LANCASTER COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN UPDATE 2015

Mobilizing for Action through Planning & Partnership

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We welcome comments at https://www.surveymonkey.com/r/SFSJJXQ.

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Lancaster County Community Health Improvement Plan Revisions (2015)

Introduction

The Lancaster County Community Health Improvement Plan (CHIP) was adopted in 2013 after a two-year MAPP (Mobilizing for Action through Planning and Partnerships) process that resulted in a community health assessment for Lancaster County. The 2013 CHIP is a five-year community strategic plan to address issues identified as priority community health needs from the MAPP process. Recently, the community health assessment was updated via the MAPP assessment process. One of the processes was to score health issues. The results of the scoring (Addendum 3) reaffirmed that a continued focus on the four priority areas addressed in the CHIP is in order. The detailed scoring information is contained in the Lancaster County Community Health Profile.

The four priority issues in the CHIP remain: Access to Care, Chronic Disease Prevention, Behavioral Health, and Injury Prevention.

This is a mid-course review and update of the CHIP's 2013 goals, objectives and strategies based on progress made since the CHIP was adopted. Since 2013, there have been a number of changes in the community's demographics and measures of health status. In addition, in the last three years there have been health policy decisions and changes that have affected the community's health infrastructure. In some areas, a great deal of progress has been made towards the original objectives and many of the strategies have been successful.

At the conclusion of the recent MAPP assessments reaffirming the four top issues for the CHIP remain the same, MAPP participants were invited to join the CHIP committees working on the four priorities. The CHIP committees for each priority issue where asked to convene, review progress and make any changes in objectives and strategies that they felt were warranted based on new information and progress in meeting the objective since the CHIP was adopted in 2013. The information below shows the changes drafted by the committees. Most objectives in all four areas have a change in the date for the objectives, and in many cases the objective values have been changed. Also, of note, as was true with the original CHIP, the format is different for each of the four priority health areas although a similar format was maintained for the Chronic Disease and Injury Prevention areas. For the other two priority areas, which address broader and more process objectives there is more narrative with fewer goals and more partners in a lead role outside of the Health Department. Work towards meeting the objectives is ongoing as the many collaborators in the community are always pursuing the goals in the CHIP in their everyday work so the work plans for all four priority groups change frequently. The work plans and progress towards the objectives will be formally reviewed each year, but changes can and do occur at any time during the year. One of the next steps is to

modify the original work plans (Addendum 2 for Chronic Disease Prevention and Addendum 3 for Injury Prevention) based on the recent changes made by the committees.

Chronic Disease Prevention

Vision:

People in Lancaster County live in communities designed to support healthy behaviors across the lifespan enabling healthy eating, being physically active, reducing risk of injury, maintaining healthy weight, participating in routine health screening and emphasizing chronic disease self-management.

Goals:

1. Increase active living for all in Lancaster County
2. Increase healthy eating for all in Lancaster County
3. Decrease the rates of obesity and those overweight in Lancaster County
4. Decrease tobacco use in Lancaster County

Note. The following goal was one of the original goals, but the strategies and objectives for this goal were incorporated into the other four, which were retained by the committee:

5. Increase utilization of preventive health services in Lancaster County (screening tests, counseling, immunizations or medications used to prevent disease or detect health problems early).

The Chronic Disease CHIP Committee has met twice since the MAPP process was completed to review the original goals and objectives and to modify, add some objectives that were not thought of when the CHIP was first drafted; or delete any goals that are impossible to track or can't be accomplished. Since the meeting there have been emails, and there are ongoing discussions with the various partners to finalize any goals and objectives and to discuss who else might be responsible or a participant in acting to accomplish the goals outlined here.

Progress Report: Chronic Disease Prevention

Health is a priority for Lincoln and the City has been nationally recognized for collaborative efforts towards chronic disease prevention, and, specifically, reducing childhood obesity. The following are a few of the examples that capture just a fraction of the great things happening in Lincoln to meet these goals.

- The City signed on to Let's Move! Cities, Towns and Counties (LMCTC) in 2011. Since then, Lincoln has achieved gold in all five key health and wellness goals to sustain local efforts. A testament to this is that the National League of Cities (NLC) just recently recognized Lincoln as one of the 16 top-rated communities among the 454 participating in the LMCTC initiative.
- Lincoln has been honored with a 2015 Playful City USA designation for the second year in a row. The national recognition program honors cities and towns across the country for making their cities more playable.

- According to a recent Gallup poll, Lincoln ranked #1 on the Healthways list of "Happiest & Healthiest" cities in 2014. The well-being index involves six sub-indexes, which individually measure life evaluation, emotional health, physical health, healthy behaviors, work environment, and access to basic necessities.
- Lincoln is at the Bronze Level Award as a bicycle friendly city. A community recognized by the League as Bicycle Friendly welcomes bicyclists by providing safe accommodations for cycling and encouraging people to bike for transportation and recreation. Encouraging bicycling is a simple way towards improving public health. With more people bicycling, communities experience reduced traffic demands, improved air quality and greater physical fitness.
- The Robert Wood Johnson Foundation (RWJF), America's largest philanthropy devoted solely to the public's health, has recognized the city of Lincoln, the work of Partnership for a Healthy Lincoln and our partners, WorkWell, Lincoln Lancaster County Health Department, and the LPS Wellness Program, for progress made locally in addressing the nationwide obesity epidemic.

Future Planning:

- In collaboration with the Lincoln-Lancaster County Health Department, the City of Lincoln Urban Development Department, and NeighborWorks® Lincoln, the Community Health Endowment gathered information on demographic, socioeconomic and health indicators at the census tract level. This resulted in the 'Place Matters' Report.
- Prosper Lincoln is bringing together people from across our community to make our city even better. Using the findings in Lincoln Vital Signs report as a starting point, everyone is being invited to participate in a community-wide discussion to help set priorities and establish a shared agenda for positive change. Representatives from all sectors of our city – businesses, non-profit organizations, neighborhoods, government, faith communities, philanthropies and individuals – are leading Prosper Lincoln, and they are planning meetings, events and an online survey to ensure everyone has a chance to participate.
- Partnership for a Healthy Lincoln is leading the CDC's Partnerships to Improve Community Health (PICH) grant, which helps support coordinated health improvement projects with 13 other community organizations to achieve measurable improvements in nutrition, physical fitness, and reduce obesity-related chronic disease in Lincoln and Lancaster County.

Programs and initiatives across the city aim to decrease childhood obesity by promoting fun, healthy opportunities that encourage kids starting at a very young age to be healthy and fit. These initiatives are funded through support from the successful collaborations and partnerships between city departments, the school district and community based organizations across the city. The partnerships have been successful because of the shared vision, mission and goals that make active play the easy choice. The resources needed to implement local initiatives are supported through multiple funding streams as well as in-kind contributions from local partners. Federal, State and local grants support healthy living and physical activity

programs that encourage active play. These grants include the CDC's Partnerships to Improve Community Health, DHHS Maternal Child Health, 21st Century Community Schools, National Recreation and Parks Association and local grants from the Community Health Endowment.

Active Living:

- Lincoln's Mayor is committed to the health of our citizens and has made "Healthy and Productive People" one of Lincoln's eight priority outcome areas, which includes "support active living" as one of six goals within this priority.
- Lincoln has supported play through its 133 miles of connecting trails, 125 parks, 10 public pools, 9 recreation centers, 5 city golf courses, 2 dog runs, 2 skateboarding parks and over 6,000 acres of parks and natural lands.
- Lincoln City Libraries have incorporated interactive play during story time as well as creating play spaces within each of the libraries.
- LPS has shown a significant increase in students passing the aerobic fitness component, increasing from 71.0% in 2011 to 77.4% in 2014.
- Currently, 26% of Lincoln early childcare centers have utilized the Nutrition and Physical Activity Self Assessments for Child Care (NAP SACC) used to help train and improve their nutrition and physical activity policies, practices and environments.
- The 25 Community Learning Centers (CLC), managed by nine separate lead agencies, are working together to increase physical activity levels of youth residing in low income neighborhoods. They are also working on establishing a policy where CLC sites will implement SPARK curriculum 5 days per week for a minimum of 30 minutes per day during the school year.
- During 2014, Lincoln bicycle riders logged 683,083 miles. With 37% of those miles coming from commuting and 64% from sport/fun, Lincoln finished 2nd place in cities with populations over 200,000. Local riders burned over 18,000,000 calories which is over 60,000 slices of pizza! Local riders prevented 350,000 pounds of CO2 (carbon dioxide) going into air and saved $115,000 dollars, not only enhancing their health but also contributing to the health of the environment and their pocketbook.
- The Health Department, City TV 10 Health, City Planning Department, and other community partners are developing a bike/pedestrian/vehicle 'Share the Road' campaign. The purpose is to create, disseminate, and evaluate the effectiveness of short educational videos and PSA's on bike safety; share the road; complete streets; protected bikeway; bike share program; identifying and using bike trails/routes; others.
- Streets Alive! is an outdoor active living festival that encourages people to get outdoors and be active. It is a child, dog, and wheelchair-friendly event. Visitors can bike, skate, walk, stroll, wheel (any kind of human powered traffic), or even dance their way down a route filled with exhibitors and entertainers with a wide variety of health, wellness, fitness, support, care, and other information in an interactive and engaging way that include games, contests, and giveaways.
- Uncle Sam Jam held on July 3rd allows the community to come together for a day of play and celebration. The day begins with family friendly activities throughout the park

such as volleyball, horseshoes, disk golf and canoeing. Throughout the day there are music performances, carnival games and contests. The day of play ends with Fireworks.

- Party in the Parks is one of our newer community entertainment series with activities for children and their families located in public spaces in the downtown area. Through this free and fun entertainment series adds to Lincoln's quality of life by providing engaging and playful activities for all ages in our community's newest public spaces. All Party in the Parks events will encourage creative activity and help transform Lincoln into a livelier, more beautiful and sustainable place.

Screening/Health Management:

- Teach a Kid to Fish was able to bring the HEROES program to Lincoln. HEROES (Healthy Eating with Resources, Options and Everyday Strategies) is a comprehensive, multidisciplinary weight management program at Children's Hospital & Medical Center designed specifically for children and adolescents. The HEROES program includes experts in nutrition as well as subspecialists who help not only the child but the entire family.
- The percentage of LPS Kindergarten through 8th grade students who are obese has dropped from 17.2% in 2010 to 15.4% in 2014, a 10.8% relative reduction in the number of children who are obese. This exceeds the Healthy People 2020 goal of a 10% relative reduction in childhood obesity by 2020.
- More than 30 community partners are utilizing the 5-4-3-2-1 Go! ® countdown message, which utilizes a positive, healthy lifestyles branding strategy aimed at improving children's food choices and physical activity (www.clocc.net). Collaborative efforts have provided partners the support needed to implement policies that directly benefit children and families in adopting healthy behavior changes.
- Each month, 10 Health TV's Shape of the City program features community health projects funded by the recent $2M Partnership to Improve Community Health grant from the Centers for Disease Control (CDC) awarded to Partnership for a Healthy Lincoln and partners.
- Lincoln-Lancaster County Health Department programs and policies address health and well-being throughout the lifespan and have been recently recognized as providing quality, evidence-based home visitation services to high-risk pregnant and parenting women and their families with achieving national accreditation with Healthy Families America.
- The Lancaster County Minority Health Community Collaborative has provided a coordinated effort throughout the community connecting minority clients with appropriate health and dental services. Outreach and education, along with navigation and referral, are very important aspects of the project to help with increased knowledge and access to care for those who are uninsured or underinsured.

Healthy Eating

- Starting with one community garden in 2003, Community Crops has grown significantly and now provides space for more than 250 families to grow their own food near their

homes. In 2014, community gardeners grew more than 30,000 pounds of food. About 75% of these families were from low-moderate income households and nearly half were immigrants or refugees.

- In the 2014-2015 school year, more than 16,000 children (44%) in Lincoln Public Schools qualified for free or reduced price meals based on their family income. We expect to provide meals to more than 3,000 of these children at one of our 33 anticipated sites during the 2015 SFSP.
- Local ethnic, neighborhood and faith-based organizations have made internal environment and policy changes to support improved health such as removing vending machines, adding fruits and vegetables for snacks, reducing screen time and increasing both structured and unstructured play opportunities.
- Including children in food production and preparation are just two components of "Growing Great Beginnings" project, a childhood obesity prevention initiative within Head Start and Early Head Start.
- The Lincoln Community Breastfeeding Initiative is a partnership of health care providers and community organizations that began in 2012 to improve breastfeeding rates in the community. The group identifies and promotes community resources to help moms achieve their breastfeeding goals and helps establish policies and best practices to support moms prenatally as well as in the hospital setting. Today, nearly 90% of moms delivering in our two Lincoln hospitals intend to breastfeed.
- Helping parents navigate childrearing is just one of the many resources that Women, Infants and Children (WIC) has to offer. WIC monitors the health status of more than 6,500 participants in the community, including over 1400 infants. WIC provides breastfeeding support and nutrition education from pregnancy and infancy to early childhood.

Tobacco:

- "Play Tobacco Free" went into effect November 1, 2012 and has proven to be successful in preventing tobacco exposure to children and families in Lincoln parks and play areas.
- 59 businesses have been identified as having smoke-free/tobacco-free campuses in Lincoln.
- 4,319 of 4,599 hotel and motel rooms in Lancaster County are completely smoke-free (94%).
- As part of tobacco retailer compliance checks in 2015, in the City of Lincoln, 262 attempts by minors to purchase tobacco resulted in 34 illegal sales by tobacco retailers translating to 87% in compliance with the law. In rural Lancaster County, 37 attempts by minors to purchase tobacco resulted in 5 illegal sales by tobacco retailers or 86% in compliance.

Objectives:

1. Increase the percentage of Lancaster County adults who report participating in any leisure time physical activity in the past 30 days from 79.1% to 86% by September 1, 2017. (BRFSS)

2014: 84.1%

2. Increase the percentage of 4-8th grade Lincoln Public Schools students passing the district aerobic fitness test (PACER) from 70.0% to 85.0% by September 1, 2017. (LPS/Partnership for a Healthy Lincoln)
   2014: 77.4%
3. Increase the percentage of Lancaster County adults who report consuming fruits and vegetables 5+ times per day from 15.9% to 20% by September 1, 2017. (BRFSS)
4. Increase the percent of Lancaster County WIC infants & children less than 2 years of age who are breastfed five weeks or more in duration from 54.9% to 60% by September 1, 2017. (WIC)
5. Decrease the percentage of adults in Lancaster County that are overweight or obese from 59.3% to 57% by September 1, 2017. (BRFSS)
   2014 - 63%
6. Decrease the percentage of K-8 grade Lincoln Public Schools students who are obese from 16.8% to 14% by September 1, 2017. (LPS - Partnership for a Healthy Lincoln)
   2014: 15.4%
7. Decrease the prevalence of tobacco use among Lancaster County adults from 21.9% to 18.5% by September 1, 2017. (BRFSS)
   2014: 18.3%
8. Decrease the prevalence of tobacco use among Lancaster County youth from 16.4% to 14% by September 1, 2017. (YRBS)
   2015: 12.4%
9. Increase the number of adults reporting that they have had their cholesterol checked within the previous 5 years from 69.6% to 73% September 1, 2017.
   2013: 74.6%

Chronic Disease Prevention Section Work Group Participants

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Revisions to the Goals and Objectives

Goal 1: Increase active living for all in Lancaster County

Objectives:

1.1 Increase the percentage of Lancaster County adults who report participating in any leisure time physical activity in the past 30 days from 82.1% to more than 85% by 2018. (BRFSS)

1.2 Increase the percentage of 4-8th grade Lincoln Public Schools students passing the district aerobic fitness test (PACER) from 77.4% to 80% by 2018. (LPS - Partnership for a Healthy Lincoln)

1.3 Increase the percentage of 9-12th grade students engaged in vigorous physical activity at least 3 of the past 7 days from 83.7% to 86% by 2018. (YRBSS)

1.4 Decrease the percentage of adults in Lancaster County that are overweight or obese from 62.9% to below 60% by 2018. (BRFSS)

1.5 Decrease the percentage of K-8 grade Lincoln Public Schools students who are obese from 15.4% to 14% by 2018. (LPS - Partnership for a Healthy Lincoln)

Performance Measures:	**Baseline:**	**Target:**
1.1 Adults who report participating in any leisure time physical activity in the past 30 days	1.1 82.1% of adults reported participating in any leisure time physical activity (2014 BRFFS)	**1.1 >85% by 2018** 2012 - 84.5% 2013 - 80.3% 2014 - 82.1%
1.2 Students passing the district aerobic fitness test (PACER)	1.2 77.4% of 4-8th grade students passed the LPS District aerobic fitness test (2014 LPS)	**1.2 80% by 2018** 2012 - 72.3% 2013 - 73.4% 2014 - 77.4%
1.3 Students who report engagement in regular vigorous physical activity	1.3 83.7% of 9-12th grade students reported engagement in vigorous physical activity (2015 YRBSS)	**1.3 86% by 2018** 2011 - 75.5% 2013 - 88.8% 2015 - 83.7%
1.4 Adults that report they are overweight or obese based on BMI	1.4 62.9% of adults reported being overweight or obese based on BMI (2014 BRFFS)	**1.4 <60% by 2018** 2012 – 61.4% 2013 – 59.6% 2014 – 62.9%

1.5 Students in grades K-8 who are overweight or obese based on BMI measures	1.5 15.4% of students in grades K-8 were overweight or obese based on BMI measures (2014 – LPS/PHL)	**1.5 14% by 2018** 2012 – 16.3% 2013 – 15.8% 2014 – 15.4%

Strategies to Increase active living for all in Lancaster County

CHIP Strategies and Partners:

Ensure access to and affordability of opportunities for physical activity before and after school
(Community Learning Centers, Lincoln Parks and Recreation, Boys and Girls Club, Malone Center, YMCA)

Provide teachers and child care providers with professional development and education to integrate physical activity and reduce screen time during the day
(Teach a Kid to Fish, Lincoln-Lancaster County Health Department, Lincoln Public Schools)

Promote the use of existing parks, trails, recreational facilities, fitness centers, and sports programs as opportunities to help people reach the recommended 150 minutes of moderate-intensity aerobic activity every week
(Lincoln Parks and Recreation, Great Plains Trail Network, Lincoln-Lancaster County Health Department, Local Bike Shops)

Work with youth sports and recreation programs to establish measures for trend data of youth participants
(YMCA, Lincoln Parks and Recreation, other youth sports organizations)

Promote community-wide campaigns using brand messages or taglines (i.e. 5-4-3-2-1 Go! childhood obesity message; Share the Road tagline for bike, pedestrian, and motorist educational messages)
(Lincoln-Lancaster County Health Department, Partnership for a Healthy Lincoln, Community Health Endowment, other City Departments and community partners)

Utilize point-of-decision prompts to encourage use of stairs and parking farther from entrances at worksites, shopping centers and other businesses
(WorkWell, Partnership for a Healthy Lincoln, local businesses and worksite wellness programs)

Enhance community planning and design practices through the City's Complete Streets policy to improve connectivity for bike lanes, sidewalks, paths, and trails through neighborhoods and among communities to increase access to physical activity opportunities and to move more people safely
(City Departments, Complete Streets Advisory Committee)

Promote active transportation (walking and biking) with schools, worksites and the community
(Lincoln-Lancaster County Health Department, Lincoln Parks and Recreation, and other Community Partners)

Explore possible local data sources to develop ways to better measure walking and biking as a mode of transportation
(Lincoln-Lancaster County Health Department, Planning Department, Lincoln Parks and Recreation, Partnership for a Healthy Lincoln, Great Plains Trail Network, Mayor's Pedestrian and Bicycle Advisory Committee)

Establish safe neighborhood level walking routes with maps and distances
(City Departments, Partnership for a Healthy Lincoln, other Community Partners)

Establish, support and promote a community-wide public bicycle sharing program
(City Departments, Lincoln Police Department, Lancaster County Sheriff, Great Plains Trail Network, Local Bike Shops, other Community Partners)

Develop new measures to track physical activity levels in the community (i.e. trail counters for pedestrian and bicycle use, adult PACER tests, Parks and Rec youth programs, YMCA, youth sports programs, CLCs, others)
(Partnership for a Healthy Lincoln, Lincoln Parks and Recreation, Nebraska Sports Council, YMCA, Lincoln-Lancaster County Health Department, other Community Partners)

Conduct an annual assessment of what organizations and groups are doing to address these strategies and document outcomes (Lincoln-Lancaster County Health Department, CHIP Work Group)

Goal 2: Increase consumption of healthier foods and beverages for all in Lancaster County

Objectives:

2.1 Decrease the percentage of Lancaster County adults who report consuming fruits less than one time daily 38.1% to below 35% by 2018. (BRFSS)

2.2 Decrease the percentage of Lancaster County adults who report consuming vegetables less than one time daily from 21.2% to below 18% by 2018. (BRFSS)

2.3 Decrease the percentage of Lancaster County adults who report consuming sugar-sweetened beverages 1 or more times per day in past 30 days from 30.2% to 27% by 2018. (BRFSS)

2.4 *Increase the percentage of Lincoln-Lancaster County Health Department WIC infants & children less than 2 years of age who are breastfed five weeks or more in duration from XXX to XXX by 2018. (WIC)

2.5 Decrease the percentage of adults in Lancaster County that are overweight or obese from 62.9% to below 60% by 2018. (BRFSS)

2.6 Decrease the percentage of K-8 grade Lincoln Public Schools students who are obese from 15.4% to 14% by 2018. (LPS - Partnership for a Healthy Lincoln)

Performance Measures:	**Baseline:**	**Target:**
2.1 Adults who report consuming fruits less than 1 time daily	2.1 38.1% of adults reported consuming fruits less than one time daily (2013 BRFSS)	**2.1 <35% by 2018** 2011 – 41% 2013 – 38.1%
2.2 Adults who report consuming vegetables less than 1 time daily	2.2 21.2% of adults reported consuming vegetables less than one time daily (2013 BRFSS)	**2.2 <18% by 2018** 2011 – 24.8% 2013 – 21.2%
2.3 Adults who report consuming sugar-sweetened beverages 1 or more times daily	2.3 30.2% of adults reported consuming 1 or more sugar-sweetened beverages daily	**2.3 27% by 2018** 2013 – 30.2%
2.4 WIC infants and children less than 2 years of age who are breastfed five weeks or more in duration	2.4 XX% of LLCHD WIC infants and children less than 2 years of age were breastfed five weeks or more in duration (2015 LLCHD WIC)	**2.4 XX% by 2018**
		2.5 <60% by 2018

2.5 Adults that report they are overweight or obese based on BMI 2.6 Students in grades K-8 who are overweight or obese based on BMI measures *Working to finalize this objective	2.5 62.9% of adults reported being overweight or obese based on BMI (2014 BRFSS) 2.6 15.4% of students in grades K-8 were overweight or obese based on BMI measures (2014 – LPS/PHL)	2012 – 61.4% 2013 – 59.6% 2014 – 62.9% **2.6 14% by 2018** 2012 – 16.3% 2013 – 15.8% 2014 – 15.4%

Strategies to Increase consumption of healthier foods and beverages for all in Lancaster County

CHIP Strategies and Partners:

Work with government agencies and worksites to improve procurement of healthier foods and beverages, such as fruits and vegetables, water, and 100% fruit juices, sold in vending machines and cafeterias
(Partnership for a Healthy Lincoln, Lincoln Foodshed Working Group, WorkWell)

Promote healthier beverage consumption to reduce sugar-sweetened beverage intake community-wide
(Partnership for a Healthy Lincoln, Lincoln Public Schools, Teach a Kid to Fish)

Encourage schools and child care facilities to conduct self-assessments and develop action plans aimed at improvements that they can make in their policies, practices, and/or environments towards healthier food and beverage options *(Teach a Kid to Fish)*

Support efforts to sustain the Summer Food Service Program in low income neighborhoods where high percentages of children who qualify for free or reduced cost meals live
(Lincoln-Lancaster County Health Department, Lincoln Parks and Recreation, Lincoln Public Schools, Community Learning Centers)

Identify resources to support gardens through local farmers, professionals to encourage links between schools and child care, community garden programs, and local businesses
(Lincoln Foodshed Working Group, Community CROPS, Lincoln Public Schools, Community Learning Centers, Lincoln Parks and Recreation, Lincoln-Lancaster County Health Department)

Ensure accessibility and affordability to farmers' markets including SNAP and WIC benefits
(Lincoln Foodshed Working Group, Old Cheney Road Farmers' Market, Fallbrook Farmers Market)

Support further development of the Local Foodshed Working Group, a diverse group of farmers, gardeners, organizations and individuals promoting healthier, more active living, raising awareness about local food, and completing a local food assessment in Lincoln
(Lincoln Foodshed Working Group, Community CROPS)

