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.

Performance Measures for the Nebraska State Health Improvement Plan

Department of Health & Human Services

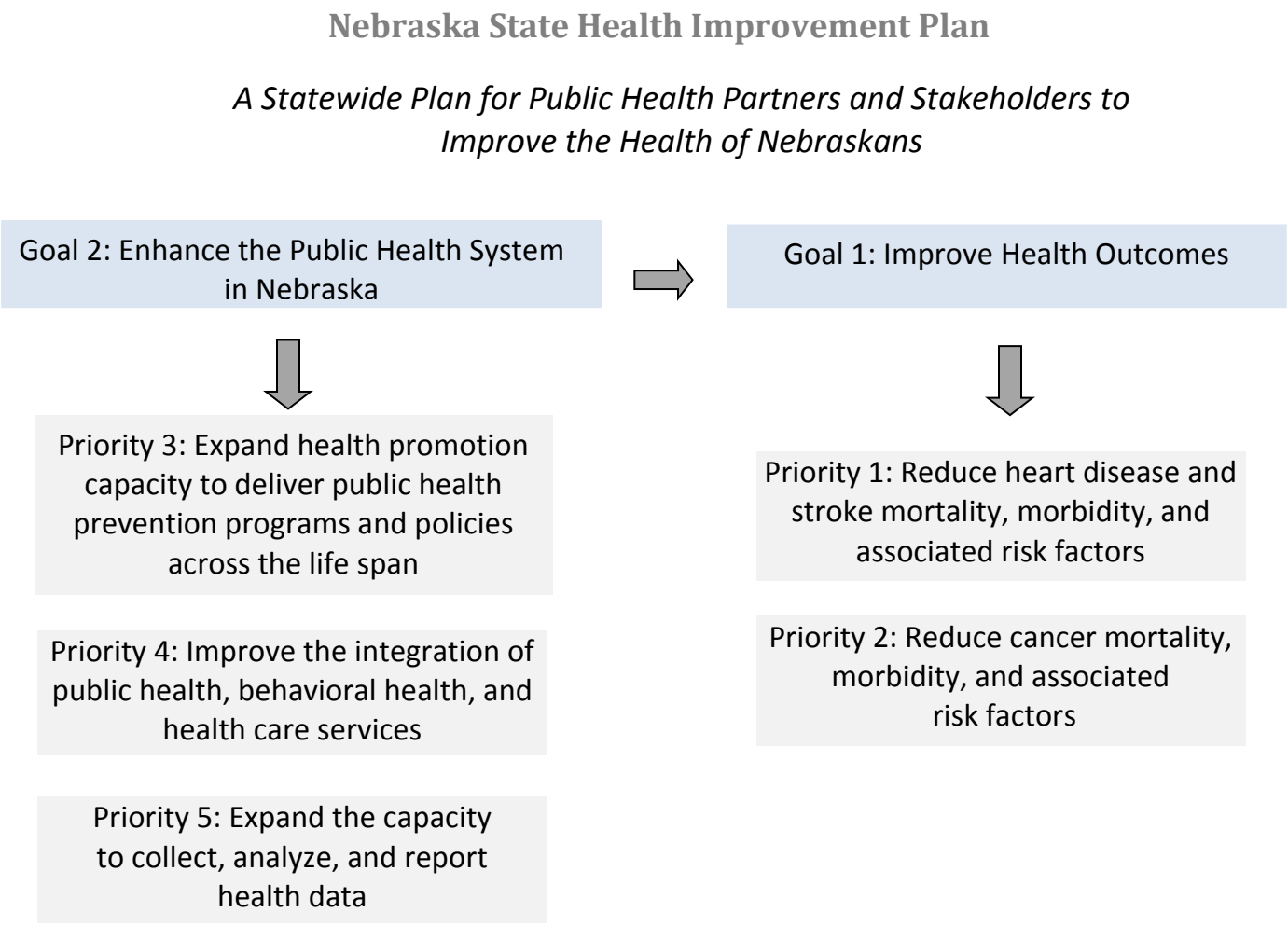
DHHS

NEBRASKA

The Nebraska State Health Improvement Plan

The 2013 Nebraska State Health Improvement Plan (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. To achieve success in these areas the plan is built around the implementation of evidence-based prevention strategies and enhancing collaboration among public health stakeholders. While the SHIP serves as a blueprint for change, it was designed to be flexible enough to adapt to the continuously evolving forces of change that impact public health. The Department of Health and Human Services (DHHS) Division of Public Health (DPH) is serving as the backbone agency supporting the implementation of the SHIP including performance management.

