



Nebraska State Health Improvement Plan

2013-2016

Vision: Working together to improve the health and quality of life for all individuals, families, and communities across Nebraska.

2014 ANNUAL REPORT



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Executive Summary

The 2013-2016 Nebraska State Health Improvement Plan (SHIP), identified five priority areas after a collective community needs assessment process:

- ⇒ Reduce heart disease and stroke morbidity, mortality and associated risk factors.
- ⇒ Reduce cancer morbidity, mortality and associated risk factors.
- ⇒ Expand health promotion capacity to deliver public health prevention programs and policies across the lifespan.
- ⇒ Improve integration of public health, behavioral health, and health care services
- ⇒ Expand the capacity to collect, analyze and report health data.

The objectives of the plan have been divided among nine workgroups charged with leading activities and reporting outcomes. A SHIP Performance Measures Plan has been developed which outlines the long-term and intermediate health outcomes, and defines the specific performance measures for Plan activities. Progress toward this work will be monitored quarterly and reported annually by the Department of Health and Human Services (DHHS), Division of Public Health (DPH). This document serves as the first annual report.

Key highlights to date include:

- The University of Nebraska Medical Center performed a public health workforce survey for state and local health departments, providing each with information about opportunities to improve workforce competencies and prioritize training plans to support those. To date, over 200 state and local health department employees have participated in various trainings about the evaluation of health promotion programs.
- Fifteen out of 20 local health departments report collaboratively partnering with local non-profit hospitals to complete their Community Health Needs Assessment, which informs the development of locally driven health improvement plans.
- One hundred fifteen healthcare facilities have registered their intent to utilize Meaningful Use data collection and reporting processes.
- Ten collaborative studies have occurred between public health practitioners and academic researchers.
- Nebraska was recognized as a national leader in worksite wellness programs by the Centers for Disease Control and Prevention.
- The Health Hub project has successfully established six sites, providing over 650 colon cancer screenings, over 780 hypertension screenings, over 800 mammography screenings and over 570 cervical cancer screenings.



State Health Improvement Plan

The Nebraska Public Health Improvement Plan, otherwise known as the State Health Improvement Plan (SHIP), was formally approved on April 30, 2013 and serves the 2013-2016 calendar years. This plan was developed after considerable effort from community partners and succeeds a previous 2008 plan.

This SHIP development began with the Mobilizing for Action through Planning and Partnership (MAPP) process to encourage strong partnership and stakeholder participation. This comprehensive needs assessment and planning process examined community strengths, health status, forces of change and an analysis of qualitative and quantitative data to inform public health needs. An Advisory Coalition was also formed to provide guidance in the development of the plan and enhance the commitment of stakeholders during the implementation phase. This group identified the five priority areas detailed on Page 7. The Advisory Coalition (also referred to as the Continuing Impact Community Group) still meets quarterly throughout the SHIP implementation timeframe. See Appendix C for a full listing of members.

While there are many serious public health challenges due to the changing demographic, economic, social, cultural and political environments, the SHIP identified these priority areas and objectives to collectively impact at this time. The vision for the SHIP reflects the agreed upon desire: “Working together to improve the health and quality of life for all individuals, families and communities across Nebraska.” This is accomplished under two goals: Enhance the Public Health System in Nebraska, and Improve Health Outcomes.

For more information about the SHIP, the full plan can be accessed at: www.dhhs.ne.gov.

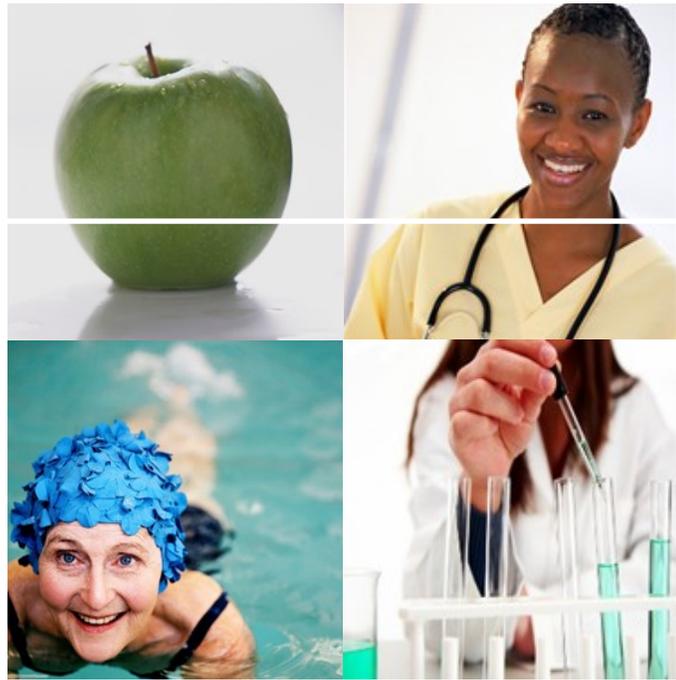
During this first year of implementation, much progress has been made in many areas. The work began with organizing the objectives and partners, establishing work plans, and identifying performance measures. Several objectives involve activities and partners with quite a head start, having been a collective team for some time. Others are new objectives under which new partnerships and activities were developed. This first annual report will provide in brief summary the key implementation activities since the SHIP began.

While the SHIP is a community driven and collectively owned health improvement plan, the DHHS DPH is serving as the ‘backbone agency’ for the SHIP. The DHHS DPH provides leadership and support to orchestrate the implementation of this work as well as to collect data and evaluate our collective impact.

For more information about the SHIP, please contact:

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Nebraska State Health Improvement Plan

2013-2016

Vision: Working together to improve the health and quality of life for all individuals, families, and communities across Nebraska.