Identify possible areas of Lincoln that have higher issues with food insecurity and work with neighborhood residents, local businesses and other community members to help reduce this burden
(Lincoln Foodshed Working Group, Community CROPS, Lincoln Public Schools, Community Learning Centers, Community Health Endowment, Lincoln-Lancaster County Health Department)

Establish, expand, and promote community level based network of peer and professional support people and resources for breastfeeding
(Partnership of a Healthy Lincoln, MilkWorks, Lincoln Breastfeeding Coalition, Lincoln-Lancaster County Health Department WIC)

Establish other data sources for tracking breastfeeding initiation and duration, such as hospital discharge and follow-up data *(Partnership of a Healthy Lincoln, MilkWorks, Lincoln Breastfeeding Coalition, Lincoln-Lancaster County Health Department WIC)* ***Conduct an annual assessment of what organizations and groups are doing to address these strategies and document outcomes (Lincoln-Lancaster County Health Department, CHIP Work Group)***

Goal 3: Increase preventive health screenings in Lancaster County

Objectives:

3.1 Increase the percentage of mothers who begin prenatal care in the first trimester from 65.6% to 70% by 2018. (Vital Statistics)

3.2 Increase the percentage of adults reporting that they have had their cholesterol checked within the previous 5 years from 72.5% to more than 75% by 2018. (BRFSS)

3.3 Increase the percentage of adults who report having had their blood pressure checked within the past year from 81.4% to 84% by 2018. (BRFSS)

3.4 Increase the percentage of adults aged 50-75 who report being up-to-date with colon cancer screening (FOBT or colonoscopy/sigmoidoscopy) from 68.2% to above 70% by 2018. (BRFSS)

Performance Measures:	Baseline:	Target:
3.1 Mothers who began pre-natal care in the first trimester	3.1 65.6% of mothers began prenatal care in the first trimester (2014 vital statistics)	**3.1 70% by 2018** 2012 – 68.7% 2013 – 69.9% 2014 – 65.6%
3.2 Adults who report that they have had their cholesterol checked within the last 5 years	3.2 72.5% of adults reported having their cholesterol checked in the last 5 years (2013 BRFSS)	**3.2 >75% by 2018** 2011 – 69.6% 2013 – 72.5%
3.3 Adults who report having their blood pressure checked within the past year	3.3 81.4% of adults reported having their blood pressure checked in the past year (2013 BRFSS)	**3.3 84% by 2018** 2013 – 81.4%
3.4 Adults 50-75 who report being up-to-date with colon cancer screening (FOBT or colonoscopy/sigmoidoscopy)	3.4 68.2% of adults reported having had a colonoscopy or sigmoidoscopy (2014 BRFSS)	**3.4 75% by 2018** 2012 – 67.1% 2013 – 66.1% 2014 – 68.2%

Strategies to Increase preventive health screenings in Lancaster County

CHIP Strategies and Partners:

Promote system changes with health clinics, workplaces, schools, and other community settings to increase screening rates of diabetes, obesity, hypertension, cholesterol, and colon cancer, particularly for minority and underserved populations *(Partnership for a Healthy Lincoln, Lincoln-Lancaster County Health Department, Lincoln Public Schools, WorkWell, Lancaster County Medical Society, Lincoln Medical Education Partnership, People's Health Center, Nebraska Urban Indian Health Coalition)*

Establish chronic disease self-management programs and referral mechanism through health care providers *(Nebraska Department of Health and Human Services, Lancaster County Medical Society, other community partners)*

Support multidisciplinary programs to expand and enhance health care provider screening, counseling, referral and treatment for overweight/obese children and adults *(Teach a Kid to Fish, Nebraska Department of Health and Human Services, Lancaster County Medical Society, Partnership for a Healthy Lincoln, other community partners)*

Establish a colon cancer screening registry-type system to better assess the community's compliance with recommended screening *(Partnership for a Healthy Lincoln, Nebraska Department of Health and Human Services, American Cancer Society, Lancaster County Medical Society, and other community partners)*

Support home visitation programs and other community outreach to ensure those who are planning a pregnancy or are pregnant have access into the health care system where they can receive needed services within the first trimester or as early as possible *(Lincoln-Lancaster County Health Department, Lancaster County Medical Society, Bryan Health, CHI Health St. Elizabeth, Lincoln Medical Education Partnership, People's Health Center, and other community partners)*

Support development of a process to pool aggregate worksite wellness data among Lincoln employers who conduct health risk appraisals and biometric screening *(Partnership for a Healthy Lincoln, WorkWell, Lincoln-Lancaster County Health Department, and other community partners)*

Support the develop of community level screenings to better assess physical fitness of adults using low cost fitness tests (i.e. METS, VO2 max, etc. collected at fitness centers or employee wellness programs) *[Partnership for a Healthy Lincoln, WorkWell, YMCA, Madonna ProActive, Bryan Health LifePointe, and other fitness centers and community partners)*

Conduct an annual assessment of what organizations and groups are doing to address these strategies and document outcomes (Lincoln-Lancaster County Health Department, CHIP Work Group)

Goal 4: Decrease tobacco use in Lancaster County

Objectives:

4.1 Decrease the prevalence of smoking among Lancaster County adults from 18.3% to below 17% by 2018. (BRFSS)

4.2 Decrease the prevalence of smoking among Lancaster County youth from 12.4% to below 12% by 2018. (YRBS)

Performance Measures:	Baseline:	Target:
4.1 Adults who are considered current smokers	4.1 18.3% of adults reported smoking (2014 BRFFS)	**4.1 <17% by 2018** 2012 – 21.3% 2013 – 19.2% 2014 – 18.3%
4.2 Students 9-12th grade who are considered current smokers	4.2 12.4% of 9-12 grade students reported smoking (2015 YRBS)	**4.2 <12% by 2018** 2011 – 16.4% 2013 – 13.3% 2015 – 12.4%

CHIP Strategies and Partners:

Utilize local data such as the Nebraska Adult Tobacco Survey (ATS), Behavioral Risk Factor Surveillance Survey (BRFSS) and Youth Risk Behavior Survey (YRBS) to establish baseline data for assessing youth and adult e-cigarette use in Lancaster County *(Lincoln-Lancaster County Health Department, CHIP Work Group)*

Utilize school, community and law enforcement collaborations to prevent youth initiation of tobacco products, including tobacco retailer compliance checks (*Lincoln Police Department, Lancaster County Sheriff's Office, Lincoln and Lancaster County Schools, Lincoln-Lancaster County Health Department)*

Implement community and organizational policies for smoke free/tobacco free environments primarily where people live, work and play *(Lincoln-Lancaster County Health Department, Tobacco Free Lancaster County – Lincoln Fire & Rescue, Lincoln Public Works, Great Place Properties, El Centro de las Americas, Tobacco Free Nebraska, Asthma Education Initiative, Salvation Army, Boys & Girls Club, Malone Center, Lincoln Parks and Recreation, and other community partners)*

Encourage worksites to include e-cigarettes in new smoke free/tobacco free campus policies and add into existing policies *(Lincoln-Lancaster County Health Department, Tobacco Free Lancaster County – El Centro de las Americas, Tobacco Free Nebraska, Asthma Education Initiative, WorkWell, and other community partners)*

Provide child care agencies and worksites asthma management education and an asthma-friendly site assessment to emphasize tobacco avoidance and smoke-free entrances and/or tobacco-free campus policy as strategies to avoid tobacco triggers *(Lincoln-Lancaster County Health Department, Tobacco Free Lancaster County – El Centro de las Americas, Tobacco Free Nebraska, Asthma Education Initiative, WorkWell, and other community partners)*

Expand and enhance collaboration among health care providers and community tobacco cessation resources aimed at improving promotion, referral and utilization. *(Lincoln-Lancaster County Health Department, Tobacco Free Nebraska, Lancaster County Medical Society, Lincoln Medical Education Partnership, People's Health Center, Nebraska Urban Indian Health Coalition)*

Conduct an annual assessment of what organizations and groups are doing to address these strategies and document outcomes (Lincoln-Lancaster County Health Department, CHIP Work Group)

Injury Prevention

Progress Report

The following school and community focused, evidence based injury prevention initiatives resulted directly from the process of developing the Community Health Improvement Plan.

The "Why Can't it Wait?" public awareness effort addressing distracted driving targeted toward teen drivers in Lancaster County high schools was created and implemented in 2013-2014. Malcolm and Lincoln East high schools piloted this project which involved conducting student focus groups to determine how best to reach student drivers with distracted driving prevention messages. Educational messages were conveyed to students via progressing story-line yard signs at high school parking lots and near school entrances, on key chains, and posters. Funding for this project was provided by Safe Kids Nebraska, a program of the Nebraska Department of Health and Human Services.

Stepping On is a high level multi-faceted evidence based fall prevention program for older adults endorsed by both the Centers for Disease Control and the National Council on Aging. A grant from the Community Health Endowment to Aging Partners allowed for training of facilitators and implementation of the program in Lancaster County in May of 2013. As of December 31, 2015, 592 older adults have participated in 42 Stepping On workshops. Four local leaders have been trained as master trainers. Plans are to expand Stepping On to other parts of the state in 2016. A Stepping On facilitator training was recently held in Lancaster County to ensure program sustainability and expansion.

Community support has been exceptional. Partners have included a wide variety of host sites, professional physical therapists, pharmacists, and vision experts. All have donated their facilities or valuable time to this important project. Participant response and evaluations of the workshops has also been overwhelmingly positive.

CHIP Participants. The following members worked on updating and revising the Injury Prevention goals and objectives:
Jason Kerkman, Injury Prevention Program, NDHHS
Peg Ogea-Ginsburg, Injury Prevention Program, NDHHS
Peggy Apthorpe, Aging Partners
Laurie Klosterboer, Nebraska Safety Council
Heather Talbott, Bryan Health
Amy Meyers, Bryan Health
Julie Anderson, LLCHD
Brian Baker, LLCHD

Vision Statement: A safe and injury free life for all Lancaster County residents.

Problem Statement: Prevention of injuries, both intentional and unintentional, continues to be a priority public health issue in Lincoln and Lancaster County. From 2009 – 9/2011 2,113 Lancaster County residents were treated in area hospitals for intentional injuries, and 67,037 for unintentional injuries. Leading causes of intentional injury during this period include spouse/partner domestic violence – 726, and child maltreatment – 153. Leading causes of unintentional injury include falls – 22,488, sports-related injuries – 7,763, motor vehicle-related injuries – 5,505, and poisonings – 1,257. The physical, emotional, and financial toll these injuries take on individuals, families, and our community is enormous. While it may be difficult to measure the physical and emotional impact, financial impact to individuals and communities can be estimated through aggregate hospital charges, lost productivity, and years of potential life lost (YPLL).

This Community Health Improvement Plan provides three to five year goals, objectives, and action steps to reduce rates of the afore mentioned causes of local intentional and unintentional injuries.

5-Year Goal: Reduce the incidence of intentional and unintentional injury and their impact on our community.

Goal 1: Reduce motor vehicle related injury and death for Lancaster County residents.		
Objectives: 1.1 Increase the use of safety belts among Lancaster County adults who reported always wearing safety belts from 78% to 85% by 2018. (BRFSS) 1.2 Reduce the percentage of youth who report never or rarely wearing a safety belt while riding in a car driven by someone else from 4.8% to 2.4% by 2018. (YRBS) 1.3 Increase the use of child restraint systems in "urban only" counties (Lancaster, Douglas, Sarpy) from 97.1% to 99.0% by 2018. (2014 NOHS Child Safety Seat Observation Results) 1.4 Reduce number of child (1 to 14 years of age) bike/pedestrians vs. vehicle crashes in Lincoln from 39 to 34 by 2018. (LPD Accident Reports) 1.5 Reduce the number of Lancaster County youth 15 to 19 years of age involved in distracted driving crashes from 47 to 40 by 2018. (NDOR)		
Performance Measures:	**Baseline:**	**Target:**
1.1 Adults who report always using safety belt.	1.1 78% of adults report always wearing safety belt. (2014 BRFS)	**1.1 > 85% by 2018** 2012 – 74.9% 2014 – 78%
1.2 Youth (9-12 grade) who report never or rarely wearing safety belt when riding in a car driven by someone else.	1.2 4.8% of youth (9-12 grade) who report never or rarely wearing safety belt when riding in a car driven by someone else. (2015 YRBS)	**1.2 < 2.4% by 2018** 2011 – 8.6% 2013 – 7.1% 2015 – 4.8%

1.3 Children restrained in motor vehicles in "urban only" counties.	1.3 97.1% of "urban only" county children observed in child restraint system. (2014 NOHSCSS Survey)	**1.3 > 99% by 2018** 2012 – 2013 – 2014 – 97.1%
1.4 Child 1 to 14 yrs. Involved in bike/pedestrian vs. vehicle crashes.	1.4 39 children 1 to 14 yrs. involved in bike/pedestrian vs. vehicle crash. (2014 LPD Accident Reports)	**1.4 < 34 by 2018** 2012 – 59 2013 – 50 2014 – 39
1.5 Youth 15 to 19 yrs. involved in distracted driving crash.	1.5 47 Lancaster County youth 15-19 yrs. involved in distracted driving crash. (NDOR 2013)	**1.5 < 40 by 2018** 2011 – 46 2012 – 46 2013 – 47

Strategies to Reduce motor vehicle related injury and death for Lancaster County residents.

CHIP Strategies and Partners:

Support legislation to enact a primary safety belt law. (Participating partners: NE Dept. of Health & Human Services, Nebraska Safety Council, LLCHD)

Provide easily accessible options for child safety seat inspection and education for all Lancaster County families. (Participating Partners: SKLLC, LLCHD, cultural community centers, People's Health Center, Center for People in Need, auto dealerships)

Provide convenient options for child care staff to attend the State mandated Child Care Transportation Training. (Participating Partners: SKLLC, LLCHD)

Ensure easy accessibility of the Child Bike & Pedestrian Safety Tool Kit for area school teachers and administrators. (Participating Partners: Lincoln Public Schools, SKLLC)

Encourage a process which school administrators, neighborhood associations, City traffic engineers, and student parent groups work together in developing school drop-off and pick-up traffic design. (Participating Partners: SKLLC, LPS, LPD, Public Works, neighborhood associations)

Provide and/or support new or enhanced driver education programs to include distracted driving dangers. (Participating Partners: Nebraska Safety Council, AAA Nebraska, NDHHS, LLCHD)

Goal 2: Reduce the risks of fall injuries among children and the elderly in Lancaster County.

Objectives:

2.1 Reduce the rate of fall-related injuries to children 1 to 10 years of age occurring on public and private playgrounds from 3.48 to below 2.50 per 1,000 children 1 to 100 years of age by 2018. (NHA)
2.2 Reduce the rate of fall-related injuries to adults 65 and older from 83.5 to 79.5 per 1,000 adults 65 and older by 2018. (NHA)

Performance Measures:	**Baseline:**	**Target:**
2.1 Children 1 to 10 yrs. suffering a fall-related playground injury. 2.2 Adults 65 and older suffering a fall-related injury.	2.1 3.48 per 1,000 children 1-10 yrs. suffering a fall-related playground injury. (2013 NHA) 2.2 83.57 per 1,000 adults 65 and older suffering a fall-related injury.	**2.1 < 2.50 by 2018** 2011 – 3.98 2012 – 4.30 2013 – 3.48 **2.2 < 79.5 by 2018** 2011 – 85.22 2012 – 84.89 2013 – 83.57

CHIP Strategies and Strategies:
Conduct assessments of safety risks at a minimum of 100 public and/or private playgrounds. (Participating Partners: LLCHD, LPS, Parks & Rec)

Enhance playground safety public education efforts. (Participating Partners: LLCHD, LPS, Parks & Rec, SKLLC)

Implement and sustain a multi-faceted older adult fall prevention program. (Participating Partners: Aging Partners, LLCHD, NDHHS)

Enhance older adult fall prevention public education efforts. (Participating Partners: Aging Partners, LLCHD)

Goal 3: Enhance the safety of all Lancaster County youth sports participants.

Objectives:
3.1 Reduce the rate of sports related injury to Lancaster County children 4 to 14 years of age from 15.61 to 13.61 per 1,000 4 to 14 year old youth by 2018.

Performance Measures:	**Baseline:**	**Target:**
3.1 Lancaster County children 4-14 years of age suffering a sports-related injury.	3.1 15.61 Lancaster County children 4-14 years of age suffering a sports-related injury. (2013 NHA)	**3.1 < 13.61 by 2018** 1011 – 15.25 2012 – 15.38 2013 – 15.61

CHIP Strategies and Strategies:
Educate volunteer youth league coaches regarding risks, consequences, and prevention of sports-related injury through live and videoed sports safety clinics. (Participating Partners: Parks & Rec, YMCA, Madonna Rehabilitation Hospital, LLCHD)

In partnership with youth sports leagues, provide parents with sports safety information. (Participating Partners: Parks & Rec, YMCA, area soccer, volleyball, baseball, basketball leagues, SKLLC, Nebraska Brain Injury Association)		
Goal 4: Reduce risk of unintentional poisoning for children and older adults in Lancaster County.		
Objectives: 4.1 Reduce the rate of unintentional poison-related injuries to children 0 to 14 years of age from 2.44 to 1.5 per 1,000 0 o 14 year olds by 2018. 4.2 Reduce the rate of medication misuse (Therapeutic Error) poison-related injuries to adults 60 years of age and older from 43 to 25 per 1,000 adults 60 years old and older by 2018.		
Performance Measures:	**Baseline:**	**Target:**
4.1 Lancaster County children 0 to 14 years of age suffering a poison-related injury.	4.1 2.44 per 1,000 children suffering a poison-related injury. (2013 NHA)	**4.1 < 1.5 by 2018** 2011 – 2.95 2012 – 2.50 2013 – 2.44
4.2 Lancaster County adults 60 years of age and older suffering a medication misuse (Therapeutic Error) poisoning injury.	4.2 43 adults 60 years of age and older suffering a medication misuse (Therapeutic Error) poisoning injury. (2014 Neb. Reg. Poison Center)	**4.2 < 25 by 2018** 2012 – 26 2013 – 28 2014 – 43
CHIP Strategies and Partners: Provide poison prevention information to families, Head Start programs, and child care providers using newsletters, trainings, and social media. (Participating Partners: Community Action Partnership of Lancaster and Saunders Counties, LPS, LLCHD, SKLLC, Nebraska Poison Control Center) Promote and encourage participation in Nebraska MEDS Disposal Take Back events. (Participating Partners: LLCHD, SKLLC, Nebraska Pharmacy Association) Increase public awareness of the prevalence and dangers of medication misuse among adults 60 and older. (Participating Partners: Aging Partners, LLCHD, NDHHS)		
Goal 5: Reduce risk factors associated with physical violence and suicides among Lancaster County youth.		
Objectives: 5.1 Reduce the percentage of Lancaster County youth who report being involved in a physical fight during the past 12 months from 19.4% to 16.4% by 2018. (YRBS) 5.2 Reduce the percentage of Lancaster County youth who report seriously considering attempting suicide during the past 12 months from 17.5% to 13.5% by 2018. (YRBS)		
Performance Measures:	**Baseline:**	**Target:**

5.1 High school students who report involvement in a physical fight in the past 12 months. 5.2 High school students who report seriously considering attempting suicide during the past 12 months.	5.1 19.4% of high school students report involvement in a physical fight in the past 12 months. 5.2 17.5% of high school students report seriously considering attempting suicide during the past 12 months.	**5.1 < 16.4% by 2018** 2011 – 27.7% 2013 – 20.3% 2015 – 19.4% **5.2 < 13.5% by 2018** 2011 – 12.5% 2013 – 12.3% 2015 – 17.5%
CHIP Strategies and Partners: Support national, state, and local youth vs. youth violence prevention efforts. (Participating Partners: LPS, Bryan Health) Support national, state, and local youth suicide prevention efforts. (Participating Partners: LPS, Bryan Health)		

Behavioral Health

2015 Updates

Significant progress has been made related to several goals and objectives. Updates from 2013 to 2015 are included below. At times, a single effort may have addressed more than one goal or objective as indicated in the respective section.

CHIP Committee Participants. The following members worked on reporting on progress, updating, and revising the Behavioral Health goals and objectives:

Kim Etherton, Director, Community Corrections
Alan Green, Executive Director, Mental Health Association of Nebraska
Topher Hansen, President/CEO, CenterPointe
Ardi Korver, Director of Continuing Education, Region V Systems
Abbigail Swatsworth, Chief Development Officer, CenterPointe
Linda Wittmuss, Associate Regional Administrator, Region V Systems
Dave Miers, Counseling and Program Development Manager of Mental Health Services, Bryan Medical Center

Priority #1: Preparation for Change/Innovation

Overall Goal: *The community's system of behavioral health care must be able to adjust quickly and effectively to changes in the national, regional and state systems of care and must be responsive to the changes in our population and among our provider community.*

> **Progress**: The Affordable Care Act is expected to increase the number of newly insured individuals seeking behavioral health services. Mental health and substance abuse disorder services are considered essential health benefits that must be covered by all insurance plans. In the fall of 2013, the Health Insurance Marketplace, another feature of the Affordable Care Act, began offering commercial plans for individuals and small business owners. Individuals with incomes between 135-400% of the Federal Poverty Level can receive assistance in paying for monthly health insurance premiums. Current estimates are that 56,000 Nebraskans receive premium assistance.

Objectives 1.A & 1.B.: Fund the development of a Behavioral Health Court pilot, similar to the Drug Court model.

> **Progress**: Mental Health Diversion is offered by Lancaster County Community Corrections in addition to Veterans Diversion and General Diversion. Since January 2013, twenty seven people were eligible for Mental Health Jail Diversion. Of the twenty-five Mental Health Jail Diversion participants who have closed cases, 52% of them completed diversion successfully.

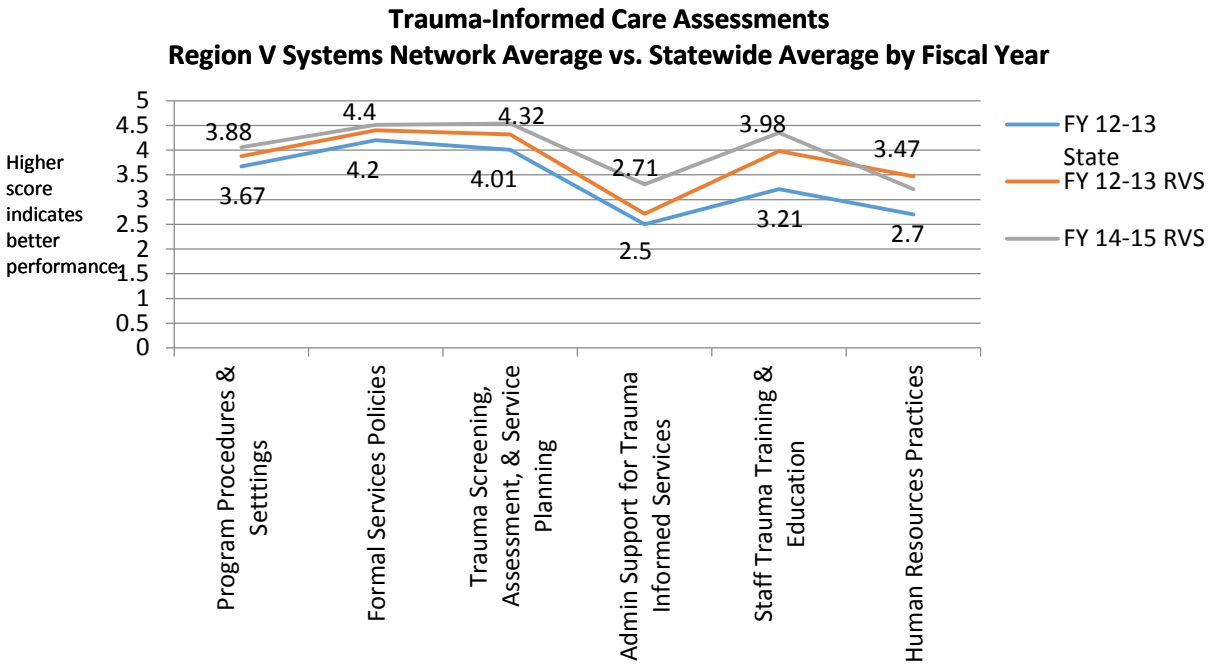
Objective 3: Providers of behavioral health services are strongly encouraged to work toward health information exchange, as in the regional efforts of eBHIN (Electronic Behavioral Health Information Network.

> **Progress**: eBHIN, an electronic health record designed to register and discharge consumers of services is operational in nine out of thirteen behavioral health providers in Region V, including Lancaster County. The system is a data repository giving behavioral health providers and Region V Systems ready access to data for administrative purposes and quality improvement work. Additionally, four of the thirteen behavioral health providers have implemented an electronic practice management system and/or an electronic health record. Preparations for interfacing with a new data system and the Nebraska Department of Health & Human Services Behavioral Health Division have begun with an anticipated completion date in late 2015-2016. Support for further integration includes the use of shared health information between primary care and behavioral health.

