NEBRASKA
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Annual Report on Local Public Health in Nebraska

Nebraska Health Care Funding Act (LB692)

Public Health
Prevent. Promote. Protect.

This report highlights the accomplishments of local health departments over the past year to meet the three core functions of public health and the ten essential public health services.

December 1, 2017

Presented to the Governor of the State of Nebraska
and the Health and Human Services Committee of the Legislature

Office of Community Health and Performance Management
Community and Rural Health Planning Unit
Nebraska Department of Health and Human Services, Division of Public Health

The Nebraska Health Care Funding Act (LB 692) was passed in 2001 by the Nebraska Legislature. This Act provides funding to local public health departments through the County Public Health Aid Program (Neb.Rev.Stat. §71-1628.08) and assigns the Department of Health and Human Services to assist them in implementing the three core functions of public health and the ten essential public health services. The Act also requires all of the eligible local public health departments to prepare an annual report each fiscal year. These reports identify how the funds were used to help meet the ten essential public health services, including a description of their specific programs and activities.

The Nebraska Department of Health and Human Services (DHHS), Division of Public Health (DPH), is responsible for distributing the funds to eligible local public health departments. The DPH provides technical assistance and training to the departments in implementing the ten essential services. The annual reports are submitted to the Office of Community Health and Performance Management in October of each year and staff compile a summary report.

This report provides a summary of the efforts from each of the eighteen local public health departments that have received funding, and covers the period July 1, 2016 to June 30, 2017. This report describes the current activities, services, and programs provided by the health departments related to the core functions and ten essential public health services. It also describes how they are working to meet national public health standards to support their organizational performance in order to best improve the lives of Nebraskans in their communities.

Organizational Coverage

As of June 30, 2017, a total of eighteen local public health departments covering ninety-two counties were eligible to receive funds under a portion of the Health Care Funding Act, Neb.Rev.Stat. §71-1626 through 71-1636. The list of eligible public health departments and their affiliated counties is shown in Table 1 and Figure 1. Dakota County has a single county health department that does not meet the population requirements of the Health Care Funding Act. Staff from DHHS-DPH continue to work toward the goal of having all Nebraska counties covered by a local public health department under LB 692.

Leveraging Other Funds

Although funds from the Nebraska Health Care Funding Act serve as the financial foundation for many of the local public health departments, all of the departments have been very successful in leveraging other local, state and federal funding sources. For example, federal grant funds have been awarded through the DHHS-DPH to local public health departments for emergency preparedness planning, public education efforts related to West Nile Virus, the Clean Indoor Air Act, Preventive Health block grants, Maternal and Child Health block grants, and radon testing. Some departments have also received grant funds from private foundations and directly from the federal government.

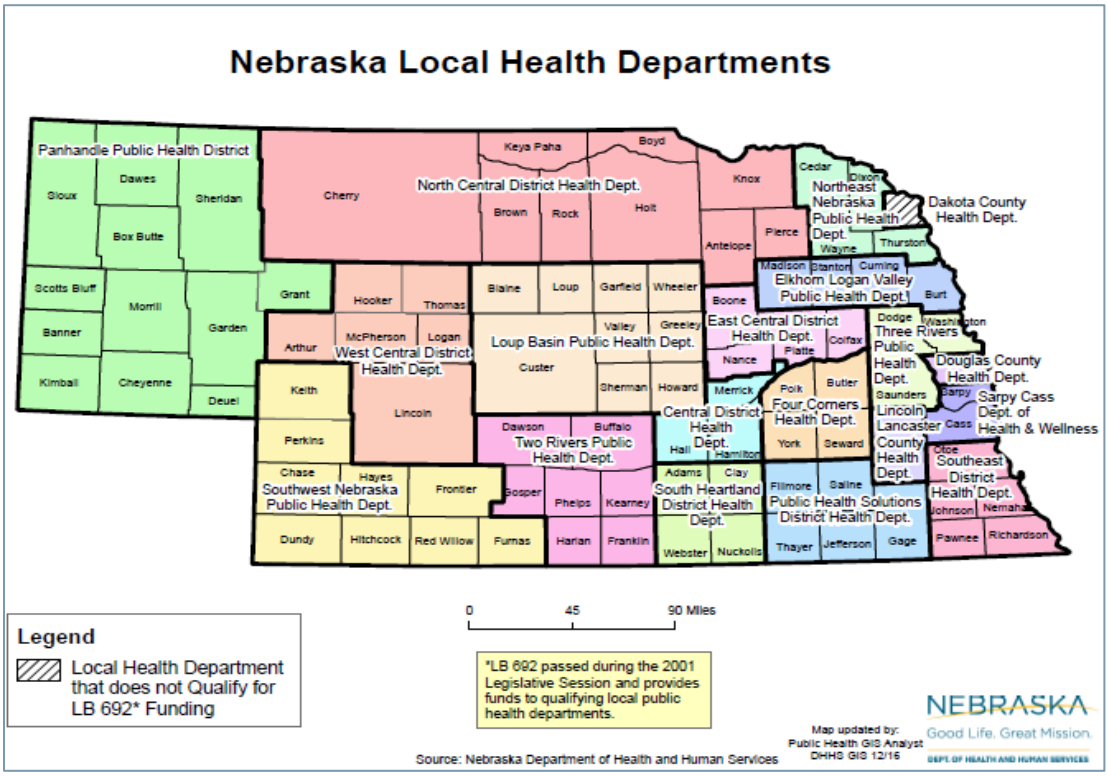
Report Structure

As required by statute, local health departments funded under the Act submit a report to DHHS by October 1, for inclusion in the full report submitted by DHHS on December 1. Each local health department authors their own content, which is included within, as a brief description of their public health activities.

Table 1. Local Public Health Departments funded under the Nebraska Health Care Funding Act (LB 692)

Name	Counties
Central District Health Department	Hall, Hamilton, Merrick
Douglas County Health Department	Douglas
East Central District Health Department	Boone, Colfax, Nance, Platte
Elkhorn Logan Valley Public Health Department	Burt, Cuming, Madison, Stanton
Four Corners Health Department	Butler, Polk, Seward, York
Lincoln-Lancaster County Health Department	Lancaster
Loup Basin Public Health Department	Blaine, Custer, Garfield, Greeley, Howard, Loup, Sherman, Valley, Wheeler
North Central District Health Department	Antelope, Boyd, Brown, Cherry, Holt, Keya Paha, Knox, Pierce, Rock
Northeast Nebraska Public Health Department	Cedar, Dixon, Thurston, Wayne
Panhandle Public Health District	Banner, Box Butte, Cheyenne, Dawes, Deuel, Garden, Grant, Kimball, Morrill, Scotts Bluff, Sheridan, Sioux
Public Health Solutions District Health Department	Fillmore, Gage, Jefferson, Saline, Thayer
Sarpy/Cass Department of Health and Wellness	Cass, Sarpy
South Heartland District Health Department	Adams, Clay, Nuckolls, Webster
Southeast District Health Department	Johnson, Nemaha, Otoe, Pawnee, Richardson
Southwest Nebraska Public Health Department	Chase, Dundy, Frontier, Furnas, Hayes, Hitchcock, Keith, Perkins, Red Willow
Three Rivers Public Health Department	Dodge, Saunders, Washington
Two Rivers Public Health Department	Buffalo, Dawson, Franklin, Gosper, Harlan, Kearney, Phelps
West Central District Health Department	Arthur, Hooker, Lincoln, Logan, McPherson, Thomas

Figure 1. Map of Nebraska Local Health Departments



Current Activities

The activities and programs of the local public health departments are organized under the three core functions of public health: assessment, policy development, and assurance. The assessment function involves the collection and analysis of information to identify important health problems. Policy development focuses on building coalitions that can develop and assist implementation of local and state health policies to address the high priority health issues. The assurance function makes state and local health agencies, as well as health professionals responsible for ensuring that programs and services are available to meet the identified priority needs of the population.

Additionally, the activities and programs of the local public health departments are summarized under the associated ten essential services of public health. The ten essential services of public health provide a working definition of the public health system and a guiding framework for the responsibilities of local public health partners. These functions and services are specifically referenced in the Neb.Rev.Stat. §71-1628.04. The ten essential services include:

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

During the fiscal year July 1, 2016 to June 30, 2017, continued progress was made in the provision of the three core functions and ten essential services of public health. Every health department receiving funding under the original LB 692 and LB 1060 demonstrated improvement in both number and complexity of activities and programs during this time period. All local health departments supported through the public health portion of the Nebraska Health Care Funding Act are providing the core functions and determine how to best provide all of the ten essential services to their community. Because of the large number of activities and programs, only a few examples from each health department are provided within this report. However, the individual reports are available upon request to each health department, respectively.

Assessment (monitor health, diagnose and investigate)

This past year, the Central District Health Department (CDHD) updated its community health assessment, gathering existing data and conducting focus groups to generate additional information that helps tell the story of th collective health in Hall, Hamilton and Merrick Counties. We produced reports for each county and then a district health assessment report. In the process, CDHD reviewed older data to see where the community is getting healthier or less healthy. This informs planning for public health activities and programs.

Policy Development (mobilize community partnerships, develop policies, inform, educate, and empower)

CDHD was awarded a grant to provide support for the implementation of population-wide and priority population approaches to prevent obesity, diabetes, and heart disease and stroke and reduce health disparities in these areas among adults called "State and Local Public Health Actions to Prevent Obesity, Diabetes, and Heart Disease and Stroke" grant (1422 grant). A strategy within the work focuses on walkability within the city of Grand Island. This includes finding ways for people to access walking opportunities as well as having a way for residents to get to important destinations by foot. A walking summit was held early on to identify ways to improve walkability in the area. This summit identified the need for a "complete streets" policy in the city. The complete streets concept involves environmental design changes to the way a community builds its network of roadways. It brings in the perspective of users of all modes of transportation, including walkers and bikers. The innovative approach assists in the design of the community when it grows and address connectivity of routes for pedestrians. A complete streets action team was formed consisting of several stakeholders within Grand Island, including city staff and councilmembers. The committee was able to draft a policy that would fit the context of our community. The policy has been presented to the Grand Island City Council at a study session. Once the committee finalizes the work, the policy can be moved forward for approval. The city of Grand Island is currently conducting long range community and transportation planning. The complete streets policy will work in conjunction with the overall community planning. This process has brought existing and new partnerships together to design approaches to prevent chronic disease and reduce health disparities for our community. Although the work in this area is not easy, the impact it can have on a community and its health is lasting.

Assurance (assure competent workforce, link to services, enforce laws, evaluate, and research)

CDHD is proud to house the Grand Island Public Schools (GIPS) "Welcome Center." When a family whose first language is other than English moves into the community, the children are scheduled for a language skills assessment with GIPS staff at the CDHD location. This assessment guides the school's plan for each student's success. While the family is at CDHD for these services, various programs are discussed, most notably the Women, Infant and Children (WIC) program and the Vaccine for Children (VFC) program.

Activities Related to the Core Functions as Identified in Nebraska Statute

Each fall, CDHD provides influenza (flu) shots throughout the three counties, scheduling clinics at businesses so that staff can be given shots without leaving work for long periods of time. This past September through November, nurses gave almost 2,000 flu shots at 81 different business locations. In addition, other adult vaccinations are provided according to CDC guidelines, and flu shot clinics at the location through the Vaccine for Children (VFC) program for adults and children who qualify. Because CDHD bills private insurance for vaccinations, we are able to provide disease protection to all who seek it.

Research shows that Community Health Workers who have similar cultural backgrounds to those they are reaching out to have greater success in connecting folks to needed health services. CDHD has a DHHS Minority Health Initiative grant award designed to connect individuals with needed health resources. The CDHD employs two Community Health Workers who spend time at various sites throughout the community, providing interpretation for residents for whom English is not the first language. They also serve as a resource for folks who are not sure where to go to get what they need.

Through the Epidemiology Program, CDHD looks at what diseases are present in the community and watch for unhealthy trends. For instance, once the school year starts, each school is asked to complete an absence report once each week. CDHD can monitor for unusual increases is student absences which may signal a disease outbreak. The Epidemiology nurse provides phone guidance, support and education to school staff to reduce the possibility of disease outbreaks. In the event of an outbreak, the Epidemiology nurse and additional staff as needed work closely with DHHS to reduce the severity and number of illnesses through best practices.

Additional Activities Related to the Ten Essential Public Health Services

Perhaps the best example of activities reflective of the ten essential services lies in CDHD's work with the Hall County Community Collaborative (H3C). We assist H3C by providing data on community health problems, noting any changes over time or areas where the community is less healthy than the rest of the state. We then investigate these health differences to determine the contributing factors. CDHD works with H3C to educate and empower the group to take action directed at solving the underlying issues. Together, plans are developed and informal policies to prevent families from falling through the cracks. The programs support for implementation are all evidence-based. CDHD uses measures of these program outcomes as a means of assuring effectiveness, reach and quality of population-based programming. While assuring that programs are implemented to fidelity, we employ innovation so that programs best serve the population health needs.

Meeting National Public Health Standards through the Public Health Accreditation Board (PHAB)

Accreditation is a journey at CDHD, and we are moving at a pace that best allows staff the opportunities to learn and live quality improvement. Monthly staff in-services provide opportunities to work on skills for teambuilding. As we check off the accreditation "to-do" list, we plan to submit the application to PHAB after the first of the year.

Stories of Public Health within the Central District Health Department

For the third time in nine years, CDHD provided support for the Nebraska Mission of Mercy (MOM) two-day free dental care event held in Grand Island. We partnered with area dentists for six months of comprehensive planning, with the goal of providing much needed dental care to children and adults suffering from dental diseases. CDHD was again responsible for recruiting volunteers to work a variety of shifts doing everything from child care to parking to food service for hungry volunteers, as well as MOM patients and their families. CDHD staff secured donations of food, beverages, and office supplies, and manned key positions during the event. Over the course of two days, dentists, dental staff, students from both dental colleges, as well as dental hygiene and dental assistant students treated approximately 1,100 patients, delivering over $3,000,000 in free dental services.

While the impact of the dental care received by individuals served is nothing short of phenomenal, the entire state of Nebraska benefits in a variety of ways. Dental students from the University of Nebraska and Creighton were exposed to the vast lack of dental services in rural Nebraska, and the value of volunteering their skills, as were dental hygiene and dental assistant students. Community volunteers, some of whom traveled considerable distances, experienced the marked health difference between being able to afford dental care, and not being able to afford dental care. Helping those in need has always been a Nebraska value, and it is always clearly evident at an MOM event.

Assessment (monitor health, diagnose and investigate)

The Douglas County Health Department (DCHD) is in the process of assuming a position in the community as the center of innovation in modern health care and wellness. DCHD is where the seeds of new ideas are nurtured before they are planted and blossom into real life-changing community work.

The innovative process begins with multiple data sets gathered from the varied programs and extensive staff analysis completed with input from the community partners. This information forms the basis for DCHD's assessment of the community's health status. From that base of knowledge, information flows down to the zip code level. The data is blended with GIS mapping to produce strategic plans such as the Community Health Improvement Plan (CHIP), the Accountable Health Community (AHC) initiative, and the Baby Blossoms Collaborative (addressing infant mortality) to name a few. DCHD and partners use this information to establish priorities. Much of this data is available online via the department's website where it further stimulates innovation and helps target needs. Those efforts have helped the partner agencies obtain funding and determine how best to direct program resources.

DCHD annually investigates thousands of reportable communicable diseases, provides recommendations for controlling those diseases, detects outbreaks, provides health advice to the people who get sick, and, if needed, refers individuals to care.

The Environmental Health Division monitors environmental hazards. The Division responds to requests for permits (i.e., retail food, swimming pools, onsite septic waste treatment systems, urban agriculture, etc.) and complaints involving potentially hazardous environmental exposures [air quality, food safety, pest infestation, a safe home environment (especially lead exposure), recreational swimming pool safety, toxic waste exposures, landfills and disease vectors].

Policy Development (mobilize community partnerships, develop policies, inform, educate, and empower)

To plant the seeds for a healthier future, DCHD uses the CHIP as its primary tool for policy development and systems/environmental change within the Douglas County community. Operating under a three-year cycle, the CHIP is in its implementation stage following a process that brought together more than 60 community agencies, including all of the county's health systems, to nurture a vision of improved population health. Sixteen active working groups are focused on different aspects specific to issues of access to care, nutrition/obesity, violence/safety, behavioral health and reproductive health. A partnership that develops the 2018 Community Health Needs Assessment has been meeting for six months. In addition, the DCHD and Live Well Omaha (LWO) aspire to a vision whereby Douglas County becomes an Accountable Health Community (AHC). The AHC has the ambitious goal of improving the overall health of the population and eliminating health disparities.

This work will take time to bear fruit, so to sustain the effort, DCHD has worked to inform, educate and empower partners. To share the vision the DCHD/LWO partnership has activated three AHC workgroups: Data/Communications, Community Health Workers (CHW) and Policy. Policy work is focused on Healthy Neighborhoods, Healthy City, Healthy Kids and Community/Health system integration. The CHW workgroup has met since February and has adopted a common definition to include team-based care, addressing health equity, and the group has adopted core competencies and is currently finalizing a "CHW 101" training curriculum. The AHC Data/Communications group is creating the process to identify and review GIS maps, establish indicators specific to social determinants of health and how to most effectively tell the story specific to health including social determinants of health.

The DCHD Environmental Health staff continues to enforce a variance policy that allows dogs on restaurant patios. This is a policy that staff helped develop through researching public health concerns and working with the Omaha Restaurant Association and the Nebraska Humane Society. Public comment was taken and the policies were approved by the Board of Health. Similarly, DCHD has researched public health concerns related to float spa use and regulations that were developed in other jurisdictions to mitigate potential concerns.

DCHD's Environmental Health Division provides continual education on a comprehensive range of environmental topics. Among these are lead poisoning prevention, air quality, food safety, environmental hazard awareness, infestation and vector control, and swimming pool safety. This involves numerous partnerships with government and community organizations, including the Omaha Housing Authority, the local federally qualified health centers, faith-based groups and the Nebraska Department of Health and Human Services.

Using technical assistance from CityMatCH, DCHD is working with multiple community partners to convene a Douglas County Breastfeeding Coalition. The data-driven effort will use the Collective Impact approach when policy, systems, and environmental specific work begins.

The Health Promotion staff fosters community well-being through education. With Tobacco Free Nebraska funding we promote smoke-free living and smoking cessation. As this section works to empower the community other educational focuses include refugee health, men/women's health, physical activity, community gardens, and maternal/infant health. The program shares data, evidenced-based practices, policy ideas, teach about social determinants of health, and environmental components for positive health outcomes.

DCHD's STD Program provides extensive outreach to the community. This includes non-traditional testing, education on disease statistics and prevention methods, risk reduction strategies, treatment, and even how parents can talk to their children.

DCHD Communicable Disease Epidemiology and STD Control Sections maintain regular contact with health care providers and partners in regard to the statutes related to disease reporting. Our senior epidemiologist was deeply involved with Nebraska DHHS's work with health care facilities, health care providers, and public health partners on updating the Communicable Disease Rules and Regulations to include reporting health care associated infections.

Assurance (assure competent workforce, link to services, enforce laws, evaluate, and research)

DCHD's STD clinic operates Monday through Saturday. In addition to its diagnosing and treatment of STDs, the staff screens clients for substance use, depression and domestic violence. The clinic is partnering with Lutheran Family Services for a behavioral health professional to build capacity for an integrated STD clinic in order to provide comprehensive services for each client as they present for services.

STD Control Disease Investigators seek out individuals who have been identified as likely to be infected but who have not been treated and possibly not notified of their status, as well as identifying untreated partners, so they can be referred for care. DCHD also tracks county-wide STD treatment rates that are close to 99 percent.

