

June 20, 2011

Mr. David Humm  
Lincoln-Lancaster County Health Department  
3140 N Street  
Lincoln, NE 68510-1514

Grant: MHI11-LLCHD

Dear Mr. Humm:

I am pleased to inform you that your application for the 2011-2013 Minority Health Initiative Projects has been approved in the amount of \$938,626.18 (Lancaster County) for the period July 1, 2011 through June 30, 2013. Your application is conditionally approved based on the following contingencies being successfully addressed to your project officer named below by July 11, 2011. The contingencies are as follows:

- Revise budget and justification to reflect the amount awarded as referenced above.
- Evaluation plan should be more cohesive. While it is understood post survey information is collected, follow-up screenings are suggested to measure changes.

Please note that your project is bound to abide by the conditions, terms, and requirements set forth in the Request for Applications (RFA), your application, your response to contingencies, and the attached Nebraska Department of Health and Human Services (DHHS) Terms and Assurances. Please be reminded that you must exercise proper stewardship over grant funds.

The Project Officer assigned to your grant is Diane Lowe. She can be reached at [diane.lowe@nebraska.gov](mailto:diane.lowe@nebraska.gov) or (402) 471-0881. Questions about the administrative management of your grant should be directed to your Project Officer.

As mentioned in the RFA, technical assistance training is scheduled for July 19, 2011 and will begin at 9:00 a.m. at the Holiday Inn Convention Center, 110 Second Avenue, in Kearney, Nebraska. Please plan on being present the majority of the day. The grant Project Director and the person preparing reports *must* attend this meeting. Additional representatives are welcomed with advance notice to our office. In addition to learning about the simplified reporting requirements, there will be time to meet with your Project Officer. Also, please bring a flash drive to save materials.

The Nebraska Department of Health and Human Services is pleased to support your project and looks forward to working with you in its continued development. Thank you for your efforts to

reduce health disparities and improve the health of racial ethnic minorities, Native Americans, refugees and immigrants in Nebraska.

Sincerely,



Joann Schaefer, MD  
Chief Medical Officer – State of Nebraska  
Director, Division of Public Health  
Department of Health and Human Services

cc: Diane Lowe, Project Officer, Office of Health Disparities and Health Equity

Attachments:

1. Terms and Assurances

**Minority Health Initiative 2011 - 2013  
Competitive Application Cover Sheet**

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

**Applicant Organization:** Lincoln-Lancaster County Health Department (LLCHD)

**Federal Tax Identification Number:** 47-6006256

**Address:** 3140 N Street, Lincoln, NE 68510

**Project Director**

Name: David Humm

Title: Chronic Disease Prevention Coor.

Address: 3140 N Street

City/State/Zip: Lincoln, NE 68510

Phone: (402) 441-8043

Fax: (402) 441-8323

Email: [dhummm@lincoln.ne.gov](mailto: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](mailto: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 --- 2005-07 \$982,759

2007-09 \$902,359

2009-11 \$1,000,352

**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.**

**The email with which you submit this application serves as your official signature.**

**Name of authorized official:** Judith A. Halstead, MS

**Title:** Health Director **Date:** 5/10/11

**Amount of funding requested:** \$923,694.72

**County (counties) applied for:** Lancaster

**Minority Health Initiative 2011 - 2013  
Competitive Application Project Profile**

**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; Health Hub; Clyde Malone Community Center, Asian Community & Cultural Center (ACCC), El Centro de Las Americas

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

Native American	<input type="checkbox"/>	Asian	<input checked="" type="checkbox"/>
African American	<input checked="" type="checkbox"/>	Hispanic	<input checked="" type="checkbox"/>
Immigrant	<input checked="" type="checkbox"/>	Refugee	<input checked="" type="checkbox"/>

Other (specify): \_\_\_\_\_

Tribe(s): Omaha, Santee Sioux, Ponca, Winnebago, Cheyenne

**Geographic area:** Lancaster County

**Project Priorities:**

Obesity	<input checked="" type="checkbox"/>	Cardiovascular disease	<input checked="" type="checkbox"/>
Infant mortality	<input type="checkbox"/>	Diabetes	<input checked="" type="checkbox"/>
Asthma	<input type="checkbox"/>		

**Other Focus Areas** (check all that apply):

Mental health	<input checked="" type="checkbox"/>	Injury prevention	<input type="checkbox"/>
Translation and/or interpretation	<input checked="" type="checkbox"/>	Cancers	<input type="checkbox"/>
HIV/AIDS	<input type="checkbox"/>	Tobacco or alcohol use	<input checked="" type="checkbox"/>
Sexually transmitted diseases	<input type="checkbox"/>	Uninsuredness	<input checked="" type="checkbox"/>

### **Collaborators/Partners:**

- \* **The Asian Community and Cultural Center (ACCC)** - A neighborhood community and cultural center located in Lincoln's medical underserved area (MUA) serves clients from many Asian countries with the majority from Vietnam. It is governed by a Board of Directors and Madoka Sato Wayoro is the Executive Director. It also houses the Fusion Project, a federally funded program assisting refugees and immigrants. Multiple outreach staff provides outreach, education classes, interpretation, case finding and some case management with Asian clients to help them navigate local resources and establish a medical and dental home.
- \* **The Clyde Malone Community Center** - A neighborhood community and cultural center located in the MUA serving primarily African Americans, but does serve a broad scope of people throughout the city. It is governed by a Board of Directors with Larry Williams as the new Executive Director who manages programs, staff, and resources. Regina Sullivan, an outreach staff, provides outreach, education classes, case finding and some case management with African American clients to help them navigate local resources and establish a medical and dental home.
- \* **El Centro de Las Americas** - A neighborhood community and cultural center co-located with the Malone Center in the MUA. The Center is Lincoln's only community center dedicated to helping the area's Latino families, including immigrants and refugees, become fully integrated into the community. It is governed by a Board of Directors and Marien Ruiz is the Executive Director. An outreach staff, Stacy McQueary, provides outreach, education classes, interpretation, health/wellness classes, case finding and some case management with Spanish speaking clients to help them navigate local resources and establish a medical and dental home.
- \* **Clinic With A Heart (CWAH)** - A free clinic held four times each month now located at 1701 S. 17th Street. Teresa Harms is the Executive Director and MHCC partner representative. CWAH is staffed by volunteer physicians, mid-level practitioners, and dentists. The clinics provide medical, dental, physical therapy, vision services, chiropractic care and mental health referral. There were 2,056 patients seen during the past year. 92% had no insurance; 65% unemployed; 73% incomes less than \$16,000 a year; 38% reported they would get care in emergency department if not for CWAH; 73% spoke English as primary language; 15% Spanish; 12% representing 18 languages; and 44% minority. 90% of patients are from Lancaster County. CWAH assesses medical and oral health needs to refer to Health Hub for further assistance.
- \* **The Health Hub** - An innovative holistic program to connect uninsured individuals to all sources of assistance, a priority recommendation of the Mayor's Task Force on the Healthcare Safety Net. It is currently funded through the Community Health Endowment and is not funded through the MHCC. The Hub is located at the Center for People in Need and coordinated by Shelley Geary. Rather than subjecting clients seeking assistance to an exhausting, duplicative and discouraging search through many agencies, Health Hub assigns clients an "advocate" to assist them in finding community resources, such as: find a doctor/medical home – dentist/dental home; access free/discounted meds; see a medical specialist; apply for assistance programs (SNAP - food stamps, General Assistance, Supplemental Security Income, Social Security Disability Insurance, Medicare and Medicaid); and refer to other agencies for basic needs.
- \* **Lancaster County Medical Society (LCMS)** - A local physician membership organization that addresses community health issues from a leadership perspective in advocating for both physicians and patients. Joan Anderson is the Executive Director and MHCC partner representative. Contributions will continue to include assistance with language interpretation, medication assistance, and utilizing its Health 360 project to help minority clients access specialty health care when needed. LCMS works in collaboration with other community health

organizations on an ongoing basis to provide programs and services to enhance patient care and improve public health and safety.

\* **Lincoln-Lancaster County Health Department (LLCHD)** - The Department is also located in the MUA of Lincoln. It serves as project manager and fiscal agent of the MHCC. In addition to David Humm as project manager, Gwendy Meginnis, the Dental Division Manager and Cindy Peters, Administrative Assistant are grant partner representatives. 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 are served by bi-lingual staff with eleven different languages. Breakdown of those served: 38% of dental clients on Medicaid; 5% General Assistance (eligible for services at no fee to client); 42% at or below 100% of poverty (eligible for services at minimum fee for service); and 15% eligible for sliding fee scale. In last fiscal year, 62% of dental clients served were of a racial/ethnic minority.

\* **The University of Nebraska Medical Center College of Dentistry (COD)**

The college provides complex dental care to clients of the MHCC referred by LLCHD and PHC. The COD has had a long history of cooperation with LLCHD in providing care for underserved populations in Lancaster County. For each dollar provided to the UNMC College of Dentistry for service to MHCC clients, four dollars in service is estimated in return.

\* **People's Health Center, (PHC)** -- A Federally Qualified Health Center located in the MUA that provides a medical and dental home to clients of the MHCC. Deb Shoemaker, Executive Director, and Corrie Kielty-Wesely, Clinic Operations Director are both MHCC partner representatives. PHC provides affordable, comprehensive, accessible, culturally appropriate, cost-effective primary health care. Clients receive medication assistance and healthy lifestyle education as well as education on management of diabetes, high blood pressure, high cholesterol, and overweight/obesity. PHC serves 51% of the uninsured in Lincoln (compared to the national community health center rate of 38%), as well as 31% of the Medicaid population. The patient base of PHC: 47% White, 27% Hispanic, 3% Asian, 13% Black, 2% American Indian, and 8% Unknown (didn't report). Over 25% of patients are best served in a language other than English.

All MHCC partners work closely with El Centro de las Americas which is the Hispanic Cultural Center, the Clyde Malone Community Center which is the African American Cultural and Community Center, and the Asian Center Community and Cultural Center which includes the Fusion Center. Our most powerful tool to gather feedback from these different communities is through direct communication with members of the communities. Both through center employees (who are themselves members of the communities that they work with) and through our working directly with members of the minority communities served. *Charted demographics of all MHCC service staff – Attachment 1*

### **Cultural Competency:**

Culturally Linguistically Appropriate Services (CLAS) Standards are integral to the design of this project and a standard of operation for the LLCHD and PHC. All MHCC 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. PHC and LLCHD receive feedback from patients on how we are responding to their cultural needs through regular patient surveys and interviews. CWAH also seeks feedback from minority patients through phone calls

one week after they were seen at the clinic. The results of these surveys are utilized by Quality Assurance Committees to make changes to clinic policies and practices. LLCHD provides monthly sessions by a trained staff facilitator, which is required for new staff and recommended for current 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 MHCC partners similarly expect and monitor competency of staff in providing service to persons from diverse cultures and make every effort to recruit and retain persons that reflect the populations served within the community. Our cultural center partners are always a great resource for cultural sensitivity information and will be providing staff in-services as requested by all grant partners. Patients receiving service through the MHCC will reflect the many diverse cultures in our community, and it is recognized that respect is basic to providing quality health care.

In addition, we have encouraged all partners to become a member of the Federal Think Cultural Health website, [www.thinkculturalhealth.hhs.gov](http://www.thinkculturalhealth.hhs.gov). The website is a great way to easily get the latest resources and tools to promote cultural competency in health care. Unnatural Causes: Is Inequality Making Us Sick?, a landmark, four-hour documentary series produced by California Newsreel, documents the glaring racial and socioeconomic inequities in health and searches for their root causes. In collaboration with NDHHS, LLCHD hosted a viewing and community conversation last year with most of the MHCC partners participating. Plans are being made to host another regional community dialogue involving other communities in southeast Nebraska (Crete, Seward, Auburn) in July 2011.

#### **Project Goals:**

Ultimately the goal of this project is to contribute to the reduction of CVD and diabetes in Lancaster County and the associated health disparities. Individuals who are obese 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.

**Project Goal #1:** All minority clients served by MHCC outreach will receive screening and/or education regarding risk of cardiovascular disease and the relation to obesity and diabetes

**Project Goal #2:** All minority clients served by MHCC that are referred to Health Hub will be assigned an advocate to assist them in establishing a medical home as appropriate

**Project Goal #3:** All new and existing minority patients at PHC will be assessed for CVD and diabetes risk and have opportunity to develop an individualized risk reduction plan

**Project Goal #4:** All minority clients served by MHCC will have access to a dental home, access to specialized dental care and educated to understand the link between oral health & cardiovascular disease

**Project Goal #5:** All minority clients served by MHCC will have access to translation & interpretation services

**Project Goal #6:** All minority clients served by MHCC will have access to free or reduced prescription drug medication assistance programs

## **Project Narrative**

### **Applicant Organization's Mission & Vision:**

The Mission of LLCHD is to "protect and promote the public's health." Our Vision is that of "a sustainable public health system serving all people to achieve optimal health." The Health Department focuses on the health of all the people in the community through:

Collaboration - We work in partnership with others in the community to achieve common goals. We share services, skills, and resources to meet the health needs of the community.

Ownership - We promote ownership of health or environmental need(s), problem, or issue through partnerships in the community. We don't necessarily resolve every need, problem, or issue but we have to assure someone does. We promote personal responsibility/ownership through our services to customers, and the general public we serve.

Health and Social Equity - We seek to address optimal health for all regardless of socioeconomic status, education, race, ethnicity, gender or other factors. We provide the support to assure social needs are addressed. For example, case managers assist indigent patients to receive medications they cannot afford or providing food handler classes in Spanish for Spanish speaking food handlers to assure they understand and can follow standards of safe food handling. We promote "the greatest good for the greatest number".

Access - We believe a core role for public health is assuring access to services to achieve optimal health. We don't provide every service for everyone, but we promote access for all who need a service or program.

