

**Nebraska FY 2014
Preventive Health and Health Services
Block Grant**

Annual Report

Annual Report for Fiscal Year 2014

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Executive Summary

EXECUTIVE SUMMARY

This Preventive Health and Health Services Block Grant (PHHSBG) Work Plan describes work being done during Federal Year 2014 or planned for Fiscal Year 2015. It is submitted by the Nebraska Department of Health and Human Services (NDHHS) as the designated state agency for the allocation and administration of PHHSBG funds.

Funding Assumptions: *Nebraska's total award for FY2014 from the Preventive Health and Health Services Block Grant is \$2,536,795. This amount is based on the updated funding allocation table distributed by CDC.*

Funding Rationale: *Since the establishment of the PHHSBG, the funds have been used to address leading causes of death and disability and of years-of-potential-life-lost. The NDHHS seeks input from the Nebraska Preventive Health Advisory Committee (NPHAC) in making decisions about utilization of funds allocated to Nebraska. Members of the NPHAC are informed of the allowed uses of PHHSBG funds, and the role of the NPHAC. They are provided with information about the results of activities carried out by funded programs, current evidence-based best practice and the availability of other public health resources. The NPHAC operates under bylaws established when the Advisory Committees became required in 1993, with periodic modifications approved by the Advisory Committee members. The members are selected because of their professional or subject area expertise and their interest in public health.*

Proposed Allocation and Funding Priorities for FY2014

DIABETES PROGRAM

Diabetes Deaths (HO D-3): *\$73,900 will be utilized to reduce the death rate due to diabetes through clinical interventions and increasing awareness of preventing and controlling diabetes. The funds are awarded to the NDHHS Diabetes Prevention and Control Program. Activities include:*

- *Provision of diabetes self-care at two community-based clinics primarily serving minority and low income clients.*
- *Train leaders and provide of support for chronic disease self-help education courses.*
- *Surveillance through collection of data with the Behavioral Risk Factor Surveillance System.*

EMERGENCY MEDICAL SERVICES PROGRAM

Rapid Pre-hospital Emergency Care (HO AHS-8): *\$30,000 utilized to reduce heart disease mortality in targeted counties. The funds are awarded to the NDHHS Emergency Medical Services Program. Activities include:*

- *Design, implement or enhance a STEMI response system enabling local Emergency Medical Services (EMS) to directly route patients who are experiencing a STEMI or **ST**-segment **E**levation * **M**yocardial **I**nfarction** to a facility capable of treating this cardiac condition. A STEMI response system will need to include 12-lead electrocardiogram (ECG) in the field and transmission of ECG to a facility with definitive care available.*
- *Provide training to local ambulance services in Cardiac Emergency Awareness. Training regarding transmission of ECGs will also be provided to EMS services.*

- Provide education to the public about cardiac events and the STEMI alert system through print media, health fairs and subject matter experts at public events.
 - Provide opportunity for public to participate in heart health screening and follow-up consultation.
- * ST-segment elevation in an ECG waveform
 **Myocardial infarction, commonly called heart attack

INFECTIOUS DISEASE PROGRAM

New HIV Infection (HO HIV-2): \$54,000 utilized to increase the percentage of high-risk persons tested for HIV/AIDS. Funds are awarded to the NDHHS Infectious Disease Prevention and Care, HIV Prevention Program. Activities include:

- Contracting for anonymous and confidential laboratory testing on 6,000 samples at no cost to the client. Target populations includes persons who engage in high risk behaviors have sex with other men (MSM) and injection drug use (IDU).

Chlamydia (HO STD-1): \$30,000* utilized to reduce the prevalence of Chlamydia trachomatis infection among Nebraskans age 15 to 34 years. Funds are awarded to the NDHHS Infections Disease Prevention and Care, STD Program. Activities include:

- Contracting for 3,500 tests for sexually transmitted diseases (STDs) at no cost to the client. Selected target populations: adolescents between 15 and 34 years and African American women.

*Chlamydia and Gonorrhea use dual collection, testing for both STDs from the same specimen.

Gonorrhea (HO STD-6): \$21,750* utilized to reduce the prevalence of Gonorrhea infection among Nebraskans age 15 to 34 years. Funds are awarded to the NDHHS Infectious Disease Prevention and Care, STD Program. Activities include:

- Contracting for 3,500 tests for sexually transmitted diseases (STDs) at no cost to the client. Selected target populations: adolescents between 15 and 34 years and African American women.

*Chlamydia and Gonorrhea use dual collection, testing for both STDs from the same specimen.

MINORITY HEALTH PROGRAM

Culturally Appropriate Community Health Programs (HO ECBP-11): \$77,400 utilized to identify current health disparities and health needs among racial ethnic minorities, Native Americans, refugees and immigrants, as well as other vulnerable, at-risk populations in Nebraska. Based on identified disparities and needs, work to equalize health outcomes and reduce health disparities through education of health care providers who serve these populations. Funds are awarded to the NDHHS Office of Health Disparities and Health Equity. Activities include:

- Health education sessions to raise knowledge and awareness of chronic diseases and maternal child health concerns among minority populations across Nebraska.
- Identify health disparities (leading cause of death, infant mortality, low birth rate) among various racial ethnic groups.
- Collect minority Behavioral Risk Factor data in minority populations.
- Update socioeconomic status, health status and minority population growth reports.
- Identify critical behavioral risk factors for three federally recognized Native American Tribes.

Local Health Personnel Continuing Education (HO PHI-2) \$25,000 invested in establishing a system of

support for community health workers. Community Health Workers (CHWs) are also known as: outreach workers, promotoras, patient navigators, and lay health ambassadors by the various programs that utilize them. CHWs come from and work in underserved communities of Nebraska and develop one-on-one relationships with the persons they serve. Funds will be awarded to local health departments, tribal health departments, and other non-profit local health agencies which compete successfully for the subgrants. The project will:

- Inventory the existing training programs, agencies that employ CHWs.
- Conduct a survey to determine the number of CHWs working in Nebraska.
- Identify essential curriculum components to establish standardized training.
- Identify key roles and responsibilities to establish standard scope of services.
- Assure core competencies in trained persons.
- Strive for consensus among all stakeholders.

ORAL HEALTH PROGRAM

Untreated Dental Decay in Adults (HO OH-3): \$40,000 designated to the continuation and expansion of a project designed to improve public health workforce competencies and increase oral health awareness among adults statewide. Funds will be awarded to the Office of Oral Health and Dentistry, NDHHS.

The Oral Care Toolkit is an established collaborative project of the Office of Oral Health and Dentistry (OOHD) and the UNMC College of Dentistry. PHHSBG dollars have been used to develop and launch training among Dental Hygienists holding Public Health Authorization, enabling them to teach caregivers for elderly persons in care facilities to provide proper oral care for the residents. Another potential audience for the training are caregivers for persons with developmental disabilities. Activities include:

- Establish contract/subgrant with UNMC College of Dentistry.
- Monitor and evaluate effectiveness and reach of prevention, education and/or oral health care awareness services.
- Investigate expansion of target audience to caregivers for developmentally disabled persons.

The OOHD will also work to increase awareness of the importance of oral health to overall health and proper self-care for their children and for themselves. The target audience will be the parents and guardians of children served in primary prevention programs operated by local health departments, FQHC's and other community-based organizations.

Low-income children and youth preventive services (HO OH-8): \$74,549 designated to reactivate local prevention services aimed at children under the age of 10. Services will be modeled on those offered in a successful HRSA grant, "Oral Health Access for Young Children". Services include provision of fluoride varnish treatments, education, and referrals to dental homes; the primary target audience will be children living in underserved areas and from low-income families. Funds will be awarded to the office of Oral Health and Dentistry, NDHHS. Activities include:

- Develop and issue RFA to local health departments, FQHC's and other local non-profit entities.
- Establish partnerships through contracts or subgrants.
- Monitor and evaluate effectiveness and reach of services, including clinical quality assurance of preventive services offered.

Oral Health Surveillance System (HO OH-16): \$40,000 designated for the development of a

comprehensive oral health surveillance system, in collaboration with the Epidemiology and Informatics Unit for the use of the OOH and partners. The surveillance system will enable the NDHHS to establish and track oral health status and service needs among various populations in Nebraska. The surveillance system will be used to support future funding requests and to document the effectiveness of oral health interventions. Funds will be awarded to the Office of Oral Health and Dentistry, NDHHS, allowing them to subgrant the funds to continue the project created by the University of Nebraska Medical Center, College of Dentistry under subcontract. Activities include:

- Develop oral health surveillance system, including researching available models.
- Test the oral health surveillance system.
- Monitor and evaluate the effectiveness of the surveillance system.

PUBLIC HEALTH INFRASTRUCTURE PROGRAM

End Stage Renal Disease (HO CKD-14): \$100,000 reserved for creation of an automated computerized record keeping and payment management system for the Nebraska Chronic Renal Disease Program. This will be a one-time cost to research, develop and test the system, replacing the fully manual system that has existed since the inception of the program. The system capacity will include data availability for enrollments approved, agreements signed and claims processed. Funds will be awarded to a contractor selected by the Nebraska Chronic Renal Disease Program. Activities include:

- Research, design and develop the record keeping and payment processing system.
- Test the system.
- Monitor performance of contractor.

Community-Based Primary Prevention Services (HO ECBP-10) \$310,000 reserved for development of up to 10 community-based chronic disease and injury prevention projects and for increasing the number of projects aimed at improving access to healthy foods and beverages in underserved areas. A total of \$300,000 will be awarded to local health departments, tribal health departments and other local health entities that successfully compete for prevention subgrants. A total of \$10,000 will be awarded to UNL Extension, to implement "Snack and Go" in four additional selected convenience stores outside the urban areas of Omaha and Lincoln. Activities include:

- Select community-based projects to be completed, addressing priority chronic disease and injury prevention topic areas, allowed strategies and approaches.
- Monitor progress and provide technical assistance to subgrantees.
- Expand the "Snack & Go" project in convenience stores located near a middle or high school to promote healthier snack options.

Data Availability - Healthy People 2020: (HO PHI-7): \$38,700 utilized to maintain Nebraska's health surveillance system at the state and local level and develop processes for collection and analysis of needed health data on all populations for use in development of health status indicators. Information will be provided to at least ten types of end users (decision makers, health planners, health program staff, medical and health professionals, community coalitions, and the public. Funds awarded to the NDHHS Community Health Planning and Protection Unit. Activities include:

- Data collection and analysis of 492 indicators, arranged in a multi-sheet spreadsheet which will enable narrative highlights of data analysis to be generated and used by local health departments and other agencies.

- Identification of relevant health indicators for Local Health Department (LHD) Reporting, update and execute analysis program, provide current data for use by LHDs, and generate and disseminate reports electronically.
- Preparation of the Nebraska HP2020 report of objectives including current rates and trends.

Epidemiology Services (HO PHI-13): \$277,200 Utilized to (1) sustain the Nebraska Joint Public Health Data Center and (2) increase informatics capacity of NDHHS. The Epidemiology and Informatics Unit will work in collaboration with the UNMC College of Public Health to maintain all the critical functions of the Nebraska Joint Public Health Data Center (JNC). The JNC was developed to be a comprehensive public health data inventory, performed data linkages, established a master data index, developed and implemented query system, conducted studies, assisted in internal trainings to improve epidemiology and statistics competencies of NDHHS staff, and provided technical assistance in data linkages and analyses. Funds awarded to the Epidemiology and Informatics Unit, NDHHS and the University of Nebraska Medical Center, College of Public Health. Activities include:

- Assure adequate staffing to sustain all existing critical functions of the Nebraska Joint Public Health Data Center, overseen by advisory group made up of NDHHS and UNMC College of Public Health leadership staff.
- Recruit, hire and train one highly-qualified Informatician; monitor work and report progress.

Health Improvement Plans (HO PHI-15): \$599,500 Utilized to increase the capacity of Nebraska's governmental public health agencies to carry out all three Core Functions and all 10 Essential Services of Public Health, focusing primarily on the funded programs within the NDHHS Division of Public Health and 18 LB692* Local/District Public Health Departments.

*LB692 was the legislative bill under which the current system of district health departments was established; funding began in May 2001. For the first time, all 93 Nebraska counties are covered by local/district health departments.

Funds are awarded to the Community and Rural Health Planning Unit. Activities include:

- Implement five key strategies from State health improvement plan.
- Monitoring and technical support by the PHHS Block Grant Coordinator to subawardees to ensure progress.
- Provision of technical assistance to local/district health departments by NDHHS staff. Training opportunities will also be provided.
- Provision of additional funding to local health departments to implement evidence-based programming. Funds will be leveraged from state and other federally funded programs, pooled to provide financial assistance.
- Provision of training sessions and mentoring to local/district health department staff members to increase their capacity to write grants, develop and implement health promotion programs, improve programming, and evaluate interventions and activities.

Accredited Public Health Agencies (HO PHI-17): \$47,700 to be used to increase the proportion of state public health agencies that are accredited in Nebraska. Funds will be awarded to the Community and Rural Health Planning Unit, NDHHS. Activities include:

- Application for Public Health Accreditation to be submitted by the Nebraska Division of Public Health.

UNINTENTIONAL AND INTENTIONAL INJURY PROGRAM

Sexual Assault-Rape Crisis (HO IPV-40): \$37,917 Utilized to increase primary prevention strategies in the target market. This amount slightly exceeds the mandatory allocation for this set-aside. The funds are awarded to the NDHHS Injury Prevention and Control Program to support subawards of the funds to the Nebraska Domestic Violence Sexual Assault Coalition which operates more than 20 local rape services across the state. The Injury Prevention Program also operates the larger Rape Prevention Grant, which complements the PHHSBG set-aside. Activities include:

- Maintain and improve the primary prevention social marketing campaign promoting bystander engagement and healthy relationships (“Step Up Speak Out”).

Traumatic Brain Injury (HO IVP-2): \$82,000 utilized to reduce the number of traumatic brain injuries needing emergency department visits or hospitalizations in Nebraska children. Funds are awarded to the NDHHS Injury Prevention Program. Activities include:

- Injury prevention programming to reduce traumatic brain injuries from bicycle crashes and falls at home in children.
- Partner with the Brain Injury Association of Nebraska to provide and guide concussion education, awareness and prevention across the state.

Age-Appropriate Child Restraint Use (HO IVP-16): \$62,000 utilized to increase the observed use of child restraints. Funds are awarded to the NDHHS Injury Prevention Program. Activities include:

- Provision of child passenger safety training, and technical assistance, in conjunction with the Nebraska Child Passenger Safety Advisory Committee and Safe Kids Nebraska.
- Provision of technical assistance to Child Passenger Safety Technicians providing child passenger advocacy trainings.
- Allocation of at least 10 mini-grants to local technicians to conduct child passenger safety seat checks in their communities.
- Coordinate Child Passenger Safety Training for child care providers related to child passenger safety transportation legislation.
- NDHHS continues to serve as an authority on child safety seat use and restraint laws, encouraging participation in Child Passenger Safety Week and providing information to child care centers about the Safe Kids Nebraska Child Care Transportation Training.

Deaths from Falls (HO IVP-23): \$101,000 utilized to reduce death and injury rates, as well as reduce hospitalizations and emergency department visits, due to falls. Funds are awarded to the NDHHS Injury Prevention Program. Activities include:

- Preventing older adult falls by implementing Tai Chi classes.
- Educating public health partners, community partners and the public on the scope of the problem of older adult falls in Nebraska and provide evidence-based prevention strategies.
- Participation during national Older Adult Falls Prevention Day providing education on older adult falls prevention at local community events and through media releases.
- Support of Tai Chi instructors through update trainings and development opportunities (which include technical assistance and site visits by a Tai Chi consultant).

- *Establishing 5 sites to offer Stepping On, an evidence-based falls prevention program.*

WORKSITE WELLNESS PROGRAM

Worksite Health Promotion Programs (HO ECBP-8): \$160,500 utilized to strengthen and support Nebraska's worksite wellness councils and expand involvement of local health departments in facilitating establishment and improvement of worksite wellness activities among Nebraska's businesses, large and small. Funds are awarded to the Work Well Council operated by the Nebraska Safety Council, to the Panhandle Worksite Wellness Council operated by the Panhandle Public Health District and to WELCOM (Wellness Council of the Midlands). Activities include:

- *Implement sustainability strategies for physical activity access projects, healthy eating initiatives and breastfeeding interventions within worksites.*
- *Build capacity of local worksite wellness councils to promote adoption of best practice interventions to protect the health and safety of the workforce.*
- *Worksite Wellness Councils provide technical assistance and training to local businesses in order to establish and grow worksite wellness activities at those sites.*
- *Enhance communication among worksite wellness councils and local health departments encouraging collaboration and continued investment / leveraging of business and community resources.*

Administrative costs: up to \$253,679. Nebraska equates "Administrative Costs" with "Indirect Costs" which are charged against salary and fringe benefits of the staff supported by the PHHSBG funds in accordance with our current federally approved Indirect Cost Rate (46.2%). However, we do not exceed the cap imposed on Administrative Cost (10% of the final amount allocated to the state for the fiscal year). NDHHS uses the funds to support efficient operation of the PHHS Block Grant: provision of legal services, accounting services, personnel services, information technology services; office space, utilities, printing, phone, building and equipment maintenance.

Nebraska's PHHS Block Grant Work Plan (grant application) for FY2014 was prepared under federal guidelines, which require that states use funds for activities directed toward the achievement of the National Health Promotion and Disease Prevention Objectives in Healthy People 2020. All funded projects are also required to plan and conduct their interventions using evidence based strategies, best or promising practice, whenever such models are available.

Nebraska DHHS Administrators, Program Managers and PHHSBG Coordinator feel encouraged by reading the recently released proposed guidance documents relating to the use of PHHSBG funds. We feel confident that the current and planned use of the funds allocated to Nebraska align with the principles and standards listed in those documents. We can proudly point to:*

- *Capacity-building among staff at the state and local health agency levels,*
- *Undertaking final steps in obtaining state-level accreditation, and encouraging local level accreditation,*
- *Maintaining and improving epidemiology capacity and building informatics capacity,*
- *Data-based priority setting and strengthened program impact and outcome evaluation,*
- *Alignment of programs with state health improvement plans and strategic plans, and fostering creation and implementation of health improvement plans at the local level,*
- *Strengthening capacity to collect minority health data and utilize alternative public health workforce, to*

move towards equity in health status in Nebraska,

- *Emphasis on primary prevention of chronic disease and injury,*
- *Cross-cutting programs that build community clinical linkages and address chronic disease self-management,*
- *Targeting interventions, primary and secondary to disparity affected populations, including support of clinical testing, and expanding oral health initiatives,*
- *Existing and planned interventions solidly evidence-based best or promising practice,*
- *Building on success of Worksite Wellness Councils to increase involvement of businesses of all sizes in protecting the health of their workers,*
- *Increased emphasis on monitoring program progress to track impact/outcomes and financial accountability.*

** “DRAFT-CDC Guidance for Investing Preventive Health and Health Services Block Grant Funds” from OSTLTS/CDC ; “Preventive Health and Health Services Block Grant Proposed Guiding Principles” and “Preventive Health and Health Services Block Grant Tips for State Health Officials and Senior Deputies” from Association of State and Territorial Officers.*

State Program Title: DIABETES PROGRAM

State Program Strategy:

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

Health Priorities: During 2012, 442 Nebraska residents died from diabetes (diabetes was the first-listed cause of death on their death certificate). This number translates into a mortality rate of 20.7 deaths per 100,000. Diabetes also remained the seventh leading cause of death among Nebraska residents in 2012.

Primary Strategic Partners:

- External: Community Action Partnership of Western Nebraska; Nebraska Medical Center Diabetes Program at OneWorld Community Health Center; CIMRO of Nebraska (Quality Improvement Organization for Nebraska); Public Health Association of Nebraska, local county and district health departments and others.
- Internal: NDHHS programs which include: Programs that work with the CDC 1305 grant which include the Heart Disease and Stroke Program, and the Nutrition and Activity for Health (NAFH) Program. Other internal programs include the Comprehensive Cancer Program, Office of Health Disparities and Health Equity, Community and Rural Health Planning, and Breast and Cervical Cancer Program/WISEWOMAN program.
- BRFSS: Survey and study partners: External – CDC, Local Public Health Departments, University of Nebraska Medical Center (UNMC). Internal – NDHHS programs including Child Protective Services, Behavioral Health, Tobacco Free Nebraska, Nebraska State Patrol, and Comprehensive Cancer Program. Users of survey results and reports – Legislators, NDHHS programs, Local Public Health Departments, University of Nebraska, Voluntary Associations, general public (both printed and electronic data access).

Evaluation Methodology:

- The NDHHS Division of Public Health, Epidemiology & Informatics and Vital Records collect and report data including Behavioral Risk Factor Surveillance (BRFSS) data and cause of death information.
- The two contracting diabetes self-management education programs gather data on the number of individuals that have an A1c test and compare to previous annual data.
- The Diabetes Prevention Program tracks the number of hits to the website. A diabetes risk assessment test is available on the website. Numbers that take the risk test are collected.
- Numbers of people attending self-management sessions are collected.
- Diabetes and pre-diabetes data from the BRFSS are used to monitor the prevalence of diabetes and pre-diabetes, along with diabetes risk factors among a representative sample of adult residents in Nebraska. Data from the BRFSS diabetes modules are used to monitor (among people who have been diagnosed with diabetes) the proportion who receive certain key preventive health services (A1c tests, dilated eye exams, foot exams, and visits to a health professional for diabetes), the percentage who have ever taken a diabetes education class, and the proportion of those who practice self-care management (self-monitoring of blood glucose, foot self-exams, and the prevalence of retinopathy or related symptoms).

National Health Objective: D-3 Diabetes Deaths

State Health Objective(s):

Between 10/2013 and 09/2018, **maintain the diabetes death rate at no more than 75 per 100,000 population.**

State Health Objective Status

In Progress

State Health Objective Outcome

In 2011, there were 1,759 diabetes-related deaths, and this number translates into a rate of 82.6 (per 100,000 population; age-adjusted to the 2,000 US population).

Reasons for Success or Barriers/Challenges to Success

Reasons for Success:

- Partners contributed their time and expertise to the program.
- Staff members who provided diabetes self-management for people with diabetes have a high level of expertise and dedication.

Challenges to Success:

- Funding for staff time to provide the diabetes prevention program.

Strategies to Achieve Success or Overcome Barriers/Challenges

Among the strategies to achieve success are:

- Partnering with diabetes stakeholders
 - Gathering suggestions from outside NDHHS
 - Exploring options to maximize the impact of block grant funding
- In addressing the challenge of funding for staff time, NDHHS sought and applied for additional funding.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

Partners volunteered their time to provide evidence-based self-management programs. Living Well leaders volunteer their time to be trained and to conduct the Living Well, chronic disease self-management program. Participants in the Diabetes Prevention Lifestyle Coach training volunteered their time for the training. Both self-management programs enhance and complement the Diabetes Prevention Program activities supported by the PHHSBG.

During FY2014, NDHHS staff members prepared a successful application and were awarded a substantial amount of funding to provide a wide variety of chronic disease prevention and management services to communities, including increased support for the Diabetes Prevention Program.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Diabetes Self-Management Interventions

Between 10/2013 and 09/2014, partners (NDHHS Diabetes Program, Community Action Partnership of Western Nebraska, and the Nebraska Medical Center working at OneWorld Community Health Center) will provide diabetes self-management education to **90** individuals with diabetes.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2013 and 09/2014, partners (NDHHS Diabetes Program, Community Action Partnership of Western Nebraska, and the Nebraska Medical Center working at OneWorld Community Health Center) provided diabetes self-management education to 202 individuals with diabetes.

Reasons for Success or Barriers/Challenges to Success

Success was influenced by the dedicated staff from programs and clinics that recruited participants into the Diabetes Self Management Education (DSME) programs.

