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Public Health and the Availability of Selected Health Services at the Local Level in Nebraska, 1999

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Purpose

To define public health in a context relevant for Nebraskans and to describe the availability of selected public health services at the local level in Nebraska.

Introduction

This Reporter presents selected health data about the variety and availability of public health services at the local level in Nebraska. Tables are used throughout the Reporter to show where programs and/or services are available, by county. Sections include:

- ◆ The concept and functions of public health;
- ◆ The Preventive Health and Health Services Block Grant and the Maternal and Child Health Block Grant;
- ◆ Identification of the various health departments located throughout the state;
- ◆ A description of community action agencies and the public health services they provide; and
- ◆ The Nebraska AIDS Project and its services.

Summary

- ◆ Nebraska ranks last in per capita government health spending;
- ◆ The external and/or community-based programs under the Title V/Maternal and Child Health (MCH) Block Grant offer services in 38 of the 93 counties in Nebraska (this does not include statewide MCH Block Grant programs);
- ◆ For Fiscal Year 1999, the Preventive Health and Health Services (PHHS) Block Grant funded 37 projects in Nebraska;
- ◆ Health Departments serve 21 of the 93 counties in Nebraska;
- ◆ Nebraska is divided into nine community action agencies which offer an array of programs that serve over 80,000 people living in poverty; and
- ◆ The Nebraska AIDS Project offers services to all of Nebraska, via their five regional offices.

Note: This Reporter does not intend to cover every aspect of public health in Nebraska. Data about block grants, local health departments, community action agencies, and services provided by the Nebraska AIDS Project were used in this Reporter, with the assumption that these sources represent a wide range of public health services in the state of Nebraska. However, this does leave out the variety of federal programs, foundations, and private, non-governmental organizations that also participate in public health services and delivery. The methods used were not meant to be comprehensive and the sources do not represent all aspects of public health services delivery.



Nebraska Center for Rural Health Research at the
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Public Health

The Institute of Medicine (IOM) defines public health as “what we, as a society, do collectively to assure the conditions in which people can be healthy.”¹ In 1988, the IOM identified three core functions of public health agencies at all levels of government: assessment, policy development, and assurance.¹ These three functions are the foundations of public health and they are closely linked with one another in a continuous cycle of evaluation with an eye toward continuously improving public health outcomes. Assessment involves the collection, analysis, and sharing of information about health conditions, risks, and resources. Policy development formulates the legislation, regulations, priorities, and policies to address health issues, based on information gathered from assessment and from the scientific knowledge base. Assurance places responsibility with state and local health agencies to make sure that programs and services are available to meet the high priority needs of the population, as determined through the assessment and policy development stages.²

According to the Nebraska Health and Human Services System (NHHSS), “Public health is an organized process which protects and promotes physical and mental health and prevents disease, injury, and premature death.”² Furthermore, “Public health services are population-based services which are focused on improving the health status of the entire population as opposed to the treatment of individuals.”² The role of public health in Nebraska cuts across many program areas and encompasses both new and traditional responsibilities. Public health is a discipline anchored in prevention and primary care. It is supported by scientific methods and documentation, which use data in policy development and program planning to show accountability for functions performed and resources expended.³

The delivery of public health services in Nebraska is greatly influenced by the geographic layout of the state. Nebraska is a rural state with more than one-third of its 93 counties classified as frontier counties. There are 534 incorporated communities in the state, of which 72% have fewer than 1,000 residents.⁴ This sparse population base has made it difficult to support and deliver public and private health services. **Figure 1** shows the metropolitan, non-metropolitan, and frontier counties in Nebraska.

Definitions

Frontier is defined as six or fewer persons per square mile.

Metropolitan area boundaries and names are those defined by the Federal Office of Management and Budget on June 30, 1993. In Nebraska, metropolitan boundaries correspond with county boundaries. Metropolitan counties in Nebraska include Cass, Dakota, Douglas, Lancaster, Sarpy, and Washington. Users should note that Washington County was added as a metropolitan area in January of 1983, and that Cass County was added in January of 1993.

Non-metropolitan counties are defined as all other counties not otherwise defined

Figure 1. Nebraska Health Service Areas, and Metropolitan, Non-Metropolitan, and Frontier Counties.

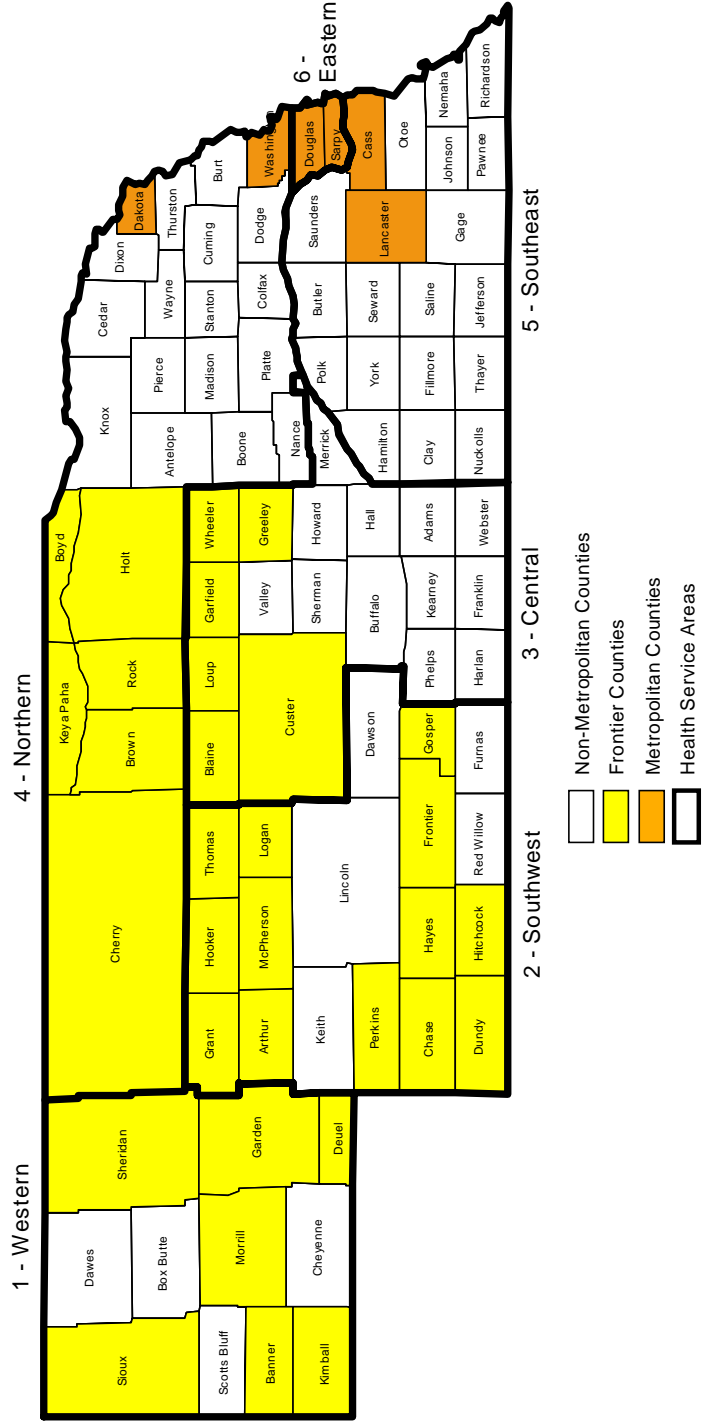


Table 1. Community Health Services Spending by State, 1992

COMMUNITY HEALTH SERVICE							
State	Government Health Spending	Rank	Sanitation/ Sewerage Spending	Rank	Public Health Workers	Rank	Composite Rank ¹
	Per Capita		Per Capita		Per Capita		
Alabama	\$61.63	26	\$58.42	42	18.5	10	26
Alaska	\$139.50	3	\$223.58	1	21.9	4	3
Arizona	\$59.11	31	\$87.26	18	11.7	27	25
Arkansas	\$41.25	48	\$54.87	44	15.5	13	35
California	\$88.33	9	\$86.28	21	13.9	19	16
Colorado	\$61.28	27	\$88.46	18	10.5	35	26
Connecticut	\$56.96	34	\$85.47	22	10.9	34	30
Delaware	\$92.33	7	\$99.46	13	23.6	3	8
District of Colu	\$188.36	1	\$209.29	2	44.4	1	1
Florida	\$75.96	17	\$109.35	10	14.5	17	15
Georgia	\$53.57	38	\$60.69	39	24.0	2	26
Hawaii	\$84.45	10	\$117.88	7	19.2	7	8
Idaho	\$50.95	40	\$61.13	38	12.1	23	34
Illinois	\$59.31	30	\$81.95	23	8.0	47	33
Indiana	\$46.64	43	\$65.24	35	7.3	48	42
Iowa	\$44.71	46	\$68.33	33	6.1	50	43
Kansas	\$40.36	49	\$49.67	47	11.9	25	40
Kentucky	\$49.98	41	\$58.55	41	12.1	23	35
Louisiana	\$46.62	44	\$92.07	16	12.5	22	27
Maine	\$48.82	42	\$113.62	9	8.6	44	32
Maryland	\$54.15	37	\$117.33	8	18.6	9	18
Massachusetts	\$111.05	5	\$93.74	15	8.1	46	22
Michigan	\$121.62	4	\$93.74	26	10.5	35	22
Minnesota	\$56.31	35	\$80.77	20	11.0	33	29
Mississippi	\$45.80	48	\$46.22	48	11.7	27	40
Missouri	\$74.35	18	\$70.41	31	9.1	42	30
Montana	\$77.72	15	\$56.75	43	10.2	37	32
Nebraska	\$26.61	51	\$51.79	46	6.5	49	49
Nevada	\$51.27	39	\$87.10	19	9.0	43	34
New Hampshire	\$84.27	11	\$72.78	29	9.3	41	27
New Jersey	\$64.34	23	\$130.27	5	11.1	31	20
New Mexico	\$70.56	21	\$80.82	25	12.8	21	22
New York	\$93.75	6	\$135.94	3	15.8	11	7
North Carolina	\$63.66	24	\$34.89	51	19.4	6	27
North Dakota	\$60.13	28	\$42.08	49	11.1	31	36
Ohio	\$78.50	14	\$95.04	14	15.1	14	14
Oklahoma	\$39.31	50	\$77.88	28	11.4	29	36
Oregon	\$58.14	33	\$65.23	36	13.5	20	30
Pennsylvania	\$54.89	36	\$78.03	27	5.6	51	38
Rhode Island	\$88.83	8	\$81.41	24	15.8	11	14
South Carolina	\$79.04	13	\$68.74	32	21.6	5	17
South Dakota	\$59.34	29	\$40.34	50	10.0	38	39
Tennessee	\$65.20	22	\$65.37	34	14.0	18	25
Texas	\$42.38	47	\$103.79	12	11.8	26	28
Utah	\$82.86	12	\$64.36	37	11.2	30	26
Vermont	\$58.73	32	\$59.59	40	8.6	44	39
Virginia	\$77.26	16	\$104.93	11	15.1	14	14
Washington	\$73.25	19	\$127.88	6	18.7	8	11
West Virginia	\$62.31	25	\$51.90	45	9.4	40	37
Wisconsin	\$73.24	20	\$131.67	4	9.5	39	21
Wyoming	\$145.51	2	\$71.38	30	14.7	16	16

Note: Where data were not available for a state, the worst score was given for that particular determinant.

¹Composite ranks for each state and the District of Columbia were obtained by averaging the ranks in each subcategory.