Inclusive: We seek to include our internal and external partners, those we regulate, and consumers in all levels of our work including policy development, service implementation, and program evaluation. (*See - Organizational charts of all MHCC partners in attachments*)

### **Describe the Public Health Issue(s) being addressed:**

Cardiovascular disease (CVD) is a leading public health problem that contributes 30% to the annual global mortality and 10% to the global disease burden (World Health Organization, 2010). The estimated direct and indirect cost of CVD for 2010 was \$503.2 billion according to the American Heart Association. Unfortunately, it, too, continues to be a primary health disparity in Nebraska and Lancaster County. CVD encompasses all diseases of the heart and blood vessels, including heart disease, stroke, congestive heart failure, hypertension, and atherosclerosis. These conditions develop slowly through lifelong exposure to behavioral risk factors, tobacco use, physical inactivity and unhealthy diet. This leads to the conventional risk factors of CVD, high blood pressure, high cholesterol and diabetes. An individual's social status further impacts these risk factors by limited access to social support; lack of perception of control and job stress; lower health-seeking behaviors; less access to medical care and greater co-morbidity. In addition, while not the targeted health issue of this project, clients will be referred for refugee services, immunizations, STD, HIV/AIDS services through LLCHD as needed.

It is the purpose of this project to decrease minority health risk with CVD and reduce the health disparity gap. In 2009 nearly 16.8% of deaths overall and 14% of deaths in the MUA were attributed to cardiovascular disease in Lancaster County. Also, 10.8% of diabetes related deaths in Lancaster County occurred in the MUA (LLCHD). Other local significant data show that 33.5% of Lancaster County adults are overweight; 22.7% are obese; 24% have high blood pressure; 26% couldn't see a doctor; and 11.7% couldn't see a dentist.

**Describe the racial/ethnic minority, refugee population to be served – and geographic area.**

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 (*census tracts 3-9 and 17-22 – map Attachment 2*). The greatest percentage of users of PHC comes from this area which represents in excess of 50,000 residents. Almost 90% of the residents in the target area are at or below 200% of the federal poverty level. While the total minority population of Lancaster County, according to the 2000 census and the estimated 2008 census is 24,865 and 35,971 respectively, the estimated minority population of the MUA is estimated to be 13,322 in 2008 (37% of the county minority population). The percent of the population that is linguistically isolated in the target population within the service area is 10%. According to the Asian Community Center, Lancaster County is the nation's 18<sup>th</sup> largest resettlement area for Asian refugees and immigrants. Moreover, Nebraska ranks fifth in refugee resettlement per capita when compared with states of similar population. Half of the state's refugees reside in Lincoln. Many refugees settle in the northeast part of Lincoln in close proximity of PHC, including refugees from Iraq, Somalia and Sudan, as well as Bosnia/Herzegovina and other former Eastern-bloc countries. The Lincoln Public Schools English Learners Program currently serves students from 50 different countries. These students speak over 50 different languages, including Spanish, Vietnamese, Arabic, Kurdish, Nuer (Sudanese) and Somali. In addition over the past three decades, the Latino population has steadily grown. According to the most recent U.S. Census Bureau estimates from 2010, Lancaster County had a Latino population of 16,182, but current, unofficial estimates say the population is now closer to 20,000. Of that number, 12,116 (75%) indicated that they were born in another country and their preferred language was Spanish. Refugees are eligible for Medicaid for 8-9 months after establishing legal settlement in Nebraska. LLCHD provides the initial health assessment and immunizations for refugees of all ages. From 9/1/2009 to 8/31/2010, LLCHD provided services to 469 refugees. Navigating the health care system in a new country is certainly challenging and as individual health needs change after initial settlement and during the first year and beyond, programs like the MHCC provide a critical service in helping minority populations, including refugees, to access care.

As outlined above, 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. It is critical for all people to have accessible, high-quality, affordable health care to address health disparities. Residents of Lincoln's MUA need practitioners who speak their language, understand their culture, counsel healthy habits, provide free or low-cost preventive services, prescribe effective treatments, and follow up. People's Health Center, LLCHD, CWAH and the Health Hub are all working together to see this direct service happens. We all recognize the PHC is near or at capacity and it will become more difficult to serve the continued need in the community.

**Describe the expertise and/or credentials of the Project Director**

The services and outreach provided by this project have evolved over the past six years of community collaboration and clients we serve continue to benefit from our collective program enhancements. The overall project will be managed by David Humm, the Chronic Disease Prevention Coordinator in the Health Promotion and Outreach Division at LLCHD. He will serve

as the liaison between the Nebraska OHDHE and other project staff and will be responsible for the completion and submission of all required documentation. David has a Bachelor's Degree in Community Health Education and a Master's Degree in Secondary Education from the University of Nebraska-Lincoln. David has been with the Health Department for nearly eight years and has extensive experience in grant management including as fiscal agent and program manager of multiple grant partners. This experience includes managing a similar grant project through NDHHS with multiple partners for four years, the Lincoln-Lancaster County School/Community Tobacco Prevention Project. All current MHCC partners have agreed to the coordination and appreciate David being 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. Upon successful award of this grant, all partner agreements will be done through sub-contracts and MOU's with LLCHD as the fiscal agent for the grant.

**Identify any studies that have been done to determine the health gaps in the applicant's target population and geographic 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 2020, the Blue Print Project, Maternal Child Health Assessment Project, and Mobilizing for Action Through Planning and Partnerships (MAPP). One study was implicit in the establishment of People's Health Center, the federally qualified health center, and included evaluation of such components as poverty, transportation, housing, number of health care providers, birth rate data and mortality data as 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. More recently the Mayor's Blue Ribbon Task Force on the Healthcare Safety Net worked together to develop innovative, ambitious, and tailored recommendations to strengthen Lincoln's safety net. They identified seven key topic areas: Medical Home; Safety Net Efficiencies and Enhancements; Healthcare Volunteers; Health Information Technology; Prevention, Wellness and Health Education; Resource Development; and Implementation. The Task Force identified two priorities for phase I as the most urgent for implementation, 1) assure that People's Health Center completes a comprehensive strategic plan to increase capacity; 2) assist uninsured individuals, many whom access the healthcare system via free clinics, in appropriately navigating the health/human service system (what is now Health Hub). In addition, partners have utilized the results and analysis of a survey done with 2,310 low-income families conducted in December 2009 by the Center for People in Need (CFPIN). The survey identifies issues, barriers, and challenges faced by low-income families in this community that reinforces our previous studies. The report can be found at CFPIN website, [www.centerforpeopleinneed.org](http://www.centerforpeopleinneed.org). It represents the continuing analysis done by CFPIN and follow-up to needs assessment surveys completed annually since 2006.

All MHCC partners have much experience with cultures of different minority populations, especially among immigrants, having sets of beliefs that can interfere with effective health education. There are major differences between the U.S. health care system and that of the home country for most immigrants. Some cultures do not understand or accept our concept of preventive health behaviors. Language issues aside, many have inadequate health knowledge and

literacy. Some individuals may have serious misunderstandings of certain health issues. Some individuals believe strongly in certain traditional remedies, considered by our health professionals to be ineffective or even dangerous. These are major barriers that hinder reducing health gaps.

Population-based health disparity data regarding chronic diseases at the local level is not available. This data regarding Lincoln's racial/ethnic population are determined using national data and state data where available. The Nebraska Behavioral Risk Factor Surveillance System (BRFSS) has been conducting surveys annually since 1986 for the purpose of collecting data on the prevalence of major health risk factors among adults residing in the state. Lancaster County does do over-sampling of surveys to increase the number of respondents.

Lancaster County 2009-2010:

- Those reporting who have had their cholesterol checked in the past year has reversed between whites and non-whites over the last 5 years (2005 – 85.5% white and 72.4% non-white and 2009 – 75.8% white and 83.3% non-white)
- Those reporting they couldn't see a doctor remains more of an issue with non-whites (19.2% non-white) than whites (10.9%), 2009.
- Those being told they have diabetes is consistently higher among non-whites (10.6%) than whites (8.0%), 2010.

Nebraska 2007-2008 findings include:

- Significantly greater proportions of African Americans (9.0 percent) stated that their experiences in seeking health care were worse than that for people of other races, compared to non-Hispanic whites (1.4 percent)
- Hispanic Americans (45.5 percent) were significantly more likely than non-Hispanic whites (12.5 percent), African Americans (21.3 percent), and non-Hispanic persons of "other" races (16.6 percent) to indicate they did not have health insurance at the time of the survey
- Hispanic Americans (38.9 percent) were significantly more likely than non-Hispanic whites (14.0 percent), African Americans (15.3 percent), and non-Hispanic persons of "other" races (19.1 percent) to say they did not have anyone they consider their personal health care provider
- The proportion of Hispanic Americans (25.4 percent) who reported they had been unable to see a physician because of cost in the past year was significantly higher than the proportions of non-Hispanic white Nebraskans (9.1 percent)
- Significant differences in self-reported health status were also identified by race and ethnicity of respondents. Hispanic American (23.1 percent), and African American (19.1 percent) adults in Nebraska were significantly more likely than non-Hispanic white (10.7 percent) adults to have fair or poor health.

Examples of relevant national data that is applicable locally include:

- African American men are 30% more likely to die from heart disease than non-Hispanic white males. In 2009, 32% of African Americans had hypertension compared to 23% of whites. Mexican Americans, who make up the largest share of the U.S. Hispanic population, suffer in greater percentages than whites from overweight and obesity, two of

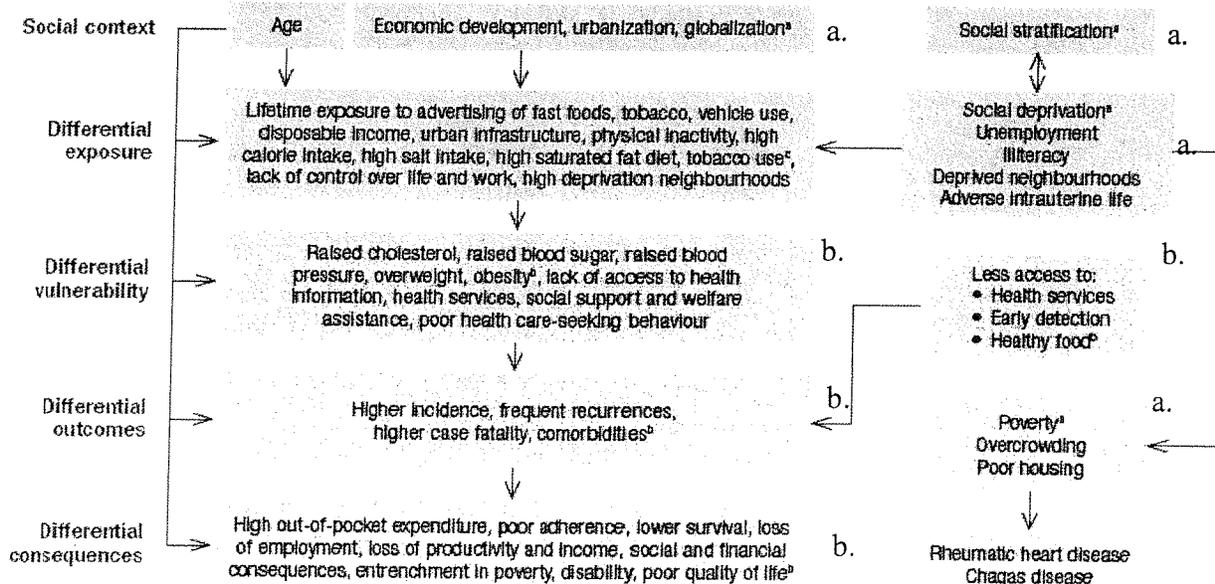
the leading risk factors for heart disease. *Source: Office of Minority Health, DHHS website - [www.minorityhealth.hhs.gov/templates/browse.aspx?lvl=3&lvlID=62](http://www.minorityhealth.hhs.gov/templates/browse.aspx?lvl=3&lvlID=62), viewed on April 27, 2011*

- Minority Americans are much more likely to have diabetes than whites. In 2007, an estimated 14.7% of non-Hispanic blacks were diagnosed with diabetes. As of 2008, 2.5 million Hispanic adults, 18 years and older, about 11 percent of that population, have diabetes. Diabetes is also the fifth leading cause of death in the Asian American and Pacific Islander population. *Source: Office of Minority Health, DHHS website - [www.minorityhealth.hhs.gov/templates/browse.aspx?lvl=3&lvlID=62](http://www.minorityhealth.hhs.gov/templates/browse.aspx?lvl=3&lvlID=62), viewed on April 27, 2011*
- Disparities are also widespread across a number of risk factors for disease and disability. Blacks are much more likely than whites to be overweight or obese. Nearly seven of 10 black individuals are either overweight or obese (69%) compared with 54 percent of white individuals. *Source: The Commonwealth Fund. Health Care Quality Survey. 2008.*
- Minority Americans are all more likely to be without a regular doctor than white individuals. Hispanics are the least likely of the racial and ethnic groups examined to use private physicians as their place of care and the most likely to use community health centers like PHC. *Source: The Commonwealth Fund-Health Care Quality Survey. 2008.*
- Blacks, however, are more likely than both whites and Hispanics to report delaying or forgoing dental care and prescription drugs. *Source: Agency for Healthcare Research and Quality. National Healthcare Disparities Report. 2008.*

**Identify evidence-based studies showing the effectiveness of the proposed project approach.** The partnerships and collaborations that have formed over the years within MHCC are dedicated to making a positive impact in reducing these disparity gaps. This model will be explained later in the Partnership Plan section. Following are examples of evidence-based studies that support this model.

[The following framework is taken from the World Health Organization’s publication - Equity, social determinants and public health programs, 2010]

**Conceptual framework for understanding health inequities, pathways and entry-points**



Note: LLCHD=Lincoln-Lancaster County Health Department, LCMS=Lancaster County Medical Society, PHC=Peoples Health Center, CWAH=Clinic With a Heart, ACCC=Asian Community and Cultural Center

### Determinants:

- a. Government policies: influencing social capital, infrastructure, transport, agriculture, food.
- b. Health policies at macro, health system and micro levels.
- c. Individual, household and community factors: use of health services, dietary practices, lifestyle.

