twitter: 47 followers

Reasons for Success or Barriers/Challenges to Success

The SUSO social media campaign was launched during this reporting period with the SUSO web site and SUSO Facebook page. Successes include almost daily updates and increased readership. A challenge has been the creation of twitter & flicker accounts and YouTube uploads. The NDVSAC's twitter account is linked to the NDSAC Facebook page and not SUSO. Another challenge has been that although SUSO implies bystander intervention, it is not explicit.

Strategies to Achieve Success or Overcome Barriers/Challenges

Using the Facebook page is an effective strategy. A challenge has been to link both twitter and flicker to the SUSO website to help drive traffic to the site. There is on-going discussion about using local teens to write and produce videos to upload on YouTube that inform about healthy relationships and bystander intervention. The SUSO website will also be updated to specifically talk about bystander intervention.

Activity 3:

Brand Ambassador component

Between 04/2011 and 05/2011,

- The NDVSAC will work with existing youth acting troupes Revolution, Bravo, and Heroes in three rural communities to use youth street teams, a different method of youth mobilization.
- These street teams will be the faces of SUSO campaign and will hand out collateral items such as pencils/pens, temporary tattoos, and rubber bracelets that will drive youth to the social marketing components.
- NDVSAC will compare the number of site visits prior to April, 2011 to after May, 2011. Again, this will be a baseline year.

Activity Status

Not Completed

Activity Outcome

NDVSAC has used the first year of the SUSO Campaign as a foundation for the future work to be completed. NDVSAC will use the quarterly statewide director's day meetings to elicit ongoing feedback and recommendations for the campaign. NDVSAC identified the need for increased youth involvement and will create a plan and determine the feasibility of developing a Youth Advisory Committee.

Reasons for Success or Barriers/Challenges to Success

Although there are a few youth groups already established, the formation of additional groups was a challenge.

Strategies to Achieve Success or Overcome Barriers/Challenges

In order to assess the viability of this strategy, the NDVSAC will move forward with developing a Youth Advisory Committee.

National Health Objective: 18-1 Suicide

State Health Objective(s):

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

State Health Objective Status

In Progress

State Health Objective Outcome

Activities in suicide prevention continue to be carried out through the Garret Lee Smith Youth Suicide Prevention grant. Mini-grants have been awarded to community coalitions to address suicide. QPR (Question, Persuade, Refer) training has been implemented across the state.

Reasons for Success or Barriers/Challenges to Success

During the previous grant cycle, a Youth Suicide Prevention Summit was held. This was a springboard for the development of several community coalitions. These groups have been able to utilize opportunities through the Garret Lee Smith grant to carry out awareness activities and QPR training.

Strategies to Achieve Success or Overcome Barriers/Challenges

Support for the community coalitions has been provided by the Nebraska State Suicide Coalition as well as the Suicide Prevention Coordinator. The Coalition has been successful because of the collaborative efforts of the partners involved including DHHS, Bryan LGH Medical Center, the UNL Public Policy Center, survivors, and representatives from the military, law enforcement, and mental health.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

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

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 4 – Mobilize Partnerships

Impact/Process Objective 1:

Suicide Prevention

Between 10/2010 and 09/2011, the NDHHS Injury Prevention Program, in collaboration with the Nebraska Suicide Prevention Coalition and Interchurch Ministries of Nebraska will conduct **one** suicide prevention training.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, the NDHHS Injury Prevention Program, in collaboration with the Nebraska Suicide Prevention Coalition and Interchurch Ministries of Nebraska conducted **1** suicide prevention training.

Reasons for Success or Barriers/Challenges to Success

The Local Outreach to Suicide Survivors (LOSS) was held on May 20, 2011. Approximately 100 individuals attended; it was very successful.

Strategies to Achieve Success or Overcome Barriers/Challenges

The partnerships between the Suicide Prevention Coalition, which include a variety of members from hospitals, agencies and NDHHS and the Interchurch Ministries was a key factor in the success of this conference.

Activity 1:

Suicide Prevention Training

Between 10/2010 and 09/2011, collaborate with the Suicide Prevention Coalition and Interchurch Ministries of Nebraska to plan and conduct one Suicide Prevention Summit.

Activity Status

Completed

Activity Outcome

A LOSS conference was held on May 20, 2012, in Lincoln, Nebraska. Approximately 100 individuals attended; including mental health professionals, survivors, and community agency staff. The main speaker was Frank Campbell from Baton Rouge, Louisiana. His background includes over 20 years of work with suicide survivors and in suicide prevention. An evening session, which was open to the public, was also well attended.

Reasons for Success or Barriers/Challenges to Success

The conference was very successful and fostered the growth of several local suicide prevention coalitions. A second conference is being planned for May 2012.

Strategies to Achieve Success or Overcome Barriers/Challenges

The collaboration between the Suicide Coalition and Interchurch Ministries was key to the success of the conference. BryanLGH Medical Center hosted the conference.

