

**Nebraska FY 2015
Preventive Health and Health Services
Block Grant**

Annual Report

Annual Report for Fiscal Year 2015

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Governor: Pete Ricketts

State Health Officer: Courtney N. Phillips, MPA

Block Grant Coordinator:

Gwen Hurst

301 Centennial Mall S.

P.O. Box 95026

Lincoln NE 68509-5026

Phone: 402-471-3485

Fax: 402-471-6446

Email: gwen.hurst@nebraska.gov

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Executive Summary

EXECUTIVE SUMMARY

On June 22, 2015, the Nebraska Preventive Health Advisory Committee reviewed and recommended programs for funding, contingent upon receipt of funding for FY 2015.

On June 10, 2015, the Public Hearing was convened.

This Work Plan is for the Preventive Health and Health Services Block Grant (PHHSBG) for Federal Year 2015. It is submitted by the Nebraska Department of Health and Human Services (DHHS) as the designated state agency for the allocation and administration of PHHSBG funds.

Funding Assumptions: The total award for the FY 2015 Preventive Health and Health Services Block Grant is **\$2,499,909**. This amount is based on an allocation table distributed by CDC.

Funding for FY 2015 Sexual Assault-Rape Crisis (HO IPV 40) activities detailed in the Work Plan: \$80,000 total; **\$36,752** of this total is a mandatory allocation to the **Nebraska Coalition to End Sexual and Domestic Violence (Nebraska Coalition)** which utilizes this funding to reduce the percent of total respondents on the Youth Risk Behavior Survey who report that they were forced to have sex when they did not want to from 8% to 7%. The Nebraska Coalition will continue its social marketing campaign, "Step Up Speak Out." The comprehensive campaign focuses on youth and young adults but also reaches parents, educators, youth-serving adults and the general population. The Nebraska Coalition will also provide sexual abuse prevention education for its network of 20 local domestic violence/sexual assault programs and will provide funding for local program advocates to attend a national conference focusing on prevention of sexual violence.

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

Program: EMERGENCY MEDICAL SERVICES (EMS) PROGRAM

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

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

Funding: \$30,000 will be utilized by the DHHS Emergency Medical Services/Trauma Services Program to help enhance the skills and effectiveness of state licensed EMS instructors. By improving instructor performance, EMS provider candidates will be better prepared and have greater potential for passing the licensing examination. In turn, EMS agencies will have more providers to respond to requests for services, increasing the proportion of persons who have access to rapidly responding pre-hospital emergency services.

Program: HEALTH DISPARITIES & HEALTH EQUITY PROGRAM

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

Nebraska Health Objective: Identify and increase awareness, provide education and improve access to health services for racial and ethnic minorities, refugees and American Indians

PHHSBG Funding: \$240,980 will be utilized by the Office of Health Disparities and Health Equity (OHDHE) to identify and increase awareness of health disparities among racial and ethnic minorities in Nebraska, provide education to expand community-based health promotion and provide training on cultural competency to improve access to health services for racial and ethnic minorities, refugees and American Indians in Nebraska. OHDHE will collect and analyze data, survey minority population growth and create and disseminate minority reports and report cards. Activities will include:

- Collecting and analyzing data from sources including birth, death and hospital discharge and minority surveillance data to identify health disparities among various racial and ethnic minority groups throughout Nebraska;
- Providing presentations, trainings and outreach events related to minority population growth, health disparities, health education and cultural intelligence to increase awareness of racial and ethnic minorities, refugees and American Indians in Nebraska;
- Developing reports and report cards addressing disparities in socioeconomic status, health status and

minority population growth. This allows DHHS to monitor the health status of minorities of Nebraska and plan strategies for future interventions that target key disparities. These reports will be published in paper and disseminated at professional meetings, published on the Nebraska DHHS website, and the information will also be used in presentations to community members, partners, and stakeholders.

Program: INFECTIOUS DISEASE PROGRAM

National Health Objective: HIV-2 New HIV Infection

Nebraska Health Objective: Increase the percentage of high-risk persons tested for HIV/AIDS

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

Program: INFECTIOUS DISEASE PROGRAM

National Health Objective: STD-1 Chlamydia

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

PHHSBG Funding: \$46,576 will be utilized by the DHHS STD Program to contract laboratory services that provide tests for STDs at selected clinics. The services will provide increased access to Disease Intervention Specialists (DIS) and report results in order to facilitate follow-up with people who are infected, the aim of which is to assure change in risk behaviors and prevention of additional infection transmission. Douglas County Health Department STD staff will offer tests and DIS services as well as risk reduction and prevention strategies.

Program: INFECTIOUS DISEASE PROGRAM

National Health Objective: STD-6 Gonorrhea

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

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

Program: INJURY PREVENTION PROGRAM

National Health Objective: IVP-2 Traumatic Brain Injury

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

PHHSBG Funding: \$82,000 will be utilized by the DHHS Injury Prevention Program to reduce the number of traumatic brain injuries requiring emergency department visits and the number of traumatic brain injuries requiring hospitalization. The Injury Prevention Program will:

- Contract with the Brain Injury Association of Nebraska to maintain a statewide Concussion Coalition to provide and guide concussion education, awareness and prevention across the state;
- Contract with Nebraska Educational Telecommunications (NET) to develop concussion education modules for health care providers; and
- Provide mini-grants (sub-awards) to up to four Safe Kids coalitions to conduct injury prevention programming to reduce traumatic brain injuries in children and youth.

Program: INJURY PREVENTION PROGRAM

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

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

PHHSBG Funding: \$62,000 will be utilized by the DHHS Injury Prevention Program to provide child passenger safety training, provide technical assistance, and coordinate Safe Kids Nebraska Child Care Transportation Training. Among the activities are:

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

Program: INJURY PREVENTION PROGRAM

National Health Objective: IVP-23 Deaths from Falls

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

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

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

Program: ORAL HEALTH PROGRAM

National Health Objective: OH-3 Untreated dental decay in adults

Nebraska Health Objective: Increasing oral health awareness and improving preventive oral care access among adults aged 65 and older.

PHHSBG Funding: \$97,500 will be utilized to train care providers in the provision of oral care for persons residing in long-term care facilities, provide oral care education to adults and monitor and evaluate the program. Specific activities include:

- Renewing a contract with the University of Nebraska Medical Center College of Dentistry to train additional Registered Dental Hygienists with a Public Health Authorization;
- Integrating oral health awareness education into work with parents of young children who receive fluoride treatments and local health agencies; and
- Monitoring and evaluating progress of trainings and oral health awareness education.

Program: ORAL HEALTH PROGRAM

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

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

PHHSBG Funding: \$159,500 will be utilized to provide sub-awards through an RFA process to up to five local health departments, FQHCs and/or community contractors. Specific activities include:

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

Program: ORAL HEALTH PROGRAM

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

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

PHHSBG Funding: \$99,500 will be utilized to develop an oral health surveillance system for Nebraska. The DHHS Office of Oral Health & Dentistry (OOHD) will work with the DHHS Epidemiology & Informatics Unit to develop the surveillance system. Specific activities include:

- Reviewing current Nebraska data;
- Reviewing other states' surveillance systems for applicability to Nebraska;
- Developing a user-friendly conceptual surveillance system;

- Conducting an Open Mouth Survey of Nebraska’s third graders;
- Establishing a memorandum of understanding with each partner (Association of State and Territorial Dental Directors, UNMC College of Dentistry and local community organizations); and
- Calibrating screeners.

Program: PUBLIC HEALTH INFRASTRUCTURE

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

Nebraska Health Objective: Implement up to 10 community-based prevention projects

PHHSBG Funding: \$345,000 will be utilized to issue RFAs and select sub-awardees to implement community-based prevention projects addressing chronic disease, oral health, trauma and injury prevention. DHHS staff will review applications, select awardees and monitor progress of projects. DHHS staff will also work with sub-awardees and/or contractors to expand the “Snack & Go” project, providing healthy snacks in convenience stores and providing healthy snacking education in nearby middle and high schools.

Program: PUBLIC HEALTH INFRASTRUCTURE

National Health Objective: EH-14 Radon mitigation systems in homes

Nebraska Health Objective: Increase the number of homes tested for radon in Nebraska

PHHSBG Funding: \$30,000 will be utilized to identify and contract with an entity to implement a public awareness campaign, form a commission of stakeholders to help guide the campaign and assist in dissemination of information and monitor and evaluate the campaign.

Program: PUBLIC HEALTH INFRASTRUCTURE

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

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

PHHSBG Funding: \$270,331 will be utilized by DHHS staff to maintain a comprehensive state-level health data surveillance system and sustain the capacity for collection and analysis of health data. DHHS staff will identify all relevant health indicators for local health department reporting, update and execute analysis program and generate and disseminate reports. DHHS staff will review Healthy People 2020 objectives and latest trends, analyze Nebraska data for selected objectives and prepare a report for use by the state and local health departments and support accreditation efforts. DHHS will maintain the Nebraska Joint Public Health Data Center and will recruit and train an Informatician who will develop the Nebraska Public Health Informatics Strategic Plan and coordinate all public health informatics activities.

Program: PUBLIC HEALTH INFRASTRUCTURE

National Health Objective: PHI-17 Accredited public health agencies

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

PHHSBG Funding: \$424,700 will be utilized to support activities related to achieving accreditation for the State Public Health Department. DHHS will submit an application to the Public Health Accreditation Board and submit all documentation required for consideration for accreditation and will engage in activities in support of best practices accompanying accreditation. DHHS will focus on four key areas:

1. Implementing State Health Improvement Plan (SHIP) activities and providing support to coalition members and partners in implementing key strategies;
2. Issuing RFAs and providing oversight for sub-awardees addressing state health objectives, impact objectives and activities;
3. Providing funds and subject matter expertise for local health departments to implement evidence-based strategies related to implementation of their health improvement plans and preparation for accreditation;

Providing training and educational resources related to core public health competencies and mentoring to increase capacity to implement evidence-based programs and prepare for accreditation.

Program: WORKSITE WELLNESS PROGRAM

National Health Objective: ECBP-8 Worksite health promotion programs

Nebraska Health Objective: Provide support to worksite wellness councils

PHHSBG Funding: \$110,500 will be utilized by DHHS to provide sub-awards to two of three worksite wellness councils to build capacity to conduct evidence-based health promotion activities for workers and to document improvement in the health status of workers. The two sub-awardees are the Nebraska Safety Council (operating the WorkWell Council) and the Wellness Council of the Midlands (WELCOM). Activities related to this objective include:

- Conducting the Nebraska Worksite Wellness Survey through a contract with the University of Nebraska-Lincoln Bureau of Sociological Research;
- Building worksite wellness capacity by providing training and technical assistance. DHHS will work with wellness councils, and those councils will in turn work with worksites providing information, resources and assistance regarding evidence-based practices for worksite wellness.

ADMINISTRATIVE COSTS

Nebraska equates "Administrative Costs" with "Indirect Costs." For FY15, up to \$225,322 (less than the 10% allowable) will be utilized for salary and fringe benefits of staff supported by the PHHSBG funds in accordance with the State's current federally approved Indirect Cost Rate of 46.2%. DHHS uses the funds to support efficient operation of the PHHS Block Grant; provision of legal, accounting, personnel and information technology services; office space; utilities; printing; phone; and building and equipment maintenance.

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

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

State Program Title: EMERGENCY MEDICAL SERVICES PROGRAM

State Program Strategy:

Program Goal:

The PHS Block Grant-funded **Emergency Medical Services (EMS)/Trauma Program** is dedicated to improving the capacity of local pre-hospital emergency medical services to provide emergency care to the sick and injured in Nebraska. The goal of this project is to help enhance the skills and effectiveness of state licensed EMS Instructors. By improving instructor performance, EMS provider candidates will be better prepared and have greater potential for passing the licensing examination. In turn, EMS agencies will have more providers to respond to requests for services. Personnel expenses are often the largest expenditure made by EMS providers, and turnover among volunteer EMS providers is equally expensive in human terms. An effective leader or educator can leverage the significant dollars and time spent on people into astounding results; however, to realize these results, investment must be made in the leaders themselves. Investment in leaders/educators will result in maintaining or growing the number of licensed EMS providers and ultimately to increasing the proportion of persons who have access to rapidly responding prehospital emergency medical services.

Health Priority:

In the 18 months between December 2013 and June 2015, the number of Nebraska licensed EMS providers dropped by 13% from 8,436 to 7,367. In the same period, the number of licensed EMS agencies dropped by 3% from 426 to 414. Not only did the number of providers and services decrease, but the number of licensed EMS instructors fell from 311 to 266, a 14% drop. In the calendar year 2014, the state's population is estimated to have increased by 1%.

Many of the EMS agencies that are still licensed have very small personnel rosters. Of the 414 agencies, 170 (41%) of them have 10 or fewer licensed members. A total of 35 (8%) have five or fewer, with a handful having only two licensed providers.

A supermajority (75%) of the EMS providers in the State of Nebraska are at the EMT licensure level. The EMT pass rate on the National Registry of Emergency Medical Technician's (NREMT) cognitive examination for 1/1/2013-12/31/2014 has stalled at around 78% cumulative (70% first attempt), while the cumulative results of the Emergency Medical Responder (EMR), Advanced Emergency Medical Technician (AEMT), and Paramedic levels have all risen to 88% or better. Persons passing the NREMT exam for a licensure level are generally eligible to become licensed, active EMS providers.

Primary Strategic Partners:

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

Evaluation:

Create a written report which reflects the following:

- Number of licensed EMS-Instructors attending.
 - Number of approved EMS training agencies represented.
 - A summary of the topics and content presented.
 - A comparison of candidate pass rates on the state's licensure examination.
- The major markers of success will include comparing the cumulative NREMT pass rate of the EMT level following the activities funded by this grant. Additionally, we will compare the number of active/licensed EMS providers to the ones previously stated.

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

State Health Objective(s):

Between 10/2014 and 09/2015, increase the proportion of persons who have access to rapidly responding prehospital emergency medical services, both basic life support and advanced life support.

State Health Objective Status

Not Met

State Health Objective Outcome

Grant activities are just now beginning to roll out to the instructors.

Reasons for Success or Barriers/Challenges to Success

Nebraska's Emergency Management System program manager announced his retirement during the grant year. Hiring a new program manager is in process. Since PHHS funding is allocated to the Nebraska Department of Health & Human Services so late in the grant cycle, it is difficult to implement the plan within a shortened timeframe. Activities have begun and others are currently in the planning phase.

Strategies to Achieve Success or Overcome Barriers/Challenges

As previously mentioned, the uncertainty about the funding makes implementation difficult.

Leveraged Block Grant Dollars

No

Description of How Block Grant Dollars Were Leveraged

Not applicable.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

EMS Educator Development

Between 10/2014 and 09/2015, Nebraska Department of Health & Human Services (DHHS) EMS/Trauma Program will increase the number of state sponsored instructor development activities from 1 to 3.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2014 and 09/2015, Nebraska Department of Health & Human Services (DHHS) EMS/Trauma Program increased the number of state sponsored instructor development activities from 1 to 1.

Reasons for Success or Barriers/Challenges to Success

Activities are scheduled for January & March 2016. With funding not becoming available until September 2015, January and March 2016 were the first opportunities to plan instructor development activities with the Nebraska Instructor's Society.

Strategies to Achieve Success or Overcome Barriers/Challenges

Not applicable.

Activity 1:

Design and host EMS Educator's Academy

Between 10/2014 and 09/2015, with the assistance of state approved EMS training agencies, the EMS & Trauma Program will design and host an EMS Educator's Academy to help develop strong EMS educators. The academy will feature topics that are relevant to the modern day EMS educator. It will introduce best practices in EMS education, such as peer learning/mentoring in psychomotor skills instruction, switching from teacher-centered to learner-centered environments and the use of problem based learning. By improving the effectiveness of the instructor, the state will see improved performance on the licensing examination by the learner. In turn, this will lead to an increase in the number licensed EMS providers to serve the citizens of the State of Nebraska and an increase in the availability of and rapidness in the response of pre-hospital emergency care.

Activity Status

Not Completed

Activity Outcome

The EMS Educator's Academy is in the planning process and will take place in mid-2016.

Reasons for Success or Barriers/Challenges to Success

DHHS has good relationships with partner organizations and has been successful in securing Helmsley grant funding.

Some barriers to success include turnover of DHHS staff due to retirement and ongoing dialogue with partner organizations regarding training required and desired for EMS providers, especially in Nebraska's rural areas.

Strategies to Achieve Success or Overcome Barriers/Challenges

DHHS is in the process of hiring a replacement for the long-time program manager. Once that person in place, firm decisions can be made about the content and amount of training.

Activity 2:**Support instructor development activities**

Between 10/2014 and 09/2015, the EMS & Trauma Program will provide financial support to help offset the cost of additional EMS-Instructor development conferences that are hosted by the Nebraska Instructor's Society in conjunction with the Nebraska EMS Association's conferences. As with the EMS Educator's Academy, the conferences will help introduce best practices in EMS education, such as psychomotor skills instruction, educational ethics, using educational objectives to drive instruction and the development of classroom assessments. By improving the effectiveness of the instructor, the state will see improved performance on the licensing examination by the learner. In turn, this will lead to an increased number licensed EMS providers to serve the citizens of the State of Nebraska and an increase in the availability of and rapidness of response of pre-hospital emergency care.

Activity Status

Not Completed

Activity Outcome

The Nebraska Instructor's Society will host one day instructor conferences in January and March 2016. Funds have been allocated to cover the presenters' honoraria. This helps ensure that the fee that the attendees pay remains affordable.

Reasons for Success or Barriers/Challenges to Success

Both a success and a barrier to success has been the receiving of a Helmsley grant to provide LUCAS devices for local EMS providers. Nebraska was identified as strong candidate for funding, which is a success. The influx of funds required Nebraska DHHS employees to focus time and attention on fulfilling the requirements of the Helmsley grant and to place a lower priority on the planning and relationship-building for the PHHS block grant.

Strategies to Achieve Success or Overcome Barriers/Challenges

As a new program manager is hired and brought on board, instructor conferences will be given the attention needed in order to be completed.

State Program Title: HEALTH DISPARITIES & HEALTH EQUITY PROGRAM

State Program Strategy:

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

Health Priorities:

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

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

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

Evaluation Methodology: The Health Disparities & Health Equity (HDHE) Program evaluation plan will be guided by the impacts and outcomes outlined in the Strategic Framework for OMH: Improving Racial and Ethnic Minority Health and Eliminating Racial and Ethnic Health Disparities (OMH Strategic Framework). The HDHE Program evaluation activities will primarily use two types of evaluation: process and outcome. Process evaluation will be conducted, as appropriate, prior to an activity's initiation in order to ensure that the activity can be successfully implemented as planned. DHHS staff will track all the activities monthly, including number of presentations, number of participants, location of participants, demographic info of participants, invitation and attendance records, the status of reports and the dissemination of reports.

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

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

State Health Objective(s):

Between 10/2014 and 09/2019, identify at least 20 of the most critical health disparities and health needs among racial ethnic minorities in Nebraska. Based on identified disparities and needs, work to equalize health outcomes and reduce health disparities through information and education of public health and other stakeholders who serve these populations.

State Health Objective Status

Exceeded

State Health Objective Outcome

A total of 32 critical health disparities and health needs were identified and included socioeconomic, mortality and behavioral risk factors. These findings were compiled into five reports for the purpose of

communicating these findings with Nebraska stakeholders and the community. Based on these key findings, educational efforts were made within the community. A minority population growth chart was also created. A total of five presentations that included information regarding minority population growth and health disparities were made with a focus of reaching minority populations.

Reasons for Success or Barriers/Challenges to Success

Successes:

- Data is a core function of the office and is supported in the OHDHE strategic plan.
- Office staff are experienced and familiar with minority health and health disparities.
- Experienced analysts are available to elucidate the most serious disparities.

Challenges:

- Analyzing information is a challenge with small population numbers or missing health data.
- Health data is unavailable for many sub-minority groups, and many minority population numbers are very small. Because population numbers are so small, the data cannot be reported, and it is difficult to use weighted minority data.
- Many surveys and data sources involve many definitions that affect data analysis.

Strategies to Achieve Success or Overcome Barriers/Challenges

Successes

- The OHDHE was able to gather additional information by funding modules that are not typically included in surveys.
- The Office worked with community partners to increase outreach for health education sessions.

Challenges

- There were small population sizes or response sizes that limited data analysis
- There are often different or updated definitions of diseases or indicator terms, complicating data comparison over different time periods. This required double-checking of data, analyses and reports to ensure correct use.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

Partial salary of the OHDHE Administrator and Epidemiologist Surveillance Coordinator are leveraged for management of projects, analysis of data and preparation of reports.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Minority data collection and analysis

Between 10/2014 and 09/2015, the Office of Health Disparities and Health Equity (OHDHE) will analyze 3 data sets and collect minority Behavioral Risk Factor data. Birth, death, and hospital discharge data will be used to identify health disparities among various racial and ethnic minority groups throughout Nebraska.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2014 and 09/2015, the Office of Health Disparities and Health Equity (OHDHE) analyzed 4 data sets and collect minority Behavioral Risk Factor data. Birth, death, and hospital discharge data will be used to identify health disparities among various racial and ethnic minority groups throughout Nebraska.

Reasons for Success or Barriers/Challenges to Success

Successes

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

Challenges

- Data was unavailable for many sub-minority groups, either due to few responses or small population sizes; thus, some data could not be reported or required cautious interpretation.
- It was very difficult to evaluate hospital discharge data without a link to databases and subsequent updates of race information.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies to achieve success:

- The OHDHE funded additional BRFSS modules to collect more information that is helpful for analysis.
- The Office used program and literature reviews to create a set of indicators and a template for racial disparities in hospitalizations.

