

Annual Report on Local Public Health in Nebraska



Public Health Prevent. Promote. Protect.

ANNUAL REPORT ON THE PUBLIC HEALTH PORTION OF THE
NEBRASKA HEALTH CARE FUNDING ACT (LB 692)

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, 2016

**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, is responsible for distributing the funds to eligible local public health departments. The Division 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 key findings from each of the eighteen local public health departments that have received funding, and covers the period July 1, 2015 to June 30, 2016. The report is divided into three sections. The first section reviews the organizational coverage as well as the funding levels for each local health department. The second section describes the current activities, services, and programs provided by the health departments related to the core functions and ten essential public health services. The final section contains some short stories that describe how the local health departments are working to improve the lives of Nebraskans in their communities.

Organizational Coverage

As of June 30, 2016, a total of eighteen local public health departments covering ninety-one 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 and Scotts Bluff Counties have single county health departments that do not meet the population requirements of the Health Care Funding Act. Staff from DHHS, Division of Public Health, continue to work toward the goal of having all Nebraska counties covered by a local public health department under LB 692.

Funding Levels

Table 2 depicts the amount of infrastructure and per capita funds distributed to each of the eligible departments under LB 692 as codified in Neb.Rev.Stat. §71-1628.08. The total amount of funds ranged from \$1,207,294 for the Douglas County Health Department to \$262,777 for the Loup Basin Public Health Department. The table also includes the amount of LB 1060¹ funding distributed to each eligible health department, which was \$105,458 per department. The amount of infrastructure funding under Neb.Rev.Stat. §71-1628.08 was based on the 2000 Census because these population estimates were used when the departments were originally established. The health departments with service areas that included a population of 100,000 or more people received \$150,000. If the population was between 50,000 and 99,999, the amount of funding was \$125,000, and departments that had at least 30,000 people but fewer than 50,000 received \$100,000. The amount of per capita funds, which were based on the 2010 Census, was approximately \$1.77 per person.

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

¹ LB 1060 was passed in 2006 with the intent to develop epidemiology and data capacity in local health departments.

funding sources. For example, federal grant funds have been awarded through the DHHS Division of Public Health 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.

**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, 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's Local Health Departments

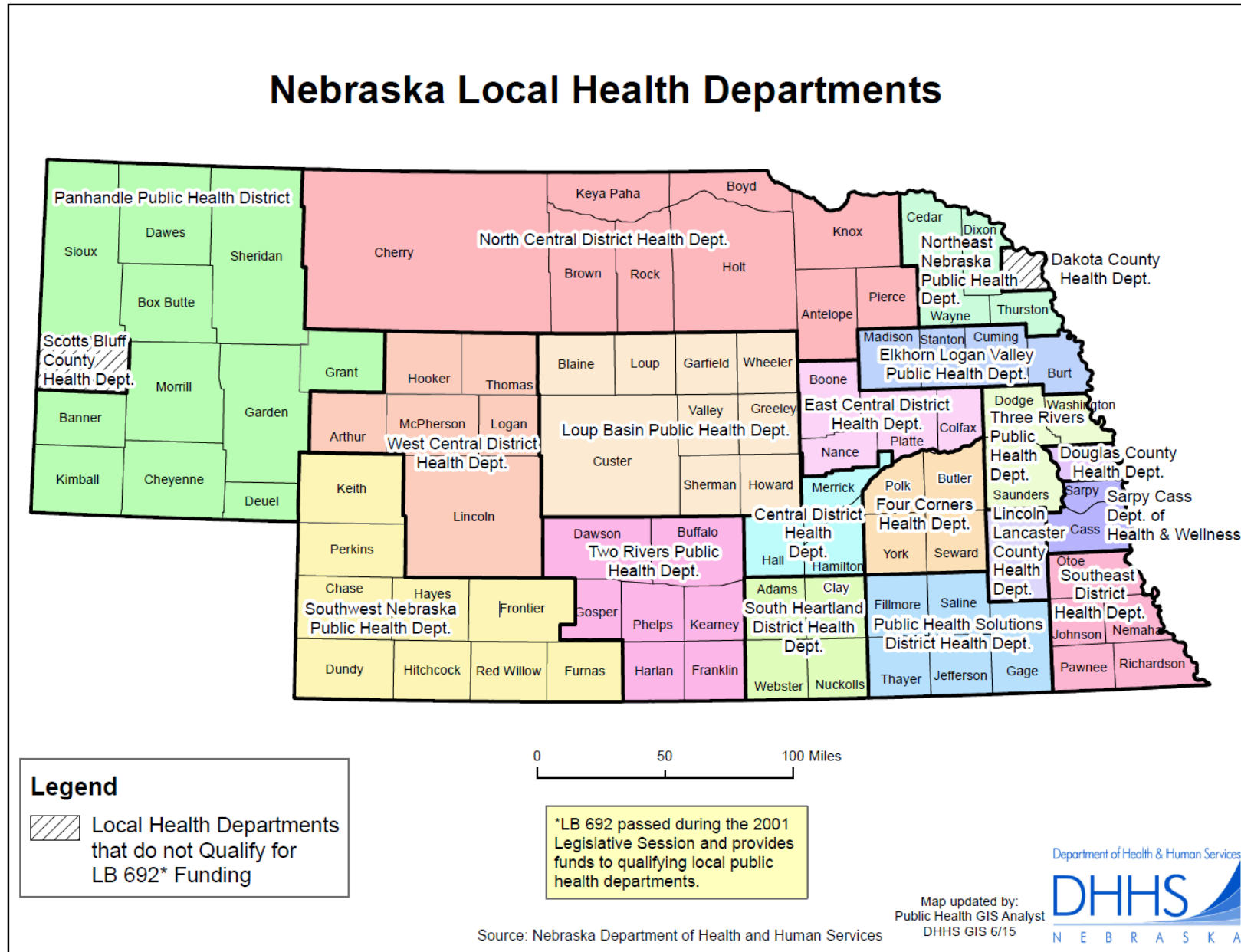


Table 2
LB 692 and LB 1060 Health Department Payments
July 1, 2015 – June 30, 2016

District Name	LB 692 Infrastructure	LB 692 Per Capita	LB 1060	Total	2000 Population used for Infrastructure	2010 Population used for Per Capita
Central District	\$125,000	\$139,111	\$105,458	\$369,569	71,141	75,576
Douglas County	\$150,000	\$951,836	\$105,458	\$1,207,294	463,585	517,110
East Central	\$125,000	\$95,701	\$105,458	\$326,159	52,400	51,992
Elkhorn Logan Valley	\$125,000	\$104,923	\$105,458	\$335,381	59,675	57,002
Four Corners	\$100,000	\$81,388	\$105,458	\$286,846	45,500	44,216
Lincoln-Lancaster	\$150,000	\$525,344	\$105,458	\$780,802	250,291	285,407
Loup Basin	\$100,000	\$57,319	\$105,458	\$262,777	33,122	31,140
North Central	\$125,000	\$85,397	\$105,458	\$315,855	51,084	46,394
Northeast Nebraska	\$100,000	\$57,774	\$105,458	\$263,232	32,976	31,387
Panhandle ²	\$125,000	\$94,672	\$105,458	\$325,130	53,459	51,433
Public Health Solutions	\$125,000	\$101,562	\$105,458	\$332,020	57,858	55,176
Sarpy/Cass	\$150,000	\$338,835	\$105,458	\$594,293	146,929	184,081
South Heartland	\$100,000	\$85,073	\$105,458	\$290,531	47,308	46,218
Southeast District	\$100,000	\$72,414	\$105,458	\$277,872	40,078	39,341
Southwest District ³	\$100,000	\$73,548	\$105,458	\$279,006	33,610	39,957
Three Rivers	\$125,000	\$143,030	\$105,458	\$373,488	74,770	77,705
Two Rivers	\$125,000	\$174,491	\$105,458	\$404,949	92,756	94,797
West Central ⁴	\$100,000	\$72,584	\$105,458	\$278,042	35,939	39,433
Total	\$2,150,000	\$3,255,000	\$1,898,244	\$7,303,246	1,642,481	1,768,365

² Panhandle Public Health District added Grant County to its district during 2014 – 2015.

³ Southwest Nebraska Public Health Department added Keith County to its district during 2014 – 2015.

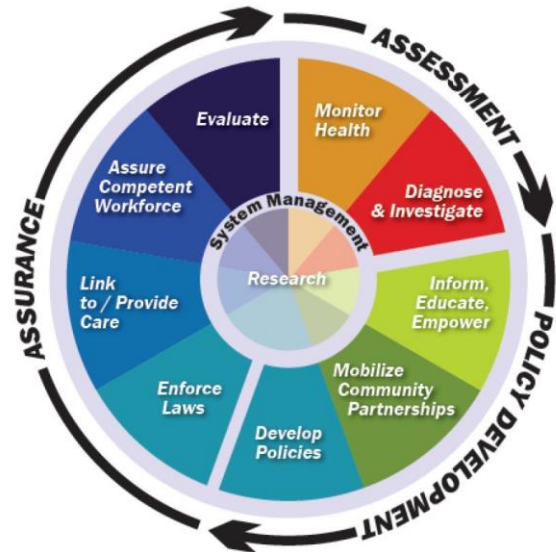
⁴ West Central District Health Department added Arthur, Hooker, and Thomas counties to its district during 2014 – 2015.

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, 2015 to June 30, 2016, considerable progress was made in the provision of the three core functions and ten essential services of public health. Every health department receiving funding under LB 692 and LB 1060 demonstrated significant improvement in both number and complexity of activities and programs during this time period. At this juncture, all of these health departments are providing the core functions and all of the ten essential services. 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 of the health departments are available upon request.

Note: The activities outlined in the following section represent a portion of the programs and services implemented by local health departments in Nebraska, those activities supported through the public health portion of the Nebraska Health Care Funding Act.

CENTRAL DISTRICT HEALTH DEPARTMENT

Serving Hall, Hamilton, and Merrick counties



Community Health Priorities

- Hamilton County – cancer, diabetes and obesity
- Merrick County – access to health, behavior health, obesity and substance abuse
- Hall County – education attainment, obesity and poverty

Assessment (monitor health, diagnose and investigate)

Central District Health Department (CDHD) takes the lead within the district in monitoring the health status of our 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 are paired with community input to prioritize the areas of greatest need. CDHD is in the final stages of the assessment process in the district, and the results will contribute to the development of and community health improvement plan.

CDHD continues to monitor the health status of the community by tracking disease occurrence within the three county region. Area schools submit student absenteeism reports to the department to assess trends in student illness. Local clinics and hospitals report electronic disease reports to the CDHD Community Health Nurse in order to track occurrence and identify the source of disease. This information enables CDHD to put public health interventions in place to reduce the spread of illness.

CDHD is fortunate to have Environmental Health Specialists on staff. These individuals regulate facilities such as food establishments, swimming pools, and day care operations. The ability to combine information from these public health workers in the “field” with the electronic disease data gives CDHD the ability to begin investigations of public health concern in a timely fashion. Early and appropriate interventions are key to limiting the disease burden in a community.

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

CDHD does its best public health work when it harnesses the efforts of community public health partners. Oftentimes, significant public health problems are complex and require community effort to make an impact. CDHD brings partners to the table to identify the priority health issues through a community health assessment. These identified issues are used to create a community health improvement plan aimed to reduce or eliminate specific public health concerns. CDHD’s latest community health assessment identified overweight/obesity issue as a concern. CDHD has multiple programs in place to address this issue. Most recently, CDHD has been leading an effort to educate the community on the importance of physical activity through walking. These efforts have led the City of Grand Island to the idea of implementing a “complete streets” policy for the city. This type of policy looks at the way a community is built and is growing, and seeks to find community designs that make it easier for residents to walk or bike as a form of transportation and recreation.

CDHD also partners with area employers regarding employee wellness. The worksite wellness program empowers businesses to set wellness plans in place to support employees in their wellness journey. Health Educators provide education on worksite wellness and inform wellness committees of ways to change a

worksite to support employee wellness. This information empowers both employers and employees and offers tools to enhance wellness.

CDHD develops emergency response plans related to public health issues. This work is done in conjunction with law enforcement, emergency responders and emergency managers to ensure effective and coordinated efforts. Response plans are tested through exercises to identify areas for improvement. Although this planning work can go largely unnoticed by residents, the efforts are realized during the response to a public health event. These planning efforts support strong relationships at the local level.

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

CDHD works to maintain a strong workforce by ensuring competencies are in place for staff. Staff evaluations, conducted annually, are based on these competencies. Recently, CDHD partnered with the UNMC College of Public Health to assess additional needs in the area of staff training and competency. This information gives the agency priority areas for training in the future. Having a well-trained competent public health workforce is essential to the work we do.

CDHD also plays a large role in linking people to services within the district. CDHD utilizes Community Health Workers to identify services that are available and empower people, through education, on the services. Oftentimes, it can be difficult to find and navigate these systems. The Community Health Workers can provide guidance and assistance to individuals and families in this area.

CDHD's Environmental Health program enforces public health laws and regulations within the district. Facilities such as food establishments, swimming pools, and childcare establishments are inspected on a regular basis to ensure public safety. Regulation coupled with education is used by the Environmental Health Specialists. The Nebraska State Fair has found its home in Grand Island. Along with excitement comes several food vendors selling products to people from all over the state. CDHD Environmental Health Specialists are onsite during the fair to work with food vendors to ensure food safety. They provide food safety education to operators and make sure foods are handled properly through storage, preparation, and serving.

DOUGLAS COUNTY HEALTH DEPARTMENT

Serving Douglas County

<http://www.douglascountyhealth.com>



Community Health Priorities

- Health disparities
- Public health emergency preparedness
- Sexually transmitted diseases (STDs)
- Infant health
- Childhood lead poisoning
- Obesity (including diabetes)
- Violence prevention

Community Health Improvement Plan Priorities

- Access to healthcare
- Obesity, including nutrition and physical activity
- Mental health
- Violence
- Sexual health

Assessment (monitor health, diagnose and investigate)

The Douglas County Health Department (DCHD) completes a community health needs assessment every three years. The Department contracts with Professional Research Consultants, Inc. to perform the assessment. The area for the assessment includes Douglas, Sarpy, and Cass counties in Nebraska, as well as Pottawattamie County in Iowa. Douglas County is further divided into five geographical areas for analysis.

The assessment is sponsored by a coalition of local health systems and local health departments. The methodology includes data from both quantitative and qualitative sources. The most recent assessment was completed and presented to the community at the Omaha Community Health Summit in October 2015. LB 692 and LB 1060 were used to fund the assessment.

The Communicable Disease Epidemiology section investigates reports of diseases (other than STDs and HIV) received from laboratories and health care providers. Depending on the condition, the investigations generally involve confirming the disease with the patient's health care provider and obtaining more information from the patient about symptoms and severity, as well as identifying exposures and risk factors. The STD Surveillance and Control section monitors STDs and HIV in the community. Disease Investigators notify and interview infected clients and their contacts, and ensure that infected individuals are treated with appropriate antibiotics to control the spread of disease. Disease Investigators also obtain clinical information from health care providers. DCHD Sexually Transmitted Disease Control Program is responsible for reportable STD surveillance, which includes data entry of STD lab data, collection of demographic and treatment information of infected clients, and follow-up of these clients with treatment assurance and contact elicitation/partner notification interviewing. Over the past year, DCHD STD clerical staff received and entered more than 29,281 lab reports.