This framework is a public health model rather than a medical model. Reducing inequities in cardiovascular health is an ethical imperative that can best be achieved through a public health approach. *Source: [http://www.who.int/social\\_determinants/thecommission/finalreport/en/index.html](http://www.who.int/social_determinants/thecommission/finalreport/en/index.html), viewed on April 29, 2011.*

In this model our project will be focusing on determinants a & b. Two key components of such an approach are at the center of the project: 1) improvement of the health status through health promotion and upstream policies that address the needs of those at high risk and with CVD through health care systems that focus on equity through a primary health care approach; and 2) recognition of the participatory role of patients with CVD and their empowerment to participate in health decisions by giving them educational opportunities and removing barriers to healthy choices. This primary health care focus will help to address issues of equity-related service delivery for CVD prevention and control.

At present, the evidence base on interventions that have been implemented to reduce inequities in the determinants, outcomes and consequences of CVD is limited, and more research is needed to unravel the exact mechanisms through which social determinants contribute to CVD and what works to reduce these inequities.

*Source: [http://www.who.int/social\\_determinants/thecommission/finalreport/en/index.html](http://www.who.int/social_determinants/thecommission/finalreport/en/index.html), viewed on April 29, 2011.*

However, we do know that access to a usual source of care appears to help reduce disparities. The most appropriate health service entry-point identified for addressing equity issues is primary care. *Source: [http://whqlibdoc.who.int/publications/2010/9789241563970\\_eng.pdf](http://whqlibdoc.who.int/publications/2010/9789241563970_eng.pdf), viewed on May 3, 2011.*

Having a regular doctor appears to have a marked effect on increasing the likelihood that individuals will receive certain preventive services, such as a blood pressure check or cholesterol screening. It also is correlated with dramatically reduced disparities between whites, blacks, and Hispanics for this measure. Regardless of income or insurance status, individuals who report a regular source of care are more likely to receive these services. Hence, having a usual source of accessible, convenient care may have a marked impact on disparities in care received. This relationship is reinforced by recent research emphasizing the importance of having a “medical home.” The concept medical home includes not only having a regular provider or place of care, but also just as likely as majority groups to receive reminders for preventive care visits. When adults have such a medical home, the percentage of patients who receive needed medical care increases across all groups and racial and ethnic disparities are virtually eliminated. *Source: The Commonwealth Fund-Health Care Quality Survey. 2008.*

In addition to and as part of primary care, the other aspect of our project is health education and self empowerment. Positive impact occurs when a desired health behavior is adopted and sustained over a period of time. The health education message needs to be communicated effectively enough to motivate the person to want to follow the recommendations. This is something that often requires repeated encounters with the message. Even for treatment-based health education, instructions may need to be given repeatedly, and in more than one format. Once motivated to take action, the individual needs access to resources that might be needed

(e.g., a clinic for screening, a place to exercise, funds for medications), and a supportive environment to adopt and sustain the healthy behavior. In some circumstances, such as health screenings, there may be other layers of health education and services needed to address any detected problems. Source: [http://www.who.int/social\\_determinants/thecommission/finalreport/en/index.html](http://www.who.int/social_determinants/thecommission/finalreport/en/index.html), viewed on April 27, 2011. This is exactly what the project does for people (i.e. screening, education, primary care, case management, support).

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, CVD. Because of the 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 partners of MHCC have far exceeded the anticipated goals of the project, in many cases by as much as three times the anticipated goal. Past successes provide evidence this project is making a difference in the Lincoln community. Since the beginning of the project in July 2005 through March 2011, we have provided services during a total of 9,643 contacts made with racial/ethnic minority adults. These contacts include dental, medical, minority liaison interactions, health screenings, etc. Interpretation services were provided through the project for 3,243 individual non-English speaking minority clients. In addition, through the support of this project, 3,453 new minority clients were assisted in establishing a medical home with People's Health Center and 3,716 new minority clients established a dental home -- 1,227 with People's Health Center, and 2,489 clients with LLCHD Dental. The percentage of each race/ethnicity served is as follows: 48% Hispanic, 26% Black/African American, 17% Asian, 3% Native American, 5% Other (includes refugees and immigrants), and less than 1% Hawaiian/Pacific Islander.

MHCC is crucial in moving toward achieving health equity and improving health for everyone in Lancaster County. However, we recognize no doctor can undo the ill effects of patients living in communities without healthy food outlets, walkable streets that allow safe passage to school and work, or green spaces. Also no medication can reverse the damaging consequences of living in neighborhoods with systemic obstacles to wellness: poverty, dilapidated housing, gangs, violence, crime, and despair. We understand people's surroundings determine their options for making decisions every day that affect their health. This project is the primary care and education aspect of a whole effort to improve the health for everyone in Lancaster County. LLCHD and many community partners are working parallel to this project in other aspects to also reduce cardiovascular disease, diabetes and obesity. A few examples of partnerships and projects done in collaboration with LLCHD:

\* 54321GO project to address/reduce childhood obesity - partners include Teach a Kid to Fish non-profit (dedicated to reducing childhood obesity), Salvation Army, Malone Center, Carol Yoakum Community Center, physicians, worksites, YMCA, Community Crops, B & R Stores.

\* Sidewalk walkability project to examine the walkability of neighborhoods with the goal of increasing walking/biking traffic in neighborhoods including increasing the number of children that walk and bike to school. Partners include the city departments of Health, Parks and Recreation, Public Works, Planning, Mayor's Office, neighborhood associations, others.

\* Walk Your Child to School program to teach children how to safely walk/bike to school and the importance of physical activity. Partners include Safe Kids Lincoln Lancaster County Bike/Pedestrian Task Force, public and parochial schools, Lincoln Police Department, other.

\* Bike Education classes to help children and adults learn to safely bike on city streets, trails, and bike routes with dozens of individual and agency partners.

\* Partnership for a Healthy Lincoln to raise community awareness of the physical activity and nutrition resources available in Lincoln.

**Define and support any relevant theory 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 MHCC 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 would only 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, 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.

The major risk factors for cardiovascular disease that can be controlled are cigarette smoking, high blood pressure, high blood cholesterol, overweight, and physical inactivity. Other risk factors, such as diabetes, also are conditions people can have some control over. We plan to address all of these risk factors in our work plan. Even just one risk factor will raise your chances of having heart-related problems. But the more risk factors you have, the more likely you are to develop cardiovascular diseases. *Source:*

[http://www.cureresearch.com/c/cardiovascular\\_diseases/riskfactors.htm?ktrack=kcplink](http://www.cureresearch.com/c/cardiovascular_diseases/riskfactors.htm?ktrack=kcplink), viewed on May 1, 2011

There are a number of documented strengths and protective factors for different ethnic populations. MHCC partners will rely on the cultural centers' expertise and experiences to utilize any unique approaches to provide sound, quality health education and primary care. Some generalized examples include:

- Traditionally, Hispanics include in their extended families not only parents and siblings but also grandparents, aunts, uncles, cousins, close friends, and godparents. When they

are ill or injured, Hispanics frequently consult with other family members and may ask them to come along on medical visits. Hispanic extended families play an important support role for patients. *Source: Management Sciences for Health, 2008*

- Hispanics tend to stress the importance of personal relationships. They expect health care providers to be warm and friendly and to take an active interest in their patients' lives. This conveys to the patient that the provider is interested and helps put the patient at ease before an exam or medical procedure. *Source: Management Sciences for Health, 2008*
- The African-American culture is spiritual. It derives from the African heritage and has been maintained by shared experiences and common historical circumstances. This spiritual connection is essential to the African-American worldview. The connection is seen in church membership, church attendance, a sense of right and wrong, teaching moral values, and a shared religious core. For many, the church serves as the center of community life. *Source: Asante, M.K., and Asante, K.W. (1990). African culture: The rhythms of unity. Trenton, NJ: Africa World Press, Inc., p. 208.*
- Many African Americans have a sense of competence that helps them manage risk situations effectively. Empowerment involves discovering this inherent power and helps individuals to trust their sensibilities and link themselves to networks of resources. *Source: Asante, M.K., and Asante, K.W. (1990). African culture: The rhythms of unity. Trenton, NJ: Africa World Press, Inc., p. 208.*
- Asian Americans view health from a variety of different perspectives, sometimes simultaneously. These perspectives may involve an interaction of spiritual factors, internal balance inequities, and biological factors. Asian-American clients may combine diagnostic and treatment elements from different perspectives with the goal of getting maximum health benefits. *Hsu, F.L.K. (1973). Kinship is the key. Center Magazine 6:4-14.*
- Asian family cohesiveness and stability (as exemplified by their lower divorce rate) may be a protective force and one of the major deterrents against youthful problem behaviors such as alcohol or drug use and other antisocial and self-defeating behaviors. Asian families and extended kinship networks have also often been cited as an important protective factor against many mental health problems. *Source: Johnson, R.C., and Nagoshi, C.T. (1990). Asians, Asian-Americans and alcohol. Journal of Psychoactive Drugs 22(1):45-52.*

**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 NDHHS. Clients are also encouraged to attend Living Well chronic disease management workshops that are facilitated by local people and supported by NDHHS. 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. The LLCHD clinic serves as the refugee clinic for Lancaster County with funding from NDHHS. Both PHC and LLCHD clinics participate in the Vaccine for Children Program and provide adult immunizations. LLCHD provides STD/HIV outreach, counseling, and testing for high risk populations with funding from NDHHS to provide services. Other programs and services provided by LLCHD and/or project partners that occur as a result of funding through NDHHS include the Every Woman Matters clinical services through LLCHD; fecal occult blood test kits (colon cancer) provided to the Crusade Against Cancer Coalition; LB692 funds that assist with interpretation funding to LCMS; and LB1060 (public health assessment) funds that assist with

the MAPP data assessment. All the programs mentioned above are available to clients of the MHCC, and clients will be referred to those programs that will meet an identified health risk or need. People's Health Center is a Federally Qualified Health Center funded through HRSA 330 Program. In addition, PHC participates in the federal 340B Program. The Fusion Project of the Asian Center does also receive federal funding.

**Project Work Plan**

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

**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; Health Hub; Clyde Malone Community Center, Asian Community & Cultural Center, El Centro de Las Americas

<b>Project Goal #1 (07/01/2011-06/30/2013): All minority clients served by MHCC outreach will receive screening and/or education regarding risk of cardiovascular disease and the relation to obesity and diabetes.</b>				
Objective	Outputs (Activities)	Responsible	Timeframe	Outcomes (Results)
1a. At least 800 minority clients will receive screening/education for cardiovascular disease each year	1a. Outreach staff will organize quarterly community based screening events with LLCHD nursing staff to screen and educate for CVD with at least 300 minority clients per year	Asian Center, Malone Center, El Centro de Las Americas, and LLCHD Nurses	July 2011 – June 2013	-300 minority patients screened for high blood pressure, cholesterol and diabetes and referred to Health Hub as appropriate per year  -At least 60% will report knowing their numbers and what risk they may have per year
	1a. CWAH will provide free clinics for at least 500 minority clients per year	CWAH clinicians	July 2011 – June 2013	-500 minority patients will be screened for high blood pressure, diabetes, interpretation needs, employment, insurance status and referred to Health Hub as appropriate per year

1b. At least 175 minority clients will receive health/wellness education through culturally specific presentations each year	1b. Outreach staff will help organize, present or provide interpretation for at least 9 culturally sensitive health education/wellness classes each year at CFPIN/Health Hub or cultural centers	Asian Center, Malone Center, El Centro de Las Americas, Health Hub	July 2011 – June 2013	<p>-At least 9 educational classes completed each year reaching at least 175 minority clients</p> <p>-At least 60% of survey respondents will have learned how to better manage a personal health risk per year</p>
1c. At least 100 minority clients will participate in culturally sensitive health and fitness classes each year	1c. Outreach staff will organize, promote and recruit for health and fitness classes held at the cultural centers on a routine basis	El Centro de Las Americas, Health Hub	July 2011 – June 2013	<p>-At least 100 minority clients participate in a health and fitness class at least 3 times in a year</p> <p>-At least 80% of survey respondents will report experiencing at least one benefit from attending classes each year (i.e. weight loss, socially connected, physical activity, self-esteem, body awareness)</p>
<b>Project Goal #2 (07/01/2010-06/30/2013): All minority clients served by MHCC that are referred to Health Hub will be assigned an advocate to assist them in establishing a medical home as appropriate.</b>				
Objective 2a. At least 200 new minority clients will establish a medical home at PHC each year	Outputs (Activities) 2a. PHC with work with the Health Hub advocates to establish a medical home with the highest risk minority clients	Responsible PHC and Health Hub	Timeframe July 2011 – June 2013	Outcomes (Results) -At least 200 minority clients establish a medical home each year

