

Connections

WINNER OF THE NATIONAL
PUBLIC HEALTH INFORMATION
COALITION'S GOLD AWARD

Bringing Nebraska Department of Health and Human Services employees closer together

January 2009
VOLUME 9, ISSUE 1



Why are these folks strolling the hallowed halls of the Nebraska State Capitol Building? Find out later in this issue! *Photo: Jen Rae Hein*

DHHS in the News Update...

Here are a few headlines of news releases recently issued by Communications & Legislative Services about DHHS programs. You can read and subscribe to all DHHS news releases from the DHHS [Newsroom](#). You can also listen to [sound bites](#) issued with releases. .

[Make Holiday Parties Safe for Friends and Family: Don't Drink and Drive](#)

December 8, 2008

[Berens Elected President-Elect of 18,000 Member National Rural Health Association](#)

December 9, 2008

[Lincoln Regional Center Gets Perfect Score on Federal Survey](#)

December 23, 2008

[DHHS Offers Low-Cost Radon Test Kits](#)

December 30, 2008

Have a story idea you think DHHS should be sharing with media? Contact Communications & Legislative Services at (402) 471-9108.

make the connection . . .

DHHS Public Web site: <http://www.dhhs.ne.gov>

DHHS Employee Web site: <http://www2.dhhs.ne.gov>

DHHS System Advocate: 1-800-254-4202, (402) 471-6035 in Lincoln, or via e-mail at diana.duran@dhhs.ne.gov

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Governor: Dave Heineman	Developmental Disabilities Division Director: John Wyvill	Director of Operations: Bob Zagozda
DHHS Chief Executive Officer: Scott Adams, Ph.D.	Medicaid and Long-Term Care Division Director: Vivianne Chaumont	CLS Administrator: Kathie Osterman
Behavioral Health Division Director: Scott Adams, Ph.D.	Public Health Division Director/Chief Medical Officer: Dr. Joann Schaefer	Editor: Jerry Crisp
Children and Family Services Division Director: Todd Landry	Veterans' Homes Division Director: John Hilgert	Graphics and Layout, Support Services: Maisun Allahiq Judy Barker

► Readers are invited to submit news, photos & story ideas to the editor via:

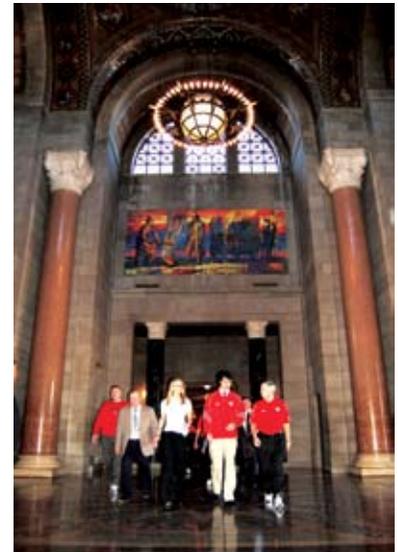
Phone: (402) 471-3995 Fax: (402) 471-3996 E-mail: jerry.crisp@dhhs.ne.gov

Interagency mail: Nebraska State Office Bldg. 3rd Floor U.S. mail: P.O. Box 95026, 301 Centennial Mall South, Lincoln, Nebraska 68509-5026

Connections can be made available in an alternative format for those with disabilities. Requests will be filled within 15 working days. Prior consent has been obtained for this publication to identify and publish photos of all individuals receiving DHHS services.

EOE/AA/ADA

About the Cover:



See Happenings on page 17 for additional information on “strolling the hallowed halls of the Nebraska State Capitol Building.”

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Good Things Are Happening in DHHS Divisions!

No better way to kick off the new year than a quick review of “Good Things Are Happening” in the six DHHS Divisions. Here’s a summary of recent successes:

“2008 was a great year for the Division of Behavioral Health with many significant accomplishments. The “LB1083 chapter” of behavioral health reform that began in 2004 was completed, decreasing beds at the regional center and providing that money to the community. This paradigm shift fundamentally changed the way Nebraskans with serious mental illness receive care. I am very proud to work with the staff members in this division who are dedicated and caring, as we continue to help people build better lives.” **Scot Adams, Director**



Scot Adams, Ph.D.
Photo: Bill Wiley

Good things happening in the Division of Behavioral Health include...