The figure below provides a broad outline of the SHIP's two goals and five priorities. The plan is twofold, with enhancements to the public health system (included under Goal 2) designed to improve public health outcomes (including but not limited to those under Goal 1).



Performance Monitoring of the SHIP

The purpose of this document 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 types of measures used to monitor the SHIP.

- **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 of the plan and the ability to link changes in these measures to SHIP implementation activities is limited. As a result, these measures will be monitored but not tracked as performance measures. These measures relate to mortality and morbidity (e.g., cancer, heart disease, high blood pressure, diabetes) and are included under Goal 1 only.

- **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 of the plan and the ability to link changes in these measures to SHIP implementation activities is somewhat limited. 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. These measures relate to health behaviors under Goal 1 (e.g., cancer screenings, blood pressure screening, nutrition, tobacco use, physical activity) and public health system issues under Goal 2 (e.g., success in meeting public health essential service standards).

- **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 preventative 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. These measures are included under each objective of the SHIP.

The value of tracking performance is to document the level of success of activities implemented under the SHIP. Knowing where there have been successes as well as limitations in the effectiveness of the plan will aid the broad array of agencies responsible for implementing the plan to coordinate and focus their efforts in order to build on achievements and improve deficiencies. Furthermore, many of the long-term and intermediate outcome measures may be influenced by factors beyond the scope of the SHIP. Keeping watch on these will help DHHS and its partners to maintain a level of surveillance on the state of public health in Nebraska.

Yearly reporting will be prepared by DHHS and reviewed by the SHIP Advisory Coalition and other key partners involved in the implementation of the SHIP. A separate report template has been created for activity leaders to provide updates specific to the section of the plan for which they are responsible. Items that will be reported will include performance measures, process measures, involvement from partners and stakeholders, major accomplishments, challenges and barriers, and lessons learned.

Goal 1: Improve Health Outcomes

Long-Term Outcome Measures					
Measurement	**Baseline Data**	**Year**	**Source**	**Type of Data**	**Avail-ability of Data**
Cancer incidence rates (age-adjusted per 100,000 population)	Overall: 442.9 Colorectal: 44.0 Female breast: 124.7 Cervical: 7.3 Lung: 55.7	2011	NE Cancer Registry	Population Based	Annual
Cancer mortality rates (age-adjusted per 100,000 population)	Overall: 164.8 Colorectal: 16.0 Female breast: 21.2 Cervical: 1.8 Lung: 43.1	2012	Vital Records-Mortality	Population Based	Annual
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 high 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

*BRFSS – Behavioral Risk Factor Surveillance System
PRAMS – Pregnancy Risk Assessment Monitoring System
YRBS – Youth Risk Behavior Survey

Intermediate Outcome Measures					
Measurement	**Baseline Data**	**Year**	**Source**	**Type of Data**	**Avail-ability 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 Heart Disease, Stroke, and Cancer 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 Measures

1. Number of health entities that implemented a health hub project
2. Number of mammography screenings for women 50 to 74 years old at participating health hub entities
3. Number of cervical cancer screenings for women 21 to 65 years old at participating health hub entities
4. Number of colon cancer screenings among 50 to 75 year olds at participating health hub entities
5. Number of screenings for hypertension in adults at participating health hub entities
6. Number appropriately referred for follow-up treatment at participating health hub entities

Objective 2 (Health Care Setting)

Increase professional lactation support through the use of International Board Certified Lactation Consultants (IBCLCs)

Performance Measures

1. Number of IBCLCs in Nebraska
2. Number of IBCLCs in Nebraska per 1,000 live births

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

Objective 4 (Worksite Setting)

Increase the number of worksites implementing and evaluating comprehensive worksite wellness programs

Performance Measures

1. Percentage of worksites with a health promotion or wellness committee
2. Percentage of worksites that have one or more policies or programs in place that support healthy eating
3. Percentage of worksites that have one or more policies or programs in place that support physical activity
4. Percentage of worksites that have a policy that prohibits smoking on the whole worksite campus
5. Percentage of worksites that have one or more policies or programs in place that support preventive health screenings
6. Number of businesses that are members of a worksite wellness council

Objective 5 (School Setting)

Increase the number of schools that implement a coordinated school health approach to improve the health of students

Performance Measures

1. Number of Nebraska schools that implement the Coordinated School Health approach
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
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

Goal 2: Enhance the Public Health System in Nebraska

Intermediate Outcome Measures for Goal 2					
Measurement	**Baseline Data**	**Year**	**Source**	**Type of Data**	**Avail-ability 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 Life Span

Objective 1

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

Performance Measures

1. Implementation plan including organizational framework developed
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