The DCHD WIC clinic not only serves more than 16,000 clients a month, it screens them for additional resources they may need, and makes referrals to any number of community resources. Within the Health Promotion Section, Community Health Educators help individuals with health screenings, health coaching and referrals to ensure care loops are closed.

To assure proper tuberculosis treatment, DCHD public health nurses perform directly observed therapy home visits that nurture the ill back to health and protect the community.

Vital Statistics issued more than 28,000 death certificates and 24,000 birth certificates during the year – an essential service to the residents – totaling more than 1,000 such records per week.

Emergency preparedness has shifted from planning to operational readiness through exercises and real events. DCHD was part of multiple exercises with community partners during the past year, including three full scale national Ebola transport exercises plus drills related to Middle East Respiratory Syndrome (MERS), Zika, and multiple disaster scenarios.

By providing job specific trainings to maintain as well as update knowledge and skills, DCHD works to assure a competent workforce. The workforce development initiatives for DCHD staff include licensed staff (MD, Advanced Practice Registered Nurses (APRNs), Registered Nurses, Registered Sanitarians, and Registered Dieticians), certified staff , including those certified in Public Health (CPH), as well as front line and support staff across all Divisions.

One of DCHD's main functions is enforcing laws and regulations. Inspectors reliably perform this work in the areas of retail food inspection, swimming pools, and septic wastewater treatment. The Childhood Lead Poisoning Prevention staff inspect dwellings for potential lead exposure hazards that might exist. When voluntary compliance cannot be achieved, DCHD may invoke the authority to close a facility, or in some instances refer the matter for prosecution. DCHD's laboratory staff recently submitted a grant to the EPA to study hazardous air pollutants (HAPs) in Douglas County.

Activities Related to the Core Functions as Identified in Nebraska Statute

Multiple methods are used to maintain ongoing communication with the general public and providers about public health issues related to illness, disease, and disability. DCHD provided health and safety information to the community in more than two dozen media releases, daily social media posts, and near daily news media contacts. Forty-three communications were released to healthcare providers/partners regarding influenza, measles, mumps, tuberculosis, and electronic death certificate filing requirements.

DCHD performed over 10,000 communicable disease investigations, including the investigation of 38 outbreaks. DCHD Public Health Nurses provided 1,358 directly observed therapy visits in the home, and identified and followed 223 exposed community contacts associated with 13 active cases of tuberculosis (TB). DCHD interviewed 1,864 individuals with syphilis, HIV, gonorrhea, and/or chlamydia to assure treatment and to identify at-risk partners so they could be referred to treatment. A total of 636 partners were notified of testing and treatment options. DCHD monitors treatment among all individuals reported with chlamydia, gonorrhea, and syphilis and 98.8% were appropriately treated in FY 2016-17.

A total of 5,693 visits for the diagnosis and treatment of sexually transmitted diseases (STDs) were made to the DCHD STD clinic and 1,478 immunizations were provided to 509 children who lacked health insurance or who were underinsured. Over 16,000 clients were served monthly in DCHD WIC clinics.

DCHD performed 3,958 retail and school food/drink establishment inspections and investigated 177 complaints related to these establishments. In addition, 1,240 swimming pool inspections/complaints, 3,627 nuisance and rodent inspections/complaints, and 1,308 inspections/complaints related to other environmental issues and hazards were addressed by DCHD.

The continued high rate of STDs in the community resulted in the Adolescent Health Project (AHP), a collaborative effort of the Sherwood Foundation and the Women's Fund of Omaha, to obtain and grant private funding to enhance and increase local capacity to address STDs among adolescents and young adults in Douglas County. Awards were provided to eight community partners who are working together as a learning collaborative to share testing initiatives, condom distribution initiatives, and education initiatives, as well as successes and challenges. All of the collaborative members are engaging in evidence-based strategies to address STDs among youth and young adults in the community. LB 692 funding, along with AHP funding, has allowed DCHD to expand both STD outreach and STD clinic services.

DCHD and Live Well Omaha aspire to become an Accountable Health Community (AHC). Nearly 100 community organizations are involved in the effort, which builds capacity for linkages between clinical and community functions. Examples include use of community health workers, physician extenders, screening/referral data platforms, and addressing the social determinants of health. Through such efforts, the AHC has the ambitious goal of improving the overall health of the population and eliminating health disparities.

In order to increase the availability of STD screenings, DCHD has increased the number of outreach sites that offer free screenings for individuals in the community, including screening at eight libraries, three community centers, three college campuses, four probation offices and at a variety of events occurring throughout the community. These non-traditional screenings reached an additional 1,968 individuals (who received a screening), with 7.7% (153) of those individuals having an infection. Educational information related to STD's was presented to 20,350 individuals in in a variety of settings in the community. DCHD also launched a modular STD Intervention program for inmates at the Douglas County jail and educational programs are provided to clients at the Douglas County Acute-Care Residential Treatment Program and Community Alliance.

DCHD Public Health Nurses made 1,358 home visits for directly observed therapy and identified and followed 223 exposed community contacts in the effort to assure treatment and control of tuberculosis transmission in Douglas County.

Meeting National Public Health Standards through the Public Health Accreditation Board (PHAB)

DCHD is currently doing preparatory work necessary to allow it to submit an application to PHAB for accreditation. Work is currently focused on policy and procedure develop for the health department overall as well as policies/procedures that are specific to each Division and/or Section. DCHD-wide policies will be approved and adopted by the DCHD Board of Health. DCHD has recently completed a workforce assessment and planning phase and is finalizing a two-year Workforce Development Plan that will encompass trainings specific to the public health competencies for the overall health department as well as each individual Division. DCHD has also developed a draft Performance Management/Quality Improvement Plan. Performance measures have already been developed and entered into the Results Based Accountability (RBA) system for two of the four DCHD divisions. Moving forward DCHD will work to operationalize this plan and build a culture of Quality Improvement throughout the agency. Two of the DCHD divisions have engaged in continuous quality improvement projects using the Plan-Do-Study-Act process.

Stories of Public Health within the Douglas County Health Department

DHCD learned in late November of an individual with active tuberculosis (TB). After an epidemiologic investigation, individuals at risk of infection were identified. The investigation determined the individual attended a local high school while infectious, and 196 classmates and faculty were exposed and therefore needed testing. It was decided DCHD would screen the 196 individuals for TB through blood tests. Working with the school, an on-campus clinic was established. Two clinics, at least eight weeks apart, were needed to ensure identification of all infections. The first clinic held in mid-December DCHD had consent to test 88% of the at-risk group. In the second clinic conducted in mid-February DCHD had received consent to test 86% of those needing retesting. Eight individuals tested positive and were referred to their physician. It was determined seven had past TB risks. No one had active TB.

DCHD used an Incident Command System (ICS) structure for the clinic, with established positions, operational periods identified, and Incident Action Plans. This enhanced communication and provided structure. The clinic allowed DCHD to use incident command roles and functions, the ICS Planning process, and learn of possible challenges when molding a public health response into an ICS structure. TB’s unique nature gave DCHD time to plan the response. That is not often found in rapidly evolving, short term events. This “real world” operation let DCHD implement several improvements learned from previous events and exercises. This TB response

demonstrates the value local public health brings to communities. Our trained and experienced public health staff was the key to this response – being ready and able to quickly respond to this infectious disease threat.

Assessment (monitor health, diagnose and investigate)

The Core Function of Assessment for the health, diagnosis and investigation of the public in the East Central District Health Department (ECDHD) has been gathered and conducted in several ways during the July 1, 2016 through June 30, 2017 time period. Examples of this include: 1) In March 2017, the agency began its fifth cycle for assessment of the community's health status. By the end of June, 500 paper Community Health Surveys were distributed to all four counties, the first ever electronic Community Health Survey was opened, focus groups were being conducted, county assets and resources were identified and the Forces of Change Assessment slated. The next Community Health Needs Assessment will be completed by January 2018 and is anticipated to be released in February 2018. 2) Through several electronic data surveillance systems, ECDHD monitored and investigated disease related data. One hundred forty eight reportable diseases occurred in this time period and of these 43 were related to animal rabies, nine West Nile Virus and the remainder were from a variety of disease cases (Campylobacter, Salmonella, Giardiasis, Pertussis, Shigella, Pneumoniae, among others). 3) ECDHD collected and assessed student Body Mass Index (BMI) data on 5,350 K-12 students throughout the four county area during this reporting period. ECDHD contracts with the University of Nebraska at Kearney BMI website to enter and access the data. With this aggregate student BMI data, ECDHD assesses the number and percent of students per grade that are underweight, of normal weight, overweight or obese. From this, trending data can be obtained.

4) Data is assessed on youth substance abuse prevention including but not limited to alcohol, tobacco use, marijuana, etc. Coalition members encouraged school administrators to have their students take the 2016 Nebraska Risk and Protective Factor Student Surveys to make sure the district has sufficient data to support substance abuse prevention efforts. 5) Data is gathered on the number of homes tested for radon and the percent of homes that indicate the level of radon is above or below the safe level as determined by the Environmental Protection Agency (EPA). This data is used to educate the public and test kits are made available at no cost to the public. During the most recent radon risk awareness grant year which included this time period, 519 radon test kits were distributed and of those tested 63% were found to be above the safe level of radon. 6) ECDHD conducts mosquito trapping for surveilling the mosquitos that carry West Nile Virus and Zika virus. In August of 2016, a positive mosquito pool was detected for West Nile Virus and a press release was issued to the service area indicating West Nile was present in the district. 7) United States Veteran data was gathered via surveys on 51 vets and/or family members of veterans in the health district. The information provided from the surveys provided data on the number of vets that self-reported they need health care, mental health services, substance abuse prevention programs, education, transportation, employment, family support, housing, marital counseling, or financial management. 8) In preparing for potential major health threats, a total of 15 closed PODs (Points Of Dispending) exist in the four county area serving a total of 12,000 individuals. Three separate agencies in Nance, three in Colfax and four in Boone have plans with ECDHD to be closed PODs when the public health environment warrants.

Policy Development (mobilize community partnerships, develop policies, inform, educate, and empower)

ECDHD has several coalitions as well as Community Health Improvement Plan (CHIP) groups within the health district that reflect the ability of mobilizing community partnerships. One of the community coalitions that exists is that of Back to BASICs (Bringing Awareness to Substance Abuse in Communities). This vibrant coalition has been in existence since 2001 and serves the four counties that make up the East Central District Health Department (ECDHD) service area. Responsible Beverage Server Training (RBST) is a second evidenced-

based approach that educates and prevents retail access to alcohol. In collaboration with local law enforcement, TIPs (Training for Intervention Procedures) training is provided to area businesses that possess a liquor license. The Alcohol Literacy Challenge is the third evidence-based strategy that the coalition received training in and began implementation this past year. The program educates and empowers youth to delay or reduce their alcohol use.

ECDHD has a staff member specifically dedicated to tobacco prevention. During the past year, staff conducted store audits in all of the tobacco retailers in Platte and Colfax counties. The store audits consist of a survey that the staff member fills out while visiting the store, particularly looking at product pricing, product placement, and advertising. All of this data is compiled into an online database called Counter Tools and the data from across the state will be utilized to help inform and educate policy makers about the tobacco industry and hopefully influence future policy development. During a rotation at ECDHD, two UNMC students developed and distributed a tobacco survey that asked questions around raising the age of purchase to twenty-one and tobacco taxes. Over 200 surveys were conducted and this data was provided to Tobacco Free Nebraska for use in the legislative hearings around the tobacco tax laws. Finally, the Tobacco Prevention Coordinator works with area businesses to implement tobacco free policies. During this reporting period, policies were implemented or updated at three businesses in Colfax County and one business in Platte County. The biggest push in the past year in regards to tobacco policies has been to make sure businesses are updating their policies to include electronic nicotine delivery devices, or e-cigarettes, as these are not covered under the Clean Indoor Air Act.

The Platte-Colfax Zero2Eight Child Well Being Coalition is a robust collaborative comprised of over 20 agency partners. Several strategies have been implemented into the two counties such as an evidence based strategy entitled Parents Interacting With Infants or PIWI. PIWI is carried out to fidelity for a total of nine one-hour sessions geared to helping parents interact with their babies to assist with social-emotional development. Thirty-eight children were served through this strategy.

The Lifestyle Improvement coalition is made up of several sectors of the community with the goal of reducing obesity, and increasing healthy eating and physical activity in adults and youth in Platte County. As one of its strategies for improving health, ECDHD collaborated with four schools in the health district (three in Platte County and one in Colfax County) and provided training of an evidence based strategy entitled CATCH (Coordinated Approach To Child Health). CATCH can be braided into the classroom, physical education, nutrition services, recess, all components of the school which promotes health and non-competitive physical activity/play. These same schools were part of a six day Coordinated School Health Institute (CSHI) training in which the same team of school staff learned about the children's health and how academics are impacted by their health. Schools self-selected policies to implement.

The Go NAP SACC! (Nutrition And Physical Activity Self-Assessment of Child Care Facilities) is an evidence based strategy for in-home providers or centers. Go NAP SACC! is a strategy designed for local health departments to work side-by-side with daycare providers/centers to implement nutrition and/or physical activity policies to aid in increasing physical activity, nutrition and breastfeeding policies. Childcare providers assess their current policies and practices as LHD staff teach the best-practice model for physical activity and nutrition while making recommendations for policy implementation. This strategy reached 20 in-home providers and/or child care centers. The following nutrition policy changes were made along with the number of children affected by the policy shown in parenthesis:

- increased water availability throughout the day (12)
- no seconds on juice (12)
- encouraging children to try new foods (12)
- water pitcher out all day for increased availability for children (88)
- implementation of healthy snacks for birthday snacks (88)
- no seconds on juice (62)

- promoting water more (50)
- making healthier meals with more fresh and frozen fruits and veggies (12)
- adding one new fruit or vegetable each week (15)

The following physical activity policy changes were made along with the number of children affected by the policy shown in parenthesis:

- less screen time (TV) and instead music played for promotion of dancing (12)
- use of Go Noodle daily (12)
- going on nature walks daily when weather permits (12)
- facility has a 'Health Week' three different weeks of the year and sends home newsletters from the Go NAP SACC! binder to parents and in the newsletter there are suggestions on activities families can do together to increase movement (88)
- use of Go Noodle three times a week (10)
- television is off during the morning and only on during food prep time for lunch (12)

The following breastfeeding policy changes were made:

- breast milk labels are used on all breast milk brought in to day care (10)

The Cancer Prevention Program/Prevention Health Hub implements evidence-based strategies to increase preventive screenings for colon, breast and cervical cancer as well as uncontrolled hypertension. Staff promote health education and partnerships within the community to support healthy living. Clients served by this program totaled 833 in this reporting period. For this reporting period, the goal of the program was reaching people and promoting the program. As the program evolves the state may have evaluation data to share.

Assurance (assure competent workforce, link to services, enforce laws, evaluate, and research)

The Core Function of Assurance for a competent workforce, linkage to services, enforcement of laws, and evaluation and research of the ECDHD has been conducted in several ways. Examples include: 1) Staff have attended numerous trainings to gain more knowledge of public health and program specific continuing education through conferences and workshops; 2) ECDHD has become a rural interprofessional rotation site for the training of health professions students in public health. These rotations have exposed more future health professionals to the field of public health; 3) Assurance of linkage to community based services is another priority of ECDHD. Boone, Colfax, and Platte counties chose access to care as a priority from data in the last CHNA as a Community Health Improvement Plan (CHIP) focus area. One key partnership that was developed as a result of these discussions was bringing the services of a Certified Application Counselor into Boone and Nance counties one day a week to provide insurance/market-place services and resources. 4) Another ECDHD program that provides a link to services is the Early Development Network (EDN). EDN serves families who have a child within the birth to three year age range that are not developing typically and assists families in accessing local and state services to meet their family's needs. During July 2016 through June 2017, EDN served 219 families and made over 863 visits to the homes of families in efforts to educate them and assist them to linking to other services available. 5) The Child Well Being (CWB) coalition provides mental health vouchers to youth community members to receive mental health services that may otherwise not be able to pay for them. Behavioral health care providers in the district have agreements with the agency to provide care at no more than $90/visit when presented these vouchers. 6) ECDHD also utilizes Community Health Workers (CHW) to link patients to care and provide public health education. The agency's Minority Health and Cancer Prevention program staff were both trained as CHWs and utilize the training to educate patients on a variety of health concerns and provide prevention education through classes and health coaching. 7) Collection of data and enforcement of public health laws can be found within the Tobacco Prevention and Substance Abuse Prevention programs. Both of these programs conduct enforcement of sales laws directed at retailers used to restrict minor's access to tobacco and alcohol products. Compliance checks are an evidence-based strategy conducted in collaboration with the Schuyler and Columbus Police Departments and the Platte County Sheriff's Office. During this time frame, fifty-eight

businesses were checked in Platte County for tobacco compliance with three sales resulting in a 95% compliance rate. Sixteen tobacco retailers were checked in Colfax County with one sale resulting in a 94% compliance rate. For alcohol, sixty-five businesses were checked in Platte County with one sale for a 98% compliance rate and eleven businesses were checked in Colfax County with two sales for an 82% compliance rate. Businesses who sold to minors were then issued citations by local law enforcement. 8) The evidence-based public health programs incorporated into the programs of ECDHD all have some type of evaluation component, but one good example is found with the Zero2Eight Child Well Being (CWB) Initiative. Another program that uses the services of an external evaluator is the Substance Abuse Prevention Coalition. 9) The VetSET (Serve, Educate, Train) funding helped to improve local health department and communities with the capacity to meet the distinctive needs of Veterans. The goal of this pilot project was to improve the support services available to rural veterans and their families, and ultimately improve the health care and access to services available to rural Veterans and their families. In this reporting period, 361 people were reaching through individual or one-on-one contact for VetSET.

Activities Related to the Core Functions as Identified in Nebraska Statute

During this period ECDHD's Infectious Disease Surveillance staff investigated 148 reportable diseases in the four counties. These cases include 23 Chronic Hepatitis C newly diagnosed (16% of all communicable conditions); 84 enteric conditions, (57% of all communicable conditions), (foodborne or animal contact cases) such as: Campylobacter, Salmonella, Shigella, Giardia, Cryptosporidiosis, and Escherichia coli. Two children survived a severe post-diarrheal condition: Hemolytic-Uremic Syndrome. Among the 15 cases (10% of all communicable conditions) of vaccine preventable diseases reported, were seven severe infections in elderly, or patients with underlying conditions, preventable by the Pneumonia vaccine. Four chronic Hepatitis B, and two Mumps and Pertussis cases. Eleven vector-borne diseases were represented by two Spotted Fever Rickettsiosis (transmitted by a tick bite), and nine West Nile Virus disease (transmitted by a mosquito bite). Forty-three animal bites or rabies exposure investigations occurred (43 humans bitten by animals with subsequent investigations to rule out rabies) with none being positives for rabies. Twenty-six Elevated Blood Lead Level in children were received and investigations occurred during this time frame. Some other cases: systemic fungus invasion: five cases of Histoplasmosis (may be acquired when visiting caves); two viral meningitis, and one Kawasaki disease, a childhood febrile disease of blood vessels, with coronary abnormalities, sometime related with diverse infections.

The Cancer Prevention Health Hub staff provides health coaching for individuals who are enrolled in the Nebraska Every Woman Matters program. Staff call the individual at least three times and help them with setting health goals or lifestyle changes. Self-monitoring of blood pressure is encouraged as well as physical activity.