- Redirected more than \$30 million from regional centers to community-based services, completing the transition envisioned for behavioral health reform
- Met with consumers across the state in a dozen meetings to receive ideas to strengthen the system
- Established the Office of Children’s Behavioral Health
- Improved safety at Regional Centers resulting in decreased incidents of violence through installation of cameras, hiring security guards, and holding safety discussions at all staff meetings

Nebraska’s readmission rate at regional centers is now 7.9%, well below the national average of 20.9%.

“I’m proud of the progress Children and Family Services staff are making to improve the child welfare system and help children be safe and achieve permanency. I especially want to thank all of the CFS employees who make a positive difference in the lives of children and families every day.”
Todd Landry, Director



Todd Landry
Photo: Bill Wiley

Good things happening in the Division of Children & Family Services include...

- Reduced the number of children who are state wards by 17% since April 2006
- In December 2008, reached an 8-year low of 4,229 children in out-of-home placements, down from 5,252 in April 2006
- Nebraska is #1 in the nation in establishing permanency for children in foster care for long periods of time
- Increased finalized adoptions by 85.5% (297 to 551) from 2003 to 2008
- Helped make the Juvenile Services Triage Center “Youth Links” in Omaha operational in April 2008
- Collaborated with Probation to use a common tool to assess risk and needs of delinquent and status offense youth
- The two Youth Rehabilitation and Treatment Centers (YRTC) are accredited by the American Correctional Association, which requires 90% or better compliance with 454 best practice standards
- Developed a “Mothers and Babies” curriculum for girls at the YRTC-Geneva who are pregnant or who already have children
- Nebraska’s Food Stamp program is #1 in the nation for the lowest Negative Error rate in 2008
- Nebraska is #5 nationally in the collection of current child support orders
- As of August 2008, \$5.3 million more in child support was collected, compared to August 2007
- 94% of Nebraska’s child support payments were made electronically as of November 2008.

“We in our division are blessed to work with extraordinary people doing extraordinary things for our clients. As a result, we are always finding different ways to improve the lives of the people in Nebraska on a daily basis. It is an honor and privilege to say I work with each one of our team members. Our successes listed below represent just a few of the accomplishments of our team this year as we help people live better lives.” **John Wyvill, Director**



John Wyvill
Photo: Bill Wiley

Good things happening in the Division of Developmental Disabilities include...

- Reached agreement with the Department of Justice regarding the Beatrice State Developmental Center (BSDC)
- Made significant improvements in systems and processes for client protection at BSDC through enhanced quality oversight
- Right-sized BSDC to serve more people through community-based placements
- Worked with local communities to increase community access and involvement by BSDC clients
- Refined the Community-based Developmental Disabilities Quality Improvement plan to include 100% monitoring by Service Coordination and 100% provider agency monitoring by the DHHS Community-based Services Unit
- Helped achieve a 12.9% growth in community-based services from 2003 to 2008 through increased use of federal funds
- Implemented the Community Supports Waiver, a self-directed approach to service delivery.



Director **John Wyvill** works closely with **Tricia Mason**, Community-Based Services section leader, and **Ron Stegemann**, Facility Administrator of the Beatrice State Developmental Center, to enhance services for persons with developmental disabilities across Nebraska. *Photo: Bill Wiley*

“2008 was a successful year for the Division of Medicaid and Long-Term Care with progress in several areas. Two top priorities include building a new Medicaid claims system which is scheduled to be completed by July 2011 and slowing the growth of Medicaid. We have implemented recommendations of the Medicaid Reform Plan and new proposals for slowing growth have been developed for presentation to the Medicaid Reform Council.”
Vivianne Chaumont, Director



Vivianne Chaumont
Photo: Bill Wiley

Good things happening in the Division of Medicaid & Long-Term Care include...