Objective 2

Identify health promotion workforce competencies and leadership skills

Performance Measures

1. Percentage of DHHS public health workforce reporting at least a basic level of competency in skills related to health promotion
2. Percentage of DHHS public health workforce reporting at least a basic level of competency in skills related to evaluation

Objective 3

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

Performance Measures

1. Number of evidence-based health promotion programs or practices implemented that target high priority population groups
2. Number of return-on-investment studies on public health programs completed and distributed

Objective 4

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

Performance Measures

1. Number of trainings provided on evaluating health promotion programs and policies
2. Number of public health workforce staff participating in trainings on evaluating health promotion programs and policies

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

Objective 2

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

Performance Measures

1. Number of LHDs that partner with hospitals to complete the CHNA
2. Number of LHDs that implement strategies identified in the CHNA

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 Measures

1. Number of community health workers trained in core competencies
2. Number of community health curriculums aligned with core competencies
3. Final report outlining recommendations toward a community health worker certification process is completed

Objective 4

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

Performance Measures

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
2. Percentage of community public health programs identified in the inventory that collaborate with a clinic with a health care home model

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 Measures

1. Study completed and results disseminated
2. Percentage of public health practitioners reporting collaboration with community partners on substance abuse issues
3. Percentage of public health practitioners reporting collaboration with community partners on mental health issues

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

Objective 2

Increase the timely reporting of quality (e.g. accurate and relevant) public health data to help identify public health problems and best practices

Performance Measures

1. Percentage of public health practitioners who feel that the reporting of DHHS public health data is timely
2. Percentage of public health practitioners who report satisfaction with the ease at which they are able to access DHHS public health data

Objective 3

Increase the integration and utilization of health data by public health data users and researchers to improve public health practice

Performance Measures

1. Percentage of public health practitioners who report that the utilization of public health data is important for informing and/or evaluating their work
2. Number of collaborative studies between public health practitioners and academic researchers
3. Number of facilities/vendors registering intent to utilize Meaningful Use
4. Number of facilities/vendors registered to utilize Meaningful Use that complete the process and send ongoing production data

Appendix A- Definitions of Long-Term and Intermediate Outcome Measures for Goal 1

Definitions of Long-Term Outcome Measures	
Cancer incidence rates (age-adjusted per 100,000 population)	➢ Rate of newly diagnosed cancer cases by cancer type among Nebraska residents per 100,000 population (age-adjusted to the 2000 US standard population); ICD-O-2/3 codes for primary site invasive cases include: overall (all invasive cases and in situ bladder cases); colorectal (C180 – C209, C260 and histology codes not in 9590 – 9989); female breast (C500-C509 and histology codes not in 9590 – 9989); cervical (C530 – C539 and histology codes not in 9590 – 9989); lung (C340 – C349 and histology codes not in 9590 – 9989)
Cancer mortality rates (age-adjusted per 100,000 population)	➢ Deaths due to cancer by cancer type among Nebraska residents per 100,000 population (age-adjusted to the 2000 US standard population); ICD-10 codes include: overall (C00-C97); colorectal (C18-C21); female breast (C50); cervical (C53); lung (C34)
Ever told they have cancer (in any form) among adults 18 and older	➢ Percentage of adults 18 and older who report that they have ever been told by a doctor, nurse, or other health professional that they had skin cancer or any other type of cancer
Heart disease mortality rate (age-adjusted per 100,000 population)	➢ Deaths due to heart disease among Nebraska residents per 100,000 population (age-adjusted to the 2000 US standard population); ICD-10 codes: I00-I09, I11, I13, I20-I51
Stroke mortality rate (age-adjusted per 100,000 population)	➢ Deaths due to stroke among Nebraska residents per 100,000 population (age-adjusted to the 2000 US standard population); ICD-10 codes: I60-I69
Ever told they have high blood pressure among adults 18 and older	➢ Percentage of adults 18 and older who report that they have ever been told by a doctor, nurse, or other health professional that they have high blood pressure (excluding pregnancy)
Ever told they have high cholesterol among adults 18 and older who have ever had it checked	➢ Percentage of adults 18 and older who report that they have ever been told by a doctor, nurse, or other health professional that they have high blood pressure (excluding pregnancy)
Ever told they have diabetes among adults 18 and older	➢ Percentage of adults 18 and older who report that they have ever been told by a doctor, nurse, or other health professional that they have diabetes (excluding pregnancy)
Obesity among adults 18 and older	➢ Percentage of adults 18 and older with a body mass index (BMI) of 30.0 or greater, based on self-reported height and weight
Obesity among youth 10-17 years old	➢ Percentage of youth 10-17 years old with a body mass index (BMI) at or above the 95th percentile of the BMI-for-age growth chart cut-points