Education of the public occurs on a routine basis on many topics such as substance abuse prevention (including tobacco, alcohol and other drugs). The Environmental Health department provides radon risk awareness information via agency website, through newspaper articles and ads as well as radio PSAs. The WIC program as well as the Minority Health Initiative strives to educate clients on the topics of nutrition, physical activity, and/or breast feeding. Public Health Emergency Response educates the public on the preparedness and readiness. The Immunization Program educates through newspaper articles as well as flyers to the local schools.

As an effort to promote health and wellness, the Platte County Lifestyle Improvement Coalition (promotes healthy weight and physical activity) on a monthly basis distributes an educational piece of information either regarding physical activity or nutrition to Columbus Community Hospital's Occupational Health Department, and to local businesses. This effort reached over 400 businesses on a monthly basis and was largely at no cost.

Public Health Emergency Preparedness (PHEP) is a program that necessitates working with partners for preparedness activities/exercises/drills so that when an emergency strikes, the local public health system is prepared for the event. The NE Public Health Laboratory provided a High Consequence Pathogen Training in November for Schuyler CHI, Columbus Community Hospital, Genoa Medical Facility and local health department

staff. Since August of 2016, ECDHD PHEP staff have been and continue to participate with the Boone and Nance County Community Organizations Active in Disasters (COAD) group which enhances the capability and organization of nongovernmental groups in the area in response to disasters.

ECDHD coordinated along with the Nebraska Association of Local Health Directors (NALHD), one of two health literacy presentations to each hospital in the health district. In all, 77 people attended the presentations. Boone, Colfax, and Platte County each received a computer software add-in titled Health Literacy Software to assist them to assess and revise the grade level of education material. The ECDHD has partnered with the school system in Schuyler and the Federally Qualified Health Center Good Neighbor Community Health Center (GNCHC) to implant a GNCHC mental health practitioner in the Schuyler Public School system two days during the school week. This collaboration has reduced barriers to health care access by reducing the amount of time a student is out of school for an appointment while allowing parents to stay at work because their child is seen by an on-site provider at the school.

Additional Activities Related to the Ten Essential Public Health Services

Community Health Workers (CHW) are an evidence based strategy implemented into the Minority Health Program and the Federally Qualified Health Center of Good Neighbor Community Health Center (GNCHC). Serving as 'bridges' between providers of health care services and the vulnerable minority population, the bi-lingual CHW can play a pivotal role with health care outcomes. CHWs collaborate with providers and the health care system to decrease health care costs and personal costs as they work with members of the target population to improve health outcomes. From visits with the patients, CHWs help the patient to set goals for improving their health while also providing education. Evaluation results indicate that patients who opt to work with a CHW have lower hemoglobin A1c levels and better control of their diabetes.

The WIC Program provides nutrition information to parents/guardians of children under the age of five as well as vouchers for healthy, pre-identified food/juices. Pregnant women, breastfeeding and postpartum women also receive nutritional information as well as food vouchers. WIC promotes breastfeeding and encourages clients to consider nursing their infant. Over 1,300 individuals were served on the WIC program in this reporting period.

The Early Development Network (EDN), has the goal of improving the life of a young child. EDN staff work in tandem with local Educational Service Units (ESU) across the state to provide assistance in terms of support to families who have a child ages 0-3 years that is not developing typically. Individualized Family Service Plans (IFSPs) are created as needed with each family on the program. Over 860 home visits were made to the nearly 150 families on this program during this reporting period.

Meeting National Public Health Standards through the Public Health Accreditation Board (PHAB)

ECDHD became accredited March 8, 2016 and submitted its first year annual report this year. The agency continues on its journey toward quality improvement and continues to work toward meeting its action plan items, two remaining measures to be met, as well as, aligning for PHAB's Version 1.5 Standards and Measures. The PHAB Core Team of the agency meets on a monthly basis to continue the progress of quality improvement.

Stories of Public Health within the East Central District Health Department

Approximately in 2010, an assessment was done and found that risk factors were elevated and protective factors were lower than what other areas of the state were seeing for families in Platte and Colfax counties. As a result, strengthening families' protective factors became a focus of the coalition. A new strategy, Community Response, was implemented in the fall of last year. The Community Response Network serves residents of Platte and Colfax Counties to provide guidance, intervention, and community support and services to families. Families who choose to participate in the Community Response Network work with a Family Coach to find help with:

- Finding resources for basic needs including housing, utilities, food and transportation

- Parenting skills and children's behavior challenges
- Life skills including job search skills
- Budgeting and money management
- Child care and education resources
- Adult education and GED resources
- Finding new connections in the community
- Building a family support system personalized to family needs and individual situations

The pilot for Community Response (CR) began in September 2016, offered in Columbus at Emerson Elementary School and in Schuyler at Schuyler Elementary School. Head Start classrooms in both communities came on board in December 2016, and North Park Elementary in Columbus was added in early 2017. As of June 2017, twenty-nine families have been partnered with a Family Coach, with twenty actively participating in Community Response and nine families needing only a short term connection or choosing not to participate after the initial meeting. Six families have "graduated" from Community Response, completing a coach/family partnership for three months and feeling they have the resources and support to sustain themselves without CR help.

Many of our Community Response partner families are headed by single mothers who are victims of domestic violence and/or undocumented. One family in particular has two sisters who both recently left abusive relationships in another state and moved to Columbus. Between them there are five children. When they were connected with Community Response in early spring 2017, they had found a run-down mobile home to rent from a family friend, but didn't have any furniture, including beds or tables. The family coach they were working with helped them to obtain beds and a few other pieces of furniture for themselves and the children through connections with the local thrift stores and unused hospital beds stored in our former hospital building. Unfortunately, a series of challenging events happened to these mothers in just a few short weeks in June, and they found themselves without jobs, transportation, or their rental property, and without the means to do much about that due to their immigration status. Fortunately, they were able to find jobs in a nearby community on their own, and the CR team was able to help with funding for a hotel room until an apartment was found. The family coach worked with the mothers to find an apartment within walking distance of work and the children's school, and CR was able to help them with the deposits needed. The family is now successfully together in their new apartment, both mothers are working and have started the immigration process, and the children are preparing to start their new school year soon. While the family is still in need of a lot of help and is still working closely with their family coach, they are becoming more stable and self-sustaining and will soon 'graduate' from Community Response.

This story is an example of how the public health system (hospital, service agencies such as United Way and Central NE Community Action Partnership as well as schools, etc.) have come together to provide a 'safety net' if you will, for those families who may otherwise slip into the Child Protective Services (CPS) system and potentially have larger concerns for them as families and us as public health, to manage. Through prevention and health promotion efforts, the collaborative making a systems difference in the two counties.

Assessment (monitor health, diagnose and investigate)

During the reporting period, 357 disease/illness cases were investigated by Elkhorn Logan Valley Public Health Department (ELVPHD) staff. A complete listing can be found on the ELVPHD website: www.elvphd.org

ELVPHD worked collaboratively with the city of Bancroft when the city water tested positive for E.coli in October 2016. ELVPHD printed and distributed notices to residents to alert them that water must be boiled prior to drinking.

In September 2016, ELVPHD conducted a full scale exercise. This was done to test the response of ELVPHD and its local emergency partners in setting up open Point of Dispensing (POD) to distribute medications. In the event of a catastrophic event, such as an anthrax attack, ELVPHD would dispense antibiotics to residents of its service area.

In April, ELVPHD Community Health Improvement Plan (CHIP) priority area workgroup members were surveyed to seek his/her input for the ELVPHD CHIP Annual Report. Survey questions included whether or not the priority area and the goals were still valid or not. The individuals were also asked what specific tasks/activities/actions had been started or completed by him/her or the agency they work for, which assisted the specific priority area. This input was incorporated into the CHIP annual report.

Policy Development (mobilize community partnerships, develop policies, inform, educate, and empower)

Each calendar year, ELVPHD chooses 2-3 policy areas to direct the department-wide policy efforts. For 2017, the two focus areas were: 1) Tobacco tax initiative in Nebraska; and 2) Mandatory Responsible Beverage Server Training (RBST) ordinances. As such, city councils were pursued regarding the consideration and support for mandatory responsible beverage server training ordinances at the local level. This strategy links back to ELVPHD's Community Health Improvement goals: Standard Motor Vehicle Safety. Also, mandatory RBST policies are effective in the avoidance of selling alcohol to intoxicated patrons and urges servers to discourage intoxicated customers from driving. In regards to the tobacco tax initiative, during the 2017 legislative session, ELVPHD played a role by sharing the Surgeon General's report regarding tobacco tax increases, as well as the results of the public opinion survey: Tobacco Tax Study. The U.S. Centers for Disease Control and Prevention (CDC) notes that increasing the price of tobacco products can reduce cigarette consumption. This policy supports ELPVHD's efforts in the cancer prevention arena.

Assurance (assure competent workforce, link to services, enforce laws, evaluate, and research)

In January through February 2017, ELVPHD sent a survey to assess ELVPHD's competence, impact and coordination with partners and community stakeholders. The survey was sent to 285 individuals one time and a total of 95 individuals responded. Reviews of ELVPHD were overwhelmingly positive with 87.2% indicating that they were either satisfied or very satisfied with their overall experience with ELVPHD. The remaining 2.8% indicated a neutral rating of ELVPHD. 95.8% felt ELVPHD adequately met the diverse needs of the service area population and 97.2% believed what ELVPHD offers adequate opportunities to access our services.

ELVPHD developed an internship opportunity program with the goal for students to gain a foundation and basic knowledge of public health. Opportunities may include, but are not limited to the following: health/wellness/safety education, Public Health environmental risk and emergency preparedness, chronic disease prevention, disease control and prevention and health surveillance, cancer prevention, environ-mental health, access to care, marketing, minority health education, as well as grant proposals/grant writing, data and statistics, medical billing

and coding and public policy. ELVPHD received seven inquiries into internship opportunities. To date, six individuals have participated in the program from observing to completing a CAPSTONE project.

Through the Health Hub Program, health coaching is provided to Every Woman Matters clients as well as to individuals in the service area. As part of the health coaching process, clients are referred to other community resources as needed. As part of the Brief Encounter Assessments completed at community venues, individuals were provided with 536 linkages to community resources. Linkages to community resources include, but are not limited to: food pantry, NENCAP, Nebraska QuitLine, Every Woman Matters, ELVPHD programs, and health care services.

Activities Related to the Core Functions as Identified in Nebraska Statute

ELVPHD held three Healthier You (Diabetes Prevention) classes in the service area. Thirty-one individuals took the class with 23 reported as overweight. 17.4% of the overweight individuals lost 7% or more of his/her body weight.

The Making Connections program is designed to help connect veteran's families in the service area. ELVPHD utilizes social media and community events to engage veterans and their families to assist in connecting them with community resources or other veterans.

ELVPHD expanded oral health screening, education and fluoride varnish services to eight childcare centers and preschools (as compared with seven the previous year). Public health authorized dental hygienists are utilized to provide the fluoride varnish and screening services. A total of 223 children (mostly aged 2 to 5 years) were provided services, which is an increase of 10.3% over the previous year. ELVPHD set an internal performance measure that 70% of children enrolled in the program would receive at least 2 fluoride varnish applications during the year. The measure was exceeded as 79% of children received at least 2 fluoride varnish applications during the period.

Additional Activities Related to the Ten Essential Public Health Services

1. Monitor Health: The Brief Encounter Survey is one example of how ELVPHD collects information to monitor individual health. Questions on the survey include topics such as access to care, health screening questions related to blood pressure, diabetes and high cholesterol, and nutrition and exercise.

2. Diagnose and Investigate: ELVPHD maintains a Protocols for Investigation Process manual. This manual was designed to address all of the mandatory disease investigation elements for different illness—including enteric organisms, communicable diseases, sexually-transmitted infections, and environmental hazards. During the past year, six protocols were added to the manual.

3. Inform, Educate and Empower: Eating Smart and Being Active is an eight-session, evidence-based healthy lifestyle program conducted by a bilingual health educator. There were 77 individuals who took part in the program and over 450 sessions conducted. Of those, 96% of participants demonstrated knowledge gain or positive changes in attitudes/perceptions about nutrition and 60% increased their level of physical activity. The following weight-loss related outcomes were achieved: 71% lost at least some weight during the project, 17% of overweight/obese participant's decreased weight by at least 5%, and 65% of overweight/obese participants maintained or attained weight loss of 5% by one year post-program completion.

4. Mobilize Community Partnerships: ELVPHD meets and communicates regularly with numerous advisory and care committees, hospitals, and other partners. ELVPHD leadership and staff regularly update its board of health on routine and emerging matters and the board is highly informed and engaged on agency and public health policy matters.

5. Develop Policies: ELVPHD maintains membership and involvement with the Friends of Public Health in Nebraska. The purpose of this organization is to protect public health policy, whether it be in the form of

encouraging public health related policies or opposing proposals that are contrary to the public health mission, Friends of Public Health in Nebraska is the advocacy group that ELVPHD maintains participation with to ensure that ELVPHD is contributing to coordinated policy-development activities in Nebraska.

6. Enforce Laws: The substance abuse prevention program contracts with the Nebraska State Patrol to conduct sobriety and compliance checks in the service area. Data from these events is used to determine what types substance abuse prevention education is needed to prevent underage drinking, drinking and driving and binge drinking.

7. Link To/Provide Care: ELVPHD has provided private immunizations (flu shots mostly) for many years and in January 2017 these services were expanded as ELVPHD became a Vaccines for Children (VFC) program provider to serve children who are uninsured, underinsured or are members of Heritage Health (Medicaid). Regular clinic dates and hours were established in four communities in the service area. From January 2017 through 6/30/17, 22 children were provided vaccines under the VFC program (66 total vaccines given).

8. Evaluate: ELVPHD sets performance measures during the program design to guide outcome performance. Seventy-seven measures were monitored and updated quarterly during the past year to determine if target outcomes were achieved. Of the applicable measures, 75.7% were met or exceeded during the past year and 24.3% fell short of the target goal. Measures that fell short of the target goal were monitored by ELVPHD management and the performance management committee. Measures were reported on quarterly and a formal report is posted to the ELVPHD website for public review.

9. Research: ELVPHD assisted the University of Nebraska Medical Center in recruiting farmers from the ELVPHD service area to participate in a project, Cardiovascular Disease Risk and Physical Activity in Farmers. Forty farmers from three counties in the ELVPHD service area were included from thirteen different counties for this study. Each participating farmer provided information about their type of farm, age, years of education and medication history. They also completed diet and quality of life questionnaires, and work activities during what they defined as their peak farming season and during their off peak farming season.

Meeting National Public Health Standards through the Public Health Accreditation Board (PHAB)

ELVPHD applied for PHAB accreditation and submitted its documentation in August, 2014. PHAB conducted a site visit in June, 2016. In November, 2016 ELVPHD was notified that the health department would need to complete an Action Plan. The Action Plan was submitted and approved in February, 2017. During the reporting period, ELVPHD dedicated time to completing the Action Plan deliverables.

Stories of Public Health within the Elkhorn Logan Valley Public Health Department

ELVPHD applied for a Model Practice Award in the fall of 2016 with National Association of County and City Health Officials (NACCHO) for Operation Heart to Heart (OHH). OHH is a heart and blood health-focused program that uses case management services to give individualized education, support, and screening services to rural residents and agricultural workers. This program saw successes in twelve of its fourteen set goals over a four year period. OHH is now part of an online, searchable database of successful public health practices available to local health departments, public health partners and other important stakeholders.

Assessment (monitor health, diagnose and investigate)

Health status related to communicable disease is monitored through school surveillance and reportable disease investigations. Over the past year, Four Corners Health Department (FCHD) completed 131 communicable disease investigations, with follow up on an additional 56 animal bites or exposures. During an outbreak, FCHD tracks the situation, provides education, recommendations, and feedback to those involved. Influenza-like illness surveillance is performed weekly in conjunction with hospitals during flu season. FCHD monitors West Nile virus and performs mosquito trapping. Animal bites and encounters are investigated to determine possible rabies exposure.

Policy Development (mobilize community partnerships, develop policies, inform, educate, and empower)

Mobilizing community partnerships is key in a variety of programs. FCHD engages partners to assist in: Community Health Assessment and Community Health Improvement Planning, developing a local Breastfeeding Coalition, a Diabetes Referral Network, and establishing a Diabetes Prevention Program.

Information was compiled on the 2+ year program with veterans and their families (VetSET), and then shared with the many different agencies who serve veterans. FCHD continues to look for ways to serve this community and connect them to resources.

Public health emergency response planning is done in conjunction with many response partners, and existing plans are exercised and improved. The health department assisted local facilities, in particular long term care facilities, to improve their plans and align them with those of other local response partners. Other emergency response initiatives, such as writing a local plan for possible emergency of the Zika virus, were a priority.

Through their Worksite Wellness efforts, the program continues to work with businesses to develop their wellness policies. The FCHD has also encouraged and assisted child care sites to improve policies.

Assurance (assure competent workforce, link to services, enforce laws, evaluate, and research)

FCHD strives to support and empower the public health workforce each day. FCHD sends employees to trainings and workshops and encourage them to expand their public health skills. In support the future of public health, the FCHD hosts the University of Nebraska Medical Center Masters in Public Health students in their final capstone projects. In addition, the FCHD provides service learning projects to Concordia University students and answer data requests from students for projects.

Linking the community to services is an area FCHD continues to enhance; most recently broadening relationships with agricultural businesses and worksites. Through these new relationships, a plan has developed to further connect agricultural families to resources, whether that is chronic health, behavioral health, or just encouraging regular checkups.

FCHD works with local partners and agencies to enforce laws. For example, joining efforts with the local police department in communities to address the health hazards posed by a clandestine drug lab. FCHD has an ongoing collaboration with state and federal entities to support the investigation and remediation of two groundwater contamination plumes. And lastly, ongoing enforcement occurs in partnership with veterinarians, law enforcement and medical providers when following up on animal bites and exposures as outlined in rabies regulations.

FCHD evaluates programs and activities to assure the agency is financially sound and shows progress, in turn making a positive impact on the community. We participate on a regular schedule to meet with State Epidemiologists to qualitatively review completed surveillance cases and investigations.

Activities Related to the Core Functions as Identified in Nebraska Statute

FCHD plays an active role in many health and wellness coalitions in our district. One example is the local drug/alcohol and suicide prevention coalitions to support several initiatives around Suicide Pre and Post-Vention: HOPE Squads and LOSS (Local Outreach to Suicide Survivors) Teams.

Other program activities included media campaigns and education provided to communities on topics such as: preventative cancer screenings, smoking cessation, seat belt usage, safe driving, nutrition, immunizations, testing for radon and West Nile prevention. This education is usually accompanied by services offered by FCHD, such as health coaching, availability of radon test kits, fitting of children's car seats, or free colorectal cancer screening kits.

With the movement to population health, FCHD continues to coordinate with the community to enhance or build resources. For example, a Diabetes Referral Network is now available in York and Seward counties. Through the coordination of many partners and services, diabetic and pre-diabetic patients are connected to local resources. Patients also have an opportunity to participate in the Diabetes Prevention Program and are educated about their condition and encouraged to implement healthy lifestyle changes.

FCHD has collaborated with York Medical Clinic and York General Hospital to implement a Worksite Wellness program. The goal here is to help bridge the communication gap between the provider and patient. Participants are encouraged to develop a relationship with their provider and emphasize the continuity of care that comes with having a medical home. Beyond this, FCHD offers a worksite wellness program that benefits both the employee, employer, family, and community.

As the focus on building and sharing community resources, the FCHD works toward making the website and Resource Directory of community resources more user- and mobile-friendly.

