

**A STRATEGIC PLAN TO
STRENGTHEN AND TRANSFORM
PUBLIC HEALTH IN NEBRASKA:
A REVISION**

EXECUTIVE SUMMARY

Developed By

The Turning Point Public Health
Stakeholders Group

December 2008

A Strategic Plan to Strengthen and Transform Public Health in Nebraska: A Revision

Executive Summary

Purpose

The Nebraska Public Health Improvement Plan is a blueprint for improving the public health system in Nebraska. The purpose of this strategic plan is to identify a new vision for public health in Nebraska and the resources that are necessary to achieve the vision. Seven major strategic directions are identified. The seven major strategies in this plan were developed by the Turning Point Public Health Stakeholders Group. These strategies are similar to and consistent with the priorities of the Division of Public Health. This plan is intended as a guide for public health leaders, as well as state and local policymakers as they continue to strengthen and shape the public health system. If the recommendations in this plan are implemented, the public health system will continue its transformation and Nebraska can serve as a model for other states.

Plan Development Process

The process for developing the present revision was very similar to the approach used previously. In the fall of 2005, the Turning Point Public Health Stakeholders Group was established. This group consists of 40 representatives from many diverse organizations. In its first two meetings, the committee identified the strengths and weaknesses of the Nebraska public health system. Using this information and several other reports, the committee then formulated seven action strategies for change. After a two-month public review and comment period, the plan was approved on July 22, 2008.

A New Vision

At the turn of the 21st century, the public health system in Nebraska was weak, fragmented, and severely underfunded. Public health services and programs were available in less than one-quarter of the counties in the state. By 2006, a major transformation had occurred. Local public health departments now cover every county and provide all of the core public health functions. The new public health infrastructure now has strong leaders, exciting new partnerships, and improved funding.

Despite this success, many challenges need to be addressed. For example, the public health workforce still needs training and education in many of the core competencies. Also, new resources and leadership are needed to build integrated data systems that are more accessible to researchers and public health practitioners. There are also many complex problems that can only be resolved through effective collaborative partnerships. Some of these problems include access to health care services, disparities

in health status between the white population and racial and ethnic minority populations, the inadequate supply of health professionals in rural areas, the dramatic increase in the number of people that are overweight and obese, the emergence of new diseases such as SARS and West Nile Virus, and the threat of pandemic flu.

To meet these challenges, the public health infrastructure will need to be strengthened and become more efficient. There is also a need to demonstrate accountability to both policymakers and the general public through the use of a more business-like model to determine the feasibility of service expansion. Finally, public health leaders must continue to build collaborative partnerships with the medical community, businesses, schools, and many others. Through these diverse partnerships, appropriate strategies can be developed and sufficient resources can be found to achieve the vision of healthy and productive individuals, families, and communities across Nebraska.

What is Public Health and What Does it Do?

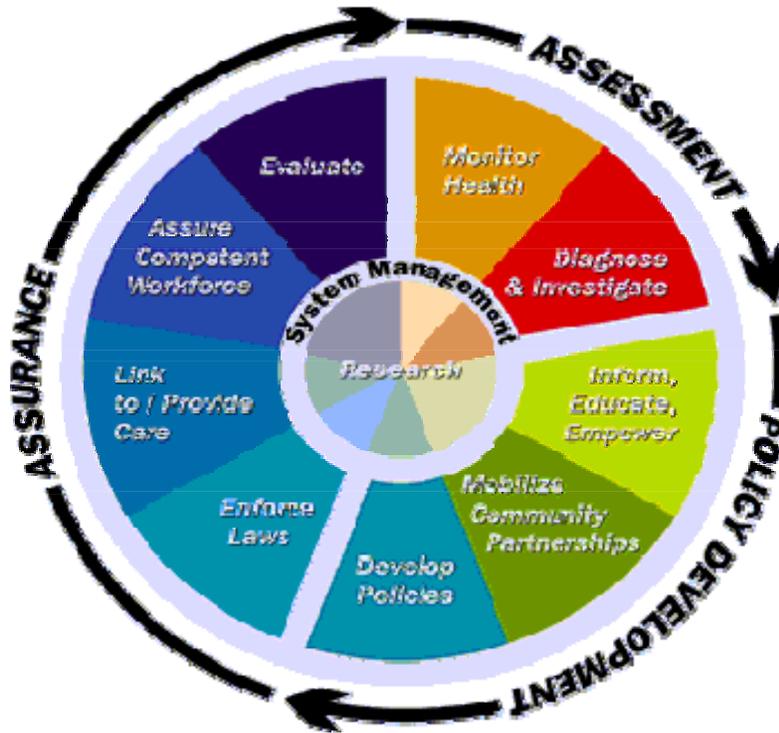
Public health encompasses many activities and functions and for that reason there is not a universally accepted definition of public health. In this plan, public health is defined as an organized process which protects and promotes physical and mental health and prevents disease, injury, disability, and premature death. Public health services are population-based services which are focused on improving the health status of the entire population as opposed to the treatment of individuals. In addition to a population-based focus, public health has several other unique features. Some of these include:

- A focus on prevention as a primary strategy for improving and preserving health.
- A collective policy decision-making process that involves collaboration among broad public interest groups and diverse constituencies.
- Intervention strategies and health policies that are based on accurate and timely data and have a foundation in the basic sciences of epidemiology, biostatistics, environmental science, management sciences, and behavioral and social sciences.

In a 1988 report, the Institute of Medicine identified three core functions of public health: assessment, policy development, and assurance. The core functions are the foundation of public health and they are closely linked with one another in a continuous cycle. The relationship between the core functions and 10 Essential Public Health Services is shown in Figure 1.

