

March 15, 2011

David Humm
Lincoln Lancaster County Health Department
3140 N Street
Lincoln, NE 68510

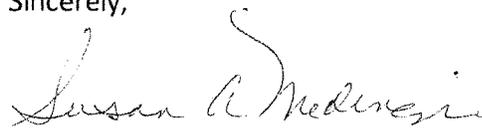
Re: Revised Funding for 2009-2011 Minority Health Initiatives Projects

Dear Mr. Humm:

The Minority Health Initiative award #MHI09-LLCHD has been amended in response to your note of February 15, 2011. As you requested, we are reallocating the \$7,000.00 to be used for a project with the Ponca Tribe of Nebraska for the project period July 1, 2009 to June 30, 2011.

No workplan or budget revisions are necessary due to this change.

Sincerely,



Susan A. Medinger
Administrator, Community Health Planning and Protection Unit
Division of Public Health

Cc: Diane Lowe, Project Officer, Office of Health Disparities and Health Equity
Kathy Cook, MHI Financial Officer

Janette A. Johnson

From: David F. Humm
Sent: Wednesday, March 16, 2011 8:58 AM
To: Janette A. Johnson
Subject: FW: MHG Ponca Project

From: David F. Humm
Sent: Tuesday, February 15, 2011 1:22 PM
To: 'Diane.Lowe@nebraska.gov'
Cc: Charlotte L. Burke
Subject: MHG Ponca Project

Diane, as we discussed earlier - the Lincoln-Lancaster County Health, as part of the Minority Health Community Health Collaborative in Lancaster County, will not be able to independently contract with the Urban Indian Center in the amount of \$7,000 as requested by the State. Due to complications in reaching an agreement in partnership with the Ponca Tribe directly, we cannot use these funds as originally intended. From our discussions the Office of Health Disparities and Health Equity would be better served to reallocate these funds as needed. Please send us the required paperwork and new award letter so we can properly document this budget revision. Thank you.

David Humm
Chronic Disease Prevention
Lincoln-Lancaster County Health Department
402-441-8043
dhummm@lincoln.ne.gov





09R-130

Introduce: 7-13-09

RESOLUTION NO. A- 85447

1 BE IT RESOLVED by the City Council of the City of Lincoln, Nebraska:
 2 That the attached Agreement between the Nebraska Department of Health and
 3 Human Services and the Lincoln-Lancaster County Health Department to accept a
 4 subgrant in the amount of \$1,005,308.31 for the Minority Health Initiative Project for July
 5 1, 2009 through June 30, 2011, in accordance with the terms, conditions and
 6 assurances contained in said Agreement is hereby approved and the prior signature of
 7 the Health Director is hereby ratified and approved by the majority vote of the City
 8 Council.

9 The City Clerk is directed to return the executed copies of the Agreement to
 10 Bruce Dart, Director of the Lincoln Lancaster County Health Department.

Introduced by:

Jonathan Cook

AYES: Camp, Carroll, Cook,
 Emery, Hornung, Snyder, Spatz;
 NAYS: None.

Approved as to Form & Legality:

John V. Hendry
 City Attorney

Approved this 30 day of July, 2009:

Thomas B...
 Mayor

ADOPTED
 JUL 27 2009
 BY CITY COUNCIL

**Minority Health Initiative 2009 - 2011
Competitive Application Cover Sheet**

Project Title: Minority Health Community Collaborative-Lancaster County
 Applicant Organization: Lincoln-Lancaster County Health Department (LLCHD) in collaboration with Lancaster County Medical Society (LCMS), People's Health Center (PHC), Clinic With a Heart (CWAH), UNMC College of Dentistry and the Cultural Center Coalition (CCC) representing the Clyde Malone Community Center, Asian Community Center, El Centro de Las Americas.

Federal Tax Identification Number: 47-6006256

Address: 3140 N Street

City/Zip Code: Lincoln, NE 68510

Project Director

Name: David Humm

Title: Chronic Disease Prevention

Address: 3140 N Street

City/State/Zip: Lincoln, NE 68510

Phone: (402) 441-8043

Fax: (402) 441-8323

Email: dhummm@lincoln.ne.gov

Financial Officer

Name: Kathy Cook

Title: Fiscal Manager

Address: 3140 N Street

City/State/Zip: Lincoln, NE 68510

Phone: (402) 441-8092

Fax: (402) 441-3894

Email: kcook@lincoln.ne.gov

Has this organization ever received Minority Health Initiative funding previously?

If yes, please specify when and how much was awarded. Yes 05-07 \$982,759 and 07-09 \$902,359

By submitting and signing this application, the applicant agrees to operate the project as described in the Application and in accordance with the grant Terms and Assurances.

Signature of authorizing official: _____

Bruce Dart

Bruce D. Dart, Ph. D., Health Director

4/10/09

Amount of funding requested: \$997,873.93

County (counties) applied for: Lancaster

**Minority Health Initiative 2009 - 2011
Competitive Application Project Profile**

Project Title: Minority Health Community Collaborative-Lancaster County

Applicant Organization: Lincoln-Lancaster County Health Department in collaboration with Lancaster County Medical Society (LCMS), People's Health Center (PHC), Clinic With a Heart (CWAH), UNMC College of Dentistry and the Cultural Center Coalition (CCC) representing the Indian Center, Inc., Clyde Malone Community Center, Asian Community Center, El Centro de Las Americas

Target Population(s) (check all that apply):

Native American	[X]	Asian	[X]
African American	[X]	Hispanic	[X]
Immigrant	[X]	Refugee	[X]

Other (specify): _____

Tribe(s): As identified through Native American outreach: Omaha, Santee Sioux, Ponca, Winnebago, Cheyenne
Geographic area: Lancaster County

Project Priorities (check all that apply):

	✓	African American	Hispanic	Native American	Asian
Infant mortality		✓		✓	
Cardiovascular disease	☒☒☒	☒☒☒	☒☒☒	☒☒☒	☒☒☒
Obesity	☒☒☒	☒☒☒	☒☒☒	☒☒☒	☒☒☒
Diabetes	☒☒☒	☒☒☒	☒☒☒	☒☒☒	☒☒☒
Asthma		✓		✓	✓

Other Focus Areas (check all that apply):

	✓	African American	Hispanic	Native American	Asian
Low birth weight		✓			✓
Prenatal care		✓	✓	✓	
Teen birth		✓	✓		
HIV/AIDS		✓	✓		
STD		✓	✓		
Cancers		✓		✓	
Tobacco use				✓	
Alcohol use				✓	
Unintentional injuries				✓	
Homicides		✓		✓	
Hepatitis B					✓
Mental Health		✓	✓	✓	✓
Injury Prevention		✓	✓	✓	✓
Translation/Interpretation	☒☒☒	☒☒☒	☒☒☒	☒☒☒	☒☒☒
Uninsuredness/Expanding	☒☒☒	☒☒☒	☒☒☒	☒☒☒	☒☒☒
Insurance coverage	☒☒☒	☒☒☒	☒☒☒	☒☒☒	☒☒☒

Health Center, CWAH=Clinic With A Heart, CCC=Cultural Center Coalition)

II. Project Profile

Collaborators:

Primary direct collaborators include:

- * Clinic With A Heart (CWAH), a free clinic held four times each month at The Center For People in Need, and one time each per month at McPhee and Saratoga Elementary Schools. CWAH is staffed by volunteer physicians and mid-level practitioners, and in the past year has added volunteer dentists. CWAH assesses medical and oral health needs of up to 65 clients per week (41% minority), most without insurance or a medical or dental home, and refers clients to People's Health Center for medical and dental home and to LLCHD for dental home.
- * Lancaster County Medical Society (LCMS), is the local physician membership organization. LCMS assists with interpretation, medication assistance, and utilizes its Health 360 project to help participants of this Minority Health Community Collaborative (MHCC) access specialty health care when needed. The interpretation service is open to all providers in Lincoln. LCMS also serves as the Medicaid Enrollment Center for eligible Medicaid Managed Care patients.
- * Lincoln-Lancaster County Health Department (LLCHD) is located in the Medically Underserved Area (MUA) of Lincoln. It serves as project manager and fiscal agent of the Minority Health Community Collaborative and provides oversight of the workplans and sub-contracts of all partners of the MHCC. It also provides on-going evaluation of progress towards meeting the goals of the grant. LLCHD serves as a dental home for clients of the MHCC and provides community outreach to assess and recruit uninsured minority individuals into the MHCC. Non-English speaking clients of LLCHD are served by bi-lingual staff with the availability of eleven different languages. In last fiscal year, 61% of clients seen in the dental clinic were of a racial/ethnic minority.
- * People's Health Center, a Federally Qualified Health Center located in the MUA of Lincoln, provides a medical and/or dental home to clients of the MHCC. Clients can also receive medication assistance and healthy lifestyle education as well as education on management of diabetes, high blood pressure, high cholesterol, and overweight/obesity. PHC provides bi-lingual staff with availability of 4 languages. Approximately 49% of clients served in the medical and 52% in the dental programs are of a racial/ethnic minority.
- * The University of Nebraska Medical Center College of Dentistry provides complex dental care to clients of the MHCC referred by LLCHD and People's Health Center. For each dollar provided to the UNMC College of Dentistry for service to the MHCC clients, four dollars in service is estimated in return.
- * The Clyde Malone Community Center, located in the MUA, is a neighborhood community center but primarily serves African Americans. T.J. McDowell is the Executive Director and manages programs, staff, and resources. The Center is governed by a Board of Directors.
- * El Centro de Las Americas, located in the MUA, provides multiple services to Spanish speaking clients from Mexico and many countries in Central and South America. The Executive Director is Mariem Ruiz, and the Center is governed by a Board of Directors.
- * The Asian Community and Cultural Center, located in the MUA, serves clients from many Asian countries with the majority from Vietnam. Modesta Putla is the director, and the Center is governed by a Board of Directors. This center also houses the Fusion Project, a federally funded program assisting Refugees and Immigrants in Lincoln.

Additional indirect partner and educational linkages include: Tobacco Free Lancaster County,

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Tobacco Free Nebraska Quitline, ActionNow! (a Community Diabetes Initiative), Community Cancer Awareness Committee, WorkWell, Lincoln In Motion, LanguageLinc, various family health programs and students from the UNMC college of Nursing and UNL Dietetic Internship Program.

Stakeholders who are racial/ethnic minorities that have participated in discussion about this project are Modesta Putla, Asian Community and Cultural Center; T.J. McDowell, Clyde Malone Community Center; and Mariem Ruiz, El Centro de las Americas. Collaborators in the Minority Health Community Collaborative will continue to meet on a quarterly basis to discuss goal accomplishments and to strategize on how best to meet health needs of the minority populations. Joint planning sessions will be held with identified cultural community stakeholders and outreach staff to assure that assessment and educational offerings are provided with culturally appropriate materials and at sites advantageous to the specific community. Periodic meetings will also be held with specific partners to facilitate and ensure accomplishment of the established and agreed-upon goals.