Definitions of Intermediate Outcome Measures	
Up-to-date on colon cancer screening among adults 50-75 years old	➢ Percentage of adults 50–75 years old who report having had a fecal occult blood test (FOBT) during the past year, or a sigmoidoscopy during the past 5 years and an FOBT during the past 3 years, or a colonoscopy during the past 10 years
Up-to-date on breast cancer screening among females 50-74 years old	➢ Percentage of females 50-74 years old who report having had a mammogram during the past 2 years
Up-to-date on cervical cancer screening among females 21-65 years old	➢ Percentage of females 21-65 years old without a hysterectomy who report having had a Pap test during the past 3 years
Had blood pressure checked in past year among adults 18 and older	➢ Percentage of adults 18 and older who report having had their blood pressure taken by a doctor, nurse, pharmacist, dentist, eye doctor, or other health professional during the past 12 months
Had cholesterol checked in past 5 years among adults 18 and older	➢ Percentage of adults 18 and older who report having had their blood cholesterol checked during the past 5 years
Breastfeeding initiation	➢ Percentage of mothers who report that they breastfed or pumped breast milk to feed their new baby after delivery
Breastfeeding exclusively through 3 months of age	➢ Percentage of mothers who report that they only breastfed or provided pumped breast milk to feed their new baby for the first three months or 13 weeks
Engaged in 60 or more minutes of physical activity on 5 or more of the past 7 days among high school students	➢ Percentage of students in grades 9-12 who report being physically active for a total of at least 60 minutes per day on five or more of the past seven days
Met aerobic physical activity recommendation among adults 18 and older	➢ Percentage of adults 18 and older who report at least 150 minutes of moderate-intensity physical activity, or at least 75 minutes of vigorous-intensity physical activity, or an equivalent combination moderate- and vigorous-intensity aerobic activity per week during the past month
Consumed fruit less than one time per day among high school students	➢ Percentage of students in grades 9-12 who report consuming fruit or 100% fruit juice an average of less than one time per day during the past seven days
Consumed vegetables less than one time per day among high school students	➢ Percentage of students in grades 9-12 who report consuming vegetables an average of less than one time per day during the past seven days
Consumed sugar-sweetened beverages one or more times per day among high school students	➢ Percentage of students in grades 9-12 who report drinking a can, bottle, or glass of soda or pop, sports drink, or other sugar-sweetened beverage an average of one or more times per day during the past seven days
Consumed fruit less than one time per day among adults 18 and older	➢ Percentage of adults 18 and older who report consuming fruit or 100% fruit juice an average of less than one time per day during the past month

Consumed vegetables less than one time per day among adults 18 and older	➢ Percentage of adults 18 and older who report consuming vegetables an average of less than one time per day during the past month
Smoked cigarettes in past month among high school students	➢ Percentage of students in grades 9-12 who report smoking cigarettes on one or more of the past 30 days
Used smokeless tobacco in past month among high school students	➢ Percentage of students in grades 9-12 who report using chewing tobacco, snuff, or dip on one or more of the past 30 days
Current cigarette smoking among adults 18 and older	➢ Percentage of adults 18 and older who report that they currently smoke cigarettes either every day or on some days
Current smokeless tobacco use among adults 18 and older	➢ Percentage of adults 18 and older who report that they currently use smokeless tobacco products (chewing tobacco, snuff, or snus) either every day or on some days

Appendix B - Detailed Tables of Performance Measures

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

Objective 1 (Health Care Setting) Increase the number of people 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 healthcare centers)
Target for Success	Increase by 5 for federal qualified healthcare centers and by 5-6 for local health departments. By 2014, the project will include all federal qualified healthcare centers (7) and 9-10 local health departments.
Data Source	Nebraska DHHS Division of Public Health - Lifespan Health
Data Collection Frequency	Annually
Definition	Number of local health departments and federally qualified healthcare centers that are linked through the creation of a health hub

Performance Measure 2 Number of mammography screenings for women 50 to 74 years old at participating health hub entities	
Baseline	823 (2013)
Target for Success	Increase
Data Source	Annual reports provided by sites implementing a health hub project, Nebraska DHHS Division of Public Health
Data Collection Frequency	Annually
Definition	Number of mammography screenings for women 50 to 74 years old at participating health hub entities

Performance Measure 3 Number of cervical cancer screenings for women 21 to 65 years old at participating health hub entities	
Baseline	574 (2013)
Target for Success	Increase
Data Source	Annual reports provided by sites implementing a health hub project, Nebraska DHHS Division of Public Health
Data Collection Frequency	Annually
Definition	Number of cervical cancer screenings in women 21 to 65 years old at participating health hub entities