State Program Title: WORKSITE WELLNESS PROGRAM

State Program Strategy:

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

Health Priorities: Building capacity to provide data-driven, comprehensive worksite health promotion services statewide.

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

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

National Health Objective: 7-5 Worksite health promotion programs

State Health Objective(s):

Between 10/2010 and 09/2015, maintain support for worksite health promotion in Nebraska, building capacity to conduct evidence-based health promotion activities for workers and document improvement in health status of workers.

State Health Objective Status

In Progress

State Health Objective Outcome

PHHSBG funds continue to support one well-established worksite wellness council (WorkWell) operated by an urban local health department (Lincoln-Lancaster County Health Department). That local health department continues to manage the Governor's Excellence in Wellness Award, recognizing businesses across the state for their worksite wellness achievements. That local health department also helped develop and market Nebraska's employee health risk assessment, LiveWell Survey.

PHHSBG funds support one fledgling worksite wellness council (Panhandle Worksite Wellness Council), operated by a rural district health department (Panhandle Public Health District) .

PHHSBG funds support Nebraska's Healthy Communities projects carried out by local health departments, many of which focused on worksite wellness.

PHHSBG funds were also used to encourage state employees across Nebraska to form teams and participate in a wellness challenge called Live Healthy Nebraska, operated by the Nebraska Sports Council.

Reasons for Success or Barriers/Challenges to Success

1. The Director of WorkWell, an employee of the Lincoln-Lancaster County Health Department, has more than twenty years experience facilitating in worksite wellness.
2. Endorsement of top administrative levels within the NDHHS for worksite wellness in general and of the Governor's office for Excellence in Wellness Award in particular.
3. The shift in attitudes among business leaders toward investment in worksite wellness for their employees. Worksite wellness councils supply or link businesses to resources, and provide training in assessing, planning, and carrying out worksite wellness activities. The change in attitude among business leaders may also be influenced by peer-to-peer communication and industry publications

that describe improved health outcomes among employees at companies with functioning worksite wellness or tout return on investment (ROI).

4. The formation about five years ago of a true collaborative among the programs of the Health Promotion Unit within the Division of Public Health to issue a joint Request for Application (RFA) to local health departments and jointly fund Nebraska's Health Community Projects.
5. The establishment a couple of years ago by the Nebraska Department of Administrative Services of a wellness insurance option for state employees. The parallel initiative encourages state employees to make healthier physical activity and nutrition choices to avoid chronic disease or to take an active role in managing the chronic disease they already have.

Strategies to Achieve Success or Overcome Barriers/Challenges

- Involve local public health departments in the development and operation of worksite wellness councils.
- Arrange for the veteran manager of a well-established worksite wellness council to mentor and train the staff of a developing worksite wellness council.
- Require evidence-based program development and encourage the seeking and sharing of best and promising practice among state worksite wellness councils nationwide.
- Recruit business leaders from large and small companies with successful worksite wellness programs for their employees to act as champions and provide training to other business leaders in the establishment and operation of worksite wellness programs.
- Select a contracting agency that has an established health challenge program that allows state employees to form teams, register and track progress and subsidize the cost of participation for state employees and their spouses.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

An investment of about \$240,000 in PHHSBG funds leveraged:

- Funds from business that become members of their local worksite wellness council (estimated at \$150,000 in FY2011),
- Other federal funds that support the jointly-funded Healthy Communities projects within local health departments (estimated at \$168,000 in FY2011).
- State employees invest a modest amount of their own funds to participate in the wellness challenge.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 5 – Develop policies and plans

Impact/Process Objective 1:

Worksite Wellness Capacity

Between 10/2010 and 09/2011, NDHHS staff and subawardees and contractors will develop **130** worksites actively engaged in worksite health promotion activities.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, NDHHS staff and subawardees and contractors developed **151** worksites actively engaged in worksite health promotion activities.

Reasons for Success or Barriers/Challenges to Success

The Panhandle Public Health District reported engaging 47 worksites, employing 19,895 people.

The Lincoln-Lancaster County Health Department reported 125 member businesses employing and estimated 65,000 people. Of those businesses, 104 (83%) were classified as "active" membership, defined as participating in at least two worksite wellness programs annually.

Reasons for success:

- Experience and expertise of worksite wellness directors and staff.
- Availability of mentoring and models for development of worksite wellness councils.

Strategies to Achieve Success or Overcome Barriers/Challenges

Recruitment of advisory board made up of business executives and opinion leaders to guide the development and maintenance of the council structure and selection of priorities.

- Adherence to evidence based practice and quality assurance standards.