FIVE HEALTH PRIORITY AREAS:

Reduce heart disease and stroke morbidity, mortality, and associated risk factors.

Reduce cancer morbidity, mortality, and associated risk factors.

Expand health promotion capacity to deliver public health prevention programs and policies across the lifespan.

Improve the integration of public health, behavioral health, and health care services.

Expand capacity to collect, analyze, and report health data.

KEY OBJECTIVES:

Increase preventative health screenings, number of lactation consultants, use of evidence based programs, worksite wellness programs and use of Coordinated School Health approach.

Improve public health workforce competencies, connections among home health clinics and wellness programs, access to timely quality public health data.

Support health promotion framework, local health departments, education for community health workers, and integration of public health, behavioral health and primary health care.



Priority 1 and Priority 2: Reduce Heart Disease and Stroke, and Cancer Mortality, Morbidity and Associated Risk Factors

Priority 1 (Heart Disease and Stroke) and Priority 2 (Cancer) objectives were merged together in recognition that many public health strategies successfully address risk and protective factors of target populations for both health conditions.



“Healthier babies can mean happier employees. Conflict between paid work and family responsibilities has been linked to decreased productivity in employees. Family-friendly policies, including workplace lactation programs, can reduce turnover and increase productivity.”

- Elite Lactation Professionals, LLC

Healthcare Settings:

Objective 1: By December 2016, increase the number of Nebraskans who receive preventive health screenings and follow up as a result of improved coordination of health services by multiple partners through the community health hub project.

Objective 2: By December 2016, public health partners will increase professional lactation support across Nebraska through the use of International Board Certified Lactation Consultants (IBCLCs).

Community Settings:

Objective 3: By December 2016, increase the capacity of community organizations, including local public health departments and coalitions, to implement evidence-based strategies in community settings.

Worksite Settings:

Objective 4: By December 2016, increase the number of worksites that are implementing and evaluating the effectiveness of comprehensive worksite wellness programs to improve employee health.

School Settings:

Objective 5: By December 2016, increase the number of schools that implement a Coordinated School Health approach to improve the health of students by focusing on healthy eating, physical activity, obesity, and tobacco prevention.

Heart disease, stroke and cancer are among the top five leading causes of death in Nebraska. They are some of the most widespread and costly health problems facing our state and nation, and are among the most preventable. Improving access to care, including screenings and promoting preventive behaviors will make strides toward minimizing their impact.

To compliment and support the many great initiatives already happening in Nebraska, the SHIP strategies were designed to extend the scope or fill in gaps in our schools, worksites, healthcare sites and communities. The implementation of these strategies includes participation from multiple partners across the state, collaborating towards common goals.

“Programs have achieved a rate of return on investment from \$3-\$15 for each dollar invested (in Worksite Wellness programs) with savings realized within 12-18 months.”
- Worksite Wellness Toolkit, DHHS



Progress Summary:

- ⇒ The Health Hub pilot project has initiated six sites, already providing over 800 mammography screenings, over 570 cervical cancer screenings, just over 650 colon cancer screenings and over 780 hypertension screenings. Significant progress has been made in partnership with these sites to identify best practices and evaluation methods, with plans to add more health hub sites.
- ⇒ Partners supporting the expansion of lactation consultation have completed an assessment and developed a plan for increasing certified professionals in Nebraska. Training to do so is in progress.
- ⇒ A workforce development survey was completed for the state and local health departments to identify training opportunities that will increase the capacity to implement evidence-based strategies. Training plans and events are in progress and further evaluation is planned.
- ⇒ Nebraska has been recognized as a national leader in worksite wellness programs by Dr. Thomas R. Frieden, Director of the Centers for Disease Control and Prevention; also earning the C. Everett Koop National Health Award. A collaborative team that includes three worksite wellness councils, is making strides to engage employers, demonstrating a strong return on investment for worksite wellness programs. A Worksite Wellness Toolkit was developed to aide and encourage Nebraska businesses to consider implementing worksite wellness practices, policies and programs. Of those surveyed, 76.9% of businesses report having one or more policies or programs in place that support preventive health screenings. As of 2013, upwards of 350 businesses were members of a worksite wellness council. In addition, the Governor’s Wellness Award has recognized 252 Nebraska businesses to date.
- ⇒ The Coordinated School Health Initiative is planning a leadership retreat in order to assess current efforts and review evaluation measures to determine best practices to extend into more schools.



Priority 3: Expand Health Promotion Capacity to Deliver Public Health Prevention Programs and Policies Across the LifeSpan

The ability of the public health system and its partners to deliver effective health promotion programs and policies is vital to preventing unhealthy behaviors in Nebraska. While health promotion capacity has clearly been strengthened in the past few years, expanding these efforts will enable the public health workforce to be even more successful.

“Training and development of the workforce is one part of a comprehensive strategy for improving the performance of an agency. Identifying gaps in knowledge, skills, and abilities through the assessment of both organizational and individual needs, and addressing those gaps through targeted training and development opportunities is an important part of this work.”
- Workforce Development Plan, DHHS



Objective 1: By December 2016, public health partners will develop an organizational framework and an implementation plan for building health promotion capacity throughout Nebraska.

Objective 2: By December 2016, public health partners will identify and implement health promotion workforce competencies and leadership skills.

Objective 3: By December 2016, implement two to three high priority evidence-based health promotion programs or practices.

Objective 4: By December 2016, provide at least four trainings on evaluating health promotion programs and policies.