Success was achieved by maintaining working relationships between program staff and clinic staff.

Barriers: Primary staff person in charge of DSME at the Community Action Partnership of Western Nebraska and at the Nebraska Medical Centers left their positions during this funding year.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies that were beneficial to success included the use of the planned care model.

Strategies to overcome barriers: A new person was hired to be in charge of the DSME program at the Community Action Partnership of Western Nebraska and at the Nebraska Medical Center.

Activity 1:

Diabetes Self-Management Projects.

Between 10/2013 and 09/2014, contract with two community-based clinics serving primarily minority and low-income clients (Community Action Partnership of Western Nebraska and Nebraska Medical Center Diabetes Program at OneWorld Community Health Center) to provide evidence-based diabetes self-management education and interventions, reaching a total of at least 90 new patients with diabetes.

- Community Action Partnership of Western Nebraska will provide culturally appropriate diabetes self-management education and interventions for individuals with diabetes (provide and conduct 12 diabetes education sessions, and one-on-one diabetes self-management education, smoking cessation information).
- The Nebraska Medical Center (NMC) Diabetes Program will provide evidence-based culturally appropriate diabetes self-management education and materials to patients at OneWorld Community Health Center. NMC will conduct one-on-one diabetes self-management education sessions.

Activity Status

Completed

Activity Outcome

1. Community Action Partnership of Western Nebraska (CAPWN) Gering, Nebraska.

- In this reporting period, CAPWN Health Center's Diabetes Educator provided diabetes self-management (DSME) to 90 unduplicated diabetic patients at CAPWN Health Center.
- In addition to the 90 unduplicated CAPWN Health Center patients, there are an additional 255 community individuals who received diabetes self-management education through diabetes presentations in the community. The Diabetes Educator also gave a presentation to CAPWN Health Center staff on DSME.
- The Diabetes Educator provides one-on-one sessions covering topics as applicable to client needs and that meet the American Diabetes Association Standards of Diabetes Self-Management Education. All materials are available in Spanish and English. A staff interpreter is available for clients who speak Spanish. The Diabetes Educator works closely with medical providers in the clinic setting assessing clients and making self-management adjustments in an effort to improve outcomes, holds support group meetings

relevant to needs of those in attendance and provides information concerning 340-B program and patient assistance plans.

- The Diabetes Educator was actively engaged in the Patient Safety Pharmacy Collaborative. This project involved the tracking of 60 Medicare diabetic patients over one year with the intent of providing appropriate interventions designed to help lower the patients' A1c levels.

- Each year CAPWN Health Center reports to the BPHC its progress on several clinical measures. One of the reported clinical measures is the percentage of diabetic patients who have an A1C of 9 or lower. The BPHC asks all community health centers across the country to report on the same clinical measures, including the diabetes measure. In calendar year 2013, CAPWN Health Center's report to the BPHC showed that 80% of CAPWN Health Center patients who were seen at least twice in the report year had an A1C of 9 or less. CAPWN Health Center's mid-year report (January 1, 2014 – June 30, 2014) showed that 75.7% of CAPWN Health Center diabetic patients had an A1c of less than 9. The national average for community health centers in 2013 for diabetic patients with an A1c of 9 or less was 68.9%.

2. Nebraska Medical Center (NMC) Diabetes Program/One World Community Health Center, Omaha, Nebraska.

- The NMC has provided a Registered Dietitian who is also a Certified Diabetes Educator to the One World Health Center for diabetes education. A total of 16 hours each month is offered for individual patient appointments and/or group classes. Appointments are offered in 30 minute sessions. Trained Spanish Interpreters are provided by One World Health Center as needed. A total of 112 patients were seen during this reporting period.

- The group class/group visit covers self-management topics including monitoring blood sugars, medication management, prevention of complications and basic nutrition guidelines based off AADE 7 Self-Care Behaviors. In addition, clients are given a foot exam and an eye exam. They will also be seen by a One World physician at this time. The group class along with the individual nutrition appointment is comprehensive and meets the requirements for recognition via the American Diabetes Association.

- Individuals with an A1C greater than 9% are flagged and targeted for more intensive education and follow-up. The A1c, or Hemoglobin A1c, is a test showing an average blood sugar reading for the past 90 days. The A1c test is a primary clinical marker to track patients' progress in blood glucose control. Although clinical goals are individualized by the doctors, a typical goal is to reduce A1c to 7.0 or lower. To measure outcomes, the dietitian tracks A1c from initial visit through one calendar year.

- The average A1c improved by 1.3-1.5% (6 month follow up and 1 year follow up). 112 patients were seen from December 5, 2013, through August 20, 2014, for one-on-one dietitian visits. In FY2013, an average of 11.9 appointments were seen per month; during FY2014, 12.44 appointments were seen per month, showing an increase in percentage of patients scheduled overall. Total numbers seen are down by 31 for the year, due to two months of interruption in scheduling. This occurred during transition and training of a newly hired dietitian CDE. Despite the lag of scheduled patients, likely due to the gap in availability and awareness of the hiring of the new dietitian, the average patients seen per month increased. The percentage of new patients out of the total number seen was 86%, an increase over last year, and also reflects 26.7% of patient returning for follow up with the dietitian. Unfortunately, the no show rate of 49% is a 25% increase over the previous year. The no show rate was highest in early winter and most improved in late spring (80% no show in winter improved to 25% no show in April).

- Clinically, outcomes show the average A1c improved by 1.3-1.5% (6 month follow up and 1 year follow up). OneWorld diabetes educators and the dietitian also track patient success stories. Positive feedback from providers and patients at OneWorld this year reflect improved outcomes in A1c and in coping and problem solving skills. Several of the patients seen by the dietitian this year have made the "Diabetes Hall of Fame," which is an honor given to patients who make significant improvements in diabetes self management and reduce A1c to goal of 7.0 or lower. The patients were interviewed and submitted comments reflecting what they learned about diabetes self-management and nutrition. Additionally, the dietitian saw over 16% of new patients drop A1c over 2% within one year. Looking forward to next year, the programming at OneWorld has many opportunities to extend the reach and impact on diabetes care and prevention through the grant funded partnership of OneWorld and the NMC diabetes dietitian.

Reasons for Success or Barriers/Challenges to Success

Reasons for success include:

- The expertise and dedication of clinical staff members who provide care and education for people with diabetes (CAPWN & NMC).
- Working on problem solving and coping skills has helped patients reduce A1c levels.

Barriers/challenges include:

- Low socioeconomic status of the population who attend the clinics and issues this population deals with (CAPWN & NMC).
- Staff turnover (CAPWN & NMC).
- No show rates (NMC).

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies to achieve success or overcome barriers include:

- New staff have been hired (CAPWN & NMC).
- Team meetings have been held throughout the winter/spring/summer to work on improvement of the no-show rate. The team assessed that the rate improved due to the One World staff providing phone call reminders 1-2 days prior to the appointment time and the diabetes nurse educators making personal attempts to remind patients and confirm. Additionally, the dietitian has changed her schedule to accommodate a broad range of appointment times, from morning to night. The dietitian is also now sending an e-mail to other staff members as a reminder of scheduled availability (NMC).

Impact/Process Objective 2:

Increase Diabetes Prevention Awareness and Self-Management

Between 10/2013 and 09/2014, the Diabetes Prevention Program and Living Well Program will collect **the number of** individuals that attend diabetes prevention self-management education and chronic disease self-management leader training.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2013 and 09/2014, the Diabetes Prevention Program and Living Well Program collected **43** individuals that attend diabetes prevention self-management education and chronic disease self-management leader training.

Reasons for Success or Barriers/Challenges to Success

The main reason for success of the Living Well (LW) program is the dedication of the LW Leaders and the passion they have for the program. They believe in the program and the results that they witness as Leaders. They share those successes with others, and this has created an interest in the Living Well Program by other organizations and communities. Two LW Leader trainings were conducted. One training was in Omaha, and the other was in Hastings, Nebraska.

NDHHS has commitment from pilot referral system agencies in implementing the program. Champions within these agencies understand that many individuals can benefit from the LW workshops and in return require less medical care and experience a slowing of the progression of chronic conditions.

Using the continuous quality improvement process has enabled NDHHS to make modifications as challenges and/or barriers arise. This has eased the process for the pilot agencies and for LW staff. NDHHS conducts monthly calls for pilot agencies, providing them opportunities to share their experiences, successes and challenges. The networking among agencies participating in similar activities has been very beneficial.

Many community organizations/agencies have indicated that they would like to have staff trained to become recognized Diabetes Prevention Programs (DPP) and to have lifestyle coaches trained to offer the DPP. One training was conducted during this reporting period. To date one organization has become a recognized DPP. Some of the agencies are finding it difficult to provide the staff time and provide materials that are costly.

Strategies to Achieve Success or Overcome Barriers/Challenges

NDHHS provides LW Leaders with technical assistance, support and resources needed to assure that their programs are successful. LW staff members utilize multiple communication techniques with LW staff, partners and LW Leaders/Master Trainers.

NDHHS also works very closely with communities that are developing referral networks/systems for LW and the Diabetes Prevention Program (DPP). NDHHS utilizes a continuous quality improvement model to assess what is working and what needs to be changed to lend to success.

Focusing program efforts on working with partners and/or communities that are looking to increase self-management support through the use of program referral has helped us to focus our very limited resources and time on efforts that will have a greater potential for success. These partners/communities are highly engaged and are passionate about making LW and the DPP a part of their comprehensive approach to providing holistic health care to their clients/community members.

To overcome any future barriers/challenges, NDHHS will share successful models with other communities, partners, LW Leaders and DPP lifestyle coaches to promote the development of additional referral networks/systems. NDHHS will engage communities and health systems that are at the point of readiness of implementing a self-management referral system. NDHHS will further look to the systems achieving patient centered medical home status and those already engaged in other self-management opportunities such as Diabetes Self-Management Education, the Diabetes Prevention Program, and Tai Chi.

NDHHS will also work closely with current communities and health systems to identify additional Leaders and conduct additional Leader and Lifestyle coach workshops.

NDHHS will continue to provide some of the materials that are costly to help with program cost.

Activity 1:

Promote Diabetes Prevention Program

Between 10/2013 and 09/2014,

- Promote diabetes risk test on website. Risk test will encourage those that find that they are at risk for diabetes to talk to their health care provider.
- Provide educational materials to health care providers on diabetes prevention activities and practices.
- Provide information to providers and the public on how to access and refer people at risk for diabetes to the National Diabetes Prevention Program (DPP).

Activity Status

Completed

Activity Outcome

The diabetes risk test is promoted on the Diabetes Prevention and Control Program website. This risk test alerts the individual who takes the test if they are at high risk for diabetes and contains information on where Diabetes Prevention Programs (DPP) are held and how to reach the sponsoring sites for information.

A training was provided for Lifestyle Coaches for the DPP. Seventeen participants attended the DPP training in Lincoln, Nebraska.

Information was developed for providers and the public on the components of the DPP, including class

length, and duration, class activities, and referral information.

NDHHS has been working with community agencies/organizations to strategize on funding DPP programs.

Reasons for Success or Barriers/Challenges to Success

Barriers/ Challenges:

The DPP classes consist of 16 weekly classes, with classes once a month for six months, which can occur over a year's time period. There are organizations that have indicated that they would sponsor a DPP recognized program if there were funds available to help support some of the costs with staffing for the lifestyle coaches and cost of materials.

Strategies to Achieve Success or Overcome Barriers/Challenges

NDHHS has been working with agencies to find funding to become DPP recognized sites and to offer the DPP. NDHHS has alerted these agencies of grant opportunities such as small grants by insurance providers for preventative projects.

Program staff successfully were awarded funding to provide funding for several communities to conduct the diabetes prevention program.

Several organizations that would like to become recognized DPP sites will not be eligible for the funds; therefore, NDHHS has been working with these sites to become recognized DPPs and will provide funding to them to conduct DPP.

Activity 2:

Living Well Chronic-Disease Self-Management Leader Training

Between 10/2013 and 09/2014,

- Provide a Leader training to increase the number of leaders that are able to facilitate the chronic disease self-management sessions.

Activity Status

Completed

Activity Outcome

A Living Well (LW) Leader training was conducted in Omaha, Nebraska in September 2014, and in Hastings, Nebraska in December of 2013. A total of 26 Leaders were trained.

Reasons for Success or Barriers/Challenges to Success

The LW success can be attributed to several things, beginning with good communication with our Leaders, Master Trainers and partners. Another factor lending to increased success during this grant period is that the LW program is now fully supported by staff from the Chronic Disease Prevention and Control Program. A stronger coordinated and collaborative approach has only strengthened the core of the program and the ability to work with our partners.

Another key element of success is that NDHHS provides assistance to Leaders by providing materials for their workshops and assisting with data reporting.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies lending to program success include utilization of multiple communication techniques with LW staff, partners and LW Leaders/Master Trainers.

Focusing program efforts on working with partners and/or communities that are looking to increase self-management support through the use of program referral has helped to capitalize very limited resources and time on efforts that will have a greater potential for success. These partners/communities are highly engaged and are passionate about making LW a part of their comprehensive approach to providing holistic health care to their clients/community members.

State Program Title: EMERGENCY MEDICAL SERVICES PROGRAM

State Program Strategy:

Program Goal:

The PHHS Block Grant-funded **Emergency Medical Services (EMS) Support Program** is dedicated to improving the capacity of local ambulance services to provide emergency care to the sick and injured in Nebraska. Cardiac emergencies are one of the more common calls to which EMS responds. The foci of the following activities are to improve public and/or patient recognition of a cardiac emergency, early access of the emergency medical response system and improve the EMS response to these victims. Current public education activities are helping to identify persons that have previously undiagnosed electrocardiogram changes and anomalies. Additionally, public education activities in rural areas are helping to introduce the public to the new capabilities of their local providers and the potential for the local ambulance to by-pass the nearest hospital, transporting the patient to a cardiac catheterization lab.

Health Priority:

Decrease the mortality and morbidity from myocardial infarctions through early and appropriate EMS access, care and transport.

Based on the 2012 Nebraska Vital Statistics Report, death due to heart disease was the second leading cause of death.

Primary Strategic Partners:

External – Grand Island EMS & Fire, St. Francis Medical Center (Grand Island), Good Samaritan Hospital & EMS (Kearney), North Platte EMS & Fire, Great Plains Regional Medical Center (North Platte), Bellevue Medical Center, Plattsmouth EMS, Bellevue EMS & Fire, Papillion EMS & Fire, Wymore EMS, Crete Area Medical Center, Crete EMS & Fire, Frontier County EMS, Louisville EMS & Fire, Alegent Creighton Health - Bergan Mercy Medical Center, Hastings EMS & Fire, Mary Lanning Medical Center, Hamilton County EMS, York EMS & Fire, Wahoo EMS & Fire, Fremont EMS & Fire, Donald Rice, MD., and the Cardiologists and Physicians associated with the aforementioned Hospitals.

Evaluation:

Create a written report which reflects the following:

- Number of Services and EMS providers attending cardiac emergencies classes.

- Number of Services trained on 12-lead electrocardiogram (ECG) placement, data collection, and transmission of ECG data.
- Evaluation of a specific type of heart attack, ST-segment Elevation (in an ECG waveform) Myocardial Infarction (STEMI), Alert and Response System based on statewide EMS model protocols.
- Number and type public education activities.
- A summary public education and activities in regards to cardiac emergencies as provided by EMS.

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

State Health Objective(s):

Between 10/2013 and 09/2018, **reduce heart disease mortality in the targeted counties by 5% through specific provider training which will lead to improved care and transport decisions and increased public awareness of heart attack symptoms and the benefits of early EMS access and care.**

State Health Objective Status

In Progress

State Health Objective Outcome

To achieve the goals established in the State Health Objective, "to reduce heart disease by 5% in the targeted counties," the EMS Program envisions the establishment of multiple means as the solution. These means are

- 1) Establishment of a ST-segment elevation MI (STEMI) Response System.
 - 2) Professional and public education and training.
 - 3) The establishment of a rapid Emergency Medical Service (EMS) response system.
- During the past year, the following activities have aided in meeting the objectives:

1. Public Education and Awareness

- Great Plains Regional Medical Center Healthy Heart Check

2. Statewide STEMI EMS Response Model Protocols

The completion and introduction of statewide STEMI response and interfacially model protocols. This was done in conjunction with the American Heart Association and with input from cardiologists and physician medical directors from across the state. These protocols have subsequently been adopted by the State EMS Board.

3. Emergency Medical Service Education and Training

- Creation and implementation of a basic life support (BLS) Cardiac Emergency and STEMI Response class.
- EMS training on placement of 12 lead ECG equipment, capturing the 12 lead ECG, transmission of the ECG to an appropriate level for interpretation.
- Education and training of basic and advanced life support personnel in cardiac emergencies.

4. Implementation of STEMI Response Systems

- North Platte EMS/Fire and surrounding area
- Grand Island EMS/Fire and surrounding area
- Good Samaritan Hospital EMS and surrounding area
- Suburban and rural areas near Lincoln

5. Statistical Analysis of EMS Data

Analysis of EMS data which aids in targeting focused education and training on cardiac emergencies as well as identifying potential areas in need of a STEMI response system.

Secondarily, the EMS Program is also assaying the quality patient care documentation with particular focus on potential cardiovascular emergencies.

6. Utilization of the NDHHS EMS Program Physician Medical Director

Key to the implementation of STEMI response system is the cooperation of local physicians and hospitals. The utilization of Dr. Rice, the NDHHS EMS Program Physician Medical Director, has opened doors for conversation with physicians on the local level.

Reasons for Success or Barriers/Challenges to Success

Reasons for success

- 1) Cooperation among NDHHS EMS Program Staff, hospitals, Basic and Advanced Life Support Services, Creighton University EMS Education and heart catheterization facilities.
- 2) Professional education programs that provide excellent training on managing cardiac emergencies.
- 3) Statewide physician support and leadership.
- 4) The leadership of local and regional physicians and hospital administrators to allow their hospital systems to engage in a STEMI response system.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies to achieve success

Increasing interest of local health care providers, hospitals and businesses in helping to provide educational opportunities.

Establishing and strengthening working relationships among NDHHS EMS Program Staff and EMS, local information technology technicians, physicians, law enforcement, regional emergency planners, city managers and the media.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

While teaming with the PHHSBG, Great Plains Regional Medical Center provided staffing and facilities for a "Healthy Heart Check" day. The public was given the opportunity to have an ECG. As a result, several people were diagnosed with a cardiac dysrhythmia, and one patient was admitted to the emergency department with atrial fibrillation.

Several instructors of basic and advanced 12-Lead courses were paid by PHHSBG dollars.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Create, implement and/or enhance STEMI Response System/s

Between 10/2013 and 09/2014, NDHHS EMS Support Program will provide update training and technical assistance in the creation or further enhancement of cardiac emergency response systems to 5 EMS Services.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2013 and 09/2014, NDHHS EMS Support Program provided update training and technical assistance in the creation or further enhancement of cardiac emergency response systems to 20 EMS Services.

Reasons for Success or Barriers/Challenges to Success

Reasons for success

Through education, training and situational awareness, local EMS providers are beginning to understand that their response to a cardiac emergency makes a significant difference in the morbidity and mortality of patients. It is important that the administration of EMS providers feel a need to implement rapid response and offer additional training to their staff. By communicating with the administrative individuals, programs and education that benefit the community can be considered.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies to achieve success

Broad-based utilization of educational programs and facilities to provide in-depth education and training.

Capitalizing on the encouragement, support and assistance of local hospitals, physician medical directors and cardiologists in proving that rapid response and use of modern technologies make a difference in the morbidity and mortality of patients suffering a cardiovascular emergency.

Activity 1:

Provide Technical Assistance and Expertise

Between 10/2013 and 09/2014, create, implement and/or enhance rapid transport system/s for STEMI patients to definitive care. This may include assistance from an information technology expert and/or STEMI system expert.

Activity Status

Completed

Activity Outcome

Through the use of the NDHHS EMS administration and specialists, EMS/Trauma Program Physician Medical Director, cardiologists across the state and local physicians who are familiar with their unique local circumstances, additional opportunities for enhancing the cardiac emergency response system were identified.

The areas enhanced include:

- 1) North Platte - involving the North Platte EMS and Fire Advanced Life Support Service in conjunction with the Basic Life Support Services (Maxwell, Maywood, Thedford, Sutherland) in the surrounding area.
- 2) Grand Island & Kearney - involving the Grand Island EMS/Fire Advanced Support Life Service and Good Samaritan EMS Advanced Life Support Service in conjunction with the Basic Life Support Services (Axtell, Elm Creek, Loup City) in the surrounding area.
- 3) Bellevue - involving the Bellevue Medical Center in conjunction with Basic Life Support Services (Bellevue, Louisville) in the surrounding area.
- 4) Lincoln - involving several of the Advanced & Basic Life Support Services (Crete, Greenwood, Wymore, Raymond, Waverly, Hallam) in the surrounding area.

Reasons for Success or Barriers/Challenges to Success

Reasons for success

Increased education, training and communication among local physicians, hospitals and cardiac catheterization services.

Coordination by NDHHS, without which many EMS services would not explore methodological or technical

advancements in treatment.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies to achieve success

By utilizing the knowledgeable staff in NDHHS, the EMS Program administrator and the regional EMS specialists, as well as the assistance of Don Rice, MD (NDHHS EMS Program Physician Medical Director), the six areas listed above were able to work toward a STEMI response system.

Activity 2:

Educate public response to cardiac emergency

Between 10/2013 and 09/2014, conduct localized training on the recognition of a cardiac emergency, accessing the 911 system, retrieving and placing an automatic defibrillator on the patient.

Activity Status

Completed

Activity Outcome

Placed local radio and TV spots and newspaper articles.

Reasons for Success or Barriers/Challenges to Success

Reasons for success

Local EMS providers were interested in making sure those who are in need of emergency care do not hesitate to activate EMS (calling 911) for assistance and teaching the public to utilize an automatic external defibrillator for a victim of cardiac arrest.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies for success

Utilizing local media, including television, radio and newspapers, was an important strategy leading to the success of the project.

Impact/Process Objective 2:

Perform local training

Between 10/2013 and 09/2014, the NDHHS EMS Support Program will provide Cardiac Emergency Response Training to 5 Ambulance Services in Nebraska.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2013 and 09/2014, the NDHHS EMS Support Program provided Cardiac Emergency Response Training to 20 Ambulance Services in Nebraska.

Reasons for Success or Barriers/Challenges to Success

Reasons for success include a collaborative relationship with Creighton University - EMS Education and a network of advanced life support providers who were able to bring education to the local providers.

Strategies to Achieve Success or Overcome Barriers/Challenges

Success strategies included use of the Creighton University - EMS Education to provide both face-to-face and distance (webinar) training to a select group of instructors throughout the State.

Activity 1:

Provide Cardiac Emergency Response Training

Between 10/2013 and 09/2014, the NDHHS EMS Support Program will provide education and training to **5** ambulance services on Cardiac Emergency Response.

Activity Status

Completed

Activity Outcome

At least 20 emergency medical services, including Advanced and Basic Life Services, as well as at least 250 EMS providers participated in over 825 classroom hours in the recognition of, response to, treatment and transport of a patient experiencing a cardiovascular emergency.

Reasons for Success or Barriers/Challenges to Success

EMS providers showed interest in improving their ability to provide excellent emergency response care.

Strategies to Achieve Success or Overcome Barriers/Challenges

Cooperative planning and execution lead to multiple successful trainings.

Activity 2:

Attain ECG in the field

Between 10/2013 and 09/2014, educate 3 rural Services to attain an ECG in the field and transmit the patient care file in e-NARSIS or other appropriate information system/s.

