

# **2013 Nebraska Health Care Funding Act Report**

**Prepared for the Governor and the  
Nebraska Legislature**

**1) USE OF FUNDS APPROPRIATED  
UNDER HEALTH CARE FUNDING ACT**

**and**

**2) OUTCOMES ACHIEVED**

**December 16, 2013**

**Submitted by:  
Nebraska Department of Health and Human Services**

December 17, 2013

Dave Heineman, Governor  
State Capitol  
Lincoln, NE 68509

Dear Governor Heineman:

In the 2001 Legislative Session, LB 692 was passed into law. An annual \$50 million endowment for health care programs was created from the principal and investment income of the tobacco settlement fund and the Medicaid intergovernmental transfer (IGT) fund. Currently this endowment has increased to \$59.1 million annually. The purpose of this endowment was to create an ongoing funding mechanism for health care in Nebraska.

In addition, LB 692 requires the Department of Health and Human Services to provide an annual report to the Legislature and the Governor detailing the use of funds appropriated under this act and the outcomes achieved from such use.

The following report fulfills that statutory mandate. We appreciate the opportunity to share with the Governor and the Legislature the important work done as a result of LB 692. Please do not hesitate to contact me at 471-9433 if I can be of further help. Thank you.

Sincerely,



Kerry T. Winterer  
Chief Executive Officer  
Department of Health and Human Services

December 17, 2013

Patrick O'Donnell  
Clerk of the Legislature  
State Capitol  
Lincoln, NE 68509

Dear Mr. O'Donnell:

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Department of Health and Human Services

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## EXECUTIVE SUMMARY

### LEGISLATIVE BACKGROUND:

#### **LB 692 (2001)**

LB 692 was enacted in the 2001 Legislative session. It created an annual \$50 million endowment for health care programs from the principal and investment income from the tobacco settlement fund and the Medicaid intergovernmental transfer (IGT) fund. This \$50 million endowment was transferred to the Nebraska Health Care Cash Fund and initially distributed as follows:

- \$5 million, annually, for grants awarded by the Nebraska Health Care Council; including \$700,000 for grants to improve racial and minority health,
- \$5.6 million in FY (Fiscal Year) 01/02 and FY02/03 to county health departments for local public health services, planning and infrastructure development
- \$100,000 in FY01/02 and FY02/03 for the Office of Public Health Employees
- \$2.8 million in FY01/02 and FY02/03 for minority public health; including \$1.58 million for minority public health services in counties having a minority population equal to or exceeding 5% of the total population of the county in the first and third congressional districts, \$220,000 for satellite minority health offices in the second and third congressional districts and \$1 million to federally qualified health centers that serve primarily African-Americans, Native Americans and Spanish-speaking minorities
- \$3 million in FY01/02 and \$5 million in FY02/03 for services to individuals with developmental disabilities who are on the waiting list for services
- \$1 million in FY01/02 and FY02/03 to Office of Juvenile Services for mental health services to juvenile offenders
- \$1.06 million in FY01/02 and FY02/03 for statewide respite care services
- \$2.4 million in FY01/02 and \$2.6 million in FY02/03 to increase rates paid to providers of inpatient, hospital, or hospital-sponsored residential care services
- \$7.5 million in FY01/02 and FY02/03 to increase rates paid to providers of mental health and substance abuse services
- \$6.5 million in FY01/02 and FY02/03 for community-based mental health and substance abuse services; including intermediate-level residential care
- \$1.5 million in FY01/02 and FY02/03 for the cost of maintenance and treatment of mental health patients under emergency protective custody
- \$10 million in FY01/02 and FY02/03, \$12 million in FY03/04 and FY04/05, \$14 million each FY thereafter, for biomedical research
- \$500,000 in FY01/02 for the study on the Health and Human Services System

LB 692 became effective May 17, 2001.

#### **LB 412 (2003)**

LB 412 was enacted in the 2003 Legislative session. This bill changed the funding of public health grants awarded by the Nebraska Health Care Council. Under LB 692, \$5 million of the Nebraska Health Care Cash Fund was to be used for public health grants. At least \$700,000 of the \$5 million was to improve racial and ethnic minority health. LB 412 deleted the specific amounts and inserted the language with "Funds as appropriated by the Legislature" and "fifteen percent of the funds appropriated" respectively. No new funds were appropriated for public health grants. This \$5 million was used to fund the children's health insurance program (See LB 407).

LB 412 also made changes and eliminated provisions relating to minority health offices, the funding of local public health departments, the tobacco prevention and control, the Nebraska Medicaid Intergovernmental Trust Fund and the Nursing Facility Conversion Cash Fund. This bill became operative July 1, 2003.

**LB 407 (2003)**

LB 407, the 2003 budget bill, appropriated Cash Funds from the Nebraska Health Care Cash Fund to the Department of Health and Human Services and the Department of Health and Humans Services Finance and Support. In addition, LB 407 capped biomedical research funding from the Nebraska Health Care Cash Fund at \$10 million annually. This bill became operative July 1, 2003.

**LB 321 (2007):**

LB 321, the 2007 budget bill, appropriated Cash Funds from the Nebraska Health Care Cash Fund to the Department of Health and Human Services for compulsive gamblers assistance programs. Also, this bill increased appropriation for biomedical research to \$14 million annually. This bill became operative July 1, 2007.

**LB 482A (2007):**

LB 482A appropriated Cash Funds from the Nebraska Health Care Cash Fund to the Department of Health and Human Services to carry out the provisions of LB 482, Autism Treatment Program Act. This bill became effective May 25, 2007.

**2013 Funding**

As amended by LB 412 (2003), LB 407 (2003), LB 321 (2007), LB 482A (2007), and LB 315 (2009), the 2012 funding for “LB 692 purposes” was appropriated as follows:

|   |                  |
|---|------------------|
| Administration (Public Health, Respite,<br>Compulsive Gambling) | \$475,331        |
| Public Health (Administration)                                  | \$320,000        |
| Juvenile Services Operation                                     | \$1,000,000      |
| Behavioral Health Mental Health<br>and Substance Abuse          | \$10,824,660     |
| Public Assistance   | \$810,000        |
| Medicaid  | \$5,215,896      |
| Children’s Health Insurance                                     | \$7,035,700      |
| Developmental Disabilities                                      | \$5,000,000      |
| Local Public Health   | \$8,280,000      |
| Biomedical Research   | \$14,000,000     |
| Other Agencies  | \$738,139        |
| Transfer to Tobacco   | \$2,370,000      |
| Transfer to Stem Cell   | \$437,000        |
| Undistributed Adjusted  | (\$141,170)      |
| Child Welfare Aid   | \$2,734,444      |
| <br>Grand Total   | <br>\$59,100,000 |

Additional Information

DHHS has provided a table which details the amended LB 692 funding accomplishments and outcomes. Additional information is also contained in the Appendix.

**2013 LB 692 Report:**  
**Table on Appropriations, Uses and Outcomes**

**2013 LB 692 Report:  
Table on Appropriations, Uses and Outcomes**

| <b>DHHS Divisions</b>                  | <b>Program</b>                                 | <b>FY 13 Appropriations</b>            | <b>Use Sections are from LB 315 (09) LB 374 (11)</b>   | <b>Outcomes</b>  | <b>Provider Rates</b> |
|--|--|--|--|--|-----------------------|
|  | <b>Program 033</b>                             |  |  |  |                       |
| Division of Public Health              | Administration                                 | \$13,688                               | Sec 93 \$13,688 regulatory support for emergency medical technicians-intermediate and emergency medical technicians-paramedic licensing. | Used for paramedic and intermediate training reimbursement. A paramedic or intermediate would have to hold a Nebraska license and work with a Nebraska Licensed Service in order to be eligible for reimbursement.   | N/A                   |
|  | Smoking Cessation                              | \$6,000                                | Sec 93 - \$6,000 cost related to implementation of smoking cessation.  | Continued enhancements to Tobacco Free Nebraska toll free quitline.  |                       |
|  | Parkinson's Disease Registry                   | \$26,000                               | Sec. 93 (Parkinson's Disease Registry)   | DHHS Office of Health Statistics uses these funds to collect, validate, and update the Parkinson's Disease Registry to monitor the incidence and mortality of Parkinson's Disease in Nebraska, a total of approximately 13,000 cases have been documented since the inception of the Registry.   | N/A                   |
| Division of Children & Family Services | Nebraska Lifespan Respite Services Program     | \$404,643                              | Sec 93 Respite Care Program in service areas.  | Information and referral support for caregivers with 7,809 calls to the Lifespan Respite Network. The Lifespan Respite Network currently has 1,034 agencies and individual providers recruited to provide respite services statewide. Education and training reached 44,217 caregivers, providers, and professionals. Refer to Report, Attachment A.   | N/A                   |
| Division of Behavioral Health          | Behavioral Health-Compulsive Gambling          | \$25,000                               | Sec 93 Compulsive Gambler's Assistance (LB 6, 2013, transferred this program to the Department of Revenue 7/1/13).                       | Provided support for gambler's assistance program for service development, administration, and evaluation of treatment and prevention services   | N/A                   |
|  | <b>Total Program 033</b>                       | <b>\$475,331</b>                       |  |  |                       |
|  | <b>Program 179</b>                             |  |  |  |                       |
| Division of Public Health              | Administration                                 | \$100,000                              | Sec 98 \$100,000 each year for staffing and operating expenses.  | Provide technical assistance to 18 local public health departments to provide the 10 essential services.   | N/A                   |
|  | Office of Health Disparities and Health Equity | \$220,000 (*\$110,000 for each office) | Sec 98 for operation a satellite office of minority health in the 2 <sup>nd</sup> and 3 <sup>rd</sup> congressional districts.           | Two staff in each of the Congressional Districts 2 and 3 satellite offices are supported with these funds.<br><br>These positions direct the activities necessary to support programs; coordinate services and activities with other community, state, local and federal agencies, health professionals, and service agencies in efforts to reduce health disparities and promote improved health among diverse populations within Congressional District 2 and 3. | N/A                   |

| DHHS Divisions                         | Program                     | FY 13 Appropriations      | Use Sections are from LB 315 (09) LB 374 (11)        | Outcomes  | Provider Rates |
|--|-----------------------------|---------------------------|--|---|----------------|
|  | <b>Total Program 179</b>    | <b>\$320,000</b>          |  |   |                |
|  | <b>Program 250</b>          |                           |  |   |                |
| Division of Children & Family Services | Juvenile Service Operations | YRTC-Kearney<br>\$910,853 | Sec 99 Mental Health services to juvenile offenders. | <p><u>YRTC-Kearney</u></p> <ul style="list-style-type: none"> <li>❖ \$895,700 used for 4 Licensed Mental Health Practitioners, 5 Provisional Mental Health Practitioners, 2 Youth Counselor Supervisors, and 15 Youth Counselor Is.</li> <li>❖ Sexual Trauma Program: <ul style="list-style-type: none"> <li>• Average of 25 youth were provided individual therapy per month</li> <li>• 1034 hours were completed for individual youth therapy</li> <li>• 839 consultations with youth by a psychiatrist, Dr. Susan Howard</li> <li>• Dr. Howard visits YRTC-Kearney 5 times per month; no sexual offender recidivism</li> </ul> </li> <li>❖ Youth Counselor Is made 3,800 contacts with parents and 6,681 contacts with Juvenile Service Officers and Family Permanency Specialists.</li> <li>❖ Youth Counselor Is provided 11,566 individual counseling hours with youth. <ul style="list-style-type: none"> <li>• 10 contacts with Guardians Ad Litem</li> <li>• 17 contacts with Foster Care Review Board staff</li> <li>• 588 Family Team Meetings</li> <li>• 2,408 supervised recreation activities</li> <li>• 105 work projects</li> </ul> </li> </ul> <p><u>Hastings Juvenile Chemical Dependency Program</u></p> <ul style="list-style-type: none"> <li>❖ Provides 40 beds for chemical dependency treatment at the residential treatment level of care to youth paroled from YRTC-Kearney diagnosed with chemical dependency issues and meeting the criteria for chemical dependency treatment.</li> <li>❖ 43 admissions with an average length of stay of 120 days</li> </ul> <p><u>Geneva Youth Rehabilitation and Treatment Center</u></p> <ul style="list-style-type: none"> <li>❖ The amount of \$89,147.00 was used for salary/benefits for two youth counselors.</li> </ul> | N/A            |
|  |                             | YRTC-Geneva<br>\$89,147   |  |   |                |

| DHHS Divisions                          | Program  | FY 13 Appropriations | Use Sections are from LB 315 (09) LB 374 (11)  | Outcomes  | Provider Rates  |
|---|--|----------------------|--|---|---|
|   | <b>Total Program 250</b>                                     | <b>\$1,000,000</b>   |  |   |   |
|   | <b>Program 038</b>   |                      |  |   |   |
| Division of Behavioral Health           | Mental Health and Substance Abuse                            | \$2,599,660          | Sec 94 Behavioral Health providers.  | Continued payment of rates to BH providers for treatment and recovery services.   | Maintained rate increase established in original LB 692. N/A  |
|   |  | \$6,500,000          | Sec 94 to be distributed to SIT Regions based on a formula.  | Continued services to consumers in communities (non-state hospital based).  | N/A   |
|   |  | \$1,500,000          | Emergency protective custody.  | Crisis Center/hospitals reimbursed for days of service related to Emergency Protected Custody.  | N/A   |
|   |  | \$225,000            | Sec. 94 for compulsive gambling services.  | Continued provision of problem gambling treatment, prevention and education services.   | N/A   |
|   | <b>Total Program 038</b>                                     | <b>\$10,824,660</b>  |  |   |   |
|   | <b>Program 347</b>   |                      |  |   |   |
| Division of Children & Family Services  | Nebraska Lifespan Respite Services Program – Respite Subsidy | \$810,000            | Sec. 101 Aid in carrying out the NE Lifespan Respite Service payments to caregivers to purchase services.  | Assistance for 735 individuals across the lifespan through the Respite Subsidy Program in FY 2013. The Respite Subsidy program received 362 new referrals in FY 2013. Refer to Report, Attachment A.  | Determined by family or authorized representative of eligible client  |
|   | <b>Total Program 347</b>                                     | <b>\$810,000</b>     |  |   |   |
|   | <b>Program 348</b>   |                      |  |   |   |
| Division of Medicaid and Long-Term Care | Medical Assistance   | \$4,765,896          | Sec 102 Continuation of the behavioral health provider rate increase and behavior health provider rate increase for managed care, inpatient and residential treatment. | Continued provision of behavioral health for clients and participation of providers in the program.   | Maintain rate increase provided in original LB 692 funding.   |
|   | Smoking Cessation  | \$450,000            | Sec 102 - State Plan Amendment covering tobacco use cessation in compliance to Title XIX of federal Social Security Act smoking cessation.                             | Clients receive medication and up to four counseling sessions to support up to 2 quit attempts per year. For FY 13, an average of 53 clients utilized 137 counseling sessions per month. An average of 194 prescriptions were filled monthly. | Code 99406-\$13.47-smoking & tobacco use cessation counseling visit; intermediate greater than 3 min, up to 10 min Code 99407-\$23.10-smoking |
|   | <b>Total Program 348</b>                                     | <b>\$5,215,896</b>   |  |   |   |

| DHHS Divisions                          | Program                      | FY 13 Appropriations     | Use Sections are from LB 315 (09) LB 374 (11)  | Outcomes  | Provider Rates |
|---|------------------------------|--------------------------|--|---|----------------|
|   | <b>Program 344</b>           |                          |  |   |                |
| Division of Medicaid and Long-Term Care | Child Health Insurance       | \$6,835,700<br>\$200,000 | LB 968, Section 100 State Aid<br>LB 968, Sec 100, Poison Control to UNMC   | The appropriation for the CHIP program is for state aid, i.e. for the provision of services in the CHIP program, and is used as the state match to earn Federal funds. It is not earmarked for any particular service in the CHIP program; however, the funds cannot be spent for administration costs, only for the provision of services. | N/A            |
|   | <b>Total Program 344</b>     | <b>\$7,035,700</b>       |  |   |                |
|   | <b>Program 424</b>           |                          |  |   |                |
| Division of Developmental Disabilities  | Developmental Disability Act | \$5,000,000              | Sec 106 State Aid/Services to Developmentally Disabled on waiting list.  | Continued provision of developmental disability services to participants  | N/A            |
|   | <b>Total Program 424</b>     | <b>\$5,000,000</b>       |  |   |                |
|   | <b>Program 502</b>           |                          |  |   |                |
| Division of Public Health               | Local Public Health          | \$5,405,000              | Sec 107 Aid to local public health departments.  | Provide the three core functions of public health which include assessment, policy development, and assurance and the 10 essential services (see the attached report).  | N/A            |
|   |                              | \$1,349,000<br>Cash      | Sec 107 to be equally distributed among federally qualified health centers serving a minority population greater than 75,000 inhabitants.  | Funding is equally distributed to One World Community Health Center and Charles Drew Health Center in Omaha, Nebraska.  | N/A            |
|   |                              | \$1,526,000<br>Cash      | Sec 107 for minority health services to be distributed to counties having a minority population equal to or exceeding 5% of the total population in the 1 <sup>st</sup> and 3 <sup>rd</sup> congressional districts. | 17 Minority Health Initiative (MHI) grants were awarded for FY 2013 focusing on the priority areas of obesity, cardiovascular, infant mortality, diabetes, cancer, asthma, chronic lung disease and unintentional injury. The 2013 MHI Annual Report has been submitted to the Legislature.   | N/A            |
|   | <b>Total Program 502</b>     | <b>\$8,280,000</b>       |  |   |                |
|   | <b>Program 623</b>           |                          |  |   |                |
|   | 623 Biomedical Research      | \$14,000,000             | Sec 105 Biomedical Research.   |   | N/A            |
|   | <b>Total Program 623</b>     | <b>\$14,000,000</b>      |  |   |                |
|   | <b>Program 030</b>           |                          |  |   |                |
| Division of Public Health               | Tobacco Prevention           | \$2,370,000              | LB 968 Section 91<br>Tobacco Prevention and Control  |   | N/A            |
|   | <b>Total Program 030</b>     | <b>\$2,370,000</b>       |  |   |                |
|   | <b>Program 354</b>           |                          |  |   |                |

| <b>DHHS Divisions</b>         | <b>Program</b>           | <b>FY 13 Appropriations</b> | <b>Use Sections are from LB 315 (09) LB 374 (11)</b> | <b>Outcomes</b> | <b>Provider Rates</b> |
|-------------------------------|--------------------------|-----------------------------|--|-----------------|-----------------------|
| Division of Children & Family | Child Welfare Aid        | \$2,734,444                 | LB 949 Sec 1   |                 | N/A                   |
|                               | <b>Total Program 354</b> | <b>\$2,734,444</b>          |  |                 |                       |
|                               | <b>Program 621</b>       |                             |  |                 |                       |
| Division of Public Health     | Stem Cell Research       | \$437,000                   | LB 968 Sec 112 Biomedical Research                   |                 | N/A                   |
|                               | <b>Total Program 621</b> | <b>\$437,000</b>            |  |                 |                       |
| Other Funds Not Appropriated  |                          | (\$141,170)                 |  |                 | N/A                   |
| <b>Total DHHS</b>             |                          | <b>\$58,361,861</b>         |  |                 |                       |
| Other Agencies                | Legislative Council      | \$75,000                    | Sec 11 Legislative Council.                          |                 | N/A                   |
|                               | Attorney General         | \$395,807                   | Sec. 38 Attorney General.                            |                 | N/A                   |
|                               | Department of Revenue    | \$58,845<br>\$208,487       | Sec 65 Department of Revenue.<br>LB 590A (2011)      |                 | N/A                   |
| <b>Total Other Agencies</b>   |                          | <b>\$738,139</b>            |  |                 |                       |
| <b>Grand Total</b>            |                          | <b>\$59,100,000</b>         |  |                 |                       |

# **APPENDIX**

# **ATTACHMENT A**

# RESPIRE PROGRAM ACROSS THE LIFESPAN OUTCOMES

December 2013

## INTRODUCTION:

The Nebraska Department of Health and Human Services (DHHS) is responsible for administering the Nebraska Lifespan Respite Services Program in accordance with Nebraska Revised Statutes §§68-1520 through §§68-1528.

The Lifespan Respite Care Act established the Nebraska Lifespan Respite Services Program, which consist of the following:

1. The Lifespan Respite Network designated to coordinate community respite services; and
2. The Lifespan Respite Subsidy Program designated to provide funding for caregivers to purchase respite services. The program is centralized and administered through the Department of Health and Human Service.

The Lifespan Respite Subsidy Program supports Respite Services, which provide short-term relief for primary caregivers from the demands of ongoing care for an individual with special needs. The Lifespan Respite Subsidy Program offers qualified families a maximum of \$125.00 per month to obtain respite services. The program is family focused and encourages each family to choose their own providers, decide how much to pay the providers per hour or per day, and set their own schedule based on the family's needs. This program is limited to those families who do not receive respite services from other governmental program.

The Lifespan Respite Network is a statewide system divided into six service areas. DHHS provides a Lifespan Respite Network grant to one agency in each of the areas, which is responsible for providing the required network activities. The following agencies currently hold the grant in their respective service areas:

1. Central Area - Central Nebraska Community Services, Inc.
2. Eastern Area – Partnerships in Aging
3. Northern Area - Central Nebraska Community Services, Inc.
4. Southeast Area - YWCA - Lincoln
5. Southwest Area – Southwest Nebraska Public Health Department
6. Western Area – Panhandle Partnership for Health and Human Services

The Lifespan Respite Network in each area is responsible for providing the following activities:

1. Recruiting respite providers
2. Offering training for providers, caregivers, and consumers
3. Providing information and referrals regarding respite resources and services
4. Marketing availability and need for respite
5. Matching families with appropriate respite providers and payment resources

## LIFESPAN RESPITE SUBSIDY:

The Lifespan Respite Subsidy program is currently serving 546 individuals with special needs. Between July 1, 2012 and June 30, 2013, the Lifespan Respite Subsidy Program served 711 individuals and received 369 new referrals. Clients eligible for other programs providing respite services are referred to those appropriate programs.

The 711 individuals had one or more of the following special needs:

| <b>Special Need</b>         | <b>Number Served</b> |
|-----------------------------|----------------------|
| Behavior Disorders          | 86                   |
| Alzheimer/Dementia          | 70                   |
| Autism                      | 70                   |
| Developmental Delay         | 69                   |
| Multiple Impairments        | 49                   |
| Developmental Disabilities  | 46                   |
| Other Health Impairments    | 41                   |
| Brain Injury                | 39                   |
| Neurological Disabilities   | 39                   |
| Visual Impairments          | 36                   |
| Heart Condition             | 35                   |
| Orthopedic Impairments      | 32                   |
| Mental Illness              | 25                   |
| Diabetes                    | 22                   |
| Arthritis                   | 20                   |
| Seizure Disorder            | 17                   |
| Cerebral Palsy              | 16                   |
| Hearing Impairments         | 16                   |
| Respiratory System Disorder | 12                   |
| Cancer                      | 11                   |
| Parkinson                   | 12                   |
| Kidney/Renal Failure        | 8                    |
| Asthma                      | 5                    |
| Spinal Disorder/Injury      | 1                    |

## NEBRASKA LIFESPAN RESPITE NETWORK

The Network's goal was to ensure families had increased knowledge and access to quality and inclusive lifespan respite resources to meet their specific respite needs. Currently the Lifespan Respite Network has 1,034 approved agency and individual providers statewide accessible to caregivers through a 1-866-RESPITE phone line that enables access to local Respite Network representatives. When caregivers called 1-866-RESPITE to seek assistance, Respite Coordinators empowered and helped with the following:

- Informed decision-making about respite need;
- Assisted with general resource questions, including questions about available funding, caregiver support groups, access to Medicaid programs, information about special trainings/events;
- Program eligibility and referral, if appropriate;
- Guidance on selecting competent providers to meet their individual needs; and
- When needed, identifying translators and interpreters to help non-English speaking families.