Source: America's Public Health Report Card: A State-by-State Report on the Health of the Public. American Public Health Association, November 1992.

Community Health Service is composed of:

- 1) Government Health Spending Per Capita: Measures total state government spending on community health programs in 1986-1987 divided by the state population. This does not include spending on hospitals.
- 2) Sanitation and Sewerage Spending Per Capita: Measures state spending on sanitation and sewerage in 1986-1987 divided by the state population.
- 3) Public Health Workers Per Capita: Measures total number of public health workers in 1990 divided by the state's population. This does not include hospital workers and physicians.



In addition to the inherent difficulties of supporting the delivery of public and private health services to this sparse population base, Nebraska ranks 49th in community health services and ranks last in government health spending per capita.⁵ Not only is Nebraska last in government health spending per capita, but a 50% increase in per capita spending would have to occur for Nebraska to move from last (51st) place (spending \$26.61 per capita) to 50th place (currently occupied by Oklahoma, which spends \$39.31 per capita). Nebraska would have to increase its per capita health spending eight-fold to surpass the first-ranked District of Columbia, which spends \$188.36 per capita. See **Table 1** for details and rankings by state regarding public health spending.

Although these statistics seem bleak, the future is hopeful, as strategic plans have been put into place to assist Nebraska in meeting its public health goals. **Table 2** shows how Nebraska's public health goals coincide with the three functions of public health agencies, as identified by the IOM.

Table 2. Nebraska's Strategic Management Goals and Public Health Functions for Fiscal Years 1998-1999

Goals	Public Health Functions		
	Assessment	Policy Development	Assurance
Prevention	Assess occurrences of cancer, diseases, injuries, birth defects, and deaths. BRFSS and Year 2000 goals.	Policy on prevention. Preventive block grant plans and priorities.	Prevention programs, health facilities inspection and correction. Provide preventive services.
Data in Policy Decisions	Data collection and analysis.	Data driven policies.	Data reporting by programs/service.
Environment	Assess health hazards and environmental effects.	Policies on hazards and risk assessment.	Health hazard regulation/service.
Integrated Systems	Assess results of partnerships. Assess and publicize successful community models.	Local policy changes.	Local community health services being delivered.
Minority Health	Year 2000 objectives designated underserved populations.	Policies on minority health.	Targeted health promotion and prevention. Protect minorities in health facilities. Provide access to services.
Quality	Assess complaints and providers.	Licensure policy.	Licensure and education.
Efficiency	Set and assess efficiency and effectiveness measures.	Policy on efficiency & performance measures.	Apply efficiency and performance measures.
Public Education	Assess customer knowledge and satisfaction.	New policy and services.	Promote programs.
Access	Designate shortage areas.	Rural health policy.	Rural programs.

Source: Strategic Plan for Public Health for Fiscal Years 1998-1999. Nebraska Health and Human Services System. Prepared by Bob Leopold and John Sals.

Also, new opportunities have developed that strengthen and transform public health at the state, regional, and local levels. At the state level, the **Turning Point Initiative** and the **Nebraska Excellence in Health Care Trust Fund** will provide opportunities to develop a stronger public health infrastructure at all levels. At the regional level, the **Community Health Services Act** provides a model for building regional capacity to assure that public health services are available throughout the state. At the local level, community-based coalitions have been formed in approximately 35 areas across the state, identifying the health needs in their community. In addition, some communities have started implementing intervention strategies.²

Title V/Maternal and Child Health Block Grant

Title V of the federal Social Security Act is designed to improve the health of mothers and children by investing in prenatal programs to enable mothers to give birth to healthy babies and prevent children's exposure to disabling diseases, injuries, and other health problems.⁶ (For more information about Title V, see **Appendix A** on page 17). The Maternal and Child Health (MCH) Block Grant, one of two grants funded by Title V, is disseminated to the fifty states, the District of Columbia, and U.S. territories by the Health Resources and Services Administration at the Department of Health and Human Services.⁷

In Nebraska, the Title V/MCH Block Grant is administered through the Perinatal and Child Health Program within the Nebraska Health and Human Services System (for more information regarding the Title V/MCH Block Grant, see **Appendix B** on page 17). The resulting funded projects address the needs of mothers, infants, and children (including children with special health care needs) in Nebraska and are based on four priorities which were established as a result of a five-year needs assessment conducted in 1995. The funding priorities are to:⁸

1. improve perinatal outcomes through early and continuous prenatal care for all pregnant Nebraska women;
2. reduce the rate of pregnancy among Nebraska's teens;
3. establish comprehensive systems of care for all Nebraska children, mothers and families, including children with special health care needs; and
4. address the impact of the Nebraska Medicaid Managed Care Program on the well-being of children.

Currently, 25 programs are funded in Nebraska through the Title V/MCH Block Grant, with either a local, regional, or statewide focus. These programs are working to enhance the public health infrastructure in Nebraska. Additionally, some programs focus on activities that assist the maternal and child population in accessing health care services, while others provide population-based services, such as newborn screening for metabolic disorders or assistance to communities with installing water fluoridation systems.⁸ The Title V/MCH Block Grant in Nebraska also facilitates collaboration in assessing the health status of communities. Of the 25 funded programs in Nebraska, 13 are considered external or local/community based programs. **Table 3** (page 8) shows, by county, where these programs are offered in Nebraska for Fiscal Year 1999. The remaining 12 programs are state level programs. See **Appendix C**, beginning on page 17, for details regarding each state level program for Fiscal Year 1999.



Preventive Health and Health Services Block Grant

The Omnibus Budget Reconciliation Act of 1981 authorized a series of health and social services block grants to states to carry out programs at their discretion, within the guidelines. (Before 1981, these programs were authorized and funded separately through the federal government.) This act created the Preventive Health and Health Services Block Grant (PHHSBG).⁹ The PHHSBG is disseminated by the Centers for Disease Control and Prevention and is available to states, territorial governments, the District of Columbia, the Kickapoo Tribe of Kansas, and the Santee Sioux Tribe of Nebraska.¹⁰ The PHHSBG allows Nebraska the flexibility to determine key health problems in the state and devise outcome-oriented, population-based programs to address those problems. PHHS Block Grant funding is used to:¹¹

- set public health priorities;
- plan public health interventions;
- set public health policy;
- evaluate the health status of Nebraskans through community assessment and surveillance;
- encourage the formation of partnerships that will address public health priorities, with existing federal, state, and local programs and public/private collaboration;
- assure access to preventive health services;
- target services and education to populations at high risk of disease and injury; and enhance systems of care in order to improve health outcomes in target populations.

For Fiscal Year 1999, the PHHS Block Grant funds 37 Nebraska projects, addressing a variety of priority health issues, including:

- prevention of cardiovascular disease;
- promotion of healthy eating and regular physical activity;
- needs assessment, data collection and analysis;
- advocacy for minority health concerns;
- prevention of unintentional injury;
- community organization;
- prevention of tobacco use;
- training of emergency medical personnel;
- laboratory testing; and
- prevention of sexual assault.

See **Appendix D**, beginning on page 19, for specific details regarding each grant project for Fiscal Year 1999.

Table 3. Fiscal Year 1999 Title V/MCH Block Grant Programs by County

County	Service Area	Maternal & Child Health Programs	Healthy Beginnings Parenting & Outreach	Hispanic Health Care & Outreach	Teen Programs	Survival Skills Program	Western Community Health Resources
Adams	3		x				
Antelope	4						
Arthur	2						
Banner	1	x					
Blaine	3	x					
Boone	4	x					
Box Butte	1						x
Boyd	4	x					
Brown	4	x					
Buffalo	3				x		
Burt	4						
Butler	5						
Cass*	5	x					
Cedar	4						
Chase	2						
Cherry	4	x					
Cheyenne	1	x					
Clay	3		x				
Colfax	4	x					
Cuming	4						
Custer	3	x					
Dakota*	4			x			
Dawes	1						x
Dawson	2			x			
Deuel	1						
Dixon	4						
Dodge	4						
Douglas*	6	x					
Dundy	2						
Fillmore	5						
Franklin	3						
Frontier	2						
Furnas	2						
Gage	5						
Garden	1						
Garfield	3	x					
Gosper	2						
Grant	2						
Greeley	3	x					
Hall	3	x					
Hamilton	3	x		x			
Harlan	3						
Hayes	2						
Hitchcock	2						
Holt	4	x					
Hooker	2						
Howard	3						
Jefferson	5						
Johnson	5						
Kearney	3						
Keith	2						
Koyia Paha	4	x					
Kimball	1	x					
Knox	4						
Lancaster*	5	x		x		x	
Lincoln	2						
Logan	2						
Loup	3	x					
Madison	4						
McPherson	2						
Merrick	3	x					
Morrill	1	x					
Nance	4	x					
Nemaha	5						
Nuckolls	3						
Otoe	5						
Pawnee	5						
Perkins	2						
Phelps	3						
Pierce	4						
Platte	4	x					
Polk	5						
Red Willow	2						
Richardson	5						
Rock	4	x					
Saline	5						
Sarpy*	6	x					
Saunders	5						
Scotts Bluff	1	x					
Seward	5						
Sheridan	1						x
Sioux	1	x					x
Stanton	4						
Thayer	5						
Thomas	2						
Thurston	4						
Valley	3	x					
Washington*	4						
Wayne	4						
Webster	3						
Wheeler	3	x					
York	5						

Source: Fiscal Year 1999 Title V/MCH Grantees.
 *Metropolitan area boundaries and names are those defined by the Federal Office of Management and Budget on June 30, 1993. In Nebraska, Metropolitan boundaries correspond with county boundaries. Metropolitan counties include Cass, Dakota, Douglas, Lancaster, Sarpy, and Washington. This report uses the most recent definitions of metropolitan county status. Non-metropolitan counties are defined as all other counties not otherwise defined as metropolitan. Users should note that Washington County was added as a metropolitan area in January of 1983, and that Cass county was added in January of 1993.

Service Area Codes (see also Figure 1 on page 2):

- 1: Western
- 2: Southwest
- 3: Central
- 4: Northern
- 5: Southeast
- 6: Eastern

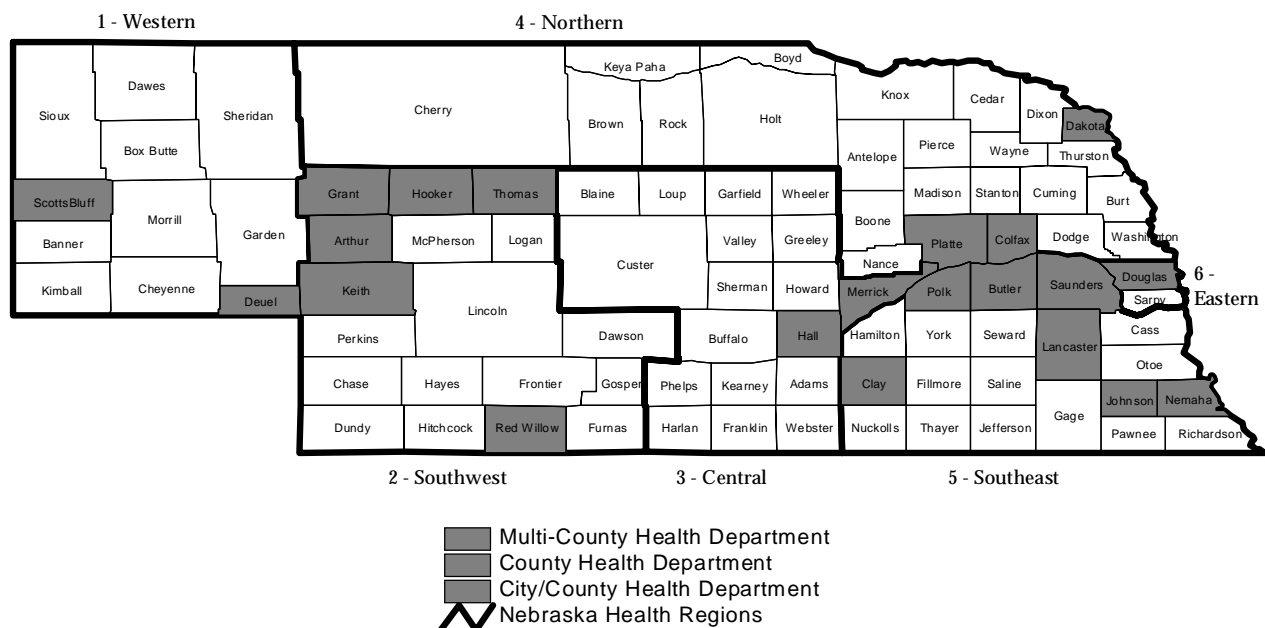


Health Departments in Nebraska²

City, county, district, and city/county health departments in Nebraska work at the community level to address a variety of public health issues. (See **Appendix E**, page 28, for a list of local health department contacts.) They offer population-based initiatives, which serve 21 of the state's 93 counties. **Figure 2** shows the counties served by local health departments in Nebraska.