Activity 1:

Minority hospital discharge data project phase 3

Between 10/2014 and 09/2015, per the created hospital discharge data with minority information in the previous fiscal year, OHDHE will join together with DHHS and University of Nebraska Medical Center (UNMC) joint data center to finish a Nebraska Minority Discharge preliminary report which includes the leading causes of hospital discharge for all minority groups.

Activity Status

Completed

Activity Outcome

During this reporting period, Hispanic information was obtained and included in the hospital discharge records data set. Eventually, 100% of the hospital discharge records included race and ethnicity information. The OHDHE worked with partners to analyze the hospital discharge records with all the minority information, and the leading causes of hospital discharge for all minority groups was identified. In addition, a race index was created which will be used for updating and further linking purposes.

Reasons for Success or Barriers/Challenges to Success

Successes

- This project demonstrates the usefulness of data linkage and GIS in leveraging the value of the HDD data.
- This approach not only provides a comprehensive data source but also significantly enhances a population-based health disparity study and deepens our understanding of the impact of certain factors, including socio-economic status on health.
- The project methodology and results were presented at the 2015 APHA conference on November 4, 2015, in Chicago.

Challenges

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

Strategies to Achieve Success or Overcome Barriers/Challenges

- Two major strategies were used to obtain Hispanic information for HDD. The results of these two methods were merged and contained 6,151 duplicated cases, resulting in 56,130 records from the same period of time 2005 to 2011.
 - A Spanish/Hispanic surname matching strategy was adopted. Centers for Disease Control and

Prevention (CDC) provided a list of Hispanic family names. In total, 53,392 inpatients were found with Spanish/Hispanic surnames.

- HDD was linked to the Cancer Registry, Birth Certificates and Death Certificate records to match cases reported as Hispanic. In total, 8,889 were identified.
- Conducted literature searches and developed a template for racial disparity in hospitalization.
- Developed analytical capacity for the OHDHE so that the office can eventually conduct large scale data analysis on its own.
- Data imputation was utilized to generate ethnicity information for each record as a reference.

Activity 2:

Summarize 2010-2014 leading cause of death data

Between 10/2014 and 09/2015, OHDHE will identify the top 10 leading causes of death (i.e., cancer, heart disease, stroke) and the related disparities between minority groups and non-Hispanic Whites.

Activity Status

Completed

Activity Outcome

Based on the National Center for Health Statistics 2009-2013 data, the leading causes of death were identified for African Americans, American Indians, Asians, Hispanics, and Whites for all age groups. The top ten causes for the state of Nebraska are (in descending order): heart disease, cancer, stroke, chronic lung disease, Alzheimer's, diabetes, unintentional injury, pneumonia, nephritis/nephrosis, and suicide. Disparity data for minorities will be used to update reports and presentations in the upcoming year.

Reasons for Success or Barriers/Challenges to Success

Successes

- Data was provided to the Minority Health Council to determine on which key disparities to focus.
- The results were used to update Minority Chronic Diseases fact sheets.
- This was an integral part of the OHDHE Strategic Plan, and was a required step in identifying where large health disparities exist in Nebraska.
- Use of multiple data sources/sets in order to gain a more complete analysis.
- The importance of staff expertise in the analysis and dissemination of health information

Strategies to Achieve Success or Overcome Barriers/Challenges

- A general data review was completed using CDC and other state reports with similar information.
- A review of research methodology was conducted using information from other sources through partnerships with other agencies.

Activity 3:

Summarize 2010-2014 birth data

Between 10/2014 and 09/2015, OHDHE will identify the disparities between minority groups and non-Hispanic Whites related to maternal child health (i.e., infant mortality, low birth weight).

Activity Status

Completed

Activity Outcome

Based on the data from 2009-2013, the OHDHE identified health disparities using vital statistics data for racial and ethnic minorities in Nebraska. African Americans, American Indians, and Hispanics experience very large disparities in birth-related measures. African Americans in Nebraska experienced the highest infant mortality rate in 2009-2013 at 14.3/1,000 infants, compared to 5.8/1,000 non-Hispanic White infants. American Indians' infant mortality was 11.2/1,000 infants.

Reasons for Success or Barriers/Challenges to Success

Successes

- Experienced and knowledgeable epidemiologist who is able to analyze data.
- Collaboration with other offices and departments to gather sufficient data.

Challenges

- Data for certain racial groups could not be reported due to insufficient sample sizes. The missing information can hinder future efforts to reduce health disparities for minorities of Nebraska.
- There are inherent limitations using mortality data. It may be affected by random variations, especially in the case when the number and probability of an event is small.

Strategies to Achieve Success or Overcome Barriers/Challenges

- To help combat small sample sizes in data analysis, sometimes multiple years of data were combined to produce a more reliable sample.

Activity 4:

Minority surveillance data collection

Between 10/2014 and 09/2015, OHDHE will survey minority populations using the Nebraska Behavioral Risk Factor Surveillance System (BRFSS), adding eight race and reaction to race questions to the survey conducted by the University of Nebraska-Lincoln (UNL).

Activity Status

Completed

Activity Outcome

16,000 surveys were completed through the Nebraska Behavioral Risk Factor Surveillance System (BRFSS). In 2015, OHDHE paid for two modules: Reaction to Race and State-added race and ethnicity questions.

A Behavioral Risk Factors by Disability and Non-Disability report was also completed, showing the contrast between disabled minorities and disabled non-minorities. Two additional Behavioral Risk Factors reports were completed for the Santee Sioux Tribe of Nebraska and the Winnebago Tribe of Nebraska.

Meetings to share data with the Native American tribes were held to share disparity findings and discuss what next steps were needed to address them and increase collaboration with the tribal leadership. Individual meetings were held with the Ponca Tribe, Winnebago Tribe, Omaha Tribe, and Santee Sioux Tribe.

Reasons for Success or Barriers/Challenges to Success

Successes

- Established a standardized methodology for survey administration/collection.
- Nebraska DHHS and University of Nebraska Lincoln collaborated to survey Nebraska minorities.
- Oversampled minority populations and added race (including sub-racial groups) and demographic questions to the survey.
- Tribes completed the surveys in time for the report to be used in a grant application.

Challenges

- Initial survey methods did not reach enough minority respondents.
- Language barriers arose in surveying when some participants had limited English proficiency.
- Simplifying technical text so it is comprehensive to lay audiences without sacrificing the accuracy of information.
- Face-to-face meetings and extensive pre-planning requires travel and extra time. (Nebraska is a nine-hour drive from east to west and crosses one time zone.)

Strategies to Achieve Success or Overcome Barriers/Challenges

- Surveys were completed monthly and continued throughout the year.
- The census track methodology was used to identify higher minority population areas in order to increase minority responses. This was especially necessary for the American Indian population. To increase the number of Asian respondents, a search by last name was used for sampling.
- For those with limited English proficiency, the questionnaire was mailed to the participant in their language of highest understanding.

Impact/Process Objective 2:

Minority population growth and health disparities presentations and outreach

Between 10/2014 and 09/2015, OHDHE will provide presentations, trainings and outreach events regarding minority population growth, health disparities, health education and cultural intelligence to **31 entities** to increase awareness of racial and ethnic minorities, refugees and American Indians in Nebraska.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2014 and 09/2015, OHDHE provided presentations, trainings and outreach events regarding minority population growth, health disparities, health education and cultural intelligence to **31** to increase awareness of racial and ethnic minorities, refugees and American Indians in Nebraska.

Reasons for Success or Barriers/Challenges to Success

Successes

- Established a clear work plan for individuals to move forward, giving all presentations in a timely manner.
- Dedicated staff members called locations to increase outreach and attendance at presentations given.
- Formed new collaborations with community members and organizations to increase outreach.

Challenges

- Being awarded the funding late and only having six months to complete our goal is challenging.
- Restricting presentations to public health topics limited opportunities and there were difficulties in finding locations for them.
- Translation of materials in various languages that are not common was a barrier at times.

Strategies to Achieve Success or Overcome Barriers/Challenges

- Set measures/indicators to be used by everyone.
- Regular updates on the status of presentations and progress made towards goals.
- Translated materials were readily available (in languages commonly spoken by participants), and materials reflected a 6th - 8th grade English language level.
- Presentations were tailored for different age groups and for different abilities to comprehend English in order to better reach and serve each audience.

Challenges

- Staff continue to work on setting up more presentations for minority communities.
- Staff worked with translators when presenting to the Refugee populations.
- Staff also worked with organizations that provide services to minority populations to conduct the presentations.

Activity 1:

Minority population growth and health disparity presentations

Between 10/2014 and 09/2015, OHDHE will complete 5 minority health population growth and health disparities presentations to stakeholders in Nebraska to increase awareness of the Nebraska minority population growth, key disparities among minorities and the factors that influence disparities and health outcomes.

Activity Status

Completed

Activity Outcome

The OHDHE was able to complete five presentations: one at a home Visitation Conference, two at Aetna, one at the OHDHE Minority Health Council, and one to the Regional Health Equity Council via a webinar for public health stakeholders in Region VII. Through existing and newly-formed relationships with community organizations and stakeholders, staff members were able to present to a variety of audiences interested and invested in minorities of Nebraska. The Office educated participants on the status of minorities in Nebraska and the disparities that exist.

The office also worked with the Community Health Workers (CHW) Coalition contractor to facilitate and develop a support system for CHWs. Key factors of CHW certification were shared at committee meetings to facilitate creation of a certificate system. Successful efforts resulted in the coalition becoming a part of the Nebraska Public Health Association as a separate committee.

Reasons for Success or Barriers/Challenges to Success

Successes

- Maintenance of existing relationships with community partners.
- OHDHE's expertise in minority health and health disparities makes the Office a reliable source of information for the community.
- The degree of interaction and engagement in OHDHE's presentations make them likeable, resulting in requests for additional presentations or continued education series.
- The CHW committee created a list of goals to achieve for a support system.
- Clear and consistent communication of the goals among all parties.
- CHW video created for CHW efforts in Nebraska and to highlight the importance of working with a CHW.

Challenges

- CHW coalition passed on the CHW sustainability work to the Public Health of Nebraska CHW Section Association. Some audiences experienced difficulties in understanding the presentations due to limited English proficiency.
- Reading materials require constant updating and sometimes require translating into different languages and ensuring that the translation was adequate.

Strategies to Achieve Success or Overcome Barriers/Challenges

- Provision of translated materials to improve the understanding of concepts by presentation participants.
- Increased use of pictures and hand gestures to communicate verbally and visually with limited English proficiency audiences during presentations and on presentation slides.
- Regularly scheduled meetings helped to identify a certification plan.

Activity 2:

Provide health education regarding chronic disease

Between 10/2014 and 09/2015, OHDHE will complete 6 presentations on chronic disease modules to minority populations, refugees and American Indians in Nebraska.

Activity Status

Completed

Activity Outcome

Eight chronic disease presentations and six presentations on health disparities were given. Organizations include People's City Mission, the Asian Center, Aetna and a Home Visitation Conference. Chronic disease topics included obesity, diabetes, cardiovascular disease, chronic lung disease and substance abuse.

Reasons for Success or Barriers/Challenges to Success

Successes:

- The first presentation resulted in frequent requests for additional presentations.
- Staff worked with organizations that serve minority populations to conduct presentations
- Staff invited to various events that led to other opportunities for presentations.

Strategies to Achieve Success or Overcome Barriers/Challenges

- OHDHE staff have good connections with minority communities.
- Staff are aware of the disparities information.
- OHDHE staff tailor presentations to each audience.
- Presenters are familiar with the topic and are at ease discussing all aspects of disparities information.

Activity 3:

Provide cultural intelligence and social determinants trainings

Between 10/2014 and 09/2015, OHDHE will complete 10 trainings on cultural intelligence and social determinants to stakeholders in Nebraska to improve access to health services for racial and ethnic minorities, refugees and American Indians in Nebraska.

Activity Status

Completed

Activity Outcome

Thirteen "People are People are People: Increasing Your CQ Training (P3)" cultural intelligence presentations and three Culturally and Linguistically Appropriate Services presentations were made. Some events also covered the social determinants of health. Organizations included the Nebraska Department of Health and Human Services, Roper and Sons Funeral Services, Lincoln Surgical Center.

Reasons for Success or Barriers/Challenges to Success

Successes:

- One staff person performs the majority of trainings and has a background of teaching at the university level in a multitude of disciplines.
- That staff person is knowledgeable about the information she provides.
- The OHDHE has developed and utilizes a system for tracking attendees and demographic information and provides a certificate of completion.
- Training has been very successful and it is now being offered to supervisors and staff within the DHHS system.

Challenges:

- The P3 training offers CEUs, and the Office was notified DHHS Division of Public Health is no longer able to offer them.

Strategies to Achieve Success or Overcome Barriers/Challenges

- OHDHE staff is always researching new information to update trainings and provide new learning opportunities to participants.
- Participants in the trainings spread the word about the training being useful.
- OHDHE is still working with another DHHS staff to determine if CEUs can be offered to participants.

Activity 4:

Conduct community-based outreach for minorities

Between 10/2014 and 09/2015, OHDHE will attend 10 community-based outreach events for racial and ethnic minorities, refugees and American Indians in Nebraska.

Activity Status

Not Completed

Activity Outcome

Staff participated in eight outreach events at a Men's Health Event, the Urban League of Nebraska, the Charles B. Washington library, the Bi-National Health Fair, the Reach for the Stars event at Metropolitan Community College, the Bridge to Care Refugee Health Fair, a Winnebago Tribe Health Fair and the Southeast Nebraska Native American Coalition. Staff offered screenings for health risks, body mass and percent of body fat and provided information on physical activity and nutrition, cardiovascular disease and diabetes. Individuals found to be at risk were referred to a local health organization. Breast self-exam materials were distributed at the Bridge to Care event.

Staff has met with community organizations to discuss opportunities to improve refugee health for Somali, Darfurian, Sudanese and Somali Bantu refugee communities.

Reasons for Success or Barriers/Challenges to Success

Success:

- Relationships that have been built with community organizations provide venues for OHDHE staff to attend and participate in events.
- Bilingual staff help facilitate communication with communities at events.
- Minority staff that look like and speak like the community attend events.
- Staff are knowledgeable about chronic disease information and resources to which they can refer people.

Challenges:

- The late awarding of funding allowed only six months to conduct activities.

Strategies to Achieve Success or Overcome Barriers/Challenges

- Frequent contact with community-based organizations and faith-based organizations opened opportunities.
- Having a designated contact person for tribal outreach lends familiarity and improves contacts.
- Hiring a refugee Community Health Educator to provide outreach and education to other refugees has been very helpful in achieving success with Nebraska's refugee populations

Impact/Process Objective 3:

Minority reports and report cards

Between 10/2014 and 09/2015, OHDHE will develop 9 reports and report cards addressing disparities in socioeconomic status, health status and minority population growth.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2014 and 09/2015, OHDHE developed 7 reports and report cards addressing disparities in socioeconomic status, health status and minority population growth.

Reasons for Success or Barriers/Challenges to Success

Success:

- Data was readily available to update reports.
- Collaborative efforts between members of the data team to update reports with more current data .
- Expertise of epidemiologist to guide the team.
- Seven of nine reports were completed and other additional projects were completed.

Challenges:

- Funding was awarded late so OHDHE had only had six months to complete work plan.
- The DHHS Communications and Legislative Services office must review reports before publication. Their office is experienced several staff turnovers during the reporting period, causing them to be short-staffed and to take much longer than usual to turn-around projects.
- Using various data sources with different indicator definitions delays compiling data.
- Some health indicators had small sample sizes that affected the analysis or interpretation of results.

Strategies to Achieve Success or Overcome Barriers/Challenges

- Stay current on which indicator definitions used for surveys each year to ensure accurate analysis and interpretation.
- To correct for small population sizes, multiple years were combined to help analysis and sub-populations were not separated out.
- Account for extra time due to Communications and Legislative Services delays, now that we know they are short on staff.

Activity 1:

Complete Nebraska Minority Socioeconomic Status Reports

Between 10/2014 and 09/2015, OHDHE will identify and summarize key socioeconomic factors for all the Racial Ethnic minority groups in Nebraska based on US Census Bureau 2008-2012 American Community Survey (ACS) data and will complete the report of this data. Compiling status reports allows OHDHE staff and OHDHE's partners to identify, with numerical data, important socioeconomic factors that influence the health of Nebraskans that should be targeted to reduce health disparities. This is valuable information for minority health initiative grantees, local health departments, and evidence-based chronic disease prevention programs. This also allows DHHS to monitor the health status of minorities of Nebraska and plan strategies for future interventions that target key disparities. These reports will be published in paper and disseminated at professional meetings, published on the Nebraska DHHS website, and the information will also be used in presentations to community members, partners, and stakeholders.

Activity Status

Completed

Activity Outcome

The OHDHE published the Congressional District Socioeconomic Profile Reports for Congressional Districts 1, 2, and 3, using 2008-2012 data.

In addition, the socioeconomic status reports for Hall County, Douglas County and Lancaster County were completed.

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

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

Reasons for Success or Barriers/Challenges to Success

Successes

- Regular meetings with staff and supervisor enabled everyone to stay on track.
- Minority specific data from US Census Bureau ACS results were available for analysis to identify key socioeconomic factors for minorities in Nebraska.

Challenges

- The socioeconomic status questions from the American Community Survey involve many definitions that affect data analysis.
- Only basic data is provided in the US Census data, which could lead to errors in calculations.

Strategies to Achieve Success or Overcome Barriers/Challenges

- Prescheduling meetings assured timely coordination.
- Staying up-to-date on ACS and Census data analysis methods.
- Every definition from the census questionnaire was checked for parameters and compared to data

analysis to ensure validity.

- The CDC Census report was reviewed and compared with report analyses to ensure consistency between the national and state reports.

Activity 2:

Complete minority socioeconomic status reports for Nebraska's 3 Congressional Districts

Between 10/2014 and 09/2015, OHDHE will identify and summarize key socioeconomic factors for all the Racial Ethnic minority groups in Nebraska Congress District One (new boundary), Congress District two (new boundary), and Congress District Three (new boundary), based on US Census Bureau 2008-2012 American Community Survey (ACS) data and will complete the three reports of these data. Doing so will allow OHDHE staff to identify socioeconomic factors that influence the health of individuals specific to each Congressional District, and identify ways to target these factors to reduce disparities. These reports are valuable to minority council meetings and minority health grantees as they help identify key areas that should be the focus of their health initiatives. These reports will be published in paper and disseminated at professional meetings, published on the Nebraska DHHS website, and the information will also be used in presentations to community partners and stakeholders, especially in presentations concerning social determinants of health. They will also be given to each Congressional District office and OHDHE satellite offices (Omaha, York, Grand Island, and Scottsbluff).

Activity Status

Completed

Activity Outcome

The OHDHE has completed the Congressional District Socioeconomic Profile Reports for Congressional Districts 1, 2, and 3, using 2008-2012 data.

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

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

Reasons for Success or Barriers/Challenges to Success

Successes

- Regular meetings with staff and supervisor enabled the work to stay on track.
- Minority specific data from US Census Bureau ACS results were available for analysis to identify key socioeconomic factors for minorities in Nebraska.

Challenges

- The socioeconomic status questions from the American Community Survey involve many definitions that affect data analysis.
- Only basic data is provided in the US Census data which could lead to errors in calculations.

Strategies to Achieve Success or Overcome Barriers/Challenges

- Prescheduling meetings assured timely coordination.
- Staying up-to-date on ACS and Census data analysis methods.
- Every definition from the census questionnaire was checked for parameters and compared to data analysis to ensure validity.
- The CDC Census report was reviewed and compared with report analyses to ensure consistency between the national and state reports.

Activity 3:

Complete Chronic Disease Fact Sheets

Between 10/2014 and 09/2015, complete 4 Chronic Disease fact sheets for Diabetes, Obesity, Heart Disease and Cancer. Report cards will include basic knowledge (symptoms, cause of disease, and risk factor of disease) and recommendations for all the diseases. The fact sheets also include some behavioral risk factor and vital statistics data. These fact sheets will serve as sources of helpful information for both lay audiences and health professionals. With basic knowledge surrounding chronic disease in addition to epidemiologic data, these fact sheets could help reduce the burden of chronic

disease by educating Nebraskans. The fact sheets will also provide data to Minority Health Initiative grantees and support chronic disease prevention presentations and programs. They will be made available in hard copy at professional events, at DHHS offices, partner organizations and upon request. They will also be published online.

Activity Status

Not Completed

Activity Outcome

OHDHE data staff are currently creating the facts sheets.

Reasons for Success or Barriers/Challenges to Success

Challenges

- Because the awarding of PHHS funding occurred late, the OHDHE still working on finalizing all activities.

Strategies to Achieve Success or Overcome Barriers/Challenges

The OHDHE data team is finishing up other reports to prioritize completion of these fact sheets.

Activity 4:

Update the Nebraska Disparity Report Card

Between 10/2014 and 09/2015, the OHDHE will create a report card containing the latest 2009-2013 data regarding minority health risk factors and outcomes in relation to those of non-Hispanic Whites. Each health indicator will be graded according to the disparity ratio derived from dividing the rate or percentage for each group by the non-Hispanic White population. The grades in this report card can indicate how well a population group is doing compared to non-Hispanic Whites. The report card is especially helpful in monitoring the health of minority populations of Nebraska and identifying top areas where efforts and resources should be allocated in an effort to reduce the disparities. The report card will be included in reports published by the OHDHE both online and on paper. They will also be used at professional events and conferences and made available upon request. The information will also be used in presentations given by OHDHE and other DHHS staff.

Activity Status

Completed

Activity Outcome

The Report Card was completed. Nebraska's DHHS process requires review by the Communications and Legislative Services division prior to publication. That review is still in process.

