



*Working together to improve the health and quality of life for all individuals, families, and communities across Nebraska.*



**2017—2021**

**Nebraska State Health Improvement Plan**

**PRIORITIES**

**Integrated Health System**

**Depression and Suicide**

**Obesity**

**Healthcare Utilization and Access**

**Health Equity**



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Of special note, we would like to thank the 2017-2021 Nebraska State Health Improvement Plan Co-Launch partners whose leadership, wisdom and dedication to public health drives this effort modeling effective collaborative partnership for maximum collective impact.

We would also like to extend our sincere gratitude to the 2013-2016 State Health Improvement Plan Coalition members for their support, guidance and commitment. Additionally, we are greatly indebted to the many individuals who served on one or more of the Implementation Workgroups that contributed to the success of the 2013-2016 SHIP. May we exceed your expectations as we implement another set of priorities for the health and well-being of all Nebraskans.

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Office of Community Health and Performance Management  
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Division of Public Health  
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# NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



UNIVERSITY OF NEBRASKA MEDICAL CENTER<sup>SM</sup>

## COLLEGE OF PUBLIC HEALTH

Collaborative leadership for the 2017-2021 Nebraska State Health Improvement Plan is provided by several public health partners in effort to enhance the public health system to improve health outcomes.

We extend gratitude for the commitment of the Co-Launch Partners:

- ◇ Nebraska Department of Health and Human Services
- ◇ Nebraska Association of Local Health Directors
- ◇ Nebraska Hospital Association
- ◇ Public Health Association of Nebraska
- ◇ University of Nebraska Medical Center: College of Public Health

## State Health Improvement Plan History

In 1997, the Nebraska Department of Health and Human Services received a Turning Point grant from the Robert Wood Johnson Foundation. This grant led to the development of Nebraska's first State Public Health Improvement Plan. The plan was approved in November of 1999 by the Nebraska Community Health Partners Stakeholder Group, which included representatives from many diverse organizations. This plan was the impetus for tremendous changes in the delivery of public health services in Nebraska. The Stakeholder Group recognized that the first step in strengthening and transforming public health was to build the local public health infrastructure. As a result of dedicated efforts, all 93 Nebraska counties are now covered by a local health department.

In 2008, a second State Public Health Improvement Plan was developed and approved by the Turning Point Public Health Stakeholders Group. This plan contained seven major strategies that focused mainly on building the public health infrastructure that began in 2001. These strategies included strengthening the public health workforce, making public health data systems more accessible, building the capacity to deliver environmental and health promotion services, and improving access to high quality health care services.

In 2013, a new State Health Improvement Plan was developed and included a more comprehensive plan for action than previous years. This plan enacted five priorities: Reducing heart disease and stroke mortality, morbidity and associated risk factors; Reduce cancer morbidity, mortality and associated risk factors; Expand health promotion capacity to deliver public health prevention programs and policies across the life span; Improve the integration of public health, behavioral health and health care services; and Expand the capacity to collect, analyze and report health data.

Despite these and many other major accomplishments, public health faces many serious challenges due to the changing demographic, economic, social, cultural, and political environments. In order to take advantage of opportunities, both the public and private sectors at the state and local levels need to work collaboratively to strengthen partnerships and ultimately improve the health of all individuals in Nebraska. While this document reflect the choice of a few key priorities, it is recognized that there are many important issues to address, many current efforts to do so, and ongoing opportunities to partner for collective impact.

While deliberating potential priorities for the Nebraska 2017-2021 State Health Improvement Plan, the stakeholders acknowledged the importance of data driven decision making. As a nod to the earlier SHIP which included data as a specific priority, the group offered a recommendation that the Division of Public Health continue efforts to promote timely access to public health data. As such, data has since been chosen as one of six priorities within the Division of Public Health 2017-2021 Strategic Plan.

## SHIP 2017-2021: Introduction

The Nebraska State Health Improvement Plan (SHIP) is a collaborative, community driven plan to improve the health and well-being of all individuals, families and communities in Nebraska. The SHIP promotes the enhancement of the public health system to improve population health outcomes by identifying statewide health priorities based upon the 2016 State Health Assessment (SHA).