Objective 4: Invest in training for behavioral health providers, law enforcement, judicial and corrections personnel related to the trauma-informed care concept to address family violence effectively in our community.

> **Progress**: Trauma-informed care has been an area of emphasis among behavioral health providers within Region V Systems. To further increase the knowledge of trauma-informed care within the behavioral health workforce statewide, providers in all six Behavioral Health Regions completed the Fallot and Harris Trauma-Informed Care Self-Assessment Tool, setting a baseline

to identify each agency's capacity of being trauma-informed in the following domains; program procedures and settings, formal service policies, trauma screening, assessment, and service planning, administrative support for program-wide trauma-informed services, staff trauma training and education and human resources practices. The graph below highlights the progress of Region V behavioral health providers who scored higher than the statewide average, in all six domains, in the last two assessment periods.



Objective 5: Expand the number of providers by utilizing advanced practice registered nurses (APRNs), physician's assistants (PAs), registered nurses (RNs), licensed practical nurses (LPNs), social workers and peer support specialists.

Progress: In the 2015 session of the Nebraska Unicameral, Legislative Bill 107 was passed and signed by Governor Ricketts. This bill eliminated the requirement for APRNs who have practiced a minimum of 2,000 hours as an APRN, to have an integrated practice agreement with a collaborating physician. Applications to APRN programs in Nebraska have increased over 20% in the 2015-2016 school year. Peer support specialists provide care in pre-crisis and hospital diversion programs through the Mental Health Association of Nebraska's Keya House and Honu Homes and crisis care in Bryan Medical Center's Mental Health Emergency Department. WRAP (Wellness Recovery Action Plan) groups are led by peer support specialists from the Mental Health Association and Bryan Medical Center. Additionally, the Mental Health Association of Nebraska offers the R.E.A.L. Program which provides follow-up support services to individuals referred by Lincoln and Lancaster County law enforcement officers, with the goal of diverting people in crisis to the most appropriate level of services possible.

Objective 7.A.: Support behavioral health and primary care integration projects of the Community Mental Health Center, its successor, and the People's Health Center.

> **Progress**: In early 2015, Health 360, a clinic integrating primary care and behavioral health services, began serving clients. Health 360 is a partnership between Lutheran Family Services of Nebraska (a behavioral health provider) and People's Health Center (a primary care provider and a Federally Qualified Health Center). Service delivery includes both medical care as well as behavioral health services at the same time and in the same physical location, using one electronic health record. This comprehensive service delivery model also includes an on-site pharmacy. While Health 360 provides services to anyone needing a medical home, many of their clients are diagnosed with serious and persistent mental illness.

Objective 7.B.: In light of health care reform at the federal and state level, there should be a significant decrease in the number of uninsured. Invest in local outreach (navigation and case management), partnering and coordinating with the state.

> **Progress**: In 2013, the Health Insurance Marketplace opened. Assistance to pay for monthly premiums is available based on income. In-person assisters are available at Community Action Partnership of Lancaster & Saunders Counties, People's Health Center, and the Lincoln-Lancaster County Health Department. The application processes for Health Insurance Marketplace commercial plans and Nebraska Medicaid are integrated on one website: www.healthcare.gov. Community Support Specialists from Nebraska Medicaid partnered with local in-person assisters to plan and implement local enrollment outreach efforts aimed at low-income, uninsured individuals.

Priority #2: Pre-Crisis Care

Overall Goal: *Lincoln will have an accessible and responsive behavioral health pre-crisis system in order to reduce the inappropriate and expensive use of Emergency Protective Custody, the Crisis Center or Emergency Department care.*

Objective 1: Support and expand voluntary, drop-in, un-locked pre-crisis care centers with "warm line" services, which are staffed 24 hours per day with behavioral health professionals and peer support specialists to provide assessment, support, connection to ongoing care, referral and safety.

> **Progress**: The Mental Health Association of Nebraska offers the Keya House and Honu Home. The Keya House provides 24 hour peer support, self-help and proactive recovery tools to avert crisis in a comfortable setting in which guests can stay for up to five days. Honu Home specifically targets persons living with severe behavioral health issues (mental health and substance use) exiting the state correctional system. Like Keya, Honu also provides 24 hours non-clinical peer support and guests can stay for up to 30 days. Both Keya House and Honu Home host 24 hour "warm lines", which provide peer support and referral to individuals in need. In addition, the R.E.A.L Program provides follow-up support services to individuals referred by

Lincoln and Lancaster County law enforcement officers, with the goal of diverting people in crisis to the most appropriate level of services possible.

CenterPointe' s Crisis Response services consist of a 24 hour hotline, walk-in crisis services, and assessment support for Lincoln Police Department. During the most recent reporting year, staff answered 2,471 calls. Of those calls; a) 87% of callers engaged with staff, b) 46% of calls were crisis assistance, c) 25% of calls were crisis aversion, d) 16% of calls were information/referral, and e) 9% of calls were follow up on a previous call to the line. Outcomes included; a) 78% reported their experience with the Crisis Hotline as positive and b) 56% of engaged callers were provided one or more referrals for helping organizations. Walk-in crisis services at CenterPointe responded to 196 people in the most current reporting year. Assessment support to Lincoln Police Department is provided both in the field and over the phone. Crisis Therapists engaged in 32 situations with the Lincoln Police Department.

Priority #3: Health Care Reform

Overall Goal: *Lincoln will be prepared for the Affordable Care Act and Nebraska's behavioral health reform for persons eligible for Medicaid.*

Objective 1: Identify ways that the community can assist in making the "navigator" system of outreach and enrollment effective.

Progress: Since 2013, in-person assisters are available to help individuals enroll in the Health Insurance Marketplace at Community Action Partnership of Lancaster & Saunders Counties, People's Health Center, and the Lincoln-Lancaster County Health Department.

SOAR is a program offered by CenterPointe to people living with mental health disorders to provide technical assistance in completing SSI/SSDI applications. Persons eligible for SOAR services are: street/shelter homeless or at imminent risk of homelessness, have a mental illness, medical impairment, and/or co-occurring substance use disorder. Successful applications not only include cash income benefits, they obtain Medicaid and Medicare benefits. CenterPointe employs two SOAR workers. Over the last two years, SOAR Lincoln has achieved a 70% approval rating on initial applications submitted with an average of 95 days to decision.

Priority #4: Integrated Service Delivery

Overall Goal: *Lincoln will have an integrated behavioral health safety-net, free of silos and turf battles for improved coordination of care.*

Objective 1: The community should continue existing efforts and expand pilot projects which focus on parity and an integrated provider response, assuring that behavioral health is integrated with primary care, specialty care, pharmacy, and dentistry.

Progress: Please refer to page 27, Priority 1, Objective 7.A.

Objective 3: The community should invest in training related to trauma-informed care across the behavioral health system of care to address family violence.

Progress: Please refer to page 25, Priority 1, Objective 4.

Objective 4: The community should invest in the seamless sharing of electronic behavioral health records, such as through the eBHIN network.

Progress: Please refer to page 25, Priority 1, Objective 3.

Priority #5: The Underserved

Overall Goal: *Lincoln will expand access to behavioral health providers who serve the poor, uninsured, and Medicaid-eligible populations.*

Objective 1: Encourage behavioral health specialists to co-locate and contract with primary care.

Progress: Please refer to page 27, Priority 1, Objective 7.A.

Objective 2.A.: Increase the number of general health providers (including mid-level providers) knowledgeable in behavioral health issues to assure coordinated general and behavioral health provision and to assure the management of those without a serious mental illness.

Progress: Please refer to page 26, Priority 1, Objective 5.

Objective 4: Increase the use of highly trained peer support specialists. Invest in training, educational support, and innovative projects regarding this concept.

Progress: Please refer to page 26, Priority 2, Objective 1.

Objective 5: Support the "navigator" role related to the Affordable Care Act, so that behavioral health services can be easily accessed.

Progress: Please refer to page 26, Priority 1, Objective 7.B.

Priority #6: Addressing Gaps/Special Populations

Overall Goal: *Lincoln's Behavioral Health System is prepared to serve special populations who otherwise are underserved, unfunded and unconnected.*

Objective 1: Invest in screening and prevention strategies for youth and aging populations to identify behavioral health needs as early as possible.

Progress: The Lincoln Suicide Prevention Coalition is currently planning to implement a standardized risk assessment for use among schools, first responders and others working with youth. The Coalition is also looking to develop guidance regarding the sharing of information when a high-risk youth is identified.

Objective 5: Address the challenge of youth in the foster care system "aging out" of the behavioral health system.

Progress: As of January 1, 2015, youth who have been a Medicaid recipient at age 18 or 19, were in foster care under Nebraska or a Nebraska tribe's responsibility at age 18 or 19, and are not eligible for or enrolled in mandatory Medicaid coverage through another Medicaid eligibility category, may be eligible for Medicaid through age 26. Former foster care youth meeting these requirements are eligible for full Medicaid services including behavioral health services.

Special Focus: Suicide Prevention and Postvention in Lincoln Nebraska, 2015

Suicide is currently the 2nd leading cause of death for youth ages 15-24 in the state of Nebraska and 10th leading cause of death for all age groups combined. The YRBS survey reported that 17.5% of youth seriously considered attempting suicide (past 12 months) compared to 12.5% in 2011 and 12.3% in 2013. The YRBS survey also reported that 14.0% of youth attempted suicide at least once (past 12 months) compared to 11.0% in 2011 and 9.6% in 2013. Vital statistics reported a total of 147 suicide deaths for all age groups in Lancaster County from 2011-2014 in Lancaster County.

The City of Lincoln and Lancaster County has been involved in various suicide prevention efforts. Some of these efforts have been done on a state level, which have impacted the local level, and other prevention efforts have been done specifically on the local level as well.

The Nebraska State Suicide Prevention Coalition was formed in July of 1999 to focus on suicide prevention in the state of Nebraska. The state coalition worked in collaboration with other entities and Senator McGill on LB 923 that went into effect in 2015. This bill requires annual one hour training on suicide awareness and prevention for all school personnel in the state of Nebraska. The state coalition worked with the state of Nebraska who was awarded a 5-year, 3.5 million dollar Garrett Lee Smith Substance Abuse and Mental Health Administration Grant focused on youth suicide prevention. This grant started in 2014 and has helped provide several activities including the following: the training required in LB 923, gatekeeper training for the general public, training for clinicians, awareness on suicide prevention, and postvention. Each behavioral health region in the state is connected to the grant to coordinate suicide prevention efforts in their respective regions including Region V which covers Lincoln and Lancaster County.

Postvention efforts supported by the grant are the expansion of the Local Outreach to Suicide Survivor (LOSS) teams across the state to have one in each of the six behavioral health regions by the end of the 5-year grant. This effort is being modeled after the first Nebraska LOSS team that became operational in Lincoln in the summer of 2009. LOSS teams are comprised of two individuals who have lost someone in their lives to suicide (suicide survivor) and a mental health clinician. A team of 3 respond to families who have lost someone to suicide in Lincoln. The Lincoln Police Department has incorporated a standard operating procedure where the Lincoln Police Chaplain or Officer informs the family about the LOSS team. If the family is interested in having a connection then the chaplain or officer make a call to the LOSS team coordinator who dispatches a team to meet with the family. In Lancaster County, the County Sheriff makes this connection. The LOSS team provides resources to families on support groups and suicide survivor information. Postvention is prevention because suicide survivors are at a higher risk for suicide. Research conducted on LOSS teams indicate that families who do not have contact with a suicide survivor wait 4.5 years before seeking supportive services. Those who have contact with another survivor such as a LOSS team wait only 39 days on average before reaching out for support.

In December of 2014 a local suicide prevention coalition was started in Lincoln, Nebraska and meets every other month. The local coalition is comprised of individuals from public and private schools, agencies, business leaders, hospital representatives, colleges, and many others. The local coalition worked with Region V to host an evidenced-based training at Bryan Medical Center where a select group of Lincoln leaders were brought together for two days of planning focused on suicide prevention in Lincoln, NE. The local coalition has formed sub groups that are focusing on the goals developed from this training targeting youth suicide prevention in the City of Lincoln.

Access to Care

Access to Care Progress Report

Progress Report:
Over the past several legislative sessions the Nebraska Unicameral has not enacted any of a number of legislative proposals that would have expanded Medicaid coverage in the state and community. There is another proposal being introduced in the 2016 session that will obtain Medicaid funding for private insurance, but it is uncertain whether it will gain the support needed for passage and the governor's signature. Local leaders including health care providers have supported past efforts to expand Medicaid and they are likely to continue to seek a legislative approach to take advantage of federal dollars that would expand coverage to up to 77,000 Nebraskans.

Despite the lack of legislative action to expand Medicaid or provide funding for private insurance for low-income, uninsured Nebraska, progress has been made in terms of improved local access to health care in Lancaster County, including dental care and mental health services:

After the MAPP/CHIP priorities were established 2012/2013, the Community Health Endowment (CHE) of Lincoln sought applications that addressed the four CHIP priorities:

- Grants that were awarded by CHE to improve access to care included:
    - Funding for the Lancaster County Medical Society (LCMS) to find physicians who will accept individuals who were uninsured and provide a medical home for them. CHE funds will pay physicians the Medicaid rate for the services they deliver. CHE funds are also provided for medications, specialty care, translation services, urgent care, and dental care.
    - LCMS was also funded to expand the LCMS Referral Services (Health 360 program) to increase access to specialty care and medication assistance.
    - LCMS also received funding to provide community education on the ACA and to enhance medical home capacity. CenterPointe also received funding to help clients understand the medical home concept.
    - Dental access has improved with funding for expanded, evening hours for dental care at the Lincoln-Lancaster County Health Department.

- The Health Hub (Center for People in Need, LCMS) was funded to assist people navigating through the health system.
- Clinic with a Heart was funded to purchase medical/dental supplies and other resources (lab, medication) to better serve clients in their free clinic.
- People's Health Center received funds to assist in provider recruitment.
- A coalition of health providers received funding to provide low-cost diabetic supplies to low-income patients. By working together, this coalition was able to receive the benefit of pooled purchasing power.
- Madonna Rehabilitation Hospital received funding to provide community medical transportation.
- Clients at The Bridge have access to an on-site physician from the People's Health Center. Clients in need of a medical home upon discharge will continue to receive care at the new Health360 Clinic.
- CHE continues to fund 10Health, a 24/7 health and wellness channel on Lincoln's television cable network. The channel provides health and wellness information, as well as information about the availability of local health and human services.

With implementation of the ACA, there was also access to health insurance (and Medicaid for those who met the criteria) for Lancaster County residents who have signed up for health insurance through the Health Marketplace:

- Navigators from the Community Action Program for Lancaster and Saunders County, People's Health Center, and LLCHD and have assisted with sign up for insurance through the Healthcare Marketplace . Many of those who have signed up through the Healthcare Marketplace have been eligible for subsidies that make their premiums much more affordable.

In addition to the increased access from all of the above, a new urgent care clinic was opened and there has been progress in integrating primary medical and behavioral health care with a new clinic opened last year and with expansion in 2016. [Note: Lutheran Family Services, along with CenterPointe and Region V, have been the provider of mental health services in Lancaster County since 2014 when the Lancaster County Commissioners contracted with them to take on the services of the Community Mental Health Center, which is no longer a county agency.]

- The People's Health Center opened an urgent care clinic on O Street with funding from HRSA. The urgent care facility helps to serve the urgent care needs of the population in central Lincoln.

- On February 2, 2015, a new clinic called the Health 360 Clinic was opened at the site of Lutheran Family Services, 2201 South 17th Street, to serve clients of People's Health Center and Lutheran Family Services. The clinic provides both behavioral health services, primary health care and an on-site pharmacy. People's Health Center received some funding from HRSA for their costs of operating the clinic.

- In February 2016, the Health 360 Clinic will move to 23rd and O Street (in the old Office Max store). Partial funding for some of the renovations at the new site comes from the Community Health Endowment (CHE) of Lincoln. People's Health Center, which is at capacity at its current location, will occupy 4,000 square feet of the new building. The clinic will provide primary care services, behavioral services and serve patients with a dual diagnosis or those with a severe persistent mental illness (SPMI). In addition to the medical services, individuals may be helped with applying for SNAP or for referrals to other providers, including public health nursing.

CHIP Participants. The following members worked on updating and revising the Access to Care goals and objectives:
Brad Meyer, People's Health Center
Kerry Kernen, Lutheran Family Services
Dr. Bob Rauner, Partnership for a Healthy Lincoln
Mike Molvar, D.D.S., CHE Board Member
Amy Myers, Bryan Health
Dave Miers, Bryan Health
Peggy Reisher, Brain Association of Nebraska
Kevin Conway, Nebraska Hospital Association
Pat Borer, Lincoln Fire and Rescue
Kari Erickson, Nebraska Urban Indian Health Center
Traci Miller, Brain Association of Nebraska
Lori Seibel, Community Health Endowment
Marcia White, Community Health Endowment
Joan Anderson, Lancaster County Medical Society
Tommy George, LLCHD
Steve Frederick, LLCHD

Access to Care Recommendations

Background. When the CHIP was drafted, there was optimism that the ACA would be successful and that Nebraska would expand Medicaid, making it possible over time to achieve nearly 100 percent health care coverage in the County. Since then, the Supreme Court decided that the ACA was constitutional. However, the Court did not require states to expand Medicaid, which was one of the features in the ACA that would have expanded coverage throughout the nation. Nebraska is one of the states that have not expanded Medicaid or taken advantage of the 100 percent federal funding for 2016 and 90 percent coverage beyond 2016 that goes along with Medicaid expansion. Therefore, there remains a coverage gap for Lancaster County residents with incomes

between 100 percent and less than 138 percent of the Federal Poverty Level who are not eligible for the Medicaid program as it currently exists in Nebraska and also not provided a subsidy for health insurance premiums through the Healthcare Marketplace. Nebraska's Medicaid program also does not cover some individuals with incomes below the poverty rate, even though children in families with incomes up to 185 percent of the poverty rate are covered.

Therefore, despite the hopes for covering nearly everyone for health care as was envisioned at the time the CHIP was drafted, at this point we are not as optimistic (but more realistic) about the prospects of almost everyone having healthcare coverage. From BRFSS survey data we know that the percent of the adult population ages 18 to 64 that is uninsured or has no health coverage has dropped from 18.5 percent in 2011 to 15.3 percent in 2014. The 2014 rate translates into approximately 31,000, county residents who did not have healthcare coverage. The reasons for the increase in the percent of the population with health insurance coverage (up to 84.7 percent from81.5 percent) are mostly due to the fact that the ACA allows parents to cover their children up to age 26 and that other residents have obtained coverage through the Healthcare Marketplace. Individuals with incomes between 138 and 400 percent have been able to get subsidized health insurance premiums under other provisions of the ACA. As was indicated above, even without state action to expand Medicaid there has been improved access to health care services in Lincoln and Lancaster County because of the many programs developed by not-for profits (Clinic with a Heart, Center for People in Need, People's City Mission, Nebraska Urban Indian Health Center), LCMS, People's Health Center, Lutheran Family Services, CenterPointe, and LLCHD. Funding from CHE and grants have provided the funding.

Should Medicaid expansion in some form be signed into law more progress in increasing the number of persons with healthcare coverage will occur and there will be less need for some of the services currently in place. Until then, low-income Lancaster County residents who are uninsured have access to health, dental and medical care due to actions taken by the People's Health Center (an FQHC), the County's active medical society, local foundations' funding for access to care, the LLCHD, Clinic with a Heart and the free clinic at People's City Mission, Lutheran Family Services, LMEP, the County's GA (Government Assistance) program, and other grant dollars that are awarded to providers in the community to address health needs of minorities and other disadvantaged populations. Along with greater access, there is a commitment in the community to promote and create medical homes for both the insured and uninsured population.

With only a three percent increase in insurance coverage over four years, the Access to Care CHIP committee has adjusted the health care coverage and medical home objectives downward. Even these objectives are aggressive without legislative action. While the objectives have changed, most of the original strategies were not changed. However, the strategies listed below were broadened slightly or changed to reflect newer information.

Goal: Improve access to comprehensive, quality and affordable healthcare services for all residents of Lancaster County.

Updated Objectives:

- **Objective 1: By 2018, increase the percent of the population ages 18 to 64 with healthcare insurance coverage from 84.7% (2014) to 92%. Down from 98%.**
- **Objective 2: By 2018, increase the percent of population with a usual primary care provider to 85%. Down from 90%.**

Background: Individuals and families without health coverage need to find coverage through Medicaid or by finding a provider who is willing to see them and accept Medicaid rates. The Center for People in Need and LCMS have helped individuals apply for Medicaid, refer them for services or find a physician who will accept them as patients. There is still a need to increase the ability of people to navigate the health insurance market within the exchange implementing the Patient Protection and Affordable Care Act (ACA). Especially, with the insurance mandate in place and individuals with incomes above 138 percent of poverty being subject to a tax if they don't have medical insurance, the Healthcare Marketplace will be utilized to sign up for plans and make changes in plans.

Key Strategies and Activities	Lead Role	Timeline	Partners	Expected Outcomes
Utilize the services of a case worker at the Center for People in Need to clients with appropriated healthcare referrals and the Medicaid enrollment center, where patient advocates personally assist uninsured patients in accessing appropriate care and services.	Center for People in Need, Lancaster County Medical Society (LCMS)	Ongoing	Community Action Partnership for Lancaster and Saunders County, LLCHD and others who have trained navigators under the ACA. Clinic with a Heart, CHE (as a potential funder).	Assist with locating primary care providers for the uninsured and enroll individuals into Medicaid if eligible. Every year when open enrollment occurs, people will be assisted with enrolling for a health plan through the Healthcare Marketplace.

Background: Individuals receive better care if they see the same provider(s) whenever they need medical care, dental care or behavioral health services. The CHIP committee continues to promote the concept of medical and dental homes to improve not only access, but also an ongoing relationship between patients and their care providers. Unfortunately, despite the fact that Lincoln's providers have been promoting medical and dental homes, the BRFSS data shows that a relatively high percent (nearly 25 percent) of adults indicate that they do not have a "personal doctor." A medical home does not necessarily mean that everyone has a physician-- being a patient of a clinic also counts as a medical home. See more about the benefits of a medical home by clicking on the hyperlink for Patient-Centered Medical Home Concept.

Key Strategies and Activities	Lead Role	Timeline	Partners	Expected Outcomes
Implement a community-wide education campaign to promote the medical and dental home concept.	LCMS	Ongoing	People's Health Center, Lincoln Medical Education Partnership, Center for People in Need, LLCHD (for dental care), CenterPointe (for behavioral health), CHE (as a potential funder)	People will informed of the medical and dental home concept
Encourage the private medical community to continue to be engaged in a specific effort to assure an increased number of medical homes are available for both uninsured and insured individuals as implementation of ACA occurs.	LCMS	Ongoing		Uninsured individuals will be referred to primary care providers including People's Health Center or other medical homes in the community
Lincoln's primary care providers who serve low-income, uninsured and Medicaid populations in Lincoln and Lancaster County need to continue to position themselves as medical homes.	LCMS	Ongoing		Encourage all healthcare providers in Lincoln/Lancaster County to serve as a medical home, or refer clients to a medical home.

From the Behavioral Health CHIP:

Integrated Primary and Behavioral Health Care Services Delivery

Background: The behavioral health system should be defined broadly to include mental health, developmental disabilities, substance abuse, family violence, sex offenders with behavioral disorders, and those who are reintegrating from the criminal justice system. Research has shown that consolidating services in one physical location increases the likelihood of coordinated care, increased consumer satisfaction, and better patient outcomes.				
Key Strategies and Activities	**Lead Role**	**Timeline**	**Partners**	**Expected Outcomes**
The community should continue existing efforts and expand pilot projects which focus on parity and an integrated	Lutheran Family Services, People's Health Center	Ongoing with a February 2016 opening of the 360 Health Clinic; other pilots	CHE (as a funder) Region V Systems, Mental Health Association of Nebraska	Patients with a mental health diagnosis will be able to receive primary care and meds at the same

provider response, assuring that behavioral health is integrated with primary care, specialty care, pharmacy, and dentistry.		might also develop within the next couple of years		location as well as case management.

Annual Update Due: December 2016 or earlier if there are needed changes.

Environmental Scan/Background Data for All Four Priority Issues

This is a complementary look at the data relevant to the CHIP priorities, but more information can be found in the Community Health Profile that is posted on the Health Department's website. The hospital admission data form the Lincoln Hospitals highlight the admissions for treating not only chronic diseases (e.g., circulatory system, respiratory system diseases, neoplasms) and injuries and poisoning: but also mental health disorders. Of course, what hospitalization inpatient data do not show are the cases of chronic disease, mental health issues and injuries that are treated in the EDs (emergency departments) and physician/clinic offices.

