Results of

The Blueprint Project

November 2002

40 SOLUTIONS

Improving the Health Status of Lincoln Census Tracts 4, 17, and 18

A Project of

Community Health Endowment of Lincoln

The Blueprint Project

What is it?

When the Community Health Endowment (CHE) unveiled the Blueprint Project in April, 2001, it was our hope that the project would result in the development of neighborhood-based solutions to improve the health status of individuals
in Lincoln census tracts 4, 17, and 18.* Believing that residents, service providers, community groups, schools, churches, businesses, and others in the targeted census tracts could best engage the neighborhoods that they live in and serve, CHE gave each Blueprint Project the latitude to design their own strategy to develop the solutions.

Four, one-year Blueprint Projects began on September 1, 2001. Collectively, the projects completed 51 focus groups (552 participants), 1,988 surveys, 21 community meetings (369 participants), 83 one-on-one interviews, and two field trips. On October 15, 2002, each project presented CHE with a set of solutions for improving the health status of individuals in census tracts 4, 17, and 18. The purpose of this report is to summarize the Blueprint Project process, offer observations about health care and health status in Lincoln, and present 40 solutions developed by the individual Blueprint Projects.

Public input from individuals living in census tracts 4, 17 and 18 was important in identifying workable solutions that would result in better health.

Anyone that is interested in more information about an individual Blueprint Project, including specific survey data, focus group findings, and other information on which the solutions and observations presented in this report are based, is encouraged to contact the following individuals:

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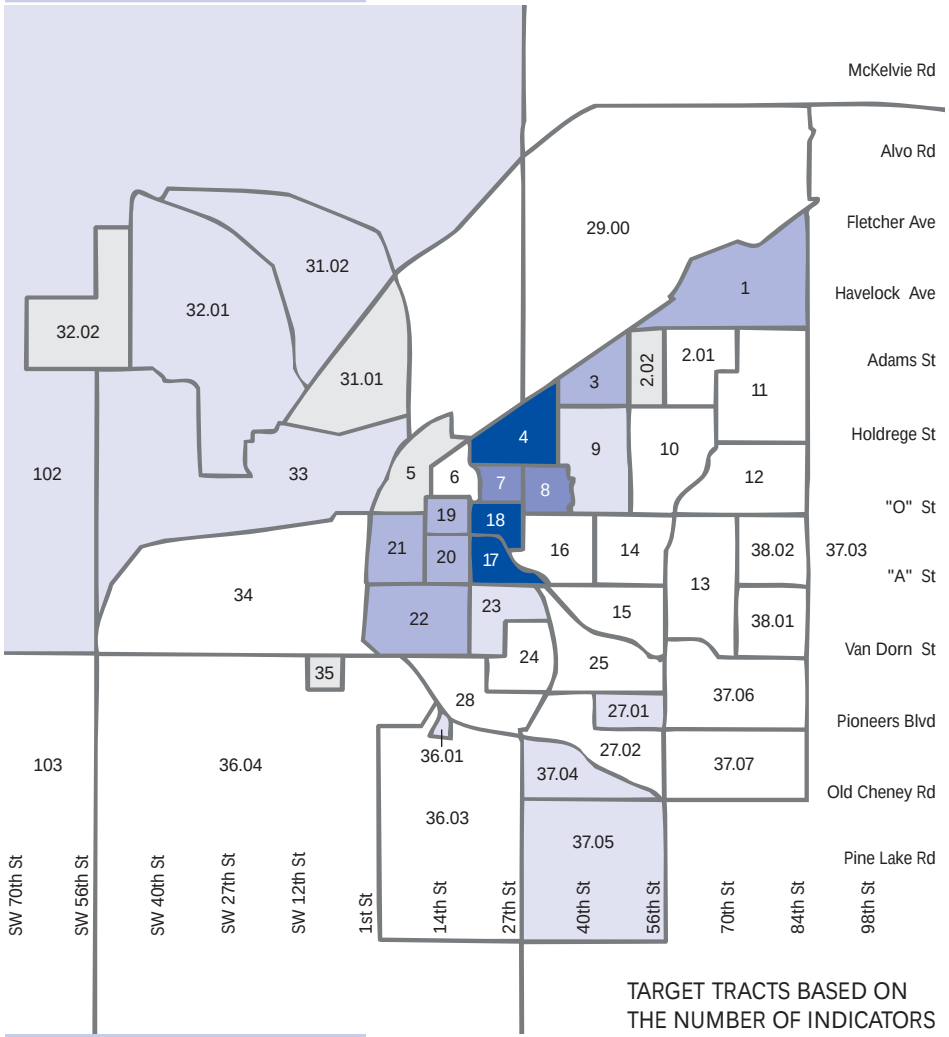
We are grateful to the many partner agencies and individuals who participated in the Blueprint Project. We believe that their efforts have resulted in a working set of solutions that will guide our community toward becoming the healthiest community in the nation.