The budget for this project was developed as a collaborative effort among all partners. If there is an increase in funding for the project, there will be a collaborative effort to assess the needs of the clients and utilize the funding where appropriate. If there is a decrease in funding, there will also be a collaborative effort to decrease the funding proportionally.

Cultural Competency:

Culturally Linguistically Appropriate Services (CLAS) Standards are integral to the design of this project and a standard of operation for the Lincoln-Lancaster County Health Department (LLCHD). All primary partners are dedicated to promoting cultural competency in services provided. A cultural Competency Assessment for Organizations tool, developed by LLCHD, has been used to determine the current level of multi-cultural competency and is used to enhance cultural competency of staff. This tool is available to our partners and other community entities. The LLCHD provides monthly sessions by a trained staff facilitator, which is required for new staff and recommended for additional staff members. A section regarding cultural competency is in all employee position descriptions, requiring specific action by each staff person on an annual basis. All Minority Health Grant partners similarly expect and monitor competency of staff in providing service to persons from diverse cultures. All partner agencies make every effort to recruit and retain persons that reflect the populations served within the community. Cultural competency training is regularly scheduled for staff at partnering agencies or made available through programs provided in the community. Patients receiving service through the Minority Health Grant will reflect the many diverse cultures in our community, and it is recognized that respect is basic to providing quality health care.

Goals:

As cardiovascular disease, including diabetes, is the primary health disparity issue in Lancaster County, this project will focus on prevention of and treatment to prevent complications of cardiovascular disease and diabetes. Individuals with obesity as well as those with periodontal diseases are also at greater risk for cardiovascular disease and diabetes and will be addressed as secondary minority health disparity issues in grant activities. Essential to provision of quality health care is assurance of a medical and dental home. All clients will have access to a medical

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home at People's Health Center and to a dental home at either People's Health Center or the Lincoln-Lancaster County Health Department. Having regular access to a medical and dental home is key to the prevention and reduction of the consequences of chronic disease in that risk factors can be readily addressed and managed.

Goals include:

1. All minority patients served by the grant will have cholesterol levels within normal levels (less than 200).
2. All minority patients served by the grant will have blood pressure readings within normal levels (less than 130/80).
3. All minority patients served through the grant, diagnosed with pre-diabetes or diabetes, will have blood glucose levels within an acceptable range determined by the physician.
4. All minority patients served through the grant, diagnosed or at risk for cardiovascular disease and diabetes, will take part in at least one lifestyle change.
5. All minority patients served through the grant will have access to a medical home.
6. All minority patients served through the grant will have access to prescription medications through the federal 340B program, through the "\$4 pharmacies", or through pharmaceutical company assistance programs.
7. All minority patients served through the grant will understand the link between oral health and cardiovascular disease and diabetes and will have access to a dental home and specialized dental care.
8. All minority patients served through the grant will have access to appropriate translation/interpretation services.

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III. Project Narrative

Project Title: Minority Health Community Collaborative (MHCC - Lancaster County)

Applicant Organization: Lincoln-Lancaster County Health Department (LLCHD) in collaboration with Lancaster County Medical Society (LCMS), People's Health Center (PHC), Clinic With A Heart (CWAH), UNMC College of Dentistry, Cultural Center Coalition (CCC) representing the Asian Community and Cultural Center, Clyde Malone Community Center, El Centro de Las Americas.

Mission and Vision:

The Mission of the Lincoln-Lancaster County Health Department (LLCHD) is to "protect and promote the public's health." LLCHD's Vision is that of "a sustainable public health system serving all people to achieve optimal health." The Guiding Principles of LLCHD include a focus on the health of all the people in the community; a focus on prevention of disease, injury and environmental pollution; and effective and transparent management of resources.

Project Director:

This project will be coordinated by staff at LLCHD. If funded, David Humm will be the primary LLCHD staff person coordinating the project, replacing Carol Mitchell who retired in October, 2008. David's Bachelor's and Master's degrees are in Community Health Education and in Secondary Education. David has been with the Health Department and in the Division of Health Promotion and Outreach (HPO) for six years and has extensive experience in grant management including as fiscal agent and program monitor of multiple grant partners. David's work in public health has also given him much experience in coalition development and management. David has a Bachelor's degree in Community Health Education and a Master's degree in Secondary Education. Charlotte Burke, MS, RD, Manager of the HPO Division, will have regular meetings with David regarding progress toward accomplishing the goals of the grant. Approximately one-third to one-half of David's time will be devoted to the project. All partners have agreed to the coordination. David will be responsible for overseeing and reporting on all aspects of the grant activities, implementation of the work plan and for assuring data is appropriately maintained by all agencies. He will also coordinate quarterly meetings and facilitate partnership stakeholder representation. All partner agreements will be through sub-contracts with LLCHD as the fiscal agent for the grant.

Studies regarding health gaps in target area:

LLCHD has conducted and participated in a variety of assessments and studies to determine the health status of Lancaster County. Community based projects include Healthy People 2010, the Blue Print Project, Maternal Child Health Assessment Project, and Mobilizing for Action Through Planning and Partnerships (MAPP). Ongoing disease surveillance projects, surveys related to specific health and environmental projects and minority focus groups are also conducted to determine health gaps. Two recently completed community focus groups related to chronic diseases and social inequities asked participants what else could be done in Lincoln to more effectively address these issues. Study that was implicit in the establishment of the federally qualified health center included evaluation of such components as poverty, transportation, housing, number of health care providers, birth rate data and mortality data as

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well as ethnic/racial population. The high needs of this designated area, as determined by the rate of poverty, the high rate of uninsured, the percentage of racial/ethnic minorities, education level, and other social and health factors, continue to far exceed available resources.

Health disparities among Lincoln's racial/ethnic population are determined using national data and state data where available. Population-based health disparity data regarding chronic diseases at the local level is not available. However, with the creation of a chronic disease registry of clients of People's Health Center, we will be able to access on-going information on the chronic disease conditions of clients. According to the Nebraska Department of Health and Human Services (HHS vital Statistics, 2006), cardiovascular/cerebrovascular disease remains the leading cause of death in Nebraska. In Lancaster County, nearly 25% of deaths were caused by these diseases, which are also the leading causes of death for the African American population in Lancaster County (Lincoln-Lancaster County Health Department Vital Statistics, 2006). Based on 2006 statistics, 13.2% of the total Lancaster County cardiovascular/cerebrovascular deaths occurred to persons living in the Medically Underserved Area (MUA) in Lincoln and 11.1% of diabetes-related deaths occurred to persons living in the MUA; a disproportionate number of which were in the minority population.

Success of the applicant in reaching goals of the project:

The Minority Health Community Collaborative (MHCC), managed by the LLCHD, has been funded since 7-1-05 for the purpose of prevention and early detection of the leading cause of death among racial/ethnic minorities and all people of Lancaster County, cardiovascular/cerebrovascular disease. Because of their impact on CVD, diabetes and obesity were also addressed. The goals of the grant included assessment of cardiovascular risk factors among people of racial/ethnic minority and ensuring that they were established in both a medical and dental home. The outcomes of the work of the partners of the MHCC have far exceeded the anticipated goals of the project, in many cases by as much as three times the anticipated goal.

Since the beginning of the project, there have been 7,461 total contacts made with people of a racial/ethnic minority. These contacts include dental, medical, health education, medication assistance, smoking cessation, interpretation, and life-style behavior change. The percentage of each race/ethnicity served is as follows: 48% Hispanic, 25% Black/African American, 12% Asian, 5% Native American, 10% Other (includes refugees and immigrants), and less than 1% (20 served) Hawaiian/Pacific Islander. Interpretation services were provided through the project for 2,425 non-English speaking minority clients. As a result of this project, 2,437 minority clients were helped to establish a medical home with People's Health Center; 651 clients established a dental home with People's Health Center, and 1,480 minority clients established a dental home with LLCHD. When this current grant cycle ends on June 30, 2009, these numbers will be significantly higher.

During the first eighteen months (July 1, 2007 - December 31, 2008) of this current grant cycle the following successes have been achieved:

- * 520 minority clients have had their cholesterol screened (grant goal 300/year); 128 had cholesterols greater than 200 and have received appropriate health intervention;
- * 2,111 minority clients have had their blood pressure assessed (grant goal 500/year); 462 had

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- blood pressures above normal range and have received appropriate health intervention including medical follow-up;
- * 336 clients have reported healthy lifestyle change (grant goal 200/year) of weight loss, increased physical activity, improved nutrition, and/or smoking cessation;
 - * 970 new minority clients have had education on cardiovascular disease reduction (grant goal 200/year);
 - * 877 new minority clients without a primary care provider (PCP) have gained access to a medical home (grant goal 250/year);
 - * 1,058 new minority clients without prescription drug insurance accessed medication (grant goal 300/year);
 - * 1,050 new minority clients accessed a dental home, LLCHD or PHC (grant goal 200/year);
 - * 145 new minority clients have accessed specialty dental services through the UNMC College of Dentistry (grant goal 150-200);
 - * 952 non-English speaking new minority clients accessed interpretation services (grant goal, 100/year)

Describe the project's collaboration with any federal or state DHHS public health projects.

This project refers clients who use tobacco to the Tobacco Free Nebraska Quitline sponsored by DHHS. In addition, the project utilizes diabetes education materials in multiple languages from the Nebraska Diabetes Prevention and Control Program. Both PHC and LLCHD clinics are Medicaid providers. Both clinics participate in the Vaccine for Children Program and provide adult immunizations. LLCHD provides STD/HIV counseling and testing. People's Health Center is a Federally Qualified Health Center funded through HRSA 330 Program. In addition, PHC participates in the federal 340B Program.

Describe the public health issues being addressed:

Cardiovascular disease including cerebrovascular disease is the number one cause of death among all people in Lancaster County as well as those of a racial/ethnic minority. Because diabetes is such a significant risk factor of CVD, it is addressed in this proposal along with CVD as a primary condition for prevention and early detection. Nationally, diabetes is considered the sixth leading cause of death among all populations. In Lancaster County, nearly 25% of deaths overall and 13.2% of deaths in the MUA were attributed to CVD. 11.1% of diabetes related deaths in Lancaster County occurred in the MUA. The prevalence of diabetes increases with age and obesity, but it is also significantly higher among some minority populations than among Caucasians. In Lancaster County, self-reported diabetes prevalence by race in the years 2002-2005 showed 79 of 1,000 non-white adults reporting diabetes as compared to 59 of 1,000 white adults. Among those identifying themselves as Hispanic, 92 out of 1,000 reported diabetes as compared to 59 of 1,000 non-Hispanics.