Caregivers were free to choose their respite providers. Caregivers routinely received a caregiver packet with educational information on priority topics that included:

- How to hire, train and provide ongoing supervision of care providers;
- Billing instructions,, available financial assistance, reporting changes of condition or need, and fraud;
- Philosophy of client choice, client direction and family centered services;
- How to identify and report abuse and/or neglect;
- The Nebraska Nurse Practice Act, particularly for providing an understanding of the health maintenance activities a provider is allowed to conduct;
- Handling emergencies, stress relief, positioning and transferring, behavior management, speech pathology, respite goals, limits, confidentiality, and more.

DHHS Program staff, in collaboration with UNL's Center on Children, Families and the Law - Answers4Families and Network Respite Coordinators, created a secure online data management and workspace system. This system is referred to as eLifespan Respite and for use by Network Respite Coordinators and DHHS Program staff. Since the launch of the system on September 24, 2012, there have been several updates enhancing the platform and system functionality to better serve Nebraska's respite infrastructure. Key features of the system:

- Allows real-time provider matching with care recipients that best meet their needs;
- Supports real-time recording of subgrantee activity and financial reporting, including caregiver and provider contacts; and
- Project management functions to support a quality assurance process.

To support statewide access to respite resources, in addition to direct contact with local Respite Coordinators; families, providers, and community partners can access respite resources 24/7 through the Nebraska Resource and Referral System (NRRS) website. This site is supported by Answers4Families. NRRS, on the Answers4Families website, is a statewide database created with input from Nebraska families, service providers and organizations. Public access to Network-approved provider information allows caregivers to match care recipient and caregiver needs as closely as possible. Provider information is exported each evening from the eLifespan Respite system to the NRRS Respite Resource section.

## Activities Supported

At every outreach opportunity family caregivers were reminded of the importance of recognizing themselves as caregivers, taking respite and how to access Nebraska Respite Network representatives. In addition, overcoming issues of “trust” and problems of long distance caregiving were addressed. Caregivers were informed of local support groups and respite programs.

Respite support services are available to caregivers not only on a planned basis but also in emergency situations. A uniform statewide crisis respite process was defined, piloted and implemented. Establishing crisis respite resources added to the respite options that met families’ needs. Respite Coordinators gave presentations to emergency response leaders and first responders across the state to educate them about available respite resources and valuable crisis support. First responder education participants included professionals and agencies such as emergency medical personnel, law enforcement agencies, community Fire and Rescue, Health Departments, County Emergency Managers, Directors and Coordinators. Training materials to educate the public and respite providers about crisis response were purchased and disseminated.

**Special Projects:** The Nebraska Lifespan Respite Network Coordinators in partnership with each of their Advisory Committees have granted \$150,000 (\$25,000 goes to each of the six respite areas) to provide funding to expand or develop programs dedicated to the provision of respite services in each of their areas. These projects continue to enhance respite delivery services in each coverage area. The following are lists of funded projects by service area.

The **Central Service Area** granted 11 organizations funds to expand or develop programs dedicated to the provision of respite services in their area. The following agencies were awarded the funds:

- ARC of Buffalo County, Kearney provided respite to families through Teens & Youth in Action programs, adult recreational classes, Sibshops, monthly KidZone Respite, inclusive recreation, and holiday celebrations;
- Adult Day Care, Grand Island Grand Generation Center provided daycare respite for age 19 and older. They received funds for staff education, salaries, and to develop a public information campaign based on needs assessment results;
- Custer Care Center, Broken Bow completed bathroom renovations to serve an additional five families with respite and to provide respite by accompanying families and their loved ones with special needs to overnight events;
- Families CARE, Kearney offered monthly support group meetings, parents’ day out, and family events;
- Hastings Respite Care was funded to support the “Let’s Take a Break Caregiver Night Out” Support Group, maintaining the caregiver e-mail group and the caregiver newsletter;
- Webster County Senior Citizens Committee, Inc. provided respite by transporting adults with special needs to the Senior Center for activities and lunch, sharing current events and family events while their families took respite;
- Webster Co. Senior Services provided a monthly caregiver support group and special caregiver event;
- Autism Parent Support Group of Grand Island (Autism Society of Nebraska-Grand Island) offered respite care for families with children who have any type of disability,

supported in-home respite care, monthly respite support group activities and respite day camp;

- ALS in the Heartland, Inc. used funds to sustain the respite voucher program and offer an ALS support group in Hastings;
- YWCA of Adams County supported an after school respite program for special needs youth; and
- Grand Island Adult Day Care Used funds for staff training, additional staffing hours, and bilingual aide.

Remaining funds were used for Emergency Respite Services. These funds were utilized when other sources of funding could not be secured.

The **Eastern Service Area** granted 11 organizations funds to expand or develop programs dedicated to the provision of respite services in their area. The following programs received funding:

- Children's Respite Care Center provided weekend respite for families caring for children with special needs;
- ALS in the Heartland for Respite Days to provide respite to families caring for loved ones diagnosed with ALS;
- Girls, Inc. provided respite to families while girls with disabilities participated in agency programs;
- Heartland Therapeutic Riding Academy provided respite activities for youth with special needs and their siblings through their equine therapy program;
- Survivors Raising Kids provided respite care to offer support to families fighting cancer;
- HELP Adult Services for a volunteer respite program pilot to provide respite to families that have difficulty leaving their homes due to the care needs of their loved one;
- Alzheimer's Association Midlands Chapter used funds to provide respite for family members with Alzheimer's to allow caregivers to attend support meetings;
- Bellevue Christian Academy/Royal Family Kids provided camping opportunities for children and youth with disabilities;
- Jewish Family Services for match funding for respite programs that provide individual and group respite for individuals with Developmental Disabilities;
- Lifestyle Innovations for Epilepsy provided respite assistance to people living with epilepsy and their families; and
- Powerful Tools for Caregivers provided a self-care education program for family caregivers.

With remaining funds, the Respite Network provided emergency respite funding assistance to ten families in crisis situations. Training materials were purchased to educate the public, respite providers and first responders about crisis resources.

The **Northern Service Area** granted the following 7 organizations funds to expand or develop programs dedicated to the provision of respite services in their area. The following programs received funding:

- S.M.I.L.E. Inc., Madison expanded the equine and canine therapy for people of all ages with special needs or disabilities to new populations through scholarships and more qualified respite instructors;

- Planning Region Team #29/Early Childhood, Norfolk used funds to connect family caregivers to respite providers at family fun days. They also created a Respite Provider directory for families with children who have special needs;
- ALS in the Heartland, Inc. used the funding to sustain the respite voucher program and offered an ALS support group in Columbus;
- Building Blocks For Community Enrichment used funds for two respite activities inviting respite providers and hosted two summer foster care/respite provider picnics in Norfolk and O'Neill;
- Behavioral Health Services, Norfolk used the funding to support foster parent monthly respite retreats;
- Arc of Platte County, Columbus used the funds to support Pals n Play, special needs camp, Parents for Parents, respite day holiday party, volunteer training, and a family day/open house; and
- Fremont Berean Bible Church used funds for children's respite while parents recovering from substance abuse attended support group.

The remainder of the funds was added to the Emergency Respite/Scholarship program.

The **Southeast Service Area** granted 4 organizations funds to expand or develop programs dedicated to the provision of respite services in their area. The following programs received funding:

- YWCA of Lincoln, Take a Break used funds to help provide respite for families in Lincoln and Lancaster County who have children with disabilities through age 10;
- The Nebraska State Stroke Association used funds to provide the second annual Retreat and Refresh Stroke Camp in Nebraska. This is a camping experience for stroke survivors and their caregivers;
- Lincoln Parks and Recreation used funds to introduce a variety of additional community resources that would increase social and play development to assist families of youth and adults who utilize their adaptive recreation programs as a respite source, but are unable to pay the program fee. Also helped fund field trips for families participating in the developmental play group; and
- ROC Ministries, Ashland helped increase the use of the center as a safe place for respite for parents of youth 13-19 with emotional and/or physical disabilities.

The **Southwest Respite Service Area** utilized the special funds to increase the availability of respite services and caregiver support programs through direct financial support to families.

- Respite Days paid eight hours or up to \$100 dollars of respite care the first weekend of every month; and
- Scholarships were offered to families to help with attending conferences, trainings and camps.

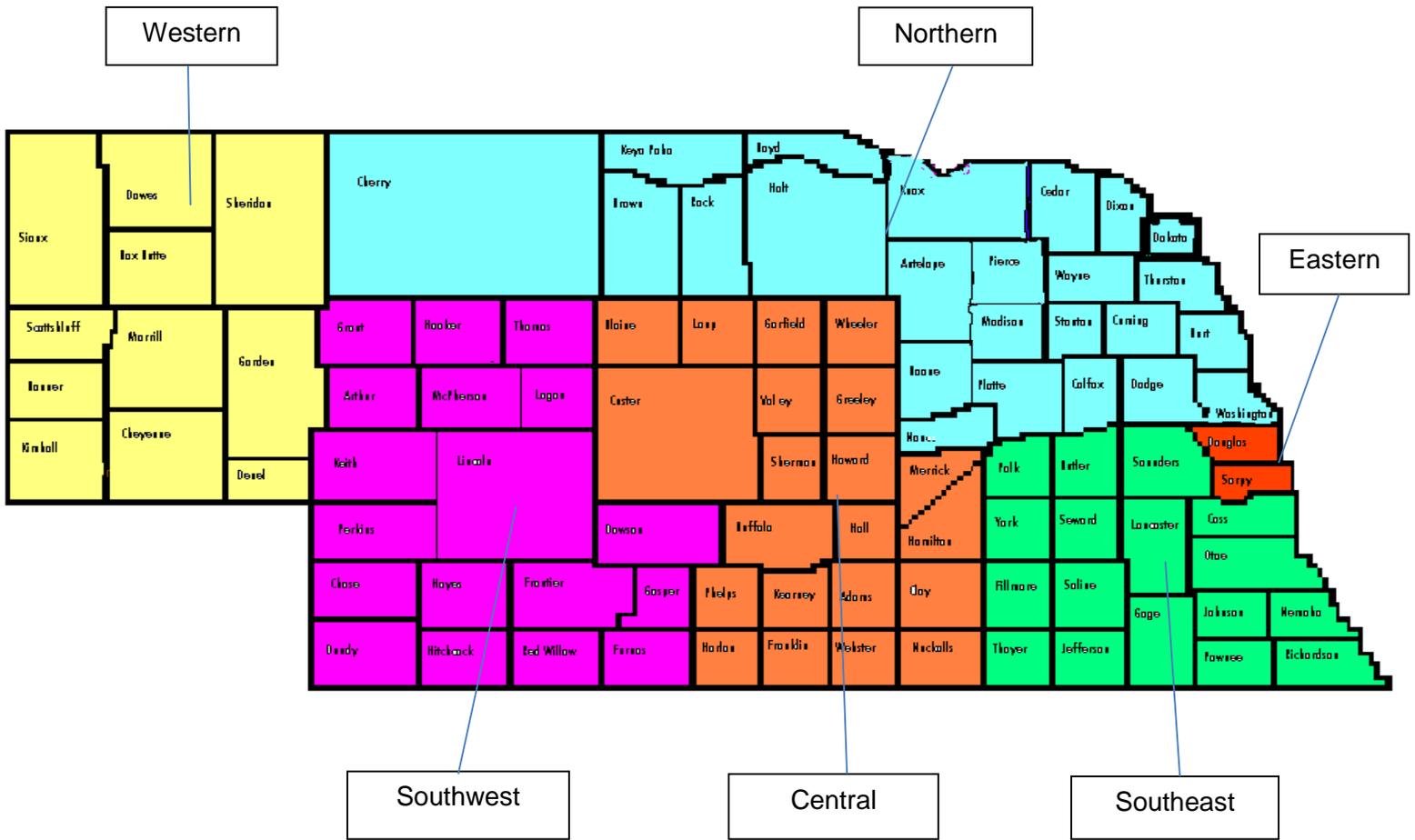
The **Western Respite Service Area** utilized the special funds to increase the availability of respite services and caregiver support programs.

- Respite Days Program offered respite support the second weekend of each month, for eight hours, six times each year. A family maximum of \$100 was allowed each time. Generally Respite Days were scheduled around holidays; and

- FUN Days Program brought children with disabilities and their siblings together for a day of fun.

Remaining funds were used for Emergency Respite Services when other sources of funding could not be secured and typically used as a result of such things as the caregiver being hospitalized.

For more information please contact the Respite Network Coordinator in your area at:



# **ATTACHMENT B**

Department of Health & Human Services



**Annual Report on the Public Health Portion  
of the Nebraska Health Care Funding Act (LB 692)**

**Presented to the Governor of the State of Nebraska  
and the Health and Human Services Committee of the Legislature**

**Office of Community and Rural Health  
Division of Public Health  
Nebraska Department of Health and Human Services**

**December 1, 2013**

The Nebraska Health Care Funding Act (LB 692) was passed in 2001 by the Nebraska Legislature. This Act provides funding to local public health departments to assist them in implementing the three core functions of public health and the ten essential public health services. The Act also requires all of the eligible local public health departments to prepare an annual report each fiscal year. These reports identify how the funds were spent to meet the ten essential public health services, including a description of their specific programs and activities.

This report provides a summary of the key findings from each of the 18 local public health departments that have received funding, and covers the period July 1, 2012 to June 30, 2013. The report is divided into three sections. The first section reviews the organizational coverage as well as the funding and spending levels for each department. The second section describes the current activities, services, and programs provided by the health departments under each of the ten essential public health services. The final section contains some short stories that describe how the departments are improving the lives of people in their communities.

## **Organizational Coverage**

As of June 30, 2013, a total of 18 local public health departments covering 86 counties were eligible to receive funds under the Health Care Funding Act. The list of eligible public health departments and their affiliated counties is shown in Table 1 and Figure 1. Because Dakota and Scotts Bluff Counties have single county health departments, these departments do not meet the population requirements of the Health Care Funding Act. Likewise, the five counties that comprise the Sandhills District Health Department do not meet the population requirements.

## **Funding and Expenditure Levels**

Table 2 depicts the amount of infrastructure and per capita funds distributed to each of the eligible departments under LB 692. The total amount of funds ranged from \$1,107,698 for the Douglas County Health Department to \$157,671 for the Loup Basin Public Health Department. The table also includes the amount of LB 1060<sup>a</sup> funding distributed to each eligible health department, which totaled \$105,458 per department. The amount of infrastructure funding under LB 692 was based on the 2000 Census because these population estimates were used when the departments were originally established. The health departments with service areas that included a population of 100,000 or more people received \$150,000. If the population was between 50,000 and 99,999, the amount of funding was \$125,000, and departments that had at least 30,000 people but fewer than 50,000 received \$100,000. The amount of per capita funds under LB 692, which were based on the 2010 Census, was approximately \$1.85 per person.

Table 3 summarizes the expenditures by category for the 18 local public health departments that were eligible for funding. As expected, expenses for personnel and benefits accounted for approximately 61 percent of the total expenses. The next largest spending category was public health programs which represented about nine percent of the total expenses. The line item labeled "Other" includes expenses for insurance and mini-grants. The total LB 692 and LB 1060 funds spent during this fiscal year (\$7,259,677) was slightly less than the total funds received (\$7,303,244).

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<sup>a</sup> LB 1060 was passed in 2006 with the intent to develop epidemiology and data capacity in local health departments.

## **Leveraging Other Funds**

Although funds from the Nebraska Health Care Funding Act serve as the financial foundation for the local public health departments, all of the departments have been very successful in leveraging other funding sources. For example, federal grant funds have been passed through the state health department to local public health departments for emergency preparedness planning, public education efforts related to West Nile Virus and the Clean Indoor Air Act, Preventive Health and Maternal and Child Health block grants, and radon testing. Some departments have also received grant funds from private foundations and directly from the federal government. It is estimated that the total amount of additional funds that have been leveraged since July 2002 is well over \$30 million.

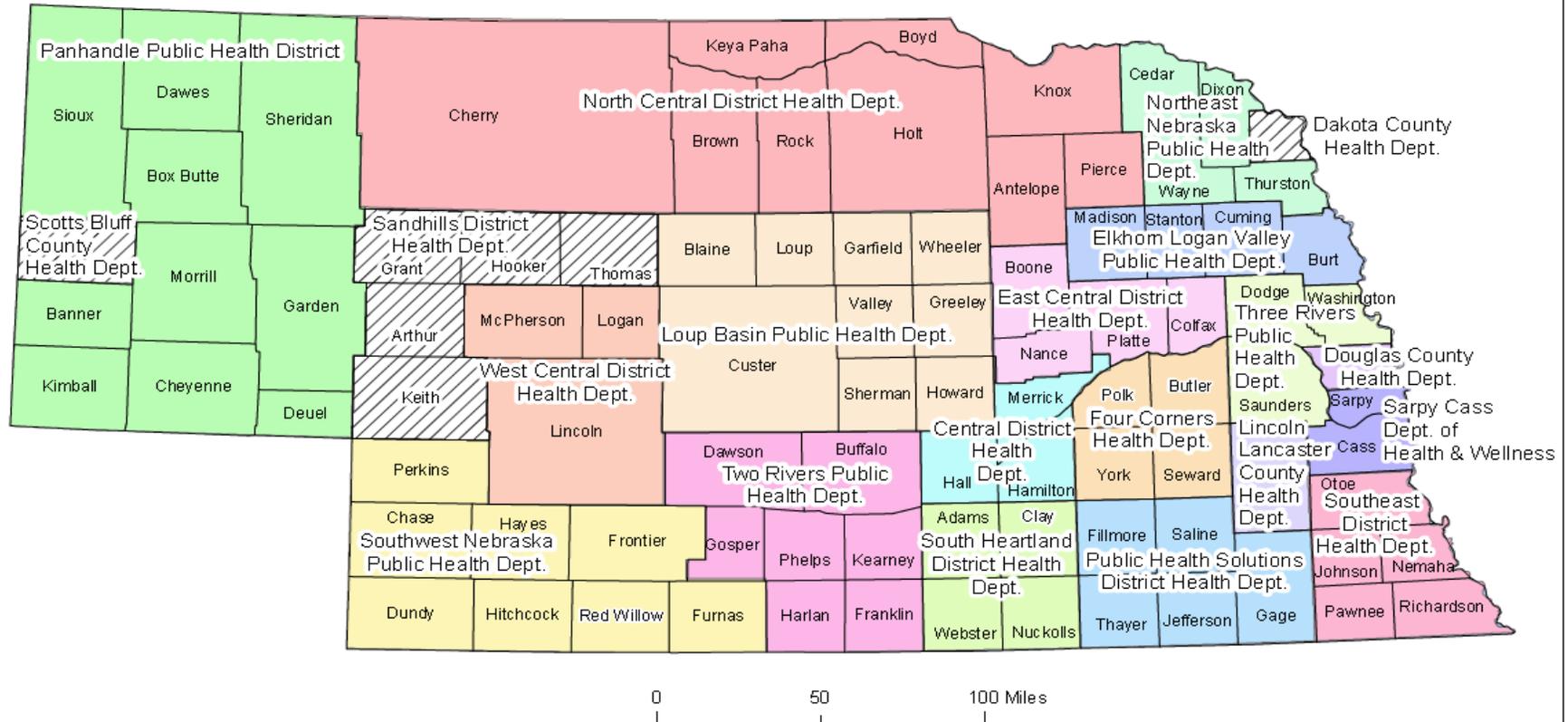
**Table 1**

**Local Public Health Departments funded under the  
Nebraska Health Care Funding Act (LB 692)**

| <b>NAME</b>   | <b>COUNTIES</b>  |
|---|--|
| <b>Central District Health Department</b>   | Hall, Hamilton, Merrick  |
| <b>Douglas County Health Department</b>   | Douglas  |
| <b>East Central District Health Department</b>  | Boone, Colfax, Nance, Platte   |
| <b>Elkhorn Logan Valley Public Health Department</b>  | Burt, Cuming, Madison, Stanton   |
| <b>Four Corners Health Department</b>   | Butler, Polk, Seward, York   |
| <b>Lincoln-Lancaster County Health Department</b>   | Lancaster  |
| <b>Loup Basin Public Health Department</b>  | Blaine, Custer, Garfield, Greeley,<br>Howard, Loup, Sherman, Valley,<br>Wheeler            |
| <b>North Central District Health Department</b>   | Antelope, Boyd, Brown, Cherry, Holt,<br>Keya Paha, Knox, Pierce, Rock                      |
| <b>Northeast Nebraska Public Health Department</b>  | Cedar, Dixon, Thurston, Wayne  |
| <b>Panhandle Public Health District</b>   | Banner, Box Butte, Cheyenne, Dawes,<br>Deuel, Garden, Kimball, Morrill,<br>Sheridan, Sioux |
| <b>Public Health Solutions District Health Department</b>                                   | Fillmore, Gage, Jefferson, Saline,<br>Thayer   |
| <b>Sarpy/Cass Department of Health and Wellness</b>   | Cass, Sarpy  |
| <b>South Heartland District Health Department</b>   | Adams, Clay, Nuckolls, Webster   |
| <b>Southeast District Health Department</b>   | Johnson, Nemaha, Otoe, Pawnee,<br>Richardson   |
| <b>Southwest Nebraska Public Health Department</b><br>Hayes, Hitchcock, Perkins, Red Willow | Chase, Dundy, Frontier, Furnas,  |
| <b>Three Rivers Public Health Department</b>  | Dodge, Saunders, Washington  |
| <b>Two Rivers Public Health Department</b>  | Buffalo, Dawson, Franklin, Gosper,<br>Harlan, Kearney, Phelps                              |
| <b>West Central District Health Department</b>  | Lincoln, Logan, McPherson  |

Figure 1. Map of Nebraska's Local Health Departments

# Nebraska Local Health Departments



**Legend**

 Local Health Departments that do not Qualify for LB 692\* Funding

\*LB 692 passed during the 2001 Legislative Session and provides funds to qualifying local public health departments.