The Blueprint Project



** These census tracts were identified by the Lincoln-Lancaster County Health Department as areas that exceed the community average in five key health areas: poverty, infant mortality, neighborhood conditions, death rates, and ethnic/minority population.*

Of the 1,200 individuals surveyed in census tracts 17 and 18, 54% identified a language other than English as their primary language. [1]

One of every three (36%) individuals surveyed in census tracts 17 and 18 reported that they did not have any kind of health insurance. [1]

Among homeless and near-homeless men, 74% reported that they did not have a regular physician. [2]

Homeless and near-homeless individuals were most likely to report that the cost of service was the most common barrier to receiving health care (70%), followed by the cost of medication (51%), and lack of transportation (42%). [2]

Dental care was the most desired service reported by individuals in census tracts 17 and 18 (44.1%).[1]

Of the 308 homeless and near-homeless individuals surveyed, more than two-thirds (67.7%) reported that they have received mental health or substance abuse treatment. [2]

The Blueprint Project

What did we learn?

Outreach Workers from the Healthy Homes Program listened to pregnant women and women with newborns talk about ways to improve access to health care.

The following pages provide a summary of the 40 solutions identified by the Blueprint Project. These 40 solutions not only offer a solid plan of action, but they serve as the basis for the following ten observations about census tracts 4, 17, and 18:

- Health care access can be improved through a coordinated and innovative network of medical transportation and medical translation.
- Increased cooperation and communication among agencies providing health and human services is essential.
- The collective community must confront health disparities among racial/ethnic minority populations through dedicated research, data collection, health planning, services, education, and advocacy.
- Opportunities for public service and volunteerism should be increased as a strategy to implement the solutions identified in this report and to improve health status and access.
- Residents want a community health clinic to call their own.
- Prevention activities and services must be intentionally incorporated into health care delivery.
- Personal and public safety must be considered when assessing and addressing individual and community health status.
- The growing social issue of homelessness demands widespread community attention, philanthropy, and policymaking to provide the most basic ingredients needed to support productive activities and self-responsibility.
- Public/private partnerships have an increasingly significant role to play in assuring improved health status among those at highest risk for the poorest outcomes.
- The people who are most adversely affected by public health problems have little voice in policy-making or service delivery, yet these same people have important insights into creating workable solutions.

40 SOLUTIONS

The following solutions represent the findings of four, one-year Blueprint Projects. The Community Health Endowment recognizes that this is not an exclusive list of community solutions. Rather, these solutions can be part of a broader community conversation and response to improving health status in all areas and for all residents.

One-quarter (23.6%) of persons surveyed in census tracts 17 and 18 indicated that the emergency room was their most frequently utilized source of health/medical service.[1]

In 2001-02, 27.4% students at Clinton Elementary School (census tract 4) had a native language other than English. Twelve different languages were represented. [3]

Infrastructure

NUMBER*	URGENCY**	SPECIFIC SOLUTIONS
1	A	Increase health care access by establishing a community health clinic in census tract 4, 17, or 18. Include mental, dental, and medical health services for working poor, homeless, and other under-served individuals. Offer sliding fee scales.
2	A	Increase the space of existing facilities that serve the homeless to alleviate over-crowding, staff and client stress, and service limitations. Include an increase in emergency/transitional shelter beds with staffed, overnight services.
3	B	Streamline and improve services to the homeless and near homeless by identifying one agency to be the primary healthcare case manager/advocate, adopting shared forms to improve information-sharing among agencies, and developing a computerized system to share medical/service records among service agencies (locally and nationally).
4	B	Expand the number of minority public health professionals, including immigrant professionals who are bilingual, who provide services in census tracts 4, 17, and 18 by collaborating with the University of Nebraska Medical Center and University of Nebraska-Omaha School of Public Health.
5	B	Assure daily survival and hygiene needs among persons who are homeless by installing more public water fountains, repairing existing water fountains, providing more public restroom facilities throughout the downtown area, and/or organizing community/neighborhood drives to supply homeless and near homeless individuals with personal hygiene products.
6	C	Decrease community resources (police, mental health and substance abuse treatment services, emergency room, ambulance) utilized by non-compliant and/or difficult to serve individuals through innovative case management or infrastructure development. For example, the community should examine the need for a location where intoxicated people could sleep without intervention to decrease unnecessary use of community resources, prevent exposure to weather elements, decrease street violence, and/or prevent driving while intoxicated.
7	C	Increase the availability of childcare in census tracts 4, 17, and 18. Examine creative options to address sick childcare.