Leading Causes of Inpatient Hospitalization*, Lancaster County, 2013

Cause	#	%
Pregnancy & Childbirth	3,926	14.4%
Circulatory System Diseases	3,181	11.6%
Mental Disorders	2,531	9.3%
Digestive System Diseases	2,124	7.8%
Respiratory System Diseases	2,045	7.5%
Musculoskeletal System Diseases	1,490	5.5%
Genitourinary System Diseases	973	3.6%
Neoplasms	890	3.3%
Infections & Parasitic Diseases	709	2.6%
Endocrine, Nutritional, Metabolic, Immunologic Disorders	687	2.5%
Injury & Poisoning	513	1.9%
Skin & Subcutaneous Tissue Diseases	457	1.7%
Nervous System & Sense Organ Diseases	379	1.4%
Anemia & Diseases of the Blood and Blood -Forming Organs	272	1.0%
Congenital Anomalies	76	0.3%
All Others	7,062	25.9%
Total	27,315	100.0%

*Based on the general ICD-9-CM categories

Source: Nebraska Hospital Discharge Data, NDHHS

Access to Care Data and Infromation

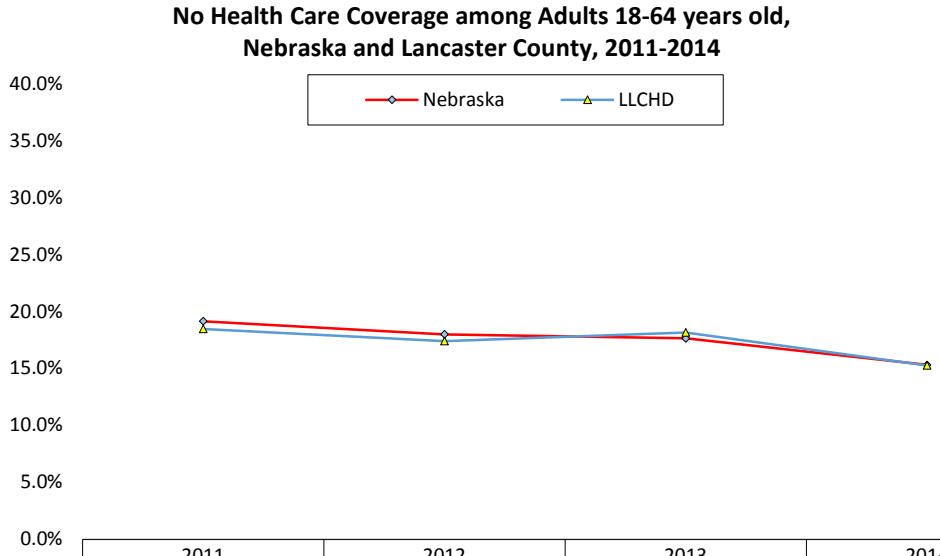
Estimates from the American Community Survey (ACS) for Lancaster County are now available for 2014 as shown in the table below. Several facts are evident from looking at the demographics. One is that the county has grown past 300,000 and there are 15,000 more residents in 2014 than in 2010, all of whom need health and personal services in addition to shelter. A little less than half (approximately 7,000) of the population increase from 2010 to 2014 is due to the growth of the minority population. Within the minority population: Asians and Pacific Islanders—Non-Hispanics increased by 22.3 percent, the Hispanic population increased by 18.7 percent and African American—Non-Hispanics increased in size by 15 percent between 2010 and 2014 after even more substantial growth rates in the decade from 2000 to 2010. The other trend that is evident is the growth in the elderly population from 2010 to 2014, both in size (just over 5,400) and percent (19.1 percent for the 65 to 84; 8.9 percent for the 85 and older).

Lincoln-Lancaster County Health Department Population Characteristics 2000, 2010, 2014

	2000		2010			2014		
	Population	% of Total	Population	% of Total	% Change in Population	Population	% of Total	% Change in Population
LLCHD Total	250,291	100.0%	285,407	100.0%	14.0%	301,795	100.0%	5.7%
Gender								
Female	125,262	50.0%	142,359	49.9%	13.6%	151,024	50.0%	6.1%
Male	125,029	50.0%	143,048	50.1%	14.4%	150,771	50.0%	5.4%
Age								
Under 5 years	16,680	6.7%	20,171	7.1%	20.9%	20,219	6.7%	0.2%
5 - 14 years	32,118	12.8%	35,626	12.5%	10.9%	39,085	13.0%	9.7%
15 - 24 years	48,569	19.4%	52,026	18.2%	7.1%	56,538	18.7%	8.7%
25 - 44 years	76,120	30.4%	78,253	27.4%	2.8%	79,768	26.4%	1.9%
45 - 64 years	50,724	20.3%	68,230	23.9%	34.5%	69,624	23.1%	2.0%
65 - 84 years	22,640	9.0%	26,298	9.2%	16.2%	31,329	10.4%	19.1%
85 and older	3,440	1.4%	4,803	1.7%	39.6%	5,232	1.7%	8.9%
Race/Ethnicity								
White, NH***	222,067	88.7%	240,702	84.3%	8.4%	249,985	82.8%	3.9%
African American, NH	6,892	2.8%	9,636	3.4%	39.8%	11,080	3.7%	15.0%
Native American, NH	1,411	0.6%	1,674	0.6%	18.6%	1,769	0.6%	5.7%
Asian/Pacific Islander, NH	7,252	2.9%	10,026	3.5%	38.3%	12,265	4.1%	22.3%
Other, NH****	352	0.1%	379	0.1%	7.7%	0	0.0%	
2+ Races, NH	3,880	1.6%	6,305	2.2%	62.5%	6,889	2.3%	9.3%
Hispanic	8,437	3.4%	16,685	5.8%	97.8%	19,807	6.6%	18.7%
*Minority*****	28,224	11.3%	44,705	15.7%	58.4%	51,810	17.2%	15.9%

*** NH=Non-Hispanic

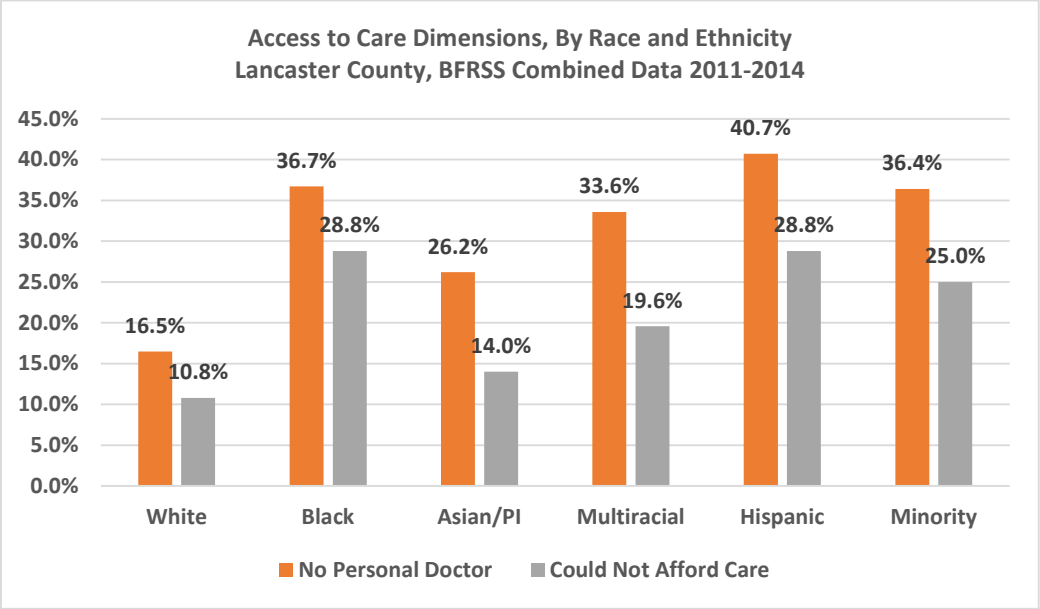
**** For 2014, the estimates program forced “Other” into specific race categories.



	2011	2012	2013	2014
Nebraska	19.1%	18.0%	17.6%	15.3%
LLCHD	18.5%	17.4%	18.2%	15.3%

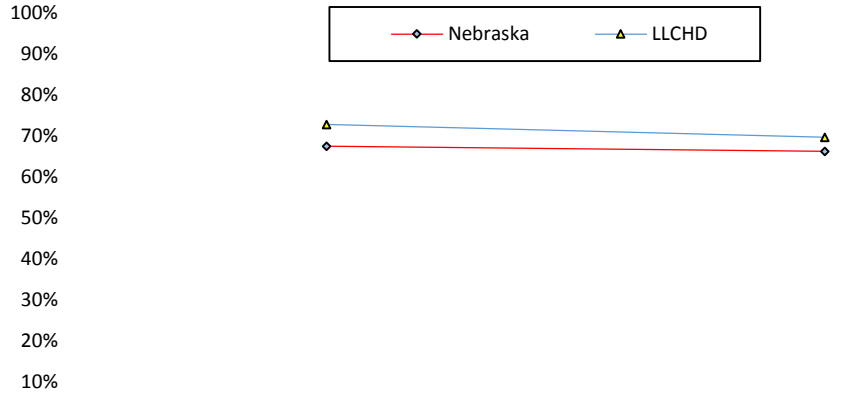
Source: Behavioral Risk Factor Surveillance System (BRFSS)

While the chart above shows a gradual decline in the percent of adults aged 18 to 64 without health insurance from 18.5 percent in 2011 to 15.3 percent in 2014, the number of people without health insurance in Lancaster County remains relatively high (approximately 31,000 people 18 to 64). In 2014, 12.5 percent of adults in Lancaster County said they needed to see a doctor in the previous year, but they could not afford to see a doctor. The chart below shows that the minority populations in the community have the most difficulty paying for health care and an even higher percentage of them, as well as Whites, said they did not have a personal doctor.



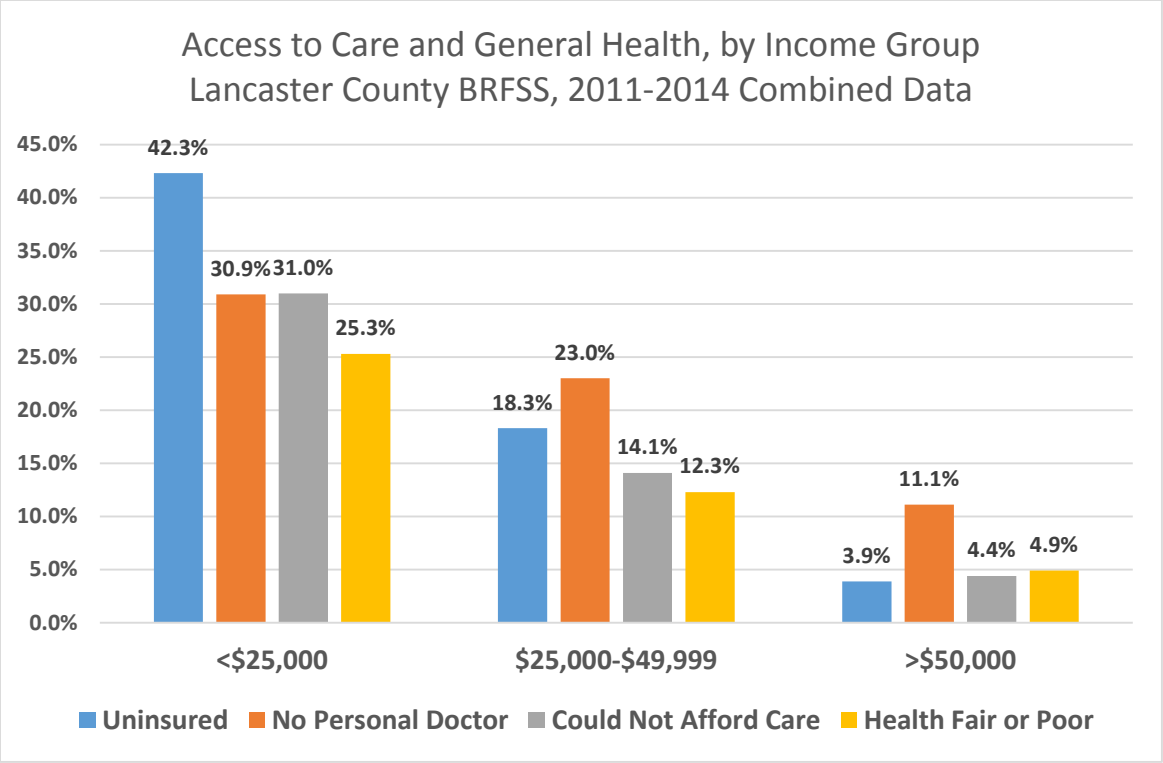
In addition to access to medical care, as the chart below indicates Lancaster County residents have visited a dentist in the past year at a higher rate than Nebraskans as a whole, but the rates are still below what they should be. Part of the reason is cost, and national data show that the inability to afford needed dental care is even higher than for needed medical care and poverty and race/ethnicity affect the percentage of children and adults with untreated dental caries.

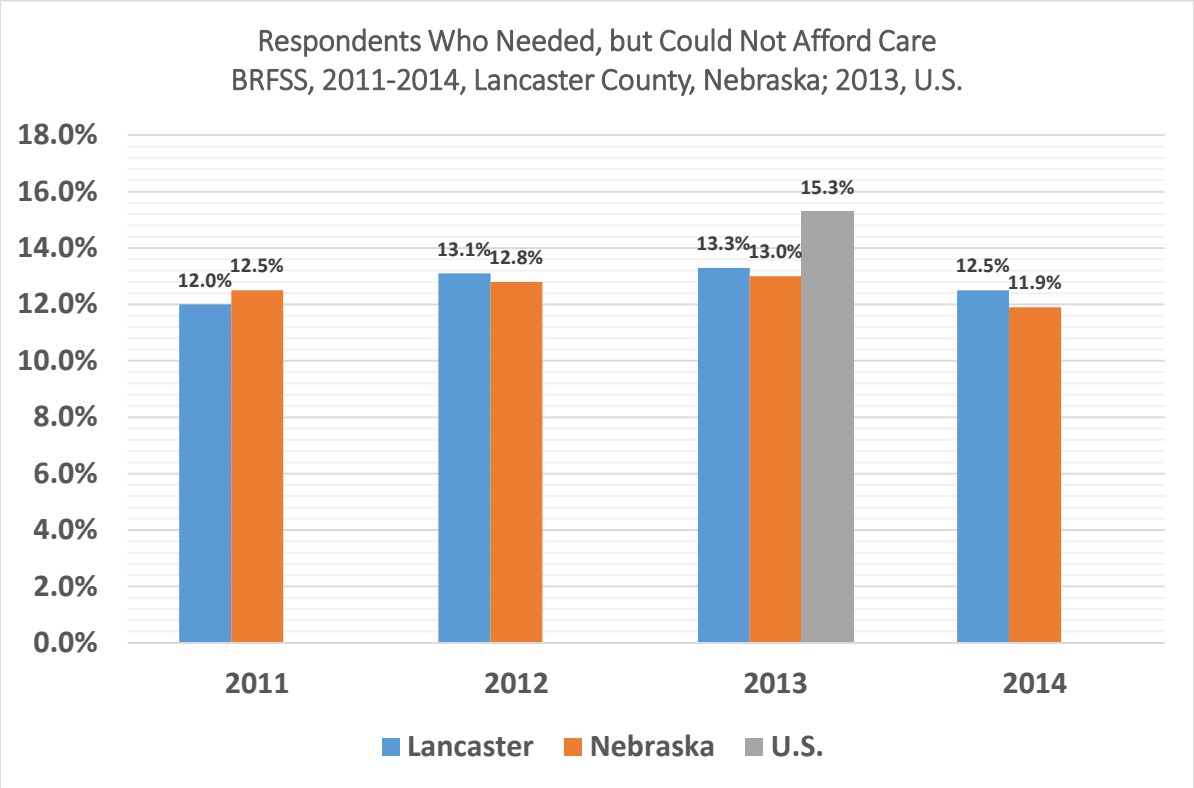
Visited a Dentist during the Past Year*, Adults 18+, Nebraska and Lancaster County, 2012-2014

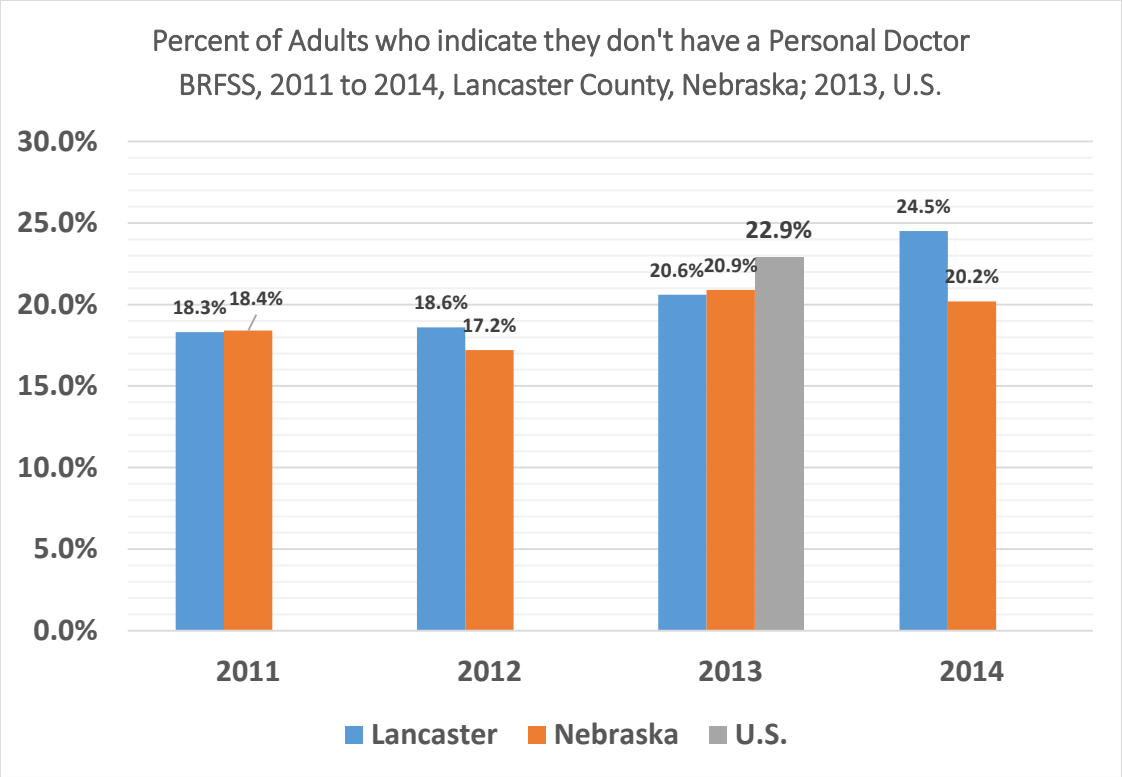


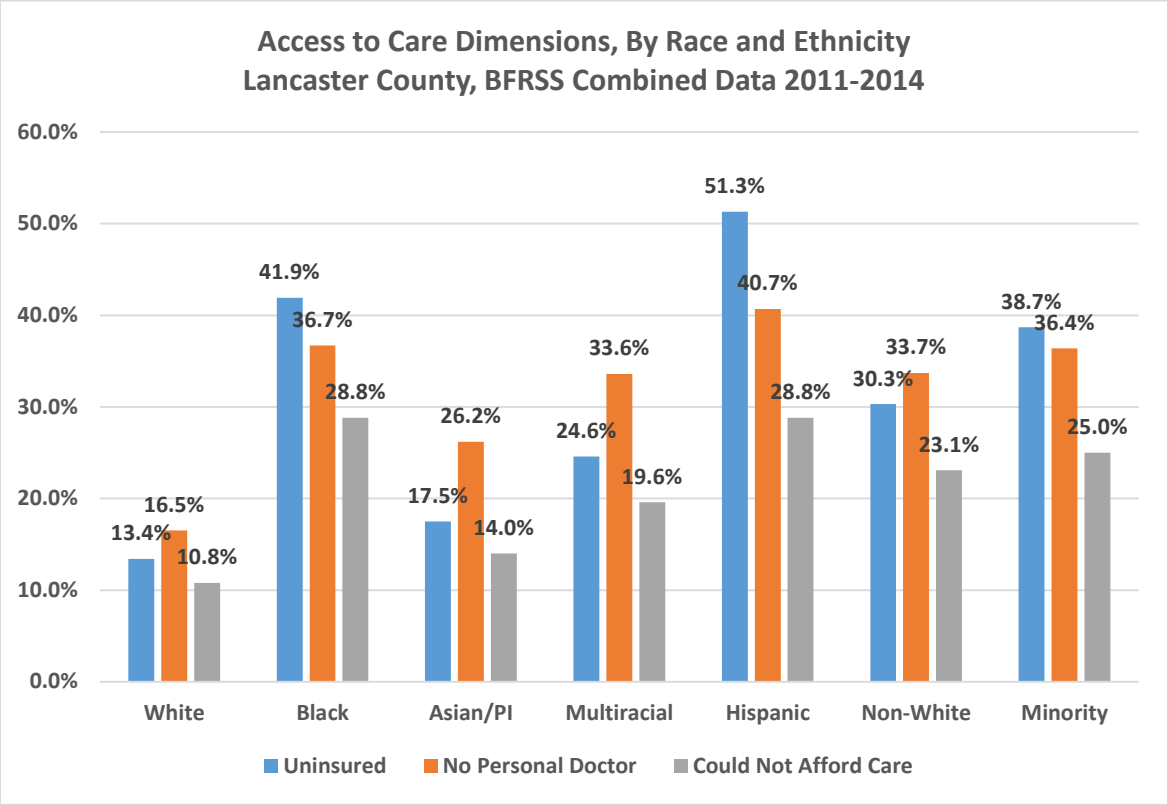
	2012	2014
Nebraska	67.6%	66.4%
LLCHD	72.9%	69.8%

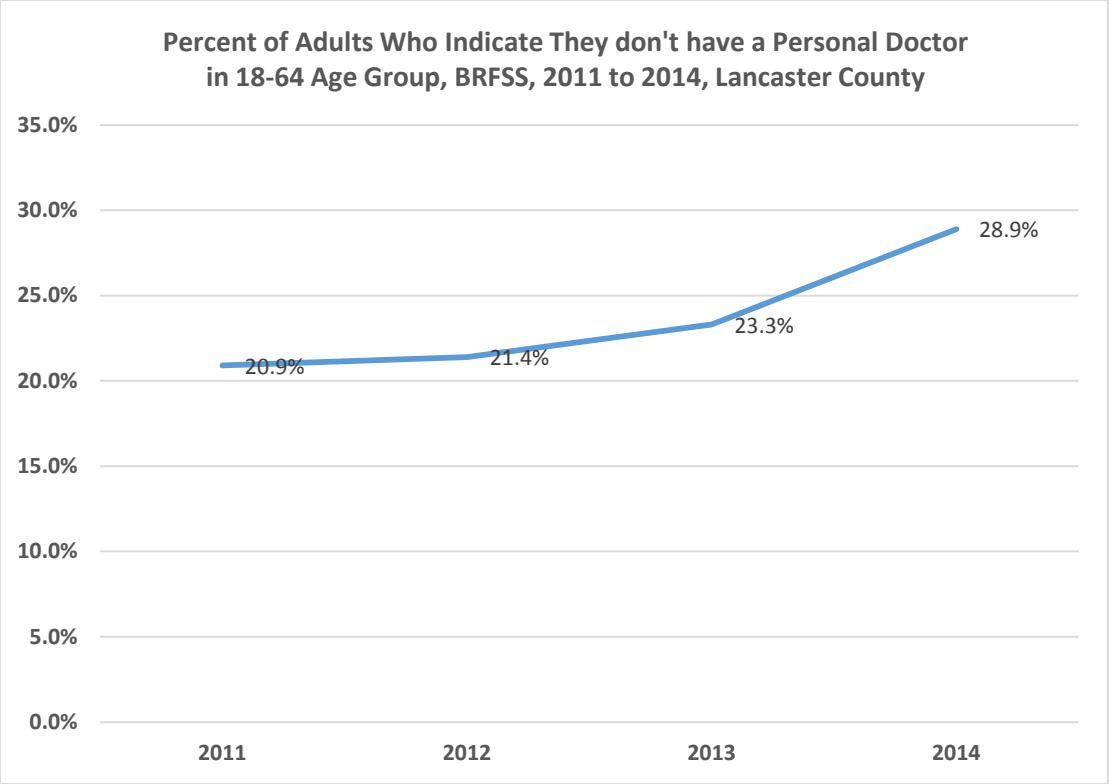
*Percentage of adults 18 and older who report that they visited a dentist or dental clinic for any reason within the past year
Source: Behavioral Risk Factor Surveillance System (BRFSS)