Source: Nebraska Department of Health and Human Services

Map Created by:  
Public Health GIS Analyst  
DHHS GIS 6/10

Department of Health & Human Services  
**DHHS**  
NEBRASKA

**Table 2**  
**LB 692 and LB 1060 Health Department Payments**  
**July 1, 2012 – June 30, 2013**

| <b>District Name</b>    | <b>LB 692 Infrastructure</b> | <b>LB 692 Per Capita</b> | <b>LB 1060</b>     | <b>Total</b>       | <b>2000 Population used for Infrastructure</b> | <b>2010 Population used for Per Capita</b> |
|-------------------------|------------------------------|--------------------------|--------------------|--------------------|--|--|
| Central District        | \$125,000                    | \$139,968                | \$105,458          | \$370,426          | 71,141   | 75,576                                     |
| Douglas County          | \$150,000                    | \$957,698                | \$105,458          | \$1,213,156        | 463,585  | 517,110                                    |
| East Central            | \$125,000                    | \$96,290                 | \$105,458          | \$326,748          | 52,400   | 51,992                                     |
| Elkhorn Logan Valley    | \$125,000                    | \$105,569                | \$105,458          | \$336,027          | 59,675   | 57,002                                     |
| Four Corners            | \$100,000                    | \$81,889                 | \$105,458          | \$287,347          | 45,500   | 44,216                                     |
| Lincoln-Lancaster       | \$150,000                    | \$528,580                | \$105,458          | \$784,038          | 250,291  | 285,407                                    |
| Loup Basin              | \$100,000                    | \$57,672                 | \$105,458          | \$263,130          | 33,122   | 31,140                                     |
| North Central           | \$125,000                    | \$85,923                 | \$105,458          | \$316,381          | 51,084   | 46,394                                     |
| Northeast Nebraska      | \$100,000                    | \$58,129                 | \$105,458          | \$263,587          | 32,976   | 31,387                                     |
| Panhandle               | \$125,000                    | \$94,118                 | \$105,458          | \$324,576          | 53,459   | 50,819                                     |
| Public Health Solutions | \$125,000                    | \$102,187                | \$105,458          | \$332,645          | 57,858   | 55,176                                     |
| Sarpy/Cass              | \$150,000                    | \$340,922                | \$105,458          | \$596,380          | 146,929  | 184,081                                    |
| South Heartland         | \$100,000                    | \$85,597                 | \$105,458          | \$291,055          | 47,308   | 46,218                                     |
| Southeast District      | \$100,000                    | \$72,860                 | \$105,458          | \$278,318          | 40,078   | 39,341                                     |
| Southwest District      | \$100,000                    | \$58,503                 | \$105,458          | \$263,962          | 33,610   | 31,589                                     |
| Three Rivers            | \$125,000                    | \$143,911                | \$105,458          | \$374,369          | 74,770   | 77,705                                     |
| Two Rivers              | \$125,000                    | \$175,566                | \$105,458          | \$406,024          | 92,756   | 94,797                                     |
| West Central            | \$100,000                    | \$69,617                 | \$105,458          | \$275,076          | 35,939   | 37,590                                     |
| <b>Total</b>            | <b>\$2,150,000</b>           | <b>\$3,255,000</b>       | <b>\$1,898,244</b> | <b>\$7,303,244</b> | <b>1,642,481</b>                               | <b>1,757,540</b>                           |

**Table 3**

**LB 692 Local Public Health Departments  
July 1, 2012—June 30, 2013 Expenses**

|                                 |   |   |             |
|---------------------------------|---|---|-------------|
| <b>Departments:</b>             | <b>LB 692 Local Public Health Departments</b> |   |             |
| Total Funds Received (LB 692):  | \$5,405,000                                   | } | \$7,303,244 |
| Total Funds Received (LB 1060): | \$1,898,244                                   |   |             |
| Total Funds Spent (LB 692):     | \$5,621,119 <sup>b</sup>                      | } | \$7,259,677 |
| Total Funds Spent (LB 1060):    | \$1,638,558                                   |   |             |

**Budget Period:** **July 1, 2012 – June 30, 2013**

| Line Items               | Expenses   |                    |
|--------------------------|--|--------------------|
|                          | <b>LB 692</b>  | <b>LB 1060</b>     |
| Personnel                | \$2,745,427  | \$708,593          |
| Benefits                 | \$821,342  | \$163,210          |
| Travel                   | \$144,427  | \$27,374           |
| Office Expense/Printing  | \$409,881  | \$123,761          |
| Communications/Marketing | \$180,502  | \$46,643           |
| Equipment/Construction   | \$222,978  | \$35,905           |
| Contractual              | \$239,277  | \$131,847          |
| Public Health Programs   | \$365,505  | \$291,516          |
| Other                    | \$491,780  | \$109,709          |
| <b>Total</b>             | <b>\$5,621,119</b>   | <b>\$1,638,558</b> |
|                          |  |                    |
|                          | <b>\$7,259,677</b>   |                    |

<sup>b</sup> The total LB 692 funds spent during this fiscal year was greater than the total funds received because departments reported funds that were carried over from the previous fiscal year in their reports.

## Current Activities

The activities and programs of the local public health departments are organized under the three core functions of public health: assessment, policy development, and assurance. The assessment function involves the collection and analysis of information to identify important health problems. Policy development focuses on building coalitions that can develop and advocate for local and state public health policies to address the high priority health issues. The assurance function makes state and local public health agencies as well as health professionals responsible for ensuring that programs and services are available to meet the high priority needs of the population.

Additionally, the activities and programs of the local public health departments are summarized under the associated ten essential services of public health. The ten essential services of public health provide a working definition of public health and a guiding framework for the responsibilities of local public health systems. These functions and services are specifically referenced in the 2001 Health Care Funding Act. The ten essential services include:

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

During the fiscal year July 1, 2012 to June 30, 2013, considerable progress was made in the provision of the three core functions and ten essential services of public health. Every health department receiving funding under LB 692 and LB 1060 demonstrated significant improvement in both number and complexity of activities and programs during this time period. At this juncture, all of these health departments are providing the core functions and all of the ten essential services. Because of the large number of activities and programs, only a few examples from specific health departments are provided under each of the ten essential services to ensure that the report does not become too lengthy. However, the individual reports of these 18 health departments are available upon request.

## **Core Function—Assessment**

### **Essential Service 1: Monitor Health Status to Identify and Solve Community Health Problems**

This service includes correct identification of the community's health problems and emergencies; review of health service needs; attention to health problems of specific groups that are at higher risk than the total population; and collaboration to manage shared information systems with other health care providers.

- Over the past twelve years, all 18 local public health departments have conducted a comprehensive community health assessment and have repeated the process at least every five years. Departments also use the Mobilizing for Action through Planning and Partnerships (MAPP) approach to update their local public health improvement plans approximately every five years. This process involves a thorough review of health needs, community health risks (e.g., tobacco use, obesity levels, and environmental quality), and the ease of access to health services (e.g., insurance coverage status, transportation). This process also involves full input from a diverse group of community members and the development of local health priorities.
  - The Three Rivers Public Health Department partnered with DHHS, the University of Nebraska Medical Center, the Lincoln-Lancaster County Health Department, and other local health directors to provide a web-based Community Health Assessment and data dashboard that can be utilized by the department staff, partnering agencies, and district residents to provide timely data that is comparable by county, state, and national benchmarks.
  - The North Central District Health Department partnered with all eleven hospitals throughout their district to complete their most recent community health assessment. The Mobilizing for Action through Planning and Partnerships (MAPP) process was used. Involvement of community members from several local organizations was a key to the success of the overall project and plan development.
  - The Elkhorn Logan Valley Public Health Department (ELVPHD), in collaboration with local hospitals, conducted a Community Health Assessment. The purpose of this project was to determine the behaviors and current health status of individuals in their service area, as well as to establish the greatest public health needs for their service area. The results of the assessment were used to help public health officials, hospitals, and community partners in identifying areas of needed improvement and to agree upon priority areas where the ELVPHD should focus their efforts.
- Most of the local public health departments make local data available to the public on their websites, giving their community partners access to the information (See Appendix A for a list of health departments and their websites).
  - The Sarpy/Cass Department of Health and Wellness has launched the "Network of Care" data software program to further enhance the information sharing platform on the Department's website. Any Sarpy or Cass County resident may access this site to find county-level statistics, health news, medical care issues, information about state and federal legislative bills on

healthcare topics, or to create a personal health plan with stored data of their own. Network of Care information may also be translated into 50 different languages.

- The Northeast Nebraska Public Health Department (NNPHD) shares data through Geographic Information Systems (GIS) maps. The NNPHD Emergency Response Coordinator and a student intern from Wayne State College prepare GIS maps on a variety of topics. These maps are made available on the NNPHD website.
- The Lincoln-Lancaster County Health Department (LLCHD) continued to develop health data dashboards that are available to the public. LLCHD worked to enhance data gathering, management, and analysis of data, as well as the improvement of availability of population-based data on their website.
- Most of the public health departments utilize data collected from a variety of sources to help identify significant problems, trends, or gaps in services within their districts.
  - All 18 local public health departments have contracted with the Department of Health and Human Services (DHHS), Division of Public Health to complete an oversample of the Behavioral Risk Factor Surveillance System (BRFSS) Survey for their districts. These data allow them to continue to monitor health risk factors such as tobacco and alcohol use, levels of physical activity, and seat belt use in their local areas. BRFSS data are essential in determining priorities and measuring success that will lead to a healthier community.
  - The Douglas County Health Department (DCHD) utilizes data to illustrate the ongoing challenge with STDs in their service area. DCHD continues to record chlamydia and gonorrhea infections at epidemic rates (approximately 40 percent higher when compared to Nebraska rates and 25 percent higher than national rates). These infections have disproportionately affected young people ages 15 to 24 and racial/ethnic minorities. These findings are statistically similar to previous years.
  - The West Central District Health Department (WCDHD) has used data collected from a variety of sources to help identify access to dental care for the underserved as a significant issue within their service area. Most dentists in the service area do not accept Medicaid, and for those who do, it is on a limited basis. Having public health hygienists and a full-time dentist would greatly improve access to dental services. A major challenge is recruiting a dentist to the rural area to work with the underserved. In the interim, the dental department within WCDHD started a “WE CARE” program, which utilized a contracted retired dentist to provide needed emergency dental care approximately three days per month.
- All of the local health departments worked with staff from the Division of Public Health to track and monitor various diseases such as tuberculosis, West Nile Virus, foodborne illnesses, influenza-like illness (ILI), and pertussis (whooping cough).
  - The Four Corners Health Department identified an increase in the number of pertussis cases including outbreaks in one of the local school systems, and several child care centers. One concern noted by the health department was that cases were being

reported in people who were previously vaccinated. It will be important to continue to monitor the number of these cases, as well as the vaccination status of patients.

- All departments participate in a statewide school surveillance program to monitor and report absences due to illness (e.g., flu and asthma). This system allows state and local health officials to respond more promptly to disease outbreaks. The departments are also working with the infection control nurses in hospitals to identify patients with influenza-like illnesses. This activity allows them to work with local businesses and the community at large to make appropriate disease prevention recommendations.
- Many of the departments are also utilizing a health risk assessment tool to collect district-specific health data. The departments make the tool available to English and Spanish-speaking community members who want to learn more about their personal health risks. This tool is also utilized as part of worksite wellness programs at local health departments. Individuals who complete the tool receive a personalized, detailed report according to their responses.
- Several local public health departments have formed Colon Cancer Coalitions over the past few years. The coalition members analyzed data obtained from the Division of Public Health on colon cancer occurrence, death, and screening rates. The coalitions then decided on strategies to improve screening rates in their regions. One strategy involved the implementation of Fecal Occult Blood Test (FOBT) kit distribution to pharmacies and other locations across the districts.

## **Essential Service 2: Diagnose and Investigate Health Problems and Health Hazards in the Community**

This essential service includes the identification of emerging health threats; the ability of public health laboratories to conduct rapid screening and high volume testing; and the ability to investigate disease outbreaks and identify patterns of chronic disease and injury.

- All 18 local health departments conducted numerous disease investigations for a variety of health concerns, including rabies, tuberculosis, sexually transmitted infections, West Nile Virus, and E. coli. Often the health department nurse provided follow-up with case management or appropriate educational information. In addition, the local public health departments continue to participate in the National Electronic Disease Surveillance System (NEDSS). The system is designed so that state and local public health departments as well as the Centers for Disease Control and Prevention (CDC) can monitor and assess disease trends and guide prevention and intervention programs. Local health department employees are the foundation of the system and can intervene more quickly when there is a communicable disease or foodborne illness outbreak.
  - The Central District Health Department (CDHD) works closely with the Hall County Mormon Island State Recreational Area to monitor a condition known as “swimmer’s itch.” This condition is the result of larvae that cycle between water fowl and snails living at the bottom of the lake. When humans are exposed, they frequently develop an intensely itchy rash, often severe enough to require medical attention. Working closely with the CDC, the CDHD has provided water samples to be analyzed for the presence of the larvae. The department will continue work with the CDC in ongoing research of this condition.

- Nurses at the Panhandle Public Health District monitor the NEDSS for communicable diseases in the Panhandle. Over the past year, there were 83 confirmed, probable, or suspect communicable diseases in the Panhandle during the reporting period. By using the NEDSS, the health district is able to promote prevention measures and help prevent the spread of the disease.
- The Two Rivers Public Health Department (TRPHD) works with DHHS to conduct epidemiological investigations and follow-up on a variety of health issues including: food and water borne illnesses, vector-borne disease, hepatitis, and emerging infectious diseases. The TRPHD has conducted 233 disease investigations this year using the NEDSS.
- The Elkhorn Logan Valley Public Health Department (ELVPHD) conducts numerous surveillance and containment activities within their jurisdiction. During June of this year, there were two cases of pulmonary tuberculosis identified within the district. One was particularly challenging, because it involved a transient worker who had made multiple contacts that spanned across several states, due to the nature of his work. ELVPHD worked closely with DHHS to assist the patient with a successful transition back to the home state. Additionally, ELVPHD helped to ensure that the patient's co-workers were tested for tuberculosis, and that family members were notified.

**Spotlight On: Investigating a Salmonella Outbreak**

In collaboration with the State Epidemiology team, the South Heartland District Health Department (SHDHD) investigated an outbreak of salmonella at the Blue Hill Care Center, a senior living facility located in Blue Hill, Nebraska. The investigation included interviews with staff and residents of the facility, as well as a site visit and sample collection. Education on the risks associated with salmonella was also shared with Blue Hill Care Center staff. The SHDHD worked with the Nebraska Department of Agriculture, the Mary Lanning Healthcare Laboratory, DHHS, and the DHHS Public Information Officer to successfully resolve this issue.

- Many departments investigated a variety of nuisance problems, including mold, property concerns, animals, and garbage. For example, the Douglas County Health Department (DCHD) uses lab personnel and other environmental health staff within the department to conduct indoor air quality investigations for the presence of mold, dust, chemicals, and other potential asthma triggers. During the twelve months of this report, the DCHD lab received approximately 480 phone calls about indoor air quality concerns. Most of the calls received were handled via telephone by informing and educating the caller. DCHD responded to 38 indoor air cases by responding onsite.
- Local public health departments are a key element of local emergency response in disaster situations. The departments bring together key stakeholders to hold periodic emergency response exercises to test preparedness plans.
  - The Four Corners Health Department (FCHD) conducted site visits to all district hospitals, long-term care facilities, some assisted living facilities, and a women's

correctional facility, to review each organization's emergency response plan. During these site visits, staff encouraged some of these facilities to become closed "Points of Dispensing," which means that these facilities would agree to receive medications/vaccines and supplies directly from FCHD supply chains in a public health emergency. FCHD staff also shared the latest information about reporting and controlling outbreaks of influenza and gastrointestinal illness.

- The Panhandle Public Health District (PPHD) participates in the Panhandle Region Medical Response System Leadership meetings, which are held every other month. This group works together to develop and review evacuation and mass fatality response plans. The group also utilizes the new "Health Care Preparedness Capabilities" resource from the U.S. Department of Health and Human Services, which assists health systems in identifying gaps in preparedness, determining specific priorities, and developing plans for building and sustaining healthcare-specific capabilities.
- The Southeast District Health Department (SEDHD) provides an emergency plan template and training to all licensed daycare centers in its service area. In addition, SEDHD provides education to these facilities through quarterly newsletters on a wide range of topics, including immunization schedules, prevention practices, safety practices, and upcoming educational opportunities.

### **Essential Service 3: Inform, Educate, and Empower People about Health Issues**

This essential service involves social marketing and targeted media communication; providing health information resources to communities; active cooperation with personal health care providers to reinforce health promotion messages and programs; and joint health education programs with schools, churches, and worksites.

- Nebraska's local public health departments are constantly providing information to the public on ways to become and stay healthy. The departments also help both health professionals and the general public stay informed on how to make healthy choices. In addition, all health departments provide educational information about larger public health issues ranging from radon and hand washing to dental care and the benefits of physical activity to community members and organizations.
  - The Three Rivers Public Health Department's clinic staff has been trained in HIV counseling by the Nebraska Infertility Prevention Program. The training provides participants with the skills, knowledge, and practice required to effectively utilize a six-step HIV prevention counseling protocol, that is designed to improve the ability of counselors and support individuals in making behavioral changes that reduce their risk of acquiring or transmitting HIV. Clinic staff helps patients develop a plan for reducing their risk of contracting and/or spreading sexually transmitted diseases. From July 2012 to June 2013, a total of 518 patients were counseled on how to prevent the spread of STDs.
  - The Southwest Nebraska Public Health District partners with McCook Public Schools, the YMCA, and local dieticians on the Nebraska Kids Fitness Nutrition Day (NKFND). This program targets all 4<sup>th</sup> grade students in the health district. Over 1,100 students participated in a number of different fitness activities as part

of the NKFND program, and each student also received a bag with educational resources that they could share with their family.

- The Lincoln-Lancaster County Health Department has coordinated the Summer Food Service Program (SFSP) in Lincoln for 33 years to provide nutritious meals to children living in the highest poverty areas of Lincoln. In 2013, approximately 3,000 children at 32 sites received 92,000 meals over a 10-week period. In addition to the meals, the children receive education on eating healthy and being physically active.
- The Central District Health Department implemented a sugar-sweetened beverage campaign designed to increase awareness of the health concerns related to consumption of “empty-calorie” beverages such as soda. The campaign is entitled, “Rethink Your Drink.” Accurate information is distributed to the general public through various media outlets in an effort to increase the thought given to beverage choices, thereby reducing empty calories that lead to excess body fat.
- The South Heartland District Health Department promoted an event called “Obesity Prevention through Education Targeted to Children.” This all-day event provided 544 elementary school students with physical activity and nutrition education.
- Several local health departments utilize Community Health Workers in an effort to conduct health promotion and outreach activities, and to increase the health knowledge of communities.
  - At the Northeast Nebraska Public Health Department, the Community Health Workers provided classes in Spanish with a focus on “Living Well with Diabetes.” Health literate books on diabetes were provided to participants at no charge, and diabetes risk assessments were conducted for participants.
- Several departments are working to help local businesses create wellness programs. These departments use a process that includes a review of the health status of their workers, a review of business priorities, a written wellness plan, and implementation of the plan. They provide technical and evaluation assistance to the businesses. For example, The Panhandle Public Health District coordinates the Panhandle Worksite Wellness Council. This council was formed in 2011 in partnership with the Scotts Bluff County Health Department to serve 37 worksites throughout the 11-county region. Coordination is provided by the two partnering health departments and guidance by an advisory committee comprised of worksite representatives from around the area. The wellness council provides tools and consultation for members, quarterly training and networking opportunities, and ready-to-use services such as employee newsletters, podcasts, and customizable policies and behavioral change programs.
- Thirteen departments are working to make their regions healthier through a Healthy Communities program. The departments use a health improvement program to address a local health priority. The programs focus on making improvements to health outcomes with policy and environmental changes. They address heart disease, stroke, diabetes, injury, cancer, and the risk factors for these health problems (i.e., poor nutrition, physical inactivity, and tobacco use).

## **Core Function—Policy Development**

### **Essential Service 4: Mobilize Community Partnerships to Identify and Solve Health Problems**

This essential service involves bringing community groups and associations together, including those not typically considered to be health-related, to help solve health problems; and building coalitions to draw upon the full range of potential human and material resources.

- All of Nebraska’s local public health departments have organized stakeholders to address local health problems. The departments convene or participate in coalitions addressing topics such as tobacco, colon cancer, suicide, oral health, physical activity, and behavioral health.
  - In an effort to reduce prescription drug misuse and abuse, the South Heartland District Health Department partnered with the Area Substance and Alcohol Abuse Prevention organization, the Hastings Police Department, the Clay County Sheriff’s Department, and the Webster County Sheriff’s Department on the “National Drug Take-Back Day,” which was sponsored by the Drug Enforcement Agency on September 29, 2012. With drop-off sites in each county, the health department collected a total of 233 pounds of unused or expired medications, which were shipped to the Drug Enforcement Agency for environmentally safe disposal.
  - The Central District Health Department (CDHD) works with Community Advisory Committees throughout the district on the development of worksite wellness programs. The Community Advisory Committees inform and guide the implementation of best practice policies and programs proven to be effective in rural workplace settings. In addition, CDHD staff track outcomes and share data with the Community Advisory Committees on an ongoing basis.

#### **Spotlight On: The Vaccines for Children Program**

The Southwest Nebraska Public Health Department (SWNPHD) worked with local school systems in their district to implement the Vaccines for Children program. The Vaccines for Children (VFC) program is a federally funded program through the Centers for Disease Control and Prevention (CDC) that provides vaccines at no cost to children who might not otherwise be vaccinated because of an inability to pay for them. Communication with all school nurses was done through email, personal visits, and letters that contained information on the VFC program. Numerous media releases and radio interviews were conducted to share information with the public. Other key partners included a community hospital and two additional local health clinics.

- The health departments continue to maintain their preparedness for public health emergencies. Emergency response planning efforts have required the establishment of partnerships between various organizations and agencies. Emergency response planning is inclusive of all foreseeable emergencies, including pandemic influenza. New partnerships with hospitals and health care providers are continually being established.

- All local public health departments are involved in their regional medical response systems. The purpose of the medical response systems is to bring together representatives from hospitals, public health, fire, law enforcement, emergency management, behavioral health, EMS, government entities, and community organizations for an integrated medical response to any disaster that threatens the health and well-being of the public. The systems facilitate communication and cooperation among members to enhance planning, prevention, response, and recovery efforts, whether the disaster is natural, manmade, biological, or terrorist in nature.
- All local health departments continue to implement evidence-based strategies as part of their work with community-based partners across their districts. For example, one of the evidence-based strategies implemented by the East Central District Health Department (ECDHD) is the Nutrition and Physical Activity Self-Assessment of Child Care (NAP SACC). This program is designed to enhance policies, practices, and environments in child care by improving the nutritional quality of food served; the amount and quality of physical activity; staff/child interactions; facility nutrition; and physical activity policies and practices. ECDHD staff provides a presentation and individualized follow-up with each in-home/center implementing the program. During the twelve months of this report, ECDHD trained 30 in-home providers and three daycare centers.

### **Essential Service 5: Develop Policies and Plans that Support Individual and Statewide Health Efforts**

This essential service requires leadership development at all levels of public health; regular community-level and state-level planning for health improvement; tracking of measurable health objectives as part of continuous quality improvement strategies; and development of codes, regulations, and legislation to guide the practice of public health.

- All departments are continuously updating their emergency preparedness and pandemic influenza plans. The response plans include guidelines for early detection, response and notification, risk communication, environmental safety, quarantine and isolation, and mass vaccination/dispensing clinics. They conduct exercises to test various components of the plans.
- All departments work with their communities to propose and implement public health policies that improve population health and reduce disparities.
  - The Sarpy/Cass Department of Health and Wellness began efforts to educate and assist communities and private associations on implementing tobacco-free outdoor recreational facilities, by partnering with Tobacco Free Sarpy and Tobacco Free Cass County. Because of this initiative, the cities of Papillion and La Vista, as well as the Bellevue Soccer Club and Plattsmouth Main Street Association, have all adopted tobacco-related policies at their outdoor facilities.
  - The Loup Basic Public Health Department (LBPHD) works with all of the local schools in their health district on the School Health Index (SHI), which is a self-assessment and planning tool that schools can use to improve their health and safety policies and programs. The LBPHD also provides technical assistance to schools, hospitals, and nursing homes in the district with tobacco-free campus policy development.

- The Central District Health Department's Community Health Division has worked with Grand Island Public Schools to adopt wellness activities, and to help ensure that healthy foods are available in school lunches and vending machines throughout the school system.
- Most local health directors help develop needed health policy changes at the local level by helping to draft ordinances and meeting with the appropriate local government officials.
  - The South Heartland District Health Department (SHDHD), as a member of the Healthy Hastings Coalition, helped to draft a policy of the National Complete Streets Coalition called the "Share Our Streets" campaign. This national coalition assists local governments in instituting a "complete street" policy. A "complete street" is designed to be a safe continuous travel network for all users, including pedestrians, cyclists, transit users, and motorists. The purpose of the policy is to provide a network of interconnected local and collector streets that support all users. Elements of this policy effort include a focus on street and sidewalk lighting, street trees and landscaping, drainage, parking, and street amenities. The policy proposed by SHDHD and the Healthy Hastings Coalition was passed by the Hastings City Council in May of 2013.

**Spotlight On: The Buffalo County Public Policy Academy Team**

The Two Rivers Public Health Department is a member of the Buffalo County Public Policy Academy Team which includes the Kearney Clinic, Region 3 Behavioral Health, Community Action Partnership of Mid-Nebraska, Sentinel Health Care, and Buffalo County Community Partners. These partners participated in the Health Policy Academy. As a result of the Health Policy Academy training, the Buffalo County Public Policy Academy Team has drafted a policy statement and communication plan that will assist in the development of the community health worker workforce across Nebraska.