** The numerical listing does not reflect a priority ranking.*

*** Each solution was assigned an urgency ranking by participants in the Blueprint Projects. An urgency ranking of A represents an URGENT SOLUTION and action should be taken without delay. An urgency ranking of B represents a HIGH PRIORITY SOLUTION and action should be taken within the next 12 months. An urgency ranking of C represents a PRIORITY SOLUTION and action should be taken within 36 months.*

Residents of census tract 4 consistently ranked safety issues of higher importance than "traditional health" issues. [3]

Among homeless and near homeless individuals, 23% used the emergency room as their primary source of health related services. [2]

New Services or Programs

NUMBER*	URGENCY**	SPECIFIC SOLUTIONS
8	A	Create a mentoring program to provide one-on-one assistance to refugees and immigrants in census tracts 4, 17, and 18, including information on health care, employment, nutrition, education, driving, and more.
9	A	Improve service delivery and decrease health status disparities by creating a cost-effective network of translators that may include, but not be limited to, college interns and neighborhood residents.
10	A	Decrease the need for medical and general translation by creating literacy groups for Nuer, Dinka, Spanish, and Arabic women.
11	A	Create a coordinated health outreach program to identify and treat vision needs among homeless, near homeless, and other low-income adults and children.
12	B	Improve service accessibility by: 1) establishing a van-sharing program among agencies/organizations: 2) developing a "neighbor-helping-neighbor" bureau to link volunteer drivers with those who need transportation: 3) recruiting and hiring a transportation coordinator/dispatcher to implement the recommendations of the C-SIP Transportation Committee; and 4) providing reimbursement to private citizens to provide medical transportation.
13	B	Provide training to health care providers on the specific needs of people who are homeless, near homeless, and from other cultures.
14	B	Provide multi-language, culturally appropriate education to residents of census tracts 4, 17, and 18 regarding the services available in Lincoln and how to access the services. Utilize a volunteer network of “resident experts,” neighborhood volunteers who are regularly trained and updated about service availability in the community.
15	B	Develop an appointment reminder system for homeless and near homeless individuals who do not have traditional means of communication. Options may include reminder cards, one-time beepers, a consistent policy/approach for missed appointments among agencies, and/or a buddy system.
16	B	In cooperation with the Community Learning Centers, promote "Healthy Block Parties" that feature health care services, including the Mobile Health Clinic.
17	B	Involve residents, Community Learning Centers, and city staff in addressing traffic hazards by forming walking patrols to assist at busy intersections.
18	C	Identify a single agency to develop a trained, volunteer network of individuals who will care for children during a parent's medical appointment or hospitalization. Involve the medical community in developing "kid-friendly" options, including on-site child care and play areas.

Enhancements to Existing Services or Programs

NUMBER*	URGENCY**	SPECIFIC SOLUTIONS
19	A	Convene a working group, including providers of clinical services and preventive services in census tracts 4, 17, and/or 18, to develop recommendations for assuring that clients receive, if appropriate, a blend of clinical and preventive services.
20	A	Assure ongoing provision of prescription medications to needy adults and children.
21	A	Use the national standards for Culturally and Linguistically Appropriate Services in Healthcare (CLAS) developed by the U.S. Office of Minority Health to re-evaluate and make necessary changes in how agencies and organizations provide translation (written) and interpreter (verbal) services. Establish an oversight committee to monitor the community's response.
22	A	Offer wellness classes to residents of census tracts 4, 17, and 18 in the areas of smoking cessation, nutrition, anger control, stress management, and other areas.
23	B	Support efforts by the Nebraska Association of Translators and Interpreters to develop a pool of qualified interpreters for health care providers. Establish an oversight committee to assure effectiveness and client satisfaction.
24	B	Support the Community Health Partners Foundation in their role to develop resources and programs that promote physical activity and good nutrition.
25	B	Improve hygiene, foot health, and employment opportunities among homeless and near homeless individuals by assuring access to seasonal clothing, uniform clothing, and properly fitting shoes. One option is to expand the concept of Job Outfitters. Access to showers and free laundry facilities that are open before and after traditional working hours should also increased.
26	B	Use a voucher system and/or a pool of volunteer barbers and hair stylists to increase access and availability of free haircuts for the homeless and near homeless.
27	B	Assure long-term funding of an existing resource guide for Sudanese individuals, their service providers, and mentors. Examine the need for a similar resource guide for other groups.
28	B	Investigate ongoing community capacity for providing diagnostic services (radiology, laboratory) to homeless and working poor.
29	B	Utilize and enhance the existing volunteer transportation work completed by Aging Services.
30	B	Enhance the existing medical transportation program for the homeless by improving accessibility, providing on-demand service, and assuring quality customer service.
31	C	Increase the number of Sudanese individuals who receive dental implants to replace teeth that were extracted as the result of traditional practices.
32	C	Offer additional life skills classes in the day and evening to homeless, near homeless, low-income individuals, immigrants and/or refugees.