FCHD strives to meet the needs of the community in many ways. We host successful Household Hazardous Waste Collection Events in Seward and York counties, with combined totals from 1,045 households. Through effective community partnerships, we have successfully disposed of tens of thousands of pounds of household hazardous waste, thereby keeping it out of our landfills, soil, and water systems.

Radon kit distribution and education is valued by the community. This year the FCHD distributed 729 radon kits together with educational tools and resources. Of those kits returned, 64% were above levels considered safe. The program does a follow-up with those homes showing high levels and assist them in next steps.

Public health education is delivered through community outreach at health fairs, home shows, and county fairs, where we listen to community needs, and offer resources in a friendly environment. Public health nurses provided health screenings, health coaching, and connection to additional resources.

FCHD reaches youth through poison look-a-like presentations, seat belt demonstrations, family fun nights, back to school, and other events. In addition, this year school nursing services were provided for a local school, developing the school nursing program there from the ground up.

Additional Activities Related to the Ten Essential Public Health Services

Public health is about much more than eight staff members implementing the Ten Essential Services in the District. It is the coordinated efforts of all those in the local public health system which improve the health and reduce the impact of disease and emergencies in our communities. During the last year, this system came together to complete the Community Health Assessment and Community Health Improvement Plan. The FCHD many partners assisted in different steps of the planning, and have developed four strong priority areas for the future. These areas include strengthening public health system collaborations, building the behavioral and mental health and substance abuse services, enhancing and promoting healthy lifestyle programming, and expanding motor vehicle safety initiatives. Moving forward with these priorities, the FCHD will find that the Ten Essential Services are spread throughout these efforts.

Meeting National Public Health Standards through the Public Health Accreditation Board (PHAB)

FCHD completed the Community Health Assessment and Community Health Improvement Plan; both are required for PHAB Accreditation. A plan is in place for completing a Strategic Plan and Performance Management/Quality Improvement Plan. FCHD keeps the PHAB Readiness Checklist in mind when planning for future projects and activities.

FCHD reviewed departmental policies and know which areas need to be updated or changed, and stay current on PHAB accreditation requirements through monthly conference calls with the state, additional webinars and educational sessions.

Stories of Public Health within the Four Corners Health Department

Inactivity…in the Four Corners District, over 20% of the population spends little or no leisure time on physical activity. Less than half of the population meets aerobic physical activity recommendations. Only 16% of the adult population in the District meets aerobic and muscle strengthening recommendations.

Steps to Wellness, a CDC evidence based intervention, was used to create a program for local businesses and their employees, ages 18 – 64. Most district businesses are small to medium, without easy access to physical activity or fitness opportunities. A baseline was established at the start: completion of the Health Score Card, health risk assessment, culture audit, and individual measurements. The wellness leader at each worksite was given a toolkit, monthly resources, and weekly emails.

FCHD staff met with each participant to explain the program, take individual measurements, and guide them in setting small goals. Participants tracked their activity; additional challenges of balance, strength, or flexibility were offered monthly. Assessments were repeated at the end of the program.

Six businesses participated, with 94 employees completing post assessments. By empowering and encouraging employees, the following improvements were found:

- Weight: 67%
- Body Mass Index: 64%
- Waist Circumference: 55%
- Blood Pressure: 22%
- Physical Activity Minutes: 65%

The positive impact of this program surpasses the individual employee. Benefits expand to the business, employee's family, and community. By sharing this success story with community partners, Four Corners has been able to forge new relationships in worksite wellness with local medical providers to offer a greater array of services.

Assessment (monitor health, diagnose and investigate)

- Collect and maintain data that provides information on conditions of public health importance and on the health status of the population such as Vital Statistics, and adult/youth behavioral surveillance system data maintained and available to the public and staff at http://lincoln.ne.gov/city/health/pde/#s.
- The Lincoln-Lancaster County Health Department (LLCHD) utilizes survey information from the Behavioral Risk Factor Surveillance Survey and Youth Risk Behavior Surveillance System surveys, Vital Statistics (birth and death), hospital discharge data (HDD) and data from the Cancer Registry among others for planning, evaluation and implementation of public health strategies.
- Provide and utilize software tools that allow analysis and display of data in the form of performance indicators for the city and the public (LNK Stat and Taking Charge) and department staff (Performance Management System).

Policy Development (mobilize community partnerships, develop policies, inform, educate, and empower)

Support and encourage physical activity through building the community's infrastructure: The city of Lincoln is home to 133 miles of trails and more than 125 parks and green spaces on over 6,000 acres of public land, with Lincoln's trail system consistently ranking among the best in the country. LLCHD continues to implement the Share the Road campaign to help promote the use of this infrastructure and encourage safety while getting more and more people out for biking and walking in the community. Staff continue to promote biking and walking, for transportation and recreation, among both adults and youth. This is especially to address the health issues of obesity and its related chronic diseases. In the past year, over 4,000 children and youth from elementary and middle schools received this education. Staff assisted in the development of the first annual Nebraska Bicycle and Pedestrian Summit which was held in Lincoln this year with over 200 attendees from across the state and neighboring states. Information on physical activity and nutrition was also provided at numerous work site events in cooperation with work site wellness programs such as BandR Stores, LiCor, Teledyne Isco, and Southeast Community College. Staff assisted in bringing a representative from The League of American Bicyclists to Lincoln for an informal information gathering meeting with many local bicycle advocacy groups and meetings with Lincoln Public Schools Physical Education Specialists and teachers about strategies and opportunities to bring bicycle education back into schools.

Establishing funding policies and priorities: LLCHD partnered with Community Health Endowment in 2017 for the 'Place Matters: More than ever' project where we analyzed spatial data on demographic, social, economic and health disparities in Lancaster County by census tracts. The outcome of the project led to policy development for funding projects based on need in specific geographic areas.

Assurance (assure competent workforce, link to services, enforce laws, evaluate, and research)

Facilitate Community Dental Partners grant for Dental Home Initiative assuring access to care for low-income, uninsured adults. Provide infrastructure and tools for staff that gives them immediate access to software tools, Department plans, dashboards with program and community level data, policies, training, and quality improvement. The Department's internal website was redesigned to make all information and tools more accessible. Providing 24/7 response to hazardous materials spills and releases, reducing the risk to public health and environmental contamination. Developed strategies to enhance training in health and safety in child cares, including creating a "Barf Bucket" for every child care center to use to clean up vomiting and diarrhea episodes properly, thereby greatly reducing the spread of gastrointestinal diseases. Coordinating with: Lincoln Fire and Rescue; Rural Fire Districts; City, County and State law enforcement agencies; Nebraska Departments of

Environmental Quality, Emergency Management and Health and Human Services to plan for and respond to hazardous materials spills and releases, reducing the risk to public health and environmental contamination. LLCHD has coordinated the Summer Food Service Program (SFSP) in Lincoln for 36 years. This program continues to address health issues related to poor nutrition and childhood obesity by providing education and nutritious meals. In 2017, nearly 4,000 children, 48% of a racial/ethnic minority, participated, receiving 107,108 meals.

Activities Related to the Core Functions as Identified in Nebraska Statute

Worked with child care providers and HHS to review child care regulations and develop and adopt updating local regulations that specifically will prevent suffocation, injury and spread of communicable disease.

Worked with child care providers and HHS to review child care regulations and develop and adopt updating local regulations that specifically will prevent suffocation, injury and spread of communicable disease.

Training hundreds of child care providers on health and safety, responding to emergencies, and responding in the event of an active shooter.

Additional Activities Related to the Ten Essential Public Health Services

1. Monitor health status to identify and solve community health problems: Collaborate with Lincoln Public Schools to coordinate school-based screening for elementary school children that have not seen a dentist in past 12 months.
2. Diagnose and investigate health problems/health hazards in the community: Providing consultation to poor performing licensed food establishments, helping them develop and implement Active Managerial Controls (Policies and Procedures) focused on addressing Centers for Disease Control and Prevention (CDC) five key risk factors for foodborne illness (INFUSE Program).
3. Inform, educate and empower people about health issues: Provides dental screening, fluoride varnish and education weekly to Women Infant and Children (WIC) families and quarterly to Early Head Start children. Empowering neighborhoods and community partners to conduct cleanups and reduce litter, making our environment, upon which all life depends, healthier and neighborhoods more livable and safe.
4. Mobilize community partnerships and action to identify and solve health problems: Coordinating a multi-partner, multi-funder project that designed, built and equipped a $1.5 million Hazardous Materials Collection Center. This Center will reduce the risk of poisoning, injury and illness from hazardous materials in homes and small businesses. Staff worked with staff from other city agencies in the development of a new Bike Share Program that will debut in the spring of 2018.
5. Develop policies and plans that support individual and community health efforts: LLCHD continues to support and participate the City's Complete Streets Policy to ensure public and private streets include some combination of appropriate infrastructure, as determined by the surrounding context, that accommodate all modes of transportation, including private vehicles, public transportation, walking, and bicycling. Staff worked with staff from other city agencies in an effort to update the language on Lincoln ordinances regarding bicycle and pedestrian issues to match state statutes that had been changed in the previous legislative sessions.
6. Enforce laws and regulations that protect health and ensure safety: Developing and implementing new regulations for child care centers to reduce the risk of suffocation in cribs, injury from falls, and spread of communicable diseases. Maintaining and enhancing Animal Control software to support enforcement activities in the field and to improve tools that allow dispatchers and officers to respond more efficiently and effectively to the public.
7. Link people to needed personal health services and assure the provision of health care: Facilitate the Dental Home Initiative assuring access to care for low-income, uninsured adults. Partner in a Minority Health Initiative assuring access to dental services and other risk reductions.

8. Assure competent public and personal health care workforce: Participating in the Child Care Center Directors Association and providing consultation to child care center directors and staff on implementation of key strategies to protect children from illness and injury. Training hundreds of child care providers in health and safety.

Meeting National Public Health Standards through the Public Health Accreditation Board (PHAB)

LLCHD is pleased to report to have achieved accreditation from the Public Health Accreditation Board (PHAB) on June 6, 2017. We take pride in the recognition that the Department demonstrated that it is meeting the PHAB public health standards. These public health standards are an on-going guide to how to continuously improve service to the public. These standards are reflected in the LLCHD plans including Workforce Development, Quality Improvement, Strategic, Communications, and Emergency Response. This is also reflected in each of the program areas within each of the Divisions within the Department. By utilizing the public health standards in departmental and programmatic goal setting, the LLCHD is better able to achieve the Department's mission to "protect and promote the public's health."

Stories of Public Health within the Lincoln-Lancaster County Health Department

How does where we live, learn, work and play affect our health? Community Health Endowment (CHE) in partnership with LLCHD worked to create tools that support analysis of the factors that affect health. There is significant body of knowledge that shows income and other social determinants influence health outcomes. Lower income areas of a community often have not only poorer health outcomes, they may also have fewer resources available and the physical environment may not support efforts to improve health outcomes.

The Geographic Information System (GIS) Analyst and Epidemiologists created census tract data for the city of Lincoln in map form in 2014-2015 as part of 'Place Matters' project in collaboration with CHE. The mapping of data is used to determine areas of the community where health outcomes are better or worse than the community's overall status**.** In the past year, 2016-2017, LLCHD updated the data with latest available data as part of 'Place Matters: More than ever' project and the GIS Analyst also created a web based mapping tool to host all this data and made it available to the community. The public can now access and query data and build their own maps using this tool. CHE has been promoting this tool for grant funding opportunities. The use of this tool by grant applicants increased from 10% in the 2015-16 cycle to 95% in the 2016-17 cycle. CHE changed funding priorities using this information impacting dissemination of grant funds and establishing Health 360 Clinic. Access the Place Matters Mapping tool through:

http://lincolnne.maps.arcgis.com/apps/webappviewer/index.html?id=7faacb14eacd4d0eb66321aa79e59eda

Assessment (monitor health, diagnose and investigate)

Loup Basin Public Health Department (LBPHD), combined with each of the four hospitals in the district, completed a comprehensive Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). LBPHD utilizes the Mobilizing for Action through Planning and Partnerships (MAPP) process. LBPHD looks at the health status of the population and identifies ways that the department and partners can work together to make the district healthier. LBPHD also uses public health data collected by outside agency partners such as Department of Health and Human Services (DHHS) and the Centers for Disease Control and Prevention (CDC) to monitor health status and understand health issues facing the community.

LBPHD has several response plans in place to address major health threats. An Emergency Response Plan is updated annually, a Disease Epi Surveillance Plan is updated annually, a Continuation of Operations Plan is in place, and a Hazard and Vulnerability assessment is completed each year. LBPHD also identifies and investigates health threats in a timely manner. Disease and immunization registries are used. State surveillance systems are checked daily and follow up is done, when needed, by calls to patients and health care facilities. The state immunization registry is also utilized and updated for all participants in LBPHD immunization programs.

Policy Development (mobilize community partnerships, develop policies, inform, educate, and empower)

LBPHD participates in many health education and health promotion partnerships within our communities. Custer County Health Coalition and Howard County Prevention Coalition are two examples of LBPHD partnerships that LBPHD has had the role of providing health information that is used to enable individuals and groups to make informed decisions about healthy living. LBPHD also works closely with partners to promote emergency preparedness. LBPHD also utilizes social media and the website to communicate health information to the community. Five to six Facebook posts are displayed monthly to followers of Loup Basin's page. Posts include articles related to car seat safety, immunization requirements and recommendations, and emergency preparedness.

Through the MAPP process LBPHD establishes community partnerships to assure a comprehensive approach to improving health in the community. Utilizing MAPP, LBPHD was able to ensure participation of most relevant stakeholders in development and implementation of the Community Health Improvement Plan (CHIP). Along with the implementation of the CHIP, LBPHD developed an organizational wide Strategic Plan that aligned with the CHIP process.

Assurance (assure competent workforce, link to services, enforce laws, evaluate, and research)

LBPHD has knowledge of current federal, state, and local laws, regulations, and ordinances that protect the public's health. LBPHD employees are able to provide guidance to our communities. Through the Community Hub contract LBPHD is able to work on the linkage of people to appropriate personal health services through coordination of provider services and development of interventions that address barriers.

LBPHD also began working on a Workforce Development Plan. LBPHD is developing the plan to maintain public health workforce standards, including efficient processes for professionals and incorporation of core public health competencies needed to provide the Essential Public Health Services into personnel systems.

Activities Related to the Core Functions as Identified in Nebraska Statute

LBPHD offers several programs that emphasize services to prevent illness, disease, and disability. Two highlighted programs are disease surveillance and immunizations. Through the National Electronic Disease Surveillance System (NEDSS) all communicable diseases detected in the LBPHD health district are investigated. LBPHD uses the immunization program to decrease the prevalence of vaccine preventable diseases.

LBPHD works closely with the local health system to coordinate flu clinics to increase flu vaccination rates. LBPHD works with area Emergency Response Coordinators on Tri-Cities Medical Response System (TRIMRS), and Local Emergency Planning Committees (LEPC) meetings and response exercises. The MAPP process was helpful in promoting effective use of community resources by providing insight into gaps in service and identifying key stakeholders. LBPHD extends health services into the community through public health nursing and disease prevention. Through the Community Hub contract and our Work @ Well program, LBPHD is able to offer health screenings that target an underserved age range.

Additional Activities Related to the Ten Essential Public Health Services

LBPHD uses the CHA data and looks at the health status of the population and identifies ways that the department and partners can work together to monitor health and make the district healthier. Through disease surveillance and NEDS, communicable diseases are investigated. LBPHD utilizes the MAPP process to mobilize community partnerships and through the CHIP, develop policies and strategies for the community. The Community Hub and Well @ Work programs identify potential diseases and provide links to care. LBPHD also began work on a Workforce Development Plan. LBPHD is developing the plan to maintain public health workforce standards, including efficient processes for licensure/credentialing of professionals and incorporation of core public health competencies needed to provide the Essential Public Health Services into personnel systems.

Meeting National Public Health Standards through the Public Health Accreditation Board (PHAB)

Currently LBPHD is focusing on meeting public health standards by developing and updating all plans that serve as the prerequisites. By completing these prerequisites it will provide groundwork for identifying the documentation for meeting the rest of the measures. The next step in the accreditation process will be collecting documentation.

Stories of Public Health within the Loup Basin Public Health Department

LBPHD strives to make an impact on the nine county health district served. A large part of the impact is the immunization program. In late 2016, schools in the Custer County area contacted the health department looking for a program that could give childhood immunizations. School administrators had noticed a rise in children that had not met the state required vaccination to attend school. Within the Community Health Assessment that was conducted in 2015 by Loup Basin, it was seen that there was a gap in service in Custer County for childhood immunizations. Also, out of the nine counties served by Loup Basin, Custer County has the highest rate of poverty and the highest minority population.

In response to the call from the Custer County school system regarding the lack of compliant vaccinated children, LBPHD contacted the state's Vaccine for Children Program. As a result, LBPHD was able to set up a clinic on the first Friday of every other month at a school in Custer County. The response has been very positive. The clinic gives area low-income, under insured, and minority families a place to keep their children vaccinated. Before LBPHD set up this clinic, families did not have a place, other than clinics, to receive immunizations and many of these families could not afford to go to the clinics.

LBPHD has taken note of the progress made in Custer County for immunizations and has begun to look at other potential sites in our health district.

NORTH CENTRAL DISTRICT HEALTH DEPARTMENT

Serving Antelope, Boyd, Brown, Cherry, Holt, Keya Paha, Knox, Pierce, and Rock counties
www.ncdhd.ne.gov

Assessment (monitor health, diagnose and investigate)

North Central District Health Department (NCDHD) has combined with ten hospitals in the district and numerous community agency partners to complete a comprehensive Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). NCDHD utilizes the Mobilizing for Action through Planning and Partnerships (MAPP) process. NCDHD is continuously monitoring the health status of the population in efforts to identify ways that the department and partners can work together to allow for a healthier nine counties. NCDHD also uses public health data collected by outside agency partners such as Department of Health and Human Services (DHHS) and the Centers for Disease Control and Prevention (CDC) to monitor health status and understand health issues facing the community. The NCDHD also utilizes and share like data with hospitals and partners on a continual basis.

NCDHD has several response plans in place to address major health threats. These include, but are not limited to: emergency response plans, disease epidemiology surveillance plans, continuation of operations plans hazard and vulnerability assessments. All these are completed and updated on an annual basis and many are shared with community public health partners as appropriate. NCDHD also identifies and investigates health threats in a timely manner. Disease and immunization registries are used. State surveillance systems are checked daily and follow up is done, when needed, by calls to patients and health care facilities. The state's immunization registry is also utilized and updated for all participants in NCDHD immunization programs. NCDHD continues to gather school absenteeism reports weekly from all schools in the district and maintain close communications with hospitals.

Policy Development (mobilize community partnerships, develop policies, inform, educate, and empower)

NCDHD participates in many health education and health promotion partnerships within the communities. Regarding substance abuse prevention, NCDHD partners with the schools and communities to lead and guide six local county based prevention coalitions and one larger over-arching coalition, Area Substance Abuse and Prevention (ASAP) Coalition. ASAP is responsible for planning activities within the confines of their Federal Drug Free Community Grant and local based Region IV Prevention Grants. NCDHD also works closely with Rural Region One Medical Response System (RROMRS) and area emergency management to promote, plan, and educate for emergency preparedness. NCDHD also utilizes social media and the website to communicate health information to the community. Communications include articles related pertinent health topics ranging from car seat safety, immunization requirements and recommendations, and emergency preparedness, healthy kids, healthy families, substance abuse prevention, and related topics.

Through the MAPP process NCDHD utilized already established community partnerships to assure a comprehensive approach to improving health in the community. NCDHD ensured the participation of most relevant stakeholders in development and implementation of a Community Health Improvement Plan (CHIP). This workgroup continues to meet monthly or every other month to organize and plan forward progress on goals and objectives. Along with the implementation of the CHIP, NCDHD developed an organizational wide Strategic Plan for the public health department that aligns with the CHIP process.