- Local health departments continue to work to improve outcomes for their public health programs by implementing quality improvement initiatives within their departments. Quality improvement is an ongoing and continuous effort to achieve measureable improvements in the efficiency, effectiveness, performance, accountability, and outcomes of public health programs to improve the overall health of the community.
  - The most recent quality improvement project for the North Central District Health Department was a 6-month project that analyzed the collection of public health data housed within the health department. The result of the analysis was a newly established written procedure for data collection.
  - The East Central District Health Department (ECDHD) has had a quality improvement plan and process in place for the past ten years. This plan is updated at a minimum of every three years, although most recently it has been updated nearly twice every year. The department's quality improvement efforts are quite robust, and include over 100 performance measures, a requirement of every department within ECDHD to do a quality improvement project at least once a year, and regular metric tracking.

## **Core Function—Assurance**

### **Essential Service 6: Enforce Laws and Regulations that Protect Health and Ensure Safety**

This essential service involves enforcement of clean air standards and sanitary codes; and timely follow-up of hazards, preventable injuries, and medical services.

- Local public health departments continue to educate members of their communities on public health laws, policies, regulations, and ordinances, and how to comply with them. For example, many local public health departments conduct voluntary inspection visits for compliance with Nebraska's Clean Indoor Air law. Along with inspections, the departments help raise awareness of the requirements by providing educational materials to businesses.
  - The Panhandle Public Health District has distributed educational materials to over 170 multi-unit housing managers, encouraging them to adopt smoke-free policies. This project was made possible through funding from Tobacco Free Nebraska.
  - The South Heartland District Health Department performs a number of radon awareness and outreach activities including educating Central Community College construction management students on radon resistant new construction and how to comply with the International Residential Code, which was adopted by the city of Hastings.
  - Many local health departments, such as the North Central District Health Department, provide resources and guidance on issues relating to the Landlord/Tenant Act.
  - The Lincoln-Lancaster County Health Department enforces the city ordinance and relevant state statutes to protect the public from outbreaks of communicable diseases. For example, the department has utilized the provisions that require individuals with active Tuberculosis (TB) to be isolated and treated. They have also used the ordinance to exclude students and staff from childcare, school, or work settings when appropriate.
- Local public health departments continue to educate medical providers on adherence to Nebraska's reportable disease requirements. Reporting aggregate disease information back to the local communities is essential for public awareness and safety.
  - During the twelve months of this report, the Elkhorn Logan Valley Public Health Department had staff visit all healthcare provider clinics, hospitals, and laboratories in the district to ensure their compliance with disease reporting laws.
  - The Four Corners Health Department (FCHD) sponsors a quarterly meeting of all Infection Control/Preventionists in their district. These professionals come from a variety of organizations to share ideas and learn from one another. FCHD also brings in state experts to provide additional information and training on topics such as the Tuberculosis program, reportable disease regulations, and rabies regulations.

- Many of the 18 local health departments partner with local law enforcement agencies to address the availability of alcohol and tobacco to minors.
  - The East Central District Health Department (ECDHD) has two programs, the Tobacco Prevention Program and the Youth Substance Abuse Prevention Program, that work to address this problem. Compliance checks were conducted in two counties in the ECDHD service area. A total of 8 businesses had alcohol compliance checks conducted in their facilities from July 2012 through June 2013. These checks resulted in a compliance rate of 95.1 percent which is up from the previous year.
  - The Panhandle Public Health District (PPHD) contracts with the Nebraska State Patrol and the Scottsbluff Police Department to complete two rounds of tobacco compliance checks throughout their service area. During the twelve months of this report, 118 checks were completed, with a 95 percent compliance rate.
  - The Healthy Community Initiative Coordinator and four other area individuals at the Elkhorn Logan Valley Public Health Department are certified trainers of the “TIPS” (Training for Intervention Procedures) program to conduct on-premise, off-premise and concessions trainings. TIPS is a nationally recognized program that trains alcohol handlers in doing their jobs properly and more effectively. This program has numerous benefits, including helping workers identify and defuse difficult situations, assisting workers in carding more effectively to avoid serving and selling to minors and/or intoxicated persons, and for some that complete the training receiving insurance discounts. Trainings were offered free of charge. During the reporting period, five trainings were held and educated approximately 25 people.
- All 18 local public health departments respond to nuisance complaints including animal complaints, noise complaints, mold, and a wide range of other issues. The departments work with local law enforcement to ensure that the problems are addressed and resolved. For example, the Loup Basin Public Health Department (LBPHD) acts as a liaison between the community and local authorities. The health department received 220 calls during the 12 months of this report that dealt with a variety of complaints including water, mold, rabies, and radon. LBPHD works continuously with community members to provide education and resources on these issues.
- Many local health departments work with local child care agencies, school systems, and the general public to help ensure adherence to applicable laws and regulations focused on the health and safety of children.
  - The Sarpy/Cass Department of Health and Wellness has five employees who are nationally certified child passenger safety technicians. Twice a month, these employees work with the Safe Kids Sarpy/Cass County program on a child passenger safety seat inspection station. Parents participate in an educational session where they learn to install and adjust the child seat. These inspection stations have been very successful with a full calendar of appointments. During the reporting year, 137 child passenger safety seats were inspected by the Safe Kids program, and 48 seats were provided to qualifying families free of charge.

- The Elkhorn Logan Valley Public Health Department (ELVPHD) has agreements with two area schools and provides school nursing services for these schools through contractual relationships. One of the many duties that ELVPHD performs as part of these contracts is to review the health and immunization records for all students. If students are found to be out of compliance according to state laws, nursing staff work closely with school administration to identify students who are noncompliant, and work with them on next steps.

**Spotlight On: Health and Safety Training for Child Care Staff**

The Lincoln-Lancaster County Health Department (LLCHD) and its Child Care Health Consultation Services division is tasked with educating child care centers in the community about the Lincoln Municipal Code 8.14, which requires health and safety training for child care staff every two years. Five hundred ninety-eight child care staff attended the Health and Safety Training in 2013, which included information such as illness prevention and exclusion, diapering, hand washing, food safety, health laws, policies and regulations. The training was re-designed in 2013 to be more of an interactive experience for those attending. The training emulates an actual child care health and safety inspection, which is used to regulate child care facilities.

**Essential Service 7: Link People to Needed Medical and Mental Health Services and Assure the Provision of Health Care when Otherwise not Available**

This essential service includes assuring that socially disadvantaged people have a coordinated system of clinical care; culturally and linguistically appropriate materials and staff are available to link to services for special population groups; and targeted health information is available for high risk population groups.

- Local health departments are continually working to improve access to medical, dental, and behavioral health care for disadvantaged individuals in their districts.
  - All 18 local health departments are improving access to care for Medicaid and Kids Connection clients through this final year of the Public Health Nurse program (PHN), which is operated through a contract with the state Medicaid office. This program is designed to increase access to health care services for individuals eligible or potentially eligible for Medicaid or Kids Connection by helping them to find a medical, dental, or vision home. For example, the Two Rivers Public Health Department's Public Health Nurse Program provides daily assistance to clients within the district. During the reporting year, 2,215 informational packets were distributed to Medicaid-eligible clients in their seven county service area.
  - Many local health departments continue to identify the lack of access to dental services in their service areas as a significant issue for the people in their districts. Several departments continue to expand and maintain dental services for residents with lower incomes. The Panhandle Public Health District worked with UNMC dental and hygiene students to provide a "Dental Day" in Sidney, Alliance, Chadron, and Gordon. There were 265 total patients seen at the five sites. All local dentists donated free screening exams, staff time, and space for the care to be provided.

- Linking children to essential dental services is a primary goal for the Lincoln-Lancaster County Health Department (LLCHD). LLCHD's Division of Dental Health and Nutrition Services continued to collaborate with Lincoln Public Schools and the Lincoln District Dental Association to screen and identify those children in need of urgent dental care and dental homes. Staff provided follow-up with school nurses for children with priority dental needs to assure families are being connected to dental homes. Staff worked with high need schools to target those children in need of urgent care and who are unable to access dental care with transportation. During the reporting year, 5,616 elementary school-aged children were screened who had not seen a dentist in the past year.
- The Four Corners Health Department operates a medication assistance program, sponsored by participating pharmaceutical companies, where uninsured clients needing prescription medications for chronic health issues are able to get assistance from health department staff in completing forms and assessing which medications are needed.
- All of the local health departments work with DHHS on enrolling qualifying women in the "Every Woman Matters Program." This program assists uninsured or underinsured women in getting their annual health check-ups if they meet income eligibility guidelines. At the Public Health Solutions District Health Department, over 155 women (who had been identified as being overdue for an annual exam) received cervical and breast cancer screening through this program during the twelve months of this report.

**Spotlight On: Choosing Health and Maximizing Prevention**

The Central District Health Department oversees the CHAMP (Choosing Health and Maximizing Prevention) grant that covers the six counties of Hall, Merrick, Kearney, Buffalo, Dawson and Phelps. Partners for this program include Two Rivers Public Health Department, Central Nebraska Council on Alcohol, Central Health Center, and Lexington Regional Hospital. The adult arm of this program targets minority women of child bearing years who are interested in making positive lifestyle changes designed to improve their overall health. Some of these lifestyle changes include choosing healthier foods and increasing physical activity. The CHAMP grant enrolled over 1,000 women in an education and coaching program. At the end of an eight-week program, 73 percent of these women scored higher than on their pretest. In addition, results from a 3-month post-program test revealed that 82 percent of participants scored higher on behavioral tests as compared to baseline scores. This translates to better knowledge of what constitutes healthy choices.

- Several departments either directly provided or contracted with other agencies to expand funding for public immunization programs. They also provided cholesterol and blood pressure screenings. For example, the South Heartland District Health Department worked with the Hastings/Adams County Immunization Clinic to provide immunizations to 320 children ages 0-18 through the Vaccines for Children program. These children were uninsured, underinsured, or were part of the Medicaid/Kid's Connection program. A total of 796 shots were administered. Data concerning each child's records are included in a statewide electronic database that is supported by DHHS. A significant number of the physicians' offices

in the region no longer offer immunizations, so the clinics have become even more vital to maintain access.

- Many of the more rural local health departments reported a need for increased access for farming and ranching families to receive preventive care.
  - The Elkhorn Logan Valley Public Health Department has implemented “Operation Heart to Heart,” which is a program designed to fill a service gap so that agricultural laborers and farmers can receive cardiovascular health screenings and the benefits of health education when it is more convenient for them. Following health screenings, those found to be at high risk for the development of cardiovascular disease are offered case management services. During the reporting period, 546 farmers received cardiovascular screenings.
  - Access to care for rural elderly is a concern for many local health departments. The Southeast District Health Department has identified this need, and is working on a formal plan to develop assistance in this area.

### **Essential Service 8: Assure a Competent Public Health and Personal Health Care Workforce**

This essential service includes assessment of workforce to meet community needs for public and personal health services; maintaining public health workforce standards; and adoption of continuous quality improvement and life-long learning programs for all members of the public health workforce, including opportunities for formal and informal public health leadership development.

- Nearly all of the local health departments are preparing for Public Health Accreditation through the Public Health Accreditation Board. Public Health Accreditation provides valuable, measurable feedback to health departments on their strengths and weaknesses. In addition, accreditation provides an opportunity to improve the quality and performance of various programs within the local health departments and requires a workforce development plan.
- Many local health departments are using a variety of techniques to evaluate staff members’ public health competencies and to address any deficiencies present.
  - The East Central District Health Department (ECDHD) worked with UNMC to complete an assessment specific to ECDHD on the public health competencies and training needs of their staff. This needs assessment survey was completed by 66 percent of the 80 total staff members at ECDHD, and several training opportunities have been offered for staff as a result of this assessment.
  - The North Central District Health Department (NCDHD) implemented a workforce development project in July of 2013 and will be reporting on during the next fiscal year.
- Staff members from local public health departments attended a variety of training sessions and conferences to increase their knowledge of public health in the past year. These included emergency preparedness, chronic disease prevention, and health surveillance. When possible, the Telehealth videoconferencing system or online webinars are used for trainings to save on travel costs.

- A team of four staff members from the Four Corners Health Department (FCHD) completed the Management Academy for Public Health through the University of North Carolina at Chapel Hill. One of the goals of the program included learning how to create sustainable business plans that improve public health. As part of the program, the FCHD team wrote a business plan for the implementation of a worksite wellness program.
- Five staff members from the Central District Health Department attended a one-day training on health literacy through the Nebraska Association of Local Health Directors, made possible by a HRSA Rural Outreach Grant.
- During the 12 months of this report, the Douglas County Health Department staff participated in a new STD database training. This allowed staff to learn different sources for access to reportable diseases and associated patient information, and to learn how to enter data into a newly-revised STD data system.
- Three staff members from the Three Rivers Public Health Department attended a Child Passenger Safety Certification course to receive training on car seat installations for the Safe Kids Three Rivers program. Having these staff members trained allows Three Rivers to operate a car seat inspection station that provides new car seats to low income families through an Office of Highway Safety grant.
- Four staff of the South Heartland District Health Department participated in two webinar trainings to learn additional quality improvement tools and processes and then used these tools to gather baseline data on policy management.
- Health department staff provided many educational materials, information, and training to other members of the public health workforce.
  - The Panhandle Public Health District (PPHD) coordinates the Panhandle's Training Academy, which is a partnership between PPHD, Panhandle Partnership for Health and Human Services, and the Western Nebraska Community College. This has allowed other public health agencies in the region to participate and benefit from public health training.
  - The Northeast Nebraska Public Health Department's Health Director presents career information to Wayne State College classes in nutrition, and also in exercise physiology once or twice a semester to provide professional public health information that explains what the local health department does, and what career opportunities are available in public health.
- Many of the local health departments have participated in the Great Plains Public Health Leadership Institute. The Institute is a one-year program conducted by faculty from the University of Nebraska Medical Center and the public health practice community. The program is designed to strengthen leadership knowledge, skills, and competencies in the public health workforce.
- Health department staff members continue to keep their licenses and certifications updated. They are also pursuing additional educational opportunities for professional development.

### **Spotlight On: Utilizing a Cross-Training Strategy**

Cross-training is a strategy used by the Four Corners Health Department to increase departmental capacity in the area of disease and environmental surveillance. A Four Corners Surveillance Team was formed to do weekly reviews of ongoing cases of disease, environmental issues, and other surveillance issues. The team is comprised of the Surveillance Program Specialist, the Public Health Nurses, the Emergency Response Coordinator, and the Executive Director. As cases are reviewed, each member of the team brings their expertise to the table, which serves to educate and cross-train the group in the areas of surveillance procedures, case management, emergency response, crisis communication, public health laws, regulations, statutes, and many other areas. This team concept has been particularly effective to assure that follow-up is completed on all cases and that there is always a trained back-up staff member who can step in when the Surveillance Program Specialist is unavailable.

### **Essential Service 9: Evaluate Effectiveness, Accessibility, and Quality of Services within the Health Care Industry and Public Health Departments**

This service calls for ongoing evaluation of health programs, based on analysis of health status and service utilization data, to assess program effectiveness and to provide information necessary for allocating resources and shaping programs.

- Almost all of Nebraska's local public health departments have measured their work against national standards based on the ten essential services of public health. This is an evaluation of the effectiveness and quality of services provided by local public health departments. The departments incorporate the results into their strategic planning efforts in order to improve their performance. This statewide effort involves a partnership between the local public health departments and the Division of Public Health.
- As mentioned previously, many of the local health departments continue to prepare for national accreditation through the Public Health Accreditation Board (PHAB). The purpose of national accreditation is to advance the quality and performance of health departments in order to improve service, value, and accountability to stakeholders. As part of preparation efforts, local health departments work with the Division of Public Health on conducting their community health assessments, developing a community health improvement plan, as well as a strategic plan for their health department. Additionally, the local health departments continue to implement quality improvement initiatives in an effort to improve program efficiency.
  - The West Central District Health Department (WCDHD) continues to work with the Division of Public Health on Accreditation Preparation/Quality Improvement, to evaluate each department based on the three core functions and ten essential services of public health. The WCDHD continues to work to improve its accountability by measuring performance and outcomes in all levels and programs and making the necessary changes to improve the quality and outcomes of the department.
  - Each program at the Northeast Nebraska Public Health Department (NNPHD) includes an evaluation component as part of the comprehensive project. In

addition, NNPHD is working on a Quality Improvement program for all aspects of the health department and its scope of work. A new position was created to perform the quality improvement work and to help to oversee accreditation preparation plans.

- The Southwest Nebraska Public Health Department (SWNPHD) is working on several quality improvement projects in order to improve efficiency. One such effort is to work with the State of Nebraska Radon Program to provide monthly reports on the results of every radon test measured by SWNPHD to ensure accuracy and appropriate follow-up.
- The Central District Health Department (CDHD) is engaged in ongoing quality improvement projects to ensure program effectiveness and client satisfaction. CDHD has implemented customer satisfaction surveys within their Immunization and WIC Programs. Clients are asked questions regarding satisfaction with scheduling as well as their perceived quality of services. Program changes were implemented based on the results of these surveys.
- The local health departments consistently evaluate the evidence-based programs, presentations, and services that they provide to their communities.
  - Public Health Solutions District Health Department (PHS) offers an evidence-based program recommended by the Centers for Disease Control and Prevention called “Tai Chi – Moving for Better Balance.” This program is an effective community-based intervention to prevent falls for older adults. In addition to pre- and post-tests, all participants in the program are also enrolled in a registry so that PHS staff can conduct follow-up with each participant in subsequent months regarding activity levels, fall incidents, and efforts to continue the program activities.
  - The South Heartland District Health Department has implemented the Distracted Driving Prevention Program, which is an evidence-based program that targets teen drivers in their service area. This program uses media campaigns, multi-component interventions with community mobilization, and instructional programs to educate teen drivers, parents, and communities of the dangers of distracted driving.
  - The Douglas County Health Department (DCHD) utilizes performance measures to evaluate their TOP program (Teen Outreach Program). Entry and exit surveys are utilized by DCHD staff, in an effort to document knowledge obtained from the program by participants. In addition, attendance, reach, and dosage data are used to document activities performed by DCHD staff to ensure proper administration of this evidence-based program.

### **Essential Service 10: Research and Gain New Insights and Innovative Solutions to Health Problems**

This essential service includes linking with appropriate institutions of higher learning and research; engaging in economic and epidemiologic analyses to conduct needed health services outreach; and using evidence-based programs and best practices where possible.

- Thirteen local public health departments received grants from the Division of Public Health to implement comprehensive evidence-based interventions that address one of their local health priorities. These departments are using innovative evidence-based approaches to address health problems such as poor nutrition practices and low levels of physical activity.
- The Nebraska DHHS Division of Public Health created a Public Health Practice-Based Research Network (PBRN) in partnership with the University of Nebraska Medical Center, College of Public Health. Several local health directors serve on the advisory committee of the PBRN. Additionally, the local public health departments are working with the PBRN to conduct research studies on the public health workforce, quality improvement, and accreditation in Nebraska. They have completed surveys that contribute to the study.
- Public Health Solutions District Health Department (PHS) continues to work with faculty from the Creighton University School of Social Work to provide PHS county-level Behavioral Risk Factor Survey System (BRFSS) data for use by graduate students needing experience with the analysis of health data.
- The Panhandle Public Health District (PPHD) staff worked with the Gretchen Swanson Center for Nutrition to coordinate focus groups and survey distribution on the topic of access to healthy food options. Additionally, PPHD staff partnered with the University of Nebraska Medical Center to coordinate focus groups on the topic of electronic health records.
- The Southeast District Health Department has been working with the University of Nebraska Medical Center - College of Nursing to conduct a research study on rural women and weight loss.
- The East Central District Health Department (ECDHD) collaborated with researchers in several ways during the twelve months of this report. ECDHD staff co-authored a research-based study entitled "Data Synthesis in Community Health Assessment: Practical Examples from the Field." This study was recently published in the *Journal of Public Health Management and Practice*.

## **Conclusion**

During the twelfth year of funding and eleventh full year of operation, continuing progress has been made to strengthen local public health departments throughout the state. All departments (receiving LB 692 and LB 1060 funding) provide all of the three core functions of public health: assessment, policy development, and assurance. In addition, all departments provide all of the ten essential services. They are allocating their funds based on health needs and priorities, as determined through regular comprehensive community health planning processes. The departments have assumed a key leadership role in the coordination and planning of public health services, and have been successful in bringing together local organizations to plan for emergencies such as pandemic influenza. They continue to fill in the gaps with key services. For example, the departments track and monitor infectious disease outbreaks, identify and follow up with individuals who have communicable diseases, and offer a wide variety of health promotion and disease prevention programs. Finally, considerable progress has been made in the areas of evaluation and research as health departments evaluate their own programs and activities and collaborate with research centers to participate in various public health studies. Nebraska's local public health departments are improving their accountability by completing a comparison of their work to national performance standards. The departments identify areas for improvement and make changes that improve the quality of their work and eventually meet the standards of the Public Health Accreditation Board.

## **Public Health Stories**

The following short stories are included in this report to put more of a human face on public health. These stories cover a variety of issues and problems, but the common thread is that they demonstrate how public health agencies have contributed to and improved the quality of life for people in their communities.

### **Managing Tuberculosis – Douglas County Health Department**

Managing tuberculosis (TB) cases is one of the primary responsibilities of the epidemiology section of the Douglas County Health Department. In February 2013, the department was contacted about a 62-year-old man who had just been diagnosed with active pulmonary TB. A friend of this individual had been an active case in 1994, and they had played pool together and spent a significant amount of time in each other's company. Our case knew of his friend's diagnosis, but did not get tested himself. Furthermore, this friend's son was also an active case of TB in 2012.

This individual is a very social person, especially at Christmas, when he spent time around his entire family. This resulted in 70 contacts being identified, who may have been exposed to TB, and who were all in need of testing. Six of the contacts were found to be positive for being exposed to TB and received treatment for latent TB. Understandably, the patient was greatly disappointed that he had exposed members of his family to TB, but he served as a great supporter of the Health Department and assisted the Health Department when a contact was hesitant to get tested. He was confined to his home while he was contagious, but he remained pleasant and cooperative with our staff's instructions during this time.

He has completed his treatment and is doing very well.

### **Responding to a Local Tragedy – South Heartland District Health Department**

One role of public health during emergencies is to provide a link to crucial behavioral health services. On Wednesday, September 5, 2012, an accident involving a Blue Hill Public Schools school bus resulted in the deaths of four students, and a number of other students sustaining significant injuries. The South Heartland District Health Department (SHDHD) and their Public Health Risk Coordinator, Jim Morgan, contacted the principal of Blue Hill schools following the accident, and offered assistance wherever needed for their staff and 400 students. Mr. Morgan also mentioned the assistance of Region 3 Behavioral Health, who could be an invaluable resource for students, faculty, and the entire community as they work to recover from this tragic event. The principal was grateful for the offer and began working with Beth Reynolds, Region 3 Disaster Team Coordinator, to see how they could help. Ms. Reynolds provided guidance on ways to respond to, and recover from, an event such as this. She also provided educational materials to the school and other local organizations that could be distributed to students, staff and community members to help them deal with this tragedy. Ms. Reynolds notified the Crisis Response Therapy provider, South Central Behavioral Services in Hastings, and they said they had already had some families from Blue Hill making appointments to see a therapist following the accident. The principal of Blue Hill Schools stated that they were extremely grateful for the assistance and it was good to know there was a "safety net out there" to help in troubled times such as this.

### **Elkhorn Logan Valley Health Department: Managing Diabetes**

The Elkhorn Logan Valley Public Health Department (ELVPHD) helped to oversee a diabetes case involving a husband and wife, who have been married for more than 43 years, and who have nine children. Originally, the couple (who will be referred to as "Mr. and Mrs. S" for the purpose of

this story) lived in Sonora, Mexico, but more than 25 years ago, they moved to this country to begin a new life.