Planning, Policy Development, and/or Neighborhood Leadership

NUMBER*	URGENCY**	SPECIFIC SOLUTIONS
33	A	Enhance public safety by: 1) fostering neighborhood and individual interactions with the Lincoln Police Department, especially those officers assigned to census tracts 4, 17, and 18; 2) maintaining School Resource Officers at Clinton and Hartley Elementary Schools; 3) creating opportunities for open dialogue between residents, city departments, community centers, and others regarding the abandoned homes, vehicles and public property used for illegal drug and alcohol consumption; 4) establishing appropriate, drug-free gathering places for youth; 5) exploring a curfew law for minors; 6) increasing government response to code violations; and 7) providing neighborhood education to report drug/alcohol problems to the Narcotics Unit.
34	B	Develop and implement high standards for customer service (respect, friendliness, effective service, assistance, public relations) among community providers by using a cultural diversity audit. The audit should evaluate the delivery of health services to racial and ethnic minorities by agencies that provide physical health, behavioral health, and dental health services. The audit findings should be addressed by appropriate training and education.
35	B	Provide ongoing forums for community input. Assure ongoing discussion among residents, neighborhood associations, emergency response personnel, community centers, city agencies, and health providers regarding the availability of health services and the Mobile Health Clinic.
36	B	Increase neighborhood investment and permanency by assisting residents with home remodeling and repair, neighborhood cleanup, sidewalk maintenance, and snow removal; building relationships between renters and landlords; sponsoring neighborhood picnics, potlucks, and new neighbor welcome programs; promoting Neighborhood Watch Programs; and providing "Know Your Rights" presentations for renters.
37	B	Foster neighborhood involvement and cultural understanding by sponsoring neighborhood diversity fairs and developing/distributing newsletters in Russian, Arabic, Spanish, and Vietnamese.
38	B	Distribute neighborhood mini-directories of businesses and resources.
39	B	Conduct policy work with local, state, and federal elected officials regarding the needs of low-income immigrants and refugees, including the Sudanese.
40	C	Select one entity to monitor service agencies by developing performance standards and a peer network.

Among surveyed individuals in census tracts 17 and 18, 43.9% reported that they did not know where to go for mental health services; 49.0% reported that they did not know where to go for substance abuse services. [1]

The Blueprint Project

Where do we go from here?

We are armed with a blueprint to improve the health status of adults, children, and families in census tracts 4, 17, and 18. Now the work of implementing the solutions begins. We encourage you to utilize this report, as well as the specific information available from individual Blueprint Projects, to guide the policymaking decisions of local, state, and federal officials; to influence funding decisions at all levels; to engage corporate leaders; to educate the community and region about Lincoln's strengths and challenges; to foster new leadership; and to create enthusiasm for making Lincoln a better and healthier place.

CHE believes that the successful implementation of the solutions identified in this report will be dependent on the development and sustainability of successful partnerships.

We concur with Peter A. Gallagher, President and CEO of America's Promise, who stated that *"A partnership is a powerful force. Whether it is a personal partnership or an alliance of nations, many of the world's greatest achievements could not have occurred without individuals and groups joining forces for a common goal. The most powerful partnerships are those that change the course of lives."*

CHE is pleased and proud to be associated with the Blueprint Project. We look forward to watching the solutions in this report gain momentum and become reality.

Working together, let's make it happen.

Among homeless and near homeless women, 44% reported that they had been physically or sexually abused during the past year. Seventy-five percent of the women reported that they had experienced personal or emotional violence in their lifetime.[2]

When asked what services they would use if there were no barriers, 66% of homeless and near-homeless individuals reported that they would use dental care services.[2]

41% of Lincoln's refugee settlement occurs in census tract 4. [3]

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Quote Sources

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2: Solutions Focused Needs Assessment. Health Care for the Homeless Initiative Blueprint Project. September, 2002.

3: Final Report. Healthy Neighborhoods: Pass It On Blueprint Project. September, 2002.

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