Most local health departments have limited capacity to perform the core functions of assessment, policy development, and assurance. Because of their size and small number of staff, these local health departments provide few services. The larger health departments in Douglas, Lancaster, Hall, and Scottsbluff counties are more likely to fulfill the core functions as well as offer a variety of health services and programs. Nebraska's local health departments receive little support from the state and operate with autonomy — the state does not have the power to direct policy for local health departments. However, there are some statutory connections. For example, local health departments must be organized with state approval, and local health directors must be confirmed by the state. There are many contractual arrangements between state and local health departments, most of which come through individual Health and Human Services programs.

Figure 2. Nebraska Health Departments (1998)



Nebraska AIDS Project

The Nebraska AIDS Project (NAP) was founded in 1984. NAP's initial project was to train a group of volunteers to implement a state-wide, toll-free hotline operating nightly, seven days a week, 365 days a year with an AIDS "prevention-through-education" focus. In 1987, in cooperation with the Nebraska Health and Human Services System (NHHSS), NAP opened Nebraska's first anonymous HIV antibody testing site. Today, NAP works with community groups and concerned individuals in Nebraska and western Iowa to prevent the spread of AIDS and to provide needed support services for people living with AIDS-related concerns.¹³ NAP offers services throughout the state, via their five regional offices. Services include case management, client services, access to Ryan White funding, and education programs. **Table 4** (page 11) provides a listing, by county, of the Counseling, Testing, Referral, and Partner Notification (CTRPN) testing sites and NAP services offered throughout Nebraska. See **Appendix G**, beginning on page 29, for details regarding community programs and client services.

Community Action Agencies

Community Action Agencies (CAAs) are non-profit private and public organizations established under the Economic Opportunity Act of 1964. CAAs are mandated by law to address policies, programs, and activities related to poverty. The mandates are to:

- 1) fight poverty;
- 2) promote self-sufficiency;
- 3) feed the hungry;
- 4) improve social services; and
- 5) engage the private sector.

Today, the United States has nearly 1,000 CAAs whose goal is to help people achieve self-sufficiency.¹²

Nebraska is divided into nine community action agencies which offer an array of programs that serve more than 80,000 people living in poverty. Programs range from children's health and family services, to housing and food, to weatherization and transportation. **Table 5** (pages 12 - 15) identifies the various CAA programs offered by county. See **Appendix F** on page 28, for details and contacts.

Table 4. HIV/AIDS Services and Programs in Nebraska, 1998

County	Service Area	CTPRN Sites ¹	NAP Regional Offices ²	NAP Services ²	County	Service Area	CTPRN Sites ¹	NAP Regional Offices ²	NAP Services ²
Adams	3				Johnson	5			X
Antelope	4	X			Kearney	3			X
Arthur	2				Keith	2			X
Banner	1				Keya Paha	4			X
Blaine	3				Kimball	1			X
Boone	4				Knox	4			X
Box Butte	1				Lancaster*	5	X		X
Boyd	4				Lincoln	2		X	X
Brown	4				Logan	2			X
Buffalo	3	X	X		Loup	3			X
Burt	4				Madison	4			X
Butler	5				McPherson	2		X	X
Cass*	5				Merrick	3			X
Cedar	4				Morrill	1			X
Chase	2				Morrill	1			X
Cherry	4				Nance	4			X
Cheyenne	1				Nemaha	5	X		X
Clay	3				Nuckolls	3			X
Collax	4				Otoe	5			X
Cumming	4				Pawnee	5			X
Custer	3				Perkins	2			X
Dakota*	4				Phelps	3			X
Dawes	1	X			Pierce	4			X
Dawson	2				Platte	4	X		X
Deuel	1				Polk	5			X
Dixon	4				Red Willow	2	X		X
Dodge	4				Richardson	5			X
Douglas*	6	X	X		Rock	4			X
Dundy	2				Saline	5			X
Dwight	2				Sarpy*	5			X
Fillmore	5				Saunders	6			X
Franklin	3				Scots Bluff	1	X		X
Frontier	2				Seward	5			X
Furnas	2				Sheridan	1			X
Gage	5				Sherman	3			X
Garden	1				Stoux	1			X
Garfield	3				Stanton	4			X
Gosper	2				Thayer	5			X
Grant	2				Thomas	2			X
Greely	3				Thurston	4			X
Hall	3	X			Valley	3			X
Hamilton	3				Washington*	3			X
Harlan	3				Wayne	4			X
Hayes	2				Webster	3			X
Hitchcock	2				Wheeler	3			X
Holt	4	X			York	5			X
Hooker	2								
Howard	3								
Jefferson	5								

Notes: Testing sites change on a frequent basis. Both confidential (with name) and anonymous testing (without name) are allowed at state-funded Counseling, Testing, Referral, and Partner notification (CTPRN) sites. Physicians ordering testing in all other settings may offer confidential testing only but should refer patients to CTRPN sites for anonymous testing at the patient's request.

*Source: HIV/AIDS Surveillance Report, December 1998. Volume 4, Number 4, Nebraska Department of Health and Human Services Regulation and Licensure Public Health Assurance Division.

**Source: Nebraska Aids Project. <http://www.nap.org/>

*Metropolitan area boundaries and names are those defined by the Federal Office of Management and Budget on June 30, 1993. In Nebraska, Metropolitan boundaries correspond with county boundaries. Metropolitan counties include Cass, Dakota, Douglas, Lancaster, Sarpy, and Washington. This report uses the most recent definitions of metropolitan county status. Non-metropolitan counties are defined as all other counties not otherwise defined as metropolitan. Users should note that Washington County was added as a metropolitan area in January of 1983, and that Cass county was added in January of 1993.

Service Area Codes (see also, Figure 1 on page 2):

- 1. Western
- 2. Southwest
- 3. Central
- 4. Northern
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Table 5. 1999 Community Action Agencies in Nebraska: Programs Offered by Service Type and County.

County	Service Area	CAA AREA	Blue Valley Crisis Intervention	C.A.R.E.	C.A.T.C.H.	Child Care Centers	Commodity Supplemental Food Program	Community Centers	Community Outreach Offices	Community Service Offices	Early Childhood Programs	Early Intervention Services	Economic Development	Denartment	Eldercare	Family & Community Services Offices	Family Outreach Offices	Family Service Offices	Foster Grandparent Program
Adams	3	MNCS					x			x									
Antelope	4	GHCS										x							
Arthur	2	MNCS					x												
Banner	1	PCS																	
Blaine	3	CNCS											x						
Boone	4	CNCS				x							x						
Box Butte	1	NCA ¹								x									
Boyd	4	CNCS											x						
Brown	4	CNCS				x							x						
Buffalo	3	MNCS		x			x			x									
Burt	4	GHCS										x							
Butler	5	BVCA					x				x					x			
Cass*	5	SENCA					x		x										
Cedar	4	GHCS										x							x
Chase	2	MNCS					x												
Cherry	4	NCA								x									
Cheyenne	1	PCS								x									
Clay	3	MNCS					x												
Colfax	4	CNCS				x								x					
Cuming	4	GHCS					x					x							x
Custer	3	CNCS				x	x						x						
Dakota*	4	GHCS					x					x							x
Dawes	1	NCA								x									
Dawson	2	MNCS		x			x			x									
Deuel	1	PCS																	
Dixon	4	GHCS										x							
Dodge	4	GOCA ²																	
Douglas*	6	GOCA																	
Dundy	2	MNCS					x												
Fillmore	5	BVCA	x		x		x				x					x			
Franklin	3	MNCS					x			x									
Frontier	2	MNCS					x												
Furnas	2	MNCS					x												
Gage	5	BVCA	x		x		x									x			
Garden	1	PCS																	
Garfield	3	CNCS				x							x						
Gosper	2	MNCS					x												
Grant	2	MNCS					x												
Greeley	3	CNCS				x							x						
Hall	3	CNCS					x						x						
Hamilton	3	CNCS				x							x						
Harlan	3	MNCS					x												
Hayes	2	MNCS					x												
Hitchcock	2	MNCS					x												
Holt	4	CNCS				x	x						x						
Hooker	2	MNCS					x												
Howard	3	CNCS				x							x						
Jefferson	5	BVCA	x		x		x									x			
Johnson	5	SENCA					x	x											
Kearney	3	MNCS		x			x			x									
Keith	2	MNCS					x												

Programs above for additional counties continue on page 14; additional programs for above counties continue on page 13.

¹Migrant Services provided by Panhandle Community Services (PCS)

²Weatherization provided by Southeast Nebraska Community Action Council, Inc. (SENCA)

Source: *Community Action in Nebraska: A Directory of Organizations, Agencies, People, and Programs*. 1999 Community Action of Nebraska, Inc. See <http://www.canhelp.org>

*Metropolitan area boundaries and names are those defined by the Federal Office of Management and Budget on June 30, 1993. In Nebraska, Metropolitan boundaries correspond with county boundaries. Metropolitan counties include Cass, Dakota, Douglas, Lancaster, Sarpy, and Washington. This report uses the most recent definitions of metropolitan county status. Non-metropolitan counties are defined as all other counties not otherwise defined as metropolitan. Users should note that Washington County was added as a metropolitan area in January of 1983, and that Cass county was added in January of 1993.

Service Area Codes (see also, Figure 1 on page 2):

- 1. Western
- 2. Southwest
- 3. Central
- 4. Northern
- 5. Southeast
- 6. Eastern

Table 5. Continued.