It had been more than 20 years since Mrs. S was diagnosed with type 2 diabetes. During 2012, she had taken some classes on diabetes self-management, but it was extremely difficult to obtain full cooperation from Mrs. S, especially with her regular medical check-ups. She had not seen her medical provider since 2011 and had decided to discontinue her insulin application, arguing that she felt better. After a few educational sessions from the ELVPHD Minority Health Coordinator, she discontinued the program on diabetes management.

Mr. S was not in a much different situation than his wife. In the last four years, he had not seen a medical provider for an annual checkup even though he had a history of smoking, high cholesterol, and a diet with an excessive intake of foods high in fat.

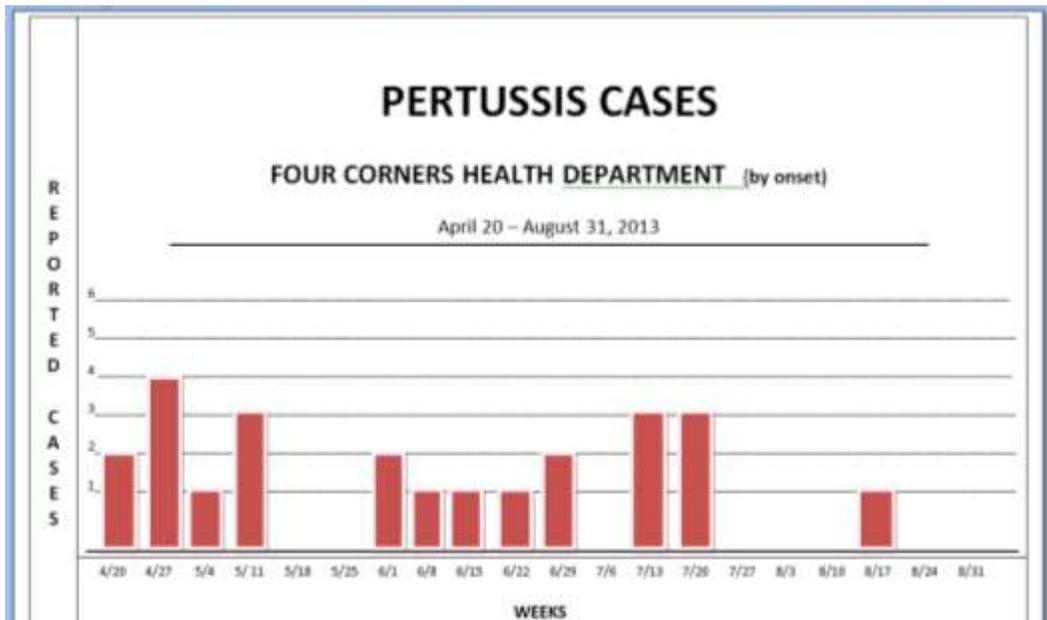
Both Mr. and Mrs. S were covered by Medicaid, so the lack of insurance was not a barrier to accessing treatment, but rather, they did not seek medical attention due to their own reluctance to make their health a priority.

Unfortunately, Mr. S suffered a heart attack in December 2012. This seemed to serve as a “wake-up call” for both Mr. and Mrs. S in regards to taking care of their health. They began to work with the ELVPHD Minority Health Educator on establishing a plan for their health and set specific goals pertaining to their health.

Because of their work with the Minority Health Educator, the ELVPHD observed some significant results regarding Mr. and Mrs. S, including increased participation by Mr. and Mrs. S in educational sessions provided by ELVPHD; regular attendance of scheduled check-ups and medical appointments; increased physical activity by Mr. and Mrs. S; and, Mr. S quit smoking. This is just one example of the kind of oversight that ELVPHD can provide to individuals.

#### **Four Corners Health Department – Managing a Pertussis Outbreak**

An outbreak of pertussis, also known as whooping cough, became a significant event this year for the Four Corners Health Department (FCHD). A total of 24 cases of whooping cough were confirmed in a local community during a 4-month period. Over 160 people were treated with antibiotics because they had whooping cough, or were exposed to the disease by being in close contact with a person who had the disease. The graph below shows the incidence of the pertussis cases over the 4 months.



The outbreak came to light when a school nurse, who had previously worked closely with the department, called to report a case of pertussis in a child attending the local middle school. The school nurse knew that the local health department would be involved in identifying other children and staff who might have been exposed to the disease. The nurse also shared with staff at Four Corners that several other children in the school seemed to have persistent coughs that now seemed suspect.

FCHD and the school worked together to inform parents about whooping cough and its symptoms. Together they identified other children who were possibly showing symptoms or who had been exposed, and referred them to their medical providers. In the last month of the school year, 10 new cases of pertussis were identified, and many more individuals were placed on antibiotics so that they did not develop the disease. Informing the local medical providers of the known presence of pertussis in the community was crucial to assuring that children were tested and treated.

As school let out for the year, FCHD remained hopeful that no further cases would develop. However, new cases were reported again in June. FCHD did a great deal of investigation to ensure that exposed people received antibiotics if appropriate, and that the general public knew about the signs and symptoms of pertussis. In July, there were additional cases identified in toddler/preschool-aged children. Two local childcares and one preschool worked with FCHD very closely to inform parents and to ensure that any exposed children were referred to their medical providers. The health department continued to issue press releases and health alerts to medical providers to keep everyone aware of the situation and to further promote public health recommendations regarding this disease.

Although there are still occasional pertussis cases that are reported to the Four Corners Health Department, the total number of pertussis cases within the district has reduced significantly. Four Corners Health Department will continue to monitor the situation and is prepared to work with their community partners if the need arises.

**Appendix A. Contact Information for Nebraska's Local Health Departments funded under the Nebraska Health Care Funding Act (LB 692)**

**Central District Health Department**

Teresa Anderson, Director  
1137 South Locust Street  
Grand Island, NE 68801  
Phone: (308) 385-5175  
Website: [www.cdhd.ne.gov](http://www.cdhd.ne.gov)

**Douglas County Health Department**

Adi Pour, Director  
1111 South 41<sup>st</sup> Street  
Omaha, NE 68183  
Phone: (402) 444-7471  
Website: [www.douglascountyhealth.com](http://www.douglascountyhealth.com)

**East Central District Health Department**

Rebecca Rayman, Executive Director  
2282 East 32<sup>nd</sup> Avenue  
Columbus, NE 68601  
Phone: (402) 563-9224  
Website: [www.eastcentraldistricthealth.com](http://www.eastcentraldistricthealth.com)

**Elkhorn Logan Valley Public Health Department**

Gina Uhing, Director  
Box 779  
Wisner, NE 68791  
Phone: (402) 529-2233  
Website: [www.elvphd.org](http://www.elvphd.org)

**Four Corners Health Department**

Vicki Duey, Executive Director  
2101 North Lincoln Avenue  
York, NE 68467  
Phone: (402) 362-2621  
Website: [www.fourcorners.ne.gov](http://www.fourcorners.ne.gov)

**Lincoln-Lancaster County Health Department**

Judy Halstead, Director  
3140 "N" Street  
Lincoln, NE 68510  
Phone: (402) 441-8000  
Website: [www.lincoln.ne.gov/city/health](http://www.lincoln.ne.gov/city/health)

**Loup Basin Public Health Department**

Chuck Cone, Director  
934 I Street/Box 995  
Burwell, NE 68823  
Phone: (308) 346-5795  
Website: [www.loupbasinhealth.com](http://www.loupbasinhealth.com)

**North Central District Health Department**

Roger Wiese, Director  
422 East Douglas Street  
O'Neill, NE 68763  
Phone: (402) 336-2406  
Website: [www.ncdhd.ne.gov](http://www.ncdhd.ne.gov)

**Northeast Nebraska Public Health Department**

Deb Scholten, Director  
215 North Pearl Street/Box 68  
Wayne, NE 68787  
Phone: (402) 375-2200  
Website: [www.nnphd.org](http://www.nnphd.org)

**Panhandle Public Health District**

Kim Engel, Director  
808 Box Butte Avenue/Box 337  
Hemingford, NE 69348  
Phone: (308) 487-3600  
Website: [www.pphd.org](http://www.pphd.org)

**Public Health Solutions District Health Department**

M Jane Ford Witthoff, Health Director  
995 East Highway 33, Suite 1  
Crete, NE 68333  
Phone: (402) 826-3880  
Website: [www.phsneb.org](http://www.phsneb.org)

**Sarpy/Cass Department of Health and Wellness**

Dianne Kelly, Director  
701 Olson Drive/Suite 101  
Papillion, NE 68046  
Phone: (402) 339-4334  
Website: [www.sarpy.com/health](http://www.sarpy.com/health)

**South Heartland District Health Department**

Michele Bever, Executive Director  
606 North Minnesota/Suite 2  
Hastings, NE 68901  
Phone: (402) 462-6211  
Website: [www.southheartlandhealth.org](http://www.southheartlandhealth.org)

**Southeast District Health Department**

Kay Oestmann, Director  
2511 Schneider Avenue  
Auburn, NE 68305  
Phone: (402) 274-3993  
Website: [www.sedhd.org](http://www.sedhd.org)

**Southwest Nebraska Public Health Department**

Myra Stoney, Director  
Box 1235  
McCook, NE 69001  
Phone: (308) 345-4289  
Website: [www.swhealthdept.com](http://www.swhealthdept.com)

**Three Rivers Public Health Department**

Terra Uhing, Director  
2400 North Lincoln Street  
Fremont, NE 68025  
Phone: (402) 727-5396  
Website: [www.threeriverspublichealth.org](http://www.threeriverspublichealth.org)

**Two Rivers Public Health Department**

Terry Krohn, Director  
701 4<sup>th</sup> Avenue/Suite 1  
Holdrege, NE 68949  
Phone: (308) 995-4778  
Website: [www.tworiverspublichealth.com](http://www.tworiverspublichealth.com)

**West Central District Health Department**

Shannon Vanderheiden, Director  
Box 648  
North Platte, NE 69103  
Phone: (308) 696-1201  
Website: [www.wcdhd.org](http://www.wcdhd.org)

# **ATTACHMENT C**

# 2012-2013 Minority Health Initiative Annual Report

December 1, 2013

In accordance with Nebraska  
State Statute 71-1628.07

**Office of Health Disparities & Health Equity**  
**Division of Public Health**  
**Nebraska Department of Health & Human Services**

Department of Health & Human Services



**Improving health outcomes for  
culturally diverse populations in  
Nebraska**

2012-2013

# Minority Health Initiative Projects

**10,613**

Health improvements made by participants

**13,409**

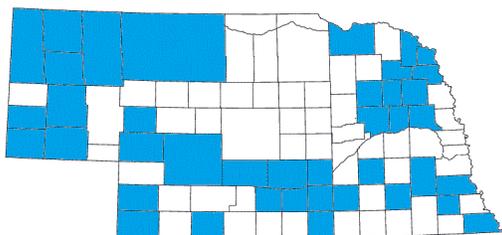
Health/medical interpretation sessions provided

**13,500+**

Clients served

**32,300+**

Encounters provided



**17**

Projects funded

**44**

Counties covered

**70+**

Organizations involved

## Prevalence/Death Rates Related to Priority Issues, 2001-2005 and 2006-2010

| Health Issue  | Race/Ethnicity   | 2001-2005 | 2006-2010 |
|---|------------------|-----------|-----------|
| <b><u>Cardiovascular Disease</u></b><br>Death rate per 100,000 population | African American | 246.4     | 214.2     |
|   | American Indian  | 280.1     | 131.7     |
|   | Asian            | 108.3     | 64.5      |
|   | Hispanic         | 114.6     | 89.7      |
|   | White            | 196.7     | 160.2     |
| <b><u>Stroke</u></b><br>Death rate per 100,000 population                 | African American | 84.2      | 40.8      |
|   | American Indian  | 62        | 66.6      |
|   | Asian            | 65.7      | 38.7      |
|   | Hispanic         | 29.2      | 28.4      |
|   | White            | 51.7      | 40.8      |
| <b><u>Diabetes</u></b><br>Death rate per 100,000 population               | African American | 67.3      | 62.1      |
|   | American Indian  | 91        | 93.2      |
|   | Asian            | 13.9      | 18.7      |
|   | Hispanic         | 45.6      | 28.8      |
|   | White            | 20.3      | 21.1      |
| <b><u>Infant Mortality</u></b><br>Death rate per 100,000 population       | African American | 15.1      | 13.8      |
|   | American Indian  | 15.2      | 7.7       |
|   | Asian            | 5.5       | 2.8       |
|   | Hispanic         | 6.8       | 5.7       |
|   | White            | 5.7       | 5.7       |
| <b><u>Obesity</u></b><br>Prevalence among adults aged 18+                 | African American | 33.9%     | 39%       |
|   | American Indian  | 29.6%     | 41.7%     |
|   | Asian            | 8.4%      | 10.3%     |
|   | Hispanic         | 25.5%     | 32%       |
|   | White            | 23.1%     | 26.7%     |
| <b><u>Asthma</u></b><br>Prevalence among adults aged 18+                  | African American | 12.3%     | 11.7%     |
|   | American Indian  | 15.5%     | 9.7%      |
|   | Asian            | 9.7%      | 7.3%      |
|   | Hispanic         | 3.8%      | 4.5%      |
|   | White            | 6.7%      | 7.7%      |

Sources: Nebraska DHHS Vital Statistics 2001-2010, Nebraska Behavioral Risk Factor Surveillance System (BRFSS) 2001-2010

**Minority Health Initiative two-year projects (7/2011-6/2013)  
were awarded to the following organizations:**

| <b>Projects (Congressional Districts 1 &amp; 3)</b>                  | <b>Amount</b>  | <b>County(ies)</b>  | <b>Page</b> |
|--|----------------|---|-------------|
| Blue Valley Community Action   | \$90,765.71    | Saline, York  | 12          |
| Carl T. Curtis Health Center/Omaha Tribe                             | \$88,204.20    | Thurston  | 13          |
| Central District Health Department                                   | \$654,382.42   | Buffalo, Dawson, Hall, Kearney, Merrick, Phelps                           | 14          |
| Chadron Native American Center                                       | \$54,715.57    | Cherry, Dawes, Sheridan   | 15          |
| Community Action Partnership of Western Nebraska                     | \$275,803.45   | Box Butte, Cheyenne, Deuel, Garden, Kimball, Morrill, Scotts Bluff, Sioux | 16          |
| East Central District Health Department                              | \$200,595.78   | Colfax, Platte  | 17          |
| Elkhorn Logan Valley Public Health Department                        | \$148,693.67   | Cuming, Madison, Stanton  | 18          |
| Lincoln-Lancaster County Health Department                           | \$938,626.18   | Lancaster   | 19          |
| Mary Lanning Memorial Hospital                                       | \$93,264.23    | Adams, Clay, Webster  | 21          |
| Norm Waitt YMCA  | \$197,572.36   | Dakota  | 22          |
| Northeast Nebraska Public Health Department                          | \$29,583.36    | Dixon, Wayne  | 23          |
| One World Community Health Center                                    | \$146,288.34   | Dodge, Sarpy  | 24          |
| Ponca Tribe of Nebraska  | \$24,535.12    | Knox, Sarpy   | 25          |
| Sandhills District Health Department and Clinic (contract)           | \$13,962.34    | Arthur, Keith   | 26          |
| Southeast District Health Department (contract)                      | \$55,345.46    | Johnson, Otoe, Richardson   | 27          |
| Southwest Nebraska Public Health Department (contract)               | \$28,155.64    | Chase, Dundy, Red Willow  | 28          |
| West Central District Health Department (contract)                   | \$74,472.81    | Lincoln   | 29          |
| <i>Total</i>   | \$3,114,966.64 |   |             |
| <b>Federally qualified health centers (Congressional District 2)</b> |                |   |             |
| Charles Drew Health Center   | \$714,050.50   | CD 2  | 30          |
| One World Community Health Center                                    | \$714,050.50   | CD 2  | 32          |

## Introduction

Minority Health Initiative funding is allocated by the Nebraska Legislature to counties in the first and third Congressional Districts with minority populations of five percent or greater, based on the most recent decennial census. Funding is directed to be distributed on a per capita basis and used to address priority issues of infant mortality, cardiovascular disease, obesity, diabetes, and asthma. Issues such as cancers, HIV/AIDS, sexually transmitted diseases, tobacco or alcohol use, mental health, translation/interpretation, injury prevention, and uninsuredness may be targeted in addition to at least one of the priorities. All projects should be responsive to the special cultural and linguistic needs of the populations they intend to serve.

To meet the directive, the Office of Health Disparities and Health Equity within the Nebraska Department of Health and Human Services uses a competitive request for applications process. Minority Health Initiative funds were awarded for two-year project periods, and 13 projects were awarded funding for the 2011-2013 project period. Four additional projects were implemented via contracts. This report covers the second year of the two-year project period.

The Minority Health Initiative grant program is designed to encourage the development or enhancement of innovative health services or programming to eliminate health disparities which disproportionately impact minority populations. The emphasis of this program is on service delivery through creative strategies by a single organization or by forming a network with at least two additional partners. Via collaborations among schools, faith-based organizations, emergency medical service providers, local universities, private practitioners, community-based organizations, and local health departments, communities have an opportunity to bring health parity for minorities. Populations to be addressed include racial ethnic minorities, Native Americans, refugees, and immigrants.

Also included in the appropriation is annual funding to be distributed equally among federally qualified health centers in the second Congressional District (One World Community Health Center and Charles Drew Health Center). Funding is to be used to implement a minority health initiative which may target, but is not limited to, cardiovascular disease, infant mortality, obesity, diabetes, and asthma.

For additional information on these projects, please contact Josie Rodriguez, Office of Health Disparities and Health Equity, at 402-471-0152 or [minority.health@nebraska.gov](mailto:minority.health@nebraska.gov).

## Definitions

**340B Medication Assistance program:** a federal drug pricing program that limits the cost of covered outpatient medications to enable safety-net health care providers (e.g., federally qualified health centers, community health centers, tribal or urban Indian health organizations) to save significantly on the cost of prescriptions.<sup>1</sup>

**Body mass index (BMI):** measure of body fat based on height and weight.<sup>2</sup>

**Case management:** advocacy and guidance activities that help patients understand their current health status, what they can do about it, and why those treatments are important; and guide patients and provide cohesion to other health care professionals, enabling individuals to achieve health goals effectively and efficiently.<sup>3</sup>

**Community health workers:** people who assist individuals and communities to adopt healthy behaviors. Conduct outreach for medical personnel or health organizations to implement programs in the community that promote, maintain, and improve individual and community health. May provide information on available resources, provide social support and informal counseling, advocate for individuals and community health needs, and provide services such as first aid and blood pressure screening. May collect data to help identify community health needs. Also known as lay health ambassadors, *promotoras*, and bilingual community health partners.<sup>4</sup>

**Dental home:** model of care characterized by provision and coordination of dental health care at a single location that takes responsibility for the patient's health care needs and arranging for appropriate care with other clinicians; includes a high level of accessibility, excellent communication, and full use of technology to prescribe, communicate, track test results, obtain clinical support information and monitor performance.<sup>5</sup>

**Encounter:** service provided to a client under this funding; may be duplicated numbers (i.e., multiple services may be provided to one person)

**Health fair:** event where organizations have an opportunity to disseminate health information to the public at booths and/or to provide health screenings.<sup>6</sup>

**Interpretation:** rendering of oral messages from one language to another.<sup>7</sup>

**Medical home:** model of care characterized by provision and coordination of health care at a single location that takes responsibility for the patient's health care needs and arranging for appropriate care with other clinicians; includes a high level of accessibility, excellent communication, and full use of technology to prescribe, communicate, track test results, obtain clinical support information and monitor performance.<sup>5</sup>

**Translation:** rendering of written information from one language to another.<sup>7</sup>

## Encounters

This page summarizes the encounters experienced by the Minority Health Initiative projects in Congressional Districts 1 and 3 for the period July 1, 2012 through June 30, 2013. The projects are very different; some focus on health screenings and others on more complex services such as assisting people to find a medical home. Therefore, a simple listing of the number of clients served is not expressive of the depth of the work. We therefore added an Encounters page to the data report. This page is used to collect information on activities and services provided by the projects.

### Assistance Provided

|                             |               |
|-----------------------------|---------------|
| Establish medical home      | 654           |
| Establish dental home       | 967           |
| Case management             | 557           |
| Home visits                 | 618           |
| Apply for public assistance | 504           |
| Transportation              | 444           |
| Referrals                   | 941           |
| Low-cost medications        | 4,018         |
| Interpretation sessions     | 13,409        |
| Health fair attendees       | 3,668         |
| Other activities            | 2,648         |
| <b>Total</b>                | <b>32,300</b> |

### Interpretation Sessions—Languages

|                |        |
|----------------|--------|
| Spanish        | 10,449 |
| Arabic/Kurdish | 1,485  |
| Vietnamese     | 996    |
| Karen/Burmese  | 361    |
| French         | 12     |
| Chinese        | 5      |
| Other          | 101    |

## Education and Screening Encounters

| Health Education         | Encounters |
|--------------------------|------------|
| 3,060 sessions providing | 19,310     |

Health education is a key component of almost all of the Minority Health Initiative projects. During year two of the project period (July 1, 2012-June 30, 2013), the projects provided 3,060 health education sessions on topics including:

- ◆ Alcohol prevention
- ◆ Attention deficit hyperactivity disorder (ADHD)
- ◆ Breast cancer
- ◆ Cardiovascular disease
- ◆ Childhood depression
- ◆ Colon cancer prevention
- ◆ Communication/gaining support
- ◆ Community health workers
- ◆ Community emergency preparedness
- ◆ Diabetes
- ◆ Emotional coaching
- ◆ Family bonding
- ◆ Farmers markets
- ◆ Flu shots
- ◆ Goal setting
- ◆ Hand washing
- ◆ HbA1c labs
- ◆ Health risk assessment
- ◆ Healthy lifestyles/lifestyle changes
- ◆ HIV/AIDS awareness
- ◆ Importance of health screenings
- ◆ Infant/child car seat safety
- ◆ Keeping babies safe
- ◆ Mental health/depression
- ◆ Nutrition facts and labels
- ◆ Obesity
- ◆ Oral health
- ◆ Poison/safety
- ◆ Radon gas
- ◆ Skin care
- ◆ Sleep disorders
- ◆ Stress management
- ◆ Summer safety
- ◆ Tobacco cessation
- ◆ Tooth brushing
- ◆ Vaccines
- ◆ Women's health

Health screenings are another key component of the projects. During year two of the project period (July 1, 2012-June 30, 2013), the projects provided 15,984 health screenings.

| Health Screenings | Encounters    |
|-------------------|---------------|
| Blood pressure    | 6,009         |
| Glucose           | 2,041         |
| Smoking cessation | 994           |
| BMI               | 3,033         |
| Cholesterol       | 956           |
| Dental            | 470           |
| Breast cancer     | 76            |
| Immunizations     | 915           |
| Other             | 1,490         |
| <b>Total</b>      | <b>15,984</b> |

## Improved Health

Work by the Minority Health Initiative projects resulted in 10,613 improvements in health for participants.