In addition to the Report Card, the Health Disparities Chart Book is being updated. It provides an overview of health related issues and concerns experienced by historically underserved minority residents in Nebraska.

Reasons for Success or Barriers/Challenges to Success

Successes

- The expertise of office staff who facilitated the completion of the Report Card.
- Report card template was already prepared, so data simply needed to be updated.

Strategies to Achieve Success or Overcome Barriers/Challenges

- Staff's familiarity with disparity data and reporting methods.

State Program Title: INFECTIOUS DISEASE PROGRAM

State Program Strategy:

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

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

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

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

Health Priorities:

STDs:

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

HIV/AIDS: During 2013, a total of 84 persons were newly diagnosed with HIV or Acquired Immunodeficiency Syndrome (AIDS) in Nebraska, and 2,468 persons were living with HIV/AIDS.

Primary Strategic Partnerships:

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

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

Evaluation Methodology:

Progress is tracked through the following means:

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

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

National Health Objective: HIV-2 New HIV Infection

State Health Objective(s):

Between 10/2014 and 09/2015, increase the percentage of high-risk persons tested for HIV/AIDS to at

least 70% of total tests performed.

State Health Objective Status

Not Met

State Health Objective Outcome

Nebraska DHHS has not utilized Block Grant dollars thus far. The Department is currently testing using other leveraged funds.

Reasons for Success or Barriers/Challenges to Success

Barrier

- Nebraska received the Notice of Award on September 1st, which did not provide ample time to expend funds.

Strategies to Achieve Success or Overcome Barriers/Challenges

DHHS has plans in place to utilize funds to purchase HIV tests for public health sites in Nebraska.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

Block Grant dollars are utilized to help support and supplement testing efforts in HIV public health test sites throughout Nebraska. Core funds are provided by Centers for Disease Control and Prevention.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

HIV lab testing

Between 10/2014 and 09/2015, the HIV Program, through contracting laboratory services and pre-purchase of rapid test kits will conduct **520** tests. The HIV Program will provide anonymous and confidential HIV testing at no cost to the client in order to facilitate follow-up with people who are infected and providing increased access to Disease Intervention Specialists at selected clinics that serve the target population (MSM, IDU). The aim is to assure change in risk behaviors and prevention of additional transmission of infection.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2014 and 09/2015, the HIV Program, through contracting laboratory services and pre-purchase of rapid test kits conducted **800** tests. The HIV Program will provide anonymous and confidential HIV testing at no cost to the client in order to facilitate follow-up with people who are infected and providing increased access to Disease Intervention Specialists at selected clinics that serve the target population (MSM, IDU). The aim is to assure change in risk behaviors and prevention of additional transmission of infection.

Reasons for Success or Barriers/Challenges to Success

Success

- DHHS has strong relationships with testing sites.
- DHHS has committed and experienced staff.

Challenges

- DHHS is working to expend funds after late Notice of Award in September.

Strategies to Achieve Success or Overcome Barriers/Challenges

DHHS has a plan in place and will be expending grant funds in the next six months.

Activity 1:**HIV Samples Tested**

Between 10/2014 and 09/2015, contract for laboratory testing on samples, including those serving the target population (MSM and IDU). Number of tests to be completed:

40 HIV Confirmatory tests at \$94 per test

520 Rapid Tests at \$12 per test.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

Due to the late receipt of the NOA, DHHS was unable to complete the activity.

Strategies to Achieve Success or Overcome Barriers/Challenges

DHHS is looking forward to a successful testing within designated public health sites.

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

Between 10/2014 and 09/2019,

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

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

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

State Health Objective Status

Not Met

State Health Objective Outcome

Chlamydia infections for persons aged 15 to 34 years of age remains the highest percentage in Nebraska and nationwide.

Reasons for Success or Barriers/Challenges to Success

This year, DHHS was able to purchase more test kits to provide to NIPPP sites and therefore offered testing to more individuals. DHHS works closely with the University of Nebraska Medical Center and uses the tests in high risk areas.

Strategies to Achieve Success or Overcome Barriers/Challenges

Chlamydia is highly infectious, and its asymptomatic nature confuses the positive individual. This leads to delayed client response and reinfection to partners.

Leveraged Block Grant Dollars

No

Description of How Block Grant Dollars Were Leveraged

Block Grant dollars were not leveraged.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Chlamydia/Gonorrhea Testing

Between 10/2014 and 09/2015, STD Program will contract laboratory services that will provide tests for STDs at selected clinics to **4,000** individuals, including adolescents and young adults, aged 15 to 34 years. The services will provide increased access to Disease Intervention Specialists (DIS); and report results in order to facilitate follow-up with people who are infected, the aim of which is to assure change in risk behaviors and prevention of additional infection transmission. Douglas County Health Department STD staff will offer tests and DIS services as well as risk reduction and prevention strategies.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2014 and 09/2015, STD Program will contract laboratory services that provided tests for STDs at selected clinics to **5172** individuals, including adolescents and young adults, aged 15 to 34 years. The services will provide increased access to Disease Intervention Specialists (DIS); and report results in order to facilitate follow-up with people who are infected, the aim of which is to assure change in risk behaviors and prevention of additional infection transmission. Douglas County Health Department STD staff will offer tests and DIS services as well as risk reduction and prevention strategies.

Reasons for Success or Barriers/Challenges to Success

This year DHHS was able to purchase more test kits to provide to NIPPP sites and therefore could offer testing to more individuals.

Strategies to Achieve Success or Overcome Barriers/Challenges

Working closely with UNMC and using the tests in high risk areas extends the reach of the testing and counseling opportunities.

Activity 1:

Chlamydia Samples Tested

Between 10/2014 and 09/2015, provide testing on samples from 131 provider sites, including those serving the target population (adolescents and young adults, aged 15 to 34). Numbers of tests to be completed:

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

Activity Status

Completed

Activity Outcome

- Chlamydia/Gonorrhea Gen Probe Amplified Tests = 2172.
- Chlamydia/Gonorrhea Gen Probe Urine Tests = 3000.

Reasons for Success or Barriers/Challenges to Success

This year DHHS was able to purchase more test kits to provide to NIPPP sites and therefore could offer testing to more individuals.

Strategies to Achieve Success or Overcome Barriers/Challenges

Working closely with UNMC and using the tests in high risk areas afforded great success.

National Health Objective: STD-6 Gonorrhea

State Health Objective(s):

Between 10/2014 and 09/2019,

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

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

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

State Health Objective Status

Not Met

State Health Objective Outcome

Gonorrhea infections for persons aged 15 to 34 years remains the highest percentage.

Reasons for Success or Barriers/Challenges to Success

Testing and screening efforts are focused in high risk areas of Nebraska. DHHS is finding disease where it is. Numbers for GC remain steady.

Strategies to Achieve Success or Overcome Barriers/Challenges

This year DHHS was able to purchase more test kits to provide to NIPPP sites and therefore could offer testing to more individuals. This comes from working closely with UNMC and using the tests in high risk areas. GC is highly infectious, and its asymptomatic nature confuses the positive individual. This leads to delayed client response and reinfection to partners. Nebraska has also been down 1 full-time DIS and 1 quarter-time DIS.

Leveraged Block Grant Dollars

No

Description of How Block Grant Dollars Were Leveraged

Block Grant dollars are not leveraged.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Chlamydia/Gonorrhea Testing

Between 10/2014 and 09/2015, STD Program will contract laboratory services and will provide tests for STDs at selected clinics to **4,000** individuals, including adolescents and young adults, aged 15 to 34 years. The services will provide increased access to Disease Intervention Specialists (DIS); and report results in order to facilitate follow-up with people who are infected, the aim of which is to assure change in risk behaviors and prevention of additional transmission of infection. Douglas County Health Department STD staff will offer tests and DIS services as well as risk reduction and prevention strategies.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2014 and 09/2015, STD Program will contract laboratory services and provided tests for STDs at selected clinics to **5172** individuals, including adolescents and young adults, aged 15 to 34 years. The services will provide increased access to Disease Intervention Specialists (DIS); and report

results in order to facilitate follow-up with people who are infected, the aim of which is to assure change in risk behaviors and prevention of additional transmission of infection. Douglas County Health Department STD staff will offer tests and DIS services as well as risk reduction and prevention strategies.

Reasons for Success or Barriers/Challenges to Success

This year DHHS was able to purchase more test kits to provide to NIPPP sites and therefore could offer testing to more individuals.

Strategies to Achieve Success or Overcome Barriers/Challenges

DHHS works closely with UNMC and targets the tests in high risk areas.

Activity 1:

Gonorrhea Samples Tested

Between 10/2014 and 09/2015, DHHS will contract with laboratory to provide testing on samples from 131 provider sites, including those serving the target population (adolescents and young adults, aged 15 to 34). Numbers of tests to be completed:

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

Activity Status

Completed

Activity Outcome

- Chlamydia/Gonorrhea Gen Probe Amplified Tests administered = 2172.
- Chlamydia/Gonorrhea Gen Probe Urine Tests administered = 3000.

Reasons for Success or Barriers/Challenges to Success

This year DHHS was able to purchase more test kits to provide to NIPPP sites and therefore could offer testing to more individuals.

Strategies to Achieve Success or Overcome Barriers/Challenges

DHHS works closely with UNMC to keep prices down and targets the tests in high risk areas.

State Program Title: INJURY PREVENTION PROGRAM

State Program Strategy:

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

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

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

Primary Strategic Partnerships:

Unintentional Injury:

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

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

Intentional Injury:

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

Evaluation Methodology:

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

Intentional Injury:

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

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

National Health Objective: IVP-2 Traumatic Brain Injury

State Health Objective(s):

Between 10/2014 and 09/2019,

- **Reduce the number of traumatic brain injuries requiring emergency department visits to less than 730 per 100,000 Nebraska children among children aged 1 to 14 years.**
- **Reduce the number of traumatic brain injuries needing hospitalizations to less than 19 per 100,000 Nebraska children among children aged 1 to 14 years.**

State Health Objective Status

In Progress

State Health Objective Outcome

In 2014, 725 of 100,000 Nebraska children (ages 1 to 14 years) required emergency room care for traumatic brain injury.

In 2014, 20 of 100,000 Nebraska children (ages 1 to 14 years) were hospitalized due to traumatic brain injury.

(Data Source: Nebraska Hospital Discharge Data, 2014)

DHHS partners with the Brain Injury Association of Nebraska and the Nebraska Office of Highway Safety to address the causes of TBI.

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

NDHHS partners with the Nebraska Office of Highway Safety to conduct child passenger safety activities. In 2015, three child passenger safety technician training classes were held in Kearney, Omaha, and Lincoln. The Safe Kids Nebraska Child Care Transportation Training continues to be provided to fulfill the requirements of the new NDHHS Child Care Regulations. The curriculum was updated based on input from the trainers.

- A total of 65 new technicians were certified during FY2015.

- There are now approximately 365 certified child passenger safety technicians in Nebraska and 21 child passenger safety instructors. Three new instructors were added this year.

- Approximately 850 staff drivers at child care centers completed the Safe Kids Nebraska Child Care Transportation Training during FY2015.

- NDHHS Injury prevention staff and the Safe Kids Nebraska Coordinator continues to provide technical assistance to NDHHS Child and Family Services about their child passenger safety training for their specialists who transport children.

Reasons for Success or Barriers/Challenges to Success

Successes

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

Challenges

- It is believed that with the passage of the Concussion Awareness Act in July 2012 and the Return to Learn legislation, awareness of concussions has increased, which may result in more accurate reporting and concern for concussions. The added awareness may actually increase the rate

of concussions recorded in Nebraska.

- The majority of Nebraska is rural, and it can be difficult for rural areas to obtain trained personnel who are experts on concussions.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies to Achieve Success or Overcome Barriers

- Develop and implement public service announcements to raise awareness about the symptoms and consequences of concussions.
- Utilize print ads and radio, television, and social media sites.
- Form the Nebraska Concussion Coalition
- Monitor the rates of TBI in Nebraska and the rates of sports-related concussions among youth.
- Conduct surveys of coaches, athletic directors, and youth who sustained sports-related concussions to evaluate the implementation of the Concussion Awareness Act.
- The Injury Prevention and Control Program partners with the Brain Injury Association, the Nebraska State Athletic Trainers Association, Nebraska School Activities Association, Department of Education, Safe Kids and other community organizations to raise awareness about the Concussion Awareness Act and the symptoms, management and consequences of concussions.
- Partner with the Brain Injury Association to assist with the development, implementation and awareness of Return to Learn practices.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

- Nebraska Office of Highway Safety, part of the Nebraska Department of Motor Vehicles, contributes to child passenger safety efforts by offering \$5000 annual mini-grants to car seat inspection fitting stations. The money is used to purchase car seats.
- Nebraska Office of Highway Safety, part of the Nebraska Department of Motor Vehicles, also financially supports the Nebraska Child Passenger Safety Technician (CPST) update. The update is held once a year and offers the CPSTs the opportunity to receive continuing education credits to maintain their certification.
- Many local Safe Kids programs build on the financial support provided by Safe Kids Nebraska and leverage funds from local businesses to support their child passenger safety activities.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Concussion/TBI awareness and prevention

Between 10/2014 and 09/2015, DHHS Injury Prevention Program and the Brain Injury Association of Nebraska will maintain **1** statewide concussion coalition to provide and guide concussion education, awareness and prevention across the state.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2014 and 09/2015, DHHS Injury Prevention Program and the Brain Injury Association of Nebraska maintained **1** statewide concussion coalition to provide and guide concussion education, awareness and prevention across the state.

Reasons for Success or Barriers/Challenges to Success

The Nebraska Concussion Coalition held its first meeting in October 2013. Leadership is provided by the Injury Prevention Program and the Brain Injury Association (BIA) of Nebraska. Quarterly meetings are held with excellent participation. Work groups that are meeting as part of the Coalition include community

sports, health care education and return to learn.

Strategies to Achieve Success or Overcome Barriers/Challenges

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

Activity 1:

Nebraska Concussion Coalition

Between 10/2014 and 09/2015, DHHS will partner with the Brain Injury Association of Nebraska to establish a Concussion Coalition to provide and guide concussion education, awareness and prevention across the state. Focus areas of the Concussion Coalition may include Return to Learn, community sports and healthcare provider education. Other partners will include local/district health departments, local Safe Kids programs, Nebraska State Athletic Trainers' Association, Nebraska School Activities Association, YMCA, the Nebraska Medical Association, and other community partners such as hospitals.

Activity Status

Completed

Activity Outcome

The Concussion Coalition has been established and meets quarterly. Work groups focusing on return to learn, community sports and healthcare provider education also meet monthly or as needed. The Coalition was instrumental in amending the Concussion Awareness law in Nebraska to include a Return to Learn provision that became effective in July, 2014.

Reasons for Success or Barriers/Challenges to Success

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

Strategies to Achieve Success or Overcome Barriers/Challenges

The Leadership team has convened a variety of committed partners who have contributed to the success of the Coalition. The Leadership Team has also received assistance from the National Leadership Academy for the Public's Health, which is sponsored by CDC.

Activity 2:

Health Care Provider Concussion Education

Between 10/2014 and 09/2015, DHHS will work with expert partners to develop concussion education modules for health care providers. Modules will be produced by Nebraska Educational Telecommunications (NET) through a contract and made available online on the DHHS website, as well as appropriate partner websites.

Activity Status

Not Completed

Activity Outcome

Three of the six health care concussion education modules have been completed. Health care providers can access them on the DHHS concussion website.

The topics for the completed modules are:

- Nebraska Concussion Awareness Act
- Characteristics and Epidemiology

- Symptoms and Signs

The topics still being developed are:

- Evaluation
- Management
- Multidisciplinary teams

Reasons for Success or Barriers/Challenges to Success

Success

- Members of the Concussion Coalition health care work group are concussion experts and committed to the project.
- DHHS secured a contract with Nebraska Educational Television which had technical expertise in website design.

Challenges

- This is a very labor intensive project.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies Overcome Barriers Challenges

- The members of the health care work group met weekly for the first two months of the project. The group continues to meet as needed.
- The group was made up of concussion experts.

Impact/Process Objective 2:

TBI prevention sub-awards

Between 10/2014 and 09/2015, DHHS Injury Prevention and Control Program will provide sub-awards to 4 local Safe Kids coalitions to conduct injury prevention programming to reduce traumatic brain injuries in children and youth.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2014 and 09/2015, DHHS Injury Prevention and Control Program provided sub-awards to 5 local Safe Kids coalitions to conduct injury prevention programming to reduce traumatic brain injuries in children and youth.

Reasons for Success or Barriers/Challenges to Success

Reasons for Success

- There are eight local Safe Kids coalitions across Nebraska, and five of the coalitions submitted grant applications.
- A majority of the local coalitions have received PHHS Block Grant subaward funding in previous years.
- The local coalitions have well-established relationships with community partners.

Challenges to Success

- Only three of the local Safe Kids Coalitions grant applications target specific activities that contribute to TBI.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies to Achieve Success or Overcome Barriers/Challenges

- The Safe Kids Coordinator provided technical support to the local Safe Kids programs during the application process and throughout the grant period. This occurs through emails, phone calls and bi-monthly conference calls.
- The DHHS Safe Kids program has been in existence for 20 years and is well-respected.
- Local Safe Kids programs are well connected in their communities and leverage support from organizations that are involved with children and social services organizations that serve them.

Activity 1:

Administer TBI prevention sub-awards

Between 10/2014 and 09/2015, DHHS will administer sub-awards. Administration will include any or all of the following activities:

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

Activity Status

Completed

Activity Outcome

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

- Three Rivers - Distracted Driving
- Sarpy Cass - Bicycle Safety
- South Central - Bicycle Safety

Some examples of activities conducted with these grants include community bike rodeo events; bicycle safety education; helmet distribution; education and awareness campaigns to teen drivers about driver distraction including the use of distracted driving simulators and education materials given to the parents of teen drivers.

- Approximately 50 bicycle safety events or presentations were conducted for children and their parents.
- Approximately 725 helmets were fitted and distributed.
- One local Safe Kids program conducted activities to reduce distracted driving which included

- Approximately 270 surveys conducted after the placement of "Don't Drive Distracted" signage

- 3 radio interviews
- 6 newspaper articles

- A movie theater PSA played almost 3,000 times during a 12-week period to a total of 29,000 movie tickets sold during the PSA's viewing time.
- Educational activities to reduce teenage distracted driving were conducted at 12 driver's education classes. Presentations reached 331 teens. These activities resulted in 55 parent-teen driver agreements based on the Safe Kids Count Down 2 Drive Program.

- Additional information about the dangers of distracted driving was given out during two community events reaching approximately 600 teens and parent.

Reasons for Success or Barriers/Challenges to Success

Reasons for success

- An application was developed and sent to eligible Safe Kids programs in September of 2014.
- Five grants were provided to local Safe kids programs.
- DHHS staff and the Safe Kids Coordinator injury prevention staff conducted phone conference calls bimonthly with the grantees.
- DHHS staff and the Safe Kids Coordinator provided technical assistance as needed to the grantees.
- Local Safe Kids programs are established in their communities and leverage support from local organizations which allow them to successfully implement the grants.
- DHHS Safe Kids Nebraska coordinator has been in his position for five years, and this consistency has built trust with the local programs.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies to achieve success or overcome barriers/challenges

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

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

State Health Objective(s):

Between 10/2014 and 09/2019, **increase observed use of child restraints in Nebraska to 98 percent.**

State Health Objective Status

In Progress

State Health Objective Outcome

This State Health Objective as stated in the FY2014 work plan has not yet been achieved .

The observed child restraint use rate for FY2014 was 96.9%. The table below describes previous years' observed rates.

Year	Percent of Observed Child Restraint Use
2008	96.8
2009	95.1
2010	91.5
2011	95.1
2012	95.9
2013	95.9
2014	96.9
2015	96.9

During 2013 on Nebraska roadways:

- Nine children aged 0-4 were killed, and 299 children were injured;
- 465 children between the ages of 5-9 were injured;
- 604 children between the ages of 10-14 were injured.

2015 Child Safety Seat/Booster Seat Survey Results:

In Nebraska, child safety seat use is surveyed annually through observations conducted in rural and urban counties. Among the children observed in the 2015 study, 96.9% were riding in child safety seats/booster seats. This rate is comparable to the rates for the last few years (96.9% in 2014, 95.9% in 2013, 95.9% in 2012 and 95.1% in 2011). These rates are significantly higher than the rate observed when this series of surveys began in 1999 (56.2%). (NOHS)

Total observed child restraint use in rural counties increased from 96.5% in 2014 to 96.7% in 2015; urban counties results decreased from 97.1% in 2014 to 97.0% in 2015 .

Of the number of children in safety seats/booster seats:

- 96.1% of children were in rear seats of vehicles; 3.9% were in front seats;
- 94.6% of children in rural counties were in the rear seat of vehicles; 5.4% were in the front seat;
- 96.8% of children in urban counties were in the rear seat of vehicles; 3.2% were in the front seat.

Of the small number of children not in child safety seats/booster seats:

- 27.6% of children were observed in the front seat;
- 22.2% of children were in rural counties; and
- 30.0% of children were in urban counties.

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

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

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

www.dhhs.ne.gov/injuryprevention

Reasons for Success or Barriers/Challenges to Success

Reasons for success

- Shift in societal attitude; increase in acceptance of use of seat belts and child passenger restraints.
- Implementation of laws related to child passenger restraints.
- Consistent focus on child passenger safety as a priority topic.
- Longevity of service of the Injury Prevention Coordinator.
- Safe Kids Coordinator is a child passenger safety technician.
- Long-term interest in child passenger safety among advocates for childhood safety, parents and caregivers.
- Implementation of the Statewide Safe Kids Nebraska Child Care Transportation Training.
- Partnership with Nebraska Office of Highway Safety.