Assurance (assure competent workforce, link to services, enforce laws, evaluate, and research)

NCDHD has knowledge of current federal, state, and local laws, regulations, and ordinances that protect the public's health. NCDHD employees are able to provide guidance to the communities with this information. While participating in the grant programs, such as Health Hub or through programs such as Miles of Smiles (oral health program), NCDHD is able to work on the linkage of people to appropriate personal health services through coordination of provider services and development of interventions that address barriers.

NCDHD has developed a Workforce Development Plan. NCDHD is continuing to work on this process and plan to maintain public health workforce standards, including efficient processes for professionals and incorporation of core public health competencies needed to provide the Essential Public Health Services into personnel systems.

Activities Related to the Core Functions as Identified in Nebraska Statute

NCDHD offers several programs that emphasize services to prevent illness, disease, and disability. Some main programs are disease surveillance and immunizations. Communicable diseases that are detected and then entered into a reporting database in our health district are investigated. NCDHD uses our immunization program to decrease the prevalence of vaccine preventable diseases and illnesses.

NCDHD utilizes many partners in the district to assist in the coordination of utilizing resources. This is evident with substance abuse programs in working with community partners, businesses and schools. Another example is working with schools on the substance programs and as well the oral health program where NCDHD Miles of Smiles is able to get a large number youth a complete oral screening as well as fluoride varnish application in efforts to prevent serious oral health issues.

NCDHD extends health services beyond education through programs such as the oral health program; providing screenings, fluoride varnish applications and sealants. As well, NCDHD provides health screenings through the Working On Wellness Program where health screenings are provided, e.g., blood pressure readings, glucose and cholesterol, to name a few. Health education is then provided to the individual client and the business as a whole (when applicable). NCDHD also does influenza vaccinations across the district and private vaccinations and participates in the Vaccine For Children (VFC) Program.

Additional Activities Related to the Ten Essential Public Health Services

NCDHD uses the CHA data to review the health status of the population and identify ways the department and partners can work together to monitor health and make the district healthier. Through disease surveillance efforts communicable diseases are investigated. NCDHD utilizes the MAPP process to mobilize community partnerships and through the CHIP, develop policies and strategies for the community. Programs and grants managed by NCDHD: Health Hub, Working on Wellness, Miles of Smiles and ASAP programs both diagnose potential diseases and provide links to care and education. NCDHD also began work on a Workforce Development Plan. NCDHD is developing the plan to maintain public health workforce standards, including efficient processes for professionals and incorporation of core public health competencies needed to provide the Essential Public Health Services into personnel systems.

Meeting National Public Health Standards through the Public Health Accreditation Board (PHAB)

NCDHD is focusing on meeting public health standards by complying with the application process. NCDHD has a date in the early spring of 2018 to submit application for accreditation.

Stories of Public Health within the North Central District Health Department

One of the biggest accomplishments NCDHD has is the oral health program and the screening efforts provided. The district of NCDHD has considerably high Medicaid rates (for youth), low access to care, barriers of distance needing to see providers, and providers that are able and willing to see Medicaid clients. There are many variables that underscore the need for NCDHD to continue to offer an oral health program in schools. One example included a sibling group of three that a coordinator and program hygienist served twice a year while they are in school. Through screenings the sibling group was referred to urgent care to access services that they were not able to receive because of barriers such as lack of dental insurance, or the distance to travel to receive care. The screenings provided were helping, but more needed done. The program was able to coordinate with the school nurse to obtain resources and locate a provider that was able to care for the urgent oral health needs of this sibling group of three. It was the work of the partnership and relationships with schools and local providers that helped address the barriers to a healthy outcome.

Assessment (monitor health, diagnose and investigate)

Northeast Nebraska Public Health Department (NNPHD) serves a four-county health jurisdiction which includes the Nebraska Counties of Cedar, Dixon, Thurston and Wayne. NNPHD started the 2017 fiscal year with five (5) full-time employees and six (6) part-time employees. Because of the elimination of some grant funding, NNPHD lost a full-time public health nurse and ended the fiscal year with four (4) full-time employees and eight (8) part-time employees. NNPHD also experienced a change in leadership during this fiscal year when the first and previously only Health Director retired in September 2016 and the Board of Health hired a new NNPHD Chief Executive Officer.

The purpose of NNPHD is to address the prevention of illness, disease and disability by focusing on the three core functions and ten essential services of public health. Assessment, the first core function, includes the essential services of monitoring the health and diagnosing and investigating health problems of the jurisdiction. NNPHD places a priority on collecting and analyzing data that provides a clearer picture of the health of the NNPHD jurisdiction. Each year, NNPHD contracts with the Nebraska Department of Health and Human Services (DHHS) to oversample in the health district for the Behavioral Health Risk Factor Surveillance System (BRFSS). This provides insight into the health status and health habits of our populations and assists us and our partners with future planning for addressing health needs.

NNPHD continually scans reliable sources for additional data pertinent to the health district. Reliable sources include, but are not limited to, the National County Health Rankings and Roadmaps (CHRR), Nebraska Department of Health and Human Services (DHHS), Nebraska school surveys, and Region IV Behavioral Health. The CHRR data provided some startling results pertinent to the NNPHD health district showing that, not only is NNPHD home to the healthiest county in Nebraska, Cedar, but also home to the least healthy county, Thurston (#78) included in the assessment. NNPHD realizes the seriousness of this data and has included activities to address this in the strategic plan.

NNPHD also works to collect data pertinent to the services currently provided. This not only provides them with a way to evaluate services in order to address quality improvement needs, but also provides additional measures of health. Data from these sources provides the ability to:

a. Monitor the activity of illnesses with our local hospitals, schools and medical clinic.
b. Identify, investigate and diagnose potential health threats to the public by monitoring reports of infectious disease. This fiscal year, NNPHD monitored 247 reports of infectious disease which, in some cases, led to identifying outbreaks and providing directed health measures to prevent spread of illness and disease for illnesses such as Salmonella, Influenza and Norovirus.
c. Identify environmental risks and hazards (e.g. West Nile Virus in mosquitoes, Radon, etc.), prevent chronic diseases (e.g. Cardiovascular, Colon Cancer, etc.), gaps in access to care, and local health disparities.

Policy Development (mobilize community partnerships, develop policies, inform, educate, and empower)

The second core public health function, Policy Development, covers a wide array of planning and coordinated activities which includes the essential public health services of mobilizing community partnerships, developing policies and plans, informing, educating and empowering all members of the communities served by NNPHD. Emergency Preparedness is a vital activity for NNPHD and partners. During this fiscal year one of the priorities for NNPHD was to ensure partners in Long Term Care were aware of and educated about the new Centers for Medicare and Medicaid Services (CMS) emergency preparedness requirements. Participation in emergency

preparedness exercises addresses policy development by testing plans and policies already in place. NNPHD conducted, led, and/or participated in 27 response exercises this fiscal year. Partners were involved in 14 (51%) of those exercises including neighboring Local Health Departments (LHD), Emergency Managers (EM), DHHS, NE Department of Ag (NDA), local hospitals, NE Public Power districts, and other community partners and citizens during this fiscal year. Exercising included a variety of methods to ensure sound policies and procedures for public health emergency response activities such as Mass Dispensing, Environmental Health and Safety, Incident Command, Infectious Disease Specimen packaging and transporting, Continuity of Operations, and Zoonotic Disease Response.

Response plans for Ebola and mosquito-borne illness were developed. NNPHD also worked with The Center For Preparedness to develop a training webinar to benefit the emergency preparedness of other Local Health Departments (LHDs) and other partners highlighting the role of public health in a biological disaster response focusing on the 2015 Avian Flu Dixon County event in which NNPHD worked to ensure containment of the virus and prevent spread to the workers who were in contact with the sick and dying birds.

Partnerships are vital in order to efficiently and effectively make a difference to the health of the people of the jurisdiction. NNPHD worked with numerous partners at both the local and state level throughout the fiscal year as either a participant or a leader for a variety of activities, committees, coalitions and councils; those included:

- Both of the Critical Access Hospitals in the health district as part of the Community Health Assessment and Community Health Improvement planning.
- UNL Extension for Radon Home Testing Kit distribution. NNPHD, together with partners distributed 294 test kits during this fiscal year; a 66% increase from last year.
- The regional Community Action Agency's (Northeast Nebraska Community Action Partnership) Healthy Families Advisory Council and the Head Start Advisory Council.
- Thurston County Collaborative for substance use prevention through Region IV Behavioral Health.
- Wayne County Family Coalition to enhance protective factors for local families.
- Caring Connections, a NNPHD District-wide maternal and child health coalition of professionals focused on improving the district's maternal and child health system.
- Rural Region One Medical Response System Health Care Coalition.
- Wayne State College (WSC), President's Council on Diversity.
- Community Organizations Active in a Disaster (COAD) regional collaboration.
- Preparedness Collaborative with both the Winnebago and Omaha Nation Tribal representatives.
- Midtown Health Center, Federally Qualified Health Center, Title X, Information and Education Advisory Committee.
- Robert Woods Johnson Foundation, Public Health Nurse Fellowship project Steering Committee and Project Team with the focus of the work to identify how nurses can help inform and lead the development of the Community Health Worker professional as part of the health care team.
- Nebraska DHHS Collaborative Improvement and Innovation Network (COIIN), Social Determinants of Health work group. The work group provided input and guidance to DHHS on the development of data maps that show the distribution of resources across the state which impact health.
- Nebraska's Early Childhood Interagency Coordinating Council (ECICC), Health Director, Julie Rother, continued as a member and served as Vice-Chairperson.

Informing and educating the public was addressed through collaboration with a variety of partners to bring public health nursing and environmental education and services to the community. Community education events which NNPHD organized or participated in included:

- Health Fairs 10.14.16 (Pender Schools), 04.19.16 (WSC), 04.20.16 (Wayne)
- Shaken Baby Syndrome public presentation on 09.14.2016,
- Fetal and infant mortality via a display at the Wayne Library during the month of October, 2016 which is Pregnancy and Infant Loss Awareness Month.
- World Heart Day event in collaboration with WSC on 10.13.16 (Wayne)

- Health Hub venues in which free Blood Pressure screenings and Colon Cancer Screening Kits were offered to the public at 17 different community events. Data shows that cardiovascular disease and cancer are the two leading causes of death for the NNPHD District.

Media and Education Campaigns using newspapers, radio, NNPHD webpage and Facebook were developed and/or implemented on a variety of topics throughout the year in both English and Spanish. Emergency Preparedness, Radon, West Nile Virus (including the distribution of larvacide to all communities throughout the health district and mosquito repellant wipes to residents), Zika, County Health Rankings, Salmonella (directed to retail poultry businesses), Food Safety during a power outage, and Veterans services were some of the message topics.

Assurance (assure competent workforce, link to services, enforce laws, evaluate, and research)

Assurance, the third public health core function includes ensuring a competent work force, linking people to needed healthcare services, enforcing laws, evaluation and research. Assurance of the public's health was addressed through a variety of methods. NNPHD promotes evidence-based practices both internally and with partners including the inclusion of Community Health Workers in the healthcare team and the use of Health Literacy with patients and/or clients. The work of NNPHD has been enhanced and expanded through the inclusion of Community Health Workers from the Hispanic population. Health Literacy continues to be a priority for NNPHD and is interwoven throughout all activities and programs. Health Literacy software is maintained at NNPHD and is offered for use by partners at no cost to support the practice of health literacy in facilities. Health Literate patient resource materials are provided to health coaches in partner clinics for use with patients; this fiscal year 80 health literate booklets, "What To Do When You're Having A Baby," 30 "Healthy Baby Calendars" and 30 "What To Do When Your Child Is Sick" (all English or Spanish) books were provided to and distributed by partners.

Foundational to NNPHD's Code of Conduct is the assurance to link people to needed services. NNPHD received numerous contacts from residents during this fiscal year requesting assistance to find information about a wide array of needs for services including unhealthy housing, mosquitoes, bed bugs, infectious diseases, mold, immunizations, prescription assistance, licensing of businesses such as hotels and food vendors. NNPHD is continually assessing the service array for the health district and updating partner information on the NNPHD website to assist people with finding needed healthcare services and programs. In addition to a policy to never leave someone's question or need unanswered, a continually updated Resource Directory is offered on the NNPHD website for citizens and staff to use to find needed assistance.

The data collected through the NNPHD assessment process shows that the NNPHD minority populations have tremendous health-related disparities (e.g. "No Health Insurance, ages 18-64 years: White, Non-Hispanic – 10.4% and Minority Population as a whole – 28.7% and "Needed to see a doctor in the last year but could not due to cost: White, Non-Hispanic – 8.1% and Hispanic Population – 22.2%; DHHS, 2011-15 BRFSS). The NNPHD Minority Health Initiative program focuses on the prevention of cardio-vascular disease and assistance with access to healthcare services and programs. This program provided 99 health screenings (blood pressure or diabetes risk) finding 58 people with an "at-risk" screening result, 12 health education classes focused on healthy eating, physical activity and other healthy lifestyle interventions, and assisted people with 331 access to healthcare needs and services such as assistance with applications, interpretation, translation, case management and transportation.

Meeting National Public Health Standards through the Public Health Accreditation Board (PHAB)

Ensuring a competent workforce is important to NNPHD. We participate in that process by educating and informing college students about public health, not only for the consideration of a public health career but also so students can better understand why it's important that their future career partners with local public health and how they can make a difference to the health of their community. NNPHD provided presentations about local

public health activities, health in all policies and determinants of health to several partner institutions of higher learning. NNPHD gave five (5) presentations to students at Wayne State College, one (1) to the University of Nebraska, College of Nursing Norfolk Campus and was part of the University of Nebraska Medical Center Undergraduate Public Health Workshop as a field trip site visit on 05.17.2017.

Community Health Workers, Victor Zarate and Georgina Castaneda, were the recipients of the 2017 Nebraska Minority Health Association Community Health Worker Award.

NNPHD staff completed a variety of staff development opportunities during this year including trainings on topics such as: Patient Navigation, Infectious Disease, Grant Writing, CPR, tuberculosis, Incident Command, Quality Improvement, Program Evaluation and Improvement, Evidence Based Practices, Behavioral Health, and Maternal and Child Health.

NNPHD has been working on internal quality improvement projects throughout the year. Data collection and program evaluation methods have been improved. A Code of Conduct was drafted. Strategic planning began during this fiscal year with a final product expected in October, 2017. An evidence-based predictor of quality improvement is accreditation. However, there continues to be much debate across the nation as to whether or not accreditation is realistic for small local health departments. NNPHD has researched the feasibility of this process during this fiscal year. Because NNPHD serves a sparsely populated area and because infrastructure funding is based on population, the resources (time, people-power and fees) needed to invest in additional documentation to show the process are very limited and already stretched very thin. The NNPHD Board of Health and administration continue to discuss the possibility of accreditation in the future.

Stories of Public Health within the Northeast Nebraska Public Health Department

Small but mighty, NNPHD takes seriously the public health mission for the people who live, work and play in the NNPHD health district. One success of the 2017 fiscal year that demonstrates that commitment is the investigation and response to a Salmonella outbreak which occurred in 2017. A citizen contacted NNPHD when and identified that several people who they knew became sick after attending a private event. NNPHD and DHHS worked together to investigate details of the event including use of a survey being sent to over 200 attendees to gather information about the event and the food that they ate. Assistance was enlisted from medical providers to test human specimens and soon public health identified the cause and the source of the infective organism. The Nebraska Department of Agriculture was called in to conduct an assessment of the caterer of the event resulting in an improvement plan being developed for the caterer in order to prevent any further similar incidents from occurring. This is just one example of how local public health works with partners and plays an important role to protect the public, prevent disease and promote partnerships and best practices.

Assessment (monitor health, diagnose and investigate)

Every three years, PPHD coordinates the Community Health Needs Assessment (CHNA) and Planning Process in collaboration with eight area hospitals using the Mobilizing for Action through Planning Partnerships (MAPP) model. This includes a Community Themes and Strengths Assessment, Local Public Health System Assessment, Forces of Change Assessment, and Community Health Status Assessment. From these four assessments, 24 focus groups were held with 159 Panhandle resident; 1,568 surveys were completed and returned; and a large amount of health data was collected, including data from the Behavioral Risk Factor Surveillance System (BRFSS).

Additionally, PPHD partnered with Educational Service Unit (ESU), area schools, and the Buffett Early Childhood Institute to conduct Community Conversations about Early Childhood services for an Early Childhood Needs Assessment.

PPHD also collects weekly data from School Surveillance and Hospital Influenza-Like-Illness surveillance systems. PPHD staff followed up on 99 reportable diseases in the Nebraska Electronic Disease Surveillance System (NEDSS).

Policy Development (mobilize community partnerships, develop policies, inform, educate, and empower)

PPHD's Panhandle Worksite Wellness Council serves upwards of 50 employers (over 10,000 employees) and reaches over 10% of the overall and 20% of the employed population in the Panhandle. We provide training, resources, and guidance, including technical assistance on creating healthy environments through policy changes, such as tobacco free campuses, healthy options in vending machines, walkable campuses, and sit-to-stand work stations.

PPHD, in concert with Tri-City Active Living Advisory Committee, creates a channel for two-way communications between city government and citizens to foster well-informed decisions that improve quality of life and safety. The committee is comprised of leaders, stakeholders, and citizens from Scottsbluff, Gering, and Terrytown. The four strategies prioritized include: 1) Safe Active Transportation on All Travel Ways; 2) Creating Collaborative Community Ownership; 3) Complete Streets: Planning for a Safer, More Connected, and Healthier Community; and 4) Seeking Funding Opportunities.

PPHD's National Diabetes Prevention Program in the Panhandle is a CDC evidence-based program proven to reduce the onset of diabetes by 58%. Eighty-five classes have been offered in the Panhandle to 921 participants, for a total of 8,591 pounds lost. Ongoing training, policies, and procedures for Lifestyle Coaches and pre-diabetes best practice workflows for clinics assure fidelity to the model. Partnerships with clinics and community health workers have expanded the referral system to NDPP.

Tobacco Free in the Panhandle partners with organizations to reduce premature illness, death, and disability caused by tobacco products by: eliminating secondhand smoke exposure, keeping youth from initiating, reaching underserved populations, and helping people quit. Successes include: 48% of schools have comprehensive tobacco policies; six communities have comprehensive tobacco free recreational facilities, 21 have tobacco free swimming pools, and 11 have tobacco free ball fields; and 59% of pharmacies promote the Nebraska Quitline; and more.

Assurance (assure competent workforce, link to services, enforce laws, evaluate, and research)

PPHD's accredited Healthy Families America program provides home visitation to families expecting a baby or with a child aged 0-3. Sixty to 80 families are served in Scotts Bluff, Morrill and Box Butte counties. This is an evidence-based program proven to reduce child abuse, increase attachment, promote brain development and increase family self-sufficiency. PPHD's Dental Health Program provides dental screenings and varnishes to pre- and elementary-school-aged children. PPHD also coordinates Dental Days in the Panhandle, where over 200 children receive free dental care through collaborations with UNMC College of Dentistry, local dentists, Box Butte General Hospital, school nurses, and other community stakeholders and members. PPHD performs Clean Indoor Air Act Enforcement and regular tobacco compliance checks. PPHD has maintained a compliance rate above 90% since 2012.

PPHD frequently works with Masters in Public Health students from the University of Nebraska Medical Center College of Public Health to serve as a preceptor on their Capstone and Service Learning projects. This year's student completed a project comparing the local results of the Community Themes and Strengths Assessment portion of the MAPP process from 2017 to the 2014 and 2011 results.