FIGURE 1

The Relationships between Core Public Health Functions and the Ten Essential Public Health Services



The assessment function involves the collection and analysis of information to identify important health problems. These problems may involve water quality, the use and abuse of tobacco and alcohol, or the disparity in health status between the white population and racial and ethnic minorities. Once the important health problems have been identified, the policy development function focuses on building coalitions that can develop and advocate for local and state health policies to address the high priority health issues. The assurance function makes state and local health agencies as well as health professionals (e.g., physicians) responsible for ensuring that programs and services are available to meet the high priority needs of the population. These services and programs can be provided directly or through other public or private agencies. The assurance function also involves developing the administrative capacity to manage resources efficiently, implementing prevention and health promotion programs to modify individual behavior to improve community health, and evaluating programs and services to determine the efficiency and effectiveness of these efforts. The results of measuring the impact of various intervention strategies, regulatory activities, and current health policies can be used during the next assessment process.

What are the Determinants of Health?

The determinants of health are the risk factors and risk conditions that determine the health of individuals or populations. These can include personal, social, economic, and environmental factors. Examples of determinants of health include: socioeconomic conditions, the physical environment, behavioral risk and protective factors, access to high quality health care services, work-related conditions, adequate housing, and genetics.

What Changes are Needed in Public Health?

Dramatic and fundamental changes are occurring in the health care environment in both the public and private sectors. These changes have created new incentives to control costs, to improve quality, and to begin to shift the focus from the health of the individual to the health of the entire community. This unstable and dynamic environment has also created new opportunities for collaboration and building new partnerships. Some of the major challenges and opportunities facing public health are discussed below.

Socioeconomic Factors – Although socioeconomic factors such as poverty, income, and education have long been known to have a significant impact on the health of individuals and families, public health has not aggressively addressed these issues. In the past thirty years or so, there has been a tendency to rely on the medical care model to solve social problems. As a result, these social problems are given a medical diagnosis and health care providers are reimbursed for treating them.

Public health has an opportunity to assume a lead role in forming broad-based coalitions to address these difficult issues. Through a rigorous assessment process, the underlying risk factors for persons in lower socioeconomic groups can be documented and monitored. Once these needs are better defined, public health can play a role in initiating policy changes that redress the social conditions that create poor health and disparities in health status.

Population Changes – The population changes in Nebraska mirror those occurring in the United States. The graying of the population will influence the needs for various medical and long-term care services. However, this also provides opportunities to promote healthy aging. It will also be important to provide adequate social support services and assure safe and adequate housing, easily accessible transportation services, and maintain and encourage social interactions through participation in senior citizens' groups.

Nebraska is also becoming more racially and ethnically diverse. Although diversity of the population provides many advantages such as expanding our economic base and workforce as well as enriching our culture, it also presents some challenges. For

example, racial and ethnic minority populations are less likely to have health insurance coverage which may place a greater burden on safety net providers. Furthermore, minority groups are significantly underrepresented among the population of health professionals and many health care workers lack the skills and competencies to provide culturally competent care. Also, many new immigrant groups face language barriers and bring different perceptions about the need for certain types of preventive services and the meaning of good health and illness.¹

Public health has a responsibility to monitor and document these disparities and barriers and to ensure egalitarian participation of all the racial/ethnic minorities at all levels of the community planning process. Leaders in the minority community are in the best position to suggest culturally-appropriate intervention strategies and public health can help in the implementation of these strategies.

Access to Health Care – Many people in Nebraska face significant barriers in accessing health care services. As a result, most people that are uninsured have poorer health outcomes. Major contributing factors include lack of timely preventive care (e.g., regular health screenings) and the inability to afford necessary prescription drugs.

Public health can play an important role by developing broad-based coalitions to address the issue, documenting the severity of the problem, and assisting coalitions in examining different options to reduce the magnitude of the problem. Although some local solutions have been marginally effective in reducing the uninsured rate, the implementation of state level strategies have generally produced the greatest impact across the country.

Many rural areas are considered underserved and need to develop medical systems capacity. For example, many areas have a shortage of physicians, nurses, mental health professionals, and many other types of health personnel. Public health can assist rural communities in the recruitment and retention of health care professionals and in documenting health system deficiencies. Capacity can be stabilized or improved through telemedicine, health information technology, scholarship and loan repayment programs, emergency medical and trauma systems, and a broader array of home and community-based long-term care services. Public health can also focus on the causes of farm accidents and injuries and design preventive programs to reduce them.

Conclusion

At the turn of the 21st century, the public health system in Nebraska was weak, fragmented, and severely underfunded. Public health services and programs were available in less than one-quarter of the counties in the state. By 2006, a major

¹Institute of Medicine (2003). *The future of public health in the 21st century* (p. 365). Washington, DC: National Academies Press.

transformation had occurred. Local public health departments now cover every county and provide all of the core public health functions. The new public health infrastructure now has strong leaders, exciting new partnerships, and adequate funding.

Despite this success, many challenges need to be addressed. For example, the public health workforce still needs training and education in many of the core competencies. Also, new resources and leadership are needed to build integrated data systems that are more accessible to researchers and public health practitioners. To meet these challenges, the public health infrastructure will need to be strengthened and become more efficient. There is a need to demonstrate accountability to both policymakers and the general public. Finally, public health leaders must continue to build collaborative partnerships with the medical community, businesses, schools, and many others. Through these diverse partnerships, appropriate strategies can be developed and sufficient resources can be found to achieve the vision of healthy and productive individuals, families, and communities across Nebraska.

Action Strategies for Change

In order to meet the future public health challenges, new and improved strategies must be developed and implemented. Broad strategies are needed to improve and strengthen the public health system in Nebraska. The following key strategies for strengthening and transforming public health in Nebraska are listed below, and for each major strategy, specific recommended approaches are included. Although some of the recommendations can be implemented immediately, it may take several years before others can be implemented because they will involve major system changes at both the state and local levels. In order to be successful, new partnerships must be formed and creative financing strategies need to be identified.