Activity Status

Completed

Activity Outcome

At least fifteen rural services were trained in attaining and transmitting 12 lead ECG from the field.

Reasons for Success or Barriers/Challenges to Success

Success was achieved through cooperation with ambulance services, physician medical directors, local hospitals and the receiving catheterization labs.

Strategies to Achieve Success or Overcome Barriers/Challenges

The expertise and commitment of NDHHS EMS Program Staff is one element that led to successful achievement of this objective. Also helpful was the active participation of EMS Providers in the training.

Activity 3:

ECG data retrieval

Between 10/2013 and 09/2014, educate the staff of 3 receiving facilities to retrieve patient care and ECG information from e-NARSIS or other information systems.

Activity Status

Completed

Activity Outcome

Hospital and/or advanced life support providers in Bellevue, North Platte, Lincoln, Grand Island, York and Aurora were trained on the retrieval of EKG information transmitted by Advanced and Basic level EMS providers.

Reasons for Success or Barriers/Challenges to Success

Reasons for success

The desire of EMS services and hospitals to provide excellent care to a patient suffering a cardiovascular

emergency enhanced the impact of this activity. Discussion and collaboration among the local EMS providers, local hospitals and hospitals with cardiac catheterization capabilities were essential for success.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies to achieve success

Cooperation among hospitals and ambulance service staff led to success.

Impact/Process Objective 3:

Provide public awareness training on cardiac emergencies

Between 10/2013 and 09/2014, NDHHS EMS Support Program will conduct 5 informational meetings at public events to increase awareness of cardiac emergencies among the general public.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2013 and 09/2014, NDHHS EMS Support Program conducted 1 informational meetings at public events to increase awareness of cardiac emergencies among the general public.

Reasons for Success or Barriers/Challenges to Success

Local EMS agencies received funding that provided essential equipment. The agencies turned to NDHHS stating their overwhelming need as a result of the equipment purchases. NDHHS redirected educational efforts toward preparing EMS providers to acquire, transmit, and in some cases interpret 12-lead EKGs.

The Great Plains Regional Medical Center, in cooperation with North Platte EMS and Fire, provided a Healthy Heart Check forum at the medical center. Educational materials were provided as well as a free ECG to those wishing to experience an ECG procedure.

Strategies to Achieve Success or Overcome Barriers/Challenges

Due to the pressing need to have the diagnostic tools available and operational in order to provide rapid intervention for patients experiencing acute coronary syndromes, the NDHHS EMS Program refocused efforts on practitioner education. Since so many services (nearly 20) received these tools, the need exceeded the initial expectation.

The coming year will likely have a greater focus on educating the public to their local services' capabilities in the area of early cardiac care.

Activity 1:

Public Education

Between 10/2013 and 09/2014, provide at least three (3) Cardiac Emergency Awareness Trainings through the use of printed materials and subject matter experts at public events. One of these public education programs takes place at a regional medical center that pairs the public with healthcare professionals to discuss risk factors, regional invasive cardiac care capabilities, EMS diagnostic and therapeutic modalities, and the importance of timely activation of the EMS system. Additionally, patients may choose to have a 12-lead electrocardiogram performed by the EMS staff and then have it interpreted by a cardiologist. Past events have identified several patients with previously undiagnosed cardiac problems.

Activity Status

Not Completed

Activity Outcome

In cooperation with Great Plains Regional Medical Center and North Platte EMS and Fire, provided the

cardiac emergency awareness and accessing the 911 system training through:

- 1) Thirty one spots on a local television station for a total of 24.5 minutes of air time
- 2) Four local newspaper ads.

The Great Plains Regional Medical Center, in cooperation with North Platte EMS and Fire, provided a Healthy Heart Check forum at the medical center. Educational materials were provided as well as a free ECG to those wishing to experience an ECG procedure. Several attendees had dysrhythmias identified. One attendee was admitted to the emergency department for treatment of a previously undiagnosed cardiac dysrhythmia.

In response to overwhelming need, efforts were redirected from this activity to providing education to EMS providers to acquire, transmit, and in some cases interpret 12-lead EKGs; therefore, further efforts to educate the public were not completed.

Reasons for Success or Barriers/Challenges to Success

Reasons for success

Local health care providers encouraged their constituents to attend and provided the information and training to their fellow citizens.

A challenge to completing the activity as written

The significant roll out of 12-Lead EKG equipment placed a larger burden on provider education. Resources and efforts were redirected toward this initiative leaving a deficit in the public education area.

Strategies to Achieve Success or Overcome Barriers/Challenges

The larger than expected need for professional education was unforeseeable. NDHHS responded to the overwhelming need and request of local EMS providers by redirecting efforts and educational opportunities.

Now that many communities have or will soon be receiving their diagnostic equipment, public education will be a high priority. Many services have been able to publicize their new capabilities and should continue to raise public awareness during EMS week and other "open house" activities. Many local news outlets have reported on the advances. Additionally, the NDHHS EMS Program has recently learned of several significant success stories. These cases will be used to continue support of the activity.

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:

- NDHHS 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.
- NDHHS HIV Prevention Program aims to lower HIV infection, illness and death rates and create an environment of leadership, partnership and advocacy which fosters HIV prevention and the provision of services. By 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 2009, a total of 146 persons were diagnosed with HIV or Acquired Immunodeficiency Syndrome (AIDS) in Nebraska, as well as 1,673 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 10/2013 and 09/2018, increase the percentage of high-risk persons tested for HIV/AIDS to at least 70% of total tests performed.

State Health Objective Status

Exceeded

State Health Objective Outcome

The Nebraska HIV Counseling and Testing Program reported 77% of those tested from October 2013 - September 2014 would be identified as high-risk for HIV/AIDS. Current testing numbers outline 8,594 tests with 6,683 individuals, or 77%.

Reasons for Success or Barriers/Challenges to Success

Reasons for success

NDHHS has increased testing in disproportionately affected areas in Omaha. Testing has expanded to special projects such as public libraries and outreach throughout the Omaha area.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies to achieve success

NDHHS utilized surveillance data to identify areas of need and actively worked to find agencies through which to expand testing.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

Nebraska HIV Counseling and Testing Program leverages funds to pay for Laboratory HIV tests and Rapid test kits. Funds are combined with HIV Prevention funds to defray testing costs so that program training and subgrant activities can be supported.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

HIV Lab Testing

Between 10/2013 and 09/2014, the HIV Program, through contracting laboratory services and pre-purchase of rapid test kits, will conduct **6,000** tests, providing anonymous and confidential HIV testing at no cost to the client in order to facilitate follow-up on infected people, providing increased access to Disease Intervention Specialists at selected clinics that serve the target population (MSM, IDU), the aim of which is to assure change in risk behaviors and prevention of additional infection transmission.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2013 and 09/2014, the HIV Program, through contracting laboratory services and pre-purchase of rapid test kits, conducted **8,594** tests, providing anonymous and confidential HIV testing at no cost to the client in order to facilitate follow-up on infected people, providing increased access to Disease Intervention Specialists at selected clinics that serve the target population (MSM, IDU), the aim of which is to assure change in risk behaviors and prevention of additional infection transmission.

Reasons for Success or Barriers/Challenges to Success

The HIV Testing Manager continues to work with the laboratory companies offering rapid HIV tests to identify tests that can be purchased at Public Health Pricing.

Strategies to Achieve Success or Overcome Barriers/Challenges

NDHHS continues to monitor testing technologies and their application at Nebraska CTR Sites.

Activity 1:

HIV Samples Tested

Between 10/2013 and 09/2014, contract for laboratory testing on samples, including those serving the target population (MSM and IDU) Number of tests to be completed using PHHSBG funds:

- 40 HIV Confirmatory tests at \$94 per test.
- 6,000 Rapid Tests at \$12 per test.

Activity Status

Completed

Activity Outcome

From 10/01/2013 to 09/30/2014 , a total of 8,029 Rapid Tests and 543 Conventional tests were purchased. 1,351 tests were specifically used for the MSM and IDU populations.

Reasons for Success or Barriers/Challenges to Success

Increased testing in disproportionately affected areas in Omaha coupled with decreased costs in confirmatory and rapid testing both contributed to a successful outcome.

Strategies to Achieve Success or Overcome Barriers/Challenges

NDHHS staff members develop and maintain relationships with agencies to insure the expansion of testing and procurement of testing devices at public health prices.

National Health Objective: STD-1 Chlamydia

State Health Objective(s):

Between 10/2013 and 09/2018,

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

These work plan objectives were not met. There was no reduction in prevalence for adolescent female or males. Block grant funds have supported more than 3,568 Chl/Gc tests, and positivity in the 15 to 34 years

of age is 6,973 or 96% of total Chl positivity.

Reasons for Success or Barriers/Challenges to Success

STD program is finding positivity and using data to direct energies, that is a success. Goals and objectives for 2015 will reflect this continued effort.

Strategies to Achieve Success or Overcome Barriers/Challenges

In order to reduce positivity, NDHHS must first find the positives and push reproductive health education and prevention materials. Currently this is taking place and is a process.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

PHHSBG dollars are utilized to purchase dual Chl/Gc urine tests for specific non-traditional testing in Douglas County. There is no match through state dollars; however, with purchased tests, providers are free to secure staff and educational materials.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Chlamydia/Gonorrhea Testing

Between 10/2013 and 09/2014, the STD Program, through contracting laboratory services, will conduct **3,500** tests for STDs at no cost to the client; reporting results in order to facilitate follow-up on infected people, providing increased access to Disease Intervention Specialists at selected clinics that serve the target audience (adolescents and young adults, aged 15 to 24 years), the aim of which is to assure change in risk behaviors and prevention of additional infection transmission.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2013 and 09/2014, the STD Program, through contracting laboratory services, conducted **3569** tests for STDs at no cost to the client; reporting results in order to facilitate follow-up on infected people, providing increased access to Disease Intervention Specialists at selected clinics that serve the target audience (adolescents and young adults, aged 15 to 24 years), the aim of which is to assure change in risk behaviors and prevention of additional infection transmission.

Reasons for Success or Barriers/Challenges to Success

By utilizing PHHSBG funds to purchase of Chl/Gc dual tests, providers are able to secure cost of staff and educational materials.

Strategies to Achieve Success or Overcome Barriers/Challenges

This an ongoing process that is yielding positivity. Over time the STD program hopes to see a reduction in positivity through affording consumers access to Disease Intervention Specialists (DIS) who provide partner services, discuss risk reduction, and offer educational/prevention materials.

Activity 1:

Chlamydia Samples Tested

Between 10/2013 and 09/2014, 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

3569 tests were purchased.

Reasons for Success or Barriers/Challenges to Success

Block grant funds helped to purchase tests.

Strategies to Achieve Success or Overcome Barriers/Challenges

This is a continued process that includes DIS, partner services, and educational/prevention materials for positives. Maintaining available tests at no cost to consumers is an imperative strategy.

National Health Objective: STD-6 Gonorrhea**State Health Objective(s):**

Between 10/2013 and 09/2018,

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

There was no reduction in prevalence for adolescent female or males. Block grant funds have supported more than 3,568 Chl/Gc tests, and positivity in the 15 to 34 years of age range is 1,197 or 87% of total Gc positivity.

Reasons for Success or Barriers/Challenges to Success

STD program is finding positivity and using data to direct energies, which is a success. Goals and objectives for 2015 will reflect this continued effort.

Strategies to Achieve Success or Overcome Barriers/Challenges

In order to reduce positivity, NDHHS must first find the positives and push reproductive health education and prevention materials. Currently this is taking place and is a process.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

PHHSBG dollars are utilized to purchase dual Chl/Gc urine tests for specific non-traditional testing in Douglas County. There is no match through state dollars; however, with purchased tests, providers are free to secure staff and educational materials.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Chlamydia/Gonorrhea Testing

Between 10/2013 and 09/2014, the STD Program, through contracting laboratory services, will conduct **3,500** tests for STDs at no cost to the client; reporting results in order to facilitate follow-up on infected people, providing increased access to Disease Intervention Specialists at selected clinics that serve the target population (adolescents and young adults aged 15 to 34 years), the aim of which is to assure change in risk behaviors and prevention of additional infection transmission.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2013 and 09/2014, the STD Program, through contracting laboratory services, conducted **3569** tests for STDs at no cost to the client; reporting results in order to facilitate follow-up on infected people, providing increased access to Disease Intervention Specialists at selected clinics that serve the target population (adolescents and young adults aged 15 to 34 years), the aim of which is to assure change in risk behaviors and prevention of additional infection transmission.

Reasons for Success or Barriers/Challenges to Success

With the purchase of Chl/Gc dual tests, providers are able to secure cost of staff and educational materials.

Strategies to Achieve Success or Overcome Barriers/Challenges

This an ongoing process that is yielding positivity. Over time the STD program hopes to see a reduction in positivity through affording consumer access to Disease Intervention Specialists (DIS) who provide partner services, discuss risk reduction, and offer educational/prevention materials.

Activity 1:

Gonorrhea Samples Tested

Between 10/2013 and 09/2014, 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 = 16,465.
- Chlamydia/Gonorrhea Gen Probe Tests = 1,056.
- GC cultures = 1,368.

Activity Status

Completed

Activity Outcome

3569 tests were purchased.

Reasons for Success or Barriers/Challenges to Success

Block grant funds helped to purchase tests.

Strategies to Achieve Success or Overcome Barriers/Challenges

This is an ongoing process that includes DIS, partner services, and educational/prevention materials for

positives. Maintaining available tests at no cost to consumers is an imperative strategy.

State Program Title: MINORITY HEALTH PROGRAM

State Program Strategy:

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

Health Priorities:

- Identify disparities among racial 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 ethnic minorities.
- Improve data collection strategies for racial ethnic and other vulnerable populations.
- Expand community-based health promotion and disease prevention outreach efforts to the aforementioned populations.

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

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

- Pre- and post-tests to measure knowledge increase at education events, including chronic disease prevention, maternal child health, minority population growth and health disparity presentations.
- Copies of all publications printed: Nebraska Health Status of Racial and Ethnic Minorities report, report cards, and socio-economic report cards; and public health policy briefs on minority and disparity health issues.
- Invitation and attendance records.

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

State Health Objective(s):

Between 10/2013 and 09/2018, **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 education of health care providers who serve these populations.**

State Health Objective Status

Exceeded

State Health Objective Outcome

A total of 30 critical health disparities and health needs were identified which include socioeconomic, mortality and behavioral risk factors. These findings were compiled into 11 reports in an effort to communicate findings with the community. Based on key findings, educational efforts were made within the community. A total of 75 presentations were given (43 chronic disease and maternal and child health, and 32 minority population growth and health disparity) with a focus of reaching minority populations.

Reasons for Success or Barriers/Challenges to Success

Successes:

- Objective is included as part of the Office of Health Disparity and Health Equity (OHDHE) strategic plan.
- OHDHE knowledge of and experience with minority health disparities.

Challenges

- 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

Strategies to achieve success

- Funded additional modules under BRFSS to collect race and ethnicity data.
- New partnerships were forged with organizations that have a community presence to increase the reach of the educational programs.

Strategies to address challenges

- To combat small population numbers, data is often combined over a period of time to give a five year average. The OHDHE also funds additional modules for Behavior Risk Factor Surveys in order to collect racial and ethnic demographic information that would otherwise not be collected.
- Data sources and analyses are checked to ensure the correct use of data regarding definitions. Formal reports of the data are also checked to ensure correct use of each measure.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

Partial salary of the office Administrator, Minority Surveillance Coordinator, Research Analyst and Program Analyst support leveraging of \$35,000, which accounts for management of projects and analysis of data and preparation of reports.

The federal Office of Minority Health provided \$46,000 to conduct the tribal BRFSS surveys. Approximately \$25,000 was leveraged through the BRFSS team when conducting the tribal pilot BRFSS questionnaire and the BRFSS race data collection.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Health Education and Health Disparities Presentations

Between 10/2013 and 09/2014, OHDHE will conduct **20** health education sessions in communities to raise knowledge and awareness of chronic diseases and maternal child health issues among minority populations across Nebraska. Minority adults in Nebraska will have increased understanding of how chronic disease issues and maternal child health impact their lives and health. Fifteen presentations will be conducted to increase awareness of minority population growth and health disparities among Nebraska minorities.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2013 and 09/2014, OHDHE conducted **43** health education sessions in communities to raise knowledge and awareness of chronic diseases and maternal child health issues among minority populations across Nebraska. Minority adults in Nebraska will have increased understanding of how chronic disease

issues and maternal child health impact their lives and health. Fifteen presentations will be conducted to increase awareness of minority population growth and health disparities among Nebraska minorities.

Reasons for Success or Barriers/Challenges to Success

Successes

- Detailed work plans were established.
- Forty-three health education sessions were conducted.

Challenges

- It was difficult to set up presentations due to a lack of venue availability or the need to involve public health. Recruitment was also an issue after a venue was selected due to advertisement or interest.
- Language was a barrier, both in setting up presentations and presenting the educational material.
- A lack of age-appropriate material hindered some learning for younger participants.

Strategies to Achieve Success or Overcome Barriers/Challenges

Successes

- Measures and indicators were established for outcomes.
- Staff meetings included a review of PHHS project status.
- New partnerships were forged with organizations that have a community presence to increase the reach of the educational programs.
- Educational materials were changed to reflect a 6 - 8th grade English language level. Material can also be translated into other languages commonly spoken by participants – Spanish, Arabic, Vietnamese, and Karen.
- Presentations were tailored for different age groups to better reach the audience.

Activity 1:

Chronic Disease Prevention and MCH Presentations

Between 10/2013 and 09/2014, OHDHE Community Health Educators will work with community-based organizations, local health departments, or other entities to provide at least 20 health education sessions targeting at least 100 minority adults to increase knowledge regarding maternal child health, chronic disease prevention and physical activity & nutrition.

Activity Status

Completed

Activity Outcome

OHDHE staff worked with community-based organizations, local health departments and other entities to provide 43 health education sessions and reached 337 minority adults to increase their knowledge regarding maternal child health, chronic disease prevention, obesity and physical activity & nutrition.

Reasons for Success or Barriers/Challenges to Success

Successes

- Program staff are located across the state, collaborate with community organizations and are familiar with community needs.
- Staff members are knowledgeable about health disparities

Challenges

- Events scheduled at some locations were cancelled for various reasons. Attendees did not show up at the public library locations.
- Some participants were younger than anticipated (targeted ages of 18-24, some attendees were 17 years old).
- Other community agencies are making similar efforts, and we are competing with bigger budgets and higher program sustainability.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies

- Specific staff members are assigned to conduct activities.
- Program staff members make site visits to build partnerships.
- Evaluation forms are reviewed to improve presentations.
- New, non-traditional events and locations were pursued to overcome issues with presentations that had to be cancelled.
- Presenters met with host agency director to discuss presentation needs.

Activity 2:

Minority Population Growth and Health Disparity Presentations

Between 10/2013 and 09/2014, OHDHE will complete 15 cultural intelligence presentations/trainings with Minority Health Initiative grantees, stakeholders, and internal programs and external organizations. In these presentations, one module will be the Nebraska minority population growth and key disparities among minorities.

Activity Status

Completed

Activity Outcome

OHDHE conducted a total of 32 presentations. Eight presentations were given to DHHS employees, nine to Minority Health Initiative (MHI) grantees, and 15 to local organizations to increase awareness of minority population growth and health disparities among Nebraska minorities.

Reasons for Success or Barriers/Challenges to Success

Successes

- OHDHE developed curriculum and data population slides.
- Established training/presentations requirement of sub-grantees of other funding.
- Assigned specific staff members to specific activities.
- Established partnerships that enabled scheduling and relationship-building.

Challenges

- Because some venues were not obtaining the level of outreach needed, a new method of delivery was needed.
- Some individuals felt information was not needed.

Strategies to Achieve Success or Overcome Barriers/Challenges

- Continuing education units (CEUs) were obtained.
- Staff were specifically assigned to activity.
- Strong promotion of benefits and importance of presentation was completed.
- Cold contact calls were made and emails sent to various agencies to increase the number of presentations.
- Marketing materials were developed and distributed.
- Agencies were contacted after CEUs were approved, resulting in additional presentations.
- As interest grew, CEUs were approved for additional professional fields.

Impact/Process Objective 2:

Minority Data Collection and Analysis

Between 10/2013 and 09/2014, 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 ethnic groups throughout Nebraska.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2013 and 09/2014, 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 ethnic groups throughout Nebraska.

Reasons for Success or Barriers/Challenges to Success

Successes

- A dedicated epidemiology coordinator, program analyst and research analyst are on staff.
- Collaborations with University of Nebraska Medical Center (UNMC) and NDHHS (Nebraska Department of Health and Human Services) Data Use group has improved the BRFSS minority data collection and weighting methods.

Challenges

- Health data is unavailable for many sub-minority groups. Because population numbers are so small, the data cannot be reported, and it is difficult to use weighted minority data.
- It was very difficult to evaluate hospital discharge data without a link to databases and subsequent updates of race information. Nebraska has never had a complete race/ethnicity information database.

Strategies to Achieve Success or Overcome Barriers/Challenges

- The OHDHE funds additional modules for Behavior Risk Factor Surveys in order to collect racial and ethnic demographic information that would otherwise not be collected.
- The OHDHE worked with programs that use race information to develop a set of indicators and conducted literature searches to develop a template for racial disparity in hospitalization.

Activity 1:

Minority Hospital Discharge Data Project

Between 10/2013 and 09/2014, OHDHE will join together with NDHHS and UNMC joint data center to work on an ongoing data linkage project to identify minority hospital discharge data (emergency room, inpatient, and combined).

Activity Status

Completed

Activity Outcome

The Nebraska Joint Public Data Center and OHDHE embarked on a project to use multiple public health data sources (e.g., driver license data, cancer registry data, vital statistical data) to update race/ethnicity information in the NE-HDD data from 2005 to 2011 for about 1.5 million records. 100% of race/ethnicity information in the hospital discharge data was achieved. Nebraska hospital discharge data contains very limited race and ethnicity information about individual patients. The race variable data was updated from the original 8% to 90%. For the remaining 10%, the census tract in which they reside was used to impute race values based on the racial composition of each census tract and the probability of finding a person with a particular race.

Reasons for Success or Barriers/Challenges to Success

Successes

- OHDHE wouldn't take "no" for an answer. Health disparity assessments need race information from hospital discharge data that includes inpatient and emergency room visits. Without race variables, we would not be able to collect minority hospitalization information.
- Found a way to link databases and subsequent updates, since a dataset with complete race/ethnicity information had not existed in Nebraska.

Challenges

- It is very difficult to evaluate if the linkage of databases and subsequent updates or race information had high quality because such a dataset with complete race/ethnicity information has never existed in Nebraska. For this reason we do not want to use census populations by race as denominators to calculate various hospitalization rates.
- It is very difficult to develop indicators for racial disparities in hospitalization without an at-risk population.

Strategies to Achieve Success or Overcome Barriers/Challenges

- OHDHE worked with programs that use race information to develop a set of indicators.
- 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.

Activity 2:

Summarize 2008-2012 Leading Cause of Death Data

Between 10/2013 and 09/2014, OHDHE will identify the top 10 leading causes of death (ie: cancer, heart disease, stroke) and the related disparities between minority groups and non-Hispanic Whites.

Activity Status

Completed

Activity Outcome

The leading causes of death were identified for African Americans, American Indians, Asians, Hispanics, and Whites for all age groups, based on the National Center for Health Statistics data (2008-2012). 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.

Reasons for Success or Barriers/Challenges to Success

Successes

- Important part of OHDHE strategic plan.
- In order to achieve comprehensive data analysis, several data sources were accessed.
- Staff expertise meant the data was appropriately analyzed so changes, either improvements or declines, can be noted and reported to the community.

Strategies to Achieve Success or Overcome Barriers/Challenges

- Data staff met on a regular basis.
- 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.
- Data will be provided to the Minority Health Council to determine which key disparities to focus on.