Risk factors of CVD and diabetes that will continue to be addressed are elevated blood cholesterol, elevated blood pressures, obesity, elevated blood glucose, oral health and lifestyle behaviors including tobacco use, physical inactivity, and poor nutrition. Vital to this project is linking uninsured minority clients to a medical home and a dental home. Poor oral health is a significant contributing factor to both CVD and diabetes making it imperative that the minority population have access to dental care and a regular dental home. Approximately, 21.6 % of

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adults in the MUA have no form of health insurance. In addition, these uninsured clients will have access to free or very low cost medications. Interpretation services will be provided to all non-English speaking clients.

While not the target population, when needed, minority patients are referred for refugee services, immunizations, STD, HIV/AIDS services through LLCHD.

Describe the target population, including the geographic area to be served:

The target population includes individuals of a racial and/or ethnic minority in Lancaster County with a special emphasis given to those individuals in the 13 census tracts that make up the federally designated Medically Underserved Area (MUA) in Lincoln. This includes persons of racial/ethnic minorities, Native Americans, refugee, and newly arrived immigrants. At least 500 new minority patients per year will receive an estimated minimum of 4,150 health encounters which may include health assessment, health education, advocacy service, medical care, dental care, case management, prescription medication assistance, lifestyle change assistance and other services. While the total minority population of Lancaster County, according to the 2000 census and estimated 2008 census is 24,865 and 35,971 respectively, the estimated minority population of the MUA was 8,926 in the 2000 census and is estimated to be 13,322 in 2008 (37% of the county minority population). Minority residents of Lancaster County are disproportionately represented in the MUA, which further compounds the barriers to health, including lack of access to care and the health disparities evident in the minority population.

Define and support any relevant theory(ies) or risk/protective factors:

The stages of change theory and models that emphasize access availability for persons seeking improved health status are substantiated through this effort. The positive health outcomes achieved for clients who accessed service through the current Minority Health Community Collaborative provides evidence that the impact of prevention and educational activities must be supported by the direct delivery of health care services. **To promote awareness of health needs and then make no provision for access to care or medication for treatment to prevent complications of those needs is to perpetuate disparities for the minority population.**

Professional literature consistently documents the significance of basic early intervention as a means to prevent costly disease complications. The emphasis of this project is to provide culturally competent prevention and educational activities related to cardiovascular disease (including cerebrovascular disease), diabetes, and obesity. Studies clearly indicate that patients with chronic inflammation and persistent infection may have increased incidence of coronary disease. Similarly, it is believed that periodontal disease, with both harmful bacteria and plaque, may lead to heart disease. The identification of minority patients in need of health assessment, health promotion/educational services and treatment services can be effectively accomplished by minority outreach workers through community outreach. This approach is developed in the current grant proposal. It is critical that treatment services, with access to necessary medication, be available to minority patients to effectively decrease the risk of complications of cardiovascular disease and diabetes.

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Identify evidence for the effectiveness of proposed project approach:

Although a specific study has not been conducted to determine effectiveness of the current approach other than the analyzed health outcomes, patient satisfaction surveys from participants in the current effort have consistently been positive. The fact that services, particularly those for cardiovascular assessment, education and access for a medical and dental home, have vastly exceeded current grant parameters is evidence that the proposed project approach is successful in meeting a need in our community. It is also evident that demand is exceeding capacity and that it is imperative that services to minority patients not be diminished at this critical time when outcomes have proven to be effective. This is demonstrated by the overwhelming response to access for medical and dental care as well as by the number of clients who have successfully achieved cardiovascular risk management through such access to care, education, prescription medication and/or lifestyle modification.

The collaborative nature of this grant has provided an opportunity for partners to meet on a regular basis and work together to address barriers that minority clients face as they try to access preventative and ongoing health care. In an effort to address the barrier of language, community partners assisted in the creation of a city-wide telephone translation/interpretation service for all Lancaster County physician offices, including People's Health Center, LLCHD, and Clinic With a Heart. This public-private partnership has funding from a limited number of sources. Some funding has been committed toward this translation/interpretation effort within the proposed budget in order to leverage matched funding from other potential sources in an effort to meet this critical community need.

A second program that has resulted in part due to the partnerships and relationships fostered through this grant is called Health 360, a program funded by the Community Health Endowment of Lincoln. The goal of this program expands the efforts of the Minority Health Community Collaborative by facilitating timely access to medical care for individuals who have no health care coverage. The partners include: Clinic With a Heart, People's Health Center, Lancaster County Medical Society and Lincoln-Lancaster County Health Department, as well as the Lincoln Family Practice Residency and other primary care providers. Health 360 focuses on expanding existing service to leverage specialty care for uninsured clients, many of whom are minority patients. On average 6 to 8 Health 360 referrals are received by LCMS per week. The majority are for urgent care and to expedite referrals to People's Health Center, however, many have been for specialty services. The most common referrals are for imaging, general surgeries, and orthopaedic procedures as well as for oncology services.

In the past three and one-half years, the partners of the Minority Health Community Collaborative have demonstrated that the most efficient way to facilitate long-term change in the health status of individuals is through collaborative efforts. The ongoing services of the Minority Health Community Collaborative will result in the leveraging of local funding that will complement and enhance efforts to provide positive health outcomes for minority clients in Lancaster County.

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IV

WORK PLAN

07/01/09-6/30/11

Form C

Project Title: Minority Health Community Collaborative (MHCC – Lancaster County)
 Applicant Organization: Lincoln-Lancaster County Health Dept (LLCHD) in collaboration with Lancaster County Medical Society (LCMS), People's Health Center (PHC), Clinic With a Heart (CWAH), Cultural Center Coalition (CCC) including the Asian Community and Cultural Center, Clyde Malone Community Center, El Centro de las Americas

Project Goal #1 (7/01/2009-6/30/2011): All minority patients served by the grant will have cholesterol levels within normal limits (less than 200).				
Objective	Outputs (Activity)	Responsible Party	Timeframe	Outcomes (Results)
1.0 350 new minority pts will have cholesterol screening/year and all pts with high cholesterols will have health provider follow-up	1.1 CCC Outreach workers will organize community based screening events for 300 new pts/yr and LLCHD will provide staff to screen and educate	CCC Outreach workers and LLCHD Public Health Nursing	July 1, 2009- June 30, 2011	300 patients screened/year by LLCHD minimum of 9 new clients by each CCC agency per mo
	1.2 PHC will screen 50 patients/year	PHC clinic staff	July 1, 2009- June 30, 2011	50 new patients screened/year by PHC
	1.3 All pts will be educated on self management of cholesterol	LLCHD and PHC staff	July 1, 2009- June 30, 2011	Monthly activity report by partners to show service given
	1.4 Pts who need access to care will have appt assistance for PHC	LLCHD, LCMS, CWAH, and CCC Outreach workers	July 1, 2009- June 30, 2011	Monthly activity report by partners to show appts made
	1.5 Pts who fail appts will have follow-up	PHC CCC Outreach workers	July 1, 2009- June 30, 2011	Monthly activity report to show follow-up done and new appts made
Project Goal # 2 (7/01/2009-6/30/2011): All minority patients served by the grant will have blood pressure readings within normal levels (less than 130/80).				
Objective	Outputs (Activity)	Responsible Party	Timeframe	Outcomes (Results)
2.0 800 new minority pts will have their blood pressure (BP) checked/year and 2.0 continued...	2.1 CCC Outreach workers will organize community based screening events for 300 new pts/yr and LLCHD will provide staff to screen and educate	CCC Outreach workers and LLCHD Public Health Nursing staff	July 1, 2009- June 30, 2011	300 new pts screened/year minimum of 9 new clients by each CCC agency per mo

(Note: LCMS=Lancaster County Medical Society, LLCHD=Lincoln-Lancaster County Health Dept., PHC=People's Health Center, CWAH=Clinic With a Heart, CCC=Cultural Center Coalition)

all pts with elevated BP will have health provider follow-up	2.2 CWAH will check at least 200 new pts for elevated BP 2.3 PHC will check at least 300 new pts for elevated BP 2.4 All pts will be educated on self-management of elevated BP 2.5 Pts who need access to care will have appt assistance for PHC 2.6 Pts who fail appts will have case manager follow-up	CWAH staff PHC staff LLCHD, CWAH and PHC staff LLCHD, CWAH, LCMS and CCC Outreach workers PHC and CCC Outreach staff	July 1, 2009- June 30, 2011 July 1, 2009- June 30, 2011 July 1, 2009- June 30, 2011 July 1, 2009- June 30, 2011 July 1, 2009- June 30, 2011	100 new pts screened/year 300 new pts screened/year Monthly activity report by partners to show service given Monthly activity report by partners to show appts made Monthly activity report to show follow-up done and new appts made
Project Goal # 3 (7/01/2009-6/30/2011): All minority patients served by the grant will be evaluated for their pre-diabetes/diabetes health risk				
Objective 3.0 600 new minority pts will be evaluated for diabetes risks/year and all pts with elevated risks will have health provider follow-up	Outputs (Activity) 3.1 CCC Outreach workers will organize community based screening events for 300 new pts/yr and LLCHD will provide staff to screen and educate 3.2 Pts who need access to care will have appt assistance for PHC 3.3 PHC will screen 300 patients for pre-diabetes/diabetes health risk and will educate all with elevated risks on diabetes prevention	Responsible Party CCC Outreach workers and LLCHD Public Health Nursing staff CCC Outreach workers, LLCHD PHC staff/PHC Nurse/Health Educator	Timeframe July 1, 2009- June 30, 2011 July 1, 2009- June 30, 2011	Outcomes (Results) Monthly activity report by partners to show service given minimum of 9 new clients by each CCC agency per mo Monthly activity report by partners to show appts made Monthly activity report by partners to show service given
Project Goal # 4 (7/01/2009-6/30/2011): All minority patients served through the grant, diagnosed with or at risk for cardiovascular disease will take part in one lifestyle change (weight loss, smoking cessation, increased activity, health food choices, etc.)				
Objective 4.0 300 pts will have access to no-cost one-on-one or group 4.0 cont...	Outputs (Activity) 4.1 PHC Nurse/Health Educator to provide education to at-risk patients during appointments or outreach efforts	Responsible Party PHC Nurse/Health Educator	Timeframe July 1, 2009- June 30, 2011	Outcomes (Results) 300 pts will have access to community-based education/year