Implementation of the Plan

The Turning Point Public Health Stakeholders Group will be responsible for guiding the implementation of the plan. They will be directly involved in disseminating the plan and promoting the recommendations to their colleagues and partners. The Group members will also be involved with reviewing and monitoring the progress of the plan. Within the Nebraska Department of Health and Human Services (DHHS), a Public Health Team will focus on implementing the recommendations that pertain specifically to DHHS.

Strategy I: Continue to Build the Public Health Infrastructure by Developing Integrated Data Systems and Providing Education and Training of the Public Health Workforce

This strategy is divided into the following two areas: (A) Data as a Foundation for Public Health and (B) Strengthening the Public Health Workforce.

Strategy I-A: Data as a Foundation for Public Health

Recommendations

Considerable planning needs to occur before an integrated data system can be created. The following recommendations should serve as a guide for that planning. While the public health community should work on all of the recommendations, the following strategies should be developed before the others: 1, 3, 8, and 15 (these are indicated with an asterisk (*) in the paragraphs below).

DHHS and other partners should strengthen the current public health data infrastructure by:

1. Convening a group of state and local public health stakeholders to define a set of priority indicators which can be used to identify health problems and monitor health trends at the state and local levels. The group should include the rationale for choosing each indicator and how state and local health professionals can best collect and use the data.*
2. Developing an annual state public health report card. Each local health department (LHD) should use common indicators to develop an identical local report card.
3. Hiring an epidemiology coordinator in the Division of Public Health to provide technical assistance to local health departments. At this point, most local health departments lack the capacity and human resources to perform data analysis. An epidemiologist specifically focused on providing technical assistance to LHDs would help them increase their ability to utilize data to plan programs.*
4. Hiring three epidemiologists to each work with 5-6 local health departments. Their work would be overseen by the epidemiology coordinator.
5. Using the epidemiology coordinator to manage data collection and investigations for the Community Planning and Protection, Health Promotion, and Lifespan Health Services Units.
6. Reviewing how other states manage their public health data and use this

information to help create a plan to build an integrated data system in Nebraska.

7. Building data capacity through partnerships with the College of Public Health at the University of Nebraska Medical Center (UNMC).

The DHHS and other public health partners should increase the access to public health data by public health professionals working at the local level and help to increase their capacity to work with public health data by:

8. Increasing awareness among potential data users of current public health data sources and how to access them. This would also require a social marketing or dissemination plan to inform potential data users as to the location of and source of various data sets. This could be done by expanding a public health data source/report list, including definitions, strengths and limitations, and categories. The list should be updated annually and distributed to individuals and organizations, and also made available on the DHHS and partner websites.*
9. Assessing local public health data needs to determine what information is most relevant to all, and then ensuring that those public health data are analyzed and made available especially in a web-based format.
10. Providing more data training opportunities through the Office of Community Health Development, the Public Health Association of Nebraska (PHAN), and the Nebraska Educational Alliance for Public Health Impact (NEAPHI).

The DHHS should develop public health data sharing activities by:

11. Designating a group, such as the DHHS Data Management Section, to be responsible for monitoring or keeping track of all public health data activities. This group could maintain communication with all DHHS programs collecting data as well as any university or independent research groups to ensure that there is no duplication of efforts and that all groups are aware of available data resources. The group should also be responsible for disseminating the data products to the appropriate individuals or organizations. This recommendation may require a reorganization of data specialists within DHHS.
12. Clarifying when HIPAA and FERPA (Family Education Rights Privacy Act) are barriers to data sharing and providing appropriate educational opportunities about these acts.
13. Reviewing current public health laws that affect data collection or sharing to determine if they need to be modified.
14. Developing a protocol for data sharing.

15. Sending representatives regularly to the National Association of Health Data Organizations (NAHDO) meetings and conferences and becoming more active in the Public Health Data Standards Consortium (PHDSC).*

The DHHS and partners should establish stable financing for a public health data system by:

16. Exploring additional funding opportunities such as increased alcohol and tobacco taxes to build the public health data infrastructure, including education and training, and expanding personnel with data expertise.

The DHHS and partners should maintain current databases and increase linkages among databases by:

17. Convening a group to generate a plan for developing an integrated data system that compiles health information in a standardized manner and allows electronic access by multiple-users for multiple purposes. This plan should identify the major components, timelines, and costs.
18. Encouraging local health departments to work in partnership with their local hospitals to encourage the collection of hospital discharge data for submission to the Nebraska Hospital Association (NHA).

Strategy I-B: Strengthening the Public Health Workforce

Recommendations

1. Public health partners led by the NEAPHI should define the public health workforce and work with public health professionals to assure agreement and the general understanding of what public health is and what the qualifications of the public health workforce should be.
 - a. PHAN, local, and state health departments should provide more consistent training for local and state boards of health. They should also provide boards with more opportunities to learn about public health in general and about current issues in public health. There should be an opportunity for the local and state boards of health to network.
 - b. Local boards of health should complete the National Public Health Performance Standards governance assessment approximately every five years to identify the strengths and weaknesses of their boards. Board of health members should be encouraged to join the National Association of Local Boards of Health (NALBOH) and to participate in their governance and their conferences.