Nebraska utilizes this comprehensive assessment process to ensure a data-driven approach to identifying improvement opportunities and choosing priorities for the SHIP. The SHA engages the Mobilizing for Action through Planning and Partnerships (MAPP) planning model, which includes four assessments: Community Themes and Strengths Assessment; Local Public Health System Assessment; Community Health Status Assessment; and the Forces of Change Assessment. The full 2016 State Health Assessment report is available at [www.dhhs.ne.gov/publichealth](http://www.dhhs.ne.gov/publichealth).

The SHIP 2017-2021 is championed by Co-Launch Partners to provide leadership, guidance and oversight. The SHIP utilizes a Collective Impact model to provide a structured process for cross-sector stakeholders to establish a common agenda to address specific issues with a disciplined approach. Collective impact has five key elements: Common Agenda, Shared Measurement, Mutually Reinforcing Activities, Continuous Communication, and a Backbone Organization (provided by the DHHS Division of Public Health).

To choose priorities for the 2017-2021 plan, hundreds of stakeholders all across Nebraska were invited to participate in a structured process to review the SHA findings and choose priorities. Upwards of 150 stakeholders representing a variety of partners, populations, health and community organizations participated in the process, resulting in the selection of five priorities for the 2017-2021 plan. This document summarizes the process utilized to choose priorities and prepare for collective action.

### **SHIP Vision:**

**Working together to improve the health and quality of life for all individuals, families and communities across Nebraska.**

# Collective Impact

**Collective Impact is the structured process for cross-sector leaders to address a specific social problem, deploying a disciplined approach.**

## 5 Key Elements

### Common Agenda

All partners agree on a shared vision and a shared responsibility for achieving the desired change with a joint understanding of the problem and approach.



### Shared Measurement

Partners collect and measure results consistently, ensuring efforts remain aligned by holding each other accountable.



### Reinforcing Activities

Partners roles are well-defined and coordinated through a plan of action where partners can determine the maximum impact of an activity or intervention.



### Continuous Communication

Consistent communication to build trust but also to define common vocabulary, assure mutual objectives to address the social problem.



### Backbone Support

A separate organization with dedicated staff to provide coordination, guidance, capacity, and support.

## 3 Prerequisites

### Influential Champion(s)

Are a leader or leaders who can make changes in and outside of their sphere of influence. Changes can be in the form of policy, programming, funding, recruiting, or infusing resources.

### Resources

Are human and financial means to be assessed and bolstered to ignite change.

### Necessity of Action

Is moving the social issue on the community's agenda. Data may further illustrate the relevance of the issue. Identifying the connection between the issue and the negative impact on the community if there is no action creates urgency for activity.

1

2

3

4

5

Collective Impact requires a dedicated cross section approach to impact a social issue. Measurable change may be seen in 3-5 years through a sustained, long-term commitment.

## SHIP 2017-2021: Priority Choosing Process

The Nebraska 2017-2021 State Health Improvement Plan utilized a structured and comprehensive five step process to move from data collection to decision-making collectively with partners statewide. The SHIP is designed to utilize opportunities for public health partners to collaborate toward a few key issues for maximum impact. Despite the many health and system issues that merit attention, participants were strongly encouraged to consider depth of impact, not breadth of scope for best use of this Collective Impact venue.

### **Step 1:** Review health assessment findings at Meeting #1, March 17, 2016

- ⇒ This meeting provided a thorough review of the findings of the Nebraska 2016 State Health Assessment. Participants were also introduced to the priority selection process to develop the Nebraska 2017-2021 State Health Improvement Plan.

### **Step 2:** First round of priority selection at Meeting #2, April 14, 2016

- ⇒ This meeting served as an initial filter of many potential health and system priorities down to 26 for further review. Participants discussed opportunities to use the Collective Impact model to address key health status and system issues. Priorities are not necessarily those of top mortality or highest risk, but those for which there is collective readiness and capacity to address for statewide impact.

### **Step 3:** Survey to apply criteria to the potential health and system priorities identified at Meeting #2. Participants scored the 26 potential priorities based on the criteria to help narrow the options to ten.

- ⇒ Potential Health Status Criteria:
  - Seriousness on individual health
  - Social/economic impact
  - Capacity of the public health system to address
  - Readiness of policy makers and the general public to address
- ⇒ Potential Public Health System Criteria:
  - Importance to improving the overall public health system
  - Readiness of public health system stakeholders
  - Changeability over the next five years

### **Step 4:** Select final priorities at Meeting #3, June 14, 2016

- ⇒ This meeting required participants to narrow the selection from the top ten that resulted from the survey, and finalize the total priorities to five or fewer.