Activity 3:

Summarize 2008-2012 Birth Data

Between 10/2013 and 09/2014, OHDHE will identify the disparities between minority groups and non-Hispanic Whites related to maternal child health (ie: infant mortality, low birth weight).

Activity Status

Completed

Activity Outcome

Vital statistical disparities data was identified for racial and ethnic minorities in Nebraska. Based on 2008-2012 Vital Statistics data, African Americans, American Indians, and Hispanics experience very large disparities in birth-related measures. African Americans, American Indians, and Hispanics have between 2.5 and 3 times the number of teen births when compared to Whites. These three groups are also between two and three times more likely to receive inadequate prenatal care. When compared to Whites, African Americans have approximately two times the number of infant mortalities and babies with low birth weight.

Reasons for Success or Barriers/Challenges to Success

Successes

- Leveraging of state funding for staff assisted OHDHE in work being completed.
- Data Epidemiologist very knowledgeable about analysis and compilation of data.
- Worked with other offices to gather data.

Challenges

- The sample size was especially limited for data regarding the leading causes for Asian Nebraskans. Because of the small population numbers, only seven causes could be reported; furthermore, mortality data may be affected by random variation, especially in the case when the number and probability of an event is small.
- Mortality data may be affected by random variation, especially when the number and probability of an event is small.

Strategies to Achieve Success or Overcome Barriers/Challenges

- In order to increase the sample size of minority groups, five-years of data was combined and analyzed to improve data quality. This helps to correct for the small numbers from each year and increases reliability.

Activity 4:

Minority Surveillance Data Collection

Between 10/2013 and 09/2014, survey minority populations using the Nebraska Behavioral Risk Factor Surveillance System, adding eight race and reaction to race questions to the survey conducted by the University of Nebraska-Lincoln.

Activity Status

Completed

Activity Outcome

15,000 surveys were completed through the Nebraska Behavioral Risk Factor Surveillance System. In 2014, OHDHE paid for two modules: Reaction to Race and State-added race and ethnicity questions.

Reasons for Success or Barriers/Challenges to Success

Successes

- Contract in place between NDHHS and UNL.
- Process in place for survey collection.
- OHDHE collaborated with the University of Nebraska-Lincoln to survey Nebraska's minority populations using the BRFSS by oversampling minority populations and adding race (including sub-racial groups) and demographic questions to the survey.

Challenges

- Initial survey methods did not reach enough minority respondents.
- Language barriers arose in surveying when some participants had limited English proficiency.

Strategies to Achieve Success or Overcome Barriers/Challenges

- Surveys are being completed monthly and will continue 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 3:

Minority Reports

Between 10/2013 and 09/2014, OHDHE will update **3** groups of reports covering disparities in socioeconomic status, health status, and minority population growth.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2013 and 09/2014, OHDHE updated **3** groups of reports covering disparities in socioeconomic status, health status, and minority population growth.

Reasons for Success or Barriers/Challenges to Success

Successes

- Data sources were already available to update reports.
- Staff assigned to update reports are dedicated.
- General fund dollars were used to support the Epidemiologist position.
- Reports have been published to the OHDHE website
http://dhhs.ne.gov/publichealth/Pages/healthdisparities_researchandreports.aspx

Challenges

- Using multiple surveys and data sources meant using many definitions that affect data analysis.
- Though Nebraska's minority population is growing, the population sizes remain small, leading to large variations and misleading rates.

Strategies to Achieve Success or Overcome Barriers/Challenges

- Data sources and analyses were checked to ensure the correct use of definitions. Reports were also checked to ensure correct use of each measure.
- To correct for small population sizes, multiple years were combined to help data analysis, and sub-populations were not separated out.
- Oversampling of minority populations was conducted when OHDHE was in control of survey administration.
- Over 200 hard copies were distributed to MHI grantees, stakeholders, partners, and at conferences related to minority health.

Activity 1:

Complete Socioeconomic Status Reports

Between 10/2013 and 09/2014, OHDHE will identify and summarize key socioeconomic factors for Hispanics in Nebraska based on US Census Bureau 2009-2011 American Community Survey (ACS) data and finalize the Nebraska Hispanic Socioeconomic Profile report. The OHDHE will also finalize and publish three Congressional District Socioeconomic Profile reports based on 2005-2009 ACS data. Between 10/2013 and 09/2014, based on US Census Bureau new CD boundary (Congress #113) 2008-2012 American Community Survey (ACS) data, the OHDHE will summarize the initial findings on key socioeconomic factors for minorities in Congressional District (CD) 1, CD2 and CD3.

Activity Status

Completed

Activity Outcome

The OHDHE has completed the Congressional District Socioeconomic Profile Reports for Districts 1, 2, and 3, using 2005-2009 data. Over 90 reports were distributed at conferences and to MHI grantees, local health departments, universities, and other stakeholders. Full reports are available on the NDHHS website:

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

Reasons for Success or Barriers/Challenges to Success

Successes

- Supervisor met regularly with data staff to meet the desired deadlines.
- 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 (i.e. choosing the correct denominator for proportions).

Strategies to Achieve Success or Overcome Barriers/Challenges

- Prescheduling meetings assured timely coordination.
- Training and updates with changing staff were conducted.
- In order to derive correct numbers from the census data, every definition from the census questionnaire was checked for parameters and compared to data analysis.
- The CDC Census report was reviewed and compared with report analyses to ensure consistency between the national and state reports.

Activity 2:

Complete the Health status Reports

Between 10/2013 and 09/2014, update and finalize the Health Status for Nebraska's African Americans report and the Health Status for Nebraska's Hispanics report. These reports will present health status facts on the African American population and Hispanic population in Nebraska and will show the contrast between this minority population and the Non-Hispanic/Latino White majority population.

Activity Status

Completed

Activity Outcome

The OHDHE has completed the Health Status Reports for both Hispanics and African Americans in Nebraska. Topics presented in the reports include mortality, chronic diseases, cancers, HIV and sexually transmitted diseases, heart disease, stroke, cancer, diabetes and infectious diseases.

The Health Status report for Hispanics was published and key findings reported previously. A copy can also be found on the website at

<http://dhhs.ne.gov/publichealth/Documents/Hispanic%20Health%20Status%20Report%202014.pdf>

The health status report for African Americans is awaiting top level approvals. before publication.

Reasons for Success or Barriers/Challenges to Success

Successes

- OHDHE collaborated with the UNMC College of Public Health, the UNMC Center for Reducing Health Disparities, and the University of Nebraska at Omaha (UNO).

- Health status facts were coupled with socioeconomic status information and compared to the non-Hispanic/Latino White majority population.

Strategies to Achieve Success or Overcome Barriers/Challenges

- The OHDHE distributed 110 copies at conferences, to MHI grantees, local health departments, Universities and other stakeholders.
- In order to have more African American information, the OHDHE collaborated with state university centers to collect and report Nebraska African American health and socioeconomic data.

Activity 3:

Complete Nebraska Disparity Report

Between 10/2013 and 09/2014, update and finalize the health disparities report for the state. This report provides a comprehensive look at many health-related issues and concerns and the disparate outcomes experienced by some of Nebraska's historically medically underserved minority residents. Regular updates ensure the report remains up-to-date and continues to be a useful resource for policymakers, service providers, and those interested in minority health issues.

Activity Status

Completed

Activity Outcome

The OHDHE has completed and reviewed the report. This comprehensive report includes information on the health status and risk factors compiled from the Behavioral Risk Factor Surveillance System, Healthy People 2010 data, as well as various sources of data from the US Census Bureau. The report assessed the state of Nebraska's racial and ethnic minority population's health and various changes over two time periods to highlight the disparities that exist and to help set priorities. It also includes comparisons of various health indicators for Nebraska immigrants, the limited English proficiency population, as well as disabled, low-income, less educated and rural Nebraskans. Key findings from the report:

- Disparities exist for racial and ethnic minorities in terms of socioeconomic status including income, education, employment, poverty, marital status, and housing type and tenure.
- Improvements have been made from 2001-2005 to 2006-2010 for racial and ethnic minority groups in terms of infant, coronary heart disease, stroke, and cancer mortalities as well as current smoking, and physical activity.
- Continued issues include prenatal care, low birth weight, myocardial infarction or coronary heart disease, diabetes, obesity/overweight and cholesterol measures for racial and ethnic minorities.

Reasons for Success or Barriers/Challenges to Success

Successes

- Staff members worked with other offices/areas to gather information.
- Staff members are knowledgeable about health disparities and report format.

Challenges

- Changes to the federal government classification of racial and ethnic data makes comparison by time-periods problematic.
- Though Nebraska's minority population is growing, population sizes remain small, leading to large variations and misleading rates.

Strategies to Achieve Success or Overcome Barriers/Challenges

- To ensure proper comparison, definitions are checked, and if substantially changed, a comparison between time periods is not made.
- Definitions used by each data source are explained in the glossary and data source sections.
- To correct for small population sizes, multiple years were combined to help data analysis, and sub-populations were not separated out.

Activity 4:

Complete the Nebraska Minority Population Growth Report

Between 10/2013 and 09/2014, continue analyzing the US Census 2010 data to identify the changes in race, ethnicity, and total population within Nebraska. Create minority population maps by county and other maps. US Census Bureau data will be used to identify major changes in population distribution and growth among minority groups throughout Nebraska. Based on 2010 US Census data, OHDHE will update the Nebraska Minority Population Growth Report.

Activity Status

Completed

Activity Outcome

The latest data was used to update the Nebraska Minority Population Growth Report and was included in health status reports and the Nebraska Disparity report. This report shows a profile of Nebraska's minority population growth and provides a data source for population-based disease prevention and health promotion programs and the public.

Reasons for Success or Barriers/Challenges to Success

Success

- Epidemiologist is very knowledgeable regarding analysis of US Census data.
- Staff members are knowledgeable on creation of maps and other information for the report.

Challenges

- Data on race in the 2000 census are not directly comparable with data from the 1990 or earlier census counts due to the variations in race information. Caution must be used, therefore, when interpreting changes in the racial composition of Nebraska's population over time.

Strategies to Achieve Success or Overcome Barriers/Challenges

- For summary measures, the 2000 census data was not compared to the 1990 data for those races who experienced a definitional change.

Impact/Process Objective 4:

Tribal Surveillance

Between 10/2013 and 09/2014, based on 3 pilot Behavioral Risk Factor Surveillance studies, OHDHE will identify **10** or more critical behavioral risk factors for three federally recognized Native American tribes - Ponca Tribe, Omaha Tribe and Winnebago Tribe.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2013 and 09/2014, based on 3 pilot Behavioral Risk Factor Surveillance studies, OHDHE identified **10** or more critical behavioral risk factors for three federally recognized Native American tribes - Ponca Tribe, Omaha Tribe and Winnebago Tribe.

Reasons for Success or Barriers/Challenges to Success

Successes:

- Collaborative relationships built with Nebraska Tribes assisted with outcome.
- Extra funding available to conduct tribal specific BRFSS for Nebraska.
- Contract and deliverables agreed upon.
- Sensitivity of tribe-specific data and health risk factors needs were taken into consideration when analyzing and reporting the BRFSS data.

- Critical behavioral risk factors for three federally recognized Native American tribes were compared with the total Nebraska population.

Challenges

- Due to the limited amount of time to complete the surveys, non-affiliated members responded to surveys and were included in the data pool.
- The demographic proportions of the survey data is not proportional to the total Tribal population.

Strategies to Achieve Success or Overcome Barriers/Challenges

- Responders not affiliated with the tribe were excluded from data analysis. Only the tribe-specific member responses were included in the report.
- The demographic data was weighted based on the 2010 Census population for each tribe.
- In order to remain sensitive to tribe-specific needs, data for each tribe was analyzed separately, and they will receive a report that contains only their applicable BRFSS data.

Activity 1:

Finalize Ponca Tribe Pilot BRFSS Project

Between 10/2013 and 09/2014, based on a pilot Behavioral Risk Factor Surveillance study, complete a preliminary report for the Ponca Tribe. This project will identify risk factors for tribe populations.

Activity Status

Completed

Activity Outcome

Based on the 2012 Ponca pilot BRFSS survey, OHDHE compiled a report from responses by Ponca Tribe members and compared them to the overall Nebraska population responses. The report highlights the behavioral health risk factors of American Indian adults in Nebraska in order to support the development and implementation of programs and services to improve the health of American Indians. The Ponca Tribe will receive a report that contains only their applicable BRFSS data. The report results will be discussed with Tribal leaders to determine strategies to reduce the key risk factors.

Reasons for Success or Barriers/Challenges to Success

Successes

- Funding from the federal Office of Minority Health was used to conduct the survey.
- Epidemiologist dedication to complete report to have tribal specific data for each tribe.

Challenges

- Sensitivity to data sharing and the Ponca Tribe health risk factors needs to be taken into consideration when analyzing and reporting the BRFSS data.

Strategies to Achieve Success or Overcome Barriers/Challenges

- Responses from non-affiliated members of the Ponca Tribe were excluded from data analysis, and only the Ponca Tribe member responses were included in the report.
- The demographic data was weighted based on the 2010 Census population for the Ponca Tribe.

Activity 2:

Finalize Winnebago Tribe Pilot BRFSS Project

Between 10/2013 and 09/2014, based on a pilot Behavioral Risk Factor Surveillance study, complete a preliminary report for the Winnebago Tribe. This project will identify risk factors for tribe populations.

Activity Status

Completed

Activity Outcome

OHDHE compiled a report that included responses from Winnebago Tribe members and compared them to the overall Nebraska population responses. The purpose of this report is to highlight the behavioral health risk factors of American Indian adults in Nebraska in order to support the development and implementation of programs and services to improve the health of American Indians. The Winnebago Tribe will receive a report that contains only their applicable BRFSS data. The report results will be discussed with Tribal leaders to determine strategies to reduce the key risk factors.

Reasons for Success or Barriers/Challenges to Success

Successes

- OHDHE leveraged funding from the federal Office of Minority Health to conduct the survey.
- Funding for Epidemiologist time was paid out of state general funds.

Challenges

- Sensitivity to data sharing and Winnebago Tribe health risk factors needs to be taken into consideration when analyzing and reporting the BRFSS data.

Strategies to Achieve Success or Overcome Barriers/Challenges

- Responses from non-tribal members were excluded from data analysis, and only the Winnebago Tribe member responses were included in the report.

Activity 3:

Finalize Omaha Tribe Pilot BRFSS Project

Between 10/2013 and 09/2014, based on a pilot Behavioral Risk Factor Surveillance study, complete a preliminary report for the Omaha tribe. This project will identify risk factors for tribe populations.

Activity Status

Completed

Activity Outcome

OHDHE compiled a report of responses to BRFSS questions from Omaha Tribe members and compared them to the overall Nebraska population responses. The purpose of this report is to highlight the behavioral health risk factors of American Indian adults in Nebraska to support the development and implementation of programs and services to improve the health of American Indians. The Omaha Tribe will receive a report that contains only their applicable BRFSS data. The report results will be discussed with Tribal leaders to determine strategies to reduce these key risk factors.

Reasons for Success or Barriers/Challenges to Success

Successes

- Funding from the federal Office of Minority Health enabled the surveys to be conducted.
- State funding was used for data staff working on report.

Challenges

- Sensitivity to data sharing and Omaha Tribe health risk factors needs to be taken into consideration when analyzing and reporting the BRFSS data.

Strategies to Achieve Success or Overcome Barriers/Challenges

- Responses from non-members of the Omaha Tribe were excluded from data analysis, and only the Omaha Tribe member responses were included in the report.

National Health Objective: PHI-2 Continuing Education of Public Health Personnel

State Health Objective(s):

Between 10/2013 and 09/2018, **establish at least one system of support for community health**

workers, which has the capacity to identify and implement the core competencies, essential educational curriculum components, key roles and responsibilities.

State Health Objective Status

In Progress

State Health Objective Outcome

Nebraska began to support Community Health Workers (CHWs) in 2012. A Community Health Worker Coalition was formed and has been supported through other funding to enhance the coordination of various activities.

Completed steps are: Creation of a Community Health Worker Coalition with a Steering Committee and four coalition work groups, and creation of a Community Health Worker Association. Development of a common definition, scope of practice, core competencies, and core functions for CHWs in Nebraska.

Next steps include developing a system of support to establish the CHW Association.

Reasons for Success or Barriers/Challenges to Success

1. Previous work has resulted in good coordination among stakeholders and progress in achieving outcomes.
2. Staff members were assigned from various offices within the Division of Public Health.
3. Steering Committees and work groups have created work plans.
4. Strategic involvement has been obtained from statewide public health stakeholders.
5. The Nebraska State Health Improvement Plan includes support for the CHW objective.

Strategies to Achieve Success or Overcome Barriers/Challenges

1. Detailed reports and minutes from meetings.
2. Scheduled quarterly steering committee meetings and monthly work group meetings.
3. Involvement in State Health Improvement meetings and updated reports provided to steering committee.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

For FFY2015, \$25,000.00 is allocated to develop a system of support for CHWs. State general funds will support staff time supporting the CHW efforts. Other funding is being used for the coalition and steering committee meetings. An estimate from other sources is \$15,000.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Community Health Workers

Between 10/2014 and 09/2015, OHDHE and Coalition contractor/subgrantee will develop **1** system to support CHWs.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2014 and 09/2015, OHDHE and Coalition contractor/subgrantee developed **1** system to support CHWs.

Reasons for Success or Barriers/Challenges to Success

1. Previous efforts toward the CHWs objective has developed a system of support.
2. A Community Health Worker Coalition has been established.
3. A steering committee and work groups were created to help guide the work.
4. A CHW Association was formed and is a section under the Nebraska Public Health Association.

Some challenges around engagement of CHWs to chair work groups have taken place. Steering committee and CHW association have been working to identify CHWs who can lead work groups. A location for document sharing was a challenge in the beginning. Another challenge has been availability to attend meetings.

Strategies to Achieve Success or Overcome Barriers/Challenges

1. Facilitator assists with continuity of communication and collaboration to achieve the established objectives.
2. Work groups meet monthly to share research and recommendations on the essential aspects of CHW workforce development.
3. Successful CHW models were reviewed to assist in developing a Nebraska model.
4. Ensured input from Community Health Workers and public health stakeholders throughout Nebraska.
5. Provided support for the CHW Association to lead efforts in Nebraska.
6. Used Google Docs for document sharing.
7. Used conference calls to reduce travel and time commitments.

Activity 1:

Develop Contract to Facilitate and Coordinate Coalition

Between 10/2014 and 09/2015, the contractor will conduct a total of 10 meetings of the Nebraska Community Health Worker Coalition steering committee and work groups to identify core competencies, essential educational curriculum components, key roles and responsibilities, and a certification process for community health workers in Nebraska.

Activity Status

Not Completed

Activity Outcome

The contract has been negotiated with the meeting facilitator.

Reasons for Success or Barriers/Challenges to Success

1. Previous work and outcomes from the contractor have been above satisfactory.
2. All members and staff are familiar with the contractor and feel she does great work.
3. Continuity of work product will continue as the contractor is knowledgeable about previous work.
4. Contractor understands group processes and objectives set by group.
5. Contractor is located in another state which can be a challenge.
6. Staff and contractor have full schedules, making it difficult to schedule compatible times for meetings.

Strategies to Achieve Success or Overcome Barriers/Challenges

1. Staff within OHDHE are assigned to oversee the contract.
2. Monthly meetings are held with the contractor regarding activities, outcomes achieved and challenges.
3. Meetings and conference calls take place before larger meetings to discuss outcomes. Debriefings take place after meetings/conference calls.
4. Scheduling times well in advance and using email helps coordinate schedules.

Activity 2:**Develop Certification Process for Community Health Workers**

Between 10/2014 and 09/2015, the contractor will identify and begin an implementation process for certification of CHWs in Nebraska.

Activity Status

Not Completed

Activity Outcome

Work has begun to create an infrastructure to support integration of CHWs into the Nebraska public health and health care systems.

Reasons for Success or Barriers/Challenges to Success

1. Creation of definition, scope of practice, core competencies, and core functions has been completed.
2. Facilitator is familiar with the coalition vision and assists in guiding the group toward their goal.
3. The CHW Standards work group leads efforts and provides recommendations to the steering committee and coalition.
4. University of Nebraska College of Public Health staff members are available to assist in the certification process.

Strategies to Achieve Success or Overcome Barriers/Challenges

1. The Standards Work Group will provide recommendations to the steering committee regarding the certification process.
2. Certification processes used by other states were reviewed and utilized in creating Nebraska's process.
3. Established a partnership with CHW Association and the Legislative Work Group for certification.

Activity 3:**Monitor the Contract**

Between 10/2014 and 09/2015, OHDHE will monitor contracts for facilitator/coordinator and for certification implementation process.

Activity Status

Not Completed

Activity Outcome

Facilitation and collaboration among the Coalition work groups has taken place. The contractor will complete all deliverables of the contract

Reasons for Success or Barriers/Challenges to Success

1. Contactor is familiar with reporting processes.
2. Staff members assigned and the contractor are familiar with and understand deliverables to be met.
3. Staff members and the contractor have an established working relationship.

Strategies to Achieve Success or Overcome Barriers/Challenges

1. Monthly meetings with the contractor will ensure completion of work.
2. OHDHE staff are assigned to monitor the contract.

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, dental disease prevention through to access of 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.

Primary Strategic Partners:

- External: Local county and district health departments, Federally Qualified Health Centers, Head Start and Early Head Start Programs, WIC, University of Nebraska Medical Center College of Dentistry and others.
- Internal: NDHHS programs which include: 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 NDHHS 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 which identified dozens of existing data bases that could be used in justifying program decisions and documenting progress.

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

State Health Objective(s):

Between 10/2013 and 09/2018, 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 developed.

In FY2014 additional funding became available allowing continued training of dental hygienists and expansion to serve other special population groups such as developmentally disabled and older adults receiving care at home.

Reasons for Success or Barriers/Challenges to Success

Successes:

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

Barriers/Challenges:

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

Strategies to Achieve Success or Overcome Barriers/Challenges

1. Dental Health Coordinator at the Office of Oral Health and Dentistry will increase the contact with instructor at UNMC College of Dentistry to provide technical assistance.
2. A Dental Hygiene Researcher at UNMC COD will be involved in developing means to evaluate the outcomes of instruction.

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 Dental Health Coordinator position. Those resources are braided with the PHHSBG funds to have the longest reach and most effect possible. In addition, there are in-kind contributions of the Oral Health Advisory Panel Members and the Together for Kids and Families Dental/Medical Workgroup. During FY2015 the OOHD will explore additional funding sources leveraging PHHSBG funds.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Improving Adult Oral Health Status

Between 10/2014 and 09/2015, OOHD with 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:

1. The first training was carried out in FY2013. Twenty dental hygienists were trained in FY2013. The statewide educational long distance web service called "poly com" was used to reach dental hygienists in the western part of the state.
2. During FY2014 the dental hygienists completed over 35 presentations at different long term care facilities across Nebraska.

3. The care provider presentations are available in both print and electronic format for use of ongoing training of staff in long term care facilities.
4. Four additional dental hygienists were trained in FY2014.

Barriers/Challenges to success:

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

Strategies to Achieve Success or Overcome Barriers/Challenges

1. Dental Health Coordinator at the Office of Oral Health and Dentistry will increase the contact with instructor at UNMC College of Dentistry to provide technical assistance.
2. During FY2015 additional trainings of PHRDH will be provided.
3. The trained PHRDH will continue to provide presentations to care providers at long term care facilities in FY2015.
4. Dental Health Coordinator at the Office of Oral Health and Dentistry will work with the Instructor of Clinical Technique at the UNMC COD to look at expanding the use of the toolkit with care providers of other population groups.