2. Public health partners including PHAN, DHHS, NEAPHI, the UNMC College of Public Health, federally qualified health centers, community health centers, and local health departments should complete a comprehensive public health workforce assessment to determine the composition and experience of the current workforce, and identify their training needs at least every three years.
 - a. The partners should also monitor the progress of the Centers for Disease Control and Prevention (CDC), the National Association of County and City Health Officials (NACCHO), NALBOH, Association of State and Territorial Health Officials (ASTHO), and ASPH (Association of Schools of Public Health) on establishing public health competencies. Once recommendations are made, the partners should create a method of evaluating Nebraska's public health workforce based on the competencies.
 - b. Prior to the establishment of CDC recommended public health competencies, Nebraska's public health partners should examine current competency assessment tools and assess the current competencies of the public health workforce. The assessments should examine individual, staff, and department competencies.
3. The College of Public Health should continue to integrate a shared curriculum with other colleges at UNMC such as the MD-MPH degree and the College of Nursing community/public health nursing masters program. Health professions students should receive public health training in the form of at least one "fundamentals of public health" class.
 - a. The College of Public Health, NEAPHI, and other partners should establish a non-credit and a credit certificate of competency in public health. The certificate should have a requirement of 100 hours of training with a minimum of 30 hours in each core function of public health. The training should relate to the core functions, the ten essential public health services, and the public health performance standards. It should be accessible by distance learning methods whenever possible.
 - b. Nebraska colleges should explore the establishment of additional undergraduate courses in public health to increase the exposure of undergraduates to opportunities in public health. Currently there are courses in public health education at the University of Nebraska at Omaha, the University of Nebraska at Kearney, and Chadron State College, but there is a need for undergraduate courses in population health in other public health disciplines.
4. Area Health Education Centers (AHEC) and other entities that provide continuing education should provide more opportunities to health providers and allied health professionals to receive continuing education credits that are related to public

health.

- a. The public health community should partner more with AHECs to recruit, educate, and mentor young people about public health careers. The groups should develop more awareness of public health workforce options.
5. Public health partners should create public health training programs to reach all health professionals including statisticians, boards of health, and nurses. The trainings should have a number of formats including a seminar or webinar in public health, or a half day orientation.
 - a. Nebraska local health departments should regularly evaluate their entire organization based on public health competencies. This will help identify gaps in capacity to address the core functions of public health and help focus public health training needs statewide.
 - b. Public health partners should establish a governing body such as NEAPHI to ensure that public health trainings are consistent, the learning objectives met, and that training is rigorous. This would also help regulate the number of public health trainings offered to health department employees, ensuring they get the most critical and timely trainings. It would help to avoid duplication and eliminate major gaps as well.
 - c. Public health partners should explore the possibility of implementing a statewide voluntary accreditation program for local health departments to ensure credibility and standardization. This program should link to public health trainings and future credentialing efforts.
 6. Public health partners should provide more opportunities for health professions students to obtain public health experience. Partnerships should be established between AHECs, Student/Resident Experiences and Rotations in Community Health (SEARCH), and local health departments to design meaningful projects for students. Opportunities should also be offered at the state level.
 7. Partnerships between PHAN, the Nebraska Medical Association (NMA), the NHA, the Nebraska Nurses Association, the Nebraska Pharmacists Association, Nebraska Veterinary Medical Association and others should be strengthened and should be used to help promote public health among other health professionals.
 8. Public health partners should work to increase the number of racial and ethnic minorities in health professions. One strategy is to include public health students in the rural health loan repayment programs and recruit minority students to these programs. Additionally, when students are recruited to the College of Public Health, a certain portion of the available scholarships should be awarded to under-

represented racial and ethnic groups. The public health community could also target youth programs such as Upward Bound to educate young people about public health professions.

- a. Public health partners such as the Nebraska Minority Public Health Association should also help the current workforce understand diversity through cultural competency and health disparity training.
9. School health educators in Nebraska should be required to have a certification in health education. The College of Public Health and other partners should join with current university and college programs that certify school health educators to promote the hiring of certified school health educators and to discourage the teaching of health by non-certified teachers.
- a. Schools should establish School Health Advisory Councils, as are required by law in some states, to give advice on issues related to school health, including curriculum, workforce training and development and other school health programs.² School administrators should be required to take at least one course in health education programs to better enable them to respond to the health needs of their students through the establishment of organizational policies.
 - b. There is currently a movement to require all undergraduate students in American colleges and universities to take one course in public health. "The new movement is rooted in a 2003 Institute of Medicine report, 'Who Will Keep the Public Healthy?' which recommended that all undergraduate students should have access to education in public health."³ Nebraska institutions of higher education may wish to investigate joining this movement.
10. Public health agencies, especially state and local government, should establish an organized set of strategies to improve recruitment, retention, and advancement of public health workers. The public health workforce needs to receive competitive compensation and should have the opportunity to advance their careers through the establishment of career ladders.
11. To improve the recruitment and retention of the public health workforce, public health officials and their partners should work to develop and enact the passage of federal public health workforce legislation.

²NC Healthy Schools (October 2003). *Effective school health advisory councils: Moving from policy to action*. Retrieved November 19, 2007, from <http://www.nchealthyschools.org/docs/advisorycouncilmanual.pdf>

³New initiative to bring public health education to undergrads: Every student can learn from public health. (2007, November). *The Nation's Health*, p. 15.

Strategy II: Enhance the Credibility and Visibility of Public Health by Demonstrating the Value of Public Health to Policymakers and the General Public

Recommendations

1. Based on a review of performance standards that have already been developed in other states and at the national level, state and local health officials as well as representatives from the UNMC College of Public Health and other parties in Nebraska should identify appropriate standards and measures that can be applied to local health departments and the state health agency. These standards should be developed by March of 2009 and applied by March of 2010.
2. State and local health officials should work with the media and various constituencies and stakeholders to improve the visibility of public health. These strategies should include:
 - a. Tailor the content of public health messages so that they are relevant to the concerns of specific audiences. The most effective messages are those that fit with and build upon audiences' priorities and goals. Messages must communicate to specific audiences how public health activities respond to their concerns; meet a perceived need(s); support what they also want to see happen; and demonstrably bring about some meaningful advantage they value.
 - b. Match the style and tone of public health messages with what specific audiences find appropriate. It is often most effective to mix quantitative data with qualitative stories. Either way, there needs to be some degree of emotional pull to the message in order for someone to be motivated to listen to its content.
 - c. Involve members of the audiences that we are trying to reach in planning and developing public health messages. There is a saying in public health that is appropriate here: "Nothing about us, without us." The people who are targeted or who are at-risk should always have a say about the types of programs they want and need.
 - d. Provide community groups with the skills to collect and communicate their own story in their own words as opposed to centralizing all media messages. Efforts that engage community residents and organizations in public health campaigns can make a substantial difference in a community's ability to recognize and solve problems, as well as strengthen the individual's sense of community. It is important, however, to be sure that a consistent message is conveyed.
 - e. Ensure that all public health messages recognize and are sensitive to the cultural differences of diverse audiences. Because each racial/ethnic minority group has a

unique set of health characteristics and issues, it is critical to involve minority consumers and providers in planning and developing the message. But diversity is more than racial and ethnic diversity. It also includes rural, suburban and urban diversity, economic diversity and age and gender diversity.