Barriers/challenges

- Continuing resistance to the use of child restraints among Nebraska's rural population.
- Child passenger safety (CPS) technicians must meet re-certification criteria every two years to maintain their certification.
- Maintaining CPS technicians in rural areas.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified barriers/challenges

- Explore potential to expand awareness efforts in rural areas of the state.
- The Nebraska Safe Kids Coordinator continues to gain experience as a Child Passenger safety technician.
- Partner organizations promote and defend current child restraint use laws and work to educate parents and caregivers about the benefits of consistent use.
- The Safe Kids Nebraska Child Care Transportation training has been implemented statewide. More than 850 individuals, who work in the child care setting and transport children have taken the

training. More than 35 child passenger safety technicians are trained to teach the class.

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

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

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

- Safe Kids Nebraska program received a \$5000 from AAA Nebraska to purchase and distribute car seats to low income families.
- Nebraska Office of Highway Safety, part of the Nebraska Department of Motor Vehicles, contributes to child passenger safety efforts by offering \$5000 annual mini-grants to car seat inspection fitting stations. The money is used to purchase car seats.
- Nebraska Office of Highway Safety, part of the Nebraska Department of Motor Vehicles, also financially supports the Nebraska Child Passenger Safety Technician (CPST) update. The update is held once a year and offers the CPSTs the opportunity to receive continuing education credits to maintain their certification.
- Many local Safe Kids coalitions build on the financial support provided by Safe Kids Nebraska and leverage funds from local businesses to support their child passenger safety activities.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Child Passenger Safety Programs

Between 10/2014 and 09/2015, DHHS Injury Prevention Program, partners and contractors will increase the rate of observed use of child restraints from 96.9 percent to **98 percent**.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2014 and 09/2015, DHHS Injury Prevention Program, partners and contractors increased the rate of observed use of child restraints from 96.9 percent to **97**.

Reasons for Success or Barriers/Challenges to Success

Successes

- Maintaining long-standing partnership with the Nebraska Office of Highway Safety.
- The statewide network of over 350 child passenger safety technicians.
- The current recertification rate for child passenger safety technicians is 65% about 10% higher than the national average.
- There are 23 child seat inspection stations across Nebraska, and about 60 car seat check events were conducted statewide in FY2015. These bring public awareness to the issue of child passenger safety. They also educate care givers about the proper use of child restraints and give them access to child restraints.
-

Barriers/challenges

- A large geographic area of Nebraska is rural. Many rural areas lack consistent presence of child passenger safety technicians and car seat check inspections or events.
- Parents may lack general understanding of the importance of transporting children in car seats and therefore not prioritize the purchase and use of car seats.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies to achieve success or overcome barriers/challenges

- In an effort to improve public awareness about child passenger safety, the Safe Kids Nebraska coordinator has explored other social media forms to communicate with the Child Passenger Safety (CPS) technicians, instructors and other stakeholders involved in the child passenger safety program.
- Safe Kids Nebraska used block grant funds to purchase car seats to be distributed at car seat check events across Nebraska.
- Child passenger safety posters were developed and distributed statewide to medical facilities, primarily family practice clinics and pediatricians. The posters focused on the concept of the "right seat at the right time."

Activity 1:

Child Passenger Safety Certification Training

Between 10/2014 and 09/2015, DHHS staff will conduct four National Highway Traffic Safety Administration Certification child passenger trainings (contingent upon outside funding). Staff will establish the training schedule and identify needed resources in conjunction with the Nebraska Child Passenger Safety Advisory Committee.

Activity Status

Completed

Activity Outcome

In FY2015, Nebraska Child Passenger Safety (CPS) Advisory meetings were held, and Child Passenger Safety Technician (CPST) trainings were planned. The committee consists of the 20 CPS instructors in Nebraska and other external partners such as the Nebraska Office of Highway safety. Three CPST training classes were held in Kearney, Omaha and Lincoln. A total of 65 new technicians were certified during these trainings.

Reasons for Success or Barriers/Challenges to Success

Reasons for Success

- DHHS established relationships with Nebraska Office of Highway Safety, local Safe Kids programs, and child passenger safety technicians.
- There are 21 child passenger safety instructors in Nebraska.
- The training curriculum is maintained by Safe Kids Worldwide, a national organization.
- DHHS Injury Prevention Program contracts with an external web designer to maintain the safe Kids Nebraska website. All of the training schedules are listed on the website and promoted through emails, newsletters and social media.

Challenges to Success

- One class was cancelled because of low enrollment.
- The registration process can be confusing to some individuals. The registration for classes occurs on an external website that DHHS injury Control Program cannot change.
- CPS Technicians do most of their work on a volunteer basis, so it can be difficult to recruit residents of Nebraska to become CPS technicians.

Strategies to Achieve Success or Overcome Barriers/Challenges

- Local CPST instructors are recruiting new individuals to take the CPST training.
- Additional information about being a CPST and how to register for classes as been posted and is kept updated on www.safekidsnebraska.org

Activity 2:

Provide technical assistance

Between 10/2014 and 09/2015, DHHS staff will provide technical support to over 350 child passenger safety technicians through various means, including newsletters, e-mail lists, mailings, technical updates and grant funding.

Activity Status

Completed

Activity Outcome

These activity outcomes can be difficult to measure. There is very fluid communication between the DHHS Safe Kids Coordinator and the more than 350 child passenger safety technicians (CPST) and the 21 CPST instructors. The Safe Kids coordinator sent out numerous emails and other correspondence to the CPSTs and CPSIs throughout the year. These communications provide information such as continuing education resources, technical information about car seats, information about car seat checks and opportunities for funding.

- DHHS hosted technical updates on March 31 and April, 2015 that were attended by more than 150 CPSTs from Nebraska.
- During the 2015 calendar year, Nebraska CPSTs had a 65% recertification rate, which is above the 58% national average. This is the highest recorded recertification rate since the child passenger safety program was implemented. CPSTs must complete recertification requirements every two years. These requirements include six CEUs and having five car seat installations checked off.

Reasons for Success or Barriers/Challenges to Success

Reasons for success

- The Safe Kids Coordinator has been a CPST for more than five years.
- The DHHS Injury Prevention Coordinator is a Child Passenger Safety Instructor, and the motor vehicle safety coordinator is a CPS instructor. Combined they have more than 20 years of experienced in the field of child passenger safety.

Strategies to Achieve Success or Overcome Barriers/Challenges

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

Activity 3:

Update Safe Kids Nebraska Child Care Transportation Training

Between 10/2014 and 09/2015, DHHS staff will update the Safe Kids Nebraska Child Care Transportation training curriculum, trainers and current child care providers to ensure current best practices in child passenger safety.

Activity Status

Completed

Activity Outcome

The Safe Kids Nebraska Child Care Transportation training curriculum was updated and took effect July 2015. The application process to become a Lead Trainer to provide the training was also updated. There are currently about 35 CPSTs across the state who can provide the training to child care providers. The Lead Trainers were given flash drives and a manual that contained the updated curriculum and additional training resources. The curriculum and resources are also available on the Safe Kids Nebraska website. The Safe Kids Coordinator has also presented at two national conference (Safe States Alliance

and Safe Kids World Wide) about the development, implementation and evaluation of the Safe Kids Nebraska Child Care Transportation training.

Since the inception of the training in may 2013 following results have occurred.

From May 2013 through January 2016 a total of **248 Childcare Transportation Trainings** with a total of **2,953 participants** were conducted. Trainings have been conducted across the state of Nebraska reaching a variety of childcare, pre-school, and head start providers/employees, among others, from 90 towns and cities in Nebraska.

A nine question pre- and post-assessment was administered at the trainings to assess any change in knowledge among the participants. Figure 2 below presents an overview of the changes from pre to post. It is clear that participants in the trainings gained knowledge, based on the fact that the average number of correct responses increased from 5.6 in the pre to 8.3 in the post.

Training Evaluation Results

Figures 12 through 14 present the results from the training evaluation survey. Based on the results, the vast majority of participants appear to be highly satisfied with the training.

Figure 12 Training satisfaction items						
	1 (Poor)	2	3	4	5 (Excellent)	Average
Overall I would rate this curriculum as... (n=2,821)	0.1%	0.3%	2.8%	19.1%	77.8%	4.74
Rating of materials... (n=2,826)	0.0%	0.4%	3.1%	19.2%	77.3%	4.73
The knowledge of the instructor was... (n=2,824)	0.0%	0.1%	1.1%	7.9%	90.9%	4.90
	1 (Strongly disagree)	2	3	4	5 (Strongly agree)	Average
Expectations I had for this training were met. (n=2,810)	0.3%	0.7%	3.2%	15.0%	80.7%	4.75
My knowledge on car seats improved. (n=2,816)	0.3%	0.6%	2.3%	12.1%	84.8%	4.80

Figure 13 To what degree will this material be beneficial to your work (n=2,835)				
1 (Probably not very useful)	2 (A little bit useful)	3 (Beneficial)	4 (Highly beneficial)	Average
69.5%	23.4%	4.8%	2.4%	3.60

Figure 14	The three goals for this program (1) to understand Nebraska's Child Passenger Safety Law, (2) to learn correct selection and installation of car seats, and (3) to discuss various aspects of transportation policies. To what degree do you feel these goals were met? (n=2,742)		
	For the most part the goals were unmet	Some of the goals were met	All of the goals were met
	0.3%	1.8%	97.9%

Reasons for Success or Barriers/Challenges to Success

Reasons for Success

- More than 2,000 individuals have taken the training and completed the course evaluations.
- Before the changes to the application process to teach the training, there were more than 50 child passenger safety (CPS) technicians teaching the training.
- The original training had been in place for about two years, so the DHHS Injury Prevention Program's Safe Kids Coordinator received feedback and questions about the training from participants and trainers.

Strategies to Achieve Success or Overcome Barriers/Challenges

- *Strategies to Achieve Success*
- The DHHS Injury Prevention Program's Safe Kids Coordinator requested input about curriculum updates from the current CPS technicians teaching the course.
- Two DHHS Injury Prevention Program staff members are CPS instructors, and they provided input on the curriculum updates.
- National CPS experts were consulted when updating the curriculum.
- Evaluation results were considered when updating the curriculum.

**Activity 4:
Provide mini-grants**

Between 10/2014 and 09/2015, DHHS will provide a minimum of 10 mini-grants to local child passenger safety technicians to conduct community car seat check events.

Activity Status

Completed

Activity Outcome

In FY2015, more than 50 Child Passenger Safety events were held across the state. DHHS sponsored 14 events in the following communities: Wahoo, Seward, Spencer, Neligh, Fairbury, Auburn, Lincoln, Lexington, Broken Bow, West Point, Hastings, Ogallala, O'Neil and Gering and provided technical assistance to these events when needed. More than 260 child safety seats were checked, and approximately 105 Child Passenger Safety Seats were distributed through 14 mini-grants awarded by DHHS. Approximately 191 car seats were found to be misused. Approximately 640 individuals attended the events.

Reasons for Success or Barriers/Challenges to Success

Successes

- Long-established working relationships between the state-level staff and the Safe Kids Coalitions and Child Passenger Safety Technicians.
- The DHHS Injury Prevention Coordinator is a Child Passenger Safety Instructor, and the Safe Kids Coordinator is a Child Passenger Safety (CPS) Technician.
- Recertification rate for CPS Technicians in Nebraska is higher than the national average.
- Nebraska Safe Kids has a network of eight local programs that are well connected in their local

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

Barriers/Challenges

- Some rural areas lack CPS Technicians with sufficient experience to meet the criteria for obtaining funds to hold check-up events

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies to Achieve Success or Overcome Barriers/Challenges

- Technical assistance about Safe Kids Worldwide policies and procedures regarding child passenger safety was provided.
- The Safe Kids programs that lost lead agency support can continue to do Safe Kids seat check activities under Safe Kids Nebraska.
- Car seat check events are being advertised using social media, and Safe Kids Nebraska has developed templates to promote car seat check events.

Activity 5:

Provide Child Care Transportation Training Technical Assistance

Between 10/2014 and 09/2015, DHHS will provide technical assistance to child passenger safety technicians and child care providers related to the Safe Kids Nebraska Child Care Transportation Training.

Activity Status

Completed

Activity Outcome

The Safe Kids Nebraska coordinator provided technical assistance to the Safe Kids Nebraska Child Care Transportation Training trainers on topics such as federal motor vehicle safety standards for buses and car seats, State of Nebraska Child care licensing regulations, implementation of the Safe Kids Nebraska Child Care Transportation Training, resources and other best practices related to child passenger safety.

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

Safe Kids Coordinator has also presented at two national conference (Safe States Alliance and Safe Kids World Wide) about the development, implementation and evaluation of the Safe Kids Nebraska Child care Transportation training.

During FY2015 approximately 850 individuals participated in the training.

Since the inception of the training in May 2013 following results have occurred.

From May 2013 through June 2015 a total of **193 Childcare Transportation Trainings** were conducted with a total of **2,432 participants**. Trainings have been conducted across the state of Nebraska reaching a variety of childcare, pre-school, and head start providers/employees, among others, from 84 towns and cities in Nebraska.

A nine question pre- and post-assessment was administered at the trainings to assess any change in knowledge among the participants. Participants in the trainings have gained knowledge, based on the fact that the average number of correct responses increased from 5.6 in the pre- to 8.3 in the post-test.

A satisfaction survey is also conducted at each training which concluded the following results:

Majority are highly satisfied with training

-curriculum 4.7/5.0

-materials 4.7/5.0

-knowledge of instructors 4.9/5.0

-My knowledge of car seats improved 4.8 out of 5

-Majority feel the material is highly beneficial to their work. 3.6 out of 4

•Directors were surveyed about any changes in practice and/or benefits from the training:

•41.7% of centers made changes to their transportation policy

•66.7% found the training beneficial or very beneficial to their staff

•91.7% have or now know about CPS resources.

Reasons for Success or Barriers/Challenges to Success

Reasons for Success or Barriers/Challenges to Success

- Long-established relationships among the state-level staff, local Safe Kids programs and Child Passenger Safety Technicians across Nebraska.
- The Safe Kids Nebraska Coordinator is a certified Child Passenger Safety Technician.
- There are 21 child passenger safety instructors in the state including two DHHS injury prevention staff members who provide additional technical support when needed to the Safe Kids Nebraska Coordinator.
- The established relationship with staff members from the DHHS Licensing program.
- All training materials and resources including a list of Lead Trainers are available on the Safe Kids Nebraska website.

Challenges to Success

- Nebraska has a large rural geographical area with limited access to a CPST who could provide the training.
- The demand for the training might be hard to meet in the more urban areas of the state.

Strategies to Achieve Success or Overcome Barriers/Challenges

- There are approximately 35 certified child passenger safety technicians in Nebraska approved to provide the Safe Kids Nebraska Child Care Transportation Training.
- The Safe Kids Nebraska Child Care Transportation Training was developed to be administered with or without the use of computers and other technologies.
- The DHHS Injury Prevention program provides the instructors and students with all printed curriculum materials free of charge.
- The training materials are also available on the Safe Kids Nebraska website for download free of charge.
- The Safe Kids Nebraska Coordinator utilizes national child passenger safety resources and experts to answer questions.

Impact/Process Objective 2:

Education and information

Between 10/2014 and 09/2015, DHHS Injury Prevention Program and partners will provide education and information to 150 Child Passenger Safety Technicians, local public health departments, child care providers, Safe Kids coalitions and the general public.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2014 and 09/2015, DHHS Injury Prevention Program and partners provided education and information to **155** Child Passenger Safety Technicians, local public health departments, child care providers, Safe Kids coalitions and the general public.

Reasons for Success or Barriers/Challenges to Success

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

The Safe Kids Nebraska website is updated on a regular basis and includes a statewide events calendar that is available to the public. The calendar has information about car seat check events and car seat inspection stations in Nebraska.

Strategies to Achieve Success or Overcome Barriers/Challenges

The DHHS safe Kids Coordinator will continue to employ and build the list of CPSTs for the purpose of providing information, education and technical support. Re-certification will be encouraged, as will the recruitment of CPSTs in rural areas of the state.

The DHHS Injury Prevention program will continue to contract with an external entity to maintain the Safe Kids Nebraska website.

Activity 1:

Provide public information

Between 10/2014 and 09/2015, provide information to the public about child safety seat use and restraint laws through various means, including participating in Child Passenger Safety Week and responding to requests from the public, school districts, hospitals or public health departments.

Activity Status

Completed

Activity Outcome

PHHSBG funding was provided to purchase child safety seats for Car Seat Check Events* held during Child Passenger Safety Week. DHHS contracts with an external provider to maintain the Safe Kids Nebraska website. The website contains information about community seats check events, inspection stations and contact information for local safe Kids Coalitions. Child Safety Seat educational information was distributed to the community upon request. Educational child passenger safety posters were developed and are being distributed to medical providers. The Safe Kids Nebraska Child Care Transportation Training curriculum was updated.

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

They check for:

- Correct selection: The seat is the correct size for the child.
- Harnessing: The child is correctly secured in the seat.
- Installation: The seat is correctly installed in the vehicle.
- Recalls issued: For any manufacturing defect with the seat.

Reasons for Success or Barriers/Challenges to Success

- *Barriers/Challenges*
- Child Passenger Safety Technicians (CPSTs) do not always update their profiles on the national CPS Certification website, which can make it difficult to disseminate important information to them.

- Even though the CPS technician re-certification rate is higher than national average, it is at about 65% and even lower in some rural areas. There is a need to maintain CPSTs, especially in rural parts of the state

Strategies to Achieve Success or Overcome Barriers/Challenges

- *Strategies to Achieve Success or Overcome Barriers/Challenges*
- DHHS Safe Kids Nebraska Coordinator has extended extra effort in managing the state child passenger safety technician contact list.
- The DHHS Safe Kids Coordinator provided geographically specific CPST lists to local Safe Kids coordinators to improve re-certification rates.

National Health Objective: IVP-23 Deaths from Falls

State Health Objective(s):

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

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

State Health Objective Status

In Progress

State Health Objective Outcome

In 2014, the rate of fatalities due to an unintentional fall was 9.4 per 100,000 Nebraskans.

In 2014, the rate of hospitalization due to an unintentional fall was 216 per 100,000 Nebraskans.

In 2014, the rate of emergency department (ED) visits due to an unintentional fall was 2,072 per 100,000 Nebraskans.

(Data Source: Nebraska Death Certificate Data, 2014, Nebraska Hospital Discharge Data, 2014)

Reasons for Success or Barriers/Challenges to Success

Success

- Partners, including local health departments, who are committed to older adult falls prevention contribute to successful efforts.

Barrier

- The perception among the general population that falls are not preventable is a barrier to success.

Strategies to Achieve Success or Overcome Barriers/Challenges

DHHS will work with local health departments to seek to increase involvement of partners from a variety of agencies.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

Partnerships with local health departments and community agencies have helped to maximize resources in addressing the issue. In-kind time and meeting space are examples of resources that have been leveraged.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Older adult falls

Between 10/2014 and 09/2015, DHHS Injury Prevention Program, partners and contractors will conduct 4 meetings of the Older Adult Falls Prevention Coalition.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2014 and 09/2015, DHHS Injury Prevention Program, partners and contractors conducted 4 meetings of the Older Adult Falls Prevention Coalition.

Reasons for Success or Barriers/Challenges to Success

DHHS has employed a part-time staff person to coordinate and support the Older Adult Falls Coalition. Committed partners have reported increased success.

Strategies to Achieve Success or Overcome Barriers/Challenges

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

Activity 1:

Older Adult Falls Coalition meetings

Between 10/2014 and 09/2015, DHHS will provide education on the scope of the problem of older adult falls in Nebraska and evidence-based prevention strategies to public health partners and other community partners through Falls Coalition activities.

Activity Status

Completed

Activity Outcome

The Nebraska Older Adult Falls Coalition met quarterly and continues to work with partners and to identify additional partners. Activities were planned and carried out for National Falls Prevention Day.

Reasons for Success or Barriers/Challenges to Success

Partnerships were very valuable in completing activities. Examples include the Area Agency on Aging, local public health departments and Trauma Centers.

Strategies to Achieve Success or Overcome Barriers/Challenges

Partners led efforts in planning activities for Fall Prevention Day.

Activity 2:

Older Adult Falls Prevention Day

Between 10/2014 and 09/2015, DHHS will provide education on older adult falls prevention by participating in the National Older Adult Falls Prevention Day (activities include local community events, distribution of materials, and media releases).

Activity Status

Completed

Activity Outcome

Fall Prevention Awareness Day 2015 + Related Activities

- Nebraska is part of the national Falls Free® Initiative. Nebraska participated in the Falls Free® quarterly meetings dedicated to reducing fall-related injuries and deaths among older adults.
- The Nebraska Older Adult Falls Coalition met quarterly.

- Nebraska observed Fall Prevention Awareness Day for the eighth consecutive year.
- DHHS generates customizable press releases and media templates for any Fall Prevention partners' education and awareness activities
- Provided falls prevention presentations and provided fall prevention video clips at local health departments, senior centers, and congregate meal settings
- Distributed falls prevention information (STEADI Toolkits, pamphlets, data/fact sheets, and over 8,000 fall prevention placemats/posters)
- Held public Tai Chi demonstrations.
- Provided staffing for booths at the Nebraska State Fair and district/county health fairs & Senior Days throughout the state
- Supported Fall-Risk Screenings.

Reasons for Success or Barriers/Challenges to Success

Success

Continued commitment of partners is the reason for success of Falls Prevention Day. Resources provided by DHHS were used by partners to promote the events on a local level. The events provided an opportunity to highlight fall prevention activities including Stepping On and Tai Chi.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies

DHHS's Injury Prevention program is intentional and very good at engaging partnerships. The involvement of partners was key to the success of Fall Prevention Awareness Day. Resources from the national initiative were also valuable.