### **Step 5:** Project desired results at Meeting #4, July 28, 2016

- ⇒ This final meeting concluded the process in which participants provided a summary of the priority choices, potential partners for collaboration, and recommendations for action to guide implementation.



## SHIP 2017-2021: Final Priorities

Before selecting final priorities for the Nebraska 2017-2021 State Health Improvement Plan, the group affirmed the importance of timely access to public health data to inform decision making. The conclusion of the priority selection process resulted in the identification of five priorities. These priorities reflect the data-driven decisions of a large group of stakeholders who considered health outcomes, trends, system capacity, community readiness and collective consensus to act. The SHIP priorities are not intended to reflect the most critical health problems today, but rather the issues for which a Collective Impact model can be used to achieve significant progress in particular areas. The five priorities for the 2017-2021 SHIP are as follows:



Nebraska will have an **integrated health system** that values public health as an essential partner.

Nebraska will have a coordinated system of care to address **depression and suicide**.

Nebraskans will have decreased rates of **obesity**.

Nebraskans will experience improved **utilization and access** to healthcare services.

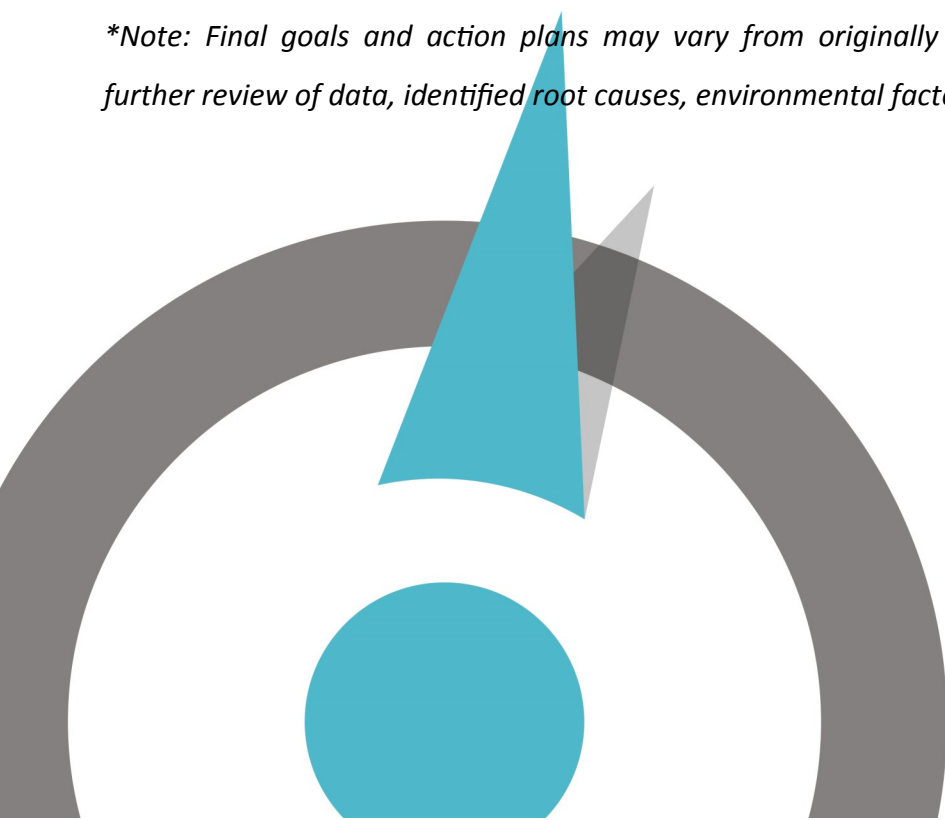
Nebraskans will experience **health equity** and decreased health disparities.

Nebraska will have an **integrated health system** that values public health as an essential partner.

*The priority selection process concluded with these summary considerations about the ends we seek and potential recommendations for action based upon the data and collective sense of opportunities:*

- **End:** Nebraska's health system is changing with an increased focus on improving patient and population health outcomes. It is recommended that the public health system, the primary care system and other health systems establish connections and interweave partnerships for a solid foundation of standards and practices for individual and population health.
- **Actions:** Efforts to consider might focus around developing a statewide framework for integration and potential supporting policy; establishing a collaborative research agenda between public health and primary care; supporting a database that tracks initiatives and developed models; providing education to primary care about the role of public health and mechanisms to integrate; and supporting linkages for sharing health data and Nebraska Health Information Initiative (NeHII) efforts.