- f. Piggyback on national stories and promotional campaigns. By building on national stories and applying them to a state or local story, it is possible to generate interest and present a strong message to the public.
- g. Establish working relationships with media professionals to set the agenda (i.e., shaping the story to get the attention of journalists), shaping the debate (i.e., telling the story the way you want it told), and advancing the policy. In shaping the debate, it is important to translate what are commonly seen as individual problems (e.g., alcoholism) to social or public policy issues (e.g., promotion and availability of alcohol). In this way, the focus shifts from an individual problem to the environment through which alcohol is made available.

3. Build Constituencies of Support for Public Health Activities

- a. Strengthen the capacity and commitment of PHAN and local health departments to continue their efforts to build strong bases of mutual support among community members, professional colleagues and associations, businesses, non-profit agencies, and government.
- b. Work with existing coalitions to articulate clearly the contribution from public health via a shared agenda for action.
- c. Build new coalitions within and between local communities, regions, and the state to generate more widespread support for public health activities. Public health professionals can assist with the identification of shared concerns and facilitate communication among partners. These coalitions should include people and institutions that can increase the likelihood of accomplishing the goals of the coalition, lend credibility and legitimacy to the coalition, and recruit new coalition members to expand the coalition's influence.
- d. Coalitions should establish long- and short-term goals. Once their goals are established, it is important for coalitions to identify the objectives and activities that need to be completed to accomplish the goals.
- e. Coalitions should focus on positive actions and visible, realistic accomplishments. Coalitions are perpetuated when they have an ongoing sense that they are accomplishing something meaningful. With the combined efforts of the coalition, it should be possible to achieve positive results within a specified and relatively short-term time frame. Small victories lead to bigger ones. For coalition members

to feel a sense of commitment to the coalition's goal(s), they will need to perceive some gain from its accomplishment. Also, the task(s) each member takes on to accomplish the overall goal(s) should be relatively equal to those of others who are in the coalition. And each member should feel that his/her expertise is matched with the particular task they are doing. There should be adequate institutional support for the individual work and meeting times that are needed to complete the goal(s). Meetings should be focused, organized, yet flexible, and allow for some socializing and fun. The completion of the coalition's activity(s) should be publicly celebrated and each member should feel acknowledged and appreciated for their contribution. By definition, the successes of coalitions are group goals and accomplishments, not individual goals and accomplishments.

- f. Identify potential centers of resistance to public health activities and begin to build bridges where possible. At best this can lead eventually to closer working relations. At the very least, coalitions will know better how to address the arguments, restraints, or obstacles that may be present when it comes time to secure support for public health activities.

4. Clarify Public Health Rationales

- Public health professionals need to be firmly aware of and they should be able to articulate the philosophical, ethical, and practical rationales for the field. To do so will help to underscore the basis of commitment to public service and help shape public health priorities. Furthermore, such knowledge will be helpful in countering arguments from those who do not support public health activities. Some areas for consideration might include:
 - Justifications for population-based health interventions including the principles of enlightened self-interest and distributive justice
 - Justifications for and impediments to addressing the social, economic, and environmental determinants of health
 - Constitutional and practical reasons for governmental oversight and involvement in public health activities
 - Opportunities and limitations for health interventions based on concepts of not just personal but also shared responsibility for health risks and outcomes
 - The value of planned development
 - Justifications for and the drawbacks of prioritizing the health needs of vulnerable and underserved groups
 - The significance and limitations of confidentiality in public health interventions

5. Organize a Public Health Promotion Task Force

- a. The Public Health Promotion Task Force should be a coordinating body made up of a highly diverse group of representatives from DHHS and local public health departments, community action agencies, hospitals, regionally diverse communities, the media, and any appropriate health-related group. Ideally, it would have representation from the State Legislature, the Governor's Office, and the Nebraska Association of County Officials.
- b. The task force would be staffed by an expert in public relations, community outreach, and policymaking. The task force, staff person, and budget could be located within the Office of Community Health Development or PHAN.
- c. The purpose of the task force would be to support public health constituencies to build their promotional capacity. The task force would be charged with accomplishing the following activities:
 - Develop and enhance communication channels between public health professionals and community members, policymakers, media professionals, and other health care professionals
 - Coordinate information flow among constituencies for support for public health
 - Encourage joint activities and resource-sharing among public health coalitions to influence the passage of public health policy changes and/or increase the effectiveness of their promotional and outreach initiatives
 - Coordinate the formulation, dissemination, and implementation of long-range public health goals and priorities for the state
 - Assist local public health coalitions, when requested, with establishing and implementing localized long-range goals and priorities and short-term activities
 - Provide training, technical assistance, and expertise to public health coalitions, when requested, on how to increase the visibility and impact of their initiatives
 - Sponsor a yearly, statewide public health promotional campaign through the media such as the themes for National Public Health Week.
 - Link public health coalitions with national resources (technical assistance, data, media campaigns, policy trends, and funding opportunities)
 - Publish and update a statewide directory of public health agencies, professional groups, coalitions, supporters, and resources
 - Develop a web page to enhance communication and resource sharing among public health coalitions
 - Coordinate and facilitate the completion of policy-relevant research

Strategy III: Strengthen the Capacity of the Public Health System to Address the Impact of Environmental Issues

Recommendations

The following recommendations provide a broad range of strategic interventions to improve and support environmental public health services at the state and local levels. Enhancing environmental public health services will require strong working relationships with policy making groups, boards of health, land use planning groups, Natural Resource Districts (NRD), the media, schools, institutions of higher education and other state and local environmental organizations.