The Tuberculosis (TB) Program at DCHD is effective and successful at assuring treatment, identifying infected contacts, and preventing the ongoing transmission of TB in Douglas County. DCHD public health nurses ensure treatment compliancy using a method known as Directly Observed Therapy (DOT), which includes daily monitoring of the patient taking medication. Staff provided treatment during the fiscal year to patients in 13 TB cases, including 785 DOTs.

DCHD responds to indoor air quality issues. The laboratory received 487 phone calls and performed 63 inspections regarding indoor air quality during the past year.

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

DCHD led the community health improvement plan (CHIP) process by engaging a cross-sector of community partners and stakeholders. The 164 community stakeholders completed a six month comprehensive planning process. DCHD and community partners developed a measureable work plan with three key objectives: 1) to establish a governance structure, 2) to assure measurement of the CHIP objectives, and 3) to establish a communication plan. As that work continues, the DCHD website reports progress of CHIP activities: <http://www.douglascohealth.org/>.

The DCHD-directed Baby Blossoms Collaborative uses the work of 35 agencies to reduce infant mortality. They promote evidence-based safe-sleep initiatives to reduce infant deaths. In addition, Fetal Infant Mortality Review is a best practice model used by DCHD since 2006, with a goal of improving service systems and community resources for women, infants, and families. The Baby Blossoms Collaborative reviewed recommendations based on the Fetal Infant Mortality Review for community change. DCHD staff also work on smoking cessation and smoke-free living initiatives. There is ample evidence that reduced exposure to tobacco smoke improves health outcomes. This effort has brought about a major increase in the number of smoke-free apartments in Douglas County.

The Douglas County Health Department has been, and continues to be, extensively involved in developing public health policies and plans to address health disparities. A community health planner has organized a local cohort of health equity champions from the University of Nebraska Medical Center, Creighton University, CityMatCH, Sarpy-Cass Department of Health & Wellness, Family Inc., CHI Health, and Live Well Omaha. DCHD also has partnered with the City of Omaha and other agencies to improve public involvement processes so community members have a stronger voice in decision-making. This includes working with several community development efforts in north and south Omaha.

The STD Control and Clinic supervisors continue to work with the senior epidemiologist to review the processes involved in providing STD clinical services to clients, performing STD surveillance, and implementing STD control measures.

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

Development of a public health workforce is part of the DCHD's strategic planning efforts. This work remains in its early stages. Staff are encouraged to attend educational opportunities and training related to their work.

DCHD implements a number of strategies to link people to needed services. The DCHD STD Clinic continued to provide screening, counseling, treatment, and referral services to all community members who accessed the clinic through FY 2016. For the majority of these patients, the clinic served as their "safety net" for STD care. Most patients were without health insurance and, in many cases, unable to pay for any services. The clinic ensured a "patient-centered" clinic process by providing same day appointments and walk-in service options.

The Retail Foods Section of DCHD conducts inspections on a regular basis. Information regarding new rules and regulations is shared with the public and stakeholders. It is also circulated through the department's social media outlets, website, and news media communications. DCHD also helps enforce the Clean Indoor Air Act by investigating reports of smoking violations at public buildings.

EAST CENTRAL DISTRICT HEALTH DEPARTMENT

Serving Platte, Colfax, Boone, and Nance counties



EAST-CENTRAL DISTRICT Health Department
 PLATTE, COLFAX, BOONE & NANCE
 Better Health Through Partnerships



<http://ecdhd.ne.gov/>

Community Health Priorities

- Access to health care
- Youth substance abuse prevention
- Lifestyle change (obesity prevention)
- Child well being
- Mental health access

Community Health Challenges

- Increasing number of single parent families combined with a growing number of children living in poverty
- Growing diversity of the population
- Higher than state obesity levels
- Community attitudes toward substance abuse use

Assessment (monitor health, diagnose and investigate)

East Central District Health Department (ECDHD) has a strong history of leading a regular community health assessment process. The department last updated its assessment in 2014. ECDHD collects data in several other ways including oversampling the collection of Behavioral Risk Factor Surveillance System data and collecting body mass index data on 5,147 students in K – 12 grades throughout the four county area. Nearly all data collected have been presented to county officials and are shared on the department website.

ECDHD protects people from health problems and hazards through the provision of immunizations, education, and training to the community. Public immunizations are offered in Platte and Colfax counties. During the past year, ECDHD’s Infectious Disease program staff also tracked 110 reportable cases including a variety of diseases such as salmonella and E. coli. Staff tracked 41 cases of animal exposure with a risk of rabies.

ECDHD updated nearly all of its emergency preparedness documents using input from community stakeholders. The department held regular quarterly call down drills for all staff and for Incident Command Structure using an electronic system. Many other planning activities and training exercises were completed to help the district be prepared for emergencies.

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

ECDHD continues to mobilize community partnerships through its community health improvement plan process. Several of the community health improvement plan groups have implemented evidence-based strategies. For example, the Tobacco Prevention Coalition group worked with Columbus city officials to ban tobacco products from the majority of the park system in Columbus. TIPs (Training for Intervention ProcedureS) server training and tobacco and alcohol retailer compliance checks are conducted on a quarterly basis. Additionally, ECDHD uses community health workers to serve as “bridges” between health care providers and minority populations. Two community health workers at ECDHD see all minority patients who are either diabetic and/or hypertensive and assists them in setting self-management goals.

ECDHD provided multiple health promotion programs throughout the past year. It strives to provide education through a variety of avenues. ECDHD held a meeting with the community in March 2016 to share information on the Zika virus. The presentation was geared toward healthcare professionals in the health district and included information on transmission, symptoms, and treatment.

ECDHD provided training and technical assistance to multiple businesses and healthcare providers in the four county area to set up closed PODs (points of dispensing) agreements. At the end of June, 32% of the population can receive critical medications in the event of a public health emergency at their own workplace.

ECDHD has also been working on improving obesity rates. The department has been using a multi-pronged approach that includes working with childcare facilities and licensed in-home child care providers that have made policy revisions to comply with one or more nutrition/physical activity standards for pre-school children. An example of one of these policy changes is improving the nutritional quality of food served (i.e., changing from whole milk to 2% or skim).

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

ECDHD established a workforce development plan in 2013 after the completion of an assessment of workforce needs. Staff members are adhering to the plan and have been trained in cultural competency, health literacy, and customer service. Three ECDHD staff members are enrolled in the Great Plains Leadership program, and two staff members are working on advanced degrees at the University of Nebraska Medical Center (UNMC), College of Public Health. ECDHD also serves as a preceptor site for training health professions students in community health from the UNMC Colleges of Medicine, Pharmacy, Allied Health, Nursing, and Public Health. Dental students and Nurse Practitioners are trained on site. ECDHD has operated a federally qualified health center since 2003. Direct medical, dental, and behavioral health services were provided for 7,105 individuals during the reporting period. Access to care is built into at least two of the counties' community health improvement plans and ECDHD works with the local coalitions to improve access to care.

ECDHD incorporates evaluation into many of its program. The Youth Substance Abuse Prevention Program is evaluating the impact that the Training for Intervention Procedures program is having on the community. This is being done through pre- and post-tests of class attendees. Additionally, the Minority Health program is evaluating the extent to which diabetic patients improve with the community health worker intervention. The department also engages in continuous quality improvement activities. One example of this is an effort to improve performance measure tracking at the department.

ECDHD regularly works with researchers and is currently involved in several research applications including a multi-state study about which type of intervention method adults who are obese respond to best when it comes to weight loss.

ELKHORN LOGAN VALLEY PUBLIC HEALTH DEPARTMENT

Serving Burt, Cuming, Madison, and Stanton counties



<http://www.elvphd.org/>

Community Health Priorities	Community Health Challenges
<ul style="list-style-type: none"> • Obesity • Access to care • Cancer prevention and screenings • Standard motor vehicular safety 	<ul style="list-style-type: none"> • Cancer • Overweight and obesity • High blood pressure • Heart disease • Diabetes • Health provider shortage areas impacting ELVPHD area

Assessment (monitor health, diagnose and investigate)

Elkhorn Logan Valley Public Health Department (ELVPHD) conducted its second community health assessment and focus groups. The results of the assessment and input from stakeholders at the focus groups helped to develop the community health priorities for the next three years. ELVPHD collects data in several ways, including: 1) completing pre- and post-tests as a standard component of programs, including the *WhyTry* and *Alcohol: True Stories*, both evidence-based activities implemented in several area schools; 2) conducting customer satisfaction surveys; and 3) collecting biometric data from participants in the *Diabetes Prevention Program*, *Eating Smart and Being Active* and the *Operation Heart to Heart* case management programs.

ELVPHD investigated 161 illnesses and 26 environmental issues in the reporting period. In addition, as a component of standard school surveillance each week, a shigella outbreak was identified in an area school and in the corresponding community. The outbreak affected more than 60 individuals. ELVPHD took responsibility for the recommendation of strict prevention and control measures, as well as investigation and surveillance of those involved.

ELVPHD completed a major review and update of various emergency preparedness items, including the Emergency Response Plan and Continuity of Operations Plan. ELVPHD also participated in the *Nebraska Public Health Laboratory Transport Drill: Ebola Specimen Delivery* exercise. The drill included the transport of a specimen by ELVPHD from Faith Regional Health Services in Norfolk to the Nebraska Public Health Laboratory in Omaha. The exercise tested operation communications and operational coordination.

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

ELVPHD worked collaboratively with Oakland Mercy Hospital, St. Francis Memorial Hospital, Faith Regional Health Services, Midtown Health Center, the Ponca Tribe of Nebraska—Norfolk campus, and the Northeast Nebraska Area Agency on Aging on the community health assessment (CHA) process. The two community health improvement plan (CHIP) focus groups were attended by 87 unduplicated stakeholders. During the Public Health Accreditation Board site visit, reviewers noted during their interview of community partners that ELVPHD meets and communicates regularly with numerous advisory and care committees, hospitals, and other partners. It was further noted that community partners expressed a high level of communication and collaboration on public health initiatives and priorities with ELVPHD.

In order to educate the public, ELVPHD posts a variety of health-related topics on its Facebook and Twitter pages on a daily basis. Numerous press releases were submitted to area newspapers on topics that include youth drug/alcohol prevention, veteran's services, obesity, family prevention, oral health and emergency preparedness, to name a few. ELVPHD staff have also held public presentations on a variety of topics at various venues, including businesses, health fairs, community groups and other events. Two major media campaigns were conducted utilizing billboards, print and/or radio media.

During the 2015-16 school year, the substance abuse prevention program reviewed school alcohol and drug policies. Thirty-five policies were submitted for review. Suggestions for changes were expressed to all submitting school administrators for tightening policies. ELVPHD also leads the Smile in Style program which provides dental education and fluoride varnish to children in childcare and preschool settings. As a result of this project, one childcare center established a tooth-brushing policy to encourage better dental hygiene habits in children.

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

ELVPHD hosted a student from the University of Nebraska Medical Center (UNMC), College of Public Health to assist in analyzing data from select portions of the ELVPHD community health assessment. This student took the community health assessment survey results from the women's health and health screening sections of the health assessment and compared the data to the 2013 survey results and to current state/national data. Results of this analysis were presented at two community focus groups. ELVPHD also participated in the Cuming County Government Day and gave a presentation on what public health is and the types of careers available in public health. Lastly, staff were reassessed on the Core Competencies for Public Health Professionals by completing a personnel training and assessment survey through the UNMC, College of Public Health. The results will be used to revise the workforce development plan in the next fiscal year.

ELVPHD implemented a new evidence-based program during the year, the *Stepping On* fall-prevention program. This program focuses on group-based education for seniors to assist them with learning about fall prevention and modifications that participants can make to reduce the likelihood of falls.

ELVPHD has increased the number of influenza vaccines administered since ELVPHD began tracking in 2013. In 2013, 404 influenza vaccines were administered, 445 in 2014, 550 in 2015, and we are estimating that we will provide 880 influenza vaccines in 2016. During last year's flu season, vaccines were offered at 30 locations that included schools, businesses, and courthouses. The hours of operation varied from 6:00 a.m. to 8:00 p.m., and all populations were served.

ELVPHD participated in two research projects. The first project was with the Nebraska Public Health Practice Based Research Network. The project was to help policy makers, local health departments, state administrators, and researchers better understand the investment required for quality improvement projects. The other project was for the Rocky Mountain Public Health Training Center. The purpose was to assist in understanding the factors that support community health improvement plan use and demonstrate ways to improve the planning process.

FOUR CORNERS HEALTH DEPARTMENT
 Serving Butler, Polk, Seward, and York counties



<http://www.fourcorners.ne.gov/>

Community Health Priorities

- Healthy lifestyles
- Motor vehicle crashes and deaths
- Cancer

Community Health Challenges

- Diabetes, lack of active lifestyle and physical activity
- Texting/Calling while driving, distracted driving
- Low cancer screening rates

Assessment (monitor health, diagnose and investigate)

Four Corners Health Department (FCHD) worked with each of the five hospitals in the district to complete a comprehensive community health assessment. This assessment looked at the health status of the four counties, and using these results, the district planning group is developing a revised community health improvement plan. Priorities will be identified, strategies developed and measurable goals for each priority set.

FCHD contributes to several of the state’s electronic surveillance systems to collect and maintain disease-related data. Included are the state’s reportable disease system and the immunization database. As part of local programming, FCHD tracks clients they assist with patient navigation and follow up through the Encounter Registry. FCHD also conducts surveys of seat belt usage, colorectal cancer screenings, and assessments of chronic disease resources and barriers to treatment. FCHD collects Behavioral Risk Factor Surveillance System data through a contract with the state. These data are used in assessment, planning, and to provide the public with information through presentations, news releases, and media campaigns.

Each year, FCHD conducts disease surveillance activities and investigates environmental concerns. A total of 144 disease reports were submitted to DHHS and CDC through the National Electronic Disease Surveillance System. Each report reflects work done to follow up on a case of communicable or infectious disease to prevent or contain further spread. Of the 144 reports, 62 were cases where animals potentially exposed humans to rabies. Of special note this year were occurrences of vaccine-preventable diseases; in particular, cases of pertussis and mumps were investigated by FCHD. Through coordinated efforts with partners, public health interventions were used to prevent further spread of these contagious illnesses. Information was distributed to the media and letters sent to families to inform them of signs and symptoms. Healthcare providers, public health, schools, churches, businesses, preschools, and childcare providers worked together to distribute information, identify and treat at risk contacts.

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

FCHD collaborates with six community partners to deliver the evidence-based Diabetes Prevention Program (DPP) to local communities. The DPP can work to address both the healthy lifestyles and cancer priorities for the district. Each community partner is delivering the program according to evidence-based standards and working toward becoming a Recognized DPP. To support sites and streamline efficiency, FCHD serves as the hub for gathering and submitting data, and hosting monthly technical assistance calls for all partnering sites.

Enhancing support to breastfeeding families has been emphasized this year by FCHD. This is being done through work with health care professionals, home visitors, businesses, and childcare sites. The purpose is to increase education and resources for breastfeeding families, and those who support them.