---

| <b>Health Outcomes</b>                        | <b>Encounters</b> |
|---|-------------------|
| Improvements in BMI/weight loss               | 968               |
| Improvements in blood glucose levels          | 76                |
| Improvements in blood pressure                | 2,800             |
| Improvements in cholesterol                   | 119               |
| Improvements in dental health                 | 34                |
| Increased physical activity                   | 1,712             |
| Improved nutrition                            | 1,373             |
| Improved medication management                | 1,532             |
| Improved self-management of chronic disease   | 1,575             |
| Received prenatal care in the first trimester | 58                |
| Stopped smoking                               | 91                |
| Other   | 275               |
| <b>Total</b>                                  | <b>10,613</b>     |

---

## Clients Served

This page summarizes the clients served by the Minority Health Initiative projects for the period July 1, 2012 through June 30, 2013. These numbers represent the number of people provided services listed on the previous pages of this report. They also include the number of people who demonstrated changes in health indicators such as weight loss and lowering of cholesterol or blood pressure; and improvements in healthy behaviors such as increased physical activity, smoking cessation, or improved self-management of chronic diseases. "Other" includes refugee, immigrant, Arab, Middle Eastern, Russian, Irish, White Hispanic, and persons who chose not to identify their race and/or ethnicity—people served but for whom funding was not appropriated.

| Female   |       |              |                                   |       |                      |       |          |
|----------|-------|--------------|-----------------------------------|-------|----------------------|-------|----------|
| Age      | Total | Non Hispanic |                                   |       |                      |       | Hispanic |
|          |       | Black        | American Indian/<br>Alaska Native | Asian | Two or More<br>Races | Other |          |
| All Ages | 8,456 | 426          | 671                               | 301   | 326                  | 2,184 | 4,548    |
| 0-19     | 2,317 | 40           | 117                               | 23    | 68                   | 905   | 1,164    |
| 20-39    | 2,940 | 162          | 141                               | 133   | 197                  | 486   | 1,821    |
| 40-59    | 2,317 | 163          | 284                               | 73    | 51                   | 522   | 1,224    |
| 60-79    | 742   | 37           | 116                               | 60    | 7                    | 426   | 296      |
| 80+      | 140   | 24           | 13                                | 12    | 3                    | 45    | 43       |

| Male     |       |              |                                   |       |                      |       |          |
|----------|-------|--------------|-----------------------------------|-------|----------------------|-------|----------|
| Age      | Total | Non Hispanic |                                   |       |                      |       | Hispanic |
|          |       | Black        | American Indian/<br>Alaska Native | Asian | Two or More<br>Races | Other |          |
| All Ages | 5,144 | 401          | 636                               | 265   | 114                  | 1,275 | 2,453    |
| 0-19     | 1,996 | 40           | 158                               | 45    | 44                   | 733   | 976      |
| 20-39    | 1,338 | 136          | 186                               | 99    | 29                   | 165   | 723      |
| 40-59    | 1,274 | 180          | 218                               | 63    | 31                   | 243   | 539      |
| 60-79    | 423   | 30           | 63                                | 39    | 5                    | 116   | 170      |
| 80+      | 113   | 15           | 11                                | 19    | 5                    | 18    | 45       |



## Blue Valley Community Action Partnership

**County(ies):** Saline, York

**Dollars:** \$45,382.86 per year

**Target Populations:** Hispanic/Latino

**Encounters 7/1/2012-6/30/2013:** 2,402

**Target Areas:** Infant mortality, obesity, cardiovascular disease, diabetes

**Clients Served 7/1/2012-6/30/2013:** 768

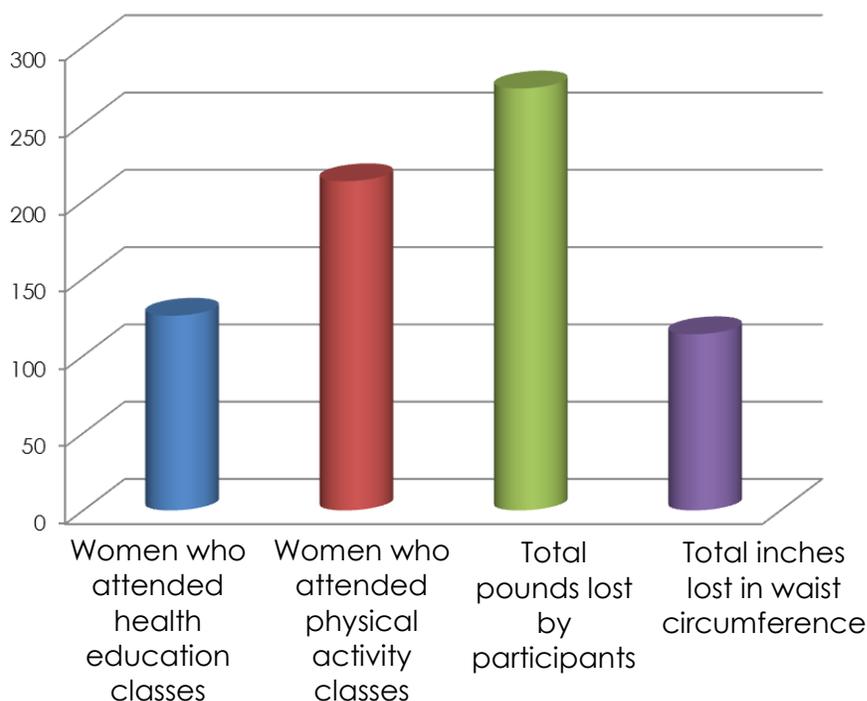
**Other Areas:** Mental health, translation/interpretation, cancers, tobacco use, uninsuredness, injury prevention

**Project Partners:** Four Corners District Health Department, Blue Valley Behavioral Health, Crete Area Medical Center, University of Nebraska at Lincoln Nutrition Education Department

This project addressed outcomes to decrease targeted health disparities for pregnant Hispanic/Latina women and their families by addressing risk factors and access to care.

### Outcomes July 1, 2012—June 30, 2013

- ◆ 159 pregnant Hispanic women enrolled in case management
- ◆ 161 women expressed increased knowledge of available services and signs and symptoms of pre/post-natal depression
- ◆ 126 women attended health education classes
- ◆ 126 women expressed increased knowledge about diabetes, cardiovascular disease, mental health, preconception health, immunizations
- ◆ 213 women completed an 8-week physical activity course
- ◆ 72% of participants increased daily physical activity
- ◆ 92% of participants expressed increased knowledge of preventive health concepts



## Carl T. Curtis Health Center/Omaha Tribe

**County(ies):** Thurston

**Dollars:** \$44,102.10 per year

**Target Populations:** Native American

**Encounters 7/1/2012-6/30/2013:** 904

**Target Areas:** Cardiovascular disease, diabetes

**Clients Served 7/1/2012-6/30/2013:** 620

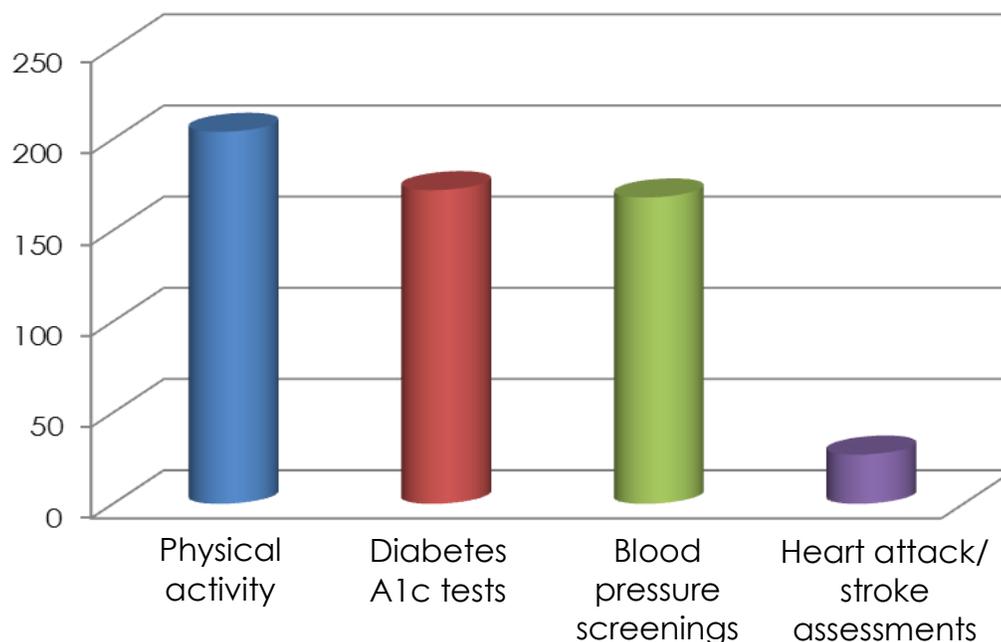
**Other Areas:** Tobacco use

**Project Partners:** Omaha Tribal Tobacco Coalition

The focus of this project was reduction of smoking and prevention of complications from Type 2 diabetes among members of the Omaha Tribe.

### Outcomes July 1, 2012—June 30, 2013

- ◆ 172 participants completed A1C tests and received health education on diabetes
- ◆ 168 participants completed blood pressure checks and received information about their reading
- ◆ 27 participants completed risk assessment for heart attack and stroke
- ◆ 200+ individuals participated in physical activity on a consistent basis through martial arts such as Tai-Chi Chuan, which was introduced to the community as an alternative method of exercise to help diabetes patients and smokers with stress reduction while encouraging balance in their lives



## Central District Health Department

**County(ies):** Buffalo, Dawson, Hall, Kearney, Merrick, Phelps

**Target Populations:** Native American, Hispanic/Latino, immigrant, refugee

**Target Areas:** Cardiovascular disease, diabetes, infant mortality, obesity

**Other Areas:** Tobacco or alcohol use, translation/interpretation, HIV/AIDS, cancers, sexually transmitted infections

**Dollars:** \$327,191.21 per year

**Encounters 7/1/2012-6/30/2013:** 3,838

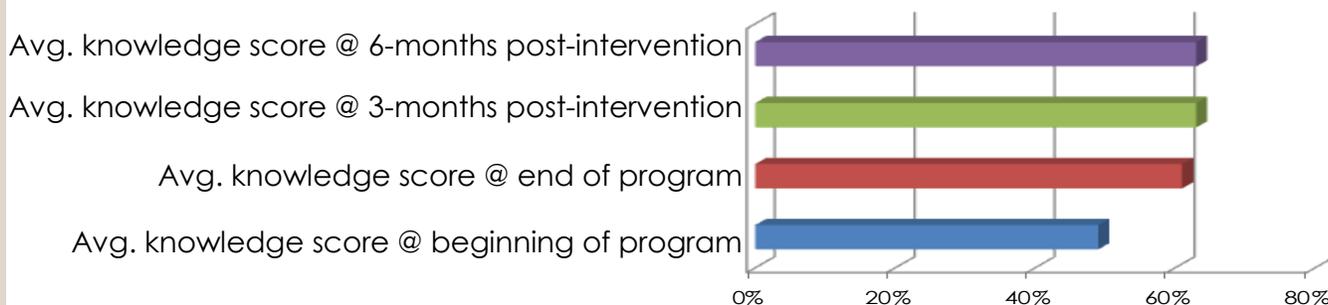
**Clients Served 7/1/2012-6/30/2013:** 727

**Project Partners:** Two Rivers Public Health Department, Central Health Center, Central Nebraska Council on Alcohol Addiction, Community Fitness Initiative, St. Ann's Church, St. Mary's Church, Somali Community Centers in Lexington and Grand Island, Tri County Hospital, Dawson County Interagency Team

The Choosing Health and Maximizing Prevention (CHAMP) program concentrated on expectant mothers, emphasizing healthy lifestyle choices and a continuum of care from pre-conception to the end of the reproductive years.

### Outcomes July 1, 2012—June 30, 2013

- ◆ 484 participants received education on nutrition, physical activity, and preventive health care
- ◆ 19 series of CATCH Kids and Discovery Kids were provided, reaching out a combined total of 569 students
- ◆ 753 one-on-one counseling sessions were provided
- ◆ A nutritionist provided health education sessions on healthy lifestyle, nutrition, physical activity, preventive health care
- ◆ 610 participants (81%) reported significant improvement in positive behaviors
- ◆ 84% participants improved their knowledge of healthy eating and physical activity
- ◆ 389 interpretation encounters were provided, all in Spanish



## Chadron Native American Center

**County(ies):** Cherry, Dawes, Sheridan

**Dollars:** \$27,357.79 per year

**Target Populations:** Native American, Hispanic/Latino

**Encounters 7/1/2012-6/30/2013:** 388

**Target Areas:** Cardiovascular disease, diabetes, infant mortality, obesity

**Clients Served 7/1/2012-6/30/2013:** 99

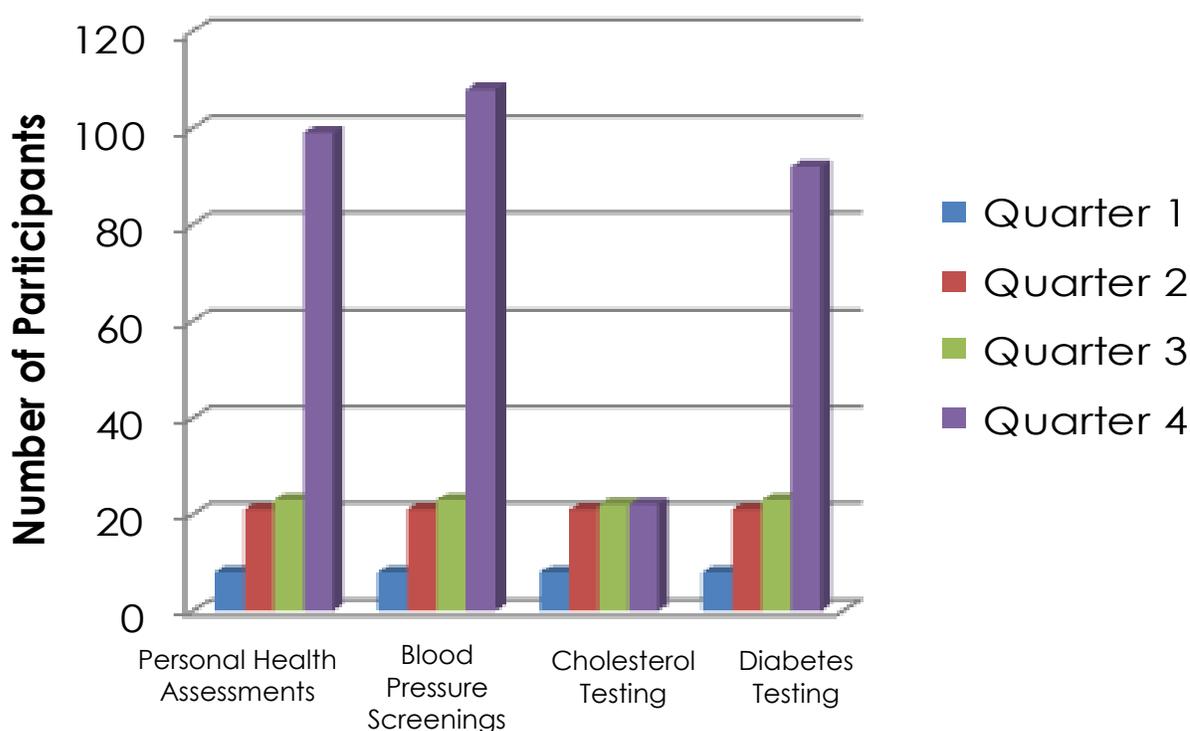
**Other Areas:** Tobacco use, HIV/AIDS, mental health, uninsuredness

**Project Partners:** Western Community Health Resources, Panhandle Public Health District

This project expanded community-based health promotion and disease prevention efforts in three counties. The focus was a model of personal health assessment to improve health behaviors.

### Outcomes July 1, 2012—June 30, 2013

- ◆ 99 Personal Health Assessments (PHAs) were performed, followed by appointments with case managers to create care plans to address identified health risks
- ◆ 108 blood pressure screenings were performed
- ◆ 22 cholesterol tests were performed
- ◆ 92 diabetes tests were performed
- ◆ 20 one-to-one Assessment Survey Interviews were completed utilizing the Minority Health Interview Survey
- ◆ Native American community members aged 30 and older would like to address educational needs for their younger community members, particularly on topics such as substance abuse, teen pregnancy, and tobacco use



## Community Action Partnership of Western Nebraska

**County(ies):** Box Butte, Cheyenne, Deuel, Garden, Kimball, Morrill, Scotts Bluff, Sioux

**Dollars:** \$137,901.73 per year

**Target Populations:** Native American, Hispanic/Latino

**Encounters 7/1/2012-6/30/2013:** 4,899

**Target Areas:** Cardiovascular disease, diabetes, obesity

**Clients Served 7/1/2012-6/30/2013:** 497

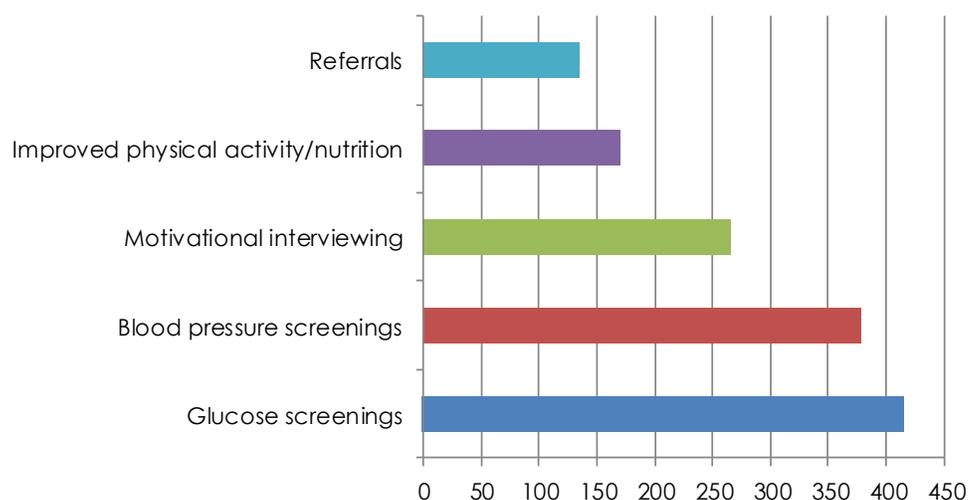
**Other Areas:** Translation/interpretation, uninsuredness

**Project Partners:** University of Nebraska Medical Center West Nebraska Division College of Nursing, Western Community Health Services, Regional West Medical Center, Western Nebraska Community College, Lakota Lutheran Center, Memorial Health Center, Kimball Health Services, Panhandle Public Health District, Indian Center Inc.

This project addressed health risk factors through health screenings and addressed language barriers that impede access to health care.

### Outcomes July 1, 2012—June 30, 2013

- ◆ 835 fliers advertising program activities were distributed
- ◆ 416 glucose and 379 blood pressure screenings were provided
- ◆ 265 people were found to have abnormal screening results and received health education via motivational interviewing
- ◆ 170 people demonstrated improvements in nutrition and physical activity
- ◆ 200 high risk diabetic patients received health education about self-management of their condition
- ◆ 134 referrals were made to the minority health *promotora*
- ◆ Over 275 Latina women attended the Red Shawl event to learn about breast cancer and cardiovascular disease
- ◆ Interpretation was provided in 2,976 encounters
- ◆ 8 people completed medical interpretation training



## East Central District Health Department

**County(ies):** Colfax, Platte

**Dollars:** \$100,297.89 per year

**Target Populations:** Native American, Hispanic/Latino, refugee, immigrant

**Encounters 7/1/2012-6/30/2013:** 990

**Target Areas:** Cardiovascular disease, diabetes, obesity

**Clients Served 7/1/2012-6/30/2013:** 603

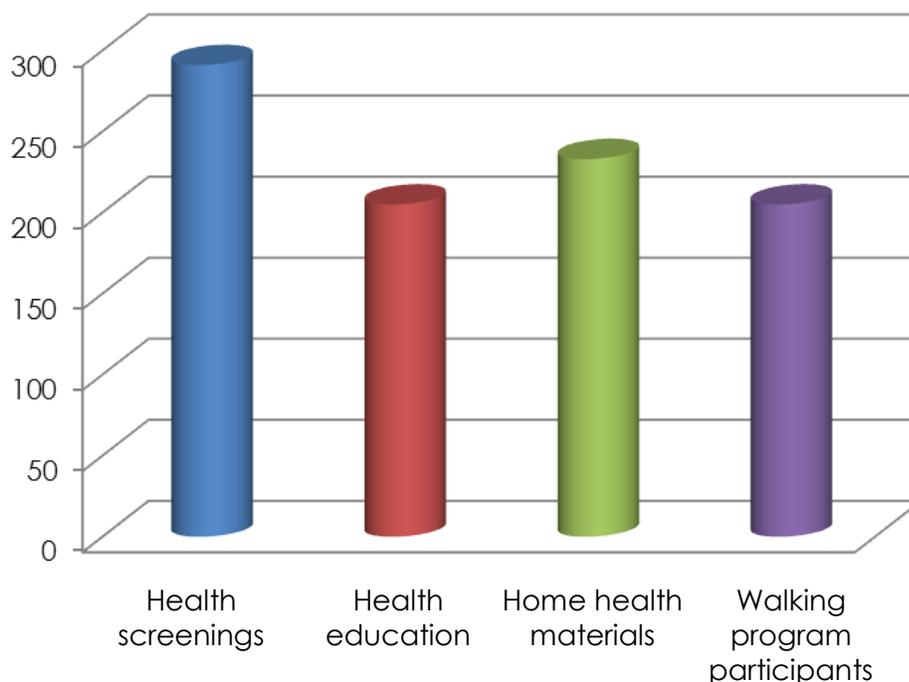
**Other Areas:** Translation/interpretation, uninsuredness

**Project Partners:** Divine Mercy Church/ St. Augustine, Cargill-Schuyler, Good Neighbor Community Health Center, Schuyler Learning Center

This project targeted risk health factors through education, the application of knowledge, and increased physical activity.

### Outcomes July 1, 2012—June 30, 2013

- ◆ 291 people were screened for cardiovascular disease, obesity, and/or diabetes
- ◆ 205 people received health education about nutrition and physical activity, participated in a walking program, and lost a combined total of 615 pounds
- ◆ Home health educational materials were provided to 233 people
- ◆ 89 people completed four-week diabetes classes
- ◆ *Promotoras* helped 129 people with health education and links to resources
- ◆ 80 people participated in aerobics classes
- ◆ 164 children received education on healthy eating and portions



## Elkhorn Logan Valley Public Health Department

**County(ies):** Cuming, Madison, Stanton

**Dollars:** \$74,364.84 per year

**Target Populations:** Native American, African American, Hispanic/Latino, immigrant

**Encounters 7/1/2012-6/30/2013:** 6,479

**Target Areas:** Cardiovascular disease, diabetes, obesity

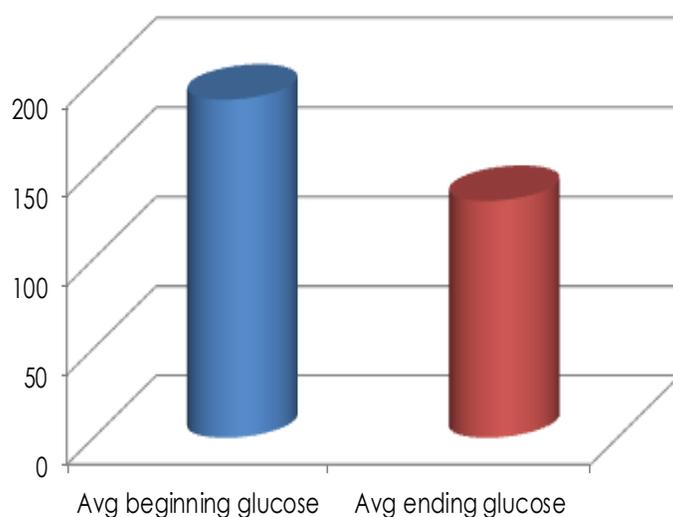
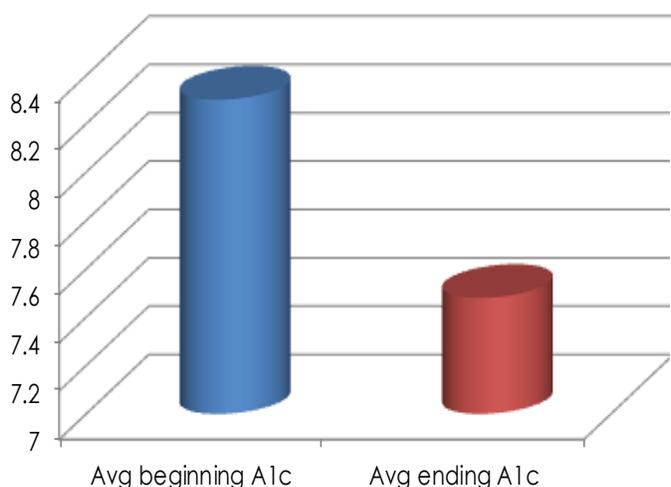
**Clients Served 7/1/2012-6/30/2013:** 1,084

**Project Partners:** Norfolk Community Health Care Clinic, Madison Medical Clinic, Healthy Communities Initiative, Planned Approach to Community Health, Tyson Fresh Meats, schools, community and cultural centers

Minority Education for Greater Access to Health (Project MEGAHealth) was designed to help populations access assistive services, agencies, community partners, and programs; increasing access to health care in an effort to reduce health risk factors.