County	Service Area	CAA AREA	Gathering Place	Head Start	Health Check	Heartland SHARE	Home Funds	Homeowner Education	Housing Program	Immunization	Mid-Nebraska Food Bank	Reproductive Health Care Clinic (RHC)	Revolving Loan Fund	RSVP Program	Senior Services	Transit Offices	Transportation Offices	Transportation Systems	Weatherization Program	WIC	
Adams	3	MNCS				x			x	x	x		x							x	x
Antelope	4	GHCS		x			x	x		x										x	x
Arthur	2	MNCS				x			x		x		x							x	
Banner	1	PCS							x												
Blaine	3	CNCS														x					
Boone	4	CNCS														x					
Box Butte	1	NCA ¹		x															x		
Boyd	4	CNCS								x						x					x
Brown	4	CNCS								x						x					x
Buffalo	3	MNCS		x		x			x	x	x		x				x			x	x
Burt	4	GHCS		x			x	x		x										x	x
Butler	5	BVCA		x																	
Cass*	5	SENCA																			
Cedar	4	GHCS		x			x	x		x										x	x
Chase	2	MNCS				x			x		x		x							x	
Cherry	4	NCA		x						x										x	x
Cheyenne	1	PCS		x					x												x
Clay	3	MNCS				x			x	x	x		x							x	
Colfax	4	CNCS								x						x					
Cuming	4	GHCS		x			x	x		x										x	x
Custer	3	CNCS			x					x						x					x
Dakota*	4	GHCS		x			x	x												x	x
Dawes	1	NCA		x										x							x
Dawson	2	MNCS		x		x			x	x	x		x							x	x
Deuel	1	PCS		x					x												
Dixon	4	GHCS					x	x		x										x	
Dodge	4	GOCA ²																		x	
Douglas*	6	GOCA																			
Dundy	2	MNCS				x			x		x		x							x	
Fillmore	5	BVCA		x																	x
Franklin	3	MNCS				x			x		x		x				x			x	x
Frontier	2	MNCS				x			x	x	x		x							x	
Furnas	2	MNCS		x		x			x	x	x		x							x	
Gage	5	BVCA		x																	
Garden	1	PCS		x					x												x
Garfield	3	CNCS								x						x					x
Gosper	2	MNCS				x			x	x	x		x				x			x	
Grant	2	MNCS				x			x		x		x							x	
Greeley	3	CNCS								x						x					x
Hall	3	CNCS														x					
Hamilton	3	CNCS														x					x
Harlan	3	MNCS		x		x			x	x	x		x							x	
Hayes	2	MNCS				x			x		x		x							x	
Hitchcock	2	MNCS				x			x		x		x							x	
Holt	4	CNCS			x					x						x					x
Hooker	2	MNCS				x			x		x		x							x	
Howard	3	CNCS			x					x						x					x
Jefferson	5	BVCA		x						x											
Johnson	5	SENCA																			
Kearney	3	MNCS		x		x			x	x	x		x		x		x			x	x
Keith	2	MNCS		x		x			x		x		x							x	x

Programs above for additional counties continue on page 15.

Community Action Agencies of Nebraska Service Areas:

BVCA: Blue Valley Community Action Agency

CNCS: Central Nebraska Community Services

GHCS: Goldenrod Hills Community Services

GOCA: Greater Omaha Community Action, Inc.

LAP: Lincoln Action Program

MNCS: Mid-Nebraska Community Services

NCA: Northwest Nebraska Community Action

PCS: Panhandle Community Services

SENCA: Southeast Nebraska Community Action Council, Inc.

Table 5. Continued.

County	Service Area	CAA AREA	Blue Valley Crisis Intervention	C.A.R.E.	C.A.T.C.H.	Child Care Centers	Commodity Supplemental Food Program	Community Centers	Community Outreach Offices	Community Service Offices	Early Childhood Programs	Early Intervention Services	Economic Development Department	Eldercare	Family & Community Services Offices	Family Outreach Offices	Family Service Offices	Foster Grandparent Program
Keya Paha	4	CNCS											x					
Kimball	1	PCS								x								
Knox	4	GHCS					x					x						
Lancaster*	5	LAP															x	
Lincoln	2	MNCS					x			x								
Logan	2	MNCS					x											
Loup	3	CNCS											x					
Madison	4	GHCS					x					x						x
McPherson	2	MNCS					x											
Merrick	3	CNCS				x							x					
Morrill	1	PCS																
Nance	4	CNCS				x							x					
Nemaha	5	SENCA					x	x										
Nuckolls	3	MNCS					x			x								
Otoe	5	SENCA					x		x									
Pawnee	5	SENCA					x	x										
Perkins	2	MNCS					x											
Phelps	3	MNCS		x			x											
Pierce	4	GHCS										x						
Platte	4	CNCS				x	x						x					
Polk	5	BVCA					x									x		
Red Willow	2	MNCS					x			x								
Richardson	5	SENCA					x	x	x									
Rock	4	CNCS											x					
Saline	5	BVCA	x		x		x							x	x			x
Sarpy*	6	GOCA ²																
Saunders	5	LAP																
Scotts Bluff	1	PCS								x								
Seward	5	BVCA	x				x									x		
Sheridan	1	NCA								x								
Sherman	3	CNCS				x	x						x					
Sioux	1	NCA								x								
Stanton	4	GHCS																
Thayer	5	BVCA	x		x		x										x	
Thomas	2	MNCS					x											
Thurston	4	GHCS											x					x
Valley	3	CNCS				x								x				
Washington*	4	GOCA ²																
Wayne	4	GHCS											x					
Webster	3	MNCS					x											
Wheeler	3	CNCS												x				
York	5	BVCA	x		x		x										x	

Additional programs for above counties continued on page 15.

¹Migrant Services provided by Panhandle Community Services (PCS)

²Weatherization provided by Southeast Nebraska Community Action Council, Inc. (SENCA)

Source: Community Action in Nebraska: A Directory of Organizations, Agencies, People, and Programs. 1999 Community Action of Nebraska, Inc. See <http://www.canhelp.org>

*Metropolitan area boundaries and names are those defined by the Federal Office of Management and Budget on June 30, 1993. In Nebraska, Metropolitan boundaries correspond with county boundaries. Metropolitan counties include Cass, Dakota, Douglas, Lancaster, Sarpy, and Washington. This report uses the most recent definitions of metropolitan county status. Non-metropolitan counties are defined as all other counties not otherwise defined as metropolitan. Users should note that Washington County was added as a metropolitan area in January of 1983, and that Cass county was added in January of 1993.

Service Area Codes (see also, Figure 1 on page 2):

1. Western 2. Southwest 3. Central 4. Northern 5. Southeast 6. Eastern

Table 5. Continued.

County	Service Area	CAA AREA	Gathering Place	Head Start	Health Check	Heartland SHARE	Home Funds	Homeowner Education	Housing Program	Immunization	Mid-Nebraska Food Bank	Reproductive Health Care Clinic (RHC)	Revolving Loan Fund	RSVP Program	Senior Services	Transit Offices	Transportation Offices	Transportation Systems	Weatherization Program	WIC
Keya Paha	4	CNCS														x				
Kimball	1	PCS		x					x	x										x
Knox	4	GHCS		x			x	x		x									x	x
Lancaster*	5	LAP	x																	
Lincoln	2	MNCS		x		x			x		x		x		x				x	x
Logan	2	MNCS				x			x		x		x						x	
Loup	3	CNCS														x				
Madison	4	GHCS		x			x	x		x									x	x
McPherson	2	MNCS				x			x		x		x						x	
Merrick	3	CNCS														x				x
Morrill	1	PCS		x					x											x
Nance	4	CNCS								x						x				
Nemaha	5	SENCA		x																
Nuckolls	3	MNCS				x			x		x		x						x	x
Otoe	5	SENCA		x																
Pawnee	5	SENCA																x		
Perkins	2	MNCS				x			x		x		x						x	
Phelps	3	MNCS		x		x			x	x	x		x						x	
Pierce	4	GHCS					x	x		x									x	
Platte	4	CNCS								x						x				
Polk	5	BVCA																		
Red Willow	2	MNCS		x		x			x	x	x		x						x	x
Richardson	5	SENCA		x																
Rock	4	CNCS								x						x		x		x
Saline	5	BVCA		x						x										x
Sarpy*	6	GOCA ²																		
Saunders	5	LAP																		
Scotts Bluff	1	PCS		x					x	x									x	x
Seward	5	BVCA		x						x										x
Sheridan	1	NCA		x															x	
Sherman	3	CNCS								x						x				x
Sioux	1	NCA																	x	
Stanton	4	GHCS		x			x	x		x									x	x
Thayer	5	BVCA		x																
Thomas	2	MNCS				x			x		x		x						x	
Thurston	4	GHCS		x			x	x		x									x	x
Valley	3	CNCS								x						x				x
Washington*	4	GOCA ²																	x	
Wayne	4	GHCS		x			x	x		x									x	x
Webster	3	MNCS				x			x		x		x						x	
Wheeler	3	CNCS														x				
York	5	BVCA		x																x

Community Action Agencies of Nebraska Service Areas:

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NCA: Northwest Nebraska Community Action

PCS: Panhandle Community Services

SENCA: Southeast Nebraska Community Action Council, Inc.

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APPENDIX A: Title V

Title V also:

- provides the funding for a variety of toll-free hotlines that link families to health services in every state;
- establishes health programs in places where people need them; provides access to health care;
- creates guidelines and standards to assure that families get the appropriate, quality health care they need;
- stresses and supports the enhancement of a public health infrastructure including community collaboration to maximize scarce resources and improve access for clients with integrated services;
- creates safe and healthy communities by educating parents about childhood threats like SIDS, supporting innovative community-based programs to encourage youth and pregnant women to stop smoking, and working with communities to assess, define, and address their local health needs;
- and sets aside specific funding to ensure health services to women and children, including children with special health care needs.⁶

Within the Title, there are two major funding components: 1) the Maternal and Child Health Block Grant and 2) Discretionary Grants referred to as Special Projects of Regional and National Significance (SPRANS).⁶

APPENDIX B: The Maternal and Child Health Block Grant

The Maternal and Child Health (MCH) Block Grant is awarded to state health agencies on the basis of specified formulas and represents roughly 85% of appropriated funding. The purpose of the MCH Block Grant is to create federal/state partnerships to address the concerns of maternal and child health, including:¹⁴

- significantly reducing infant mortality;
- providing comprehensive care for women before, during, and after pregnancy and childbirth;
- providing preventive and primary care services for children and adolescents;
- providing comprehensive care for children and adolescents with special health needs;
- immunizing all our children;
- reducing adolescent pregnancy;
- preventing injury and violence;
- putting into community practice national standards and guidelines for prenatal care, for health and safe child care, and for the health supervision of infants, children, and adolescents;
- assuring access to care for all mothers and children; and
- meeting the nutritional and developmental needs of mothers, children, and families.

Each state's allocation is based on a formula incorporating population, child health, and economic factors yielding a percentage applied to the total federal allocation for all Title V activities.⁸ The MCH Block Grant program requires that states match \$3 in funds or resources for every \$4 in federal funds they receive.¹⁴ Of those block grant funds, a minimum of 30% must be used to support programs for children with special health needs and a minimum of 30% must go to services for adolescents and children. There is no minimum requirement for allocating funds for services to mothers and infants.⁸

In Nebraska, the Title V/MCH Block Grant is administered through the Perinatal and Child Health Program within the Nebraska Health and Human Services System (NHHS). NHHS is required to utilize a "fair method of allocation" for these federal funds.⁸

Of the 25 funded programs in Nebraska, 13 are considered external or local/community based programs. Examples of Title V/MCH Block Grant community-level programs in Nebraska include:

- community-wide home visitation programs which focus on preventive services to at-risk pregnant women and infants from birth to three years of age;
- teenage pregnancy prevention programs which focus on enhancement of self-esteem, life-skills development, and healthy lifestyles; and
- specialized outreach services to children with special health care needs, including a statewide system of multi-disciplinary clinics which coordinate medical evaluations and individualized plans for care.⁸

APPENDIX C: Maternal and Child Health State Level Programs

Statewide Network for Children with Special Health Care Needs

This program provides a comprehensive statewide network for women of reproductive age, infants, and children with special health care needs and their families in the areas of genetic disorders, congenital anomalies, and neurodevelopmental disabilities. The clinics and toll-free teratogen line help reduce infant mortality through prevention of birth defects.