Activity 3:

Tai Chi training

Between 10/2014 and 09/2015, DHHS will facilitate Tai Chi training for new instructors and Tai Chi update training for current Tai Chi instructors.

Activity Status

Completed

Activity Outcome

During this grant year 16 new Tai Chi Instructors were trained. Seven instructors were identified as Mentors. Three Instructor Refresher Sessions were offered with attendance numbers as follows:

March - 8

May - 29

November - 19

Reasons for Success or Barriers/Challenges to Success

Successes

- Participating local health departments (LHDs) must identify one or more mentors to work with new/less experienced instructors.
- Funded LHDs developed a process that includes utilization of Mentors and the Peer Review - Mentor Tool. A minimum of one Mentor visit at each LHD Tai Chi class was required during the funding period.
- Funded LHDs were required to send their Tai Chi instructors to either an update/refresher session (previously trained instructors) or a new instructor training.
- A minimum of either one Mentor visit or group site visit was held with the technical assistance contractor.
- Classes were well attended because of interest and commitment of partners.
- The quality of the Master Trainer was also a reason for the success.

Strategies to Achieve Success or Overcome Barriers/Challenges

DHHS partnered with another agency (not funded) who utilized the Tai Chi Master Trainer to share

expenses. This made it more cost effective to utilize him for the update training.

Activity 4:

Tai Chi instructor development

Between 10/2014 and 09/2015, DHHS will enhance Tai Chi instructor development through the use of technical assistance and site visits provided by a Tai Chi consultant.

Activity Status

Completed

Activity Outcome

A contracted consultant conducted group site visits with the Tai Chi programs. Quarterly conference calls were also held with site directors.

Five ½ day site visits with technical support from the Tai Chi Contractor were conducted.

There were mentor visits at each 12 week class; this totaled 30 mentor visits.

Reasons for Success or Barriers/Challenges to Success

The group site visits (instructors from each area all attended at the same location and time) were more efficient for the consultant. It also allowed instructors to learn from each other.

Strategies to Achieve Success or Overcome Barriers/Challenges

Experienced instructors were identified as mentors to work with newer instructors in each area. This improves the fidelity to the program as well as helping to build sustainability.

Impact/Process Objective 2:

Stepping On

Between 10/2014 and 09/2015, DHHS Injury Prevention and Control Program staff will establish **3** sites to implement the evidence-based fall prevention program Stepping On.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2014 and 09/2015, DHHS Injury Prevention and Control Program staff established **3** sites to implement the evidence-based fall prevention program Stepping On.

Reasons for Success or Barriers/Challenges to Success

Three sites implemented the Stepping On program. Two funded sites were local health departments. Additional health departments did not feel ready to implement this program. A partnership was fostered between a local health department and the Lincoln Area Agency on Aging (AAA) who had previously implemented the program with local funding. DHHS funded them to implement Stepping On in partnership with this local health department. The AAA also implemented the program in additional sites in their service area.

Strategies to Achieve Success or Overcome Barriers/Challenges

DHHS was able to partner with the Lincoln Area Agency on Aging to utilize their previously trained leaders to train leaders for the new sites. This was more efficient than bringing out of state trainers.

Activity 1:

Train the trainers

Between 10/2014 and 09/2015, DHHS will recruit and train Stepping On trainers. Contracts will be established with the trainers.

Activity Status

Completed

Activity Outcome

- Four Stepping On Master Trainers were certified
- 18 Stepping On Leaders were trained
- Two Leader Training Workshops were conducted

Reasons for Success or Barriers/Challenges to Success

Stepping On was well received in Nebraska at sites that implemented it. One site that is also implementing Tai Chi reported that the two programs complement each other well.

The experience of the Lincoln Area Agency on Aging was valuable in providing technical assistance to new sites.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Lincoln Area Agency on Aging had previously implemented Stepping On; two individuals had been certified as Master Trainers. These trainers were able to provide training for leaders in Nebraska, which was more efficient and cost-effective than bringing out-of-state trainers.

Activity 2:

Stepping On sites

Between 10/2014 and 09/2015, DHHS will develop an application for sites/partners to implement Stepping On locally. Staff will review applications, select sites and engage sub-award agreements with selected sites.

Activity Status

Completed

Activity Outcome

- Two Nebraska local health departments were given subawards
- One Area Agency on Aging was provided a subaward

Reasons for Success or Barriers/Challenges to Success

Stepping On was well received in the sites that implemented the program; two of these sites had previously implemented Tai Chi. They were able to build on the infrastructure they had previously established. They reported that the two programs complemented each other. The program continues to grow.

One local health department didn't feel ready to implement Stepping On; they were able to partner with the Area Agency on Aging to implement in their service areas.

Strategies to Achieve Success or Overcome Barriers/Challenges

The previous experience of the Area Agency on Aging with the implementation of Stepping On was valuable. Funding from DHHS allowed them to build their capacity and to work with the local health department to build the program in their area.

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

State Health Objective(s):

Between 10/2014 and 09/2019, **the percent of total respondents on the Youth Risk Behavior Survey (YRBS) who report that they were forced to have sex when they did not want to will decrease from 8% to 7%.**

The Nebraska Coalition to End Sexual and Domestic Violence (Nebraska Coalition) uses the YRBS as its primary data source for this objective. The YRBS is a random sample survey that targets public high school students, grades 9 – 12, in Nebraska. It is the only state level source of information on sexual

violence among Nebraska high school students. The year 2011 marks the eleventh administration of the YRBS. The Nebraska Department of Education and DHHS administer the survey in the fall of even calendar years and release the findings the following year. The 2011 YRBS had an overall response rate of 66%; thus, for the first time since 2005, the CDC was able to weight the data to be representative of all public high school students in Nebraska.

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

State Health Objective Status

In Progress

State Health Objective Outcome

Percentage of students who were ever physically forced to have sexual intercourse (when they did not want to).

2014/2015 YRBS Survey – 8.3%

(Data Source: Nebraska Youth Risk Behavior Survey 2014/2015)

Reasons for Success or Barriers/Challenges to Success

Only preliminary data for the 2014/15 YRBS is available from the Department of Education.

According to advocates from local domestic violence/sexual assault programs, some schools are hesitant to allow advocates into their school due to lack of time, an “already packed” curriculum paired with the pressure of testing scores and fear of upsetting students or parents by talking about “sex.” Local sexual assault/domestic violence programs have worked with schools to find more opportunity to incorporate the material into their existing curricula and help schools feel more confident about addressing sexual violence on campus.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Coalition Prevention Coordinator has been working to build program capacity in comprehensive school-based prevention programs. She has worked with programs on how to market their prevention education services to their community; creative ways for programs to get their foot in the door of schools; how to gain buy-in from school administrators, teachers, and faculty; and how to engage and gain buy-in from parents. Comprehensiveness is also a theme that the Coalition weaves into all of its prevention training, information, and support. The Prevention Coordinator emphasizes the need for prevention programming to take place both inside and outside the classroom--in hallways, counseling offices, during extracurricular activities, etc.--so many students receive information multiple times and in multiple formats.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

Activities for sexual violence prevention that are funded by Block Grant are coordinated with Rape Prevention and Education funds; this increases the effectiveness of activities.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Provide training to educators

Between 10/2014 and 09/2015, The Nebraska Coalition to End Sexual and Domestic Violence will conduct 4 primary prevention summits.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2014 and 09/2015, The Nebraska Coalition to End Sexual and Domestic Violence conducted 3 primary prevention summits.

Reasons for Success or Barriers/Challenges to Success

Three primary prevention summits were held to provide educational training to advocates. Topics included Using Technology for Outcomes (25 attendees), Healthy Masculinity (9 attendees) and Social Norms (8 attendees).

Unfortunately the fourth prevention summit was not held; one of the national speakers cancelled three business days before the event. This did not allow enough time for the Coalition's Prevention Coordinator to arrange for other speakers to present at the summit or to research and develop material on the topic herself. It was also too late in the year to completely reschedule the summit.

Strategies to Achieve Success or Overcome Barriers/Challenges

The three summits that were held were well received; advocates appreciated the opportunity to practice applying material shared in each of them. Plans include having a back-up plan to avoid cancellation of a summit in the future.

Activity 1:

Host 4 one-day primary prevention summits.

Between 10/2014 and 09/2015, The Nebraska Coalition will host four one-day summits on prevention for Nebraska's network of local domestic violence/sexual assault programs on various topics related to the prevention of sexual assault and service access for victims of sexual assault. National and/or state experts will be utilized to conduct the summits. Staff of local and state sexual assault programs will enhance their skills for providing services for rape victims/survivors and will utilize training to enhance their efforts in sexual assault prevention.

Activity Status

Completed

Activity Outcome

Three prevention summits were held.

Reasons for Success or Barriers/Challenges to Success

The topics presented at the summits were Social Norms (including theory-based material and application of the material), Healthy Masculinity (participants reviewed the curriculum from Men Can Stop Rape's Healthy Masculinity Training Institute and sampled the training material), and Using Technology for Outcomes (previewing evaluation that will be done of new interactive technology). Unfortunately the fourth summit had to be cancelled because the national speaker cancelled three days prior to the event.

Strategies to Achieve Success or Overcome Barriers/Challenges

Participants appreciated the hands on nature of the Prevention Summits.

Future training events will include a back-up plan to avoid cancellation.

Activity 2:

National Sexual Assault Conference

Between 10/2014 and 09/2015, the Nebraska Coalition to End Sexual and Domestic Violence will identify and provide funding for eight local prevention educators to attend the National Sexual Assault

Conference. Educators will attend sessions on prevention and on victim services at the conference and provide a report of lessons learned. Funding for this objective are in addition to the Sex Offense Set Aside funds.

Activity Status

Completed

Activity Outcome

Eight local prevention educators attended the National Sexual Assault Conference. They attended prevention sessions as well as sessions on service access at the conference and provided a report of lessons learned from the conference.

Reasons for Success or Barriers/Challenges to Success

Some of the staff who attended included those who traditionally provide services; they were able to learn more about prevention and how to incorporate that into their work.

Strategies to Achieve Success or Overcome Barriers/Challenges

An application process was used to select educators/advocates who would benefit most from the conference.

Impact/Process Objective 2:

Social media sexual abuse prevention

Between 10/2014 and 09/2015, Nebraska Coalition to End Sexual and Domestic Violence staff will maintain 1 sexual assault primary prevention social marketing campaign.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2014 and 09/2015, Nebraska Coalition to End Sexual and Domestic Violence staff maintained 1 sexual assault primary prevention social marketing campaign.

Reasons for Success or Barriers/Challenges to Success

The Coalition maintained the Step Up, Speak Out website to educate youth, parents, teachers, and community members about healthy relationships, bystander engagement and services available at local programs throughout the state. Between 10/2014 and 9/2015, there were 5,692 visits to the Step Up, Speak Out website. This was a 64% increase in the number of website visits (3,463) during Fiscal Year 2014.

The Coalition has developed and distributed many campaign materials promoting the Step Up, Speak Out website (as detailed under Activity 3 below). Local sexual assault/domestic violence programs report that they incorporate these materials into their prevention strategies at the local level, most often in schools. The Coalition also promotes the Step Up, Speak Out website at its training events and in social media.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to promote the Step Up, Speak Out website in communities and in social media.

Activity 1:

Step Up Speak Out website

Between 10/2014 and 09/2015, the Nebraska Coalition will maintain the Step Up Speak Out (SUSO) website. Based on the premise that youth utilize social networking and digital media, the website provides education for youth, parents, teachers, and community members about bystander engagement (stepping up and speaking out when sexual assault occurs), healthy relationships (clues to identify when a relationship is abusive), supporting a friend who is experiencing violence and creating a safety plan for someone who has experienced sexual violence.

Activity Status

Completed

Activity Outcome

Between 10/2014 and 9/2015, there were 5,692 visits to the Step Up, Speak Out website. This was a 64% increase in the number of website visits (3,463) during Fiscal Year 2014.

Reasons for Success or Barriers/Challenges to Success

The Coalition has developed and distributed many campaign materials promoting the Step Up, Speak Out website (as detailed under Activity 3 below). Local domestic violence/sexual assault programs report that they incorporate these materials into their prevention strategies at the local level, most often in schools. The Coalition also promotes the Step Up, Speak Out website at its training events and in social media.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to promote the Step Up, Speak Out website in communities and in social media.

Activity 2:

Step Up Speak Out social media outreach

Between 10/2014 and 09/2015, the Nebraska Coalition will maintain Facebook, Twitter, and YouTube sites to build communication about healthy relationships, bystander engagement and resource and service access for victims. Effectiveness of this component is measured by number of site visits and followers.

Activity Status

Completed

Activity Outcome

Between 10/2014 and 9/2015, the number of people who “like” Step Up, Speak Out on Facebook increased by 30%. witter followers increased by 54%. The Coalition met and exceeded its Fiscal Year 2015 goal for Twitter followers by 7%. It did not meet its Fiscal Year 2015 goal for Facebook, which was a 40% increase in “likes.”

	Facebook Likes	Twitter Followers
September 27, 2013:	140	81
September 30, 2014:	195	119
September 30, 2015:	253	183

Reasons for Success or Barriers/Challenges to Success

Although the number of Step Up, Speak Out Facebook likes and Twitter followers has increased from the previous year, the Coalition fell short of meetings its Fiscal Year 2015 goal for Facebook likes. The Coalition continues to post time sensitive and relevant information on the Step Up, Speak Out Facebook page at least once per day. The Coalition will continue to monitor data to determine if it needs to revise its approach to Facebook or social media as a whole.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to reach out and engage Step Up, Speak Out Facebook friends and Twitter followers and gain additional friends and followers, and continue to promote Step Up, Speak Out social media in communities. Continue to monitor social media trends among youth to make sure that the Coalition is using the most current and relevant platforms to promote the Step Up, Speak Out campaign.

Activity 3:

Produce and distribute public education material

Between 10/2014 and 09/2015, the Nebraska Coalition will provide SUSO posters, brochures and other

campaign material to local programs and communities. The Nebraska Coalition will create one new brochure on bystander engagement (how to become an upstander rather than a bystander), two new pocket cards with bystander engagement and healthy relationship tips and other information and promotional material. These materials will include information about prevention, access to services and how social media may be used to bully victims of sexual violence versus supporting and believing victims of violence. Effectiveness of the social media outreach will ultimately be measured by a reduction in the number of youth who report being forced to have sex.

Activity Status

Completed

Activity Outcome

Between 10/2014 and 9/2015, the Coalition distributed 16,087 Step Up, Speak Out posters, brochures, and other campaign material to local programs and the community. This was a 37% increase from last year and exceeded the Coalition's Fiscal Year 2015 material distribution goal. The majority of materials the Coalition distributed were informational materials such as brochures or bookmarks; 4,000 were promotional items displaying the Step Up, Speak Out logo and website.

Reasons for Success or Barriers/Challenges to Success

Healthy relationship brochures and bookmarks continue to be the most requested Step Up, Speak Out materials. These materials are available in both English and Spanish. The Coalition also created a new brochure on bystander engagement, a pocket card on consent, and a pocket card on healthy boundaries, which are currently in the printing process. The Coalition will translate these materials as well.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Coalition will continue to develop new Step Up, Speak Out materials in English and Spanish.

State Program Title: ORAL HEALTH PROGRAM

State Program Strategy:

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

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

Primary Strategic Partners:

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

Evaluation Methodology:

The Oral Health Program will work with the DHHS Division of Public Health Epidemiology & Informatics Unit and the Epidemiologist on staff in the Health Promotion Unit to develop an evaluation process for the oral health programs. A scan of available data sources was completed during the summer of 2012 that identified dozens of existing databases that are used to inform program decisions and document efficacy of interventions. OOHD will identify the most helpful evaluation methods and sources and work with the Epidemiology Unit to gather consistent data for short- and long-range analysis.

National Health Objective: OH-3 Untreated Dental Decay in Adults

State Health Objective(s):

Between 10/2014 and 09/2019,

OOHD will design and implement at least one oral health program aimed at increasing oral health awareness and improving preventive oral care access among adults aged 65 and older.

State Health Objective Status

In Progress

State Health Objective Outcome

The Office of Oral Health and Dentistry (OOHD) developed a collaborative plan with the University of Nebraska Medical Center College of Dentistry (UNMC COD) in FY2013. The project was designed to increase the capacity of dental hygienists who hold a public health authorization to instruct caregivers of residents in long term care facilities how to provide proper daily oral health care. The training of dental hygienists was designed by an instructor in clinical techniques at UNMC COD. In FY2014 OOHD successfully designed and implemented the toolkit.

In FY2015 additional funding became available allowing continued training of dental hygienists and expansion to serve other special population groups such as people with developmental disabilities.

Reasons for Success or Barriers/Challenges to Success

Successes

- Well established relationship between the Office of Oral Health and Dentistry and the UNMC College of Dentistry.
- Expertise of the UNMC COD instructor of dental hygiene in clinical techniques.
- Extensive network of stakeholders connected with the Office of Oral Health and Dentistry.

Barriers/Challenges

- Workload demands of UNMC COD instructor.
- The limited availability of dental hygienists with Public Health Authorization.
- Vast distances across Nebraska for dental hygienists to travel to training. For some dental hygienist this includes traveling to provide presentations at long term care facilities.
- Difficulty in establishing evaluation measures for the effectiveness and long term outcomes of instruction of caregivers.
- Rapid turnover in caregiver staff and limited daily oversight in care given.
- Rapid turnover in populations for which care is given.

Strategies to Achieve Success or Overcome Barriers/Challenges

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

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

The Office of Oral Health and Dentistry has other financial resources including State funds to support the Dental Health Director and Maternal Child Health Block Grant funds to support the 2015-2016 Nebraska Oral Health Survey of Young Children. Those resources are braided with the PHHSBG funds to promote the longest reach and most effect possible. In addition, there are in-kind contributions of the Oral Health Advisory Panel Members and the Together for Kids and Families Dental/Medical Workgroup. During FY2015 the OOHD continues to explore additional funding sources in order to leverage PHHSBG funds.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Improving adult oral health status

Between 10/2014 and 09/2015, OOHD and partners will implement **15** prevention, education and/or oral health care awareness services for adults across the state.

Impact/Process Objective Status

Not Started

Impact/Process Objective Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

Successes

- The first training was carried out in FY2013. Twenty dental hygienists were trained in FY2013. The statewide educational long distance web service called "poly com" was used to reach dental hygienists in the western part of the state. (It can take as many as nine hours and the crossing of one

time zone to travel across Nebraska from west to east.)

- During FY2014 the dental hygienists completed over 35 presentations at different long term care facilities across Nebraska.
- The care provider presentations are available in both print and electronic format for use of ongoing training of staff in long term care facilities.
- Four additional dental hygienists were trained in FY2014.
- Additional trainings for PHRDHs are scheduled during the FY2015.

Barriers/Challenges to success

- Workload demands of UNMC COD instructors.
- Vast distances across Nebraska for dental hygienists to travel to training. For some dental hygienist this includes traveling to provide presentations at long term care facilities.
- Rapid turnover in caregiver staff and limited daily oversight in care given.
- Rapid turnover in population for which care is given.

Strategies to Achieve Success or Overcome Barriers/Challenges

- Dental Health Coordinator at the Office of Oral Health and Dentistry will increase the contact with instructor at UNMC College of Dentistry to provide technical assistance.
- Additional trainings of PHRDH will increase the number of presentations made to care providers in long term care and assisted living facilities.
- Dental Health Coordinator at the Office of Oral Health and Dentistry will work with the Instructor of Clinical Technique at the UNMC COD to consider expanding use of the toolkit with care providers of other population groups.

Activity 1:

Train care providers

Between 10/2014 and 09/2015, trained Registered Dental Hygienists (RDH) with a Public Health Authorization who have completed the Tool Kit for Care Providers training will train care providers in long-term care facilities to provide daily oral care for residents. Better daily care will result in better oral health and earlier detection of dental decay in older adults.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

- *Successes*
- Four trainings have been conducted for Registered Dental Hygienists (RDH) with a Public Health Authorization. Since the start of this project a total of 33 RDHs have completed the training.

Barriers/Challenges to success

- Workload demands of UNMC COD instructor.
- Vast distances across Nebraska for dental hygienists to travel to training. For some dental hygienists, this includes traveling to provide presentations at long term care facilities.
- Identifying the correct partners to include in the expansion of the tool kit to provide trainings to care providers of those with developmental disabilities.

Strategies to Achieve Success or Overcome Barriers/Challenges

- Dental Health Coordinator will work with supervisors at DHHS to identify and invite potential partners to a meeting exploring the expansion of the tool kit to care providers of those with developmental disabilities.
- The UNMC COD Instructor of Clinical Technique will provide additional trainings to Registered Dental Hygienists with a Public Health Authorization for care providers at long term care facilities. Additional

trainings for care providers of other population groups will be provided as they are identified and the training modified.

Activity 2:

Adult oral health awareness

Between 10/2014 and 09/2015, DHHS will integrate oral health awareness education into three areas:

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

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

Successes

- Thirty-three Registered Dental Hygienists (RDH) with a Public Health Authorization have been trained on how to use the tool kit to train care providers in long term care facilities. A total of 22 RDHs have provided trainings in long term care and assisted living facilities since the program began.
- Print media was distributed in FY2014 at several conferences in Nebraska including the Public Health Association of Nebraska Conference. Print materials were also distributed to community agencies that made request via the OOHD website.

Barriers/Challenges to success

- The programs providing education to parents of young children have recently started.
- Updating and reprinting of print media took longer than anticipated. New print items still need to be made available via the OOHD website.

Strategies to Achieve Success or Overcome Barriers/Challenges

- During FY2016 RDH will continue to provide oral health awareness via the trainings provided in long term care facilities.
- During FY2016 parents of young children who receive fluoride treatments will receive education regarding the importance of good oral health care for the entire family.
- During FY2016 print media will continue to be distributed through local health agencies.