Progress Summary:

- ⇒ A workforce development survey was completed for the state and local health departments, to identify training opportunities that will increase the capacity of the public health workforce.
- ⇒ Training events are in progress statewide. Further evaluation is planned to reassess training needs and capacity to implement evidence-based practices, health promotion programs, and as well as to perform evaluation.
- ⇒ A workgroup is evaluating health promotion strategies to determine and prioritize the implementation of evidence-based health promotion practices.



Priority 4: Improve the Integration of Public Health, Behavioral Health, and Health Care Services

In order to move toward a more integrated system between public health, behavioral health, and primary healthcare, it is important to define the concept of integration and understand why it has not become more widespread. If integration leads to better health outcomes at the patient and population level, identifying barriers and opportunities is critical.

Objective 1: By December 2014, complete a pilot project that compares selected risk factor data such as Hemoglobin A1c, cholesterol levels, blood pressure levels, and cancer screening rates in clinics that are health care homes to determine best practices and to develop the most appropriate health promotion programs.

Objective 2: By December 2013, local health departments should partner with hospitals to complete the Community Health Needs Assessments (CHNA).

Objective 3: By December 2016, identify and implement the core competencies, essential educational curriculum components, key roles and responsibilities, and a system of support for community health workers.

Objective 4: By June 2016, develop a strategy to connect all appropriate behavioral health and public health community programs (e.g., Living Well, Million Hearts Campaign) with clinics that have a health care home model.

Objective 5: By June 2014, complete a study of the role of the state and local public health agencies in the prevention of mental health and substance abuse problems and the coordination of these services.



“In a recent survey, 15 out of 20 Local Health Departments report partnering with local non-profit hospitals to complete a joint Community Health Needs Assessment. And 18 out of 20 report collaborating with local non-profit hospitals to implement strategies identified within plans.”

- Community Health Needs Assessment Survey, DHHS

Progress Summary :

- ⇒ An active Community Health Worker coalition is establishing standards and profession expansion plans.
- ⇒ A team of public health and behavioral health professionals, in partnership with the University of Nebraska-Lincoln Public Policy Center, are collaborating to produce a report summarizing findings from an environmental scan, program inventory, and review of promising practices for integration. This study will include recommendations and priorities for consideration about the integration of public health and behavioral health in Nebraska.



Priority 5: Expand the Capacity to Collect, Analyze, and Report Health Data

Despite the successes and improvements that have been made in the collection, analysis, and dissemination of data, many challenges still exist. Within the SHIP, these challenges are identified in four major areas: access, utilization, timely reporting and data standardization. In order to expand the capacity to report reliable health data, it is essential to address these challenges to continue to build a strong public health data infrastructure.



“By the end of 2013, 115 Nebraska health care facilities have registered their intent to utilize Meaningful Use data collection and reporting processes. And 40 have already moved forward with next steps, submitting ongoing production data.”

- Health Statistics, DHHS

Objective 1: By December 2016, public health partners will identify and incorporate into practice workforce competencies and leadership skills for the epidemiology and data workforce.

Objective 2: By December 2016, public health partners led by the Division of Public Health will increase the timely reporting of quality (e.g., accurate and relevant) public health data to help identify public health problems and best practices.

Objective 3: By December 2016, increase the integration and utilization of health data by public health data users and researchers to improve public health practice.

Progress Summary:

- ⇒ A workforce development survey was completed for the state and local health departments, to identify training opportunities that will increase the capacity of the public health workforce.
- ⇒ A survey is being developed to query experiences with the accessibility and utilization of public health data, to better inform opportunities for improvement.
- ⇒ A workgroup is focusing on determining standardized methods for defining and collecting health disparity data, leading to recommendations for all public health data statewide.
- ⇒ A team is exploring the use of various web-based reporting structures and performance management systems in order to ensure more timely access to available data.

Where are we going?

Intermediate Outcome Measures



Measure	Baseline	Year	Source
Up-to-date on colon cancer screenings among adults 50-75 yrs old	62.8%	2013	BRFSS
Up-to-date on breast cancer screenings among females 50-74 yrs old	74.9%	2012	BRFSS
Up-to-date on cervical cancer screenings among females 21-65 yrs old	83.9%	2012	BRFSS
Had blood pressure checked in past year among adults 18 and older	84.6%	2013	BRFSS
Had cholesterol checked in past 5 years among adults 18 and older	74.0%	2013	BRFSS



Measure	Baseline	Year	Source
Breastfeeding initiation	87.1%	2011	PRAMS
Breastfeeding exclusively through 3 months of age	31.0%	2011	PRAMS



Measure	Baseline	Year	Source
Engaged in 60 or more minutes of physical activity on 5 or more of the past 7 days among high school students	57.6%	2013	YRBS
Met aerobic physical activity recommendation among adults 18 and older	49.4%	2013	BRFSS



Measure	Baseline	Year	Source
Consumed fruit less than 1 time per day among HS students	37.8%	2013	YRBS
Consumed vegetables less than 1 time per day among HS students	38.6%	2013	YRBS
Consumed sugar-sweetened beverages 1+ per day among HS students	61.4%	2013	YRBS
Consumed fruit less than 1 time per day among adults 18 and older	39.7%	2013	BRFSS
Consumed vegetables less than 1 time per day among adults 18 and older	23.3%	2013	BRFSS



Measure	Baseline	Year	Source
Smoked cigarettes in past month among HS students	10.9%	2013	YRBS
Used smokeless tobacco in past month among HS students	7.7%	2013	YRBS
Current cigarette smoking among adults 18 and older	18.5%	2012	BRFSS
Current smokeless tobacco use among adults 18 and older	5.3%	2013	BRFSS

*HS = High School



How will we get there?