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
Data Source	Annual reports provided by sites implementing a health hub project, Nebraska DHHS Division of Public Health
Data Collection Frequency	Annually
Definition	Number of colon cancer screenings among 50 to 75 year olds at participating health hub entities

Performance Measure 5 Number of screenings for hypertension in adults at participating health hub entities	
Baseline	789 (2013)
Target for Success	Increase
Data Source	Annual reports provided by sites implementing a health hub project, Nebraska DHHS Division of Public Health
Data Collection Frequency	Annually
Definition	Number of screenings for hypertension in adults at participating health hub entities

Performance Measure 6 Number appropriately referred for follow-up treatment	
Baseline	0 (Encounter Registry implemented July 1, 2014)
Target for Success	Increase
Data Source	Encounter Registry used by health hub entities, Nebraska DHHS Division of Public Health
Data Collection Frequency	Annually
Definition	Number of individuals appropriately referred for follow-up treatment based on medical needs identified by participating health hub entities

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 (IBCLCs) in Nebraska	
Baseline	104 (November 2013)
Target for Success	Increase
Data Source	International Board of Lactation Consultant Examiners (IBLCE)
Data Collection Frequency	Annually
Definition	Number of IBCLCs in Nebraska certified through IBLCE

Performance Measure 2 Number of International Board Certified Lactation Consultants (IBCLCs) 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
Data Source	International Board of Lactation Consultant Examiners (IBLCE) and Nebraska DHHS Division of Public Health - Vital Statistics
Data Collection Frequency	Annually
Definition	Number of IBCLCs in Nebraska certified through IBLCE per 1,000 live births

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
Data Source	Public Health Practitioner Survey, Nebraska DHHS Division of Public Health
Data Collection Frequency	2015 and 2017
Definition	Percentage of respondents indicating that they always or very often choose strategies that are strictly evidence-based.

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
Data Source	Nebraska Worksite Wellness Survey, Nebraska DHHS Division of Public Health
Data Collection Frequency	Survey to be repeated again in 2016
Definition	Weighted percentage of worksites responding "yes" to Q20a: "Our worksite has a health promotion or wellness committee"

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
Data Source	Nebraska Worksite Wellness Survey, Nebraska DHHS Division of Public Health
Data Collection Frequency	Survey to be repeated again in 2016
Definition	Weighted percentage of worksites responding "yes" to one or more of the following survey items: Q4a: "Our worksite has policies or guidelines encouraging healthful food options (such as fruits and vegetables, whole grains, lean meats, and low-fat dairy products) to be served at staff meetings" Q4b: "Our worksite has policies or guidelines encouraging healthful food options (such as fruits and vegetables whole grains, lean meats, and low-fat dairy products) to be served at sponsored events" Q4c: "Our worksite has policies or guidelines encouraging healthful food/healthier food alternatives (such as dried fruits, whole grain snacks or foods that are relatively lower in fat, calorie, sugar, or sodium content) in vending machines" Q4d: "Our worksite has policies that require healthy food preparation practices in the cafeteria/snack shop (e.g. steaming, low fat/sodium substitutions, limited frying, etc.)" Q4e: "Our worksite has policies or guidelines limiting the sodium content for foods and beverages served at company events or in worksite settings (cafeteria, vending machines, snack shop)"

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
Data Source	Nebraska Worksite Wellness Survey, Nebraska DHHS Division of Public Health
Data Collection Frequency	Survey to be repeated again in 2016
Definition	Weighted percentage of worksites responding "yes" to one or more of the following survey items: Q9a: "Our worksite has policies allowing flextime for employees to participate in physical activity during work hours" Q9b: "Our worksite has policies allowing time in addition to normal breaks for employees to participate in physical activity during the workday" Q9c: "Our worksite has policies encouraging employees to commute to work by walking or biking" Q9d: "Our worksite has policies supporting employee physical fitness"

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
Data Source	Nebraska Worksite Wellness Survey, Nebraska DHHS Division of Public Health
Data Collection Frequency	Survey to be repeated again in 2016
Definition	Weighted percentage of worksites responding "yes" to Q13D: "Our worksite has adopted a policy that prohibits smoking on the whole worksite campus"