### Outcomes July 1, 2012—June 30, 2013

- ◆ 81 people were educated on diabetes/chronic disease education.
- ◆ 126 people participated in physical activity classes, including 86 adults and 40 children – families took part in the classes together as a unit
- ◆ Monthly community education classes were very well attended and the word-of-mouth generated by participants helped to promote the program overall throughout the community, resulting in more and more attendance
- ◆ 75% of participants demonstrated mastery of skills
- ◆ 92% of participants adopted one or more healthy behaviors
- ◆ 603 people were provided referrals and information



## Lincoln-Lancaster County Health Department

**County(ies):** Lancaster

**Dollars:** \$469,313.09 per year

**Target Populations:** Native American, Asian, African American, Hispanic/Latino, immigrant, refugee

**Encounters 7/1/2012-6/30/2013:** 24,768

**Clients Served 7/1/2012-6/30/2013:** 2,583

**Target Areas:** Cardiovascular disease, diabetes, obesity

**Project Partners:** Asian Community & Cultural Center, El Centro de las Americas, Clyde Malone Community Center, Clinic with a Heart, The Health Hub, Lancaster County Medical Society, People's Health Center, University of Nebraska Medical Center College of Dentistry

**Other Areas:** Interpretation/translation, tobacco use, uninsuredness

The goal of this project was to reduce health risk factors and associated health disparities.

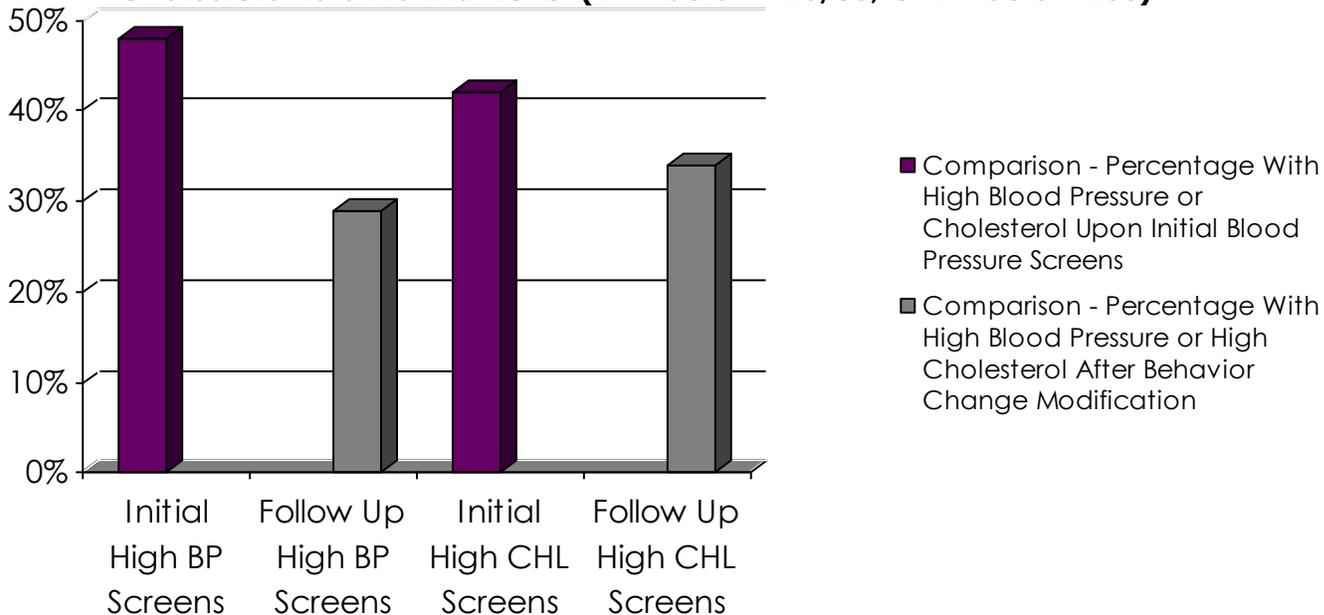
### Outcomes July 1, 2012—June 30, 2013

- ◆ 1,232 people were screened for cardiovascular risk and provided health education on preventive measures through Clinic with a Heart, the Asian Community and Cultural Center, the Clyde Malone Center, and El Centro de las Americas
- ◆ 1,232 people were provided referrals to project partners for additional medical and dental care
- ◆ 583 people established medical homes at People's Health Center
- ◆ 1,259 new and established patients at People's Health Center met with a diabetes health educator to develop individualized behavior modification plans
- ◆ 713 people were successful in changing at least one risk behavior for 3 months or longer—44 people lost weight, 322 improved their nutrition, 83 stopped smoking, and 235 made other healthy changes
- ◆ 950 people established dental homes at Lincoln-Lancaster County Health Department
- ◆ At least 8,987 interpretation encounters were provided in Spanish, Vietnamese, Arabic, Karen, and Kurdish
- ◆ 3,883 people received medication assistance
- ◆ 19% of clients with initial high blood pressure screenings improved their rates
- ◆ 38 health education sessions were provided to 751 people
- ◆ 84 people were referred to UNMC for specialty dental care

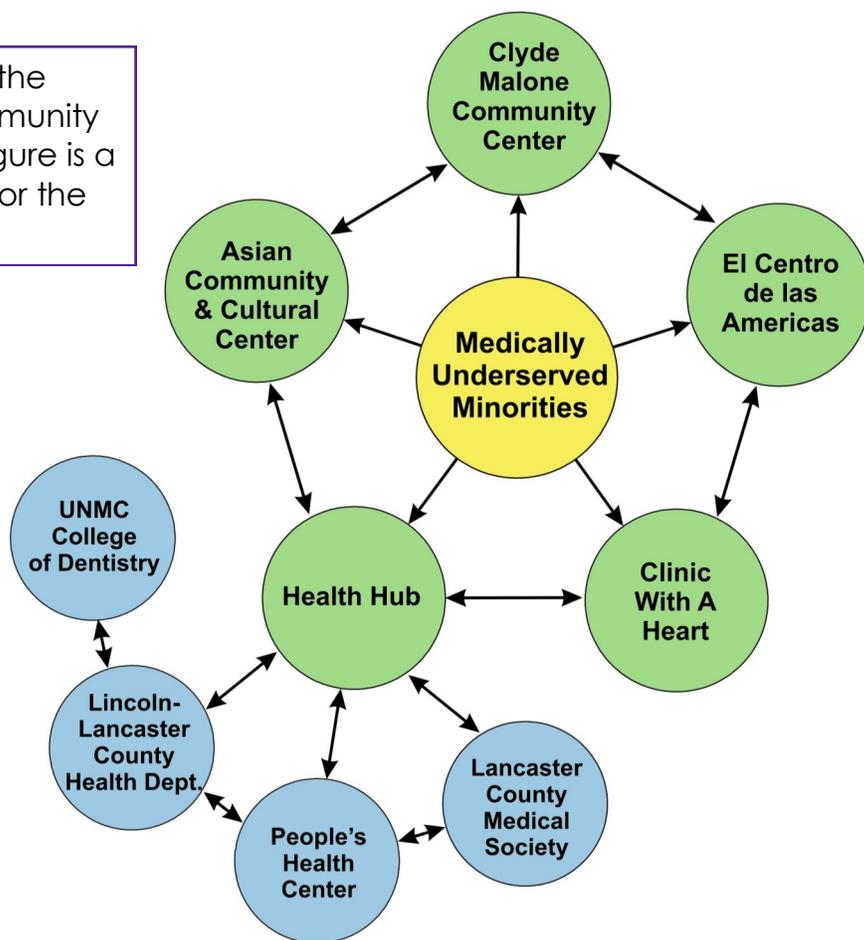
The project produced two promotional videos. They may be viewed at <http://vimeo.com/57462423> and <http://www.youtube.com/watch?v=XIkQFUmDxAM&feature=youtu.be>

# Lincoln-Lancaster County Health Department

**Decrease in Cardiovascular Risk Due to Decrease in Blood Pressure or Cholesterol to a Normal Level (BP – below 120/80; CHL – below 200)**



This project relies on the Minority Health Community Collaborative. This figure is a simplified flowchart for the project.



**KEY:**  
 Yellow circle: Target Population  
 Green circle: Education/Outreach/Health Screenings  
 Blue circle: Direct Medical/Dental Care (including interpretation, medication assistance and specialty care)

## Mary Lanning Memorial Hospital

**County(ies):** Adams, Clay, Webster

**Dollars:** \$46,632.12 per year

**Target Populations:** Hispanic/Latino

**Encounters 7/1/2012-6/30/2013:** 2,460

**Target Areas:** Cardiovascular disease, diabetes, obesity

**Clients Served 7/1/2012-6/30/2013:** 653

**Other Areas:** Mental health, interpretation/translation, uninsuredness

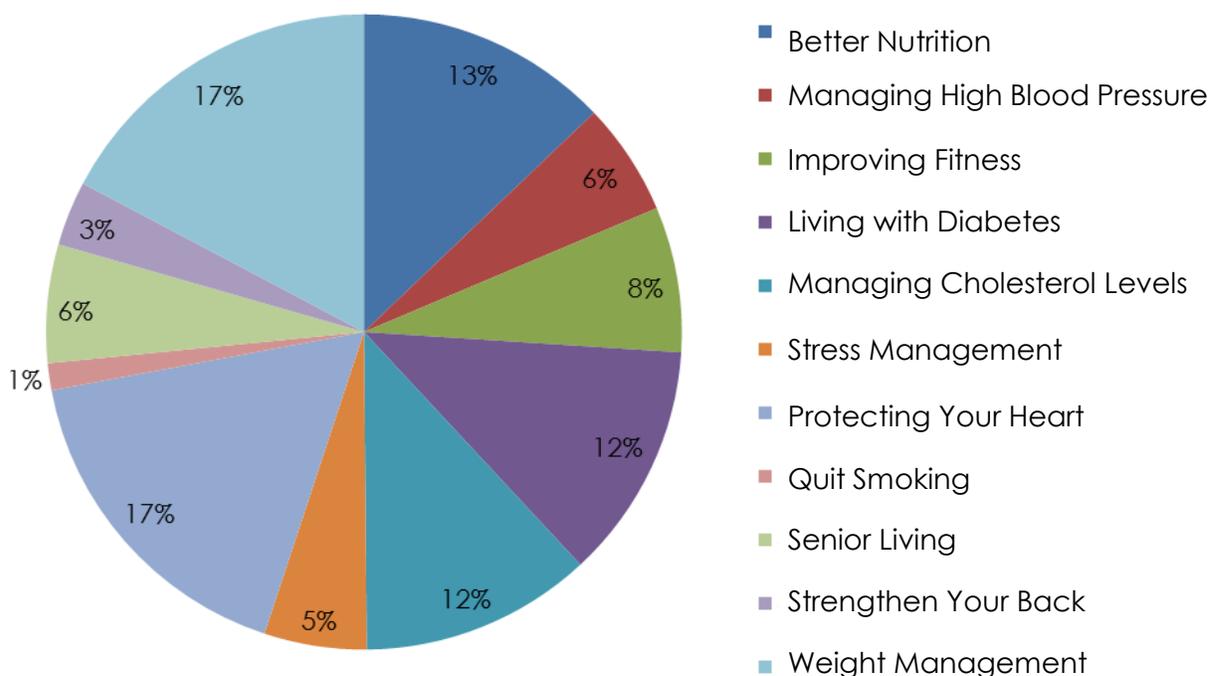
**Project Partners:** YMCA, South Heartland District Health Department, Blue Hill Medical Clinic, Sutton Medical Clinic, Edgar Medical Clinic

This project improved access to comprehensive quality health care services, health education, and prevention methods for disease.

### Outcomes July 1, 2012—June 30, 2013

- ◆ 86% of participants received at least one home visit or extensive phone call
- ◆ 12 fitness assessments were provided
- ◆ 3 physical activity educational sessions were provided, reaching 50 people
- ◆ 24 children in grades 1-3 participated in CATCH Kids
- ◆ 100% of adult participants in Adams County had a medical home
- ◆ By the end of the year, 68% of Clay County participants had a medical home
- ◆ All participants received services including connections to local pharmacies or medication assistance programs

### Self-help Study Guide or Class Taken



## Norm Waitt YMCA

**County(ies):** Dakota

**Dollars:** \$98,786.18 per year

**Target Populations:** Hispanic/Latino

**Encounters 7/1/2012-6/30/2013:** 12,772

**Target Areas:** Obesity

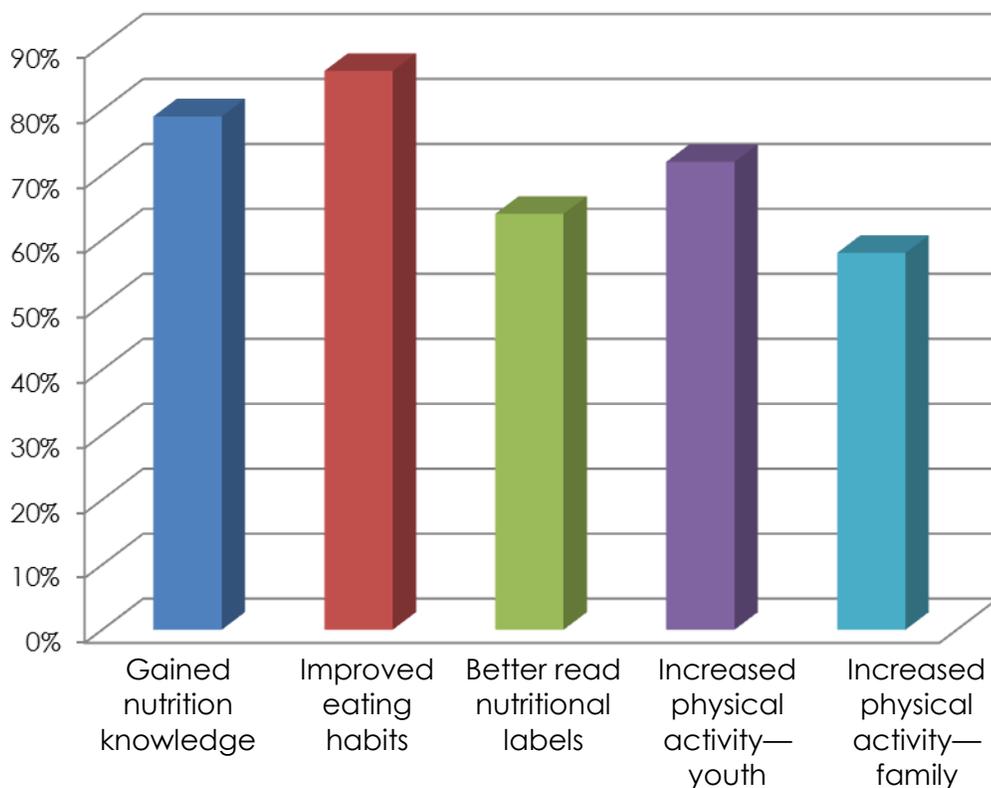
**Clients Served 7/1/2012-6/30/2013:** 917

**Project Partners:** Hy-Vee, St. Luke's  
Regional Medical Center

Goals of this program were centered on reducing the onset of obesity and diabetes among Hispanic children through health education.

### Outcomes July 1, 2012—June 30, 2013

- ◆ 79% of participants demonstrated improved knowledge of nutrition
- ◆ 86% of participants reported improved eating habits for their families—drinking less soda, increased consumption of fruits, drinking more water
- ◆ 64% indicated increased awareness of nutritional labels
- ◆ 72% of participants reported increased activity among youth resulting from the program
- ◆ 58% of participants reported increased family physical activity
- ◆ 46% of participants reported an increase in physical activity at 6 months post-program



## Northeast Nebraska Public Health Department

**County(ies):** Dixon, Wayne

**Dollars:** \$14,791.68 per year

**Target Populations:** Hispanic/Latino, immigrant

**Encounters 7/1/2012-6/30/2013:** 637

**Target Areas:** Diabetes, obesity

**Clients Served 7/1/2012-6/30/2013:** 116

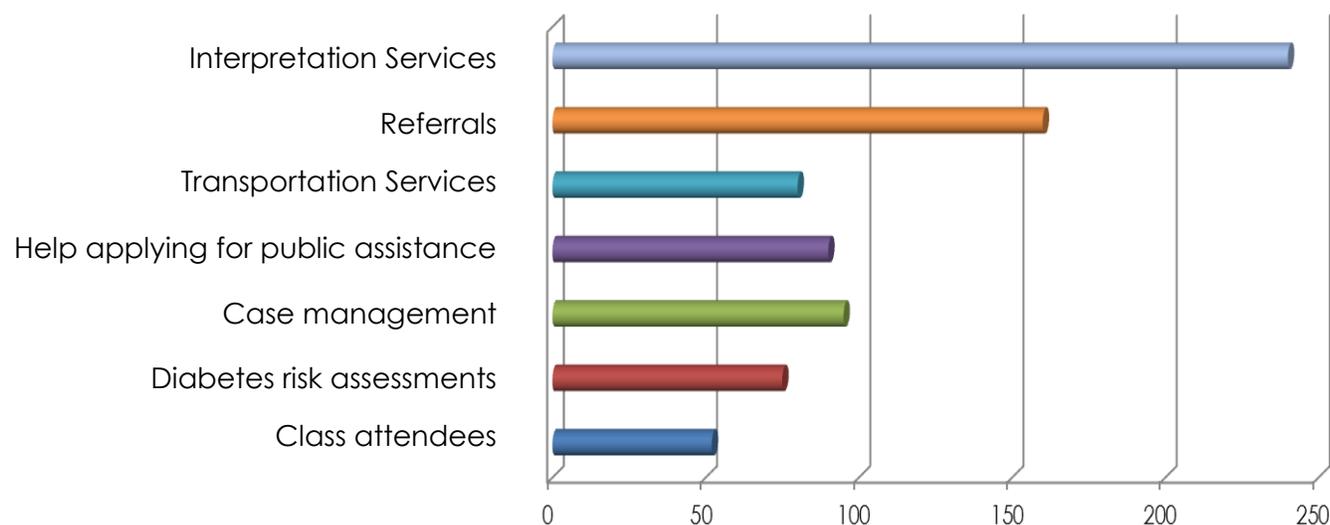
Other Areas: Translation/interpretation, uninsuredness

**Project Partners:** Salem Evangelical Lutheran Church, Gardner Public Library, City of Wakefield, City of Wayne, Wakefield Public Schools

Targeting Type 2 Diabetes, this project provided health education, implemented preventive practices, and increased access to health care services.

### Outcomes July 1, 2012—June 30, 2013

- ◆ 10 people completed the Community Health Worker training
- ◆ 46 people attended *Living with Diabetes* classes
- ◆ The project worked with Northeast Nebraska Community College to offer the first-ever college-credit Community Health Worker training in Nebraska
- ◆ 55 people were screened for diabetes
- ◆ The Mobilizing for Action through Planning and Partnership (MAPP) committee identified access to care, including language access services, as a priority area
- ◆ Incorporation of Community Health Workers into the local health care infrastructure was approved by the MAPP committee



## One World Community Health Center

**County(ies):** Dodge, Sarpy

**Dollars:** \$73,144.17 per year

**Target Populations:** Hispanic/Latino, Asian, African American, Native American, immigrant, refugee

**Encounters 7/1/2012-6/30/2013:** 1,660

**Clients Served 7/1/2012-6/30/2013:** 478

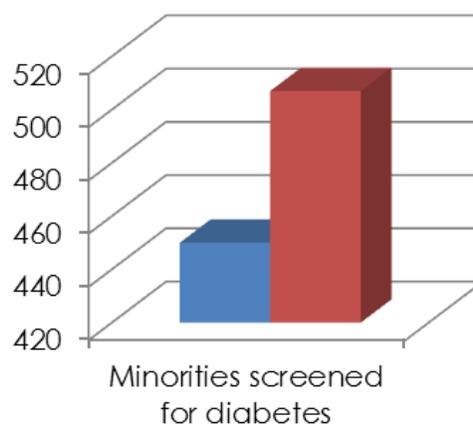
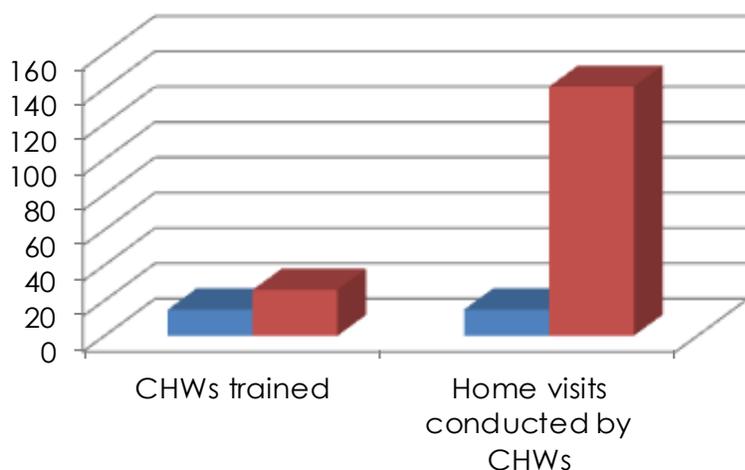
**Target Areas:** Diabetes

**Project Partners:** University of Nebraska at Omaha, Nebraska Methodist College

This project targeted increasing diabetes awareness, education, and testing among minority communities.

### Outcomes July 1, 2012—June 30, 2013

- ◆ 624 people were screened for diabetes
- ◆ 29 people were identified as diabetic or pre-diabetic
- ◆ 44 community health workers were recruited and trained
- ◆ 162 home visits were performed, to include health education and screenings for family, friends, and neighbors of established project participants
- ◆ 29 people were referred for case management services
- ◆ 25 people were referred to One World for establishment of a medical home



## Ponca Tribe of Nebraska

**County(ies):** Knox, Sarpy

**Dollars:** \$12,267.56 per year

**Target Populations:** Native American

**Encounters 7/1/2012-6/30/2013:** 234

**Target Areas:** Obesity, cardiovascular disease

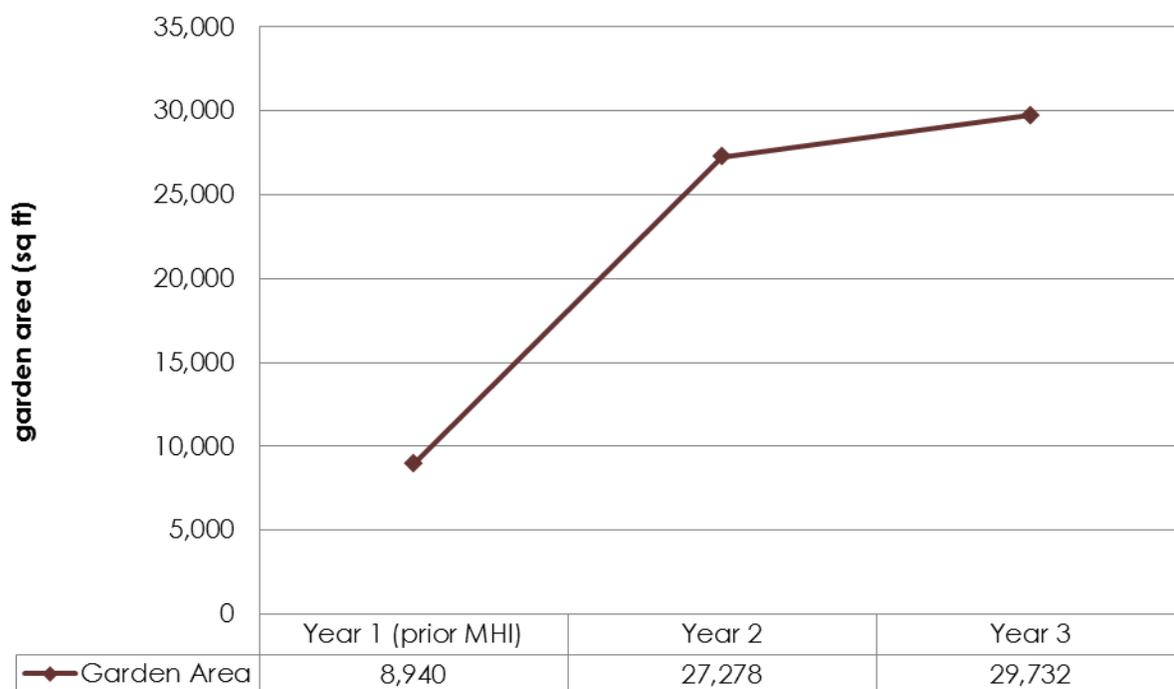
**Clients Served 7/1/2012-6/30/2013:** 183

**Project Partners:** Ponca Special Diabetes Program for Indians, Ponca Culture Department, Ponca Community Health Representative Program, Ponca Environmental Protection Department

This project emphasized healthy lifestyle choices, prevention, and health education in an effort to reduce and/or eliminate the onset of health risk factors and additional complications.