Activities Related to the Core Functions as Identified in Nebraska Statute

PPHD uses the Guide to Community Preventive Services when selecting strategies. Highlights include: (1) Tobacco Free Policies: Policies were put in place in Kimball County for all forms of tobacco including all county facilities, grounds and vehicles, with the exception of designated smoking areas at the golf course, Kimball County Recreation Area, and the visitor center. (2) Choose Healthy Here: PPHD partnered with Panhandle Coop and Big Bat's convenience stores to increase healthier options. (3) Healthy Vending: Hospitals and public institutions worked to increase healthy food offerings through their vending and cafeterias. (4) Walkability: Sidney was one of six communities in the nation highlighted in an April 2017 Surgeon General's report to promote walking and walkable communities. The Sidney Active Living Advisory Committee created a revised trail map and new signs to help people who walk and bike better understand and use the trail network in Sidney. (5) Hypertension and Prediabetes. PPHD partnered with six clinics to implement prediabetes and hypertension policies, to ensure early identification of patients and lifestyle change to prevent further disease. This includes referral to NDPP or a health and wellness coach, and strengthening patient self-monitored blood pressure measurement.

Panhandle Regional Medical Response System (PRMRS) Hospital Coalition provided training and exercises at eight hospitals, including emergency medical services personnel, demonstrating donning and doffing personal protective equipment in response to a highly infectious disease. PRMRS supplied Highly Infectious Disease GO KITS to eight hospitals and one Federally Qualified Health Center (FQHC). PRMRS participated in a state-wide functional exercise in May 2017. Hospitals share a PortaCount machine to fit test N95 masks.

Meeting National Public Health Standards through the Public Health Accreditation Board (PHAB)

PPHD became the second PHAB-accredited local health department in Nebraska on May 17, 2016. PPHD submitted the first annual report to PHAB in June 2017.

Stories of Public Health within the Panhandle Public Health District

The three-year cycle for the PPHD CHNA began at the start of 2017 in partnership with all eight hospitals in our area using the MAPP model. A larger degree of data, including disparity data by income level, education level, and race, was sought in order to give a better picture of how health outcomes, risk factors, and prevention efforts impact all populations in the Panhandle. Additionally, a joint effort to improve the Community Themes and Strengths Assessment by identifying appropriate questions for the survey and better process for distribution led to PPHD collecting nearly 1,600 surveys (compared to 562 collected in 2011). Priority areas chosen were: access to care, behavioral health, chronic illness, and aging, all with a focus on the social determinants of health.

Assessment (monitor health, diagnose and investigate)

This year Public Health Solutions (PHS) began its third initiative to revise the Community Health Needs Assessment for the five-county area. With the assistance of all six critical access hospitals, PHS distributed a community health needs survey to district residents. The report of the survey was posted on the website and distributed to each hospital and county board. Through this process PHS focused on the perceived needs of the population. The PHS targeted 1,000 individuals from all five counties. PHS also prepared a document of available hard data. Meetings will be held in each county and in the District as a whole to identify health needs and priorities.

Policy Development (mobilize community partnerships, develop policies, inform, educate, and empower)

PHS is actively involved in helping the State to shape public health minded policies with regards to dental services state-wide. The health department supports the activities of public health registered dental hygienists, as well as promotes the use of dental Medicaid benefits for those who qualify. PHS dental program staff participate in DHHS hearings and activities related to oral health public policy.

PHS also established a committee in Fairbury through the work of 1422 to work on city policies and practices for increasing walkability of the community and to create/promote safe places to be physically active.

The Emergency Response Program has developed a collaborative relationship with area hospitals to share resources for emergency preparedness. This includes developing a standard memorandum of understanding to be used by the entire district, providing templates/education on policies and procedures related to emergency preparedness. An example of this would be the development of a regional Volunteer Reception Center plan, a district-wide infectious disease plan, district-wide Arbovirus plan, etc.

Assurance (assure competent workforce, link to services, enforce laws, evaluate, and research)

PHS provides ongoing training and training opportunities to staff related to emergency preparedness. Public Health staff take specific training for the Incident Command System (ICS), National Incident Management System, and basic disaster preparedness/response. All public health staff are required to complete identified training courses, based on the level of responsibility during a real-life event. Quarterly call down drills provide the staff with practice in response and mobilization.

Activities Related to the Core Functions as Identified in Nebraska Statute

The PHS Life of Smiles program aims at helping prevent tooth decay in the population of the five-county district. With this goal in mind, PHS has provided preventative dental services to both children and adults in the district, targeting younger and uninsured populations. With dental decay being the most prevalent disease among children, PHS works with local schools, Head Start, and Early Head Start programs in order to provide oral health screenings, fluoride varnish and dental sealants. This evidence-based practice has been shown to decrease decay among the population at a fraction of the cost of treatment. Overall, PHS was able to provide this important service to 5,227 children and adults over the FY2017.

PHS also provided signage, education, and support to community organizations and businesses to increase access to healthy foods, physical activity, and lifestyle change programs in order to reduce risk factors and improve environmental quality associated with chronic disease.

PHS staff conduct comprehensive health screenings, education and health coaching for clients, and also host screening events to target employees as part of organizational worksite wellness programs. These screenings include glucose, A1C, and Cholesterol levels to check for Pre-diabetic individuals. PHS also provides Breast, Cervical, and Colon cancer screenings along with educations programs.

The Environmental Health Program monitors and investigates health status on a regular basis, and as needed when reports of environmental health issues arise. An example of a regular monitoring effort would be the lake water testing through Nebraska Department of Environmental Quality. PHS provides district residents with the information on lakes that are on health alerts as well as provides education on how unsafe water can affect health. Examples of investigation upon request would be when receiving a call of nuisance property, or health concerns such as black mold in a dwelling.

PHS has been going to the schools since 2008 as part of our School Kids Immunization Program-Flu (SKIP Flu). The time frame for this program is primarily during the month of October 2016. This year PHS faced the challenge of the Centers for Disease Control and Prevention (CDC) recommendation that no Flu Mist be used because the studies showed it was not as effective. PHS always follows CDC recommendations. Overall, PHS only saw a small drop in the overall percentage of student participation. In 2015-16 there was a participation rate of 29.7% and in 2016-17 it dropped to 21.8%. PHS has done a lot of educational promotion on the flu shot and the reason behind the discontinuation of flu mist. The goal is to see the percentage increase again in the coming year once the public is more informed of the flu mist not being available. PHS heard several comments made by people that they would go to get the flu mist elsewhere as they were not aware that is wasn't just PHS that did not carry the mist. Overall, it was still a very successful year and PHS continues to have above average flu immunizations recording in the five counties that we serve. PHS gave 2,068 flu shots to students and 481 flu shots to school personnel for a total of 2,549 immunizations. This number of flu immunizations are only those given within the schools and does not include the count from any of our other immunization clinics.

The 1422 grant program facilitated meetings with National Diabetes Prevention Program (NDPP) lifestyle change program coaches to create cohesive strategies around recruitment, implementation, and evaluation of NDPP/Smart Moves program in the PHS district.

PHS emergency response efforts included sharing resources by hospitals, healthcare coalitions, long term care facilities, and other community organizations. Examples of this would include sharing inventory of Personal Protective Equipment (PPE), developing district and regional training plans to share the cost burden for exercises and training, and working with emergency management agencies to coordinate the use of resources during a disaster.

As a result of Health Screenings, PHS was able to identify and enroll clients into the National Diabetes Prevention Program. For breast and cervical cancer prevention, PHS helped enroll individuals into the Every Woman Matters program as well as providing Fecal Occult Blood tests for colon cancer. Additionally, health coaching with Healthy Supports are offered to all clients.

As part of our role of providing access to health care, Public Health Solutions was also able to open an on-site, preventive oral health clinic at the Crete location. This clinic has extended a needed preventive health service to the uninsured population in the area.

Since 2014, Public Health Solutions has been offering a voluntary maternal-child home visitation service in Gage and Jefferson counties. Healthy Families Gage and Jefferson embodies an infant mental health approach, with the belief that early, nurturing relationships are the foundation for life-long, healthy development. Healthy Families America is an effective and proven early childhood home visiting model with positive impacts in areas such as improved parent-child interaction, improved school readiness, improved child health, and improved coordination of services and referrals within the community. One hundred and five families have actively engaged in home visitation since the program launched in September 2014.

Additional Activities Related to the Ten Essential Public Health Services

1. Monitor and evaluate health status to identify community health problems: PHS initiated the third community health needs assessment this year. In addition, the department continued to monitor community health status through surveillance, ILI surveillance, and West Nile surveillance, as well as other standard surveillance activities.
2. Diagnose and investigate health problems and health hazards in the community: PHS continued to investigate and report environmental hazards and reports of illness in cooperation with the State and through National Electronic Disease Surveillance System.
3. Inform, educate, and empower people about health issues: Through traditional media and social media, PHS regularly updated the public about health issues.
4. Mobilize community partnerships to identify and solve health problems: PHS continued to work on community change projects to increase nutrition, exercise, and community walking and biking.
5. Develop policies and plans that support individual and community health efforts: Worked with elder housing to eliminate smoking by policy implementation and worked with the YMCA to set standards for snack machines.
6. Enforce laws and regulations that protect and ensure public safety: Continued Safe Kids efforts to achieve full compliance with safety seat and bicycle helmet use.
7. Link people to needed personal health services and assure care when it is otherwise not available: Initiated chronic care clinic for those who are uninsured.
8. Assure a competent public and personal health workforce: PHS provided community health worker classes and other trainings for staff and community health care providers.
9. Evaluate the effectiveness, accessibility, and quality of personal and population based health services: PHS collected and analyzed service data to assess services against these measures.
10. Research new insights and innovative solutions to health problems: PHS researched evidence based methods to address emerging problems.

Meeting National Public Health Standards through the Public Health Accreditation Board (PHAB)

PHS has continued the development of policies and procedures to better meet the PHAB standards. PHS began implementation of the quality improvement systems and improved strategic planning.

Stories of Public Health within the Public Health Solutions District Health Department

In August of 2016, athletic trainers and coaches from Doane University were certified in CPR/AED through the Public Health Solutions Saving Rural Hearts program. Barely a month later, during a cross country meet, these same individuals responded when an elderly man suddenly collapsed. They quickly determined the man was unresponsive, called 911, started CPR, and sent someone to retrieve the AED. This gentleman survived, and he was able to watch his grandson run at events throughout the year.

Though funding for Saving Rural Hearts ended on August 31, 2016, PHS continues to offer CPR/AED classes to community members throughout the district. In addition, the importance of bystander intervention, i.e., early recognition of sudden cardiac arrest, calling 911, providing chest compression only CPR, and using an AED, is shared throughout the year on Facebook, Twitter, and the PHS website.

Assessment (monitor health, diagnose and investigate)

The Sarpy/Cass Health Department (SCHD) public health nurses (PHN) investigated 459 cases of reportable illnesses this year. The PHNs used the collected data to aid in providing recommendations to individuals and medical providers, and to identify disease outbreaks and trends in reportable illnesses.

During the school year, school absentee data was collected through the cooperation of all Sarpy and Cass County schools. This data was used to identify trending illnesses in schools across Nebraska.

The SCHD approved 41 physician-recommended Zika Virus tests for individuals who met the criteria for exposure.

The SCHD provided case management and education for residents with Tuberculosis. Public health nurses collected sputum samples, oversaw Direct Observation Therapy, and conducted contact investigations.

Policy Development (mobilize community partnerships, develop policies, inform, educate, and empower)

The SCHD website provided extensive information on current news releases, rules and regulations, disease fact sheets, and emergency planning. This year, over 8,000 visits were made to the website.

TheSCHD purchased and distributed short-term radon gas testing kits to homeowners in Sarpy and Cass counties. Over 100 test kits were analyzed for radon, and follow-up information was provided when requested.

The Safe Kids Sarpy/Cass program offered a variety of safety presentations to over 500 adults and children this year, including child passenger safety, fire prevention and planning, home safety, hydration, and bike safety. Over 120 bike helmets were fitted and distributed, for no cost, to residents of Sarpy and Cass counties.

Maternal Child Health nurses launched a workplace lactation support initiative which consisted of mailings to community businesses regarding legal responsibilities in supporting lactation in the workplace, and offered assistance in developing individual workplace policies.

Staff in the SCHD veteran's outreach program, VetSET, offered military cultural competence training for rural health care providers and organizations, and connected veteran family members with community resources.

The SCHD collaborated with two other local public health departments, three hospital systems, and federally qualified health centers to plan for the upcoming community health needs assessment.

Assurance (assure competent workforce, link to services, enforce laws, evaluate, and research)

The Active Aging program offered 112 basic foot care and blood pressure clinics throughout the community, providing services to 768 individuals.

The Health Hub program provided health coaching to over 30 women, distributed 40 colon cancer home test kits, and gave 10 community presentations on breast, cervical, and colon cancer prevention and awareness.

The maternal and child health program established a partnership agreement with the local Head Start programs to provide healthy pregnancy education to pregnant women enrolled in the Early Head Start programs, and continue to provide breastfeeding support and health assessments after the women deliver their babies.

This year, SCHD mentored three student interns, providing them with a variety of public health experiences.

The SCHD Environmental Health Coordinator handled the intake of most inquiries concerning public health laws and regulations. Information regarding the law, as well as resources, were provided to the public. The Department worked with city and county code enforcement departments to ensure citizen concerns were addressed and handled.

Activities Related to the Core Functions as Identified in Nebraska Statute

The Communicable Disease program investigates communicable diseases and conducts disease surveillance to prevent and control outbreaks. The Safe Kids Sarpy/Cass program coordinates efforts to reduce unintentional injuries and death in children 19 years and under.

The Preparedness program partners with emergency response agencies to plan for and respond to a variety of community health emergencies.

The Active Aging program addresses health and wellness topics relevant to seniors, and includes basic foot care and blood pressure clinics and home visitation. The Maternal and Child Health program provides resources to those interested in sustaining healthy pregnancies and infant development. The Environmental Health program controls environmental hazards and preserves and improves environmental factors for the achievement of optimum health and safety.

Additional Activities Related to the Ten Essential Public Health Services

1. Monitor: Cases of reportable illnesses were reviewed daily; school absentee data was collected weekly during the school year; and influenza-like illnesses were reported by local hospitals.
2. Diagnose and investigate: 459 cases of reportable illnesses were investigated; case management for residents with Tuberculosis was provided; and educational materials and recommendation letters were provided to individuals with elevated blood lead level tests.
3. Inform and empower: Over 1,500 residents received information during presentations offered throughout our communities. Topics included nutrition, fire prevention, bike helmet safety, and chronic disease prevention.
4. Mobilize community partnerships: The Department partnered with other community groups to address disease prevention, maternal and child health issues, veterans concerns, and emergency preparedness.
5. Develop policies: Maternal Child Health nurses launched a workplace lactation support initiative and offered assistance in developing workplace policies.
6. Enforce laws: The Department conducted inspections of public swimming pools under Nebraska Regulation Title 178 Chapter 2.
7. Link people to services: Department nurses conducted 343 home visits; 126 child passenger safety seats were installed; and 768 clients received basic foot care and health screenings.
8. Assure competent workforce: Department staff completed the “Council on Linkages Core Competencies for Public Health Professionals” to assess staff competency in public health and to guide professional development.
9. Evaluate: Programs were continually evaluated for alignment with community needs and coordination of services from community partners.
10. Research: Data from needs assessments led to the implementation of a fire prevention program.

Meeting National Public Health Standards through the Public Health Accreditation Board (PHAB)

The Department is actively pursuing public health accreditation, and currently has documentation to support over 50% of the PHAB standards. This year, Standard 3.2.2 was completed by creating an organizational branding strategy. The Department aims to apply for PHAB accreditation within the next three years.

Stories of Public Health within Sarpy/Cass Department of Health and Wellness

The Sarpy/Cass Health Department VetSET program partnered with the Plattsmouth Veterans of Foreign Wars (VFW) to host a health fair targeting service members, veterans, and their families. The program worked with numerous community partners to provide education and services relevant to the unique challenges Nebraska's rural veteran's experience. The program was able to provide those in attendance with resources in the community that are available to help them overcome health disparities. The health fair was attended by over 75 and was well received by the community.

Assessment (monitor health, diagnose and investigate)

South Heartland District Health Department (SHDHD) employs a 0.625 FTE disease surveillance coordinator who is trained in disease investigation and outbreak management. She monitors and investigates disease reports in the 4-county health district for all of the reportable diseases and conditions defined in statute. The executive director and two public health nurses are also trained in disease monitoring and investigation and are available to provide back up and surge capacity, as needed. South Heartland employs a 1.0 FTE public health risk coordinator who leads public health emergency preparedness and response efforts and contributes to monitoring and investigation of some environmental health concerns, such as radon, nitrates, and smoking violations. The public health risk coordinator is also a certified radon measurement specialist. SHDHD conducts regular community health needs assessments to determine the health status of the population and the chief health threats in our communities.

Policy Development (mobilize community partnerships, develop policies, inform, educate, and empower)

SHDHD serves as chief health strategist, leading the 4-county district efforts to improve health and quality of life through periodic community-wide and community-informed strategic planning. The resulting Community (district-wide) Health Improvement Plan (CHIP) identifies health priorities and outlines strategic goals and strategies for addressing each issue. The current (2013-2018) CHIP goals and strategies are aligned with state and national plans and guide local health improvement efforts. SHDHD's Board and staff developed a Strategic Plan to support implementation of the CHIP. Staff work with community partners to implement the plan, serving on or leading coalitions and advisory groups, identifying and securing grants and other resources, directing health improvement initiatives and coordinating public health education efforts. Current Priorities: Obesity, Cancer, Mental Health, Substance Abuse, Access to Health Care.

Assurance (assure competent workforce, link to services, enforce laws, evaluate, and research)

South Heartland employs 0.8 FTE public health nurse/community health services coordinator and 1.5 FTE community health workers to assure links to healthcare services, including immunizations for vaccine preventable diseases and preventive cancer screenings, and to help reduce barriers to access, especially among vulnerable and at-risk populations. SHDHD's public health risk coordinator, in cooperation with DHHS, local governments and local law enforcement, contributes to efforts to enforce public health laws, such as the Nebraska Clean Indoor Air Act (Nebraska Revised Statutes 71-5730) and Methamphetamine Cleanup (Title 178, Ch 24). SHDHD assesses the public health core competencies of its staff and has a Workforce Development Plan to address priority gaps in competencies and other workforce needs. SHDHD supports staff development opportunities to assure staff are staying current in their areas of responsibility and are using evidence-based practices. We have a strong internship program, partnering with Hastings College, UNMC College of Public Health, and other educational institutions to train future workforce by providing opportunities for internships, seasonal program assistant work, capstone projects, and practicums. SHDHD has processes in place to evaluate its outcomes and effectiveness and is implementing a Quality Improvement Plan to improve program and administrative outcomes. SHDHD's executive director is a member of the Nebraska Practice-Based Research Network and an adjunct faculty in the Department of Health Services Research and Administration, UNMC College of Public Health, and contributes to research studies on public health practice through these relationships.

Activities Related to the Core Functions as Identified in Nebraska Statute

South Heartland helps prevent illness, disease and disability by offering programs such as, but not limited to, the federal Vaccine for Children program to protect against vaccine-preventable diseases; evidence-based falls prevention; National Diabetes Prevention Program classes; breast, cervical, skin and colon cancer prevention and screening activities; and lead poisoning prevention activities.