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
Data Source	Nebraska Worksite Wellness Survey, Nebraska DHHS Division of Public Health
Data Collection Frequency	Survey to be repeated again in 2016
Definition	Weighted percentage of worksites responding "yes" to one or more of the following survey items: Q16: "In the past 12 months, did your worksite offer the following health services or screenings to employees (but not as part of the employees' health insurance or job entrance exam): a. Periodic health of physical exams b. Blood pressure checks c. Blood tests to measure blood sugar d. Cholesterol screening g. Cancer screening (skin, breast, cervical, colorectal) h. Body fat or healthy body weight screening" Q19a: "Our worksite has a health insurance plan that covers general health physicals/screenings on an annual basis" (covered at no cost or low cost to the employee) Q19f: "Our worksite has a health insurance plan that covers the cost of cholesterol testing" (covered at no cost or low cost to the employee)

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
Data Source	Worksite council annual reports from WELCOM, WorkWell, and Panhandle Worksite Wellness Council
Data Collection Frequency	Annually
Definition	Number of businesses that are members of one of the three worksite wellness councils in the state: WELCOM, WorkWell, or Panhandle Worksite Wellness Council

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
Data Source	Commitment forms from CSH participating schools, Nebraska Department of Education
Data Collection Frequency	Annually
Definition	Number of Nebraska schools that implement the Coordinated School Health approach by participating in the Nebraska Department of Education's CSH institutes on a yearly basis

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
Data Source	School Health Profiles and Coordinated School Health (CHS) Institutes (required of participating schools—both elementary and secondary)
Data Collection Frequency	Biennially
Definition	Percentage of randomly selected schools participating in the School Health Profiles and schools completing CSH institutes 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

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
Data Source	School Health Profiles and Coordinated School Health (CSH) Institutes (required of participating schools—both elementary and secondary), Department of Education
Data Collection Frequency	Biennially
Definition	Percentage of randomly selected schools participating in the School Health Profiles and schools completing CSH institutes 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

Priority Area 3: Expand Health Promotion Capacity to Deliver Public Health Prevention Programs and Policies across the Life Span

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
Data Source	State Health Improvement Plan (SHIP) documentation - Nebraska DHHS Division of Public Health
Data Collection Frequency	Upon completion of the implementation plan
Definition	Implementation plan including organizational framework developed

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
Data Source	Public Health Practitioner Survey, Nebraska DHHS Division of Public Health
Data Collection Frequency	2015 and 2017
Definition	Percentage of respondents reporting that the strength of collaboration on health promotion or community outreach efforts is excellent or very good

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
Data Source	University of Nebraska Medical Center Workforce Assessment Survey, Nebraska DHHS Division of Public Health
Data Collection Frequency	Survey to be repeated again in 2016
Definition	Percentage of DHHS public health workforce staff who report their level of competence at a level three or higher out of four on average on the following survey items:° *[Scale: 1=I am unaware or have little knowledge of the item; 2=I have heard of it, limited knowledge of ability to apply the skill; 3=I am comfortable with knowledge or ability to apply the skill; 4=I am very*

	comfortable, and expert, could teach others] Q2b: "Describe the core public health functions (i.e., assessment, assurance, and policy development" Q2c: "Identify the ten essential services of Public Health" Q2d: "Locate and use scientific evidence to address a public health issue, concern, or intervention" Q3b: "Consider the role of cultural, social, and behavioral factors in the accessibility, availability, acceptability and delivery of public health services" Q3c: "Respond to diverse needs that are the result of cultural differences" Q4a: "Develop health information at appropriate literacy levels" Q4c: "Use a variety of print approaches to disseminate public health information" Q4d: "Use a variety of social media approaches to disseminate public health information" Q5a: "Develop and maintain productive partnerships with key stakeholders" Q5b: "Ensure participation of key stakeholders" Q5f: "Use community input when developing public health policies and programs" Q5g: "Promote Division of Public Health policies, programs, and resources to communities or populations served" Q7d: "Aware of internal and external influences that may affect the delivery of public health services" Q7e: "Participate with stakeholders to identify key values and shared vision for the benefit of communities or populations served" Q8a: "Locate and apply information relevant to public health policy issues (e.g., procedures, regulations, and laws)" Q8b: "Describe the implications of public health policies" Q8c: "Develop work plans to implement grants"

*Due to the constraints of the survey, data are only available for DHHS staff. °Respondents who did not answer more than half of the selected survey items were excluded. Only those who answered 9 out of the 17 survey items were included in the estimate.