Activity 3:

Monitoring and evaluation

Between 10/2014 and 09/2015, the Dental Health Coordinator will monitor and evaluate the progress of trainings for Registered Dental Hygienists with a Public Health Authorization and training of care providers through periodic written reports, phone calls and site visits. The Dental Health Coordinator will work with the Chronic Disease Epidemiologist and others identified within the DHHS Division of Public Health to evaluate the outcomes of the program.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

Successes

- Office of Oral Health and Dentistry (OOHD) Dental Health Coordinator met several times with the Instructor of Clinical Technique regarding the “train the trainer” tool kit.
- The OOHD Dental Health Coordinator and the Instructor of Clinical Technique communicated via email and phone conversations about the progress of the tool kit.

Barriers/Challenges to success

- Workload demands of UNMC COD Instructor of Clinical Technique.
- Lack of experience of the UNMC COD instructor in working under a subaward and the reporting process required.

Strategies to Achieve Success or Overcome Barriers/Challenges

- Increase the frequency of communication between the OOHD and the UNMC COD.
- The OOHD Dental Health Coordinator developed templates to assist the Instructor of Clinical Technique in developing a work plan, budget, and budget narrative for FY2015. The Dental Health Coordinator will develop reporting templates to assist the UNMC COD instructor in FY2015.
- Involve a Dental Hygiene Researcher at UNMC COD in developing a means to evaluate the outcomes of instruction.

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

State Health Objective(s):

Between 10/2014 and 09/2019, OOHD will partner with at least four local health agencies to provide fluoride varnish treatments, education and referrals to dental homes. The target audience will be children and their families through Head Start, Early Head Start, WIC, and other identified community programs where families with low income can be reached.

State Health Objective Status

In Progress

State Health Objective Outcome

The Office of Oral Health and Dentistry has established relationships with four local public health departments and one federally qualified health center to carry out the work of the Oral Health Access for Young Children Program during FY2015.

Reasons for Success or Barriers/Challenges to Success

Successes

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

Barriers/Challenges to success

- The OOHD was not able to fund additional community programs beyond the initial five communities.

Strategies to Achieve Success or Overcome Barriers/Challenges

In FY2016 at least four communities will implement the Oral Health Access for Young Children program in WIC, Head Start, Early Head Start and Childcare Centers.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

The Office of Oral Health and Dentistry has other financial resources including State funds to support the Dental Health Director. Those resources will be braided with the PHHSBG funds to have the greatest possible reach and effect. In addition, Oral Health Advisory Panel Members and the Together for Kids and

Families Dental/Medical Workgroup provide in-kind donations. During FY2015 the OOHD will explore additional funding sources for leveraging PHHSBG funds.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Oral Health Access to Young Children

Between 10/2014 and 09/2015, up to five Local Health Departments (LHDs), FQHCs, and community contractors will provide fluoride varnish treatments, education, and referral to a dental home to **1500** children and their families.

Impact/Process Objective Status

Not Started

Impact/Process Objective Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

Successes

- Sub-awards have been awarded to five community agencies.

Barriers/Challenges to success

- The OOHD was not able to fund additional community programs.

Strategies to Achieve Success or Overcome Barriers/Challenges

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

Activity 1:

Fluoride varnish, education and referral to dental home

Between 10/2014 and 09/2015, LHDs, FQHCs, and community contractors will provide education combined with preventive therapy (fluoride varnish treatments) and the distribution of toothbrushes and fluoride toothpaste to clients in various public health settings that are non-traditional for dental care. The primary focus locations are: 1) WIC and related programs that provide services for new mothers, their children and families, and 2) Early Head Start and preschool classes for children aged 2-3 years, and Head Start classes for children aged 4-5 years. Services will be taken to the patients and will be provided by Registered Dental Hygienists with a Public Health Authorization.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

Successes

- Sub-awards have been established to fund Oral Health Access for Young Children program in five communities across Nebraska.

Barriers/Challenges to success

- The OOHD was not able to fund programs beyond the initial five communities.

Strategies to Achieve Success or Overcome Barriers/Challenges

- In FY2016, awarded community agencies will implement the Oral Health Access for Young Children

programs.

- The Dental Health Director and Dental Health Coordinator will work the communities to address any questions or concerns the local agencies may have.

Activity 2:

Monitoring and evaluation

Between 10/2014 and 09/2015, the Dental Health Coordinator will monitor and evaluate the progress of the local community agencies through quarterly reports, conference calls and site visits. The OOHD will ensure clinical quality control is in place for clinical screenings and application of fluoride varnish. The Dental Health Coordinator will work with the Chronic Disease Epidemiologist and others within the DHHS Division of Public Health to evaluate the outcomes of the program.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

Successes

- Sub-awards to five community agencies have been awarded in FY2015.
- A face-to-face meeting with all local agencies present was held to begin the Oral Health Access for Young Children Program year.

Barriers/Challenges to Success

- Having online or fillable PDF reporting templates for local communities to use.

Strategies to Achieve Success or Overcome Barriers/Challenges

- The OOHD staff will work with the local agencies to address any questions or concerns they may have implementing the Oral Health Access for Young Children program.
- The Dental Health Coordinator will work with the DHHS Communications and Legislative Services office to develop more efficient reporting templates.
- The Dental Health Coordinator will monitor and evaluate each local community agency through quarterly reports, site visits and conference calls.
- The Dental Health Coordinator and Dental Health Director will make at least one site visit to each local agency during FY2015.

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

State Health Objective(s):

Between 10/2014 and 09/2019, OOHD will work with DHHS's Epidemiology and Informatics Unit to develop one oral health surveillance system for the State of Nebraska.

State Health Objective Status

In Progress

State Health Objective Outcome

The Office of Oral Health and Dentistry (OOHD) is working with the Epidemiology and Informatics Unit to identify existing oral health data available in Nebraska. During FY2014 the two offices worked together to supervise the Dental Intern in the compilation and analysis of the data. The Intern and the State Dental Health Director worked on developing a Draft State Dental Health Plan which establishes the need for an oral health surveillance system for Nebraska.

Reasons for Success or Barriers/Challenges to Success

Successes

- In FY2014 a contract was established with the University Of Nebraska – Lincoln, Department of Educational Psychology to hire a graduate student to work as the Dental Intern for the OOHD between September 2014 and August 2015. The intern assisted in conducting a data quality assessment of the available oral health data. The intern worked with the State’s Epidemiology Unit during this process.
- State Dental Health Director and the Dental Intern drafted a State Dental Health Plan.

Barriers/Challenges

- Nebraska does not have an approved State Dental Health Plan. The drafted State Dental Health Plan is under the internal review process at this time.
- There is very little oral health data in Nebraska, and it has been difficult to access the data that does exist.
- Lack of funding to support an oral health surveillance system in the state.

Strategies to Achieve Success or Overcome Barriers/Challenges

- A State Dental Health Plan will be approved in FY2016.
- The 2015-2016 Nebraska Oral Health Survey of Young Children (Head Start and 3rd Graders) will be completed in the 2015-2016 school year. The new data will be compared to the Open Mouth Survey of 3rd Graders conducted in 2005.
- The OOHD will continue to look for additional funding sources to support an ongoing oral health surveillance system.
- The OOHD will work with the Epidemiology and Informatics Unit to create and maintain an oral health surveillance system in Nebraska.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

The OOHD has other financial resources including State funds to support the Dental Health Director and Maternal Child Health Block Grant funds to support the 2015-2016 Nebraska Oral Health Survey of Young Children. Those resources will be braided with the PHHSBG funds to have the greatest possible reach and effect. In addition, Oral Health Advisory Panel Members and the Together for Kids and Families Dental/Medical Workgroup provide in-kind donations. During FY2015 the OOHD will explore additional funding sources to leverage PHHSBG funds.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Develop an oral health surveillance system for Nebraska

Between 10/2014 and 09/2015, OOHD and the Epidemiology & Informatics Unit will develop **1** surveillance concept plan that will enable DHHS to track oral health status and service needs among various populations in Nebraska.

Impact/Process Objective Status

Not Started

Impact/Process Objective Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

Successes

- A Dental Intern was hired via a contract with the University Of Nebraska – Lincoln, Department of Educational Psychology during FY2014. The intern is looked at the current data related to oral health in Nebraska.
- State Dental Health Director and the Dental Intern have drafted a State Dental Health Plan.

Barriers/Challenges to success:

- Nebraska does not have an approved State Dental Health Plan.
- There were difficulties in gathering the existing oral health data.
- Lack of funding to support an oral health surveillance system in the state.

Strategies to Achieve Success or Overcome Barriers/Challenges

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

Activity 1:

Develop an oral health surveillance system

Between 10/2014 and 09/2015, OOHD and the Epidemiology & Informatics Unit will develop the oral health surveillance system. Activities that may be included in developing the system include working with the Association of State and Territorial Dental Directors and the Council of State and Territorial Epidemiologists; reviewing current Nebraska data; reviewing other states' surveillance systems.

Activity Status

Not Completed

Activity Outcome

The State Dental Director and Dental Intern studied other states' dental health plans and surveillance systems in preparation of creating both in Nebraska. The intern collected and analyzed different sources of oral health data currently available in Nebraska and nationally.

Reasons for Success or Barriers/Challenges to Success

Successes

- A Dental Intern was hired via a contract with the University Of Nebraska – Lincoln, Department of Educational Psychology during FY2014. The intern researched and reported about the current data related to oral health in Nebraska.
- State Dental Health Director and the Dental Intern looked at other states' dental health plans and surveillance systems in preparation for writing the Nebraska State Dental Health Plan.
- State Dental Health Director and the Dental Intern have drafted a State Dental Health Plan.
- Plans are underway to conduct 2015-2016 Nebraska Oral Health Survey of Young Children (Head Start and 3rd Graders) starting in the fall of 2015. A survey of 3rd Graders has not been conducted in Nebraska since 2005. There has never been a survey of this kind of Head Start children in Nebraska.

Barriers/Challenges to success

- Nebraska does not have an existing approved State Dental Health Plan.
- There is very little obtainable oral health data in Nebraska, and it has been difficult to access the data that does exist.
- Lack of funding to support an oral health surveillance system in the state.

Strategies to Achieve Success or Overcome Barriers/Challenges

- The OOHD is creating a State Dental Health Plan, which will be essential when applying for future funding.
- The OOHD will research and apply for additional funding to support an Oral Health Surveillance System in Nebraska.
- The OOHD will conduct the 2015-2016 Nebraska Oral Health Survey of Young Children and compare the data to the 2005 survey.

Activity 2:

Prepare for the 2015 Open Mouth Survey of Nebraska third graders

Between 10/2014 and 09/2015, OOHD will prepare to conduct an Open Mouth survey of Nebraska third graders which will provide data for analysis and comparison to the 2005 Open Mouth survey of third graders in Nebraska. Among the activities that may be included in the preparation phase are: identifying and establishing a memorandum of understanding with each of the partners (ASTDD, UNMC College of

Dentistry, and local community organizations) who will assist in completing the Open Mouth Survey, calibrating screeners and reviewing the work that was done in 2005 to ensure consistency in data collection.

Activity Status

Not Completed

Activity Outcome

The OOHD is in the process of conducting the 2015-2016 Nebraska Oral Health Survey of Young Children, which includes Head Start and 3rd Grade students across the state. The survey will provide data and analysis related to the current oral health status of Nebraska's children. 3rd Grader data will be compared to the 2005 Open Mouth Survey of Third Graders in Nebraska.

Reasons for Success or Barriers/Challenges to Success

Successes

- An agreement was established with the ASTDD for a national consultant to assist in the survey design and analysis of the data.
- A contract was established with a national consultant to conduct the calibration training of survey screeners.
- Screeners were identified and completed calibration training on August 7, 2015.
- Survey supplies were successfully ordered and received by the OOHD.
- Screenings have been completed in Western and North Central Nebraska by the Dental Health Director and Dental Health Coordinator.
- A DHHS staff member has been identified to assist the OOHD in the collection and entry of screening data in to the selected database.

Barriers/Challenges to Success

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

Strategies to Achieve Success or Overcome Barriers/Challenges

- The Dental Health Coordinator continues to reach out to schools and screeners through phone calls and emails.
- The OOHD will finalize contracts with selected screeners for the survey to be complete. Additionally, the Dental Health Director and Dental Health Coordinator will travel to rural sites in Nebraska to assist in completing the screenings.
- The identified DHHS staff member and the OOHD will work together to enter the survey screening data into the database.
- The ASTDD consultant will work with the OOHD to complete the data analysis and comparison to the 2005 Open Mouth Survey of Third Graders in Nebraska.
- The OOHD will produce a final report of the 2015-2016 Nebraska Oral Health Survey of Young Children.

State Program Title: PUBLIC HEALTH INFRASTRUCTURE PROGRAM

State Program Strategy:

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

Health Priorities: DHHS selected as priority activities:

- Assuring availability of health data and public health informatics expertise necessary to planning and evaluating health programs and increasing the effectiveness of health department staff.
- Maintaining information and data resources at the state level in order to respond to requests for information from the local level, enable public health entities to conduct community needs assessment and provide a basis for formulating health policies and appropriate intervention strategies.
- Facilitating strategic planning at the state and local level, instituting performance standards and maintaining a well-trained public health workforce, critical to the success of all of the activities carried out by DHHS.
- Capacity building at the local level to provide all three Core Functions of Public Health and carry out all Ten Essential Services of Public Health.
- Providing trauma-informed care training for Public Health staff, together with Behavioral Health and Children & Family Services staff, to better equip them to serve the public.

Primary Strategic Partnerships:

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

Evaluation Methodology:

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

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

State Health Objective(s):

Between 10/2014 and 09/2019, DHHS staff will issue RFAs and fund up to 10 community-based prevention projects addressing areas such as injury, violence, mental illness, tobacco use, chronic disease, oral health and trauma and implement "Snack & Go" in at least two additional retail establishments in underserved communities.

State Health Objective Status

In Progress

State Health Objective Outcome

Community based prevention projects

DHHS staff issued a request for application in November 2014. Thirteen projects were funded. Those projects addressed sun tanning awareness; concussion awareness training; biking and walking safety; breastfeeding (two projects); safe kids (proper installation and use of child safety seats); hepatitis C awareness among correctional center residents (one project) and among uninsured/underinsured high risk residents, (another project) community health assessment for accreditation; asthma, ADHD and smoking avoidance; asthma education and management; and radon education.

Snack & Go

DHHS established the Snack & Go retail intervention in collaboration with Douglas County Health Department, Teach a Kid to Fish (non-profit in Lincoln, NE), and the Gretchen Swanson Center for Nutrition during FY2014. During this past grant period, DHHS contracted with a communications firm to modify the materials for retail and school sites based on the pilot feedback from the previous year. Material prototypes for retail and school sites were developed and disseminated to community partners in three local public health department districts for implementation (Lincoln-Lancaster County Health Department, Douglas County Health Department and Sarpy/Cass Department of Health and Wellness).

Reasons for Success or Barriers/Challenges to Success

Reasons for success

- Community partners and partnerships.
- Use of subject matter experts to review RFA applications and to provide technical assistance for funded applicants.
- Local health departments building upon previous successful endeavors.

Barriers/challenges to success

- Loss of a student intern (due to school scheduling conflicts) shortly after the beginning of the grant year.
- Subaward projects with a less than one year duration limit the amount of progress that can be made toward improving population health.

Strategies to Achieve Success or Overcome Barriers/Challenges

- Continued use of subject matter experts when reviewing applications for funding.
- Use of DHHS subject matter experts to monitor subaward activity and reporting.
- Coordination with DHHS's Division of Public Health strategic plan to focus RFA opportunities in priority areas where there may be gaps in funding.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

The Snack & Go brand and retail pilot materials were first developed utilizing the Coordinated Chronic Disease and Prevention Funds (\$20,000) from 12/1/13 – 3/29/14. During FY14, the PHHS BG was matched with CCDP Funds (\$10K) to maintain a \$20K operating budget. Community partners also contribute time and resources to implement in their communities.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Community Based Prevention Projects

Between 10/2014 and 09/2015, community-based organizations chosen through a competitive grant process will increase the number of population-based primary prevention services in areas including injury, violence, mental illness, tobacco use, unintended pregnancy, chronic disease and nutrition from 0 to **10**.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2014 and 09/2015, community-based organizations chosen through a competitive grant process increased the number of population-based primary prevention services in areas including injury, violence, mental illness, tobacco use, unintended pregnancy, chronic disease and nutrition from 0 to **13**.

Reasons for Success or Barriers/Challenges to Success

Successes

- DHHS received 17 applications requesting funding of vital community interventions.
- Collaborative and supportive partnerships with local health departments and nonprofit organizations.
- Most local health departments are in the process of seeking accreditation, so their requests for funding are in line with their priorities and gaps in funding.

Barriers

- DHHS receives federal funds from both the 1305 Grant and the 1422 Grant, so staff capacity to provide technical assistance and monitoring was limited.

Strategies to Achieve Success or Overcome Barriers/Challenges

During FY2015, the new PHHSBG Coordinator established regular meetings for PHHSBG project leads (DHHS staff members with specific responsibility for projects receiving PHHS funding). With input from both the project leads and the Preventive Health Advisory Panel, PHHS funds are able to be utilized in areas and on projects of greatest need.

Activity 1:

Issue RFA

Between 10/2014 and 09/2015, develop and issue an RFA to invite external entities, including local health departments, tribal health departments, and other non-profit agencies, to apply for funds to carry out projects addressing one of two goals: 1) continue and expand current primary and secondary preventive services, incorporating evidence-based strategies and well-established models shown to be effective in similar settings, or 2) improve staff capacity or competency through participation in training and/or education in order to improve the effectiveness of future delivery of public health interventions, both primary and secondary.

Activity Status

Completed

Activity Outcome

DHHS staff issued an RFA, and 15 external entities applied for funding. Thirteen of the 15 applications were funded.

Reasons for Success or Barriers/Challenges to Success

Successes

- Partnerships and history working with external entities meant that most applications were able to be accepted (they had followed the application instructions).
- Working with the Preventive Health Advisory Committee, DHHS was able to provide funding for more projects than anticipated.
- DHHS staff members provided subject matter expertise and input in the reviewing of applications.

Challenges

- The PHHS Block Grant Coordinator of several years announced her retirement shortly before the beginning of the RFA application process. Temporary staff addressed the RFA and review process, but the loss of the Coordinator's expertise and breadth and depth of knowledge and experience was important.

Strategies to Achieve Success or Overcome Barriers/Challenges

- Adjust the RFA timelines to allow for greater time for review of applications and for the approval process within DHHS.
- Allow as much time as possible for applicants to write well-considered and clear applications that address funding gaps in their community health improvement plans.

Activity 2:

Select sub-awardees

Between 10/2014 and 09/2015, DHHS staff will review and rate applications and choose sub-awardees.

Activity Status

Completed

Activity Outcome

DHHS staff reviewed and rated applications. Two staff members read all applications, and subject matter experts read qualifying applications related to their area of expertise. Thirteen applications were awarded funding.

Reasons for Success or Barriers/Challenges to Success

Successes

- DHHS staff brought important subject matter expertise as well as history in working with external entities. They provided input on both the efficacy of each project as well as the entities' strengths and opportunities.
- Subrecipients are familiar with DHHS's RFA application and review processes.
- Subrecipients are familiar with the process for submitting questions during the writing/application period.

Challenges

- Entities that are not funded have good projects that address community needs. It is difficult to have to pass on funding projects that have potential impact on public health.
- Staff changes caused some delays in the process.

Strategies to Achieve Success or Overcome Barriers/Challenges

- Work throughout the year with PHHS Project Leads and the Preventive Health Advisory Committee to determine public health priorities and funding gaps.
- Revise the RFA form and timeline so that applicants have sufficient time to present a well-considered project.

Activity 3:

Monitor progress of sub-awardees

Between 10/2014 and 09/2015, DHHS staff will provide technical assistance, conduct site visits, monitor progress and review reports (narrative and financial) of sub-awardees.

Activity Status

Completed

Activity Outcome

DHHS staff provided technical assistance, conducted site visits, monitored progress and reports of 13 subrecipients.

Reasons for Success or Barriers/Challenges to Success

Success

- DHHS provides other funding to external entities; therefore, the need for reporting and monitoring are familiar.
- External entities are creative in addressing what might be setbacks or barriers.

Barriers

- DHHS changed its grant monitoring staff and procedures. Staff members had to learn and implement the new process, which required a learning curve.
- The PHHS Block Grant Coordinator of many years retired. A new Coordinator was hired and trained during the period these projects were implemented.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to learn and refine the grant monitoring process to make it as helpful as possible for DHHS and subrecipients.

Impact/Process Objective 2:

Increase access to healthy foods and beverages

Between 10/2014 and 09/2015, DHHS Staff, sub-awardees and/or contractors will increase the number of small retail venues and target schools within selected communities that sell healthier food options in underserved areas from 6 to 8.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2014 and 09/2015, DHHS Staff, sub-awardees and/or contractors increased the number of small retail venues and target schools within selected communities that sell healthier food options in underserved areas from 6 to 8.

Reasons for Success or Barriers/Challenges to Success

Between 10/2014 and 09/2015, DHHS Staff, subgrantees and/or contractors increased the number of small retail venues within selected communities that sell healthier food options in underserved areas from 4 to 8.

Strategies to Achieve Success or Overcome Barriers/Challenges

DHHS established the Snack & Go (S&G) retail intervention in collaboration with Douglas County Health Department (DCHD), Teach a Kid to Fish (TAK2F), and the Gretchen Swanson Center for Nutrition.

During FY2014, DHHS identified and contracted with DCHD and TAK2F for the first four pilot retail sites. Evaluation of the S&G pilot project was completed in November of 2014.