Activity 1:

Training Toolkit for Care Providers

Between 10/2014 and 09/2015, This "train the trainer" tool kit will assist in addressing workforce development issues in the state mentioned in *Access to Oral Health Care in Nebraska* article from April 2013. The tool kit was developed via a contract with the University of Nebraska Medical Center (UNMC) College of Dentistry that was supported by PHHSBG funds.

A contract with the UNMC College of Dentistry will be renewed to continue training additional Registered Dental Hygienist with a Public Health Authorization. The trained dental hygienist will train care providers for residents in long term care facilities and the developmentally disabled.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

Successes:

1. Two trainings have been conducted for Registered Dental Hygienists with a Public Health Authorization.

Barriers/Challenges to success:

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

Strategies to Achieve Success or Overcome Barriers/Challenges

1. Dental Health Coordinator will work with supervisors at NDHHS to identify and invite potential partners to a meeting exploring the expansion of the tool kit to care providers of those with developmental disabilities.
2. 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, Oral health awareness education will be integrated into three areas:

- 1) Oral health awareness is built into the training the care providers in long term care facilities will receive by the Registered Dental Hygienists with the Public Health Authorization.
- 2) Parents of young children who receive fluoride treatments will also receive education regarding the importance of good oral health care not only for their children, but the entire family.
- 3) Distribution of print media through local health agencies.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

Successes:

1. Twenty-four 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.
2. 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 who made request via the OOHD website.

Barriers/Challenges to success:

1. The programs providing education to parents of young children did not start in FY2014.
2. Updating and reprinting of print media took longer than anticipated during FY2014.

Strategies to Achieve Success or Overcome Barriers/Challenges

1. During FY2015 RDH will continue to provide oral health awareness via the trainings provided in long term care facilities.
2. During FY2015 parents of young children who receive fluoride treatments will receive education regarding the importance of good oral health care for the entire family.
3. During FY2015 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 trainings of care providers through periodic written reports, phone calls, and site visits. The Dental Health Coordinator will work with the Chronic Disease Epidemiologist, Jeff Armitage, and others identified within the NDHHS Division of Public Health to evaluate the outcomes of the program.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

Successes:

1. 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.
2. 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:

1. Work load demands of UNMC COD Instructor of Clinical Technique.
2. The lack of experience of the UNMC COD instructor in working under a subgrant and the reporting process required.

Strategies to Achieve Success or Overcome Barriers/Challenges

1. Increase the frequency of communication between the OOHD and the UNMC COD.
2. The OOHD Dental Health Coordinator developed templates to assist the Instructor of Clinical Technique in developing a work plan, budget, and budget narrative for FY2015. The Dental Health Coordinator will develop reporting templates to assist the UNMC COD instructor in FY2015.
3. To involve a Dental Hygiene Researcher at UNMC COD in developing 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 10/2013 and 09/2018, **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 low-income families can be reached.**

State Health Objective Status

In Progress

State Health Objective Outcome

The Office of Oral Health and Dentistry released a Request for Applications for the Oral Health Access for Young Children program during FY2014.

Reasons for Success or Barriers/Challenges to Success

Successes:

1. The Dental Health Coordinator worked with senior NDHHS staff and the legal department to design and release a request for application.
2. NDHHS hired a new Dental Health Coordinator and a new Dental Health Director during FY2014.

Barriers/Challenges:

Loss of Office of Oral Health and Dentistry staff and previous funding in the prior two and one-half years inhibited the activities of the OOHD.

Strategies to Achieve Success or Overcome Barriers/Challenges

The OOHD will identify, determine, and follow the appropriate NDHHS procedures to implement the Oral Health Access for Young Children program in FY2015.

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 Dental Health Coordinator position. Those resources will be braided with the PHHSBG funds to have the longest reach and most effect possible. In addition, Oral Health Advisory Panel Members and the Together for Kids and Families Dental/Medical Workgroup provide in-kind donations. During FY2015 the OOHD will explore additional funding sources leveraging PHHSBG funds.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Oral Health Access to Young Children

Between 10/2014 and 09/2015, 4-5 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:

1. A Request for Applications was released to the fifteen previously funded local agencies for the Oral Health Access for Young Children program.
2. After a peer review process, four community programs have been identified to move on to the subgrant process.

Barriers/Challenges to success:

1. The OOHD was not able to fund all of the applicants who responded to the Request for Application.

Strategies to Achieve Success or Overcome Barriers/Challenges

In FY2015 at least four communities will implement the Oral Health Access for Young Children program in WIC, Head Start, Early Head Start and Childcare Centers.

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 which are non-traditional for dental care. The primary focus locations are: 1) WIC and related programs which provide services to new mothers, their children and families, 2) Early Health Start and Pre-School classes for ages 2-3 years, and Head Start classes for ages 4-5. These services will be taken to the patients and will be provided by Registered Dental Hygienists with a Public Health Authorization.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

Successes:

1. Dental Health Coordinator wrote and released a Request for Application (RFA) for the fifteen previously

- funded Oral Health Access for Young Children programs.
2. Eight community agencies submitted applications for the RFA.
 3. The applications were reviewed and scored by peer reviewers who work at NDHHS.

Barriers/Challenges to success:

1. Subgrants are still being processed through the State system to send to awarded community agencies.
2. The OOHD was not able to fund all of the applicants.

Strategies to Achieve Success or Overcome Barriers/Challenges

1. In FY2015, awarded community agencies will implement the Oral Health Access for Young Children programs.
2. The Dental Health Director and Dental Health Coordinator will work the communities to address any questions or concerns the local agencies may have.

Activity 2:

Monitoring and Evaluation

Between 10/2014 and 09/2015, the Dental Health Coordinator will monitor and evaluate the progress of the 4-5 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, Jeff Armitage, and others identified within the NDHHS 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

Subgrants to at least four community agencies will be awarded in FY2015.

Strategies to Achieve Success or Overcome Barriers/Challenges

1. The OOHD staff will work with the local agencies to address any questions or concerns they may have implementing the Oral Health Access for Young Children program.
2. The Dental Health Coordinator will monitor and evaluate each local community agency through quarterly reports, site visits, and conference calls.
3. The Dental Health Coordinator and Dental Health Director will make at least two site visits 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 09/2015, OOHD will work with the 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. The two offices are working together to supervise the Dental Intern in the compilation and analysis of the data. The Intern and the State Dental Health Director

are working on the development of a State Dental Health Plan which will establish the need for an oral health surveillance system for Nebraska.

Reasons for Success or Barriers/Challenges to Success

Successes:

1. 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 June 2015. The intern is to assist in conducting data quality assessment in dental disease treatment and prevention care and to help prepare reports that will be used in the State Dental Plan. The intern will work with the State's Epidemiology Unit in the creation of a dental surveillance system.
2. State Dental Health Director and the Dental Intern have started drafting a State Dental Health Plan.

Barriers/Challenges:

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

Strategies to Achieve Success or Overcome Barriers/Challenges

1. A State Dental Health Plan will be written and approved in FY2015.
2. An Open Mouth Survey of 3rd Graders will be completed in the fall of 2015. The new data will be compared to the Open Mouth Survey of 3rd Graders conducted in 2005.
3. The OOHD will continue to look for additional funding sources to support an ongoing oral health surveillance system.
4. The OOHD will work with the Epidemiology and Informatics Unit to create and maintain an oral health surveillance system in Nebraska.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

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

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Establish an Oral Health Surveillance System for Nebraska

Between 10/2014 and 09/2015, OOHD and the Epidemiology & Informatics Unit will develop **1** surveillance system for the Oral Health program which will enable NDHHS to establish and track oral health status and service need among various populations in Nebraska.

Impact/Process Objective Status

Not Started

Impact/Process Objective Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

Successes:

1. A Dental Intern was hired via a contract with the University Of Nebraska – Lincoln, Department of Educational Psychology. The intern is looking at the current data related to oral health in Nebraska.
2. State Dental Health Director and the Dental Intern have started drafting a State Dental Health Plan.

Barriers/Challenges to success:

1. Nebraska does not have a State Dental Health Plan.
2. There have been difficulties in gathering the oral health data that does exist.
3. Lack of funding to support an oral health surveillance system in the state.

Strategies to Achieve Success or Overcome Barriers/Challenges

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

Activity 1:

Development of an Oral Health Surveillance System

Between 10/2014 and 09/2015,

- Identify who will be assigned from the Epidemiology & Informatics Unit to work on the development of the Oral Health Surveillance System.
- OOHD and the assigned Epidemiology & Informatics Unit staff person will look at the current data situation related to oral health in Nebraska.
- OOHD and the assigned Epidemiology & Informatics Unit staff person will look at other states surveillance systems as models for designing a system for Nebraska.
- Development of a functional surveillance system that can be used by the OOHD without the addition of staff members.

Activity Status

Not Completed

Activity Outcome

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

Reasons for Success or Barriers/Challenges to Success

Successes:

1. A Dental Intern was hired via a contract with the University Of Nebraska – Lincoln, Department of Educational Psychology. The intern is looking at the current data related to oral health in Nebraska.
2. State Dental Health Director and the Dental Intern have looked at other states' dental health plans and surveillance systems in preparation for writing the Nebraska State Dental Health Plan.
3. State Dental Health Director and the Dental Intern have started drafting a State Dental Health Plan.
4. Plans are underway to conduct an Open Mouth Survey of 3rd Graders in Nebraska in the fall of 2015. This survey has not been conducted in Nebraska since 2005.

Barriers/Challenges to success:

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

Strategies to Achieve Success or Overcome Barriers/Challenges

1. The OOHD is creating a State Dental Health Plan, which will be essential when applying for future funding.

2. The OOHD will research and apply for additional funding to support an Oral Health Surveillance System in Nebraska.
3. The OOHD will conduct an Open Mouth Survey of 3rd Graders in Nebraska and compare the data to the 2005 survey.

Activity 2:

Testing the Oral Health Surveillance System

Between 10/2014 and 09/2015, the assigned Epidemiology & Informatics Unit staff person and the OOHD will test the surveillance system to make sure it provides the information need by the OOHD, and to make sure it is a user friendly system.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

There is not an existing Oral Health Surveillance System in Nebraska. Steps are being taken to develop one at this time.

Strategies to Achieve Success or Overcome Barriers/Challenges

The OOHD will work to identify and apply for additional funding to support the establishment and ongoing support of State Oral Health Surveillance System.

Activity 3:

Monitoring of the Oral Health Surveillance System

Between 10/2014 and 09/2015, OOHD and the assigned Epidemiology & Informatics Unit staff person will work together to monitor the functionality of the surveillance system, and the use of the data being collected.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

The Office of Oral Health and Dentistry (OOHD) is developing a State Dental Health Plan, which will show the need for an ongoing State Surveillance System. The OOHD will work with the assigned Epidemiology & Informatics Unit staff person to test the surveillance system to make sure it provides the information need by the OOHD and to make sure it is a user friendly system once it is established.

Strategies to Achieve Success or Overcome Barriers/Challenges

Once the State Dental Health Plan is written and approved, the OOHD and the Epidemiology & Informatics Unit staff will work together to establish a state oral health surveillance system.

State Program Title: PUBLIC HEALTH INFRASTRUCTURE PROGRAM

State Program Strategy:

Program Goal: The PHHS 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: NDHHS selected as priority activities:

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

Primary Strategic Partnerships:

- Health Data: External – Local health departments, university researchers, university educators of health professionals, community-based organizations. Internal – NDHHS Offices and Units within the Division of Public Health.
- Epidemiology and informatics capacity: 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.

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.
- PHHS Block Grant Coordinator: Review of twice-yearly written reports from all subaward projects, site visit reports, personal and telephone contact.

National Health Objective: CKD-14 End-Stage Renal Disease Deaths

State Health Objective(s):

Between 10/2013 and 09/2018, **the NDHHS will select a contractor to develop 1 (one) automated/computerized record keeping and payment management system for the Nebraska Chronic Renal Disease Program. The system will be capable of efficiently tracking relevant data,**

processing payment of state funds to health providers (renal dialysis centers and pharmacies) and compiling status reports on services and expenditures.

State Health Objective Status

In Progress

State Health Objective Outcome

Late in FY2014, the NDHHS decided to invest PHHS Block Grant funds in developing an automated case management and payment process for the Nebraska Chronic Renal Disease Program. This will be a one-time expense, after which other funds will be used to operate the system. The Administrator of the Health Promotion Unit identified at least two potential contractors.

The Nebraska Chronic Renal Disease Program is a long-standing, state-funded program that provides partial payment for renal dialysis services and medications. The Renal Program serves only people with end-stage renal disease who require dialysis and who cannot afford the care and medications they need to address their disease. Payments are made to licensed dialysis centers and to pharmacies, not directly to patients.

The current Renal Program case management and payment process is extremely labor-intensive because the application, eligibility approval, tracking and payment system is entirely manual (paper-based). Neither state funds nor other federal funds are currently available to design an automated case management and payment process.

During FY2015, NDHHS will identify and contract with a vendor to design, test, and operate an automated case management and payment system.

Reasons for Success or Barriers/Challenges to Success

Reasons to anticipate success include (a) Unit Administrator has experience with an established case management system (Medicaid), and (b) contractors already performing similar services have been identified as possible contractors.

Challenges: Transition from the long-standing Program Manager to a new Program Manager. When hired, the new Program Manager will oversee the contract for the case management and payment system, manage the contracts with medical providers (pharmacies and renal dialysis centers), develop materials to incorporate the rules and regulations that are currently being revised, and facilitate discussion with medical and program advisors.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies to achieve success:

Use existing NDHHS processes for selecting the best contractor, establishing an agreement and monitoring progress toward the desired deliverable (a functional and efficient Renal Disease Case Management and Payment System).

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

PHHS Block Grant dollars will support the one-time cost of the development of the case management and payment system, while state funds will continue to be used for payments on behalf of patients with end-stage renal disease. Those State funds amount to \$800,000 per state fiscal year.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Automated Data and Expenditure Tracking System

Between 10/2014 and 09/2015, NDHHS and a contractor will develop 1 system to track services rendered, claims processed after submission by providers (renal dialysis centers and pharmacies) and track program expenditures.

Impact/Process Objective Status

Not Started

Impact/Process Objective Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

Reasons for anticipated success: Preliminary communication with potential contractors was accomplished during late FY2014.

Challenge: Period of time before hiring of new Program Manager during which existing staff members were assigned to carry out the functions in the Chronic Renal Disease Program.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies to achieve success:

Reliance on established NDHHS recruitment and hiring processes.

Activity 1:

Identify Contractor and Issue RFA

Between 10/2014 and 09/2015, Specifications will be established, RFA developed, technical assistance provided, applications processed and reviewed, contract negotiated and signed.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

Reasons for success on progress to date: Knowledge and experience of existing staff.

Reasons for anticipated success during FY2015: Supervision of new Program Manager by experienced Unit Administrator.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies: Careful oversight of recruitment process, selection of best qualified candidate, followed by establishment of goals and objectives for the new Program Manager using the existing Performance Management System.

Activity 2:

Monitor and evaluate program services

Between 10/2014 and 09/2015, Oversee the operation of the automated data and claims processing system and monitor performance of contractor.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

Reasons for Anticipated Success: During FY2015, regularly scheduled contract monitoring will be carried out by the Health Program Manager I, under the supervision of the Health Promotion Unit Administrator.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategy One: Use of enhanced contract monitoring process, using standardized forms.

Strategy Two: Reliance on well-established Employee Performance Evaluation process, carried out by Health Promotion Unit Administrator.

National Health Objective: ECBP-10 Community-Based Primary Prevention Services**State Health Objective(s):**

Between 10/2013 and 09/2018, **implement at least 10 Community-based Prevention Projects aimed at reducing specific chronic disease and injury risk factors; and implement "Snack & Go" in at least 4 additional retail establishments in underserved communities.**

State Health Objective Status

Not Met

State Health Objective Outcome

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

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 or Barriers/Challenges to Success

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

Barriers/challenges include limited familiarity about S&G among customers and the community.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies to overcome the barriers/challenges: developing secondary messages and tools to reach customers and the community.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

Snack and Go:

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.

1305 CDC Grant funds were used from 3/1/14 – 10/31/14 to implement the project in two communities (\$10,000 Teach a Kid to Fish and \$10,000 for Douglas County).

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Community Based Prevention Projects

Between 10/2014 and 09/2015, the Health Promotion Unit staff and subgrantees will implement 10 Community-based Prevention Projects focusing on selected chronic disease and injury prevention interventions.

Impact/Process Objective Status

Not Started

Impact/Process Objective Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

Reasons for success

Preliminary strategic planning and initial work was carried out during FY2014.

In consultation with the Nebraska Preventive Health Advisory Committee a decision was made to: (1) earmark a portion of the increase in PHHSBG funds to support of local projects, (2) issue a competitive RFA to solicit applications from local health departments, tribal health departments and other community-based local health organizations, (3) focus on prevention of chronic disease and injury, (4) select topics where funding for such projects is inadequate or non-existent.

Barriers and Challenges - encountered and anticipated

NDHHS has been granted Federal funds from both the 1305 Grant and the 1422 Grant, so many of the traditional chronic disease topics and risk factors are adequately funded, and staff capacity to oversee additional PHHSBG-funded projects on those topics and risk factors is quite limited.

Strategies to Achieve Success or Overcome Barriers/Challenges

During late FY2014 and early FY2015, Program Managers and Administrators at the Unit and Section levels met frequently to strategize about how to most effectively to utilize and coordinate all funding available for the affected programs, including Heart Disease and Stroke, Diabetes and Nutrition and Activity.

During that time, the PHHSBG Coordinator, in collaboration with the Unit Administrator, developed an RFA which will fund about 10 prevention and capacity-building projects to be completed by Sept 30, 2015. The RFA will be shared with the Nebraska Preventive Health Advisory Committee members and issued to all known potential applicants.

The FY2015 Annual Report will summarize the accomplishments achieved by the agencies/organizations

selected for funding.

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 specified projects

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

Experience of PHHSBG Coordinator in preparing RFAs.

Extended time needed to complete and issue the Competitive RFA because of needing to align the RFA with existing program plans (1305 Grant and 1422 Grant), and Nebraska Public Health Improvement Plan and Nebraska Strategic Plan.

Strategies to Achieve Success or Overcome Barriers/Challenges

Consulted with program managers and staff, reviewed existing program plans and developed high-level plans to complete Nebraska's accreditation application.

Activity 2:

Select Subgrantees

Between 10/2014 and 09/2015, review and score applications

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

Success:

- The process by which the RFA will be issued and posted for easy access by all known potential applicants is well-established within the NDHHS.
- The process by which all applications will be screened, reviewed, scored and selected is well-established within the NDHHS.
- The process by which applicants may submit questions during the writing period is previously established within the NDHHS.

Challenge

It is not possible to know in advance how many agencies will respond to the RFA, how many applications will be acceptable and whether the applications reviewed will meet the established review criteria.

Strategies to Achieve Success or Overcome Barriers/Challenges

- Allow time for review of the RFA by Unit and Section Administrators before issuing/posting.
- Allow as much time as possible for applicants to write well-considered and clear applications.
- Identify NDHHS staff to provide technical assistance to selected projects.

Activity 3:

Monitor progress of subgrantees

Between 10/2014 and 09/2015, appoint staff to provide technical assistance, conduct site visits, review reports and report back to oversight group

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

NDHHS staff have been identified who have expertise in topics/risk factors selected as priorities for funding.

Potential issue: Busy schedules of NDHHS staff members may strain their capacity to carry out the work of monitoring, site visiting and report review.

Strategies to Achieve Success or Overcome Barriers/Challenges

Select NDHHS staff member with experience in subgrant monitoring and technical assistance.

Impact/Process Objective 2:

Increase access to healthy foods and beverages

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

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2014 and 09/2015, NDHHS 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.

Reasons for Success or Barriers/Challenges to Success

NDHHS established the Snack & Go (S&G) retail intervention in collaboration with Douglas County Health Department (DCHD), Teach a Kid to Fish (TAK2F - non-profit in Lincoln, NE), 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.

Strategies to Achieve Success or Overcome Barriers/Challenges

Use of long-standing processes for contractor recruitment. Use of evidence-based intervention, recommended by CDC.

Strategies to overcome the barriers/challenges are to develop secondary messages and tools to reach customers and the community.

Activity 1:

Expansion of Snack and Go Healthy Food Retail Project

Between 10/2014 and 09/2015, make the necessary contacts to expand the "Snack & Go" project.

- 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 2 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 6 months to determine if the products continue to meet the nutrition brand guidelines and to capture intervention outcomes.
- Snack & Go nutrition brand guidelines align with the United States Department of Agriculture's Smarter Snack Guidelines, which will be implemented in schools during the 2013-2014 school year.
- Counties targeted for the expansion are: Cass, Douglas, Lancaster and Sarpy.

Activity Status

Not 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.

Evaluation of these pilot stores from 11/14 report: Storeowner interviews (n=8) revealed that the Snack&GO program was well received in each store, and contributed to an overall goal to provide healthier options in convenience stores settings. In each store, healthy products were displayed in a highly visible, designated area, as well as throughout the store. Some stores chose to accept displays and coolers from the program, and in all stores, signs and stickers were used to promote the products. It was found that all stores currently carried items that fit the [Snack&GO criteria](#), however, each store also ordered new healthy items to add to this inventory (e.g., fruit, granola bars, low-fat milk, etc.). Through observations in customer purchases and the increased demand to restock these healthier snack items, storeowners responded that the Snack&GO items have been consistent sellers. However, 82% (n=33) of customers interviewed, stated they had not noticed the Snack&GO signs. This was further supported by storeowners when asked about customer feedback, in which they stated that many customers did not comment on the program, and additional efforts to increase awareness would be welcomed.

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

Reasons for Success or Barriers/Challenges to Success

Reasons for Prior Success: Used standard NDHHS contract template and process.

Reasons for Anticipated Success during FY2015: Consultation with state-level workgroup to review modified S&G tools. Work with school and community leaders to pilot test materials in school venues. Intensive technical assistance.

Strategies to Achieve Success or Overcome Barriers/Challenges

NDHHS will employ intensive communication with contractors in order to successfully negotiate terms of contract. The contract will be closely monitored for progress and compliance with terms.

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

State Health Objective(s):

Between 10/2013 and 09/2018, **maintain at least one comprehensive state-level health data surveillance system and sustain 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 FY2014 critical data sets were maintained to provide essential information to justify programs and to show progress. In addition, work was done to analyze progress on Nebraska 2010 and to develop Nebraska 2020.

The decision was made that the block grant be used to support a position that helped provide required information for the accreditation process.

NDHHS 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 Division Director levels for maintaining the role of the Department as a trusted source of data.

One challenge is that the seasoned Lead Program Analyst retired during the year. Another 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: redefining the role of the Lead Program Analysts and hiring from within; 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

The majority of the personnel cost of the Statistical Analyst III was supported by state general funds. NDHHS has invested PHHSBG funds in this position because of the importance to NDHHS Program Managers and staff of data availability for use in planning and evaluating programs carried out across the agency.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Data and Surveillance

Between 10/2013 and 09/2014, NDHHS staff will provide health data to 5,000 users of data.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2013 and 09/2014, NDHHS staff provided health data to 5764 users of data.

Reasons for Success or Barriers/Challenges to Success

The Statistical Analyst III fielded requests for data from a wide variety of users, including local health departments (10), Nebraska Department of Health and Human Services (NDHHS) staff (60 requests), University and Medical Center researchers (9 requests), other governmental agencies (9 requests), private contractors (6 requests), and health-related coalitions (7 requests). In addition, occasional requests came from outside of Nebraska, including other state health departments who want comparative data on topics such as birth defect rates and federal agencies that want data for nationwide comparison and monitoring of data at the state level.