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
Data Source	University of Nebraska Medical Center Workforce Assessment Survey, Nebraska DHHS Division of Public Health
Data Collection Frequency	Survey to be repeated again in 2016
Definition	Percentage of DHHS public health workforce staff who report their level of competence at a level three or higher out of four on average on the following survey items:° *[Scale: 1=I am unaware or have little knowledge of the item; 2=I have heard of it, limited knowledge of ability to apply the skill; 3=I am comfortable with knowledge or ability to apply the skill; 4=I am very comfortable, and expert, could teach others]* Q8f: "Develop evaluation plans to monitor programs for their

	effectiveness and quality" Q8g: "Conduct program evaluations" Q8h: "Use evaluation results (internal or external) to improve programs"

*Due to the constraints of the survey, data are only available for DHHS staff. °Respondents who did not answer more than half of the selected survey items were excluded. Only those who answered two out of the three survey items were included in the estimate.

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
Data Source	State Health Improvement Plan (SHIP) documentation, Nebraska DHHS Division of Public Health
Data Collection Frequency	Annually
Definition	Number of new or expanded evidence-based health promotion programs implemented by DHHS, public health entities, or other partners across the state that target high priority population groups during the implementation phase of the SHIP (2014 to 2016)

Performance Measure 2 Number of return-on-investment (ROI) studies on public health programs completed and distributed	
Baseline	0 (2013)
Target for Success	Increase
Data Source	University of Nebraska Medical Center College of Public Health
Data Collection Frequency	Number of ROI studies completed and distributed will be assessed at the end of 2016
Definition	Number of new ROI studies completed during the implementation phase of the SHIP (2014 to 2016)

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
Data Source	University of Nebraska Medical Center and Nebraska DHHS Division of Public Health
Data Collection Frequency	Annually
Definition	Number of trainings initiated by the State Health Improvement Plan provided on evaluating health promotion programs and policies from 2014 to 2016

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
Data Source	University of Nebraska Medical Center and Nebraska DHHS Division of Public Health
Data Collection Frequency	Annually
Definition	Number of public health workforce staff participating in trainings initiated by the State Health Improvement Plan on evaluating health promotion programs and policies from 2014 to 2016

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
Data Source	Nebraska DHHS Division of Public Health
Data Collection Frequency	Study completed by 2016
Definition	Study with health care home clinics who are tracking health indicators to determine best practices for health education and promotion programs

Objective 2 Local health departments partner with hospitals to complete the Community Health Needs Assessment

Performance Measure 1 Number of Local Health Departments (LHDs) that partner with hospitals to complete the Community Health Needs Assessment (CHNA)	
Baseline	15 out of 20 (2014)
Target for Success	Increase
Data Source	CHNA Collaboration Survey, Nebraska DHHS Division of Public Health
Data Collection Frequency	Survey to be repeated again in 2016
Definition	Number of LHDs that report partnering with area non-profit hospitals to produce a single, shared needs assessment that met both of their needs/requirements

Performance Measure 2 Number of Local Health Departments (LHDs) that collaborate on implementation of strategies identified in the Community Health Needs Assessment (CHNA)	
Baseline	18 out of 20 (2014)
Target for Success	Increase
Data Source	CHNA Collaboration Survey, Nebraska DHHS Division of Public Health
Data Collection Frequency	Survey to be repeated again in 2016
Definition	Number of LHDs that report collaborating on the implementation of strategies identified in the CHNA

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
Data Source	Community Health Worker's Association Registry
Data Collection Frequency	Annually
Definition	Number of community health workers trained in core competencies and registered with the Community Health Worker's Association Registry

Performance Measure 2 Number of community health curriculums aligned with core competencies	
Baseline	0 (2013)
Target for Success	Increase
Data Source	Nebraska DHHS Division of Public Health - Office of Health Disparities and Health Equity
Data Collection Frequency	Annually
Definition	Upon establishment of the core competences, count of community health curriculums that are aligned with these core competencies

Performance Measure 3 Final report outlining recommendations towards a community health worker certification process is completed	
Baseline	Currently there are no recommendations towards a community health worker certification process
Target for Success	Final report outlining recommendations towards a community health worker certification process is completed
Data Source	Nebraska DHHS Division of Public Health - Office of Health Disparities and Health Equity
Data Collection Frequency	Final report outlining recommendations towards a community health worker certification process is completed by 2016
Definition	Final report outlining recommendations towards a community health worker certification process is completed

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	Inventories completed
Data Source	State Health Improvement Plan documentation, Nebraska DHHS Division of Public Health
Data Collection Frequency	Inventory completed by 2016
Definition	Complete inventory of public health programs identified to connect behavioral health and public health community programs with clinics that have a health care home model

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 within this objective
Target for Success	Increase
Data Source	Nebraska DHHS Division of Public Health
Data Collection Frequency	Annually
Definition	Developmental measure