The work of the SHIP was organized into nine workgroups under which related objectives and activities were grouped together. The workgroups are responsible for guiding and implementing the work of the plan. These 'Implementation Workgroups' meet together quarterly to review progress and plan collectively. Below is a brief description of each workgroup, and for more information please refer to Appendix A.

Community Health Workers: Increase capacity and support for Community Health Workers statewide

Coordinated School Health: Increase the number of schools that implement a Coordinated School Health approach to improve student health

Data and Reporting: Increase timely reporting and quality of public health data to improve use

Health Hubs: Increase the number of preventive health screenings and follow-up as a result of improved coordination among the community health hub project

Health Promotion Framework and Competencies: Support internal framework and capacity for health promotion activities and health promotion workforce

Health Promotion Evidence Based Practices and Evaluation: Increase capacity to implement and evaluate evidence-based health promotion strategies, programs and services

Integration: Study and develop strategies to improve capacity for the integration of primary care, public health and behavioral health

Lactation Consultation: Increase professional lactation support through an increase of certified lactation consultants

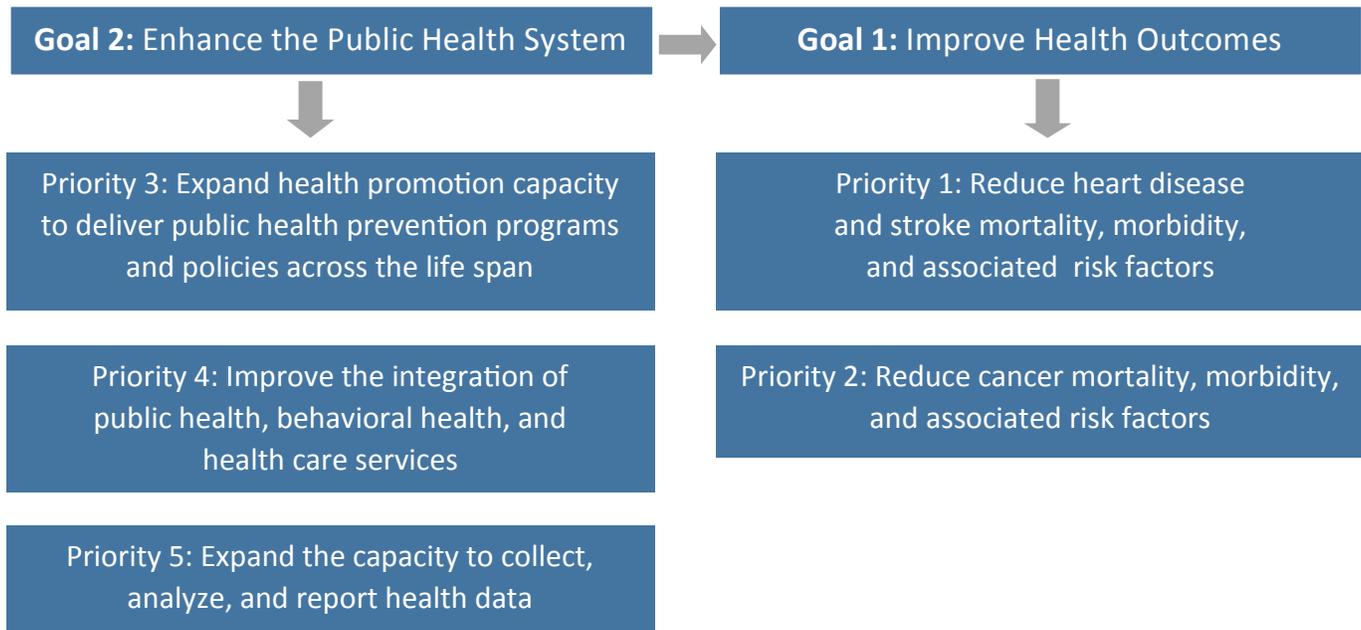
Worksite Wellness: Increase the number of worksites that implement and evaluate comprehensive worksite wellness programs to improve employee health





Are we there yet?

The 2013-2016 SHIP is intended to serve as a blueprint for improving the public health system in Nebraska as well as improving specific health outcomes related to heart disease, stroke, cancer, and their associated risk factors. The figure below provides a broad outline of the SHIP's two goals and five priorities.



The purpose of the Performance Measures Plan is to outline the key measures that will be used to evaluate the implementation and effectiveness of the SHIP. There are three categories of measures included within the performance monitoring system: desired long-term outcome measures, desired intermediate outcome measures, and performance measures. The following is a brief description of the three categories:

Desired long-term outcome measures consist of measures that are likely to be impacted by the implementation of the SHIP but the impact may not be visible until well after the implementation period. As a result, these measures will be monitored but not tracked as performance measures.

Desired intermediate outcome measures consist of measures that are likely to be impacted by the implementation of the SHIP but the impact may not be visible until after the implementation period. As a result, these measures will be monitored but not tracked as performance measures; however, these measures will likely be impacted before the long-term measures and will be more directly impacted by SHIP activities.

Performance measures consist of measures that are directly impacted by the implementation of the SHIP. As a result, these measures will be monitored on a continuous basis to determine specific outcomes and outputs of implementation efforts, such as preventive screenings through the health hub project, lactation support, worksite wellness programs, promotion of workforce competencies and leadership skills, and the availability of public health data.

The full SHIP Performance Measures Plan can be found at www.dhhs.ne.gov

Performance Measures data for this reporting period can be found in Appendix B.