Reasons for success include strong community partners, relationships established with the retail managers and regular communication with the state-level workgroup.

Reasons for barriers/challenges include limited information about S&G to customers and the community.

Activity 1:

Increase retailer participation

Between 10/2014 and 09/2015, DHHS staff and sub-awardees will increase the number of retailers participating in the "Snack & Go" program. The existing project is a community intervention designed for convenience stores located near a middle or high school to promote healthier snack options in highly visible locations within their store. Modeled after research-tested interventions, Snack & Go involves conducting a pre-assessment of the store inventory, product placement, and promotion. Participating stores are then provided a Standard Kit of promotional materials and must agree to selecting two sites within their store for Snack & Go products. A community coordinator works with the participating store manager to select the products for the two locations. A post-assessment is completed at six months to determine if the products continue to meet the nutrition brand guidelines and to capture intervention outcomes.

Activity Status

Completed

Activity Outcome

During FY2014, DHHS identified and contracted with one local health department and one non-profit agency, covering the first four pilot retail sites.

Late in FY2014 S&G will be expanded to eight retail sites within the targeted communities: Cass, Douglas, Lancaster and Sarpy.

During the second, third and fourth quarters of FY2015 Emspace Group will be under contract to update and modify the retail tools to be used in schools venues such as concessions, school store, vending. Participating pilot stores will also receive updated materials/resources.

Reasons for Success or Barriers/Challenges to Success

Reasons for Success: Use of standard DHHS contract template and process and continued community partnerships.

Strategies to Achieve Success or Overcome Barriers/Challenges

Intensive communication with contractors, successful negotiation of terms and deliverables.

Activity 2:

Increase school participation

Between 10/2014 and 09/2015, DHHS will increase school-based youth engagement in the Snack & Go initiative, increasing both the number of youth involved and the number of schools participating.

Activity Status

Not Completed

Activity Outcome

DHHS worked with an external communications firm to modify and create materials for a school-based intervention. Prototypes were developed for schools and shared with community partners.

Reasons for Success or Barriers/Challenges to Success

Successes

- Community partners continue to be the greatest reason for success of this intervention.
- Building off of a previous retail intervention in Douglas County has assisted with development and implementation.

Barriers

- During FY2015, a student intern was hired to oversee and assist with education and implementation with community partners. Due to scheduling and schooling conflicts, the intern was unable to fulfill her duties as assigned; therefore, the project did not progress further during this period.

Strategies to Achieve Success or Overcome Barriers/Challenges

The strategy to overcome the barrier noted above is to engage and support the community partners currently working with schools in the implementation process.

National Health Objective: EH-14 Radon Mitigation Systems in Homes

State Health Objective(s):

Between 10/2014 and 09/2015, DHHS will increase the number of homes tested for radon in Nebraska from 73,280 to 75,000.

State Health Objective Status

Not Met

State Health Objective Outcome

Nebraska Comprehensive Cancer Control Program (CCCP) has planned a timeline for implementing the social media campaign. The program has also gathered background data on the current number of homes tested for radon in Nebraska, the prevalence of radon in Nebraska and has put out the initial ask to partners to join a leadership planning team.

Reasons for Success or Barriers/Challenges to Success

- Reasons for Success
- High quality data readily available from the Department of Health and Human Services Office of Indoor Air Quality (DHHS OIAQ)
- Excellent working relationship with DHHS OIAQ and other State Government programs
- CCCP extensive list of cancer stakeholders in Nebraska to solicit participation on leadership team
- Local Health Departments already trained to test for radon and actively working on radon awareness across the state.

Strategies to Achieve Success or Overcome Barriers/Challenges

Broad collaboration is always a strategy of Comprehensive Cancer Control programs, resulting in the inclusion of all available data, best practices and perspectives.

Leveraged Block Grant Dollars

No

Description of How Block Grant Dollars Were Leveraged

This campaign will support work that had begun with CCCP dollars. The program used funds to allow local health department staff to be trained to test for radon in homes, and to do small media campaigns. This current effort will result in materials that can be utilized by any health department to increase radon awareness in their service area.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Radon Testing Awareness

Between 10/2014 and 09/2015, the DHHS Comprehensive Cancer program manager will identify a contractor who will design and implement a public awareness campaign that will increase the number of returned radon test kits from 73,280 to **75,000**.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2014 and 09/2015, the DHHS Comprehensive Cancer program manager will identify a contractor who will design and implement a public awareness campaign that increased the number of returned radon test kits from 73,280 to **75000**.

Reasons for Success or Barriers/Challenges to Success

Nebraska Comprehensive Cancer Control Program (CCCP) has planned a timeline for implementing the social media campaign. The program has also gathered background data on the current number of homes tested for radon in Nebraska, the prevalence of radon in Nebraska and has put out the initial ask to partners to join a leadership planning team.

Reasons for Success

- High quality data readily available from the Department of Health and Human Services Office of Indoor Air Quality (DHHS OIAQ)
- Excellent working relationship with DHHS OIAQ and other State Government programs
- CCCP extensive list of cancer stakeholders in Nebraska to solicit participation on leadership team
- Local Health Departments already trained to test for radon, and actively working on radon awareness across the state

Strategies to Achieve Success or Overcome Barriers/Challenges

Broad collaboration is always a strategy of Comprehensive Cancer Control programs, resulting in the inclusion of all available data, best practices and perspectives.

Activity 1:

Identify contractor to design campaign

Between 10/2014 and 09/2015, the DHHS program manager will work with partners external to DHHS and internally to identify a contractor skilled in public health and social marketing campaigns.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

CCCP will meet with DHHS staff to write and release an Request for Proposals for campaign design in early 2016. Program will also arrange for leadership team to meet and review the RFP.

Strategies to Achieve Success or Overcome Barriers/Challenges

CCCP will utilize longstanding relationships with DHHS staff to get off the ground quickly and efficiently.

Activity 2:

Form advisory committee for campaign

Between 10/2014 and 09/2015, the DHHS program manager will form a small working committee of radon stakeholders, including Comprehensive Cancer Control staff, Office of Indoor Air Quality staff, American Cancer Society partners, and if possible realtor association and home builders, to guide the campaign and assist in dissemination of information.

Activity Status

Completed

Activity Outcome

Potential members have all given a preliminary yes to participating on the advisory committee.

Reasons for Success or Barriers/Challenges to Success

CCCP has a long standing and excellent relationship with both the American Cancer Society (ACS) and with the OIAQ.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continued relationship building with all partners.

Activity 3:

Implement the campaign

Between 10/2014 and 09/2015, DHHS will implement the campaign, with the assistance of the contractor and advisory committee.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

Campaign will be implemented in spring and summer of 2016.

Strategies to Achieve Success or Overcome Barriers/Challenges

CCCP will utilize previous experience in working on social media campaigns as well as long standing relationships with partners.

Activity 4:

Administer and evaluate the campaign

Between 10/2014 and 09/2015, DHHS, with the assistance of the contractor funded by the CDC Combined Cancer Grant, will design and implement an evaluation plan to assess the effectiveness of the campaign. The program manager will act as project manager for the campaign, approving all final work plans after they have been reviewed by the committee. The program manager will approve payments and make mid-course corrections as necessary.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

CCCP will utilize the expertise of the evaluation contractor supported by Centers for Disease Control and Prevention to evaluate the campaign.

Strategies to Achieve Success or Overcome Barriers/Challenges

Evaluation contractor has extensive experience in program evaluation and has been working to evaluate other social media campaigns.

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

State Health Objective(s):

Between 10/2014 and 09/2019, maintain at least one comprehensive state-level health data surveillance system, sustaining the capacity for collection and analysis of needed health data on all populations for use in development of health status indicators.

State Health Objective Status

Met

State Health Objective Outcome

During FY2015 critical data sets were maintained to provide essential information to justify programs and to show progress. The decision was made that the block grant be used to support a position that helped provide required information for the accreditation process. DHHS decided to use block grant funds to complete the accreditation process and to implement the State Health Improvement Plan (SHIP) and the Division Strategic Plan.

Reasons for Success or Barriers/Challenges to Success

The employment of veteran statisticians and data analysts contributed to the success of the project. Administrative support has also played a key role in the success of the project. There is continued support from Deputy and Acting Director levels for maintaining the role of the Department as a trusted source of data.

One challenge is in having a broad enough net to pull in all available data and enough staff time to be able to enter or analyze all available data. In the case of developing Nebraska's Healthy People 2020, relying on many other users to supply information consistently is a challenge.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies to achieve success include: assuring continuity of supervision for the statistician and data analyst positions and capitalizing on the experience and background of the supervisor.

Leveraged Block Grant Dollars

No

Description of How Block Grant Dollars Were Leveraged

N/A

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Build capacity of Nebraska's public health informatics

Between 10/2014 and 09/2015, DHHS Epidemiology and Informatics Unit lead staff will increase the number of DHHS public health informaticians from 0 to 1.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2014 and 09/2015, DHHS Epidemiology and Informatics Unit lead staff increased the number of DHHS public health informaticians from 0 to 0.

Reasons for Success or Barriers/Challenges to Success

Worked with DHHS Human Resources and State Personnel to create the position of the Public Health Informatics Office Administrator. State Personnel gave a preliminary decision to create the position; however, we were unable to recruit a person to fill the position.

Strategies to Achieve Success or Overcome Barriers/Challenges

- Revised the Nebraska Public Health Informatics Development Plan which included establishing the public health informatics classification and its requirements.
- Participated in the Public Health Informatics workforce committee organized by ASTHO and explored the ways to recruit a qualified public health informatician.
- Submitted a request to expand the workforce of public health informatics in early 2015.
- There is no classification of the Public Health Informatics at DHHS.
- It is difficult to obtain approval for additional FTEs.
- Continued to explore sufficient funds and FTEs to develop the Nebraska Public Health Informatics workforce.
- Submitted request for state supplemental funds to support public health informatics and corresponding FTE in September 2015.

Activity 1:

Recruit, hire and train Informatician

Between 10/2014 and 09/2015, Working with DHHS Human Resources, the Epidemiology and Informatics Unit lead staff will recruit, hire and train an informatician to develop Nebraska's public health informatics strategic plan and coordinate public health informatics activities.

Activity Status

Not Completed

Activity Outcome

Worked with DHHS Human Resources and State Personnel to create the position of the Public Health Informatics Office Administrator. The state personnel gave a preliminary decision to create the position; however, DHHS was unable to recruit a qualified candidate.

Reasons for Success or Barriers/Challenges to Success

There is no classification of the Public Health Informatics at DHHS. The process to establish a new classification is lengthy and ultimately requires approval of Nebraska's Governor. and continued challenges to obtain state FTEs for PH informatics area in addition to inconsistent and unstable funds to support additional FTEs.

Strategies to Achieve Success or Overcome Barriers/Challenges

- Revised the Nebraska Public Health Informatics Development Plan which includes establishing the public health informatics classification and its requirements.
- Participated in the Public Health Informatics workforce committee organized by ASTHO and explored ways to recruit a qualified public health informatician.
- Submitted a request to expand the workforce of public health informatics in early 2015.
- Continued to explore sufficient funds and FTEs to develop the Nebraska Public Health Informatics workforce.
- Submitted a request for state supplemental funds to support public health informatics and corresponding FTE in September 2015

Impact/Process Objective 2:

Data and surveillance

Between 10/2014 and 09/2015, DHHS staff will provide health data to **5,000** users of data.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2014 and 09/2015, DHHS staff provided health data to **10,000** users of data.

Reasons for Success or Barriers/Challenges to Success

Many data reports and analysis are provided on the DHHS website. This includes a BRFSS query system, the Healthy People 2020 report, and numerous fact sheets. This provides an easy to access format for data users and increases success and reach in disseminating public health data.

Strategies to Achieve Success or Overcome Barriers/Challenges

By making public health data available on the DHHS website, it is easier to access and to disseminate. DHHS also sends reports via email to public health stakeholders. Sometimes stakeholders share data and reports on their websites. These strategies help to reach more data users.

Activity 1:

Data gathering, analysis and reporting

Between 10/2014 and 09/2015, DHHS will identify all relevant health indicators for local health department reporting, update and execute analysis program, populate a multi-sheet spreadsheet with current data for these indicators for use by local health departments, generate and disseminate reports electronically.

The expected outcomes of this work include: (1) enhanced and ongoing availability of data upon which local health departments rely; (2) moving DHHS toward the goal of being the trusted source of health data, and (3) supporting applications for public health accreditation at the state and local levels.

Activity Status

Completed

Activity Outcome

DHHS has an accreditation site visit January 2016. The goal is to become an accredited source of Public Health Information. In addition, DHHS staff worked closely with local health departments to provide them with local data for health indicators they selected. DHHS staff also provided BRFSS data for each local health department. The local health departments use these data for their community health assessments which is one of the requirements for the public health accreditation process.

The DHHS Vital Statistics Report received over 10,000 hits in the period 10/1/2014 - 9/30/15, well over the goal of reaching 5,000 users of public health indicators. Local health departments use these data in addition to many other data reports in local assessment work.

Reasons for Success or Barriers/Challenges to Success

Working closely with local health departments to determine their local data needs has helped DHHS to be more successful. DHHS would not be able to provide as much data if not for the work among DHHS programs and local health departments.

Numerous spreadsheets of death certificate, birth certificate and hospital discharge summaries and rates were needed for accreditation qualification.

The DHHS Vital Statistics Reports require execution of over 50 SAS summary/rate producing programs each year.

Strategies to Achieve Success or Overcome Barriers/Challenges

The spreadsheets could be populated because the data files were accessible and existing analysis programs were available. Working with the health departments to determine their needs and being able to give them what they want is also a strategy that leads to success.

Activity 2:

Nebraska HP2020 Basic Report

Between 10/2014 and 09/2015, DHHS will review US HP2020 objectives and latest trends, analyze Nebraska data for selected HP2020 objectives and prepare a report of objectives and current rates and trends.

Activity Status

Completed

Activity Outcome

DHHS collaborated with internal program staff and data analysts to determine desired indicators and compile all needed data. The data were then used to prepare a Nebraska HP2020 report with assistance from Schmeekle Research, Inc., a project contractor for DHHS.

Reasons for Success or Barriers/Challenges to Success

Reasons for Success

- Excellent collaboration and support from internal DHHS program staff and data analysts
- History of successful development of HP goals and objectives
- Funding was available to hire a contractor to assist with report development

Barriers/Challenges to Success

- Delay in getting HP2020 goals and objectives set from original timeline due to staff turnover
- Existing staff responsibilities prevented the project from being completed internally without contract assistance

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies to Achieve Success

- Set up initial meeting of internal stakeholders
- Follow-up communication with stakeholders to keep stakeholders updated and committed to project success
- Early planning for the development of a HP2020 dashboard

Strategies to Overcome Barriers/Challenges

- Shifting staff responsibilities to cover project responsibilities
- Hiring a contractor to assist with report development

Activity 3:

Enhance data quality, utilization and integration

Between 10/2014 and 09/2015, DHHS and the University of Nebraska Medical Center's College of Public Health, through a collaborative Joint Data Center, will update the existing data inventory, conduct routine

data linkages (such as Cancer Registry to death certificate and hospital discharge data) and continue development of the "Public Health Master Person Index."

Activity Status

Completed

Activity Outcome

By late summer 2015, DHHS completed an update of the data inventory project. This involved surveying internal and external owners of public health data to obtain specifics on the scope of the data, most current data, demographics, data availability, etc. The information on each data source was compiled into an Excel file.

Reasons for Success or Barriers/Challenges to Success

Reasons for Success

- Excellent participation by data owners
- DHHS intern was on staff to work on the project

Barrier to Success

- Due to the number of data sources and current process for completing the inventory the communication process is extensive and additional staff support is needed

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies to Achieve Success

- Regular communication with and reminders to data owners
- Future plans include development of a share point system for posting the inventory results on the DHHS website

Strategies to Overcome Barriers

- Hired intern to manage communication process

Activity 4:

Develop and integrate data tracking system

Between 10/2014 and 09/2015, DHHS Chronic Renal Disease Program staff will develop an automated data tracking system for participants in the Chronic Renal Disease Program. The data system will link with other data sources and provide vital statistics regarding Nebraskans with end-stage renal disease.

Activity Status

Completed

Activity Outcome

Developed an electronic database for the Nebraska Chronic Renal Disease Program to manage client data and generate reports that are necessary to efficiently operate the Program. The database became operational on July 1, 2015.

Reasons for Success or Barriers/Challenges to Success

The database was built from scratch in Microsoft Access and has required several meetings with the Information Systems and Technology staff that has built the database. Prior to the development of the database, paper client records were the only means of maintaining client information. It's taking quite a bit of time to transfer and update all client records from paper form to the database; while the database has been built, the updating of client records is still in process.

Strategies to Achieve Success or Overcome Barriers/Challenges

Refinements are still being made to the database, especially in terms of the reports the database will generate. The CRD Program has already used the database to generate participating pharmacy lists to share with renal social workers and Program clients, as well as provide listings to individual social workers on their CRD Program clients. Additionally, the database is built with a reminder function, so if

follow-up action needs to be taken on a client, a reminder is set ,and the database generates an alert when the reminder's due date is near.

National Health Objective: PHI-17 Accredited Public Health Agencies

State Health Objective(s):

Between 10/2014 and 09/2019, DHHS and up to 18 local health departments* will develop health improvement plans and will prepare for potential accreditation from the Public Health Accreditation Board.

*Nebraska has 20 LB692 Local/District Public Health Departments.

State Health Objective Status

Met

State Health Objective Outcome

DHHS and 18 local health departments are in engaged in developing or updating health improvement plans. In addition, four local health departments are in the application process for public health accreditation. An additional three departments are planning on submitting applications for accreditation before July 31, 2016. Six other local health departments are actively preparing for accreditation.

Reasons for Success or Barriers/Challenges to Success

Reasons for Success: Block grant dollars were used to support local health department accreditation efforts through subaward opportunities. These opportunities allowed local health departments to focus on identifying and filling gaps in meeting accreditation standards established by the Public Health Accreditation Board.

Barriers/Challenges to Success: With local health departments at various stages in the accreditation process, at times it can be challenging to coordinate trainings relevant to the needs of all departments.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies to Achieve Success: Monthly accreditation community of practice calls are scheduled with local health departments. These calls allow local health departments an opportunity to share progress towards accreditation and discuss needed resources to fill gaps in meeting the Public Health Accreditation Board standards and measures. In addition, webinar trainings are scheduled for local health departments to address various topics pertaining to accreditation readiness. These trainings are coordinated based on health department input.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

Block Grant funds were leveraged to help fund a Performance Improvement Manager for the Nebraska Division of Public Health to help lead accreditation efforts for the Division including coordinating meetings, collecting documentation, and ensuring that gaps are being filled. These efforts have led to the creation and adoption of a Division communication plan, workforce development plan, and a performance management system. In addition, the Performance Improvement Manager helps provide support and technical assistance to Nebraska's local health departments around accreditation preparation.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Apply for public health accreditation

Between 10/2014 and 09/2015, the DHHS Office of Community and Rural Health will increase the number of applications submitted to the Public Health Accreditation Board for the Nebraska Division of Public Health from 0 to 1.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2014 and 09/2015, the DHHS Office of Community and Rural Health increased the number of applications submitted to the Public Health Accreditation Board for the Nebraska Division of Public Health from 0 to 1.

Reasons for Success or Barriers/Challenges to Success

Reasons for Success: The Nebraska Division of Public Health submitted an application to the Public Health Accreditation Board in June 2015. The Division is currently preparing for a site visit that will occur in January 2016. Division leadership and collaboration were important factors in ensuring the objective was met.

Barriers/Challenges to Success: Due to the size of the Division, it was challenging to select the best examples to highlight for accreditation documentation. In addition, Division employees have essential job duties that sometimes made it difficult to secure time for accreditation-related meetings and requests.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies to Achieve Success: The Office of Community Health and Performance Management (OCHPM) coordinated the Division's accreditation efforts. Through Block Grant funding, the OCHPM was able to support a Performance Improvement Manager. The Performance Improvement Manager was instrumental in leading accreditation preparation efforts including coordinating meetings, collecting documentation, and ensuring gaps were being filled.

Strategies to Overcome Barriers/Challenges: Meetings were scheduled with program managers and related staff within the Division to explain the accreditation process and request documentation. These meetings allowed the OCHPM to establish a coordinated approach to collecting documentation related to accreditation.

Activity 1:

Submit application to Public Health Accreditation Board

Between 10/2014 and 09/2015, the Office of Community and Rural Health will submit an application and fee to the Public Health Accreditation Board which will initiate the accreditation process for the DHHS Division of Public Health.

Activity Status

Completed

Activity Outcome

The Division of Public Health submitted an application and fee to the Public Health Accreditation Board for accreditation in June 2015.

Reasons for Success or Barriers/Challenges to Success

Reasons for Success: Strong collaboration and communication among DHHS staff enabled the process of gathering documentation to run smoothly.

Barriers/Challenges to Success: Existing job responsibilities of staff made it challenging at times to get documentation in a timely manner.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies to Achieve Success: Meetings with Unit Administrators to discuss needed documentation and

to assign appropriate staff to help in finding required documents.

Strategies to Overcome Barriers/Challenges: Reminders were sent to staff to inform them of the need for required documentation. At times, individual meetings were held with staff to find needed documentation.

Activity 2:

Submit all required documentation to the Public Health Accreditation Board

Between 10/2014 and 09/2015, The Office of Community Health and Performance Management will upload all required documentation into E-PHAB and submit to the Public Health Accreditation Board. This documentation will provide evidence the Division meets all the standards and measures over the 12 PHAB domains including a State Health Improvement Plan, State Health Assessment, Strategic Plan, Workforce Development Plan, and Performance Management System. Documentation provides evidence of the activities Nebraska is doing in support of public health for residents.