<b>Project Goal #3 (07/01/2010-06/30/2013): All new and existing minority patients at PHC will be assessed for CVD and diabetes risk and have opportunity to develop an individualized risk reduction plan</b>				
Objective	Outputs (Activities)	Responsible	Timeframe	Outcomes (Results)
3a. At least 1,000 new and existing minority patients at PHC will be evaluated for diabetes risk and referred to an educator as needed each year	3a. PHC doctor, nurse, and educators will do assessments and provide education during scheduled appointments	PHC educators	July 2011 – June 2013	-At 1000 patients evaluated and referred as needed each year
3b. At least 700 new and existing minority patients at PHC will meet with a diabetes educator each year	3b. PHC diabetes educator will assist each minority patient develop an individualized lifestyle change plan (i.e. weight loss, physical activity, improved nutrition, tobacco cessation, etc.)	PHC diabetes educator	July 2011 – June 2013	-At least 700 patients will meet with educator a year  -50% will report being successful with at least one behavior change for a 3 month period by the end of the 2 year project
3c. From a sampling of all new and existing minority patients, at least 60% will have reduced at least one of their high CVD risk factors to a normal level in a year (i.e. blood pressure, cholesterol, BMI)	3c. Until PHC fully implements electronic health records (EHR), staff will complete a random sample of client paper records to record risk factor levels to identify % of those reducing risk – Beginning January 1, 2012, PHC will track in EHR	PHC	July 2011 – June 2013	-At least 60% of patients will reduce at least one of their risk factors by the end of the 2 year project  -Number documented for each risk factor – blood pressure, cholesterol, BMI
<b>Project Goal #4 (07/01/2010-06/30/2013): All minority clients served by MHCC will have access to a dental home, access to specialized dental care and educated to understand the link between oral health &amp; cardiovascular disease.</b>				
Objective	Outputs (Activities)	Responsible	Timeframe	Outcomes (Results)
4a. At least 500 new minority patients will have access to a dental home	4a. LLCHD and PHC will provide routine dental care to referred minority clients	PHC and LLCHD Dental	July 2011 – June 2013	-At least 500 new patients establish a dental home each year
4b. At least 125 minority dental patients will have access to specialty services through College of Dentistry or private specialist for complex services per year	4b. LLCHD will authorize grant funds for specialized care at 50% of College of Dentistry usual fee – UNMC will provide 50% match for	LLCHD	July 2011 – June 2013	-At least 125 patients will be referred and receive complex services as appropriate per year

	services	LLCHD	July 2011 – June 2013	-Number of patients receiving private specialty care will be documented each year -At least 60% of patients surveyed will report understanding each year
	4b. LLCHD will authorize grant funds for private specialty care when UNMC College of Dentistry is unable to provide care	LLCHD	July 2011 – June 2013	
	4c. 60% of LLCHD dental patients will report understanding the link between oral health and cardiovascular disease.	LLCHD	July 2011 – June 2013	
	<b>Project Goal #5 (07/01/2010-06/30/2013): All minority patients served through the MHCC will have access to translation and interpretation services.</b>			
	Objective	Responsible	Timeframe	Outcomes (Results)
	5a. At least 500 non-English speaking, minority patients will access translation and interpretation service each year	LLCHD, LCMS, CWAH, PHC, ACCC, EI Centro	July 2011 – June 2013	-At least 500 new minority clients will be provided interpretation services each year  -Number of clients and language service provided will be documented
	<b>Project Goal #6 (07/01/2010-06/30/2013): All minority clients served through the grant will have access to free or reduced prescription drug medication assistance programs</b>			
	Objective	Responsible	Timeframe	Outcomes (Results)
	6a. At least 800 new and existing patients without prescription drug insurance will have access to medication assistance programs per year	PHC & LCMS	July 2011 – June 2013	-At least 800 patients will be enrolled in medication assistance programs each year  -Number of patients and type of program with be documented

## 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, Asian Community and Cultural Center, Clyde Malone Community Center and El Centro de las Americas.

Line Items	Budget Year One (7/1/11 -- 6/30/12)	Budget Year Two (7/1/12 -- 6/30/13)	Total Grant Funds Requested
<b>Personnel</b>	<b>\$277,411</b>	<b>\$278,599</b>	<b>\$556,010</b>
1.00 FTE Clerical (LLCHD)	37,162	38,090	75,252
.20 FTE Dental Hygienist (LLCHD)	10,400	10,660	21,060
.75 FTE Physician (PHC)	112,954	112,954	225,908
.50 Medical Assistant (PHC)	12,698	12,698	25,396
.50 FTE Nurse Health Educator (PHC)	30,121	30,121	60,242
1.00FTE Case Manager (PHC)	34,788	34,788	69,576
.75 FTE Interpreter (PHC)	25,288	25,288	50,576
.10 FTE Operations Director (PHC)	6,000	6,000	12,000
.20 FTE Health 360 Admin Assistant (LCMS)	8,000	8,000	16,000
<b>Fringe Benefits</b>	<b>\$68,643</b>	<b>\$69,106</b>	<b>\$137,749</b>
<b>Travel</b>	<b>840</b>	<b>840</b>	<b>1,680</b>
Other: Minority Health Conference (LLCHD)	840	840	1,680
<b>Operating Expenses</b>	<b>1,000</b>	<b>1,000</b>	<b>2,000</b>
Lab supplies (LLCHD)	1,000	1,000	2,000
<b>Contractual</b>	<b>90,803</b>	<b>88,797</b>	<b>179,600</b>
Dental Services (UNMC College of Dentistry)	35,000	35,000	70,000
Asian Community and Cultural Center	15,000	15,200	30,200
Clyde Malone Community Center	15,000	15,200	30,200
El Centro de las Americas	15,000	15,200	30,200
Citywide Physician Office Interpretation support (LCMS)	4,803	3,197	8,000
Clinic With A Heart Coordinator	6,000	5,000	11,000
<b>Other</b>	<b>21,000</b>	<b>21,000</b>	<b>42,000</b>
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
<b>Indirect Costs</b>	<b>2,150.36</b>	<b>2,505.36</b>	<b>4,655.72</b>
Lincoln-Lancaster County Health Department (LLCHD)	2,150.36	2,505.36	4,655.72
<b>TOTALS</b>	<b>461,847.36</b>	<b>461,847.36</b>	<b>923,694.72</b>

## VI Budget Justification

Personnel Title	Annual salary	Percent FTE	Amount requested
Clerical: Senior Office Assistant (LLCHD)	\$37,162	100%	Year 1: \$37,162 Year 2: \$38,090 Total: \$75,252
<b>Responsibilities:</b> 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)	\$52,000	20%	Year 1: \$10,400 Year 2: \$10,660 Total: \$21,060
<b>Responsibilities:</b> 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)	\$150,605	75%	Year 1: \$112,954 Year 2: \$112,954 Total: \$225,908
<b>Responsibilities:</b> Physician provides primary care services for patients who are at risk for cardiovascular disease and other health disparities. Grant is paying 75% of salary and benefits; remainder is paid by other funds by People's Health Center.			
Medical Assistant (PHC)	\$25,396	50%	Year 1: \$12,698 Year 2: \$12,698 Total: \$25,396
<b>Responsibilities:</b> Provides support for the physician in delivering primary care services for patients.			
Nurse Health Educator (PHC)	\$60,242	50%	Year 1: \$30,121 Year 2: \$30,121 Total: \$60,242
<b>Responsibilities:</b> 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.			
Operations Director (PHC)	\$60,000	10%	Year 1: \$ 6,000 Year 2: \$ 6,000 Total: \$12,000
<b>Responsibilities:</b> 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)	\$34,788	100%	Year 1: \$34,788 Year 2: \$34,788 Total: \$69,576
<b>Responsibilities:</b> 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.			
Interpreter (PHC)	\$33,717	75%	Year 1: \$25,288 Year 2: \$25,288 Total: \$50,576
<b>Responsibilities:</b> Provides interpretation services for patients whose primary language is Spanish.			
Health 360 Administrative Assistant (LCMS)	\$40,000	20%	Year 1: \$ 8,000 Year 2: \$ 8,000 Total: \$16,000
<b>Responsibilities:</b> Coordinates Medication Assistance requests, specialty care requests and referrals from Peoples City Mission and Clinic with a Heart for clients needing a medical home as well as any other agency, especially the hospitals. Also secures funding for telephone translation services, specialty care services and urgent care stipends.			

**FRINGE BENEFITS**

<b>Lincoln-Lancaster County Health Department</b>	
Clerical	Benefits including FICA, Retirement, Post Employment Health Benefits and Life, Health and Dental insurances are provided to employees who work at least .75 FTE. Only FICA and Life Insurance are paid on employees working less than .75 FTE. The blended fringe rate for the employees listed in this grant is 38.9% of salary.
Dental Hygienist	
<b>People's Health Center</b>	
Physician	Benefits- FICA, Health Insurance & Retirement are calculated as 21.7% of salary
Medical Assistant	
Nurse Health Educator	
Clinic Operations Director	
Case Manager	
Interpreter	
<b>Lancaster County Medical Society</b>	
Health 360 Admin Assistant	Benefits - FICA, Health Insurance & Retirement are calculated as 25.0% of salary

**TRAVEL**

Minority Health Conference: Request of \$840 per year includes registration, travel and lodging for two people each year to attend the Minority Health Conference/Training.

**OPERATING EXPENSES**

Lab/Medical Screening Supplies: \$1,000 for LLCHD per year 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: \$35,000 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 because the procedures are too complex (i.e. 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.

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. \$30,200 Asian Community Center; \$30,200 Clyde Malone Community Center; \$30,200 El Centro de las Americas

Citywide Physician Office Interpretation support: \$4,803 is requested in Year 1 and \$3,197 is requested in Year 2 (Total of \$8,000 over the two year period) to provide translation and interpretive support for patients using physicians in the community. This will be managed by LCMS.

Clinic With A Heart Coordinator: \$11,000 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 cost or less to provide to 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 are calculated at 3.48% of Salary and Benefits for LLCHD. No indirects are budgeted for any other grant partners. Request is reduced significantly in order to account for budget reduction from State. Indirects requested by LLCHD are \$2,150.36 in Year 1 and \$2,505.36 in Year 2, for a total of \$4,655.72 over the two year period.

## **Evaluation Plan**

We envision the outcomes of this project to have more medically underserved minorities in Lancaster County receive culturally appropriate outreach and care, receive vital health screening, establish a medical and dental home, and reduce their risk for cardiovascular disease.

MHCC wants to ensure that minority clients are being served with respect, compassion and culturally appropriate. We will utilize client satisfaction surveys to measure how clients feel about the services they receive. This will happen with outreach activities such as individual meetings, health screenings or health/wellness classes and medical or dental care services. We will also look to the experiences and expertise of each cultural center to provide guidance in this area. Another outcome we want to see is for more minorities to participate in health screening whether through cultural center outreach events or CWAH. The cultural centers and CWAH will keep records of minorities receiving screening so the total number of patients can be recorded along with the number of new patients. Each patient's health screening results will be kept in a database for assessing CVD risk. In addition we will continue to measure effectiveness of patient education during health screening. The health screening form (*see attachment 4*) includes a question to identify whether a patient understands his "numbers" and what they mean for risk of CVD (i.e. blood pressure, cholesterol, BMI and diabetes risk). Even though PHC is at capacity and there are few other options for low income families, we know that establishing a medical and dental home is vital to receiving ongoing preventive care. We will continue to monitor the number of new and existing patients receiving medical and dental care. These patients will then need to be monitored for decreasing CVD risk. Initial numbers (blood pressure, cholesterol, BMI, diabetes risk) will be compared upon subsequent follow up visits. Patients will also be seen by an educator who will work together with patients to develop an individualized lifestyle behavior change plan using the AADE Self Care Behaviors sheet for lifestyle change (American Association of Diabetes Educators). One or more follow up appointments will be done with the patient to assess changes and successes (i.e. weight loss, physical activity, nutrition, smoking cessation, etc). In continuation from last year, Dental patients with LLCHD will additionally be assessed for understanding the link between oral health and CVD. A pre survey question is asked during intake and a post service question in a patient information form aided with a teach-back method allowing for the educator to determine understanding from direct patient feedback.

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 be assessed through 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.

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 this evaluation of this project, partners and the Office of Health Disparities and Health Equity will recognize that this project contributes to decreasing morbidity and mortality associated with the chronic diseases of CVD and diabetes.

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. PHC 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. Specific data to be collected includes: demographics - age, gender, race/ethnicity; total number of patients gaining access to a medical and dental home; insurance status; need for interpretation services; need for specialty care; access to medication programs and types of medications required; follow-up appointments; health parameters - cholesterol, BP, glucose, height, weight; lifestyle interventions and change in behaviors. In addition cultural center outreach staff will be collecting - numbers of minorities attending screening events, results of screening, numbers referred to Health Hub; numbers who participate in culturally sensitive educational classes and health/wellness classes.

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. MHCC will be pleased to share results at the request of the Office of Health Disparities and Health Equity at conferences, meetings, and any other opportunity where sharing of this information would be useful.

Indicators associated with CVD and other chronic health conditions are very difficult to measure over a short period. It takes decades to see the health impact from these indicators. However, we will continue to measure and observe indicators such as deaths attributed to cardiovascular disease (2009 - nearly 16.8% of deaths overall and 14% in MUA) and diabetes (2009 - 10.8% in the MUA).

### **Partnership Plan**

The current proposal is a continuation of the highly successful project funded by the Minority Health Initiative for 7/1/09-6/30/11. As previously mentioned, the MHCC for the 2011-2013 proposal includes CWAH, LCMS, LLCHD, PHC, UNMC College of Dentistry, Health Hub, ACCC, Malone Center and El Centro de Las Americas. This project was developed in collaboration with these partners and based on analysis of data, health gaps, and minority client feedback. A detailed MOU for each partner will be developed, however this will be done in the next few weeks due to the involved review process within City of Lincoln departments. A copy of an MOU from this past fiscal year is available upon request.

The flow chart attachment attempts to offer a visual picture of how all the MHCC partners work together in serving medically underserved minorities who many have increased risk for CVD (*Attachment 3*). In using this flow chart, minority clients can enter service at any point in the process, so there is not necessarily a definite beginning point of service. However, the project

will emphasize the outreach and education the cultural centers do for relationship building and trust development to better serve clients. The Asian Center, Malone Center and El Centro de Las Americas will provide community outreach with the specific minority populations they serve. This will include providing needed interpretation and translation services; hosting health screening events with LLCHD nurses to identify those at risk; assist clients with paper work for assistance programs when being referred to Health Hub; working with Health Hub to provide needed culturally sensitive health education classes at CFPIN or the respective cultural center; and provide culturally sensitive wellness and fitness classes to better engage minority clients in healthy lifestyle behaviors. Still included in this outreach and education level of the project is CWAH. Minority clients will continue to be referred to these free clinics for care while they are waiting for primary health care or dental care at PHC or LLHCD. Clients are limited to 3 visits per year at CWAH and not a permanent solution for preventive care. The next phase takes place when minority clients are provided service through the cultural centers or CWAH and then referred on to the Health Hub for additional help and support. Here clients will be assessed for their needs and assigned a personal advocate. This advocate will support the client and ensure follow up contact is made so they can receive the assistance they need, which includes a medical and dental home at PHC or LLCHD. Clients will then move into the next phase as PHC and LLCHD will attempt to provide service and help them establish a medical and dental home where they can receive ongoing treatment and/or preventive care of cardiovascular disease and other chronic conditions. As a patient, PHC can then work with each individual client and help them develop a personalized behavior medication plan that will outline ways for them to lower specific risks (i.e. blood pressure, cholesterol, diabetes, BMI). Also as a patient PHC can monitor their progress and document success. Similarly, LLCHD and UNMC Dental College will provide dental services and monitor treatment effectiveness for those referred on to specialty dental care. Along any phase of this process LCMS is a critical piece that helps support all partners to stay connected with providing assistance with language interpretation, medication assistance, and utilizing its Health 360 project to help minority clients access specialty health care when needed.