*\*Note: Final goals and action plans may vary from originally discussed recommendations as a result of further review of data, identified root causes, environmental factors and determined capacity for action.*



Nebraska will have a coordinated system of care to address **depression and suicide**.

*The priority selection process concluded with these summary considerations about the ends we seek and potential recommendations for action based upon the data and collective sense of opportunities:*

- **End:** Nebraska’s public health system recognizes the need for improved interface with the behavioral health system to support efforts that address depression, suicide and stigma through primary prevention, education and integration. Supporting the public health workforce, increasing protective factors among youth, and collaborating between service delivery systems may strengthen our response toward desired outcomes.
- **Actions:** Efforts to consider might focus around universal screening practices; training for the public health and primary care workforce; environmental scan of the continuum of care; and advocacy for preventive approaches.

*\*Note: Final goals and action plans may vary from originally discussed recommendations as a result of further review of data, identified root causes, environmental factors and determined capacity for action.*



## Nebraskans will have decreased rates of **obesity**.

*The priority selection process concluded with these summary considerations about the ends we seek and potential recommendations for action based upon the data and collective sense of opportunities:*

- **Ends:** Nebraska seeks a measurable reduction in obesity among its children, adults and minority populations; and a decrease of the associated chronic diseases and related healthcare costs. Developing a statewide coordinated approach for strategies at the program, systems, policy and environmental levels that promote a healthy lifestyle is desired.
- **Actions:** Efforts to consider might focus around environmental supports that increase access to and promote physical activity and nutrition; evidence-based strategies around obesity prevention; increased awareness of contributing factors and prevention; improved alignment of activities statewide; and breastfeeding initiatives.

*\*Note: Final goals and action plans may vary from originally discussed recommendations as a result of further review of data, identified root causes, environmental factors and determined readiness for action.*



Nebraskans will experience improved **utilization and access** to healthcare services.

*The priority selection process concluded with these summary considerations about the ends we seek and potential recommendations for action based upon the data and collective sense of opportunities:*

- **End:** In the effort to reach improved health outcomes among targeted underserved populations (low income, rural areas), addressing issues related to access and utilization of culturally responsive services is important. This priority is directed toward efforts that increase the utilization of preventive services, standardize data measures and coordinate with integration efforts particularly related to behavioral health, and reduce the inappropriate use of emergency care.
- **Actions:** Efforts to consider might focus around the integration of primary care and public health; tracking barriers to care; workforce capacity and utilizing community health workers; home based services and patient centered medical homes; and enhanced provider and system partnerships.

*\*Note: Final goals and action plans may vary from originally discussed recommendations as a result of further review of data, identified root causes, environmental factors and determined readiness for action.*



Nebraskans will experience **health equity** and decreased health disparities.

*The priority selection process concluded with these summary considerations about the ends we seek and potential recommendations for action based upon the data and collective sense of opportunities:*

- **End:** Nebraska experiences inequities among its population and seeks program, policy, systems and environmental changes to address these issues. Changing the frame from disparity to equity and increasing the capacity of organizations to advance health equity is desired. The foundation of this work must include data collection, coordinated delivery models, diversified workforce and leadership.
- **Actions:** Efforts to consider might focus around addressing social determinants of health; improving the cultural competency and health literacy of the health workforce; improving the collection of data including standardized collection of demographics for comparison; and studying health outcome data by population characteristics (e.g. rural, ethnicity, race, age, and gender).

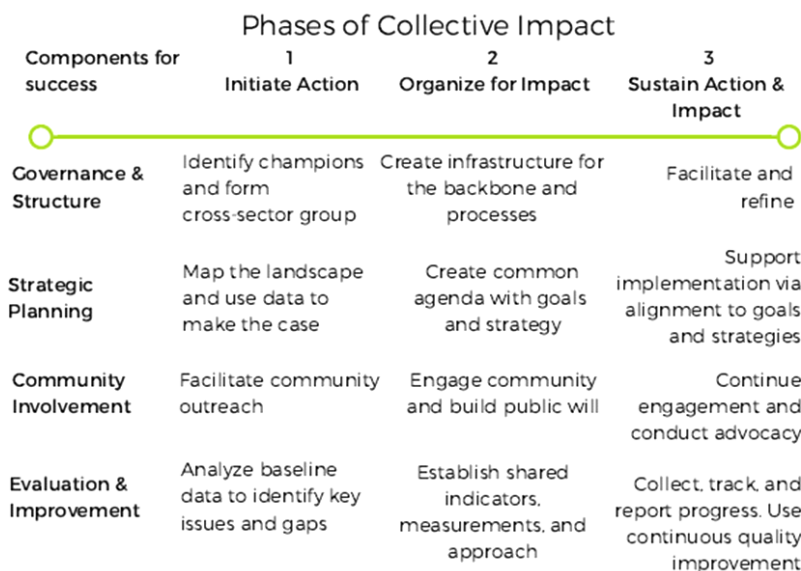
*\*Note: Final goals and action plans may vary from originally discussed recommendations as a result of further review of data, identified root causes, environmental factors and determined readiness for action.*