(Note: LCMS=Lancaster County Medical Society, LLCHD=Lincoln-Lancaster County Health Dept., PHC=People's Health Center, CWAH=Clinic With A Heart, CCC=Cultural Center Coalition)

education on cardiovascular/diabetes disease risk reduction and 300 pts will have individualized lifestyle change plans developed/year	4.2 Caseworker, Nurse/Health Educator at PHC to assist pt to identify lifestyle changes	PHC Caseworker, Nurse/Health Educator and pt	July 1, 2009- June 30, 2011	200 pts will have at least one behavior/lifestyle change plan identified/ year
	4.3 50% of patients will <u>achieve</u> and maintain at least one behavior change over a 6 month period each year	Patients will record behavior with PHC staff	July 1, 2009- June 30, 2011	150 pts will achieve at least one behavior change/year
GOAL # 5 (7/01/2009-6/30/2011): All minority patients served through the grant will have access to a medical home.				
Objective	Outputs (Activity)	Responsible Party	Timeframe	Outcomes (Results)
5.0 400 new minority patients without a primary care provider (PCP) will have access to a medical home/year	5.1 All patients seen at designated screening sites and CWAH will be assessed for PCP status 5.2 All patients seen at designated screening sites and CWAH without a PCP will be referred to PHC 5.3 CCC Outreach staff will follow up with referred patients to assure access to a medical home.	LLCHD, CWAH and CCC Outreach staff	July 1, 2009- June 30, 2011	Number of patients assessed for a PCP to be reported on monthly data reports
		LLCHD, CWAH and CCC Outreach staff	July 1, 2009- June 30, 2011	Number of patients referred to PHC by site to be reported on monthly data reports
		CCC Outreach staff	July 1, 2009- June 30, 2011	All patients needing medical home will have follow up to assure access to a medical home
GOAL # 6 (7/01/2009-6/30/2011): All minority patients served through the grant will have access to prescription medication through federal 340B program or through accessing pharmaceutical company assistance programs.				
Objective	Outputs (Activity)	Responsible Party	Timeframe	Outcomes (Results)
6.0 300 new minority patients without prescription drug	6.1 PHC will enroll 250 PHC patients in medication assistance programs	PHC Caseworker.	July 1, 2009- June 30, 2011	250 PHC patients will be enrolled in medication assistance programs

6.0 continued insurance will have access to medication programs/year	6.2 LCMS Rx Patient Assistance Staff will assist 50 patients at CWAH or PHC to enroll in medication assistance programs	LCMS Rx Assistance, PHC and CWAH staff	July 1, 2009- June 30, 2011	LCMS will assist 50 CWAH/PHC pts in drug company enrollment
GOAL # 7 (7/01/2009-6/30/2011): All minority patients served through the grant will understand the link between oral health and cardiovascular disease and have access to a dental home and specialized dental care.				
Objective	Outputs (Activity)	Responsible Party	Timeframe	Outcomes (Results)
7.0 350 new patients will have access to a dental home for oral health care/year and 150 - 200 patients will have access to specialty services thru the UNMC College of Dentistry or private specialists for complex services/year	7.1 CCC Outreach workers will organize community based oral health screening events to 100 new minority pts. in the community. 7.2 All pts. screened thru community based sites will be referred to a dental home. 7.3 PHC and LLCCHD will provide routine oral health care to 350 new pts. 7.4 All pts. accessing service thru LLCCHD or PHC with complex needs will be referred to UNMC College of Dentistry 7.5 LLCCHD will authorize grant funds for specialized care at 50% of UNMC College of Dentistry usual fee - UNMC will provide 50% match for services	CCC Outreach workers and LLCCHD Dental Hygienist CCC Outreach workers and LLCCHD Dental Hygienist PHC/LLCHD Dental staff (existing resources will be used) LLCHD/PHC Dental staff LLCHD and UNMC College of Dentistry staff	July 1, 2009- June 30, 2011 July 1, 2009- June 30, 2011 July 1, 2009- June 30, 2011 July 1, 2009- June 30, 2011	100 new minority pts will have oral health screening at community based sites. minimum of 3 new clients by each CCC agency per mo Pts screened and referred to dental home reported on monthly data repts. 350 new pts will receive oral health care 150-200 pts will be referred for complex services/year Number of pts authorized for use of funds monitored thru monthly data repts.

(Note: LCMS=Lancaster County Medical Society, LLCCHD=Lincoln-Lancaster County Health Dept., PHC=People's Health Center, CWAH=Clinic With A Heart, CCC=Cultural Center Coalition)

7.0 continued	7.6 LLCHD will authorize grant funds for private specialty care when UNMC College of Dentistry is unable to provide care	LLCHD staff	July 1, 2009- June 30, 2011	Number of pts receiving private specialty care monitored thru monthly data repts
GOAL # 8 (7/01/2009-6/30/2011): All minority patients served through the grant will have access to translation and interpretation services				
Objective	Outputs (Activity)	Responsible Party	Timeframe	Outcomes (Results)
8.0 300 non-English speaking, new minority pts will have access to translation and interpretation service/year	8.1 All pts provided grant service will be assessed for language status	LLCHD, CWAH, PHC and CCC Outreach staff	July 1, 2009- June 30, 2011	Number of pts assessed to be reported on monthly data repts
	8.2 All non-English speaking pts will have access to translation/interpretation service	LLCHD, CWAH, PHC and CCC Outreach staff	July 1, 2009- June 30, 2011	300 pts needing language assistance for translation or interpretation service will have service documented by language type and resources for service used (i.e LanguageLinc, staff, etc.)

V.

Line Item Budget

FORM D

Project Title: Minority Health Community Collaborative (MHCC--Lancaster County)

Applicant: Lincoln-Lancaster County Health Department(LLCHD) in collaboration with Lancaster County Medical Society (LCMS), People's Health Center (PHC), Clinic with a Heart (CWAH), UNMC College of Dentistry and the Cultural Center Coalition representing the Asian Community and Cultural Center, Clyde Malone Community Center and El Centro de las Americas

Line Items	Budget Year One (7/1/09 – 6/30/10)	Budget Year Two (7/1/10 – 6/30/11)	Total Grant Funds Requested
Personnel	266,195	265,690	531,885
1.00 FTE Clerical (LLCHD)	36,270	36,270	72,540
.20 FTE Dental Hygienist (LLCHD)	11,305	11,305	22,610
.75 FTE Physician (PHC)	108,610	108,610	217,220
.5 Medical Assistant (PHC)	12,700	12,700	25,400
.5 FTE Nurse Health Educator (PHC)	28,960	28,960	57,920
1.00FTE Case Manager (PHC)	31,860	31,860	63,720
.75 FTE Medication Assistant (PHC)	22,490	22,490	44,980
.1 FTE Clinic Coordinator (PHC)	6,000	6,000	12,000
.25 FTE Medication Assistant (LCMS)	8,000	8,000	16,000
Fringe Benefits	67,340	67,340	134,680
Travel	300	300	600
Other: Minority Health Conference (LLCHD)	300	300	600
Operating Expenses	1,000	2,000	3,000
General Operating Expenses (PHC)	1,000	1,000	2,000
Lab supplies (LLCHD)	0	1,000	1,000
Contractual	124,904	124,904	249,808
Dental Services (UNMC College of Dentistry)	40,000	40,000	80,000
Cultural Center Coalition:			
Asian Community and Cultural Center	24,968	24,968	49,936
Clyde Malone Community Center	24,968	24,968	49,936
El Centro de las Americas	24,968	24,968	49,936
Citywide Physician Office Interpretation support (LCMS)	7,000	7,000	14,000
Clinic With A Heart Coordinator	3,000	3,000	6,000
Other	21,000	21,000	42,000
Medication Assistance RX Purchase includes 340 B, National Drug Programs (PHC)	20,000	20,000	40,000
Medication Assistance Program Rx Pool (LCMS)	1,000	1,000	2,000
Indirect Costs	15,715.69	19680.24	35395.93
Lincoln-Lancaster County Health Department (LLCHD)	980	980	
People's Health Center (PHC)	13,736	17,702	
Lancaster County Medical Society (LCMS)	999.69	998.24	
TOTALS	496,454.69	501,419.24	997,873.93

VI Budget Justification

Personnel Title	Annual salary	Percent FTE	Amount requested
Clerical: Senior Office Assistant (LLCHD)	\$36,270	100%	Year 1: \$36,270 Year 2: \$36,270 Total: \$72,540
Responsibilities: Supports project coordination with clerical activities; responsible to coordinator for monthly data reports, quarterly grant reports, quarterly partners meetings, correspondence. Tracks data required for outcome reports. Orientation and training of data requirements for Outreach workers in Cultural Centers.			
Dental Hygienist (LLCHD)	\$56,525	20%	Year 1: \$11,305 Year 2: \$11,305 Total: \$22,610
Responsibilities: Assists patients with appropriate dental hygiene and techniques; provides screening, direct patient care and education through community outreach at various community locations including the Cultural Community Centers.			
Physician (PHC)	\$144,815	75%	Year 1: \$108,610 Year 2: \$108,610 Total: \$217,220
Responsibilities: Physician provides primary care services for patients who are at risk for cardiovascular disease and other health disparities. Grant is paying salary only, benefits and remainder of salary paid by other funds by People's Health Center.			
Medical Assistant (PHC)	\$25,400	50%	Year 1: \$12,700 Year 2: \$12,700 Total: \$25,400
Responsibilities: Provides support for the physician in delivering primary care services for patients.			
Nurse Health Educator (PHC)	\$57,920	50%	Year 1: \$28,960 Year 2: \$28,960 Total: \$57,920
Responsibilities: Holds routine meetings with patients on various topics to develop plans for lifestyle changes; conducts presentations and workshops for groups utilizing informational tools for lifestyle changes. Provides health education on chronic diseases, prevention and reduction on individual and group basis.			
Clinic Coordinator (PHC)	\$60,000	10%	Year 1: \$6,000 Year 2: \$6,000 Total: \$12,000
Responsibilities: Coordinates the work and monitors and reports data regarding activities and outcomes for People's Health Center. Primary contact for PHC subcontract.			
Case Manager (PHC)	\$31,860	100%	Year 1: \$31,860 Year 2: \$31,860 Total: \$63,720
Responsibilities: Assists with case management for patients who are established at People's Health Center and assists partners to ensure establishment of a medical home. Provides follow up with patients to insure appointments and follow through of physician and health educator orders are complete. Keeps records for reporting.			
Medication Assistant (PHC)	\$29,985	75%	Year 1: \$22,490 Year 2: \$22,490 Total: \$44,980
Responsibilities: Assists individuals not meeting financial criteria for free or low cost medication programs to obtain medications through pharmaceutical programs.			
Medication Assistant (LCMS)	\$32,000	25%	Year 1: \$8,000 Year 2: \$8,000 Total: \$16,000
Responsibilities: Assists individuals not meeting financial criteria for free or low cost medication programs to obtain medications through pharmaceutical programs.			