In summary the health encounters in this process will include health assessment, health education, advocacy service, medical care, dental care, case management, prescription medication assistance, specialty care, lifestyle change assistance and other related services. The MHCC will reach medically underserved minorities and help them navigate towards appropriate medical and dental care.

### **Attachments**

Attachments include:

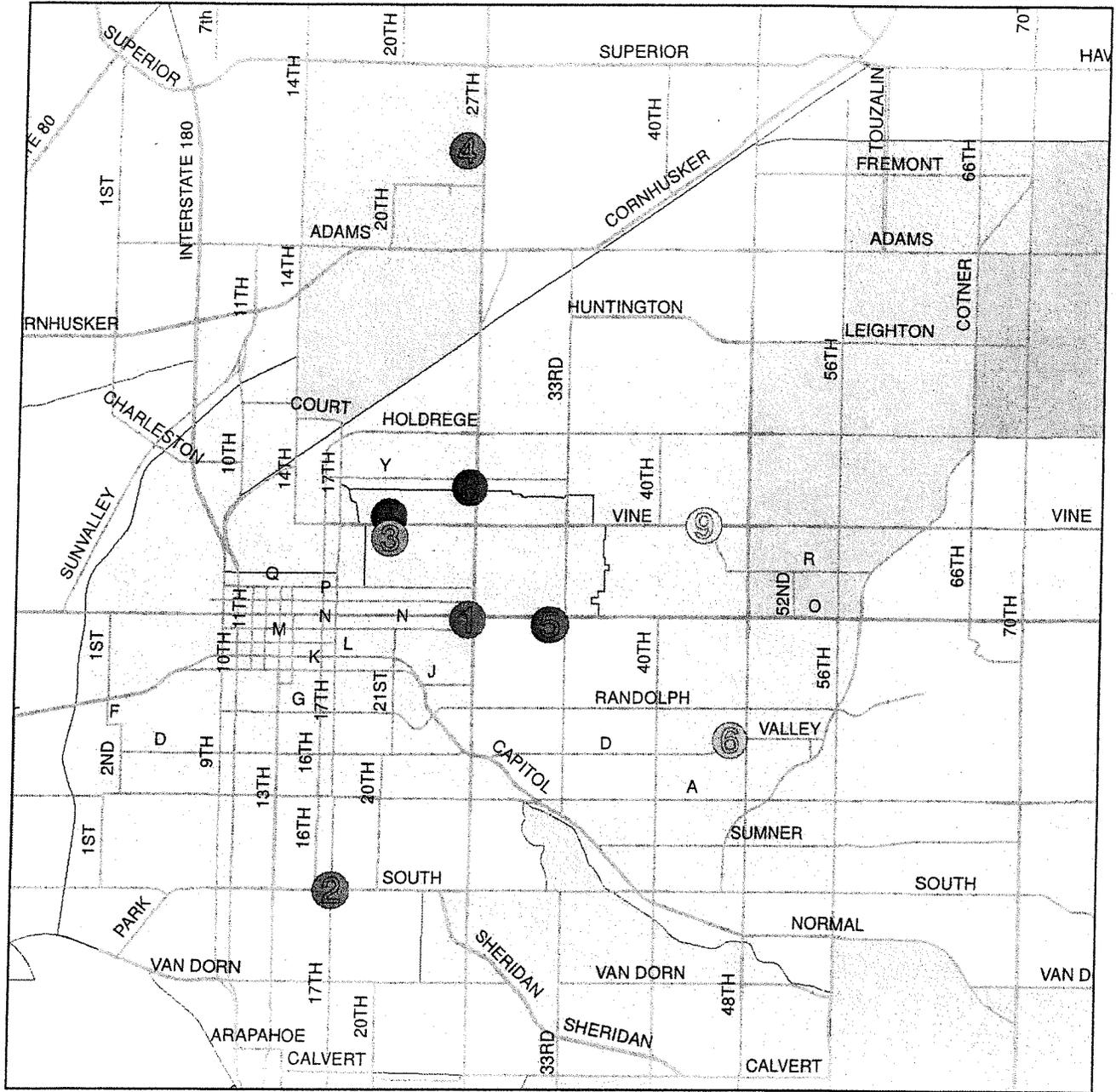
- #1 – Chart of MHCC partner staff demographics
- #2 – Map of Lincoln’s Medically Underserved Area
- #3 – Flow Chart of patient service through MHCC partners (outreach to medical/dental care)
- #4 – Health screening form
- Copies of all MHCC organizational charts
- Copies of all funded MHCC partner letters of intent

Demographics of Agencies in Minority Health Community Collaborative:

	LLCHD	% PHC	% LCMS	LCMS Member % Physicians	CWAH	% Asian Cen. 2.75FTE	% El Centro de Las Americas	Malone	Health % HUB
# of Employees	192	56	4	620	4	13	8	22	
Female	141	73%	96%		3	91%	85%	11	50%
Male	51	27%	4%		1	9%	15%	11	50%
Age:									
20-29	20	10%	32%			9%	8%	14	64%
30-39	40	21%	25%			7%	54%	3	14%
40-49	76	40%	27%			4%	31%	2	9%
50-59	57	30%	27%			36%	8%	2	9%
60+	29	15%	7%			55%		1	5%
# of Languages Spoken	13	5 interpreters							18 different languages
Racial Ethnic Background:	33	21%							26 persons speak other languages
White/non-Hispanic	160	83%	73%	8% racial/ethnic minorities	3	75%	2	8	36%
Black/African American	8	4%	4%					12	55%
Asian/Pacific Islander	7	4%	4%						
Native American	2	1%	5%						
Hispanic/Latino	11	6%	21%		1	25%	6	1	5%
Other:								1	5%
Burmese	1	1%							
Russian									
Middle Eastern	3	2%							
India/Indian									
European									
Disabled	2	1%							

2 of these are Americorp Workers

# Minority Health Community Collaborative



## Medically Underserved Areas Lincoln, Nebraska

**Legend**

 Medically Underserved Areas

**Collaborative Partner Agencies**

 Asian Cultural & Community Center

 Clinic With A Heart

 El Centro de Las Americas

 Health HUB

 LLCHD

 Lancaster County Medical Society

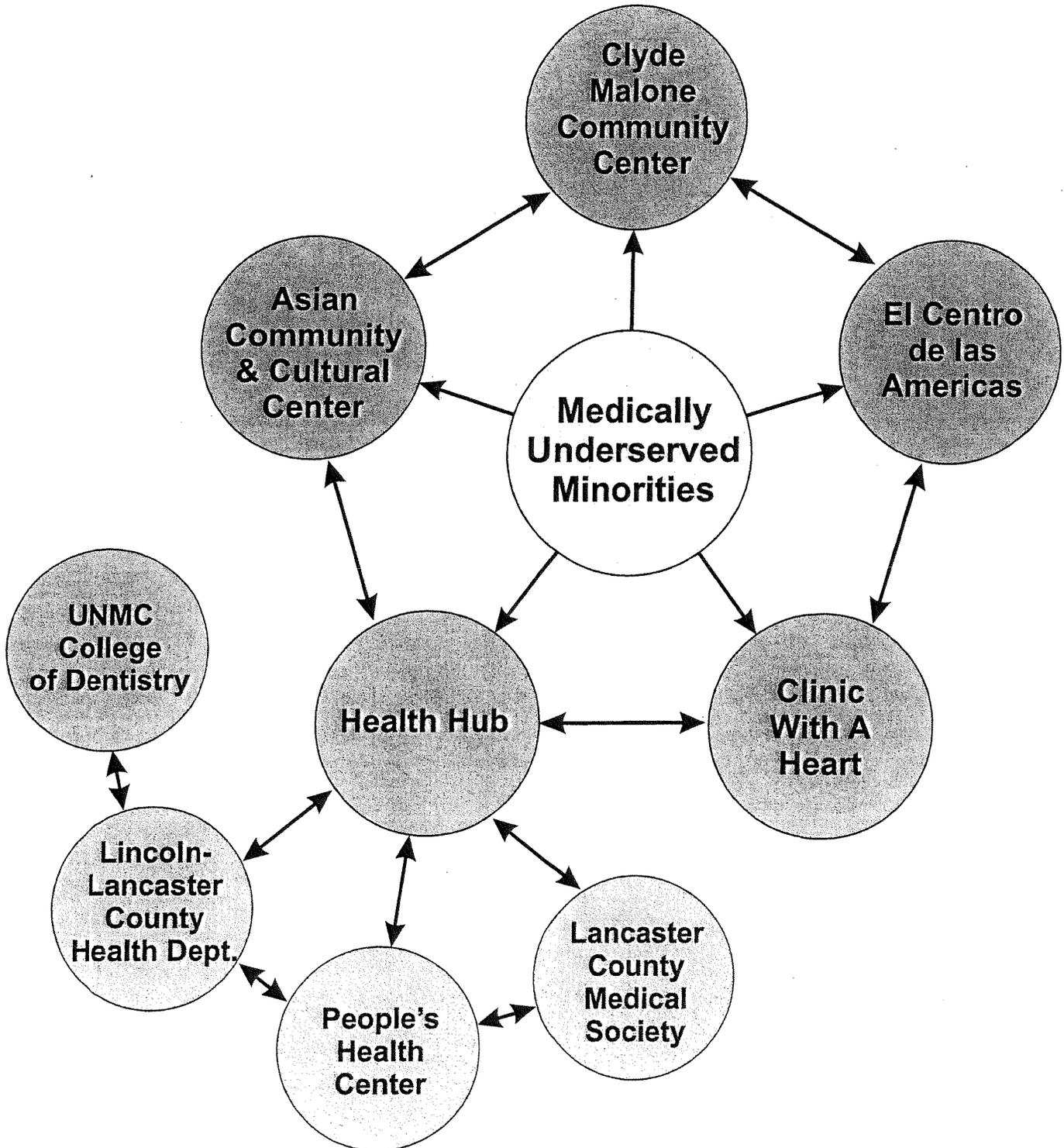
 Malone Community Center

 Peoples Health Center

 UNMC Dental College



# Lancaster County Minority Health Community Collaborative





# Adult Health Risk Appraisal

Date \_\_\_\_\_

Location \_\_\_\_\_

CR# \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Age \_\_\_\_\_

Male  Female

Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ or \_\_\_\_\_ Interpretation needed?  Yes  No If yes, what language: \_\_\_\_\_

### Do you have:

Medicaid?  Yes  No

Medicare?  Yes  No

Private Health Insurance?  Yes  No

General Assistance?  Yes  No

### Do you know:

Your Diabetes risk?  Yes  No

Your Blood Pressure?  Yes  No

Your Cholesterol level?  Yes  No

Your BMI?  Yes  No

### Are you: (Please check all that apply.)

Asian  Native American

Black/African American  Middle Eastern  African

Caucasian/White  Other \_\_\_\_\_

Hawaiian/Pacific Islander  Yes  No  Hispanic/Latino?

Do you have a doctor?  Yes  No

Have you seen this doctor in the last year?  Yes  No

Do you have a dentist?  Yes  No

Have you seen this dentist in the last year?  Yes  No

Has a doctor ever told you that you have diabetes (high blood sugar)?  Yes  No

Many people don't know they have diabetes. To find out if you may be at risk, please read these statements and mark them "Yes" or "No" as they apply to you.

- 1. I am a woman who had a baby weighing more than nine pounds (4 kg) at birth.  No  Yes (1)
- 2. I have a sister or brother with diabetes.  No  Yes (1)
- 3. I have a parent with diabetes.  No  Yes (1)
- 4. I am less than 65 years of age **and** I get little or no exercise.  No  Yes (5)
- 5. I am between 45 and 64 years of age.  No  Yes (5)
- 6. I am 65 years old or older.  No  Yes (9)
- 7. My weight is equal to or more than that listed on the At-risk Chart.\*  No  Yes (5)

*\*Staff will assist you with this.*

**Total Yes Points:** \_\_\_\_\_

**10 points or more:** You are at high risk for getting diabetes. If you haven't already discussed your diabetes status with them, see your doctor or health care provider soon.

**3 - 9 points:** You are probably at low risk for having diabetes now; however, if you are Hispanic/Latino, Asian, Black/African American, Native American or a Pacific Islander, you may be at higher risk in the future.

### PHN Staff Only:

Blood Pressure \_\_\_\_\_ Ht. \_\_\_\_\_

Pulse \_\_\_\_\_ Wt. \_\_\_\_\_

Cholesterol \_\_\_\_\_ BMI \_\_\_\_\_

Hgb \_\_\_\_\_ Recent Screen? \_\_\_\_\_

Other \_\_\_\_\_

Notes \_\_\_\_\_

### Ed:

CVD

DM

HC acc

Other

### Outreach Contact:

el Centro  Asian Center

Appt. Made: \_\_\_\_\_ Date: \_\_\_\_\_

Dr. \_\_\_\_\_

Dentist \_\_\_\_\_

### Follow-up after appointment:

Was appointment kept?  Yes  No

Date: \_\_\_\_\_

As the screening nurse, I believe this patient now "Knows his/her numbers".

No, this patient needs further follow-up and will be referred.

**Referred to:**  LLCHD Clin  LLCHD Dent  PHC Med  PHC Dent

PCP  Private Dent  ER  Other \_\_\_\_\_

Request follow-up by outreach staff

\_\_\_\_\_  
(PHN Signature)



May 3, 2011

Judith A. Halstead, M.S.  
Health Director  
Lincoln-Lancaster County Health Department  
Lincoln, Nebraska

Dear Ms. Halstead:

Thank you for the opportunity to partner with the Health Department and other agencies in Lincoln on the Minority Health Grant. The People's Health Center is pleased to be a part of this collaborative project providing direct health care to minorities in Lincoln, Nebraska.