Preventing Lead Poisoning: Seventy-two (72) children had elevated blood levels reported to SHDHD during 2016-17. SHDHD staff educated parents on reducing exposure to lead, sent reminders to ensure follow up blood testing at recommended intervals, and arranged with DHHS for lead testing of the children's home environment when appropriate.

Falls Prevention: South Heartland coordinates Tai Chi Moving for Better Balance classes to help our older adults improve their balance and reduce the likelihood of falling. Research shows that people who complete the program are half as likely to fall and are less fearful about falling. Ninety (90) older adults benefitted from 8 Beginning Tai Chi classes and 63 more benefitted from 4 Advanced Tai Chi classes offered in Hastings, Red Cloud, Superior, Nelson and Sutton. Of the participants who completed the 12 week beginning series, 79% improved functioning, mobility, strength and balance.

Preventing Diabetes: South Heartland is implementing the evidence-based National Diabetes Prevention Program we call 'Smart Moves', which is a lifestyle change program for people who are at risk of developing diabetes, but don't yet have diabetes. This year-long program helps people lose weight and reduce body fat by increasing physical activity and improving eating habits. In 2016-17 there were 5 Smart Moves classes started in the district with one conducted in Spanish. The numbers: 50 participants in our 1st full year of classes, 2 programs seeking CDC recognition status, 11 coaches trained. Example outcomes: 88% of the first Superior Smart Moves class participants lost weight and had improved blood glucose levels.

Preventing Skin Cancer (Sun Safety lessons at the doctor's office): SHDHD is addressing the district's alarming skin cancer incidence and mortality rates by focusing on those who are exposed to UV rays during childhood and teen years. The SHDHD surveyed primary care providers to select 1-2 providers from each county to serve as Sun Safety Champions and to be pilot sites for an evidence-based skin cancer prevention behavioral counseling activity with their youth and young adult patients. Six Sun Safety Provider Champions received a banner on sun safe behaviors for their clinic waiting room, sun safety kits to hand out to patients, and resources to support behavioral counseling with their patients. Sun safe behavioral counseling is recommended by the U.S. Preventive Services Task Force to improve sun safe behaviors in youth and young adults.

Harvard steps up! SHDHD helped connect groups in the Harvard community and facilitated action planning for a Joint Use Agreement that, once completed, will allow community members to utilize Harvard Public Schools' outdoor facilities free of charge. The Agreement will provide community members with an accessible and safe place to be physically active.

Responsibilities of SHDHD's Public Health Risk Coordinator include coordinating with local, regional, and state efforts in preparing and responding to emergencies and promoting prepared and resilient communities. SHDHD plans locally with emergency managers, hospitals, Community Organizations Active in Disaster (COAD), long term care centers, and others, and regionally with members of the Tri-cities Medical Response System. Activities in FY 2017 included an exercise and evaluation of public health and emergency management's response and recovery collaboration for a mass fatality incident in a rural setting.

Through SHDHD's Every Woman Matters and Community Health Hub programs, staff look for ways to connect with men and women at worksites, in homes, at small group meetings, at community events. The program educates and assesses each individual's health needs and risks, refer community members to appropriate services and empower individuals to take charge of their health. When women are identified who need breast, cervical or colorectal cancer screening, the program helps them make appointments for cancer screening and

provide assistance with transportation, interpretation or advocacy, as needed. Upon finding women who are ready to make lifestyle changes to improve their health, the program provides one-on-one personal support to help with goal setting, and financial support to enroll in community programs such as Smart Moves Diabetes Prevention Program. Through these programs, over 400 clients were linked with a medical provider and/or one or more community resources.

SHDHD protects area children from pertussis (whooping cough), mumps, measles, hepatitis, influenza and other childhood diseases through the Vaccine for Children (VFC) program. For many of these diseases, the shots provide life-long protection. The VFC program serves children under age 19 who are uninsured, underinsured or on Medicaid. Spanish speaking patients/families make up approximately half of the clinic patients. Through assistance with SHDHD's bilingual Community Health Worker, patients/families are provided interpretation through the scheduling process, during the clinic visit and are assisted with finding a local provider. Clinic is held once each month. In FY 2017: 535 vaccines at 220 client visits for children up through 18 years of age; 71% were uninsured, 13% were underinsured and 16% were Medicaid.

Additional Activities Related to the Ten Essential Public Health Services

ES 1: South Heartland monitors notifiable conditions using the NEDSS (National Electronic Disease Surveillance System) and direct reports from local healthcare providers. Investigations are completed in order to identify sources of exposure and prevent further illness. Information collected during the investigation process is also sent on to Nebraska DHHS and the Centers for Disease Control and Prevention (CDC) as required by law. SHDHD reviewed 1,531 lab reports, including 158 reports of STDs, and we conducted 125 disease investigations. Zika virus education and testing was an important surveillance activity, with 18 requisitions processed for specimens to be sent for testing at the CDC.

ES 5 Policies and Plans: SHDHD completed a Zika Response Plan to be used as a resource for prevention and planning in case of a spread of Zika virus activity into Nebraska. On another front, in implementing SHDHD's Strategic Plan objective to "Send clear, concise information to elected community officials on important public health legislation/issues at least once a year," the health director and public health risk coordinator met with all four County Boards and provided information on local radon data, Appendix F of the international building code, and LB 9 that would create a task force to identify minimum standards for radon-resistant new construction in Nebraska.

Meeting National Public Health Standards through the Public Health Accreditation Board (PHAB)

SHDHD applied for PHAB accreditation in May 2016, attended national PHAB Accreditation training in Alexandria, VA, in August 2016, and submitted all of the required documentation for accreditation in August 2017. We expect an accreditation site visit in early 2018. The accreditation process is helping the department to identify those areas demonstrating excellence in meeting public health standards, and those areas where additional focus. SHDHD is continuing to work toward incorporating quality improvement and performance measurement is needed in daily public health practice. For example, SHDHD completed administrative quality improvement projects to increase the efficiency and accuracy of documentation for the procurement process. We are also improving workflows in the immunization clinic. South Heartland is also focusing on ensuring appropriate policies, procedures and plans in place and operationalized. In the past year we have significantly revised the HIPAA Plan, reviewed the Emergency Response and Continuity of Operations Plans, updated the Quality Improvement Plan, revised the Communications Plan and added a Branding Strategy, created a Public Health Ethics Committee and associated Ethics Procedures, created a Workforce Development Plan, and formalized procedures for incorporating Health Literacy practices and CLAS standards into our work. SHDHD continue to work at operationalizing the plans by implementing initial training and annual training refreshers for staff and evaluating our progress.

Stories of Public Health within the South Heartland District Health Department

SHDHD is coordinating community efforts to prevent diabetes by training diabetes prevention lifestyle coaches and establishing a *Smart Moves* National Diabetes Prevention Program in communities and worksites. The goal? To help adults who are at risk for diabetes make lifestyle changes that will reduce the risk for type 2 diabetes and its related complications, improve quality of life, and reduce health care costs.

One local partner, Brodstone Memorial Hospital, in Superior, is a champion for worksite wellness in their communities and a success to the local diabetes prevention effort. In early 2016, Brodstone invited employees to participate in a *Smart Moves* program with two new diabetes prevention lifestyle coaches, Sue and Micki, who were trained through the health department. The year-long program for employees wanting to make a lifestyle change to prevent diabetes was part of Brodstone's wellness program. If the employee finished the class they received a reduction in their insurance premiums.

Of the 25 employees finishing the class, 20 lost weight for a total class loss of 447.4 pounds and time spent engaged in physical activity increased. Of the 7 participants with documented blood work before and after 16 weeks of the program, 5 saw improvements in their blood glucose levels. All these numbers mean reduced risk for diabetes! Participants also reported that cooking and eating with the *Smart Moves* lifestyle had become their new normal. Through word of mouth, demand for the next class was so high that Micki and Sue offered 2 classes.

Assessment (monitor health, diagnose and investigate)

The Southeast District Health Department (SEDHD) conducts a community health needs assessment for the counties of Nemaha, Pawnee, Johnson, Richardson, and Otoe. This assessment is conducted with various community partners. Key contributors to this collaboration were the six hospitals in the SEDHD district. This assessment captured various data points reflecting the health of the community. These data points were accompanied by community surveys to gauge the importance of various health topics in the community. This assessment was completed two years ago. What resulted from this community health needs assessment was a prioritization of health related issues within the community. SEDHD and its partners identified chronic disease, cancer, and behavioral health/substance abuse as the top priorities impacting health in Southeast Nebraska. Because of the prioritization, groups were formed and programs were developed to address these health needs in the community. SEDHD still works with these partners to address the health needs in the community. In 2018, SEDHD will start the next iteration of the Community Health Needs Assessment, to continue the work it has done with its partners over the past three years.

SEDHD conducts assessments in the community through disease surveillance that is conducted. Issues such as rabies, illness, and trends occurring in the community are documented and tracked by the disease surveillance staff. This is an important function for SEDHD in efforts to preventing the spread of disease and illness. Partnered with educational campaigns, SEDHD reaches out to the general public to make individuals aware of trends occurring within the health district and state potentially impacting their health. The information and data obtained from the disease surveillance program assists with other programs at SEDHD such as immunization, emergency preparedness, drug awareness campaigns, and policy programs. With the information SEDHD is able to develop from surveillance, Southeast Nebraska is a better informed community concerning current trends in disease and illness.

Finally, SEDHD's child and family home visitation program Growing Great Kids (GGK) develops partnerships within the community in an effort to grow referrals to the program. GGK is a program utilizing an evidence-based curriculum to deliver information to parents on early child development. This program address the growth of the child from birth to three years old. GGK empowers parents to be self-reliant and seek out needed resources independently with assistance from the GGK worker. Assessments are conducted to determine the need of the family and what services would be appropriate to foster growth within the family.

Policy Development (mobilize community partnerships, develop policies, inform, educate, and empower)

Policy development for SEDHD is driven by the Community Health Needs Assessment, initiatives at the State Legislature, and current topics in the media. As SEDHD tries to be proactive when addressing current issues, SEDHD recognizes the need to be reactive to issues when brought. Working with the board of health, SEDHD develops stances on particular items concerning the health of the public. The director of SEDHD has regular contact with county commissioners within the health district.

Elected officials are only part of the partnerships. SEDHD also has developed partnerships with the community action agency in Southeast Nebraska, the State College, the six hospitals, area medical providers, along with various other community activists. From this group meetings occur addressing substance abuse and behavioral health issues, along with community needs resulting from the health assessment.

Assurance (assure competent workforce, link to services, enforce laws, evaluate, and research)

It is through this document that SEDHD and partners are able decide the direction of programs and needs within Southeast Nebraska. This document prioritizes needs based on the feedback of the community and related data points. From this SEDHD can better prepare staff to address the needs of the community. Staff is sent to specific trainings to better prepare themselves when addressing current topics in Southeast Nebraska. SEDHD encourages its staff to continue education for a better informed community.

SEDHD assures that programs provided to the community are up to date and provide the resources based on the need of the individual. SEDHD tries to provide an evidence-based curriculum or practice in all of its programs. This assures that community members are receiving services with a history of success.

Activities Related to the Core Functions as Identified in Nebraska Statute

SDHDH has emphasized prevention through the immunization program, the disease surveillance, emergency preparedness, and wellness programs. The focus for each of these programs has been prevention. Immunizations are the best way of protecting the population from preventable illness. Disease surveillance allows SEDHD to track illness in the community and to prevent illness from spreading. Emergency preparedness is a program that puts plans into place on how SEDHD reacts to public health emergency. In this program, SEDHD hopes to lessen the severity of public health disasters through planning and partnerships. SEHDH wellness programs go out into the community to work with individuals in areas of diabetes prevention, blood pressure monitoring, cholesterol checks, and knowing what those numbers mean.

The SEDHD staff is continually building relationships in efforts to coordinate resources for our community. SEDHD relies on partnerships to deliver high quality services to the community. Emergency preparedness staff work with hospitals, clinics, emergency management, and other partners to develop plans in the event of a public health disaster. The epidemiology staff works with hospitals, clinics, and schools in efforts to track disease and prevent its spreading.

The GGK staff uses resources provided by community organizations to provide services to families. GGK holds an annual drive for clothing, toys, diapers, and other items to be used as incentives for families and also to fulfill Christmas wish lists. GK partners with organizations to provide education on topics such as parenting and safety when requested. GGK also networks with local organizations to provide quarterly special topic presentations and activities to enrolled families.

SEDHD offers one time Welcome Baby visits to all families delivering in the service area. This nurse visit provides families with peace of mind after discharge from the hospital and covers topics such as postpartum care, basic care of newborns, breastfeeding, etc.

SEDHD provides education on disease processes to immunization clients. This information is also provided to the public through media articles and interviews published in the area. Information is also provided to families concerning lead levels. Along with lead, SEDHD encourages individuals to test homes for radon levels. SEDHD had the second highest levels in the State of Nebraska. SEDHD provides information on mosquito borne illness and the importance of utilizing spray during peak seasons.

Additional Activities Related to the Ten Essential Public Health Services

SEDHD links its programs to the Ten Essential Public Health Services. The disease surveillance program monitors disease status, the surveillance also assists with diagnosis and investigation of identified outbreaks within the community. The Community Health Needs Assessment is the tool that helps with the development of partnerships and addressing policy. The community wellness programs that involve lifestyle coaching classes have empowered the community to make the changes necessary to lead healthier lives. The GGK program is a

means to provide linkage to care. It is through partnerships that SEDHD enforces laws concerning public health. SEDHD impacts law and policy through its relationships with elected officials in the community. SEDHD provides many training opportunities for staff so that there is adequately trained individuals providing service in the community. All of the programs at SEDHD are assessed to measure the effectiveness and efficiency of services being provided in Southeast Nebraska.

Meeting National Public Health Standards through the Public Health Accreditation Board (PHAB)

As SEDHD is not actively pursuing PHAB Accreditation, although we feel that it is important to meet the standards of an effective organization. PHAB provides the tools to increase the effectiveness of the organization. SEDHD evaluates its programs assuring services are provided at suitable standards to be offered in the community. As an organization with limited resources SEDHD relies on making sure resources are not wasted and that all programs work at a high level. Programs are evaluated and addressed to constantly improve the delivery of service. SEDHD has invested in software that better tracks performance within the department.

Stories of Public Health within the Southeast District Health Department

One of the most notable success stories occurring at SEDHD is the implementation of the Diabetes Prevention Program (DPP). The purpose of this program is to prevent the onset of diabetes in individuals at risk. SEDHD utilizes a community health worker to facilitate classes that empower individuals to improve their health daily through diet and exercise over a one year period. Participants are provided skills that assist them to make better decisions impacting their health. Participants are evaluated at different stages of the curriculum to monitor progress. To date all participants in the Auburn class have shown positive change in at least on category addressing either blood pressure, weight, waist circumference, cholesterol, or glucose. SEDHD is currently getting more people trained to provide the DPP in other areas of SEDHD area of service.

Assessment (monitor health, diagnose and investigate)

Southwest Nebraska Public Health Department (SWNPHD) purchases the Behavioral Risk Factor Surveillance Survey (BRFSS) from DHHS with data specific to the health district. Data that is specific to SWNPHD geographic area is placed on the health department's website for easy access by the public health partners.

SWNPHD monitors and follow-up on reportable diseases through a secure web login provided by DHHS. Education is then provided across the health district based on disease.

Radon testing is performed for real estate transactions as requested by home buyers. Radon test kits are sold with data going to State of Nebraska.

Policy Development (mobilize community partnerships, develop policies, inform, educate, and empower)

SWNPHD partnered with local hospitals for education through health fairs; and actively partnered with local businesses to provide education and screening for cardiovascular disease and diabetes. Most of these services were provided to persons with no access to healthcare.

The department hosted a communication and public information officer training with a nationally known speaker.

SWNPHD developed, implemented and evaluated full scale exercises with local partners to test public health and other medical entities response.

Radon and mold test kits are sold to empower citizens to take action for health improvement.

SWNPHD worked with local hospitals and another health department to develop strategic plan for healthcare coalition.

Facebook and Twitter are used several times per week with a variety of messaging for health education. The website is updated monthly with hot topics. News releases are sent to local radio and newspapers for updates on health issues.

Assurance (assure competent workforce, link to services, enforce laws, evaluate, and research)

SWNPHD hired a paramedic to assist with the clinical and preparedness services.

Local nursing students shadow with their registered nurse doing disease surveillance, clinical services, and laboratory services.

Staff are educated weekly on policies, procedures and various tasks to increase proficiency in programs.

SWNPHD offers low cost health fair laboratory services on four preventive tests to clients on a daily basis to promote access to services.

We hosted a college intern for two months, and he completed an environmental survey of services with other health departments, evaluated the website, and assisted with preparedness month activities.

Staff participate in monthly surveillance calls for disease surveillance training and updates.

Activities Related to the Core Functions as Identified in Nebraska Statute

Preventive laboratory draws for four screening tests performed at health fair cost. Immunizations performed for adults and children.

SWNPHD works collaboratively with multiple public health partners.

Environmental complaints are referred to the appropriate agency.

Meeting National Public Health Standards through the Public Health Accreditation Board (PHAB)

SWNPHD has updated the strategic plan, reviewed continuous quality improvement processes and participates monthly in community practices conference calls.

Stories of Public Health within the Southwest Nebraska Public Health Department

Through the disease surveillance process, the public health nurse observed multiple persons with campylobacter in the same community. There was no community or family event that connected the people with the disease. Upon follow-up, DHHS assisted SWNPHD in conducting a disease outbreak. Thirty-eight people were interviewed for the outbreak and 56 persons acted as controls for the investigation. The investigation led to a municipal well which had been contaminated. The village has taken action to correct the contamination by rotating water usage between the qualified wells and eliminated two wells that are no longer being used for human consumption.

Assessment (monitor health, diagnose and investigate)

Three Rivers Public Health Department (3RPHD) assesses its community health needs each and every day. Assessment of community health is accomplished by collecting disease surveillance data through tracking reportable diseases and influenza like illness. The Disease Surveillance Coordinator collaborated with 50 schools, 23 long term care facilities, and three hospitals to complete weekly reporting during the influenza season in order to track influenza activity in the jurisdiction. The Disease Surveillance Coordinator also conducted investigations on 274 confirmed, probable, and suspect reportable disease cases including foodborne illnesses, Hepatitis C cases, vaccine preventable diseases, and animal exposures. Monthly reportable disease data is also compiled and shared with infection control nurses at the three hospitals in its jurisdiction, the infectious disease physician in the area, and the health department board and staff.

3RPHD also monitors West Nile Virus by participating in biweekly collection of mosquitos, which are sent to a lab for testing. Those data are compiled with the rest of the state's data in order to assess the current status of West Nile Virus in Nebraska. Three Rivers is also responsible for investigating human cases of West Nile Virus.

Policy Development (mobilize community partnerships, develop policies, inform, educate, and empower)

3RPHD worked to coordinate multiple events and programs aimed at informing, educating, and empowering its community. For example, the Step It Up program empowered community members to walk during their lunch breaks to increase activity. To encourage the 55 participants to continuously improve their health, they also received pre- and post-screenings and education material each week. In addition, 3RPHD participated in multiple "Pink Out" events in conjunction with the Saunders Medical Center for Breast Cancer Awareness Month to increase knowledge of need and availability for breast cancer screenings. A "distracted driver" survey and study was completed at all local high schools with various students to gather information on the driving habits of local teens. The information gathered was then distributed to the schools and parents.

Assurance (assure competent workforce, link to services, enforce laws, evaluate, and research)

To assure a competent workforce, employees are provided with the opportunity to develop their public health competencies through trainings and staff development. These trainings and conferences cover a variety of public health topics including: Emergency Preparedness, Mental Health 1st Aid, Title X Reproductive Health Services, and Safe Kids.