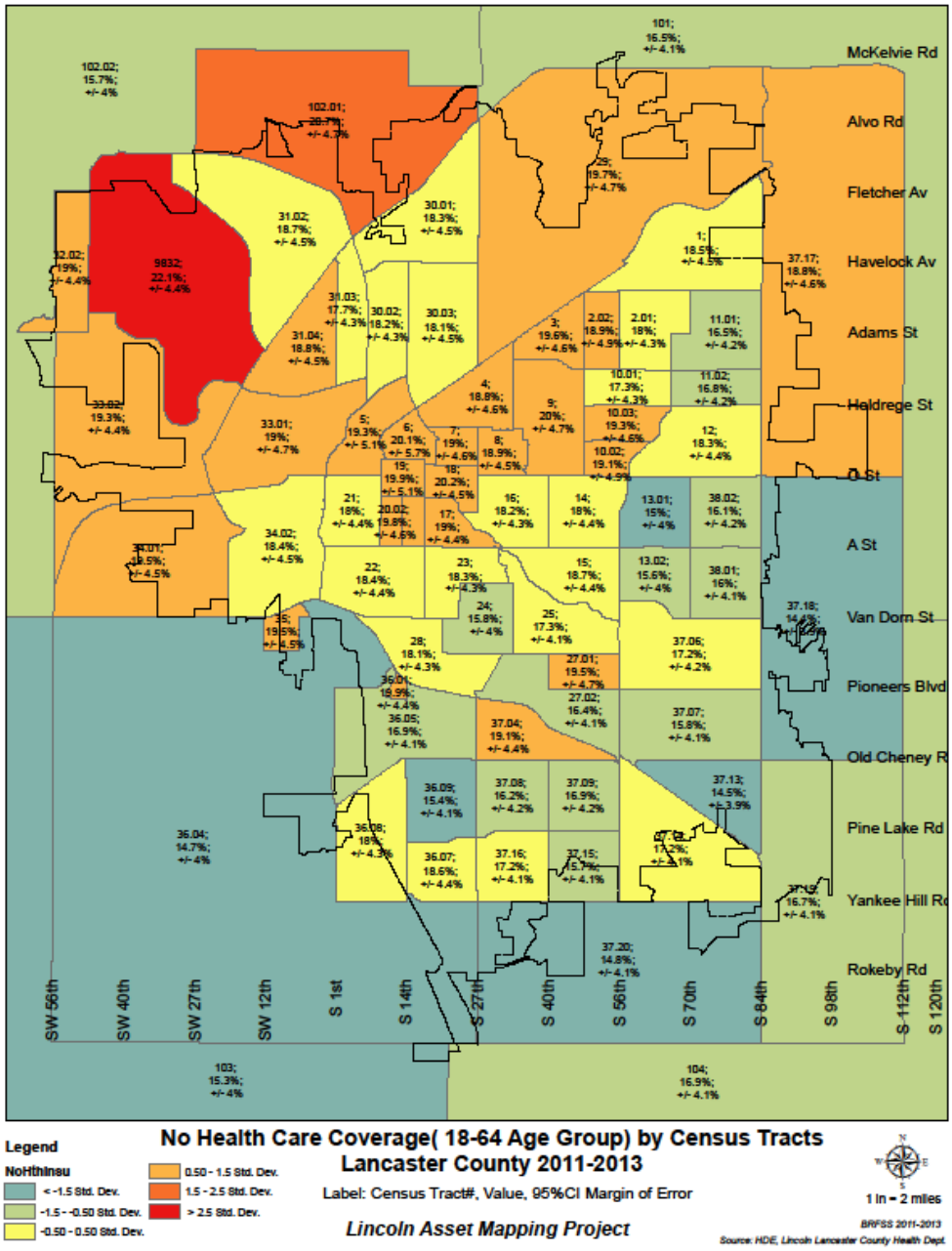

Access to Care and General Health, by Income Group
Lancaster County BRFSS, 2011-2014 Combined Data
45.0%
40.0%
35.0%
30.0%
25.0%
20.0%
15.0%
10.0%
5.0%
0.0%
42.3%
30.9%
31.0%
25.3%
18.3%
23.0%
14.1%
12.3%
3.9%
11.1%
4.4%
4.9%
<$25,000
$25,000-$49,999
>$50,000
Uninsured
No Personal Doctor
Could Not Afford Care
Health Fair or Poor


Respondents Who Needed, but Could Not Afford Care
BRFSS, 2011-2014, Lancaster County, Nebraska; 2013, U.S.
18.0%
16.0%
14.0%
12.0%
10.0%
8.0%
6.0%
4.0%
2.0%
0.0%
12.0%
12.5%
13.1%
12.8%
13.3%
13.0%
15.3%
12.5%
11.9%
2011
2012
2013
2014
Lancaster
Nebraska
U.S.

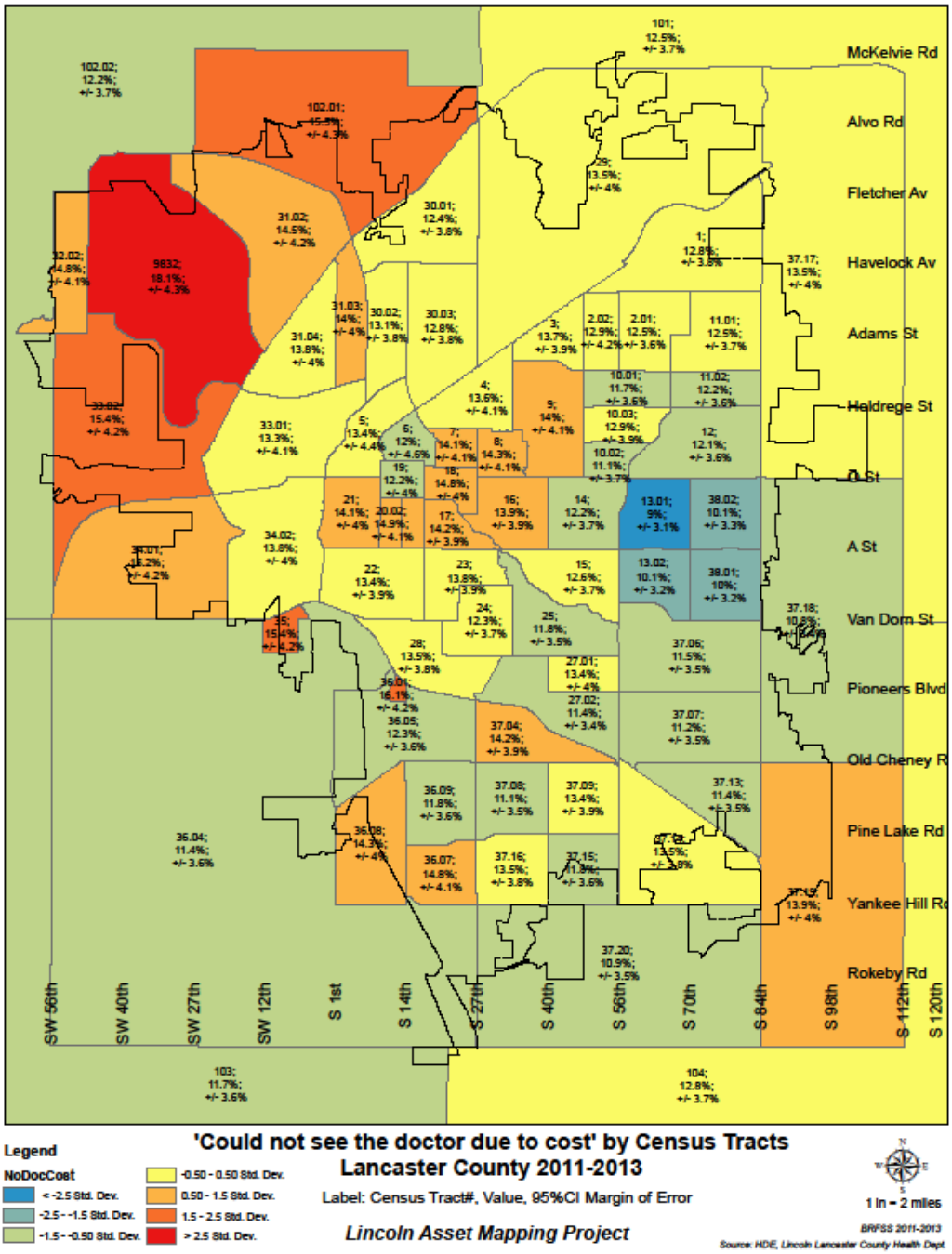

Percent of Adults who indicate they don't have a Personal Doctor
BRFSS, 2011 to 2014, Lancaster County, Nebraska; 2013, U.S.
30.0%
25.0%
20.0%
15.0%
10.0%
5.0%
0.0%
18.3%
18.4%
18.6%
17.2%
20.6%
20.9%
22.9%
24.5%
20.2%
2011
2012
2013
2014
Lancaster
Nebraska
U.S.


Access to Care Dimensions, By Race and Ethnicity
Lancaster County, BFRSS Combined Data 2011-2014
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
13.4%
16.5%
10.8%
41.9%
36.7%
28.8%
17.5%
26.2%
14.0%
24.6%
33.6%
19.6%
51.3%
40.7%
28.8%
30.3%
33.7%
23.1%
38.7%
36.4%
25.0%
White
Black
Asian/PI
Multiracial
Hispanic
Non-White
Minority
Uninsured
No Personal Doctor
Could Not Afford Care

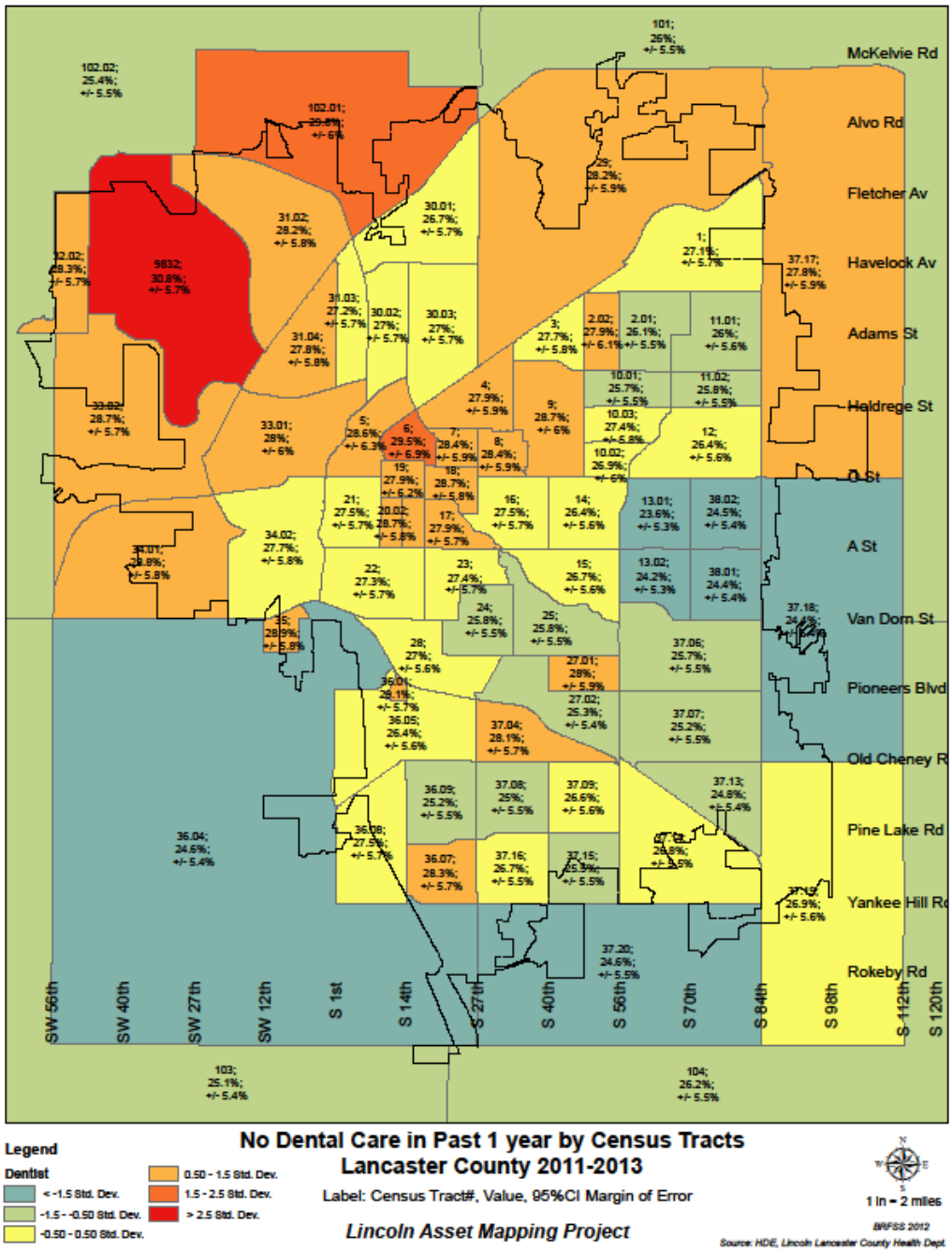

Percent of Adults Who Indicate They don't have a Personal Doctor in 18-64 Age Group, BRFSS, 2011 to 2014, Lancaster County
35.0%
30.0%
25.0%
20.0%
15.0%
10.0%
5.0%
0.0%
20.9%
21.4%
23.3%
28.9%
2011
2012
2013
2014



This is the first of three maps showing estimates from BRFSS data by census tract that highlights the areas of the county where those without health care coverage (Medicaid or private insurance since the estimates are for those individuals aged 18 to 64). The other two maps highlight the areas of the county where adults (18 and over) indicated they needed to see a doctor during the last year but couldn't afford the care, and those adults who have not been to the dentist in the past year. The areas shaded in light orange and orange are of highest need. [Please note that all three of these maps to do exclude the census tracts for the airport, UNL, the regional center or the state penitentiary. The census tract that is red in all three maps is where the airport is located so it should be excluded from our concern.]

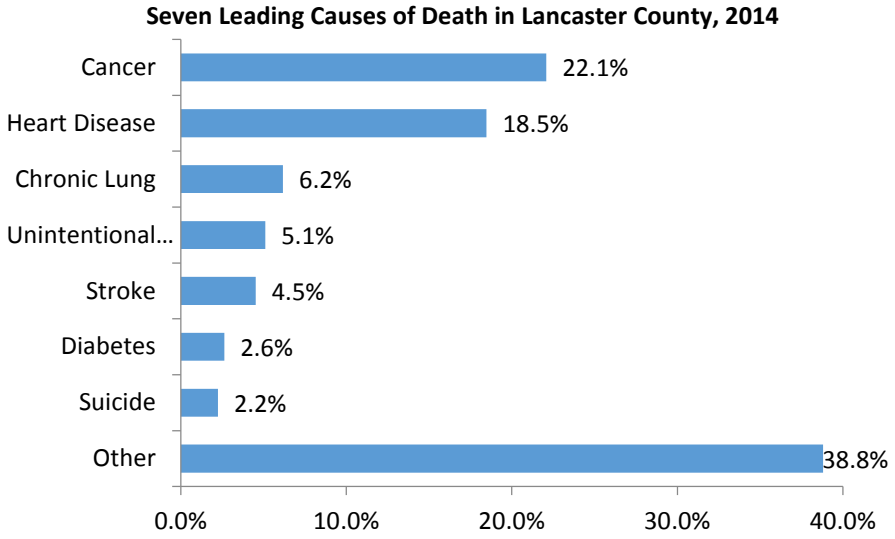


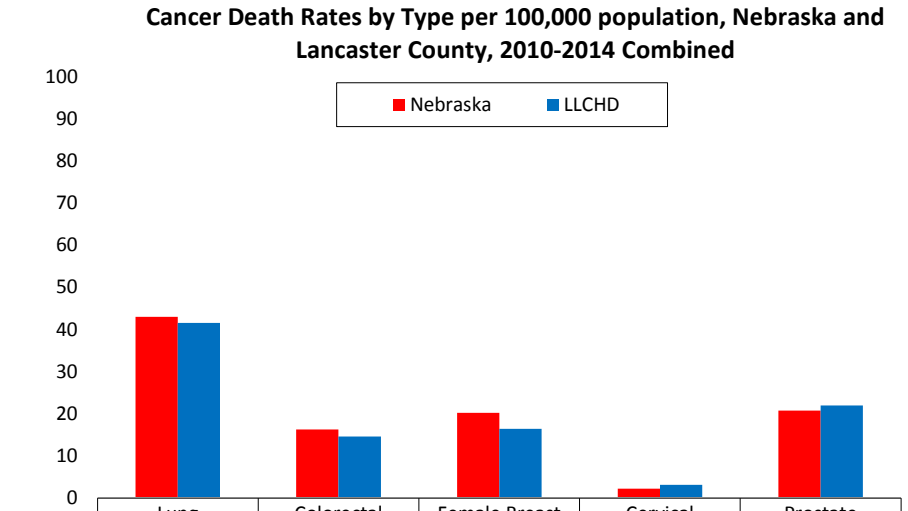
This map shows areas where residents said they needed to see a doctor in the past year, but couldn't afford to pay for the care. The census tracts shaded in orange (either light or dark orange) or red are similar, but there's less orange in the Northeast areas of the City and County and more in the South and Southeast.



This map shows estimates of adults who did not visit a dentist in the past year. The shaded areas are very similar to those areas where people ages 18 to 64 indicate that they have no health care coverage. The question was asked all adults so this map reflects those individuals 18 and over.

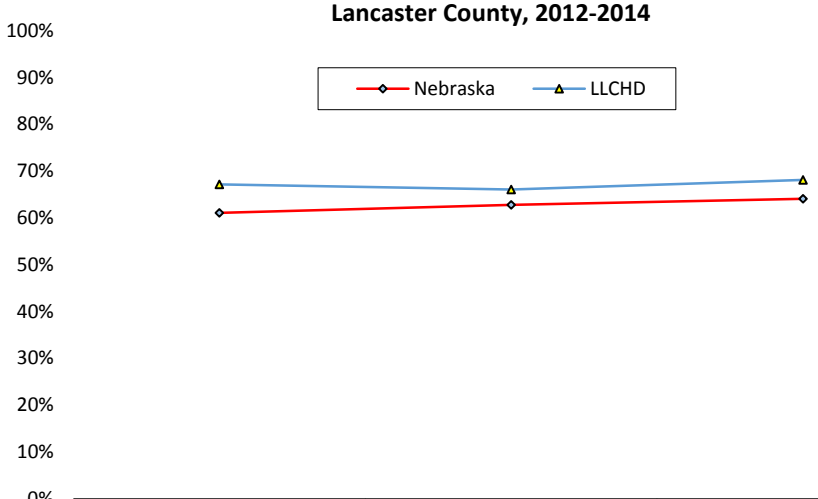
Chronic Disease Related Data





	Lung	Colorectal	Female Breast	Cervical	Prostate
Nebraska	43.0	16.3	20.2	2.2	20.8
LLCHD	41.6	14.6	16.4	3.1	22.0

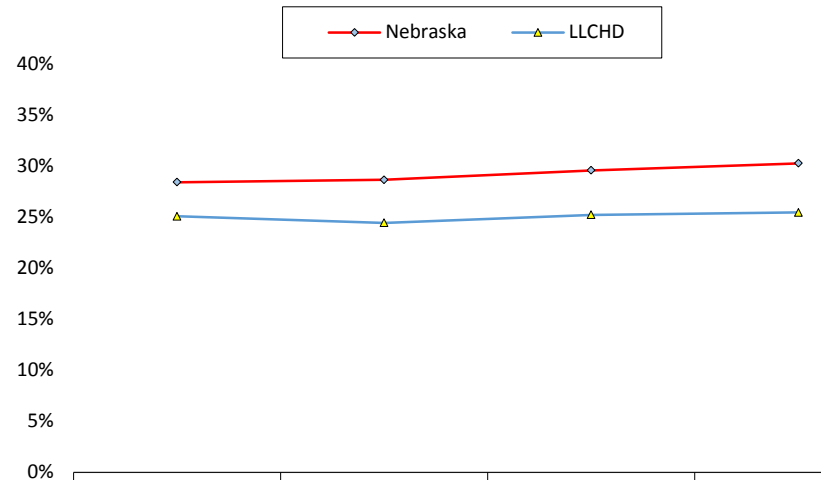
Up-to-Date on Colon Cancer Screening*, Adults 50-75, Nebraska and Lancaster County, 2012-2014



	2012	2013	2014
Nebraska	61.1%	62.8%	64.1%
LLCHD	67.1%	66.1%	68.2%

*Percentage of adults 50–75 years old who report having had a fecal occult blood test (FOBT) during the past year, or a sigmoidoscopy during the past 5 years and an FOBT during the past 3 years, or a colonoscopy during the past 10 years

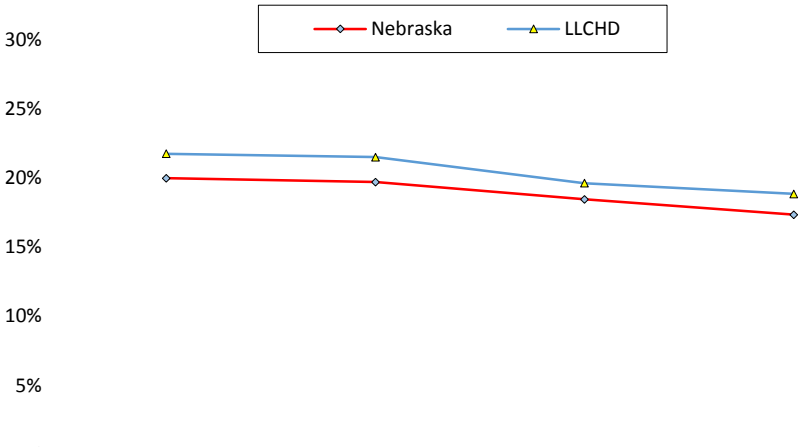
Obesity*, Adults 18+, Nebraska and Lancaster County Health, 2011-2014



	2011	2012	2013	2014
Nebraska	28.4%	28.6%	29.6%	30.3%
LLCHD	25.1%	24.4%	25.2%	25.4%

*Percentage of adults 18 and older with a body mass index (BMI) of 30.0 or greater, based on self-reported height and weight

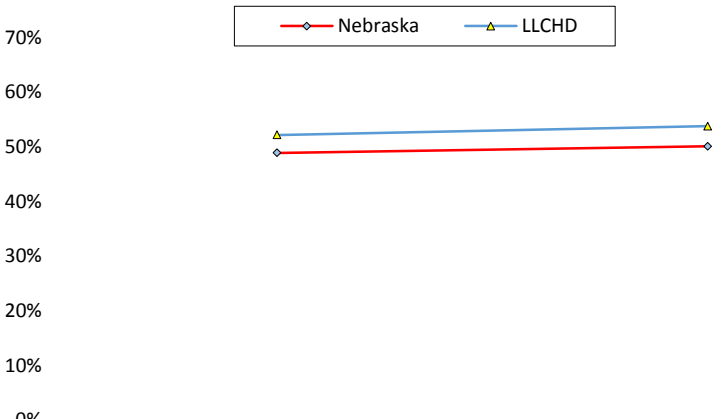
Current Cigarette Smoking, Adults 18+, Nebraska and Lancaster County, 2011-2014



	2011	2012	2013	2014
Nebraska	20.0%	19.7%	18.5%	17.4%
LLCHD	21.8%	21.5%	19.6%	18.8%

*Percentage of adults 18 and older who report that they currently smoke cigarettes either every day or on some days

Met Aerobic Physical Activity Recommendation, Adults 18+, Nebraska and Lancaster County, 2011-2013



	2011	2013
Nebraska	49.0%	50.1%
LLCHD	52.2%	53.9%

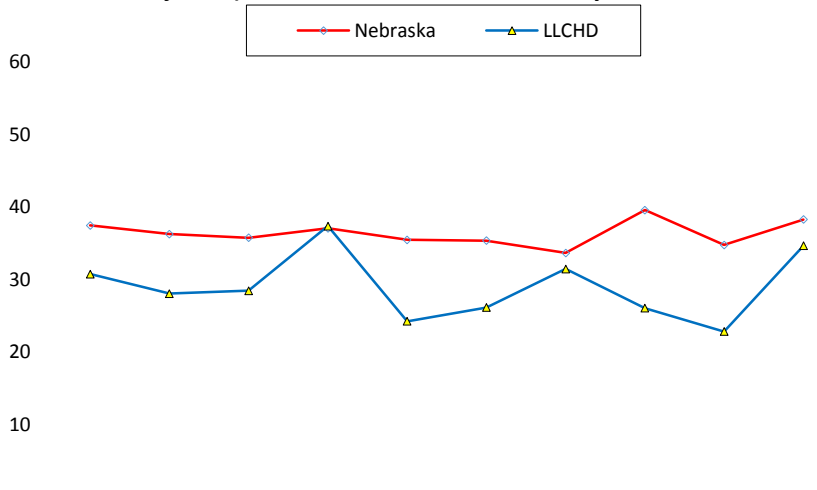
*Percentage of adults 18 and older who report at least 150 minutes of moderate-intensity physical activity, or at least 75 minutes of vigorous-intensity physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic activity per week during the past month