- Working to build a new Medicaid Management Information System (MMIS) that will bring updated functionality, enhance interaction and information exchange through Web-based transactions
- Continues to slow growth in Medicaid expenditures to ensure future sustainability of the program
- Strengthened services management through public/private partnering with health insurance entities
- Continues shifting behavioral health service delivery system from high-cost, out-of-home services to lower-cost, in-house services
- Simplified procedures for payment, accessing care and enrollment
- Increased reliance on Internet for accurate, up-to-date information regarding procedures, requirements and rates.

Nebraska Medicaid Program Kids Connection

provides health care to low-income and low-income uninsured children all across the state



Reaching for a healthy future

For more information, go to kids.connection@dhhs.ne.gov

“We have been fortunate to receive so many highly competitive grants. It clearly shows how dedicated and technically skilled employees are, and I’m honored to work with such a great group of people.” Dr. Joann Schaefer, Director and Chief Medical Officer



Dr. Joann Schaefer

Good things happening in the Division of Public Health include...

- Obtained a competitive federal grant worth \$1 million over two years to help mothers have healthy babies
- Received 88% of 37,833 reports of communicable diseases electronically in 2007
- Obtained a competitive federal grant for \$725,000 for each of five years to promote physical activity and nutrition
- Renewed 88% of physicians’ licenses through the DHHS Website in 2008
- Obtained four competitive federal grants for pandemic influenza planning and preparedness
- Rolled out the Nebraska State Immunization Information System in 2008—an online record allowing physicians, schools and parents to keep track of children’s vaccinations.



Nebraska Public Health Conference

April 8 & 9: Cornhusker Marriott Hotel - Lincoln

Purpose: To engage a diverse audience in building the future of public health in Nebraska and to collectively improve the health of the state.

For more information, go to
www.dhhs.ne.gov/public_health/conference/

“All the plans and dreams for the future can only become a reality with committed staff who share the basic goal of our Division. The successes that we experience are attributable to just that....staff who care. I am proud to be associated with them as together we care for America’s heroes.” John Hilgert, Director



John Hilgert
Photo: Bill Wiley

Good things happening in the Division of Veterans’ Homes include...

- Maintaining a highly positive level of satisfaction from members and families about the services provided at our Homes on annual [surveys](#)
- Keeping survey readiness as a high priority to bring management and line staff together, making sure we are providing the best care for our members
- Working together to continue to serve America’s heroes in a safe and efficient manner while maintaining maximum census in view of staffing challenges
- Implementing exciting staffing enhancements, based on consistency and level of care, in order to maximize the services provided to our members; accountability comes easy when working side by side toward a shared mission.

The latest survey results are in! Every year members living at DHHS’ four Veterans’ Homes and their families are surveyed to get a feel for quality and care issues. The surveys include questions about living environment, dining experiences, activities, medical care, and staff, to name a few. The ratings from the surveys have remained consistently positive throughout the years.

Notable responses from members for this latest survey (2008) included:

- 98.2% rated the Homes as “clean and tidy;”
- 96.4% say that they are “treated with respect by staff;” and
- 91.2% would “recommend this Home to others.”

Check out all the survey questions and results (members and families) on the web at:

<http://www.dhhs.ne.gov/vets/surveys.htm>

Good things ARE happening in DHHS Divisions,
thanks to solid leadership and dedicated employees!

It's all about the kids

How Child Care Inspection Specialists strive to safeguard children

By Jerry Crisp

Ensuring the health and safety of children in child care is a primary concern of all working parents who entrust the care of their kids to others and to anyone interested in the well-being of the next generation. Child Care Inspection Specialists within the Division of Public Health are committed to doing just that.

Staff within Children's Services Licensing inspect facilities based on regulations specific to the service offered: Family Child Care Home, Child Care Centers, and Preschools. Nebraska law requires that anyone serving more than three children at any one time from families other than their own be licensed.

According to the 2007 Kids Count report, Nebraska ranks first in the nation for the percentage of children living with working parents.

There are 4,122 licensed child care providers in Nebraska serving 105,301 children.

Inspection Specialists visit child care sites at least annually and make return visits to ensure that any noncompliances have been resolved. When a plan of correction is involved, follow-up visits may occur more often. Inspection Specialists also respond to complaints from parents, neighbors or others.