The Nebraska Department of Health and Human Services, state partners, and local health departments should work together to strengthen their environmental health infrastructure by implementing the following recommendations:

1. The partners should develop environmental health education programs to promote a competent and effective environmental public health workforce. The College of Public Health, DHHS, local universities and colleges, and other partners should work together to develop programs and suitable field experiences, including online Public Health Foundation courses (www.phf.org/phworkforce.htm).
2. The DHHS Drinking Water Program should continue to make community-specific drinking water monitoring data available on the DHHS web site.
3. In cooperation with the University of Nebraska Cooperative Extension Offices and the NRDs, private well testing must continue to be encouraged. Local health departments should be responsible for spreading the message about the importance of periodically testing private well water and promote and clarify how community members can access this service.
4. The DHHS should coordinate with local health departments and other stakeholders to develop technical expertise to educate people about emerging issues, and to inform the public about how adverse risks may affect individual communities and what potential prevention and intervention measures are appropriate. The partners should use available data to develop educational workshops focusing on health hazards in the following categories: air contaminants, water pollution, food safety, sustainability, environmental planning and soil quality/waste management.
5. The DHHS and local health departments should conduct periodic environmental health assessments to learn what their primary challenges are and to understand the primary health concerns of citizens in their communities. There should be a statewide standard for collecting data so comparisons can be made locally, regionally, or by the State as a whole. An assessment tool such as the Protocol for

Assessing Community Excellence in Environmental Health (PACE EH) or Mobilizing for Action through Planning and Partnerships (MAPP) is recommended. The Department of Education should encourage schools to consult Healthy School Environment Publications to assess school environments, and make any necessary changes where children's health might be compromised (<http://yosemite.epa.gov/ochnp/ochnpweb.nsf/content/hsepubs.htm>)

- a. The state partners and local health departments should set environmental health goals and best practice guidelines that are based on reliable sources of data and research. An evaluation of best practices and gaps related to laws, ordinances, and regulations should be a part of the goal setting process.
6. The DHHS, the Department of Environmental Quality (DEQ), the Department of Agriculture, and local health departments should coordinate their programs and activities to assure that environmental public health programs are available statewide, including programs that affect children and vulnerable populations. The capacity and capability of local health departments should be strengthened so that as many programs as possible can be provided at the local level.
 - a. The Nebraska DEQ and the Department of Agriculture should develop collaborative efforts, which may include sharing and delegating appropriate program responsibilities such as food safety and onsite waste water, with the local health departments.
 - b. The state partners and local health departments should develop requirements for obtaining food handler's permits for local food projects (e.g., soup suppers and pancake feeds). There should be a consistent standard across the state.
 7. Environmental public health issues should be an important component of all land use planning.

The Nebraska local health departments should develop their capacity to address environmental concerns by focusing on the following recommendations:

8. Local health departments should collaborate with appropriate partners to protect and promote health and safety where people live, work, learn and play, especially for those at greater risk of health disparities.
9. Local health departments should collaborate with appropriate partners to reduce public health risks due to environmental hazards such as mold and vector borne illness.

10. Local health departments should develop the capacity to address natural and man-made emergencies by keeping their plans updated, conducting periodic tabletop exercises, and building relationships with other community responders.
11. Local health departments should have the capacity to address environmental health issues by having access to environmental health consultants or their own credentialed environmental specialist.
12. Local health department environmental health staff should have a broad understanding of air quality in order to respond to issues like harmful pollutants, alternative modes of transportation, cleaner alternative fuels, and airborne toxins.
 - a. Each local health department should identify and address both indoor and outdoor air quality issues, including environmental tobacco smoke and feedlot odors and runoff, and monitor potential health impacts.
 - b. Local health departments should work with schools to encourage the use of the Tools for Schools kit, which is intended to prevent indoor air quality incidents by managing the indoor air environment more effectively. Schools and local health departments should strengthen collaboration with the Nebraska Department of Education.
13. Each local health department should identify and address water quality issues, such as contamination from nitrates, animal waste, sewage, or pesticides, and monitor potential health impacts.
 - a. Local health departments and partners should post recreational water exposures and fish consumption advisories in local newspapers, on health department websites, or in other local media.
 - b. Local health departments should have the capacity to interpret water data and participate in land use planning discussions.
14. Each local health department should collaborate with their partners to identify soil quality and waste management issues (e.g., mercury thermometers and hazardous materials) and monitor potential health impacts.
15. Local health departments should inform, educate and empower people about food safety. They can do this by providing information about handling food properly, temperature guidelines, contaminants, and food-borne illness threats.

- a. Where appropriate and reasonable, local health departments should collaborate with the Department of Agriculture on food safety inspections and investigations as well as the promotion of local farmer's markets and the use of other local food products.

The public health community should facilitate awareness of environmental health issues by carrying out the following recommendations:

16. Public information and social marketing are essential components of all environmental public health programs. In cooperation with the state, local health departments, and other partners, information should be communicated to the public so people can make decisions to protect their health and the environment.
 - a. Local health departments should work with schools to encourage their use of the Fit, Health, and Ready to Learn: A School Health Policy Guide Part III produced by the National Association of State Boards of Education.
17. The built environment should encourage safe and accessible areas for exercise and commuting as well as encourage mass transportation and/or carpooling or other energy saving practices such as the use of hybrid vehicles.

