

### **Community Health Assessment**

In December, 1996 The Douglas County Health Department, on behalf of the Steering Committee, retained Tripp, Umbach & Associates, Inc., a national community health planning firm, to complete a community health needs assessment and to provide guidance for a comprehensive community health improvement process. Tripp Umbach has assisted over 100 communities in all regions of the United States with community improvement activities.

**Key components of the process included:**

- 1) Development of a community health profile from existing sources, including key mortality and morbidity statistics.**
- 2) Development of a health status and risk behavior household survey, distributed by mail to 10,000 randomly selected households. Spanish language surveys were distributed by hand to Spanish speaking residents and additional English language surveys were distributed by hand to homeless persons. A total of 2,181 surveys were completed by residents in the study area.**
- 3) Facilitation of five focus groups (North Omaha service providers, Spanish speaking women, teens, Native Americans, and Medicaid recipients) and a community health forum to gather input from populations who did not respond to the household survey process.**
- 4) Accomplishment of a community health prioritization and resource planning process by the Community Health Partnership and local community agencies.**

At a two-day retreat in December, 1997, the Partnership members, along with representatives from local community organizations, reviewed a comprehensive summary of information from the health assessment process and identified four areas of concern. The priority areas and related problem statements at the retreat included:

- 1) Youth Substance Abuse and Risky Sexual Activity**

*“In their efforts to develop their identity, youth may engage in risky behaviors that can be harmful – including drug use (including alcohol, tobacco, and recreational) and sexual behaviors.”*

2) **Domestic Violence**

*“Domestic violence is an unacceptable community-wide learned behavior that is tolerated and/or ignored by society. Individuals who use power and control in their relationships are not held accountable for their abusive actions.”*

3) **Continuity of Care**

*“Our current health and human services delivery systems are fragmented, competitive, and highly regulated. This leads to ineffective use of dollars, poor and/or uncertain outcomes, frustration among users, and lack of awareness, access and use.”*

4) **Tobacco Use**

*“Tobacco is a widely accepted and heavily promoted addictive drug that causes premature death and disability for individuals, resulting in higher health care costs that take resources away from our community. Environmental tobacco smoke represents a real health risk.”*

After developing problem statements related to the priority areas, task groups were formed around each problem area. Each group was charged with planning, implementing and evaluating the outcome of actions to address the issue. A copy of the current projects of each task force are listed in Attachment C.

**Organizational Changes**

Since its inception Our Healthy Community Partnership has seen some changes in staff as well as changes in the governance structure for the partnership. Lorraine Mallit, the initial coordinator hired by the Douglas County Health Department to read this initiative, was replaced in April of 1998 by Mr. Robert Pauley. Unfortunately, Mr. Pauley moved on in November of 1998 and was recently replaced by Ms. Kerri Peterson, who started her new position on April 19, 1999. The initiative continues to be coordinated through the Douglas County Health Department. Ms. Peterson is an employee of Alegent Health. Her salary and benefits, however, are paid to Alegent Health by the Partnership through the Douglas County Health Department where her office is located. A copy of the service agreement between Alegent Health and the Douglas County Board of Commissioners is contained in Attachment D.

**In August of 1997, the Steering Committee name was changed to the “Coordinating Council.” Membership in this group, however, remained unchanged until September of 1998 when ten new members, representing local community agencies, were added to the group. A list of the community representatives as well as the total current membership of the Coordinating Council is contained in Attachment E.**

**Because of the significant increase in the size of the Coordinating Council, it voted in October of 1998 to create an Executive Committee comprised of five voting members and two ad hoc members to provide ongoing oversight of the work of the Council and of the Coordinator for the Our Healthy Community Partnership. The role of the Executive Committee as well as its current membership is included in Attachment F.**

### **Additional Contributions**

**In November of 1999 the members of Our Healthy Community Partnership were asked to make an additional two-year financial commitment to support the program. Because the outside services of Tripp, Umbach and Associates, Inc., were no longer necessary and there were some budget savings in 1998, the annual budget for 1999 and 2000 was projected at a little over \$80,000 per year as opposed to around \$160,000.00. The projected budget for the next two years as well as the dollars requested from each member of the partnership are contained in the Proposal for Continued Funding sent to John Roberts who coordinated the contributions from the District One Hospitals and Health Systems. This proposal, which includes the project budget for Our Healthy Community Partnership for 1999 and 2000, is in Attachment G.**

### **Update on the Priorities**

**The work of the task groups created around each of the four priorities (Continuity of Care, Domestic Violence, Tobacco Use and Youth Substance Abuse and Risky Sexual Behavior) is also contained in Attachment G. In addition, the most recent minutes from three of the four task groups are contained in Attachment H.**

**The Tobacco Group, which has very limited minutes, is currently exploring the effectiveness of anti-tobacco advertising and also looking at policies to restrict tobacco advertising and promotion practices aimed at children. The group has also gone “on record” in support of the statewide tobacco excise tax initiative.**

**Our Healthy Community Partnership has provided a grant of \$10,000 to Project Sun which is a project of Lutheran Family Services in collaboration with Visiting Nurses Association. This project is described in detail in the March 23, 1999 minutes of the Youth Task Force in Attachment H.**

**In addition to the Project Sun Grant, the Partnership has also agreed to provide \$1,200.00 in financial assistance to the Latina Resource Center to support a training session for shelter staff working with the Latina population. The grant will also cover the cost for videotaping the training session. The tape will then be used for future training sessions. The request for this project came from the Domestic Violence Task Force and information on the project is also in the materials in Attachment H.**

**The Continuing of Care Task Force is currently reviewing a request for funding for a Cultural Competence Training Program. This has not yet been approved by the partnership.**

### **Future Directions**

**The information contained in this report should assist in the Application for Exemption for the corporation currently being created for Our Healthy Community Partnership. This organization will not be the beneficiary of any tax exempt bond financing now or in the future. The organization was not created to provide specific services to individuals or community groups/organizations. Therefore, there is no fee schedule for clients.**

**The charter of the organization is contained in Attachment I. The minutes from the February 19, 1999 Strategic Planning Retreat for the Coordinating Council are also in this Attachment. This material provides some information on the future vision for Our Healthy Community Partnership.**