Activity 1:

Training and Technical Assistance

Between 10/2010 and 09/2011, provide technical assistance and training to at least 120 worksites

Activity Status

Completed

Activity Outcome

The Lincoln-Lancaster County Health Department operated a wellness council known as WorkWell. Through the council structure they provided technical assistance and training to 125 member businesses. They provided 126 personal consultations with businesses; reviewed 36 applications for the Governor's Excellence in Wellness Award, of which 28 met qualifications for the award; and presented two Worksite Wellness 101 seminars to 48 individuals, including several local health departments. More than 4,100 individuals from 26 companies participated in the LiveWell Survey (health risk assessment). Highlights of the survey report over the past 5 years: increased participation in moderate intensity physical activity from 38% to 43%, increased percentage of individuals meeting recommended fruit and vegetable consumption guidelines from 5% to 11%, reduction in the prevalence of obesity (BMI 30 or above) from 38% to 29%, and decreased percentage of individuals at risk for development of diabetes who were at high risk from 61% to 45%.

The Panhandle Public Health District operated a wellness council known as the Panhandle Worksite Wellness Council. Through the council structure they provided technical assistance to 47 businesses. They assessed the need for a regional worksite wellness council, worked with a veteran worksite wellness mentor, formed a 15 member advisory council, planned infrastructure and policy, marketed worksite wellness, adopted bylaws, made 17 presentations, and evaluated progress.

The Health Promotion Unit program managers assigned to the Nebraska Healthy Communities worksite wellness projects at local health departments conducted quarterly technical assistance conference calls and annual site visits. In addition they reviewed applications and written reports.

Reasons for Success or Barriers/Challenges to Success

- Growing acceptance of the effectiveness of worksite wellness among business leaders.
- Skills and enthusiasm of worksite wellness staff.
- Support for worksite wellness among administrators of the two local health departments that operate the worksite wellness councils.

Strategies to Achieve Success or Overcome Barriers/Challenges

- Deliberate engagement of top executives and human resources staff in businesses.
- Existence of abundant resource materials and a mechanism for communicating with member businesses.

Essential Service 7 – Link people to services

Impact/Process Objective 1:

Active Participation

Between 10/2010 and 09/2011, NDHHS staff and contractor will provide opportunities to participate in at least two challenge activities, individually or as a member of a team, to **1,000** State Employees.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2010 and 09/2011, NDHHS staff and contractor provided opportunities to participate in at least two challenge activities, individually or as a member of a team, to **2,015** State Employees.

Reasons for Success or Barriers/Challenges to Success

1. The Nebraska Sports Council has years of experience with operating a wellness challenge involving many teams from multiple worksites and the staff knows how to provide technical assistance to participating employees.
2. The Live Healthy Nebraska program is affiliated with Live Healthy America, which provides a well-developed computer-based structure for enrolling teams and tracking progress and provides technical assistance to the Nebraska Sports Council Staff.
3. Availability of a system to recruit state employee participants through mass-distributed email messages.

Challenge:

- Clarifying for state employees that the NDHHS-sponsored wellness challenge is separate from the Department of Administrative Services (DAS) wellness insurance process and participation in Live Healthy Nebraska does not affect eligibility for enrollment in the wellness insurance.

Strategies to Achieve Success or Overcome Barriers/Challenges

- Select an established program with a track record of successfully operating wellness challenges.
- Reduce barriers to participation, particularly cost.
- Provide modest and purpose-related incentives for participation including pedometers as well as encouraging friendly inter-team competition by posting "leader boards" and awarding medals to top scoring teams.

Challenge was addressed by:

- Issuing a disclaimer with all recruitment publicity and providing standard response for the use of DAS and NDHHS staff who might field inquiries from state employees.

Activity 1:

Live Healthy Nebraska

Between 10/2010 and 09/2011, subsidize the cost for State Employees to register for Live Healthy Nebraska, a physical activity and nutrition (weight loss) challenge; contractor (Nebraska Sports Council) manages registration, tracking and evaluation.

Activity Status

Completed

Activity Outcome

PHHSBG funds were used to subsidize the cost of participation among state employees and their spouses; reducing the cost from \$20 to \$10 per person.

1. During the 50 Day Challenge during the fall of 2010, a total of 579 state employees participated in the wellness challenge; incentives included pedometers for participants.

2. During the 100 Day challenge during the spring 2011, a total of 1,436 state employees participated in the physical activity and nutrition/weight loss challenge.
 - Teams represented multiple State Agencies statewide, and the University of Nebraska in Lincoln, Kearney and Omaha.
 - The Nebraska Sports Council reported state employees among the 8,000 Nebraska participants in the 100-Day Challenge; total weight loss 34,610 pounds, accumulating over 25 million activity minutes.

Reasons for Success or Barriers/Challenges to Success

- State employees becoming increasing familiar with Live Healthy Nebraska because they know or work with participants who encourage them to join.
- Development of positive attitudes among employees toward staying active and eating healthy as a way to feel better, work better and live healthier.

Strategies to Achieve Success or Overcome Barriers/Challenges

- Deliver information and helpful tools by offering easy, on-line registration, points tracking and team status reports.
- Enthusiastic employees who repeatedly sign up to be team captains, providing both on-line and in-person motivation to their team members.