(Note: LCMS=Lancaster County Medical Society, LLCHD=Lincoln-Lancaster County Health Dept., PHC=People's Health Center, CWAH=Clinic With A Heart, CCC=Cultural Center Coalition)

Fringe Benefits

Lincoln-Lancaster County Health Department: See description below for actual costs						
	FICA	Health Insurance	Life Insurance	Dental Insurance	PEHP	Pension
Clerical (NAGE)	Yes	Single	Yes	Yes	Yes	Yes
Dental Hygienist	Yes	No	No	No	No	No

Fringe benefits are calculated as required by the City of Lincoln Budget Office for Personnel costs (August 27, 2008). Benefits are calculated according to the rates specified in the bargaining union contract. FICA/Medicare Tax (Social Security): is calculated at 7.65% times the salary. Pension (Retirement): This is budgeted only for existing employees who are enrolled. The employer share is computed: 6.3% of gross earnings to \$4,800, 12% of gross earnings thereafter. Single coverage is used for calculations unless an existing employee will be filling the position. The following are the current rates specified for each benefit by bargaining unit contracts.

Benefit	Contract	Single	2/4-Party	Family
Health	CEA, M	\$5,111	\$10,033	\$13,287
	NAGE	\$5,273	\$10,272	\$13,603
Dental	CEA, M	\$266	\$444	\$665
	NAGE	\$177	\$353	\$528
Life	CEA, M	\$96		
	NAGE	\$58		
PEHP	CEA, M	\$650		
	NAGE	\$780		

People's Health Center	
Physician	Benefits including FICA, Health Insurance and Retirement are calculated as 18% of salary
Medical Assistant	
Nurse Health Educator	
Clinic Coordinator	
Case Manager	
Medication Assistant	

Lancaster County Medical Society	
Medication Assistant	Benefits including FICA, Health Insurance and Retirement are calculated as 25% of salary

TRAVEL

Minority Health Conference: Request of \$300 per year includes registration, travel and lodging for one person each year to attend the Minority Health Conference. If other funds are available, or costs are lower, two people will attend each year.

(Note: LCMS=Lancaster County Medical Society, LLCHD=Lincoln-Lancaster County Health Dept., PHC=People's Health Center, CWAH=Clinic With A Heart, CCC=Cultural Center Coalition)

OPERATING EXPENSES

General Operating Expenses

\$1,000 for LLCHD is requested each year for forms, fliers and reports; postage for mailing to patients, pharmaceutical companies, partners and others to support program activities; general office supplies for consumable supplies such as envelopes, paper, letterhead, etc.

Lab/Medical Screening Supplies

\$1,000 for LLCHD in year 2 is requested for supplies used for outreach and screening to identify individuals at risk of cardiovascular disease and/or diabetes. This includes cholesterol strips, glucose strips, oral health and patient supplies.

CONTRACTUAL

Dental Services

\$40,000 per year is requested for the professional services agreement with the UNMC College of Dentistry. The college provides services that LLCHD and PHC Dental Clinics are unable to provide for minority patients who have or are at risk for cardiovascular disease because the procedures are too complex (e.g. full mouth extractions, dentures, etc.). The College provides the services at a significantly reduced rate and provides a 4 to 1 match value for dollars expended.

Cultural Center Coalition representing three ethnic Community Centers will contract to do outreach activities and assist in barrier reduction to clients accessing a medical or dental home. Each Center will contract individually for the work to be performed by their center.

\$24,968 Asian Community and Cultural Center

\$24,968 Clyde Malone Community Center

\$24,968 El Centro de las Americas

Citywide Physician Office Interpretation support

\$7,000 per year is requested to provide translation and interpretive support for patients using physicians in the community. This will be managed by LCMS.

Clinic With A Heart Coordinator

\$ 3,000 for the administration and data tracking for individuals screened and referred for Minority Health Initiative

OTHER

340 B Medication National Drug Company Medication Assistance purchases

\$20,000 for PHC per year is requested to purchase medications from the federal program for financially qualified patients. This allows purchase of medications at half or less of the cost. This allows medication purchases for minority patients of PHC who have no insurance.

Medication Assistance Program Rx Pool

\$1,000 for LCMS each year is requested for a pool of funds used to assist uninsured patients who are not People's Health Center clients.

INDIRECT COSTS

Indirect costs for all partners is calculated at 10% or less of the grant funds requested. Request is reduced significantly in order to include additional funds for the three Cultural Centers. Unexpended funds will be returned to LLCHD and PHC for indirects that were reduced/eliminated in this year's grant cycle.

Partner	Year One	Year Two	Total
LLCHD	980	980	1,960
PHC	13,736	17,702	31,438
LCMS	999.69	998.24	1,997.93
TOTAL	15,715.69	19,680.24	35,395.93

(Note: LCMS=Lancaster County Medical Society, LLCHD=Lincoln-Lancaster County Health Dept., PHC=People's Health Center, CWAH=Clinic With A Heart, CCC=Cultural Center Coalition)

VII.

Evaluation Plan

Project Title: Minority Health Community Collaborative-Lancaster County

Applicant: Lincoln-Lancaster County Health Department (LLCHD) in collaboration with Lancaster County Medical Society (LCMS), People's Health Center (PHC), Clinic With a Heart (CWAH), UNMC College of Dentistry and Cultural Center Coalition (CCC) representing the Asian Community and Cultural Center, Clyde Malone Community Center and El Centro de Las Americas

1. What will be assessed?**Process evaluation:**

Process evaluation of the entire project will include on-going assessment of the effectiveness of the collaboration including how each of the partners performs in accomplishing the components of the workplan that are specific to their agency. Performance will include such activities as attending regularly scheduled meetings of the collaborative, collecting necessary data and submitting required reports on time, and complying with the contractual agreements established between each partner and the LLCHD. In order to further evaluate the effectiveness of the collaboration, a coalition assessment tool will be developed and tested. This tool will be modeled after the coalition evaluation tool used by Safe Kids Worldwide. Another vital area of process evaluation will be in how the data is collected to ensure accuracy and meaningful information to assess outcomes. In addition, all agencies will do client satisfaction surveys on at least a yearly basis. These surveys will be used to determine minority patient attitudes regarding service provided and as a means to determine gaps or ways in which to enhance program effectiveness.

Outcome evaluation:

The primary outcomes to be evaluated will be number of new minority uninsured patients that established a medical and dental home and number of patients with risk factors related to cardiovascular disease and diabetes that successfully brought these risk factors under control. These risk factors include elevated cholesterol, elevated blood pressure, elevated blood glucose, and lifestyle behavior changes. Additional outcome measures critical to the health of the patients and the success of the project will be the number of patients that access low or no-cost medications and the number of patients that utilize interpretation services. Through outcome evaluation of this project, partners and the Office of Minority Health will recognize that this project contributes to decreasing morbidity and mortality associated with the chronic diseases of CVD and diabetes.

2. What measures/indicators will be used to determine effectiveness?**Process evaluation:**

(Note: LCMS=Lancaster County Medical Society, LLCHD=L. Lincoln-Lancaster County Health Dept., PHC=People's Health Center, CWAH=Clinic With A Heart, CCC=Cultural Center Coalition)

Each goal specified in the work plan defines activities to be performed, responsible staff/partners, timelines, and outcomes to be achieved. Each partner submits a monthly data report indicating specific activities they have achieved. LLCHD uses a data system to compile monthly reports from each partner. This report is then analyzed on a monthly and quarterly basis to assure that objectives have been appropriately achieved. In this way issues or problems can quickly be identified so that necessary revisions or adjustments can be promptly developed with partners. The People's Health Center has developed a chronic disease registry that tracks multiple data pieces for all clients with chronic diseases. This data registry will be especially helpful in tracking on-going client management of their chronic diseases and will give us insight into effectiveness of the interventions that are being utilized.

Outcome evaluation:

Specific outcome measures include:

1. The number of patients who have cholesterol screening done, the number of patients with cholesterol levels greater than 200, and the number of patients who successfully reduced that level below 200 with appropriate intervention per year.
2. The number of patients who have blood pressure screening done, the number of patients with levels greater than 120/80, and the number of patients who reduced successfully that level below 120/80 with appropriate intervention per year.
3. The number of patients who have been evaluated for diabetes risks and the number of patients with elevated risks who have health provider followup.
4. The number of patients who establish lifestyle change plans, the type of plan, and the number of patients who achieve at least one positive lifestyle behavior change per year.
5. The number of new minority patients without a primary care provider who established a medical home at People's Health Center per year.
6. The number of minority patients enrolled in the 340B program, pharmaceutical company assistance programs, or Medication Assistance Program at PHC and LCMS per year.
7. The number of new minority patients who establish a dental home at PHC and LLCHD and the number of patients who receive specialty services at UNMC College of Dentistry per year.
8. The number of patients who access translation/interpretation service per year.

3. Who will be evaluated?

Performance of each of the partners including the dental, outreach, and management components of LLCHD will be evaluated to ensure that each partner in the collaboration is fulfilling their agreed upon contractual workplans. In addition, the health measures and lifestyle changes of all clients who establish a medical home will be assessed.

4. What data will be collected?

Process evaluation:

Specific data collected includes: demographics - age, gender, race/ethnicity; insurance status; need for interpretation services; dental screening, referrals, and need for specialty care; access to medication programs and types of medications required; total number of patients gaining access to a medical and dental home; missed appointments; follow-up appointments; health parameters - cholesterol, BP, glucose, height, weight; lifestyle interventions and change in behaviors; smoking cessation.

Outreach staff (culture centers and LLCHD) collect numbers of people attending screening events, results of screening, and when clients accomplish their first appointments.

Outcome evaluation:

Outcome evaluation includes the results and analysis of the specific data elements collected as well as the numbers of clients that establish themselves in a medical and dental homes.

5. What data collection methods will you use?

Process evaluation:

All partners utilize the same data collection forms so that there is consistency in how data is gathered. All partners are trained on how to use the forms and provide results to the grant support staff on a monthly basis.

Outcome evaluation:

Outcome evaluation includes the analysis of all data collected by each of the partners and an assessment of how to use the data to further the goals of the workplan.

6. How will the data be analyzed?

Data is compiled and reviewed by the project manager and all partners. The epidemiologist for LLCHD also reviews all the data elements and provides reports on the aggregate data. These reports assist in determining if anticipated outcomes are being achieved and also give indication of the effectiveness of the interventions.