Activity Status

Completed

Activity Outcome

The Office of Community Health and Performance Management staff have uploaded all required documentation into the E-PHAB system. This included all required documents as well as supporting documents that demonstrated the Division of Public Health meets the standards and measures identified by the Public Health Accreditation Board.

Reasons for Success or Barriers/Challenges to Success

Reasons for Success: Strong collaboration and leadership support enabled this activity to be successful.

Barriers/Challenges to Success: Finding documents in the appropriate timeframe was at times challenging. In addition, some department processes were occurring, but were not appropriately documented according to the Public Health Accreditation Board standards and measures.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies to Achieve Success: Meetings were scheduled with department leadership to discuss needed documents and appropriate staff that could assist in locating documents.

Strategies to Overcome Barriers/Challenges: During initial meetings with department staff, the Office of Community Health and Performance Management outlined documents that were acceptable for accreditation. This enabled staff to focus on finding appropriate documentation needed for the upload.

Impact/Process Objective 2:

Implementation of State Health Improvement Plan (SHIP) Activities

Between 10/2014 and 09/2015, SHIP coalition members and partners will implement 5 key strategies from the State Health Improvement Plan.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2014 and 09/2015, SHIP coalition members and partners implemented 9 key strategies from the State Health Improvement Plan.

Reasons for Success or Barriers/Challenges to Success

Reason for Success: Strong collaborative partnerships enabled key strategies to be implemented from the State Health Improvement Plan. In addition, funding was offered to support strategies of State Health Improvement Plan where other funding was not available.

Barriers/Challenges to Success: Existing job responsibilities of coalition members and partners

sometimes limited their availability to participate in meetings and other implementation efforts. In some instances limited funding support restricted the originally planned efforts.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies to Achieve Success: DHHS took a strong approach to coordinating the implementation of the State Health Improvement Plan by bringing together stakeholders and work groups to discuss plan progress. Continued coordination and 'backbone support' of collaborative meetings helped to maintain momentum and project completion.

Strategies to Overcome Barriers/Challenges: Regularly scheduled meetings enabled coalition members and partners to stay informed on implementation efforts. In addition, these meetings strengthened accountability among coalition members and partners. Stakeholders routinely reviewed and updated work plans to monitor progress and revise activities. New partners were recruited when appropriate to ensure continued efforts and community engagement.

Activity 1:

Provide support to coalition members and partners

Between 10/2014 and 09/2015, DHHS staff will provide funding and support to coalition members and partners to implement key strategies from the SHIP (e.g., initial assessments and data analysis). Key strategies addressed include expansion of International Board Certified Lactation Consultants to support breastfeeding (\$4,200); assessment of data needs and solutions for local health departments (\$24,000); identification of opportunities for integrations of public health, primary care, and behavioral health (\$13,500); expansion of community health workers across Nebraska through education and coordination (\$8,000); expansion and coordination of Coordinated School Health efforts across Nebraska (\$6,000). DHHS staff help coordinate coalition implementation work groups by planning quarterly meetings, reporting opportunities, conference calls, and other support. DHHS staff establish and manage contracts to help coalition members complete these activities.

Activity Status

Completed

Activity Outcome

DHHS Staff has provided funding and support to implement key strategies from the SHIP.

Reasons for Success or Barriers/Challenges to Success

Reasons for Success: Regularly scheduled SHIP meetings were held to update coalition members on the progress of the SHIP activities. In addition, DHHS encouraged implementation workgroups to submit proposals on key activities that needed funding support.

Barriers/Challenges to Success: Existing job duties of SHIP implementation workgroup members at times slowed the process of completing key tasks in the SHIP.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies to Achieve Success: DHHS formed SHIP implementation workgroups to ensure key strategies and activities were being carried out. In addition, DHHS utilized a SHIP coordinator to check in with implementation workgroups to ensure tasks were being carried out appropriately.

Strategies to Overcome Barriers/Challenges: Progress reports were required for all key SHIP strategies and activities including those that were funded. This ensured accountability and that strategies were being implemented as planned.

Impact/Process Objective 3:

Support for local health departments

Between 10/2014 and 09/2015, Office of Community Health and Performance Management staff, contractors, and local health department staff members will provide subject matter expertise, funding and

training opportunities related to health improvement plan implementation and accreditation preparation to 18 local health departments and key partners.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2014 and 09/2015, Office of Community Health and Performance Management staff, contractors, and local health department staff members provided subject matter expertise, funding and training opportunities related to health improvement plan implementation and accreditation preparation to 18 local health departments and key partners.

Reasons for Success or Barriers/Challenges to Success

Reasons for Success: During FY2015, technical assistance, funding, and training opportunities were provided to 18 local health departments in health improvement plan implementation and accreditation preparation. Some examples of support include providing subawards to support accreditation preparation, webinars on topics relating to the accreditation process, information sharing calls on accreditation processes within departments and on-site training on building a performance management system. In addition, subawards were provided to local health departments to implement evidence-based strategies based on their health improvement plan priorities.

Barriers/Challenges to Success: Existing job responsibilities of NDHHS staff and other grant reporting requirements sometimes limited the availability of DHHS staff.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies to Achieve Success: Strategies that enabled success were regularly scheduled technical assistance opportunities through phone calls. This ongoing communication was beneficial in sharing strategies, successes and barriers in health department accreditation work and health improvement plan implementation.

Strategies to Overcome Barriers/Challenges: Having an established Collaborative Leadership Team of key DHHS staff and programs helped to secure commitment and ongoing participation.

Activity 1:

Provide subject matter expertise

Between 10/2014 and 09/2015, DHHS staff will assess the needs of local health departments. Staff members will gather models and standards including evidence-based program and accreditation information to share with local health departments. DHHS staff will also plan and arrange technical assistance and training opportunities. Subject matter expertise will be provided in the form of monitoring progress reports, one-on-one mentoring, conducting site visits and coordinating group updates and conference calls.

Activity Status

Completed

Activity Outcome

During FY2015, subject matter expertise was provided to 18 local health departments. Subject matter expertise was provided on evidence-based public health interventions, public health accreditation, and health department planning processes.

Reasons for Success or Barriers/Challenges to Success

Reason for Success: Communication and collaboration with subject matter experts allowed for enhanced technical assistance and training opportunities. Local health departments were informed of technical

assistance opportunities in advance and were encouraged to contact DHHS staff with questions on implementation efforts.

Barriers/Challenges to Success: Existing job responsibilities of DHHS staff and other program reporting requirements sometimes limited the availability of DHHS staff.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies to Achieve Success: Regularly scheduled technical assistance calls were provided to local health departments to allow them to report on successes and barriers of their implementation efforts. These calls allowed subject matter experts the opportunity to provide feedback and suggestions on local health department implementation efforts. In addition, local health departments submitted quarterly reports to provide updates on progress with their programs.

Strategies to Overcome Barriers/Challenges: Ongoing communication with subject matter experts and scheduling technical assistance calls and report reviews ahead of time allowed subject matter experts an opportunity to plan ahead and keep schedules open on those dates.

Activity 2:

Financial Assistance

Between 10/2014 and 09/2015, DHHS will provide funds for local health departments to implement evidence-based strategies outlined in the state and local health improvement plans. PHHSBG funds are used to leverage funds from state and other federally funded programs to provide financial assistance of this type to local health departments. Up to seven awards will be made to local health departments.

Activity Status

Completed

Activity Outcome

The DHHS Division of Public Health provided funding to seven local health departments to carry out evidence-based interventions. These local health departments focused on interventions that supported Worksite Wellness, Community Health Workers, and Chronic Disease Self-Management programs. These funding opportunities enabled local health departments to strengthen their capacity in delivering evidence-based public health strategies. In addition, these opportunities enhanced community partner engagement with local public health departments and established a foundation for future programming opportunities in those communities.

Reasons for Success or Barriers/Challenges to Success

Reasons for Success: Technical assistance and support was provided to the local health departments through a collaborative leadership team made up of Division of Public Health employees with subject matter expertise.

Barriers/Challenges to Success: On occasion, collaborative leadership team members were engaged in primary job duties and responsibilities which limited their time available to provide technical assistance.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies to Achieve Success: The collaborative leadership team met periodically to discuss successes and barriers occurring through the local health department funding opportunity. In addition, the collaborative leadership team provided feedback to local health departments on quarterly progress reports.

Strategies to Overcome Barriers/Challenges: Regular communication with collaborative leadership team members and flexibility enabled the team to overcome time constraints and limited availability due to primary job responsibilities.

Impact/Process Objective 4:

Training and educational resources

Between 10/2014 and 09/2015, DHHS staff and contractors will provide training on relevant topics related to core public health competencies, based on perceived need to 19 health departments (one state and 18 local).

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2014 and 09/2015, DHHS staff and contractors provided training on relevant topics related to core public health competencies, based on perceived need to 19 health departments (one state and 18 local).

Reasons for Success or Barriers/Challenges to Success

Reasons for Success: Between October 1, 2014, and September 30, 2015, DHHS staff members provided training to 19 state and local health departments. Topics covered through the trainings included performance management, accreditation preparation, workforce development and department branding.

Barriers/Challenges to Success: DHHS staff job responsibilities and other grant programs limited the time that some employees were able to dedicate to training efforts.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies to Achieve Success: Local health departments were given a survey to determine their training needs. The survey results helped to determine what type of trainings would be offered to the health departments.

Strategies to Overcome Barriers/Challenges: One program within DHHS coordinated planning and training opportunities for the health departments. This office sought input from DHHS staff as needed.

Activity 1:

Training Sessions

Between 10/2014 and 09/2015, DHHS staff members will coordinate training opportunities for local health department staff by identifying resources (e.g., presenters, materials), arranging locations and presenters, marketing the training sessions, and arranging the registration and evaluation processes. Staff will also coordinate training opportunities for Division of Public Health staff based on the workforce development plan.

Activity Status

Completed

Activity Outcome

During the reporting period, DHHS staff and contractors provided five trainings relevant to core public health competencies. Topics covered included, accreditation documentation requirements, performance management, public health branding, public health law, and workforce development. In addition, Public Health 101 trainings were provided to Division of Public Health staff. These opportunities addressed training needs identified in the Division workforce development plan.

Reasons for Success or Barriers/Challenges to Success

Reasons for Success: Nebraska DHHS staff sought input on trainings need from local health departments. In addition, DHHS staff and contractors communicated on a regular basis to explore training topics and coordinate opportunities to meet the needs of the public health workforce.

Barriers/Challenges to Success: Due to the number of health departments and the geographical distances involved, at times it was a challenge to schedule opportunities where all local health departments could be present.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies to Achieve Success: Nebraska DHHS staff and contractors communicated on a regular basis to plan training opportunities.

Strategies to Overcome Barriers/Challenges: Nebraska DHHS staff and contractors were able to provide recorded webinar trainings that allowed local health department staff who were unable to attend training sessions the opportunity to participate in the trainings at their own leisure.

Activity 2:

Mentoring

Between 10/2014 and 09/2015, DHHS staff will provide one-on-one mentoring to local health department staff members to increase their capacity to implement evidence-based programs and prepare for accreditation including planning, assessment, and quality improvement.

Activity Status

Completed

Activity Outcome

DHHS staff provided one-on-one mentoring to local health department staff members. DHHS staff worked with local health departments to:

- Prepare grants, helping them formulate ideas and complete the process accurately.
- Provide technical assistance on accreditation-related activities.
- Evaluate program activities to determine successes and weaknesses.
- Provide feedback on strengths and weaknesses of their implementation efforts.

Reasons for Success or Barriers/Challenges to Success

Reasons for Success: Ongoing collaboration and communication among DHHS staff led to enhanced coordination on these efforts.

Barriers/Challenges to Success: Heavier workloads among DHHS staff and other program priorities were a challenge to this activity.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies to Achieve Success: DHHS staff from the Office of Community Health and Performance Management provided technical assistance and guidance to local health departments. This Office is leading the Division of Public Health's accreditation efforts and is knowledgeable about public health accreditation.

Strategies to Overcome Barriers/Challenges: Regular communication and planning efforts among DHHS staff enabled adequate time to dedicate to this effort. If key staff were limited in their time, secondary staff assisted in mentoring the local health departments.

State Program Title: WORKSITE WELLNESS PROGRAM

State Program Strategy:

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

Health Priorities: Building capacity among employers to provide data-driven, comprehensive worksite health promotion services statewide, primarily through Nebraska's worksite wellness councils and local health agencies.

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

Evaluation Methodology: The project will be evaluated by tracking changes in health status data through Behavioral Risk Factor Surveillance Survey; LiveWell health assessment survey; reports from participating businesses on changes in health care and insurance costs; aggregate, de-identified biometric data obtained from employee health risk assessments; environmental and policy change information from the Nebraska Worksite Wellness Survey; and the Governor's Award database.

National Health Objective: ECBP-8 Worksite Health Promotion Programs

State Health Objective(s):

Between 10/2014 and 09/2019,

DHHS will provide sub-awards to two worksite wellness councils in order for them to build capacity to conduct evidence-based health promotion activities for workers and document improvement in health status of workers.

State Health Objective Status

In Progress

State Health Objective Outcome

Between 10/2014 and 09/2015, DHHS provided 2 sub awards for WorkWell and the Panhandle Worksite Wellness Council to provide capacity building efforts for local businesses through training, technical assistance, and education resources. Training on the comprehensive evidence-based worksite wellness process is implemented. Plus these funds help to support the Governor's Wellness Award. These agreements from last year are now closed out.

Between 10/2014 and 09/2015, DHHS provided 3 sub awards for the Wellness Council of the Midlands (WELCOM), WorkWell and the Panhandle Worksite Wellness Council to provide implementation efforts for local businesses through training and technical assistance for policy, systems and environmental change strategies specific to physical activity, healthy eating and breastfeeding. These agreements from last year are now closed out.

Reasons for Success or Barriers/Challenges to Success

We have had long standing agreements with each of these local Worksite Wellness Councils. We regularly have sub award agreements with them for capacity building and implementation strategies. These long standing agreements have helped to solidify a collaborative council effort where each of the three worksite councils work together on key strategies. In October of 2014, the Council leaders and NDHHS staff from the Chronic Disease Prevention and Control Program convened to create a joint

strategic plan to guide our collaborative efforts together. The group identified three strategic directions: infrastructure and implementation, targeted strategy implementation with respect to communication efforts and to formalize the collaborative relationship and direction of the key worksite partners. We have continuously met bimonthly to support the strategic plan implementation but also as a way to monitor sub award agreements both capacity building and implementation.

Strategies to Achieve Success or Overcome Barriers/Challenges

Ongoing bimonthly meetings, regular one on one meetings between council leaders and NDHHS staff, ongoing and open dialog, utilization of the strategy plan to guide our implementation efforts, worksite wellness was selected as a key strategy area for the State Health Improvement Plan (SHIP) and has provided another opportunity to partner between our organizations but also to reach new partners who are part of the SHIP process.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

PPHS Block Grant funding has helped to support the CDC 1305 and 1422 Public Health Actions for Prevention Grants. Funding leveraged from PPHS Block Grant have helped to amplify the funding that is being provided to the worksite councils through the NDHHS Chronic Disease Prevention and Control Program who is implementing the 1305 and 1422 grants. Staff have worked extremely hard to unify the worksite wellness capacity building and implementation efforts in hopes to streamline relationships, planning, implementation and evaluation efforts. In addition to 1305 and 1422 funds from CDC, NDHHS and worksite councils leveraged money from the SHIP planning efforts to implement 2 Collective Impact Conferences to educate businesses, local public health departments and other agencies on effective practices for worksite wellness and share successes and barriers to implementation.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Conduct 2015 Nebraska Worksite Wellness Survey

Between 10/2014 and 09/2015, DHHS and the University of Nebraska-Lincoln Bureau of Sociological Research (BOSR) will conduct 1 worksite wellness survey, engaging current and prospective businesses that participate in the state's worksite wellness councils.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2014 and 09/2015, DHHS and the University of Nebraska-Lincoln Bureau of Sociological Research (BOSR) conducted 0 worksite wellness survey, engaging current and prospective businesses that participate in the state's worksite wellness councils.

Reasons for Success or Barriers/Challenges to Success

NDHHS was unable to secure a contractor to implement the Nebraska Worksite Wellness Survey. NDHHS decided to push the agreement into the 10/2015 to 09/2016 timeframe and a contract has already been secured. The plan for survey implementation will be kicking off in early Spring of 2016.

Strategies to Achieve Success or Overcome Barriers/Challenges

Ongoing communication has been critical to securing the contractor for implementation. Regular planning meetings have been taken place to update the tool, refine the process, and next steps to implementing the overall project.

Activity 1:

Develop, implement and report findings from the 2015 Nebraska Worksite Wellness Survey

Between 10/2014 and 09/2015, DHHS will contract with the University of Nebraska-Lincoln (UNL), Bureau

of Sociological Research (BOSR) to conduct the collection of policy and environmental data in Nebraska worksites on various health improvement and chronic disease topics. BOSR will develop the methodology, communicate with the sample businesses, send the survey, collect/clean/analyze the data and provide data to DHHS to write the final report.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

Delay in securing contractor to assist with the survey project. Contractor is now secured and a plan is in place to implement the survey beginning in the Spring of 2016.

Strategies to Achieve Success or Overcome Barriers/Challenges

Ongoing communication and planning meetings have kept this activity on track even though we were delayed in securing a contractor for the project in 2015.

Impact/Process Objective 2:

Worksite Wellness capacity building

Between 10/2014 and 09/2015, sub-awardees and contractors will provide technical assistance designed to encourage active engagement in worksite health promotion activities to **150** worksites.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2014 and 09/2015, sub-awardees and contractors provided technical assistance designed to encourage active engagement in worksite health promotion activities to **336** worksites.

Reasons for Success or Barriers/Challenges to Success

Each worksite council has a number of member businesses that are continually engaged through electronic media, training/education opportunities, direct technical assistance and implementation of chronic disease prevention efforts. In 2015 WorkWell had 102 member businesses, the Wellness Council of the Midlands (WELLCOM) had 187 and Panhandle had 47. Part of the success is due to the relationships that the councils have directly with the businesses.

Strategies to Achieve Success or Overcome Barriers/Challenges

To continue the ongoing successes, critical ongoing partnerships and financial investments are key to seeing the change in health indicators in adults. Communication has been a key. A sound plan of action from each council has benefited and guided business participation. Mini-grants to businesses to assist with implementation of evidence-based strategies.

Activity 1:

Training and technical assistance

Between 10/2014 and 09/2015, two worksite wellness councils will provide technical assistance and training to at least 145 worksites.

The worksite wellness councils, partially supported by the PHHSBG, distribute newsletters and provide training seminars, peer learning/idea sharing, assistance with preparing to meet the qualifications for the Governor's Wellness Award and phone counseling.

Activity Status

Completed

Activity Outcome

149 member businesses were impacted by WorkWell and Panhandle in 2015. These businesses received newsletters, trainings, peer learning and idea sharing opportunities and technical assistance. In addition 48 businesses statewide received the 2015 Governor's Wellness Award. Three events took place in September and October of 2015 handing out awards and recognizing the great work businesses are doing to implement comprehensive worksite wellness efforts.

Reasons for Success or Barriers/Challenges to Success

NDHHS has had long standing relationships with WorkWell and Panhandle that has driven successful implementation. Ongoing communication, meetings, joint strategic plans, joint training opportunities, and identified key data to justify outcomes.

Strategies to Achieve Success or Overcome Barriers/Challenges

As mentioned in other strategy areas- our long standing relationships with the councils and their relationships with the local businesses have been critical to our success.

Activity 2:**Training and technical assistance for evidence-based interventions**

Between 10/2014 and 09/2015, DHHS staff will provide training for two of the three Worksite Wellness Councils to implement and provide technical assistance for employers specific to evidence-based interventions for active living, healthy eating and breastfeeding. Training will feature implementation of the CDC Worksite Physical Activity Toolkit, the Nebraska Walking Worksite Initiative, the Nebraska Healthy Beverage Guide, the WalkIts Toolkit for Walkable Worksites, healthy meetings and strategies for implementing workplace lactation programs. Training will build the capacity of Worksite Wellness Councils to offer subject matter expertise to their member worksites.

Activity Status

Completed

Activity Outcome

NDHHS staff collaborated with the councils to provide ongoing training specific to physical activity, healthy eating and breastfeeding. NDHHS partnered with WorkWell to provide training on evidence-based strategies for physical activity, the utilization of the CDC Worksite Health Scorecard, the Nebraska Worksite Wellness Toolkit, shared data from the Nebraska Worksite Wellness Survey (2013). Councils provided training specific to the Nebraska Healthy Beverage Guide and breastfeeding strategies. The Walk It Guide, to implement walking worksite initiatives was created by the Wellness Council of the Midlands (WELLCOM) to be disseminated in 2016 to businesses and local public health departments statewide. The Walk It Guide included process steps for walking meetings, signage promotions, social support campaigns and stairway projects to name a few. These trainings are ongoing as we continue our relationship with the three councils.

Reasons for Success or Barriers/Challenges to Success

Allocated dollars to support the councils, local public health departments and local businesses. Established relationships between NDHHS and councils, councils and the businesses. Strategic plan guide our joint implementation. State-based tools tell the Nebraska story: Nebraska Worksite Wellness Toolkit, 2013 Worksite Wellness Survey, Nebraska Healthy Beverage Guide, Healthy Snack Guide, and the Walk It Toolkit.

Strategies to Achieve Success or Overcome Barriers/Challenges

As mentioned before on going communication and a plan in place has been a huge help to our success long term in worksites. Plus businesses in Nebraska understand the valuable investment in comprehensive wellness efforts because it is the right thing to do and has a cost benefit.