FCHD participates in prevention coalitions in each county whose missions are to reduce the illegal use and abuse of drugs, alcohol, and tobacco. Each coalition works to promote policies impacting the use of alcohol, non-prescribed medication, and illegal drugs. Coalitions in Seward and York Counties address the issues surrounding attempted and completed suicides.

Four Corners Health Department partners with local businesses in offering the 'Take Heart, Live Smart' worksite wellness program. The vision for this program is to reach as many small businesses as possible to achieve a greater impact overall in the health of the community. This year, Four Corners successfully expanded upon physical activity in the workplace with the evidence-based Steps to Wellness program.

FCHD coordinates a number of efforts to mobilize community partnerships and give people the information necessary to live healthier lives. The department maintains Community Health Workers and Public Health Nurses who work with partners in the community to obtain the best outcomes for each client, bridging gaps in services, identifying and reducing barriers to receiving needed health care, and helping clients establish a medical home if they do not have one.

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

The department has worked with the University of Nebraska Medical Center (UNMC), College of Public Health, Concordia University of Nebraska, York College, Bryan College of Nursing, and the University of Nebraska Omaha, College of Nursing to support learning opportunities for students. In addition, the department has participated in local career fairs to support the public health workforce. A UNMC Physician Assistant/MPH student implemented her capstone program in a collaboration with Four Corners and the York Medical Clinic. Part of her project involved distributing a survey to medical providers to understand their practices, barriers, and openness to collaboration with FCHD related to diabetes care and prevention. The results will be useful in further developing clinical/community partnerships.

Four Corners staff continue to address families in crisis and improve access to health. This is done by linking individuals to area resources, giving assistance with locating resources for lower cost medications, and offering personal health coaching.

Oral health clinics are held by FCHD to offer preventive oral health services to young children, with a specific emphasis on birth to five years of age. Blue Valley Community Action administering the Women, Infant, and Children program has partnered with FCHD in order to implement these services to this target audience.

FCHD often supports other partners in the enforcement of public health laws. This year, after arrests occurred for manufacture of methamphetamine in a local camper, FCHD had to assure that no one inhabited the camper until it was decontaminated or destroyed. Other situations often occur related to animal bites and the exposure to rabies. Staff work directly with law enforcement, veterinarians, and the medical community. FCHD is responsible for assuring that animals are tested when appropriate and that those who have been exposed to this disease have access to treatment.

FCHD continuously evaluates its programs and engages in quality improvement in an effort to improve performance and increase impact.

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Serving Lancaster County



<http://www.lincoln.ne.gov/city/health/index.htm>

Community Health Priorities	Community Health Challenges
<ul style="list-style-type: none"> • Access to care • Chronic disease prevention • Injury prevention • Behavioral health access and reform 	<ul style="list-style-type: none"> • Community preparedness (businesses and individuals) • Poor outcomes for maternal and child health among minority populations • Chronic disease

Assessment (monitor health, diagnose and investigate)

Lincoln-Lancaster County Health Department (LLCHD) completed a community health assessment using the Mobilizing for Action through Planning and Partnerships process. After the community provided input and ranked local health issues, the identified priorities remained the same: chronic disease (diabetes, cancer, heart disease); injury prevention (falls, texting while driving); access to care (uninsured, persons with no medical provider/dentist); and behavioral health/substance abuse were all still important issues.

LLCHD responds immediately, 24/7, to all requests from 911, Lincoln Fire and Rescue, rural fire departments, and law enforcement agencies for assistance with hazardous materials spills and releases. The Department’s HazMat Team assesses public health and environmental risks from exposure to chemical releases and environmental hazards, prevents further contamination, takes environmental samples, and assures that environmental cleanup is completed safely. The HazMat team responded to 141 incidents in FY16.

LLCHD Emergency Response Section participated in over 20 trainings with local community and regional partners. These trainings included tabletop exercises involving floods, tornados, Ebola, and active shooter incidents. Two large full scale exercises included one for Ebola and one for an airplane crash scenario. Both exercises involved over 100 participants from across the community. In addition, several exercises with our healthcare coalitions included active shooter exercises with our hospitals and long term care/assisted living facilities and child care centers.

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

LLCHD is leveraging partnerships within city government and throughout the community to promote health. One example the City’s 5-4-3-2-1 Go!® Team (Go Team!), which includes representatives from schools, after school providers, child care, city departments, cultural and faith-based organizations and businesses. LLCHD provides leadership, technical assistance, resources and minimal funding to integrate the countdown message and other obesity prevention programming in the community.

LLCHD enhanced its communications plan, which serves as a resource and guide for staff to ensure consistency and uniformity of process and message in the Department’s communication efforts to our constituents. It also includes the crisis and risk communications plan (activated in emergency response situations), social media guidance, and is consistent with the City’s communication procedures.

LLCHD developed an Active Shooter/Unsafe Person training for Child Care in response to concerns voiced by the child care community. Seventy-eight early childhood professionals attended the training to develop policies and procedures for their facilities. This training will be held again due to high interest.

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 through education, and by providing nutritious, low-fat, properly portioned meals. In 2016, 42 serving sites were credited with serving 38,365 breakfasts and 63,324 lunches for a total of 101,689 meals, over 12 weeks. An estimated 3,550 children, 46% of a racial/ethnic minority, participated.

LLCHD has contracted to use PowerDMS on-line policy, procedure and training tools. An examination and update of all policies and procedures at LLCHD was conducted. Obsolete policies have been deleted and needed policies updated. All policies have been uploaded to PowerDMS which makes them available to staff anywhere they have access to the internet.

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

LLCHD has developed, approved and implemented a workforce development plan that includes department-wide workforce development opportunities as well as division specific ones. The plan was developed using the results of the workforce development assessment that was provided and analyzed by Brandon Grimm, PhD, MPH from the University of Nebraska Medical Center (UNMC), College of Public Health. The training recommendations identified will be used for annual updates of the Department and Division plans for the next few years.

LLCHD has nine employees enrolled in the Masters level class, Foundations of Public Health, through the UNMC, College of Public Health. The class is taught at the LLCHD by professors from UNMC.

LLCHD has implemented a Performance Management System designed to 1) set organizational SMART objectives across all levels of the department; 2) identify indicators to measure progress toward achieving objectives; 3) identify responsibility for monitoring progress and reporting; and 4) identify areas where achieving objectives requires focused quality improvement processes, and visible leadership.

LLCHD facilitates a dental community group that meets every 2-3 months with representatives from the UNMC, College of Dentistry, People's Health Center, Clinic with a Heart, People's City Mission, and volunteer community dentists. This community group was instrumental in securing Community Health Endowment grant funds for assuring greater access to dental homes among low-income and uninsured clients on reduced and sliding fees.

LLCHD Division of Dental Health and Nutrition Services collaborates with Lincoln Public Schools each year to target approximately 5,000-6,000 children with school-based dental screenings for those children that have not reported seeing a dentist in the past 12 months. This past school year, 5,100 children (27% of total enrollment) were screened using volunteer community dentists and LLCHD dentists and hygienists.

LLCHD mapped Behavioral Risk Factor Surveillance System data at census tract level for the Place Matters project. During this process, LLCHD partnered with the Department of Mathematics at the University of Nebraska-Lincoln to develop a methodology to calculate the data at sub-county level, i.e., Census Tracts, using Multi-Model Logistic Regression. Students were provided with data that will be used as a term project for the 'Math in the City' graduate level class in the fall of 2016. LLCHD will act as co-partners for the class and will take part in helping the students with guidance and final evaluation of the term projects which ends in 2016.

LOUP BASIN PUBLIC HEALTH DEPARTMENT

Serving Blaine, Custer, Garfield, Greeley, Howard, Loup, Sherman, Valley, and Wheeler counties



<http://www.loupbasinhealth.com/>

Community Health Priorities

- Oral health
- Childhood immunizations
- Disease surveillance

Community Health Challenges

- Access to healthcare
- Lack of adherence to school immunization requirements
- Lack of communities participating in fluoride treatment

Assessment (monitor health, diagnose and investigate)

Loup Basin Public Health Department (LBPHD) collaborated with each of the 4 hospitals in the district to complete a comprehensive community health assessment. This assessment looked at the health status of the population and helped identify ways that the department and partners can work together to make the district healthier.

While conducting the Community Health Assessment this past year, utilizing the Mobilizing for Action through Planning and Partnerships process, LBPHD organized a community survey. LBPHD identified the top three perceived health problems by respondent: cancer, aging problems, and heart disease and stroke. Also, the top three perceived risky behaviors indicated by respondents were alcohol and drug use, being overweight, and text/cell phone use while driving. Also, similar to previous years, LBPHD has found a gap in service for oral health in youth and childhood immunizations.

LBPHD has an Emergency Response coordinator on staff to prepare the community for public health emergencies. This position works closely with preparedness professionals in the area such as police, fire, first responders, and city officials. Several exercises/drills were conducted over the past year including a behavioral health drill, tornado functional drill, and a pandemic influenza scramble. The department also completed a number of trainings to ensure that staff have the information and skills necessary to respond in the event of an emergency.

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

LBPHD is in the process of updating the community health improvement plan based on the community health assessment results. With the results of the ranking for health issues, the community health improvement plan updates will include progress toward the goals and objectives, discussion of barriers and additional concerns that need to be included in the work plan.

LBPHD provides information to the public to help them make healthy choices. The department has four public health nurses who provide health information and various referrals. Staff provide media releases with important public health updates, such as when mosquitoes test positive for West Nile Virus, or when the first positive human case is confirmed.

LBPHD also provides Immunizations, guided by the Centers for Disease Control and Prevention, Immunization Action Coalition and the approval by the LBPHD Board Physician.

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

LBPHD is in the process of updating the workforce development plan that is part of the comprehensive strategy towards agency quality improvement. Within the next year LBPHD plans to have all staff participate in the Core Competency Assessment.

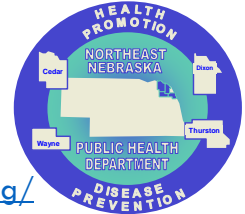
To help link people to needed services, LBPHD provides immunizations and Well@Work clinics to communities, schools, and businesses. Access to immunizations was identified as a need in the region and LBPHD is taking the necessary steps to be able to provide and fill that gap for Loup Basin area residents.

LBPHD counsels the community on childhood vaccination requirements and provides services to the public, such as installation of car seats and the information on state law regarding children and car seats. LBPHD also has a contract with the state for the Nebraska Clean Indoor Air Act, where LBPHD works with local law enforcement on compliance issues.

LBPHD is often in the support role of enforcement of public health laws. LBPHD works to resolve public health nuisance complaints through local ordinances. Seventy-six nuisance calls were received during this reporting period. Nuisance calls are then referred to the appropriate agency and a follow up is completed as needed.

NORTHEAST NEBRASKA PUBLIC HEALTH DEPARTMENT

Serving Cedar, Dixon, Thurston, and Wayne counties



<http://www.nnpd.org/>

Community Health Priorities

- Access to care (health literacy, language barriers, Community Health Workers, Public Health Nursing)
- Prevention (infectious and chronic diseases, disease investigation and surveillance, emergency response, injury prevention)
- Children and families (building health home environments for children and parents)
- Aging issues (medical home, injury prevention, preparedness, health literacy)

Community Health Challenges

- Disparities for small local health departments (i.e., funding challenges)
- Rural emergency preparedness (limited capacity and resources for emergency response)
- Health literacy guidelines (i.e., empower individuals to make informed and appropriate decisions about their health care needs)

Assessment (monitor health, diagnose and investigate)

Northeast Nebraska Public Health Department (NNPHD) was one of three local health departments in the nation that received a \$10,000 Resilience Grant Award from the National Association of City and County Health Officials (NACCHO) as a result of experiencing five emergency response events in less than two years. The grant award supports an enhanced infection control network in the health district between the public health department and its healthcare partners.

NNPHD investigated a rare form of Tuberculosis outbreak affecting 181 identified residents, and the Avian Influenza outbreak that resulted in 4 million heads of dead poultry. NNPHD monitored the poultry workforce 7 days/week x 7 weeks to ensure the workers wore their personal protection equipment properly and were not exhibiting any influenza-like-illness. The Public Health response began with interviewing 104 workers but ended up with 40 workers completing all monitoring for the 7 weeks.

The Mycobacterium Bovis Tuberculosis outbreak in northeast Nebraska that began in 2014 and affected 101 residents was published as a case study in the [Center for Disease Control and Prevention's \(CDC\) March 4, 2016 issue of their Morbidity and Mortality Weekly Report \(MMWR\)](#). Additional cases of Mycobacterium Bovis in 2015 and 2016 have been treated and followed by NNPHD since the initial outbreak. Three NNPHD staff members are featured on the [CDC's U.S. TB Elimination Champions website](#) as a result of their outstanding work to contain this landmark TB outbreak. [Re: Julie Rother, Victor Zarate, and Georgina Castaneda]

NNPHD conducted 120 investigations and follow-ups on infectious disease cases posted on the National Epidemiological Disease Surveillance System (NEDSS) during this reporting period. NNPHD also conducts a surveillance program through the school systems and hospitals in the health district. Radon concentrations are high throughout the four counties, and 81% of the 161 radon tests conducted showed high levels that warrant radon mitigation systems.

NNPHD continued to be involved in the Northeast Nebraska June 2014 Tornado Long Term Recovery Team, and assisted with the transition from a Long Term Recovery Team to a Community Organizations Active in a Disaster (COAD) organization in early 2016. NNPHD nursing and preparedness staff continue to meet quarterly with the Winnebago Tribe of Nebraska and the Omaha Nation to discuss disease surveillance and emergency preparedness activities. Tabletop exercises on tornado emergency response planning were conducted with both tribes during the spring of 2016.

NNPHD also partnered with a local hospital and the regional Health Care Coalition (RROMRS) to complete a full scale Ebola Response Exercise in May and trained with Nebraska Public Health Laboratory personnel on the packaging and transport of an Ebola sample. An Ebola Response Plan for the health department was developed and submitted to the Department of Health and Human Services in June 2016. Unannounced call down exercises with NNPHD mass dispensing volunteers were conducted throughout the year. NNPHD emergency response personnel also organized a Quarantine and Isolation training for regional preparedness personnel. NNPHD preparedness personnel actively participated in the development of the Cedar and Dixon County Hazard Mitigation Plan, and also participated in the Providence Medical Center Hazard Vulnerability Assessment.

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

NNPHD, DHHS and the CDC's public health responses to the Dixon County Avian Influenza Event 2015 resulted in the creation of an Avian Influenza Response Model based on Minnesota's best practices. This plan is now in place should another outbreak of Avian Influenza occur in Nebraska.

NNPHD provided input and technical assistance to the two critical access hospitals in the health district for their second round of community health assessments and community health improvement plans as mandated by federal law.

Internally, NNPHD's policies include an emphasis to integrate health literacy guidelines in all health department products, materials, and messages for the public. As part of the Health Literacy policy, NNPHD offers all health-related messages and materials in both English and Spanish. NNPHD also promotes the *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care* (CLAS) training to the district's health providers.