Medically Handicapped Children's Program (MHCP)

This program provides the majority of Title V services to CSHCN in Nebraska. MHCP provides or pays for specialty and subspecialty services through NHHS and contracts staff from a number of hospitals and private practitioners throughout the state. Many of these professionals participate in community-based multi-disciplinary team diagnostic and treatment planning clinics, as well as follow-up medical care and care coordination. MHCP also operates the Supplemental Security Income (SSI) Disabled Children's Program for those children eligible for SSI who are under age 16 and require rehabilitative and support services not otherwise provided by Nebraska's Medicaid Program.

Nebraska Reproductive Health Care Program

This statewide program provides education and comprehensive medical reproductive health services. The program is funded by federal Title X Family Planning funds, MCH Title V Block Grant funds, and state funds allocated specifically for pap smear screening and for the screening and treatment of chlamydia. The program provides services to individuals, both female and male, regardless of income, marital status, age, national origin, or residence. Fees for services are on a sliding fee scale based on income. No one can be denied services because of the inability to pay. All services are confidential. Services include community and individual education, physical exam (including breast and pelvic exam), blood pressure screening, Hematocrit or Hemoglobin, urinalysis, STD testing and treatment, pregnancy testing, contraceptive methods, abnormal lab follow-up, and referrals.

Adolescent and School Health Program

This program provides leadership at the state level to promote comprehensive school and community health programs which: 1) protect the health of students, staff, and families through health promotion and education; 2) support students with special health care needs by facilitating quality school nursing services; 3) prevent communicable and infectious disease; and 4) facilitate access to appropriate physical and mental health, and social services for students and out-of-school youth.

Dental Health Project

Title V funds support a variety of activities in the Dental Health Program, including staff support to educate communities on the importance of water fluoridation, as well as funding to purchase the equipment necessary when a community begins to implement fluoridation. A fluoride mouth rinse program is also offered for school-age children in communities that do not fluoridate their water supply. Additional dollars support dental sealant surveillance in elementary schools throughout the state and the purchase of sealants when appropriate.

Sexually Transmitted Disease (STD) Lab Testing

This funding will go toward reimbursement for testing for STD's and case-findings.

Newborn Screening and Genetics Program

This program is responsible for coordinating screening of all newborns in Nebraska for five diseases. The regulations, effective April 23, 1996 require every newborn to be screened for PKU, Biotinidase Deficiency, Congenital Primary Hypothyroidism, Galactosemia, and Hemoglobinopathies such as Sickle Cell Anemia. The program also works with the University of Nebraska Medical Center (UNMC) in the delivery of genetics service. UNMC coordinates 10 outreach genetics clinics throughout the state. Specialty clinics offered through UNMC are: cancer genetics, cleft palate/craniofacial, connective tissue disorders/Marfan, hematologic genetics, neurogenetics neuromuscular clinic, perinatal genetics, Prader-Willi (in progress), and fetal alcohol syndrome.

Title V Director

Title V funds support a portion of the personnel and operating costs of the Title V Director.

Birth Defects Registry

Title V funds support the operation of the NE Birth Defects Registry Program.

Medical Advisor

Title V funds support a portion of the Medical Advisor position in the Department of Health and Human Services, specifically as it relates to Child Death Review and the Newborn Screening Program.

Perinatal and Child Health Program

This program works to improve the health and well-being of all women and children through community and state-level efforts. These efforts include Title V/Maternal and Child Health Block Grant administration which funds activities and services for women and children, including children with special health care needs. Historically, each year Nebraska receives approximately \$4 million and funds a variety of programs. In addition, this program works with all consumers and providers interested in health issues relative to this population, with activities such as public health education and public health awareness campaigns, policy and health practice guidelines development, outreach to improve health care access, and health partnerships with child care and education.

Immunization Program

This program works to achieve on-time, age-appropriate immunizations and to monitor immunization levels for vaccine-preventable diseases throughout the state. To do this, the program provides vaccines, assessment, and informational support to immunization clinics and private providers for children from infancy to entering college freshmen. Emphasis has been placed on achieving at least a 90% immunization rate for all children at two years of age. Nebraska's current level is 72%. It is also the goal of the program to enable communities to provide preventive health programs designed to meet each local area's needs while maintaining quality of service and adherence to state immunization laws. The program also provides information about Hepatitis B prevention, adult immunization, and international travel immunizations.

Source: Fiscal Year 1999 Title V/MCH Grantees.



APPENDIX D: Preventive Health and Health Services Block Grant

PREVENTION OF CARDIOVASCULAR DISEASE

PROJECT NAME: Clay County's Coronary Heart Disease Control Project

AGENCY: Clay County Health Department

TYPE OF PROJECT: Continuation

WORKPLAN:

- 70% of the individuals with hypertension screened will seek medical follow-up and take action to control their blood pressure: Medication compliance, weight reduction, reducing sodium intake, regular exercise, restriction of alcohol intake. Conduct 22 blood pressure clinics (two times per year in each of 11 towns), and offer daily in-office monitoring in order to reach 200 individuals.
- Use questionnaire already adopted to determine how many individuals have taken one or more steps to control their blood pressure.

PROJECT NAME: Controlled Hypertensives, Smoke Free Lives

AGENCY: Dakota County Health Department

TYPE OF PROJECT: Continuation

WORKPLAN:

- Increase to at least 70% the proportion of people with high blood pressure, served by the program, whose blood pressure is under control due to compliance due to medication. Conduct 85 skilled nursing home visits to 11 people, provide teaching and educational material; provide medication box when needed.
- Increase to 75% the awareness of risks of tobacco use among 60 health department patrons by providing education and materials on cessation, second hand smoke, risks of use during pregnancy; provide printed materials to 7th graders during immunization clinic.

PROJECT NAME: Healthy Families Project: Douglas County Cardiovascular Risk Reduction (CVRR) Program

AGENCY: Douglas County Health Department

TYPE OF PROJECT: Continuation

WORKPLAN:

- At least 25% of the minority congregates of six health ministries or church-based health programs will demonstrate an increase in awareness or one behavior change conducive to the reduction of CVD factors.
- Contract with Health Ministry Advocate and churches with high minority populations to help carry out the project.

PROJECT NAME: Worksite Blood Pressure and Cholesterol Screening

AGENCY: Grand Island-Hall County Health Department

TYPE OF PROJECT: Continuation

WORKPLAN:

- At target industries, no more than 4% of the people re-screened will have elevated blood pressure readings, and not more than 36% will have elevated cholesterol readings. Educate and screen 300 workers; refer an estimated 36 people and follow-up on those with elevated readings. Conduct personal wellness profile and compare past participant data.
- Educate 80 people, under age 65, at monthly office walk-in clinic.

PROJECT NAME: Johnson County Health Department/Hypertension Preventive Health and Health Service Grant

AGENCY: Johnson County Health Department

TYPE OF PROJECT: Continuation

WORKPLAN:

- Increase the number of hypertensives who have adopted one of the specific behaviors to control their blood pressure: taking medications as prescribed, following low sodium diet, exercising regularly, controlling body weight, restricting alcohol intake. Conduct annual screenings at senior centers in each of four towns, and at parent-teacher conferences in three towns, provide counseling, education, follow-up.

PROJECT NAME: Cardiovascular Education Program

AGENCY: Lincoln-Lancaster County Health Department

TYPE OF PROJECT: Continuation

WORKPLAN:

- Ten non-WorkWell companies, representing at least 1,000 employees and dedicated to improving the health of employees and their families, will have joined WorkWell, and ten existing WorkWell companies, representing at least 6,000 employees, will have implemented the comprehensive Well WorkPlace process. Disseminate information, implement comprehensive process, provide continuous administrative support.
- Increase to 95% active participation in health promotion programs by WorkWell, Inc. member companies and among their employees. Coordinate "Working Heart" and other wellness programming in at least 55 member companies by preparing the "Working Heart" manual and the "Winning With Wellness" program and offering ten delegate meetings; provide technical assistance; evaluate effectiveness; reach at least 9,000 employees and their families.

- Arrange for screening for employees at three worksites for total blood cholesterol levels, reaching 100 people. Counsel and educate those whose initial readings are 240 mg/dl and greater; evaluate effect.
- Increase to at least 90% the proportion of adults who have had their blood pressure measured within the preceding 2 years and can state whether their blood pressure was normal or elevated. Measure blood pressure of at least 500 individuals at 20 or more worksites.
- Reduce dietary fat intake among elementary age children to no more than 30 percent of total calories. Provide heart health nutrition education to a minimum of 9 classrooms with at least 180 children and youth, kindergarten through 12th grade. Assess change in dietary fat intake of elementary children over a three year period; continue to provide nutrition education for third, fourth and fifth graders, compare change within those grades.

PROJECT NAME: Home Health Hypertension Grant
 AGENCY: Nemaha County Health Department
 TYPE OF PROJECT: Continuation
 WORKPLAN:

- Increase to at least 65% the proportion of hypertensives tested who have adopted behaviors to control their blood pressure. Continue assessment of 100 (unduplicated) hypertensives, conduct counseling/education, promote exercise at the Nemaha County Wellness Center.

PROJECT NAME: Red Willow County Hypertension Project
 AGENCY: Red Willow County Health Department
 TYPE OF PROJECT: Continuation
 WORKPLAN:

- Increase to 70% the proportion of hypertensives and those with elevated readings who seek medical follow-up and who take action to control their blood pressure: medication compliance, weight reduction, dietary sodium restriction, regular exercise (15-20 min 3 times/wk). Screen 120 persons per month; 10% of contacts will be males ages 20-64, and 50% will be over 65. Conduct follow-up by phone and postcard.
- Submit monthly "Health Day Letter" to 5 newsletters and an Indianola newspaper and health article to McCook newspaper, offer presentations to community groups.
- Increase to 75% the proportion of people referred for elevated cholesterol readings who seek medical follow-up and who take action to control their blood cholesterol. Offer biannual blood draws, contract with hospital to analyze samples, conduct follow-up.

PROJECT NAME: SDRD Preventive Health Project
 AGENCY: Sandhills District Health Department
 TYPE OF PROJECT: Continuation
 WORKPLAN:

- Increase to at least 50% the proportion of people with high cholesterol readings at clinics who are seeing their doctor and who are taking action to control their blood cholesterol: taking medication, restricting dietary fat and regular exercise. Screen at least 200 people, survey behaviors, tabulate results.
- Increase to 75% the proportion of hypertensives who are seeing their doctor and who are taking action to control their blood pressure: taking medication, reducing dietary salt, or reducing weight. Screen at least 500 people at schools, worksites, meetings and clinics; survey behaviors, tabulate results.
- Assure that 100% of participants enrolled in CPR and First Aid classes receive a passing grade. Provide training to at least 75 people and provide first aid classes to at least 42 people.

PROJECT NAME: Cardiovascular Risk Reduction Program--Support
 AGENCY: Disease Prevention and Control Division, Office of Preventive Health and Public Wellness, HHS Services
 TYPE OF PROJECT: Continuation
 WORKPLAN:

- Provide nutrition education and technical assistance in support of Cardiovascular project.