In fiscal year 2007-08, Inspection Specialists statewide conducted 9,959 initial and follow-up visits and investigated 906 complaints.

Lincoln Supervisory Area

Four Inspection Specialists in the Lincoln office, along with three others in Fremont, Norfolk and Falls City, serve 21 counties, with a total of 23 Inspection Specialists serving across the state.

"All inspections and investigations come down to one thing," says **Lori Pflanz-Jerkovic**, an Inspection Specialist in the Lincoln office. "It's all about the kids."

All visits to child care sites are unannounced to ensure that what they observe is the way things are. While required to insist on 100% compliance with basic regulations such as safety and cleanliness, judgment calls must sometimes be made. It's a bit like a highway patrol officer or traffic cop who can write a ticket or issue a warning, depending on the severity or frequency of an infraction.



"When child care facilities are found to be out of compliance, it's often because of their paperwork," says **Teresa Neal**, another Inspection Specialist in Lincoln. "Paperwork includes children records with updated parent contact information, immunization, medication and transportation permission forms and the like. Other common noncompliances involve safety issues such as locked storage for cleaners, poisons and medications and hot water temperature for hand washing."

"You have to remember that most of us have worked in child care facilities and have or had children in child care, so we've been in the position of both parents and providers," says **Marvie Sullivan**, another Inspection Specialist in Lincoln. "My goal during visits is to ensure the same quality of care I would want for my own kids and grand kids."

A common misconception is the notion that Inspection Specialists have some sort of quota to meet.

"We have a checklist of items child care sites must comply with that providers know about in advance, but we don't hope to find any problems," explains Pflanz-Jerkovic. "Truth is, we love 100% compliance! Such visits mean kids are safe and secure, spare the provider any grief, save us from doing return visits and more paperwork."

"People might find it more difficult to accept criticism when the workplace is their own home, but once they apply for licensure, their home is subject to inspection," Neal explains. "It makes it easier for them when they remember that the whole purpose of our visits is the safety and well-being of children."

"It's helpful to remember that problems aren't always clear-cut, and providers know they can discuss any inspection findings with us and always have the right to provide written comment," says **Katie Zabel**, another Inspection Specialist in Lincoln. "But providers who are temporarily out of compliance can also be appreciative. One told me that her kitchen was never so clean and well-organized after possible improvements were pointed out to her."

“It’s important to keep things in perspective,” says **Rene Tiedt**, Child Care Licensing Supervisor in the Lincoln office. “Many providers supply a safe and healthy environment and typically have some noncompliance, but most correct noncompliances within 30 days.”

Omaha Supervisory Area

“I supervise eight staff in Douglas and Sarpy Counties,” says **Jo Pfeiffer**, Child Care Licensing Supervisor in the Omaha Supervisory Area. “All eight are located in the 1801 North 73rd Street office in Omaha.”

“An urban community like Omaha has a more diverse range of socio-economic differences in its child care population, with many cultures and languages,” says **Lori Anderjaska**, an Inspection Specialist in that office. “We also have some programs with a license capacity of 250 children or more, and the length of time required to complete an inspection can be substantial.”

Larger urban areas can also include more poverty and violent crime.

“Some Omaha areas have higher rates of crime and gang activity than others, and some day care providers teach the kids they care for to drop to the floor if gunfire is heard,” says Anderjaska. “It’s too bad they need to practice such drills, but it’s good they’re taking steps to safeguard children.”

In spite of such extreme challenges, Inspection Specialists always need to keep the safety and health of the children uppermost in mind.

“When parents place their children in day care, they often aren’t able to check on them during the day,” says Anderjaska. “Inspection Specialists must be an extra set of eyes and ears for parents, because they rely on us to ensure children are in a safe environment.”

That doesn’t mean that supervision is only the responsibility of Inspection Specialists.

“Neither parents nor the community should rely solely on Inspection Specialists to safeguard children, because we can’t be in every program 24 hours a day,” says Anderjaska. “It’s vital for parents to communicate with providers, ask questions, and observe whenever possible. We often get calls from concerned parents who might have gotten answers or cleared up misunderstandings if they would only talk to providers first.”