Strategy IV: Expand Local, Regional, and State Systems to Develop and Deliver Innovative Health Promotion and Disease Prevention Programs

Recommendations

The DHHS should strengthen its current health promotion and disease prevention infrastructure by:

1. Developing a single strategic plan for the DHHS Health Promotion Unit to assure coordination across all programs and other DHHS programs. Internally, the Health Promotion Unit, Community Health Planning and Protection Unit, and Lifespan Health Services Unit should coordinate their plans and identify the highest priorities for the system.
2. Improving internal communication among DHHS programs. These programs are working with many of the same groups of people (e.g., local health departments) and could potentially share their workload by communicating better. They could also cooperate on public health surveys, which include the Behavioral Risk Factor Survey (BRFS), Minority Behavioral Risk Factor Survey (MBRFS), and the Youth Risk Behavior Survey (YRBS). The programs should share campaign ideas, educational strategies, and other materials each program is using.
3. Initiating a biannual “what really works” conference where each public health program has the opportunity to share best practices in their field. Additionally, a calendar of annual conferences should be added to Lotus Notes so DHHS employees could download conference dates and overlapping conferences could be avoided.
4. Helping to identify funding for a faith-based coordinator who could increase communication among parish nurses and other faith-based public health professionals. The coordinator would also identify best practices in the area of faith-based public health.
5. Identifying funding for a worksite wellness coordinator to assist businesses in establishing worksite wellness plans. The DHHS should provide funding assistance to supplement pre-existing efforts.
6. Working with PHAN and NEAPHI to increase the availability of training opportunities, including distance education options, for the public health workforce, specifically in health promotion and disease prevention.

The DHHS, Local Health Departments, and other partners should develop their capacity to address health promotion and disease prevention by:

7. Organizing a diverse statewide planning committee consisting of representatives from DHHS, local health departments, the College of Public Health, PHAN, the Nebraska Minority Public Health Association, the Minority Health Council, and other community based organizations to create strategic statewide health promotion and disease prevention priorities.
8. Establishing evidence-based specific health promotion and disease prevention intervention strategies in each local health department, such as a tobacco prevention focus. The strategies can be based on priorities established through the MAPP process completed by approximately 18 local health departments. After local health departments identify priorities, they should coordinate their efforts with regional partners.
9. Continuing to provide topic specific data reports (e.g., injury) to local health departments and increasing the amount of data provided on racial/ethnic minorities. These reports provide current data which can be used to identify health needs and can be used to prepare grant applications, health assessments, and planning processes.
10. Strategizing how to better provide technical assistance and combined funding to local health departments, community coalitions, and others engaging in health promotion work. Local health department directors, DHHS program staff, College of Public Health representatives, and other public health professionals could meet to discuss what types of technical assistance are needed, what can be provided, and where gaps exist. This group could also hold biannual meetings to continue to enhance their collaborative partnership.
11. Hiring health educators (e.g., certified bilingual health education specialists) who could work with a defined number of health departments. The health educators could work with local health departments to identify common problems in a broader region. The health educators could provide technical assistance to health departments as they plan health promotion and disease prevention programs.
12. Developing a comprehensive approach to health promotion and disease prevention for older adults. Local health departments should lead the effort working with the State Unit on Aging, Area Agencies on Aging, and other community organizations.
13. Developing a coordinated and comprehensive approach to promote student health and well-being. The Nebraska Department of Education (NDE) should adopt the Coordinated School Health Program (CSHP) model and incorporate it into the State Board of Education policy document titled *Providing Equitable Opportunities For An Essential Education For All Students in Nebraska Public School Districts*. The eight component model is based on the premise that the health of school-age youth is dependent upon a system that addresses program, policy, services, and

environment issues (Appendix C). In addition, the NDE should provide assistance and support to local school districts and schools to implement effective Coordinated School Health Programs by: (a) modeling collaboration with other health agencies/organizations; (b) developing program guidelines, sample policies and position descriptions, resource lists, state and local student health data, and other useful information for program planning and improvement; (c) providing professional development opportunities on CSHPs; (d) providing professional development for School Health Council members, School Health Program Coordinators, and School Health Team members; (e) incorporating CSHPs into school improvement plans; and (f) providing direct technical assistance in implementing Coordinated School Health Programs.

14. Improving health education in Nebraska schools. School districts/buildings, with assistance from NDE, local health departments and the DHHS should work to establish School Health Councils and School Health Teams. The School Health Council focuses on district level policies and programs and the School Health Team focuses on building level implementation. Each Council/Team should include a diverse representation of school staff, families, students, and members of the community to oversee and evaluate the CSHP and make recommendations to the school board. Each school building and district should designate a School Health Program Coordinator to assist with the implementation and evaluation of the CSHP. All partners should work to improve the quality of health education provided in schools, encouraging certification of the health education teachers.
15. Developing multifaceted health promotion and disease prevention campaigns developed with racial/ethnic minorities that provide awareness of health risks and encourage behavior change in a culturally-sensitive and linguistically relevant manner. Local health departments conducting program planning processes, such as MAPP, should ensure that racial/ethnic minorities participate and are represented especially in data and community themes assessments.

The public health community should develop health promotion and disease prevention by:

16. Examining what could be done best at a statewide, regional, or local level and delegate activities as such. Funding should be obtained and designated at all levels to fund the activities. Additionally, health promotion coalitions could be created more broadly in addition to creating specific coalitions (e.g., tobacco). Existing coalitions should work together and collaborate to deliver health promotion messages and share the costs of implementing responses. Local health departments could help their regional coalitions to see possibilities of how they might fit into the public health community. School districts/buildings, with assistance from NDE and DHHS, should adopt a coordinated school health program model encompassing the eight components of coordinated school health.

17. Promoting a comprehensive approach and a common framework to implement health promotion and disease prevention interventions and policies. This framework should be based on the social ecological model that emphasizes a multi-level approach (i.e., individual, interpersonal, community, organization, policy, and environment) as mentioned previously. Interventions should focus on the higher levels of the framework, especially policies.
18. Encouraging the College of Public Health and its partners to develop a research agenda which will value and reward faculty for engaging in research projects with local communities and health departments.
19. Promoting workplace wellness as an evidence-based strategy that works through existing worksite wellness entities (WorkWell and Wellness Council of the Midlands) as well as through emerging worksite wellness entities. It may be easier to convince work sites that a comprehensive wellness program is necessary as opposed to topic specific programs such as tobacco cessation. Wellness programs have the potential to benefit all employees.
20. Encouraging policy changes, (i.e., primary seat belt law, self-extinguishing cigarette law, tobacco and alcohol tax increases) which are proven methods for changing behaviors, decreasing health risks, and providing funding for public health initiatives.