PROJECT NAME: Cardiovascular Risk Reduction Program
 AGENCY: Health Promotion and Education Division, Office of Preventive Health and Public Wellness, HHS Services
 TYPE OF PROJECT: Continuation
 WORKPLAN:

- Increase to at least 80% the number of local health departments which are implementing community level interventions for CVD reduction.
- Increase to at least 15 the number of PATCH sites, voluntary health agencies, and other community organizations conducting/promoting cardiovascular risk reduction activities.
- Provide technical assistance to 13 local health departments and 6 PATCH sites in community level intervention strategies.
- Provide at least 5 nutrition-related programs and materials; pursue implementation of 5-A-Day and 1% less (mothers only) campaigns in conjunction with HHS WIC program.
- Work with one Hispanic community on "Winning with Wellness" activity.
- Work with HHS Division of Aging to develop a modified "Winning with Wellness" for the Senior Sites.
- Continue to work with the American Heart Association, explore additional alliances, pursue at least one minority community initiative, establish closer working relationship with the Diabetes Program.



- Facilitate the development/maintenance of at least 5 statewide initiatives leading to environmental/policy measures for the prevention of CVD.
- Secure involvement from at least 3 more organizations with the Cardiovascular Health Advisory Team (CHAT).
- Explore the development of a statewide network to provide support and technical assistance in worksite health promotion.
- Pursue active participation in statewide and community level trails development activities and evaluation of trails usage and physical activity participation.
- Conduct statewide educational campaigns and distribute packets of information about cardiovascular health related issues.

PROMOTION OF HEALTHY EATING AND REGULAR PHYSICAL ACTIVITY

PROJECT NAME: Disease Prevention and Control Initiatives: Diabetes and Healthy Eating and Increased Physical Activity
AGENCY: Disease Prevention and Control Division, Office of Preventive Health and Public Wellness, HHS Services
TYPE OF PROJECT: Continuation
WORKPLAN:

- Reduce the prevalence of cardiovascular disease risk factors by 10% among persons with diabetes who are enrolled in community-based programs compared to program baselines by working with volunteer organizations, county health departments, and organizations and institutions involved with minority populations.
- Through a subgrant, provide patient education and conduct interventions in CVD risk reduction and lowering of hemoglobin A1c for 50 new patients with diabetes enrolled through Panhandle Community Services. PCS will provide 12 group education sessions, conduct one-on-one education, provide education at one health fair, and provide smoking cessation information.
- Through a subgrant, the International Diabetes Center at Clarkson Hospital in Omaha will provide patient education and culturally appropriate materials to 25 new patients with diabetes at the Indian/Chicano Awareness Center.
- Through a subgrant, the Lincoln Lancaster County Health Department will provide diabetes education to 25 clients with diabetes through Community Access to Coordinated Healthcare.
- Through subgrant with the Santee, increase the consumption of fruits, vegetables and grains by 20% among children in elementary school in a Native American community.
- Increase to at least 30% the proportion of children who engage in at least 30 minutes of physical activity at school in a Native American community.

PROJECT NAME: HE/RR: Physical Activity Program
AGENCY: Health Promotion and Education Division, Office of Preventive Health and Public Wellness, HHS Services
TYPE OF PROJECT: Continuation
WORKPLAN:

- Existing PATCH coalitions will plan, implement, and evaluate at least one community health promotion program.
- Increase to at least 30% the proportion of people aged 6 and older who engage in regular sustained physical activity of any intensity; work with the Governor's Council on Health Promotion and Physical Fitness.
- Enhance health promotion efforts of the Governor's Council by developing materials and arranging for meetings.
- Coordinate efforts with NAHPERD, NDOE, AHA, and other voluntary health agencies to enhance physical activity levels of youth and adults.
- Promote physical activity in coordination with the NDE, NAHPERD, and public school systems by developing educational materials/programs into the curriculum.
- Promote physical activity at the local level.

PROJECT NAME: Polk County Health Care System: Healthy Schools
AGENCY: Polk County Health Department
TYPE OF PROJECT: *(Unspecified)*
WORKPLAN:

- Assure that 100% of Polk County's preschool, elementary, and secondary public and private schools are served by a school health program.
- Reach at least 1,225 elementary and secondary public and private school students with health screening and immunization review.
- Reach at least 80 preschool and Head Start students with health screening and immunization review.
- Reach at least 1,325 students and faculty of the Polk County Schools with a school health program to include healthy and safe school environment assessment and training and school site health promotion for faculty and staff.

PROJECT NAME: 1999 Merrick County Preventive Health Grant
AGENCY: Merrick County Health Services
TYPE OF PROJECT: Continuation
WORKPLAN:

- Maintain at least 90% the proportion of people in Merrick County with high blood pressure who are served at regular blood pressure clinics who are taking action to control their blood pressures. Conduct blood pressure screening at each of five senior center sites once every two months, and conduct awareness and screening programs targeting persons (especially men) between ages 30 and 60 years in each of five communities at least once per year.
- Increase to 75% the proportion of Merrick County elementary and secondary schools that provide planned and sequential K-12 quality school health program. Conduct "Body Walk" program for second, third and fourth graders.

- Provide school nursing services to at least 50% of all K-12 students, including dental, vision and hearing screening at six of seven schools in Merrick County.
- Maintain at 90% the proportion of Merrick County adults receiving information about adult immunization. Conduct an adult immunization awareness program, and sponsor adult immunization clinics, including Hepatitis B, Td, and flu vaccine.
- Provide health information through the county fair and health fairs.

PROJECT NAME: Promotion of Optimal Health & Safety Through Education for All Residents of Saunders County to Prevent Premature Death and Disability

AGENCY: Saunders County Health Department

TYPE OF PROJECT: Continuation

WORKPLAN:

- At least 100 hypertensives screened will take action to control their blood pressure by: taking medication as prescribed; reducing intake of fat, sodium and alcohol; regular exercise; weight reduction; or smoking cessation. Provide monthly screening at 13 sites (senior centers, apartment complexes, grocery stores, county courthouse), and periodic screening at health fairs and worksites; provide education and follow-up monitoring of compliance.
- To reach at least 750 students, grades K-12, with educational programs designed to increase student's knowledge and skills to avoid health risks and maintain safety of themselves and their families. Prepare and offer programs, schedule, provide materials, evaluate effect.

PROJECT NAME: Scotts Bluff County Health Department, Health Promotion and Risk Reduction Activities

AGENCY: Scotts Bluff County Health Department

TYPE OF PROJECT: Continuation

WORKPLAN:

- All elementary schools in Scotts Bluff County will have conducted student health checks for vision, hearing, and scoliosis: 500 students reached, referral on about 15%, 90% of whom will be seen and treated by local health care providers, conduct follow-up.
- All elementary students in Scotts Bluff County will receive comprehensive oral health evaluation and education program; screen 500 students, conduct referral and follow-up, present education programs to 500.
- All Scotts Bluff County school food service sites will comply with code with 98% receiving no major food code violations; inspect 30 schools, reinspect major violations within 10 days, provide training for all school kitchen staff. Two school districts will have adopted the "Tools for Schools" indoor air quality program.
- Increase to 70% the proportion of hypertensives who report having adopted at least one positive lifestyle change designed to lower their blood pressure. Screen 200 at county worksites; conduct referral, follow-up, survey behaviors.
- Present four community health promotion programs to 1,200 persons, with pre-post test resulting in a 20% increase in correct responses. Conduct children's health fair "Body Walk" to reach 700 third grade students; present water safety and water quality program to 500 fifth grade students and teachers; present two radon awareness programs to area realtors and building construction firms to promote radon testing and radon resistant construction.

NEEDS ASSESSMENT, DATA COLLECTION, AND ANALYSIS

PROJECT NAME: Grant-in-Aid

AGENCY: Douglas County Health Department

TYPE OF PROJECT: Continuation

WORKPLAN:

- Increase by 50% the number of Douglas County agencies or community groups utilizing the DCHD as a primary source of health indicator data. Collect and organize data and prepare report.
- Train 70% of the day care workers in the 100 centers to recognize, record, and report suspected child abuse and maltreatment. Increase the number of child care centers that use the DCHD's prevention program from 30 to 100.
- Increase by 70% the number of child care centers that receive coordinated public health services. Child care team will develop criteria for child care centers, clarify roles and services, identify resources, evaluate progress.

PROJECT NAME: Epidemiological Services: A Core Function of Public Health

AGENCY: Lincoln-Lancaster County Health Department

TYPE OF PROJECT: Continuation

WORKPLAN:

- Conduct ongoing community health planning and assessment related to the Lancaster County Health Objectives for Year 2000/2010. Review progress toward Year 2000 Lancaster County Health Objectives and initiate process for setting Year 2010 Objectives; monitor, collect data, note trends, prepare and distribute reports (400 copies issued).
- Prepare four issues of the "Epi-Info" public health brief for distribution to health professionals, program managers, elected officials, public health workers and to distribute physician advisories as necessary; identify topics, conduct research, distribute 500 copies.
- Conduct periodic surveys, supplements to existing surveys and other collection tools; implement 6 new data collection systems, prepare and distribute at least 6 public health reports, conduct at least 15 media interviews.



- Provide technical assistance to staff and community members regarding data analysis, interpretation, and presentation, survey development, report development, emergency epidemiological response. Provide two introductory sessions on use of Epi-Info, assist staff in the development of at least 6 survey instruments, assist staff in the development of at least 7 public health reports, assure effective response from LLCHD's Epidemiological Response Team.

PROJECT NAME: Nebraska Ambulance and Rescue Service Information System (NARSIS)
AGENCY: Public Health Assurance, Data Management & Analysis, HHS Regulation and Licensure
TYPE OF PROJECT: Continuation
WORKPLAN:

- Receive, enter, and merge data to produce service-specific reports.
- Provide inservice on appropriate prehospital treatment for a specific condition based on regional or service-specific report to identify type of service provided.

PROJECT NAME: Behavioral Risk Factor Survey
AGENCY: Public Health Assurance, Data Management & Analysis, HHS Regulation and Licensure
TYPE OF PROJECT: Continuation
WORKPLAN:

- Increase the state of Nebraska's knowledge of reported health behaviors through accessing collected BRFSS data.
- Complete 2,100 interviews in order to increase knowledge of reported health behaviors. Schedule survey, purchase sample, send state-written questions and selected modules to CDC, set up Ci3 software and interviewer stations.
- Maintain the quality of data collected on three CDC rankings. Follow CDC procedures, conduct training of interviewers, monitor interviewers, track refusals, verify interviews.
- Make 10 contacts with program coordinators and local health departments about utilizing data. Analyze the 1996 BRFSS data, publish two year comprehensive report, make presentations, meet with programs of the HHS.
- Provide technical assistance to a minimum of 3 projects in the HHS and/or local health departments. Consult with HHS staff; conduct point-in-time surveys as requested, assist state agencies and local health departments in developing their own surveys as requested.
- Determine BRFSS user needs for assistance in conducting point-in-time surveys, question development, and special analysis.

PROJECT NAME: Data Access to Assess Change in Healthy People 2000 Indicators
AGENCY: Financial Services Division: HHS Finance and Support
TYPE OF PROJECT: Continuation
WORKPLAN:

- Increase the HHS System's ability to compare our health status indicators with national Year 2000 indicators. Receive data collected and put in format which provides for comparison with national data. Provide information to programs and divisions of HHS and to local health departments.
- Produce at least one federally requested report.

PROJECT NAME: State Data Support for Community Health Planning
AGENCY: Financial Services Division: HHS Finance and Support
TYPE OF PROJECT: Continuation
WORKPLAN:

- Assure that health agencies have updated health status data for use in state-level and local planning.
- Obtain consensus on desired health status indicators.
- Update County Health Profiles with 1996 data and additional health status indicators.