7. How will the results be used, disseminated, and communicated?

Project results will be used to adjust protocol as needed to improve access to quality health and dental care for minority patients. All partners will understand the results and will be able to share them with their respective agency/community leaders. Results will also be shared with other health departments, federally qualified health centers, public health providers and physicians through newsletters and other venues. The MHCC will be pleased to share results at the request of the Office of Minority Health at conferences, meetings, and any other opportunity where sharing of this information would be useful to the audience.

VIII. Partnership Plan

The current proposal is a continuation of the highly successful project funded by the Minority Health Initiative for 7/1/07-7/30/09. Community cultural centers have been included to increase minority guidance in project activities and to re-allocate resources to strengthen racial/ethnic outreach and maximize existing lifestyle health resources.

The MHCC for the 2009-2011 proposal includes the Clinic With A Heart (CWAH), the Lancaster County Medical Society (LCMS), the Lincoln-Lancaster County Health Department (LLCHD), People's Health Center (PHC), UNMC College of Dentistry and the Cultural Center Coalition (CCC) representing the Asian Community and Cultural Center, Clyde Malone Community Center and El Centro de Las Americas. This minority health grant proposal was developed in collaboration with these partners and based on analysis of data, health gaps, and minority client feedback. The biggest barrier to care for minority persons in Lancaster County continues to be access to affordable health care.

Grant funding will continue to provide partial salary for a physician at PHC to serve the uninsured/underinsured. It provides for continuation of a part time nurse to educate/develop client health plans with lifestyle changes and provide health classes in the community regarding prevention and risk management for cardiovascular disease, diabetes, and obesity. Case management will continue to be provided through PHC for established clients.

Access to dental health is an essential component of prevention and treatment for persons at risk of CVD and diabetes. The need for access to a dental home is clearly indicated in the current project. The College of Dentistry will continue to collaborate by providing complex services necessary for patients (i.e. complex extractions, full mouth extractions, dentures, other complex procedures). UNMC has committed to provide care to patients served by the grant at a 50% reduced fee. As College of Dentistry fees are set at approximately 50% of those in the practicing community, the grant will provide the equivalent of \$4 of dental care for every \$1 of program funding allowing grant dollars to serve more patients.

Access to affordable medications is a barrier to care for minority patients in Lancaster County. Patients of record at PHC may access medications through the federal 340B program, which allows FQHC's to purchase certain medication for low-income uninsured patients at a significantly reduced cost. By using grant funds to enhance the purchasing pool for the 340B program, about 300 new patients at PHC will have access to medications for prevention or treatment of CVD. This essential service will be continued in the proposed project.

The LCMS will continue its highly successful efforts to assist patients without prescription drug insurance to navigate the cumbersome paperwork process of applying for various pharmaceutical assistance programs. A grant funded staff person will facilitate this process for patients at PHC, CWAH and for referrals from other community sites. Lack of access to a computer, lack of literacy skills, language, and understanding of the process are huge barriers for patients who could not otherwise obtain needed medication from available programs.

To be more accessible to racial/ethnic minority populations, adult health assessment, screening and education will be provided at community cultural centers, faith-based, business or other community sites as determined and coordinated with the minority community with leadership provided by the minority outreach workers hired through this collaboration. Services will be provided by a public health nurse from LLCHD who will work with a grant funded minority outreach worker from designated minority groups. The outreach worker will assist with culturally appropriate education and assure that patients access available services. A minority outreach worker, sensitive to cultural issues and familiar with the community, is key to clarifying misunderstandings and assisting with barriers that may result in delayed health care. All patients served through the grant will be assured access to a medical and dental home.

IX Cultural Competency Assessment for Organizations

Are you a current recipient of Federal Funds?

Yes No

Attach a copy of your organization's board-approved mission and vision statements with this form.

Please check all that apply:

- ✓ Our organization offers and provides language assistance services, at no cost for our Limited English Proficient patients/ consumers, at ALL points of contact in a timely manner, during all hours of operation.
- ✓ Our organization contracts with interpreter services OR Our organization does not contract for interpreter services, but provides interpretation on a case by case basis.
- ✓ Our organization post signs that show availability of interpreter services.
- ✓ Our organization promotes the use of "I Speak" cards and/or posters.
- ✓ Our organization identifies interpreter resources and trains staff in their use.
- ✓ Our organization provides information to patients / consumers in their preferred language with both verbal offers and written notices informing them of their right to receive language assistance services.
- ✓ Our organization displays simple statement of patient rights in patients' languages.
- ✓ Our organization trains staff to partition a counter space to create a "private zone."
- ✓ Our organization creates signs for use at the reception area that show language services available; specifying which languages are available (languages predominant in patient population – identified by data).
- ✓ Our organization ensures that the appointment scheduler informs patients/ consumers of language services.

Our organization posts multilingual signs on the organization's web site. *We are updating at this time and have items to be posted ready to go.*

- ✓ Our organization offers automated phone system messages with information on office hours, etc in respective languages.

✓ Our organization provides notice in applicable language of the right to have an interpreter at the time of new patient registration.

✓ Our organization utilizes ~~children~~, family, and friends to provide interpretation.

When a patient/ consumer requests the use of a family member, friend, or child what is your organization's policy? When an interpreter is available in the language being seen, we will use the interpreter for the encounter as per policy.

- ✓ Our organization assures the competence of language assistance provided to Limited English Proficient patients/ consumers by the use of medically trained interpreters and medically trained bilingual staff.
- ✓ Our organization has developed assessments to test interpreters on common medical terminology.
- ✓ Our organization's staff observes a third party interpreter on an occasional basis to understand the patient or consumer/ interpreter/ provider encounter.
- ✓ Our organization instructs personnel on how to use existing language services and resources.
- ✓ Our organization places bilingual and language specific educational brochures in clinics and healthcare facilities.
- ✓ Our organization has designated a preceptor who helps ensure the provision of culturally appropriate care.
- ✓ Our organization has created a community needs assessment including community demographics.
- ✓ Our organization assesses the cultural beliefs of each patient/ consumer.
- ✓ Our organization creates a patient review of educational materials to be culturally appropriate for the diverse community.
- ✓ Our organization monitors patient/ consumer satisfaction at staff meetings.
- ✓ Our organization incorporates cultural diversity into the organization's mission statement, strategic plans, and goals.
- ✓ Our organization builds a diverse workforce capacity that includes mentoring programs, community based internships, and collaborations with universities.
- ✓ Our organization recruits at minority health fairs
- ✓ Our organization advertises job opportunities in minority publications (newspapers, newsletters, etc). *There are no minority publications in Lincoln since the elimination of the Hispanic newspaper during the last grant cycle. We will utilize our Community Center partnerships to assure positions are advertised within minority communities.*
- ✓ Our organization budgets money to train current staff on Cultural Competency.

- ✓ Our organization creates incentives for completing Cultural Competency training, as well as interpreter reward and recognition.
- ✓ Our organization schedules in-services or trainings on Cultural Competency and CLAS Standards.
- ✓ Our organization includes Cultural Competency as part of the new employee orientation materials.
- ✓ Our organization has developed and implemented a written strategic plan outlining clear goals, policies, operational plans, and management accountability / oversight mechanisms to provide culturally and linguistically appropriate services.
- ✓ Our organization has implemented ongoing self assessments of CLAS related activities.
- ✓ Our organization provides patients/ consumers with CLAS oriented feedback forms.
- ✓ Our organization adds CLAS questions to staff orientation materials and yearly reviews.
- ✓ Our organization identifies local stakeholders in the area to obtain data on ethnic minorities in the community.
- ✓ Our organization participates on coordinating minority health fairs.
- ✓ Our organization counts with trained staff as mediators in cross cultural conflicts.
- ✓ Our organization includes a policy of conflict and grievance resolutions in the patient/ consumer bill of rights.
- ✓ Our organization keeps consumers and public informed of the successes at implementing CLAS Standards.
- ✓ Our organization includes culturally diverse staff at various levels in our organization, reflective of the cultural diversity of our community (e.g., executive administration, management, program, medical, and support staff).

Our organization recognizes the need to recruit and retain staff who are reflective of the populations the organization serves or intends to serve. In the last 18 months, our organization has done the following to increase staff diversity: Hired 2 new interpreters, 1 dental assistant, 2 receptionists in the WIC & Clinic areas who are bilingual. We give priority in hiring to those who are bilingual.

Our organization involves the communities being served in the design and evaluation of services and programs in the following ways: Focus Groups/Forums, Committees, Coalitions. The Health Dept has the highest % of racial/ethnic employees of all city departments.

STATE OF NEBRASKA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
SUBGRANT TERMS and ASSURANCES

This is a subgrant of financial assistance. By accepting this subgrant, the Subrecipient agrees to comply with the terms and conditions described herein.

- A. Programs. Subrecipient must operate the program(s) in compliance with the documents governing the award. The following documents and any revisions made during the program period govern the Subgrant and are hereby incorporated by this reference as though fully set forth herein.
- 1) The Nebraska Department of Health and Human Services Request for Application;
 - 2) Subrecipient Project(s) Application;
 - 3) Subrecipient Reporting Requirements;
 - 4) Program Specific Requirements;
 - 5) DHHS Administrative and Audit Guidance for Subgrants and the attached certifications; and
 - 6) DHHS Letter of Award which includes the award period, amount of funds awarded, and any contingencies to the Subgrant award.
- B. Reports. Subrecipient must submit data, program, and financial reports according to the reporting requirements. Extensions for the submission of reports and reimbursement **must be submitted in writing** to DHHS for approval to prevent withholding of payment.
- C. Administrative Requirements. Subrecipient must perform Subgrant activities, expend funds, and report financial and program activities in accordance with grant administration regulations, and comply with, complete, and return the requirements attached hereto.
- D. Program Specific Requirements. Subgrant activities must comply with any program specific requirements included in the DHHS Request for Application.
- E. Nondiscrimination. The Subrecipient acknowledges that the Subgrant activities must be operated in compliance with civil rights laws and any implementing regulations, and makes the following assurances.

The Subrecipient warrants and assures that it complies as applicable to it with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990, to the effect that no person

shall, on the grounds of race, color, national origin, sex, age, handicap or disability, be excluded from participation in, denied benefits of, or otherwise be subjected to discrimination under any program or activity for which the Subrecipient receives federal financial assistance.

The Subrecipient and any of its subcontractors shall not discriminate against any employee or applicant for employment, to be employed in the performance of this Subgrant with respect to hire, tenure, terms, conditions or privileges of employment because of the race, color, religion, sex, disability or national origin of the employee or applicant.