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APPENDIX A: Implementation Workgroups

	<p>Community Health Workers :</p> <p>This group is responsible for leading efforts toward Priority 4, Objective 3 .</p>	<p>Group Lead:</p> <p>Josie Rodriguez, DHHS</p>
	<p>Coordinated School Health:</p> <p>This group is responsible for leading efforts toward Priorities 1 and 2, Objective 5.</p>	<p>Group Lead:</p> <p>Julane Hill, Department of Education</p>
	<p>Data and Reporting:</p> <p>This group is responsible for leading efforts toward Priority 5, Objectives 2 and 3.</p>	<p>Group Lead:</p> <p>Leah Casanave, DHHS</p>
	<p>Health Hubs:</p> <p>This group is responsible for leading efforts toward Priorities 1 and 2, Objective 1.</p>	<p>Group Lead:</p> <p>Melissa Leyboldt, DHHS</p>
	<p>Health Promotion Evidence-Based Practices and Evaluation:</p> <p>This group is responsible for leading efforts toward Priorities 1 and 2, Objective 3; Priority 3, Objectives 3 and 4; and Priority 4, Objective 2.</p>	<p>Group Lead:</p> <p>Greg Moser, DHHS</p>
	<p>Health Promotion Framework and Competencies:</p> <p>This group is responsible for leading efforts toward Priority 3, Objectives 1 and 2; and Priority 5, Objective 1.</p>	<p>Group Lead:</p> <p>Kay Wenzl, DHHS Brandon Grimm, UNMC</p>
	<p>Integration:</p> <p>This group is responsible for leading efforts toward Priority 4, Objectives 1, 4 and 5.</p>	<p>Group Lead:</p> <p>Dave Palm, UNMC Paula Eurek, DHHS</p>
	<p>Lactation Consultation:</p> <p>This group is responsible for leading efforts toward Priorities 1 and 2, Objective 2.</p>	<p>Group Lead:</p> <p>Ashlie Bergren, Elite Lactation Professionals</p>
	<p>Worksite Wellness:</p> <p>This group is responsible for leading efforts toward Priorities 1 and 2, Objective 4.</p>	<p>Group Lead:</p> <p>Brian Coyle, DHHS Worksite Wellness Councils</p>



APPENDIX B: Performance Measures

Goal 1: Improve Health Outcomes in Nebraska

Long-Term Outcome Measures

Measurement	Baseline Data	Year	Source	Type of Data	Availability of Data
Cancer incidence rates (age-adjusted per 100,000 population)	Overall: 442.9	2011	NE Cancer Registry	Population Based	Annual
	Colorectal: 44.0				
	Female breast: 124.7				
	Cervical: 7.3				
	Lung: 55.7				
Cancer mortality rates (age-adjusted per 100,000 population)	Overall: 164.8	2012	Vital Records-Mortality	Population Based	Annual
	Colorectal: 16.0				
	Female breast: 21.2				
	Cervical: 1.8				
	Lung: 43.1				
Ever told they have cancer (in any form) among adults 18 and older	11.4%	2013	BRFSS	Survey (self-report)	Annual
Heart disease mortality rate (age-adjusted per 100,000 population)	146.8	2012	Vital Records-Mortality	Population Based	Annual
Stroke mortality rate (age-adjusted per 100,000 population)	34.8	2012	Vital Records-Mortality	Population Based	Annual
Ever told they have blood pressure among adults 18 and older	30.3%	2013	BRFSS	Survey (self-report)	Biennial
Ever told they have high cholesterol among adults 18 and older who have ever had it checked	37.4%	2013	BRFSS	Survey (self-report)	Biennial
Ever told they have diabetes among adults 18 and older	9.2%	2013	BRFSS	Survey (self-report)	Annual
Obesity among adults 18 and older	29.6%	2013	BRFSS	Survey (self-report)	Annual
Obesity among youth 10-17 years old	13.8%	2011/2012	National Survey of Children's Health	Survey (self-report)	Every Four Years

Intermediate Outcome Measures

Measurement	Baseline Data	Year	Source	Type of Data	Availability of Data
Up-to-date on colon cancer screening among adults 50-75 years old	62.8%	2013	BRFSS	Survey (self-report)	Annual
Up-to-date on breast cancer screening among females 50-74 years old	74.9%	2012	BRFSS	Survey (self-report)	Biennial
Up-to-date on cervical cancer screening among females 21-65 years old	83.9%	2012	BRFSS	Survey (self-report)	Biennial
Had blood pressure checked in past year among adults 18 and older	84.6%	2013	BRFSS	Survey (self-report)	Biennial
Had cholesterol checked in past 5 years among adults 18 and older	74.0%	2013	BRFSS	Survey (self-report)	Biennial
Breastfeeding initiation	87.1%	2011	PRAMS	Survey (self-report)	Annual
Breastfeeding exclusively through 3 months of age	31.0%	2011	PRAMS	Survey (self-report)	Annual
Engaged in 60 or more minutes of physical activity on 5 or more of the past 7 days among high school students	57.6%	2013	YRBS	Survey (self-report)	Biennial
Met aerobic physical activity recommendation among adults 18 and older	49.4%	2013	BRFSS	Survey (self-report)	Biennial
Consumed fruit less than one time per day among high school students	37.8%	2013	YRBS	Survey (self-report)	Biennial
Consumed vegetables less than one time per day among high school students	38.6%	2013	YRBS	Survey (self-report)	Biennial
Consumed sugar-sweetened beverages one or more times per day among high school students	61.4%	2013	YRBS	Survey (self-report)	Biennial
Consumed fruit less than one time per day among adults 18 and older	39.7%	2013	BRFSS	Survey (self-report)	Biennial
Consumed vegetables less than one time per day among adults 18 and older	23.3%	2013	BRFSS	Survey (self-report)	Biennial
Smoked cigarettes in past month among high school students	10.9%	2013	YRBS	Survey (self-report)	Biennial
Used smokeless tobacco in past month among high school students	7.7%	2013	YRBS	Survey (self-report)	Biennial
Current cigarette smoking among adults 18 and older	18.5%	2013	BRFSS	Survey (self-report)	Annual
Current smokeless tobacco use among adults 18 and older	5.3%	2013	BRFSS	Survey (self-report)	Annual