Injury Related Data

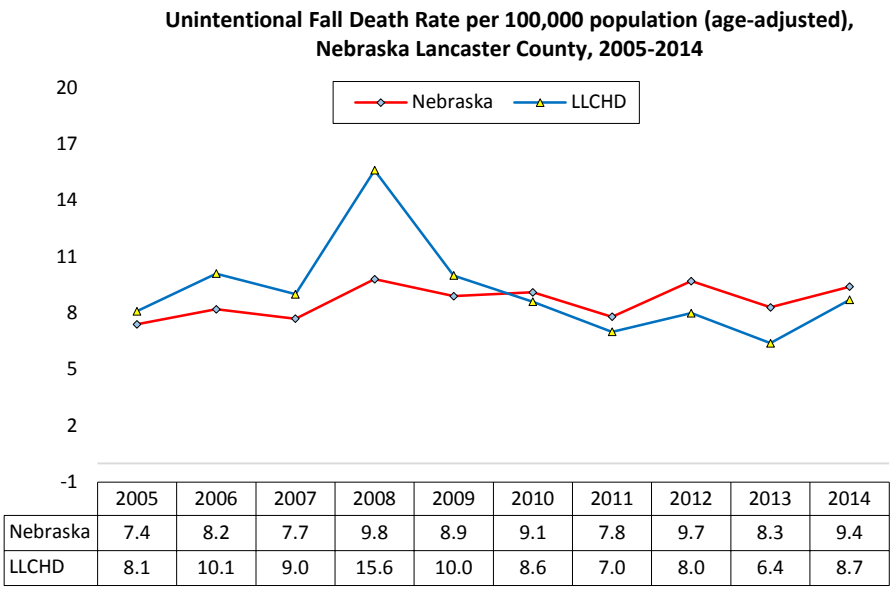
Leading Causes of Years of Potential Life Lost (Before Age 75), Lancaster County, 2010-2014 Combined

Rank	Cause of Death	Total Deaths	Total YPLL	Average YPLL Per Death
-	All Injury	608	15,205	25.0
1	Cancer	2,185	15,703	7.2
2	Unintentional Injury	411	8,738	21.3
3	Heart Disease	1,787	7,915	4.4
4	Suicide	166	5,220	31.4
5	Birth Defects	53	2,844	53.7
6	Chronic Lung Disease	618	2,127	3.4
7	Stroke	470	1,811	3.9
8	Diabetes	258	1,542	6.0
9	Homicide	31	1,248	40.3
10	Pneumonia	113	561	5.0

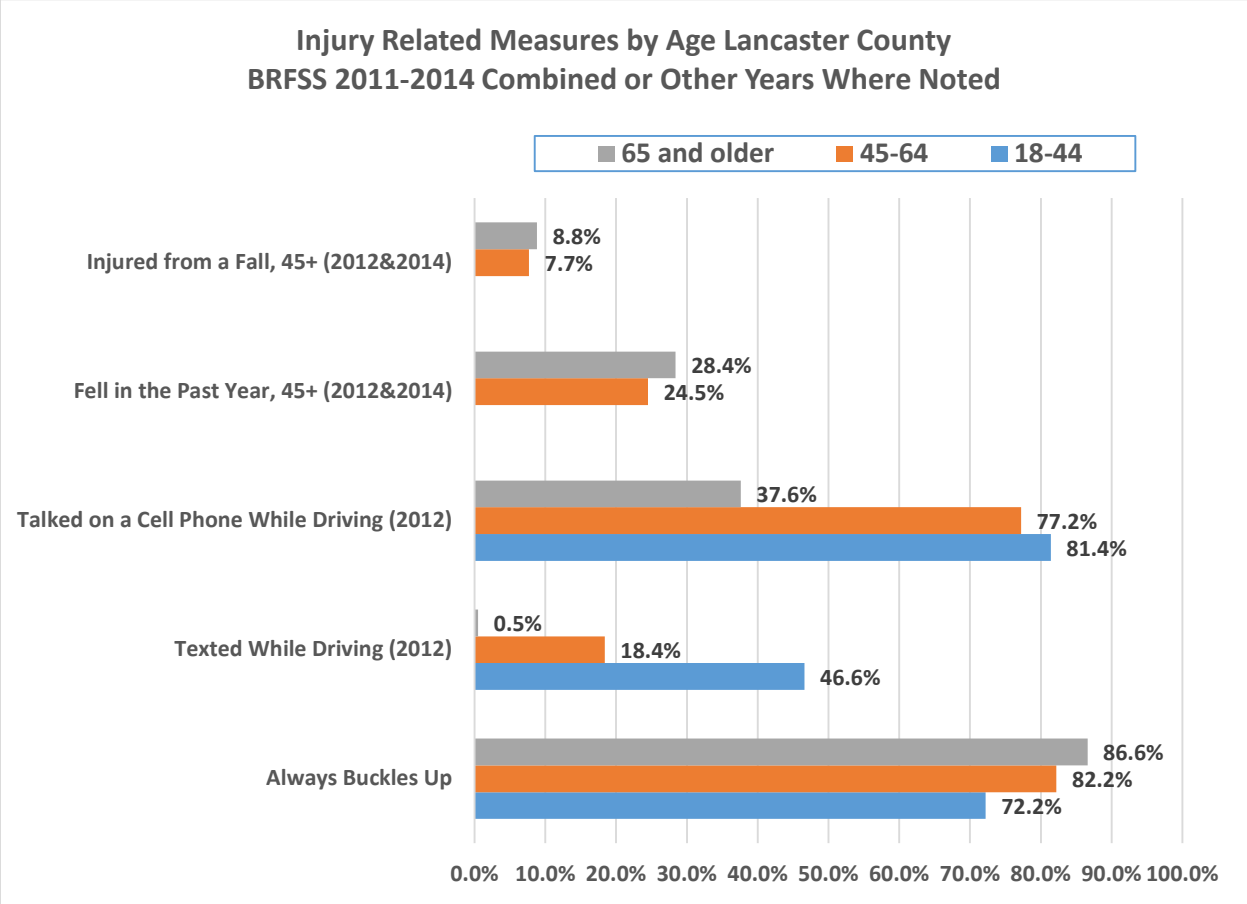
Unintentional Injury Death Rate per 100,000 population (age-adjusted), Nebraska and Lancaster County, 2005-2014



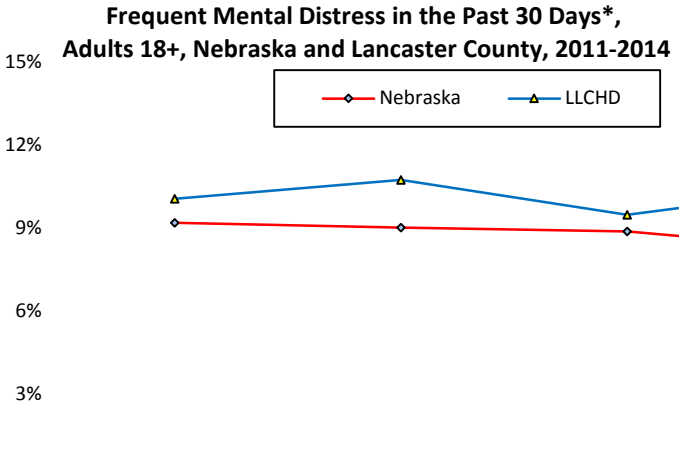
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Nebraska	37.5	36.3	35.8	37.1	35.5	35.4	33.7	39.6	34.8	38.3
LLCHD	30.8	28.1	28.5	37.4	24.3	26.2	31.5	26.1	22.9	34.7



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Nebraska	7.4	8.2	7.7	9.8	8.9	9.1	7.8	9.7	8.3	9.4
LLCHD	8.1	10.1	9.0	15.6	10.0	8.6	7.0	8.0	6.4	8.7

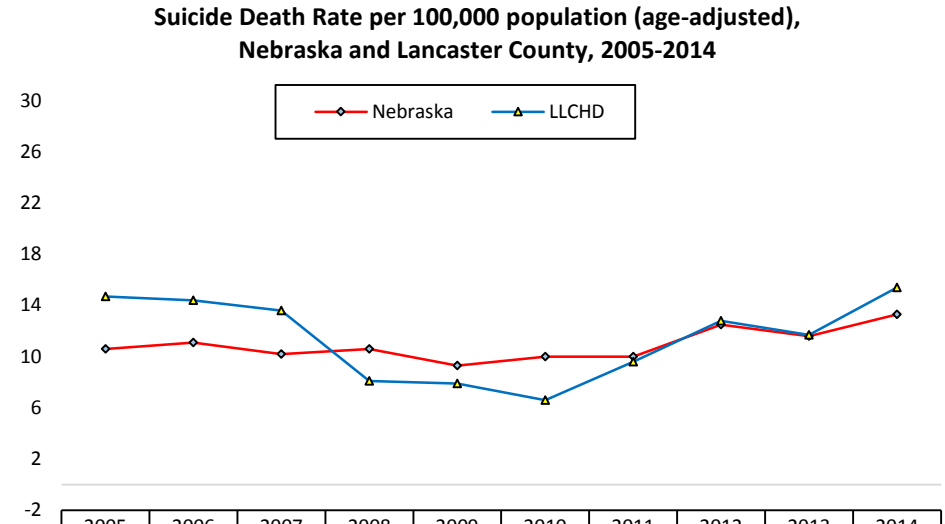


Behavioral Health Related Data



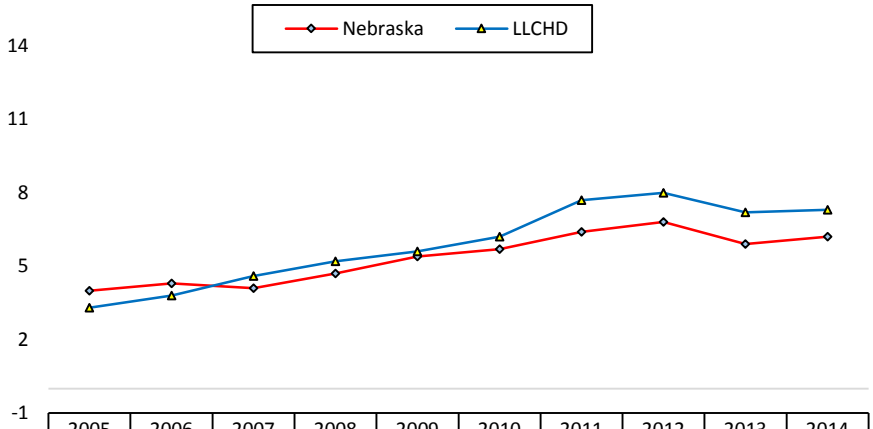
	2011	2012	2013	2014
Nebraska	9.2%	9.0%	8.9%	8.2%
LLCHD	10.1%	10.7%	9.5%	10.5%

*Percentage of adults 18 and older who report that their mental health (including stress, depression, and problems with emotions) was not good on 14 or more of the previous 30 days



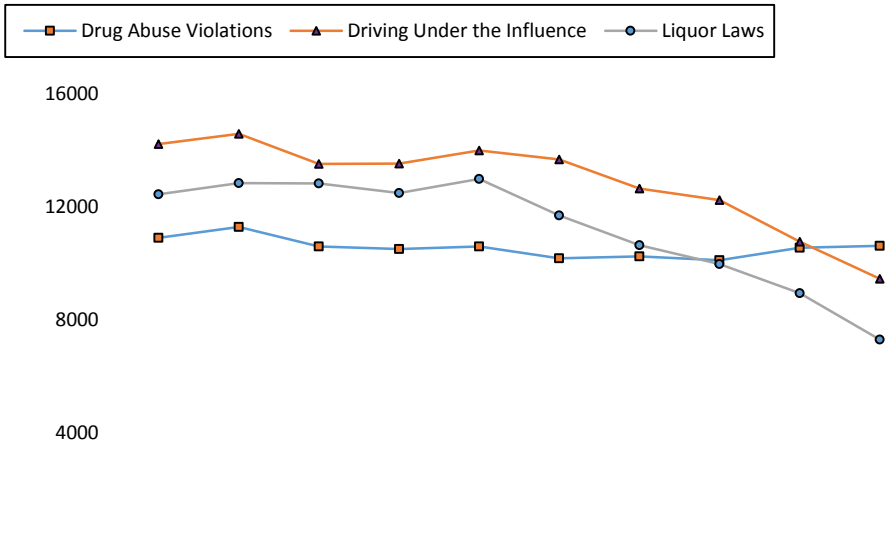
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Nebraska	10.6	11.1	10.2	10.6	9.3	10.0	10.0	12.5	11.6	13.3
LLCHD	14.7	14.4	13.6	8.1	7.9	6.6	9.6	12.8	11.7	15.4

Drug-Induced Death Rate per 100,000 population (age-adjusted), Nebraska and Lancaster County, 2005-2014



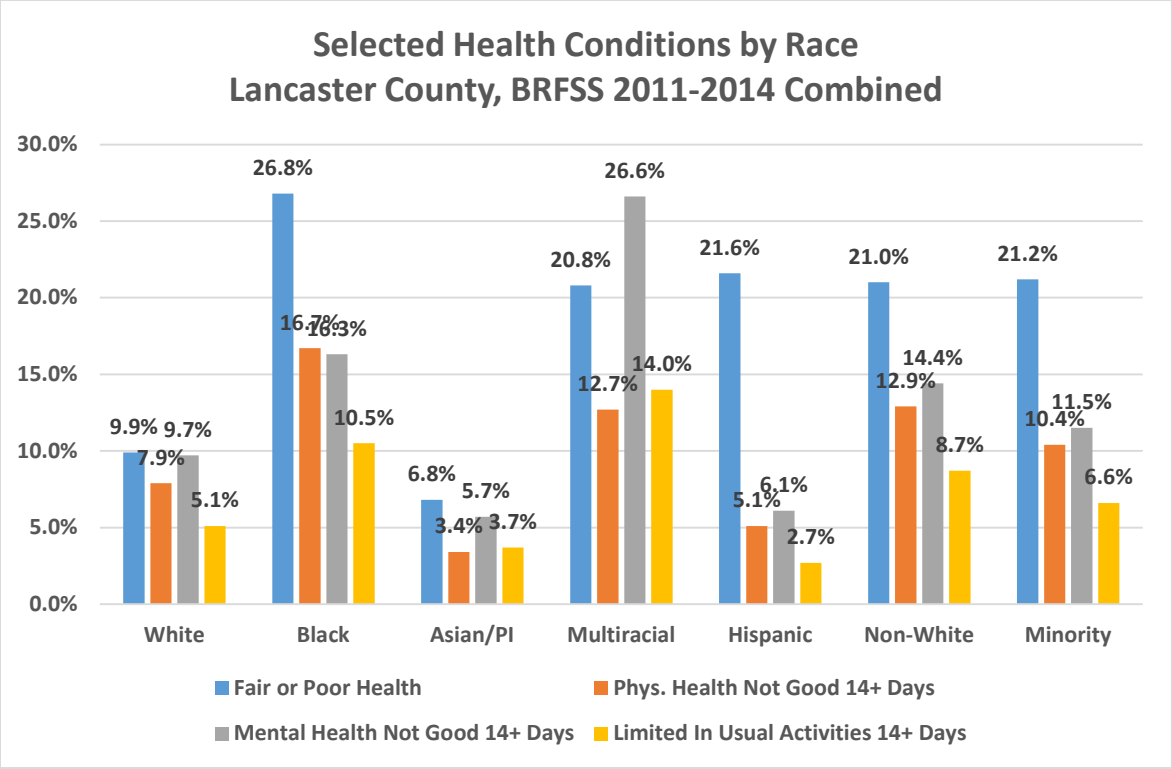
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Nebraska	4.0	4.3	4.1	4.7	5.4	5.7	6.4	6.8	5.9	6.2
LLCHD	3.3	3.8	4.6	5.2	5.6	6.2	7.7	8.0	7.2	7.3

Number of Alcohol and Drug Related Arrests, Nebraska, 2004-2013



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Drug Abuse Violations	10905	11299	10597	10509	10606	10186	10247	10114	10559	10621
Driving Under the Influence	14231	14595	13529	13534	13996	13682	12658	12248	10769	9453
Liquor Laws	12445	12842	12839	12493	12994	11704	10649	9983	8944	7304

Source: Uniform Crime Reports (UCR) data, Nebraska Crime



References:

Readers are advised to review the information presented here for any changes, modifications, additions or deletions in objectives, but to turn to the 2013 CHIP document for narrative and discussion of the topics at that time. The original 2013 work plans for Chronic Disease Prevention and Injury Prevention are included in the Appendices

Lancaster County Community Health Profile, 2015

http://lincoln.ne.gov/city/health/data/pdf/CommunityHealthProfile.pdf

Nebraska Statewide Health Needs Assessment

http://dhhs.ne.gov/publichealth/Documents/2013%20Needs%20Assessment%20Final.pdf

The Nebraska Public Health Improvement Plan

http://dhhs.ne.gov/publichealth/Documents/2013%20SHIP%20Plan%20Final.pdf

Addendum 1 – Chronic Disease

Objective: Increase the percentage of Lancaster County adults who report participating in any leisure time physical activity in the past 30 days from 79.1% to 86% by September 1, 2017. (BRFSS)

Objective: Increase the percentage of 4-8th grade Lincoln Public Schools students passing the district aerobic fitness test (PACER) from 70.0% to 85.0% by September 1, 2017. (LPS/Partnership for a Healthy Lincoln)

Strategy: Implement and promote active transportation (walking and biking) in schools, worksites and communities.

Background: Active transport to interventions are designed to encourage and support youth and adults in engaging in active transportation (e.g., walking, bicycling, skating) to school or work. These programs have the potential to increase physical activity and improve health among a large number of people on a regular basis. Active transport to school interventions often use principles employed in urban design and land use policies and practices at both the street - and community - scale level. Therefore, these interventions have the potential to create sustainable environmental supports for maintaining physical activity in the long term, not only for students of the schools, but for other community members as well.

Key Activities	Lead Staff	Timeline	Partners	Evaluation/Performance Measures/Milestones
Safe Routes to School – Implement a district-wide safe routes to school - Safe routes will be mapped for each of the schools - A website tool that provides students, classrooms, or schools to log on and count their steps and monitor over time, along with providing pedometers, walking packs, helmets, walking school bus resources and a safe routes newsletter are the focus areas of the project.	Teach a Kid to Fish, LLCHD	Fall 2014	LPS	-Document number of schools with completed safe routes and monitor utilization
Walking School Bus – Initiate the opportunity for an active walking school bus district-wide - a group of children who walk together to school supervised by adults - Like a school bus, the group picks up children at stops along the way to school - The walk to school is made safer by the presence of trusted adults - The children may also bike to school in a bicycle train supervised by adults.	Teach a Kid to Fish, LLCHD	Annually	LPS, Parents, CLC's, before & after school programs Neighborhood Associations	-Document progress of number of schools implementing and maintaining a walking school bus; track number of children participating and adult volunteers
Mayor's Pedestrian and Bicycle Committee – Working with LLCHD and other City Departments in recommendations for planning and design practices through built environments. Promotes city events encouraging physical activity and use of trails (International Walk to School Day, Mayor's Bike to Work Week, National Bicycle Challenge, Trail Trek, Biketacular	Committee Chair – Barb Fraser	Ongoing	Mayor's Office, LLCHD, Parks and Rec.	-Document policies implemented and number of participating in community events -Measure adult leisure time physical activity reporting
Develop Bike/Pedestrian Educational Video – "Bike Linc" will be a bike education video series on City TV Channel 10 Health to highlight the City's trail system and bike/pedestrian/vehicle safety issues.	City TV – 10 Health	Spring 2013	LLCHD, Parks and Rec., Public Works, local bike shops, GPTN	-Video program created and aired -Document viewership
Community Asset Mapping – Develop community resource guide that promotes physical activity opportunities in four quadrants of the city to make it more convenient for families to find things close to where they live and work.	Teach a Kid to Fish	Summer 2013	LLCHD, family serving organizations	-Measuring awareness and distribution of maps, increase use of mapped opportunities

Strategy linked with objectives of physical activity and obesity
Strategy linked with action areas: Communities, Schools, Worksites,

Objective: Increase the percentage of Lancaster County adults who report participating in any leisure time physical activity in the past 30 days from 79.1% to 86% by September 1, 2017. (BRFSS)

Objective: Increase the percentage of 4-8th grade Lincoln Public Schools students passing the district aerobic fitness test (PACER) from 70.0% to 85.0% by September 1, 2017. (LPS/Partnership for a Healthy Lincoln)

Strategy: Enhance community planning and design practices through built environments and policy changes that improve connectivity for bike lanes, sidewalks, paths, and trails through neighborhoods and among communities to increase access to physical activity opportunities

Background: The interaction between people and their environments, natural as well as human-made, has re-emerged as a major public health issue. A healthy community is one that continuously creates and improves both its physical and social environments. It also provides easy access and connectivity to other communities - places where every person is free to make choices amid a variety of healthy, available, accessible, and affordable options. Individuals may have the necessary knowledge, skills, attitudes, and motivation to be physically active; however, if they do not have access to the necessary opportunities, they may be restricted or prohibited from being active. Having access to places and opportunities for physical activity and knowing these opportunities exist is important in order to increase physical activity. Neighborhoods that are safe, walkable, and aesthetically pleasing have been found to be associated with significantly greater amounts of walking than neighborhoods that have lower "walkability" scores. Improved pedestrian and cycling infrastructure may promote physical activity by making walking and cycling more appealing, easier, and safer.

Key Activities	Lead Staff	Timeline	Partners	Evaluation/Performance Measures/Milestones
LPlan 2040 Comprehensive Plan – The core promise embedded in LPlan 2040 is to maintain and enhance the health, safety and welfare of our community during times of change, to promote our ideals and values as changes occur, and to meet the needs of today without sacrificing the ability of future generations to meet their needs. LPlan 2040 is specific to Lincoln and Lancaster County and it recognizes the factors that make us unique. This Plan acknowledges the importance and interconnectedness of economic, environmental, and socio-cultural domains, and the ways in which technology and public policy are applied and affect outcomes in these domains.	Public Works, Urban Development	Ongoing	LLCHD, Great Plains Trails Network, Community Members	-Urban design encourages walking/bicycling which improve environmental & physical health. -Neighborhoods are friendly to pedestrians, children, bikes, elderly and people w/disabilities. -Mixed use communities that integrate a variety of housing types and commercial services and serve a variety of income levels allow people to live, work and shop within walking and biking distance.
Pedestrian & Bike Safety Task Force – The primary goal of the Child Pedestrian & Bike Safety Task Force is to create a safer, more pedestrian/bike friendly community for children and their families living in Lincoln and Lancaster County. Bike helmets are made available at health fairs, bike rodeos, and other community safety events for a discounted price, and children are taught how to wear them correctly. Public and parochial elementary schools are provided bike/pedestrian safety resources.	Safe Kids	Ongoing	LLCHD, Public Works, Lincoln Police Dept., Community Members, TAKF	-Creating Point-in-time trail use and helmet use system
Great Plains Trails Network - The Great Plains Trails Network is a group of citizens who advocate and support a network of trails in and around Lancaster County for jogging, biking, walking, etc. The network seeks the acquisition, development and wide availability of trails by securing funding from public and private sources; working cooperatively with governmental agencies; lobbying for favorable legislation; and providing opportunities for persons to learn more about trails, their value and appropriate use.	GPTN	Ongoing	Community Members	-Create and implement better trail signs and mileage markers; Support a Master Plan for trails in Lincoln & Lancaster County; Acquire links to connect existing local trails; Plan for external trail connections with Omaha and the coast-to-coast American Discovery Trail Monitor trail usage; Work with governmental agencies to improve trail safety and utilization

Strategy linked with objectives physical activity and obesity
Strategy linked with action area: Community

Objective: Decrease the percentage of K-8 grade Lincoln Public Schools students who are obese from 16.8% to 14% by September 1, 2017. (LPS - Partnership for a Healthy Lincoln)

Strategy: Develop and implement multidisciplinary programs to expand and enhance health care provider counseling and referral for overweight/obese children.