Examples of requestors and topics:

Local Health Departments

- Panhandle Health Department wanted mortality and demographic information for a PowerPoint Presentation.
- Lincoln Lancaster County Health Department needed birth summaries for their website.

NDHHS -

- Community and Rural Health Planning requested data to be used in Community Health Assessment (CHA), which is part of the State Accreditation process.
- Colorectal Cancer Program requested data on fecal occult blood test (FOBT), sigmoidoscopy and colonoscopy frequency combined to form an 'up-to-date' measure of colorectal screening.
- Vital Statistics Unit requested data for maps and graphs for the annual Vital Statistics Report.

Universities and Medical Centers

- UNMC needed life tables for three diverse zip codes.
- UNO needed birth and death summaries to determine in and out-migration of Nebraska's population.

Other Nebraska Governmental Agencies

- The Nebraska Hospital Association needed a table of hospital name by county of residence of patient for a patient flow analysis.

Private Contractors

- Quality Resources Systems requested fetal death and STD summaries for a women's health website.

- AVERA hospital group wanted an inpatient hospital discharge patient flow cross tab.

Health-Related Coalitions

- Voices for Children needed birth, death, divorce and STD summaries for ages 1-19.
- Planned Parenthood of Lincoln wanted fertility and STD rates for ages < 20 by race/ethnicity.

Outside of Nebraska

- The University of Tennessee needed 95-2013 birth records to assess birth defect rates for certain sub-populations in the US. (There are elevated Down Syndrome rates for the Hispanic population, for example.)

Federal Agencies

- EPA needed 95-2013 birth records to study lead exposure at an Omaha site.

Note: The "Actual Result" number given for this Impact Objective reflects both

>> a manual count of the 101 specific data requests received and filled by the Statistical Analyst III, documented in his work summaries, and

>> an automated count of the page views from "unique visitors" to specific NDHHS data website pages: Child Welfare, Juvenile & Adult Protective Services Data & Reports, Nebraska Behavioral Risk Factor Surveillance (BRFSS), Sexually Transmitted Diseases Program and Vital Statistics. The work done under this Impact Objective helps maintain the datasets just listed, made available by the most efficient means possible.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies:

- Employ experienced NDHHS staff to collect, manipulate and report health data.
- Continue collaboration with other NDHHS staff including epidemiologists assigned to specific NDHHS programs, program managers and state census consultant.
- Maintain records of requests made and filled.

Challenges:

Retirement and reassignment of NDHHS staff during the year.

Activity 1:

Data Collection and Analysis

Between 10/2013 and 09/2014, 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 that local health departments rely upon; (2) moving the Department toward the goal of being the trusted source of health data; (3) support applications for public health accreditation at the state and local levels.

Activity Status

Completed

Activity Outcome

NDHHS staff worked with a committee that included local health department staff to identify relevant health indicators. Staff then worked to populate and distribute a spreadsheet of updated data for local health departments.

Reasons for Success or Barriers/Challenges to Success

Working together with local health departments helped make this successful. Dedicated staff time and funding also helped.

Strategies to Achieve Success or Overcome Barriers/Challenges

NDHHS staff met regularly as part of a committee to discuss the indicators and roles and responsibilities related to populating the spreadsheet. This helped ensure the work was completed accurately and in a timely fashion.

Activity 2:**Nebraska HP2020 Basic Report**

Between 10/2013 and 09/2014, Review US HP2020 objectives and latest trends. Analyze Nebraska data for selected HP2020 objectives and prepare report of objectives and current rates and trends.

Activity Status

Not Completed

Activity Outcome

The report of HP2020 objectives was started and is close to completion.

Reasons for Success or Barriers/Challenges to Success

Because of a staff retirement, the report was not completed.

Strategies to Achieve Success or Overcome Barriers/Challenges

Staff are working to finish the HP2020 report. NDHHS has enlisted the assistance of a contractor to complete some of the formatting and editing to complete the report.

National Health Objective: PHI-13 Epidemiology Services**State Health Objective(s):**

Between 10/2013 and 09/2018, **enhance the epidemiology and health informatics capacity of the NDHHS by: (1) maintaining the functions of the one existing the Nebraska Joint Public Health Data Center, and (2) acquiring a specifically-qualified Public Health Informatician on staff.**

State Health Objective Status

In Progress

State Health Objective Outcome

During FY2014, the Administrator of the Epidemiology and Informatics Unit, along with the Deputy Director of the Division of Public Health and Nebraska's State Epidemiologist identified Nebraska's existing public health surveillance needs. NDHHS decided to invest PHHS Block Grant funds in the following ways:

\$157,200 to sustain the existence of the Nebraska Joint Data Center, a centralized and integrated public health data warehouse, designed maximize the utilization of the existing data sources. The funds will support one staff position, employed by the University of Nebraska Medical Center.

\$120,000 to acquire an NDHHS staff person to fill the role of Public Health Informatician. The addition will greatly enhance the completeness, accuracy and timeliness of available health data and increase the effectiveness the Nebraska Public Health Data Surveillance System. PHHS Block Grant funds will increase staff capacity in the rapidly developing field that encompasses information processing, computer science and public health data.

Reasons for Success or Barriers/Challenges to Success

Reasons for Success to Date: Upper level management recognized the importance of public health surveillance and informatics.

Challenges faced during FY2014: Loss of other funds for Joint Data Center

Challenges anticipated during FY2015: Election of a new Governor may result in change of top administrator for NDHHS, which may impact support for the project.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies for Success: NDHHS will continue to utilize existing advisory body, contracts, and protocols to maintain functions of the Joint Data Center. NDHHS will also use increased resources to enhance the current development of public health informatics

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

PHHS Block Grant funds are being leveraged with funds from various other funding including state and federal grants.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Enhance public health informatics capacity

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

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

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

Reasons for Success or Barriers/Challenges to Success

The DHHS has been able to reclassify an existing position to become the Informatician position. The recruitment and hiring process is established and utilized in by NDHHS.

Challenge: There is a limited number of qualified candidates from which to select. NDHHS does not have existing public health informatician classification in place, and the classification process takes time. The election of a new Governor in November 2014 may impact the structure and staffing within NDHHS.

Strategies to Achieve Success or Overcome Barriers/Challenges

NDHHS is partnering with the Human Resources Department to work with State Personnel to develop the job description and classification. The process is expected take at least six months.

Activity 1:

Recruit and train the informatician

Between 10/2014 and 09/2015, Working with NDHHS Human Resources, the Epidemiology and Informatics Unit lead staff will recruit and train the new hire.

Activity Status

Not Completed

Activity Outcome

During late FY2014, NDHHS began the lengthy internal process of establishing a staff position for an informatician. During FY2015 NDHHS will complete that process and begin the recruitment, hiring and training of this new hire.

Reasons for Success or Barriers/Challenges to Success

Reasons for Success in early steps of process include utilization of internal and well-established personnel processes and procedures, partnering with appropriate Divisions to accomplish the work and continuing education about the need for and importance of adding an informatician to the state's resources.

Strategies to Achieve Success or Overcome Barriers/Challenges

NDHHS has a well-established process for identifying vacant positions that can be modified to meet current needs.

Activity 2:

Develop Nebraska Public Health Informatics Strategic Plan

Between 10/2014 and 09/2015, the informatician is responsible for developing the Nebraska Public Health informatics strategic plan, in cooperation with related staff.

Activity Status

Not Completed

Activity Outcome

NDHHS staff members have developed a draft plan in Mid-Oct, 2014. The plan has been revised on an ongoing basis.

Reasons for Success or Barriers/Challenges to Success

Reasons for Anticipated Success during FY2015: the process of developing this plan engaged various stakeholders including epidemiologists, statisticians, persons who will serve as informaticians, and IT specialists. NDHHS has consulted with national and other state experts to develop the best plan possible for Nebraska.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies for Success: Continue working with the planning group to discuss and revise the strategic plan.

Activity 3:

Coordinate public health informatics activities

Between 10/2014 and 09/2015, the informatician is responsible for coordinating all activities of public health informatics programs at NDHHS Division of Public Health

Activity Status

Not Completed

Activity Outcome

NDHHS has studied a number of job descriptions from other states and the Public Health Informatics Institute. Utilizing that information, NDHHS will create the Nebraska Public Health Informatics job description. After internal review, the document will be submitted to the State's Human Resources and Personnel departments.

Reasons for Success or Barriers/Challenges to Success

Reasons for Success: There are public health informatics infrastructure and guidelines available that NDHHS is utilizing to develop the best possible outcome for Nebraska.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies used include: Continuing consultation with national experts to finalize the Nebraska Public Health Informatician job description.

Impact/Process Objective 2:**Maintain the Nebraska Joint Public Health Data Center**

Between 10/2014 and 09/2015, staff of UNMC College of Public Health in collaboration with the staff of NDHHS Surveillance and Informatics Unit will maintain 1 Joint Public Health Data Center.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2014 and 09/2015, staff of UNMC College of Public Health in collaboration with the staff of NDHHS Surveillance and Informatics Unit maintained 1 Joint Public Health Data Center.

Reasons for Success or Barriers/Challenges to Success

Reasons for Success: Over the past four years, Nebraska's Joint Data Center has gained a reputation as a reliable source of health data. It is a centralized data warehouse available to a variety of data users including internal (NDHHS) epidemiologist and program managers and external researchers at higher education institutions statewide.

Challenge: Funding to support the Joint Data Center was lost because the CDC Public Health Infrastructure Grant ended one year earlier than anticipated. The discontinuation resulted in the loss of funding to support the key staff member in charge of Joint Data Center operations.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies employed during late FY2014 and early FY2015: Utilized existing NDHHS resources and staff expertise to create a job description that will be utilized in hiring.

NDHHS will continue to follow official procedures to post the job. The recruitment and hiring process is expected to take at least six months.

Activity 1:**Refill vacant position and train the data analyst**

Between 10/2014 and 09/2015, utilize UNMC Human Resources System to recruit and hire qualified candidate

Data Center directors will provide trainings to the new hire.

Activity Status

Not Completed

Activity Outcome

During FY2014, NDHHS was notified of the loss of funding from the CDC. The Data Analyst was informed, leaving a vacancy in that position.

During FY2015 NDHHS will post the position and move through the process of hiring and training the new hire.

Reasons for Success or Barriers/Challenges to Success

Reasons for early success include utilization of the well-established process for posting, recruiting and hiring for positions within the State.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies that will be employed include working closely with the University of Nebraska Medical Center to provide excellent training for the new Data Analyst.

Activity 2:

Update Data Inventory

Between 10/2014 and 09/2015, data analyst will update the existing data inventory with assistance of staff related to the Nebraska Joint Public Health Data Center.

Activity Status

Not Completed

Activity Outcome

This activity is scheduled for FY2015.

Reasons for Success or Barriers/Challenges to Success

Reasons for anticipated success: NDHHS has a good background in data analysis. The Data Analyst hired to perform this function will be supported by both NDHHS foundational work and collaboration with the Joint Public Health Data Center.

Strategies to Achieve Success or Overcome Barriers/Challenges

NDHHS recognizes the importance of data collection and analysis. Support for this function will lend to the success of updating the data inventory.

Activity 3:

Perform data linkages

Between 10/2014 and 09/2015, continue to conduct routine data linkages, such as Cancer Registry to Death Certificate and Hospital Discharge Data.

Activity Status

Not Completed

Activity Outcome

NDHHS began the process of identifying data linkages before being informed of the loss of CDC funding that resulted in the loss of a key staff member. The process has begun to recruit, hire and train a new Data Analyst.

Reasons for Success or Barriers/Challenges to Success

The Joint Data Center has an excellent track record for its data and analysis. The new Data Analyst will be able to draw upon and build upon that work and reputation to discern and develop data linkages.

Strategies to Achieve Success or Overcome Barriers/Challenges

NDHHS will utilize the established hiring process, ensuring a good match for the Data Analyst position. NDHHS will also continue to partner with the University of Nebraska Medical Center for training and sharing of information and expertise.

Activity 4:**Develop Master Person Index**

Between 10/2014 and 09/2015, continue to develop "Public Health Master Person Index" based on routine collected individual data sets.

Activity Status

Not Completed

Activity Outcome

Planning for the Public Health Master Person Index had just begun when NDHHS was informed of a loss of CDC funding that supported the key staff person working on the project.

Reasons for Success or Barriers/Challenges to Success

NDHHS has begun the established process for hiring a replacement Data Analyst. The process ensures that a good match exists between the skills of the person employed and the job requirements.

Strategies to Achieve Success or Overcome Barriers/Challenges

The recruiting and hiring process utilized by NDHHS works well. Training of the new Data Analyst will be greatly aided by the involvement of the University of Nebraska Medical Center.

Activity 5:**Conduct selected studies**

Between 10/2014 and 09/2015, conduct selected studies based on integrated data per request from NDHHS programs .

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

Project was postponed due to staff turnover.

Strategies to Achieve Success or Overcome Barriers/Challenges

Staff will work with the University of Nebraska Medical Center (UNMC) closely to develop a plan for completing the project to fully utilize the resources of UNMC. The next step is to execute a contract with UNMC's College of Public Health.

National Health Objective: PHI-15 Health Improvement Plans

State Health Objective(s):

Between 10/2013 and 09/2018,
the Nebraska DHHS and all 18 local health departments* will have developed health improvement plans and will have implemented at least three priority strategies in their health improvement plans.

*Nebraska has 18 LB692 Local/District Public Health Departments.

State Health Objective Status

In Progress

State Health Objective Outcome

NDHHS and 18 local health departments have developed or are developing health improvement plans to address needs in their communities. NDHHS has implemented seven priority strategies so far from the State Health Improvement Plan. Fourteen of the local health departments have implemented at least one strategy from their health improvement plans.

Reasons for Success or Barriers/Challenges to Success

- The determination of NDHHS staff of the Community and Rural Health Planning Section, Community Health and Performance Measurement Unit as well as of local health department staff.
- The strategic involvement of staff at each respective agency.
- The intentional and active involvement of public health partners from across the state.
- The support of NDHHS Administrators at the Section and Division level, as well as of local health department Directors and Boards of Health.
- Coordination with SHIP, Strategic Plan, 1305 goals, Integrated and Collaborative, Chronic Disease and Injury, Primary Prevention and Condition Management.
- Collaboration with local health departments, Tribal Health departments, and community partners.

Strategies to Achieve Success or Overcome Barriers/Challenges

This project capitalizes on thorough and detailed communication among leadership and staff.

Leveraged Block Grant Dollars

No

Description of How Block Grant Dollars Were Leveraged

PHHS Block Grant funds partially supported this project.

For FY2015, The NDHHS has allocated \$25,000 from the PHHSBG to support the implementation of Nebraska's State Health Improvement Plan, a required component of the Accreditation process.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Implementation of State Health Improvement Plan Activities

Between 10/2014 and 09/2015, State health improvement plan 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, State health improvement plan coalition members and partners implemented 7 key strategies from the State Health Improvement Plan.

Reasons for Success or Barriers/Challenges to Success

- Strong collaborative partnerships.
- Funding available to support initial work of coalition members and partners.
- Coordination from the backbone agency, Nebraska Department of Health and Human Services.

Strategies to Achieve Success or Overcome Barriers/Challenges

NDHHS took a strong approach to coordinating the implementation of the State Health Improvement Plan by bringing together stakeholders and work groups. NDHHS hosted a "collective impact" training to kick off implementation activities.

Activity 1:

Provide support to coalition members and partners

Between 10/2014 and 09/2015, NDHHS staff will provide funding and support to coalition members and partners to implement key strategies from the State health improvement plan (e.g., initial assessments and data analysis).

Activity Status

Completed

Activity Outcome

NDHHS staff provided funding and support to coalition members and partners to implement several key strategies from the State Health Improvement Plan: 1) assess the number and reach of International Board Certified Lactation Consultants in Nebraska; 2) evaluate the Community Health Hub pilot project; 3) complete the worksite wellness toolkit and complementary website; 4) promote participation statewide in the Governor's wellness award; 5) partner local health departments with hospitals to complete the community health needs assessment; 6) form a coalition to prepare a report on core competencies and roles and responsibilities of community health workers; and 7) establish a list of core public health data sets in Nebraska available.

Reasons for Success or Barriers/Challenges to Success

Coordination from NDHHS for the work groups implementing the state health improvement plan and dedicated stakeholders helped achieve the successful implementation of these strategies.

Strategies to Achieve Success or Overcome Barriers/Challenges

NDHHS held regular meetings for the work groups implementing strategies which helped them make progress. During these meetings, work groups were asked to report their progress to the whole coalition.

Impact/Process Objective 2:

State Level Oversight

Between 10/2013 and 09/2014, PHHS Block Grant Coordinator will evaluate 13 projects or programs funded with PHHS Block Grant dollars, monitoring progress in achieving State Health Objectives, Impact Objectives and Activities as described in Nebraska's application to CDC.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2013 and 09/2014, PHHS Block Grant Coordinator evaluated **15** projects or programs funded with PHHS Block Grant dollars, monitoring progress in achieving State Health Objectives, Impact Objectives and Activities as described in Nebraska's application to CDC.

Reasons for Success or Barriers/Challenges to Success

- A successful structure for providing grant funds to programs/projects and monitoring progress.
- Programs that use evidence-based strategies with fidelity.

Strategies to Achieve Success or Overcome Barriers/Challenges

The PHHS Block Grant Coordinator communicates regularly with program staff to monitor progress. The Coordinator attends meetings and checks in with staff who are using PHHS Block Grant dollars.

Activity 1:**Monitor and Support**

Between 10/2013 and 09/2014, the PHHS Block Grant Coordinator will monitor subaward performance, review written reports, hold one-on-one meetings and telephone contacts, participate in group telephone consultation, meet with program staff members on location, conduct technical assistance and training, and attend funded activities to observe progress.

Activity Status

Completed

Activity Outcome

The PHHS Block Grant Coordinator monitored subaward performance, reviewed reports, and provided technical assistance with sub-recipients throughout the objective period.

Reasons for Success or Barriers/Challenges to Success

The Coordinator worked with program staff to participate in monitoring and technical assistance opportunities. The Coordinator also clearly communicated expectations related to subaward performance.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Coordinator reviewed subaward reports and attended site visits as necessary. Many programs utilize regular technical assistance conference calls to monitor progress in which the Coordinator participates.

Impact/Process Objective 3:**Support for Local Health Departments**

Between 10/2014 and 09/2015, NDHHS staff, contractors, and local health department staff members will provide technical assistance, funding, and training opportunities related to health improvement plan implementation and accreditation preparation to **18** local health departments and their key partners.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2014 and 09/2015, NDHHS staff, contractors, and local health department staff members provided technical assistance, funding, and training opportunities related to health improvement plan implementation and accreditation preparation to **18** local health departments and their key partners.

Reasons for Success or Barriers/Challenges to Success

Reasons for Success: During FY2014, 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 that was provided include providing mini-grants 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, subgrants 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 and other grant reporting requirements sometimes limited the availability of NDHHS 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 NDHHS staff and programs helped to secure commitment and ongoing participation.

Activity 1:

Technical Assistance

Between 10/2014 and 09/2015, NDHHS staff will assess the technical assistance 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. NDHHS staff will also plan and arrange technical assistance and training opportunities. Technical assistance will be provided in the form of monitoring progress reports, one-on-one mentoring, conducting site visits, coordinating group update and sharing conference calls.

Activity Status

Completed

Activity Outcome

During FY2014 NDHHS staff provided technical assistance on the MAPP process, Healthy Communities grants, accreditation preparation, and quality improvement initiatives. Technical assistance for these activities was provided in the form of progress reports, scheduled information sharing conference calls and annual site visits with local health departments.

Reasons for Success or Barriers/Challenges to Success

Reasons for Success: The collaboration of NDHHS staff contributed to the success of the technical assistance to local health departments.

Barriers/Challenges to Success: Coordinating schedules of NDHHS staff to participate in technical assistance opportunities was sometimes challenging.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies to Achieve Success: Having one office coordinate the TA activities was beneficial and led to the success of this activity.

Strategies to Overcome Barriers/Challenges: Scheduling technical assistance opportunities months before they occurred helped to ensure NDHHS staff had them on their calendars.

Activity 2:

Financial Assistance

Between 10/2014 and 09/2015, NDHHS 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, pooled to provide financial assistance of this type to local health departments. Approximately up to eight awards will be made to local health departments.

Activity Status

Completed

Activity Outcome

Between October 1, 2013 and September 30, 2014 NDHHS has provided subgrant opportunities to five local health departments to implement evidence-based strategies outlined in state and local health improvement plans.

Reasons for Success or Barriers/Challenges to Success

Reasons for Success: Through these subgrant funding opportunities, local health departments were able to successfully implement evidence-based strategies focusing on worksite wellness programming, efforts involving integration of public health and primary care and chronic disease self-management initiatives.

A barrier/challenge to success was lack of funding available to target more of Nebraska's local health departments to implement evidence-based strategies.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies to Achieve Success: One of the key factors to achieve success was the scheduling of regular technical assistance calls with the funded local health departments. These calls, coordinated by NDHHS staff, were beneficial in sharing information among the health departments. The calls also enabled the departments to communicate successes and barriers they experienced. NDHHS staff provided technical assistance and advice regarding implementation efforts.

Strategies to Overcome Barriers/Challenges: NDHHS staff utilized an existing Collaborative Leadership Team of key NDHHS programs. A few of these programs was able to contribute additional funds so that more local health departments could be funded.

Impact/Process Objective 4:

Training and Educational Resources

Between 10/2014 and 09/2015, NDHHS staff and contractors will provide training on relevant topics related to core public health competencies, based on perceived need, to 19 state (1) and local health departments (18).

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2014 and 09/2015, NDHHS staff and contractors provided training on relevant topics related to core public health competencies, based on perceived need, to 20 state (1) and local health departments (18).

Reasons for Success or Barriers/Challenges to Success

Reasons for Success: Between October 1, 2013, and September 30, 2014, NDHHS staff members provided training to 20 state and local health departments. Topics covered through the trainings included performance management, accreditation preparation and quality improvement.

Barriers/Challenges to Success: NDHHS 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 NDHHS coordinated planning and training opportunities for the health departments. This office sought input from NDHHS staff as needed.

Activity 1:

Training Sessions

Between 10/2014 and 09/2015, NDHHS 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

NDHHS staff members coordinated training sessions for local health departments and their stakeholders. NDHHS provided opportunities to learn about public health department accreditation, performance management and quality improvement.

Reasons for Success or Barriers/Challenges to Success

Reasons for Success: The collaboration of NDHHS staff led to the success of this activity.

Barriers/Challenges to Success: Extra job duties and responsibilities of NDHHS staff led to limited time of NDHHS staff to dedicate to this effort.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies to Achieve Success: NDHHS staff members coordinated the sessions, arranged locations and presenters, marketed the sessions and evaluated the efficacy of the sessions.

Strategies to Overcome Barriers/Challenges: Having one office within NDHHS coordinate and plan the trainings helped to lighten the burden of other NDHHS staff.

Activity 2:

Mentoring

Between 10/2014 and 09/2015, NDHHS 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

NDHHS staff worked across many programs to provide one-on-one mentoring to local health department staff members. NDHHS worked closely with staff to:

- Prepare grants, helping them formulate ideas and complete the process accurately.
- Identify health promotion programs that are evidence-based.
- 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 NDHHS staff led to enhanced coordination on these efforts.

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

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies to Achieve Success: NDHHS staff utilized a Collaborative Leadership Team to provide technical assistance and guidance to local health departments. This team also assigned key program personnel to assist local health departments based on their technical assistance needs.

Strategies to Overcome Barriers/Challenges: Regular communication and planning efforts among NDHHS 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.