Priority Areas 1 and 2: Reduce Cancer, Heart Disease and Stroke Mortality, Morbidity, and Associated Risk Factors

Objective 1 (Health Care Setting): Increase the number who receive preventive health screenings and follow-up through the health hub project

Performance Measure 1

Number of health entities that implemented a health hub project

Baseline	6 (2013); (4 local health departments and 2 federally qualified health care centers)
Target for Success	Increase by 5 for federally qualified health care centers and by 5-6 for local health departments. By 2014, the project will include all federally qualified health care centers (7) and 9-10 local health departments.
Progress	Data unavailable until January 2015

Performance Measure 2

Number of mammography screenings for women 50 to 75 years old at participating health hub entities

Baseline	823 (2013)
Target for Success	Increase
Progress	Data unavailable until January 2015

Performance Measure 3

Number of cervical cancer screenings in women 21 to 75 years old at participating health hub entities

Baseline	574 (2013)
Target for Success	Increase
Progress	Data unavailable until January 2015

Performance Measure 4

Number of colon cancer screenings among 50 to 75 year olds at participating health hub entities

Baseline	659 (2013)
Target for Success	Increase
Progress	Data unavailable until January 2015

Performance Measure 5

Number of screenings for hypertension in adults at participating health hub entities

Baseline	789 (2013)
Target for Success	Increase
Progress	Data unavailable until January 2015

Performance Measure 6

Number appropriately referred for follow-up treatment

Baseline	0 (Encounter Registry implemented July 1, 2014)
Target for Success	Increase
Progress	Data unavailable until January 2015

Objective 2 (Health Care Setting): Increase professional lactation support through the use of International Board Certified Lactation Consultants (IBCLCs)

Performance Measure 1

Number of International Board Certified Lactation Consultants in Nebraska

Baseline	104 (November 2013)
Target for Success	Increase
Progress	Data unavailable

Performance Measure 2

Number of International Board Certified Lactation Consultants in Nebraska per 1,000 live births

Baseline	4.0 (November 2013) Note: rate based on number of births in 2012
Target for Success	Increase
Progress	Data unavailable

Objective 3 (Community Setting): Increase the capacity of community organizations to implement evidence-based strategies in community settings

Performance Measure 1

Percentage of public health practitioners that report utilizing evidence-based strategies

Baseline	Developmental measure
Target for Success	Increase
Progress	Baseline data initiated in 2015 Survey

Objective 4 (Worksite Setting): Increase the number of worksites implementing and evaluating comprehensive worksite wellness programs

Performance Measure 1

Percentage of worksites with a health promotion or wellness committee

Baseline	20.2% (2013)
Target for Success	Increase
Progress	Survey to be repeated again in 2016

Performance Measure 2

Percentage of worksites that have one or more policies or programs in place that support healthy eating

Baseline	28.6% (2013)
Target for Success	Increase
Progress	Survey to be repeated again in 2016

Performance Measure 3

Percentage of worksites that have one or more policies or programs in place that support physical activity

Baseline	31.0% (2013)
Target for Success	Increase
Progress	Survey to be repeated again in 2016



Priority Areas 1 and 2: Performance Measures (con't)

Performance Measure 4	
Percentage of worksites that have a policy that prohibits smoking on the whole worksite campus	
Baseline	26.6% (2013)
Target for Success	Increase
Progress	Survey to be repeated again in 2016

Performance Measure 5	
Percentage of worksites that have one or more policies or programs in place that support preventive health screenings	
Baseline	76.9% (2013)
Target for Success	Increase
Progress	Survey to be repeated again in 2016

Performance Measure 6	
Number of businesses that are members of a worksite wellness council	
Baseline	WorkWell: 108 (2013) WELCOM: 206 (2013) Panhandle: 36 (2013) Total: 350 (2013)
Target for Success	Increase
Progress	WorkWell: 101 (2014) WELCOM: 228 (2014) Panhandle: 45 (2014) Total: 374 (2014)

Objective 5 (School Setting): Increase the number of schools that implement a coordinated school health approach to improve the health of students

Performance Measure 1	
Number of Nebraska schools that implement the Coordinated School Health (CSH) approach	
Baseline	27 (2013-2014)
Target for Success	Increase
Progress	The 2014-2015 CSH Institute began October '14 therefore data won't be available for this measure until July-August '15.

Performance Measure 2	
Percentage of elementary and secondary schools that ever use the School Health Index or other self-assessment tools to assess school policies, activities, and programs related to physical activity, nutrition, and tobacco	
Baseline	Physical activity: 37.2%; Nutrition: 32.4%; Tobacco: 32.2% (2013-2014)
Target for Success	Increase
Progress	Data unavailable until 2015-16; Collected Biennially

Performance Measure 3

Percentage of elementary and secondary schools that have a written School Improvement Plan that includes objectives related to physical education, physical activity, school meal programs, foods and beverages available at schools outside the school meal programs

Baseline	Physical education/physical activity: 33.5% Nutrition services/foods and beverages available at school: 27.3% (2013-2014)
Target for Success	Increase
Progress	Data unavailable until 2015-2016; Collected Biennially