## SHIP 2017-2021: Getting to Action

In order to move from planning to action, several activities were initiated and guidance for implementation was developed:

- 1) Recruitment for participation was extended via orientation webinars and a survey request to participate which was distributed statewide through the partner network. As a result, over one hundred participants signed up to contribute in each respective priority.
- 2) Tool kits for each priority were developed, including specific materials for each priority, and required materials for consistent action plan and performance measure development.
- 3) Kick-Off meetings were facilitated for each priority, by the DHHS Division of Public Health (Backbone agency). These served to introduce participants to the Collective Impact model, to the SHIP vision and expectations. At each respective priority meeting, recommendations for action were reviewed and facilitation for goal setting occurred.
- 4) The Collective Impact model promotes collaborative leadership and continuous communication. Priority teams will need to develop a core leadership group, work groups and process for engagement. The Backbone agency will provide oversight and support to develop action plans and performance measures.
- 5) Preparing for action will require additional work by the Priority teams to do a deeper dive of relevant data, perform root cause analysis, create a problem summary and consider evidence-based strategies. Additionally, action plans must be developed with an equity lens.
- 6) Action plans are anticipated to be developed by summer 2017. These plans will reflect the developed objectives, goals and activities as well as population level and program performance measures. Action plans will outline initial steps as well as the likely timeline for the five years.
- 7) Continuous communication will be facilitated through the Backbone agency to all Priority participants and the SHIP Coalition via website content, performance dashboard, newsletter updates and frequent meetings. During year one, Priority teams may meet more frequently to develop plans for action and ensure additional partners are invited and engaged.
- 8) Co-Launch Partners meet routinely to provide guidance, accountability and support.
- 9) Reporting will occur annually via summary reports, and quarterly via the SHIP performance dashboard which can be viewed at: [www.dhhs.ne.gov/CommunityHealthPerformance](http://www.dhhs.ne.gov/CommunityHealthPerformance).



## SHIP 2017-2021: Closing

This document provides a brief overview of the five priorities as well as the priority selection process for the Nebraska 2017-2021 State Health Improvement Plan. The SHIP engages a comprehensive, structured and data-driven process to move from data collection to action utilizing a Collective Impact model. Collective Impact frames how we make progress collaboratively:

- ⇒ **Common Agenda:** SHIP priorities and action plans
- ⇒ **Backbone Agency:** The DHHS Division of Public Health, Office of Community Health and Performance Management serves this role.
- ⇒ **Influential Champions:** Co-Launch Partners support and Priority co-initiative leaders and teams drive implementation.
- ⇒ **Mutually Reinforcing Activities:** Many activities and much progress is already happening statewide. SHIP seeks to align efforts for maximum impact. We value the diversity of roles that contribute positively to health and well-being of all Nebraskans.
- ⇒ **Shared Measurement:** SHIP requires that Priorities are established with population measures in mind to define the condition of well being we seek for our communities, and that we develop common measures by which we continually review how we're doing.
- ⇒ **Continuous Communication:** Building trust, respecting roles, engaging partners, establishing common language, being transparent and sharing motivation is an important stakeholder contribution.

The SHIP seeks to promote our ability to work together to improve the health and quality of life for all individuals, families and communities across Nebraska. Please consider joining partners on this journey.







Check out the SHIP Performance Dashboard at:  
[www.dhhs.ne.gov/CommunityHealthPerformance](http://www.dhhs.ne.gov/CommunityHealthPerformance)

For more information or to join the effort, please email:  
[DHHS.SHIP@Nebraska.gov](mailto:DHHS.SHIP@Nebraska.gov)