- F. Reimbursement. Subrecipient must submit claims for reimbursement for actual, allowable, allocable and reasonable expenditures in accordance with the approved budget. DHHS will make reimbursement, subject to the following conditions:
- 1) Subrecipient's submission of reports according to the reporting requirements.
 - 2) Availability of governmental funds to support this project. In the event funds cease to be available, this Subgrant shall be terminated, or the activities shall be suspended until such funds become available, in the sole discretion of Nebraska Department of Health and Human Services.
 - 3) Pursuant to the Nebraska Prompt Payment Act.
 - 4) Suspension or termination for cause or convenience as described in the grants administration regulations applicable to the Subrecipient.
 - 5) Cash advances may be requested in writing with justification of anticipated expenses.
- G. Budget Changes. The Subrecipient is permitted to reassign funds from one line item to another line item within the approved budget. Prior approval by DHHS is not required **provided** the transfers do not exceed ten percent of the line item being addressed, are for an allowable cost allocable to the Subgrant, do not add or eliminate a line item and do not result in programmatic changes.
- Prior approval is **required** for cumulative budget transfers exceeding ten percent of any line item. Requests for transfers shall be addressed in writing to DHHS. DHHS shall approve or disapprove the request in writing within 30 days of its receipt.
- H. Programmatic Changes. The Subrecipient shall request in writing DHHS approval for programmatic changes. DHHS shall send notification regarding the request to the Subrecipient within 30 days of its receipt.
- I. Technical Assistance. DHHS will provide training and materials, procedures, assistance with quality assurance procedures, and site visits by representatives of

- J. DHHS in order to review program accomplishment, evaluate management control systems and other technical assistance as needed or requested.
- K. Subrecipient Procurement. Subrecipient shall be the responsible authority regarding the settlement and satisfaction of all contractual and administrative issues, without recourse to DHHS, arising out of procurement entered into by connection with the subgrant. Such issues include, but are not limited to, disputes, claims, protests of award, source evaluation and other matters of a contractual nature.
- L. Termination.
1. Nonperformance and/or inadequate performance shall be a basis for the termination of this award or portions thereof. Further, DHHS shall not pay for work not done or for work done in an unsatisfactory manner.
 2. Should the Grantee breach this contract, DHHS may, at its discretion, terminate the contract immediately upon written notice to the Grantee. DHHS may, at its discretion, contract for provision of the services required to complete this grant and hold the Grantee liable for all expenses incurred in such additional agreement. This provision shall not preclude the pursuit of other remedies for breach of contract as allowed by law.
- M. Subgrant Close-Out. Upon the expiration or notice of termination of this Subgrant, the following procedures shall apply for close-out of the subgrant:
1. Upon request from Subrecipient, any allowable reimbursable cost not covered by previous payments shall be paid by DHHS.
 2. Subrecipient shall make no further disbursement of funds paid to Subrecipient, except to meet expenses incurred on or prior to the termination or expiration date, and shall cancel as many outstanding obligations as possible.
 3. Subrecipient shall immediately return to DHHS any unobligated balance of cash advanced or shall manage such balance in accordance with DHHS instructions.
 4. Within a maximum of 30 days following the date of expiration or termination, Subrecipient shall submit all financial, performance, and related reports required by the terms of the Agreement to DHHS. Nebraska Department of Health and Human Services reserves the right to extend the due date for any report and may waive, in writing, any report it considers to be unnecessary.

5. The Subrecipient shall assist and cooperate in the orderly transition and transfer of Subgrant activities and operations with the objective of preventing disruption of services.
6. Close-out of this Subgrant shall not affect the retention period for, or state or federal rights of access to, Subrecipient records. Nor shall close-out of this Subgrant affect the Subrecipient's responsibilities regarding property or with respect to any program income for which Subrecipient is still accountable under this Subgrant. If no final audit is conducted prior to close-out, DHHS reserves the right to disallow and recover an appropriate amount after fully considering any recommended disallowances resulting from an audit which may be conducted at a later time.

- N. Documents Incorporated by Reference. All laws, rules, regulations, guidelines, directives and documents, attachments, appendices, and exhibits referred to in these terms and assurances shall be deemed incorporated by this reference and made a part of this Subgrant as though fully set forth herein.
- O. Independent Contractor. The Subrecipient is an independent contractor and neither it nor any of its employees shall be deemed employees of DHHS for any purpose. The Subrecipient shall employ and direct such personnel as it requires to perform its obligations under this Subgrant, shall exercise full authority over its personnel, and shall comply with all worker's compensation, employer's liability, and other federal, state, county, and municipal laws, ordinances, rules, and regulations required of an employer providing services as contemplated by this Subgrant.
- P. Release and Indemnity. The Subrecipient shall assume all risk of loss and hold the Nebraska Department of Health and Human Services, its employees, agents, assignees and legal representatives harmless from all liabilities, demands, claims, suits, losses, damages, causes of action, fines or judgments and all expenses incident thereto, for injuries to persons and for loss of, damage to, or destruction of property arising out of or in connection with this Subgrant, and proximately caused by the negligent or intentional acts or omissions of the Subrecipient, its officers, employees or agents; for any losses caused by failure by the Subrecipient to comply with terms and conditions of the Subgrant; and, for any losses caused by other parties which have entered into agreements with the Subrecipient.
- Q. Drug-Free Work-Place Policy. The Subrecipient assures the Nebraska DHHS that it has established and does maintain a drug-free work-place policy.
- R. Acknowledgment of Support. Publications by the Subrecipient, including news releases and articles, shall acknowledge the financial support of DHHS and the appropriate funding source. Exact language will be provided.

- S. Amendment. This contract may be amended at any time in writing upon the agreement of both parties.
- T. Copyright. The Subrecipient may copyright any work that is subject to copyright and was developed, or for which ownership was purchased, under an award. The Nebraska Department of Health and Human Services reserves a royalty-free, nonexclusive and irrevocable right to reproduce, publish, or otherwise use the work for State purposes, and to authorize others to do so.
- U. Notices. All notices given under the terms of this Subgrant shall be sent by United States mail, postage prepaid, addressed to the respective party at the address set forth on the signature page hereof, or to such other addresses as the parties shall designate in writing from time to time. However, notice regarding contingencies may be communicated via e-mail.
- V. Authorized Official. The person executing the Application Cover Sheet is an official of the Subrecipient who has the authority to bind the Subrecipient to the terms and assurances of this Subgrant of financial assistance.
- W. Public Counsel. In the event the Subrecipient provides health and human services to individuals on behalf of DHHS under the terms of this Subgrant, Subrecipient shall submit to the jurisdiction of the Public Counsel under Neb. Rev. Stat. 81-8,240 to 81-8,254 with respect to the provision of services under this subgrant. This clause shall not apply to grants or contracts between DHHS and long-term care facilities subject to the jurisdiction of the state long-term care ombudsman pursuant to the Long-Term Care Ombudsman Act.
- X. Unavailability of Funding. Due to possible future reductions in State and/or Federal appropriations, DHHS cannot guarantee the continued availability of funding for this Grant notwithstanding the consideration stated above. In the event funds to finance this Grant become unavailable either in full or in part due to such reductions in appropriations, DHHS may terminate the Grant or reduce the consideration upon notice in writing to the Subrecipient. Said notice shall be delivered by certified mail return receipt requested or in person with proof of delivery. DHHS shall be the final authority as to the availability of funds. The effective date of such Contract termination or reduction in consideration shall be specified in the notice as the date of service of said notice or the actual effective date of the funding reduction, whichever is later. Provided, that reductions shall not apply to payments made for services satisfactorily completed prior to said effective date. In the event of a reduction in consideration, the Subrecipient may cancel this Grant as of the effective date of the proposed reduction upon the provision of advance written notice to the Nebraska Department of Health and Human Services.

- X. Nebraska Technology Access Standards. LB352 (2000) requires the Commission for the Blind and Visually Impaired, Nebraska Information Technology Commission, and the Chief Information Officer, in consultation with other state agencies and after at least one public hearing, to develop a technology access clause to be included in all contracts entered into by state agencies on or after January 1, 2001. The technology access standards are in response to this Legislation. *When development, procurement, maintenance, or use of electronic and information technology does not meet these standards, individuals with disabilities will be provided with the information and data involved by an alternative means of access.* The complete Nebraska Technology Access Standards can be found on the Internet at:
<http://www.nitc.state.ne.us/standards/accessibility/tacfinal.htm>.

ACCEPTED FOR THE SUBRECIPIENT:

NAME: *Bruce Hart*

AGENCY: Lincoln-Lancaster County Health Department

DATE: 4/10/09

FTIN: 47-6006256

ADMINISTRATIVE AND AUDIT GUIDANCE
HHS CONTRACTS

<u>Recipient</u>	<u>Administrative</u>	<u>Cost Principles</u>	<u>Audit Policy*(1)</u>
Nonprofit organization including Nonprofit Hospital not affiliated with an educational institution or government	45 CFR Part 74	A-122	A-133 & G.A.S.*(2)
College/University	45 CFR Part 74	A-21	A-133 & G.A.S.*(2)
State, Local, or Tribal Government	45 CFR Part 92	A-87	A-133 & G.A.S.*(2)

**(1) Sign attached Audit Requirement Certification.*

(2) G.A.S. = Government Auditing Standards Issued by U.S. Comptroller General.

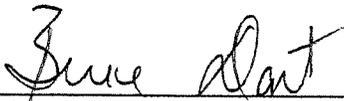
OTHER FEDERAL CONTRACTS ADMINISTRATION REGULATIONS
FOR ALL RECIPIENTS

"Government-wide Debarment and Suspension (Non-procurement)"	45 CFR Part 76, Subparts A-E (Sign attached certification)
"New Restrictions on Lobbying"	45 CFR Part 93 (Sign attached certification)
"Pro-children Act of 1994"	(Sign attached certification)

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or indirectly through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient alcohol or drug treatment; service providers whose sole source of applicable Federal funds in Medicare or Medicaid; or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing this certification, the Subawardee certifies that the submitting organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.



Signature of authorized official signing on
behalf of Subawardee

4/10/09

Date

Lincoln-Lancaster County Health Department
Organization

CERTIFICATION REGARDING DEBARMENT, SUSPENSION,
INELIGIBILITY, AND VOLUNTARY EXCLUSION

LOWER TIER COVERED TRANSACTIONS

- (1) The prospective lower tier participant certifies, by submission of this Application, that neither its nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this Proposal.