Goal 2: Enhance the Public Health System in Nebraska

Intermediate Outcome Measures for Goal 2

Measurement	Baseline Data	Year	Source	Type of Data	Availability of Data
State Public Health System Assessment Score for Essential Service 1, Monitor Health Status to Identify Community Health Problems	43.8	October 2011	State Public Health System Assessment	Collective stakeholder scoring	Repeated fall 2016
State Public Health System Assessment Score for Essential Service 3, Inform, Educate, and Empower People about Health Issues	39.1	October 2011	State Public Health System Assessment	Collective stakeholder scoring	Repeated fall 2016
State Public Health System Assessment Score for Essential Service 7, Link People to the Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	25.0	October 2011	State Public Health System Assessment	Collective stakeholder scoring	Repeated fall 2016
State Public Health System Assessment Score for Essential Service 4, Mobilize Community Partnerships and Action to Identify and Solve Health Problems	44.8	October 2011	State Public Health System Assessment	Collective stakeholder scoring	Repeated fall 2016
State Public Health System Assessment Score for Essential Service 8, Assure a Competent Public Health and Personal Health Care Workforce	42.5	October 2011	State Public Health System Assessment	Collective stakeholder scoring	Repeated fall 2016
State Public Health System Assessment Score for Essential Service 9, Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	41.1	October 2011	State Public Health System Assessment	Collective stakeholder scoring	Repeated fall 2016



Priority Area 3:

Expand Health Promotion Capacity to Deliver Public Health Prevention Programs and Policies Across the LifeSpan

Objective 1: Develop an organizational framework and implementation plan to build health promotion capacity

Performance Measure 1

Implementation plan including organizational framework developed

Baseline	Currently there is no implementation plan
Target for Success	Implementation plan including organizational framework developed
Progress	A workgroup is planning activities towards this Objective. No data available at this time.

Performance Measure 2

Percentage of public health practitioners reporting collaborative health promotion or community outreach efforts that are excellent or very good in terms of the strength of the collaboration

Baseline	Developmental measure
Target for Success	Increase
Progress	Baseline data initiated in 2015 Survey

Objective 2: Identify health promotion workforce competencies and leadership skills

Performance Measure 1

Percentage of DHHS public health workforce* reporting at least a basic level of competency in skills related to health promotion

Baseline	25.1% [n=183, mean=2.65] (2013)
Target for Success	Increase
Progress	Survey to be repeated again in 2016

Performance Measure 2

Percentage of DHHS public health workforce* reporting at least a basic level of competency in skills related to evaluation

Baseline	52.2% [n=156, mean=2.65] (2013)
Target for Success	Increase
Progress	Survey to be repeated again in 2016

Objective 3: Implement 2 to 3 high priority evidence-based health promotion programs or practices

Performance Measure 1

Number of evidence-based health promotion programs or practices implemented that target high priority population groups

Baseline	0 (2013)
Target for Success	Increase
Progress	A workgroup is planning activities towards this Objective. No data available at this time.

Performance Measure 2	
Number of return-on-investment (ROI) studies on public health programs completed and distributed	
Baseline	0 (2013)
Target for Success	Increase
Progress	Performance Measure 1 must be completed prior to ROI, therefore not initiated at this time.

Objective 4: Provide at least 4 trainings on evaluating health promotion programs and policies

Performance Measure 1	
Number of trainings provided on evaluating health promotion programs and policies	
Baseline	0 (2013)
Target for Success	Four trainings
Progress	Five trainings have been hosted by the end of 2014

Performance Measure 2	
Number of public health workforce staff participating in trainings on evaluating health promotion programs and policies	
Baseline	0 (2013)
Target for Success	100 public health workforce staff
Progress	Just over 200 participants registered attendance at the five events hosted (see PM1 above)

Priority Area 4: Improve the Integration of Public Health, Behavioral Health and Health Care Services

Objective 1: Complete pilot project with health care home clinics who are tracking health indicators to determine best practices for health education and promotion programs

Performance Measure 1	
Study completed and results disseminated	
Baseline	Study not yet completed
Target for Success	Study completed and results disseminated
Progress	Workgroup to develop plan for pilot project in 2015. Study to be completed by 2016.

Objective 2: Local health departments partner with hospitals to complete the Community Health Needs Assessment (CHNA)

Performance Measure 1	
Number of Local Health Departments (LHDs) that partner with hospitals to complete the Community Health Needs Assessment	
Baseline	15 out of 20 (2014)
Target for Success	Increase
Progress	Survey to be repeated again in 2016



Priority Area 4: Performance Measures (con't)

Performance Measure 2

Number of Local Health Departments (LHDs) that collaborate on implementation of strategies identified in the Community Health Needs Assessment

Baseline	18 out of 20 (2014)
Target for Success	Increase
Progress	Survey to be repeated again in 2016

Objective 3: Identify and implement the core competencies, essential educational curriculum components, key roles and responsibilities, and a system of support for community health workers

Performance Measure 1

Number of community health workers trained in core competencies

Baseline	26 (2013)
Target for Success	Increase
Progress	Annually

Performance Measure 2

Number of community health curriculums aligned with core competencies

Baseline	0 (2013)
Target for Success	Increase
Data Collection Frequency	Annually

Performance Measure 3

Final report outlining recommendations towards a community health worker certification process is completed

Baseline	Currently there are no formal recommendations towards this activity
Target for Success	Final report outlining recommendations towards a community health worker certification process is completed
Progress	The Community Health Worker Association has a draft document in review

Objective 4: Connect all appropriate behavioral health and public health community programs with clinics that have a health care home model

Performance Measure 1

Complete an inventory of community public health programs that could be used to connect with health care home models and complete an inventory of clinics with a health care home model

Baseline	Inventory not yet completed
Target for Success	Inventory completed
Progress	A workgroup is developing strategies towards this Objective, projected completion in 2015