PROJECT NAME: Attitude Survey (Crime Bill Funds)
AGENCY: Health Promotion and Education Section, Health Promotion and Disease Prevention Division
TYPE OF PROJECT: Sexual Offense Prevention
WORKPLAN:

- Design a telephone survey in order to determine the extent of rape-supportive attitudes and the prevalence of sexual assault among adults in Nebraska. The survey will be drafted using a task force, including the Domestic Violence Sexual Assault Coalition, the Injury Control and Prevention Program, the Center for Children, Families and the Law and the Nebraska Commission on Law Enforcement and Criminal Justice. Technical assistance will be sought from CDC's National Center for Injury Prevention and Control, and the Injury Research Center.

PREVENTION OF UNINTENTIONAL INJURY

PROJECT NAME: Injury Control--A State and Local Partnership
AGENCY: Lincoln-Lancaster County Health Department
TYPE OF PROJECT: Continuation
WORKPLAN:

- Analyze 1992-1997 E-Coded medical records and incorporate into LLCHD Injury Surveillance System. Collaborate with three local hospitals in maintaining comprehensive surveillance system; develop report of four leading causes of unintentional injury occurring in youth/adults (falls, sports injuries, pedalcycle injuries, burns and scalds).

- Reduce head injuries from bicycle falls by 10% per year for youth ages 5-12 through Safe Kids Coalition; conduct “Cycle Smart” program, arrange discount bicycle helmet purchase program at 20 schools and community activities, make 10 presentations, cooperate in city-wide bicycle rodeo/jamboree.
- Reduce residential fire deaths by 10% per year to no more than 1.2 per 100,000 people; reach 25% of the families served through selected health programs serving low-income and minority audiences; train department staff and civic club volunteers to conduct Child Safety Day Events in 4 community centers.
- Reduce non-fatal unintentional injuries so that hospitalizations are no more than 754 per 100,000 people.
- Reduce deaths from falls and fall-related injuries by 10% per year to no more than 2.3 per 100,000 people in five years; reach 400 older adults through a fall prevention program. Assist Safe Kids Coalition in planning, utilize civic club volunteers to promote two community health fairs, conduct Fall Prevention campaign for youth, ages 0-14 through the Safe Kids Coalition; at least 30% of individuals coaching Lincoln-Lancaster County youth volunteer sports activities will receive education on sports injury prevention.

PROJECT NAME: Comprehensive Injury Prevention System
 AGENCY: Health Promotion and Education Division, Office of Preventive Health and Public Wellness, HHS Services
 TYPE OF PROJECT: Continuation
 WORKPLAN:

- Coordinate Nebraska Injury Prevention Coalition (NIPC).
- Increase the correct use of child safety seats in selected areas of Nebraska, using the SAFE KIDS Buckle Up Campaign. Train at least three GM Dealerships, and hold at least two community wide CSS checkups.
- Assist in the implementation and evaluation of the Safe Communities (NOHS project) in conjunction with the HP&E Traffic Safety Specialist. Train at least five teams in the Safe Community Process.
- Develop a trauma prevention plan in conjunction with the Nebraska Trauma Board.
- Analyze hospital discharge data from FY 1997, and with the Section of Epidemiology, Toxicology and Vector Surveillance, produce, publish and distribute the detailed data reports.
- Assist Child Death Review Team in forming the CDRT database, analysis of the data, and recommendations for prevention of unintentional injuries to children.
- Study the needs and role of HHS-Services in preventing intentional injuries.

POLICY AND PROCEDURE DEVELOPMENT

PROJECT NAME: PHHS Administrator Direct Cost and HP&E Division Costs
 AGENCY: Health Promotion and Education Division, Office of Preventive Health and Public Wellness, HHS Services
 TYPE OF PROJECT: Continuation
 WORKPLAN:

- Develop policy and processes in order to properly administer the PHHS Block Grant. The Program Administrator will perform duties related to the use of PHHS Block Grant funds, in accordance with the law governing it: develop the State Plan; develop the Annual Report, including Uniform Data Sets and Progress Report; manage subgrant process; monitor subgrant projects; facilitate advisory committee and public hearing.
- Develop policies and practices for administrative oversight of the Health Promotion and Education Division, and supervision of staff.
- Establish policies and procedures around clerical support of all HP&E Division programs.
- Establish policies and procedures for provision of educational presentations and community liaison related to HP&E Division programs from the Western Regional Office in Scottsbluff.
- Establish policies and procedures for provision of education and interventions for the Traffic Related Injury Program.

PROJECT NAME: Local Health Department Partnership Council
 AGENCY: Health Promotion and Education Division, Office of Preventive Health and Public Wellness, HHS Services
 TYPE OF PROJECT: Continuation
 WORKPLAN:

* NOTE: Funds transferred to LLCHD Training Project

COMMUNITY ORGANIZATION

PROJECT NAME: Community Health Services Act
 AGENCY: Community Support Division, Technical Assistance Unit, HHS Services
 TYPE OF PROJECT: Continuation
 WORKPLAN:

- Bring about planned changes and improvement in public health and human services through the development of community/state partnerships in 100% of the 6 HHS Service Areas.
- Evaluate and update the strategic plan for technical assistance for communities.
- Deliver technical assistance and support as requested.
- Use “Building Partnerships and Connecting Communities” and other community planning tools in 30 to 50 Nebraska communities to assess and improve the public health/social service status of their communities through a process of collaboration, intervention, and continuous improvement.
- Assist in the development of integrated health and human service delivery networks in the HHS Service Areas.
- Build state and local capacity to provide core public health functions.



PREVENTION OF TOBACCO USE

PROJECT NAME: Tobacco-Free Nebraska Program
AGENCY: Health Promotion and Education Division, Office of Preventive Health and Public Wellness, HHS Services
TYPE OF PROJECT: Continuation
WORKPLAN:

- Coordinate with the Department of Education to establish tobacco-free environments and include tobacco use prevention curricula in 50% of all preschool, elementary, middle, and secondary schools. Cooperate with other agencies to assure maximization of youth tobacco prevention policies and strategies.
- Provide training to 10 Drug-Free Schools, SCIP, and other youth organizations on tobacco education and prevention.
- Collect and develop at least 10 new tobacco education curriculum resources for addition to the Tobacco-Free Nebraska Resource Library and Guide.
- Coordinate with the American Cancer Society, American Lung Association of Nebraska and TFN contractor on the "Youth Rally 1999" to be held January 28, 1999 in Lincoln.
- Coordinate with Health Educator in the Panhandle Regional Office to provide smokeless tobacco prevention and cessation materials to 500 adolescents and adults, with special emphasis on minority and migrant populations.
- Provide information on smokeless tobacco and cigars to students, teachers, school nurses, and other youth organization sponsors through presentations by the TFN staff.
- Provide mini-grants to youth organizations that are non-traditional partners to develop tobacco interventions for their organization and/or community.
- Coordinate activities and projects with the Cooperative Extension and Nebraska 4-H as a result of the Extension Summit held in April 1998.
- Provide technical assistance and support to the six local tobacco coalitions across Nebraska (Lincoln, Omaha, Buffalo County, Chadron, Sidney, and the Panhandle) to address tobacco issues at the local level.
- Schedule and coordinate the quarterly meetings of the Tobacco Free Nebraska Statewide Coalition.
- Schedule and coordinate the annual state tobacco prevention conference in 1998.
- Schedule and coordinate trainings and retreats for subcontractors, grantees, and county health departments.
- Plan and coordinate an African-American Summit with the Rev. Jesse Brown.

PROJECT NAME: Reducing Environmental Tobacco Smoke Exposure to Nebraskans Through Education About the Nebraska Clean Indoor Air Act and the Pro-Child Act
AGENCY: Health Promotion and Education Division, Office of Preventive Health and Public Wellness, HHS Services
TYPE OF PROJECT: Continuation
WORKPLAN:

- Provide education to communities and worksites on the effectiveness of clean indoor air policies that prohibit or strictly limit smoking in the workplace and enclosed public places (including health care facilities, schools, and public transportation).
- Build community awareness regarding comprehensive clean indoor air policies prohibiting smoking in public places, including restaurants.
- Increase to at least 75% the proportion of worksites with a formal smoking policy that prohibits or severely restricts smoking at the workplace and increase the number of worksites which offer on-site cessation, self-help cessation materials to employees, and/or time off or reimbursement for cessation classes or products.
- Encourage businesses to pass comprehensive clean indoor air policies prohibiting smoking in the workplace.
- Encourage businesses to provide tobacco cessation options to employees wishing to quit using tobacco products.
- Reduce to zero the number of states that have clean indoor air laws preempting stronger clean indoor air laws on the local level.
- Provide information regarding the Nebraska Clean Indoor Air Act and Environmental Tobacco Smoke on request, including voluntary health agencies, other state agencies, tobacco prevention coalition, communities, schools, businesses, and individuals.
- Provide technical assistance and support to six local Impact tobacco coalitions across Nebraska and the eight coalitions initiated by Smokeless Nebraska to address issues at the local level.
- Reduce to no more than 20% the proportion of children aged 6 and younger who are regularly exposed to tobacco smoke at home.
- Provide information regarding Environmental Tobacco Smoke and the Pro-Children Act to families with children, homes and day cares.
- Enact and enforce in 50 states laws prohibiting the sale and distribution of tobacco products to youth younger than age 19.
- Work in conjunction with the Nebraska State Patrol Tobacco Enforcement program and State Drug/Alcohol Prevention Coordinator to monitor Nebraska's compliance with federal Synar amendment and Food and Drug Administration tobacco regulations.
- Reduce the number of Nebraska adults and teens who use tobacco products.
- Promote tobacco cessation programs and cessation methods for adults and teens across Nebraska.

PROJECT NAME: Reducing Environmental Tobacco Smoke Exposure to Nebraskans Through Strict Enforcement of the Nebraska Clean Indoor Air Act
AGENCY: Public Health Assurance; Environmental Disease and Vector Control, HHS Regulation and Licensure
TYPE OF PROJECT: Continuation

WORKPLAN:

- Reduce the number of non-smoking Nebraskans who are exposed to ETS in public places through strict enforcement of the Nebraska Clean Indoor Air Act, by achieving a 75% compliance rate among the establishments inspected.
- Complete 75 random inspections of licensed food establishments and non-food establishments and 150 inspections of beauty salons.
- Re-inspect 25 establishments formerly checked for compliance.
- Establish new compliance rate for establishments formerly found not in compliance.
- Inspect 100 convenience stores.
- Investigate complaints within 14 days of receipt.

EMERGENCY MEDICAL PERSONNEL TRAINING AND SERVICES

PROJECT NAME: Emergency Medical Services Out-of-Hospital Initial and Transition/Refresher Training
AGENCY: Credentialing, HHS Regulation and Licensure
TYPE OF PROJECT: Continuation

WORKPLAN:

- Assure that out-of-hospital EMS care providers have access to quality training which meets the 1994 National Standards for both curriculum and certification in Nebraska's 93 counties; at least 30% of the state's licensed ambulance attendants will meet this standard.
- 400 individuals will complete EMT-B course, 500 certified ambulance attendants will complete EMT-B Transition courses, 100 individuals will complete first responders course.