The People's Health Center (PHC) is a Federally Qualified Health Center providing care to the underserved and underinsured in Lincoln for the past eight years. We served 5,017 patients who self-reported as a minority in 2010. Over half of our patient population is minority and the funds we are applying for through the Minority Health Grant is 5% of our budget.

We have requested funding for one physician and provide an additional two FTE physicians, three FTE Nurse Practitioners, and one FTE Physician's Assistant to our patients. We have requested funds for one FTE medical assistant and provide 9 additional medical assistants to our patients.

In addition we provide obstetric services through Mid-wives two days per week, pediatricians 1.5 days per week, an orthopaedist ½ day per month, a cardiologist ½ day per month, an A.P.R.N. diabetic educator ½ day per week, a Gynecologist ½ day per month, a Neurologist ½ day per month, a Gastroenterologist ½ day per month, and a Nephrologist ½ day per month.

We are requesting no medical or office supplies in our grant. We are requesting only .10 of one administrative position as that staff person works on the coordination of this grant.

We are pleased to partner in this grant and provide a primary medical home to those who need our services.

Sincerely,

Deb Shoemaker  
Executive Director

1021 No. 27<sup>th</sup> Street · Lincoln, NE 68503-1803  
Administration (402) 476-1640 · Medical (402) 476-1455 · Fax (402) 476-1670

*Member Agency of Community Services Fund*



**Clyde  
MALONE COMMUNITY  
CENTER**

2032 "U" Street  
Lincoln, Nebraska 68503-2955  
Phone: 402.474.1110  
Fax: 402.474.1112

[www.malonecenter.org](http://www.malonecenter.org)

Our mission is to strengthen the Lincoln community  
by serving as a cornerstone for educational,  
cultural, and advocacy programs.

May 4, 2011

Ms. Judy Halstead, Director  
Lincoln Lancaster County Health Department  
3140 N Street  
Lincoln, NE 68510

Dear Ms. Halstead:

RE: Minority Health Outreach Program

Moving forward with the Minority Health Grant in the next two years, presents The Malone Community Center Health Outreach Program with the opportunity to expand our efforts to provide health services to our customers. Our goal is to increase knowledge of health care with our clients who regularly use our services and access our programs and to expand our outreach to those families and persons who reside in the Malone, Hartley, and Clinton neighborhoods. There is also potential to assist college students from UNL, Doane College, and Southeast Community College who need medical services not provided by the University Health Service.

Medical care requires a personal approach. We believe one on one contact and service is the key to building and establishing a relationship and level of comfort with our clients. By this approach, it is our goal to contact 115 new clients in the first year and 130 in the second year. This will exceed the previous year's goal.

Ms. Judy Halstead  
May 4, 2011  
Page 2

Our experiences indicate that collaborating with existing or established events and programs is the most efficient way to make these personal contacts. The Malone Center's Health Outreach Coordinator will staff a resource table at the following events sponsored by and/or attended by the Malone Community Center.

August 2011	Back to school Jam with free haircuts for kids
October 2011	Hair Show
December 2011	Kwanzaa
February 2012	Black History Event with Harlem Renaissance Theme
April 2012	Family Fun Night
June 2012	Juneteenth

It is our thought that these events will attract our present and future clients who at the very least will become aware of preventive health care and, at the most, allow us to assist in assessing their health and securing a medical/dental home. This list is tentative and other events will be added to his calendar. To insure attendance the Malone Center Health Outreach Coordinator will embark on an aggressive media campaign using Channel 5, KZUM, flyers, our website, the Human Services Collaborator, religious/faith community bulletin announcements, and working with other cultural centers. We are confident this approach will insure even more success.

Our program will provide health assessments, stress the importance of preventive care and if required send clients who have an immediate medical needs to Clinic with a Heart until they are able to get an appointment at the Peoples Health Center. Our ultimate goal is to find all of our customers and clients a medical home.

For statistical purposes, The Health Outreach Coordinator will have all clients complete a satisfaction survey to ensure we are meeting their needs and to see if there are any barriers, and or needs, not

Ms. Judy Halstead  
May 4, 2011  
Page 3

addressed by the program. A critical component in this needs assessment process will be a 6-month follow up call to clients to assess the value of the program and any other follow-up that is required. If an appointment was not made we will seek how best to assist this client.

The attached budget provides for the salary of the Health Outreach Coordinator and expenses necessary for effective outreach such as materials, printing, copying, and postage and administration.

If you have any questions or concerns please contact me directly. We look forward to working with you on this project.

Sincerely,

Larry Williams  
Director  
Malone Community Center



May 10, 2011

Judy Halstead, MS, Health Director  
LLCHD  
3140 N St  
Lincoln Nebraska 68510

Dear Ms. Halstead,

I am writing to confirm our commitment to continue working with the Lincoln Lancaster County Health Department [LLCHD] and other community partners to serve the medical needs of our ethnic minority populations.

As you know the Lancaster County Medical Society [LCMS] represents approximately 95% of the actively practicing physicians in Lancaster County. The mission of the LCMS is in part to promote the health and well being of *all* residents of Lancaster County. To that end we have established the Health 360 Project Access program to help uninsured individuals' access medical homes, free or discounted medications and/or specialty medical care as needed.

This letter is to confirm we will continue to provide free emergency medications for clients referred from all collaborating partners in your grant. In addition, we will assist clients' to access specialty medical services/interventions such as imaging, surgery, or consultative evaluations.

Lastly, we will provide medical providers in Lancaster County access to free telephone interpretation service to assure they are able to communicate with their patients in the patients preferred language to assure high quality of care.

Thank you for including LCMS as one of the partners in these very important community efforts. We look forward to working with LLCHD and others to continue exploring all options to provide services to every ethnic minority in our community.

Sincerely

A handwritten signature in black ink, appearing to read "Joan".

Joan Anderson, RN, MS  
Executive Director

Lancaster County Medical Society

Organizational Chart

5/11

Board of Directors

Joan Anderson, Director

Kate Mueller,  
Health 360  
Administrative  
Assistant

Medication  
Assistant

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

**CHRIS CAUDILL, M.D.**  
*Community Member, President*

**NICOLE ANDERSON, M.D.**  
*Inpatient Physician Associates,*  
*Vice President*

**JOE ADAMS**  
*Community Member, Treasurer*

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

**DEBRA DAILY**  
*Center for People in Need*

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

**JOHN C. GEIST, CIMA**  
*UBS*

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

**ROBERTA KROEGER, RN, MSN,**  
**APRN-NP**  
*University of Nebraska Medical Center*

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

**BENJAMIN MOORE**  
*Rembolt Ludtke LLP*

**LIBBY RAETZ**  
*Saint Elizabeth Regional Medical Center*

**HARRY RIGGS, II M. Div. D. Min**  
*First Baptist Church Lincoln*

**DALE ROEHRS**  
*Executive Wealth Management*

**BESS SCOTT, Ph.D.**  
*Lincoln Public Schools*

**ROSS WILCOX**  
*Union Bank & Trust Company*

**DAVID WYSONG, Ph.D.**  
*Community Member*

**CLINICAL LEADERSHIP**  
**NICOLE ANDERSON, M.D., Medical**  
*Director*

**JAKE DENELL, PT, OCS, CWCE,**  
*Physical Therapy Director*

**ROGER FISHER, D.D.S., Dental**  
*Director*

**JONATHAN KNUTSON, OD, Vision**  
*Services Director*

**ROBERT LARSON, PhD, Mental**  
*Health Director*

**KATHLEEN PACKARD, PharmD,**  
*Pharmacy Director*

**ERIC TIMPERLEY, D.C., Chiropractic**  
*Director*

**STAFF**  
**TERESA HARMS, Executive Director**

**SHIRLEY FOSTER, Director of**  
*Volunteers*

**JAN MEINTS, Director of Development**

**JOEL RUIZ, Operations Coordinator**



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

May 3, 2011

Judy Halstead  
Health Director  
Lincoln/Lancaster County Health Department  
3140 N Street  
Lincoln, NE 68510

Dear Judy,

Since our inception in 2003, Clinic with a Heart has been serving the urgent health needs of people who are uninsured and underinsured. To meet the demands in the community we have grown to provide eight free clinics a month with the assistance of over 500 volunteers.

Minority populations account for 43% of our patient visits. 22% of our patients speak a language other than English at home. During 2010, 2,056 patients were seen during the year at 80 clinics sponsored by 8 team sponsors. Patients made 2,340 visits to the clinic and were provided 2,568 services (medical, dental, physical therapy, chiropractic, vision, mental health). 92% of our patients do not have insurance and 65% are unemployed.

Our patients face many barriers to care including economic, language, insurance and employment. 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.

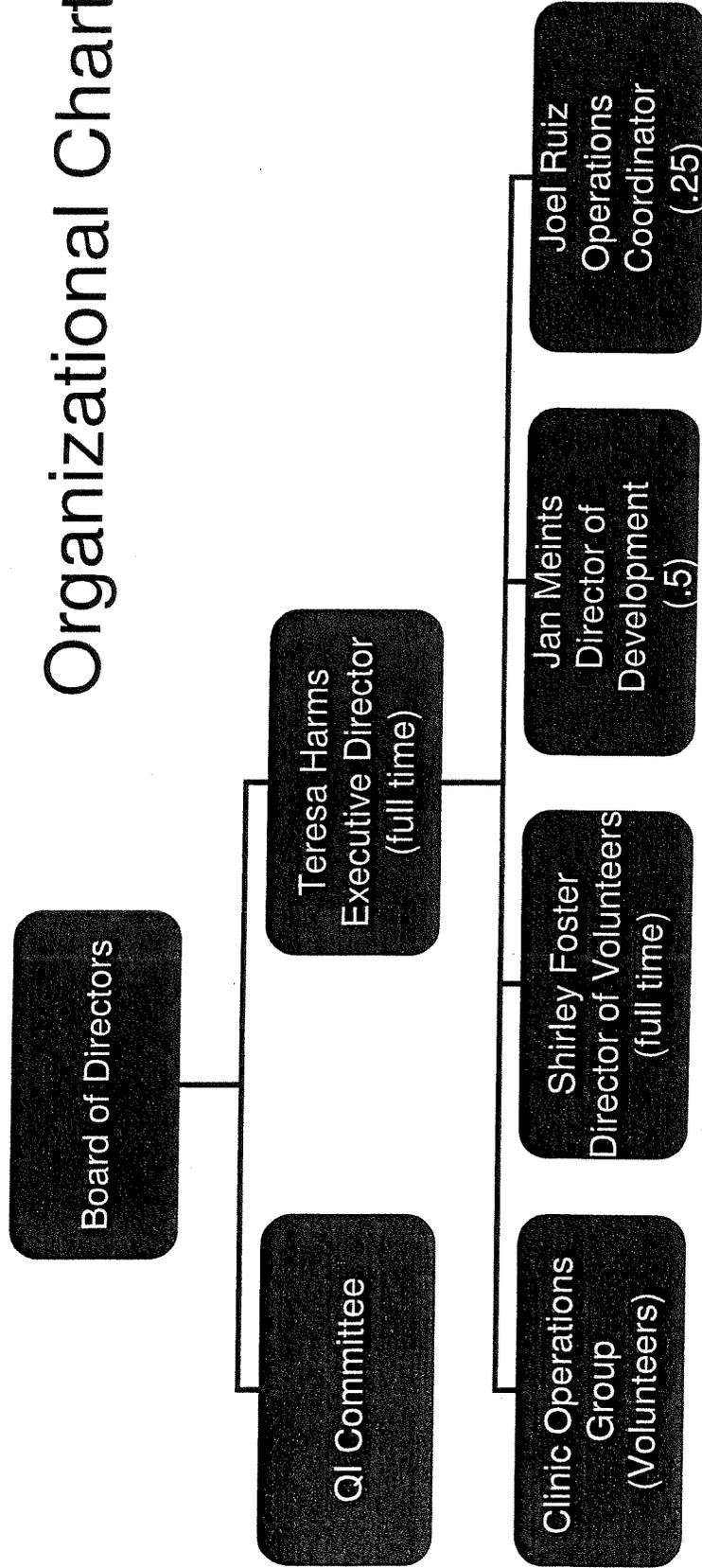
On behalf Clinic with a Heart I am offering our support and willingness to participate in this collaborative city-wide effort.

Sincerely,

Teresa Harms  
Executive Director



# Organizational Chart



# El Centro de las Américas

Lincoln, Nebraska USA

## Letter of Commitment

The Lincoln Lancaster County Health Department (LLCHD) and El Centro de las Americas have collaborated on this proposal. Below is what we understand to be the agreement between the two parties.

The LLCHD and El Centro de las Americas, have agreed to work cooperatively to identify Hispanic/Latino persons who need medical and dental homes; and to provide outreach services to assist them in getting connected.

Specifically, the LLCHD agrees to train El Centro de las Americas outreach staff; to provide overall project oversight; and provide funds to El Centro de las Americas in the amount of \$15,000.

In return, El Centro de las Americas agree to send their outreach staff to the training provided by the LLCHD; to work diligently in the manner described in the attachment A, providing outreach education, wellness classes and increasing the number of hispanic/latino community members who will find medical and dental homes. In addition, El Centro de las Americas 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.