National Health Objective: PHI-17 Accredited Public Health Agencies

State Health Objective(s):

Between 10/2013 and 09/2018, **increase from 0 to 1 the number of Nebraska state-level public health agencies that are accredited.**

State Health Objective Status

In Progress

State Health Objective Outcome

The preparation for accreditation of the Nebraska Department of Health which began in 2009 primarily under the National Public Health Improvement Initiative (CDC).

The steps that have been completed include: completion and ongoing implementation of the prerequisites, collection of documentation, filling gaps such as development of a workforce development plan and submission of a statement of intent to the Public Health Accreditation Board.

The final application process is to be carried out under PHHS Block Grant funding during the period of Oct 1, 2014, through Sept 30, 2015.

Reasons for Success or Barriers/Challenges to Success

1. The determination of NDHHS staff of the Community and Rural Health Planning Section, Community Health and Performance Measurement Unit.

2. The strategic involvement of other staff from across the Division of Public Health.
3. The intentional and active involvement of public health partners from across the state.
4. The support of NDHHS Administrators at the Section and Division level.
5. The well-developed procedure of the sponsoring organization, Public Health Accreditation Board.
6. The provision of early funding and technical assistance from the CDC and national partnering agencies.

Strategies to Achieve Success or Overcome Barriers/Challenges

1. Thorough and detailed communication among leadership and staff.
2. Helping others see the value of the accreditation process.

Leveraged Block Grant Dollars

No

Description of How Block Grant Dollars Were Leveraged

PHHS Block Grant funds partially supported two positions in the Community and Rural Health Planning Section, Community Health and Performance Measurement Unit during the period of 2013 to 2014 who assisted daily operations (Patti DeLancey) and data analysis (Meridel Funk/Jeff Armitage). Other funding sources supported the Accreditation Coordinator and accreditation work.

For FY2015, NDHHS has allocated \$47,700 from the PHHSBG to pay the accreditation fee and an additional \$25,000 from the PHHSBG to support the implementation of Nebraska's State Health Improvement Plan, a required component of the Accreditation process.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Apply for public health accreditation

Between 10/2014 and 09/2015, The 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

Not Met

Impact/Process Objective Outcome

Between 10/2014 and 09/2015, The 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 0.

Reasons for Success or Barriers/Challenges to Success

With support from leadership and Division of Public Health employees, the Office of Community and Rural Health submitted a statement of intent to the Public Health Accreditation Board (PHAB) in September 2014 and submitted an application in October 2014. The next step will be uploading documentation to submit the full application with evidence of how the Division of Public Health meets the standards. This will happen by September 2015.

Strategies to Achieve Success or Overcome Barriers/Challenges

Submitting a full application to the Public Health Accreditation Board by September 2015 should be accomplished with support from and good communication among staff across the Division.

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 NDHHS Division of Public Health.

Activity Status

Not Completed

Activity Outcome

The Office of Community and Rural Health (OCRH) submitted a Statement of Intent to apply for accreditation to the Public Health Accreditation Board in September 2014. OCRH will submit the accreditation application and fee in late October and November 2014.

Reasons for Success or Barriers/Challenges to Success

- Support from Division administration to apply for accreditation.
- Funding to pay for the accreditation fee.

Strategies to Achieve Success or Overcome Barriers/Challenges

With continued support, OCRH will be able to meet the timeline for submitting the application and paying the fee.

Activity 2:

Submit documentation to the Public Health Accreditation Board

Between 10/2014 and 09/2015, The Office of Community and Rural Health will upload all required documentation into E-PHAB and submit to the Public Health Accreditation Board.

Activity Status

Not Completed

Activity Outcome

The Office of Community and Rural Health (OCRH) has begun to collect and prepare required documentation for accreditation. By January 2015, OCRH will obtain access to E-PHAB and begin uploading documentation.

Reasons for Success or Barriers/Challenges to Success

Because the application has not yet been submitted, OCRH does not have access to E-PHAB to upload it.

Strategies to Achieve Success or Overcome Barriers/Challenges

OCRH will submit the application and accreditation fee by mid-November 2014 and will then be able to begin uploading documentation.

State Program Title: UNINTENTIONAL AND INTENTIONAL INJURY PROGRAM

State Program Strategy:

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

Health Priorities:

Focus on prevention of traumatic brain injury in youth, consistent child restraint use among children up to 10 years, reduction of fall 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 age 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 and Chapters, Child Passenger Safety Technicians and Instructors, Local Public Health Departments, Nebraska Office of Highway Safety, Nebraska Safety Council, local hospitals, Nebraska State Patrol, Brain Injury Association of Nebraska, Nebraska Athletic Trainer's Association, parents and the general public.

Internal: NDHHS programs which include: 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:

Sex Offense Set-Aside funds are contracted through the NDHHS Injury Prevention and Control Program to the Nebraska Domestic Violence Sexual Assault Coalition (NDVSAC). NDVSAC provides technical assistance to 19 sexual assault/crisis centers across the state.

Suicide: Nebraska Suicide Prevention Coalition, LOSS (Local Outreach to Suicide Survivors) Team, University of Nebraska Public Policy Center, Nebraska Interchurch Ministries, Bryan Health Systems, NDHHS Behavioral Health and Lifespan Health.

Evaluation Methodology:

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

Intentional Injury:

Rape Set-Aside: Data from Youth Risk Behavior Survey. Collection and analysis of reports from Coalition on evaluation of social media campaign, including website hits and materials distributed.

Suicide: Access Death Data, Hospital Discharge Data, and Child Death Review Team data, analyze results and trends.

Source: NDHHS Vital Statistics, NDHHS Hospital Discharge Data, Nebraska Domestic Violence Sexual Assault Coalition.

National Health Objective: IVP-2 Traumatic Brain Injury

State Health Objective(s):

Between 10/2013 and 09/2018, **reduce the number of traumatic brain injuries needing emergency department visits to less than 539 per 100,000 Nebraska children among children aged 1 to 14 years.**

reduce the number of traumatic brain injuries needing hospitalizations to less than 28 per 100,000 Nebraska children among children aged 1 to 14 years.

State Health Objective Status

In Progress

State Health Objective Outcome

- In 2011, 580 per 100,000 children (ages 1 to 14 years) in Nebraska required emergency room care for traumatic brain injury. Compared to the 2004-2008 baseline rate of 539 per 100,000, the 2011 rate of emergency room care due to traumatic brain injury has increased for children in Nebraska.
- In 2011, 24 per 100,000 children (ages 1 to 14 years) in Nebraska were hospitalized due to traumatic brain injury. Compared to the 2004-2008 baseline rate 28 per 100,000, the 2011 rate of hospitalization due to traumatic brain injury has decreased slightly for children in Nebraska.

(Data Source: Nebraska Hospital Discharge Data 2011.)

From 2004 to 2008, the leading causes of TBI in Nebraska are motor vehicle crashes and falls.

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

The NDHHS Injury Prevention Program and the Brain Injury Association (BIA) of Nebraska are collaborating to form The Nebraska Concussion Coalition. This coalition held its first meeting in October 2013. Quarterly meetings are held with excellent participation. Workgroups 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 2014, four child passenger safety technician training classes were held in Scottsbluff, Kearney, Omaha, and Lincoln. The Safe Kids Nebraska Child Care Transportation Training was implemented to fulfill the requirements of the new NDHHS Child Care Regulations.

- A total of 68 new technicians were certified during FY2014.
- There are now approximately 365 certified child passenger safety technicians in Nebraska.
- Approximately 1000 staff drivers at child care centers completed the training during FY2014.
- NDHHS Injury prevention staff and the Safe Kids Nebraska Coordinator collaborated with NDHHS Child and Family Services to develop and implement a child passenger safety training for their specialists who transport children.

Reasons for Success or Barriers/Challenges to Success

Reasons for Success:

1. 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.
2. Trainings, fact sheets and resources are posted on the Nebraska Injury Prevention and Control website.

Challenges to Success:

1. It is believed that with the passage of the Concussion Awareness Act in July 2012 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.
2. The majority of Nebraska is rural, and it can be difficult for these 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

1. Develop and implement public service announcements to raise awareness about the symptoms and consequences of concussions.
2. Print ads and radio, television, and social media sites are being used.
3. Formation of the Nebraska Concussion Coalition
4. Monitor the rates of TBI in Nebraska and the rates of sports-related concussions among youth.
5. Conduct surveys of coaches, athletic directors, and youth who sustained sports-related concussions to evaluate the implementation of the Concussion Awareness Act..
6. 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.

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:

Bicycle Safety/Home Safety

Between 10/2013 and 09/2014, NDHHS Injury Prevention and Control Program will provide sub grants to 4 local Safe Kids coalitions to conduct injury prevention programming to reduce traumatic brain injuries in children and youth from bicycle crashes and falls in the home.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2013 and 09/2014, NDHHS Injury Prevention and Control Program provided sub grants to 6 local Safe Kids coalitions to conduct injury prevention programming to reduce traumatic brain injuries in children and youth from bicycle crashes and falls in the home.

Reasons for Success or Barriers/Challenges to Success

Mini grants were awarded to the following local Safe Kids programs in these injury prevention areas.

Lincoln-Lancaster County - Home Safety
Three Rivers - Bicycle Safety
Four Corners - Home safety
Jefferson, Gage, Fillmore, Saline and Thayer Counties - Bicycle Safety
Platte Valley - Motor Vehicle Safety
Sarpy Cass - Home safety
South Central - Home Safety and Bicycle Safety

Some examples of activities conducted with these grants include community bike rodeo events, bicycle safety education and helmet distribution, home safety education with the distribution of needed safety devices.

NDHHS has had an established Safe Kids program for 20 years.

Strategies to Achieve Success or Overcome Barriers/Challenges

1. The Safe Kids coordinator provided technical support to the local safe kids programs.
2. The NDHHS Safe Kids program has been in existence and well-respected for 20 years.
3. 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:

Home Safety and Bicycle Safety Grants

Between 10/2013 and 09/2014,

- Develop an application and process to determine which local Safe Kids programs will receive funding.
- Provide funding to local Safe Kids programs to administer bicycle and/or home safety injury prevention programming.
- Provide technical assistance to grantees about evidence based interventions in the areas of home and bicycle safety.
- Where applicable, conduct 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

1. An application was developed and sent to eligible Safe Kids programs in September of 2013.
2. Six grants were provided to local Safe kids programs:
3. NDHHS injury prevention staff conducted phone conference calls bimonthly with the grantees.
4. NDHHS staff developed and collected pre- and post-home safety assessments.

Reasons for Success or Barriers/Challenges to Success

- Six community bicycle safety events were conducted, and approximately 500 helmets were fitted and distributed.
- About 700 families/homes received home safety education. Many of these families also received home safety devices including baby gates and stationary baby play stations aimed at reducing falls in the home.

1. Local Safe Kids programs are established in their communities and leverage support from local organizations which allow them to successfully implement the grants.

Strategies to Achieve Success or Overcome Barriers/Challenges

1. The NDHHS Injury Prevention program has awarded min-grants to Safe Kids programs in previous years which has developed an excellent relationship with the local programs.
2. The NDHHS Injury Prevention staff (Safe Kids Coordinator) utilized national injury prevention resources to assist with the development and implementation of the grant activities.

Impact/Process Objective 2:

Concussion/TBI awareness and prevention

Between 10/2013 and 09/2014, NDHHS Injury Prevention Program and Brain Injury Association of Nebraska will develop 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 10/2013 and 09/2014, NDHHS Injury Prevention Program and Brain Injury Association of Nebraska developed 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. Workgroups 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:

Establish Statewide Concussion Coalition

Between 10/2013 and 09/2014, 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. Workgroups 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 which 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.

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

State Health Objective(s):

Between 10/2013 and 09/2018, **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 FY2013 work plan has not yet been achieved .

The observed child restraint use rate for FY2013 was 96.9%. The table below describes previous year's 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

During 2013 on Nebraska roadways:

- Nine children ages 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.

2014 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 2014 study, 96.9% were riding in child safety seats/booster seats. This rate is comparable to the rates for the last few years (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)

Rural and urban comparisons

Total observed child restraint use in rural counties increased from 96.1% in 2013 to 96.5% in 2014; restraint use in urban counties increased from 95.8% in 2013 to 97.1% in 2014.

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

95.3% of children were in rear seats of vehicles; 4.7% were in front seats;

92.8% of children in rural counties were in the rear seat of vehicles; 7.2% were in the front seat;

96.5% of children in urban counties were in the rear seat of vehicles; 3.5% were in the front seat.

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

67.7% of children were observed in the rear seat of the vehicles;

32.3% of children were observed in the front seat;

54.5% of children were in rural counties; and

20.0% 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 5 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 NDHHS Injury Prevention and Control Program and the Safe Kids:

http://dhhs.ne.gov/publichealth/Pages/hpe_safekids.asp

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

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

Barriers/Challenges identified:

1. Continuing resistance to the use of child restraints among Nebraska's rural population.
2. Child passenger safety (CPS) technicians must meet recertification criteria every two years to maintain their certification. Nebraska has a recertification rate just above 50%.
3. Maintaining CPS technicians in rural areas.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

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

5. The Safe Kids Nebraska Child Care Transportation training has been implemented statewide. More than 1,500 individuals, who work in the child care setting and transport children have taken the training. More than 50 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 the NDHHS in May 2010, measures were identified to prevent motor vehicle-related injuries among Nebraska's children: child safety seat distribution and education programs; consistent use of child safety seats or seat belts appropriate to weight and age of the child; mass media campaigns targeted at reducing alcohol-impaired driving; and implementation of strict graduated licensing.

Broader Nebraska Strategies:

Childhood injury is a leading priority of the NDHHS Injury Prevention and Control Program. *Nebraska Injury Prevention and Control Facts 2010: Issue One* declares: "Many, if not most, injuries are preventable."

Strategies to prevent injuries among children include: (1) parent and caregiver education; (2) proper use of technology, such as child safety seats, home safety devices and sports equipment, and (3) legislation.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

- 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 10/2013 and 09/2014, NDHHS Injury Prevention Program, partners and contractors will increase the rate of observed use of child restraints from 96 percent to **97 percent**.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2013 and 09/2014, NDHHS Injury Prevention Program, partners and contractors increased the rate of observed use of child restraints from 96 percent to **97**.

Reasons for Success or Barriers/Challenges to Success

Successes assumed to be influenced by:

1. Maintaining long-standing partnership with the Nebraska Office of Highway Safety.
2. The statewide network of over 300 child passenger safety technicians.
3. There are 23 child seat inspection stations across Nebraska, and about 60 car seat check events were conducted statewide in FY2014. These bring public awareness to the issue of child passenger safety.

Barriers/Challenges identified:

1. 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.
2. 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

1. 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.
2. Safe Kids Nebraska used block grant funds to purchase car seats to be distributed at car seat check

events across Nebraska.

3. A training similar to the Safe Kids Nebraska Child Care Transportation Training was developed and implemented for the NDHHS Child and Family Services Specialists. This training will be given to all child and family service specialists who transport children. They may increase awareness of the importance of child passenger safety to parents.

Activity 1:

Child Passenger Safety Training

Between 10/2013 and 09/2014,

- Conduct four National Highway Traffic Safety Administration child passenger trainings (contingent upon outside funding).
- Conduct meetings with the Nebraska Child Passenger Safety Advisory Committee to establish a training schedule.
- Implement/coordinate/evaluate Safe Kids Nebraska Child Care Transportation Training in accordance with NDHHS Child care regulations.
- Curriculum development and implementation of the Safe Kids Nebraska Child Passenger Safety Transportation Training to the NDHHS Child and Family Services workers who transport children.

Activity Status

Completed

Activity Outcome

In FY2014, Nebraska Child Passenger Safety (CPS) Advisory meetings were held, and four CPS training classes were held in Scottsbluff, Kearney, Omaha and Lincoln. The Safe Kids Nebraska Child Care Transportation Training was implemented May 20, 20013, to fulfill the requirements of the new NDHHS Child Care Regulations.

- A total of 68 new technicians were certified during FY2014.
- There are now approximately 376 certified child passenger safety technicians in Nebraska.
- Approximately 1400 staff drivers at child care centers have completed the training during FY2014.

The evaluation results from the Safe Kids Nebraska Child Care Transportation Training that were conducting during the approximate FY 2013 are below.

During FY2013, about 69 Childcare Transportation Trainings were conducted. Trainings were conducted across the state of Nebraska reaching a variety of childcare, preschool and head start providers/employees from 57 distinct towns and cities. A summary of these trainings results are below.

A nine question pre- and post-assessment was administered at the trainings to assess any change in knowledge among the participants. It is clear that participants in the trainings gained knowledge, based on the fact that the average number of correct responses increased from 5.7 in the pre to 8.3 in the post.

The majority of respondents were highly satisfied with training

curriculum 4.8/5.0

materials 4.7/5.0

knowledge of instructors 4.9/5.0

My knowledge of car seats improved.

4.8 out of 5

The majority of respondents feel the material is highly beneficial to their work.

3.7 out of 4

NDHHS injury prevention staff modified the Safe Kids Nebraska Child Care Transportation Training to train

the NDHHS Child and Family Services specialists. The training is being implemented by NDHHS Child and family service trainers. These trainers must first become child passenger safety technicians before they can provide the training.

Reasons for Success or Barriers/Challenges to Success

Reasons for Success

1. NDHHS established relations with Nebraska Office of Highway local Safe Kids programs, and child passenger safety technicians.
2. The need for more technicians.
3. There are 19 child passenger safety instructors in Nebraska.
4. More than 50 child passenger safety technicians are approved to conduct the Safe Kids Nebraska Child care Transportation Training.

Barriers/Challenges identified:

1. 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.
2. It can be difficult for child care providers in rural parts of the state to find trainers to conduct the Safe Kids Nebraska Child care Transportation Training.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

1. Explore the potential to expand awareness efforts in rural areas of the state.
2. Safe Kids Nebraska coordinator has explored other social media forms to communicate with the CPS technicians, instructors and other stakeholders involved in the child passenger safety program.
3. Larger child care providers are encouraged to have a staff member become a CPST.

Activity 2:

Technical Assistance

Between 10/2013 and 09/2014,

- Provide technical assistance to Child Passenger Safety Technicians conducting child passenger advocacy trainings to communities across the state.
- Provide technical support to over 350 Child Passenger Safety Technicians through newsletters, e-mail lists, mailings, technical updates and grant funding.
- Provide a minimum of 10 mini-grants to local technicians to conduct child passenger safety seat checks in their communities.
- Provide technical assistance to the child passenger safety technicians who are conducting the child passenger safety trainings to the NDHHS Child and family service workers across the state.

Activity Status

Completed

Activity Outcome

In FY2014, more than 55 Child Passenger Safety events were held across the state. NDHHS sponsored events in the following communities: Scottsbluff, Sydney, Lincoln, Broken Bow, West Point, Hastings, Osceola, Omaha, Bridgeport, O'Neil and Gering and provided technical assistance to these events when needed. More than 280 child safety seats were checked, and approximately 85 Child Passenger Safety Seats were distributed through 11 mini-grants awarded by NDHHS.

Reasons for Success or Barriers/Challenges to Success

Successes assumed to be influenced by:

1. The long-established working relationships between the state-level staff and the Safe Kids Coalitions/Chapters and Child Passenger Safety Technicians,

2. The NDHHS Injury Prevention Coordinator is a Child Passenger Safety Instructor, and the Safe Kids Coordinator is a Child Passenger Safety (CPS) Technician.
3. Recertification rate for CPS Technicians in Nebraska is higher than the national average.
4. Nebraska Safe Kids has a network of seven 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 identified:

1. Some rural areas lack CPS Technicians with sufficient experience to meet the criteria for obtaining funds to hold check-up events.
2. A few of the local Safe Kids programs lost support from lead agencies and are no longer active Safe Kids programs.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies to Achieve Success or Overcome Barriers/Challenges

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

Activity 3:

Coordinate Safe Kids Nebraska Child Care Transportation Training

Between 10/2013 and 09/2014,

- Update the Safe Kids Nebraska Child Care Transportation Training to reflect updates in child passenger safety best practices and issues associated with child care providers who are not transporting children consistent with best practices.
- Provide technical assistance to Child Passenger Safety technicians who conduct the Safe Kids Nebraska Child Care Transportation Training.
- Provide technical assistance to child care providers related to the child passenger safety to improve their transportation practices.

Activity Status

Completed

Activity Outcome

The Safe Kids Nebraska Child Care Transportation Training was updated to reflect needed improvements in training child care providers about best practices regarding transporting non-school age children in large school buses. Training was also updated to more accurately reflect policy requirements associated with the State of Nebraska Child Care Licensing regulations.

The evaluation results from the Safe Kids Nebraska Child Care Transportation Training that were conducted during FY2013 are below.

During FY2013, about 69 Childcare Transportation Trainings were conducted. Trainings were conducted across the state of Nebraska reaching a variety of childcare, preschool and Head Start providers/employees from 57 distinct towns and cities. A summary of training results are below. About 1400 individuals have taken the training.

A nine question assessment was administer pre- and post-training to determine any change in knowledge among the participants. The average number of correct responses increased from 5.7 in the pre-training assessment to 8.3 in the post-training assessment.

The majority of participants were highly satisfied with training

curriculum 4.8/5.0
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.

3.7 out of 4

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.

Reasons for Success or Barriers/Challenges to Success

1. The long-established relationships between the state-level staff, local Safe Kids programs and Child Passenger Safety Technicians across Nebraska.
2. The Safe Kids Nebraska Coordinator is a certified Child Passenger Safety Technician.
3. There are 19 child passenger safety instructors in the state including two NDHHS injury prevention staff members who can provide additional technical support when needed to the Safe Kids Nebraska Coordinator.
4. The established relationship staff members from the NDHHS Licensing program.

Challenges to Success:

1. Nebraska has a large rural geographical area with limited access to a CPST that could provide the training.
2. 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

1. There are approximately 50 certified child passenger safety technicians in Nebraska approved to provide the Safe Kids Nebraska Child Care Transportation Training.
2. The Safe Kids Nebraska Child Care Transportation Training was developed to be administered with or without the use of computers and other technologies.
3. NDHHS Injury Prevention program provides the instructors and students with all printed curriculum materials free of charge.
4. The training materials are also available on the Safe Kids Nebraska website for download free of charge.
5. The Safe Kids Nebraska Coordinator utilizes national child passenger safety resources and experts to answer questions.

Impact/Process Objective 2:

Public Education and Support

Between 10/2013 and 09/2014, NDHHS Injury Prevention Program and partners will provide information and technical assistance in response to requests for best practice child passenger safety programming and effective evaluation methods to **150** Child Passenger Safety Technicians, local public health departments, child care providers and Safe Kids coalitions.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2013 and 09/2014, NDHHS Injury Prevention Program and partners provided information and technical assistance in response to requests for best practice child passenger safety programming and effective evaluation methods to 150 Child Passenger Safety Technicians, local public health departments, child care providers and Safe Kids coalitions.

Reasons for Success or Barriers/Challenges to Success

NDHHS Injury Prevention 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.

Strategies to Achieve Success or Overcome Barriers/Challenges

The NDHHS Injury Prevention Coordinator will continue to employ and build the list of CPSTs for the purposes of providing information, education and technical support. Re-certification will be encouraged, as will the recruitment of CPSTs in rural areas of the state.

Activity 1:

Public Information

Between 10/2013 and 09/2014,

- Respond to calls from the public, school districts, hospitals or public health departments on questions about child safety seat use and restraint laws on a continuous basis.
- Participate in Child Passenger Safety Week in producing press releases and promoting the national theme to Safe Kids coalitions, general public, hospitals, public health departments and technicians.
- Provide child care centers across Nebraska with information about the Safe Kids Nebraska Child care transportation training and other child passenger safety issues.
- Provide technical assistant to the NDHHS child and family services trainers providing the Safe Kids Nebraska Child Passenger Safety training.

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.

- Child Safety Seat educational information was distributed to the community upon request.

-The Safe Kids Nebraska Child Care Transportation Training was implemented.