Background: The need for evidence-based treatment recommendations is a critical health care issue, because obese children and adolescents are at risk for developing many of the comorbidities seen in obese adults. Physician involvement is necessary for medical assessment, management, counseling, and coordination of multidisciplinary obesity treatment. Obese patients who receive counseling and weight management from physicians are significantly more likely to undertake weight management programs than those who do not. Multidisciplinary programs involving pediatricians, registered dietitians, registered nurses, exercise physiologists, and behaviorists are promising.

Key Activities	**Lead Staff**	**Timeline**	**Partners**	**Evaluation/Performance Measures/Milestones**
Community Approach to Child Health (CATCH) – An American Academy of Pediatrics Integrated Community Intervention Model. Local program being implemented by Teach A Kid to Fish to increase screening for obesity and comorbidities in the school setting and increase access to a medical home resources.	Teach a Kid to Fish	Ongoing	Partnership of a Healthy Lincoln, LPS, LLCHD, Dr. Timothy Nelson	-Track behavior change modifications, weight loss or maintenance, medical home and community resource utilization
Foster Healthy Weight in Youth – Nebraska's Clinical Childhood Obesity Model including a provider toolkit, pocket reference algorithm, patient brochures, office posters and training video on the assessment, prevention, and treatment of childhood obesity. All family physicians and pediatricians have received the clinical resources and have been trained in person on the use of these resources.	DHHS Nutrition and Activity for Health Program	Spring 2012	Teach a Kid to Fish, Creighton University School of Medicine, and the Nebraska Medical Association	-Document participation and resource requests from providers
Body Works Program - Provide an 8-week BodyWorks program for children ages 9-14 and their families incorporating nutrition education, fitness, and behavior interventions to reduce overweigh and obese children and families.	Teach a Kid to Fish	Ongoing	LPS, Partnership for a Healthy Lincoln, LLCHD, Dr. Timothy Nelson	-Provide parents/caregivers with tools and strategies to improve family eating and activity habits -Help establish parent/caregiver self-efficacy -Support children and families in reaching and maintaining a healthy weight
Childhood Obesity Clinic – Develop and implement a community obesity clinic. The clinic would provide comprehensive medical and psychological evaluation of overweight and obese children and adolescents. Each patient and family would be helped to develop a treatment program personalized to their situation and goals.	Teach a Kid to Fish	Fall 2014	Lincoln Dietetic Association, Bryan Health, SERMC	-Development of a business plan -Referral system established -Annual health report card system developed -Reduction in obese children

Strategy linked with objectives of physical activity, healthy eating and obesity
Strategy linked with action area: Healthcare, Schools and Community

Objective: Increase the percentage of 4-8th grade Lincoln Public Schools students passing the district aerobic fitness test (PACER) from 70.0% to 85.0% by September 1, 2017. (LPS/Partnership for a Healthy Lincoln)

Objective: Decrease the percentage of K-8 grade Lincoln Public Schools students who are obese from 16.8% to 14% by September 1, 2017. (LPS - Partnership for a Healthy Lincoln)

Strategy: Provide teachers and child care providers with professional development and education to integrate physical activity and reduce screen time during the day.

Background: According to the National Association of State Boards of Education (NASBE), "Health and success in school are interrelated. Schools cannot achieve their primary mission of education if students and staff are not healthy and fit physically, mentally and socially." Studies demonstrate that healthy students perform better in school and attend school on a regular basis. The average student spends approximately 2,000 hours at school per year and making sure that time is spent in a healthy environment conducive to learning becomes the responsibility of educators, parents and the broader community.

Key Activities	Lead Staff	Timeline	Partners	Evaluation/Performance Measures/Milestones
Little Voices for Healthy Choices – An early childhood program using Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) to improve nutrition and physical activity environmental policies of Lincoln child care centers utilizing a nutrition expert training child care centers on NAP SACC.	Teach a Kid to Fish	Spring 2015	Nebraska Department of Education, DHHS, Community Health Endowment, LLCHD, child care centers	-Document participation and policies implemented by area child care centers
54321 GO! - 5-4-3-2-1 GO! is evidence-based messaging which contains recommendations for children to promote a healthy lifestyle: 5 servings of fruits and vegetables a day 4 servings of water a day 3 servings of low-fat dairy a day 2 or less hours of screen time a day 1 or more hours of physical activity a day Presentations, curriculums and activities are available for schools and child care centers. Free lesson plans are available that promote part or all of the 5-4-3-2-1 Go! message that can be used by community organizations or families. A Child Care Toolkit is also available including flyers, posters, and activities to be used in centers and home child care.	LLCHD	Ongoing	Teach a Kid to Fish, schools, CLC's, child care centers, community centers, cultural centers	-Measuring community awareness levels, physical activity rates, policies implemented, center activities
Coordinated School Health - (SPARK Curriculum) Grant program from U.S. Department of Education to increase the amount of physical activity of students in Title I elementary schools. Includes professional development of physical education teachers and program staff of Community Learning Centers and provides physical activity equipment for schools and after school centers.	Marybell Avery, LPS	Ongoing	Partnership for a Healthy Lincoln, LPS, Community Learning Centers, YMCA, Lincoln Parks and Recreation, Teach a Kid to Fish	-Measuring change in physical activity rates, Healthy Fitness Zone scoring, obesity rates, teacher and program leader competency, etc.

Strategy linked with objectives of physical activity, healthy eating and obesity
Strategy linked with action area: Schools and Community

Objective: Increase the percentage of 4-8th grade Lincoln Public Schools students passing the district aerobic fitness test (PACER) from 70.0% to 85.0% by September 1, 2017. (LPS/Partnership for a Healthy Lincoln)

Objective: Decrease the percentage of K-8 grade Lincoln Public Schools students who are obese from 16.8% to 14% by September 1, 2017. (LPS - Partnership for a Healthy Lincoln)

Strategy: Provide access to and opportunities for physical activity before, during, and after school.

Background: In 2008, the U.S. Department of Health and Human Services issued physical activity guidelines for Americans, ages 6 and older. These guidelines recommend that children and adolescents should participate in 60 minutes (1 hour) or more of physical activity daily. Students need access to physical activity throughout the school day to meet these recommendations. Schools can integrate physical activity throughout the school day by scheduling physical activity breaks and including physical activities during academic classes, creating opportunities for students to be active between classes, and providing physical activity before, during, and after school and through organized programs such as intramurals and recess.

Key Activities	**Lead Staff**	**Timeline**	**Partners**	**Evaluation/Performance Measures/Milestones**
Coordinated School Health - (SPARK Curriculum) Grant program from U.S. Department of Education to increase the amount of physical activity of students in Title I elementary schools. Includes professional development of physical education teachers and program staff of Community Learning Centers and provides physical activity equipment for schools and after school centers.	Marybell Avery, LPS	Ongoing	Partnership for a Healthy Lincoln, LPS, CLC's, YMCA, Teach a Kid to Fish, Lincoln Parks and Recreation	-Measuring change in physical activity rates, Healthy Fitness Zone scoring, obesity rates, teacher and program leader competency, etc.
54321 GO! - 5-4-3-2-1 GO! is evidence-based messaging which contains recommendations for children to promote a healthy lifestyle: 5 servings of fruits and vegetables a day 4 servings of water a day 3 servings of low-fat dairy a day 2 or less hours of screen time a day 1 or more hours of physical activity a day Presentations, curriculums and activities are available for schools and child care centers. Free lesson plans are available that promote part or all of the 54321 Go! message that can be used by community organizations or families.	LLCHD	Ongoing	Teach a Kid to Fish, schools, CLC's, child care centers, community centers	-Measuring community awareness levels, physical activity rates, policies implemented, center activities
Community Asset Mapping Project – Developing a map of the Lincoln community with physical activity and healthy eating opportunities. The city will be segmented in 4 quadrants to help families find opportunities close to where they live, work and play.	LLCHD	Summer 2013	Teach a Kid to Fish, family serving organizations	-Measuring awareness and distribution of maps, increase use of mapped opportunities
Coordinated School Health Programs – Partnership for a Healthy Lincoln helped establish a school wellness facilitator position to implement the Nebraska State Board of Education's coordinated school health recommendations. This comprehensive approach to student health and obesity also involves a staff wellness effort.	LPS, PHL	Ongoing	Community Health Endowment, Lincoln Community Foundation, St. Mark's Outreach Fund, Lancaster County Medical Society	-Measuring policies implemented, change in physical activity rates, Healthy Fitness Zone scoring, obesity rates, teacher and program leader competency, etc.

Strategy linked with objectives of physical activity, healthy eating and obesity
Strategy linked with action area: Schools and Community

Objective: Increase the percentage of 4-8th grade Lincoln Public Schools students passing the district aerobic fitness test (PACER) from 70.0% to 85.0% by September 1, 2017. (LPS/Partnership for a Healthy Lincoln)

Objective: Increase the percentage of Lancaster County adults who report participating in any leisure time physical activity in the past 30 days from 79.1% to 86% by September 1, 2017. (BRFSS)

Strategy: Promote the use of existing parks, recreational facilities, fitness centers, and sports programs as opportunities for physical activity.

Background: Safe, accessible, and affordable places for physical activity (e.g., parks, playgrounds, community centers, schools, fitness centers, trails, gardens) can increase activity levels. Ensuring availability of transportation and developing these places with universal design features facilitates access and use by people of all ages and functional abilities. Public areas that are well-lit and patrolled by law enforcement have been shown to make communities safer and increase use of these places for physical activity. Implementing joint use or after-hours agreements for school gymnasiums and community recreation centers increases the use of these facilities by community members. In addition, providing opportunities for older adults to participate in physical activity (e.g., low-cost fitness classes at community centers) promotes functional health, lowers the risk of falls, and improves cognitive function.

Key Activities	**Lead Staff**	**Timeline**	**Partners**	**Evaluation/Performance Measures/Milestones**
Mayor's Pedestrian and Bicycle Committee – Working with LLCHD and other City Departments in recommendations for planning and design practices through built environments. Promotes city events encouraging physical activity and use of trails (International Walk to School Day, Mayor's Bike to Work Week, National Bicycle Challenge, Trail Trek, Biketacular	Committee Chair – Barb Fraser	Ongoing	Mayor's Office, LLCHD, Parks and Rec.	-Document policies implemented and number of participating in community events
Community Asset Mapping Project – Developing a map of the Lincoln community with physical activity and healthy eating opportunities. The city will be segmented in 4 quadrants to help families find opportunities close to where they live, work and play.	LLCHD	Summer 2013	Teach a Kid to Fish, family serving organizations	-Measuring awareness and distribution of maps, increase use of mapped opportunities
Streets Alive – An annual free, family-oriented event celebrating health/wellness in Lincoln. Walk, run, bike, skate or whatever mobility option you choose along a 3.3 mile route stretching from Trago Park via the Antelope Valley trails to Woods Park. The event features live entertainment, more than 50 exhibitors, fitness demonstrations and a fun, safe, pet-friendly way to get off the couch and away from the screens.	Partnership for a Healthy Lincoln	Annually	Community Partners	-Measure participation --- getting people out of their houses and active in the community
Great Plains Trails Network - The GPTN is a group of citizens who advocate and support a network of trails in and around Lancaster County for jogging, biking, walking, etc. The network seeks the acquisition, development and wide availability of trails by securing funding from public and private sources; working cooperatively with governmental agencies; lobbying for favorable legislation; and providing opportunities for persons to learn more about trails, their value and appropriate use.	GPTN	Ongoing	Many dedicated citizens	-Create and implement better trail signs and mileage markers; support a Master Plan for trails in Lincoln & Lancaster County; acquire links to connect existing local trails; plan for external trail connections with Omaha and the coast-to-coast American Discovery Trail; monitor trail usage; work with governmental agencies to improve trail safety and utilization
Family Serving Organizations - A variety of fitness, leisure interest, and human service and youth development programs are offered.	All	Ongoing	Lincoln Parks/Rec, YMCA's, Boys & Girls Club, Cultural Centers, CLC's, etc.	-Measuring membership participation

Strategy linked with objectives of physical activity and obesity
Strategy linked with action area: Community

Objective: Increase the percentage of Lancaster County adults who report participating in any leisure time physical activity in the past 30 days from 79.1% to 86% by September 1, 2017. (BRFSS)

Objective: Increase the percentage of Lancaster County adults who report consuming fruits and vegetables 5+ times per day from 15.9% to 20% by September 1, 2017. (BRFSS)

Objective: Increase the number of adults reporting that they have had their cholesterol checked within the previous 5 years from 69.6% to 73% September 1, 2017.

Strategy: Establish chronic disease self-management programs and referral mechanism through health care providers

Background: Diabetes, arthritis, hypertension, lung disease are examples of chronic conditions that make life unmanageable for millions of older adults and force them to give up their independence too soon. The traditional medical model of caring for people with chronic conditions, which focuses more on the illness than on the patient, is expensive and often ineffective. Addressing chronic conditions requires new strategies to delay health deterioration, improve function, and address the problems that people confront in their day-to-day lives.

Key Activities	**Lead Staff**	**Timeline**	**Partners**	**Evaluation/Performance Measures/Milestones**
Living Well – Chronic Disease Self-Management Program - CDSMP is a low-cost program that helps individuals with chronic conditions learn how to manage and improve their own health, while reducing health care costs. The program focuses on problems that are common to individuals suffering from any chronic condition, such as pain management, nutrition, exercise, medication use, emotions, and communicating with doctors. Led by a pair of trained facilitators who manage their own chronic health conditions, workshops cover 15 hours of material over a six-week period. During the program, approximately 15–20 participants focus on building the skills they need to manage their conditions by sharing experiences and providing mutual support.	DHHS	Ongoing	LLCHD, Lancaster County Medical Society, Aging Partners, YMCA, Senior Living Facilities	-Physician referral system established -Improvement in exercise and ability to participate in one's own care -Improved health status: fatigue, shortness of breath, pain, social activity limitation, illness intrusiveness, depression, and health distress. -Improved health behaviors in variables related to exercise, cognitive symptom management, communication with physicians, and self-efficacy.
Health Coach Model - Promote the health coach model within physician practices. Healthcare professionals provide case coordination and management within the medical home of chronic diseases such as diabetes and obesity. The use of a health coach within the medical home to address chronic diseases improves outcomes, reduces costs, decreases rates of hospitalization, and connects patients to community resources for nutrition and fitness. St. Elizabeth's Physician Network currently uses the health coach model.	LCMS	Ongoing	SERMC, Bryan Health	-Number of physician practices utilizing the health coach model. -Number of patients served by the model. -Rates of hospitalization, clinic visits, and complications of health coach patients. -Cost savings to be based on rates of hospitalization. -Specific disease measurements, such as decreased BMI for obese patients, or lower HgbA1C levels in diabetics can be measured to assess for improvements of the chronic disease.

Strategy linked with objectives of physical activity and healthy eating
Strategy linked with action area: Healthcare, Community

Objective: Increase the percentage of Lancaster County adults who report participating in any leisure time physical activity in the past 30 days from 79.1% to 86% by September 1, 2017. (BRFSS)

Objective: Decrease the percentage of adults in Lancaster County that are overweight or obese from 59.3% to 57% by September 1, 2017. (BRFSS)

Strategy: Identify, summarize, and disseminate best practices, models, and evidence-based physical activity interventions in the workplace.

Background: Technological advancements in the workplace have greatly improved efficiency, reduced redundancy of tasks, and maximized output. However, an unfortunate consequence is that many job tasks in the modern workplace have become increasingly sedentary. Hours at a desk, behind a wheel, or at a counter predispose employees to health problems, which lead to absenteeism, short-term disability, reduced quality of quantity of work, excess health care costs, and overall work impairment. Because of their close ties to employees, business and industry can encourage positive physical activity behavior change in a supportive context of workplace policies and culture. By leveraging community resources and using health benefits incentives, business and industry also have an opportunity to reach families and the broader community.

Key Activities	Lead Staff	Timeline	Partners	Evaluation/Performance Measures/Milestones
WorkWell/Nebraska Safety Council – Provides key worksite wellness initiatives in Southeast Nebraska including: Train-the-trainer meetings and workshops for non-health professionals to assist in the delivery of a good evidence-based wellness program; turn-key resources to save time for the worksite representative assigned to wellness; data collection services and wellness plan design through the use of a health risk appraisal and consultation services; and networking opportunities for companies to share successful program ideas.	Nebraska Safety Council	Ongoing	LLCHD, DHHS, local businesses	-Document policies implemented -Document positive changes in tobacco use, physical activity, fruit and vegetable consumption, overweight/obesity, and many other health behaviors -Measure changes in annual Health Risk Appraisals
Evidenced Based Policies: Ex: Stairwell enhancement; physical fitness/lifestyle counseling, walking trails/clubs; offer flexible work hours to allow for physical activity during the day; map out on-site trails or nearby walking routes; host walk-and-talk meetings; post motivational signs at elevators and escalators to encourage stair usage; provide bicycle racks in safe, convenient, and accessible locations.	Nebraska Safety Council	Annually	LLCHD, DHHS, local businesses	-Document policies implemented -Document positive changes in tobacco use, physical activity, fruit and vegetable consumption, overweight/obesity, and many other health behaviors -Measure changes in annual Health Risk Appraisals

Strategy linked with objectives of physical activity, healthy eating and obesity
Strategy linked with action area: Workplace

Objective: Increase the percentage of Lancaster County adults who report consuming fruits and vegetables 5+ times per day from 15.9% to 20% by September 1, 2017. (BRFSS)
Objective: Decrease the percentage of adults in Lancaster County that are overweight or obese from 59.3% to 57% by September 1, 2017. (BRFSS)

Strategy: Train worksites on procurement of healthier foods, such as fruits and vegetables, which are sold in worksite vending machines and cafeterias.

Background: Worksite wellness policies can have long-term impacts on the health of employees and the community. At the same time, these initiatives can also reduce health care costs, increase productivity, reduce absenteeism and improve employee morale. Many employers have implemented worksite wellness programs to promote the health and well-being of their employees, but have not integrated these programs into written policies. Employers across the country are exploring innovative approaches to worksite wellness policies that incorporate a broad vision of health. Increasingly, these initiatives are geared toward improving the health of the workplace through healthy food procurement

Key Activities	Lead Staff	Timeline	Partners	Evaluation/Performance Measures/Milestones
WorkWell/Nebraska Safety Council – Provides key worksite wellness initiatives in Southeast Nebraska including: Train-the-trainer meetings and workshops for non-health professionals to assist in the delivery of a good evidence-based wellness program; turn-key resources to save time for the worksite representative assigned to wellness; data collection services and wellness plan design through the use of a health risk appraisal and consultation services; and networking opportunities for companies to share successful program ideas.	Nebraska Safety Council	Ongoing	DHHS NAFH, LLCHD, local businesses	-Document positive changes in tobacco use, physical activity, fruit and vegetable consumption, overweight/obesity, and many other health behaviors
Evidenced Based: Distribute sample nutritional guidelines to businesses developed by DHHS NAFH that employers can voluntarily adopt for use in workplace cafeterias or vending machines (i.e. nutrition criteria, pricing strategies, percentages of healthy foods recommended in vending machines, and promotion strategies)	LLCHD, dietetic interns	Annually	DHHS NAFH, LLCHD, local businesses	-Document % of worksites that have adopted nutritional guidelines (from 2013/14 Worksite Wellness Survey)
Evidenced Based: Distribute point of sale icons to businesses developed by DHHS NAFH that include nutrition labels to help employees better identify healthier options in workplace cafeterias and vending machines.	LLCHD, dietetic interns	Annually	DHHS NAFH, LLCHD, local businesses	-Document % of worksites that offer healthier vending items and cafeteria options (from 2013/14 Worksite Wellness Survey)

Strategy linked with objectives healthy eating and obesity
Strategy linked with action area: Workplace

Objective: Decrease the percentage of K-8 grade Lincoln Public Schools students who are obese from 16.8% to 14% by September 1, 2017. (LPS - Partnership for a Healthy Lincoln)

Strategy: Encourage schools and child care facilities to conduct self-assessments and develop action plans aimed at improvements with procurement of healthier foods that they can make in their policies, practices, and/or environments.

Background: Eating a healthy diet helps children stay alert during class, fight off illnesses, and grow into strong, healthy adults. School children get up to half the food they need each day at school, which makes schools an important place for learning healthy eating habits. School food policies help schools provide children with foods and drinks that are part of a healthy diet. The National School Lunch Program and the School Breakfast Program provide complete meals to millions of American children every day. The United States Department of Agriculture (USDA) requires the meals served by these programs to be healthy and nutritious. New guidelines effective in 2012 will make school meals healthier.
School food policies may also include limits on food for celebrations and rewards, restrictions on food and beverage marketing in schools, and development of farm-to-school programs and school gardens.

Key Activities	Lead Staff	Timeline	Partners	Evaluation/Performance Measures/Milestones
54321 GO! - 5-4-3-2-1 GO! is evidence-based messaging which contains recommendations for children to promote a healthy lifestyle: 5 servings of fruits and vegetables a day 4 servings of water a day 3 servings of low-fat dairy a day 2 or less hours of screen time a day 1 or more hours of physical activity a day Presentations, curriculums and activities are available for schools and child care centers. Free lesson plans are available that promote part or all of the 54321 Go! message that can be used by community organizations or families. A Child Care Toolkit is also available including flyers, posters, & activities to be used in centers and home child care.	LLCHD	Ongoing	Teach a Kid to Fish, LPS CLC's, Rec. Centers, Cultural Centers	-Measuring community awareness levels, healthy eating procurement policies implemented, fruits and vegetable consumption rates, center activities
Little Voices for Healthy Choices – An early childhood program using Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) to improve nutrition and physical activity environmental policies of Lincoln child care centers utilizing a nutrition expert training child care centers on NAP SACC.	Teach a Kid to Fish	Spring 2015	Nebraska Department of Education, DHHS, Community Health Endowment, LLCHD, child care centers	-Document participation and policies implemented by area child care centers
Sugar Beverages - Partnership for a Healthy Lincoln is working on a community-wide initiative to decrease consumption of sugar-sweetened beverages using a media campaign focused on education and changing facility environments by changing the content of vending machines.	Partnership for a Healthy Lincoln	2013	Businesses, Schools, Hospitals, NMA Alliance for Healthier Generation, Partnership for a Healthy Lincoln, Teach a Kid to Fish	-Number of facilities that have signed on to a community beverage vending policy -At least 10 organizations implement policies by end of 2013
Lincoln Public Schools Wellness Committee – Doing meaningful work for the students in the district, contributing both to successful learning performance and lifelong wellbeing. Partnership for a Healthy Lincoln is working with Lincoln Public Schools and several other organizations to improve and implement district-wide wellness policies regarding junk food fundraisers, the use of food as a reward, availability of healthy snacks, and the reduction of exposure to sugar-sweetened beverages.	LPS	Ongoing		-Document policies implemented

Strategy linked with objectives healthy eating and obesity
Strategy linked with action area: Schools, Childcares

Objective: Increase the percentage of Lancaster County adults who report consuming fruits and vegetables 5+ times per day from 15.9% to 20% by September 1, 2017. (BRFSS)
Objective: Decrease the percentage of adults in Lancaster County that are overweight or obese from 59.3% to 57% by September 1, 2017. (BRFSS)
Objective: Decrease the percentage of K-8 grade Lincoln Public Schools students who are obese from 16.8% to 14% by September 1, 2017. (LPS - Partnership for a Healthy Lincoln)

Strategy: Identify resources to support gardens – local farmers, professionals to encourage links between schools and child care, community garden programs, and local businesses

Background: Community garden programs can make lasting impact on communities by providing open space for community gatherings and family events, bringing neighbors together of various ages, races and ethnic backgrounds, offering educational opportunities and vocational skills for youth and adults, and helping build methods to encourage the donation of surplus produce to food shelters.