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

The NNPHD Public Health Nurses oversee the Disease Investigation and Surveillance Program, administer the Maternal Child Health grant program and supervise the Community Health Workers to implement the Minority Health Initiative. The Emergency Response Coordinator, Health Director and Executive Assistant oversee the remaining programs that are provided by NNPHD, in addition to the health department's business operations. Staff development plans pertain to their job duties. Wayne State College recently added a minor in Public Health, and NNPHD's Health Director is a frequent presenter for classes.

NNPHD also hosts the University of Nebraska Medical Center, College of Public Health's annual public health week field trip. Twenty-eight prospective Masters in Public Health (MPH) graduate students attended this year and rotated through stations throughout the NNPHD office that represented different public health programs.

Lastly, NNPHD is planning an immunization program that will fill gaps that exist for adult immunizations and those needed in outbreak events.

NORTH CENTRAL DISTRICT HEALTH DEPARTMENT

Serving Antelope, Boyd, Brown, Cherry, Holt, Keya Paha, Knox, Pierce, and Rock counties



<http://www.ncdhd.ne.gov>

Community Health Priorities	Community Health Challenges
<ul style="list-style-type: none"> • Physical health • Aging and health • Mental health • Substance abuse 	<ul style="list-style-type: none"> • Access to care, especially oral and mental health • Chronic disease • Overweight and obesity • Substance abuse

Assessment (monitor health, diagnose and investigate)

North Central District Health Department (NCDHD) uses the following avenues and methods to collect and maintain data:

- Community health assessment process, completed every three years
- Partnerships with state organizations to obtain data from surveys
- Spreadsheet tracking of quantitative data from department programs
- Qualitative input from community members, especially those participating in committees or activities related to department programs

NCDHD conducted investigation and follow-up on all reportable communicable diseases and disease outbreaks, and animal and rabies exposures in the region. Department staff complete school surveillance activity by maintaining weekly contact with district schools to gather illness information regarding influenza-like illness. Staff also provided radon test kits and educational material to the public at no charge and make follow-up contact with individuals whose radon test results fall above recommended limits. NCDHD conducts mosquito trapping and collection of dead birds to test for West Nile Virus. NCDHD also conducts environmental site visits to assess nuisance complaints and follows up on complaints to ensure compliance with the Clean Indoor Air Act.

NCDHD maintains an emergency preparedness program to plan for potential emergencies in the region. Over the past year, the department conducted a number of exercises and trainings. One of the biggest things staff at NCDHD has been working on is updating the electronic communications and database management system to allow for better communicate with public health partners and the public on emergencies that have public health impact.

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

NCDHD is working with community partners to implement its Community Health Improvement Plan. Work group meetings are now held each month to carry forward efforts aimed at impacting priority focus areas (outlined above).

NCDHD staff maintains regular and ongoing efforts in identifying and addressing health problems through programs that bring them into contact with various community members and partners. Some examples include partnerships with schools for an oral health program, with businesses for wellness screenings, with law enforcement for substance abuse prevention, and with hospitals for both emergency preparedness and disease surveillance/investigation.

The department is also very engaged through its work with the North Central Community Care Partnership (NCCCCP) and the Area Substance Abuse Prevention (ASAP) coalition.

Staff continue to attend several city council and county board meetings in counties throughout the district to propose mandatory completion of Responsible Beverage Server Training, which the department coordinates and provides, prior to approval of liquor licenses. NCDHD also offers technical assistance to businesses for developing worksite wellness policies through our Working on Wellness program, and to childcare providers for developing nutrition and physical activity plans through our Go NAP SACC program.

Consistent with previous years, NCDHD provided educational information to the public through a variety of communication methods, such as newspaper releases, public service announcements, and health fairs. Topics included West Nile Virus, colon cancer, radon, emergency preparedness, substance abuse prevention, Affordable Care Act, and veterans' services information.

The Miles of Smiles oral health care program was implemented in 2013 and is now taking place in all of the 39 district elementary and middle schools. In 2016, NCDHD continues our Miles of Smiles hours at the O'Neill Women, Infants and Children (WIC) location from four hours a month to 12 hours a month, and added the Spencer and Atkinson WIC locations as entirely new sites. Worksite wellness was initially implemented in 2013 and in 2016 saw another increase in resources and efforts devoted to growing the program. Through the Working on Wellness (WOW) program, NCDHD completed our first ever on-site employee health screening at a district business this year, followed by an additional 10 screenings over the course of the last six months, with follow-up to provide technical assistance for developing worksite wellness programs.

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

NCDHD developed a workforce development plan in 2013. As a result of establishing this plan, NCDHD implements training identified as required for employees and documents completed employee training. The department worked with a public health student through a federal work study program in 2015 and in 2016 we have now contracted with this person to continue this work. In past years, NCDHD has provided a number of internship opportunities for public health students and continues to do so, when possible.

The department continues to partner with hospitals and community organizations to participate in health fairs throughout the district, promoting health services to attendees. NCDHD also maintains partnerships with district schools, businesses, senior centers, and first responders through its Miles of Smiles oral health program, Working on Wellness program, and Immunizations program.

Staff members conduct investigation and follow-up on reports of Clean Indoor Air Act violations. If necessary, local law enforcement is contacted and the department partners with them for additional action regarding these reports. NCDHD conducts investigation and follow-up on nuisance complaints, provides resources and direction regarding ordinances, and information and guidance on issues relating to the Landlord/Tenant Act.

NCDHD continues to conduct evaluation activities for both the Miles of Smiles oral health program and the immunizations program, including an extensive review and analysis of quantitative program data (response rates, participation rates, etc.), as well as qualitative feedback in the form of participant feedback and program manager best practice experience. The department also implemented a number of quality improvement efforts to enhance our practices.

PANHANDLE PUBLIC HEALTH DISTRICT

Serving Banner, Box Butte, Cheyenne, Dawes, Deuel, Garden, Grant, Kimball, Morrill, Sheridan and Sioux counties



<p>Community Health Priorities</p> <ul style="list-style-type: none"> • Healthy Living: Healthy eating, active living, breastfeeding to prevent obesity, type 2 diabetes, cardiovascular disease & cancer • Mental and emotional well-being to decrease adverse childhood experiences and prevent child maltreatment & mental illness • Injury and violence prevention to reduce falls, auto crash rates, decrease underage drinking, binge drinking & driving while under the influence • Cancer Prevention: primary prevention, early detection & appropriate screenings to decrease the rate of cancer 	<p>Community Health Challenges</p> <ul style="list-style-type: none"> • Obesity, type 2 diabetes, cardiovascular disease and other chronic illness • Child maltreatment and access to mental health services • Falls, motor vehicle crashes, underage drinking, binge drinking and drinking under the influence • Low cancer screening rate
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Assessment (monitor health, diagnose and investigate)

The Panhandle Public Health District (PPHD) completes a community health assessment every three years. In the last cycle, PPHD coordinated the Mobilizing for Action through Planning and Partnerships (MAPP) process for the 11 counties of the Panhandle including all eight hospitals, the Scotts Bluff County Health Department, and the entire local public health system. Four health assessments were completed and data were used to select regional priorities. PPHD also worked with the DHHS, Division of Public Health during the year to analyze data by race/ethnicity, income, and gender to further examine health disparities in the Panhandle. Data are made available to partners and the community via websites, community meetings, and the annual report.

PPHD nurses monitor the National Electronic Disease Surveillance System (NEDSS) for communicable diseases in the Panhandle to promote early detection and help prevent the spread of disease. Over the past year, there were 124 confirmed, probable, or suspected communicable diseases in the Panhandle. PPHD nurses also survey 47 schools and 7 hospitals weekly to determine prevalence, trends and impacts of diseases. Based on surveillance activities, they review and follow up on cases and investigate disease outbreaks.

PPHD distributed free radon test kits to Panhandle residents to continue the push for radon awareness and mitigation. Fifty percent of the 170 short term kits analyzed required mitigation. West Nile Virus surveillance and prevention was also promoted heavily during the summer due to increased rainfall and breeding mosquitos.

PPHD continues to coordinate regional planning for emergency preparedness. An Ebola tabletop exercise was held with partners that addressed response capabilities and identified areas for improvement. Recommendations were released to the healthcare facilities for planning and updating of infectious disease procedures. PPHD coordinates the Panhandle Regional Medical Response System.

PPHD collaborated with the Office of Community Health & Performance Management to use the Results Scorecard, a performance management software modeled after the concepts of Results-Based Accountability. We are currently using the scorecard to track community health improvement data.

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

PPHD continues to work with community partners through the Panhandle Partnership for Health and Human Services and with the hospitals through the MAPP Steering Committee to implement community health improvement plan activities. The PPHD-led initiatives include the Panhandle Worksite Wellness Council and the Panhandle National Diabetes Prevention Program. Other evidence-based strategies PPHD implements to address community health improvement goals are: Healthy Families America home visiting program, radon testing, tobacco control, and Pool Cool for cancer prevention.

Tobacco Free in the Panhandle continues to work with multi-unit housing management to implement smoke-free policies throughout all of the counties; over 50% of the known multi-unit housing facilities are smoke-free. PPHD also works with schools on strengthening their tobacco-free policies and fair boards and city councils to adopt smoke/tobacco-free outdoor policies. Five communities passed an all-inclusive tobacco-free recreational facilities policy, 10 communities have designated their pools tobacco-free zones.

Panhandle Worksite Wellness Council (PWWC) has worked with a number of businesses to assist in the adoption/promotion of policies, systems, and environmental supports in the areas of nutrition, physical activity, breastfeeding, and tobacco. A few specific examples of this include The DOVES program, developing a walkability plan at each of their locations to encourage walking during breaks, and Cirrus House and Gordon Memorial Hospital developing and implementing a breastfeeding support policy.

The National Diabetes Prevention Program in the Panhandle is a system throughout all 11 counties, coordinated by PPHD. Since 2012 there have been 827 total participants in 60 year-long community classes and 21 business classes, totaling over 4,500 pounds lost.

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

PPHD contracts with the Nebraska State Patrol, Scottsbluff Police Department, and the Scottsbluff Sheriff's Office to complete two rounds of tobacco compliance checks throughout the Panhandle. Eighty one compliance checks were completed with 94 percent in compliance. PPHD also responds to all Clean Indoor Air violations and complaints according to the policies and procedures in place.

PPHD is implementing the VetSET program, working with individual veterans to help guide them to available services and benefits, and with service providers and employers to better serve veterans.

PPHD supports health system interventions and community-clinical linkages with strategies that lay the foundation of a health care delivery system in the Panhandle. We are currently working with Regional West Physician's Clinic, Kimball Health Services, and Chadron Medical Clinic.

To support the public health workforce, PPHD developed a workforce development plan which includes core competencies, performance goals, and training opportunities. In the summer of 2015, PPHD brought a prospective master's of public health student to the Panhandle. PPHD also hosted a student from Chadron State College and worked with nursing students on a project with pharmacists and dental students.

In terms of research, an MPH student conducted a case study to determine the expanded capacity of health departments through the lens of planning and implementation of community health needs assessments. The data resulting from the case study of the PPHD indicate strongly what works, namely collaboration.

PUBLIC HEALTH SOLUTIONS DISTRICT HEALTH DEPARTMENT

Serving Fillmore, Gage, Jefferson, Saline, and Thayer counties



<http://www.phsneb.org>

Community Health Priorities	Community Health Challenges
<ul style="list-style-type: none"> • Strengthen families • Increase access to care • Improve the behavioral health of the public (behavioral, dental) • Increase the availability and use of prevention services 	<ul style="list-style-type: none"> • Population that demonstrates low levels of engagement in preventative services • Access to dental and behavioral health services • Lack of access to care in cases where there is no third party coverage • Lack of infrastructure funds to support new programs & administrative positions

Assessment (monitor health, diagnose and investigate)

Public Health Solutions (PHS) is initiating its third community health assessment and health improvement plan. PHS continues to work in partnership with the six critical hospitals, community organizations and schools. Two surveys will be disseminated to the community at large and to health care providers. The results will be used to identify and address health concerns in the community. The health assessment, health improvement plan, and the additional surveys will help guide the department and collaborators to work together to make the district healthier.

Evidence-based programs have been developed through a collaborative process to address health problems and hazards. Some of these efforts include the Immunization Program, Rooted in Relationships, Healthy Families America, walkable communities, environmental complaints, surveillance response, Safe Kids, and elder fall prevention.

PHS gave 5,488 immunizations, all entered into Nebraska State Immunization Information System (NESIIS). PHS provides immunizations through publicly funded Vaccines For Children and publicly funded Vaccines For Adults, as well as privately insured/funded children and adults. PHS has a major role in enabling parents and adults to comply with immunization requirements through education and the provision of Vaccines For Children, Vaccines For Adults, and community immunization clinics. The Immunization Program is implementing the School Kid Immunization Program (SKIP), an evidence-based program in the district by providing flu vaccinations. This year 3,109 students and school staff were immunized. PHS has also started a major promotion campaign of Human Papillomavirus Infection (HPV) immunizations.

PHS continues to coordinate regional planning for emergency preparedness. As part of a regional effort, PHS wrote and distributed an Ebola/infectious disease plan to be used by health care facilities. Three tabletop exercises were also provided in the District, in partnership with the Southeast Nebraska Healthcare Coalition. Topics included Ebola/infectious disease, active shooter, and sheltering in place.

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

PHS, as a chronic disease prevention grant (1422) recipient, has active initiatives to promote walkability, good nutrition, engaging in preventive health screenings, healthy parenting, worksite wellness, immunizations, and community initiative and engagement. This has enabled PHS to collect and maintain community data relevant to the capacity of communities to support and encourage health.

Through the grant, PHS was able to complete physical activity scans in the district to identify existing physical activity venues, promotion, and employer support. The grant assisted in a community-led process for two communities within the district to create action plans and next steps for increasing walkability. PHS assisted in grant-writing and funding opportunities for Thayer County Walking Coalition. Hebron, the county seat for Thayer County, adopted a resolution to support walking as one of the most accessible and valuable forms of exercise.

PHS has been able to support the growth and development of farmers markets and promote the importance of good nutrition. There are presently seven markets in the district. PHS provides promotional material as well as public education through the publication and distribution of the Food Guide which promotes local farmers markets. Educating the public about good nutrition has been done in providing signage to promote healthy “Snack & Go” messaging for three organizations, healthy food demonstrations at local stores, promoting healthy food choices in two local food retailers, and providing coalition coordination and market support to the farmers markets who are member of the Southeast Nebraska Farmers Market Coalition.

PHS has fostered the development of Diabetes Prevention Programs in every county within the district. In doing so, PHS coordinates National Diabetes Prevention Program Lifestyle Coaches’ quarterly meetings, provides continuing education opportunities, and informs PHS district coaches about DHHS statewide efforts and opportunities. These efforts have been crucial in assisting in partnership building between community organizations and the community hospitals. PHS has seen success in the Health Hub and Minority Health programs by identifying people who have undiagnosed and untreated chronic illness and educating them about and/or enrolling them in these programs which are available at PHS.

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

In May 2016, the University of Nebraska Medical Center completed a survey of our staff relative to education needs and interests. With 100% staff participation, agency-specific training was identified and a workforce development group was developed. PHS has nearly completed a workforce development plan which will strengthen core competencies, performance goals, and training opportunities across the Department. In addition, PHS actively recruits interns to work at the department.