Inspection Specialists also encourage providers to develop a clear sense of identity and sharpen skills.

“We try to help providers see themselves as far more than ‘baby sitters’ but as professionals, and we encourage and consult with them on developing policies that support enhanced professionalism,” Anderjaska adds. “That’s because we believe that all children, regardless of socio-economic status, have the right to feel safe, nurtured and well cared for.”

While larger urban areas might present special challenges, they offer a large array of resources, too.



Child care service recipient **Anthony Keenan Crisp**

Photo: Jenn Malin

“We have immediate access to Project Harmony for forensic interviews and examinations if abuse or neglect is suspected,” Anderjaska explains. “Law enforcement and DHHS Children and Family Services are located in the same building, which allows for close coordination.”

There are other advantages to co-location as well.

According to **Rene Madsen**, another Inspection Specialist in the Omaha office, “Since my office includes my supervisor and other Inspection Specialists, we can assist each other with licensing issues, inspections or complaints when another set of eyes is helpful. We also work closely with the DHHS areas like Children and Family Services’ Resource Development, as well as law enforcement, local health departments, the Fire Marshals Office, food program agencies and the Early Childhood Training Center. One reason for this is that an inspection might lead to a concern referred to the health department or fire marshal, or the child care program has made changes that need to be reported to Licensing and need approval by either Health or Fire.”

Other concerns might be raised when a new person has moved into the day care home or been hired to work there, without being reported.

“All such persons must have background checks for criminal history and the Central Registry for Child Abuse/Neglect and Adult Protective Services,” Madsen adds. “Unless they have been cleared, they should not be working or living there.”

Inspections are not only about noncompliances. “I see my responsibility not only to cover required standards,” says Madsen, “but to offer providers ongoing information,

training and suggestions about changes that could help the operation of their program.

North Platte Supervisory Area

Inspection Specialists in the western part of the state share the same goals as their more urban counterparts but with a key difference.

“I supervise eight staff located in North Platte, Gering, Ainsworth, Lexington, Kearney, Grand Island and Columbus,” says **Harriet Spelts**, Child Care Licensing Supervisor in the North Platte Supervisory Area. “We cover about two-thirds of the state that is mostly rural. Staff members have case loads that vary from covering a 5-county area to a 16-county area in an effort to equalize case loads.

“I travel 1,500 miles each month, and that means many hours behind a steering wheel,” says Inspection Specialist **Kathy Hickox**, who has been on the job in the Panhandle for more than two decades. “I have traveled in white-out snow storms through tunnels of snow, when I couldn’t see the ground or the car in front of me. In that situation, you drive with knuckles as white as the snow around you!”

But such challenges have payoffs.

“There are also snowy mornings on the road where the scenery takes your breath away,” says Kathy. “And in the fall, trees and bushes and wild grasses are painted with vivid colors, while rainfall turns to icicles clinging to branches. Spring is full of new life, and summer finds me driving with windows down and the wind in my face. In addition



A Lincoln child care group
Photo: Margaret Crisp

to helping providers and families, this job offers terrific opportunities to see the wonder of changing seasons.”

As for all Inspection Specialists, the best part of the work for Kathy Hickox are the kids, one of whom opened a window curtain and told her, “We not home today.”

Whether Child Care Inspection Specialists work in rural or urban areas, all share the same motivation and goal: It’s all about the kids.

Learn more about [child care locations](#) in your area or reported noncompliances to help make more informed choices.



Pandemic Flu preparedness gets shot in arm with nearly \$1 million in grant awards

By Jude Eberhardt and Dianna Seiffert

If a deadly strain of pandemic flu came to Nebraska, would we be prepared? DHHS and others have worked for years to be able to answer “yes” to this question. There’s still work to do, though, and DHHS public health staff members are ready to step up their preparedness efforts with five new and innovative projects.

The Centers for Disease Control and Prevention (CDC) recently awarded \$24 million to fund 55 projects in 29 state and local public health departments for pandemic flu preparedness. Five of those 55 projects were awarded to Nebraska, bringing with them a total of \$974,395 in grant funding. Nebraska tied with Minnesota for the highest number of new grant projects funded by the CDC.