Sincerely,

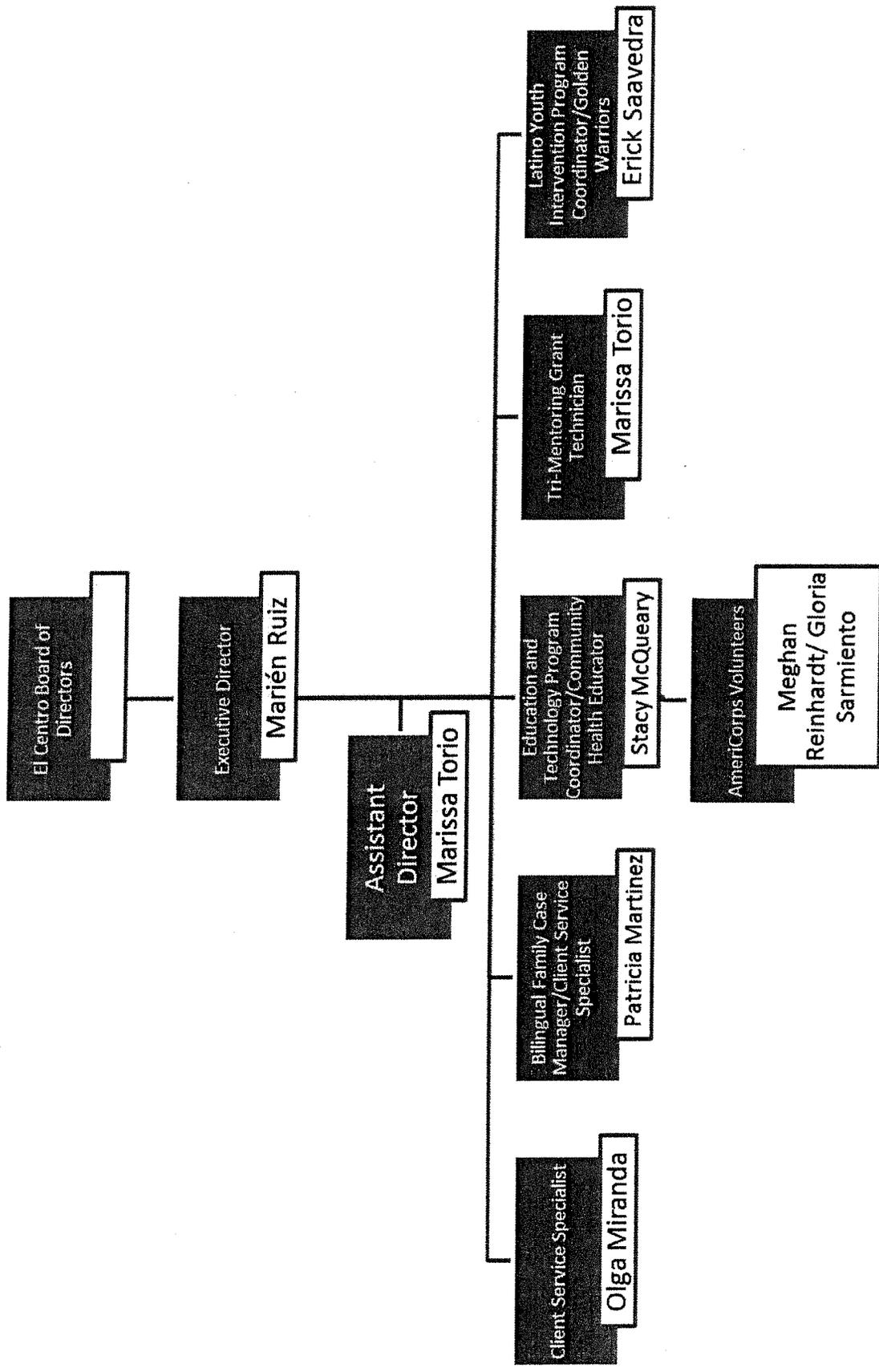


Marién Ruiz, Executive Director  
El Centro de las Americas

Date: May 5, 2011

2032 "U" Street  
Lincoln, Nebraska 68503 USA

[www.elcentrodelasamericas.org](http://www.elcentrodelasamericas.org) Telephone: (402) 474-3950  
Fax: (402) 474-3842



Judith A. Halstead, MS  
Health Director  
City of Lincoln - Lancaster County  
Health Department  
3140 N St, Lincoln, NE 68510

Dear Ms.Halstead

The Asian Community and Cultural Center is pleased to provide this letter of commitment for Lancaster County Health Department to Minority Health Initiative Grant from Nebraska Department of Health and Human Services, Division of Public Health, Office of Health Disparities and Health Equity. to encourage the development or enhancement of innovative health services to eliminate health disparities which disproportionately impact racial ethnic minority populations. Populations to be addressed include racial ethnic minorities, Native Americans, refugees, and newly-arrived immigrants.

Since 1994, the Asian Community and Cultural Center has provided programs and services to the Asian community and other populations of growing refugee and immigrant communities in Lincoln. Our African, Asian, Eastern European and Middle Eastern refugees/low income families have significant health care needs. Lancaster Health Department provides affordable, comprehensive, accessible, culturally appropriate, cost-effective primary health care.

Should funds be awarded, the Asian Center agrees to find a doctor/medical home (referral, making appointment, and follow-up) for the target clients, apply for programs such as Food Stamps, General Assistance, Social Security Income, Social Security Disability Insurance, Medicare and Medicaid, arrange transportation (call for cabs for clients who qualify for transportation assistance but do not speak English), translation/Interpretation service (medical appointments, letters, bills, documents from medical institutions and public assistance).

Having worked with Lancaster Health Department for over two years, we are confident that the center is an answer to prayer, helping underserved in our community gain access to medical need. We appreciate your consideration for funding.

Sincerely,

Madoka Wayoro

Madoka Sato Wayoro

Interim Executive Director

Asian Community and Cultural Center

Chart of Organization 2011

Board of Directors

Executive Director

ACCC Programs Coordinator

Fusion Program Coordinator

Family Resource Program Coordinator

Fusion Team Coordinators(4 teams)

Community Outreach (Vietnamese, Chinese, Karen)

May 6, 2011

Ref: LLCHD Minority Health Initiative Grant

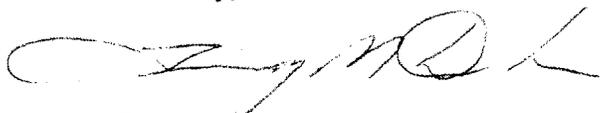
To Whom It May Concern:

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. The College of Dentistry has collaborated very successful with the Health Department on grants/joint programs to provide care for low income patient who have been identified by the Health Department 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, and in cooperation with the Health Department, the College of Dentistry cares for over 125 grant-related referrals annually. When receiving treatment within the established parameters of the grant, qualifying patients receive care at no fee to themselves. The care is billed to the grant at 50% of the normal College of Dentistry fees, thus representing a 50% contribution to the program by the College of Dentistry. It has been previously estimated that College of Dentistry fees are set at approximately 50% of those in the practicing community. As such, grant funding becomes more efficient providing the equivalent of \$4 of dental care for every \$1 of program funding.

The continuation of this partnership remains important to our educational mission. The College of Dentistry is appreciative of this partnership and the opportunity to meet the needs of eligible individuals.

Sincerely,



Timothy M. Durham D.D.S., M.P.A  
Assistant Dean for Patient Services and Quality Office  
UNMC College of Dentistry  
40<sup>th</sup> and Holdrege  
Lincoln, NE 68583

# Lincoln-Lancaster County Health Department

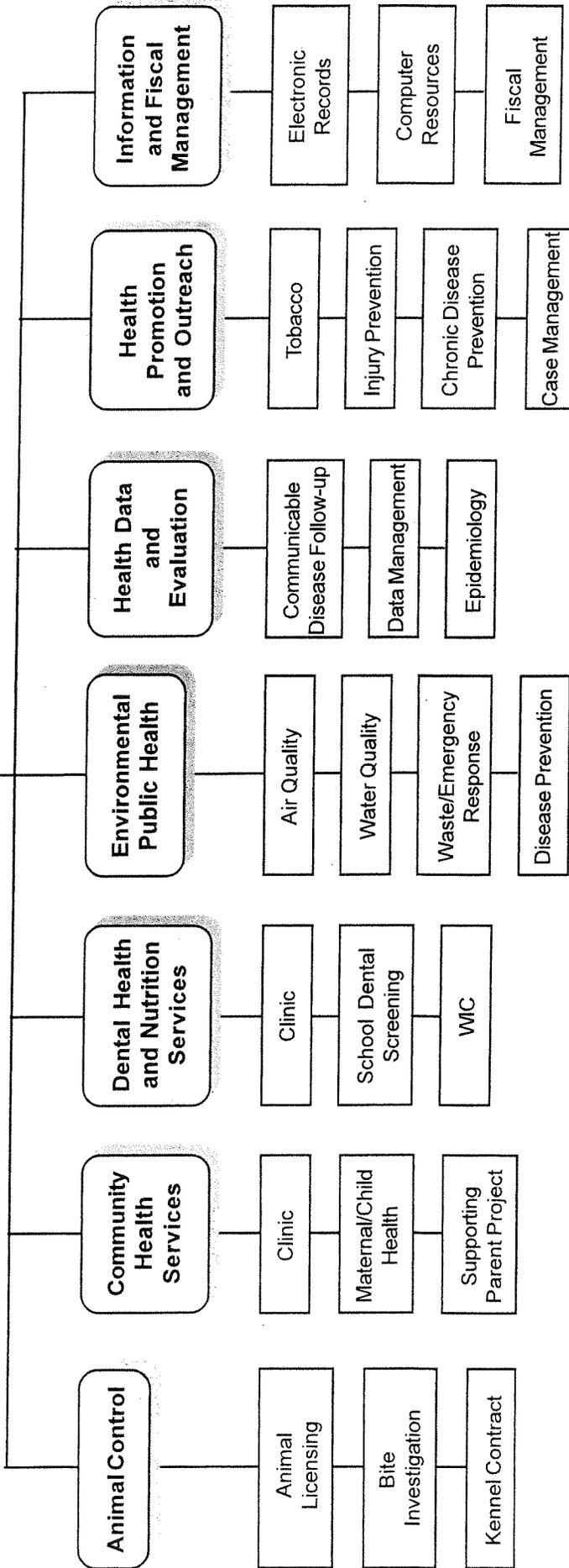


**Health Director**

**Assistant Health Director**

**Contact Information:**

Judith A. Halstead, MS  
 Health Director  
 Lincoln-Lancaster County Health Department  
 3140 N Street • Lincoln, NE 68510  
 email: jhalstead@lincoln.ne.gov  
 phone: 402-441-4603



# THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES

## GENERAL TERMS AND ASSURANCES

### A. ACCESS TO RECORDS AND AUDIT RESPONSIBILITIES.

1. All Subrecipient books, records, and documents regardless of physical form, including data maintained in computer files or on magnetic, optical or other media, relating to work performed or monies received under this subgrant shall be subject to audit at any reasonable time upon the provision of reasonable notice by DHHS. Subrecipient shall maintain all records for three (3) years from the date of final payment, except records that fall under the provisions of the Health Insurance Portability and Accountability Act (HIPAA) shall be maintained for six (6) full years from the date of final payment. In addition to the foregoing retention periods, all records shall be maintained until all issues related to an audit, litigation or other action are resolved to the satisfaction of DHHS. The Subrecipient shall maintain its accounting records in accordance with generally accepted accounting principles. DHHS reserves and hereby exercises the right to require the Subrecipient to submit required financial reports on the accrual basis of accounting. If the Subrecipient's records are not normally kept on the accrual basis, the Subrecipient is not required to convert its accounting system but shall develop and submit in a timely manner such accrual information through an analysis of the documentation on hand (such as accounts payable).
2. The Subrecipient shall provide DHHS any and all written communications received by the Subrecipient from an auditor related to Subrecipient's internal control over financial reporting requirements and communication with those charged with governance including those in compliance with or related to Statement of Auditing Standards (SAS) 112 *Communicating Internal Control related Matters Identified in an Audit* and SAS 114 *The Auditor's Communication with Those Charged With Governance*. The Subrecipient agrees to provide DHHS with a copy of all such written communications immediately upon receipt or instruct any auditor it employs to deliver copies of such written communications to DHHS at the same time copies are delivered to the Subrecipient, in which case the Subrecipient agrees to verify that DHHS has received a copy.
3. The subrecipient shall immediately commence follow-up action on findings arising from audits or other forms of review. Follow-up action includes responding to those conducting such examinations with clear, complete views concerning the accuracy and appropriateness of the findings. If the finding is accepted, corrective action, such as repaying disallowed costs, making financial adjustments, or taking other actions should proceed and be completed as rapidly as possible. If the subrecipient disagrees, it should provide an explanation and specific reasons that demonstrate that the finding is not valid.
4. In addition to, and in no way in limitation of any obligation in this subgrant, the Subrecipient shall be liable for audit exceptions, and shall return to DHHS all payments made under this subgrant for which an exception has been taken or which has been disallowed because of such an exception, upon demand from DHHS.

- B. AMENDMENT. This subgrant may be modified only by written amendment executed by both parties. No alteration or variation of the terms and conditions of this subgrant shall be valid unless made in writing and signed by the parties.

- C. ANTI-DISCRIMINATION. The Subrecipient shall comply with all applicable local, state and federal statutes and regulations regarding civil rights and equal opportunity employment, including Title VI of the Civil Rights Act of 1964; the Rehabilitation Act of 1973, Public Law 93-112; the Americans with Disabilities Act of 1990, Public Law 101-336; and the Nebraska Fair Employment Practice Act, NEB. REV. STAT. §§ 48-1101 to 48-1125. Violation of said statutes and regulations will constitute a material breach of this subgrant. The Subrecipient shall insert this provision into all subgrants and subcontracts.
- D. ASSIGNMENT. The Subrecipient shall not assign or transfer any interest, rights, or duties under this subgrant to any person, firm, or corporation without prior written consent of DHHS. In the absence of such written consent, any assignment or attempt to assign shall constitute a breach of this subgrant.
- E. ASSURANCE. If DHHS, in good faith, has reason to believe that the Subrecipient does not intend to, is unable to, has refused to, or discontinues performing material obligations under this subgrant, DHHS may demand in writing that the Subrecipient give a written assurance of intent to perform. Failure by the Subrecipient to provide written assurance within the number of days specified in the demand may, at DHHS's option, be the basis for terminating this subgrant.
- F. BREACH OF SUBGRANT. DHHS may immediately terminate this subgrant and agreement, in whole or in part, if the Subrecipient fails to perform its obligations under the subgrant in a timely and proper manner. DHHS may withhold payments and provide a written notice of default to the Subrecipient, allow the Subrecipient to correct a failure or breach of subgrant within a period of thirty (30) days or longer at DHHS's discretion considering the gravity and nature of the default. Said notice shall be delivered by Certified Mail, Return Receipt Requested or in person with proof of delivery. Allowing the Subrecipient time to correct a failure or breach of this subgrant does not waive DHHS's right to immediately terminate the subgrant for the same or different subgrant breach which may occur at a different time. DHHS may, at its discretion, obtain any services required to complete this subgrant and hold the Subrecipient liable for any excess cost caused by Subrecipient's default. This provision shall not preclude the pursuit of other remedies for breach of subgrant as allowed by law.
- G. CONFIDENTIALITY. Any and all confidential or proprietary information gathered in the performance of this subgrant, either independently or through DHHS, shall be held in the strictest confidence and shall be released to no one other than DHHS without the prior written authorization of DHHS, provided that contrary subgrant provisions set forth herein shall be deemed to be authorized exceptions to this general confidentiality provision. As required by United States Department of Health and Human Services (hereinafter "HHS") appropriations acts, all HHS recipients and DHHS Subrecipients must acknowledge Federal and DHHS funding when issuing statements, press releases, requests for proposals, bid invitations, and other documents describing projects or programs funded in whole or in part with Federal and DHHS funds. Recipients are required to state: (1) the percentage and dollar amounts of the total program or project costs financed with Federal and DHHS funds; and (2) the percentage and dollar amount of the total costs financed by nongovernmental sources. This provision shall survive termination of this subgrant.
- H. CONFLICTS OF INTEREST. In the performance of this subgrant, the Subrecipient shall avoid all conflicts of interest and all appearances of conflicts of interest. The Subrecipient shall immediately notify DHHS of any such instances encountered, so that other arrangements can be made to complete the work.