Bruce D. Dart, Ph.D., Health Director
Name and Title of Authorized Representative

Lincoln-Lancaster County Health Department
Organization


Signature

4/10/09

Date



April 6, 2009

Bruce Dart
Lincoln Lancaster County Health Dept
3140 N St.
Lincoln, NE 68510

Dear Bruce,

I am writing on behalf of the Lancaster County Medical Society [LCMS], the physician membership organization representing over 90% of the actively practicing physicians in Lincoln, Nebraska. As you know, LCMS has been an active partner in the collaborative community effort to prevent and manage chronic diseases in our community minority populations.

During the last grant period we have worked closely with our agency partners to facilitate significant long-term changes in the clients we serve. The role of LCMS has been to help our minority clients access medications for their chronic diseases and thus help prevent poor medical outcomes. In addition we have provided free telephonic interpretation services to all of our medical providers to assure interpreter services are readily available. Our LCMS board supports the continued involvement of our staff in providing these services. We recognize by working together with the other collaborative partners we will be better able to serve the targeted population identified through this grant. On behalf of the LCMS board and membership, I offer our continued support and commitment to this collaborative community project.

Sincerely

A handwritten signature in cursive script that reads "Derrick Anderson". The signature is written in black ink and is positioned above the typed name and title.

Derrick Anderson M.D.
LCMS Board President.



PO Box 22851
Lincoln, NE 68542
402-421-2924
www.clinicwithaheart.org

April 3, 2009

Bruce Dart, Director
Lincoln/Lancaster County Health Department
3140 N Street
Lincoln, NE 68510

Dear Bruce,

Since our inception in 2003, Clinic with a Heart has been serving the urgent health needs of people who are uninsured and underinsured. In just the last year we have seen the number of patients cared for at a clinic double. We provide short-term medical, chiropractic, dental care and physical therapy as well as medication assistance.

Minority populations account for 41% of our patient visits. 29% of our patients speak a language other than English at home. During 2008 we have treated patients who speak 31 languages (other than English). Many of the patients we see have chronic conditions such as diabetes, hypertension, cardiovascular diseases and dental health issues. These conditions require follow up care. Through the minority health grant we have created a systematic approach to communication and referral with our grant partners.

On behalf Clinic with a Heart I am offering our support and willingness to participate in this collaborative city-wide effort.

Sincerely,

A handwritten signature in black ink that reads "Teresa Harms".

Teresa Harms
Executive Director

PRESIDENT & FOUNDER
ROBERT B. RHODES, M.D.

EXECUTIVE DIRECTOR
TERESA HARMS

VOLUNTEER COORDINATOR
SHANNON DUSENBERY

BOARD OF DIRECTORS
ROBERT B. RHODES, M.D.
*Southwest Family Health
President*

JANET ENDORF-OLSON, R.N.
*Community Member
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*Community Member
Secretary*

DEBRA DAILY
*Center for People in Need
Treasurer*

MIKE BRANKER
Community Member

BEATTY BRASCH
Center for People in Need

CHRIS CAUDILL, M.D.
Community Member

ROGER FISHER, D.D.S.
All Smiles Dentistry

SHIRLEY FOSTER, R.N., B.S.N.
Community Member

JOHN C. GEIST, CIMA
Merrill Lynch

JULIE HENDRICKS, M.C.R.P.
Community Member

REV. JOHN G. LACEY
St. Mark's United Methodist Church

DALE ROEHRS
Executive Wealth Management

BESS SCOTT, Ph.D.
Lincoln Public Schools

ANN B. SHERER D.MIN.
*Bishop, Nebraska Methodist
Conference*

ROSS WILCOX
Union Bank & Trust Company

DAVID WYSONG, Ph.D.
Community Member

UNIVERSITY OF
Nebraska
Medical Center

NEBRASKA'S HEALTH SCIENCE CENTER

COLLEGE OF DENTISTRY
Assistant Dean for Patient Services
and Quality Officer

April 6, 2009

TO WHOM IT MAY CONCERN:

The University of Nebraska Medical Center College of Dentistry supports the application of the Lincoln-Lancaster County Health Department Dental Division for a Minority Health Initiative grant. The College of Dentistry has had a long history of cooperation with the Lincoln-Lancaster County Health Department Dental Division in providing care for underserved populations in Lincoln and Lancaster County. For several years the College of Dentistry has collaborated very successfully with the Health Department on grants/joint programs to provide care for low income patients who have been identified by the Health Dept. as not qualifying for other Federal, state or local dental care programs. This care has been provided at reduced or no fee to qualified patients.

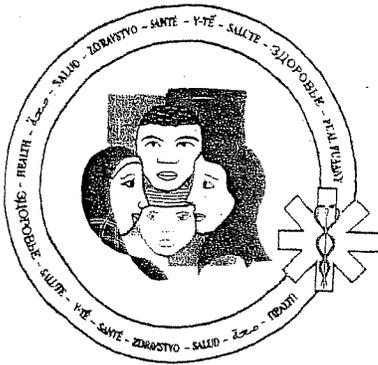
Through this grant, the College of Dentistry will provide care for an estimated 125-200 patients/year referred by the Health Department. Qualified patients will receive care at no fee to themselves. The care will be billed to the grant at 50% of the normal College of Dentistry fees. This represents a 50% contribution to the program by the College of Dentistry. Since College of Dentistry fees are set at approximately 50% of those in the practicing community, the grant will provide the equivalent of \$4 of dental care for every \$1 of program funding.

Sincerely,



Michael P. Molvar, D.D.S., M.S.
Assistant Dean for Patient Services
and Quality Officer

MPM/jj



PEOPLES' HEALTH CENTER

1021 N. 27th Street
Lincoln, NE 68503

402/ 476.1455
402/ 476.1655 Fax

April 3, 2009

Dr. Bruce Dart, Health Director
Lincoln-Lancaster County Health Department
3140 N Street
Lincoln, NE 68510

Dear Dr. Dart:

On behalf of People's Health Center (PHC), I would like to express our support and commitment for the Nebraska Health and Human Services System Minority Health Initiative Application as submitted by your agency.

We have worked successfully over the last four years with 2,169 minority adults enrolled in this program. Continued funding is needed to address the population outlined in this application. Health outcomes within this population have continued to improve due to increased education and medical staff interaction.

People's Health Center is a community health center located in a medically underserved area in Lincoln, Lancaster County. Our center offers medical and dental health services to the whole family. Our diverse patient base includes: 47% White, 27% Hispanic, 13% Black, 3% Asian, 2% Native American Indian and 8% unreported.

We accept Medicaid, Medicare and commercial insurance plans. We also offer a sliding fee program to our uninsured and underinsured patients regardless of their ability to pay. Approximately 54% of our patients are uninsured and eligible for the sliding fee program.

In our continued efforts to build a seamless healthcare delivery system, we are eager to work in collaboration with the Lincoln Lancaster County Health Department, Lancaster County Medical Society, Clinic with a Heart and ED Connections.

It is our great pleasure to submit this letter of support and commitment to partner together to improve the health outcomes for all the patients we serve.

Sincerely,

Pam Shelbourn
Interim Executive Director

Letter of Commitment

The Lincoln Lancaster County Health Department (LLCHD) and representatives from the Cultural Center Coalition (CCC) have collaborated on this proposal. Below is what we understand to be the agreement between the two parties.

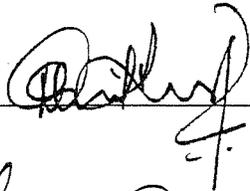
The LLCHD, and the following three ethnic centers, The Clyde Malone Center, The Asian Community and Cultural Center, and El Centro de las Américas, hereby known as the CCC, have agreed to work cooperatively to identify ethnic minority persons in their respective communities, who need medical and dental homes; and to provide the necessary outreach services to assist them in getting connected.

Specifically, the LLCHD agrees to train the CCC outreach staff; to provide overall project oversight; and provide funds to each of the ethnic centers in the amount of \$24,968.

In return, the ethnic centers agree to send their outreach staff to the training provided by the LLCHD; to work diligently in the manner described in attachment A, providing outreach education and increasing the number of ethnic minority community members who will find medical and dental homes. In addition, CCC agrees to provide timely, quarterly reports to the LLCHD.

In the event that this proposal is not fully funded, we understand across the board cuts will occur to all budget items proportional to the services provided.

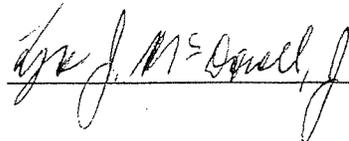
Modesta Putla, Executive Director
Asian Cultural and Community Center



Marién Ruiz, Executive Director
El Centro de las Américas



T.J. Mc Dowell, Executive Director
Clyde Malone Community Center



Date: April 9, 2009

Cultural Center Outreach responsibilities

Identify those most at risk who meet the following criteria:

- Low income minority (18 years and older).
- Have not seen a doctor/dentist in the previous 12 months.
- Have no medical and/or dental home.

Provide standardized, culturally appropriate information so that the **at-risk person**:

- Understands the need for screening for health risks associated with diabetes and cardiovascular disease. (ActionNOW information)
- Agrees to follow-up contacts with outreach worker and releases information to agencies working with this grant.
- Understands that there is a cost for medical care and tests but that it will be charged on a sliding fee scale according to income. There will be a minimum payment that the client will need to make at the time of the visit (normally @\$20)

The Outreach Worker will

- Host Cultural Center events for dental/chronic disease screenings done in collaboration with other Minority Health Grant agencies. The Outreach Worker will promote and recruit for the events to insure adequate attendance, post flyers in appropriate community sites, and assist at the events. Do community outreach at sites appropriate for the culture they serve including Churches, gatherings, places of business.
- Attend Living Well Class to better understand chronic disease. Host Living Well Class at the centers and recruit participants for the classes on a (monthly/quarterly/?) basis. Minimum number of participants (#) will need to be recruited in order to do the class.
- Chronic disease prevention awareness activities and program participant recruitment at the cultural center.
- Assist in setting up medical/dental appointments for those with no medical/dental home. Assessing need and reducing barriers to receive care.
- Follow-up with client 1-2 days prior to appointment to assess/address barriers that may keep client from getting to the appointment. Work through alternatives.
- Do follow-up after appointment within 5 working days to complete post appointment questions.
- If unable to reach client after several tries, Outreach Worker will contact the clinic to verify that appointment was/was not kept and outcome
- Complete Referral/Assessment/Release of Information form for each new client and send copies to LLCHD monthly (by the 10th of the month).

Paperwork/reporting

- Referral/Assessment/Release of Information form per individual and forward copy of form to LLCHD by the 10th of the month
- Quarterly Narrative & Project success story Quarterly (due the 10th of the month October, January, April, & June)
- For "Special Events" such as Juneteenth, Hispanic Festival, Grandparent Day at the Asian Center etc... Count separate from normal "outreach activity" and specify Event name. Do ActionNOW form/questions.