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
Data Source	State Health Improvement Plan documentation- Nebraska DHHS Division of Public Health
Data Collection Frequency	Study completed and results disseminated by 2016
Definition	Complete a study on the role and of the state and local public health agencies and state and local substance abuse agencies and coalitions

Performance Measure 2 Percentage of public health practitioners reporting collaboration with community partners on substance abuse issues	
Baseline	Developmental measure
Target for Success	Increase
Data Source	Public Health Practitioner Survey, Nebraska DHHS Division of Public Health
Data Collection Frequency	2015 and 2017
Definition	The percentage of respondents who indicate that their program area collaborates with external partners on substance abuse issues

Performance Measure 3 Percentage of public health practitioners reporting collaboration with community partners on mental health issues	
Baseline	Developmental measure
Target for Success	Increase
Data Source	Public Health Practitioner Survey, Nebraska DHHS Division of Public Health
Data Collection Frequency	2015 and 2017
Definition	The percentage of respondents who indicate that their program area collaborates with external partners on mental health issues

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
Data Source	University of Nebraska Medical Center Workforce Assessment Survey, Nebraska DHHS Division of Public Health
Data Collection Frequency	Survey to be repeated again in 2016
Definition	Percentage of DHHS public health epidemiology and data workforce staff who report their level of competence at a level three or higher out of four on average on the following survey items:° *[Scale: 1=I am unaware or have little knowledge of the item; 2=I have heard of it, limited knowledge of ability to apply the skill; 3=I am comfortable with knowledge or ability to apply the skill; 4=I am very comfortable, and expert, could teach others]* Q1a: "Assess the health status of populations and their related determinants of health and illness" Q1b: "Identify factors to measure public health conditions" Q1c: "Use public health data and information in daily work" Q1d: "Employ ethical principles in the collection, maintenance, use, and dissemination of data and information" Q1e: "Distill results from data relevant to the community or population served" Q1f: "Use information technology (i.e. databases) to collect, store, and retrieve data" Q2e: "Know who to contact or where to find laws, regulations and procedures for research, surveillance and evaluation" Q4g: "Present scientific information for use by professional and lay audiences"

*Due to the constraints of the survey, data are only available for DHHS staff. °Respondents who did not answer more than half of the selected survey items were excluded. Only those who answered five out of the eight survey items were included in the estimate.

Objective 2 Increase the timely reporting of quality (e.g. accurate and relevant) 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
Data Source	Public Health Practitioner Survey, Nebraska DHHS Division of Public Health
Data Collection Frequency	2015 and 2017
Definition	Percentage of respondents who agree or strongly agree that DHHS public health data are reported in a timely manner

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
Data Source	Public Health Practitioner Survey, Nebraska DHHS Division of Public Health
Data Collection Frequency	2015 and 2017
Definition	Percentage of respondents who agree or strongly agree that it is easy to obtain the DHHS public health data they need

Objective 3 Increase the integration and utilization of health data by public health data 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
Data Source	Public Health Practitioner Survey, Nebraska DHHS Division of Public Health
Data Collection Frequency	2015 and 2017
Definition	Percentage of respondents who report that it is very important or extremely important for their program area to utilize Nebraska DHHS public health data for the purpose of informing and/or evaluating their work

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
Data Source	Nebraska Public Health Practice-Based Research Network
Data Collection Frequency	Annually
Definition	Number of collaborative studies between public health practitioners and academic researchers

Performance Measure 3 Number of facilities/vendors registering intent to utilize Meaningful Use (MU)	
Baseline	115 (2013) NESIIS (immunizations): 72 NEDSS (reportable labs): 15 SSEDON (syndromic): 28
Target for Success	Increase
Data Source	MU Registration System, Nebraska DHHS Division of Public Health
Data Collection Frequency	Annually
Definition	The number of facilities/vendors registering their intent to perform electronic exchange of health information (immunization, syndromic surveillance, electronic lab results, and in the future, cancer)

Performance Measure 4 Number of facilities/vendors registered to utilize Meaningful Use (MU) that complete the process and send ongoing production data	
Baseline	40 (2013) NESIIS (immunizations): 40 NEDSS (reportable labs): 0 SSEDON (syndromic): 0
Target for Success	Increase
Data Source	MU Registration System, Nebraska DHHS Division of Public Health
Data Collection Frequency	Annually
Definition	The number of facilities/vendors registered to utilize Meaningful Use that complete the process and perform electronic exchange of health information (immunization, syndromic surveillance, electronic lab results, and in the future, cancer)

*NESIIS – Nebraska State Immunization Information System
NEDSS – National Electronic Disease Surveillance System
SSEDON – Syndromic Surveillance Event Detection of Nebraska