PHS has a priority for improving performance measurement, as well as dissemination of this information. A staff committee assists in this endeavor. A major project related to this was the development of the Nightingale Notes Information System. This system will be used for collecting a majority of service data. It includes measure of progress, and is a reliable system for recording department activity and programs.

PHS provides information and education regarding laws, policies, regulations, and ordinances to individuals and groups in response to public reports of problems. A wider effort is conducted when there is concern that regulatory requirements are being ignored. Examples of this would include failure to properly restrain children, drunk and/or distracted driving, failure to immunize children and pets, etc. PHS also assists the state with enforcement of the Clean Indoor Air Act by responding to public complaints about violations.

PHS works with many partners to ensure people are receiving necessary health services. PHS works with the State Immunization program to assess the degree to which we are properly completing immunization of patients. A partnership with Gretchen Swanson Center for Nutrition assess healthy food access at grocery stores and vending machines in key community locations utilizing the Nutrition Environment Measures Study. Our maternal infant home visitation program has engaged with the University of Kansas for benchmark data collection and reporting.

SARPY/CASS DEPARTMENT OF HEALTH AND WELLNESS

Serving Sarpy and Cass counties



- | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Community Health Priorities</p> <ul style="list-style-type: none"> • Cancer • Stroke • Tobacco use • Lack of healthcare insurance |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

<http://www.sarpycasshealthdepartment.org/>
<https://www.facebook.com/SCDHW>
<https://twitter.com/SarpyCassHealth> or
 @SarpyCassHealth

Assessment (monitor health, diagnose and investigate)

The Sarpy/Cass Department of Health and Wellness (SCDHW) completes a community health assessment approximately every three years. In 2015, the SCDHW partnered with two metropolitan local health departments, three hospital systems, and two community agencies to conduct the assessment. The planning group reviewed potential questions, established strategies for the assessment, and assessment of collected data. Phone interviews and online focus groups were conducted of residents aged 18 years and older. A detailed report, including metropolitan data and data specific to Sarpy and Cass counties, was completed in the fall of 2015.

Personal health information and data is collected by our public health nurses during communicable disease investigations. Information is kept private and is reported to the Nebraska Department of Health and Human Services (DHHS). Disease-specific information is offered to assist individuals in learning about the organism causing the illness, how it is contracted, and steps to prevent further spread. This year, public health nurses conducted 401 communicable disease investigations. School absentee data is also collected weekly during the school year from 70 local schools and provided to DHHS.

West Nile Virus (WNV) surveillance began in early June this year. Over 2,000 packages of mosquito repellent were distributed throughout the community. Nine mini-grants totaling \$3,950 were awarded to cities within our service area to provide WNV-related prevention activities including mosquito prevention, city-wide junk clean-up days, and public education.

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

The SCDHW conducted a community health improvement plan process in 2016 to further identify the health status of the population. The planning process included survey distribution and community stakeholder meetings. Access to healthcare services, mental health, nutrition, physical activity, and weight were identified during the stakeholder meetings as priorities for our communities. A final plan is expected by the end of this year.

SCDHW staff provides public health information to the public using a variety of methods, including SCDHW's website and Facebook page. The Department's website provides extensive information on current news releases, rules and regulations, disease fact sheets, and emergency planning. This year, over 19,000 pages were viewed on our website. The SCDHW also maintains a Network of Care website featuring health information for residents. Network of Care provides information on chronic disease, health risk factors, injury and violence, maternal and child health issues, and the environment. Over 250 visitors visit the Network of Care site each month.

The National Certified Child Passenger Technicians at SCDHW performed 112 Child Passenger Safety Seat inspections this year, and provided 35 seats to families who could not otherwise afford seats. These seats were purchased by the Department with grant funds.

The SCDHW's maternal and child health program, Sharing and Caring, provides information at each home visit regarding parenting and child development. Program staff use an evidence-based curriculum called Growing Great Kids to engage parents, bolster child development, build parenting and life skills, and strengthen family support networks. Public health nurses provided 344 home visits this year.

Safe Kids Sarpy/Cass, housed out of the SCDHW, provides safety presentations to parent groups, elementary schools, daycare centers, and camp groups. This year, over 1,800 parents and children were provided with education on bike safety, car seat safety and installation, fire safety, hand-washing, home safety, hydration and sports safety, parking lot safety, pedestrian safety, playground safety, poison safety, stranger danger, and sun safety.

The SCDHW's Active Aging program focuses on prevention of chronic disease and improving the health of seniors in our community. This year, public health nurses conducted 34 home visits (which included blood pressure checks, toenail trimming, medication education and management, and help accessing community resources), served 430 clients at foot care clinics, and provided information to over 675 seniors attending presentations. Presentation topics included basic foot care, diabetes, community farmers markets, healthy cooking, medication interactions and disposal, and senior fitness.

The SCDHW's veterans outreach program, VetSET, offered numerous one-on-one military cultural competency trainings for health care providers, facilitated a military cultural competency seminar, and distributed information to veterans and their families concerning their increased risk of specific diseases such as diabetes and COPD.

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

Each year, SCDHW staff complete the "Council on Linkages Core Competencies for Public Health Professionals" to assess staff competency in public health and to guide professional development. Based on the results, agency-specific training is identified and assigned to staff each quarter. In addition, staff this year have attended conferences on accreditation, active aging, preparedness, infectious disease, childhood obesity, maternal and child health, infrastructure protection, workforce development, skills for supervisors, and human resources.

The SCDHW conducted inspections of public swimming pools in Sarpy County. Under the guidance of the DHHS Swimming Pool Program, Department staff inspected 40 swimming pools for compliance with Nebraska law. The SCDHW also responded to complaints of violations of the Nebraska Clean Indoor Air Act. Staff visited two businesses to discuss the complaint and provide the owner with information regarding the law. The public health nurses helped to enforce communicable disease regulations. Communicable disease investigations, tuberculosis case management, school health, immunizations, and travel to Ebola-impacted countries were all addressed and enforced by SCDHW staff.

The SCDHW helped residents increase access to health care this year by offering seasonal influenza vaccination clinics, promoting the Network of Care sites, providing nine monthly foot care clinics, offering free in-home visits to pregnant women, new mothers, and home-bound seniors, promoting no-cost colorectal cancer screening kits, leading support groups, and providing lactation support.

SOUTH HEARTLAND DISTRICT HEALTH DEPARTMENT



Serving Adams, Clay, Nuckolls, and Webster counties

<http://southheartlandhealth.org>

Community Health Priorities	Community Health Challenges
<ul style="list-style-type: none"> • Obesity • Cancer • Mental Health • Substance Abuse • Access to Health Care 	<ul style="list-style-type: none"> • Access to affordable physical, behavioral, and dental health care for all SHDHD residents • Prevalence of overweight children and adults • Prevalence of chronic disease (cancer, heart disease, diabetes) across all age groups. • Mental health and substance abuse • Environmental threats (nitrates, radon, lead)

Assessment (monitor health, diagnose and investigate)

The South Heartland District Health Department (SHDHD) convenes stakeholders and community members to complete a community health assessment at least every five years. South Heartland conducted an interim assessment in partnership with two non-profit hospitals and identified needs and progress on the community health improvement plan goals. SHDHD’s Health Surveillance Coordinator collects, collates, and tracks data on local health status and environmental risks; data is shared via the department website and media. The department actively monitors local communities using many surveillance tools. Staff conduct environmental assessments, such as the Nutrition Environment Measures Study to assess the consumer nutrition environment in grocery and convenience stores, fall risk assessment in older adults, health risk assessments using community health worker encounter registry tool, and electronic health record assessment of meaningful use.

SHDHD continues activities to prevent, minimize, and contain adverse health events. In addition to trapping mosquitoes for West Nile Virus testing, SHDHD responded to requests by health care providers to test for Zika virus infection, primarily for pregnant women who had traveled. As of June 2016, SHDHD approved testing of 4 specimens, all being negative for Zika virus. SHDHD staff managed outbreaks of gastrointestinal illness, responded to a Q fever case, followed up on elevated blood lead levels in children, and responded to other organization questions regarding appropriate response to impetigo, scabies, gastrointestinal illness among the elderly, and exposures to bats and whooping cough. Elevated nitrate levels continue to plague some of the local public water systems.

SHDHD has been actively planning for potential emergencies through the emergency preparedness program. This year’s planning and exercises included focus on pandemic flu, Emergency Operations Center, behavioral health response, hazard mitigation planning, mass fatalities, and Ebola. SHDHD staff partnered with Mary Lanning Healthcare staff to design and hold an ‘Emergency Operations Center’ tabletop exercise using a water poisoning scenario. Emergency management, utilities, fire and rescue, law enforcement, hospital, and public health discussed Emergency Operations Center function and tested agency response plans, joint information release and unified command structure. Sixteen participants took part in this 2-hour exercise.

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

SHDHD leads implementation of our community health improvement plan and encourages the use of evidence-based practices, working with partners to raise the visibility of the plan in our communities. SHDHD’s role

includes seeking funding to implement health improvement strategies, leading or supporting coalitions and work groups focused on one or more of the strategies, recruiting new and existing partners to contribute to strategies, and encouraging partners to track progress and outcomes. Coalitions, such as the South Heartland Cancer Coalition, Coordinated School Health teams, the South Heartland Worksite Wellness Council, Nutrition Advisory Board are leading implementation of community health improvement plan strategies.

In terms of promoting health to the community, SHDHD's Healthy Vending initiative included Mary Lanning Healthcare, Brodstone Hospital and the Hastings YMCA, all wanting to change their vending to have healthier options available to staff and public. The goal is for the machines to have "gold" ratings meaning that 50% of the available food items will be "Healthy" based on Nutrition Environmental Measures Vending Survey standards. SHDHD is providing healthy vending signage following the "green, yellow, red stop light" approach: foods are labeled with either a green (go), yellow (caution), or red (stop), sticker to inform the vending user about the healthiest options.

South Heartland partnerships are advancing the community health improvement plan. A new Sun Safe South Heartland project is expanding the number of community pools adopting sun safety policies through the Pool Cool program and is expanding prevention activities into the health care setting where primary care providers are now counseling on sun safe behaviors to youth and young adults. SHDHD staff held focus groups with local military/veteran family members to determine needs of military families and contributed to a statewide plan to better address the needs of military families. Staff from SHDHD and two area hospitals were trained as lifestyle coaches. As partners, we began offering evidence-based diabetes prevention classes to eligible individuals with risk factors for diabetes. SHDHD is holding fees for these classes at a minimum and providing scholarships to facilitate access by low income and Medicaid populations and are planning to offer classes in Spanish soon.

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

In addition to assuring SHDHD staff is up-to-date in public health practice, they train future public health workforce through credit-based internships, volunteer opportunities, seasonal employment, and educational events for high school, college, and nursing students. SHDHD provides training to health and allied health professionals to increase public health skills across the local public health system.

SHDHD continues efforts to link people to needed services. The South Heartland Cancer Coalition planned and hosted a "Be Well, Feel Good, Get Checked" educational and screening event for minority, low income women. Forty-one women attended this event which included a breast health assessment tool, height/weight/BMI/blood pressure measurements, and educational materials including breast cancer screening guidelines. Twenty-one women attending who reported not having a regular health care provider were able to make appointments with area clinics offering sliding scale or financial assistance. SHDHD's Vaccine for Children program had 224 client visits and administered 536 vaccinations to children up to 18 years of age. Two SHDHD staff members are providing health coaching services (also offered in Spanish) for eligible clients. Coaching is specific to each client's needs and may focus on nutrition, physical activity, medication compliance and/or smoking cessation.

South Heartland is working with 10 clinics to improve use of health information technology and electronic health records and to promote clinic transformation initiatives, such as team-based care, to reduce cardiovascular disease and diabetes in the population of patients belonging to each practice.

SHDHD staff members are developing line-of-sight diagrams for how their programs align with agency and community goals and are determining associated performance measures. Staff reports on quality, quantity and outcomes measures for their programs at each weekly staff meeting. Quality improvement processes will be initiated if performance measures are not being met.

SOUTHEAST DISTRICT HEALTH DEPARTMENT

Serving Johnson, Nemaha, Otoe, Pawnee, and Richardson counties



<http://www.sedhd.org/>

Community Health Priorities	Community Health Challenges
<ul style="list-style-type: none"> • Chronic disease • Substance abuse • Cancer awareness 	<ul style="list-style-type: none"> • Chronic disease/aging issues • Behavioral health/substance abuse • Obesity • Infrastructure

Assessment (monitor health, diagnose and investigate)

Southeast District Health Department (SEDHD) completed its community health assessment in April 2016. The purpose of this assessment was to identify areas of strengths and areas for improvement related to public health within the communities served by SEDHD. One of the major outcomes was the ability to bring together community partners and a show of concern for public health issues in Southeast Nebraska. SEDHD developed a survey that was distributed throughout the communities to capture feedback from community members who do not typically attend community meetings. These surveys were collected and the information was documented to be shared at the community meetings. Five community meetings were held throughout the district. These locations were Falls City, Pawnee City, Auburn, Nebraska City, and Syracuse. The community meetings were an opportunity to discuss and prioritize information collected from the earlier distributed surveys. The main areas of concern identified by the community were substance abuse, chronic disease/aging issues, obesity, and mental health services. The next step is to form a committee to address these issues and develop a community health improvement plan.

Southeast District Health Department (SEDHD) was active in protecting the public from health hazards and health problems. Through the department’s disease surveillance program SEDHD worked with school nurses, health clinics, area hospitals, and the state epidemiology program to identify and track different disease and viruses circulating within the community. SEDHD identified elevated levels of pertussis in the schools this fall and winter.

SEDHD also participated in a series of federally evaluated nuclear regulatory exercises at Cooper Nuclear Station south of Brownville, NE. The role of SEDHD was to assist with the identification of vulnerable populations and addressing their needs. These events were coordinated through the local emergency managers.

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

SEDHD uses many methods to communicate with community members concerning health issues. One of the more significant messages that SEDHD released last year was the importance of being up-to-date on immunizations. In the midst of our largest pertussis outbreak, it was important to continue stressing the importance of immunization because flu season was also just beginning. SEDHD has identified a health issue within the community in the area of radon. The department received a grant to distribute test kits

throughout the district. One important outcome from this project was education on the importance of radon testing and home mitigation.

The immunization program at SEDHD has exceeded the expectations of its original intent. The immunization program travels throughout the community offering nine clinics a month. This gives eligible community members an opportunity to receive immunizations without requiring much travel. During the pertussis outbreak the immunization program conducted extra clinics in areas requested by the community. Along with the service of providing immunization, education is a large component to the program. SEDHD tries to assure that people come away from the clinics not only better protected, but also better informed.

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

To maintain workforce competencies, SEDHD encourages its staff to take advantage of all opportunities to further their knowledge in the realm of public health. Professional staff are encouraged to obtain continuing education credits needed to maintain their respective licenses. These opportunities come through webinars, conference calls, meetings, and conferences. Employees are required to report on the trainings and meetings they attend in an effort to inform the entire SEDHD staff. This year, one employee has decided to continue her education by pursuing a Master of Public Health. SEDHD has also partnered with Peru State College to provide internship opportunities. Currently, the department has an intern who is assisting with data collection for the community health assessment.