“In Nebraska we’ve worked together to coordinate preparedness efforts at every level,” says Chief Medical Officer **Dr. Joann Schaefer**. “Nebraskans will greatly benefit from the work on these new projects. All of our plans revolve around protecting Nebraskans and saving lives.”

A total of 184 funding applications were submitted by state and local health departments in a competitive application process. The projects began on September 30, 2008, and the award recipients have one year to complete them.

Nebraska submitted a total of 13 applications, and five projects were funded:

1. **Public Engagement Demonstration Projects on Pandemic Influenza - \$162,995**

The Nebraska Inter-Tribal Engagement Demonstration Project, a cooperative planning effort among Native American Indian Tribal organizations in Nebraska, wants to better engage tribes in pandemic flu planning. The project includes four-phases: recruitment, citizen input, stakeholder input and feedback.

2. **Addressing Vulnerabilities in Populations (Rural) - \$215,000**

The State Association of County and City Health Officials (SACCHO) will work with local health departments to collect and analyze data and develop an integrated Geographic Information System database to document at-risk populations. The information will shorten the time needed to provide counter measures and health guidance. Agencies that already provide 80% of the direct services to those vulnerable populations will be contacted by local public health.

3. **Addressing Vulnerabilities in Populations (Rural) - \$270,000**

Project staff will develop a database of interpreters and translators and use that information to address the pandemic flu planning, education and response needs of non-English speaking people. Community people will be enlisted to become Lay Health Ambassadors who will be trained on pandemic influenza and host forums to disseminate information.

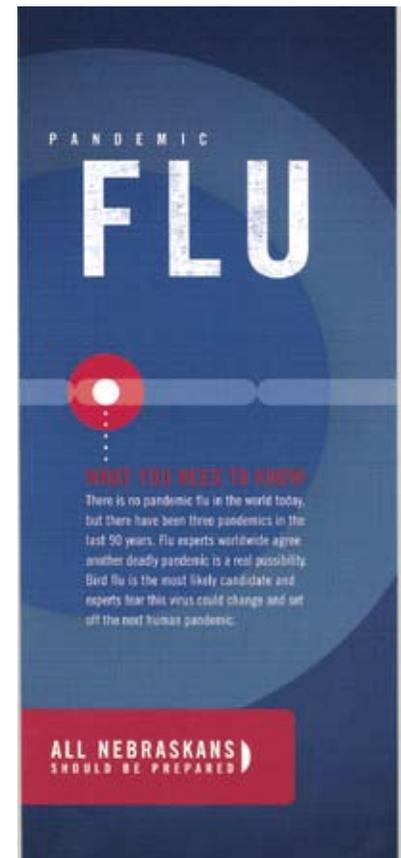
4. **Electronic Laboratory Data Exchange (Rural) - \$103,887**

A computer application will be developed between laboratories in western Nebraska, the Western Nebraska Information Exchange, the Nebraska National Electronic Disease Surveillance System, and the CDC so that important information can be exchanged.

5. **Electronic Laboratory Data Exchange (Multi-state) - \$222,513**

Nebraska, Minnesota, Iowa and the CDC will work together to address influenza laboratory services including testing, data exchange and surge capacity.

“The CDC tried to fund as many projects as possible across the country, so it’s truly amazing that Nebraska received funding for five out of 55 projects,” says Dr. Schaefer. The CDC intends to model these projects for others to follow, which in turn will improve pandemic flu preparedness efforts nationwide.



Pandemic Flu Brochure - Just click on the word [brochure](#) to access.

Front Liners

By Jerry Crisp

John Kroll measures success by results. He has spent his entire nursing career at the Norfolk Regional Center (NRC), starting as a Staff Nurse in 1976 and serving as the Nurse Supervisor of admissions until taking the Director of Nursing post in January 1989.

“When you see a patient doing better and you know you contributed in some way,” he says, “then you know why you do what you’re doing.”

As the Director of Nursing, Kroll is responsible for interviewing, hiring, staffing and scheduling and finds “there’s always something to do.”