### Outcomes July 1, 2012—June 30, 2013

- ◆ 25 family collaborative gardens were established
- ◆ 75% of participants demonstrated improvement in fruit and vegetable intake
- ◆ 75% of participants demonstrated improved weight
- ◆ The average weight loss was 13.6 pounds
- ◆ 17 additional people participated in the final year of the project
- ◆ 46% of participants decreased blood pressure
- ◆ The average decrease in blood pressure was 9.9 points (both systolic and diastolic)



## Sandhills District Health Department and Clinic

**County(ies):** Arthur, Keith

**Dollars:** \$6,981.17 per year

**Target Populations:** Hispanic/Latino, Asian, African American, immigrant, refugee

**Encounters 7/1/2012-6/30/2013:** 446

**Target Areas:** Diabetes

**Clients Served 7/1/2012-6/30/2013:** 164

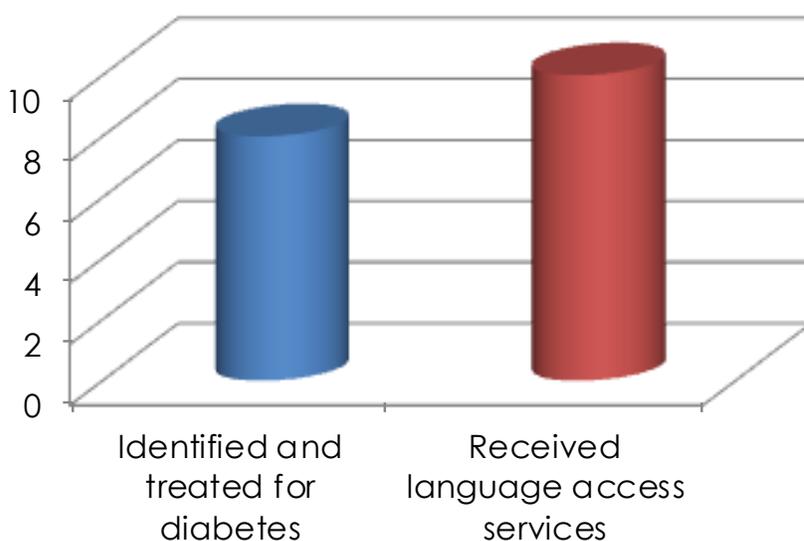
Other Areas: Translation/interpretation, tobacco use, uninsuredness

**Project Partners:** Educational Service Unit 13, Keith County Commissioners, North Platte Pathology Services, Midland Medical

This project targeted development of partnerships and collaborations to improve the cultural and linguistic appropriateness of health care services.

### Outcomes July 1, 2012—June 30, 2013

- ◆ 39 people were served at a health fair that included Spanish-language educational materials
- ◆ 8 people were identified and treated for diabetes
- ◆ 10 people received language access services
- ◆ The project interpreter received training in teaching of Tai Chi to facilitate provision of classes to community members
- ◆ Clinic hours expanded four evenings per week to improve access for clients unable to take time away from work



## Southeast District Health Department

**County(ies):** Johnson, Otoe, Richardson

**Dollars:** \$27,672.73 per year

**Target Populations:** Hispanic/Latino, Native American, immigrant

**Encounters 7/1/2012-6/30/2013:** 586

**Other Areas:** Interpretation/translation

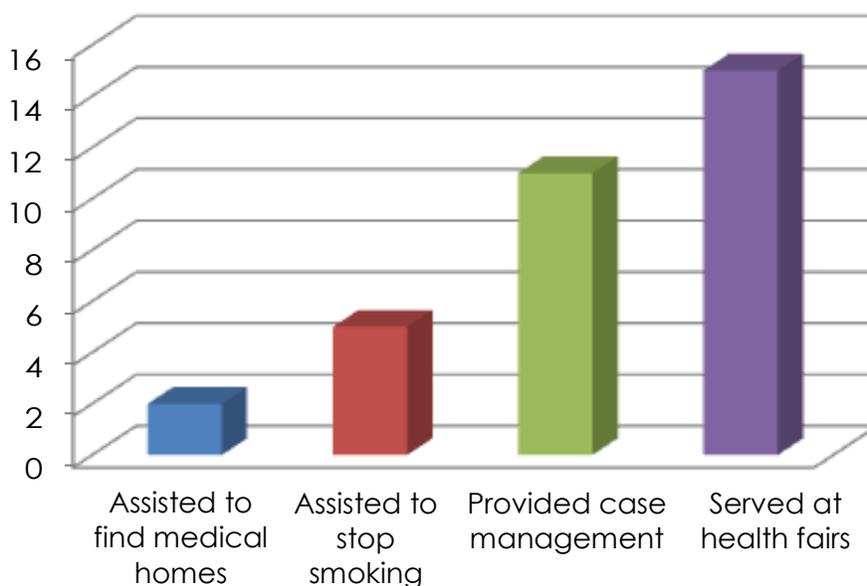
**Clients Served 7/1/2012-6/30/2013:** 586

**Project Partners:** Hospitals in Nebraska City, Syracuse, Tecumseh, Community Memorial Hospital

Year two of this project was devoted to ensuring access to interpreters, translation of documents, and development of a community resources guide.

### Outcomes July 1, 2012—June 30, 2013

- ◆ Relationships developed with Native American populations
- ◆ Culturally appropriate presentations provided to Hispanic women
- ◆ Presentations provided to Native American women about prevention of breast and cervical cancer
- ◆ Efforts made to increase work with Tribal populations
- ◆ Interpreter services provided at immunization clinics
- ◆ 5 people were assisted to stop smoking
- ◆ 31 interpretation encounters were provided for Spanish-speaking clients
- ◆ 11 people were provided case management services
- ◆ 15 people were served at health fairs
- ◆ 2 people were assisted to find medical homes



## Southwest Nebraska Public Health Department

**County(ies):** Chase, Dundy, Red Willow

**Dollars:** \$14,077.82 per year

**Target Populations:** Hispanic/Latino, immigrant

**Encounters 7/1/2012-6/30/2013:** 552

**Target Areas:** Obesity

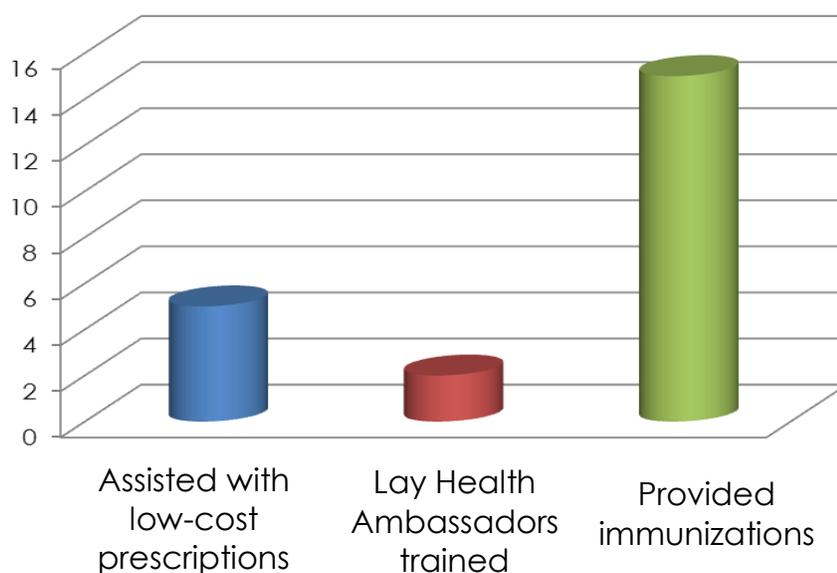
**Clients Served 7/1/2012-6/30/2013:** 272

**Project Partners:** Extension educators, clergy, English as a second language (ESL) instructors, hospital and clinic staff

This project targeted improvements in fitness and nutrition.

### Outcomes July 1, 2012—June 30, 2013

- ◆ 5 people received Lay Health Ambassadors training
- ◆ Worked with local partners to perform needs assessment for minority community members
- ◆ Learned that access to care was the largest concern of minority populations in these counties
- ◆ Worked with local partners to ensure inclusion of Spanish-language public health materials
- ◆ Delivered Teaching our Youth Activities and Nutrition (TOUCAN) program to several groups of local children
- ◆ 34 people were screened for cholesterol
- ◆ 15 people were provided immunizations
- ◆ 232 people attended health education sessions
- ◆ 2 people were assisted to access low-cost prescriptions



## West Central District Health Department

**County(ies):** Lincoln

**Dollars:** \$37,236.41 per year

**Target Populations:** Hispanic/Latino

**Encounters 7/1/2012-6/30/2013:** 507

**Target Areas:** Obesity, cardiovascular disease, diabetes

**Clients Served 7/1/2012-6/30/2013:** 126

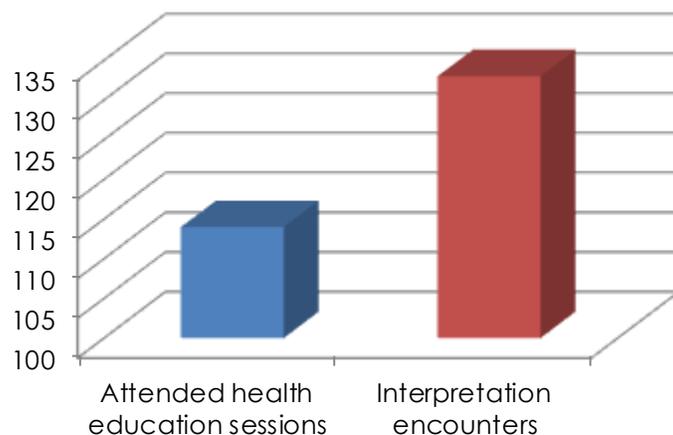
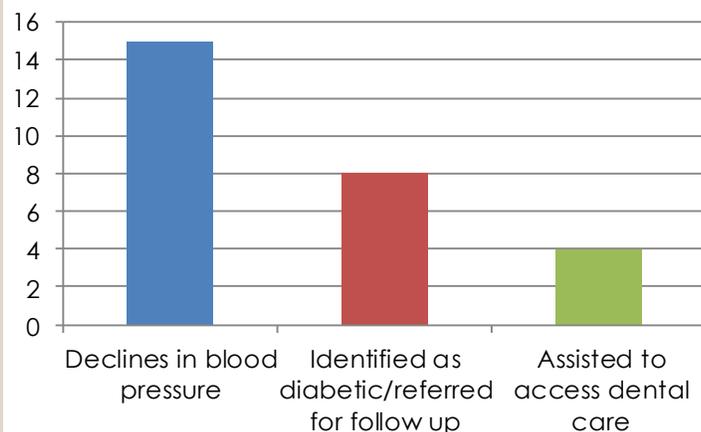
**Other Areas:** Translation/interpretation, cancers

**Project Partners:** Great Plains Regional Medical Center, North Platte Public Library, community agencies

The goals of year two of this project were to reduce the incidence and impact of chronic diseases through increased knowledge and self-management skills resulting from participation in a culturally appropriate and linguistically competent program.

### Outcomes July 1, 2012—June 30, 2013

- ◆ Needs assessment completed and used to determine topics for monthly health education classes
- ◆ Improved linkages and partnerships across the county
- ◆ 114 people attended one of five health education sessions
- ◆ 15 participants experienced declines in blood pressure
- ◆ 8 people were identified as high risk for diabetes and referred for follow up
- ◆ 4 people used discount vouchers to access dental care
- ◆ 133 interpretation encounters provided



## Charles Drew Health Center

**County(ies):** Douglas

**Dollars:** \$714,050.50

**Target Areas:** Cardiovascular disease, asthma, diabetes, obesity, infant mortality

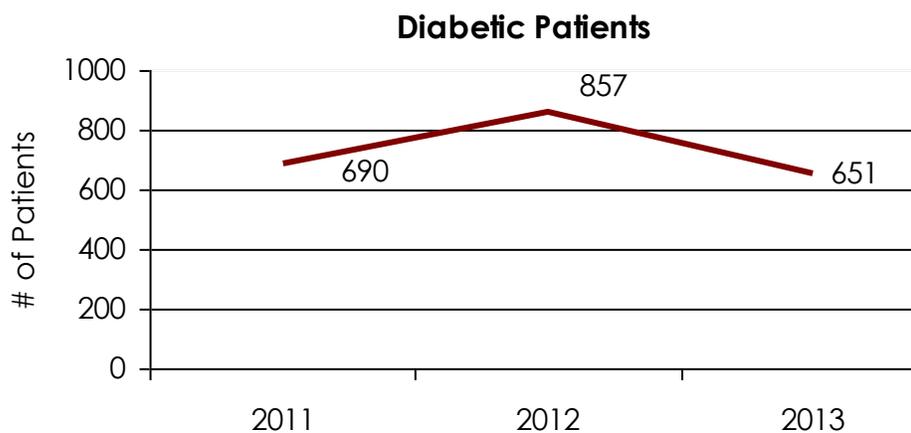
**Target Populations:** African American

**Other Areas:** Depression

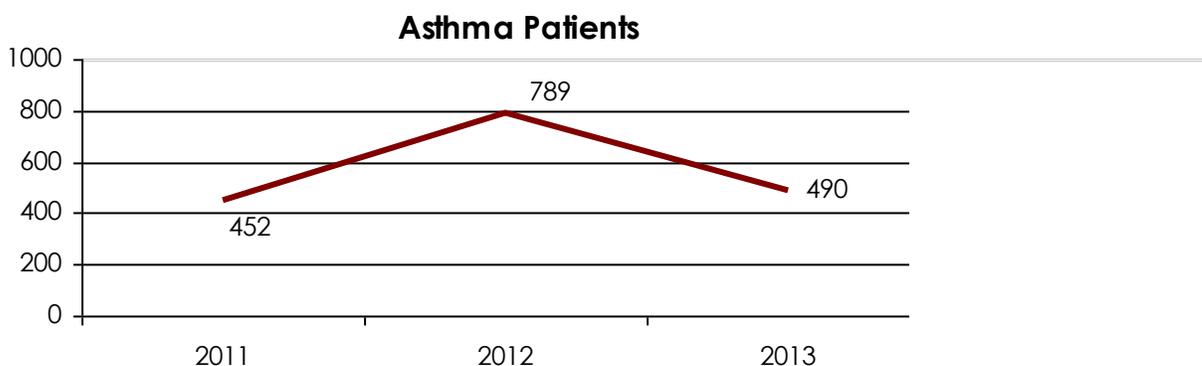
\* As noted earlier, included in the appropriation is annual funding to be distributed equally among federally qualified health centers in the second Congressional District. This is one of those projects.

### Outcomes July 1, 2012—June 30, 2013

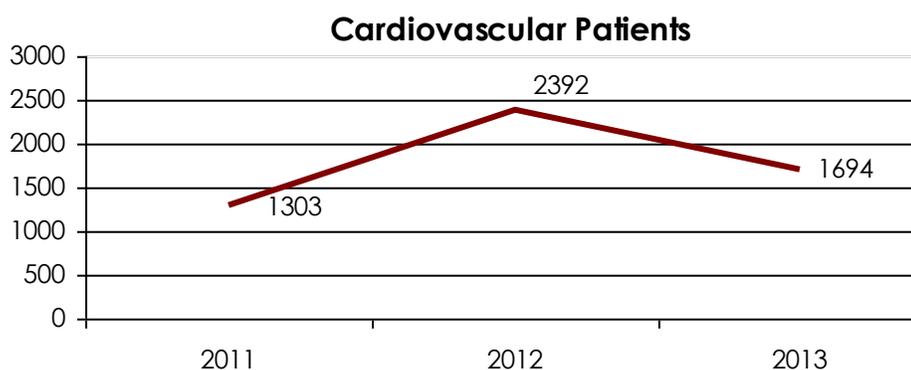
- ◆ 75% of diabetic patients have an HbA1c of less than 9
- ◆ 90% of asthma patients are appropriately treated with an inhaled corticosteroid
- ◆ 62% of cardiovascular collaborative patients had controlled blood pressure
- ◆ 817 patients participate in the depression collaborative
- ◆ 76% of patients diagnosed with depression had documented self-management goals set during the past year



| Diabetes Management                         | 2012 | Jan-June 2013 |
|---|------|---------------|
| Diabetic Patients with an HbA1c less than 9 | 77%  | 75%           |



| <b>Asthma</b>  | <b>2012</b> | <b>Jan-June 2013</b> |
|--|-------------|----------------------|
| Persistent asthma patients, 5-40 years, with medications prescribed or dispensed | 89%         | 95%                  |



| <b>Cardiovascular Disease</b>  | <b>2012</b> | <b>Jan-June 2013</b> |
|--|-------------|----------------------|
| Cardiovascular patients whose blood pressure was < 140/90                          | 53%         | 61%                  |
| Patients with a diagnosis of CAD prescribed a lipid lowering therapy               | 74%         | 74%                  |
| Patients with a diagnosis of AMI, CABG, PTCA or IVD on ASA or other antithrombotic | 73%         | 79%                  |
| Adult patients queried for tobacco use   | 94%         | 98%                  |
| Tobacco users received cessation counseling  | 25%         | 18%                  |
| Adult weight assessment and required follow up                                     | 34%         | 38%                  |

| <b>Childhood Immunizations</b> | <b>2012</b> | <b>Jan-June 2013</b> |
|--------------------------------|-------------|----------------------|
| Up-To-Date Immunizations       | 22%         | 78%                  |

| <b>Cancer Screening</b>   | <b>2012</b> | <b>Jan-June 2013</b> |
|---------------------------|-------------|----------------------|
| Cervical Cancer Screening | 24%         | 38%                  |
| Colorectal Screening      | 10%         | 14%                  |

## One World Community Health Center

**County(ies):** Douglas

**Dollars:** \$714,050.50

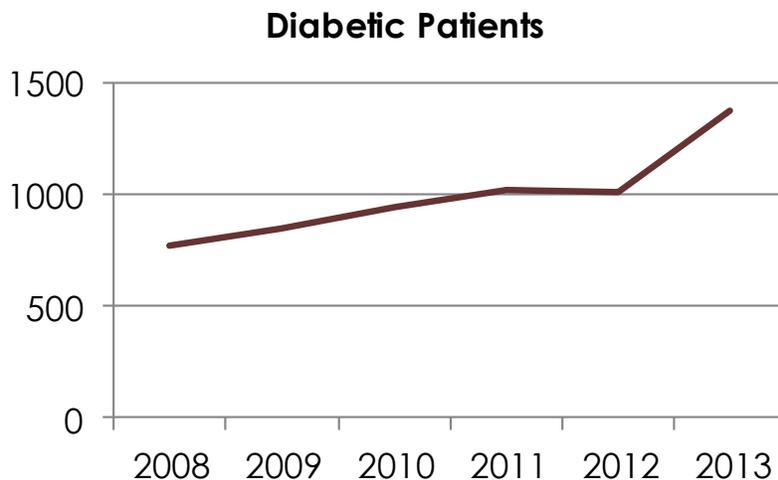
**Target Areas:** Cardiovascular disease, diabetes

**Target Populations:** South Omaha

**Other Areas:** Depression

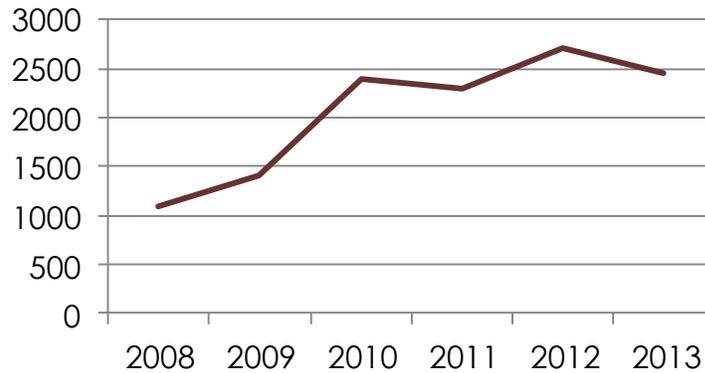
\* As noted earlier, included in the appropriation is annual funding to be distributed equally among federally qualified health centers in the second Congressional District. This is one of those projects.

| <b>Tobacco</b>                              | 2012  | Jan-Jun 2013 |
|---|-------|--------------|
| Adult patients queried for tobacco use      | 99.5% | 99.8%        |
| Tobacco users received cessation counseling | 76.4% | 74.1%        |



| <b>Diabetes Management</b>                                  | Jul 2012-Jun 2013 |
|---|-------------------|
| Diabetic patients with one or more HbA1c tests in last year | 68.3%             |
| Diabetic patients with blood pressure <130/80               | 55.8%             |
| Diabetic patients who received annual foot exam             | 67.5%             |

### Cardiovascular Patients



#### Cardiovascular Disease

Jul 2012-Jun 2013

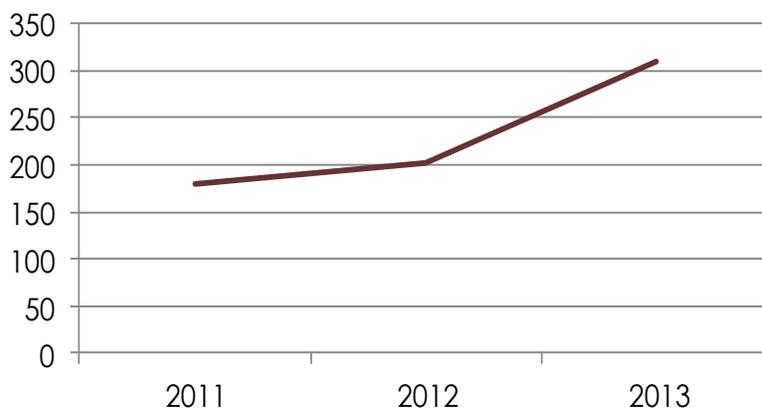
Two or more blood pressure screenings in past year

80%

Patients with LDL cholesterol in control

68.7%

### Asthma Patients



#### Asthma

2013

Jan-Jun 2013

Persistent asthma patients with medications prescribed or dispensed

86.1%

84%

## References

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- 7 Youdelman, M. & Perkins, J. (2005, April). *Providing language services in small health care provider settings: Examples from the field*. Commonwealth Fund Pub. No. 810. Retrieved from <http://www.healthlaw.org>



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