Education is an important part of services provided by SEDHD. The major public health laws and regulations that the department provides education on are school immunizations, tuberculosis, individual rights and responsibilities regarding their environment, and reportable disease. It is important that SEDHD not only work with community members, but also partnership organizations such as hospitals, clinics, law enforcement, city and county officials, and school districts in order to assure that consistent and accurate messages are distributed to the public.

Over the summer a potential mumps exposure was identified at a school's volleyball camp with both local and out of area students attending. SEDHD worked with the school district to get a message to the parents about making sure immunizations were up-to-date, and that a symptomatic child or staff member were to be monitored and alert their medical provider. It was also important that there was HIPAA compliance, and that no identifiable information was released to the public or media outlets when addressing this outbreak.

SOUTHWEST NEBRASKA PUBLIC HEALTH DEPARTMENT

Serving Chase, Dundy, Frontier, Furnas, Hayes, Hitchcock, Keith, Perkins, and Red Willow counties



<http://www.swhealth.ne.gov/>

Community Health Priorities	Community Health Challenges
<ul style="list-style-type: none"> • Obesity • Cancer • Heart disease 	<ul style="list-style-type: none"> • Obesity • Cancer • Heart disease • Lack of affordable insurance

Assessment (monitor health, diagnose and investigate)

Southwest Nebraska Public Health Department (SWNPHD) has completed the Mobilizing for Action through Planning and Partnerships process in the past to assess community health needs. Over the past year, the department finished two community health needs assessments. The results from these assessments were shared with local hospitals and an updated community health improvement plan was finalized in September 2016. During the community health improvement plan process, a template was created with data from our health district and primary data from the residents of the district was gathered through a survey. SWNPHD continues to work with area hospitals to provide data and feedback to help them meet assessment requirements. The department provides data to stakeholders and the community on its website.

SWNPHD completed several key activities over the past year to protect people from health problems and hazards. The department, for a second year in a row, dealt with a high number of rabies cases and provided education to area veterinarians. For the public, awareness was created with media releases, radio interviews and information being provided through its website and social media. SWNPHD staff investigated several environmental complaints including: standing water for mosquitos, feral cats, rodent infestation, bats, mold, and bed bugs. Two staff members are Licensed Radon Measurement Specialists and provided radon testing materials to community members. In addition, the Vaccines for Children program was offered monthly at four sites in the health district.

Emergency preparedness was a vital part of SWNPHD activities over the past year. With the addition of Keith County, an exercise was conducted and numerous meetings were held to update their preparedness plan. Numerous presentations were conducted to share preparedness information. Ebola focused trainings, exercises and joint news releases were conducted throughout the health district.

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

SWNPHD updated the community health improvement plan during the past year. The department worked closely with community organizations during development and will continue these partnerships during implementation. SWNPHD also partnered with the Nebraska Department of Health and Human Services, Division of Public Health as SWNPHD staff followed up on the numerous rabies cases that they investigated. Pets and livestock had to be quarantined which involved collaborations with local veterinarians. The department had to maintain close communication with area hospitals and pharmacies

to ensure that enough human rabies immune globulin and doses of rabies vaccine were available. The department also issued a number of media releases to keep the public informed.

This past year SWNPHD worked with local media to bring awareness about Rocky Mountain Spotted Fever. A young man from the area was in Washington and very ill. As a result of a media campaign launched by SWNPHD, family members contacted health officials in Washington, saving the man's life.

SWNPHD works to give people information they need to make healthy choices. Obesity has been identified in every age group as a major health problem for southwest Nebraska. The department held its tenth annual Nebraska Kids Fitness & Nutrition Day for all 4th grade students in the health district. This program was expanded to host two sites: one in McCook and one in Grant. These fourth grade students participated in 16 physical activity and six nutrition stations. Over 450 students participated in October 2015 and this event continues to receive outstanding evaluations from teachers and volunteers. SWNPHD also kicked off its 12th annual Walk to Health program in April 2016. This program lasts for 12 weeks and is open to residents of all ages in the health district. The 180 participants lost a total of 138.5 pounds, lost 18.63 inches, walked 88,637,556 steps and walked 182,493 minutes. Twenty-three participants walked over a million steps! Overall, participants became more active, sustained a higher level of activity, as well as weight and inches lost for those that had that particular goal.

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

Employees are encouraged to complete training and educational opportunities. One employee graduated from the Great Plains Public Health Leadership Institute.

In the SWNPHD region, environmental complaints have been very challenging and the department was a catalyst in bringing together resources. Staff has assisted with investigations, provided information to the Department of Environmental Quality and encouraged communities to use the West Central Economic Development District nuisance abatement program. SWNPHD also supports radon resistant new construction in the city of McCook by providing adhesive labels that contractors can use to identify the radon pipe.

SWNPHD investigates Clean Indoor Air Act violations and provides follow-up with businesses that are not in compliance.

THREE RIVERS DISTRICT HEALTH DEPARTMENT

Serving Dodge, Saunders, and Washington counties



Community Health Priorities

- Access to health/well-being-knowledge, awareness, etc.
- Mental health
- Dodge County: affordable housing; preventive health education; poverty and workforce education
- Saunders County: mental health; preventive health education; shortage of skilled workers
- Washington County: preventive health education; mental health; obesity

Community Health Challenges

- Aging population
- Birth defects
- Motor vehicle deaths
- Obesity/overweight
- Youth marijuana and prescription drug use

Assessment (monitor health, diagnose and investigate)

This past year Three Rivers District Health Department (3RDHD) worked to prevent, minimize, and contain adverse health events through disease surveillance activities, influenza clinics, Title X clinic, Healthy Kids Healthy Bodies program, and childhood injury prevention activities.

The Disease Surveillance Coordinator collaborated with 50 schools, 23 long-term care facilities, and three hospitals to complete weekly reporting during influenza season to track influenza activity in the jurisdiction. By monitoring absenteeism and influenza activity in the area, 3RDHD was able to coordinate timely press releases and disseminate prevention information to the community at large. Additionally, the Disease Surveillance Coordinator investigated 68 foodborne illness cases, 32 Hepatitis C cases, 29 vaccine preventable diseases, 19 lead poisoning cases, 17 potential rabies exposures, 15 zoonotic diseases, and numerous other communicable diseases. Through the investigation of these and other communicable disease cases, the Coordinator was able to educate cases on the communicability of each disease, work closely with local providers to ensure timely notification of the diseases, and provide transmission risk reduction instructions. Trends and counts in types of investigations were shared with hospital infection control nurses and providers in order to further build relationships among providers and public health.

3RDHD was able to provide 109 flu clinics that resulted in 3,643 influenza immunizations among jurisdiction residents. Additionally, 3RDHD provided 1,031 immunizations through the Vaccine For Children program.

3RDHD's Title X Clinic provided sexually transmitted illness testing and counseling at locations in Fremont and Wahoo. During FY2015, 435 STI and 103 HIV tests were completed by Public Health Nursing staff. Nurses treated 60 individuals who tested positive for a sexually transmitted illness, and helped each individual notify sexual partners about their testing and treatment options.

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

This past year residents and others concerned with the health and well-being of the Three Rivers District met in three half-day facilitated sessions. The overarching question guiding the session was: “Based on our community assessments, what will we choose to focus on over the next three to five years to improve the health of all who live, work and play in our communities?” Following the data presentation, a Forces of Change exercise was facilitated in order to identify key trends, events and factors currently impacting the health and well-being of 3RDHD residents. Then the participants prioritized key strategic focus issues that will guide decisions over the next 3-5 years. Three key priority areas were common themes that surfaced in all of the groups. These topics became 3RDHD priority areas, and include: education/awareness/participation/motivation, mental health/behavioral health/substance abuse, and obesity/cardiovascular disease/diabetes. 3RDHD has several health education and prevention-related programs to address these priorities.

3RDHD’s Healthy Kids Healthy Bodies program addressed childhood obesity, nutrition, and sedentary behaviors in 10 area elementary schools and YMCAs. 335 children participated in the program which focused on physical activity and nutrition in the classroom. In addition to the weekly classes, Health Educators worked with school administration and staff in schools to complete the CDC’s school health improvement plan to identify the areas in which each school could make improvements to increase activity and improve nutrition.

3RDHD provided 424 radon testing kits to residents in order to assess environmental health risk associated with radon in their homes. Eastern Nebraska has historically high rates of radon, so providing the testing kits and instructions for remediation helped a number of residents reduce their personal risk.

Over 130 at-home colon cancer testing kits were distributed this reporting period, and 3RDHD educated community members about the importance of cancer screenings.

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

3RDHD works to assure a competent public health workforce. Bi-annually 3RDHD gives presentations to Midland University nursing students about epidemiology and the process of disease surveillance, as well as emergency response planning and implementation. Employees are provided with the opportunity to develop their public health competencies through training and conferences. During the year, staff attended more than 25 different trainings, conferences, or workshops.

In addition, 3RDHD has focused on efforts to educate members of the community on public health laws, policies, and regulations. 3RDHD works with local law enforcement agencies on unsafe and unhealthy housing properties and leads the Safe Kids Three Rivers.

3RDHD also partners with driver education classes to introduce the student drivers and parents to the Countdown 2 Drive program. Countdown 2 Drive helps families of new and young drivers work together to create a responsible driving contract that helps the new driver build trust with their parents. Through Countdown 2 Drive 3RDHD helped enforce policies for seat belt use and limiting distracted driving policies to young drivers.

Additionally, 3RDHD helps enforce public health laws by educating child care centers on safe transportation polices and employment health screenings. Child care centers who transport children are required to attend a half day training on policies and practices for safely transporting children. Classes are held quarterly, or by request by the child care center.

TWO RIVERS PUBLIC HEALTH DEPARTMENT

Serving Buffalo, Dawson, Franklin, Gosper, Harlan, Kearney, and Phelps counties

<http://www.trphd.org/>



Community Health Priorities	Community Health Challenges
<ul style="list-style-type: none"> • Access to healthcare (including behavioral health) • Healthy living (including overweight, obesity and personal responsibility) • District interagency collaboration 	<ul style="list-style-type: none"> • Obesity (physical activity and nutrition) • Communicable disease and control with large rural district • Chronic disease management

Assessment (monitor health, diagnose and investigate)

Two Rivers Public Health Department (TRPHD) actively analyzes, compiles and reports district data collected from local, state, and national sources. All potential funding sources are assessed based on community health priorities. TRPHD participated in local hospital community health needs assessments, encouraging collaboration among all local hospitals.

The community health improvement plan process was a continuation of the community health assessment for Buffalo, Dawson, Franklin, Gosper, Harlan, Kearney, and Phelps Counties with action groups around priority areas of Access to Care, Healthy Actions and District Collaboration. TRPHD continues to develop and support programs with the intent of working towards addressing the priorities in the last community health improvement plan, specifically access to care. Moving towards sustainability in the dental program has been a priority of TRPHD during this last year. Planning continues around worksite wellness programming including screenings and immunizations in high need areas.

TRPHD carries out disease surveillance and investigation. The disease surveillance program collects and reports national disease and wellness data to schools, hospitals and medical clinics. Local media partners are utilized for reporting important data. The department monitors and provides education on communicable diseases in a proactive manner. School and hospital illness surveillance is conducted on a weekly basis to monitor communicable disease. In addition, during the mosquito season, TRPHD monitors for West Nile Virus through mosquito trapping and bird testing. TRPHD provides education and mosquito control (larvacide dunks and wipes) to the public to reduce mosquito acquired diseases.

Communicable disease trends include an active tuberculosis case that continues to require significant staff time to assure compliance with Direct Observed Therapy protocol. There have been several interesting disease investigations involving animal exposure cases this year, a total of 56 cases overall. A dog positive for rabies was at a private residence with multiple unvaccinated dogs resulting in an animal quarantine and lengthy follow-up.

TRPHD completed the 2nd annual assessment of medical clinics within the district identifying meaningful use implementation and status, and providing technical assistance in three targeted medical clinics.

Radon test kits continues to be promoted to increase the number of houses tested on regular basis in order to reduce incidence of lung cancer. These tests also provide baseline data for homeowners.

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

TRPHD maintains an active emergency response program with staff serving on TRIMRS (Tri-City Medical

Response System; Grand Island, Kearney, Hastings) advisory and exercise development committee. In this role TRPHD staff assisted in the development of the Pandemic Influenza Exercise that included the hospitals in the Two Rivers district, clinics, long-term care facilities, emergency management, 911 dispatch, funeral directors, and the health department. TRPHD also provides FIT testing equipment and education to hospitals and emergency medical service units. Staff continues to be trained on incident command, strategic national stockpile and practical emergency response topics.

TRPHD continues expansion work in chronic disease developing and expanding health retail options, increase in walkability and early interventions, and increasing community linkages. Key outcomes of this grant work are reduction of diabetes and high blood pressure through health system and environmental policy change around disease management, nutrition and physical activity. Many intermediate outcomes have been achieved such as increased community health worker numbers and system changes.

CATCH Kids afterschool classes in elementary schools across the district are targeting childhood obesity. Classes were offered in Ravenna, Kearney and Lexington. In addition TRPHD staff were certified train-the-trainers for CATCH. This program continues to get great feedback.

TRPHD facilitates the Rooted in Relationship program in Dawson county targeting indicators of child wellbeing including social and emotional development of children birth through age eight using a collaborative process. This innovative approach towards the social determinants of health promises to have lasting effects on the population in Dawson County around social and emotional health.

TRPHD continued to be a collaborative participant in local community meetings such as Buffalo County Community Partners, Community Connections (Kearney), and Dawson County Interagency Committee. TRPHD partnered in the study of the Kearney integrated medical neighborhood, attempting to identify what works well in the Kearney medical community to develop a roadmap for duplication in other areas of the state.

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

TRPHD applied for public health accreditation this year through the Public Health Accreditation Board with a site visit possible in 2017. The accreditation process encourages health departments to meet national public health standards and measures around the ten essential public health services.

TRPHD initiated an internal wellness team and recently received the Governor's Grower award for Worksite Wellness, leading by example in worksite wellness. Significant actions include: walking meetings, increased healthy food options and health risk assessments for staff. Staff also provide technical assistance for employers on worksite wellness, effectively addressing policy change at the worksite.

TRPHD works with Nebraska Department of Agriculture to assure food establishment complaints area handled in a timely process. Additionally TRPHD notified public water systems of violations upon receiving information from DHHS. In the fall of 2015, TRPHD notified a school of a town's recent bacteria notification, the day before school started allowing time to take preventative action.

Access to healthcare, including behavioral health, continues to be a health priority in TRPHD. Access to oral healthcare, especially for Medicaid patients, is lacking in TRPHD. To provide limited stop gap service, TRPHD is developing a public insurance modeled program providing screening, fluoride treatments, and sealants with a target population of school age children.