A typical day for Kroll starts by going over the daily schedule to note any changes in patient care and ensure adequate staffing. He then reviews 24-hour reports from each of four units. Then it’s off to a daily Clinical Directors meeting to discuss admissions and discharges. He also attends weekly leadership meetings, meets monthly with nursing supervisors, and twice-monthly represents nursing on a hospital committee dedicated to performance improvement.

“I judge meetings based on results,” says Kroll. “I will be forever grateful to the late **Dale Johnson** who, as Director of the former Department of Public Institutions, encouraged us to take ‘Managing Meetings for Results.’ This was training designed to keep meetings from wasting time and make them as productive as possible, and I try to apply those principles at every meeting I attend.”

The biggest challenge Kroll has faced is the same faced by all NRC employees who have transitioned from providing traditional mental health care and received special training to treat male sexual offenders.

“We’re serving a very different population now,” Kroll explains. “We all needed to make adjustments and were lucky to have supportive staff who were flexible and stepped up to whatever challenges came along.”

Kroll’s respect for front-line staff might come from the fact that he rose from the ranks himself and also from some good advice.

“Dale Johnson once told me that quality services begin and end with the staff who deliver those services,” he says, “and I’ve tried never to forget it.”

The biggest reward Kroll experiences in his work remains the same as throughout more than 30 years of working with patients—positive results.

There are thousands of stories to be told about DHHS employees who deliver direct customer services that *help people live better lives*. This is only one of them.

“When working with outpatients, there is nothing more rewarding,” he says, “than seeing people who benefit from therapy or medications that help them return to their community, hold a job, and enjoy more fulfilling relationships and a measure of real happiness.”



Front Liner John Kroll

“When dealing with more demanding challenges as we now do, we start by trying to humanize, not demonize, patients who might have done some pretty despicable things,” says Kroll. “Then we try to devise therapies and treatments that will help them become more functional. When you see a treatment that starts to produce positive results, you can’t help but feel good about it.”

John Kroll finds that focusing on positive outcomes is a key to success, and that the more demanding the challenge, the more rewarding that success.

“Dale Johnson once told me that quality services begin and end with the staff who deliver those services,” John Kroll says, “and I’ve tried never to forget it.”

Wellness Words: Myth Information

MYTH-information

Many ideas about health have been held so long or repeated so often that we accept them as so...even when they're not. Here's a commonly believed myth you need to know the truth about!



“Feed a cold, starve a fever.”

Or is it “Feed a fever, starve a cold”? Fact is, it doesn't really matter.

Since high fever and colds can both cause fluid loss, drinking water and juices helps prevent dehydration and might make us feel better. And eating regular meals with fevers and colds just might provide nutrients that help us get well sooner.



WASTE NOT, WANT NOT!



According to the Center for Ecological Technology, recycling glass generates

20% less air pollution and 50% less water pollution, and recycling one glass container saves enough energy to light a 100-watt bulb for 4 hours! In 2007, State of Nebraska employees recycled 2,125 pounds of glass.

What will YOU do with the next empty glass container—pitch it into the nearest wastebasket or garbage can?

OR...

AT WORK, deposit that glass container in the nearest recycling container or ask your local recycling coordinator or office manager to provide one; AT HOME, save empty unusable glass containers to take to the nearest recycling center!

In their own words

Letters to DHHS employees who are *helping people live better lives*

Dear **Vivianne Chaumont** (Director, DHHS Division of Medicaid and Long-Term Care):

Since 2006, you have helped me with my illness, and we are so grateful. Without your help, we don't know what we would have done.

We thank you from the bottom of our hearts.

A Chadron area service recipient

Dear **Stacy Schenk** (Social Service Worker, DHHS Wayne office):

Thanks for all you have done for our family. It means so much that words just can't describe.

God bless, and thanks for working in the job that you do. You do it so well!

A grateful service recipient

Dear **Diane Pavel** (Social Service Supervisor, DHHS Kearney office):

I wanted to thank you, **Mike Zgud** (Social Service Worker, DHHS Kearney office), and your whole office for showing me kindness and respect and making me feel like I am something. I have dual diagnosed bi-polar and Addison's disease, and people do not always understand me. I feel your agency has reached out to me and given me hope. You don't even know me, yet you are willing to help me. I have been treated so well by Mike and the girls out front that I thank you for being there to help me. God bless Mike and all of you.