Strategy V: Improve Access to High Quality, Affordable Health Care Services by Strengthening the Health Care Safety Net, Expanding the Supply of Health Professionals and Services in Underserved Areas, and Providing Culturally Competent Care

Recommendations

1. DHHS should approve policies that will ensure access to comprehensive health services to all persons in Nebraska. In order to achieve this goal, the state should:
 - a. Provide technical assistance to communities interested in developing community health centers.
 - b. Create a coalition with a diverse membership to monitor and evaluate new federal and state initiatives to expand health insurance coverage.
 - c. Explore the costs and benefits of the Kids Connection program to cover all children at 200 percent of the federal poverty level.
 - d. Continue to aggressively promote the Kids Connection program and target outreach efforts to specific racial and ethnic minorities and other underserved population groups by building on successful models.
 - e. Collaborate with the business community to explore options for increasing the availability of health insurance coverage. These options should include programs to promote greater self-sufficiency and enhance employability (e.g., job training and education) as well as tax subsidies.
 - f. Continue full cost-based reimbursement under Medicaid for certified rural health clinics, community health centers, and critical access hospitals to help preserve these safety net providers.
 - g. Create an insurance connection program to assist small employers and self-employed individuals in finding an appropriate plan.
 - h. Collaborate with the insurance industry and health care providers to reimburse safety net providers such as well child clinics, public immunization clinics, community health centers, sexually transmitted disease clinics at 100 percent of cost for services provided to their clients.

2. In order to increase the supply of health professionals in health professional shortage areas, the state should:
 - a. Continue to support and expand the state's incentive programs (scholarship and loan repayment).
 - b. Continue to reimburse health care professionals for telehealth services under Medicaid.
 - c. Continue to support the recruitment and retention technical assistance efforts of the Office of Rural Health in rural communities.
 - d. Initiate training experience, and whenever appropriate, develop integrated and interdisciplinary health professional training experiences in rural areas for all health professional education programs. Integrated and interdisciplinary training opportunities could involve students in medicine, pharmacy, mental health, dentistry, nursing, and public health.
3. The DHHS, Office of Minority Health and Health Equity, should work with UNMC's continuing education program, Creighton University, and other appropriate training centers to develop a training program on cultural competence for all providers.
4. The State Office of Minority Health and Health Equity should provide technical assistance to assist health care organizations in establishing cultural competency standards based on the Culturally and Linguistically Appropriate Services (CLAS). The Office should also work with medical education centers and other educational institutions to expand the number of interpreters and translators.
5. The DHHS should seek private foundation and federal funds to encourage the development of integrated rural health systems that include primary care and hospital services as well as public health, emergency medical services, and mental health and substance abuse services.
6. To improve rural emergency medical services (EMS), DHHS should consider:
 - a. Forming a task force to explore new models for integrating EMS services with hospital networks under the critical access hospital program.
 - Enhancing training opportunities for EMS volunteers using grant funds from the federal Medicare Rural Hospital Flexibility Program.
 - Providing funds for implementing the trauma system plan.

- Promoting regional EMS networks that include community-based advisory committees.

7. To offset the projected shortage of dentists:

- a. DHHS, local health departments, and their partners should provide education about the benefits of fluoridation in those communities that do not have adequate fluoridation levels but exceed the population limits of LB 245.
- b. DHHS should seek pilot grant funds for projects where the expanded scope of practice for dental hygienists as outlined in LB 247 can be fully demonstrated.

Strategy VI: Develop an Integrated System of Lifespan Primary and Preventive Care

Recommendations

1. The University of Nebraska Medical Center College of Medicine and Creighton University School of Medicine should develop more formal educational programs where a team approach is used to teach students to address mental health problems more effectively. The team should include primary care professionals, mental health practitioners, and public health professionals.
2. Local public health agencies should work with communities to form broad-based coalitions to collect risk and protective factor data, design prevention programs to meet the needs, and evaluate the effectiveness of these programs.
3. Local public health agencies and primary care practitioners should work together to design and conduct health risk appraisals and define patient-specific risks. Local public health agencies should work with primary care practitioners to modify office and information systems to notify patients of essential preventive interventions and collect local data to determine cost effectiveness.
4. The Department of Health and Human Services should examine more systematic strategies to coordinate funding for prevention and treatment efforts across state and local agencies.
5. New educational programs should be developed to help create a work force that is capable of implementing age and culturally-appropriate evidence-based practices.
6. Educational programs should be launched to help patients and practitioners to work together as a team to address health problems.
7. Policies and laws should be changed so that coverage for mental conditions reaches parity with physical conditions.

Strategy VII: Develop Sustainable Financing for Public Health Services

Recommendations

1. Establish a regular assessment of Nebraska's public health infrastructure that includes an evaluation of revenues and expenditures. Use the assessment results to evaluate public health capacity and to recommend funding levels. An example of this would be investigating the pros and cons of: increased tobacco and alcohol taxes and passing laws that include additional federal funding upon passage (as was done with the .08 blood alcohol level DUI law that brought additional federal dollars to Nebraska upon passage and as could have been done with the passage of a primary seat belt law).
2. A task force of state and local health department representatives should be formed to identify opportunities for providing more feasible, combined funding options for local health departments.
3. Local health departments should explore additional methods of obtaining funding including setting funding priorities and writing business plans.
 - a. The Department of Health and Human Services, Division of Public Health, and PHAN should provide training resources so that public health professionals can learn about business planning for public health programs.