WEST CENTRAL DISTRICT HEALTH DEPARTMENT

Serving Arthur, Hooker, Lincoln, Logan, McPherson, and Thomas counties



<http://www.wcdhd.org/>

Community Health Priorities

- Healthy lifestyles and well-being
- Affordable and equitable access to care and services
- Community ownership: communication, collaboration, and education

Community Health Challenges

- Mobilizing community partners to educate people on the top community issues: quality of life, low birth weight babies, obesity and physical inactivity, dental care (especially for Medicaid patients), healthy lifestyles, affordable and equitable access to care, community ownership to provide information and access to resources, and preventable hospital stays

Assessment (monitor health, diagnose and investigate)

West Central District Health Department (WCDHD) concluded its community health assessment, using the Mobilizing for Action through Planning and Partnerships process, at the end of 2015. Information gathered through this process is being compiled into a report which will be reviewed and approved by the WCDHD's Board of Health by the end of 2016. Through the assessment process, three priority areas were identified (see community health priorities above). Workgroups have begun addressing some of the issues within in the identified priority areas, including health literacy, family wellness events, family/school partnerships, improved housing, the formation of a community collaborative, and the addition of a health clinic at WCDHD. A work plan has been developed with implementation to begin in the 2016-2017, which will reflect much work involved in the community health improvement plan.

WCDHD conducts weekly school surveillance at schools within the jurisdiction. These data are analyzed by the disease surveillance staff to observe for any potential communicable disease outbreaks in the local schools. WCDHD's disease surveillance staff also monitors communicable disease data that are reported electronically on a daily basis. During 2015, WCDHD investigated over 81 confirmed, probable, and suspect communicable disease cases to address any possible outbreak situations.

The immunization program through the state has provided WCDHD the opportunity to take part in their Adult Immunization Program. From July 1, 2015 to June 30, 2016, WCDHD saw over 2,800 clients and administered over 6,500 immunizations, which significantly impacted the potential effects of vaccine preventable diseases within the community.

WCDHD worked with local first responders, emergency management, hospital, and clinics to ensure they had knowledge and tools needed to prepare for a potential Ebola patient. WCDHD partnered with Nebraska Plains Healthcare Coalition to bring University of Nebraska Medical Center Bio-Containment staff out to North Platte to provide education on Ebola and procedures for hospitals to follow. In June 2016, WCDHD and Nebraska Plains Healthcare Coalition partnered to host a functional exercise with our first responders and hospitals on a response to patients under investigation for Ebola.

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

WCDHD provides a wide variety of information to the public to help them make healthy choices. The dental department distributed information to the public on dental hygiene awareness month and the dental clinic hours of operation. “Rock Your Smile: Tooth Tour Tots” fluoride program was also implemented at WCDHD. Oral health education and home care aids were directly supplied to 361 participants, and 321 fluoride varnish treatments were applied. Of the total dental participants, 208 pediatric patients were seen, and 153 patients were adults.

WCDHD is working toward a worksite wellness model program for the local community. The goals of a worksite wellness program are to decrease absenteeism, decrease worksite injury, improve overall health, and lower levels of employee stress. Policy changes such as smoke-free environment, insurance rate deduction, and encouraging the tracking of healthy activities for submission to the Wellness Coordinator are benefits of the worksite wellness program.

The Minority Health Initiative (MHI) program utilizes the evidence-based Community Health Worker model to address health problems with Spanish-speaking individuals in the local area. MHI partners with WCDHD dental and health services to provide interpretation services for clients, and also partners with over 30 medical providers and agencies in the area.

WCDHD received a grant through the Nebraska Association of Local Health Directors (NALHD) to implement a veterans’ assistance program called VetSET—Veterans: Serve, Educate, Transition. During the past year, WCDHD brought together representatives from local agencies serving veterans to form an advisory council called Putting Veterans First.

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

In terms of enforcing public health laws, WCDHD provides education to those who are required to submit surveillance data related to communicable diseases to ensure they are following reporting requirements. WCDHD also works with the City of North Platte building inspector to evaluate any homes that have been reported to WCDHD for mold concerns and/or unsafe living conditions. WCDHD participates in the enforcement activities of the Nebraska Clean Indoor Air Act. WCDHD responds to complaints related to violations of the Act and determines the best course of action for each facility, taking into account the history of complaints. WCDHD also sends letters, makes phone calls, site visits and provides education on the Nebraska Clean Indoor Air Act, as well as consequences of the regulations. WCDHD had only two official complaints, and the business owners simply needed education and information on the regulations of the law.

WCDHD has developed an electronic system to organize and easily disseminate and update the Policy and Procedure Manual. WCDHD constantly assesses its activities, responsibilities, and the external environment to identify the need for policies and procedures. The department also completes quality improvement processes and is building a performance management system to continuously monitor and improve performance.

Conclusion

During the fifteenth year of funding and fourteenth full year of operation, progress continues to be made to strengthen local public health departments throughout the state. All departments (receiving LB 692 and LB 1060 funding) provide the three core functions of public health: assessment, policy development, and assurance. In addition, all departments deliver all of the ten essential public health services. They are allocating their 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, Zika virus cases and natural disasters. They also continue to fill in the 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, considerable progress has been made in the areas of evaluation and research as health departments evaluate their own programs and activities and collaborate with research centers to participate in various public health studies. Nebraska's local public health departments are improving their accountability by completing a comparison of their work to national performance standards through the national public health accreditation process. In 2016, Nebraska had its two first local health departments achieve accreditation through the Public Health Accreditation Board (PHAB). Many other departments are identifying areas for improvement and making changes in order to meet the standards and measures set by PHAB.

Public Health Stories

The following short stories are included in this report to bring to life the public health work that the local health departments are doing in Nebraska. These stories cover a variety of topics and concerns, but the common thread is that they demonstrate how public health agencies have contributed to and improved the quality of life for people in their communities.

Whooping Cough in Grand Island — Central District Health Department (CDHD)

Central District Health Department found success in combating an outbreak of pertussis in Grand Island. Pertussis, also known as whooping cough, is a contagious respiratory disease that causes uncontrollable, violent coughing and difficulty breathing. If effective public health measures are not in place, the disease can spread throughout community settings such as daycares, hospitals, workplaces and schools. This particular outbreak affected individuals in two different school systems, as well as a local clinic. Partners within these facilities were mobilized in order to stop the spread of the disease and reduce the burden on individuals and the community. Along the way, new partnerships were established within the school systems, strengthening the future public health response efforts. These partnerships enhance control efforts and strengthen the public health system. CDHD provided education and guidance to partners and those affected by pertussis, while linking people to services in order to address the needs of the situation. Throughout the response, CDHD utilized several of the public health essential services. These included:

- ❖ Monitoring the health status to identify and solve community health problems.
- ❖ Diagnosing and investigating health problems in the community.
- ❖ Informing, educating and empowering people about health issues.
- ❖ Mobilizing community partnerships and action to identify and solve health problems.
- ❖ Linking people to needed personal health services.

Zika in Nebraska — Douglas County Health Department (DCHD)

It is said that the next public health crisis is only a plane ride away. The Douglas County Health Department knows that all too well.

The New Year was barely six weeks old when the department became aware of a new illness, Zika virus, which had infected some recent travelers. It was unknown how soon, or if ever, this virus would be a problem in Douglas County.

Waiting to see what might happen was not an option for DCHD. Making an emergency response plan was the only thing to do. The Douglas County Health Department assembled its response team and began to look at the options. Taking cues from the CDC and other agencies, DCHD began to consider what an effective emergency plan might look like.

Drawing on expertise from across the various sections of the department, a plan was formed. Mosquito trapping was included in the plan, staff epidemiologists answered questions and recommended testing as needed, messages were developed to reach people across the county, ideas on how to control the mosquito population were bounced around, and scenarios from worst to best-case were considered and included in the plan.

By the middle of the summer the county was ready to take action, and the worst had yet to be seen. While the future of the Zika virus continues to be unknown, Douglas County residents have been educated on how to protect themselves from mosquito bites, and about response measures that are now in place.

The staff and department took the lead – and that is what our community can expect. Every time.

Prioritizing Women's Health — East Central District Health Department (ECDHD)

In March 2015, a female patient age 44 came into ECDHD's clinic for her annual exam. She did not qualify for our Every Woman Matters program, and did not have health insurance. There was also no record of a current pap test or mammogram. Cancer was a fear of hers, particularly because her sister has a history of leukemia. During her annual exam this patient was offered a mammogram, but she declined due to cost. Six months later, in September 2015, the patient was informed that she would qualify for a reduced cost mammogram through the Susan G. Komen grant that ECDHD had received. She happily accepted, and a mammogram was scheduled at Columbus Community Hospital. The patient was nervous, but was extremely grateful for the opportunity. The mammogram came back normal and a great fear was lifted off of the patient. She was thankful for the opportunity to receive a reduced cost mammogram through this program that she otherwise would not have been able to have.

Offering mammograms to patients like these support ECDHD's goal of increasing access to care, improving health and lowering cancer rates in our four county area. Partnerships were established with the Columbus Community Hospital radiation department and the Susan G. Komen Foundation in the provision of these services.

Healthy Hearts — Elkhorn Logan Valley Public Health Department (ELVPHD)

ELVPHD's Operation Heart to Heart program is in its fourth year and focuses on improving cardiovascular health through weight reduction, healthy eating and improving physical activity among its participants. The program coordinator meets with clients over 8 sessions and biometric monitoring (weight, blood pressure, cholesterol and glucose) is reviewed over time for improvements. Program participants are requested to complete a client satisfaction survey at the conclusion of the program. The following excerpts are from two of the program participants:

- Operation Heart to Heart helped me *“lose 14 pounds, increase my exercise and lower my cholesterol and LDL. It helped me to make changes that I would not have otherwise.”*
- Another participant noted, *“I have lost 20 pounds and significantly lowered my cholesterol. I am more conscious of what I eat now. I am definitely healthier and my BMI is now normal.”*

Helping people make changes that impact their daily lives and their overall health is an integral part of all of the programs at ELVPHD. At ELVPHD, our vision is “Healthy People Living in Healthy Communities”, and the programs and services that we provide throughout our health district are moving us toward achieving that vision every day.

The Diabetes Prevention Program: Addressing Multiple Community Priorities — Four Corners Health Department (FCHD)

Four Corners Health Department's community health improvement plan includes healthy lifestyles and cancer as two priorities for the District. The Diabetes Prevention Program, an evidence-based program, works to address both of these priorities.

To do this, Four Corners has six partnerships across our district to deliver the Diabetes Prevention Program. Each organization is delivering the program according to evidence-based standards and is working toward becoming a Recognized Diabetes Prevention Program site. To support sites and streamline efficiency, Four Corners serves as the hub for gathering and submitting data, and hosting monthly technical assistance calls for all partnering sites.

Data that has been collected on the program supports local impact. One partner, York Medical Clinic, provided data reflecting their participant and program success. Results showed that attendance remained strong, which meant that they met the requirements to become a Diabetes Prevention Program Recognized Program. Average weight loss over the 12 month program was as high as nine percent.

Impact was seen on the individual and family level. A woman, identified at risk for diabetes through a screening event, joined a Diabetes Prevention Program class to encourage her husband's participation. After a few classes, she began seeing benefits for herself. She experienced significant weight loss with the program. Due to this weight loss, she reported that she was better able to discover a lump in her breast. After visiting her healthcare provider and undergoing testing, she was diagnosed with breast cancer. She credits her weight loss to her ability to find the lump in her breast, and in turn her cancer earlier. Not only is her cancer now in remission, but she feels healthier and can actively play with her granddaughter.

Success in Assessment and Planning — Loup Basin Public Health Department (LBPHD)

LBPHD recently completed the Mobilizing for Action through Planning and Partnerships process, which has been a significant accomplishment. Due to frequent staff change and staff role changes, LBPHD had not completed the process for a comprehensive community health assessment since 2010. In the fall of 2015, LBPHD began the Mobilizing for Action through Planning and Partnerships process and made it a goal to complete the community health assessment by April of 2016, and the community health improvement plan by September 2016. LBPHD accomplished this goal and much more by completing this process.

The Mobilizing for Action through Planning and Partnerships process made a significant impact on the LBPHD health district. LBPHD was able to distribute community surveys at all of the flu clinics. By doing this, Loup Basin was able to get input from the nine rural counties in the health district. All nine counties were able to feel that their voice was being heard, and it also gave LBPHD a chance to be seen in a different light by the community than it had been in recent years. LBPHD has gained new partnerships and rekindled old ones. The most significant partnerships that were gained and/or rekindled were the ones with the area hospitals.

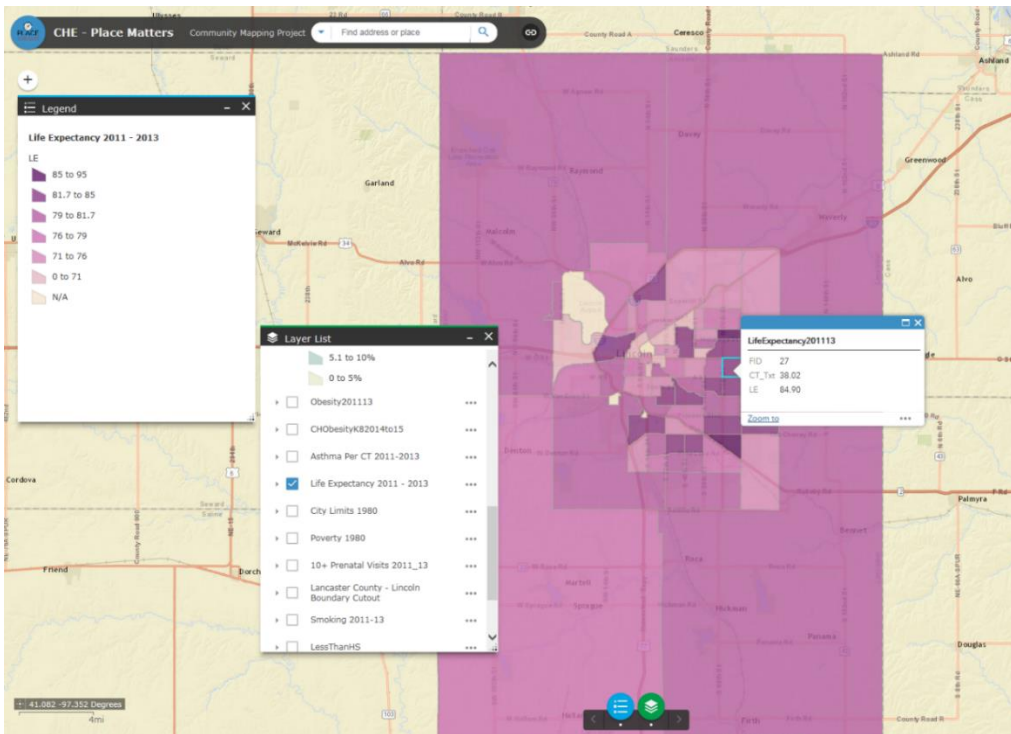
The success of the Mobilizing for Action through Planning and Partnerships process and the community health assessment has created a much more effective relationship between Loup Basin and the nine counties that it serves.

Mapping Community Health — Lincoln-Lancaster County health Department

Beginning in 2015 and continuing into 2016, a new collaboration among the Community Health Endowment, Lincoln-Lancaster County Health Department, City of Lincoln Urban Development, and NeighborWorks® Lincoln developed to undertake a community mapping project to better understand the role of place in health status and behaviors in our community. Information on demographics, socioeconomic, and health indicators were gathered at the census tract level. With this information, more than 150 census tract maps were created to review, interpret, and gain insight and understanding of the community. The Place Matters mapping project is an ongoing effort to engage the community to help find more opportunities to move Lincoln to an even healthier and more prosperous place to live, work and play for all.