Performance Measure 2	
Percentage of community public health programs identified in the inventory that collaborate with a clinic with a health care home model	
Baseline	Developmental measure dependent upon the completion of Performance Measure 1
Target for Success	Increase
Progress	Performance Measure 1 must be completed prior, therefore no data at this time

Objective 5: Complete a study on the role of the state and local public health agencies in the prevention of mental health and substance abuse problems and the coordination of these services

Performance Measure 1	
Study completed and results disseminated	
Baseline	Study not yet completed
Target for Success	Study completed and results disseminated
Progress	A workgroup is developing strategies towards this Objective, project completion in 2015

Performance Measure 2	
Percentage of public health practitioners reporting collaboration with community partners on substance abuse issues	
Baseline	Developmental measure
Target for Success	Increase
Progress	Baseline data not available until Survey in 2015

Performance Measure 3	
Percentage of public health practitioners reporting collaboration with community partners on mental health issues	
Baseline	Developmental measure
Target for Success	Increase
Progress	Baseline data not available until Survey in 2015

Priority Area 5:

Expand the Capacity to Collect, Analyze and Report Health Data

Objective 1: Identify and incorporate competencies and leadership skills within the epidemiology and data workforce

Performance Measure 1	
Percentage of the DHHS public health epidemiology and data workforce reporting at least a basic level of competency in skills related to epidemiology and health data	
Baseline	63.6% [n=21, mean=3.09] (2013)
Target for Success	Increase
Progress	Survey to be repeated again in 2016



Priority Area 5: Performance Measures (con't)

Objective 2: Increase the timely reporting of quality public health data to help identify public health problems and best practices

Performance Measure 1

Percentage of public health practitioners who feel that the reporting of DHHS public health data is timely

Baseline	Developmental measure
Target for Success	Increase
Progress	Baseline data not available until Survey in 2015

Performance Measure 2

Percentage of public health practitioners who report satisfaction with the ease at which they are able to access DHHS public health data

Baseline	Developmental measure
Target for Success	Increase
Progress	Baseline data not available until Survey in 2015

Objective 3: Increase the utilization of health data by public health users and researchers to improve public health practice

Performance Measure 1

Percentage of public health practitioners who report that the utilization of public health data is important for informing and/or evaluating their work

Baseline	Developmental measure
Target for Success	Increase
Progress	Baseline data not available until Survey in 2015

Performance Measure 2

Number of collaborative studies between public health practitioners and academic researchers

Baseline	0 (2013)
Target for Success	Complete three collaborative studies by the end of 2016
Progress	10 (ten) studies have been completed as of November 2014

Performance Measure 3	
Number of facilities/vendors registering intent to utilize Meaningful Use	
Baseline	115 (2013) <i>NESIIS* (immunization): 72</i> <i>NEDSS* (reportable labs): 15</i> <i>SSEDON* (syndromic): 28</i>
Target for Success	Increase
Progress	(2014) <i>NESIIS* (immunization):</i> <i>NEDSS* (reportable labs):</i> <i>SSEDON* (syndromic):</i>

Performance Measure 4	
Number of facilities/vendors registered to utilize Meaningful Use that complete the process and send ongoing production data	
Baseline	40 (2013) <i>NESIIS* (immunization): 40</i> <i>NEDSS* (reportable labs): 0</i> <i>SSEDON* (syndromic): 0</i>
Target for Success	Increase
Progress	Data unavailable until January 2015

*See Appendix D



APPENDIX C: Continuing Impact Community Group

Otherwise known as the SHIP Advisory Coalition, this group has served as a guiding force in the development of the SHIP. DHHS expresses gratitude for the early and ongoing participation of these members and their dedicated contribution to the vision of the SHIP: “Working together to improve the health and quality of life for all individuals, families and communities across Nebraska.”

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Sue Adams DHHS Division of Behavioral Health	Julane Hill Nebraska Department of Education	Ming Qu DHHS Division of Public Health
Teresa Anderson Central District Health Department	Dave Holmquist American Cancer Society, Nebraska	Bruce Rieker Nebraska Hospital Association
Peggy Apthorpe Aging Partners	Patrik Johansson UNMC College of Public Health	John Roberts Nebraska Rural Health Association
Susan Bockrath Nebraska Association of Local Health Directors	Ryan King Central District Health Department	Jenifer Roberts-Johnson DHHS Division of Public Health
Margaret Brink Four Corners Health Department Board President	Terry Krohn Two Rivers Public Health Department	Josie Rodriguez DHHS Division of Public Health
Charlotte Burke Lincoln-Lancaster County Health Department	Dale Mahlman Nebraska Medical Association	Ed Schneider Public
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Jennifer Eurek Nebraska Health Care Association	Sue Medinger DHHS Division of Public Health	Jennifer Skala Nebraska Children and Families Foundation
Paula Eurek DHHS Division of Public Health	David O’Doherty Nebraska Dental Association	Kay Wenzl DHHS Division of Public Health
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Joe Francis Nebraska Department of Environmental Quality		



APPENDIX D: Acronyms

Acronym	Legend
BRFSS	Behavioral Risk Factor Surveillance Survey
CHNA	Community Health Needs Assessment
CSH	Coordinated School Health
DHHS	Nebraska Department of Health and Human Services
DPH	Division of Public Health
LHD	Local Health Department
HS	High School
IBCLC	International Board Certified Lactation Consultants
NEDSS	National Electronic Disease Surveillance System
NESISS	Nebraska State Immunization Information System
PRAMS	Pregnancy Risk Assessment Monitoring System
SHIP	State Health Improvement Plan
SSEDON	Syndromic Surveillance Event Detection of Nebraska
UNMC	University of Nebraska Medical Center
YRBS	Youth Risk Behavior Survey