A Kearney area service recipient

Dear **Jerry Crisp** (Public Information Officer, *Connections* Editor, Lincoln):

I don't always read *Connections* in a timely manner but did choose to take a minute to read the December 2008 issue. It was extremely enjoyable, and I appreciated the variety of areas highlighted.

The Adoption Day article brought me further awareness of its importance, and I especially enjoyed the article on the two brothers who worked at the Norfolk Veteran's Home. I am sorry for the Doten family's unexpected loss but greatly appreciate their still sharing this story with us.

Please pass on my thanks to others in Communications & Legislative Services who work on bringing our larger system closer together through *Connections*.

Ann Kawata

Economic Assistance Administrator
Division of Children and Family Services
Central Service Area

In their own words continued...

Dear **Janice Wittwer** (Social Service Worker, DHHS Falls City office):

The Food Stamps and energy assistance is going to help so much. Thank you. Thank you. Thank you.

I really appreciate your help. You are a godsend. I guess wings will be waiting for you. Thanks again!

A Falls City service recipient

Dear **Mary Guier** (Social Service Worker, DHHS Omaha Pacific Street office):

Sometimes I wonder if you are one of my guardian angels that God put here for me and others. You are just remarkable, and you shine.

I truly appreciate what you do for me! Thanks for everything!

An Omaha service recipient

Dear **Kendra Heath** (Social Service Worker, DHHS Grand Island office):

I just wanted to thank you for all you have done to help me...I'm sending a graduation announcement for the diploma I earned last year. If you can't come, I'll probably go through another graduation when I complete the coding diploma. Anyway, I just wanted you to know that you played an important role in my life.

A Grand Island service recipient

Please send letters from satisfied customers via any method listed in our editorial box on page 2, and we'll publish as many as space allows.

Happenings!

Photos spotlighting DHHS activities around the state



A CAPITOL IDEA

While many New Year resolutions remain only good intentions, about 100 people answered the call to join in a “Walk for Wellness” through the halls of the State Capitol on January 5th. The purpose of the walk was to support everyone who is embarking on a wellness journey through N-Lighten Nebraska, a wellness program partly sponsored by DHHS.

The Capitol Walk reminds us all to put our healthy resolutions into action. Shown from left to right are Governor **Dave Heineman**, UN-L student athlete **Rachael Schwartz**, Chief Medical Officer **Dr. Joann Schaefer**, and UN-L student athlete **Patrick Burke**. *Photo: Jen Rae Hein*

If you have a photo of a DHHS activity you'd like to share with co-workers across the state, contact *Connections* by any means listed in the editorial box on page 2, and we'll publish as many as space allows.

Way to Go

Statewide and national recognitions, honors and awards

Berens elected NRHA President

Dennis Berens has been voted President-elect of the National Rural Health Association (NRHA), a nonprofit organization of 18,000 individuals and groups committed to enhancing rural health in America. Berens has been an active NRHA member since his rural health career began in 1990 when he became coordinator of the Nebraska Office of Rural Health, a position he still holds today.

Berens facilitated the formation of the Nebraska Rural Health Association in partnership with the NRHA. He has participated in each of the NRHA's annual conferences and rural health policy Institutes for 18 years.

In addition to serving on NRHA committees and presenting at educational conferences, Berens is a member of the National Rural Health HIT Coalition and has served on the National EMS/Trauma Advisory Board for the federal Health Resources and Services Administration.

"Rural health is a mission, not a job," Berens says. "The National Rural Health Association has a special place in America today because...many mission-driven partners and stakeholders come together to...advocate for changes to fix problems policies and models. We work to link our resources to find ways for rural communities and people to be heard and helped. The opportunities for rural America may never be greater than what they could become now."



Denny Berens
Photo: Jerry Crisp

DHHS employees should be proud of themselves and each other. If you earn statewide or national recognition or know a co-worker who does, let Connections know, and we'll proclaim it here!