Many of the maps used in the Place Matters Community Mapping Project are available online at this [interactive website](#). You can select factors, see how they relate to each other and find information about specific neighborhoods and census tracts. Download instructions on how to use the online maps [here](#) and access the maps [here](#).

Screenshot of the interactive website showing a mapping of life expectancy in Lincoln:



Another Call to Action — Northeast Nebraska Public Health Department (NNPHD)

After NNPHD closed out two June 2014 tornado responses that occurred simultaneously with an 8 month Mycobacterium Bovis outbreak involving over 100 people, NNPHD staff sat down to “catch their collective breath” and declared that they could not go through another emergency response. But, when a phone call from DHHS came at noon on May 12, 2015, NNPHD was informed that there were 150,000

dead chickens in a barn at a poultry facility in Dixon County, one of the four counties served by Northeast Nebraska Public Health Department.

NNPHD staff revved up their Incident Command Post to face the 5th emergency response in less than two years and proceeded to work long days and weekends through July 3, 2015. It was a successful effort to protect the poultry facility's workforce from acquiring Avian Influenza (AI) if the virus were to mutate and infect humans. The relationship already established with the occupational nurse at the poultry facility was key to NNPHD obtaining employees' contact information to implement monitoring. Using a similar model that Minnesota used in their AI outbreaks, workers were contacted daily by NNPHD staff to ensure their proper use of Personal Protective Equipment (PPE), and to check that the workers weren't exhibiting any signs of Influenza-Like-Illnesses (ILI). Antivirals were available to the workers at the company's cost. The protocols developed by the CDC Field Officer, his staff and NNPHD Public Health Nurses are now in place for other local public health departments in Nebraska if Avian Influenza affects the state in the future.

Creating Tobacco Free Recreational Facilities for a Healthier Environment — Panhandle Public Health District (PPHD)

The Panhandle Prevention Coalition looked at the data: 36.5 percent of 12th graders have smoked at least 1 cigarette in their lifetime and 20.6 percent of adults currently smoke. These numbers resonated with the coalition and despite having a "Clean Indoor Air Act" that prohibited smoking in bars and restaurants, many places were still not smoke-free. So when the coalition looked at an area where they could make changes to improve the health of people in their communities, they chose to implement a tobacco-free parks initiative.

The coalition decided to prioritize tobacco-free parks as a key environmental change to create a healthier community. This initiative aligns with the Panhandle community health improvement plan under the priority area of cancer prevention; due to this alignment the initiative received support from hospitals and partners. Next steps were to meet with the parks and recreation directors at local city governments. The coalition found that this support was essential for passing the resolution. Once we had established a relationship with recreation directors and they were in support, we worked to educate the city/village councils. Our talking points were simple and straight forward. Smoking is a public health concern, you can do something about it, it is a priority in the Panhandle, and we are committed to working with you.

Initial success was raising awareness to the cities/villages in the Panhandle. Further successes: five communities passed an all-inclusive tobacco recreational facilities policy, 10 communities have designated their pools tobacco free zones. We are committed to assist all communities in passing tobacco free resolutions.

Determined to change social norms, the coalition carefully developed signage that focused on children. In one community this resolution covers over 300 acres of parks and pathways and 25 parks. There are over 120 signs (see below) communicating that the social norm is not to use tobacco around children. The continued success of this work has allowed the coalition to raise further awareness.



TB at Summer Camp — Sarpy/Cass Department of Health and Wellness (SCDHW)

In early summer, the Sarpy/Cass Department of Health and Wellness was notified by a neighboring state of a resident with active tuberculosis (TB) infection that was going to be working at a camp within SCDHW's jurisdiction for the summer. Department public health nurses collaborated with that state, the Nebraska DHHS TB Program, and the camp to arrange for direct observation therapy and medication for the individual.

During this period, it was also revealed that a different camp counselor had been diagnosed with mumps three days after showing up for work at the camp. The Department provided education, sent out notification letters, established partnerships and held on-site mumps vaccinations clinics, free of charge to all staff and campers weekly for a month. All of these activities were done to contain and prevent the spread of mumps infection to other staff and incoming campers. A total of 424 boosters were given, and an additional 329 individuals waived the vaccine. The Department investigated eight suspect, probable, or confirmed cases of mumps among camp counselors; no campers were symptomatic.

State-level experts from two states, staff from the Nebraska Public Health Laboratory, two local public health departments, camp administration and staff, and local physicians and nurses all partnered together to contain both Tuberculosis and mumps infection outbreaks this summer at this camp. The response to both events demonstrates the strength of the public health system and the collaborative nature of our work which prevents, promotes, and protects the public's health.

Radon Awareness — Southeast District Health Department (SEDHD)

One of the most significant accomplishments SEDHD achieved this year was bringing awareness to radon in the community. Radon occurs naturally in the soil, and for Southeast Nebraska radon occurs more frequently than most other place in Nebraska. This year SEDHD was able to hand out over 300 kits in the community, and over 125 were returned and tested. The return rate was lower than our goal, but it gave SEDHD an opportunity to demonstrate the high radon levels in our community. This has opened the door to other opportunities and partnerships in an effort to address high radon levels. Working together with the Southeast Nebraska Community Action Agency, we are looking to attain funding, which will assist individuals in protecting their homes from radon. Another initiative under way is getting more people certified for home radon mitigation in our area. Only one person within the health district is a certified radon mitigator, and this has been identified as a shortfall for an area with such high radon rates. The barrier to becoming a certified radon mitigator is the cost and time it take to become certified. Working

together with the community action agency, we hope to alleviate some of these barriers in order to get more mitigators in our community.

Partnering with Healthcare Providers to Prevent Skin Cancer — South Heartland District Health Department (SHDHD)

According to the Cancer Incidence and Mortality in Nebraska 2011 Report, “skin melanomas are among the most preventable and treatable of all cancers,” and yet the incidence of melanomas in the South Heartland district is alarmingly higher than that of the state or the nation. Too much exposure to UV rays from tanning booths or the sun can damage skin cells and lead to skin cancer. People at greatest risk are those who are exposed to UV rays during childhood and the teen years. To address this health concern, South Heartland recruited providers in primary care clinics to be our strategic partners for an evidence-based behavior counseling intervention, where providers discuss skin cancer prevention with their patients. Our “Champion Providers” at four clinics focused on children, youth and young adults under 24 years to influence sun protective behaviors and reduce risk of skin cancer. SHDHD gave the health care providers a sun safety banner for their waiting room (see below), educational resources to use during patient visits and sun safety prevention packets to send home with their patients. We asked the healthcare providers how their patients responded to the interventions and received the following feedback:

- ❖ Many were interested in how to monitor skin changes and moles to watch for.
- ❖ Mostly received positive feedback such as "I could try that".
- ❖ Most seemed genuinely interested and amazed as to amount and how often they need to apply [sunscreen]. I like the pictures of skin and various types of moles/skin types.
- ❖ This project made me aware of how little people know and how much they should know, showing me I need to do more instructing at times and more specific about sun.

Sun safety banner provided for display in for primary care clinic waiting rooms:

DON'T FRY: PREVENTING SKIN CANCER
American Cancer Society // Infographics 2016

Skin cancer is the most common of all cancer types. More than 5.5 million skin cancers are diagnosed each year in the United States. That's more than all other cancers combined. Skin cancer rates have been on the rise over the past few decades. The good news is that you can do a lot to protect yourself and your family from skin cancer.

NEW SKIN CANCER CASES IN THE US THIS YEAR

SKIN CANCER (non-melanoma)	5.4 million
PROSTATE CANCER	182,890
BREAST CANCER	243,260
LUNG CANCER	224,393
COLON AND RECTUM	134,490

MOST SKIN CANCERS ARE CAUSED BY THE SUN'S UVA AND UVB ULTRAVIOLET (UV) RAYS

UVA RAYS: Skin surface, wrinkles, loose skin, premature (or early) aging, DNA damage.

UVB RAYS: DNA damage, which greatly increases skin cancer risk.

PROTECTING YOURSELF IS VITAL

ANYONE CAN GET SKIN CANCER, BUT BE EXTRA CAREFUL IF YOU ...

- have red hair or red skin
- have freckles
- are fair-skinned
- spent a lot of time outdoors
- have had skin cancer before
- live in or travel to hot climates or high altitudes
- take medications that make you sensitive to light
- have had a lot of sunburns and sun before tanning
- have a condition that lowers your immune system
- have a family history of skin cancer, especially melanoma
- have a lot of moles or large or irregularly shaped moles (see dermatologist)

A UNITED FORCE AGAINST CANCER

The American Cancer Society is an organization of 2 million strong. From prevention to diagnosis, from treatment to recovery, we're here every step of the way. Together, we are a united force against skin cancer and all cancers.

Learn More #cancerorgskincancer
Stay Protected #cancerorganizationally
Detected Early #cancerorganizationnews
Donate #cancerorgdonate

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Rocky Mountain Spotted Fever — Southwest Nebraska Public Health Department (SWNPHD)

This past reporting year Southwest Nebraska Public Health Department faced a new challenge with a confirmed case of Rocky Mountain Spotted Fever in our health district. Our surveillance nurse worked closely with state staff on the case, and then provided education to SWNPHD staff.

A news release on the confirmed case of Rocky Mountain Spotted Fever was sent to area media and was included in our social media outlets. McCook Gazette newspaper printed our article on the case, and also had it published on their website. Both area media groups included the story on their seven radio stations. During this same time, unknown to any of our staff, a young man from this area was hospitalized in the state of Washington. His symptoms were getting worse and doctors were unable to identify the cause of his condition. A family member mentioned to the medical staff that our health department had reported a case of Rocky Mountain Spotted Fever in Nebraska. The young man's doctor confirmed that they don't see this condition in the state of Washington, but that his illness resembled Rocky Mountain Spotted Fever.

Numerous family members, friends and business associates shared their thanks to SWNPHD and the article published for bringing attention to this situation. While prevention did not occur in this case, awareness and promotion helped save this young man's life.

Measles Outbreak Response — Three Rivers District Health Department (3RDHD)

During May and June of 2016, an outbreak investigation of mumps cases occurred in the 3 Rivers District and across the state. The cases began among Midland University students, which is located in Dodge County. The first case was reported during mid-May, and additional cases throughout the state were identified in the following weeks. Most cases identified in the outbreak were linked to Midland; however, there was potential for growth in the number of cases and the overall spread of disease. Three Rivers investigated ten original cases of individuals who became symptomatic while attending classes at Midland University, and four additional 3RDHD cases were identified. Several other cases were identified outside 3RDHD district, totaling 43 confirmed and probable mumps cases statewide. As with other outbreaks across the country the disease spread among college students who had received the MMR vaccination. This was likely due to waning immunity, a decrease of herd immunity across communities, and close contact among the students.

With guidance from the Nebraska Department of Health and Human Services (NDHHS), Three Rivers participated in vaccination clinics among populations who were at very high risk of exposure. In total, over 375 vaccines were provided at the community level. The outbreak and subsequent immunization clinics strengthened 3RDHD's partnership with NDHHS, Sarpy Cass Department of Health and Wellness, Midland University, and involved local businesses. Through these strengthened partnerships, 3RDHD and partners were able to inform the public on the health risks associated with mumps, and potentially prevented dozens of additional cases through the vaccination clinics.

Recognition from the Governor — Two Rivers Public Health Department (TRPHD)

During this reporting year TRPHD has continued to develop and support chronic disease assets within the district. One of the first medical clinics in Nebraska to host a National Diabetes Prevention program (national best practice) was in Lexington; TRPHD supported this effort. In addition, a Community Health Worker Coalition has been established, in coordination with TRPHD, to raise awareness, develop

comradery, and increase technical expertise in medical care. Most adults spend the majority of their time at their worksite. To address chronic disease, TRPHD has chosen to lead by example through establishing worksite wellness within the department. TRPHD models the small changes necessary to make a healthy worksite, and making the healthy choice—the easy choice. This effort has resulted in the achievement of the Governor’s Wellness Award-Grower award for *“beginning the process of planting, growing, and harvesting a quality, evidence based worksite wellness program”*. TRPHD is leading by example in our district to make a healthier community for all!

Supporting our Veterans — West Central District Health Department (WCDHD)

VetSET, a WCDHD veterans outreach program, is funded by a grant from the VA Office of Rural Health. The goals of the program are to connect veterans and their families to resources, inform them of activities and support, advocate for veterans, and provide education within the community about the needs of veterans and their family members. The VetSET coordinator organized a “No Wrong Door” conference on July 22, 2015 to provide education about veterans’ issues, including PTSD, brain injury, suicide, Veterans Administration information, and military culture education. She has been able to educate others in the community through training provided at the Inter-Service Family Assistance Committee, student nurses at Mid-Plains Community College, a Disabled American Veterans’ group, and briefings at North Platte Interagency meetings and other community meetings. The WCDHD VetSET program has served as a resource center for connecting veterans with resources and providing assistance in helping veterans and families find answers to questions concerning benefits and support.

One of the biggest successes of the program is the formation of a veteran’s taskforce called Putting Veterans First. The VetSET Coordinator gathered members of organizations who provide services to veterans to be a part of Putting Veterans First. The taskforce meetings provide an avenue to share information and events crucial to veterans and family members, to plan for outreach events, problem-solving for specific needs of veterans and their families, and to share referral resources. The group has collaborated on several outreach events, including booths at the Railfest celebration in North Platte in September 2015, a Financial Fitness event in December 2015, booths at Hope Happens Here during Nebraskaland Days 2015, and at the community health fair. Several members of the taskforce have been present at each of these events, providing a variety of information about veterans’ services and benefits.

The VetSET program has met a number of the essential public health services—informing and educating people about health issues, mobilizing community partnerships, developing plans to support health efforts, linking people to health and other services, and improving the accessibility of services requested by veterans and family members.

Inspiring Youth Leadership — West Central District Health Department (WCDHD)

One of the rewards of working in Public Health is seeing communities take action in promoting the health of its residents. With support from West Central District Health Department, the TOP (Teen Outreach Program) in Wallace, NE has done just that. TOP program is a leadership program focused on youth. It uses the Wyman Curriculum to guide youth ages 12 and older through values lessons and community engagement activities. Through “Community Service Learning”, the club members have the opportunity to research and design projects that will improve their community. The Wallace Wildcats TOP club set a goal of sponsoring a 5K race for their community. Through several discussions, they realized that they

really could bring more members of the community in if there were some type of “step up” program that worked people towards their 5K in the spring. Their plan included a walking challenge that would start in January. Over 25 local residents signed up to set a walking goal for each month. Prizes designated for each month as participants met their goal. Each participant received a basic pedometer and mileage tracker upon sign-up. The prize for the first month was a pedometer with more features. Second month goal walkers received a water bottle, and those who reached their goal on the third month received a t-shirt, that had been designed by the high school art class, to wear for the 5K. The youth planned the route, break stations, and all things necessary for the day, including first aid. Everyone who attended really enjoyed the event. The funds raised from the 5K run were donated to the local library to add more selections to the older youth library.