- I. COST PRINCIPLES AND AUDIT REQUIREMENTS. The Subrecipient shall follow the applicable cost principles set forth in OMB Circular A-87 for State, Local and Indian Tribe Governments; A-21 for Colleges and Universities; or A-122 for Non-Profit Organizations. Federal audit requirements are dependent on the total amount of federal funds expended by the Subrecipient, set in the table below and Attachment 1, Audit Requirement Certification. Audits must be prepared and issued by an independent certified public accountant licensed to practice. A copy of the annual financial review or audit is to be made electronically available or sent to: Nebraska Department of Health and Human Services, Financial Services, P.O. Box 95026, Lincoln, NE 68509-5026.

Amount of annual federal expenditure	Audit Type
<i>Less than \$500,000</i>	<i>Audit</i>
<i>500,000 or more in federal expenditure</i>	<i>A-133 audit</i>

- J. DATA OWNERSHIP AND COPYRIGHT. Except as otherwise provided in the Federal Notice of Award, DHHS shall own the rights in data resulting from this project or program. The Subrecipient may copyright any of the copyrightable material and may patent any of the patentable products produced in conjunction with the performance required under this subgrant without written consent from DHHS. DHHS and any federal granting authority hereby reserve a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use, and to authorize others to use the copyrightable material for federal or state government purposes. This provision shall survive termination of this subgrant.
- K. DEBARMENT, SUSPENSION OR DECLARED INELIGIBLE. The Subrecipient certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- L. DOCUMENTS INCORPORATED BY REFERENCE. All references in this subgrant to laws, rules, regulations, guidelines, directives, and attachments which set forth standards and procedures to be followed by the Subrecipient in discharging its obligations under this subgrant shall be deemed incorporated by reference and made a part of this subgrant with the same force and effect as if set forth in full text, herein.
- M. DRUG-FREE WORKPLACE. Subrecipient agrees, in accordance with 41 USC §701 et al., to maintain a drug-free workplace by: (1) publishing a drug-free workplace statement; (2) establishing a drug-free awareness program; (3) taking actions concerning employees who are convicted of violating drug statutes in the workplace; and (4) in accordance with 2 CFR §180.230, identify all workplaces under its federal awards.
- N. FEDERAL FINANCIAL ASSISTANCE. The Subrecipient shall comply with all applicable provisions of 45 C.F.R. §§ 87.1-87.2. The Subrecipient certifies that it shall not use direct federal financial assistance to engage in inherently religious activities, such as worship, religious instruction, and/or proselytization.
- O. FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT REPORTING. The Subrecipient shall complete the Subrecipient Reporting Worksheet, Attachment 2, sections B and C. The Subrecipient certifies the information is complete, true and accurate.
- P. FORCE MAJEURE. Neither party shall be liable for any costs or damages resulting from its inability to perform any of its obligations under this subgrant due to a natural disaster, or other similar event outside the control and not the fault of the affected party ("Force Majeure Event"). A Force Majeure Event shall not constitute a breach of this subgrant. The party so

affected shall immediately give notice to the other party of the Force Majeure Event. Upon such notice, all obligations of the affected party under this subgrant which are reasonably related to the Force Majeure Event shall be suspended, and the affected party shall do everything reasonably necessary to resume performance as soon as possible. Labor disputes with the impacted party's own employees will not be considered a Force Majeure Event and will not suspend performance requirements under this subgrant.

- Q. FUNDING AVAILABILITY. DHHS may terminate the subgrant, in whole or in part, in the event funding is no longer available. Should funds not be appropriated, DHHS may terminate the award with respect to those payments for the fiscal years for which such funds are not appropriated. DHHS shall give the Subrecipient written notice thirty (30) days prior to the effective date of any termination. The Subrecipient shall be entitled to receive just and equitable compensation for any authorized work which has been satisfactorily completed as of the termination date. In no event, shall the Subrecipient be paid for a loss of anticipated profit.
- R. GRANT CLOSE-OUT. Upon completion or notice of termination of this grant, the following procedures shall apply for close-out of the subgrant:
1. The Subrecipient will not incur new obligations after the termination or completion of the subgrant, and shall cancel as many outstanding obligations as possible. DHHS shall give full credit to Subrecipient for the federal share of non-cancelable obligations properly incurred by Subrecipient prior to termination, and costs incurred on, or prior to, the termination or completion date.
  2. Subrecipient shall immediately return to DHHS any unobligated balance of cash advanced or shall manage such balance in accordance with DHHS instructions.
  3. Within a maximum of 90 days following the date of expiration or completion, Subrecipient shall submit all financial, performance, and related reports required by the Subrecipient Reporting Requirements. DHHS reserves the right to extend the due date for any report and may waive, in writing, any report it considers to be unnecessary.
  4. DHHS shall make any necessary adjustments upward or downward in the federal share of costs.
  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, or 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.
- S. GOVERNING LAW. The award shall be governed in all respects by the laws and statutes of the State of Nebraska. Any legal proceedings against DHHS or the State of Nebraska regarding this award shall be brought in Nebraska administrative or judicial forums as defined by Nebraska State law. The Subrecipient shall comply with all Nebraska statutory and regulatory law.

T. HOLD HARMLESS.

1. The Subrecipient shall defend, indemnify, hold, and save harmless the State of Nebraska and its employees, volunteers, agents, and its elected and appointed officials ("the indemnified parties") from and against any and all claims, liens, demands, damages, liability, actions, causes of action, losses, judgments, costs, and expenses of every nature, including investigation costs and expenses, settlement costs, and attorney fees and expenses ("the claims"), sustained or asserted against the State of Nebraska, arising out of, resulting from, or attributable to the willful misconduct, negligence, error, or omission of the Subrecipient, its employees, consultants, representatives, and agents, except to the extent such Subrecipient's liability is attenuated by any action of the State of Nebraska which directly and proximately contributed to the claims.
2. DHHS's liability is limited to the extent provided by the Nebraska Tort Claims Act, the Nebraska Award Claims Act, the Nebraska Miscellaneous Claims Act, and any other applicable provisions of law. DHHS does not assume liability for the action of its Subrecipients.

U. INDEPENDENT ENTITY. The Subrecipient is an Independent Entity and neither it nor any of its employees shall, for any purpose, be deemed employees of DHHS. The Subrecipient shall employ and direct such personnel, as it requires, to perform its obligations under this subgrant, exercise full authority over its personnel, and comply with all workers' 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.

V. REIMBURSEMENT REQUEST. Requests for payments submitted by the Subrecipient shall contain sufficient detail to support payment. Any terms and conditions included in the Subrecipient's request shall be deemed to be solely for the convenience of the parties.

W. INTEGRATION. This written subgrant represents the entire agreement between the parties, and any prior or contemporaneous representations, promises, or statements by the parties, that are not incorporated herein, shall not serve to vary or contradict the terms set forth in this subgrant.

X. LOBBYING.

1. Subrecipient certifies that no Federal appropriated funds shall be paid, by or on behalf of the Subrecipient, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this award for: (a) the awarding of any Federal agreement; (b) the making of any Federal grant; (c) the entering into of any cooperative agreement; and (d) the extension, continuation, renewal, amendment, or modification of any Federal agreement, grant, loan, or cooperative agreement.
2. If any funds, other than Federal appropriated funds, have been paid or will be paid to any person for influencing or attempting to influence: an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this subgrant, the Subrecipient shall complete and submit Federal Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

Y. NEBRASKA NONRESIDENT INCOME TAX WITHHOLDING. Subrecipient acknowledges that Nebraska law requires DHHS to withhold Nebraska income tax if payments for personal

services are made in excess of six hundred dollars (\$600) to any Subrecipient who is not domiciled in Nebraska or has not maintained a permanent place of business or residence in Nebraska for a period of at least six months. This provision applies to: individuals; to a corporation, if 80% or more of the voting stock of the corporation is held by the shareholders who are performing personal services, and to a partnership or limited liability company, if 80% or more of the capital interest or profits interest of the partnership or limited liability company is held by the partners or members who are performing personal services.

The parties agree, when applicable, to properly complete the Nebraska Department of Revenue Nebraska Withholding Certificate for Nonresident Individuals Form W-4NA or its successor. The form is available at:

[http://www.revenue.ne.gov/tax/current/f\\_w-4na.pdf](http://www.revenue.ne.gov/tax/current/f_w-4na.pdf) or  
[http://www.revenue.ne.gov/tax/current/fill-in/f\\_w-4na.pdf](http://www.revenue.ne.gov/tax/current/fill-in/f_w-4na.pdf)

- Z. **NEBRASKA TECHNOLOGY ACCESS STANDARDS.** The Subrecipient shall review the Nebraska Technology Access Standards, found at <http://www.nitc.state.ne.us/standards/accessibility/tacfinal.html> and ensure that products and/or services provided under the subgrant comply with the applicable standards. In the event such standards change during the Subrecipient's performance, the State may create an amendment to the subgrant to request that Subrecipient comply with the changed standard at a cost mutually acceptable to the parties.
- AA. **NEW EMPLOYEE WORK ELIGIBILITY STATUS.** The Subrecipient shall use a federal immigration verification system to determine the work eligibility status of new employees physically performing services within the State of Nebraska. A federal immigration verification system means the electronic verification of the work authorization program authorized by the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, 8 U.S.C. § 1324a, known as the E-Verify Program, or an equivalent federal program designated by the United States Department of Homeland Security or other federal agency authorized to verify the work eligibility status of a newly hired employee.
- If the Subrecipient is an individual or sole proprietorship, the following applies:
1. The Subrecipient must complete the United States Citizenship Attestation Form, available on the Department of Administrative Services website at [www.das.state.ne.us](http://www.das.state.ne.us).
  2. If the Subrecipient indicates on such attestation form that he or she is a qualified alien, the Subrecipient agrees to provide the U.S. Citizenship and Immigration Services documentation required to verify the Subrecipient's lawful presence in the United States using the Systematic Alien Verification for Entitlements (SAVE) Program.
  3. The Subrecipient understands and agrees that lawful presence in the United States is required and the Subrecipient may be disqualified or the subgrant terminated if such lawful presence cannot be verified as required by NEB. REV. STAT. § 4-108.
- BB. **PUBLICATIONS.** Subrecipient agrees that all publications that result from work under this subgrant will acknowledge that the project was supported by "Grant No. XXXX" under a subgrant from "Federal Agency" and DHHS.
- CC. **PROGRAMMATIC CHANGES.** The Subrecipient shall request in writing to DHHS for approval of programmatic changes. DHHS shall approve or disapprove in whole or in part in writing within thirty (30) days of receipt of such request.

- DD. PROMPT PAYMENT. Payment shall be made in conjunction with the State of Nebraska Prompt Payment Act, NEB. REV. STAT. §§ 81-2401 through 81-2408. Unless otherwise provided herein, payment shall be made by electronic means.

Automated Clearing House (ACH) Enrollment Form Requirements for Payment.

The Subrecipient shall complete and sign the State of Nebraska ACH Enrollment Form and obtain the necessary information and signatures from their financial institution. The completed form must be submitted before payments to the Subrecipient can be made. Download ACH Form:

[http://www.das.state.ne.us/accounting/nis/address\\_book\\_info.htm](http://www.das.state.ne.us/accounting/nis/address_book_info.htm)

- EE. PUBLIC COUNSEL. In the event Subrecipient provides health and human services to individuals on behalf of DHHS under the terms of this award, Subrecipient shall submit to the jurisdiction of the Public Counsel under NEB. REV. STAT. §§ 81-8,240 through 81-8,254 with respect to the provision of services under this subgrant. This clause shall not apply to subgrants 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.
- FF. RESEARCH. The Subrecipient shall not engage in research utilizing the information obtained through the performance of this subgrant without the express written consent of DHHS. The term "research" shall mean the investigation, analysis, or review of information, other than aggregate statistical information, which is used for purposes unconnected with this subgrant.
- GG. SEVERABILITY. If any term or condition of this subgrant is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and conditions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if this subgrant did not contain the particular provision held to be invalid.
- HH. SMOKE FREE. 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 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 drug or alcohol 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, the Subrecipient certifies that the Subrecipient 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.
- II. SUBRECIPIENTS OR SUBCONTRACTORS. The Subrecipient shall not subgrant or subcontract any portion of this award without prior written consent of DHHS. The Subrecipient shall ensure that all subcontractors and subrecipients comply with all requirements of this subgrant and applicable federal, state, county and municipal laws, ordinances, rules and regulations.

JJ. TIME IS OF THE ESSENCE. Time is of the essence in this subgrant. The acceptance of late performance with or without objection or reservation by DHHS shall not waive any rights of DHHS nor constitute a waiver of the requirement of timely performance of any obligations on the part of the Subrecipient remaining.