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

1. 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.
2. Even though the CPS technician re-certification rate is higher than national average, it is at a little higher than 50% 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

1. NDHHS Safe Kids Nebraska Coordinator has extended extra effort in managing the state child passenger safety technician contact list.
2. The NDHHS 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 10/2013 and 09/2018, **reduce the age-adjusted death and injury rates from falls to:**

- **Less than 7.7 deaths per 100,000 Nebraskans.**
- **Less than 226.5 hospitalizations per 100,000 Nebraskans.**
- **Less than 1,859 emergency department (ED) visits per 100,000 Nebraskans.**

State Health Objective Status

In Progress

State Health Objective Outcome

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

In Nebraska, falls remain the leading cause of all injury hospitalizations and outpatient treatment.

- Falls remain the second leading cause of unintentional injury deaths.
- Falls were the leading cause of injury-related hospital visits among Nebraska youth under 20 years of age. There were three deaths and 62,535 hospital visits from 2003 to 2007.
- From 2006 to 2010, the age-adjusted death rate due to unintentional fall injuries was 10.29 per 100,000 Nebraskans. Such deaths were most common among adults aged 85 years and older (241 per 100,000 persons). Among adults aged 75 years and older, death rates due to unintentional fall injuries were higher for males than for females (121 per 100,000 males vs. 115 per 100,000 females among adults aged 75-84 years old; 257 per 100,000 males vs. 234 per 100,000 females among adults aged 85 years and older).

Reasons for Success or Barriers/Challenges to Success

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

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

Strategies to Achieve Success or Overcome Barriers/Challenges

NDHHS will 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 community agencies and local health departments have helped to maximize resources in

addressing the issue. In-kind time and meeting space are examples of resources that have been included.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Older Adult Fall Prevention

Between 10/2013 and 09/2014, NDHHS Injury Prevention Program and contractors will establish 4 Tai Chi programs based in local public health departments which are implemented in local communities.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2013 and 09/2014, NDHHS Injury Prevention Program and contractors established 4 Tai Chi programs based in local public health departments which are implemented in local communities.

Reasons for Success or Barriers/Challenges to Success

Commitment of local public health departments and their community partners, including Area Agency on Aging and local physical therapists, contributes to the success.

Strategies to Achieve Success or Overcome Barriers/Challenges

NDHHS will continue to cultivate community partners.

Activity 1:

Program Development and Maintenance

Between 10/2013 and 09/2014,

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

Activity Status

Completed

Activity Outcome

Two Tai Chi training classes were held during FY2014 to train new instructors. An update class for previously trained instructors was held in April, 2014.

Evaluation tools, including participant attendance sheets, pre and post participant questionnaires, and pre and post clinical assessments were provided to the sites that were implementing the program. Site visits by the Tai Chi consultant were also part of evaluation efforts.

Reasons for Success or Barriers/Challenges to Success

The use of the Tai Chi consultant was very valuable to the success of this program. Commitment of local partners was also key.

Strategies to Achieve Success or Overcome Barriers/Challenges

A 'fidelity checklist' was adapted from CDC material to assist in giving feedback to instructors.

Impact/Process Objective 2:

Older Adult Falls

Between 10/2013 and 09/2014, NDHHS Injury Prevention Program, partners and contractors will implement 1 evidence-based program, including Tai Chi, to address the problem of older adult falls in Nebraska.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2013 and 09/2014, NDHHS Injury Prevention Program, partners and contractors implemented 1 evidence-based program, including Tai Chi, to address the problem of older adult falls in Nebraska.

Reasons for Success or Barriers/Challenges to Success

Tai Chi has been successfully implemented through four local health departments. Local support and partnerships were key to the success.

Strategies to Achieve Success or Overcome Barriers/Challenges

NDHHS provided training and ongoing support. Site visits were conducted by a contracted consultant. Additionally, experienced instructors were identified to act as mentors to new instructors.

Activity 1:

Older Adult Falls Coalition Meetings

Between 10/2013 and 09/2014, 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 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 and the University of Nebraska.

Strategies to Achieve Success or Overcome Barriers/Challenges

Working relationships with partners were key to success in implementing activities.

Activity 2:

Older Adult Falls Prevention Day

Between 10/2013 and 09/2014, 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

The Falls Coalition participated in a variety of activities in observance of National Older Adult Falls Prevention Day.

Reasons for Success or Barriers/Challenges to Success

Educational materials in the form of place mats were well received by local senior centers. Local events, including a fall risk screening event, were also well received. A press release suitable to be adapted for local use was also distributed.

Strategies to Achieve Success or Overcome Barriers/Challenges

Materials from the National Falls Coalition were adapted for use by the state coalition and proved to be very helpful.

Impact/Process Objective 3:

Stepping On

Between 10/2014 and 09/2015, NDHHS Injury Prevention and Control Program staff will establish 5 sites that will implement the evidence-based fall prevention program, Stepping On.

Impact/Process Objective Status

Not Started

Impact/Process Objective Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

Falls among older adults continues to be a significant problem in Nebraska. Stepping On is an evidence based program that addresses falls.

Strategies to Achieve Success or Overcome Barriers/Challenges

Stepping On has the potential to be used in a way that complements current efforts in Tai Chi. It also has the potential to be used by sites that have been unable to implement Tai Chi.

Activity 1:

Development of Stepping On Program

Between 10/2014 and 09/2015, Identify Stepping On trainers; schedule training sessions. Develop application for sites/partners to implement at the local level. Select sites and develop subaward agreements. Facilitate training sessions for local sites. Provide technical assistance to implementation sites. Conduct evaluation as per program guidelines.

Activity Status

Not Completed

Activity Outcome

Applications are being developed. Local health departments have indicated interest in the program.

Reasons for Success or Barriers/Challenges to Success

Discussions have been held with a local agency that has implemented Stepping On in their community. Partnering with them will allow sharing of resources.

Strategies to Achieve Success or Overcome Barriers/Challenges

Local public health departments that have implemented Tai Chi will be encouraged to apply for Stepping On, as will be those that have not implemented Tai Chi.

Impact/Process Objective 4:

Tai Chi Training

Between 10/2013 and 09/2014, NDHHS Injury Prevention Program will provide Tai Chi instructor training and

Tai Chi instructor update training to 50 community Tai Chi instructors.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2013 and 09/2014, NDHHS Injury Prevention Program provided Tai Chi instructor training and Tai Chi instructor update training to 65 community Tai Chi instructors.

Reasons for Success or Barriers/Challenges to Success

Local partners are very committed to the Tai Chi Program. The quality of the Master trainer and the contracted consultant are important to the success of the program.

Strategies to Achieve Success or Overcome Barriers/Challenges

NDHHS has partnered with another agency that has also utilized the out-of-state Master trainer. This has made it more cost-effective to utilize his services.

Activity 1:

Tai Chi Instructor Training

Between 10/2013 and 09/2014, conduct Tai Chi training and Tai Chi update training for new and current Tai Chi instructors.

Activity Status

Completed

Activity Outcome

Two training classes were held for new Tai Chi instructors in February and July, 2014. One update training was also held in March 2014.

Reasons for Success or Barriers/Challenges to Success

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

NDHHS partnered with another agency that utilized the Master Trainer. This made it more cost effective to utilize him for the training.

Activity 2:

Tai Chi Instructor Development

Between 10/2013 and 09/2014, 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.

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.

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

State Health Objective(s):

Between 10/2013 and 09/2018, **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 will decrease from 8% to 7%.**

The Nebraska Domestic Violence Sexual Assault Coalition (NDVSAC) will continue to use 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 Departments of Education and Health and Human Services administers the survey in the fall of even calendar years and releases 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 NDVSAC 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's (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

Of the 3,832 Youth Risk Behavior Survey (YRBS) respondents to the 2011 survey, 8% reported that someone forced them to have sex when they did not want to.

Reasons for Success or Barriers/Challenges to Success

Only preliminary data for the 2013 YRBS is available from the Department of Education.

Strategies to Achieve Success or Overcome Barriers/Challenges

Partnering with the Department of Education has helped to increase response rates.

Leveraged Block Grant Dollars

No

Description of How Block Grant Dollars Were Leveraged

NDHHS partners with the Department of Education to conduct this survey. Costs for the contract as well as staff time and other resources for the survey are shared.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Social marketing components

Between 10/2013 and 09/2014, Nebraska Domestic Violence Sexual Assault Coalition staff will maintain 1 sexual assault primary prevention social marketing campaign.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2013 and 09/2014, Nebraska Domestic Violence Sexual Assault Coalition staff maintained 1 sexual assault primary prevention social marketing campaign.

Reasons for Success or Barriers/Challenges to Success

The Nebraska Domestic Violence Sexual Assault Coalition (NDVSAC) works closely with local rape and sexual violence programs across Nebraska. Support from those local programs was essential for the social marketing campaign.

Strategies to Achieve Success or Overcome Barriers/Challenges

The local programs promoted the Step Up Step Out (SUSO) message through Twitter and Facebook, as well as through traditional meetings and education.

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

Between 10/2013 and 09/2014, Based on the premise that youth utilize social networking sites, the Coalition has created the Step Up Speak Out (SUSO) website to educate youth, parents, teachers, and community members about bystander engagement and healthy relationships.

The Coalition will maintain the website in order to:

- Attract new hits and traffic to the website.
- Provide education about engaging bystanders in sexual violence prevention.
- Include information about the available services at the local programs.

Activity Status

Completed

Activity Outcome

Between 10/2013 and 9/2014, there were 3,463 visits to the Step Up, Speak Out website. This was a 20% increase in the number of website visits (2,877) during FY2013.

Reasons for Success or Barriers/Challenges to Success

Although the number of visits to the Step Up, Speak Out website increased by 20% from the previous fiscal year, it fell 4% short of meeting the Coalition's goal for FY2014.

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 10/2013 and 09/2014, to complement the SUSO website, the Coalition will maintain Facebook, Twitter, and YouTube sites to leverage communication about healthy relationships and bystander engagement. The videos from the Youth Video Project will be posted on these sites as well.

Effectiveness of this component is measured by number of site visits and followers.

During the last year, the number of visits to the website was 2,877.

Facebook: 85 likes
Twitter: 65 followers

Goals for next year:

Visitors: 2,000
Facebook: 110 likes
Twitter: 90 followers

Activity Status

Completed

Activity Outcome

Between 10/2013 and 9/2014, the number of people who “like” Step Up, Speak Out on Facebook increased by 39%; Twitter followers increased by 47%; and YouTube subscriptions increased by 83%. The Coalition met and exceeded its Fiscal Year 2014 goal for Twitter followers by 18%.

	Facebook Likes	Twitter Followers	YouTube Subscriptions
FY 2013 Performance	140	81	6
FY 2014 Goal	210	101	36
FY 2014 Performance	195	119	11

Reasons for Success or Barriers/Challenges to Success

Although the number of Step Up, Speak Out Facebook likes, Twitter followers, and YouTube subscriptions has increased from the previous year, the Coalition fell short of meeting its Fiscal Year 2014 goals for Facebook likes and YouTube subscriptions. However, Step Up, Speak Out is still doing well on Facebook. The Coalition may have set an unrealistic goal for YouTube subscriptions, particularly since YouTube is a somewhat more limited social media platform on which members post and share public service announcements and videos. The content lends itself to less engagement than social media posts on Facebook or Twitter.

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, post videos and link to the Step Up, Speak Out YouTube account when opportunity allows, and continue to promote Step Up, Speak Out social media in communities.

Activity 3:

Increase local programs' capacity to measure effectiveness.

Between 10/2013 and 09/2014, the Coalition will introduce response technology into classrooms to actively engage students and easily assess students' attitudes and knowledge about dating violence and healthy relationships before, during and immediately after educational sessions.

Activity Status

Completed

Activity Outcome

Between 10/2013 and 9/2014, the coalition purchased 25 student response cards and one presenter card for each of its 18 local programs. Turning Technologies provided the 18 local programs with the necessary software and ongoing technical support free of charge. The 18 local programs received free training from Turning Technologies on how to use the hardware and software in their programs.

Reasons for Success or Barriers/Challenges to Success

Training was essential to make this successful.

Strategies to Achieve Success or Overcome Barriers/Challenges

Software and technical support were included as part of the program.

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: Tracking changes in health status data: 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 employees health risk assessments; and the environmental and policy change information from the Nebraska Worksite Wellness Survey; Governor's Award database.

National Health Objective: ECBP-8 Worksite Health Promotion Programs

State Health Objective(s):

Between 10/2013 and 09/2018, **provide support to three worksite wellness councils in order to build capacity to conduct evidence-based health promotion activities for workers and document improvement in health status of workers.**

State Health Objective Status

Not Met

State Health Objective Outcome

During FY2014, DHHS maintained an active subgrant relationship with two of the three worksite wellness councils, WorkWell and Panhandle. During that same period, DHHS supported the development of a closer collaboration among Nebraska's three worksite wellness councils, which resulted in a jointly sponsored statewide conference, the Great Plains Safety and Health Conference, at which some Governor's Awards were presented.

Reasons for Success or Barriers/Challenges to Success

The long term support provided through the PHHSBG and continuity of service of the state's block grant coordinator are among the reasons for the success of the project. Another element of success is the strong interest of the Nebraska Safety Council and the Panhandle District Health Department in building worksite wellness capacity and statewide collaboration. They operate two of the three worksite wellness councils.

Because of the late establishment of the Federal budget and increasing the amount of block grant funds, subgranting with the third wellness council, WELCOM, is scheduled for completion in FY2015.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continuing strategies for success include maintaining strong working relationships with the worksite wellness councils and other entities working in the area of worksite safety and assuring communication

among and support of persons in all levels of the administrative hierarchy within DHHS.

The long-established worksite wellness involvement by Nebraska resulted in the August 2014 visit of Dr. David Brown, Senior Behavioral Scientist with the CDC. He specifically chose to learn from Nebraska how to invest state resources to increase capacity for worksite wellness. Among his observations regarding Nebraska's success is that the state employs a worksite-participation model, encouraging and assuring local control of worksite wellness programs. This community-participation model results in health equity, involving the people most affected by worksite wellness.

To overcome the barrier related to the late establishment of the increased amount of block grant funds, late in 2014 decisions were made to expand use of block grant funds for worksite wellness. Administrative approval was given for subgrants with all three worksite wellness councils. That work is scheduled for development in 2015.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

The use of PHHSBG funds to support worksite wellness complemented funds contributed by the worksite wellness councils from other sources including their member businesses. Worksite wellness in Nebraska is broader than the support of worksite wellness councils that encourage businesses to establish worksite wellness activities; it also includes a model state employee wellness program.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Evidence Based Interventions

Between 10/2014 and 09/2015, NDHHS staff, WELCOM, WorkWell, and Panhandle Worksite Wellness Council will increase the number of employers who are impacting employees through evidence-based interventions specific to active living, healthy eating, and breastfeeding strategies from 10 to 20.

Impact/Process Objective Status

Not Started

Impact/Process Objective Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

Due to the expanded funding for the block grant, in FY2014 the decision was made to direct money toward expansion and implementation of the Healthy Beverage Toolkit, Walkable Business Initiative and ELITE Lactation support program. Funding was offered to the three wellness councils, and subgrants were developed during late FY2014. Activities will begin in FY2015.

Strategies to Achieve Success or Overcome Barriers/Challenges

To complete the activities, DHHS has assigned specific staff with particular areas of expertise who are responsible for assuring that the subgrants are awarded and activities are completed successfully.

Activity 1:

Physical Activity Worksite Interventions

Between 10/2014 and 09/2015, The Nebraska Walking Worksite Initiative is an outreach effort in partnerships with the three Worksite Wellness Councils (WorkWell, WELCOM, and Panhandle Worksite Wellness Council) to implement sustainability strategies for physical activity access projects within

worksites. The Initiative first trains Worksite Councils, businesses and communities on how to begin, plan, assess, implement and evaluate a comprehensive walking initiative. Emphasis is placed on strategies to improve access through environmental strategies such as point of decision prompts, policy strategies for flex time physical activity, fitness reimbursement, break time policies, and social support strategies like wellness team and walking club opportunities.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

DHHS decided to specify a selected evidence-based strategy for physical activity and offered expanded financial support to worksite wellness councils to carry out those desired activities. Subgrants were developed during late FY2014, and work will begin in FY2015.

The successful accomplishment of this activity is founded on DHHS staff members' knowledge of evidence-based public health and the commitment of the subgrantees to carry out these activities.

The challenge to completing this objective was that there wasn't sufficient time between learning of increased block grant funding and the time needed to begin implementation.

Strategies to Achieve Success or Overcome Barriers/Challenges

Providing and encouraging ongoing education of state staff members involved in the project and keeping up with newest evidence-based practices are important strategies utilized in achieving success.

In overcoming barriers, DHHS staff members are becoming more educated in the DHHS system for offering and monitoring subgrants.

Activity 2:

Healthy Eating Interventions

Between 10/2014 and 09/2015, NDHHS staff will be working in partnership with the three worksite wellness councils to provide direct training, technical assistance, and support to member businesses to implement healthy eating policy, systems and environmental change strategies based on employer's needs. Strategies include developing, enhancing, and implementing policies and practices supportive of healthy eating across workplace venues (i.e. vending, meetings, on-site cafeteria, events).

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

NDHHS has skilled an knowledgeable staff. They have been intentional about developing relationships with wellness councils and community partners. Staff skills, knowledge and relationship building are among the reasons for success.

NDHHS has every reason to anticipate overall success of this activity due to the knowledge and commitment of the three subgrant wellness councils.

Strategies to Achieve Success or Overcome Barriers/Challenges

NDHHS utilized block grant funds in previous years to develop and grow the wellness councils. The organizations are known entities with proven track records of success.

Activity 3:**Breastfeeding Interventions**

Between 10/2014 and 09/2015, NDHHS staff will be working in partnership with the three worksite wellness councils and ELITE Lactation Services to provide direct training, technical assistance, and support to member businesses to implement breastfeeding policy, systems and environmental change strategies based on the employers needs. Strategies include developing, enhancing, and implementing breastfeeding worksite policies and practices supportive of breastfeeding employees.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

The specific state staff identified to carry out this activity are highly skilled and bring both knowledge and expertise. NDHHS anticipates success both because of the staff skill level and the commitment and proven track record of the worksite wellness councils.

Due to the late awarding of enhanced block grant funds, NDHHS was able to add this activity to its FY2014 work plan. The short timeframe between the announcement of the enhanced award and the end of the plan year posed a challenge to the completion of this activity.

Strategies to Achieve Success or Overcome Barriers/Challenges

Building on the skills of staff members and experience in the subgrant process is a strategy that will be employed to address the challenge of the late announcement of enhanced block grant funds. That same strategy will also go a long way in ensuring the success of the activity.

Impact/Process Objective 2:**Worksite Wellness Capacity**

Between 10/2014 and 09/2015, NDHHS staff and subawardees and contractors will provide technical assistance designed 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, NDHHS staff and subawardees and contractors provided technical assistance designed encourage active engagement in worksite health promotion activities to **438** worksites.

Reasons for Success or Barriers/Challenges to Success

UPDATE COUNT

Administrative oversight of the worksite wellness council WorkWell transitioned successfully to the Nebraska Safety Council. The transition and closer relationship between wellness and safety has been a success for both the council and the state. Another success has been the significant increase in collaboration among the three worksite councils. Collaboration and sharing of tools, techniques and

resources has strengthened the councils individually and collectively.

In order for any of these activities to occur, NDHHS had to have the support of decision-makers to invest resources in the wellness councils. That support was accomplished through intentional and ongoing education of all levels of the state's administrative hierarchy, including the Governor.

A barrier to greater success was the late notice of enhanced block grant funds to the state.

Strategies to Achieve Success or Overcome Barriers/Challenges

NDHHS employs a strategy of regular education and communication regarding the work and success of worksite wellness with all levels of decision-making within the state. A broad array of stakeholders are kept informed and are invited to participate in supporting worksite wellness, including the Public Health Advisory Committee. That strategy has resulted in ongoing funding for worksite wellness activities across the state.

NDHHS employs staff members who have depth of knowledge, experience in the subgrant process, relationships with subgrantees and long term employment, all of which are strategies utilized to assure the success of the project.

Activity 1:

Training and Technical Assistance

Between 10/2014 and 09/2015, 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

Not Completed

Activity Outcome

WorkWell Council at the Nebraska Safety Council (NeSC) reported accomplishments including:

- Supported 96 WorkWell companies, 10 Safety Council members, five Public Health Departments & 10 organizations from Hastings "Worksite Wellness Coalition"
- Added 10 new members
- Distributed NeSC newsletters to members monthly
- Conducted JumpStart (Worksite Wellness #101) live to 12 participants and via web to an additional 18 participants
- Sixteen members utilized the LiveWell survey (health risk appraisal)
- Awarded Governor's Wellness Awards to 51 organizations, bringing to a total of 189 the number of companies that won the award from 2008-2014

The expansion of the WorkWell subgrant was included in the 2014 Work Plan, but because of the late notice of expanded funding, the work will actually be carried out in 2015.

Panhandle Worksite Wellness Council reported accomplishing the following:

- Two additional organizations became members, bringing the total number of member organizations to 38
- For the first time, the three councils collaborated on a joint conference

The expansion of the Panhandle subgrant was included in the 2014 Work Plan, but because of the late notice of expanded funding, the work will actually be carried out in 2015.

The WELCOM subgrant was included in the 2014 Work Plan, but because of the late receipt of the

expanded funding, the work is scheduled for 2015.

Reasons for Success or Barriers/Challenges to Success

Regarding the WorkWell and Panhandle councils, the reasons for success include previous experience of the two subgrant councils, expanded collaboration among the three worksite councils and continued support from the Governor for the Governor's Wellness Award.

Barriers for the two projects carried out during 2014 include limited resources and staffing to provide technical assistance to all businesses across the state, the long travel distances in many parts of the state and declining interest in the LiveWell (health risk appraisal) survey.

In regard to the WELCOM subgrant included in the 2014 Work Plan, the subgrant was not scheduled for completion until FY2015.

Strategies to Achieve Success or Overcome Barriers/Challenges

The strategies used to achieve success included continuous communication between the state Block Grant Coordinator and the wellness councils, inclusion of specific reporting requirements outlined in the subgrants and soliciting and cultivating continued support from upper level administration DHHS.

Late in FY2014, subgrants were negotiated and received administrative approval; this work will be carried out by the worksite wellness councils to meet the PHHS outcomes during FY2015.

Activity 2:

Training and Technical Assistance for Evidence-Based Interventions

Between 10/2014 and 09/2015, NDHHS staff will help to build the capacity 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. Trainings will be provided on the implementation of the CDC Worksite Physical Activity Toolkit, the Nebraska Walking Worksite Initiative, the Nebraska Healthy Beverage Guide, healthy meetings and strategies for implementing workplace lactation programs.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

During FY2014, NDHHS maintained active working relationships with the three worksite wellness councils. The three councils thrived. Because of the proven track record of the councils, NDHHS decided to continue financial support for councils participating in worksite wellness and to expand that support upon notice of expanded block grant funding.

A barrier was the late notice of expanded block grant funding. Given the history and experience of the councils, they would have done more had they received earlier notice of expanded support. As it was, thought, NDHHS was able to receive administrative approval and to draft the subgrants.

Strategies to Achieve Success or Overcome Barriers/Challenges

NDHHS staff members make it a point to know and understand the work capacity of the councils. Staff members also understand the potential for the positive impact of worksite wellness in general, since the State of Nebraska participates in worksite wellness and has seen excellent results. The continuity of staff at both the state and the three worksite wellness councils is another strategy that helps to assure success.

In overcoming the barrier of the late notice of expanded block grant funding, NDHHS put in place the subgrant process and worked with the councils to develop evidence-based activities that will be completed in FY2015.