Key Activities	Lead Staff	Timeline	Partners	Evaluation/Performance Measures/Milestones
Community CROPS (Combining Resources, Opportunities, and People for Sustainability) – Community gardens providing the opportunity to share knowledge, educate, experience personal growth, and provide green spaces for mental, spiritual and physical healing and well-being. CROPS now has sixteen community garden sites, a training farm, a successful Community Supported Agriculture program, a regular stand at the Old Cheney Road Farmers' Market, and more.	Community CROPS	Ongoing	Community volunteers, businesses	-Document participation, production, expansion, sharing profits, etc.
Community CROPS Youth Program - Offers a variety of opportunities for young people to connect with growing, cooking and eating healthy vegetables. The Mickle Young Farmers Program is helping middle school kids learn about growing food as a business. At Prescott Elementary School, students are planting and growing a variety of fresh vegetables in their new garden beds. Sunset Community Farm, the CROPS training farm site, is available for tours by school groups, scout troops and others. Opportunities at the farm for kids to learn include seeing how vegetables grow; meeting chickens, identifying insects and much more. CROPS staff are available to present classes to groups of young people on gardening, cooking and composting.	Community CROPS	Ongoing	Community volunteers, businesses, LPS	-Measuring participation, knowledge gained, production, expansion, etc.
Development of a Community Food Security Plan - A strong, sustainable, local and regional food system that ensures access to affordable, nutritious, and culturally appropriate fresh food for all people at all times. It is a condition in which all community residents obtain a safe, nutritionally adequate diet through a food system that promotes community self-reliance and social equity.		Fall 2014	Lincoln Food Bank, CFPIN, DHHS, Community Crops, UNL Cooperative Extension, Teach a Kid to Fish, Nebraska Buy Fresh Buy Local, LLCHD, City of Lincoln, others	-Review other communities food security plans -Food systems plan developed for the community

Strategy linked with objectives healthy eating and obesity
Strategy linked with action area: Community, Schools

Objective: Increase the percent of Lancaster County WIC infants & children less than 2 years of age who are breastfed five weeks or more in duration from 54.9% to 60% by September 1, 2017 (WIC)

Strategy: Establish, expand and promote community based support for breastfeeding mothers

Background: Even though breastfeeding is strongly encouraged by public health and medical experts as the first step to prevent obesity in a child's life, exclusive breastfeeding rates remain low. The majority of mothers initiate breastfeeding in the hospital setting, but rates drop quickly in the early months of an infant's life. Hospital practices, peer support programs, outpatient breastfeeding services and work site practices all impact breastfeeding rates. Maternity care practices that support and encourage breastfeeding in the hospital setting have a lasting impact on a baby's likelihood of being breastfed. Once a mother leaves the hospital setting, it is vital that she be able to access timely and knowledgeable assistance if she experiences breastfeeding problems or requires additional information and support. The majority of WIC infants are covered by Medicaid insurance. While private insurance companies are now phasing in breastfeeding assistance, Medicaid does not provide coverage for breastfeeding help. Mothers are able to access limited help through some physician offices, and through peer counselor programs provided by La Leche League and Family Service WIC. Mothers are the fastest growing segment of the US labor force. Approximately 70% of employed mothers with children younger than 3 years of age work full time. One third of these mothers return to work within 3 months of giving birth and two thirds return within 6 months. The intent to work full time is significantly associated with lower rates of breastfeeding initiation, and, both the intent to work full time and working full time are associated with lower rates of breastfeeding duration.

Key Activities	**Lead Staff**	**Timeline**	**Partners**	**Evaluation/Performance Measures/Milestones**
Lincoln Community Breastfeeding Coalition - Pursue a community wide breastfeeding initiative to implement consistent, evidence based policies within Lincoln hospitals and among Lincoln breastfeeding support providers. Also establish a community-wide breastfeeding data collection system.	Lancaster County Medical Society, Partnership for a Healthy Lincoln	2014	Milkworks, Bryan Health, Saint Elizabeth Regional Medical Center, Teach a Kid to Fish, La Leche League, LLCHD WIC	-Policies are developed and implemented. -Community wide breastfeeding data collection system is established.
The Fair Labor Standards Act and Breastfeeding Mothers – Continue awareness and education on the Fair Labor Standards Act	DHHS Nutrition and Activity for Health Program	2013	Milkworks, WorkWell, Nebraska Breastfeeding Coalition, Nebraska Women's Health Advisory Council	-Presentations/educational sessions provided and participation numbers documented -Worksite policies implemented
Expansion of Peer Support Programming – Expand the provision of peer support programs both prior to and during breastfeeding.	Established Community Breastfeeding Coalition	2014	Saint Elizabeth Regional Medical Center, Bryan Health, MilkWorks, WIC agencies, La Leche League	-Measuring groups established, participation, breastfeeding rates of initiation, exclusivity and duration
Outpatient Support for Low Income Mothers - Pursue community wide support and funding for outpatient (post hospital) breastfeeding services for low income mothers and their babies. MilkWorks, a community breastfeeding center, has board certified lactation consultants and a breastfeeding medicine specialist. They provide comprehensive breastfeeding help for low income mothers with funding from local foundations and donors. The majority of this funding will expire in 2013.	Milkworks	2013	Family Service and LLCHD WIC, Nebraska Breastfeeding Coalition, Lincoln Community Breastfeeding Coalition, Saint Elizabeth Regional Medical Center, Bryan Health	-Measure support system implementation, funding sources, number of new mothers being served

Strategy linked with objectives healthy eating and obesity
Strategy linked with action area: Community, Worksites, Healthcare

Objective: Decrease the percentage of adults in Lancaster County that are overweight or obese from 59.3% to 57% by September 1, 2017. (BRFSS)
Objective: Decrease the percentage of K-8 grade Lincoln Public Schools students who are obese from 16.8% to 14% by September 1, 2017. (LPS - Partnership for a Healthy Lincoln)

Strategy: Reduce sugar-sweetened beverage intake

Background: Sugar-sweetened beverages contain caloric sweeteners and include soft drinks ("soda" or "pop"), juice drinks, sports drinks, tea and coffee drinks, energy drinks, sweetened milk or milk alternatives, and any other beverages to which sugar has been added. Sugar-sweetened beverages may also be referred to as sugary drinks or sugar-loaded drinks. Although many factors influence the rapidly increasing rates of obesity, research indicates that sugar-sweetened beverages play a significant role in driving current obesity trends. Some argue that individual food items should not be targeted in order to address obesity because any treat can be consumed in moderation. However, sugar-sweetened beverages are no longer being consumed as a treat, but rather as a regular and large contributor of daily calories. Sugar-sweetened beverages now account for approximately 10% of total calories consumed in the US diet. Today, 63% of adults and 80% of youth consume a sugar-sweetened beverage on an average day. The per-capita average consumption each year of carbonated soft drinks alone is estimated at 736 eight-ounce servings among Americans, or about 46 gallons a year per person. This figure does not include other sugar-sweetened beverages. Americans consume about 250–300 more daily calories today than several decades ago, and nearly half of this increase can be explained by greater consumption of sugar-sweetened beverages. Most sugar-sweetened beverages, including soda, offer "empty" calories, meaning they have no nutritional value, and do nothing to support health. Furthermore, in order to burn off the 150 calories found in a 12-oz soda, an adult must walk briskly for 30 minutes. Because so few people engage in this amount of exercise, consuming sugar-sweetened beverages makes it even harder to balance a healthy amount of calories.

Key Activities	**Lead Staff**	**Timeline**	**Partners**	**Evaluation/Performance Measures/Milestones**
Community Campaign – Rethink Your Drink: working on a community-wide initiative to decrease consumption of sugar-sweetened beverages using a media campaign focused on education and changing facility environments by changing the content of vending machines.	Partnership for a Healthy Lincoln	2013	LCMS, LPS, LLCHD	-Number of facilities that have signed on to a community beverage vending policy
54321 GO! - 5-4-3-2-1 GO! is evidence-based messaging which contains recommendations for children to promote a healthy lifestyle: 5 servings of fruits and vegetables a day 4 servings of water a day 3 servings of low-fat dairy a day 2 or less hours of screen time a day 1 or more hours of physical activity a day Presentations, curriculums and activities are available for schools and child care centers. Free lesson plans are available that promote part or all of the 54321 Go! message that can be used by community organizations or families. A Child Care Toolkit is also available including flyers, posters, & activities to be used in centers and home child care.	LLCHD	Ongoing	Teach a Kid to Fish, LPS CLC's, Rec. Centers, Cultural Centers	-Measuring community awareness levels, healthy eating procurement policies implemented, fruits and vegetable consumption rates, center activities
Nebraska Safety Council/WorkWell: Distribute sample nutritional guidelines to businesses developed by DHHS NAFH that employers can voluntarily adopt for use in workplace cafeterias or vending machines (nutrition criteria, pricing strategies, % of healthy foods recommended in vending machines, and promotion strategies)	LLCHD – dietetic interns	Annually	LLCHD, dietetic interns	-Document % of worksites that have adopted nutritional guidelines (from 2013/14 Worksite Wellness Survey)
Nebraska Safety Council/WorkWell: Distribute point of sale icons to businesses developed by DHHS NAFH that include nutrition labels to help employees better identify healthier options in workplace cafeterias and vending machines.	LLCHD – dietetic interns	Annually	LLCHD, dietetic interns	-Document % of worksites that offer healthier vending items and cafeteria options (from 2013/14 Worksite Wellness Survey)

Strategy linked with objectives healthy eating and obesity
Strategy linked with action area: Community

Objective: Decrease the prevalence of tobacco use among Lancaster County adults from 21.9% to 18.5% by September 1, 2017. (BRFSS)

Strategy: Implement community and organizational policies for smoke free/tobacco free environments

Background: A smoke-free policy is an effective strategy for reducing exposure to secondhand smoke. Employers, regulatory agencies, and policymakers implement smoke-free policies to eliminate smoking in designated settings. Types of smoke-free policies include voluntary policies implemented by businesses or organizations; regulations issued by accrediting agencies or boards of health; or laws enacted by local, state, or federal governments. Policies are implemented to provide protection from secondhand smoke exposure, to create healthier environments, and to change social norms around tobacco use. They may also have the added benefits of encouraging smokers to reduce their overall tobacco consumption and aiding those trying to quit. Smoke-free policies are increasing in number in various settings throughout the United States. Although outdoor public places may be targeted, policies most commonly are implemented in indoor worksites and public places to protect employees, patrons, and visitors from secondhand smoke exposure.

Key Activities	**Lead Staff**	**Timeline**	**Partners**	**Evaluation/Performance Measures/Milestones**
Lincoln Smoking Regulation Act – The Lincoln Police Department (LPD), Lancaster County Sheriff's Office (LSO) and Lincoln-Lancaster County Health Department (LLCHD) will work together to enforce the Lincoln Smoking Regulation Act and the Nebraska Clean Indoor Air Act. LLCHD Tobacco Health Educators and Air Quality inspectors will track and respond to complaints, work with businesses to comply with the Act and discuss designation of smoke-free entrances within 15 feet or more of the outside doorways. LPD and LSO will investigate and issue citations for observed violations of the Act.	LLCHD	Ongoing	LPD, LSO	Evaluation of non-compliance to the city and state policy
Workplace Policies – Businesses will receive information on smoke-free tobacco campus policy and be encouraged to work towards enacting a policy.	LLCHD	Ongoing	Nebraska Safety and Wellness Council, Businesses	Increase the number of worksites with smoke/tobacco free policies
Multi-unit Housing – Identify a minimum of 38 additional multi-housing buildings with a voluntary smoke-free policy to be added to the Smoke-Free Housing Registry. Contact a minimum of 40 retirement and assisted living businesses regarding conducting tobacco prevention education presentations with administration, staff and clients.	LLCHD	Fall 2014	Multi-unit Housing Administrators	Increase the number of multi-unit housing with smoke/tobacco free policies
Smoke-Free Housing Options Booklet – Lancaster County booklet will be used to educate a minimum of 200 multi-unit housing owner/managers on the benefits of smoke/tobacco-free policy. An article on the benefits of smoke-free housing policies will be placed in REOMA's (Real Estate Owners and Managers Association) newsletter and in the Lincoln Housing Authority's newsletter reaching 6,000	LLCHD	Fall 2014	Multi-unit Housing Administrators	Increase the number of multi-unit housing with smoke/tobacco free policies
Tobacco Free Parks/Recreation Areas – Provide awareness and education in the Lincoln community about the importance of tobacco-free parks and recreation areas. A campaign will be developed to educate about the new city executive order for smoke free parks.	LLCHD	Summer 2013	City of Lincoln, Parks and Recreation, TFLC	Document awareness activities and changes in public knowledge

Strategy linked with objectives of tobacco use
Strategy linked with action area: Community, Worksites

Objective: Decrease the prevalence of tobacco use among Lancaster County youth 16.4% to 14% by September 1, 2017. (YRBS)				
Strategy: Utilize school, community and law enforcement collaborations to prevent youth initiation				
Background: Retailers play a role in protecting the health of America's youth by not selling, marketing, or advertising cigarettes or smokeless tobacco products to underage children and adolescents. Tobacco use causes more than 400,000 deaths each year, and, because a large majority of Americans start smoking before reaching the age of 18, many of these deaths can be prevented by discouraging young people from initiating tobacco use.				
Key Activities	**Lead Staff**	**Timeline**	**Partners**	**Evaluation/Performance Measures/Milestones**
ID Check Training - The Lincoln Police Department will provide six Tobacco ID trainings for an estimated 35 owners, managers and employees of tobacco retail stores. This training is designed to provide information to prevent the sale of tobacco products to minors and will include Nebraska laws concerning tobacco, what to look for when checking a driver's license or ID card, what to do when minors attempt to purchase tobacco, and how to responsibly display tobacco products.	LPD	Ongoing	LLCHD	-Document number of attendees and change in knowledge
Tobacco Compliance Checks - At least three youth volunteers aged 14-17 will be recruited for each compliance check and trained in appropriate purchase procedures and paper documentation prior to participating in the tobacco compliance check program. A minimum of 16 tobacco retailer compliance checks will be done in Lincoln. At least 2 law enforcement vehicles, each with 2 officers and 1-2 youth, will assess an average of 40 Lincoln tobacco retailers during each check. A minimum of 4 tobacco retailer compliance checks will be done in rural Lancaster County. Three to four law enforcement vehicles, each with 1 deputy and 1-2 youth, will assess 15-20 rural tobacco retailers during each check.	LLCHD	Ongoing	LPD, LSO	-Document compliance rate

Strategy linked with objectives of tobacco use
Strategy linked with action area: Worksites

Objective: Decrease the prevalence of tobacco use among Lancaster County adults from 21.9% to 18.5% by September 1, 2017. (BRFSS)				
Strategy: Expand and enhance collaboration among health care providers and community tobacco cessation resources aimed at improving promotion, referral and utilization.				
Background: This strategy's primary focus is to have healthcare providers identify tobacco-using patients and both increase the frequency and improve the effectiveness of their treatment. This strategy can be used in various healthcare delivery systems (i.e., a network of healthcare professionals and facilities organized to deliver patient care, such as private practices, managed care organizations, hospitals, and public health clinics) and can involve a variety of healthcare provider specialties such as primary care, cardiology, pulmonology, surgery, obstetrics, and dentistry.				
Key Activities	**Lead Staff**	**Timeline**	**Partners**	**Evaluation/Performance Measures/Milestones**
Family Physicians - Assist with educating family physicians at state and local meetings and through online CME on effective treatment for tobacco dependence. Encourage family physicians to ask patients about tobacco use and act to help them quit. Distribute provider materials on motivational interviewing. Share local cessation resources.	LCMS	Ongoing	Physicians Network, Tobacco Free Nebraska, LLCHD	-Document education sessions and number of participants, materials distributed, referral rates
Healthcare provider reminder system – Assist offices to implement a system that identifies patients who use tobacco and reminds clinicians to advise these patients against tobacco use at every visit. Individuals from the clinical or office staff manage the system, and clinicians are reminded through the use of medical chart stickers, medical record flow sheets, or checklists. A reminder system can also work by expanding the vital signs profile to include tobacco use. With electronic medical record systems, automated versions of these methods have been created.	LCMS	Fall 2014	Physicians Network, Tobacco Free Nebraska, LLCHD	-Measure whether systems are implemented, referral rates, quit rates

Strategy linked with objectives of tobacco use
Strategy linked with action area: Healthcare

Objective: Increase the number of adults reporting that they have had their cholesterol checked within the previous 5 years from 69.6% to 73% September 1, 2017.

Strategy: Create systems or promote system changes that will increase preventive health screening, particularly for minority and underserved populations.

Background: Preventive screenings are an important part of health promotion efforts. Many preventive screenings have been recognized as a cost-effective way to identify and treat potential health problems before they develop or worsen. All adults age 20 or older should have a cholesterol test once every five years. Your blood offers many clues about your heart health. For example, high levels of "bad" cholesterol in your blood can be a sign that you're at increased risk of having a heart attack.

Key Activities	Lead Staff	Timeline	Partners	Evaluation/Performance Measures/Milestones
Million Hearts™ - A national initiative to prevent 1 million heart attacks and strokes over five years. Million Hearts™ brings together communities, health systems, nonprofit organizations, federal agencies, and private-sector partners from across the country to fight heart disease and stroke. CIMRO of Nebraska, the Nebraska Department of Health and Human Services and the American Heart Association (Midwest chapter) have recently partnered to launch the ABCS Learning and Action Network (LAN) to improve cardiovascular health in Nebraska. The LAN will work to align efforts and help partners experience success as we work towards common, unifying goals of Aspirin for people at risk (and A1C in the case of diabetes), Blood pressure control, Cholesterol management and Smoking cessation (ABCS).	CIMRO	Ongoing	DHHS, NE Heart Assn., SERMC, LLCHD, NE Pharmacy Assn.	Make clear, through communication, clinical measurement and reporting, to healthcare providers and outpatient health care facilities that improving care of the ABCS clinical measures, starting with high blood pressure is a top priority A – aspirin therapy for high risk & A1C screens B – Blood Pressure Screening C – Cholesterol Screening S – Smoking Cessation
Action Now – Community Diabetes Prevention and Control Coalition – promoting "Knowing Your Numbers" blood pressure, cholesterol, BMI	LLCHD	Ongoing	SERMC, B&R Stores, MTK, YMCA, DHHS, TAKF,	-Measuring screening progress with minority populations
Nebraska Safety Council/WorkWell: Health Risk Appraisal promotion with biometric screening to businesses	Nebraska Safety Council	Annually	Local Businesses	-Measuring annual HRA results

Strategy linked with the preventive health screening objective
Strategy linked with action area: Healthcare, Community

Addendum 2 – Injury Prevention

GOAL: Prevent unintentional injury and violence, and reduce their consequences

Motor Vehicle

Objectives	Actions/Strategies	Lead Agency	Partner Organizations
By 2017, increase observed use of safety belts in Lancaster County by 3%. (Baseline 82%, 3 year average, 2010-12 NDOR)	Support a primary safety belt law.	Nebraska Safety Council	SKLLC, Lincoln-Lancaster County Health Department
By 2017, increase use (and proper use) of child restraint systems in Lancaster County by 2%. (Baseline 94%, 3 year average, 2010-12 NDOR)	Establish a permanent, no/low cost car seat fitting station by 2017.	SKLLC	Lincoln-Lancaster County Health Department, Nebraska Safety Council
	Enhance child restraint public education efforts by 2013.	SKLLC	Nebraska Safety Council
By 2017, reduce injuries to child cyclists/pedestrians by 3%. (Baseline 213, 2009-9/2011 annual average NHA)	Provide a "toolkit" of child bike/pedestrian safety resources to elementary, middle schools, and neighborhood associations by 2013.	Lincoln-Lancaster County Health Department, SKLLC	LPS, Neighborhood Associations
	Include safety and health professionals, advocates, and parents in traffic design planning of new and existing schools by 2017.	Lincoln-Lancaster County Health Department, SKLLC	LPS, Private School Administrators, City of Lincoln Public Works, Nebraska Safety Council, Nebraska Unicameral
By 2017, reduce number of Lancaster County youth 15 to 19 years of age involved in distracted driving crashes by 3%. (Baseline 1,496, 2009-9/2011 annual average NDOR)	Support state and national student driver education and enforcement efforts.	Nebraska Safety Council	NEDHHS, SCC Driver Education Program, Lincoln Police Department, Lancaster County Sheriff's Office
	Enhance student education on risks/prevention of distracted driving.	Nebraska Safety Council, Lincoln-Lancaster County Health Department	Lincoln Police Department, Lancaster County Sheriff's Office, LPS, auto insurance companies
By 2017, reduce number of Lancaster youth 15 to 19 years of age involved in crashes on unpaved roads by 3%. (Baseline 49, 2009-9/2011 annual average NDOR)	Increase awareness of the specific dangers and consequences of driving on gravel roads to students and parents.	Nebraska Safety Council	Rural high school administrations

Falls

Objectives	Actions/Strategies	Lead Agency	Partner Organizations
By 2017, reduce the rate of fall-related injuries to children 1 to 10 years of age occurring on public and private playgrounds by 3%. (Baseline 133, 2009-9/2011 annual average NHA)	Conduct assessments of safety risks at a minimum of 100 public and/or private playgrounds.	LLCHD	Lancaster County Child Care Association
	Enhance playground safety public education efforts.		Lincoln-Lancaster County Health Department, SKLLC
By 2017, reduce the rate of fall-related injuries to adults 65 and older by 2%. (Baseline 2,396, 2009-9/2011 annual average NHA)	Implement an evidence-based, multi-faceted older adult fall prevention program.	Aging Partners	Lincoln-Lancaster County Health Department, NE DHHS, older adult housing facilities
	Enhance older adult fall prevention public education efforts.	Aging Partners	Lincoln-Lancaster County Health Department, Aging Partners, and other health related agencies

Sports Safety

Objectives	Actions/Strategies	Lead Agency	Partner Organizations
By 2017, reduce the rate of sports related injury to children 4 to 14 years of age by 3%. (Baseline 574, 2009-9/2011 annual average NHA)	Educate volunteer youth league coaches regarding risks, consequences, and prevention of sports-related injury through live and taped sports safety clinics.	SKLLC	Local youth sports leagues/organizations
	In partnership with youth sports leagues, provide parents with sports safety information.	SKLLC	Local youth sports leagues/organizations

Poison Prevention

Objectives	Actions/Strategies	Lead Agency	Partner Organizations
By 2017, reduce the rate of unintentional poison-related injuries to children 0 to 14 years of age by 3%. (Baseline 134/year 2009-9/2011 NHA)	Provide poison prevention information to families, Head Start programs, and child care providers using newsletters, trainings, and social media.	LLCHD	SKLLC, Nebraska Poison Control Center
	Promote increased participation in Nebraska MEDS Disposal TAKEAWAY Environmental Return System events from 2012 onward.	LLCHD	SKLLC, Nebraska Pharmacy Association
By 2017, reduce the rate of medication misuse injuries to adults 65 years of age and older by 3%. (Baseline ___ NPCC)	Increase public awareness of the prevalence and dangers of drug misuse among adults 65 and older.	Aging Partners	Lincoln-Lancaster County Health Department, Nebraska Pharmacy Association, and other health related agencies

Intentional Injury Prevention

Objectives	Actions/Strategies	Lead Agency	Partner Organizations
By 2017, reduce youth involvement in physical fights by 3%. (Baseline 25.7%, 2011 YRBS)	Support national, state, and local youth vs. youth violence prevention efforts.	UNL	LPS
By 2017, reduce the number of Lancaster County 9th-12th grade youth "seriously considering" suicide by 2%. (Baseline 12.3%, 2011 YRBS)	Support national, state, and local youth vs. suicide prevention efforts.	Violence Prevention Council	LPS, UNL

Addendum 3--Scoring of Health Issues from MAPP (with some consolidation)

Health Issue/Behavior--2015	Size of the problem	Comparison of rates	Historical Trends	Economic/ Social impact	Subject to Change	Capacity of the local public health system	Readiness/ political will	Score	Rank
Diabetes	2	2	4	5	4	4	4	***3.89***	1
Excessive drinking (adults)	2	4	3	5	4	3	3	***3.78***	4
Distracted driving (teens and adults)	3	3	3	5	4	3	3	***3.78***	5
Obesity	5	2	3	5	3	3	3	***3.78***	6
Mental Illness prevalence	3	3	3	5	3	3	3	***3.67***	8
High blood pressure (hypertension)	5	1	4	4	4	4	3	***3.67***	10
Colorectal cancer screening (50+)	5	1	3	4	4	4	4	***3.67***	12
Physical inactivity	4	1	1	5	4	4	4	***3.67***	13
Violence/Abuse & Neglect	3	5	3	4	4	3	3	***3.67***	14
Binge drinking	4	5	1	4	4	3	3	***3.56***	16
Suicide (15-24 year olds)	1	5	4	4	4	3	3	***3.56***	17
Falls (elderly)	5	3	3	4	3	3	3	***3.56***	18
Drug abuse (K2)	1	4	4	4	4	3	3	***3.44***	20
Heart Disease	1	1	3	5	4	4	3	***3.44***	21
Smoking (adult and youths)	4	3	2	4	4	3	3	***3.44***	22
Alcohol abuse (youths)	4	3	1	3.5	4	4	4	***3.39***	23
Cavities (dental caries)	4	4	4	3	3.5	3	3	***3.39***	24
Prescription drug abuse	1	3	4	4	4	3	3	***3.33***	25
Breast cancer mortality	2	4	4	3	4	3	4	***3.33***	26
Uninsured (health)	4	2	3	4	3	3	2.5	***3.28***	29
Behavioral Health Access	3	1	1	5	4	3	2.5	***3.28***	30
Safety belt use (adults)	4	2	3	3	4	3.5	4	***3.28***	31