PROJECT NAME: "Emergency Medical Services"
AGENCY: Public Health Assurance, Consumer Health Services, HHS Regulation and Licensure
TYPE OF PROJECT: Continuation

WORKPLAN:

- Decrease the incidence of trauma, provide optimal care for trauma victims, and contain the cost of trauma care.
- Implement statewide and regional prevention programs.
- Provide support of EMS-related conferences.
- Reduce the incidence and/or severity of injuries to Nebraska's children by 10%.
- Increase the capacity of Nebraska HHS to coordinate EMS for Children issues; participate in data collection which targets pediatrics; collaborate and coordinate with existing injury prevention programs to maximize prevention activities.
- Educate 250 in-hospital and out-of-hospital personnel in basic and advanced pediatric trauma care.
- Educate 250 children, parents, teachers, and child care providers in basic life support and first aid.
- Create a coordinated Medical Director's program by educating 50 physicians in a Medical Director's course. Increase the number of Medical Directors who participate by 25 percent.
- Provide current educational materials and resources for emergency medical personnel.
- Provide consistent quality EMS education and training.
- Have better managed ambulance services.
- Provide focused education for managers of ambulance services and assist services in implementation, maintenance and evaluation of self-management programs.
- Provide technical assistance to ensure quality, compliance and risk management.
- Increase the awareness and safety of emergency providers working in natural and man-made hostile environments.
- Train 25 ambulance services in Hazardous Materials (HAZMAT) to the awareness level.
- Train 25 ambulance services in personal safety and injury prevention.
- Assist in community right-to-know efforts at local, regional and state levels.
- Assist the Nebraska HHS System in the response to actual or potential disasters involving nuclear or other hazards.
- Increase the quality of pre-hospital care for trauma patients.
- Increase the level of education and training and increase the level of comfort of the EMS personnel in providing cardiac care.
- Provide 25 classes for EMS personnel in the assessment, care, and transportation of cardiac patients.
- Provide a central data collection system for all EMS Program teams.
- Create an annual Nebraska HHS-EMS Program progress report.
- Provide an effective EMS data collection system.
- Create a task force to evaluate the Nebraska Ambulance and Rescue Service Information System (NARSIS).
- Establish an integrated EMS data collection system, working with allied agencies and external organizations.
- Institute the Data Collection Output Model Committee to create and implement the data collection model.



COMMUNITY DISEASE TESTING

PROJECT NAME: Control of Communicable Diseases in Nebraska: Syphilis, Gonorrhea, HIV/AIDS, and Chlamydia
AGENCY: Communicable Disease, Public Health Assurance, HHS Regulation and Licensure (and) HIV Prevention, Office of Preventive Health and Public Wellness, HHS Services

TYPE OF PROJECT: Continuation

WORKPLAN:

- Nebraska early syphilis cases will be held at levels under 30% in women and ethnic minorities.
- Perform the lab work to screen 3,000 high risk persons for syphilis (racial minorities, teens, young adults), doing confirmatory tests as needed. Screen pregnant women to assure there are no cases of congenital syphilis due to failure of STD Program activities during the project year.
- Reported gonorrhea incidence will be held at levels under 72 per 100,000.
- Screen 37,000 high risk persons for GC (gonorrhea) and maintain high quality control of specimen adequacy.
- The number of persons suspected they are HIV positive seeking testing for confirmation of their HIV serostatus will increase by 85%.
- Perform 5,100 blood tests for HIV infection for persons at high risk, confirmation by Western Block for positive ELISA tests.
- The case rate/100,000 of chlamydia will be below 165.
- Provide lab testing to screen 37,000 women for chlamydia and obtain complete case reports on cases identified.

PREVENTION OF SEXUAL ASSAULT

PROJECT NAME: Sexual Assault Prevention
AGENCY: Protection and Safety Division, Office of Individual and Community Services, HHS Services

TYPE OF PROJECT: Sexual Offense Prevention

WORKPLAN:

- Increase the number, type and/or quality of sexual assault prevention presentations to young children, adolescents, and young adults throughout Nebraska through support of the programs at 19 sexual assault/domestic violence programs across the state.
- Increase the number of school personnel, youth service agency personnel, and church youth group leaders who receive information and/or training on how to identify, refer and prevent sexual assault against children, adolescents, and young adults through support of the programs at 19 sexual assault/domestic violence programs across the state.
- Increase the number of key service providers who receive information and/or training on how to identify, refer, and prevent sexual assault through support of the programs at 19 sexual assault/domestic violence programs across the state.
- Increase the number and type of public awareness activities and increase the involvement of the community at large in rape prevention efforts through support of the programs at 19 sexual assault/domestic violence programs across the state.
- Increase the capacity of Nebraska's 19 sexual assault/domestic violence programs to undertake, develop, and implement comprehensive sexual assault prevention and education programming.
- Increase the availability of community education programs and public awareness materials for statewide distribution. Coalition will develop or purchase materials.
- Increase the skills and technical knowledge of the 10 subgrantees and key service providers from their respective communities. Coalition will coordinate a minimum of four training programs, with an estimated attendance of 135 individuals.

PROJECT NAME: Sexual Assault Prevention (Crime Bill Funds)
AGENCY: Protection and Safety Division, Office of Individual and Community Services, HHS Services
TYPE OF PROJECT: Sexual Offense Prevention

WORKPLAN:

- (Same as workplan for Sexual Offense Prevention and Victim Services Set-Aside funds)

MINORITY HEALTH

PROJECT NAME: Office of Minority Health and Human Services
AGENCY: Office of Minority Health and Health Services, Administration, HHS Services

TYPE OF PROJECT: Continuation

WORKPLAN:

- Review, obtain, and distribute printed materials and videos.
- Hold a statewide Minority Health and Human Services Conference.
- Conduct 2 seminars on minority specific issues.
- Hold two local public forums to solicit input regarding local health needs and validation of health objectives for Year 2000.
- Convene at least four meetings of the Statewide Minority Health Advisory Committee.
- Develop networks with at least two Communities of Color.
- Provide technical assistance with the Department and Communities of Color.
- Develop and implement multi-cultural sensitivity training.
- Participate in at least two RFPs review process in the capacity of staff member.
- Participate on HHSS work teams as assigned.

- Coordinate the preparation of one major funding proposal.
- Increase the infrastructure and capacity of the Office of Minority Health by pursuing a funding increase.
- Continue to participate on the Turning Point Project Committee.

Source: Preventive Health and Health Services Block Grant, Funded Projects, FY 1999.

APPENDIX E: Local Health Department Contacts

CITY HEALTH DEPARTMENTS:

City of Hastings Department of Health	(402) 461-2301
City of Kearney Department of Health	(308) 233-3237
Health Department (Lexington)	(308) 324-2341
Norfolk Health Division	(402) 644-8739

COUNTY HEALTH DEPARTMENTS:

Butler County Health Department	(402) 367-3115
Clay County Health Department	(402) 762-3571
Dakota County Health Department	(402) 987-2164
Douglas County Health Department	(402) 444-7864
Johnson County Health Department	(402) 335-3361
Merrick County Health Department	(308) 946-3103
Nemaha County Health Department	(402) 274-4549
Polk County Health Department	(402) 747-2211
Red Willow County Health Department	(308) 345-1970
Saunders County Health Department	(402) 443-4191
Scotts Bluff County Health Department	(308) 436-6636

CITY/COUNTY HEALTH DEPARTMENTS:

Grand Island/Hall County Health Department	(308) 385-5175
Lincoln/Lancaster County Health Department	(402) 441-8000

DISTRICT HEALTH DEPARTMENT:

Sandhills District Health Department (Serving the counties of Arthur, Deuel, Grant, Hooker, Keith, and Thomas)	(308) 284-6054
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APPENDIX F: Community Action Agencies and Contacts

Nebraska is divided into nine community action agencies:¹²

Blue Valley Community Action Agency (BVCA)	(402) 729-2278
Central Nebraska Community Services (CNCS)	(308) 745-0780
Goldenrod Hills Community Services (GHCS)	(402) 529-3513
Greater Omaha Community Action, Inc. (GOCA)	(402) 453-5656
Lincoln Action Program (LAP)	(402) 471-4515
Mid-Nebraska Community Services (MNCS)	(308) 865-5675
Northwest Nebraska Community Services (NCA)	(308) 432-3393
Panhandle Community Services (PCS)	(308) 635-3089
Southeast Nebraska Community Action Council, Inc. (SENCA)	(402) 862-2411

Additional Resources:

Community Action of Nebraska, Inc.	Bradd Schmeichel, AmeriCorps Director	(402) 471-3714
Association of Nebraska Community Action Agencies	Clayton Naff, Executive Director	(402) 471-3714
Community Services Block Grant Program	Fayette Carpenter, Program Administrator	(402) 471-9370
www.canhelp.org/		



APPENDIX G

Nebraska AIDS Project (NAP) Programs and Services

Community Programs:¹³

- *Anonymous HIV Counseling and Testing Site* in Omaha Monday and Thursday 7:00 to 9:30 PM. No appointment necessary. Operated under contract with Douglas County Health Department.
- *Drop-in-Center*. 1723 Leavenworth Street, Omaha. Free HIV testing and counseling; safer sex information.
- *Speakers Bureau*. Education and materials. Use hot-line numbers to request materials and speakers.
- *Statewide AIDS hot-line*. A collaboration between NAP and the state of Nebraska, the hotline is available 9 a.m. to 11 p.m., Monday-Friday and 6 p.m. to 11 p.m. Saturday and Sunday. Provides information and referral. In Omaha, call 552-9255. In Nebraska, call 1-800-782-2437.
- *Teens Educated to Combat AIDS*: A peer education group for teens 13 to 19 years of age. Call the office to request an application or send email to teca@nap.org.

Client Services:¹³

- *Case Management*: A supportive process of assessment, advocacy, intervention, and monitoring to maintain a client's maximum level of self-sufficiency. Case managers facilitate links to medical and social service resources, help clients develop care plans and also provide emotional support.
- *Buddy Program*: Trained volunteers provide one-to-one emotional support for clients. "Buddy" services may be requested at any point and are available for the duration of illness.
- *Practical Support*: Volunteers assist clients with transportation and other day-to-day tasks that have become difficult due to illness. Practical Support Volunteers can provide limited help with transportation, cooking, cleaning, and other household chores. This program can also provide a needed respite for care givers.
- *Wellness Center in Omaha*: A comprehensive collection of client-oriented programs including daily meals, weight training, individual and group counseling, education, and social activities. The center is available to any NAP client who resides in or is visiting the Omaha area. Call 402-552-9260 for information about scheduled activities.
- *Individual Counseling*: A collaboration between NAP and Lutheran Family Services provides counseling in the NAP office to clients on a sliding fee scale.
- *Emergency Financial Assistance*: Emergency funds for food, utilities and other non-medical expenses for eligible people with AIDS. A financial assessment is required. This program is made possible by funding from ICON/PWA and the Ryan White Care Act.
- *Pastoral Care*: A collaboration between NAP and the AIDS Interfaith Network gives clients access to a network of spiritual support from a variety of faith traditions. For more information about volunteering please call (402) 552-9260.
- *Mpower*: An educational program that provides gay men with tools, skills, and support they need to remain HIV negative. Mpower provides outreach, one-on-one peer counseling and referral, summits, information, community events, support forums for gay men, and Club Negative.

Additional Information:

- See their website at www.nap.org
- Or, email the Nebraska AIDS Project at info@nap.org

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About the Nebraska Health Information Project

The Nebraska Health Information Project is a partnership project made possible with the financial support of the State of Nebraska and through additional personal and other resources provided by the University of Nebraska Medical Center. While initiated by Nebraska Unicameral, the ongoing success of the project results from cooperation and collaboration among a number of organizations and individuals, particularly those involved in delivering health care services, financing health care and analyzing health related data.

Other reports have been published by the Nebraska Health Information Project including annual databooks which present Nebraska health and demographic data at the county, area and state levels. To find out more about these reports and future reports visit our homepage at: <http://www.unmc.edu/nebraska/>

The Nebraska Center for Rural Health Research

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