During Public Health week in April of 2017, staff promoted public health as a career to high school students at Ashland Greenwood. This presentation gave an overview of the Essential Functions of Public Health and explained the variety of public health careers.

3RPHD enforces public health safety laws through our Safe Kids program. Nebraska state law mandates that approved child safety seats are required for all children until the age of six. To help families observe these laws, 3RPHD provides inspection stations five days a week by appointment with one of four certified car seat technicians. This year we inspected 215 car seats and provided 125 brand new seats to qualifying low income families. Additionally, parents and caregivers are educated on Nebraska's seat belt laws for drivers and passengers.

Activities Related to the Core Functions as Identified in Nebraska Statute

To prevent illness and disease in its communities, 3RPHD provides immunizations and reproductive health services to our community. 3RPHD provided 5,430 immunizations to children and adults in communities, which stops the spread of illness and disease that can be prevented with a vaccine.

Another example of preventing disease is through the reproductive health clinic. Within the reproductive health clinic, we conducted 1,727 visits this year. The reproductive health clinic provides preventative health services, such as access to affordable family planning methods, breast and cervical cancer screening, and STI services.

Injury and disability prevention is the focus of Three Rivers Safe Kids program. During October 2016-April 2017, 195 students in driver's education classes heard a presentation about the consequences of distracted driving. Additional disability prevention activities include: annual bike safety rodeos (171 free bike helmets provided), annual car seat check events, and library presentations on bike and pedestrian safety, and basic first aid.

An example of coordinating community resources is the Kids Learning Awareness and Safety Day (KLAS). 3RPHD partnered with Fremont Health to plan the one-day event where students can learn about health and safety from experts in our community. Community presenters included Fremont Fire and Rescue (fire prevention, severe weather planning), The Bridge Crisis Center (internet safety), The YMCA (water safety), Law Enforcement (seat belt convincer), and Fremont Health (basic CPR, meal planning, and medication safety). A total of 56 students from surrounding communities participated in KLAS.

3RPHD utilizes public health nurses for disease prevention and control by extending immunization clinics to the community. Influenza immunizations are an important public health service that we provide to businesses and organizations. During the 2016-2017 influenza season, 3RPHD immunized 2,786 individuals at 104 different flu clinic locations throughout 3RPHD health jurisdiction which consisted of business and organizations in our communities. In addition, our nurses extend adult immunizations and vaccines for children by offering clinic days at several libraries.

To extend public health education to the community, Three Rivers participated in 78 outreach events throughout the year. These events include: life skill classes at the homeless shelter, back to school events for Midland University, Eco fairs, YMCA healthy kid's day, and community health fairs.

Additional Activities Related to the Ten Essential Public Health Services

- Assessment Activities: monitor infectious diseases, investigate illnesses, and monitor health hazards such as radon, environmental concerns, and West Nile Virus.
- Policy Development Activities: mobilize community partners through coalition work, develop and review program policies for health department services and clinic services, and empower individuals through colon cancer screening, health coaching, and breast cancer awareness.
- Assurance Activities: create access to care through clinic services or referrals to partner healthcare systems, evaluate services through client satisfaction surveys, and provide adequate staff training.

Meeting National Public Health Standards through the Public Health Accreditation Board (PHAB)

The two strategies to move the health department towards accreditation include strategic planning and implementing a communication platform for improved data and file sharing. Three Rivers contracted with a facilitator to guide health department staff and board members to critically think about the organization's roles, priorities, and direction over three to five years. The facilitated strategic planning meetings took place between July-August, 2017.

In May, an intranet was implemented to streamline document navigation and accessibility to documents remotely. Staff was trained on the functions of the new system in order to proficiently share documents, send immediate chat messages, complete online forms, and restructure the process for saving and accessing files.

Stories of Public Health within the Three Rivers Public Health Department

On Wednesday January 25, 2017, 3RPHD noticed an elementary school in the district reported an abnormally high number of students who were absent due to gastrointestinal illness (61 students out of 305, 20%). The following day the number of sick students and staff increased to 23% (70) absent.

In collaboration between the school administration, 3RPHD, and DHHS it was determined norovirus was the probable illness. It was discovered that earlier in the week several students vomited in common areas of the school, which increased the risk of exposure for students and staff. 3RPHD worked to confirm the cases of norovirus through stool sampling by providing kits. Students and staff who were experiencing symptoms were encouraged to provide a stool sample through free sampling kits provided by 3RPHD and free lab testing provided by DHHS.

The decision was made to close the school on Friday to prevent further spread of the virus. The building was closed in preparation for disinfecting all surface areas of the building. 3RPHD guided the school on proper cleaning protocol and provided necessary resources. 3RPHD worked in collaboration with the school to write the health messages that were released to parents and community members.

Due to the strong partnerships between the health department and the schools in the district, we were able to take immediate action and prevent the spread of disease. The number of students decreased to less than 10% after disinfecting. 3RPHD are proud to provide disease prevention services to the community. More importantly, communities turn to 3RPHD in times of need because of the offered knowledge.

Assessment (monitor health, diagnose and investigate)

Two Rivers Public Health Department (TRPHD) takes the lead within the district in monitoring the health status of its residents. Health data is gathered from various agencies and partners during the community health assessment process to determine what significant public health problems exist. These data sets, paired with community input, prioritizes the areas of greatest need. TRPHD is currently in the initial stage of the district wide assessment process with the results contributing to the development of next the community health improvement plan.

TRPHD continually monitors the health status of the community by tracking disease occurrence within the seven county region. Local schools submit student absenteeism reports to the department to assess trends in student illness and provide recommendations to limit spread of communicable disease. Local clinics and hospitals report electronic disease reports to TRPHD in order to track occurrence and identify the source of disease enabling public health interventions and controls to be in place to reduce the spread of illness.

Policy Development (mobilize community partnerships, develop policies, inform, educate, and empower)

TRPHD's best work is often in partnership with local public health partners. The determinants of health are difficult problems that require collaborative approaches - with access to care-mental health being one of TRPHD's priorities. TRPHD is active as the backbone agency for a collaborative program in Dawson County targeting the development of social-emotional learning of children, birth through age eight. The interactions in a child's earliest years are critical to future success in learning, social competency, and prevention of mental health problems.

An additional area TRPHD continues to grow in is the movement towards overall health and wellness. Much of the environment surrounding us every day influences our health in subtle ways such as the convenience of a sugary drink or snack to elimination of extra physical activity. TRPHD has multiple programs in place to address the issue of overweight/obesity. Recently, healthier retail food access in addition to policy work surrounding walkable communities has taken center stage. TRPHD led assessments of local businesses vending options with the resulting policy change of healthier options being offered-having a long term effect on the health of local consumers.

TRPHD has benefitted from great area partners in emergency response preparedness. TRPHD currently facilitates the Tri-Cities Medical Reserve System - a collaboration of hospitals in four health districts including Grand Island, Hastings, and Kearney. Emergency response and preparedness requires team work involving law enforcement, emergency responders and emergency mangers to ensure effective and coordinated efforts. Response plans are tested through simulated exercises to identify potential areas for improvement in the event of a serious unplanned incident. Often planning work is behind the scenes and can go unnoticed by residents, however, the efforts are realized during the response to an event involving public health. These planning efforts continue to support strong relationships throughout the TRPHD area.

Assurance (assure competent workforce, link to services, enforce laws, evaluate, and research)

TRPHD works to maintain a strong workforce by ensuring competencies are in place for internal team members. Performance evaluations, conducted annually, are based on these competencies. In addition, TPRHD

collaborates in providing trainings for nurses in school health and infectious disease. Having a well-trained competent public health workforce is essential to the work they do.

TRPHD plays a large role in linking people to needed services within the district. It utilizes Community Health Workers to identify services that are available and empower people, through education, on the services available within the communities. Oftentimes, it can be challenging to navigate complex health and nonprofit systems to the untrained individual. Community Health Workers excel in providing guidance and assistance to individuals and families in this area of need.

Activities Related to the Core Functions as Identified in Nebraska Statute

TRPHD has a chronic disease prevention program emphasizing increased physical activity through walkable and bikeable communities in addition to increased consumption of fruits and vegetables through the support of farmers markets. TRPHD routines provides communicable disease surveillance and investigation to prevent the spread of disease. A few common communicable diseases include influenza, tuberculosis, and pertussis. TRPHD collects mosquito samples during the summer, typically April through September, providing an early indication of the arrival of diseases such as West Nile Virus.

TRPHD provides radon test kits residents to detect dangerous levels of radon, a colorless, odorless gas, within households to prevent lung cancer.

TRPHD has a long standing preventative dental program providing screenings, fluoride varnish, temporary fillings and education. We coordinated and secured supplies for a free life smiles dental restorative clinic, partnering with local dentists, to provide much needed dental care to those in most need.

TRPHD provides and coordinates annual first responders N-95 fit-testing with a Porta-count machine throughout the district. It is important to protect first responders to potentially communicable diseases such as tuberculosis, as both historically eliminated diseases increase and novel diseases are discovered.

TRPHD provides education on a wide variety of health topics throughout the year in partnership with local mass media partners. The community health nurse assesses potential areas of deficiency in public health nursing practice and coordinates opportunities for professional development when possible. Common topics of education include rabies, tuberculosis, Zika, and gastrointestinal illnesses.

TRPHD provides regular education on environmental health topics such as bed bugs, indoor air quality, landlord/tenant, radon, and health nuisance complaints. Follow up on all public water system acute and non-acute reported violations is completed to provide education, support and assure compliance with violations.

Radon measurement continues to be promoted to the general public and real estate agents to increase the number of houses tested prior to or during the real estate transaction process with the intended outcome in the reduction of lung disease.

Additional Activities Related to the Ten Essential Public Health Services

TRPHD activities closely follow the three core functions and the ten essential services of public health. The identification of community health problems is key, with limited resources, the prioritization is often paramount to success. Through the district community health assessment process, TRPHD prioritizes health issues with the current issues being: Access to healthcare (including behavioral health):

- Healthy living (including overweight, obesity and personal responsibility)
- District interagency collaboration. Community partnerships are an area TRPHD continues to develop and promote as local solutions to solve health problems.

Common health challenges in TRPHD are: Obesity (physical activity and nutrition)

- Communicable disease and control with large rural district
- Chronic disease management

In addition, TRPHD enjoys great partnerships with local mass media assisting in providing timely health information throughout the year.

Meeting National Public Health Standards through the Public Health Accreditation Board (PHAB)

TRPHD applied for accreditation status through the Public Health Accreditation Board in November 2016. The health department continues to collect documentation and implement systems directed towards successfully achieving accreditation standards and measures.

Stories Public Health within the Two Rivers Public Health Department

One of TRPHD's significant successes in 2017 was the dental program's free pediatric restorative clinic conducted on March 13 through March 17. The free clinic was organized due to the inability of a previous partner to send a mobile care unit and the tremendous need observed through routine programmatic activity. The event site was at Central Community College's Lexington campus. TRPHD collaborated with West Central District Health Department for equipment loan. Supplies were obtained through donations by dental supply companies, local providers, and the community. Four local dentists volunteered restorative services and care. TRPHD provided two days of free dental hygiene services. Overall the project resulted in ninety-two teeth restored and/or sealed (a total of one hundred and fifty-five surfaces), eleven teeth extractions, seven debridements, and two prophies were accomplished over the week. Data on the cost estimates of the provided services exceeded $30,000. This event illustrates the need for continued preventative care to underserved populations to provide access to care. TRPHD continues to move the dental program to a sustainable model to provide the much needed care to prevent disease.

Assessment (monitor health, diagnose and investigate)

In July 2016, WCDHD was notified of a foodborne disease, hepatitis A, outbreak in a vulnerable population within its jurisdiction. WCDHD began the investigation and provided post-exposure prophylaxis and education to those impacted by this outbreak. Ten individuals contracted the hepatitis A virus during the course of this investigation, including its case index, and one individual passed away due to complications from the virus. WCDHD continued to monitor for any additional cases through October 2016 due to the incubation period of hepatitis A.

In April 2017, WCDHD investigated a laboratory confirmed measles case that impacted a local school district. This case investigation required persistent collaboration and partnership with a number of entities within its jurisdiction including local school district, public transportation, medical providers, hospital, other district health departments, and State epidemiologists. The school district complied with the Nebraska State Statute Title 173, Chapter 3, by not allowing students who were unimmunized/under-immunized to return to school until the incubation period expired.

WCDHD completed a Community Health Assessment (CHA) in 2015-2016, assessing the health of the local area through assessments involving community partners, the community, and data review. As a result of the CHA, health priorities of Healthy Lifestyles, Affordable and Equitable Access to Care and Services, and Community Ownership were determined and the process of developing a Community Health Improvement Plan (CHIP) began. At this point, through WCDHD-led community involvement, several programs have been developed and are in the planning phase or being implemented.

Policy Development (mobilize community partnerships, develop policies, inform, educate, and empower)

WCDHD's Community Health Assessment (CHA) involved 60 active partners, with emphasis on policy development such as housing improvement through the local housing taskforce. Through WCDHD's Community Health Improvement Process (CHIP) the groundwork is being laid to empower the community to drive toward systems change through policy development in its community.

In an effort to reduce the public health crisis of drug overdose related deaths, WCDHD collaborated with NDHHS Prescription Drug Overdose Prevention Epidemiologist, to help facilitate conversation with local law enforcement, county attorney, and state partners bring awareness of the new legislature (Neb.Rev.Stat. § 71-2454, 71-2455, 71-2456) and to request action from county attorneys/coroners to utilize the grant funds through the CDC Prescription Drug Overdose Prevention for States grant to impact the 77% unknown drug-related deaths.

Assurance (assure competent workforce, link to services, enforce laws, evaluate, and research)

WCDHD had five employees trained as Community Health Workers (CHW) to provide health coaching to educate and reduce the rates of cardiovascular disease, obesity, and diabetes to over 500 Minority Health Initiative (MHI) clients.

WCDHD staff were lead coordinators in the Project Connect held in North Platte on April 4, 2017. Project Connects purpose was to provide a one-stop location for those seeking community resources. Participants were able to meet individually with community organizations providing resources, services, and referrals on a variety of topics, including medical, education, human services, legal, financial, health, housing, employment, and veterans' services. Thirty-eight organizations and agencies were present with 130 people served. Most

attendees received multiple referrals. Participants were also given a food box and a choice of hygiene supplies, baby items, or bedding.

WCDHD serves as the administration oversight and fiscal agent for Families 1st Partnership. This partnership is a partnership of agencies that collectively work together to carry out community strategies for strengthening families with the focus on prevention of child abuse or neglect. Families 1st Partnership has involved 44 different community organizations in strategies that address the needs of families and surround them with resources for empowerment.

Activities Related to the Core Functions as Identified in Nebraska Statute

In April 2017, WCDHD and partners began efforts to address the high cancer rates by developing the campaign, "Screen Early-Save Lives" to provide breast cancer awareness education, encouragement to be screened, and financial assistance for under-insured women to receive clinical breast exams and mammograms.

Five Road to Health classes, an evidence-based curriculum focusing on diabetes self-management, were held in 2017 where sixty-four percent demonstrated knowledge gain for nutrition, 52% demonstrated increased consumption of health foods or decreased consumption of sweetened beverages. Seventy-six percent of participants demonstrated increased knowledge of physical activity. Number of days participants were physically activity for at least 60 minutes per day was increased by 38% and 32% of participants reduced their body mass index.

WCDHD's CHWs and health coaches utilized evidence based strategies to encourage preventive screenings and community linkages of preventative services to approximately 600 individuals with successful linkage to over 200 individuals. From April – June 2017, 24 fecal occult blood test kits were distributed to eligible men and women between the ages of 50-74 with a return rate of 16 kits.

While many partners face reduced funding, the Families 1st Partnership agencies, and more specifically the Community Response partners, are working to prevent duplication of services and to identify the best use of financial resources for families and children. The Community Response partners involving six agencies, directly served approximately 300 families and 147 children and over 500 families were served with low intervention strategies.

The vast majority of dentists within our district do not accept Medicaid and are also not in-network with private insurance companies. WCDHD Dental Clinic carries the weight within our district to service those on Medicaid, un-insured or low income, seeing over 1700 clients and greater than 4200 visits this fiscal year. The dental clinic averages 87% Medicaid, 12.5% un-insured and less 1% private insurance. Due to this burden, each county within the WCDHD district contributed $1 per capita allowing the dental clinic to continue serving those less fortunate for another year.

Activities Related to the Ten Essential Public Health Services

WCDHD's Board of Health recognized the importance of Assessment, Assurance, and Policy Development, by revising the organizations Mission and Vision statement to better align with all of the programs and services being offered.

Meeting National Public Health Standards through the Public Health Accreditation Board (PHAB)

WCDHD will submit final documentation for the PHAB action plan by November 2017 with anticipated accreditation status by Spring 2018. WCDHD is committed to creating and sustaining a culture of quality improvement according to the Public health accreditation Board Standards and Measures.

Stories of Public Health within the West Central District Health Department

In August 2016, WCDHD opened the Public Health Clinic (PHC) doors to serve those who are underinsured or uninsured to help fill the gap to meet the needs of those who are denied access to care due to cost. The opening of the PHC was one of many strategies identified in the 2012 and 2015/16 Community Health Assessment. On average, the PHC sees 49% without insurance and 48% with Medicaid/Medicare and 1% private insurance. Dr. Emily Jones volunteers her time to the clinic one day a week. The impact of PHC is reflected the story of one female patient who first sought care in the dental department for dental needs. During the patient's dental visit, the dentist identified the patient's blood pressure reading as abnormally high. The patient was assessed and treated by the PHC physician for HTN and received free medication to treat her high blood pressure. Through further exam, the patient was referred to a special for additional testing and treatment, in which she received placement of nine peripheral stents. The patient reported back to the WCDHD PHC, she (patient) "wanted Dr. Jones to know she saved her life" by taking the time to care and also connecting her to a specialist who treated her condition.

Conclusion

During the sixteenth year of funding and fifteenth full year of operation, progress continues to be made to strengthen local public health departments throughout the state. All departments funded under the Act provide the three core functions of public health: assessment, policy development, and assurance. In addition, these health departments deliver the ten essential public health services to best serve the communities. They allocate funds based on health needs and priorities as determined through regular comprehensive community health planning processes. The departments have assumed a key leadership role in the coordination and planning of public health services, and have been successful in bringing together local organizations to plan for public health emergencies such as Influenza outbreaks and natural disasters. They also continue to fill in health service gaps with key services such as immunization programs, dental services, and home visiting programs. Additionally, the departments track and monitor infectious disease outbreaks, identify and follow up with individuals who have communicable diseases, and offer a wide variety of health promotion and disease prevention programs. Finally, continued efforts are made in the areas of evaluation and research as health departments evaluate programs and activities and collaborate with research centers to participate in various public health studies.

As a decentralized state, the collaboration and coordination of the state and local public health department network is vital to the infrastructure of public health. Nebraska is often commended for its collaborative nature and the strength of relationship the public health departments have collectively. Individually and collectively we strive to improve the strength of our organizations and the quality of services delivered.

Nebraska's local public health departments are improving their accountability by completing a comparison of their work to national performance standards and measures through the national public health accreditation process. In 2017, Nebraska had its third local health department achieve accreditation though the Public Health Accreditation Board (PHAB). Many other departments are identifying areas for improvement and increasing organizational capacity in order to meet these national standards and measures. Special congratulations to the local health departments that have achieved national public health accreditation to date:

- Panhandle Public Health District
- East Central District Health Department
- Lincoln/Lancaster County Health Department